

<b>Policy: Behavioural Supports Ontario Staffing Resources</b>	As Amended and Effective	<b>July 1, 2018</b>	Released March 2019
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## 1.0 Introduction

This policy outlines the terms and conditions under which Local Health Integration Networks (LHINs) fund identified Long-Term Care Home (LTCH) licensees, primarily for staffing positions, under Behavioural Supports Ontario (BSO). The policy applies only to LTCH licensees that have been identified by their LHIN approved BSO Action Plan (sometimes referred to as a BSO Implementation Plan) as requiring specialized staffing resources to provide a range of behaviour supports in their LTCHs. See section 2.0 for definitions.

## 2.0 Definitions

**BSO Action Plan** – Developed in each LHIN, these documents (also referred to as a BSO Implementation Plan) describe the details of the local allocation of BSO funding behavioural supports. Using the Action Plan template provided, LHINs describe what will change, when, and how as a result of BSO funding.

**The Licensee** is the holder of a licence issued under the *Long-Term Care Homes Act, 2007*, and includes the municipality or municipalities or board of management that maintains a municipal home, joint home or First Nations home approved under Part VIII of the *Long-Term Care Homes Act, 2007*.

**Non-Level of Care Funding** - means supplementary funding streams, each with distinct terms and conditions provided to qualifying licensees, and excludes the Level of Care Per Diems. Although some supplementary funding may be distributed among the envelopes as set out in the terms and conditions of funding, it does not form part of the Level of Care Per Diems. Non-Level of Care funding may be paid to a licensee by a LHIN through the L-SAA or by the Ministry through a direct funding agreement. Non-Level of Care Funding includes, but is not limited to, Construction Funding Subsidy, Physiotherapy Funding, Attending Nurse Practitioners Funding, Behavioural Supports Ontario (BSO) Staffing Resources Funding, NPC – High Intensity Needs Per Diem Funding, Quality Attainment Premium Funding, Registered Practical Nurses In Long-Term Care Homes Initiative Funding, RN Funding, and Designated Specialized Unit – Additional Funding which are paid by a LHIN, and High Wage Transition Funding, Pay Equity Funding and/or Equalization Adjustment Funding, Municipal Tax Allowance Funding, Physician On-Call Funding, Structural Compliance Premium Funding, Nurse Practitioners Funding, Resident Assessment Instrument Minimum Data Set (RAI MDS) Funding, Falls Prevention Equipment Funding, High Intensity Needs Claims Funding, and Laboratory Services Funding, which are paid by the Ministry, except where paid by a LHIN and calculated as part of the Estimated Provincial Subsidy in accordance with the L-SAA. Non-Level of Care Funding initiatives may be amended, terminated and/or initiated from time to time as the result of changes to policy that provides the specific rules in respect of each form of funding.

Please refer to the applicable policy for further information.

**Other Healthcare Personnel** – refers to healthcare personnel, such as occupational therapists, behaviour management therapists, social workers, etc.

## 3.0 Funding Approach

Identified LTCH licensees will receive funding for some or all of the following staffing resources based on the LHIN approved BSO Action Plan and as described in the LHIN BSO funding letter to the LTCH licensee:

- Registered Nurses (RN) and/or Registered Practical Nurses (RPN);
- Personal Support Workers (PSW);
- Other Healthcare Personnel. Using their discretion, the LHINs may designate these personnel within the LTCH, community or acute care sectors. These personnel may include, but are not limited to, occupational therapists, social workers, and physicians.<sup>1</sup>

A portion of the BSO funding may be used for other BSO-related matters as set out in s. 4.6 below.

### **3.1 How Funding Works**

Each LHIN completes a BSO Action Plan that articulates the local approach to serve people who need behaviour supports within the LHIN's geographic area. During the development of the local BSO Action Plan, the LHIN will consult with local healthcare providers across the continuum of care, including a cross-section of LTCH licensees, to prioritize service enhancements for this population. LTCH licensee participation in the LHIN process is vital to the development of an effective BSO Action Plan.

The BSO Action Plan (must comply with the terms and conditions required by the Ministry of Health and Long-Term Care (Ministry)) and is the basis from which the LHIN directs some or all of the new BSO staffing resources toward targeted service enhancement among the identified LTCH licensees. Once finalized by the LHIN, the LHIN approved BSO Action Plan shall set the annual funding commitment for new and existing BSO resources.

Notwithstanding the ongoing funding allocation, the LHIN approved BSO Action Plan may be reviewed and revised. If the LHIN approved BSO Action Plan is revised, the LHIN has the discretion to do any of the following:

- Adjust the funding of any LTCH licensee identified in the revised BSO Action Plan;
- Cease the funding of any LTCH licensee not identified in the revised BSO Action Plan;
- Start the funding of any LTCH licensee identified in the revised BSO Action Plan.

Funding only applies to LTCH licensees that have been identified in the LHIN approved BSO Action Plan, as communicated by the LHIN to the licensee. LTCH licensees will use this funding to hire RNs, RPNs, PSWs, and/or Other Healthcare Personnel, and to purchase other BSO-related goods and services, in accordance with the terms and conditions set out in this policy and any additional terms and conditions identified by the LHIN. LTCH licensees cannot use BSO funds targeted for RNs, RPNs, and/or PSWs to hire Other Healthcare Personnel. Only funds designated for Other Healthcare Personnel identified in the LHIN approved BSO Action Plan can be used for this purpose.

### **4.0 Terms and Conditions of Funding**

The BSO staffing resources funding is defined as ongoing or base funding.

- 4.1 Funding for RN, RPN, and/or PSW staffing resources will be reconciled and, if necessary, recovered through a separate line in the Nursing and Personal Care (NPC) envelope. This includes BSO funding used to hire RNs, RPNs, and/or PSW staff in accordance with the terms and conditions identified by the LHIN in the BSO funding letter to the licensee. In addition, the terms and conditions set out in sections 4.0 and 5.0 below will be considered as part of the reconciliation process for the BSO staffing resources funding.
- 4.2 Funding for additional Other Healthcare Personnel (e.g. occupational therapists, behaviour management therapists, social workers), other than RNs, RPNs, and PSWs, will be reconciled and, if necessary, recovered through a separate line in the Program and Support Services (PSS) envelope. The terms and conditions outlined in sections 4.0 (Terms and Conditions of Funding) and 5.0 (Reporting Requirements) below will be considered as part of the reconciliation process for the BSO staffing resources funding.

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<sup>1</sup> LTCHs will only use the funding to pay physicians who are part of the treatment team if the services provided do not fall within the Ontario Health Insurance Plan Schedule of Benefits, such as training and mentoring.

- 4.3 Ministry BSO funding will be reconciled and recovered in accordance with the *LTCH Reconciliation and Recovery Policy* and the additional terms and conditions outlined below.
- 4.4 BSO funding used to hire RNs, RPNs and/or PSWs is subject to the terms and conditions and the definitions applicable to the NPC envelope as set out in the *Eligible Expenditures for Long-Term Care Homes Policy*. BSO funding used for Other Healthcare Personnel, other than RNs, RPNs and PSWs is subject to the terms, conditions and definitions applicable to the PSS envelope as set out in the *Eligible Expenditures for Long-Term Care Homes Policy*.
- 4.5 LTCH licensees who receive funding for BSO staffing resources must comply with the LHIN approved BSO Action Plan, the terms and conditions set out in the LHIN's BSO funding letter to the licensee, this policy, and other BSO requirements, such as the BSO Framework of Care referred to in Appendix B. LTCH licensees will undertake all activities in compliance with all applicable legislation, including the *Long-Term Care Homes Act, 2007* and Ontario Regulation 79/10 under that legislation.
- 4.6 BSO funding can only be used for:
- a) Salaries and benefits of BSO staffing resources, including backfill for BSO staffing resources attending training;
  - b) Training of LTC staff who provide supports and services for residents with complex and responsive behaviours associated with dementia and/or other neurological conditions to ensure all staff have the recommended core competencies as set out in Appendix A; and.
  - c) Acquiring eligible therapeutic equipment and supplies that support the delivery of BSO non-pharmacological interventions, which include but are not limited to, equipment and supply items that support the delivery of BSO-related art therapy, doll therapy, music therapy, reminiscence therapy, horticultural therapy, virtual simulation therapy. This can also include, equipment and supplies used to implement BSO-related creative environmental design modifications and applicable BSO-related technological equipment (e.g., therapeutic robots), but do not include general recreation supplies for the home.
- Expenditures by an LTCH for eligible training, equipment and supplies under clauses (b) and (c) above may not exceed 5% of the BSO funding provided to the LTCH, (or such other limit as may be set out in writing by the Ministry from time to time.) Except as set out above, the BSO funding cannot be used to support other non-salary costs relating to RN, RPN, PSW, and/or Other Healthcare Personnel.
- 4.7 Despite any other LTCH funding policy, the BSO funding reported within the NPC and PSS envelopes is protected and cannot be reallocated toward any other expenditures in the NPC, PSS, and/or Raw Food envelopes.
- 4.8 Nothing in this policy precludes the LTCH licensee from using level-of-care funds in the NPC and PSS envelopes to supplement BSO expenditures including for the salary, benefits, and additional hiring costs of BSO staffing resources, as well as start up and indirect costs associated with BSO. All NPC and PSS expenditures for this purpose must comply with the *Eligible Expenditures for Long-Term Care Homes Policy*.
- 4.9 Subject to applicable policy and the Ministry-LHIN Accountability Agreement, LHINs may provide LTCH licensees with funding from outside the ministry's BSO allocation to supplement BSO staffing salaries as well as any additional indirect and start-up costs associated with BSO. The LHIN may set the terms and conditions of this additional funding. The *LTCH Reconciliation and Recovery Policy* will not apply to this additional LHIN funding.

**Context:** Other Healthcare Personnel (e.g. occupational therapists, behaviour management therapists, social workers) can be hired using BSO funding that was initially allocated to LHINs for other sectors such as community and hospitals. Unused BSO funding primarily intended for use in the community/hospital sector can also be transferred to LTC licensees to pay for RN, RPNs and PSW staffing.

- 4.10 When hiring BSO staff, LTCH licensees will give preference to persons who have the recommended core competencies set out in Appendix A of this Policy. The LTCH licensee will

ensure BSO-related training is provided if newly hired staff do not possess the recommended core competencies. All new staff will receive formalized training to facilitate uptake of BSO care pathways and tools.

- 4.11 The baseline hours of nursing and personal support services, funded provincially through LHINs, must increase to reflect the additional nursing and/or personal support services funded through BSO. LTCH licensees must also document and maintain baseline nursing and/or personal support staffing levels that are funded provincially through LHINs and which are outside BSO funding.
- 4.12 Funding is provided for BSO staffing resources to ensure that each identified LTCH licensee increases its staffing capacity by the specific number articulated in the LHIN BSO funding letter to the licensee. This amount of funding provided to the LTCH licensee is based on the average cost to a LTCH licensee for employing an RN, RPN, and/or PSW.

## **5.0 Reporting Requirements**

### **5.1 Long-Term Care Homes Annual Report Requirements**

The LTCH Annual Report submission referred to in this section is the report as required by clause 243 of O. Reg 79/10 under the *Long-Term Care Homes Act 2007*. The use of funds must be reported in an audited LTCH Annual Report for a defined 12 month period in the form and manner set out in the *LTCH Reconciliation and Recovery Policy*, other applicable policies, and the "LTCH Annual Report Technical Instructions and Guidelines".

Reporting of all BSO staffing expenditures must be made on separate lines of the LTCH Annual Report, by staffing category (i.e., RN and RPN, PSW, and Other Healthcare Personnel). Reporting of equipment and supplies, and training-related expenditures must be made on separate lines of the LTCH Annual Report, under NPC and / or PSS, i.e. Training Activity and Therapeutic Equipment and Supplies. The total funding allocated for training, equipment and supplies will be pro-rated and reconciled based on the related expenditures reported in the NPC and PSS envelopes.

All funding received from the Ministry is subject to adjustment, as per the *LTCH Reconciliation and Recovery Policy* and section 3 of Regulation 264/07 under the *Local Health Systems Integration Act, 2006*. Unused funds for each staffing category, equipment and supplies, and training related expenditures, are recoverable by the LHIN, as per the *LTCH Reconciliation and Recovery Policy*. Recovery of unused funds is based on the allocation of funding described in the LHIN BSO funding letter to the licensee. The BSO funding letter will identify the allocation of funding applicable from April 1 to December 31 and from January 1 to March 31.

Although BSO funding is recovered and reconciled through the NPC and/or PSS funding envelopes, this funding is not part of the Level-of-Care per Diem (i.e., it is Non-Level of Care funding).

In the event that any amount of BSO funding is not applied as required by the *Behavioural Supports Ontario Staffing Resources Policy*, the licensee shall return to the LHIN, upon request, any such amounts, or such amounts may be set off against amounts payable by the LHIN to the licensee, as per the *LTCH Reconciliation and Recovery Policy* and section 3 of Regulation 264/07 under the *Local Health Systems Integration Act, 2006*.

Where valid partnership agreements are in place that permit the delivery of nursing, personal support and/or additional BSO healthcare services to residents in more than one LTCH, the LTCH licensee who has hired the particular BSO staffing person and received the funding for that staff position shall report the applicable expenses in its LTCH Annual Report. All LTCH licensees are accountable for ensuring that all requirements relating to staffing resources are met.

Should the LTCH licensee receive additional funding from the LHIN for staffing resources as well as indirect and start-up costs associated with BSO in accordance with Article 4.9 above, the licensee shall report on this funding to the LHIN in accordance with the reporting requirements set by the LHIN. These reporting requirements include, but are not limited to, quarterly reporting requirements for the completion of the BSO Activity Tracker or other prescribed reporting mechanism.

LTCH licensees may sign an agreement with their respective LHIN which may contain additional reporting and tracking requirements with respect to other elements of BSO.

## **5.2 Annual Staffing Survey Reporting Requirements**

The LTCH licensee must maintain records of the new RN, RPN, PSW, and/or Other Healthcare Personnel positions created with the BSO funding, provide records upon request to the LHIN and provide information to the ministry regarding the increase of new RN, RPN, PSW, and/or Other Healthcare Personnel positions through the annual staffing survey.

Where valid partnership agreements are in place that permit the delivery of RN, RPN, PSW, and/or Other Healthcare Personnel services to residents in more than one LTCH, the LTCH licensee that is funded for the RN, RPN, PSW, and/or Other Healthcare Personnel positions shall track these positions for survey reporting requirements across all partnering LTCHs who are sharing the RN, RPN and/or PSW position.

## **6.0 References to Other Policy Documents and Technical Instructions and Guidelines**

For further information, please refer to:

Agreements -

Long-Term Care Homes Service Accountability Agreement

Policy -

*LTCH Reconciliation and Recovery Policy*

*LTCH Level-of-Care per Diem Funding Policy*

*LTCH Cash Flow Policy*

*Eligible Expenditures for Long-Term Care Homes*

Technical Instructions and Guidelines<sup>2</sup>

LTCH Annual Report Technical Instructions and Guidelines

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<sup>2</sup> LTCH Annual Report submission instructions and guidelines are issued annually. Consult the applicable document in effect for the period for which the report data is being submitted and reviewed.

## **Appendix A: Recommended Core Competencies for Working with Behaviourally Complex Population**

### **1. Knowledge**

Demonstrates knowledge of dementia, delirium, mental health issues in the delivery of care and its effect on the person and family members or partner in care, to include knowledge of:

- a) most prevalent types and related causes
- b) disease processes, stages and progression
- c) diagnostic and assessment process
- d) cognitive or neurological symptoms
- e) current treatment interventions
- f) communication skills appropriate to needs of the person
- g) strategies to promote optimal quality of life
- h) experience of disease from the perspective of the person, family members or other partners in care

### **2. Person-centred care**

Delivers person-centred care which recognizes both the uniqueness of each person and an awareness of one's own contribution to that relationship, including personal attitudes, values and actions, to include:

- a) contributing to the development of the person-centred philosophy of care
- b) promoting and preserving the abilities and self-esteem of the person
- c) promoting the persons' integration to their environment
- d) using effective communication and interpersonal skills when interacting with the person, family members or partners in care, and other care providers

### **3. Assessment and intervention**

Conducts an assessment and describes interventions with respect to the behaviours of persons, including:

- a) recognizes that most observable behaviours have meaning; therefore, the etiology of the behaviours must be assessed and accounted for in the caregiving process
- b) assesses the meaning, etiology and inherent risk of behaviours using an objective, systematic and holistic process that takes into account the physical, intellectual, emotional and functional capabilities of the person, as well as the environmental and social aspects of their surroundings
- c) identifies caregiver strategies that are abilities focused, person-centred and age appropriate for responding to behaviour and managing associated tasks
- d) focuses on prevention of responsive behaviours by relating well, manipulating the social and physical environment, focuses on persons' abilities and knowing the individual and their life story and aspirations.

Adapted from Health Human Resources Strategy Task Force Working Group: Framework for Dementia Care Education, 2006 and from the Registered Nurses Association of Ontario Best Practice Guidelines for Dementia, Delirium and Depression in Older Adults

## Appendix B: BSO TARGET POPULATION AND BEHAVIOURAL SUPPORTS ONTARIO (BSO) FRAMEWORK OF CARE

### **BSO Target Population:**

Older people, including LTC home residents, with, or at risk for, responsive behaviours associated with dementia, complex mental health, substance use, and/or other neurological conditions. Inclusive in this mandate are adults with age-related neurocognitive conditions (such as early onset dementia) and support for family and professional care partners.

### **BSO Framework of Care:**

In 2010, the ministry funded the Behavioural Support System Project to develop a principle-based Framework of Care that would mitigate strain and improve outcomes for persons with challenging behaviours, their families, health providers, and the healthcare system.

The Framework of Care identifies principles and pillars of care to guide the sectors in advancing an integrated system of care for this target population.

**Pillar 1: System Coordination and Management**

**Pillar 2: Integrated Service Delivery - Intersectoral and Interdisciplinary**

**Pillar 3: Knowledgeable Care Team and Capacity Building**

