

Patients in the Community

Long-Term Care Counselling Checklist

Patient name _____
 (Last Name, First Name) _____ Health Card No. _____ Version Code _____

The purpose of this checklist is to ensure the patient - or power of attorney (POA), or substitute decision-maker (SDM) – receives counselling from our Care Coordinator about the most important factors involved in the patient’s placement in a long-term care home (LTCH). Each statement with a check mark, below, applies to the patient’s situation.

At the end of this form, the patient, POA, or SDM provides their signature to acknowledge that we have provided this counselling to you. *Please keep this document for future reference.*

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1) Planning for LTC Guide

- I received a copy of the *Home and Community Care Support Services Planning for LTC Guide*.

2) Health Assessment (mandatory)

- I am aware of my responsibilities to:
 - Get a completed Health Assessment from my primary care provider, and to
 - Mail or fax my completed assessment to my Care Coordinator.
- Smoking Policy
- If I smoke, I understand the following:
 - LTCHs are not required to assist me with smoking.
 - If I need support to smoke, my visitors are responsible for assisting and/or supervise me.
 - To smoke, I need to get myself (without help from the LTCH staff) at least nine meters away from the LTCH property.
 - I am responsible for inquiring about nicotine replacement therapy with my primary care provider.
 - Nicotine replacement therapy is not financially covered by the LTCH.
 - It is my responsibility to verify directly with each LTCH what their smoking policy is.

3) POA / SDM Documentation

- If as a capable patient, I want to make changes to my contact list, it is my responsibility to update that information on my *Application for*

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Determination of Eligibility for LTCH Admission form.

If I'm found incapable of making LTCH decisions, I understand the following:

- If I have a POA for Personal Care document, I am required to provide a copy of it to my Care Coordinator.
- If no POA for Personal Care document exists, an SDM will be determined, according to Ontario's Substitute Decision Maker Hierarchy. For more information on the hierarchy, *Making Substitute Health Care Decisions from the Ontario Office of the Public Guardian and Trustee* at attorneygeneral.jus.gov.on.ca/english/family/pgt/ISBN-0-7794-3016-6.pdf.
- My Care Coordinator requires the address and phone number for my SDM(s) or POA(s) for Personal Care.

4) LTCH Information and Special Needs

I received the following information:

- Location
- Accommodation types
- Any special needs (i.e., secure unit, cultural designation)
- Bed types (i.e., dialysis, veterans' priority-access beds, specialized veteran beds, short-stay interim beds.)
- How to access important information online, including about:
 - *Individual LTCHs using champlainhealthline.ca.*
 - *Ontario Health's performance reporting on LTCHs at: hqontario.ca/System-Performance/Long-Term-Care-Home-Performance.*

- *Ontario government's overall LTCH process and complaints process at: ontario.ca/page/long-term-care-ontario.*

5) Wait Times / Waitlists

- I am aware that LTCH wait times differ based on a number of factors including gender, types of rooms / accommodations or secure vs. non-secure units.
 - To find the waitlist information for the LTCHs I am interested in, I need to contact my Care Coordinator.

6) Touring LTCHs

- As part of my process to choose LTCHs, I was advised to:
 - Visit / tour the LTCHs I am considering.
 - Use Champlainhealthline.ca to find and explore each LTCH's website, including viewing photos of the home.
 - Review the comparison chart available in the *Planning for LTC Guide*.

7) Number of LTCH Choices

- I understand that I may:
 - Choose a maximum of five LTCHs.
 - Make changes to my choices at any time after HCCSS has received my initial LTC application forms.

Within six weeks – any new choice(s) have a waitlist date backdated to the date when HCCSS received all of my initial LTC application forms.

After six weeks – my new choice(s) will have the waitlist date of when my new LTC choice list is received by HCCSS.

After 3 months – An updated assessment by a care coordinator and Health Assessment form are required along with the new LTCH choice form.

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8) Interim Placement

- I received and understand the following information:
 - Once admitted to a LTCH, I can choose to remain on the waitlist for my other choices. In this case, my first placement is considered an interim placement.
 - The LTCH that I selected as my first choice will remain waitlisted at a higher priority, and all of my other choices will be waitlisted at a lower priority.
 - I can modify the ranking of my choices at any time.

9) Cost, Subsidies and Financial Package

- I received information about the rates for LTCH, as indicated on the *LTC Choice List* form.
- I am aware that accommodation rates are subject to yearly increases.
- I am aware that subsidies or rate reductions are available for basic accommodation only, and that
 - When applying for subsidy and at the time I am admitted into the LTCH, I need to bring my income tax *Notice of Assessment*.
 - I can request a copy of the *Rate Reduction Application Package* from my Care Coordinator, or download it from the Ministry of LTC public website:
health.gov.on.ca/en/public/programs/ltc/forms.
- After I am admitted to a LTCH, I am aware that changes in accommodation are managed by the LTCH.

10) Application Requirements & Timelines for Completion

- I am aware that:
 - It is my responsibility to submit my **completed, signed and dated documents,**

below, to my Care Coordinator according to the stated timelines.

- Otherwise, **my placement file will be closed**, and I can reapply when I am ready.

Requirements & Timelines

- To determine my eligibility for LTC placement and **within 28 days** (4 weeks), I must submit my completed:
 - *Health Assessment*, and
 - *Application for Determination of Eligibility for LTCH Admission* form.
- I must submit my completed *LTC Choice List* **within 56 days** (8 weeks) of submitting my *Application for Determination of Eligibility for LTCH Admission*.

11) Bed-Offer Process

- I am aware that I (or my SDM) may receive a bed offer at any time for any of the LTCHs that I included in my application and that I may not be alerted beforehand of an upcoming bed offer.
- Based on provincial legislation, I have up to 24-hours to accept or refuse a bed offer.

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- If I am (or my SDM is) unreachable (e.g. away for vacation), we must inform my Care Coordinator and designate our replacement contact.

12) Provincial Policy for Bed Acceptance

- Once I accept a bed, I am aware that:
 - I must move into the home **within five days**.
 - If my admission is delayed, bed-holding charges may apply to me (from the date the bed becomes available).
 - Depending on the LTCH, admissions are usually not possible on the weekend.
 - I am responsible for arranging my transportation to the LTCH and any moving costs.

13) Provincial Policy for Refusing a Bed Offer

- If I refuse a bed-offer, I am aware that:
 - My application for LTC is closed, including the removal of my name from **all** of the LTCH waitlists that I was on.
 - There is a 12 week wait time before I can reapply for LTC, unless my condition or situation changes.

14) Contact for Changes

- If my condition or situation changes, I know how to contact my Care Coordinator.

15) Spouses / Partners & LTC

- I am aware that:
 - My spouse / partner* can request an application to the same LTCH that I am living in**, even if they are ineligible on their own.
 - Once I am admitted - and to eventually join me in the LTCH - my spouse / partner needs to contact their Care Coordinator to complete a reassessment for their own LTC application.

* = *Defined by the Ontario Ministry of LTC as two persons who have lived together for at least one year, and who have a close personal relationship that is of primary importance in both persons' lives (O. Reg. 79/10, s. 15).*

** = *Including Veteran admissions to the Perley Health LTCH.*

16) Comments

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17) Capable Patient / SDM / POA Signature & Information

_____ Signature	_____ Date
_____ Printed name	_____ Street Address Apt / Unit
	_____ City Province Postal Code
_____ Care Coordinator Signature	_____ Extension