



CCAC Expanded Role–ADP & SH/AL

CSSN Steering Committee

March 19th , 2012

Outstanding care – every person, every day

Provincial Update

CCAC Expanded Role - CCAC & LHIN Project Leads Provincial Meeting Knowledge Exchange & Implementation Support - December 9th 2011

We presented key questions:

Assisted Living Policy 2011

Is the policy to be applied to all Supportive Housing Programs for seniors?

Yes

- Are funding formulas changing to account for higher needs clients and shift in who does the assessment?
- Is the funding for services to lower need seniors being discontinued in Supportive Housing settings, except for those grandfathered?
- Is the policy finalized and when is this effective?
- Are Attendant Care Outreach services to seniors included in the new Policy?
- How is this policy being communicated to all SH/AL providers?

No

- Was the policy created for the implementation of hub models with select providers?
- Is the policy to be phased in gradually beginning with pilot sites?
- What is the expectation for providers who are not included in the hub/pilot projects?

December 9th 2011 – Key questions

CCAC Expanded Role – Supportive Housing & Assisted Living

Is the CCAC responsible for placement into services only, or housing & services?

Services Only

- If access to SH units is managed by different entities, what do service providers do if residents do not meet the higher eligibility criteria?
- Are programs with admission processes that link services with housing exempt from the CCAC Expanded Role?
- Do PWPDP looking for housing and service continue to use existing systems of access (e.g. PIC, ABI)?

Housing & Services

- How do we manage the Housing Services Act and its overlap with the Expanded Role responsibilities (i.e. Housing authority is legally responsible for access into housing)?
- Will the CCAC complete financial assessments for RGI units?
- How do we deal with agency boards who manage the access and eligibility determination for housing? (e.g. independent seniors moving into MR units, PWPDP agency boards)
- Does the Expanded Role replace existing models of access? (e.g. PIC, ABI, Special Needs Units)

SH / AL - CCAC Expanded Role CCAC & LHIN Project Leads Provincial Meeting Knowledge Exchange & Implementation– January 31st, 2012

Linda Gordon from MOHLTC provided update on AL-HRS Policy

- **Intent and vision of the policy**
 - Supports integration of SH into the health care system
 - Intent is to create greater access to these resources to support seniors in getting home from hospital
 - Hub expands housing options as SH is tied to affordable housing and not timely for hospital d/c
- **Housing versus Services**
 - AL-HRS Policy and CCAC Expanded Role dealing with eligibility for services only
- **Highlights of the recent updates to the policy**
 - Over summer work with researchers at UW on DASH Algorithm to refine identification of appropriate clients
 - Clinical knowledge the final decision-maker, on exceptional basis
 - Alternate destination to LTC - no LTC application in place at time of admission to AL program
- **Transitions from old policy to new policy**
 - Any new client must fit new criteria
 - #'s of clients served may be less as costs/client will increase
 - Those not requiring 24/7 support may be eligible for CCAC services or other CSS supports
- **Implementation timelines and evaluation**
 - AL-HRS Policy in final stages of approval at MOHLTC
 - LHIN's currently in process of planning and implementing
 - Concurrent implementation of AL-HRS Policy with CCAC Expanded Role by March 31st 2013

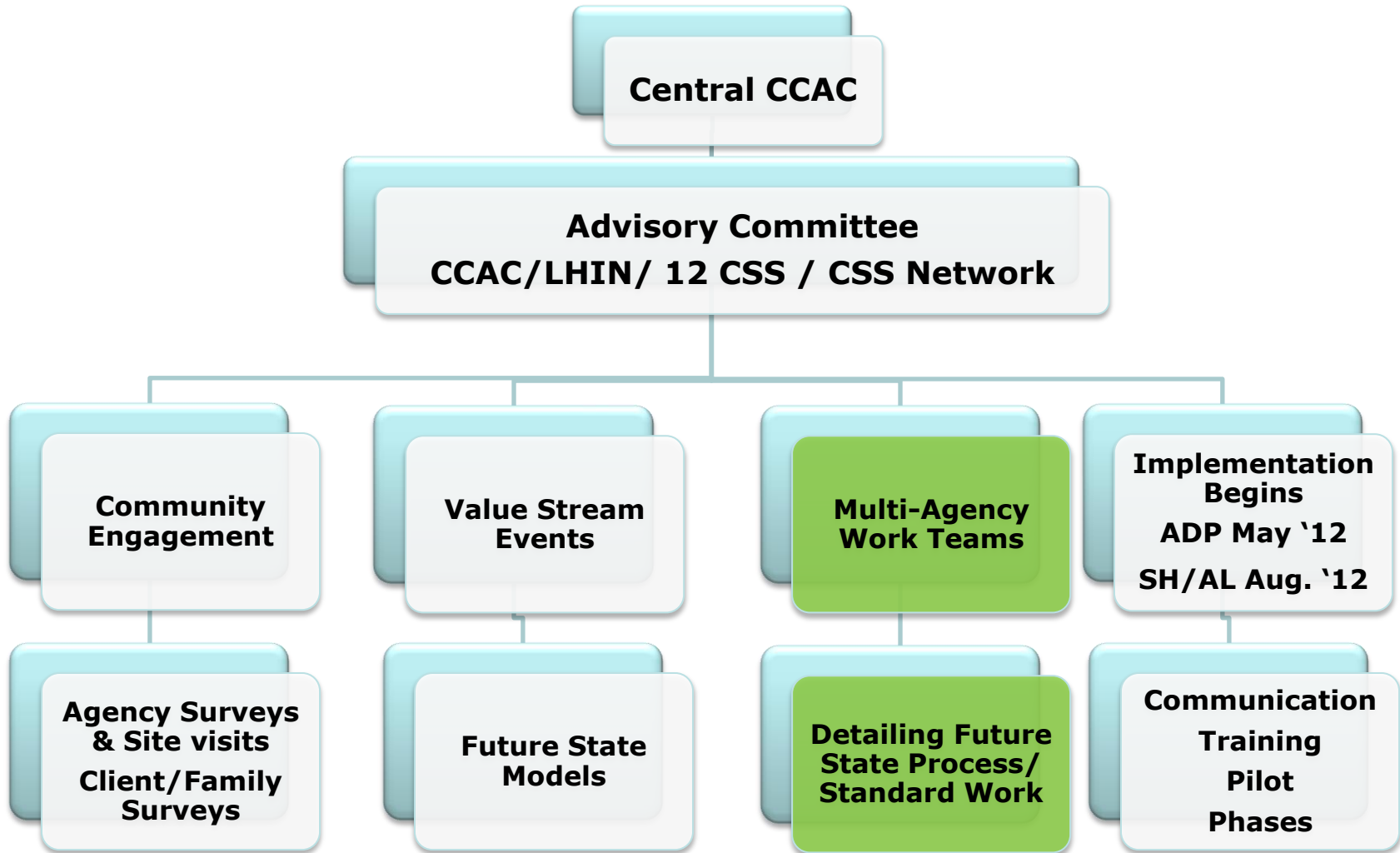
ADP - CCAC Expanded Role

CCAC & LHIN Project Leads Provincial Meeting

Knowledge Exchange & Implementation– February 16th , 2012

- Highlights from provincial discussion:
 - Critical feature of new process is quick turn around, no added delay
 - Minimal eligibility criteria for ADP results in concerns around consistent provincial assessment tool (ranges from RAI CA to Inter RAI CHA to RAI HC)
 - Inconsistency around tying eligibility to MAPLe scores
 - Not duplicating assessment already done; accepting CSA or CCAC assessment
 - Shared, standardized data collection is a value add which can inform decision making i.e. LHIN funding
 - Inconsistent funding amongst ADP providers impacts level of care provision

CCAC Expanded Role ADP/SH/AL - Project Structure



Adult Day Programs – Milestones

Training – April 30th '12

All client service staff (Community, Hospital, Contact Centre, Placement) need to know and understand CCAC expanded role in Adult Day Programs.

Wait List Migration

Phase 1 – 20 April '12 Phase 2 – 16 May '12 Phase 3 – 15 June '12

Phase 1 Pilot 'Go-Live' – May 1st '12

Alzheimer Society / CHATS (Aurora, Bradford sites, new South Asian program) / Friuli / Reg. York (Keswick & 2 at Maple) / Union Villa (including South Asian program)

Phase 2 'Go-Live' – May 29th '12

Better Living / Circle of Care / Downsview (BOOST & Branson) / Villa Colombo / North York Seniors / YCH (frail & cog imp.) / VON

Phase 3 'Go-Live' – June 26th '12

Aphasia Inst. / CHIRS / BOC programs Downsview, CHATS R Hill, Yee Hong, Carefirst / Carefirst non-BOC / ESS / York Reg. Aphasia / YCH ABI / St. Clair W.

Assisted Living / Supportive Housing

Supportive Housing / Assisted Living – Milestones

Phase 1 Pilot **Target Completion Date: 28 August 2012**
Seniors Buildings – Low Volume / Single Location

Hesperus / St. Demetrius / Union Villa / Friuli Terrace / Yee Hong

Phase 2 **Target Completion Date: 31 October 2012**
Seniors Buildings – High Volume / Multiple Locations

CHATS / Villa Colombo / Etobicoke Services for Seniors / North York Seniors Centre / St. Clair W. Services for Seniors

Phase 3 **Target Completion Date: 31 January 2013**
Regional Municipality of York – Alternative Community Living (ACL)

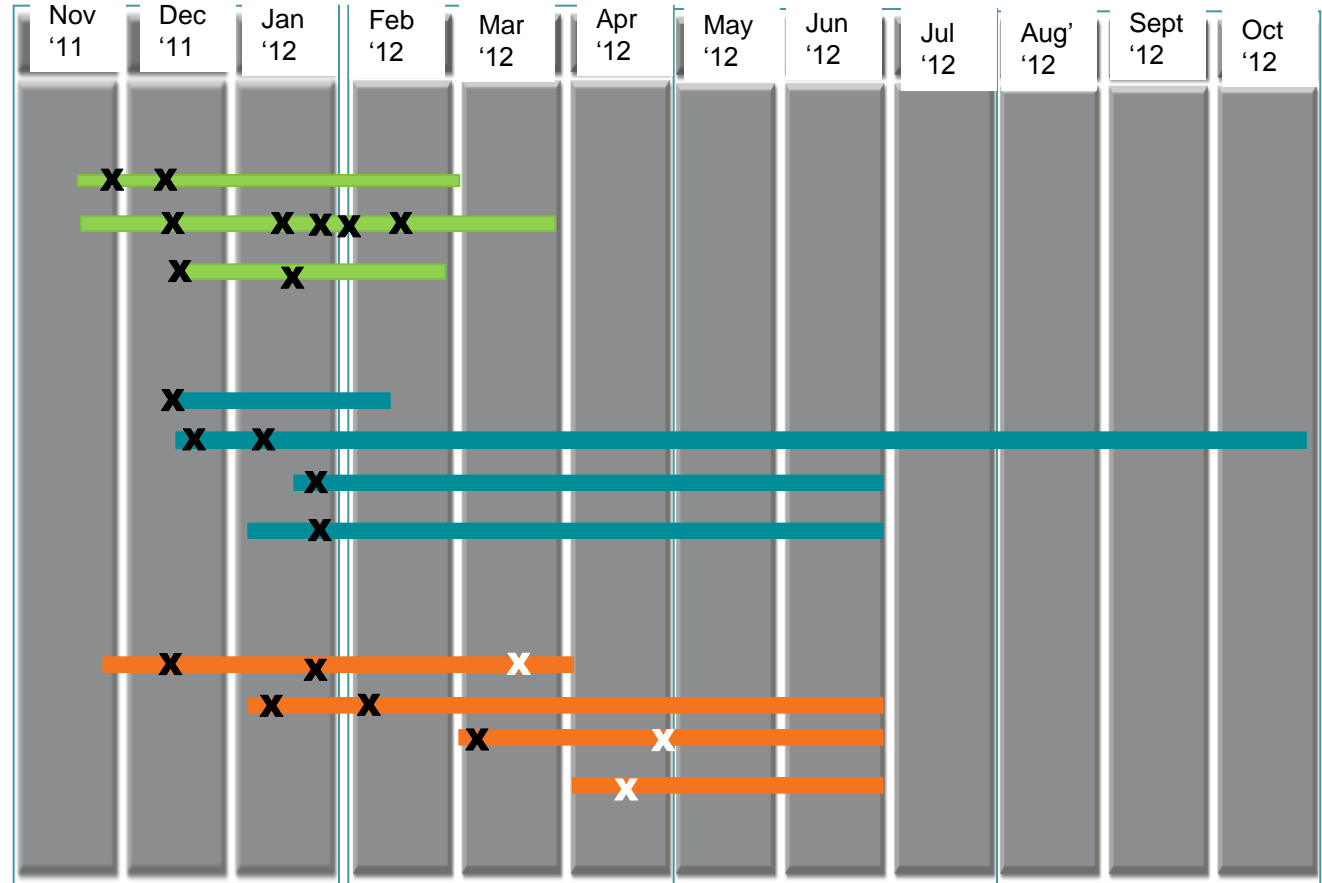
Heritage East / Armitage Gardens / Keswick Gardens / Hadley Grange / Genesis Place / Schomberg Lions Club / Cedarcrest Manor

Phase 4 **Target Completion Date: 31 March 2013**
Adults with Physical Disabilities / Acquired Brain Injury

Access / PACE / CHIRS / March of Dimes / North Yorkers for Disabled / Participation House

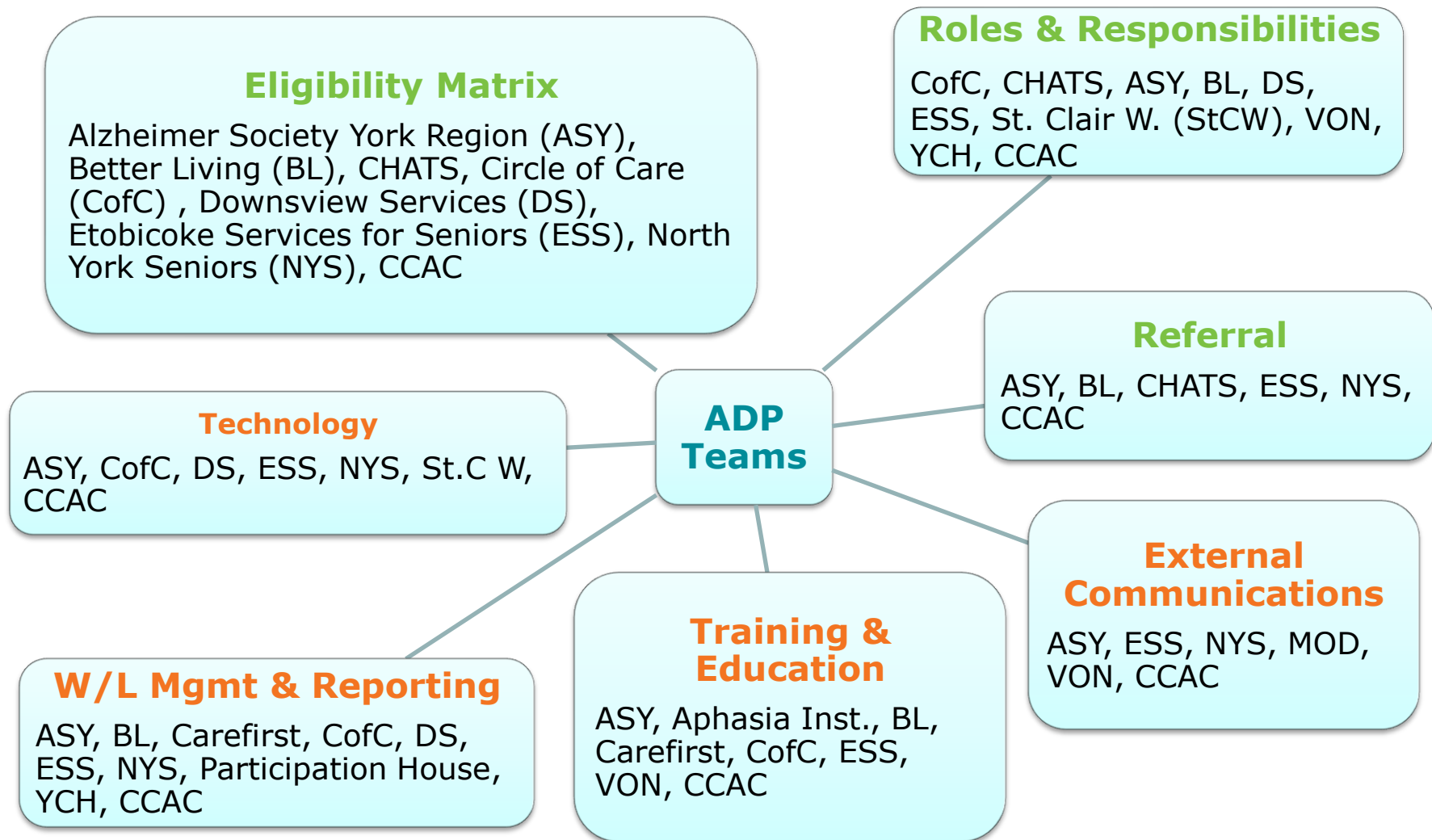
Phase 5 – Future Models i.e. Hub & Spoke **Target Completion Date: TBD**

ADP and SH/AL Team Work – Timelines and Meeting Schedule

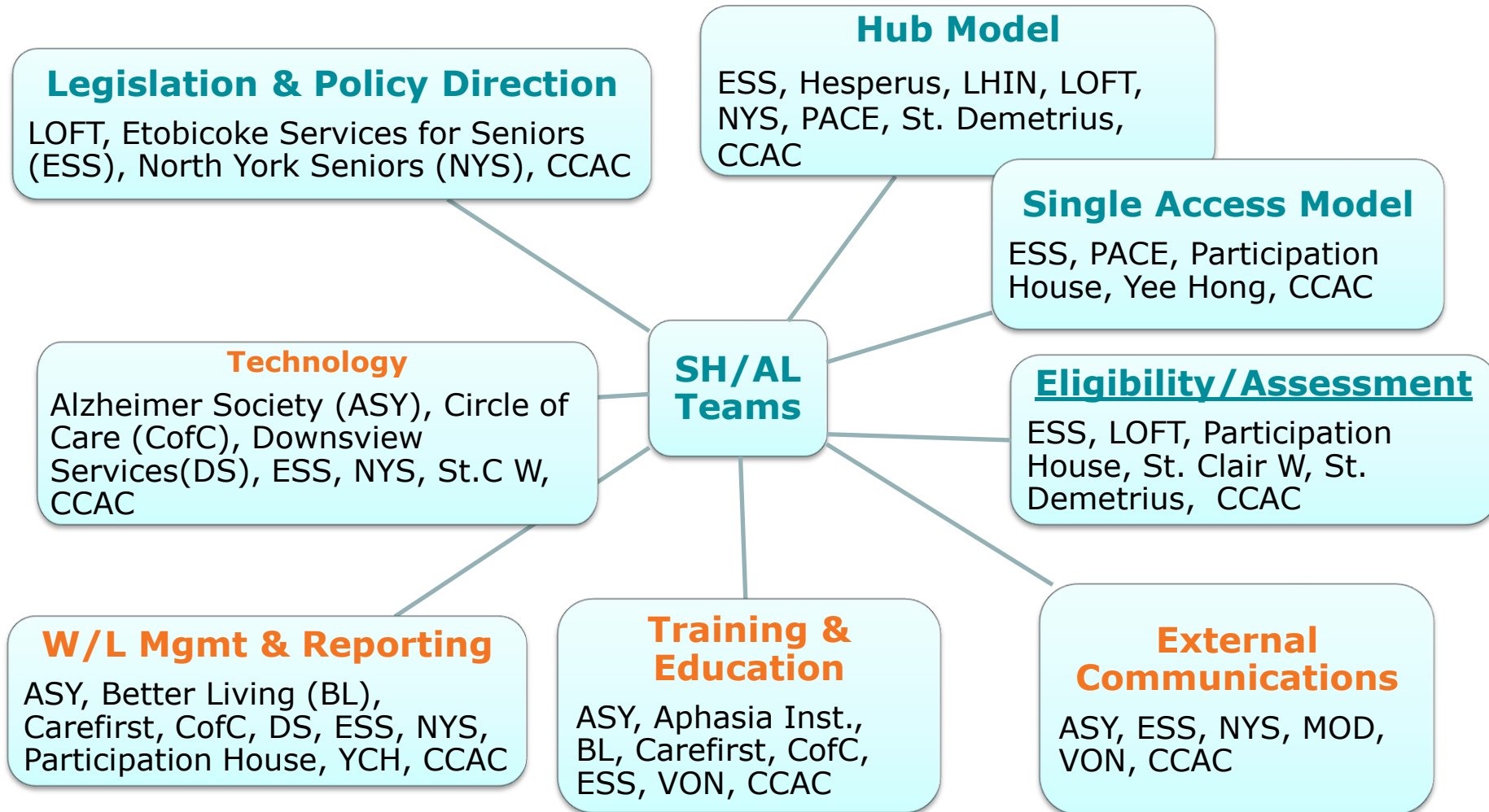


Legend:
 Meeting Occurred: **X** Meeting Scheduled: **X**
 ADP █ SH/AL █ ADP/SH/AL Combined █

Agency Representation on Teams – Adult Day Programs



Agency Representation on Teams – Supportive Housing/Assisted Living



Adult Day Program Implementation *Update & Metrics Review*

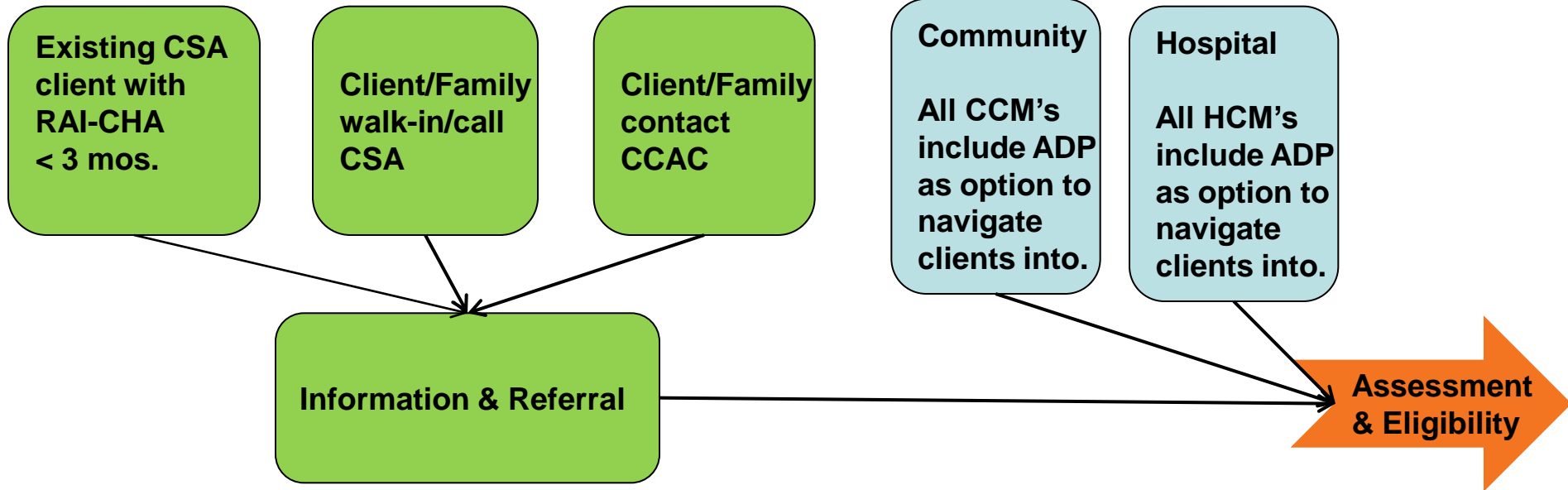
Adult Day Programs – New Process Overview

INTAKE

CCAC is the Single Point of Access

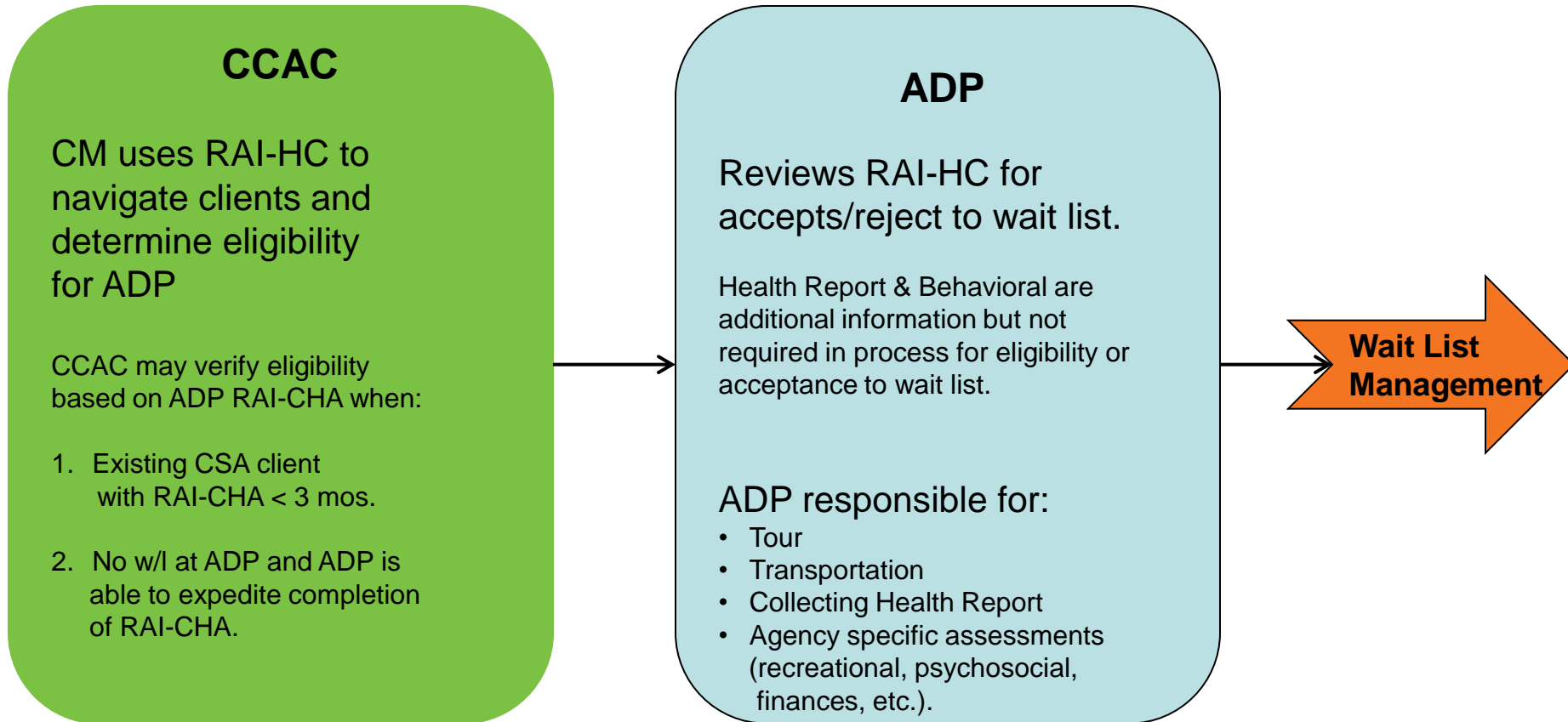
New CCAC Clients

Existing CCAC Clients



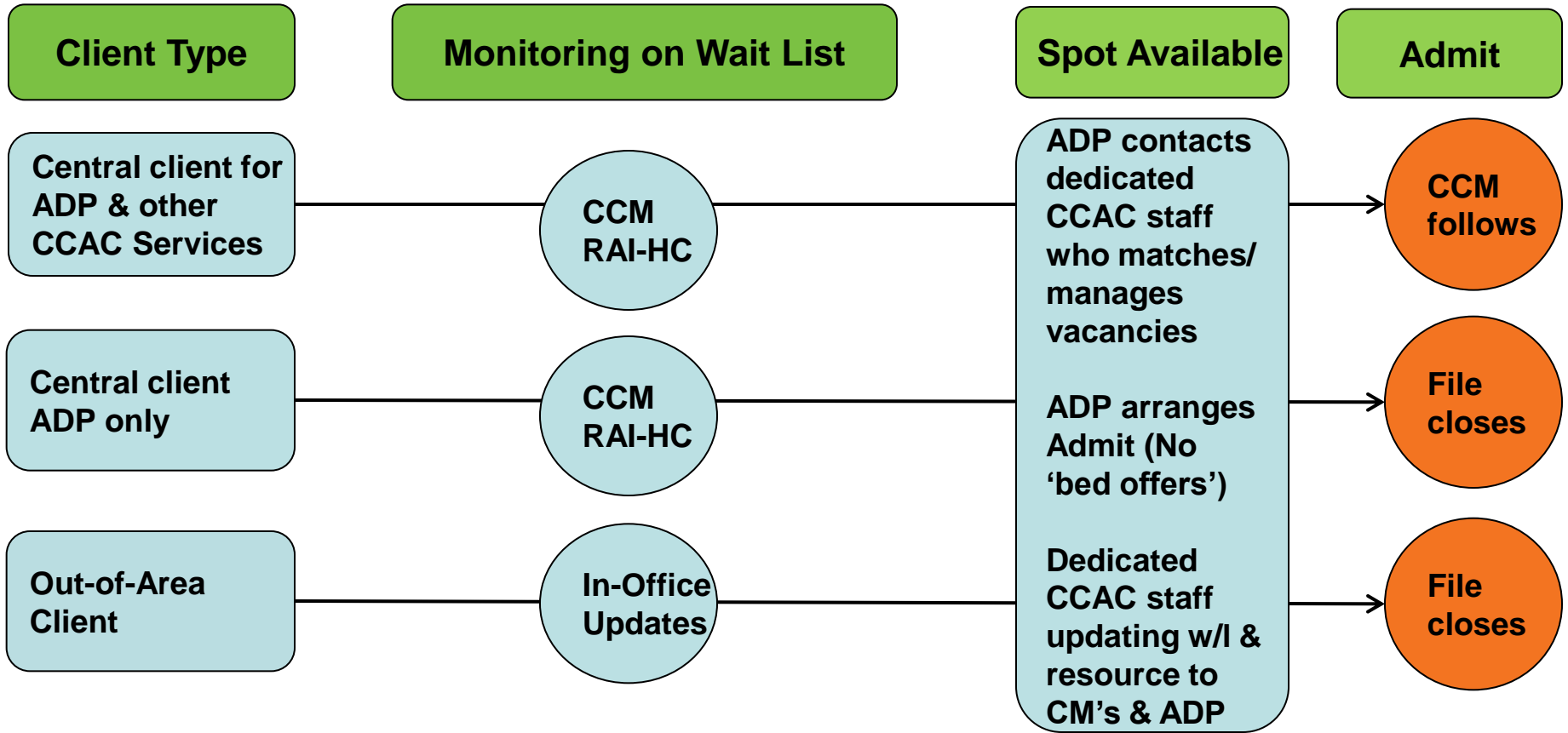
Adult Day Programs - New Process Overview

ASSESSMENT & ELIGIBILITY CCAC CMs Assess & Determine Eligibility



Adult Day Programs – New Process Overview

Wait List Management Centralized - Transparent - Equitable



Expanded Role & Client Care Model

Adult Day Program Clients

	Description	Sub Population
Community Independence (CI) RAI-HC aggregate 1-10 RAI-CA ≤10	<ul style="list-style-type: none"> • May have one or more chronic illnesses/disabilities with some activity limitation • Is capable of independent living with connection to community resources • Has a stable support network • Anticipated time-limited CCAC contracted services (i.e. PS supports) 	Supported Independence (RAI-HC aggregate 1-6) <ul style="list-style-type: none"> • Time-limited need for service (therapy/nursing/PSW) • System Navigation focus • Likely to be discharged within year Stable-at-risk (RAI-HC aggregate 7-10) <ul style="list-style-type: none"> • Unclear trajectory of CCAC involvement
Chronic RAI-HC aggregate 11-16 RAI-CA 11-16 may be CI or Chronic	<ul style="list-style-type: none"> • One or more health/chronic conditions with complicating factors • Direct care needs are stable and predictable • Can achieve stability with the right support network, but at risk due to chronic conditions 	Seniors (65+) Adults (19-64)
Complex RAI-HC aggregate 17+ RAI-CA ≥17	<ul style="list-style-type: none"> • Complex medical, physical, cognitive and social conditions at risk for hospitalization, ALC or premature institutionalization. 	Seniors (65+) Adults (19-64)

ADP Only Clients – *RAI-HC / Referral / Open on w/l (monitoring CACC) / Close on ADP admit

CCAC & ADP Clients – *RAI – HC / Referral / Open on w/l (monitoring CCAC) / Open on ADP admit

Few ADP Clients – same process as 

* Exceptions: existing CSS client with RAI-CHA within 3 mos. or no wait list at CSS

CCAC Expanded Role - Adult Day Programs Metrics

Dimension	Measures
Efficiency	<ul style="list-style-type: none"> • Time from CCAC request for ADP to completed assessment and referral sent to ADP • Time from vacancy rate declared by ADP to vacancy filled
Quality	<ul style="list-style-type: none"> • Time from ADP receiving completed assessment to appropriateness sent to CCAC • <i>% of referrals which proceed to admission</i> • Number of clients in ADP on LTC wait list - <i>TBD</i>
Efficiency & Quality	<ul style="list-style-type: none"> • Number of days on a ADP wait list
Quality & Morale	<ul style="list-style-type: none"> • Client satisfaction with admission process • <i>% of discharge dispositions indicating d/c reason as inappropriate match from CCAC to ADP</i> • CCAC knowledge of ADP (process /eligibility /services / waiting lists)