

Long Term Care Accountability Planning Submission (LAPS) Guidelines

Education Session

Overview

1. The context for LAPS and L-SAA
2. What are LAPS and L-SAA
3. LAPS Guidelines Development
4. LAPS Overview
5. Instructions for the Completion of LAPS Forms
6. Timeframes
7. Questions

Our Collective Challenge

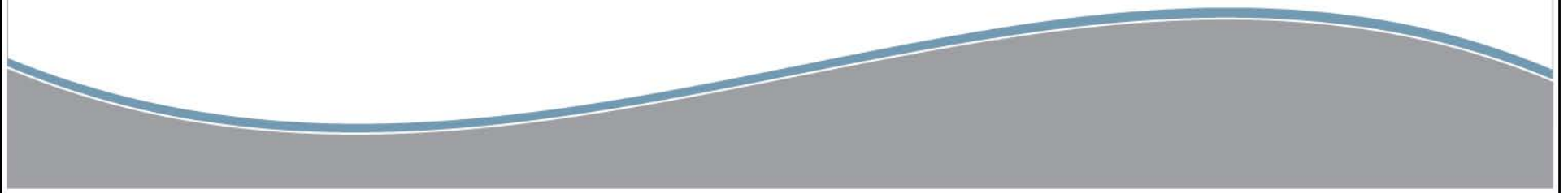
“A local health care system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren.”

Central West LHIN's Vision for Health Care 2005

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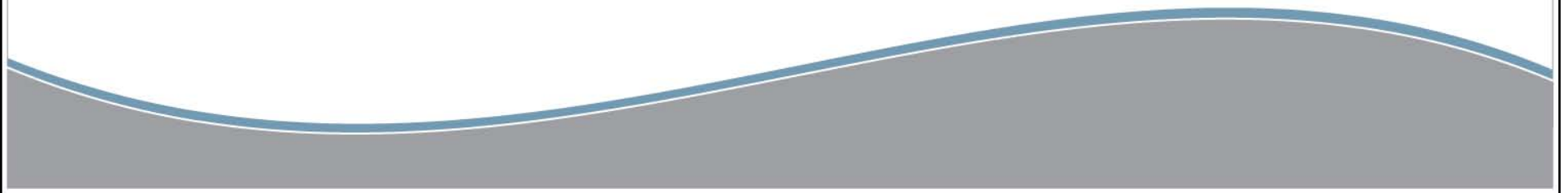
Role

- The Ministry provides stewardship to the system by setting provincial standards and priorities and monitoring health outcomes
- The Central West LHIN provides leadership and management of the local health system
- Health Service Providers provide leadership and management of their organizations within the Central West LHIN system



Transforming Ontario's Health Care System:

- LHINs are creating a health system that is:
 - community based
 - based on partnerships
 - sustainable
 - efficient
 - accountable
 - integrated
- Priorities identified by residents of Central West are outlined in the IHSP2



Central West LHIN's Strategic Directions

Enhanced Integration

Better coordinated and better linked health services

Increased Capacity

Adequate levels of the right kinds of services and supports at the right time at the right place

Improved Access

Timelier and easier access to high quality, people-centred services



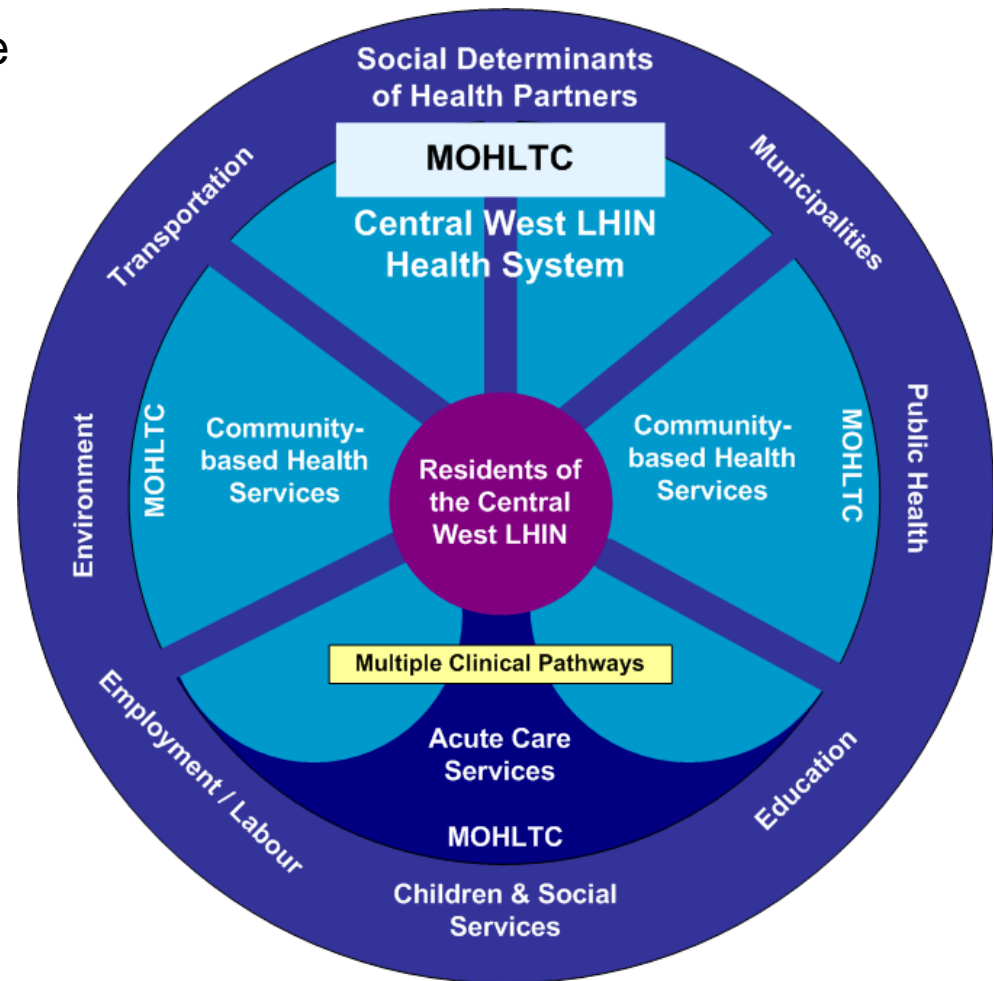
Central West LHIN's Health System Plan

Community-based health services are the first point of contact for residents to services

Provide more services that support health and well-being closer to where people live

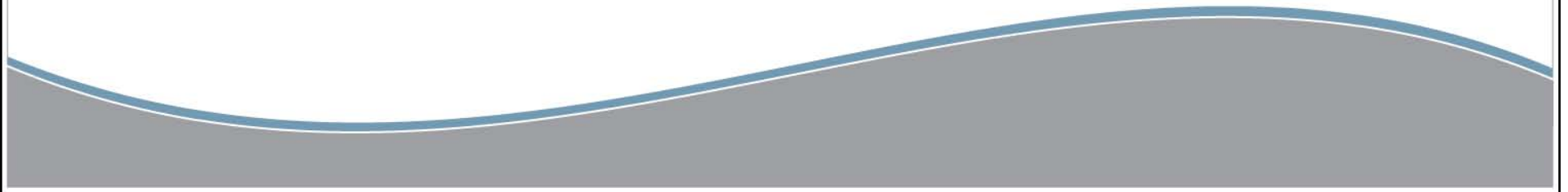
Create a fully integrated system that provides a comprehensive range of services to meet local needs and support community based services

Health service providers need to deliver services locally but manage in an integrated regional model

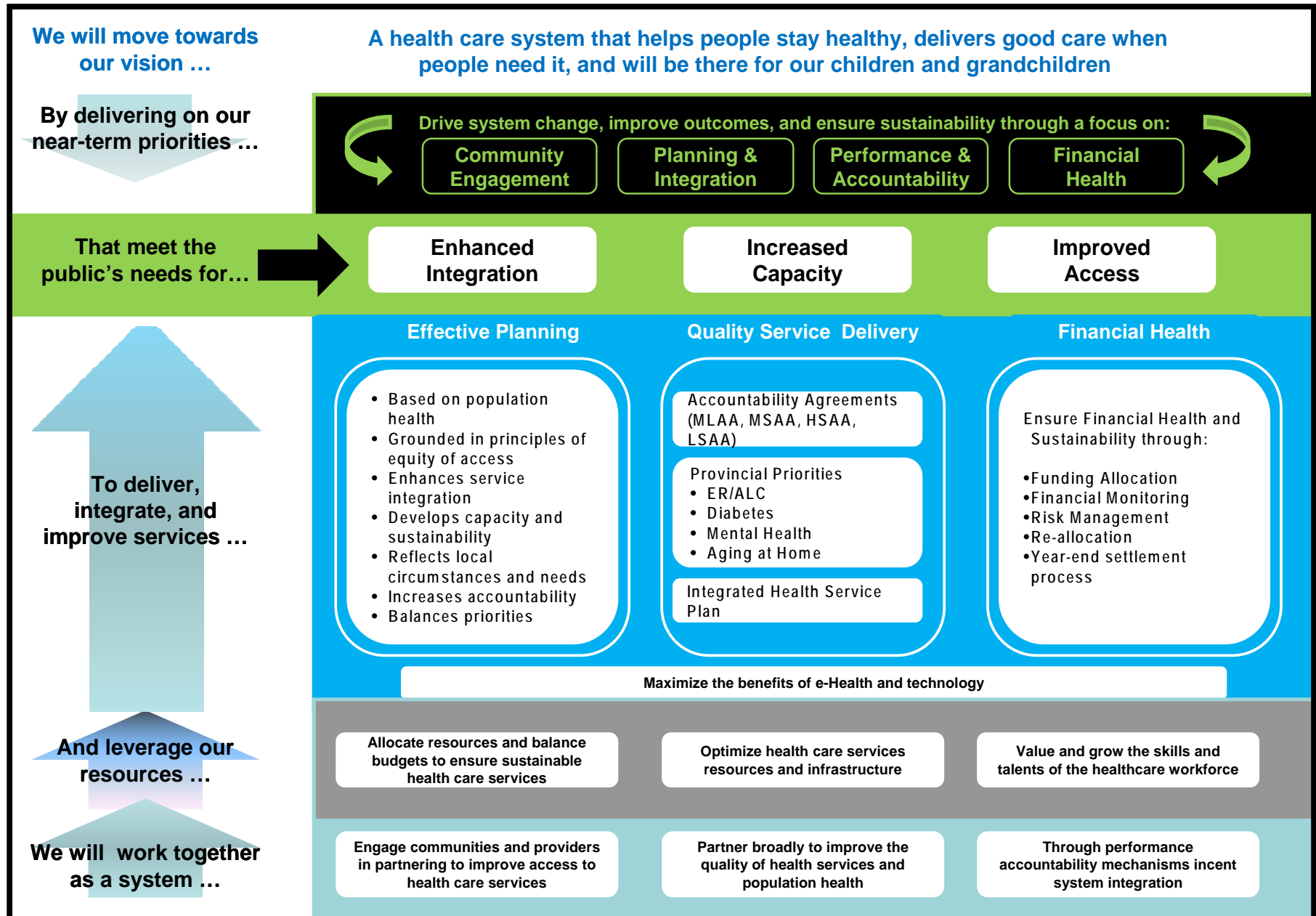


Integrated Health Services Plan 2

- The final IHSP2 report was released November 30, 2009
- All LHINs will have 4 priorities
 - ER Service Improvement
 - ALC reduction
 - Diabetes service improvement
 - Mental Health and Addictions services improvement



Central West LHIN – Health System Strategy Map



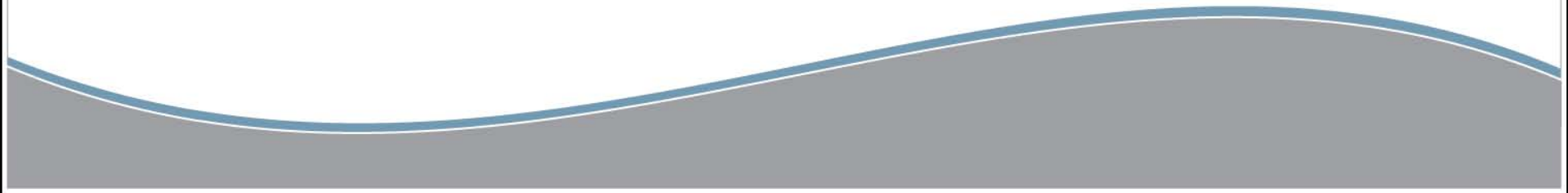
Central West LHIN ER/ALC Strategy

Goals:

- Central West LHIN residents receive the right care at the right time in the right place
- Improve the flow of people through the healthcare system

Objectives:

- Decrease the % ALC days to MLPA targets
- Decrease ER wait times to MLPA targets



Drivers

- **MLPA Performance Targets**
 - Percent of ALC Days
 - ED Wait Times
 - Wait Time to Home Care
- **Government Priorities**
 - Reduce ED Wait Times
 - Reduce ALC days
- **Aging at Home Directional Plan Goals**
 - Target seniors with complex needs most at risk for hospital or LTC
 - Target active seniors stressing the maintenance of good health and delaying the need for hospital, LTC and home care services
 - Focus on needs of local diverse ethnocultural communities

LAPS

The Long-Term Care Home Accountability Planning Submission (LAPS) is a planning document that provides information about an individual LTCH, to support the negotiation of the Long-Term Care Home Service Accountability Agreement (L-SAA).

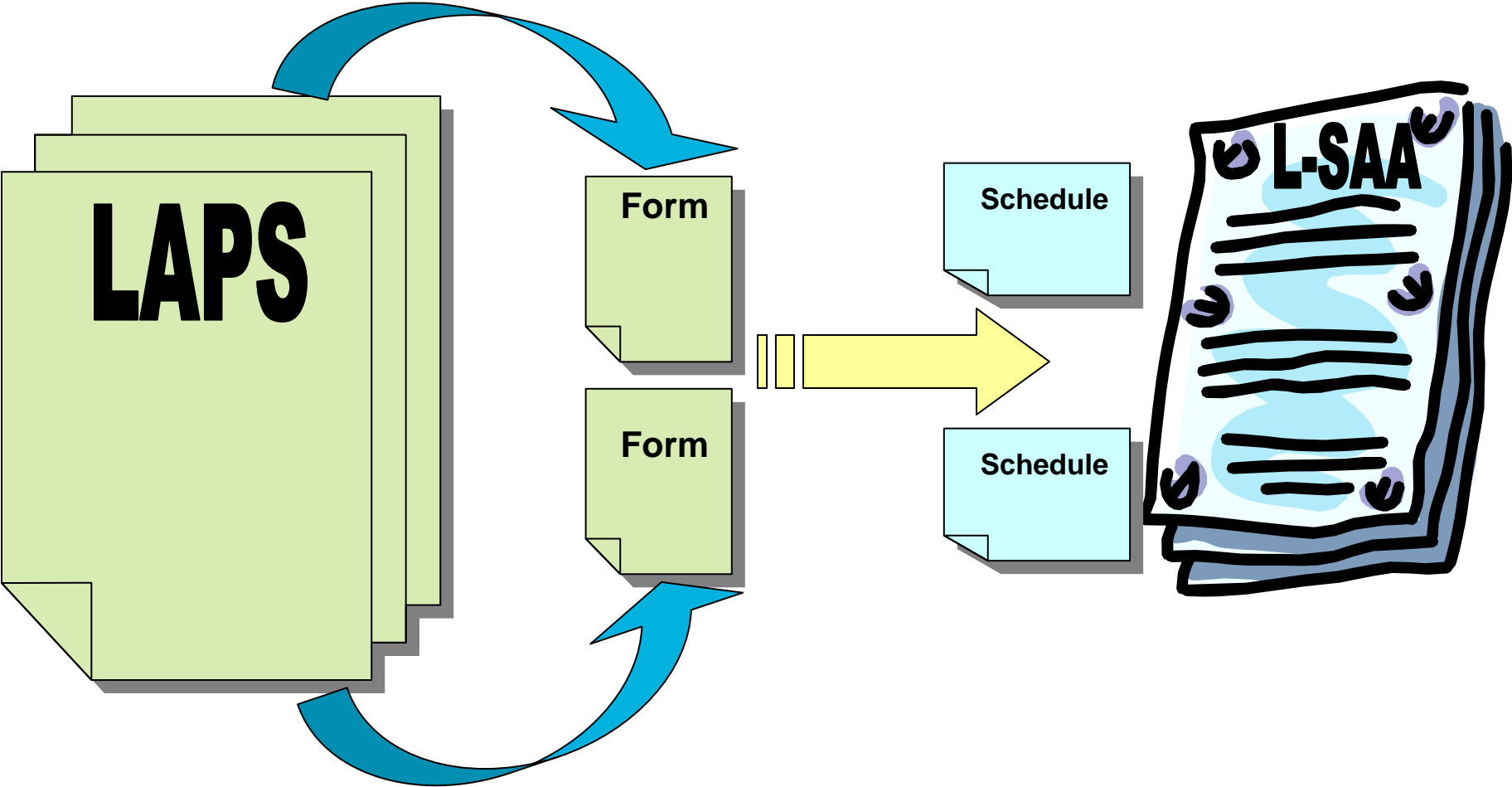
Each LTCH owns the LAPS document and is responsible for the completeness and accuracy of the information provided to the LHIN. Each LTCH governance structure is responsible for reviewing and approving the information provided in the LAPS and also the content and commitments of the L-SAA.

L-SAA

- The L-SAA is the legal agreement between the LTCH and the LHIN. The L-SAA will replace the current service agreement. It is required under LHSIA and the MLPA and **will cover a 3-year term of July 1, 2010 to March 31, 2013.**
- The role of a L-SAA is to clarify that the LTCH will be responsible for delivering not only performance, but also planning and integration towards the development of a health system.

The LTCH's LAPS and L-SAA must reflect the home as part of a health care system versus as an individual health care provider.

How LAPS & L-SAA Fit Together



LAPS Guidelines Development

- Consultation sessions were held with associations representing LTCHs in the province, including OLTCA, OANHSS, AMO, OHA and the City of Toronto.
- Feedback from a sample of LTCHs and the associations was considered and addressed through three avenues:
 - Comments incorporated in the LAPS Guidelines.
 - Development of training sessions.
 - The development of a FAQ (Frequently Asked Questions) document.

LAPS Guidelines

Table of Contents

1. Introduction
2. Roles and Responsibilities
3. Key Planning Consideration for the LAPS and L-SAA
4. LAPS Components
5. LHIN Evaluation of LAPS
6. Linking the LAPS to the L-SAA
7. Directives, Guidelines and Policies
8. Changes Needing LHIN Review/Approval

Appendix A: Glossary


Appendix B: Description of Services

Appendix C: Financial Summary

Appendix D: LHIN Contact Information

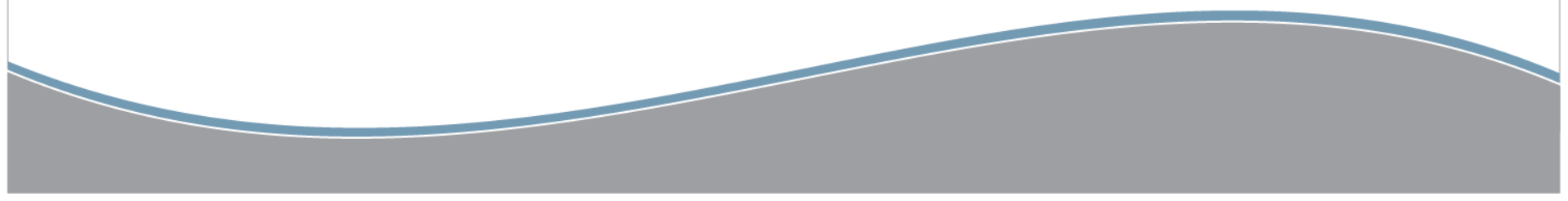
Roles and Responsibilities - MOHLTC

In regards to Long-term Care, the MOHLTC is responsible for:

- Compliance, inspection & enforcement of LTCH.
 - Licensing and approval of LTC beds.
 - Setting fees for licensing.
 - Determining total per diem per bed funding.
 - Determining construction cost funding per diem and LTCHs that will receive the per diem.
 - Approving changes of ownership, sale of businesses and amalgamations of providers for purposes of licensing.
 - Approving LTCH management contracts.
 - Acting as the lead in the event of a bankruptcy and approving a third-party management company.
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Roles and Responsibilities - LHINs

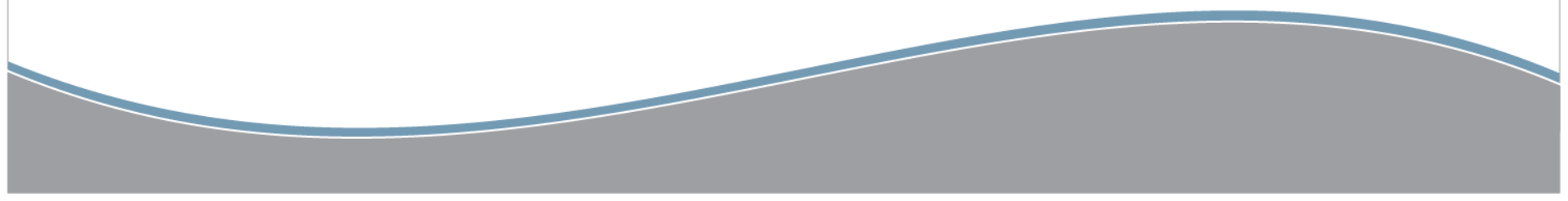
In regards to LTC, LHINs are responsible to:

- Monitor the achievement of specific performance goals under the L-SAA.
 - Performance management.
 - Review and monitor: Occupancy/Utilization of beds; Placement refusal trends; Transfer request trends; Wait list profiles.
 - Participate, as appropriate, in the preparation and submission of funding requests related to LTCHs through the MOHLTC annual planning cycle.
 - Approve the designation of existing long-stay beds as short-stay beds.
 - Set performance targets within the context of a provincial framework.
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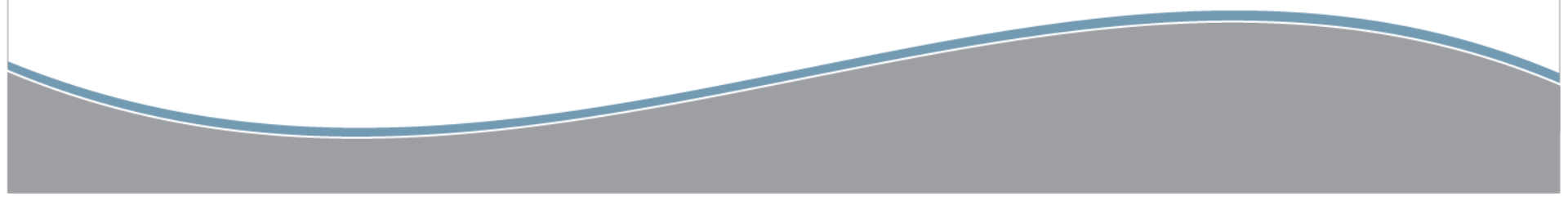
LTCH Funding – MOHLTC Responsibilities

- Reviewing the Audited Annual Report, Revenue Occupancy Report, and administering the Subsidy Calculation Worksheet, on behalf of the LHINs.
- Examples of MOHLTC funded programs include:
 - High Intensity Needs Funding
 - High Wage Transition Funding
 - Municipal Tax Allowance Funding
 - Pay Equity Funding
 - Physician On-call Funding
 - Structural Compliance Premium
 - Laboratory Services Funding
 - MDS Early Adopter Funding
 - Peritoneal Dialysis (PD) Funding

LTCH Funding – LHIN Responsibilities

- LHINs provide and administer the following types of LTCH funding:
 - Per Diem Funding (Levels of Care) funding
 - Non-Per Diem funding such as:
 - Registered Practical Nurse Funding
 - Construction Cost Funding
 - Convalescent Care Bed Funding
 - Recovery of unspent LHIN operating funds identified through the revenue occupancy report and annual reconciliation process.
 - Re-allocate operating funds recovered through the revenue occupancy report.
- 

Reporting Requirements

- Financial and performance reporting required during the term of the L-SAA will be outlined in a schedule attached to the L-SAA.
 - Financial Reporting continues to be based upon the calendar year.
 - OHRS/MIS Trial Balance.
 - Revenue/Occupancy Report.
 - Audited Annual Report.
 - Financial Statements.
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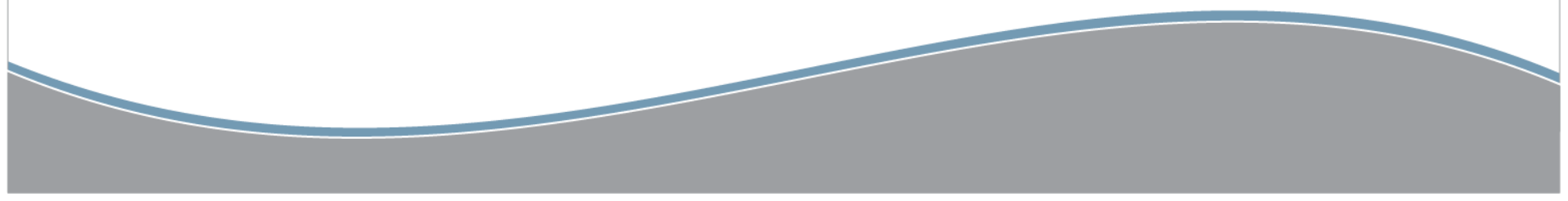
Reporting Requirements

- New reporting requirements are based on the fiscal year and include:
 - Performance Indicator Report – quarterly.
 - Staffing Plan as recommended by Shirlee Sharkey – annually.
 - French Language Services Accountability Report – annually *(for designated and identified homes only)*.
- Final schedule will be available upon final approval of L-SAA by LHIN Boards.

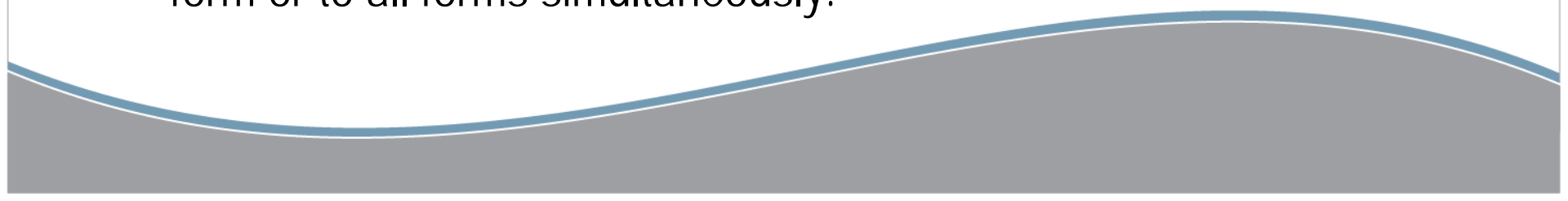
Applicable Policies

- Policies, guidelines and directives applicable to LTCHs will be outlined in a schedule attached to the L-SAA. E.g.:
 - Applicable Legislation.
 - LTC Facility Program Manual.
 - Transfer Payment Accountability Directive.
- Final schedules will be available upon final approval of L-SAA by LHIN Boards.

LAPS FORMS

- <http://www.fimdata.com/LTCHome> website under “LAPS FORMS” link
 - This will bring you to the LAPS FORMS menu
 1. Service Plan – Description of Services
 2. Service Plan – Narrative
 3. Financial Summary – Tables A, B, C and D
 4. Performance Indicator Report
 5. Other required forms
 - General instructions reside with the Financial Summary form on a separate tab.
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LAPS FORMS – How Homes will Access

- <http://www.fimdata.com/LTCHome> website and select the “LAPS FORMS”.
 - Download all forms to local drive.
 - Complete submission and upload (one form at a time) to the website.
 - File name upload should be standard format of name, underscore, account number and file type e.g.:
FinancialSummary_NH4321.xls
 - LAPS forms can continue to be uploaded (updated) until “locked” by the LHIN.
 - LHINs can apply the “lock” and “unlock” functions to an individual form or to all forms simultaneously.
- 

Service Plan

- Each LTCH is required to complete the Service Plan (LAPS - Appendix B).
- The service plan provides the LTCH the opportunity to provide the LHIN with an overview of the home, including the unique features of the home, a description the population that you serve and services that the home provides to meet the needs of their resident group and community.
- The service plan consists of two components:
 - The Description of Services.
 - The Narrative Service Plan.

Service Plan - Description of Services

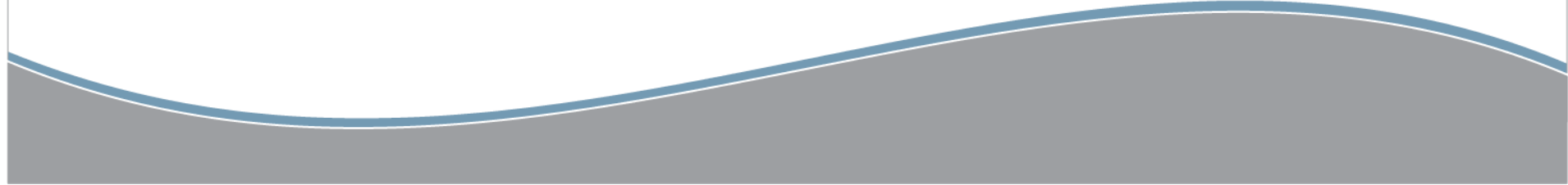
- The Description of services provides an overview of the LTCH and includes the following information:
 - Site Identification Information.
 - Bed Types and Numbers.
 - Structural information.
 - Additional or Unique Services.
 - Community linkages.
 - Specialized Designations.
 - Services Supporting the Local Community.

Site Identification Information

General Information			
LTCH Legal Name:			
LTCH Common Name:			
LTCH Facility ID Number:			
Address:			
City:		Postal Code:	
Geography served (catchment area):			
Accreditation organization			
Date of Last Accreditation:		Year(s) Awarded:	

Bed Types and Numbers

<i>LTCH Classification</i>						
Licensed / Approved Beds	Total # of Beds	A	B	C	D	Other
Total Licensed / Approved bed						
Other Beds:	Total # of Beds	Comments/Additional Information				
Convalescent Care Beds						
Respite Beds						
Beds in Abeyance						
ELDCAP Beds						
Interim Beds						
Veterans' Priority Access beds						
Other beds available for over-bedding						



Structural Information

Structural Information			
Type of Room <i>(this refers to structural layout rather than what charged in accommodations)</i>			
Number of rooms with 1 bed		Number of rooms with 2 beds	
Number of rooms with 3 beds		Number of rooms with 4 beds	
Other			
Separate Infirmary (Y/N)		Number of Rooms	
Year of Construction		Year(s) of renovations	
Opening Date		Number of Floors	
Number of Units and Beds			
<i>Unit</i>			<i>Number of Beds</i>

Additional or Unique Services

Additional Information

Additional Services Provided

	Service Provided		Contract for Service		Explanation if applicable
	Yes	No	Yes	No	
Nurse Practitioner					
Physiotherapy					
Occupational therapy					
Ophthalmology/ Optometry					
Audiology					
Dental					
Respiratory Technology					
Denturist					
IV Therapy (antibiotics or hydration)					
Peritoneal Dialysis (PD)					
Support for hemodialysis (HD)					
French Language Services					

Additional or Unique Services

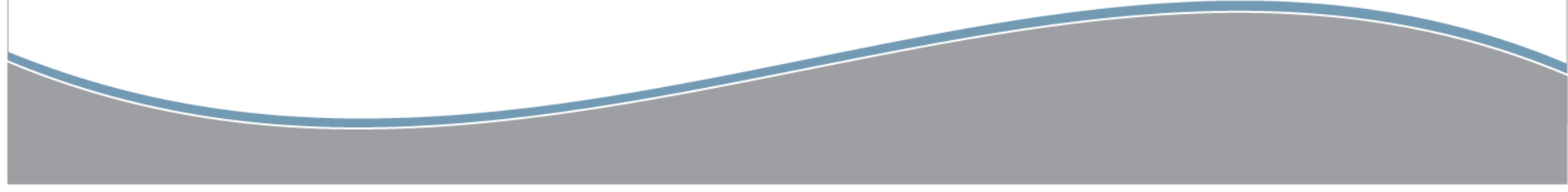
Secure residential home area(s)					
Specialized Dementia Care unit(s)					
Designated smoking room(s)					
Specialized unit for younger physically disabled adults					
Support for Feeding Tubes					
Specialized Behavioural treatment unit(s)					
Additional service commitments for new bed awards (1987 to 1998)					
Other - please specify					
Other - please specify					
Other - please specify					

Community Linkages

Community Linkages			
	Service Provided		Comments
	Yes	No	
Volunteer program			
Service groups			
Language interpreters			
Cultural interpreters			
Advisory council			
Community board			
Faith communities			
Other (specify)			

Specialized Designations

Specialized Designations			
	Designated		Comments
	Yes	No	
Religious			
Ethnic			
Linguistic			
Aboriginal			
Other			



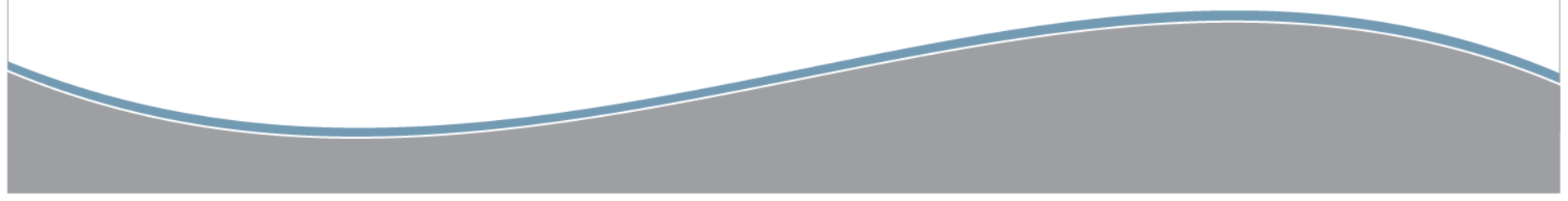
Services Supporting the Local Community

Services Provided to the Community			
	Service Provided		Comments
	Yes	No	
Meal Services			
Social Congregate Dining			
Supportive Housing /SDL			
Adult Day Program			
Retirement living			
Hospital			
Other			

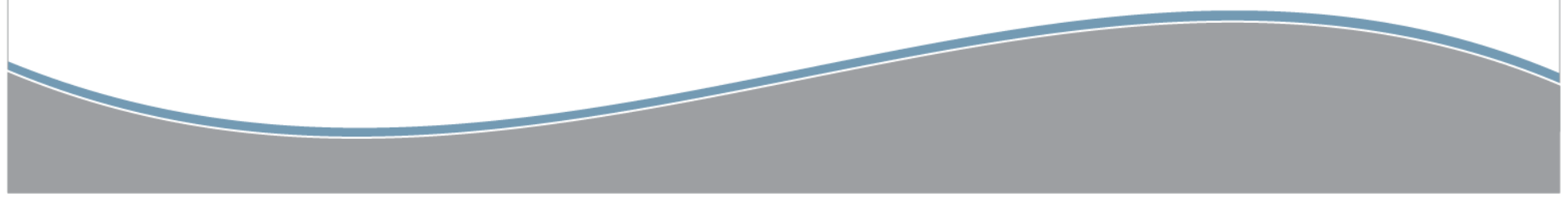
Narrative Service Plan

- Details the services that the LTCHs provide to meet the unique needs of their resident group and identify how they support the local community.
- Has 2 parts: Part A for 2010-11 and Part B for 2011-12 and 2012-13.
- Information to be included within the narrative service plan will include:
 - Strategic Goals and Priorities.
 - Advancement of the IHSP.
 - Situation Analysis.
 - Evaluation of Prior Year Performance (optional).
 - Changes to Operations Summary (optional).

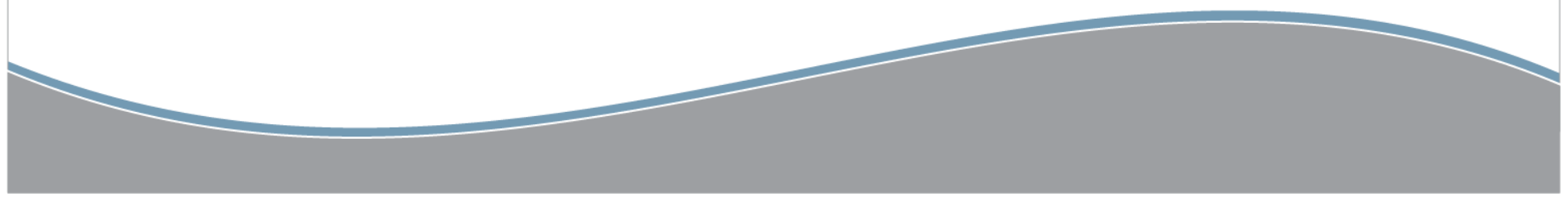
Financial Summary – Table A to D

- **Table A** - pre-populated with data from the 2009 September Payment Notice – LOC per diems, CMI, # of beds including classification and maximum resident days.
 - **Table B** – estimate of LHIN subsidy by envelope (pre-populated).
 - **Table C** – estimate of MOHLTC Subsidy by envelope (pre-populated except for Nursing Initiative funding).
 - **Table D** – Total Estimated LTC Home Revenues/Expenses.
- 

Financial Summary – What Homes Need to Enter

- **Table C** – enter Nursing Initiative under NPC (Nursing Secretariat Initiative Funding – new graduate, mentorship, late career and best practices).
 - **Table D** – Enter Total Estimated Expenses allocated by envelope and enter Other Revenue including: Preferred Revenue, Municipal Contribution, Donations and Fundraising, Interest Income and Other.
 - Total column on line 37 must be zero or greater otherwise a pop-up warning message will appear: **WARNING - Total column on Line 37 must not be a deficit.**
- 

Financial Summary – Schedule within L-SAA

- Only Tables A & B which represent the Estimated LHIN Subsidy will be attached as a schedule in the L-SAA.
 - The additional financial information is to inform LHINs on all the revenues and expenses related to the operation of the LTCH.
 - The Financial Summary will cover the term of the L-SAA and will not be updated to reflect changes in funding.
 - LTCHs will be notified of per diem/funding changes in writing when announced.
- 

Financial Summary - Table A

Table A - pre-populated with data from the 2009 September Payment Notice – LOC per diems, CMI, # of beds including classification and maximum resident days.

Long-Term Care Home Name:

Recipient number:

Facility Number:

Future LOC Per Diem increases will be communicated

Table A Level of Care Per Diem and Beds/Resident days as at January 1, 2010													
Bed Class	Nursing and Personal Care base	Adjusted Case Mix Index	Nursing and Personal care after applying CMI/100	Program and Support Services	Raw Food	Other Accommodation (excludes Raw Food)	Total LOC Per Diem	Basic Resident Revenue per diem	Beds/Maximum Resident Days				
									Approved	Interim	Total Beds	Maximum Resident Days	
1	Classified						-				-	-	
2	Unclassified						-				-	-	
3	Convalescent Care						-				-	-	

All Green Fields Pre-populated

Financial Summary - Table B

Estimated LHIN Subsidy
(Pre-populated).

All Green Fields
Pre-populated

Table B January 1, 2010 to December 31, 2010 Estimated LHIN Subsidy						
		Nursing and Personal Care	Program and Support Services	Raw Food	Other Accommodation	Total
4	Classified and Unclassified: Levels of Care Funding	-	-	-	-	\$ -
5	Convalescent Care: Levels of Care Funding and Additional Per Diem	-	-	-	-	\$ -
6	RPN Funding					\$ -
7	Construction Costs Funding				-	\$ -
8	Estimated LOC, RPN & Construction Subsidy	\$ -	\$ -	\$ -	\$ -	\$ -
9	Less: Estimate of Basic Resident Revenue excluding preferred portion					\$ -
10	Estimated LHIN Subsidy					\$ -

No entry required
in Gray Fields

Financial Summary - Table C

Estimate of MOHLTC Subsidy by Envelope
(pre-populated except for Nursing Initiative funding).

All Green Fields
Pre-populated

Table C
January 1, 2010 to December 31, 2010. Estimated Ministry Subsidy

		Nursing and Personal Care	Program and Support Services	Raw Food	Other Accommodation	Claims /Other	Total
11	Pay Equity						\$ -
12	Equalization Adjustment						\$ -
13	Transition Fund - High Wage						\$ -
14	On-Call Physician						\$ -
15	Nursing Initiative						\$ -
16	Accreditation Differential						\$ -
17	Municipal and Capital Tax Allowance						\$ -
18	Debt Service Allowance						\$ -
19	Structural Compliance Premium						\$ -
20	Transition Support Funding						\$ -
21	Claims for High Intensity Needs						\$ -
22	Claims for Lab Costs						\$ -
23	MDS - RAI Funding						\$ -
24	Estimated Ministry Subsidy	\$ -	\$ -		\$ -	\$ -	\$ -

Enter funding received for Nursing Initiative

No entry required in Gray Fields

Financial Summary - Table D

Enter Total Estimated Expenses allocated by envelope and enter Other Revenue including: Preferred Revenue, Municipal Contribution, Donations and Fundraising, Interest Income and Other

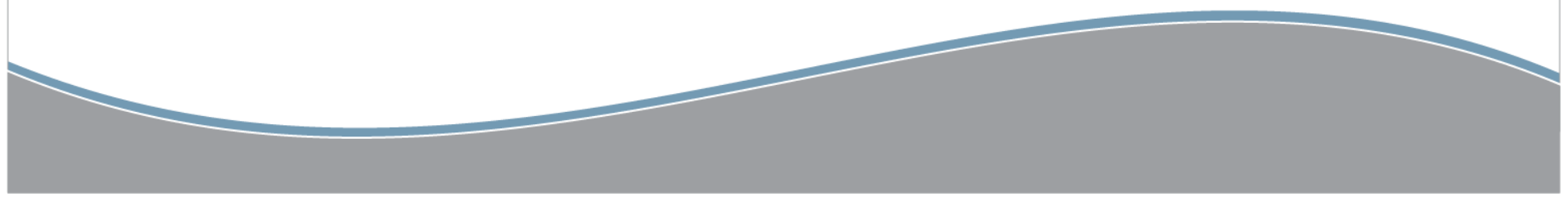
Complete all applicable areas highlighted in Tan

		Table D January 1, 2010 to December 31, 2010 Total Estimated LTC Home Revenues/Expense					Total
		Nursing and Personal Care	Program and Support Services	Raw Food	Other Accommodation	Claims/	
25	Estimated LOC, RPN & Construction Subsidy (from line 8)	\$ -	\$ -	\$ -	\$ -		\$ -
26	Estimated Ministry Subsidy (from line 24)	-	-	-	-		\$ -
27	Estimated Subsidy (includes estimated basic resident revenue)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28	Total Estimated Expenses						\$ -
29	Estimated Subsidy less Total Estimated Expenses (before Other Revenue)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Revenue:							
30	Preferred Revenue (i.e. max. of \$18 per day for private accommodation and \$8 per day for semi private accommodation)						\$ -
31	Municipal Contribution						\$ -
32	Donations and Fundraising						\$ -
33	Interest Income						\$ -
34	Other (Provide Description):						\$ -
35	Other (Provide Description):						\$ -
36	Other Revenue Sub-total						\$ -
37	Non-deficit/Balanced Budget after Other Revenue						\$ -

L-SAA Indicator Guiding Principles

- Indicators have to pass established criteria, starting with data quality:
 1. Alignment (LHIN/System)
 2. Important (significant and material)
 3. Valid (internal, external, construct, face)
 4. Feasible (cost)
 5. Timeliness (available for defined performance period)
 6. Actionable (within control)
 7. Responsive (sensitive to control)
 8. Data Quality (valid and representative)
 9. Availability
- Minimal number, sensitive to current demands on the sector.
- **Recognize developmental process and importance of setting the stage for improving accountability in the sector.**

LSAA Indicator Framework: Classes

- **Performance indicator:** Indicators that satisfy selection criteria and are included in Performance Schedule with a target and standard.
 - **Pilot Indicator:** Included in the Schedule to initiate data collection, does not have a performance standard, but may have a target.
 - Pilot-NT, Pilot indicator with no target or standard
 - Pilot-T, Pilot indicator with target but no standard
 - **Developmental indicator:** measures requiring additional work before consideration as a performance indicator. Not included in the agreement.
- 

Indicator Phase, Status and Level

Phase:

Phase I: Included in schedule for Q2 of 2010-11 to initiate data collection.

Phase II: Included in schedule during term of the agreement (2010-13).

Phase III: Included in schedule in 2013-2016.

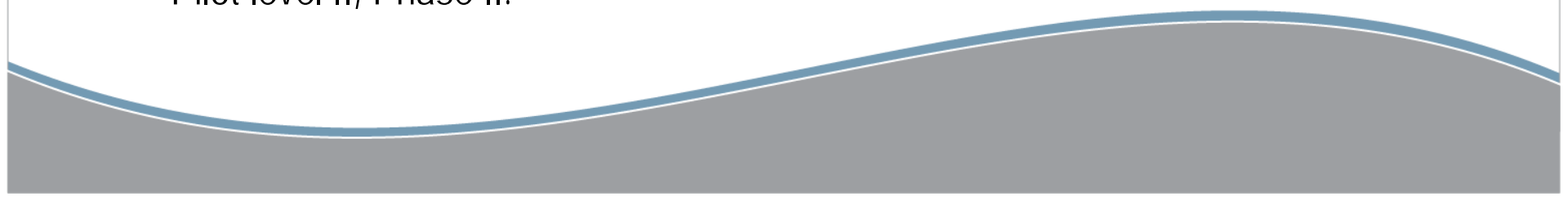
Status:

Class and Phase yields seven possible statuses.

1. Performance, Phase I, II or III.
2. Pilot, Phase I, II, or III.
3. Developmental, no phase.

Level:

A hierarchy of indicators based on level and status. Objective is to graduate indicators to highest phase and class through ongoing investment in indicator development:

- Performance level I, Phase I.
 - Performance level I, Phase II.
 - Pilot level II, Phase I.
 - Pilot level II, Phase II.
- 

Indicator Strategy

The sector is unique, and developmental. No existing data sources that meet all the criteria. An indicator *strategy* is required to gradually add performance level indicators over time based on framework principles.

Example:

Indicator Strategy		Long Term Care Homes		
		2010-11	2010-12	2012-13
Financial/Fiscal Health Domain				
	Current Ratio - Year One, Pilot No Target	Pilot-NT		
	Current Ratio - Year Two, Pilot Target, No Standard		Pilot-T	
	Current Ratio - Year Three, Performance, Target, Standard and Corridor			Performance

Strategy is possible because of Pilot class, phases, and commitment to indicator development over time, and is consistent with overall indicator strategy.

Domain: Financial / Fiscal Health

Current Ratio

- Rationale: An easy to obtain liquidity ratio, current assets divided by current liabilities, measures LTCH's ability to meet short-term obligations at a specific date. Ratio can be used to alert LHINs to potential financial risk and related care issues. No target or standard set.

Debt Service Coverage Ratio

- Rationale: Industry standard measure already collected by CMHC, and used by lenders to assess borrowers ability to repay debt, established benchmarks, used market, not depreciated or book value.

Domain: Organizational Health

Injury Frequency and Severity Measure

- Rationale: Reflects management ability to improve work environment and reduce workplace injuries. Data is available from WSIB, and aligns with OHQC Safety attribute. Metrics to be developed by indicator working group. Will produce two indicators.

Percent Refusal/Refusal Rates per 100 beds

- Rationale: Data is available from CCAC. Reflects provider ability to care for high acuity/complex residents. No target set.

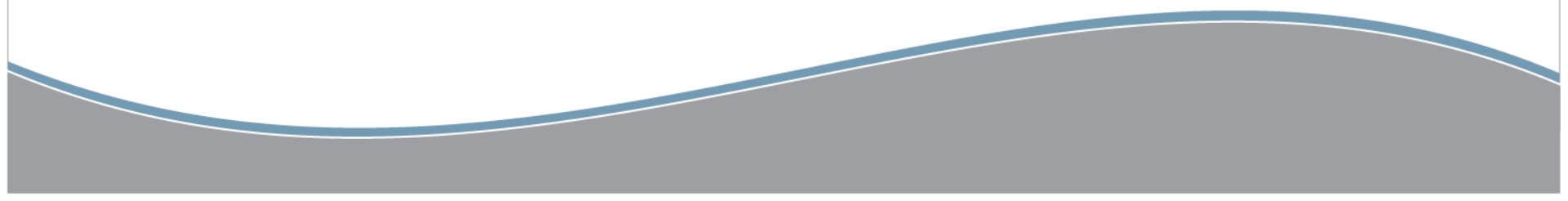
Domain: High Quality Health Services

- Prevalence of worsening pressure ulcers (Stage 2 to 4).
- Incidence of New Pressure Ulcers (Stage 2 to 4).
- Prevalence of daily physical restraint (based on last 7 days).
- Incidence of worsening bladder incontinence (based on last 14 days).
- Incidence of falls
- Incidence of New Fractures

Rationale:

- Aligned with compliance risk indicators and OHQC indicators.
- Important measures of resident care, resident outcomes, safety and dignity.
- Valid, feasible (homes are already collecting them from MDS), timeliness, actionable (within the control of homes management), responsive, good data quality and available (electronic input).

Quality Domain: Compliance Status – Performance Phase I

1. Discrete Variable “*Yes or No*” “*Compliant or Non-Compliant*”.
 2. Technical viability and minimal impact.
 3. Broad Strategic alignment with priorities—Compliance Transformation.
 4. Links LHIN System Manager role with Compliance Program.
 5. Strategic/system linkage of indicators to goals versus operational objectives and targets.
 6. Will be defined by Compliance Transformation Advisory Group (CTAG). Multiple set of conditions to define non-compliance.
 7. Transitional Indicator pending more robust MDS and MIS derived indicators in LSAA.
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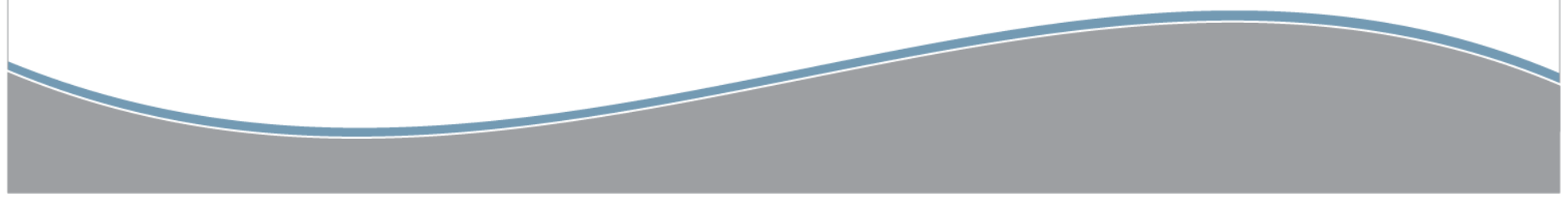
Domain: System Perspective / Integration

Potentially avoidable ED visits by facility

- Rationale: Alignment with system level goals and OHQC. No additional reporting. Public Reporting Nov '09.

Immunization Rates

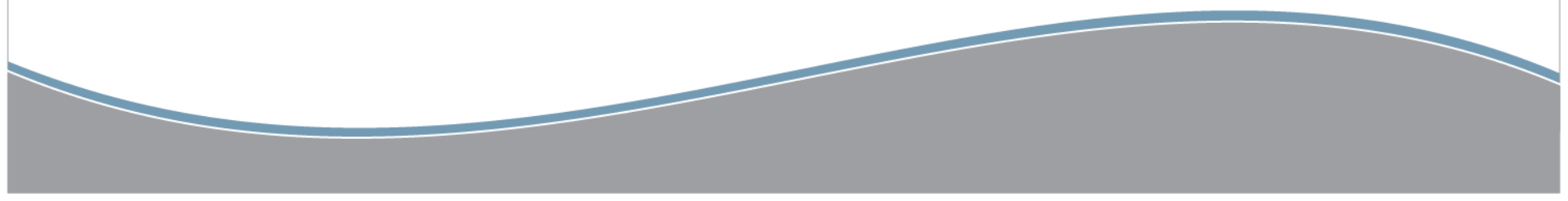
- Rationale: Reported and linked to MOHLTC and Public Health, system impact with reduction in beds.



Indicator Strategy

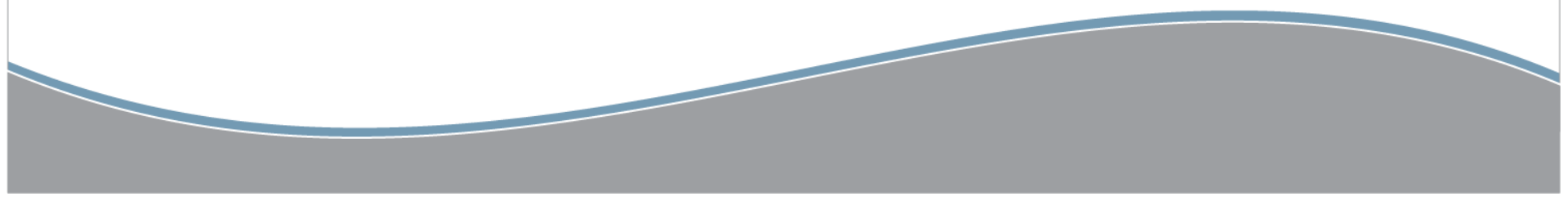
Domains and Indicators		Long Term Care Homes <i>Revised for September 22</i>		
		2010-11	2011-12	2012-13
Financial/Fiscal Health				
Current Ratio (Site or Consolidated)		Pilot-NT	Pilot-NT	Performance
Debt Service Coverage Ratio (Site or Consolidated)		Pilot-NT	Pilot-NT	Performance
Organizational Capacity / Health				
Injury Frequency and Severity			Pilot-NT	Pilot-T
Refusal Rates per 100 Beds		Pilot-NT	Pilot-T	Performance
High Quality Health Services				
Compliance Status		Performance	Performance	Performance
Prevalence of Worsening Pressure Ulcers (Stage 2 to 4)		Pilot-NT	Performance	Performance
Incidence of New Pressure Ulcers (Stage 2 to 4)		Pilot-NT	Pilot-T	Performance
Prevalence of Daily Physical Restraint		Pilot-NT	Performance	Performance
Incidence of worsening bladder incontinence		Pilot-NT	Pilot-T	Performance
Incidence of New Fractures		Pilot-NT	Pilot-T	Performance
Incidence of Falls		Pilot-NT	Pilot-T	Performance
Systems Perspective/Integration				
Potentially avoidable ED visits by Facility			Pilot-T	Performance
Immunization Rates		Pilot-NT	Pilot-T	Performance

Summary - Indicators

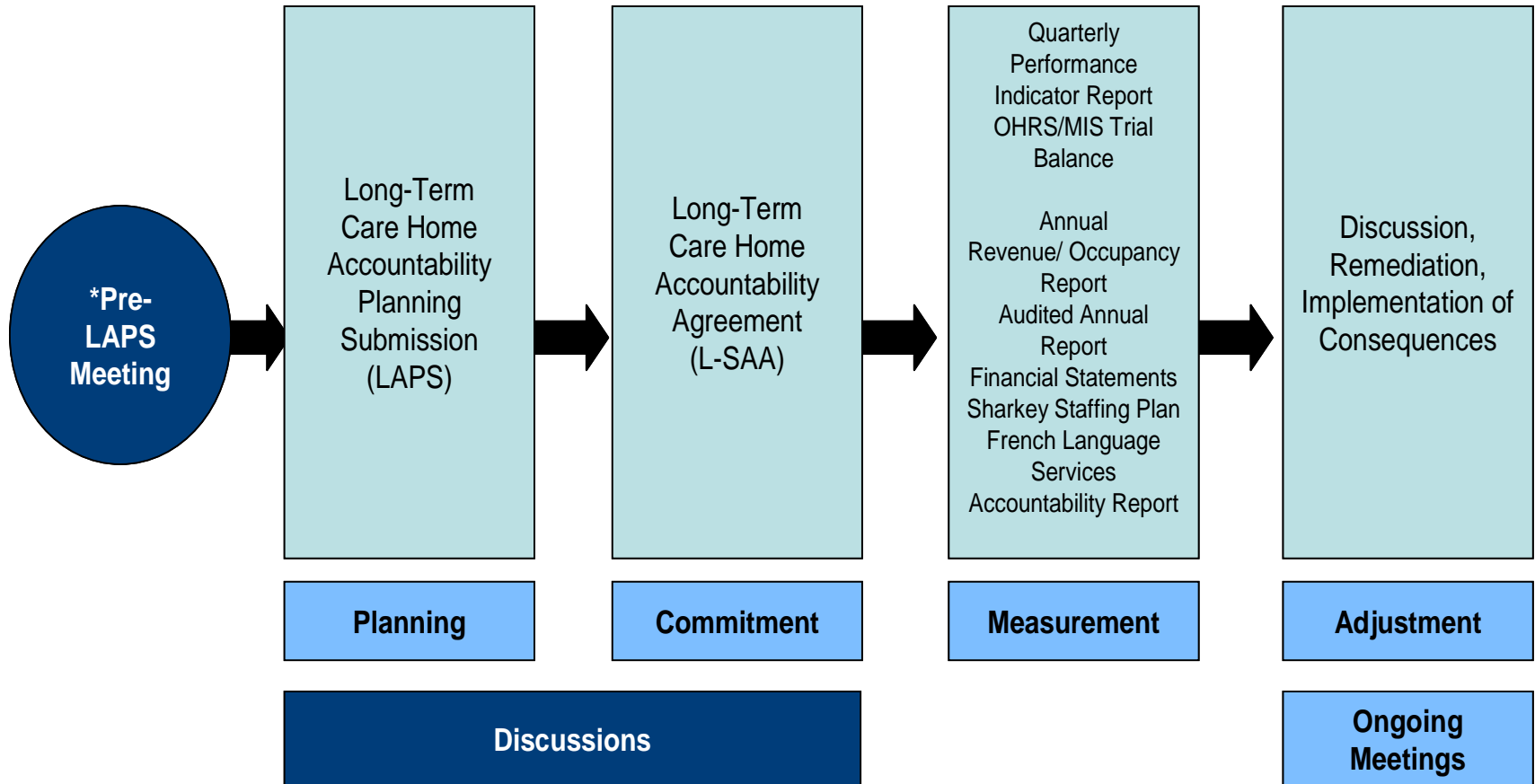
- Strong correlation between indicators, aligns to Compliance Transformation.
 - Only input by operator is for the two financial ratios via FIMDATA site. Interface to be developed.
 - Commitment to ongoing development of indicators for the sector.
 - Consultation with sector and support for strategy.
- 
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LHIN Review of LAPS

Each LAPS document will be reviewed by LHIN staff to :

- Ensure that the submission is complete.
 - Ensure the LTCH is maintaining required services.
 - Compare the narrative component with other information for consistency.
 - Review assumptions for consistency and reasonableness.
 - Identify any inconsistencies or anomalies in the submission.
 - Generate a list of questions for the LTCH.
 - Prepare a summary document for each LTCH.
- 

LHIN / LTCH Relationship Process



Links

Seniors' Care: Long-Term Care Homes

http://www.health.gov.on.ca/english/public/program/ltc/15_facilities.html

LTCH Compliance Transformation Project

http://www.health.gov.on.ca/english/public/program/ltc/trans_project.html

RAI MDS

<https://www.ehealthontario.ca/portal/server.pt?open=512&objID=986&PageID=0&cached=true&mode=2>

Sharkee Report

http://www.health.gov.on.ca/english/public/pub/ministry_reports/staff_care_standards/staff_care_standards.html

Long-Term Care Home Renewal Strategy / Development Resources

http://www.health.gov.on.ca/english/providers/program/ltc_redev/renewalstrategy.html

Reports on LTC Homes

http://www.health.gov.on.ca/english/public/program/ltc/26_reporting.html

Long-Term Care Homes Branch (fimdata)

<http://www.fimdata.com/LTCHome/SignIn.aspx?ReturnUrl=%2fLTChome%2fltchome.aspx>

Long-Term Care Homes Branch

<https://www.ltchomes.net/lpcf2/Login.aspx>

MIKE

<https://prod.contrib.ecms.gov.on.ca/moh/login/>



Summary

- LAPS are due May 14, 2010
- Uploaded on the Website www.fimdata.com/LTCHome
- Forms are available to LTC Homes on the Fimdata Website
- Contact Information:
 - Neil McIntosh
 - neil.mcintosh@lhins.on.ca
 - 905.455-1281 ext 205
- Web Page: centralwestlhins.on.ca

Questions?

