

OHCA Comment on the Proposed Amendments to Regulation- 386/99 under the Home Care and Community Services Act, 1994 relating to the Provision of Personal Support Services by Approved Agencies

In December 2012, the Ministry of Health & Long-Term Care (MOHLTC) announced its intent to change policy to allow agencies which have traditionally provided only community support services (CSS agencies), to be approved by the Ministry of Health and Long-Term Care upon the recommendation of the Local Health Integration Network, to provide personal support services provided that the agency meets the criteria for approval under the Home Care and Community Services Act, 1994 (HCCSA). The Ministry invited comment through an online consultation process.

As the voice of home care in Ontario, the Ontario Home Care Association (OHCA) welcomes the work of the Ministry to improve access to services at home. OHCA offers the following recommendations to ensure seamless, quality care to Ontarians at home.

OHCA recommends that:

- All service provider organizations, regardless of tax status, that offer personal support services be permitted the opportunity to provide community support services.
- Any new service provider is held to the same criteria as all other service provider organizations in contract with the CCAC.
- Community agencies are accountable to the CCAC (and broader health care team) for the amount of service provided and outcomes realized.
- The pricing charged to CCACs by CSS agencies awarded contracts to deliver personal support services must not fall outside the range currently in place with existing providers within each LHIN.
- Community agencies are required to fully comply with all expectations placed on all providers approved by the Ministry of Health and Long-Term Care upon the recommendation of the Local Health Integration Network, to provide personal support services under the Home Care and Community Services Act, 1994 (HCCSA).

Discussion:

Home is where Ontarians want to remain for as long as possible and with an aging population, it is vital that the government implement strategies to avoid premature placement in facility care. Accordingly, the MOHLTC has established home care as a key element of its health strategy and has invested in additional personal support services to enable seniors to remain at home.

Home-based care includes a full range of services and is defined as “an array of services for people of all ages, provided in the home and community setting, that encompass health promotion and

teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration and support for the family caregiver”¹.

In Ontario there are many service provider organizations that provide care and support to enable individuals to remain at home. The nature of the support ranges from non-clinical to clinical and from instrumental activities of daily living (IADLs) such as managing finances, handling transportation, shopping, meal preparation, housework and basic home management and using the telephone to activities of daily living (ADLs). ADLs are basic self-care tasks such as feeding, grooming, continence management, dressing and ambulation. IADLs and ADLs have an impact on the health and wellbeing of a senior and reflect the continuum of care needs. Unregulated staff, referred to as Personal Support Workers², typically addresses these needs.

As the largest group of home care staff, Personal Support Workers (PSWs) are supported by a health team that includes CCAC case managers, family physicians, nurses, pharmacists and therapists; and by members of the client’s family and community. An effective working relationship with all members of the team is essential to ensuring best client outcomes.

The provider-client/family relationship is crucial and personal. Organizations entrusted to provide publicly funded home-based care must pay constant and vigilant attention to the needs of families and achieve excellence 24 hours per day, seven days a week.

Community Support Service Agencies as providers of personal support services

OHCA supports a system that is integrated and seamless to the recipient of care. As such personal support care through a community support agency should be possible when it best serves the needs and interests of the client. However, supporting clients with IADLs and ADLs are activities offered by most service provider organizations that have the staff, infrastructure and capacity to provide this care. OHCA does not endorse an arbitrary increase in personal support services to community support agencies, which would have effect of fragmenting care. Rather the increase in services should be made in the context of the client and the various services they receive and require. To that end **OHCA recommends that all service provider organizations, regardless of tax status, that offer personal support services be permitted the opportunity to provide community support services.**

Ensuring quality standards of personal support services for Ontarians

Organizations providing service to the Community Care Access Centres (CCACs) must adhere to rigorous performance standards that include human resource, operational, financial, educational, and quality perspectives. In addition, OHCA members complete a quality self-assessment annually, which establishes a level of compliance with OHCA standards. The Quality Template is modeled on the balanced scorecard format and measures four organizational perspectives (customers, learning and growth, internal business, financial management). Providers to the CCAC must also have achieved accreditation by approved organizations such as Accreditation Canada, FOCUS

¹ Canadian Home Care Association definition

² Personal Support Workers is the term used to reflect the unregulated staff that provide assistant with ADLs, and IADLs. Other categories of staff include Health Care Aide, Home Support Worker, Personal Attendant, Home Helper, and Homemaker.

Accreditation, Canadian Centre for Accreditation, and CARF Canada, and/or registered with the International Standards Association (ISO). **OHCA recommends that any new service provider be held to the same criteria as all other service provider organizations in contract with the CCAC.**

Resource utilization and equity of access for Ontarians

In home care, the unique contractual relationship between the CCAC and the service provider organization is one whereby the CCACs are responsible for navigation, assessment and authorization of services; and the service providers are responsible for clinical management of care delivery. The distinction of responsibility between the CCAC and service provider respects the expertise of case management and care delivery. The relationship is intended to allow each organization to be a resource to the other, enabling smooth transitions to address need and realize better and cost effective health outcomes. Furthermore, the CCACs collaborate as a province wide network, as recommended by Ontario's Auditor General, to ensure standardized practices and access to care. **OHCA recommends that community agencies be accountable to the CCAC (and broader health care team) for the amount of service provided and outcomes realized.**

Health human resource stabilization

The maintenance of a stable, productive and respected work force is vital to the delivery of home care services to Ontarians. The introduction of new providers of personal support services should not disrupt or compromise current health human resources service provision. For example, it is critical to ensure that service hours are not spread across multiple organizations such that fulltime status is compromised; or that pricing creates preferred wage rates that have not been achievable due to current government policy - Public Sector Compensation Restraint to Protect Public Services Act, 2010. **Accordingly, OHCA recommends that the pricing charged to CCACs by CSS agencies awarded contracts to deliver personal support services must not fall outside the range currently in place with existing providers within each LHIN.**

Integration under the Act

Traditionally, community support service agencies have not been approved to provide personal support services under the Home Care and Community Services Act, 1994 (HCCSA). With this change in policy and to ensure good care for Ontarians, **OHCA recommends that these agencies be required to fully comply with all expectations placed on all providers approved by the Ministry of Health and Long-Term Care upon the recommendation of the Local Health Integration Network, to provide personal support services under the Home Care and Community Services Act, 1994 (HCCSA).**

Conclusion

Ontarians want an integrated quality system of care that assures the right service at the right time by the right provider. This requires the appropriate use of all members of the team to achieve value and to assist Ontarians who wish to receive care at home and remain independent. Community support service agencies undertaking to provide personal support services under HCCSA will realize a new paradigm. That being once where service delivery is through seamless integration in order to achieve a system that builds care around clients and enables integrated, interdisciplinary team care; maximizes accountability, transparency and value for money; and honours the staff for the important work that they do.



About the OHCA

The OHCA, *the voice of home care in Ontario*, is a membership association representing providers of quality home care services from across Ontario. OHCA members represent an estimated 25,000 staff collectively serving 300,000 Ontarians per year. OHCA works with families as integral partners in the delivery of home care services and as such estimates that members impact 1.2 million Ontarians. OHCA is dedicated to promoting the growth and development of the home and community health care sector by helping to shape health care policy, supporting members to excel, and being a leading source of information on home and community care. OHCA members are accredited through Accreditation Canada, CARF, and/or registered with the International Standards Association (ISO).

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