

# **Approval of Agencies to Provide Community Support Services**

**Protocol**

---

**Ministry/Stakeholder Copy**

**Version: 1.0**

**Date: February 24, 2012**

**Branch: LHIN Liaison Branch**

**Ministry of Health and Long-Term Care**

## Table of Contents:

1. Purpose and Scope of Protocol	3
2. Definitions	3
3. Applicable Legislation, Memorandum of Understanding, Management Board Directive, Agreements etc.	4
4. Process – Roles and Responsibilities	4
Scenario One: Approval of an Agency to Provide Community Support Services for the First Time	5
Scenario Two: Approval of an Existing Approved Agency to Provide New Community Support Services	7
5. Date Approved/Revised	8
Appendix A: List of Community Support Services Under the <i>Home Care and Community Services Act, 1994</i>	9
Appendix B: Checklist for Approval of an Agency Applying to Provide Community Support Services for the First Time	11
Appendix C: Checklist for Approval of an Existing Agency to Provide New Community Support Services	15
Appendix D: Request to Add/Change/Update HSP Information	17

## 1. Purpose and Scope of Protocol

The *Home Care and Community Services Act, 1994* (HCCSA), and Regulation 386/99 under the legislation, govern:

- Community support services,
- Homemaking services,
- Personal support services, and
- Professional services.

This protocol addresses community support services only, and outlines the process to be followed by Local Health Integration Networks (LHINs), the Ministry of Health and Long-Term Care (ministry) and agencies where an agency wishes to be approved to provide a community support service or services for the first time, or an existing approved agency wishes to be approved to provide a new community support service, or services, under the HCCSA.

However, this protocol does not apply to organizations operating under the authority of First Nations, a group of First Nations, or an aboriginal community.

## 2. Definitions

Note: The following definitions are for the purposes of this protocol only; please refer to the HCCSA for legal definitions of each term.

**“community services”** means community services as defined under the HCCSA. Community services include community support services.

**“agency”** means agency as defined under the HCCSA. “Agency” is defined under the HCCSA as:

- (a) a corporation without share capital to which Part III of the *Corporations Act* applies and that is carried on without the purpose of gain for its members,
- (b) a corporation without share capital that is a co-operative, as defined in the *Co-operative Corporations Act*, and that is carried on without the purpose of gain for its members,
- (c) a municipality, or
- (d) an organization operating under the authority of,

- (i) a First Nation,
- (ii) a group of First Nations, or
- (iii) an aboriginal community.

**“approved agency”** means an agency that has been approved under the HCCSA to provide community support services.

**“community support services”** means community support services as defined under the HCCSA. See Appendix A for a complete listing of services.

### **3. Applicable Legislation, Memorandum of Understanding, Management Board Directive, Agreements etc.**

The following apply to this protocol:

- *Home Care and Community Services Act, 1994*
- *Local Health System Integration Act, 2006*
- Ministry-LHIN Performance Agreement 2010 - 2012
- Management Board of Cabinet Transfer Payment Directive

### **4. Process - Roles and Responsibilities**

Sections 5, 6, and 7 of the HCCSA set out the Minister’s power to approve agencies to provide community support services, homemaking services, personal support services and professional services, to approve premises for the provision of these services and to impose terms and conditions on these approvals.

For community support services: The Minister has delegated these powers to the Chief Executive Officers (CEOs) of the LHINs.

Note:

1. For professional services, personal support services and homemaking services, the Minister has delegated these powers to the Director, LHIN Liaison Branch, Health System Accountability and Performance Division. The processes relating to the approval of agencies to provide professional services, personal support services and homemaking services are not

within the scope of this protocol.

2. The respective approvals of both the LHIN CEO and the Director, LHIN Liaison Branch are required if there is a request for an approval to provide community support services as well as personal support and/or homemaking services.

### ***Scenario One: Approval of an Agency to Provide Community Support Service(s) for the First Time***

#### Step 1: Agency Submission to the LHIN

- Agency provides the information requested in Step 1 of the Checklist for Approval of an Agency Applying to Provide Community Support Services for the First Time (Appendix B).
- Agency confirms that it can meet all the requirements of the HCCSA, other applicable legislation and ministry policies.
- Agency identifies the community support services that it wishes to provide and the Ontario Healthcare Reporting Standards (OHRs) functional centre codes for the services.

Note: The Agency selects the services and the associated OHRs functional centre codes from Appendix A.

- Agency provides a rationale for the need for the services and how the services will align with the LHIN's initiatives.
- Agency provides any additional information as requested by the LHIN.

#### Step 2: LHIN Review

- LHIN conducts a review of the agency request based on rationale including:
  - The Community support services to be provided, and the associated OHRs service codes for these community support services, ensuring that the community support services and service codes are in compliance with the HCCSA and ministry policies;
  - LHIN initiatives that will be supported by the agency;
  - Sources of funding for the community support services; and
  - Confirmation that the agency meets the requirements under the HCCSA and is able to comply with the HCCSA, other applicable legislation and ministry policies.
- LHIN completes the Checklist for Approval of an Agency Applying to Provide Community Support Services for the First Time (Appendix B).

### Step 3: LHIN Approval

- The LHIN CEO prepares a letter approving the agency to provide the specified community support services. The approval letter should include any terms and conditions being placed on the approval. (The approval letter should be reviewed by LHIN's legal counsel.)
- The letter is copied to the Director, LHIN Liaison Branch, geographic Senior Program Consultant in LLB, Director of Financial Management Branch (FMB), and Director of Health Data Branch (HDB).

### Step 4: Setting up Agency to Receive Funding

- In order to receive payment:
  - The agency completes a Request to Add/Change/Update HSP Information form (Appendix D) and sends it to both the LHIN and FMB for processing, and
  - The agency sends a copy of the agency's Letters Patent and a void cheque to FMB.
- FMB sets up the agency to receive funding.
- FMB to notify HDB and LLB of new HSP set up, as per the Community HSP Profile Change Process.
- HDB ensures that the information for the agency is reflected in the Health Care Provider Data Base (HCPBD) and that relevant reporting systems are updated.
- LLB informs the LHIN that the agency has been set up to receive funding.

Once the agency is added to the HCPDB, the LHIN can request payments through the Allocation Payment Tracking System (APTS) provided that all of the required documentation/accountability agreements are signed by the agency.

## ***Scenario Two: Approval of an Existing Approved Agency to Provide New Community Support Services***

### Step 1: Existing Approved Agency Submission to LHIN

- The existing approved agency identifies the community support services) that it wishes to provide and the OHRs functional centre codes for the services.
- 

Note: The agency selects the new services and the associated OHRs service codes from Appendix A.

- The existing approved agency provides rationale for the need to provide the new community support services and how the services will align with the LHIN's initiatives.
- The existing approved agency provides any further information as requested by the LHIN.

### Step 2: LHIN Review

- The LHIN conducts a review for the existing approved agency request based on rationale including:
  - The new community support services, and the associated OHRs service codes, ensuring that the community support services and service codes are in compliance with the HCCSA and ministry policies;
  - LHIN initiatives that will be supported by the additional community support services;
  - Sources of funding for the additional community support services; and
  - Confirmation that the existing approved agency meets the requirements under the HCCSA, other applicable legislation and ministry policies.
- The LHIN completes the Checklist for Approval of an Existing Agency to Provide New Community Support Services (Appendix C).

### Step 3: LHIN Approval

- CEO of the LHIN prepares an approval letter approving the existing approved agency to provide the specified new community support service(s). The letter should include any terms and conditions being placed on the approval. (The approval letter should be reviewed by LHIN's legal counsel).
- The letter is copied to the LLB, Director of FMB, and Director of HDB.

#### Step 4: Ministry Process

FMB to notify HDB and LLB on updates required to HCPDB, i.e. Transfer Payment Business Entity (category) changes.

- HDB ensures that the information for the agency is reflected in the Health Care Provider Data Base (HCPBD) and that relevant reporting systems are update.

#### Step 5: Setting up Existing Approved Agency to Receive Funding

- LLB informs the LHIN that the agency has been set up to receive funding.

Once the agency is added to the HCPDB, the LHIN can request payments through the Allocation Payment Tracking System (APTS) provided that all of the required documentation/accountability agreements are signed by the agency.

### **5. Date Approved/Revised:**

Date Prepared: February 2012 Sandra Kerr/ Anne Pedel, LLB, HSAPD

Date Revised:

Date Approved: March 2012

Approved By: K. McCulloch



## Appendix A: List of Community Support Services Under the *Home Care and Community Services Act, 1994*

Community Support Services	Functional Centre Code
Meal services. “meal services” means delivering nutritious meals to a person’s home or providing them in other locations in the community	FC 72 5 82 10 FC 72 5 82 12
Transportation services. “transportation services” means providing transportation to persons who are unable to use existing transportation or assisting persons to obtain access to existing transportation	FC 72 5 82 14
Caregiver support services. “caregiver support services” means counselling, training, visiting and providing information, respite and other assistance to caregivers to support them in carrying out their caregiving responsibilities	FC 72 5 82 50 FC 72 5 82 65 FC 72 5 82 34 FC 72 5 82 05 FC 72 5 82 60
Adult day programs. “adult day program” means a program of structured and supervised activities in a group setting for adults with care or support requirements	FC 72 5 82 20 FC 72 5 82 40 FC 72 5 83 20
Home maintenance and repair services.	FC 72 5 82 05
Friendly visiting services.	FC 72 5 82 60
Security checks or reassurance services.	FC 72 5 82 60
Social or recreational services.	FC 72 5 82 12
Aboriginal support services.	(not in the scope of this protocol)
Client intervention and assistance services “client intervention and assistance services” means providing support to persons to assist them to cope with activities of everyday living;	FC 72 5 82 15
Emergency response services. “emergency response services” means installing electronic devices in homes to connect persons with emergency response centres;	FC 72 5 82 55

Foot care services.	FC 72 5 82 70
Home help referral services. “home help referral services” means referring a person who requires home help services to a person who provides such services;	FC 72 5 82 05
Independence training. “independence training” means teaching the skills to improve independent functioning in the community, including the effective use of personal support services;	FC 72 5 82 33
Palliative care education and consultation services.	FC 72 5 50 94 10 FC 72 5 50 94 90 FC 72 5 90 94 91
Psychogeriatric consulting services relating to Alzheimer disease and related dementias. “psychogeriatric consulting services” means providing psychogeriatric consultation, training and support to staff of long-term care homes, community care access centres and other approved agencies;	FC 72 5 50 96 76
Public education services relating to Alzheimer disease and related dementias.	FC 72 5 50 96 10
Services for persons with blindness or visual impairment. “services for persons with blindness or visual impairment” means providing rehabilitation, visual orientation, counselling, referrals and technology to persons with blindness or visual impairment;	FC 72 5 82 75
Services for persons with deafness, congenital hearing loss or acquired hearing loss. “services for persons with deafness, congenital hearing loss or acquired hearing loss” means providing rehabilitation and communication training, counselling, technology and education to persons with deafness, congenital hearing loss or acquired hearing loss.	FC 72 5 82 77

# Appendix B: Checklist for Approval of an Agency Applying to Provide Community Support Services for the First Time

Name of LHIN:

Note: Please check each item where completed. Once all items are checked, the LHIN CEO signs the bottom of the checklist.

## **Step 1. The applicant agency has submitted the following to the LHIN:**

- Documentation that the agency is a non-profit corporation, co-operative co-operation or municipality;
- Documentation that demonstrates that the agency reports to an independent Board of Directors that has the skills to manage the agency (i.e., provide by-laws; list of current board of directors);
- References and supporting documents from other funders and service providers;
- Banking information and signatories in the Request to Add/Change/Update HSP Information form attached as Appendix D to this Protocol
- Financial statements that have been audited by a licensed accountant;
- Completed business plan. The plan must cover the agency's next three fiscal years. The business plan must include:

### Broadly about the organization:

- Mandate (confirmation of the agency's continuing mandate);
- Strategic directions of the agency [i.e., mission, vision, values];
- Alignment of agency goals with LHIN Integrated Health Service Plan (IHSP); and
- High level overview of agency's current and forthcoming program/activities.

### Specific to proposed community support service(s):

- Service description;
- Performance measures and targets;
- Service evaluation process;
- Proposed operating expenditures, projected revenues, funding requirements;
- Summary of staff numbers; impact of business plan on human resources; compensation strategy;
- Risk assessment and management (financial and staffing at a minimum);
- Initiatives involving third parties;

- Implementation plan;
  - Communication plan; and
  - Protocols and processes for dealing with client complaints and appeals;
- A letter indicating that the agency:
- Has the ability to and will enter into a formal service accountability agreement with the LHIN;
  - Will adhere to the approved operating plan and budget;
  - Will engage an independent chartered accountant to conduct an annual financial audit and sign the agency's reconciliation forms;
  - Will comply with all relevant federal, provincial and municipal laws and regulations (e.g. *Human Rights Code*, *Freedom of Information and Protection of Privacy Act*);
  - Will comply with generally accepted ethical and legal standards/practices for the provision of community services; and
  - Will be able to meet the LHIN/Ministry information management reporting requirements.

**Step 2: The LHIN has reviewed the application and is making a recommendation:**

The LHIN has reviewed the agency's submission based on the following criteria:

**1. Criteria related to completeness of documentation**

- All required supporting information has been submitted.

**2. Criteria related to the need for an agency to provide community support services for the first time**

- The services to be delivered are both necessary and best carried out by a new agency;
- Financial (including risk) and staffing impacts have been identified and analyzed and these impacts are minimized in the approval of a new agency; and
- Another service provider cannot provide the services, or cannot be integrated or restructured to do so.

**3. Criteria related to general requirements for an approved agency**

- The agency will continue to be a validly existing legal entity with full power to fulfill its obligations under the service accountability agreement;
- The agency has the experience and the expertise necessary to carry out the services; and
- All information (including information relating to any eligibility requirements for transfer payment funding) the agency provided to the LHIN in support of its request for funding was true and complete at the time that the agency provided it.

**4. Criteria related to governance and accountability**

The agency has demonstrated it will maintain by-laws or other legally necessary instruments to:

- Establish decision-making mechanisms;
- Provide for the prudent and effective management of the funds;
- Establish procedures to enable the successful delivery of the services; and
- Establish procedures to enable the preparation and delivery of all reports required by the LHIN.

**5. Criteria developed by the LHIN (service specific and local priorities)**

- Alignment with LHIN Integrated Health Service Plan;
- Supports local priorities identified by the LHIN; and
- Others (please identify) \_\_\_\_\_

\_\_\_\_\_  
**CEO, ( ) LHIN**

\_\_\_\_\_  
**(Date)**

# Appendix C: Checklist for Approval of an Existing Agency to Provide New Community Support Services

Name of LHIN:

Note: Please check each item where completed. Once all items are checked, the LHIN CEO signs the bottom of the checklist.

## **The LHIN has reviewed the application and is making a recommendation:**

The LHIN has reviewed the agency's submission based on the following criteria:

### **1. Criteria related to the need for an approved agency to provide new community support services**

- The services to be delivered are both necessary and best carried out by an approved agency that is already providing community support services;
- Financial (including risk) and staffing impacts have been identified and analyzed and these impacts are minimized in the approval of the approved agency to provide additional community support services; and
- Another service provider cannot provide the services, or cannot be integrated or restructured to do so.

### **2. Criteria related to general requirements for an approved agency**

- The agency will continue to be a validly existing legal entity with full power to fulfill its obligations under the Multi Sector Service Accountability Agreement (M-SAA);
- The agency remains in compliance with its obligations as set out in the M-SAA;
- The agency has the experience and the expertise necessary to carry out the services;
- All information (including information relating to any eligibility requirements for transfer payment funding) the agency provided to the LHIN in support of its request for funding was true and complete at the time that the agency provided it and continues to be true and complete; and
- LHIN maintains all information on file.

**3. Criteria related to governance and accountability**

The agency has demonstrated it will maintain by laws or other legally necessary instruments to:

- Establish decision-making mechanisms;
- Provide for the prudent and effective management of the funds;
- Establish procedures to enable the successful delivery of the services; and
- Establish procedures to enable the preparation and delivery of all reports required by the LHIN.

**4. Criteria developed by the LHIN (service specific and local priorities)**

- Alignment with LHIN Integrated Health Service Plan;
- Supports local priorities identified by the LHIN; and
- Others (please identify): \_\_\_\_\_


\_\_\_\_\_  
CEO, ( \_\_\_\_\_ ) LHIN

\_\_\_\_\_  
(Date)



# Appendix D: Request to Add/Change/Update HSP Information

The following is an example of the two-page form, which is also available as an Excel document.

Ministry of Health and Long-Term Care		4.1 HSP Change in Banking Information, Address and Legal Name	
		<b>Request to Add/Change/Update HSP Information Form</b>	
<b>Add HSP/Sector:</b>	<b>Change/Update:</b>	<b>Merge:</b>	<b>Remove:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IFIS Supplier Number:</b>			
<b>IFIS Supplier Name:</b>			
<b>IFIS Supplier Site:</b>			
<b>Sector</b>	CCAC	<input checked="" type="checkbox"/>	Yes
	Community Health Centres	<input type="checkbox"/>	Yes
	Community Support Services	<input type="checkbox"/>	Yes
	Community Mental Health	<input type="checkbox"/>	Yes
	Addictions/Problem Gambling	<input type="checkbox"/>	Yes
	Long Term Care Facilities	<input type="checkbox"/>	Yes
	Hospitals	<input type="checkbox"/>	Yes
<b>Name</b>			
<b>Legal Name:</b>			
<b>Reason for change:</b>			
		<b>Letters Patent or equivalent attached:</b>	
		<input type="checkbox"/> Yes	
<b>Banking Information</b>			
<b>Name of Banking Institution:</b>			
<b>Bank ID #:</b>			
<b>Transit #:</b>			
<b>Account #:</b>			
<b>Reason for change:</b>			
		<b>Old Account will be closed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>Void Cheque attached:</b> <input type="checkbox"/> Yes	
<b>Address &amp; Supplier Information</b>			
<b>Address:</b>			
<b>E-Mail Address:</b>			
<b>City:</b>			
<b>Province:</b>			
<b>Postal Code:</b>			
<b>Phone # (incl Area Code):</b>			
<b>Fax # (incl Area Code):</b>			
<b>Contact:</b>			
<b>HST #:</b>			
<b>Merging to:</b>			
<b>IFIS Supplier Number:</b>			
<b>IFIS Supplier Name:</b>			
<b>IFIS Supplier Site:</b>			



**Request to Add/Change/Update HSP Information Form**

**Add HSP/Sector:**       **Change/Update:**       **Merge:**       **Remove:**

<b>Executive Director Name:</b>	
Tele #	
Fax #	
Email Address:	
<b>Program Contact Name:</b>	
Title:	
Tele #	
Fax #	
Email Address:	
<b>Finance Contact Name:</b>	
Title:	
Tele #	
Fax #	
Email Address:	
Website Address	
Upper Tier	
Riding/MPP	
Primary LHIN	

**Note:**

- Existing HSP currently funded by MOHLTC, provide IFIS Supplier #, Name and Site, and **ONLY** complete the above fields for which you are requesting a change/update/merge/remove.
- If it is a new HSP leave IFIS #, Name and Site blank.
- Check-Off Sector box(s) required for add/change/update/merge/remove

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title: Chief Executive Officer or Delegate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ministry Use Only:

--	--