Ministry of Health and Long-Term Care

Community-based Services

Follow-up to VFM Section 3.07, *2004 Annual Report*

Background

The Ministry of Health and Long-Term Care (Ministry) provides transfer payments to 42 Community Care Access Centres (CCACs) and to approximately 850 community support service (CSS) agencies that provide professional, homemaking, and personal support services at home for people who would otherwise need to go to, or stay longer in, hospitals or long-term-care facilities, and to assist frail elderly people and people with disabilities to live as independently as possible in their own homes. In the 2003/04 fiscal year, the Ministry provided approximately $1.6 billion in funding ($1.9 billion in the 2005/06 fiscal year), allocated as shown in Figure 1.
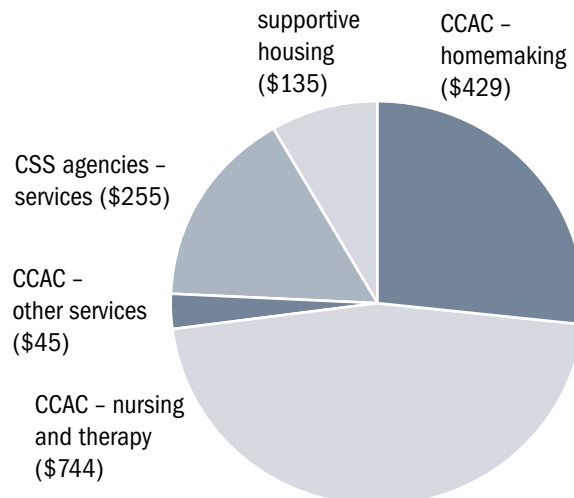
In our *2004 Annual Report*, we acknowledged that the Ministry was in the process of implementing a number of initiatives to better ensure that CCACs and CSS agencies were meeting the Ministry's expectations in a cost-effective manner; nevertheless, we noted a number of concerns that mirrored concerns we had previously raised in our *1998 Annual Report*. These included the need for a funding formula that more fully allocates funds based on assessed needs; measures to demonstrate that clients are in fact receiving quality care; and an information system to collect client-level service

and costing data. In particular, we found the following:

- The formula used by the Ministry to determine the level of funding to be provided to CCACs and CSS agencies still did not assess the need for services or ensure equitable province-wide access to services. An independent review concluded that this resulted in some CCACs receiving significantly less money than they would have received if service levels were being applied consistently throughout Ontario.

Figure 1: Community-based Services Expenditures, 2003/04 ($ million)

Source of data: Ministry of Health and Long-Term Care

supportive housing ($135)
CCAC – homemaking ($429)
CSS agencies – services ($255)
CCAC – other services ($45)
CCAC – nursing and therapy ($744)

- From 2001/02 to 2002/03, when funding provided to CCACs was frozen at 2000/01 levels, the number of nursing visits decreased by 22% and the number of homemaking hours decreased by 30%. The Ministry had not assessed the impact of such a significant decrease on recipients or on other parts of the health-care system.

- The Ministry had not yet developed service standards to determine whether community-based services were being provided at expected levels and in a consistent, equitable, and cost-effective manner across the province.

- The Ministry needed to expand its efforts to assess the quality of the care being provided to service recipients and to determine whether legislation and ministry requirements were being complied with.

- The Ministry acknowledged in 1998 that the development of a new information system was a high priority. While some progress had been made, the information needed to effectively monitor and manage community-based services was not yet available.

We made a number of recommendations for improvement and received commitments from the Ministry that it would take action to address our concerns.

Current Status of Recommendations

At the time of our follow-up, the Ministry of Health and Long-Term Care had initiated a process to reorganize the 42 Community Care Access Centres (CCACs) into 14 CCACs whose boundaries are aligned with the 14 Local Health Integration Networks, which will assume oversight responsibility for CCACs. The realignment is expected to be completed by January 2007 and may impact the

future implementation of some of our recommendations. We nevertheless obtained information from the Ministry between March and June 2006 as to the current status of our recommendations, and, according to this information, some progress has been made in addressing almost all of the recommendations in our *2004 Annual Report*. The current status of our recommendations is as follows.

PROGRAM FUNDING

Funding Based on Identified Needs

Recommendation

To help ensure that people with similar needs living in different areas of the province have equitable access to a similar level of community-based services, the Ministry should ensure that:

- *funding is allocated based on assessed need, using current data; and*

- *the formula for allocating regional funding to Community Care Access Centres and to community support service agencies takes into account the need for different types of services.*

Current Status

The Ministry indicated that a Funding and Budget Planning Committee for Community Care Access Centres had been established in March 2004. The Committee oversees the allocation of new funds, monitors the impact of funding allocations, and reviews and plans for improvements in the funding formula. In addition, four criteria for assessing need were used to reallocate funds from Community Care Access Centres with surpluses to those with deficits, for the fiscal years ending March 31, 2005, and March 31, 2006. The criteria were the extent to which nursing and personal support workers are used; the cost per visit for nursing and personal support workers; the percentage of the budget assigned to direct service care; and the percentage increase in new funding for the 2005/06 fiscal year.

The Ministry also indicated that funding to expand community support services was allocated based on a formula that takes into consideration population and geography, which the Ministry believes adequately reflects the needs of the people in the area.

Cost Containment Measures—CCACs

Recommendation

To help ensure that the impact of any future cost containment or enhancement strategies employed by Community Care Access Centres can be assessed, the Ministry should:

- *monitor the extent of significant changes in services provided to individuals to ensure that the changes are being made in accordance with legislation and ministry guidelines; and*
- *formally evaluate the impact of significant cost containment initiatives on service recipients and on other parts of the health-care system.*

Current Status

The Ministry indicated that one significant change was an increase in the number of individuals receiving home care services, brought about by additional funding provided to Community Care Access Centres for this purpose in the 2004/05 and 2005/06 fiscal years. During this period, about $160 million was allocated to serve an additional 66,000 clients. While information on increased client volumes was obtained to ensure that service targets were met, no additional monitoring of service enhancements was considered necessary.

We were also informed that, although there had not been any new ministry-initiated cost containment measures since our 2004 audit, the Ministry had informed Community Care Access Centres that service reduction decisions should only be based on an appropriate reassessment of a client's needs.

Waiting Lists

Recommendation

To help ensure that access to community-based services is provided on an equitable basis across the province, the Ministry should:

- *establish consistent policies and procedures for maintaining waiting lists; and*
- *collect and analyze waiting list and waiting time information and use that information as part of its funding allocation process.*

Current Status

The Ministry informed us that its draft Community Care Access Centre Policy Manual includes policies and procedures for maintaining and managing waiting lists. In addition, it states that Community Care Access Centres must maintain a separate waiting list for each service, as required under the *Long-Term Care Act*, and monitor the lists to address whether changes in needs require changes in priorities. The draft manual had been reviewed by the Ontario Association of Community Care Access Centres and was expected to be finalized by fall 2006.

The Ministry also indicated that waiting-list information is being collected for each service and that waiting-list information is also used to validate in-year funding requests from Community Care Access Centres.

Acquisition of Services by Community Care Access Centres

Recommendation

To help ensure that the request-for-proposals process is meeting the Ministry's objective of acquiring high-quality services at the best price, the Ministry should:

- *obtain reliable information to enable it to assess not only the cost of the services being provided but also the quality of service; and*

- *monitor the overall impact on the supply of available service providers, particularly in areas where there are few suppliers.*

Current Status

In October 2004, the government announced an independent review of the competitive bidding process used by Community Care Access Centres to select service providers. The review was completed in May 2005 and made 70 recommendations, including recommendations for establishing common key performance indicators, disseminating best practices, reporting on client outcomes, and simplifying the request-for-proposal process and facilitating contracts for low-volume providers to encourage new entrants to the market. The Ministry's May 2006 response to the report indicated that the Ministry had accepted and was taking action on all but two of the recommendations.

Also in October 2004, Community Care Access Centres were issued interim contract-management guidelines, which generally required that current contracts be extended where possible and requests for proposals not be issued unless absolutely necessary. The Ministry informed us at the time of our follow-up that procurement policies and procedures were being revised as necessary to align with the recommendations in the May 2005 review. It was anticipated that revised policies and procedures would be issued to Community Care Access Centres by the end of 2006, with guidelines to support the resumption of an improved competitive bidding process to better ensure that high-quality services are obtained at the best possible price.

COMMON ASSESSMENT TOOL

Recommendation

To help ensure that client care needs are assessed in a consistent manner across the province, the Ministry should monitor the effectiveness of the common assessment tool in providing consistent levels of service for similar clients across the province.

Current Status

According to the Ministry at the time of our follow-up, the common assessment tool for adults requiring services for more than 59 days had been implemented in all Community Care Access Centres. The Ministry indicated as well that Community Care Access Centres use quarterly reports to monitor their key performance indicators for these clients and compare performance to other quarters as well as province-wide to ensure consistent levels of services. The Ministry stated that it also monitors the Community Care Access Centres' key performance indicators through the quarterly reports, which it receives from the centres.

In addition, by June 2006, the Ministry had initiated a pilot project at three Community Care Access Centres to assess the effectiveness of a common assessment tool for intake and adult short-term clients. The Ministry informed us that this assessment tool includes a streamlined intake process to gather key client information and can better ensure that clients are consistently triaged for similar services across Ontario. The tool also uses standard definitions and processes to capture client assessment information. An evaluation of the pilot was expected to be completed by the end of summer 2006.

MONITORING OF CCACS AND CSS AGENCIES

Service Agreements and Financial Reporting

Recommendation

To help ensure that the funding and reconciliation processes promote timely and consistent monitoring and evaluation of an agency's use of resources, the Ministry should develop performance standards for the regional processing of annual reconciliation reports and expedite the review and approval of annual budgets.

Current Status

At the time of our follow-up, the Ministry indicated that, although it had not established specific guidelines for the processing of annual reconciliation reports received from Community Care Access Centres, general practice was to plan to process the prior year's annual reconciliation report before reviewing the current year's budget. Notwithstanding this practice, however, the Ministry had determined that there was a backlog in the regional processing of reconciliation reports, and additional staff had been hired to clear the backlog. In addition, the Ministry was monitoring the processing of the annual reconciliation reports on a monthly basis and expected the backlog to be cleared by the end of the 2006/07 fiscal year.

Ministry documents indicated that the approval of Community Care Access Centres' annual budgets should be completed within 10 weeks of receipt of the budget. The Ministry informed us that, generally, it was reviewing and approving the annual budgets within about eight weeks of receipt.

Monitoring of Service Providers

Recommendation

To help ensure that clients are receiving effective and high-quality community services, the Ministry should:

- *develop a formal process that records the receipt and resolution of all complaints at regional offices;*
- *monitor the complaints processes at Community Care Access Centres (CCACs) and community support service agencies to ensure consistency;*
- *require that CCACs and other community service agencies periodically submit summary information on the number and types of complaints they have received and their resolutions; and*
- *develop a risk-based process for conducting periodic inspections of service providers and visits to selected clients.*

Current Status

The Ministry indicated that a policy was issued to community support service agencies in April 2004 to help ensure the consistent handling of complaints and the annual reporting of complaint information to the Ministry.

In addition, in May 2005, the Ministry issued a policy to Community Care Access Centres dealing with the receipt and resolution of complaints, as well as with the periodic submission of summary information to the Ministry on the number and the type of complaints received and resolved.

Complaints that the Ministry received that had not been previously addressed by Community Care Access Centres or community support services were being forwarded to the Centres or services for follow-up and tracking. Other complaints received by the Ministry were generally being dealt with on a case-by-case basis, but there was no formal monitoring by the Ministry of the receipt and resolution of these complaints.

Furthermore, the Ministry revised the annual business plan requirements for Community Care Access Centres to include information on the number and percentage of client complaints received about Community Care Access Centre decisions and about the quality of services provided by Community Care Access Centres and service-provider agencies.

The Ministry also advised us that it had established a Community Care Access Centre risk-monitoring working group to validate risk indicators and develop a strategy to monitor Community Care Access Centres. As well, the Ministry developed a draft risk-based monitoring tool to determine whether Community Care Access Centres were complying with ministry expectations. The Ministry has provided the work completed to date to a Local Health Integration Network working group. However, work on the risk indicators and monitoring tool has been put on hold pending the implementation of the Local Health Integration Networks,

whose responsibilities are to include monitoring Community Care Access Centres.

INFORMATION SYSTEMS

Common Information System for CCACs

Recommendation

To help ensure that the new Integrated Management System will provide appropriate information to both the Ministry and Community Care Access Centres (CCACs) for planning, monitoring, and decision-making, the Ministry should:

- *implement effective project management controls; and*
- *knowledgeably monitor whether the ongoing development, both at the ministry level and at the CCACs, is meeting planned implementation goals.*

Current Status

The Ministry informed us that it established a Continuing Care Project Management Office in March 2005 whose responsibilities include ensuring effective project management controls. In addition, the Ministry indicated that projects are to be managed in accordance with the Human Services Information and Information Technology Cluster's Best Practices for Project Management. These include maintaining tight control of project costs, deliverables, scope changes, issues, and risks.

The Ministry also informed us that by June 2005, specific modules of the Integrated Management System had been implemented, including Information and Referral, Financial and Statistical Management, and Long-stay Assessment. According to the Ministry, these modules were being managed with close attention to the steadily changing business requirements of the continuing-care health sector.

Effective April 1, 2006, responsibility for the ongoing support of this system was transferred to the Ontario Association of Community Care Access Centres.

Business Case and Implementation Plan

Recommendation

In future, to help ensure that information systems of the magnitude and complexity of the Integrated Management System are developed and implemented in an efficient and economical manner, the Ministry should:

- *ensure that all business requirements are defined in detail and reflected in project deliverables;*
- *prepare a proper business case containing estimated costs for developing, implementing, and maintaining the system; and*
- *obtain appropriate approval for the project's funding in advance of committing funds.*

Current Status

No equally large and complex information systems, to which this recommendation could be applied, have been developed or implemented in the area of community-based health since our 2004 audit.

The Ministry maintained at the time of our follow-up, as it did in its 2004 response to this recommendation, that it viewed the Integrated Management System as a series of multiple projects. It informed us that, accordingly, the projects were being managed with close attention to the steadily changing business requirements of the continuing-care health sector; project costs were being controlled through the business-case approval process; and the Ministry had obtained approval prior to committing funds to projects.

Implementation of Guidelines for Management Information Systems

Recommendation

To assist both the Ministry and Community Care Access Centres in better managing budgets and resources, the Ministry should assess the benefits of implementing:

- *the enhanced modules of the Financial and Statistical Management System (FSMS); and*

- *the FSMS in larger community support service agencies.*

Current Status

The Ministry indicated at the time of our follow-up that the benefits of the enhanced modules of the Financial and Statistical Management System (FSMS) had been reviewed and that the enhanced modules (consisting of human resources, payroll, and scheduling modules) would be implemented in Community Care Access Centres over an 18-month period ending in January 2008.

The Ministry also indicated that expanding the use of the FSMS beyond Community Care Access Centres to larger community support service agencies was being considered, but no decision had been reached at the time of our follow-up.

ELIGIBILITY FOR COMMUNITY-BASED SERVICES

Recommendation

To help ensure that community-based services are provided only to eligible individuals, the Ministry should ensure that Community Care Access Centres are verifying whether individuals receiving services are covered by the Ontario Health Insurance Plan.

Current Status

According to the Ministry, all 42 Community Care Access Centres have implemented a system for verifying, prior to providing services, that individuals are covered by the Ontario Health Insurance Plan. As well, the Ministry has provided Community Care Access Centres with revised procedures to assist in registering homeless and mentally ill individuals who lack documents to confirm eligibility for services.

ACCOUNTABILITY AND PERFORMANCE REPORTING

Accountability

Recommendation

To ensure compliance with the Long-Term Care Act, *the Ministry, before designating a community support service (CSS) agency as an approved agency under the Act, should assess whether the agency can comply with the relevant provisions of the Act.*

If CSS agencies are to be permitted to charge fees for certain services, the Ministry should make the necessary changes to the regulations under the Act.

Current Status

The Ministry informed us that no process for designating a community support service (CSS) agency as an approved agency under the *Long-Term Care Act* had been developed at the time of our follow-up because there were no plans at that time to have new CSS agencies provide services. All services, including new ones introduced through service expansion, are to be provided by currently designated agencies only, and these agencies are subject to ministry monitoring to ensure compliance with the *Long-Term Care Act*.

The Ministry also indicated that it wanted to change the regulations under the *Long-Term Care Act* to clarify that CSS agencies could charge fees for certain services, such as meals delivered to a client's home. However, given the large number of health initiatives currently on the legislative agenda, the Ministry was unable to determine when the changes could be made.

Performance Measurement and Reporting

Recommendation

To better ensure that community-based services are provided in a consistent, equitable, and cost-effective manner, the Ministry should:

- *develop key performance measures and targets for all programs; and*

- *ensure that appropriate information is gathered and that the right information is reported to enable management to monitor services provided and the costs thereof.*

Current Status

The Ministry indicated at the time of our follow-up that, as part of the business-plan process for the 2004/2005 fiscal year through to the 2006/07 fiscal year, the Ministry had developed some specific performance indicators relating to the achievement of specific service-level targets by Community Care Access Centres. The performance indicators include the number of clients waiting for service, client satisfaction, and the number of circumstances that occurred that could have caused harm or damage. The Ministry also indicated that its Health Results Team for Information Management had drafted a health-system scorecard and that the scorecard would likely be released in the next fiscal year. The scorecard includes performance indicators that Community Care Access Centres can use to show their contribution to the success of health-system strategies. However, the Ministry also indicated that, while the health-system scorecard may help monitor and manage parts of community-based services, it is not a community services scorecard and does not cover all programs or enable management to fully monitor community services and costs.

In addition, the Ministry indicated that a process was initiated in the 2004/2005 fiscal year to ensure that the right information is gathered and reported by the Community Care Access Centres. This process identified key information to be reported and was also expected to reduce reports by about one-third.

TRAINING AND SCREENING WORKERS

Training and Qualifications

Recommendation

To help determine whether the Personal Support Worker (PSW) Training Program is a cost-effective

approach for ensuring that home care workers have the necessary training, the Ministry should:
- *evaluate whether the PSW Training Program is meeting its objectives; and*
- *work with the Ministry of Education to ensure that the Training Program's curriculum meets the sector's needs and is being implemented in a consistent manner by all training institutions.*

Current Status

Our recommendation to evaluate the Personal Support Worker (PSW) Training Program was repeated in May 2005 in the independent review of the competitive bidding process used by Community Care Access Centres to select service providers. While the Ministry accepted the recommendation in its May 2006 response to the review and stated that its goal was to have a home care workforce that is appropriately trained, it did not provide any details on an evaluation of the PSW Training Program.

The Ministry stated that the Ministry of Training, Colleges and Universities had made changes to lengthen and include more clinical experience in the PSW Training Program and that monitoring of the PSW education curriculum is the responsibility of the Ministry of Training, Colleges and Universities. The Ministry did, nevertheless, in conjunction with the Ministry of Training, Colleges and Universities, release an updated PSW vocational standard in December 2004, effective for classes beginning in September 2005, in order to increase the consistency of PSW training in community colleges. The Ministry of Training, Colleges and Universities was working to encourage the adoption of the updated standard by private institutions as well.

Screening of Employees Providing Care

We noted in our *2004 Annual Report* that the Ministry expected Community Care Access Centres and community support service agencies to follow the Ministry's draft guidelines for the screening of all workers who provide care. At the time of our

follow-up, the Ministry indicated that all service providers (that is, providers of nursing, physiotherapy, occupational therapy, speech-language pathology, dietetics, social work, and personal support services) were required to be screened. Screening includes verification of the service providers' credentials and a computer background check by the Canadian Police Information Centre. These requirements are detailed in contracts with the service providers. Since the contracts are to be monitored by Community Care Access Centres, the Ministry does not do any further monitoring to ensure compliance with its screening guidelines.