

**Ministry of
Long-Term Care**

Office of the Minister

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**Ministère des
Soins de longue durée**

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245-2022-2378

Dr. Patricia Spindel
Co-Founder, Seniors for Social Action Ontario
seniorsactionontario@gmail.com

Dear Dr. Spindel,

Thank you for taking the time to write to me on behalf of Seniors for Social Action Ontario to offer your comments and recommendations. As Minister of Long-Term Care, I am grateful for your input and welcome the opportunity to respond.

As part of the *Plan to Stay Open: Health System Stability and Recovery*, we are introducing a suite of changes to optimize health system resources and to help ensure Ontarians are receiving the right care in the right place. This includes amendments to the *Fixing Long-Term Care Act, 2021* (FLTCA) that were introduced under the *More Beds, Better Care Act, 2022* – formerly Bill 7, which received Royal Assent on August 31, 2022, and will be fully proclaimed into force on September 21, 2022, along with supporting regulation amendments under the FLTCA.

These legislative and regulation changes are intended to facilitate long-term care home admissions for eligible hospital patients who have been designated as requiring an alternate level of care (ALC). A patient is designated as ALC when, in the opinion of their attending clinician, they no longer require the intensity of resources or services provided in a hospital and their care needs can be met in an alternate care setting.

The placement co-ordinator – working in consultation with the patient and their family, the hospital clinical care team, and others – will be authorized to assess an ALC patient's eligibility for long-term care and, where the patient is determined to be eligible, to authorize their admission to a long-term care home that can meet their care needs.

Although the placement co-ordinator will be required throughout this process to seek the consent of the ALC patient or, where the patient is incapable, the consent of their substitute decision-maker, the legislation will authorize the placement co-ordinator to carry out certain steps in the absence of consent. If there is no bed available in a long-term care home that has been chosen by the patient, the placement co-ordinator will be permitted to authorize their admission. We want people to live and receive care where they can have the best possible quality of life, close to their family and friends.

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Dr. Patricia Spindel,
Co-Founder, Seniors for Social Action Ontario

These amendments require that ALC patients, eligible for long-term care, will only be admitted to a home within a specified geographic radius of the patient's preferred location where the person can live while they wait for a placement in the home of their choice. Under the FLTCA regulations, the individual will have priority status on the waiting list for admission to their preferred home. In addition, to enable the reunification of spouses and partners in long-term care, the regulation requires that ALC patients be given priority status on the waiting list for admission to the same home in which their spouse or partner resides.

Although the legislation will allow for certain steps in the eligibility determination and admission process to be taken without the consent of an ALC patient or their substitute decision-maker, it does not allow for a patient to be physically transferred to a long-term care home without their consent.

For many ALC patients who no longer need hospital-level care, a long-term care home provides a more enriching, home-like environment where they can benefit from services, activities and supports that are not typically available in hospital, such as social and physical activities, group dining, entertainment and personal care. When identifying homes for potential placement, placement co-ordinators will strive to accommodate the patient's preferences, including distance from the patient's preferred location (e.g., which may reflect a desire to be near loved ones) and the patient's preferences based on ethnic, religious, spiritual, linguistic, and cultural factors. Care, consideration and compassion for the patient and their family will remain a priority.

I have taken the liberty of sharing your letter with my colleagues the Honourable Sylvia Jones, Minister of Health, the Honourable Merrilee Fullerton, Minister of Children, Community and Social Services and the Honourable Steve Clark, Minister of Municipal Affairs and Housing, so that they too may be aware of the issues you raise in your letter.

Thank you again for writing.

Sincerely,



Hon. Paul Calandra
Minister of Long-Term Care

c: Hon. Sylvia Jones, Minister of Health
Hon. Merrilee Fullerton, Minister of Children, Community and Social Services
Hon. Steve Clark, Minister of Municipal Affairs and Housing