

Ontario's Long-Term Care Staffing Plan (2021-2025): Investments to Increase Direct Care Time for Residents and the Supporting Professional Growth Fund

Frequently Asked Questions (Fiscal Year Two funding: 2022-23)

1. How will the government support LTC Homes in meeting direct hours of care targets for fiscal year two committed in the Staffing Plan?

In December 2020, the government released "[A better place to live, a better place to work: Ontario's long-term care staffing plan](#)" ("the Staffing Plan") with commitments to improve Ontario's long-term care (LTC) sector by increasing staffing levels based on a four-year plan (2021-2025).

At the centre of the plan is increasing the hours of direct care provided by registered nurses (RNs), registered practical nurses (RPNs) and personal support workers (PSWs) from the provincial average of two hours and 45 minutes per resident, per day (based on 2018 data) to a provincial average of four hours per resident, per day over four years.

To support this plan, the government is investing \$4.9 billion over four years to retain and hire more LTC staff.

For year one (2021-22), the Ministry of Long-Term Care (the Ministry) invested up to \$270 million to support the year one direct care target to increase the average hours of direct care provided by RNs, RPNs, and PSWs to a provincial average of three hours per resident, per day by March 31, 2022; and increase the average hours of direct care provided by allied health professionals (AHPs), such as physiotherapists and social workers, to a provincial average of 33 minutes per resident, per day by March 31, 2022.

Accordingly, for year two (2022-23), the government has committed up to \$673 million to continue increasing direct care for residents and achieve the following targets:

- Increase the average hours of direct care provided by RNs, RPNs, and PSWs to a provincial average of three hours and 15 minutes per resident, per day by March 31, 2023 – as we continue to move towards an average of four hours of daily direct care by March 31, 2025.
- Increase the average hours of direct care provided by AHPs to a provincial average of 36 minutes per resident, per day by March 31, 2023.

Note: A total investment of \$640,169,300 was allocated to LTC home licensees from April 1, 2022 – November 30, 2022 and up to \$33.3 million was held in reserve for projected new/redeveloped beds and ward bed occupancy adjustments deemed necessary by the Ministry of Long-Term Care (“the Ministry”). Effective December 1, 2022, the Ministry made appropriate funding top up adjustments using this reserve funding, in 2022-23, based on the number of eligible beds as of September 2022.

For 2022-23 (April 1, 2022 – March 31, 2023), starting April 2022 to November 2022, eligible LTC home licensees will receive their monthly allocation which is calculated as follows:

- \$599.49 per eligible bed, per month for 8 months for increasing direct care time provided by RNs, RPNs and PSWs; and
- \$112.94 per eligible bed, per month for 8 months for increasing direct care time provided by allied health professionals.

Effective December 2022 to March 2023, LTC home licensees will begin to receive an increased monthly allocation as follows:

- \$679.35 per eligible bed, per month for 4 months for increasing direct care time provided by RNs, RPNs and PSWs; and
- \$128.00 per eligible bed, per month for 4 months for increasing direct care time provided by allied health professionals.

2. How much funding will the LTC sector receive for this fiscal year (April 2022-March 2023)?

The government is investing up to \$673 million in 2022-23 to support continuing increasing staffing levels in LTC homes in Ontario.

Note: A total investment of \$640,169,300 was allocated to LTC home licensees from April 1, 2022 – November 30, 2022 and up to \$33.3 million was held in reserve for projected new/redeveloped beds and ward bed occupancy adjustments deemed necessary by the Ministry of Long-Term Care (“the Ministry”). Effective December 1, 2022, the Ministry made appropriate funding top up adjustments using this reserve funding, in 2022-23, based on the number of eligible beds as of September 2022.

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- \$128.00 per eligible bed, per month for 4 months for increasing direct care time provided by allied health professionals.

As a result of updated ward bed occupancy and bed count data, there are some LTC homes that will receive a decrease in funding due to a decrease in eligible bed numbers since September 2021.

Funding provided to homes for the December 2022 to March 2023 period must be used by March 31, 2023.

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

For this fiscal funding period (April 1, 2022 – March 31, 2023), starting April 2022 to November 2022, eligible LTC home licensees will receive their monthly allocation which is calculated as follows:

- \$599.49 per eligible bed, per month for 8 months for increasing direct care time provided by RNs, RPNs and PSWs; and
- \$112.94 per eligible bed, per month for 8 months for increasing direct care time provided by allied health professionals.

Effective December 2022 to March 2023, LTC home licensees will begin to receive an increased monthly allocation as follows:

- \$679.35 per eligible bed, per month for 4 months for increasing direct care time provided by RNs, RPNs and PSWs; and
- \$128.00 per eligible bed, per month for 4 months for increasing direct care time provided by allied health professionals.

Please note that the Ministry made the appropriate funding top up adjustments, in 2022-23, based on the number of eligible beds as of September 2022.

As a result of updated ward bed occupancy and bed count data, there are some LTC homes that will receive a decrease in funding due to a decrease in eligible bed numbers since September 2021.

Funding provided to homes for the December 2022 to March 2023 period must be used by March 31, 2023.

4. Is the 2022-23 funding range in addition to the funds provided in the 2021-22 fiscal year?

No, these amounts are not cumulative or in addition to the previous fiscal year funding amounts.

The projected out-year allocations provided in the Long-Term Care Staffing Increase Funding Policy dated October 15, 2021 were calculated based on the average direct hours of care targets set for each year as outlined in the Staffing Plan. Therefore, the funding levels communicated for each out-year are based on a monthly allocation for each of 12 months, totalling an overall higher annual amount to support the increase in the provincial targets.

Additionally, the Ministry made the appropriate funding top up adjustments, in 2022-23, based on the number of eligible beds as of September 2022.

Effective December 2022 to March 2023, LTC home licensees will begin to receive an increased monthly allocation as follows:

- \$679.35 per eligible bed, per month for 4 months for increasing direct care time provided by RNs, RPNs and PSWs; and
- \$128.00 per eligible bed, per month for 4 months for increasing direct care time provided by allied health professionals.

As a result of updated ward bed occupancy and bed count data, there are some LTC homes that will receive a decrease in funding due to a decrease in eligible bed numbers since September 2021.

Funding provided to homes for the December 2022 to March 2023 period must be used by March 31, 2023.

5. Is this increased funding to LTC homes in comparison to the funding provided for year one (2021-2022)?

Overall, LTC home licensees will receive significantly more funding in 2022-23 than in 2021-22: the same fixed monthly amount will be provided for *twelve months* in 2022-23 compared to *five months* provided in 2021-22.

As noted above, the Ministry also made the appropriate funding top up adjustments, in 2022-23, based on the number of eligible beds as of September 2022.

Effective December 2022 to March 2023, LTC home licensees will begin to receive an increased monthly allocation as follows:

- \$679.35 per eligible bed, per month for 4 months for increasing direct care time provided by RNs, RPNs and PSWs; and
- \$128.00 per eligible bed, per month for 4 months for increasing direct care time provided by allied health professionals.

As a result of updated ward bed occupancy and bed count data, there are some LTC homes that will receive a decrease in funding due to a decrease in eligible bed numbers since September 2021.

Funding provided to homes for the December 2022 to March 2023 period must be used by March 31, 2023.

6. How has the Ministry accounted for ward bed occupancy data for this fiscal funding?

Up to \$33.3 million was held in reserve for projected new/redeveloped beds, ward bed occupancy adjustments reported through the Long Term-Care Homes (LTCH) Occupancy Data Collection (L9 Form) and top-up adjustments deemed necessary by the Ministry.

As such, bed counts and ward bed occupancy have been updated based on data reported as of September 2022. As a result, monthly allocations to individual LTC home licensees may vary.

Effective December 1, 2022, eligible LTC home licensees will also receive a top up to their fixed monthly amount for the remainder of the current fiscal year (December 1, 2022 – March 31, 2023) as follows:

- RN, RPN, and PSW Staffing Supplement: top up of \$79.86 per bed, per month for a total of \$679.35 per bed, per month.
- Allied Health Professionals (AHPs) Staffing Supplement: top up of \$15.06 per bed, per month for a total of \$128.00 per bed, per month.

As a result of updated ward bed occupancy and bed count data, there are some LTC homes that will receive a decrease in funding due to a decrease in eligible bed numbers since September 2021.

Funding provided to homes for the December 2022 to March 2023 period must be used by March 31, 2023.

7. How has the Ministry accounted for new and/or developed beds coming online during fiscal year two?

The Ministry conducts periodic reviews of new and/or redeveloped beds as they become operational. Up to \$33.3 million was held in reserve for projected

new/redeveloped beds and ward bed occupancy adjustments deemed necessary by the Ministry.

As such, bed counts and ward bed occupancy have been updated based on data reported as of September 2022. As a result, monthly allocations to individual LTC home licensees may vary.

Effective December 1, 2022, eligible LTC home licensees will also receive a top up to their fixed monthly amount for the remainder of the current fiscal year (December 1, 2022 – March 31, 2023) as follows:

- RN, RPN, and PSW Staffing Supplement: top up of \$79.86 per bed, per month for a total of \$679.35 per bed, per month.
- Allied Health Professionals (AHPs) Staffing Supplement: top up of \$15.06 per bed, per month for a total of \$128.00 per bed, per month.

As a result of updated ward bed occupancy and bed count data, there are some LTC homes that will receive a decrease in funding due to a decrease in eligible bed numbers since September 2021.

Funding provided to homes for the December 2022 to March 2023 period must be used by March 31, 2023.

8. Why will some LTC homes receive less funding as result of the top up funding adjustment?

As a result of updated ward bed occupancy and bed count data, there are some LTC homes that will receive a decrease in funding due to a decrease in eligible bed numbers since September 2021.

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

For fiscal year two, bed eligibility will remain the same as that in year one at this time. The following types of beds will continue to be 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 *Fixing Long-Term Care Act, 2021 (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 home licensees as of September 2022.

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

The Ministry is continuing to review and monitor overall implementation and consider feedback regarding eligibility of bed types.

10. Has the Ministry reconsidered eligibility of additional allied health professional roles/positions that are tasked with providing direct resident care?

Staffing eligibility criteria and requirements continue to remain the same as year one as outlined in the *2022-2023 LTC Staffing Increase Funding Policy* (dated November 2022). For clarity, the following job titles have been included in the list of qualifying allied health professional roles that are designated to provide direct care by helping residents improve or maintain their ability to perform activities of daily living:

- Health Care Attendance/Aide
- Resident Service Aide
- RAI Coordinator

For additional information, including updated list of eligible AHP positions/roles, please refer to section 6.1 of *2022-2023 LTC Staffing Increase Funding Policy* (dated November 2022).

11. How should the LTC homes report the direct hours of care to the Ministry? Can the Ministry provide any guidance for the homes to keep track of staffing related data for this new funding?

Staffing data:

As communicated on July 22, 2021, LTC homes are now required to complete a LTC Staffing Data Collection (Staffing Survey) submission once every quarter. Please note that the previous annual Staffing Report requirements have been streamlined in the quarterly collection. Therefore, LTC home licensees should continue to track the worked and paid hours for each role type in accordance with the requirements outlined for the quarterly Staffing Survey.

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.

Financial reporting:

The 2021, 2022 and 2023 Annual Reports will be distributed to LTC home licensees by July 1, 2022; July 1, 2023 and July 1, 2024 respectively and additional information will be made available in advance of reporting requirements. As always, the Ministry will provide LTC homes with ample notice as well as support and resources to fulfill these reporting requirements.

In the meantime, please refer to section 7.0 of *the LTC Staffing Increasing Funding policy* dated October 15, 2021 for financial reporting obligations applicable to funding provided for fiscal year one period (April 1, 2021 – March 31, 2022).

Please refer to section 7.0 of the *2022-2023 Long-Term Care Staffing Increase Funding Policy* (dated November 2022) for financial reporting obligations applicable to funding provided for fiscal year two period (April 1, 2022 – March 31, 2023).

12. Has every LTC home met the year one target? If not, how many homes have not met the target?

The Ministry is validating and analyzing year one data through the mandatory quarterly LTC Staffing Data Collection (Staffing Survey). The Ministry hopes to communicate on the legislated system-level average direct hours of care targets in the coming months.

As committed in the *Fixing Long-Term Care Act* and Staffing Plan, the Ministry will report publicly against targets and outcomes annually, and formally evaluate progress in later years of the plan.

13. Will each home be provided with the final year one target with a summary of performance in meeting year one target?

Beginning with the Q2 2021-22 LTC Staffing Data Collection (Staffing Survey), the Staffing Survey now includes an in-form calculation for each individual LTC home's direct hours of care based on the worked hours and actual resident days entered.

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.

14. What is the government doing to enhance care standards around food and nutrition for residents including Registered Dietician time?

The government recognizes that staff including nutrition and dietary in LTC homes are essential to meeting the needs of residents and is committed to using every resource available to support them. As such, nutrition staff involved in direct care (e.g., dietitians and registered nutritionists) are eligible for the funding provided for Allied Health Professionals under the associated *Long-Term Care Staffing Increase Funding Policy* dated October 15, 2021 and the *2022-2023 LTC Staffing Increase Funding Policy*.

15. The government committed to issuing Guidance to LTC homes on staffing models. When will the government release the guidance for homes on an expected staffing mix?

As we continue to implement the Staffing Plan, we will also be focusing on the commitment to provide staffing guidance to long-term care homes on innovative and flexible staffing models.

The Ministry is reviewing the staffing flexibility provided and identifying ways to remove barriers for LTC homes through innovative and flexible staffing models in order to assist homes in making decisions about appropriate staffing levels and thereby ensuring that homes are equipped to provide a high quality of care that addresses resident acuity and needs.

Supporting Professional Growth Fund

16. When was the Supporting Professional Growth Fund (SPGF) Launched?

In October 2021, the Ministry announced the launch of a \$10 million annual fund to support ongoing professional development opportunities in LTC through the SPGF. LTC homes started to receive this funding in November 2021. Funding was disbursed evenly on a per bed per month basis, compressed over a five-month period. Beginning in 2022-23, funding was allocated evenly on a per bed per month basis across twelve months.

17. How will the Supporting Professional Growth Fund (SPGF) be implemented in fiscal year 2022-23?

Beginning in 2022-23, funding was allocated evenly on a per bed per month basis across twelve months. To address growth in staffing as well as expansion through bed development, the Ministry is providing an additional \$1,316,600 in one-time funding for the SPGF. Homes will receive additional one-time funding of \$4.35 per bed, per month in 2022-23, allocated across the remaining four months of this year. This one-time funding will be provided in addition to the \$10 million in base funding that homes are already receiving. LTC home licensees that have yet to receive SPGF funding will receive funding of \$4.35 per bed, per month for the remainder of 2022-23.

This funding is intended to supplement investments in education and training made through Level of Care funding and will continue to be administered in accordance with the *Supporting Professional Growth Fund Funding Policy* (updated as of November 2022).

18. How much will homes receive in 2022-23?

The SPGF is a \$10 million annual fund. Beginning in April 2022-23, the \$10 million dollars in base funding was disbursed evenly on a per bed, per month basis, based on the total number of eligible beds as of the start of the program (i.e., October 2021). The funding amount homes are already receiving will not change.

Funding line	Supporting Professional Growth Fund
Per bed, per month allocation	\$11.13 (April 1, 2022 to March 31, 2023)

In addition, homes will receive one-time funding of \$1,316,600 disbursed evenly on a per bed, per month basis, based on the number of eligible beds calculated as of September 2022. Funding will be compressed over a period of four months, rather than a full calendar year.

Funding line	Supporting Professional Growth Fund
Per bed, per month allocation	\$4.35 (December 1, 2022 to March 31, 2023)

19. Why am I only receiving \$4.35 per bed, per month?

LTC home licensees already receiving SPGF funding will receive additional one-time funding of \$4.35 per bed, per month for a total of \$15.48 per bed, per month. LTC home licensees that have yet to receive SPGF funding will receive funding of \$4.35 per bed, per month, for the remainder of 2022-23.

20. Have the types of eligible beds changed?

No. Funding continues to be allocated on a per bed per month basis based on the number of eligible beds in the system that are partially or fully funded by the Ministry. The following types of beds are excluded from this funding:

- The Elder Care Capital Assistance Program (ELDCAP) beds;
- Convalescent care beds that are funded by Ontario Health (Note: Convalescent care beds funded in full or partial by the Ministry are eligible for this funding);

- Beds that are issued a Temporary Licence under Section 111(1)(b) of the *Fixing Long-Term Care 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.

21. Has the program eligibility or funding methodology changed?

Program eligibility and funding methodology has not changed since the program launch. As per the SPGF Funding Policy, funds will continue to be available to all licensed LTC homes in Ontario. Homes can fund education and training undertaken by any employee that have direct impact on the residents' experience in homes. This includes support staff, direct care staff, administrators, and leaders. Eligible expenses include (consistent with existing eligible LOC categories):

- Backfilling; and
- Reasonable learners' costs, such as:
 - course fees;
 - travel; and
 - accommodation.

Exclusions include:

- Education or training which does not connect to employee's primary role;
- Support for individuals who are not regular employees of the long-term care home (i.e., agency staff), or do not have any direct impact on residents;
- Education or training for back-office roles, where there is no direct contact and/or impact on the resident experience;
- Equipment, such as computers; and
- Continuing education and graduate/post-graduate degrees such as a B.Sc., or a Masters for any staff.