

Policy: LTCH Physiotherapy Funding Policy	Original Publish Date	August 1, 2013
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PHYSIOTHERAPY FUNDING POLICY:

1.0 Introduction

The purpose of this policy is to set out the terms and conditions applicable to the funding Local Health Integration Networks (LHINs) will provide to licensees of Long-Term Care (LTC) homes related to the provision of Physiotherapy services in LTC Homes.

Under the *Long-Term Care Homes Act, 2007* (LTCHA) the LTC home licensee must have an organized interdisciplinary program with a restorative care philosophy that promotes and maximizes independence and includes, where relevant to residents' assessed care needs, physiotherapy services provided or arranged by the licensee (s. 9 of the LTCHA).

2.0 Definitions

Licensee is the holder of a licence issued under the LTCHA, 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 LTCHA.

Non-Level of Care Funding refers to 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 Long-Term Care Home Service Accountability Agreement (L-SAA) or by the Ministry through a direct funding agreement. 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 provide the specific rules in respect of each form of funding. Please see the LTCH: Cash Flow Policy for the definitions of "Level-of-Care Per Diems" and "L-SAA."

Regulation – means Ontario Regulation 79/10 under the LTCHA.

LTCHA – means the *Long-Term Care Homes Act, 2007*.

Recreational and Social Activities - The activities provided as part of the organized recreational and social program must include a range of indoor and outdoor recreation, leisure and outings that would benefit all residents and reflect their interests (s. 65 of the Regulation). Generally, the lead and staff members involved in this program have a post-secondary diploma or degree in recreation and leisure studies, therapeutic recreation, kinesiology or other related field from a community college or university. The program is funded under the Level of Care Program and Support Services envelope (s. 66 and 67 of the Regulation).

Funded Physiotherapy Services within the context of LTC (or Physiotherapy) – has the meaning set out in section 3.0 of this policy.

Physiotherapist – means a member of the College of Physiotherapists of Ontario who holds a certificate of registration authorizing independent practice.

Physiotherapist Support Personnel or "Support Personnel" - refers to anyone who provides care under the direction and supervision of a Physiotherapist^{1,2}.

Physiotherapy Funding – means the funding provided for Physiotherapy set out in section 3.9 of this policy.

Physiotherapy Subsidy – As outlined in section 4.0 of this policy refers to a subsidy provided to Convalescent Care Beds in addition to the Physiotherapy Funding, and the existing Convalescent Care Additional Subsidy (see LTCH Convalescent Care Additional Subsidy Funding Summary).

Exercise - Exercise is a subset of physical activity that is planned, structured, and repetitive and has as a final or an intermediate objective the improvement, or maintenance of mobility and physical function, or the prevention of or limitation in decline in physical function.

FUNDING APPROACH

3.0 Terms and Conditions of Physiotherapy Funding

3.1 **Definition of Publicly Funded Physiotherapy Services within the context of LTC ("Physiotherapy")**

Funded Physiotherapy Services are limited to those physiotherapy services being the assessment, diagnosis and treatment(s) provided to improve, develop or restore physical function (neuromuscular, musculoskeletal and cardio-respiratory systems) and/or to promote mobility and/or to prevent a decline in functional/clinical status when that function and/or mobility and/or clinical status has been lost or impaired or is at increased risk of decline as a result of de-conditioning, disease, pain, injury or surgical procedure.

Funded Physiotherapy Services also includes the following activities when such activities are related to the provision of resident care: charting, case conferences, program development, staff education, travel, co-ordination and collaboration with other professionals, and discharge and transition planning.

Funded Physiotherapy Services must be provided in accordance with a resident's plan of care and assessed need for an episode of care and be of a level of complexity that requires the clinical knowledge, skills or judgment of a Physiotherapist to perform and/or direct and supervise a Support Personnel to perform, which Support Personnel has been assigned the performance of the services in accordance with the applicable College of Physiotherapists of Ontario standards of professional practice.

Funded Physiotherapy Services do not include any physiotherapy services provided after the Physiotherapist determines that:

- the therapeutic objectives in the treatment plan have been achieved; or,
- any further gains could be achieved through a general exercise class or other services as identified in the resident's plan of care; or,
- no further gains are achievable.

3.2 Physiotherapy services provided by the Licensee may also be provided by Support Personnel who are staff members of the LTC home who work under the direction of a Physiotherapist and under the joint supervision of the Physiotherapist and of the lead of the LTC home's restorative care program, and who have met the training requirements set out in s. 61 (2) of the Regulation.

¹ Physiotherapists Working with Physiotherapist Support Personnel (2010) Guide. College of Physiotherapists of Ontario.

² For more information, please refer to the Essential Competency Profile for Physiotherapist Assistants in Canada (April 2012).

- 3.3 Physiotherapy services arranged by the Licensee can also be provided by Support Personnel working under the direction and supervision of a Physiotherapist (s. 61 (5) of the Regulation).
- 3.4 Physiotherapy services provided or arranged by the Licensee must include on-site physiotherapy provided to residents on an individualized basis based on residents' assessed needs (s. 59 of the Regulation).
- 3.5 **Role of Support Personnel** - Support Personnel within the context of this policy³:
- a) Support Personnel must be either (i) members of the staff of the LTC home who work under the direction of the Physiotherapist and the supervision of the Physiotherapist and of the designated lead (i.e. lead for the LTC Home's restorative program pursuant to s.64 of the Regulation), and who have met the training requirements set out in s. 61(2) of the Regulation, or (ii) in the employment of a Physiotherapist (or Physiotherapy provider) as a Physiotherapy Assistant working under the supervision and direction of the Physiotherapist; and
 - b) Support Personnel can only assist in the delivery of physiotherapy services after a Physiotherapist has assessed the resident's needs and determined a plan of care
- 3.5.1 Once the Physiotherapist assigns a Support Personnel to provide physiotherapy services as Support Personnel in the LTC Home, the Physiotherapist is responsible for supervising the care and will continue to have the responsibility for the resident.
- 3.5.2 Physiotherapists must not assign any physical therapy task to a Support Personnel that has an evaluation component that influences treatment.
- 3.6 **Compliance with Law** - Licensees will undertake all activities in compliance with all applicable legislation, including the LTCHA and the Regulation.
- 3.7 **Included Services and Eligibility for Physiotherapy Funding**
- 3.7.1 All Licensees will receive Physiotherapy Funding for Physiotherapy in accordance with the terms and conditions of this policy. This funding is for the provision of physiotherapy for all LTC home residents (including long-stay, interim, respite and convalescent care and ELDCAP) based on the assessed need and the plan of care of each resident.
- 3.7.2 Physiotherapy Funding can only be used for physiotherapy provided on a **one-on-one** basis to any resident:
- (a) who is assessed as requiring physiotherapy;
 - (b) whose plan of care sets out the physiotherapy services to be provided to the resident; and
 - (c) whose plan of care sets out the therapeutic goals that these physiotherapy services are intended to achieve and includes directions to staff and others relating to these services (s. 6 of the LTCHA), including frequency, intensity and duration of services required to achieve predetermined milestones or goals of care.
- 3.7.3 Physiotherapy Funding must only be used for physiotherapy, including purchased Physiotherapy services, salaries and benefits of Physiotherapist FTE positions created by the Licensee, and/or Support Personnel (as per section 3.3 above).

³ Physiotherapists Working with Physiotherapist Support Personnel (2010) Guide. College of Physiotherapists of Ontario.

3.7.4 Nothing in this policy precludes a Licensee from using other funding in the Program and Support Services (PSS) envelope to supplement physiotherapy expenditures including purchasing services, salary, benefits, and additional hiring costs of physiotherapy. All PSS expenditures for this purpose must comply with the Eligible Expenditures for Long-Term Care Homes Policy.

3.8 Excluded Services

3.8.1 Physiotherapy Funding cannot be used to provide or arrange for other therapies, such as Occupational Therapy and Speech Language Therapy, and/or to support other operating (e.g., administration) or education costs (in accordance with the Guideline for Eligible Expenditures for LTC Homes referred to in the Eligible Expenditures for Long-Term Care Homes Policy, available on the Policy web pages <www.health.gov.on.ca/lsaapolicies>).

3.8.2 Physiotherapy Funding may not be used for Exercise, or for Recreational and Social Activities. Exercise and Recreational and Social Activities are excluded from the definition of Physiotherapy as outlined above. A separate allocation will be provided for these activities as set out in section 5.0 of this policy.

3.8.3 Physiotherapy Funding cannot be used to supplement other expenditures in the Program and Support Services or any other funding envelope.

3.9 Funding Allocation, Reconciliation and Recovery

3.9.1 The LHINs will provide the Physiotherapy Funding amount, as specified in the LTCH Physiotherapy Funding Policy Summary, per bed per year to every Licensee for every licensed or approved bed in the home⁴.

3.9.2 Annual Physiotherapy Funding is based on the number of licensed/approved beds in operation at the LTC home as of January 1 of each funding year.

3.9.3 Where the operations of a LTC home commenced after January 1st, or end before December 31st, Physiotherapy Funding will be pro-rated to reflect the period in which the beds are in operation.

3.9.4 In the event of in-year changes to bed counts, as approved by the Ministry in accordance with the LTCHA, annual Physiotherapy Funding will be determined based on the weighted average of the licensed/approved beds in operation for the period reconciled, where the weighted average of licensed/approved beds in operation shall take into account:

(a) The sum of the Maximum Resident Days (as defined in the LTCH Occupancy Targets Policy),

plus

(b) The sum of the Maximum Convalescent Care Resident Days (as defined in the LTCH Occupancy Targets Policy),

plus

(c) The sum of the Maximum Interim Short-Stay Resident Days (as defined in the LTCH Occupancy Targets Policy).

⁴ Beds in Abeyance are excluded as these beds are not in operation.

- 3.9.5 Physiotherapy Funding shall be deemed to fall within and form part of the Program and Support Services (PSS) envelope. However, the use of Physiotherapy Funding must be reported under a supplementary line in the PSS envelope. As such Physiotherapy Funding is protected and cannot be reallocated toward other PSS expenditures.
- 3.9.6 Physiotherapy Funding will be subject to any adjustments applied to the PSS envelope as determined by the Ministry.
- 3.9.7 As part of the LTCH Annual Report, Licensees will report expenditures for the provision of physiotherapy under a supplementary line in the PSS envelope in accordance with the *LTCH Reconciliation and Recovery Policy*.
- 3.9.8 Any portion of the allocation not spent for the provision of physiotherapy, as outlined above, is subject to recovery as per the *LTCH Reconciliation and Recovery Policy*.
- 3.9.9 The Physiotherapy Funding is a Non-Level-of-Care Funding provided in addition to the Level-of-Care Per Diem Funding as outlined in the *LTCH Level-of-Care Per Diem Funding Policy*.

4.0 Terms and Conditions of Publicly Funded Physiotherapy for Convalescent Care Beds:

- 4.1 In addition to the Convalescent Care Additional Subsidy, and Physiotherapy Funding, convalescent care beds also receive an additional Physiotherapy subsidy (Physiotherapy Subsidy) in the amount as specified in the LTCH Physiotherapy Funding Policy Summary.
- 4.2 Subject to the following, section 3.0 of this policy applies to the Physiotherapy Subsidy. Despite section 3.8.1, the Physiotherapy Subsidy may also be used for rehabilitation and/or for other therapies as required for convalescent care residents based on assessed needs. However, any portion of the Physiotherapy Subsidy used for rehabilitation and/or for other therapies must be captured on a supplementary line created for that purpose under the Program and Support Services (PSS) envelope in the LTCH Annual Report.
- 4.3 The Physiotherapy Subsidy will be allocated in a supplementary line under the PSS envelope. The Physiotherapy Subsidy is subject to the same terms and conditions of funding applicable to the Convalescent Care Additional Subsidy as set out in the LTCH Occupancy Targets Policy and the LTCH Convalescent Care Additional Subsidy Funding Summary. The Physiotherapy Subsidy is also subject to any adjustments applied to the PSS envelope as determined by the Ministry.
- 4.4 As part of the LTCH Annual Report, Licensees will report expenditures for the provision of physiotherapy for convalescent care beds under a supplementary line in the PSS envelope (within the Convalescent Care Section) in accordance with the *LTCH Reconciliation and Recovery Policy*.
- 4.5 Any portion of the Physiotherapy Subsidy not spent for the provision of physiotherapy, rehabilitation, and/or other therapies as outlined above, is subject to recovery as per the *LTCH Reconciliation and Recovery Policy*.

5.0 Terms and Conditions of Funding for Exercise (Classes)

- 5.1 Licensees receive additional per diem funding for Exercise, Recreational and Social Activities. The initial funding amount of \$0.27 per diem was added to the Level-of-Care Per Diem funding under the Program and Support Services (PSS) envelope.

- 5.2 This funding applies to Exercise and to Recreational and Social Activities that may be provided/conducted in a group setting, as part of a “Recreational and Social Activities” Program that is only available to LTC home residents.
- 5.3 Exercise and Recreational and Social Activities must be conducted by a designated lead and qualified staff as per the requirements in the LTCHA and the Regulation.
- 5.4 The funding allocation in section 5.1 above is also subject to any adjustments applied to the PSS funding envelope as determined by the Ministry. Please see the *LTCH Level-of-Care Per Diem Funding Summary* for the applicable PSS funding amounts for each period.
- 5.5 To maintain continuous eligibility for this additional funding, Licensees will be required to provide a quarterly report outlining the objectives and deliverables of the Exercise and Recreational and Social programs delivered by qualified staff as per section 5.3 above, including the objectives and deliverables attributable to the additional per diem referred to in section 5.1. The report will include the duration of the programs, frequency, and the number of participants in each program.
- 5.6 Licensees must also report the number of minutes of exercise (classes) provided to residents in the Special Projects section of the RAI-MDS (Resident Assessment Instrument – Minimum Data Set).

6.0 Balancing the Use of Physiotherapy Funding

Licensees have managerial flexibility to balance the use of Physiotherapy Funding and Physiotherapy Subsidy to offset physiotherapy expenditures across the different types of beds in the LTC home under the following conditions:

- (a) the application of this offset is limited to expenditures relating to the provision of physiotherapy as defined in 3.0;
- (b) the Physiotherapy Funding and the Physiotherapy Subsidy for convalescent care program beds can only be used to offset overspending for Physiotherapy services for other beds after the Licensee has exhausted the Physiotherapy Subsidy for Physiotherapy and other therapy services for the convalescent care program bed to which the Subsidy attaches; and,
- (c) the expenditures must be reported under the respective PSS supplementary lines in the Convalescent Care Program or, in the case of beds in all other programs, in the Long-Stay Program where the expenditure is incurred.

7.0 Reporting Requirements and Accountability

7.1 LTCH Annual Report Requirements

- 7.1.1 Funding provided under Section 3 and 4 of this policy is part of Non-Level of Care Funding provided in the Program and Support Services (PSS) envelope. However, funding provided under Section 5 is part of the Level-of-Care per diem funding in the PSS envelope. All funding described in this policy is subject to the conditions and definitions of that envelope (*as set out in the Level-of-Care Per Diem Funding Policy, the Eligible Expenditures for Long-Term Care Homes Policy, and the Guidelines for Eligible Expenditures for LTC Homes*).
- 7.1.2 The use of funds must be reported in an audited LTCH Annual Report for a defined 12 month period in accordance with the form and manner set out in the *LTCH Reconciliation and Recovery Policy* and the “LTCH Annual Report Technical Instructions and Guidelines”.

Reporting of all expenditures pertaining to Physiotherapy (i.e. purchased services, salaries and benefits of physiotherapists FTE positions created by the Licensee, and salaries and benefits of support personnel who assist the physiotherapist in the provision of physiotherapy) must be made on a separate line created for this purpose in the LTCH Annual Report.

For convalescent care beds, reporting of all expenditures pertaining to the portion of Physiotherapy Subsidy used for rehabilitation and other therapies must be made on a separate line created for this purpose in the LTCH Annual Report.

7.1.3 All funding is subject to adjustment, as per the *LTCH Reconciliation and Recovery Policy*.

In the event that funding is not applied as required for the provision of Physiotherapy services, the Licensee shall return to the LHIN and/or the Ministry, upon request, any amounts not required or such amounts may be set off against amounts payable by the LHIN to the Licensee, as per the *LTCH Reconciliation and Recovery Policy*.

Unused funds must be declared as surplus and returned to the LHIN, as per the *LTCH Reconciliation and Recovery Policy*.

7.2 **LTCH Staffing Report Requirements**

As part of the annual LTCH Staffing Report, Licensees are required to report the number and hours of Physiotherapist Full-Time-Equivalent (FTE) and their support staff including all purchased services.

7.3 **Other Reporting Requirements**

7.3.1 Every Licensee is required to report the following:

- Primary Condition for which Physiotherapy was provided
- Number of unique residents receiving Physiotherapy,
- Number of Physiotherapy episodes of care delivered and
- Number of Physiotherapy minutes the resident received for the primary condition
- What is the Primary Physiotherapy Goal/Outcome?
- Was the Primary Physiotherapy Goal/Outcome achieved?

7.3.2 A new report has been developed to meet the quarterly reporting requirement identified in section 5.5 based on existing program information documented by the Licensees. Every Licensee is required to report the following:

- Number of unique residents participating in exercise classes
- Type of activity, frequency, duration and outcomes

7.3.3 Licensees are required to report on the Exercise, Recreational and Social programs available as of the first quarter of this funding and demonstrate any increases or decreases in these programs in subsequent reports.

8.0 **Other Considerations**

8.1 The respective LHIN may have additional reporting and tracking requirements of the Licensees with respect to Physiotherapy in LTC home.

8.2 **ELDCAP Beds**

ELDCAP beds are required to provide Physiotherapy and Exercise and Recreational and Social Activities (as per sections 3.0 and 5.0), subject to applicable exemptions under the Regulation.

While ELDCAP beds are exempt from the requirements of the LTCH Annual Report (as per section 7.1), they are not exempt from RAI-MDS reporting as per section 7.3.1. The LHIN may also require operators of these beds to provide a report of expenditures relating to Physiotherapy Funding, and Exercise and Recreational and Social Activities.

9.0 References to Other Policy Documents and Technical Instructions and Guidelines

For further information, please refer to the following:

Agreements:

- Long-Term Care Homes Service Accountability Agreement

Policies:

- LTCH Physiotherapy Funding Policy Summary
- LTCH Reconciliation and Recovery Policy
- LTCH Level-of-Care Per Diem Funding Policy
- LTCH Level-of-Care Per Diem Funding Summary
- LTCH Cash Flow Policy
- Eligible Expenditures for Long-Term Care Homes
- LTCH Convalescent Care Additional Subsidy Funding Summary
- Technical Instructions and Guidelines⁵
- LTCH Annual Report Technical Instructions and Guidelines
- LTCH Occupancy Targets Policy

⁵ 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.