Program Overview

The purpose of this document is to provide information regarding the process to designate specialized units within Long-Term Care (LTC) homes. The document outlines the roles and responsibilities relating to the identification of, request for, recommendation of, and designation of specialized units as well as the expiration/revocation of the designation.

1. Background and Rationale

The Long-Term Care Homes Act, 2007 (LTCHA) and Ontario Regulation 79/10 (Regulation) include provisions that enable the designation of “specialized units” in LTC homes based on specified resident needs. The LTCHA and Regulation allows the Director at the Ministry of Health and Long-Term Care (the Ministry) to designate these units and provides the Ministry with flexibility to address the needs of specialized populations at the local level as admission to these units is limited to individuals with the specified needs.

Specialized Units are designated by one of two mechanisms, with both mechanisms being facilitated by Ministry and LHIN collaboration and agreement from the LTC home licensee:

- In response to a recommendation from the LHIN for the geographic area where the LTC home is located.
- Upon the Director’s own initiative, after having considered the input of the LHIN and the licensee of the home.

The Director can only designate a specialized unit in a home if the licensee has agreed to the proposed designation and the Director is satisfied with the licensee’s current compliance with the requirements under the LTCHA and with the licensee’s history of compliance. The following sections apply to both LHIN recommended and Director initiated specialized units, unless specifically referenced as only applicable to one designation type within the sections.

1.1 Definitions

- “Additional Per-Diem Funding” means funding provided by the Ministry or LHIN to the licensee for the specialized unit beds above the regular level-of-care per diem and top-up funding for which the beds are eligible, subject to any terms and conditions specified by the Director.
- “Allowable Designated Specialized Unit Resident Days” means the number of Designated Specialized Unit resident days that the Ministry will fund at the home. This is determined to be the number of approved Designated Specialized Unit beds in operation multiplied by the number of days in the period under consideration.
- “One-Time Start-Up Funding” means funding provided by the Ministry or LHIN to the licensee for one-time expenses limited to equipment and supplies for the specialized unit, subject to any terms and conditions made by the Director.
- “Requirements under the LTCHA” means a requirement contained in the LTCHA, the regulations under the LTCHA or in an order or agreement made under the LTCHA, and includes a condition of
Policy: Designation/Revocation of Specialized Units

Date: January 1, 2018

a licence under Part VII or an approval under Part VIII (which includes a requirement to comply with the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations and every directive issued, order made or agreement entered into under those Acts, which includes the L-SAA), a condition to which funding is subject under section 90 of the LTCHA, and subject to subsection 174.1 (7), an operational or policy directive issued by the Minister under section 174.1.

- “Specialized Unit” beds are designated by the Director pursuant to section 198(2) of the Regulation. Specialized Unit is defined in subsection 39 (3) of the LTCHA as meaning any unit designated by or in accordance with the regulations to provide or offer certain types of accommodation, care, services, programs and goods to residents.

- “Time-limited” means a specialized unit that is designated for a set-term and/or temporary period of time. Where the Director has designated a specialized unit for a specified time, the expiry of the specified time is deemed to be a revocation on the Director’s own initiative.

2. Basic Requirements

- Section 198 of the Regulation sets out the requirements relating to the designation of a specialized unit in an LTC home.

- Only the Director, Licensing and Policy Branch (LPB), has the authority under the LTCHA to designate a specialized unit. The designation is subject to any terms and conditions specified by the Director.

- Only long-stay program beds can be designated for use in a specialized unit. These long-stay program beds may exist under a regular or temporary licence. Exemptions set out in Section 318 of the Regulation relating to alternative settings do not apply to long-stay program beds in specialized units. As per the specific healthcare needs of residents, beds in a specialized unit can be located in a specific area of an LTC home or located throughout the home.

- The Director shall only designate a specialized unit if the Director is satisfied with the licensee’s current compliance with requirements under the LTCHA and the licensee’s history of compliance and when the licensee of the home agrees to the proposed designation.

- The Director must advise the LHIN as placement co-ordinator in writing of any designation. Admission to a specialized unit is subject to the admission provisions of the LTCHA and Regulation. Only a LHIN placement co-ordinator has the authority to authorize admission to a specialized unit, even if the person seeking to be admitted is currently a resident of the LTC home who is transferring to the unit. The appropriate LHIN placement co-ordinator must keep a separate waiting list for each designated specialized unit within the home. However, note that the transfer of a resident who is being discharged out of a specialized unit into a “regular bed” within the same LTC home is considered an internal transfer and does not require the authorization of the LHIN placement co-ordinator. In this situation, the licensee must notify the LHIN placement co-ordinator of every such transfer within 24 hours, as set out in subsections 205 (2) and 205.1(4) of the Regulation.
The funding rules specified in applicable funding and financial management policies apply to specialized unit beds. These include, but are not limited to, all LTC home funding and financial management policies available on the Ministry’s public website at http://www.health.gov.on.ca/en/public/programs/ltc/lsaa_policies.aspx.

Specialized units will not be designated to meet the needs of residents of a specific religion, ethnic and/or linguistic origin. Subsection 165 (2) of the Regulation outlines the requirement for each placement co-ordinator to keep a separate waiting list for units or areas in a home that are primarily engaged in serving the interests of a particular religion, ethnic or linguistic origin.

Subsection 198 (7) of the Regulation sets out that the Director may, after considering the health and well-being of both the residents in the specialized unit and persons who might be admitted as residents, stipulate that persons who are on the regular waiting list for the LTC home may be admitted to the specialized unit when there is no one on the waiting list for the unit. The Director must advise the LHIN in its role as placement coordinator of any such stipulation.

A resident in the unit who no longer requires and benefits from the accommodation, care, services, programs and goods provided in the unit and for whom alternative arrangements have been made, must be discharged from the unit in accordance with the requirements set out in subsection 146 (7) of the Regulation. In addition, a resident who was admitted to the unit pursuant to a stipulation under subsection 198 (7) of the Regulation (that is, from the regular waiting list) must be transferred to another area of the home in the class of accommodation chosen by the resident as soon as such a bed becomes available (s.205.1).

3. Planning and Recommendation of Director Initiated Specialized Units

Pursuant to section 198(2)(b) of the Regulation, the Director can designate a specialized unit upon the Director’s own initiative, after having considered the input of the LHIN and the licensee of the home. In partnership with LHINs, the Director would:

- Identify specialized healthcare needs that could be met in a specialized unit;
- Identify candidate LTC homes and select an LTC home;
- Identify resident and clinical data to base decision making;
- Gain required financial and sector capacity information; and
- Achieve sector support needed for the designation.

In making recommendation or providing input for the designation of Director initiated specialized unit, the LHIN must clearly set out the specific needs of the proposed residents of the specialized unit and distinguish these needs from the residents in the rest of the LTC home.

Pursuant to subsection 198 (3) of the Regulation, in providing input to the Director, the LHIN must provide the Director with whatever information the Director stipulates with respect to the types of accommodation, care, services, programs and goods to be provided by the specialized unit.

In a Director initiated specialized unit, the LHIN must provide a statement that the LHIN is satisfied that the licensee will be financially capable of providing the types of accommodation, care, services, programs and goods to be provided by the specialized unit. By making this statement,
the LHIN will be confirming to the Director that the licensee of the home in which the LHIN is recommending the designation of a specialized unit is not in financial difficulties. The LHIN must include a detailed estimate of the cost of the proposed unit, a full budget and information about the sources of the funding. Further financial information and analysis must be included if the specialized unit requires additional funding.

4. Process to Obtain the Designation of a LHIN Recommended Specialized Unit

4.1 Licensee Submits an Application to LHIN:

- A licensee who is interested in operating a specialized unit must submit an application to the LHIN. In order to assist the LHIN to assess the application, the licensee’s application to the LHIN should include the following:
  - Information about the licensee, LTC home, current beds, including numbers and types of long-stay and short-stay beds, and other specialized units in the home.
  - The number of beds proposed to be designated within the unit.
  - The term of the proposal (i.e. time-limited or non-time-limited).
  - The resident population to be served (including a detailed resident profile).
  - The description of the accommodation, care, services, programs and goods to be provided to residents in the unit.
  - A description of the care delivery approach (i.e. how the licensee will meet the needs of residents of the unit, including determining appropriate staff mix and staff levels).
  - Information about the physical environment, supplies and equipment and information systems for the unit.
  - An overview that demonstrates the home’s readiness to operate the specialized unit, including human resources plan, environmental components, and related experience.
  - A financial plan, including a detailed budget proposal.
  - A proposal to monitor, evaluate, and report on the utilization and effectiveness of the specialized unit. This proposal should address specific resident-centred outcomes, program goals, system impacts (if applicable) and how they will be measured.

- A communications plan that addresses how to work with the LHIN in its role as placement coordinator to create an awareness of the unit and ensure that the LHIN has a full understanding of the goals of the unit and profile of the resident population served, as well as a plan to support the appropriate flow of information.

- A comprehensive written plan related to admissions and discharges for the unit that complies with all requirements under the LTCHA including:
  - A policy/plan to communicate with the applicant/family/Substitute Decision-Maker about the unit that addresses the requirement under the Regulation to discharge the resident when he/she no longer requires and benefits from the accommodation, care, services, programs and goods provided by the unit and alternate arrangements have been made, as
well as when an appropriate bed becomes available in another area of the home for a resident who was admitted from the regular waiting list pursuant to a Director’s stipulation.

- If applicable, an explanation of how the unit will manage discharges to other areas of the home or other LTC homes in accordance with the requirements under the LTCHA.
- A process for ongoing collaboration with the LHIN (in its role as placement co-ordinator) for managing discharge to other settings (eg. home, community or other LTC home).
- A plan for knowledge transfer and provision of any available supports to the receiving home/other destination (prior to and post discharge).

4.2 Evaluation of Application by LHIN

- The LHIN’s assessment of the proposal should consider and document the following (to be included in the submission referenced in section 5.3):
  - Opportunities and risks presented by the proposal with mitigation strategies, as appropriate.
  - Consultation with the community and stakeholders including the local LHIN in its role as placement co-ordinator to articulate how the specialized unit will fit into the continuum of care for the community. The consultation should also provide, if applicable, an independent clinical validation from at least two clinical experts (i.e. not from the home) that the proposed model will meet the needs of the identified population.
  - Analysis of local pressures on the health care system (such as funding, alternate level of care (ALC), and human resources limitations), effects of program on other health care sectors and how the proposed specialized unit will impact these pressures.
  - A review of the budget submission to identify the following:
    - How the unit will be funded.
    - A detailed budget of all enhanced costs (not including Level-of-Care per diem funding) and their associated funding envelope.
    - Whether any additional funding is being requested.
    - If funding is being requested, the source of the funding.
    - Any additional funding approvals required.
    - Any concerns related to the budget as submitted.

4.3 LHIN Submits a Proposal or Input to the Director for the Designation of Specialized Unit

- The LHIN submits the formal recommendation for the designation of the specialized unit to the Director, with a copy to the Director, LHIN Liaison Branch (LLB). Any incomplete recommendation package will result in a delay in the review.
- As required by subsection 198 (3) of the Regulation, in making a recommendation or in the case of a Director initiated specialized unit, the LHIN must provide the Director with whatever information the Director stipulates with respect to the types of accommodation, care, services,
programs and goods to be provided for the specialized unit regardless of who initiates the designation.

- For both Director initiated and LHIN recommended, the following information must be provided by the LHIN:
  
  o An assessment identifying the need for a specialized unit to provide or offer certain types of accommodation, care, services, programs and goods to residents, taking into account the input of the LHIN in its capacity as the placement co-ordinator for the home, the licensee of the home and others as the LHIN may consider appropriate (e.g. clinical experts).
    
    o The assessment should clearly identify the input provided by each entity.
    
    o In its identification of the need for the unit, the LHIN should provide an analysis of both the statistics that highlight a need for such a unit, as well as the number of prospective residents and why their particular needs cannot be met in a regular area within the home.
    
    o An analysis of the advantages and disadvantages of designating a specialized unit.
      
      o This analysis should include information about the impact that the designation will have on the availability of long-stay beds in the LHIN’s geographic area (i.e. if a specialized unit is designated, the beds in that unit will no longer be available for the general population and what this means for the LTC home, its residents and the broader community).
      
      o This analysis should also outline other options considered and the rationale as to why other options were not deemed appropriate.
      
    o A description of the resident population to be served by the specialized unit.
      
      o The submission should identify the population and clearly demonstrate how the resident care needs of the proposed target population to be served by the specialized unit differs from other LTC home residents and how this justifies designation of the unit.

      The description should also include, if applicable, a clinical profile of the group to be served by the unit.

    o A description of the accommodation, care, services, programs and goods to be provided by the specialized unit.
      
      o The submission should clearly identify any accommodation, care, services, programs and goods that are to be provided to residents in the specialized unit that differ in any way from those provided to residents in the rest of the LTC home.

      If the proposal contains an enhanced staffing model, the description should compare the proposed staffing levels with those in other areas of the home. The assessment must clearly articulate which portion of the services are enhanced (so as to separate the cost of regular services that would be provided to the other
Policy: Designation/Revocation of Specialized Units

Date: January 1, 2018

residents in “regular” beds in the home and what has been enhanced to support the care in the specialized unit.)

- A statement that the LHIN is satisfied that the licensee will be financially capable of providing the types of accommodation, care, services, programs and goods to be provided by the specialized unit.
  - The LHIN must include a detailed estimate of the cost of the proposed unit, a full budget and information about the sources of the funding. Further financial information and analysis must be included if the specialized unit requires Additional Funding.

- A statement that the licensee has agreed to the proposed designation. Pursuant to subsection 198(4)(a) of the Regulation, the Director is only able to designate a specialized unit in a home if the licensee of the home has agreed to the proposed designation.
  
  Note: The statement from the licensee can take the form of a letter from the licensee.

- A detailed proposal for the monitoring, evaluating and reporting on the utilization and effectiveness of the specialized unit.
  
  Note: The evaluation framework should demonstrate alignment with provincial evaluation frameworks (where they exist).

- The evaluation plan should be resident centred and include (but is not limited to) specific measures for reporting on resident outcomes, program goals and system impacts including:
  
  - Resident outcomes (including how assessed goals were or were not met).
  - Benefits to residents and, if applicable, family members.
  - Any disadvantages experienced by the residents and, if applicable, family members.
  - Information on how residents who did not meet the goals of the program were dealt with.
  - Resident and family satisfaction.
  - Assessment of the staffing model.
  - Program measures.
  - System measures.
  - Data related to admission and discharge (e.g. calls from interested persons, waitlist management, referral/admission/discharge times).
  - Financial and budget matters (including an assessment of the cost to run the specialized unit as compared to regular areas of the home and a separate accounting of start up costs as compared to regular operating costs.
  - An assessment of resident outcomes. (Once goals are met, the status of residents returned to a regular long stay bed or other setting - i.e. did the individual remain stable in the destination home or did the individual experience regression, additional ER visits or
hospitalizations that should have been minimized through the supports provided in the specialized unit.)

- The recommendation should also include:
  - A summary of the review process undertaken by the LHIN in its assessment of the home’s proposal.
  - A detailed project plan that articulates the model for the specialized unit as well as an implementation plan and schedule.
  - If applicable, documentation from at least two independent clinical experts confirming that the model of care and services will meet the needs of the proposed resident population.
  - A statement from the LHIN that they are satisfied that the home has the necessary skills and experience to provide the care and services required in the proposed unit.
  - Confirmation from the LHIN that the unit has a plan for managing resident discharges to regular areas within the home and elsewhere that complies with the requirements under the LTCHA.
  - The communications plan related to the specialized unit.

4.4 Director’s Review and Response to LHIN Submission

- Specialized unit beds require the designation of the Director.
- When a specialized unit submission is received from a LHIN, the Director conducts a review and analysis of the LHIN’s recommendation in consultation with LLB and Financial Management Branch (FMB). The Director will consult other Ministry partners as appropriate, such as the LTCH Renewal Branch.
- If required, the Service Area Office (SAO) may conduct a pre-occupancy review of the proposed specialized unit.
- The SAO will forward a report noting any issues related to the pre-occupancy review of the proposed specialized unit. The SAO will also provide an overview of the licensee’s compliance (current and historical) with requirements under the LTCHA.
- When making the decision whether to designate the specialized unit, the Director will take into consideration all the information provided as part of the recommendation, the results of the pre-occupancy review (where applicable) and any other applicable information. In addition, pursuant to subsection 198 (4) of the Regulation, the Director is only able to designate a specialized unit if the Director is satisfied with the licensee’s current compliance with the LTCHA and Regulation and history of compliance.
- If the Director decides to designate the specialized unit, a letter will be sent by the Director to the LHIN (including the LHIN in its role as the placement co-ordinator) and the LTC home licensee advising of the designation and setting out any terms and conditions of the designation. Additional copies will be provided to the Director, LLB; Director, FMB; Director, Health Capital Investment Branch (HCIB) and Director, Health Data Branch (HDB).
The Director has the discretion to designate a specialized unit on a time-limited basis pending an evaluation of the licensee’s ability to meet specified conditions.

If the Director does not designate the specialized unit, a letter will be sent by the Director to the LHIN and the LTC home licensee advising of the decision.

If a management contract is required to operate the specialized unit, the management contract must be approved by the Director before the licensee begins to operate the specialized unit. This approval will be included in the overall approval process relating to the specialized unit. If the management contract is approved, pursuant to section 110 of the LTCHA a copy of the Director’s approval will be forwarded to the LTC home licensee and management company, with a copy to the LHIN and the Directors of LLB, FMB and HDB.

If the LHIN’s recommendation includes an increase in the licensed or approved bed capacity, a further and separate approval of the Director for a temporary licence under the LTCHA is required. Only the Director has the authority to authorize an increase to the licensed or approved bed capacity of a home.

This terms and conditions of the designation for a specialized unit will outline whether it is Director (s.198(2)(b) of the Regulation) initiated or initiated by the LHIN (s.198(2)(a)) of the Regulation.

4.5 Addendum to Long-Term Care Home Service Accountability Agreement (L-SAA)

Pursuant to section 199 of the Regulation, the operation of a specialized unit must be subject to the terms and conditions in an agreement (the L-SAA or another agreement, as the case may be) between the licensee and LHIN. The agreement must include any terms and conditions specified by the Director as part of the designation of the unit. These requirements apply whether the specialized unit is designated on the recommendation of a LHIN or on the Director’s own initiative.

5. Funding and Reconciliation

5.1 Top-Up Per Diem and One-Time Start-Up Funding

The Ministry or LHIN may provide Additional Per-Diem Funding above the Level-of Care (LOC) per diem and top-up per diem funding for which the beds are eligible, subject to the approval of and any terms and conditions made by the Director. Any Additional Per-Diem Funding above the LOC per diem and top-up per diem funding must be provided in writing by the Director or LHIN.

LTC homes operating Director-initiated Behavioral Specialized Unit (BSU) beds will receive a top-up per diem funding amount as outlined in the LTCH Level-of-Care Per Diem Funding Summary.

As referenced in the Long-Term Care Homes Level-of-Care Per Diem, Occupancy and Acuity-Adjustment Funding Policy, effective January 1, 2019, an LTC home operating specialized unit beds will receive the LOC per diem funding based on the Allowable ‘Designated Specialized Unit’ Long-Stay Resident Days, regardless of the actual occupancy of the specialized unit Long-Stay Beds in the home. This will also apply to the top-up per diem funding and any Additional Per-Diem funding. This means that SU beds are not required to meet a specific target for resident days to receive full funding. Any Additional Per-Diem funding provided by the Ministry or LHIN to a licensee for specialized unit beds, as well as the top-up per diem funding provided to LTC homes
operating Director-initiated BSU beds as outlined in the LTCH Level-of-Care Per Diem Funding Summary are both, non-LOC funding provided in addition to the LOC Per Diem as outlined in the Long-Term Care Homes Level-of-Care Per Diem, Occupancy and Acuity-Adjustment Funding Policy. The top-up per diem funding and Additional Per-Diem funding shall be deemed to fall within and form part of the Nursing and Personal Care (NPC), Program and Support Services (PSS) and Other Accommodation (OA) envelopes and is subject to the conditions and definitions of those envelopes (as set out in the Long-Term Care Homes Level-of-Care Per Diem, Occupancy and Acuity-Adjustment Funding Policy, the Eligible Expenditures for Long-Term Care Homes Policy, and the Guidelines for Eligible Expenditures for LTC Homes).

- Up to 5% of top-up per diem funding and Additional Per Diem funding provided to LTC homes for Director-initiated BSU beds may be reported in the OA envelope. Top-up per diem funding and Additional per diem funding for LHIN initiated BSUs may be used for OA envelope expenditures if specified in the terms and conditions.
- Top-up per-diem funding and Additional Per-Diem Funding must only be used to support costs for specialized unit beds.
- When the allocation of the top-up per-diem funding and Additional Per-Diem Funding to the NPC, PSS and OA envelopes respectively has not been specified, funding will be allocated by pro-rating the funding to the envelopes based on the NPC, PSS and OA envelope expenditures reported in the Long-Term Care Home Annual Report (LTCHAR), and matching funding against expenditure for each envelope.
- The Ministry or LHIN may provide One-Time Start-Up Funding to the licensee for the specialized unit, subject to any terms and conditions made by the Director. Where it is specified in the terms and conditions, LTC homes may use the One-Time Start-Up Funding for the following purposes:
  a) Training of LTC staff who provide supports and services for residents in specialized units;
  b) Acquiring eligible equipment and supplies that support the delivery of care and comfort for residents in specialized units, which include but are not limited to, beds and mattresses, blanket warmers, privacy screens, call bells, activity boards, activity tables and specialized seating, Montessori equipment, mirrors, upgrades to telephone or computer systems;
  c) Infrastructure changes to enhance the safety of residents, if required; and
  d) Any other costs approved by the Director. Director approval must be specified in the terms and conditions.

5.2 Reimbursement for the Loss of Income from Preferred Accommodation
- Specialized units may be private or semi-private accommodation. For Director-initiated specialized units, the Ministry will pay LTC home licensees for the loss of income that may otherwise have been charged for the preferred accommodation if the bed had not been occupied by a resident approved for a specialized unit bed. The daily rate that the Ministry will pay is equal to the difference between the applicable maximum daily rates for preferred accommodation and basic accommodation respectively.
Residents in Director-initiated specialized units cannot be charged more than the maximum basic co-payment. Please refer to the Important News Regarding Long-Term Care Home Accommodation Charges bulletin for the applicable rate.

For Director-initiated specialized units, the Ministry will pay LTC home licensees for any applicable lost preferred accommodation revenue related to allowable specialized units resident days, regardless of the actual number of days that the specialized units bed is occupied.

The LHIN may specify in the terms and conditions of its Long-Term Care Home Service Accountability Agreement (LSAA) with the licensee whether LHIN-initiated specialized units will be reimbursed for lost preferred accommodation revenues. If the terms and conditions specify that the LHIN will reimburse for lost preferred accommodation fees, the licensee will be reimbursed the difference between the maximum allowable preferred accommodation rate and the maximum basic accommodation rate. In this case, residents cannot be charged more than the maximum basic co-payment. Please refer to the Important News Regarding Long-Term Care Home Accommodation Charges bulletin for the applicable rate.

If reimbursement for lost preferred accommodation fees for LHIN-initiated specialized units is not specified by the LHIN in the LSAA, the licensee will not be reimbursed for lost preferred revenue and may charge a specialized unit resident a preferred accommodation rate.

5.3 Reporting Requirements

All expenditure must be reported in the LTCHAR.

All Additional Per-Diem funding is subject to adjustment, as per the LTCH Reconciliation and Recovery Policy. Unused funds must be declared surplus and returned to the LHIN or Ministry, as per the LTCH Reconciliation and Recovery Policy. Unused Additional funding remaining after deducting eligible expenditure reported from Additional Per-Diem Funding, in the NPC and PSS envelopes, is recoverable by the Ministry.

Should the licensee receive funding for One-Time Start-Up costs, the licensee shall report related expenditures, including initial training-related expenditures funded using the One-Time Start-Up funding in Section I, Part A of the LTCHAR in accordance with the reporting requirements of the LTCH Reconciliation and Recovery Policy.

Expenditures related to the top-up and/or Additional Per diem funding must be reported in the NPC, PSS and OA envelopes of the LTCHAR. The expenditures must also be reported on separate lines in the NPC, PSS and OA sections of the LTCHAR. Operational expenditures shall be reported in accordance with the Guideline for Eligible Expenditures for Long-Term Care Homes.

The LHIN or Ministry may adjust or withhold funding for their respective LHIN initiated and Director initiated specialized unit when the LHIN or Ministry is of the opinion that the licensee has failed to meet the objectives of the specialized unit.

If the LHIN decides to reduce, withhold or cancel funding for the beds in a LHIN initiated the specialized unit for any reason and at any time during the term of the designation, the LHIN must
Policy: Designation/Revocation of Specialized Units

inform the Director of this decision at least six months before the reduction, withholding or cancellation.

6. Accountability

Legislative and Regulatory Parameters:

- Specialized unit beds are LTC home beds and are regulated under the LTCHA.
- For both LHIN and Director initiated specialized units, the LHIN must submit the reports/evaluations for each specialized unit as set out in the terms and conditions specified by the Director in the designation of the specialized unit.

Agreements Between Parties:

- The licensee must enter into an agreement with the LHIN or Ministry to operate a specialized unit, either as an addendum to the existing LSAA, as a separate agreement or as a Direct Funding Agreement. The agreement must include any terms and conditions specified by the Director.

7. Revocation of the Designation of a Specialized Unit (or Expiry of the Designation)

- As set out in section 206 of the Regulation, the Director may revoke the designation of a specialized unit in an LTC home or the designation of some of the beds in a specialized unit, in accordance with any terms and conditions the Director may specify. The Director may also allow a designation that is time-limited (as set out in its terms and conditions) to expire. The Director may do any of these things upon the recommendation of the LHIN where the home is located or on the Director’s own initiative. Section 206(7) provides that where the Director has designated a specialized unit for a specified time, the expiry of the specified time is deemed to be a revocation on the Director’s own initiative. The following steps are required if the designation of the entire specialized unit, all or some of the beds within the unit are being revoked or allowed to expire:

7.1 Revocation/Expiration of Designation Recommended by the LHIN and/or the Licensee

- If the revocation or expiration of the designation of a specialized unit is being recommended by the LHIN, six months prior to the revocation/expiration date the LHIN must provide the following to the Director:
  - The reason(s) for recommending the revocation/expiry;
  - A plan developed by the LHIN in consultation with the licensee and in consideration of the LHIN’s role as the appropriate placement co-ordinator that sets out:
    - The arrangements that will be made for the accommodation, care and services of the residents of the specialized unit.
    - Anticipated timelines for carrying out the plan when revoking the designation or allowing it to expire.
    - A proposal for what is to occur with respect to the beds that will no longer be designated as part of the specialized unit.
The Director will inform the licensee and LHIN (including the LHIN in its role as the placement co-ordinator) of the revocation or expiration of the unit and provide the approved plan, with or without amendments made by the Director, to the licensee and LHIN (including the LHIN in its role as the placement co-ordinator).

7.2 Revocation/Expiration of Designation Initiated by the Director

If the revocation of the designation of a specialized unit is on the Director’s own initiative, or the Director has made a determination that the designation will be allowed to expire, the Director will provide six months’ notice of the revocation/expiration to the licensee and LHIN (including the LHIN in its role as the placement co-ordinator). Upon receipt of the notice, the LHIN must provide the following to the Director:

- A plan developed by the LHIN in consultation with the licensee and in consideration of the LHIN’s role as the appropriate placement co-ordinator that sets out:
  - The arrangements that will be made for the accommodation, care and services of the residents of the specialized unit.
  - Anticipated timelines for carrying out the plan when revoking the designation.

The Director will provide the approved plan, with or without amendments made by the Director, to the licensee and LHIN (including the LHIN in its role as the placement co-ordinator).

7.3 The Role of the Licensee

The licensee must comply with the approved plan and must do the following:

- Provide each resident who will be affected by the revocation/expiration of the designation, and the resident’s substitute decision-maker, if any, with written notification of the revocation/expiration of the designation of the specialized unit.
- Contact those residents and substitute decision-makers to begin the process of making alternate arrangements.

7.4 Role of the LHIN as Placement Co-ordinator

In accordance with the approved plan, the LHIN as placement co-ordinator must do the following:

- Inform applicants on the waiting list for admission to the specialized unit that the designation is being revoked or is expiring.
- Cease the authorization of admissions to the specialized unit.
- Cease keeping a separate waiting list for the specialized unit in the long-term care home.

8. Renewal/Extension of Designation

If the designation of a LHIN initiated specialized unit is time-limited (as set out in its terms and conditions) the LHIN, in consultation with the licensee, may submit a request to the Director to extend the time period or designate the specialized unit on a non-time-limited basis. The request must include an evaluation of the operation of the specialized unit and the rationale for the
proposed extension or non-time-limited designation. This request should be submitted six months prior to the expiry of the current designation in order to allow for a thorough review of the request. The Director will make a determination related to such a request in consultation with LLB, HCIB and FMB and other Ministry partners as applicable.

• For specialized units designated on the Director’s own initiative, the Ministry will seek confirmation of the LHIN’s support and licensee’s agreement six months prior to the expiry of the current designation, if a renewal/extension is being considered.