

Chapter 1

Section 1.02

Ministry of Health and Ontario Health

Follow-Up on 2021 Value-for-Money Audit: Assisted Living Services

RECOMMENDATION STATUS OVERVIEW						
	# of Actions Recommended	Status of Actions Recommended				
		Fully Implemented	In the Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	1	1				
Recommendation 2	2	2				
Recommendation 3	1			1		
Recommendation 4	4			4		
Recommendation 5	2	1	1			
Recommendation 6	1	1				
Recommendation 7	4			4		
Recommendation 8	2			2		
Recommendation 9	2			2		
Recommendation 10	2			2		
Recommendation 11	3			3		
Recommendation 12	1		1			
Recommendation 13	4	1		3		
Recommendation 14	2	1	1			
Recommendation 15	3			3		
Recommendation 16	4	1		3		
Recommendation 17	1			1		
Recommendation 18	2			2		
Recommendation 19	1			1		
Recommendation 20	1	1				
Recommendation 21	3		3			
Recommendation 22	1	1				
Recommendation 23	4	2	1	1		
Recommendation 24	2	1		1		
Total	53	13	7	33	0	0
%	100	25	13	62	0	0

Overall Conclusion

The Ministry of Health (Ministry), Home and Community Care Support Services, and Ontario Health, as of November 7, 2023, have made little or no progress on 62% of the actions we recommended, fully implemented only 25% of the actions, and were in the process of implementing 13% of the actions we recommended in our *2021 Annual Report*.

The Ministry and Ontario Health advised us that for a significant part of 2022 they were directing their efforts toward managing the effects of the COVID-19 pandemic, including co-ordinating vaccinations, managing infection prevention and control in settings where assisted living services are provided, and ensuring client care needs were met. The Ministry also noted that, given the health system changes in the home and community care sector that are under way, it needs to consider the implementation of the recommendations that address the roles and responsibilities of system partners and infrastructure to ensure effective and sustainable change. These factors have contributed to their having limited opportunities to promptly address the recommendations contained in the *2021 Annual Report*.

Home and Community Care Support Services has fully implemented the recommendation on publishing information online that shows where assisted living services are offered and including links to the assisted living agency websites.

The Ministry has fully implemented recommendations such as updating the assisted living services policies to clarify that assisted living clients of all population groups can access professional services and outlining the pathway to do so, and clarifying whether assisted living services should be expanded into the community beyond designated assisted living buildings.

Ontario Health has fully implemented the recommendation on updating an inventory of assisted living buildings, including the characteristics of services provided to clients in those buildings.

The Ministry was in the process of implementing recommendations such as identifying any duplication of services offered to assisted living clients with similar

needs and developing a plan to merge or streamline the offering of similar in-home services, and monitoring whether agencies charge for other provincially funded services and taking corrective actions where non-compliances are noted.

Ontario Health was in the process of implementing a recommendation to instruct assisted living agencies and monitor that they maintain ongoing communications with other health service providers.

The Ministry has made little or no progress on recommendations, including transferring the responsibility of performing initial eligibility assessments from assisted living agencies to Home and Community Care Support Services and monitoring that assisted living agencies do not admit seniors according to criteria outlined in the 1994 program policy.

Ontario Health has made little or no progress on recommendations, including tracking people waiting in hospitals for assisted living separately from supervised living and periodically analyzing agency funding on a per-client or per-hour basis and investigating anomalies.

The status of actions taken on each of our recommendations is described in this report.

Background

Assisted living services are publicly funded health-care services that consist of home-based help, and include personal support services such as feeding and toileting; homemaking services such as meal preparation and laundry; and calls or visits to check on the client's health and safety. A prominent feature of this program that differentiates it from other community-based health services is the potential for clients to receive 24/7 unscheduled service visits. In 2022–23, the Ministry of Health (Ministry) provided \$421 million (\$389 million in 2020–21) to 185 (182 in 2020–21) not-for-profit organizations to deliver assisted living services.

Until April 1, 2021, the Ministry provided funding for assisted living services through Local Health Integration Networks (health regions). Following this,

the health regions evolved into other entities that continued to operate under a new name, Home and Community Care Support Services (HCCSS), with a narrowed mandate to deliver and arrange patient services, including liaising with clients to determine their eligibility. Ontario Health became the Crown agency responsible for managing service accountability agreements and overseeing the delivery of services by assisted living agencies. A new health care delivery model, Ontario Health Teams, was introduced in February 2019, which, at maturity, are to provide a full and co-ordinated continuum of care, including assisted living services, within a defined area.

Our audit found that the health regions (prior to April 1, 2021) and Ontario Health (after April 1, 2021) had little information to confirm that clients' care needs were being sufficiently met. For example, Ontario Health did not require agencies to report staff-to-client ratios, the rates that assisted living agencies accepted client referrals or the frequency of missed visits by caregivers. As well, neither the health regions nor Ontario Health knew whether clients were subject to neglect or abuse by assisted living personnel. Health regions did not involve themselves in ensuring complaints about services were resolved satisfactorily. Half of the complaints we reviewed concerned the sufficiency and quality of services.

We determined that the assisted living program had the potential to offer a cost-effective means for vulnerable adults to remain in their own homes instead of being hospitalized. However, the Ministry did not effectively leverage assisted living services to improve the overall performance of the health-care system, improve quality of care or reduce costs of care. For example, we found that the assisted living program and the home care program offered similar services to similar client groups; the Ministry had never assessed whether there was value in combining these programs. More generally, the delivery structure for assisted living did not effectively integrate those care services with other kinds of care such as long-term care and home care. This meant clients may not have received the level of care they needed at the time they needed

it. This was a key issue because it typically costs less to provide residential assisted living than long-term care.

Some of our significant findings were:

- Familiarity with assisted living services was low among the public and program stakeholders. The government had taken little action to inform the public about the assisted living program. Stakeholders told us they were unfamiliar with the programs offered and confused about where they were offered, what they consisted of and who was eligible for them.
- The dual approach to assessing eligibility of clients was confusing and open to potential agency bias. Depending on where they lived, people who needed assisted living were assessed by either an HCCSS care co-ordinator or an assisted living agency. The Ministry had never evaluated whether this dual approach was effective and objective.
- The Ministry and Ontario Health had not used available data to appropriately plan for assisted living services. The Ministry had not analyzed demographics and other available information, such as wait lists, to help inform current and future investments in assisted living in relation to other health programs. Indeed, the province had no central wait list for assisted living services and the reporting of wait-list information was incomplete or not transparent.
- Other related government programs that would have been relevant for many assisted living clients existed, but access to them was not co-ordinated. Assisted living services were among a suite of services that helped support independent living for seniors and for adults with physical disabilities, acquired brain injury or HIV/AIDS. We found that the Ministry had not worked with other ministries to determine whether assisted living services were equitably available to all Ontarians according to their needs and did not duplicate services they were already receiving. The potentially significant benefits of centralizing care co-ordination with HCCSS had not been explored.

- The Ministry had not assessed whether assisted living services were meeting the needs of vulnerable adults. The Ministry introduced its policy for non-senior groups—including adults with physical disabilities, acquired brain injuries or HIV/AIDs—in 1994, and 27 years later had not assessed whether the policy still met the needs of these population groups. For example, the Ministry had not evaluated whether people with HIV/AIDS should continue to qualify for assisted living services given medical advances in the past decades, or clarified whether assisted living services could be provided to non-senior adults in their homes instead of designated buildings.
- Ministry data on the number of clients receiving services had not been corroborated by health regions or Ontario Health. Our audit identified variances, including 18% of total clients served in 2020–21, between what assisted living agencies reported to the Ministry and other information-gathering exercises that were conducted as part of our audit. These discrepancies highlighted the need for greater oversight of assisted living agencies.
- Vulnerable clients had few means of advancing complaints, with minimal protection of rights. Assisted living agencies were responsible for addressing complaints about their own services, and little third-party oversight was provided to verify that the complaint resolution process was fair. One stakeholder group told us that assisted living clients may be reluctant to complain directly to their attendant or agency out of fear of reprisal, given that they relied on attendants to support them in daily living.
- In many cases, agencies operated as both landlord and care provider to clients, despite the risk of abuse inherent in that arrangement. Since 1994, it has been the Ministry’s policy that service delivery should not include housing management. Yet we found that there were no additional procedures to guard against the risks

that these arrangements presented for clients—for example, charging clients for personal support services, one of the main assisted living services, which is not permitted by the *Home Care and Community Services Act, 1994*. There were more than 140 such buildings, and neither the Ministry nor Ontario Health had information about their location.

We made 24 recommendations, consisting of 53 action items, to address our audit findings. We received commitment from the Ministry of Health and Ontario Health that they would take action to address our recommendations.

Status of Actions Taken on Recommendations

We conducted assurance work between April 2023 and September 2023. We obtained written representation from the Ministry of Health (Ministry), Home and Community Care Support Services (HCCSS), and Ontario Health that effective November 7, 2023, they have provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

Centralized and Accessible Care

Recommendation 1

To make the availability of assisted living services more transparent to the public and other public sector partners, we recommend that the Ministry of Health publish a basic program description of assisted living services on its website, including who is eligible for this service, and provide links to direct the public to Home and Community Care Support Services organization websites.

Status: Fully implemented.

Details

In our 2021 audit, we found that both Ontario Health’s website and the HCCSS website did not specify the locations or areas where assisted living services were

delivered. As well, the Ministry's website did not have a basic program description or link to HCCSS's website. Most of the stakeholder groups we spoke to were not familiar with the programs offered and were confused about what the program consists of and who is eligible to receive the program.

In our follow-up, we found that the Ministry has included information on its website regarding what population groups are eligible for assisted living services and what services are provided under the program, as well as a link to the HCCSS website.

Recommendation 2

To build on the progress made during our audit and to further improve the public's and other public sector partners' understanding of the assisted living services program, we recommend that Home and Community Care Support Services organizations:

- *maintain and update their listings of where assisted living services are provided;*
- *publish information on their websites that shows where assisted living services are offered, and include links to the assisted living agency websites.*

Status: Fully implemented.

Details

In our 2021 audit, we noted that the Ministry, many of the health regions, and Ontario Health did not track the locations where assisted living services were provided. Also, we found that Ontario Health and HCCSS websites did not specify the locations of where assisted living services were delivered or include links to assisted living agency sites.

In our follow-up, we found that HCCSS had maintained and updated their listings of where assisted living services are provided, and included links of assisted living programs on its website, broken down by health regions. The public can follow these links to connect with a list of regional assisted living agencies, with addresses, websites and other contact information also provided.

Recommendation 3

To improve objectivity and consistency in assessing client eligibility for assisted living services according to Ministry policy, we recommend that the Ministry of Health transfer the responsibility of performing initial eligibility assessments from assisted living agencies to Home and Community Care Support Services organizations only or merge home care and assisted living services to help provide more integrated care.

Status: Little or no progress.

Details

In our 2021 audit, we found that the process of assessing people who needed assisted living services was confusing, depending on where they lived. For 46% of the assisted living programs, initial eligibility for assisted living services was determined by HCCSS care co-ordinators. For the remaining 54% of the assisted living programs, the assisted living agencies were responsible for assessing eligibility with little or no HCCSS involvement. The dual approach to assessing clients stemmed from historic approaches taken by various Community Care Access Centres (CCACs) (since dissolved) in assessing client eligibility for services. The Ministry did not merge home care and assisted living services when it gave the then CCACs the option of taking on the role of assessing client eligibility in 2009 because, in its view, the programs had different staffing models, which warranted allowing assisted living agencies to perform eligibility assessments.

In our follow-up, we found that in 2022 the Ministry established an Assisted Living Services Working Group (Group), consisting of members representing the Ministry, Ontario Health and HCCSS, with representation from all six Ontario Health regions. The mandate of this working group was to update the Ministry's 1994 and 2011 policies on assisted living services to align with changes to the health-care system; improve patient equity and accessibility and clarify the scope of practice for assisted living services; use appropriate data to inform program evaluation and improvement; and respond to our 2021 audit recommendations. The Ministry informed us that it expects the Group to continue to meet for the next

three years in order to meet its mandate. Accordingly, the Ministry released a revised policy to assisted living agencies in July 2023, which was effective on the date it was distributed; however, this policy remained unchanged regarding the responsibility for performing initial eligibility assessments. The Ministry informed us that, in consideration of the significant impact of home and community care modernization and Ontario Health Team development work, future updates to assisted living services will be considered with implementation of this broader sector work. The Ministry informed us that following the transitional phase of HCCSS, it will examine opportunities to revise the assessment process for assisted living services clients.

Recommendation 4

To improve the sharing of client assessment information between Home and Community Care Support Services organizations and assisted living agencies, we recommend that the Ministry of Health, in conjunction with Ontario Health:

- *require all assisted living agencies to upload client assessment information into a central repository that includes the entire continuum of care including long-term care services clients receive;*
- *require all Home and Community Care Support Services organizations to enter assessment results into this central repository;*
- *monitor that the central repository contains all clients' assessment information and follow up as needed; and*
- *in the interim, prior to the creation of a central repository, build an interface between all repositories of assessment information, including those used by both assisted living agencies and home care agencies.*

Status: Little or no progress.

Details

In our 2021 audit, we found that assisted living client assessment information was stored in multiple information systems that did not interface with one another—primarily either in the Client Health and

Related Information System or in health service agencies, including assisted living agencies, in a central database called the Integrated Assessment Record (IAR). We noted that only 11 of the 14 health regions used the Client Health and Related Information System for assisted living services eligibility. Furthermore, less than half of assisted living agencies entered their client's assessment results into the IAR database. The Ministry had administered the IAR since its inception in 2009 but transferred it to Ontario Health in September 2021. The lack of centrally stored and complete assessment information prevented HCCSS and assisted living agencies from easily sharing information, which impacted the ability to provide appropriate services to the clients.

In our follow-up, we found that the Ministry's new assisted living services policy, which was finalized in July 2023, stated that assisted living agencies shall use the most appropriate assessment instrument according to the situation/setting, assessor and clients/family. With the consent of the proposed client, this assessment will then be uploaded to the IAR and shared with the other health service providers within the client's circle of care. However, since the new policy had only just been released to the agencies in July 2023, no action had yet been taken to centralize assessments at the time of our follow-up. Moreover, the Ministry informed us that it did not have access to long-term care assessments, but was exploring this area for potential future inclusion.

The Ministry also informed us that while it was examining the possibility of using the IAR as a central repository, no interface had been created and it was in the process of determining the future role of HCCSS. The Ministry indicated HCCSS could potentially be involved in entering assessment results into a central repository in the future.

Recommendation 5

To better serve clients receiving both assisted living services and other health care services, we recommend that Ontario Health:

- *amend service agreements to clarify that assisted living agencies and other service agencies can exchange information, such as the timing and the type of services provided to clients and the condition of a client, when it is necessary to help maintain continuity of care;*

Status: Fully implemented.

Details

In our 2021 audit, we noted that some assisted living agencies were under the impression that they could not freely exchange client health information with home care agencies as their service agreements with the health regions prohibited them from sharing personal health information with other parties. This confusion could lead to inefficient care; for example, staff from both agencies might arrive at a client's home at the same time, and home care nurses might not share insights on a client's condition that could help assisted living agency staff provide better care to the client.

Similar to what was noted in **Recommendation 4** regarding the sharing of assessments, in our follow-up, we found that the new 2023 assisted living services policy stated that with a client's consent, a service provider has the authority to share a client's personal health information for the purposes of providing care. Because the service agreements require that assisted living agencies follow the assisted living policy, the policy update has the effect of enabling agencies to share this information.

- *instruct assisted living agencies and monitor that they maintain ongoing communication with other health service providers, including primary care providers.*

Status: In the process of being implemented by March 2025.

Details

In our 2021 audit, we found that while the 2011 assisted living policy noted that agencies were responsible for ensuring that total care provided to clients was adequate for their needs—including regular and ongoing communication with other agencies and primary care providers—according to our survey of

health regions, only 37% of agencies helped clients arrange medical appointments.

In our follow-up, we found that the Ministry had distributed the new policy to assisted living agencies in July 2023, which indicated their responsibilities regarding ensuring appropriate care was obtained for clients. Ontario Health issued a memorandum to all assisted living agencies in September 2023 to emphasize that the new policy must be adhered to, which is also set out in their service accountability agreements. Ontario Health also informed us that, while it does not have access to client personal health information and so cannot directly monitor internal communications between assisted living agencies and other service providers, it will work with agencies to identify barriers and solutions to communicating with health system partners, including those in primary care. Ontario Health also indicated it will create a performance measurement framework for assisted living agencies that will include enabling communication between assisted living agencies and health service providers. Ontario Health expects to complete these actions by March 2025.

Recommendation 6

To better align the provision of assisted living with other health care services that a client may require, we recommend that the Ministry of Health update the assisted living services policies to clarify that assisted living clients of all population groups can access professional services and outline the pathway to do so.

Status: Fully implemented.

Details

In our 2021 audit, we noted that the Ministry did not clarify in its policies how assisted living services and home care services were to be aligned. As well, the Ministry's 1994 policy described the program for clients with physical disabilities, acquired brain injury or HIV/AIDS, but was not clear on how to co-ordinate assisted living services with these services. Furthermore, the Ministry's 2011 policy stated that "linkages will be co-ordinated for the client," but our work with the seven assisted living agencies we engaged with indicated that these arrangements were not effectively co-ordinated as suggested in the policy. Our audit also found that while agencies are responsible for ensuring total care provided to clients is adequate for their needs, only 37% of the assisted living agencies helped clients arrange medical appointments.

In our follow-up, we found that in December 2021, the Ministry sent a memorandum to all assisted living agencies reminding them of the in-scope services that apply to all providers, and specifically referenced care co-ordination of all elements of client care. The memorandum noted that this included community primary health-care professionals (such as general practitioners, family health teams, geriatric and psychogeriatric practitioners). A similar direction was included in the revised assisted living services policy, which became effective in July 2023, stating that an assisted living agency is expected to work with HCCSS and/or relevant health service providers funded to provide professional services to support continuity of care and progress toward the client's evolving care goals.

Recommendation 7

To help eligible individuals obtain more timely and equitable access to assisted living services and to help plan health services in Ontario, we recommend that Ontario Health, in conjunction with Home and Community Care Support Services:

- *collect and review wait lists to confirm their completeness, including whether the person is waiting for a spot in an assisted living building versus the*

community, as well as the priority of the client as indicated by their needs and length of time on the wait list;

- *track people waiting in hospitals for assisted living separately from supervised living;*
- *publish wait time and wait lists by region; and*
- *work toward developing a central wait list for the whole province.*

Status: Little or no progress.

Details

In our 2021 audit, we found that only 11 of the 14 health regions had full wait-list information while others had allocated this responsibility partially or fully to assisted living agencies. We also found that the wait lists did not distinguish between people waiting for a service spot in an assisted living building or in the broader community. While Ontario Health tracked how long people designated as alternate level of care waited in hospitals before being discharged, it combined assisted living with supervised living, which primarily consisted of group homes. Additionally, while the Ministry expected health regions and agencies to track the priority of the client, agencies did not report this information to the Ministry. We further noted that wait times and unmet demand for assisted living services were not tracked provincially; wait times were not publicly available either on the health region websites or the Ministry's website.

In our follow-up, Ontario Health informed us that, since April 2021, it has been responsible for managing service accountability agreements and overseeing the delivery of services by assisted living agencies, but it does not have the legislative authority to collect and review the patient-level data that would be needed to confirm the completeness of wait lists. Rather, HCCSS and the assisted living agencies have this responsibility and also have access to wait list and related personal health information. Ontario Health informed us that it will meet with the Ministry, HCCSS and service providers to determine future roles and responsibilities, including the review and management of wait

lists, including potentially publishing wait lists by region. Ontario Health also indicated that, with subsequent revisions to the assisted living policy, Ontario Health will support the exploration and development of a centralized database for wait-time and wait-list information.

Ontario Health also informed us that it does not have a means to separately track hospital patients waiting for assisted living separately from supervised living. Ontario Health indicated that this work has been included as part of future data transformation planning and will require technological and process changes and funding to support the separate collection and tracking of these patient data elements.

Equitable Service Provision

Recommendation 8

To improve the consistency and sufficiency of services that assisted living agencies provide to clients, we recommend that the Ministry of Health, in conjunction with Ontario Health:

- *collect and validate information on the number of service hours clients receive in the assisted living services program and in the home care program as well as the corresponding assessment scores, and compare them and re-assess whether the service maximum hours for both programs are still reasonable;*

Status: Little or no progress.

Details

In our 2021 audit, we noted that neither the Ministry nor the health regions had assessed or compared the amount of service home care and assisted living services clients actually received. Moreover, we found that the health regions did not regularly review the information that was available to them for accuracy. Our survey of all 14 health regions noted that only one region had observed the Ministry's policy intention that assisted living clients had higher needs than home care clients; two health regions indicated the opposite; and the other health regions could not say for certain.

We also noted that three of the seven assisted living agencies we visited during the audit did not track the number of hours of home care their clients received, even though the 2011 policy required them to track this to ensure service maximums were not exceeded.

In our follow-up, we found that the newly approved assisted living services policy made it mandatory to report hours of care where it was only optional under prior assisted living policies. The Ministry indicated that it will work with Ontario Health to implement this recommendation. Ontario Health noted that the 2011 and 1994 assisted living services policies that were in effect at the time of our audit did not make it mandatory to report hours of care. The Ministry informed us that now that reporting hours of care is mandatory, this recommendation (involving collecting and validating service hours), can be implemented in about a year. Ontario Health informed us that with the release of the revised policy, Ontario Health will commence the process of amending service agreements that will require compliance with applicable policies, including the new assisted living policy.

- *develop monthly minimum service hour targets for various care levels—for example, based on assessment scores—and update its policies accordingly.*

Status: Little or no progress.

Details

In our 2021 audit, we noted that assisted living clients were not necessarily receiving adequate service hours, health regions did not have common provincial service prioritization guidelines and each region had its own criteria to prioritize which patients would receive home-based assistance. Additionally, we found that the Ministry still had not implemented a recommendation made in June 2017 from an expert panel regarding developing a framework for various care levels.

Further to the above recommendation, the Ministry and Ontario Health indicated that upon obtaining complete service hour data, they will examine the development of monthly minimum service hour targets. Ontario Health informed us that a sub-group

of the Assisted Living Services Working Group that focuses on assisted living services data (data sub-group) will examine available data to determine the preferred manner for collecting and reporting client needs and service hours data.

Recommendation 9

To improve the consistency and sufficiency of services that assisted living agencies provide to clients, we recommend that Ontario Health:

- *update its agreements with assisted living agencies to include monthly minimum service hour targets for various care levels; and*
- *monitor reported service hours against the revised Ministry standards.*

Status: Little or no progress.

Details

In our 2021 audit, we noted that only one health region specified the number of hours agencies should provide to clients in their accountability agreements with agencies. We also noted that the health regions did not regularly review service hour information submitted by assisted living agencies for accuracy and had not analyzed the data to identify variances of service hours across the 14 health regions. We further found that three of the seven assisted living agencies we engaged with during the audit did not track the number of hours of care they provided to clients.

In our follow-up, Ontario Health informed us that now that assisted living agencies will be required to report service hours, that after collecting service hour data, it will develop targets and will include these in the service agreements with agencies.

Recommendation 10

To provide equitable access to assisted living services for those who most need it to live independently, we recommend that Ontario Health, in conjunction with the Ministry of Health:

- *collect data on client needs and service hours, monitor cases where ineligible clients are admitted*

*to assisted living services and clients who receive services above or below the intended level as established in **Recommendation 8**, and require agencies to provide services only to eligible clients, refer ineligible clients to other services and adjust the nature and amount of services provided as needed;*

- *at least annually, collect and analyze data on the assessment scores of assisted living and home care clients to confirm they are commensurate with their health profiles.*

Status: Little or no progress.

Details

In our 2021 audit, we found that the health regions had not assessed whether the assessment scores were matched with appropriate levels of service—that is, whether those who had similar needs were receiving the same type of service and at a similar level of service regardless of where they lived in Ontario. Due to system limitations of the Integrated Assessment Record, we could not determine whether agencies were appropriately admitting clients into assisted living based on their assessment scores, whether agencies were denying services to some individuals or whether home care clients had more capability compared to assisted living clients as per the Ministry’s policy intentions.

In our follow-up, Ontario Health informed us that it does not currently have the legislative authority to obtain assessment scores for assisted living and home care clients and so had not made progress on this recommendation. Ontario Health informed us it will continue working with the Ministry through the data sub-group of the Assisted Living Services Working Group to examine the data elements being collected and identify those that need to be collected for assisted living services. Ontario Health also stated that it will work with the Ministry and HCCSS to determine future roles and responsibilities, and possible revisions to the assisted living services policy, for example, to have HCCSS take on the role of collecting and analyzing this data.

Recommendation 11

To provide more equitable services to all Ontarians who can benefit from assisted living services according to their need, we recommend that the Ministry of Health, in conjunction with Ontario Health:

- monitor that assisted living agencies do not hereafter admit seniors according to criteria outlined in the 1994 policy;

Status: Little or no progress.

Details

In our 2021 audit, we noted that seniors who were already being provided services under the 1994 policy, which applied to target populations of adults with physical disabilities, an acquired brain injury or HIV/AIDS, and also frail or cognitively impaired seniors, were allowed to continue receiving services even if they had fewer needs than those set out in the 2011 policy. However, assisted living agencies reported that 72% of seniors they served were still receiving assisted living services according to the 1994 policy. The Ministry had not yet investigated the extent to which agencies had continued to admit clients based on the less prescriptive 1994 policy eligibility requirements.

In our follow-up, we found that the Ministry was considering electronic controls to disallow new clients to be admitted under the 1994 assisted living policy. The Ministry informed us that the Assisted Living Services Working Group would examine the feasibility of using an information-sharing portal to monitor whether clients were being admitted according to the 1994 policy. Ontario Health issued a memorandum to all assisted living agencies in September 2023, emphasizing that the service agreement requires agencies to adhere to applicable policies, which include the new policy. Ontario Health also noted that agency boards are required to sign a general statement that they have complied with all relevant policies.

- evaluate whether the eligibility criteria for adults with physical disabilities, an acquired brain injury or HIV/AIDS should be updated to include

evidence-based criteria such as capabilities to live independently, similar to the approach resulting in the updated 2011 policy for seniors;

Status: Little or no progress.

Details

In our 2021 audit, we noted that the 1994 policy merely mentioned that the client was required to be 16 years old and that their needs could not be met through scheduled visits. The policy did not mention any capability values showcased in the capability assessment scores. Consequently, some individuals receiving services might have been more capable than those on the wait list for assisted living services who might benefit from the services more.

In our follow-up, the Ministry informed us that it first needs to obtain better data on adults with physical disabilities, an acquired brain injury or HIV/AIDS in order to know how to better understand the unique needs of these populations.

- review and revise exclusion criteria (such as those that do not allow services to be provided to people who reside in retirement homes and those on long-term care wait lists) and local exclusion criteria (such as those restricting eligibility to only those who reside within certain areas of the province) that have been used, considering the impact of these criteria on the broader health care system.

Status: Little or no progress.

Details

In our 2021 audit, we noted that the Ministry's 2011 policy prohibited particular Ontario residents, such as those who resided in retirement homes and those who were on a long-term care wait list, from being eligible for assisted living services. Additionally, the policy indicated that only those living within particular areas of the province might be considered eligible for assisted living services. However, the Ministry had not examined whether these exclusions made economical sense within the context of the whole health system, and whether they were consistent with the principle

of providing equitable services to people who needed these critical services.

In our follow-up, we found that the Ministry's revised assisted living services policy, which became effective in July 2023, allows those on a long-term care wait list to be eligible for services. This change in policy is based on feedback from the Assisted Living Services Working Group, whose view was that it would be beneficial to provide services to this group to allow them to remain safely in their homes while awaiting placement in a long-term care home. However, the exclusion related to those residing in a retirement home remained; the Ministry indicated it was exploring the implications of making such a change. The exclusion regarding those living in certain areas of the province also remained; the Ministry indicated that it was Ontario Health's responsibility to determine which areas of the province to deliver assisted living services. Ontario Health informed us that, now that the new policy has been finalized, it will look at designating geographic areas for assisted living services based on client and community needs using data from the data sub-group of the Assisted Living Services Working Group.

Recommendation 12

To help keep assisted living clients from requiring acute care or premature admission to long-term care, we recommend that Ontario Health include in its agreements with assisted living agencies a requirement to provide homemaking services, consistent with the Ministry of Health's policies.

Status: In the process of being implemented by December 2025.

Details

In our 2021 audit, we noted that although both the 1994 and 2011 policies stated that assisted living services should include homemaking services, these were not available at all assisted living agencies.

In our follow-up, we noted that in the revised assisted living program policy, which became effective in July 2023, agencies continue to be required to

provide homemaking services, similar to the Ministry requirement in the 1994 and 2011 program policies. Ontario Health informed us it was not necessary to revise the service agreements because the current service agreements require that agencies comply with assisted living policies. Ontario Health issued a memorandum to all assisted living agencies in September 2023 reminding them to "review their operational practices in line with the requirements outlined" in the new policy. Ontario Health asserted that it has confirmed with all assisted living agencies that as of October 20, 2023, they understood their contractual obligations to provide homemaking services. Ontario Health will conduct reviews by December 2025 to confirm that assisted living agencies provide homemaking services to clients who need them.

Funding and Health System Planning

Recommendation 13

To best align funding with the future needs of those who will require assistance to live at home and to help ensure more efficient use of funding, we recommend that the Ministry of Health:

- *analyze relevant information, such as wait lists and demographics, to understand current and future expected demand for assisted living, home care and long-term care across the province, and adjust funding for assisted living and home care while taking into account local factors such as marginalized or low-income populations;*

Status: Little or no progress.

Details

In our 2021 audit, we noted that the Ministry had not analyzed available information, such as demographics and wait lists, to help inform its current and future investments in assisted living. Additionally, the Ministry had not assessed whether funding was equitably distributed across the province based on their relative needs for assisted living; for example, some regions might have a higher proportion of individuals with fewer economic means to pay for retirement home

living or have fewer long-term care homes per current and future population of seniors.

In our follow-up, we found that the Ministry, through Ontario Health, provided approximately 3% in additional funding in the 2022/23 fiscal year to assisted living agencies to address the increasing costs of care delivery but has not adjusted assisted living funding levels with respect to local conditions such as demographics and marginalized or low-income populations. The Ministry recognizes that such adjustments may be necessary in the future. However, it has assessed future increases based on population and demographic growth, including in seniors populations and, as a result, increased home care funding by \$117 million in the same year. The increase was based on demographic changes, specifically an aging population, decreased capacity in the long-term care sector and projected demand for post-surgical home-care services, and rising service costs. The Ministry has committed to funding a total of \$1 billion for the three years starting in 2022–23 (this includes the \$117 million referred to above). The Ministry informed us it is proposing additional annual funding for an assisted living services expansion, beginning in the 2023/24 fiscal year.

- *request Ontario Health review local information, such as local wait lists and demographics, and reallocate funding across the continuum of care over all regions based on demonstrated need;*

Status: Little or no progress.

Details

In our 2021 audit, we found that while the Ministry was making adjustments to reallocate funding to health regions to account for future populations and marginalized and low-income populations, funding for assisted living services at that time was not reflective of local needs, such as those quantified in wait lists.

In our follow-up, the Ministry indicated that it will work with Ontario Health to implement this recommendation. Ontario Health informed us that wait list and demographic information needed was not yet available, and it had not reallocated funding across the continuum of care as suggested in our recommendation. However, as part of its involvement in the data

sub-group of the Assisted Living Services Working Group, it was reviewing data that has been obtained through a survey of assisted living agencies in April 2023 that was focused on wait-listing processes and digital tools.

- *work with Ontario Health to analyze agency funding on a per client or per hour basis periodically and investigate anomalies;*

Status: Little or no progress.

Details

In our 2021 audit, we noted that health regions did not investigate whether agencies were justified in having varied funding per client. As such, they could not determine whether these variances reflect under-funded service agencies that had clients with higher needs or over-funded service agencies that had clients with lower needs. We noted that agencies spent \$18,100 per client on average but as low as \$1,151 and as high as \$228,393 in 2020–21.

In our follow-up, the Ministry indicated that it will work with Ontario Health to implement this recommendation. Ontario Health informed us that, as noted in **Recommendation 8**, it expected that reporting hours of care would be made mandatory in the 2024/25 fiscal year, and at that point work could be initiated to analyze funding per client or per hour.

- *review and update all assisted living policies accordingly.*

Status: Fully implemented.

Details

In our 2021 audit, we noted that the Ministry stated in the 2011 policy that the policy would be reviewed no later than 36 months after its effective date, but it had not reviewed it since the last update in 2012.

In our follow-up, we found that the Ministry had updated the assisted living policies in July 2023 to include changes such as better clarification that the policy allowed assisted living agencies to provide services to clients in the community—that is, outside assisted living services buildings— and to those with physical disabilities, acquired brain injuries or HIV/

AIDS, as well as clearer descriptions on how to share information amongst different care providers to help improve client care.

Recommendation 14

To help provide better co-ordinated care for clients who are eligible for assisted living services and may also receive other similar services such as home care, para-medical services and attendant outreach services, we recommend that the Ministry of Health, in conjunction with other relevant ministries such as the Ministry of Children, Community and Social Services and the Ministry for Seniors and Accessibility:

- *identify any duplication of services offered to clients with similar need profiles, and develop a plan to merge or streamline the offering of similar in-home services;*

Status: In the process of being implemented by March 2025.

Details

In our 2021 audit, we noted that the Ministry did not collaborate with other Ministry programs or the Ministry of Children, Community and Social Services to determine if the services it provided were equitably available to all Ontario residents and not duplicative. The assisted living services program is one of several provincially funded programs that help support independent living for seniors and for adults with physical disabilities, an acquired brain injury or HIV/AIDS.

In our follow-up, we found that the Ministry was reviewing screening tools from different ministries' programs in an attempt to determine whether they are serving clients with the same attributes; the ultimate goal is to improve service co-ordination to assisted living clients. The Ministry indicated it was planning to fully implement this recommendation by March 2025.

- *improve clients' experiences accessing various services they may be eligible for in their communities, such as through co-ordinating care through Home and Community Care Support Services*

organizations and providing up-to-date information on service offerings to primary-care providers.

Status: Fully implemented.

Details

In our 2021 audit, we noted that the Ministry had not examined the benefits of centralizing care co-ordination with the health regions to deliver various services more efficiently. Provincial Geriatrics Leadership Ontario, an organization that works to improve processes to co-ordinate clinical geriatric services provided by clinicians of a variety of health disciplines, noted that there was no single source from which to obtain all the services an older adult with complex health conditions might require.

In our follow-up, we found that the new assisted living services policy, effective in July 2023, included direction to assisted living agencies to implement this recommendation. Specifically, it stated that if a client receiving assisted living services requires professional or other home and community care services outside of the assisted living services program, the assisted living agency is responsible for referring the client to HCCSS to determine eligibility for services, and then co-ordinate those services and/or provide the client with applicable community resources. The policy also states agencies are required to connect clients with programs beyond the scope of assisted living services "where it is identified that a client could benefit from these services (e.g., Community Paramedicine) and ensure the services are coordinated efficiently."

Recommendation 15

To strengthen assisted living services' role in helping clients improve their quality of life while living in the community, and lowering the overall costs to the health care system, we recommend that the Ministry of Health, in conjunction with Ontario Health:

- *identify what data is relevant to measure the performance of the assisted living program (including the break-even point between assisted living and long-term care, and gaps in availability);*

- *collect and evaluate this data on an annual basis; and*
- *use the results to inform how it funds and operates the program going forward.*

Status: Little or no progress.

Details

In our 2021 audit, we noted that the Ministry had not assessed whether assisted living services were being used strategically across Ontario to maximize the program's benefits. For example, the Ministry had not determined the maximum amount of assisted living services—as well as the professional services provided under home care—that could be provided and still be less expensive than long-term care. Moreover, the Ministry did not know where services were most and least available, and how that affected demand for other services. We also noted that assisted living and home care serve similar clients in similar settings, offer similar services, share similar goals, and are governed under the same legislation. Combining them and offering them centrally could potentially improve a client's experience.

In our follow-up, the Ministry indicated it was working with Ontario Health to implement this recommendation. We noted that the new assisted living services policy required Ontario Health to work collaboratively with assisted living agencies to develop a performance measurement framework relating to assisted living services, subject to Ministry approval. The policy also requires both Ontario Health and assisted living agencies to report on outcomes. However, little progress on this recommendation had otherwise been made. For example, the Ministry had not yet identified what data was relevant to measure performance. Ontario Health informed us that now that the revised assisted living policy has been released, the data sub-group of the Assisted Living Services Working Group will review the objectives and performance measures of assisted living agencies, and work with system partners to develop the necessary workflows to obtain and monitor the required data to support performance measurement, which could potentially be used to inform funding.

Recommendation 16

To help ensure adults with physical disabilities, an acquired brain injury or HIV/AIDS receive quality assisted living services, we recommend that the Ministry of Health:

- *obtain trend data on the number of people in Ontario living with physical disabilities, an acquired brain injury or HIV/AIDS to inform planning decisions;*

Status: Little or no progress.

Details

In our 2021 audit, we noted that the Ministry introduced its policy for non-senior groups, including adults with physical disabilities, an acquired brain injury or HIV/AIDS, in 1994 and had not assessed whether it still met the needs of these population groups 27 years later. We also found that the Ministry had not examined whether there were any changes to the number of Ontarians living with these health conditions, which might have warranted changes to the funding and services that individuals in these population groups might have required. The Ministry informed us that Ontario Health is responsible for assessing changes to the number of people living with physical disabilities, an acquired brain injury or HIV/AIDS.

In our follow-up, the Ministry indicated it was working with Ontario Health to implement this recommendation. Ontario Health informed us that it had identified some potential data sources for the number of Ontarians with acquired brain injury and HIV/AIDS, but it needed to fully identify data sources to properly represent the number of people with these conditions. As well, for the number of people with physical disabilities, Ontario Health had not identified reliable data sources but was reviewing potential sources such as data from HCCSS. Ontario Health informed us that it will continue to work toward identifying data sources that will support the development of a province-wide repository of standardized data. It further indicated that, when finalized, the data will allow for trending across all populations identified in the assisted living services policy, and will inform provincial planning and decision-making.

- *clarify whether assisted living services should be expanded into the community beyond designated assisted living buildings;*

Status: Fully implemented.

Details

In our 2021 audit, we noted that the Ministry had not clarified whether assisted living services could be provided to adults with physical disabilities, an acquired brain injury or HIV/AIDS outside of designated buildings and in the broader community—that is, in clients' homes—instead. The 1994 policy makes no mention of home-based services beyond the confines of a building, and stakeholder groups had mentioned that such services were typically only available in buildings and not commonly offered in the community.

In our follow-up, we found that the Ministry had replaced the 1994 and 2011 policies with one overall policy finalized in July 2023; this policy indicated that assisted living services for all client groups could be provided in the community beyond a designated assisted living services building, as long as the clients did not reside in a long-term care home or a retirement home. It states that client groups include those with physical disabilities, an acquired brain injury or HIV/AIDS.

- *further to Recommendation 11 on updating the 1994 policy, and with input from relevant experts, identify appropriate outcome targets to help measure the effectiveness of assisted living services; and*
- *work with Ontario Health to require all assisted living agencies measure and report on outcome data, including reductions of emergency room visits or delayed admissions to long-term care.*

Status: Little or no progress.

Details

In our 2021 audit, we noted that the Ministry had neither obtained nor analyzed outcome data from all assisted living agencies on the reduction of emergency

room visits or delayed admission to long-term care, or used the data some health regions collected to determine the effectiveness of assisted living agencies in this.

In our follow-up, the Ministry indicated that it was working with Ontario Health to implement this recommendation. Ontario Health indicated that it had yet to identify experts to help with its development of outcome targets and so could not start to measure the effectiveness of assisted living services. As a result, the Ministry was not in a position to require assisted living agencies to report on such measures.

Agreements with and Oversight of Assisted Living Agencies

Recommendation 17

To obtain the best value for money for assisted living services, we recommend that the Ministry of Health monitor that Ontario Health Teams provide competitively acquired assisted living services to clients.

Status: Little or no progress.

Details

In our 2021 audit, we noted that the Ministry had not investigated the potential to competitively procure assisted living services. Ontario Health could do little to improve the cost-effectiveness of the funds paid to assisted living agencies without competitively acquiring services. As well, the Ministry informed us that Ontario Health Teams were at the early stages of implementation, but they were built on the model of various health service agencies collectively determining how to best deliver services to a particular community with no assurance that the Teams would be delivering services at a competitive price.

In our follow-up, the Ministry informed us that Ontario Health Teams were not yet in a position to competitively acquire assisted living services since they were still moving toward a mature state and not fully in place in all parts of the province.

Recommendation 18

To obtain the highest quality of services for the Ontarians who rely on assisted living services and maximize the value obtained from this funding, we recommend that Ontario Health:

- perform periodic risk-based audits on assisted living agencies to verify whether they complied with assisted living policy requirements such as developing a service plan for each client and updating it regularly, and providing assisted living services only to clients whose capability assessment scores met eligibility requirements;

Status: Little or no progress.

Details

In our 2021 audit, we noted that health regions had conducted some site visits, and on rare occasions conducted further steps to monitor the performance of assisted living agencies, such as performing or commissioning an operational review. However, the scope of these activities did not include aspects of service delivery. Moreover, our review of a sample of clients at the seven agencies we engaged with during the audit indicated that all the agencies developed service plans for their clients but two did not include the number of hours of service to be provided in the service plans, making it difficult for us to determine what level of care they had assessed for the client. Also, of the agencies that served seniors, only one had support to show that it reviewed the service plans quarterly, as required by the 2011 Ministry policy.

In our follow-up, Ontario Health informed us that the Assisted Living Services Working Group will collaborate with the Ministry to include risk-based audits in future policy updates. The Ministry indicated that work on this recommendation is planned for 2024, when further changes are being considered for the assisted living services policy that potentially will have an impact on service agreements.

- update the standard accountability agreement with assisted living agencies to use across the province

to include the requirement to report data including time spent on providing care, Home and Community Care Support Services referral acceptance rate, and missed visits.

Status: Little or no progress.

Details

In our 2021 audit, we found that the accountability agreements between the health regions and the assisted living agencies did not require agencies to report key information that would allow health regions to appropriately oversee that agencies provide quality care to clients or operate efficiently. Specifically, the agreements did not hold agencies accountable to the health regions for the time spent providing care, the rate at which agencies accept clients referred by HCCSS or the frequency of missed visits.

In our follow-up, we found that while the new assisted living policy did require agencies to report hours of care provided, it did not require the reporting of HCCSS referral acceptance rates and missed visits. Ontario Health informed us that the Assisted Living Services Working Group will collaborate with the Ministry to explore options to include referral acceptance rates and missed visits into a performance framework.

Recommendation 19

To improve the quality and consistency of assisted living services provided to clients, we recommend that the Ministry of Health establish standards for staff-to-client ratios (considering the level of client needs) and for direct-care staff qualifications (including minimum initial and ongoing training), and monitor that Ontario Health update the accountability agreements accordingly.

Status: Little or no progress.

Details

In our 2021 audit, we noted the Ministry was not involved in setting minimum staff-to-client ratios for assisted living agencies and agreements between the health regions, and agencies did not require this either. Our audit work of assisted living agencies indicated

that each direct-care staff could be helping anywhere from seven clients during the day to 46 at night for unscheduled visits. We also found that the accountability agreements between Ontario Health and the assisted living agencies did not require agencies to report key information that would allow Ontario Health to appropriately oversee that agencies provide quality care to clients or operate efficiently.

In our follow-up, we found that the Ministry's new assisted living services policy stated that all assisted living agencies "will work with Ontario Health Regions to agree on appropriate staff to-client ratios that meet the needs of the population they serve, satisfy any local by-laws and maintain the efficiency of the system." The policy also states that all assisted living agencies should have a plan that ensures appropriate training for staff, including training on processes when there are changes in client needs, emergency situation processes, and health and safety processes, including infection prevention and control processes. However, at the time of our audit, the staff-to-client ratios had not yet been established or reflected in service agreements. The Ministry informed us that it will continue examining the feasibility of implementing this recommendation, which includes engaging with the Assisted Living Services Working Group and assisted living agencies.

Complaint Process and Escalation

Recommendation 20

To better inform the public and to confirm that assisted living clients' complaints and concerns are resolved appropriately by the assisted living agencies, we recommend that Ministry of Health establish clear pathways for clients to raise complaints with an entity that has the authority to resolve them, and that is independent of the assisted living agency, such as Ontario Health or the Patient Ombudsman, and monitor accordingly.

Status: Fully implemented.

Details

In our 2021 audit, we noted that assisted living services, including those offered in buildings and in the community, had some of the weakest complaint

oversight among all services provided to vulnerable adults. Ontario Health had indicated that assisted living agencies were responsible for addressing complaints made about their services and that it was not responsible for providing an escalation process for these agencies. We also found that little third-party oversight was provided to verify that the complaint resolution process was fair, such as from the Patient Ombudsman or Ontario Health.

In our follow-up, we found that a regulatory change was made in March 2022, under the *Connecting Care Act, 2019*, to include steps that an agency must follow after receiving certain types of complaints that include allegations of abuse or neglect or a decision that a client is not eligible. Further, a regulatory change, also in March 2022, under the *Excellent Care for All Act, 2010*, expanded the scope of the Patient Ombudsman to include clients of assisted living agencies. The Ministry also included information on how to make such complaints on its website.

Recommendation 21

To protect assisted living clients from harm and poor-quality services, we recommend that Ontario Health:

- *define serious incidents and include the reporting of them as a requirement in the accountability agreements with assisted living agencies;*

Status: In the process of being implemented by April 2025.

Details

In our 2021 audit, we found that only two health regions required assisted living agencies to report serious incidents to them, as outlined in their accountability agreements with the agencies. These health regions, however, did not define what constitutes a serious incident or provide examples of such. For the agencies we engaged with, in 2019–20 and 2020–21, no such incidents were reported to their health regions.

In our follow-up, we found that Ontario Health plans to incorporate the inclusion of high-risk events in the next amendment cycle for service accountability agreements with all assisted living agencies across

Ontario, which is scheduled for April 2025. The agreement will encompass agency reporting requirements for defined serious incidents in accordance with the concurrent development of the complaints and appeals process by an Ontario Health working group that supports the implementation of the 2023 assisted living policy changes.

- *develop a standard format of complaints log, require assisted living agencies to document all information in the log, and track and monitor this information fully;*

Status: In the process of being implemented by March 2025.

Details

In our 2021 audit, we found that, depending on the health region, the level of detail recorded in the complaint logs varied significantly. For example, one region included the nature of the complaint, the agency involved, a description of the issue, any action taken, a contact at the health region and the outcome, while another region provided very little and, in some cases, no detail about the complaints. For over 20% of the entries, the logs did not contain sufficient information for us to understand the nature of the complaint and so we could not categorize them.

In our follow-up, Ontario Health informed us that the data sub-group of the Assisted Living Services Working Group had initially explored various data aspects to determine a standardized format for the complaint log, but subsequently determined that each assisted living agency has historically been monitoring complaints independently as an operational matter. Ontario Health therefore revised its approach to support assisted living agencies in implementing the 2023 assisted living policy changes, which include requirements for agencies to inform clients about the complaints and appeal process. The working group intends to develop a work plan outlining the deliverable of assisting agencies to implement policy changes, with a target completion date by March 2025.

- *follow up, on a timely basis, with assisted living agencies to confirm each complaint is appropriately*

*resolved or refer the cases to an appropriate third party as noted in **Recommendation 20**.*

Status: In the process of being implemented by March 2025.

Details

In our 2021 audit, our review of a sample of complaints indicated that health regions did not consider themselves to be responsible for a thorough complaint investigation process. We also found that, in some cases, health region staff could not provide us with enough information to provide a clear understanding of what had occurred and whether the health region's follow-up was adequate.

In our follow-up, Ontario Health informed us that it has established a working group to support assisted living agencies in implementing the 2023 assisted living policy changes, which include requirements for agencies to inform clients about the complaints and appeal process. The working group intends to develop a work plan outlining the deliverable of confirming that agencies resolve complaints on a timely basis, with a target completion date by March 2025.

Recommendation 22

To protect assisted living clients from harm and poor-quality services, we recommend that the Ministry of Health, through regulation under the Connecting People to Home and Community Care Act, 2020, develop appropriate processes whereby assisted living services clients can appeal each type of complaint, including those related to quality of care, that they do not believe were appropriately resolved.

Status: Fully implemented.

Details

In our 2021 audit, we noted that the *Connecting People to Home and Community Care Act, 2020*, did not contain any independent appeal model for complaints relating to quality of services.

In our follow-up, as noted in **Recommendation 20**, we found that a regulatory change was made in March 2020 under the *Excellent Care for All Act, 2010*, to enable clients to appeal all complaints to the Patient

Ombudsman, including complaints that relate to quality of care.

Agency-Operated Assisted Living Buildings

Recommendation 23

To protect vulnerable adults living in assisted living buildings from the risk of financial exploitation and fire, we recommend that the Ministry of Health, in conjunction with Ontario Health:

- *update the inventory of assisted living buildings that was compiled for this audit and include other relevant information, including the characteristics of services provided to clients in those buildings;*

Status: Fully implemented.

Details

In our 2021 audit, we noted that neither the Ministry nor many health regions had information on the location of assisted living buildings where the agency that provided care services to clients was also the clients' landlord. In addition, when we requested information on agency-operated assisted living buildings from the health regions, four of the 14 regions were not aware of which assisted living services were delivered in agency-operated buildings and had to obtain this information from their assisted living agencies at our request.

In our follow-up, the Ministry indicated that Ontario Health was responsible for collecting the data required to implement this recommendation. As of September 2023, Ontario Health has an updated inventory of assisted living buildings for each health region that includes the type of services available to clients in those buildings.

- *develop mechanisms to segregate the provision of services from landlord responsibilities, such as competitively procuring services from another agency;*

Status: Little or no progress.

Details

In our 2021 audit, we noted that the Ministry's 1994 policy suggested that, as much as possible, service delivery should not include housing management since it helps in "striking a power balance between consumer and service provider." We further noted that the Ministry had not sought to competitively acquire services for the tenants of buildings from another agency unrelated to the landlord.

In our follow-up, we found that the new assisted living services policy acknowledges the importance of segregation. It states that Ontario Health should favour as much as possible initiatives proposed by assisted living agencies where the agency is not also the provider of the accommodation. In situations where the assisted living agency is also the owner of the building in which the client lives, it is the responsibility of the agency to ensure that the client understands that issues or complaints related to their health-care services will not impact on their housing security and, likewise, issues or complaints about their landlord will not impact on the care they receive, subject to lawful action that may be taken by the landlord. However, the policy does not otherwise outline any mechanisms to segregate services and landlords. Given that assisted living agencies are engaged on an indefinite term basis without being re-procured, Ontario Health does not have an obvious opportunity to make changes to these arrangements to segregate service providers from landlords. Ontario Health did not yet have any examples of situations where it had successfully segregated the services from a landlord. The Ministry informed us that it will engage with the Assisted Living Services Working Group on potential actions that can be taken to ensure safeguards are in place to protect assisted living clients who reside in buildings where the housing and services are linked.

- *monitor whether assisted living agencies charge for other provincially funded services, including personal support and/or homemaking services, and take corrective actions where non-compliances are noted;*

Status: In the process of being implemented by December 2024.

Details

In our 2021 audit, we found that the Ministry did not have any information on whether assisted living agencies were charging clients for personal support services or homemaking services. The charging of personal support services violates the *Home Care and Community Services Act, 1994*; the assisted living agency is funded to provide homemaking services based on assessed needs. As well, some agencies were charging clients for medication management services even though the service was provincially funded. The health regions did not establish any process to prevent such agencies from billing clients for publicly funded services, for example, by requiring agencies to obtain a special-purpose auditor opinion that confirms that clients are not billed for care services that have also been paid for through the public purse.

In our follow-up, we found that the new assisted living services policy finalized in July 2023 had more specific provisions prohibiting clients being charged for services, and also stated that if an assisted living agency charges a client for additional scheduled services and/or non-essential services other than the assisted living services set out in the client's care plan, the agency is required to clearly itemize their charges on an invoice provided to the client that demonstrates the charges are not for eligible assisted living services. The Ministry informed us that it would work with Ontario Health through the Assisted Living Services Working Group to establish mechanisms to monitor compliance with provisions of the new policy, to be completed by December 2024.

- *identify which assisted living buildings should be considered as care occupancy under the Fire Protection and Prevention Act, 1997 and share the listing with the Office of the Fire Marshal for enforcement of the Fire Code.*

Status: Fully implemented.

Details

In our 2021 audit, we noted that only 59 or 13% of the 449 assisted living buildings were classified as “care occupancies.” Assisted living buildings that a local fire department determines fall under the “care occupancy”

classification are required to adhere to additional fire safety requirements because of the enhanced risk that fire poses to certain vulnerable populations. Fire Code requirements that apply to buildings containing care occupancies are more stringent than those that apply to buildings containing only residential occupancies.

In our follow-up, the Ministry informed us that since our report was released in 2021, it had discussed the recommendation further with the Office of the Fire Marshal, which advised that it is the responsibility of the building owner/operator to comply with the Fire Code and that the Ministry should not be involved in identifying which assisted living buildings should be considered as care occupancies under the Act. The building owners/operators are therefore required to be aware of their building's occupancies classification and comply with the applicable requirements. The Ministry noted that under the Fire Code, it is the role of the Chief Fire Official to classify the building or part thereof in accordance with its major occupancy. When assistance is needed by the building owner/operator with classifying the building's major occupancy, it is recommended that they work collaboratively with their local fire department, which is the authority responsible for fire safety enforcement in their jurisdiction.

The Ministry had sent a memorandum to all assisted living agencies in December 2021, reminding those who are also landlords of buildings that meet the definition of care occupancy in the Fire Code to comply with these regulatory requirements. Further, the assisted living agency boards are required to declare compliance with requirements set out in the service agreement and relevant legislation on an annual basis, which would help affirm the agencies' compliance with the Fire Code and other legislation.

Recommendation 24

To provide assisted living clients with protection against infection from COVID-19 and future infectious disease outbreaks, we recommend that the Ministry of Health, in conjunction with Ontario Health:

- *identify aspects of assisted living buildings that require oversight, including infection prevention*

and control, care standards and safety, and work with other partners, such as public health units, to conduct regular, risk-based inspections;

Status: Little or no progress.

Details

In our 2021 audit, we found that public health units had little involvement with assisted living buildings, despite some requirements to inspect and ensure safe premises in these buildings. We contacted a sample of public health units; they informed us that they respond to outbreaks but do not perform any proactive infection prevention and control inspections.

In our follow-up, the Ministry informed us that it will continue to work with Ontario Health to examine opportunities to strengthen risk-based inspections, including the development of an inspection protocol to ensure assisted living agencies comply with infection prevention and control as well as care standards and safety.

- *work with the Ministry for Seniors and Accessibility to share the listing of assisted living buildings with the Retirement Homes Regulatory Authority such that buildings that meet the conditions in the Retirement Homes Act, 2010 are regulated as retirement homes.*

Status: Fully implemented.

Details

In our 2021 audit, we noted that the Ministry had not shared the list of buildings where assisted living services were provided with the Retirement Homes Regulatory Authority. We confirmed with the Authority that during the course of our audit, it had found one such assisted living building that appeared to meet the definition of a retirement home under the *Retirement Homes Act, 2010* and that the Authority was in the process of working with that building owner to ensure that it was in compliance with the Act.

In our follow-up, we found that in January 2023, the Ministry provided the Ministry for Seniors and Accessibility a summary list of assisted living agencies, including addresses as well as whether the building was owner-operated. The Ministry for Seniors and Accessibility in turn shared this with the Retirement Homes Regulatory Authority.