1/ What is the Wait at Home Program? Also known as the Home First Program.

Answer

In a January 9, 2013 Memorandum to the LHIN CEO’s from the Ministry of Health and Long Term Care it states “The ministry continues to receive a number of complaints regarding THE HOME FIRST PROGRAM. This memorandum is intended to clarify that Home First is a philosophy; it is not a program with defined parameters and hours of LHIN/CCAC services from which one is discharged after a specified period of time.”

2/ When can a patient be discharged from a hospital?

Answer

Patients can only be discharged once the attending physician or other attending health care professional has determined that the patient is no longer in need of treatment in hospital.

3/ Who develops the discharge from hospital plan?

Answer

The development of the discharge plan with the hospital discharge planner/LHIN/CCAC case manager must be in collaboration with the patient/family/substitute decision-maker. There are no pre-determined destinations that a patient must accept, such as a retirement home, Long Term Care Home or their home. The Home First philosophy must comply with admission requirements set out in the Long-Term Care Homes Act, 2007 (LTCHA). While going home with the necessary community supports and taking time to understand the implications of a move to a LTC home provides elderly patients and their families with more time to consider options, this is not a requirement. Patients can apply to a LHIN/CCAC placement coordinator for admission to a LTC home while in a hospital bed.
4/ How much home care service can be received?

Answer

The maximum amount of homemaking and personal support services that can be provided by LHIN/CCAC’s in a person’s residence is 120 hours, in the first 30 days of service, and 90 hours, in any subsequent 30-day period. However, if a LHIN/CCAC case manager determines as part of a client’s assessment that there are extraordinary circumstances that would justify the provision of additional services, the LHIN/CCAC may provide more than the maximum amount of homemaking and personal support services to a:

- Person who is in the last stages of life (no time limit)
- Person who is currently on a LHIN/CCAC waiting list for admission to a LTC home (no time limit)
- Any other person for up to 90 days in any 12 month period.

REF; Questions 1-4, Ministry of Health and Long Term Care, Jan 9, 2013, Memorandum to: LHIN CEO’s from: Catherine Brown Assistant Deputy Minister HLTC29801T-2012-1012

5/ Is Wait at Home/Home First a mandatory program?

Answer

“Wait at Home/Home First” is not a mandatory program. Not all patients can safely be discharged home to await placement, even with extra services. If the person is eligible for long term care, they can wait in hospital if they decide it is not safe to return to the community.

6/ Do I have to be on a Wait at Home or Home First Program before I can apply for Long Term care?

Answer

“Wait at Home/Home First” does not replace an application to long term care. You cannot be required to go home on “Wait at Home/Home First” before starting your application for long term care. Patients should apply for long term care while in hospital while concurrently considering “Wait at Home/Home First”
7/ Does Wait at Home or Home First mean home?

Answer

“Wait at Home/Home First” may not mean home. In some instances, the recommendation may be for the person to reside in a retirement home instead of returning to their actual home. No one can force you to go to a retirement home. It is important to understand that retirement homes are tenancies which provide care: they are not health facilities. You pay for everything you receive from a retirement home, from accommodation to nursing services and food. In contrast, in a long term care home you only pay for accommodation; everything else is paid by the Ministry of Health and Long Term Care.

8/ Why am I on the crisis designation?

Answer

In some cases, LHIN/CCAC’s will designate persons on “Wait at Home/Home First” to be “crisis”, which means they will go into Category 1 on the wait list for long term care. Category 1 means that a person may, but is not required to, apply to more than the normal maximum of five long term care homes. If a person is ‘crisis”, this means that they require immediate admission as a result of their condition or circumstances. One questions the wisdom of taking someone from a hospital where they are safe and putting them into a situation which is, by definition, unsafe. Such decisions should not be made lightly. Many people will agree to this as a way of bypassing otherwise lengthy wait lists. In fact, in some areas it is almost impossible to get into some homes unless one is on the crisis list. This is a systemic issue which should be resolved in a way that does not put people’s health in jeopardy.


9/ Does being on the crisis list require me to accept any bed?

Answer

Placement from the crisis list does not require you to accept any bed or the first available bed that comes up. Being put on the crisis list by the LHIN/CCAC means that you can: (a) can choose more than five (5) homes if you like; and (b) go to the top of the waiting list for the Homes of your choice. However, placement from the crisis list is on the basis of need and not by date placed on the crisis list.
10/ Do I have to choose “LTC homes with short waiting list”?

Answer

You do not have to choose from “homes with short waiting list” or ‘available beds” when applying for long term care from hospital. However, you do need to be aware that while waiting in hospital you are in the same general as those who are waiting in the community.

11/ What is the ALC Copayment?

Answer

In most cases, the hospital is entitled to charge you the Chronic Care Copayment, also known as the ALC Copayment, once you are ready to be discharged to long term care but can’t because you have to wait for a bed. This is a rate similar to that which you would pay for basic accommodation in long term care.

Ref; Question 9-11, Document, Tips and Traps When Dealing With Long-Term Care, Jane E. Meadus, Institutional Advocate, Advocacy Centre for the Elderly.

12/ Can the LHIN/CCAC refuse to determine eligibility or take an application?

Answer

LHIN/CCAC Staff cannot refuse to take an application to determine eligibility for placement. The legislation is clear that the LHIN/CCAC placement coordinator must take an application and determine eligibility upon request. For example, the LHIN/CCAC cannot require a person to return home or comply with hospital policies before an application will be accepted.

13/ Can the LHIN/CCAC refuse to accept LTC choices or changes?

Answer

The person or substitute decision maker not only has the right to choose the LTC homes to which they want to apply, but they can also amend choices or withdraw consent to this list at any time prior to a bed offer being made. The right to withdraw consent or to change choices is absolute. The law does not allow the placement coordinator to restrict the person’s choices to LTC.

Ref; Question 12, 13, Document, Discharge From Hospital to Long-Term Care: Issues in Ontario, Jane E. Meadus, Institutional Advocate, Advocacy Centre for the Elderly February 2014
14/ What happens if I refuse a LTC bed?

Answer

The LHIN/CCAC placement coordinator will remove the applicant from every waiting list.

An applicant who is removed from a waiting list and who subsequently wishes to seek re-admission to a long term care home from the community must make a new application, but cannot do so any earlier than 12 weeks after the day the applicant was removed from the waiting list.

However, if there has been deterioration in the applicant’s condition or circumstances then the person can reapply more quickly.

Ref; Long Term Care Act, 2007, Regulation 167 (1) (4)

15/ Where to make complaints?

Answer

The Ministry of Health and Long Term Care
Local Health Integration Network (LHIN)