

Follow-Up on the 2023 Performance Audit:

Ministry of Long-Term Care
Ontario Health

Long-Term Care Homes: Delivery of Resident- Centred Care

// Overall Conclusion

29 Recommended Actions



The Ministry of Long-Term Care (MLTC) and Ontario Health (OH), as of November 17, 2025, have fully implemented 24% of actions we recommended in our 2023 audit, **Long-Term Care Homes: Delivery of Resident-Centred Care**. MLTC and OH have made progress in implementing an additional 59% of the recommendations.

MLTC and OH have fully implemented recommendations such as analyzing hours of direct care and staffing mix at the home level to identify homes with staffing challenges; consulting with homes to identify gaps in behavioural support resources and to develop action plans to address the gaps; providing centralized expertise and a forum for homes to share ideas and practices related to behavioural management; and evaluating the Level-of-Care funding model and implementing changes.

MLTC and OH have made progress in implementing recommendations such as completing the review of the use of agency staff in long-term care and implementing strategies to reduce usage and prevent price gouging; collaborating with the Ministry of Health (MOH) in developing and implementing the long-term Health Human Resources Strategy to address staffing supply and compensation disparity issues across the sector; analyzing the supply and demand of culturally specific homes in Ontario; working with homes to determine whether long-term care staff require additional training to meet the needs of alternate level of care (ALC) patients; and updating the indicators in the service accountability agreements with long-term care homes to include performance targets.

However, MLTC has made little progress on 7% of the recommendations, including working with OH to enhance features on their websites by publishing the list of culturally specific homes by type of community served (for example, ethnicity, religion, sexual and gender diversity) and allowing for filtering by home characteristics and performance; and improving transparency around the use of the *More Beds, Better Care Act, 2022*, by providing the public with more information on the transfers of ALC patients.

MLTC will not implement 10% of the recommendations, including monitoring staff-to-resident ratios, especially for periods that typically have staffing shortages (such as overnight shifts, weekends and holidays); determining whether certain key allied health professional (AHP) services should be provided in all homes; and projecting future needs for different AHP services in long-term care.

The status of actions taken on each of our recommendations is found in the **Appendix**.

// Status of Actions Taken on Recommendations

We conducted assurance work between April 2025 and August 2025. We obtained written representation from MLTC and OH that effective November 17, 2025, they have provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

1. Homes Lacked Stable and Adequate Staffing to Care for Residents

In our original audit, we found that staffing levels for nurses and personal support workers (PSWs) varied among homes. At least a quarter of all homes failed to consistently reach the provincial targets for direct-care hours in 2021/22 and 2022/23 (that is, 3 hours by 2021/22, and 3 hours 15 minutes by 2022/23). Also, the staff-to-resident ratio varied significantly in the homes we visited, especially during the evening and overnight shifts, with ratios of up to 1:80 for nurses (one nurse for 80 residents) and 1:30 for PSWs in some homes.

We also found that long-term care homes were increasingly reliant on contracted staff, including those supplied by agencies, to address their staffing challenges. By their temporary nature, agency staff were unable to provide residents with the same continuity of care as permanent staff, and some of the homes we visited had noted that mistakes tended to happen more frequently with these staff. Agency staff also cost significantly more than permanent staff. For example, the average hourly rate for an agency registered nurse was \$97.33/hour, more than double the average rate of a registered nurse directly employed by a home (\$40.15/hour), with a portion going to the agency as profit.

Recommendation 1: Action Item 1

To provide residents with high-quality care and to keep them safe, we recommend that the Ministry of Long-Term Care:

- analyze hours of direct care and staffing mix (that is, permanent staff versus temporary agency staff) at the home level to identify homes with staffing challenges, work with those homes on strategies to address their recruitment and retention challenges, and monitor the outcomes of the strategies;

Status:  **Fully implemented.**

Details

We found that MLTC monitored and analyzed data on direct-care hours and employment types (full-time, part-time, casual and contracted services) collected through the Long-Term Care Staffing Data Collection (Staffing Survey) on a quarterly basis. MLTC's analysis of the provincial data between 2021/22 and the last quarter of 2024/25 showed that the number of direct-care hours per resident per day increased from three hours in 2021/22 to about three hours 49 minutes by the end of 2024/25, representing about an increase of 30% and on the way to meet the target of four hours.

MLTC analyzed the data for the following purposes:

- » identifying specific homes or groups of homes that experienced greater human resources constraints to better understand staffing at the home level and evaluate targeted strategies to improve care; and
- » exploring opportunities with research organizations and other partners to enhance real-time data collection and better integrate data on human resources with resident outcomes.

In addition, MLTC funded the expansion of a database that integrates clinical and staffing data. The integrated database has the potential to support the identification of trends, best practices and quality improvement initiatives related to staffing. Participating long-term care homes will receive individualized reports that will help them develop targeted staffing strategies, including approaches to improve the performance of direct-care hours. MLTC will also continue to work with homes to address their recruitment and retention challenges.

Recommendation 1: Action Item 2

- monitor staff-to-resident ratios, especially for periods that typically have staffing shortages (such as overnight shifts, weekends and holidays);

Status:  **Will not be implemented.**

Details

We found that MLTC will not implement this recommended action. MLTC informed us that long-term care homes are in the best position to determine their staffing based on the needs of their residents at specific times of day. The *Fixing Long-Term Care Act, 2021* (FLTCA) does not require specific staff-to-resident ratios. Section 21 of the FLTCA states that “Every licensee of a long-term care home shall ensure that the home meets the staffing and care standards provided for in regulation.”

The Office of the Auditor General of Ontario continues to support the implementation of this recommendation.

Recommendation 1: Action Item 3

- complete the review of the use of agency staff in long-term care and implement strategies to reduce usage and prevent price gouging;

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

Details

We found that MLTC started reviewing the use of agency staff in long-term care. It recognized that the significant increase in agency staffing costs during the pandemic created instability for hospitals, long-term care homes and emergency departments.

In the second quarter of 2022/23, in response to rising agency costs during the pandemic, MLTC began collecting the minimum and maximum rates that long-term care homes pay to staffing agencies. In the third quarter of the 2023/24 Staffing Survey, MLTC asked for additional data to understand the reliance of homes on agency staff, and the relative cost of agency staff compared to staff employed by homes.

Based on its review of the data collected, MLTC noted that while reliance on staffing agencies has steadily declined since peaking in late 2022, northern, rural and remote regions have continued to face difficulty in recruiting and retaining staff, often leading to increased costs to fill shifts.

MLTC's review of agency staff usage has supported the development of strategies to reduce agency usage and prevent price gouging. The *More Convenient Care Act, 2025* (Schedule 3, the *Health Care Staffing Agency Reporting Act, 2025*) received royal assent on June 5, 2025. The legislation enables a regulatory framework for staffing agencies to report administrative billing or pay rate information to the government. The framework would increase the transparency of rates that agencies charge hospitals and long-term care homes, which would help to prevent price gouging or wage disparity that could cause unnecessary staff movement, resulting in certain homes having higher turnover and staff vacancies. The government started stakeholder consultations in July 2025 on supporting the framework. It is expected that the framework will be implemented in December 2025.

Recommendation 1: Action Item 4

- collaborate with the Ministry of Health in developing and implementing the long-term Health Human Resources Strategy to address staffing supply and compensation disparity issues across the sector.

Status:  **In the process of being implemented by March 2033.**

Details

We found that MLTC has been working with the Ministry of Health (MOH) to address human resources needs across the health-care system. Collaboration between MLTC and MOH on strategies to date included Your Health: A Plan for Connected and Convenient Care, a 10-year integrated capacity health human resources plan launched by the government in February 2023. The plan is built on three pillars:

- » right care in the right place;
- » faster access to care; and
- » hiring more health-care workers.

Through this 10-year plan, MLTC and MOH will analyze current gaps in the health-care system, anticipate needs over the next 10 years, and determine solutions to address growing health-care demands. The plan will focus on how to meet this demand through investing in health human resources and innovative solutions, as well as working directly with leaders in the health-care system to prioritize current and future resources.

MLTC will continue its collaboration with MOH to roll out the plan since addressing human resources needs in the long run will require ongoing work by both ministries. Examples of recent outcomes related to the plan's third pillar, hiring more health-care workers, included the following as of the end of 2024/25:

- » Over 700 PSW students participated in the Living Classrooms program, which was launched in March 2024 to train students to become PSWs on-site in long-term care homes across Ontario.
- » Over 1,700 PSWs and 1,400 nurses have committed to working in long-term care through the PSW Incentives program and the Bridging Educational Grant in Nursing (BEGIN) program. The BEGIN program has provided tuition grants to students enrolled in PSW and nursing programs to eliminate the financial barriers for them to grow their careers.

MLTC has committed to a further investment of \$56.8 million over the next three years to expand enrolment in nursing programs starting in 2025/26. This investment will further support education and increase the supply of over 2,200 registered practical nurses, registered nurses and nurse practitioners to address nursing gaps by March 2029.

Regarding compensation disparity issues across the sector, MLTC has been monitoring labour relations, including disputes related to pay equity that could impact compensation. MLTC indicated that long-term care homes are responsible for setting wages and working conditions. Since most of the long-term care workforce is unionized, wages are determined through collective bargaining between long-term care homes and unions. MLTC provides funding to homes but does not participate in collective bargaining or setting wages and working conditions.

MLTC indicated that it will work with MOH to address health human resource needs across the health-care system as part of the 10-year integrated capacity human resources plan, which is targeted to be fully implemented by March 2033.

2. Not All Residents Had Access to Key Allied Health Professionals to Optimize Quality of Life

In our original audit, we found that about half of all homes fell below the provincial target for direct-care hours by allied health professionals (AHPs) such as nurse practitioners, physiotherapists, occupational therapists and social workers. Our analysis of 2022/23 staffing data revealed that many homes were severely lacking services from certain AHPs. For example, 74% of homes provided zero hours of direct care from nurse practitioners. Our visits also confirmed that some homes were missing certain AHP positions.

Recommendation 2: Action Item 1

To provide residents of long-term care homes with sufficient and timely access to allied health professionals (AHPs), we recommend that the Ministry of Long-Term Care:

- analyze hours of direct care by AHPs at the home level to identify homes with challenges meeting the target, work with those homes on strategies to improve their care hours, and monitor the outcomes of the strategies;

Status:  **Fully implemented.**

Details

We found that MLTC monitored and analyzed hours of direct care by AHPs at the home level through the Long-Term Care Staffing Data Collection (Staffing Survey) on a quarterly basis, as noted in **Recommendation 1**. MLTC also implemented a target for direct-care hours by AHPs through the *Fixing Long-Term Care Act, 2021* (FLTCA). To enhance the data accuracy of direct-care hours, MLTC updated the list of AHP roles in 2024 to include only those providing direct care. Over the course of Ontario's four-year staffing plan (A Better Place to Live, A Better Place to Work), which ended March 31, 2025, AHPs continued to exceed the legislated target of 36 minutes per resident per day in Year 3 (2023/24) and Year 4 (2024/25).

In addition, MLTC worked with homes on strategies to improve their direct-care hours and address hiring barriers. For example, MLTC amended regulations under the FLTCA to allow homes to hire from a broader pool of qualified staff while ensuring safety for residents. MLTC also supported the increase in direct care for residents in long-term care homes through funding for both the Staffing Supplement and the Resident Health and Wellbeing Program, which supports the hiring of additional AHPs, such as social workers and social service workers. The Ministry will continue to fund these programs to sustain and build upon the progress in direct hours of care for both AHPs and PSWs or nurses.

Recommendation 2: Action Item 2

- monitor staff-to-resident ratios and determine whether certain key AHP services should be provided in all homes;

Status:  **Will not be implemented.**

Details

We found that MLTC will not implement this recommendation. MLTC informed us that long-term care homes are in the best position to determine their staffing based on the needs of their residents at specific times of day and to monitor the day-to-day activities of the home, including staff-to-resident ratios. Specifically, as noted in **Recommendation 1**:

- » MLTC collected and analyzed data from homes on staffing metrics through its Staffing Survey on a quarterly basis. The Staffing Survey does not require homes to report on staff-to-resident ratios.

- » The FLTCA does not require specific staff-to-resident ratios. Section 21 of the FLTCA states that “Every licensee of a long-term care home shall ensure that the home meets the staffing and care standards provided for in regulation.”

The Office of the Auditor General of Ontario continues to support the implementation of this recommendation.

Recommendation 2: Action Item 3

- project future needs for different AHP services in long-term care and work with homes to develop plans to address potential shortages.

Status:  **Will not be implemented.**

Details

We found that MLTC will not implement this recommendation. MLTC indicated that beyond providing long-term care homes with the resources and flexibility to fulfill their AHP staffing needs, MLTC is not in a position to project future needs for different AHP services, as the needs vary significantly between homes and change over time depending on the needs of residents.

The Office of the Auditor General of Ontario continues to support the implementation of this recommendation.

3. Personal Support Workers Lacked Regulation and Standardized Education

In our original audit, we found that while PSWs constituted the largest workforce in long-term care homes (approximately 60% of direct-care staff), they were unregulated. The profession was not governed by a code of conduct or standards of practice, and there was no regulatory body to report PSWs with serious misconduct or competency issues in order to discipline or suspend them.

Recommendation 3: Action Item 1

To help ensure that personal support workers (PSWs) are appropriately trained, professional and accountable to the public, we recommend that the Ministry of Long-Term Care:

- fully launch the Health and Supportive Care Providers Oversight Authority and strengthen its oversight by requiring mandatory registration for PSWs who provide health or supportive care services in long-term care homes;

Status:  Fully implemented.

Details

We found that the government fully launched the Health and Supportive Care Providers Oversight Authority (HSCPOA), which is an independent oversight body that enables public protection by registering PSWs and holding them accountable for safe, high-quality and ethical care in health settings. As of December 1, 2024, the HSCPOA started accepting registration for PSWs in Ontario. Currently, registration is not mandatory, which is the same as in other jurisdictions. MLTC informed us that MOH is responsible for determining whether to make PSW registration with the HSCOPA mandatory. Long-term care home licensees may decide whether they wish to mandate registration of PSWs for their homes. Once registered with the HSCPOA, home licensees can hire a person to work as a PSW if the person is registered.

Recommendation 3: Action Item 2

- work with the Ministry of Colleges and Universities to review and amend the current education standards to make the proportion of in-class versus practical experience more consistent across PSW certificate programs offered by different institutions.

Status:  In the process of being implemented by September 2028.

Details

We found that MLTC has not worked with the Ministry of Colleges and Universities, Research Excellence and Security (MCURES), formerly called the Ministry of Colleges and Universities, to review and amend the current PSW education standards because a full review of the existing standards is normally done every 5 to 10 years. Since the last full review of the PSW standards was done in 2020, with the updated standards being released in January 2022, conducting another full review in 2024 or 2025 would be too soon. MLTC expects to work with MCURES to conduct the next full review and update the PSW standards, if necessary, by September 2028.

While a full review has yet to be conducted, MLTC will continue to work with MCURES to ensure that the existing PSW standards reflect the needs of residents in long-term care homes and that PSWs have the necessary training to serve resident needs. For example, MLTC collaborated with MCURES on updating the standards to reflect dementia care needs based on the new legislation, the *Improving Dementia Care in Ontario Act, 2024*. This legislation requires MCURES to review the PSW standards to determine the needs for in-depth learning about person-centred dementia care; to identify experiential training and placements with patients living with dementia-related diseases; and to assess the learning and practicing of communication and de-escalation techniques, such as gentle persuasive approaches.

4. Homes Struggled to Cope with Complex Behavioural Issues

In our original audit, we found that over 40% of long-term care residents were assessed with aggressive behaviours in 2022/23. We identified examples where residents' aggressive behaviours led to physical harm or harassment of other residents and/or staff. Homes often did not have sufficient resources to effectively manage these behaviours. Although MLTC established 307 beds in behavioural specialized units (BSUs), the supply was limited, and admission was generally restricted only to residents with a dementia diagnosis. Over 30% of the homes we visited were denied funding to hire dedicated behavioural support staff. Behavioural resources for younger residents with mental illness or addictions were limited since most resources available had an eligibility age of 65.

Recommendation 4: Action Items 1, 2 and 3

To help ensure that long-term care homes are able to manage responsive and aggressive behaviours of residents, we recommend that the Ministry of Long-Term Care work with Ontario Health to:

- monitor staff-to-resident ratios for residents with more severe responsive behavioural issues;
- consult with homes to identify gaps in behavioural support resources for long-term care (including resources within homes, external support networks, and behavioural specialized units at both the regional and home level), and develop and implement action plans to address the gaps;
- provide centralized expertise and a forum for homes to share ideas and practices related to behavioural management.

Status:  **Fully implemented.**

Details

We found that MLTC worked with OH and provided additional funding to improve staff-to-resident ratios for residents with more severe responsive behavioural issues. Specifically:

- » In 2024/25, MLTC provided new base funding of \$11.3 million to the long-term care sector. OH allocated this funding across long-term care homes to support the hiring of 112 additional full-time equivalents that specialize in providing behavioural support. Behavioural Supports Ontario (BSO), an initiative through which homes receive funding to hire dedicated staff to care for residents with complex and responsive behaviours, will monitor activities based on various metrics (e.g., referrals and residents supported) to quantify the impact and effectiveness of the funding.
- » MLTC allocated an additional funding of \$1.6 million (prorated for 2024/25, annualized to \$4 million in 2025/26) to establish 65 new beds in BSUs. Homes will primarily use this funding to add critical staff to provide care in these BSUs.

Both of the above investments also help to strengthen the monitoring of the staff-to-resident ratios for individuals with more severe responsive behaviours. Through collecting and analyzing BSO and BSU service-level data, BSO's Provincial Coordinating Office (PCO) has monitored the staff-to-resident ratios to assist with its future planning and submitted such data to MLTC on a quarterly basis. OH has also monitored staff-to-resident ratios and regional service needs to adjust planned allocations.

We also found that MLTC consulted with homes through stakeholders, including OH and BSO, to identify opportunities to address behavioural service gaps in long-term care. As part of this work, these stakeholders reported to MLTC on the gaps in behavioural support resources and provided recommendations on closing those gaps and implementing action plans. For example, one of the plans was the allocation of the aforementioned \$11.3 million in new base funding. OH was responsible for developing locally appropriate implementation approaches for the hiring of specialized health-care staff; creating relevant education and training opportunities; and bridging service gaps. In order to finalize its planning and monitoring for this investment, OH consulted with long-term care homes to identify system gaps and areas for improvement, using available provincial data to determine current and future needs.

With respect to sharing ideas and practices related to behavioural management with long-term care homes, we found that PCO helped to facilitate knowledge exchange. While PCO does not directly provide services to residents of long-term care homes, it impacts service delivery by bringing BSO and BSU teams together to share best practices and develop evidence-informed or standardized practical clinical tools with long-term care staff. Long-term care staff can also seek support from and collaborate with PCO to implement behavioural strategies for residents.

Recommendation 5: Action Item 1

To help ensure that long-term care homes are well informed of the condition of prospective residents in preparation for their admission, we recommend that the Ministry of Long-Term Care work with Home and Community Care Support Services and with homes to review the pre-admission assessment process; determine whether changes can be made to improve the completeness, accuracy, consistency, and timeliness of information provided to homes; and then implement the necessary changes.

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

Details

We found that MLTC has worked with Ontario Health atHome (OHaH) (formerly Home and Community Support Services), long-term care homes, the Ontario Medical Association (OMA) and other partners to streamline and modernize the pre-admission assessment process, including the health assessment form, which is a key component of the eligibility and clinical assessment process for admission to long-term care in Ontario. The form provides information related to long-term care applicants' health conditions and care needs for homes to assess whether they have the nursing expertise and facilities to support the admission of applicants.

Between August 2023 and February 2025, MLTC conducted a review of the health assessment form, including engagement with key stakeholders, to identify opportunities for improvement and to ensure that changes to the form capture critical information needed by OHaH and long-term care homes for safe admissions. Overall, modernization of the form and related pre-admission process will improve the completeness, accuracy, consistency and timeliness of clinical information provided to long-term care homes as well as the admissions and placement process to ensure that homes are well-informed of the condition of prospective residents to prepare for their admission.

On December 11, 2024, MLTC presented the improved form to the MOH/OMA Joint Forms Committee and received support on January 23, 2025. Timelines for the release of the new form and roll-out activities have yet to be confirmed. The paper-based form was released on July 7, 2025. The next phase to digitize the form is in process. OH targeted an initial release of the digitized form by December 2025, depending on factors including engagement with vendors of electronic medical records, which OH has not yet completed.

5. Long-Term Care Sector Was Not Responsive to Cultural Needs of Residents

In our original audit, we found that out of 626 long-term care homes, only 57 were designated to serve specific ethnocultural or religious groups. For these 57 homes, the median wait time was up to five years in 2022/23, more than eight times longer than for all homes, depending on the region. While certain regions had a high concentration of particular ethnic groups (for example, Peel Region's population is about 14% South Asian), there were no ethnocultural homes in those areas.

We also found that the level of cultural accommodation varied across homes that did not provide culturally specific care. For example, not all homes had staff who could communicate with residents in their first language, which was especially important for those with dementia, who were more likely to revert to their mother tongue as their condition intensified.

Furthermore, we found that prospective long-term care residents did not have sufficient information to make their home choices. MLTC did not publicly list long-term care homes by ethnicity or by the particular group or community served (for example, religious community or sexual and gender-diverse community).

Recommendation 6: Action Items 1 and 2

To help ensure that long-term care homes are able to care for the culturally specific needs of a diverse resident population, we recommend that the Ministry of Long-Term Care:

- analyze the supply and demand of culturally specific homes in Ontario, factoring the results of the analysis into long-term home development planning;
- work with long-term care homes to identify best practices for culturally sensitive care and provide homes with guidance for developing practical improvement plans (for example, in the areas of staff training, communication technology investments, and engagement of community and religious organizations).

Status:  In the process of being implemented by March 2027.

Details

We found that MLTC worked with long-term care homes to analyze culturally specific needs and to identify any gaps and areas of significance for consideration in long-term home development and planning. For example, on December 18, 2024, MLTC announced a pilot project, called Long-Term Care Homes Cultural Pilot, to evaluate how changes to long-term care waitlist prioritization requirements can improve Ontarians' access to culturally and linguistically appropriate care. To enable the pilot project, amendments to O. Reg. 246/22 of the FLTCA were approved and came into force on January 1, 2025. The changes aim to facilitate culturally appropriate placements of long-term care applicants in the crisis wait list of a long-term care home or a unit or area within a home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin. MLTC also completed data analysis to better understand the impact of the proposed implementation scenarios.

The pilot project was launched on April 14, 2025, with 29 long-term care homes participating. To support a comprehensive evaluation and enable transparency, MLTC established a Long-Term Care Homes Cultural Pilot Advisory Committee that includes key partners and stakeholders to evaluate the pilot project. Through this committee, MLTC will gather and review feedback from key partners and stakeholders on the implementation of the pilot. MLTC will also consider opportunities on how best to meet the diverse needs of long-term care applicants, residents, caregivers and families (for example, identifying any gaps and a more streamlined cultural designation process for long-term care homes) to ensure that the pilot's outcomes are in alignment with broader long-term home development and planning. One of the key performance indicators for the evaluation is the "Cultural Composition of Residents in a Long-Term Care Home", which measures the total number of residents who identify as being of the religion, ethnic origin and/or linguistic origin primarily served by a long-term care home or an area within the home. MLTC will also perform an ongoing evaluation of wait list and admission data of the pilot project to assess how the pilot is impacting the broader long-term care system and work with sector partners to better understand needs and opportunities for the delivery of culturally appropriate care.

In addition, we found that MLTC worked with long-term care homes to identify best practices to address culturally sensitive care needs and to provide guidance for developing improvement plans. For example:

- » MLTC funded the Centres for Learning, Research and Innovation (CLRI) to educate and train long-term care home staff in areas such as cultural competency and safety, including specific courses on Indigenous cultural safety training and training for homes to support the 2SLGBTQIA+ community.

- » Since 2024/25, equity has been identified as a priority area under Ontario Health’s Quality Improvement Plan (QIP) program, which includes a key performance indicator “Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education.” Through QIP, long-term care homes have shared quality improvement initiatives that are driving equity and Indigenous cultural safety initiatives.
- » MLTC explored policy options to enhance the delivery of culturally appropriate care in long-term care homes. In May 2025, MLTC re-introduced the *Support for Seniors and Caregivers Act, 2025*. If passed, it would enable MLTC to require all long-term care homes to increase access to certain information in French for applicants, residents and caregivers; and to have an organized program for recognizing and respecting the cultural, linguistic, religious and spiritual needs of residents. MLTC expects to complete this work by March 2027.

Recommendation 7: Action Item 1

To help ensure that prospective long-term care residents from specific cultural groups or communities have access to essential information for home selections, we recommend that the Ministry of Long-Term Care work with Ontario Health to enhance features on their websites by publishing the list of culturally specific homes by type of community served (for example, ethnicity, religion, sexual and gender diversity) and allowing for filtering by home characteristics and performance.

Status:  **Little or no progress.**

Details

We found that MLTC has made little to no progress to enhance features on its website by publishing an accessible list of culturally specific homes by the type of communities served and allowing for filtering by home characteristics and performance.

MLTC indicated that adding religion, ethnic or linguistic information to the website is dependent on the results of its pilot project related to culturally and linguistically appropriate care, as mentioned in **Recommendation 6**. On June 6, 2025, MLTC initiated a Sector Advisory Committee with partners and key stakeholders to address the specific needs of cultural groups and diverse communities.

6. Homes Were Not Fully Able to Serve Younger Residents

In our original audit, we found that younger residents were underserved in homes that catered to an elderly population. About 6,200 (6.3%) younger residents under the age of 65, with some in their early 20s, were living in long-term care homes because of their high care needs. Younger residents often did not have access to age-appropriate recreation programs since programs at long-term care homes primarily catered to the senior residents (for example, bingo, 60s-themed movies and music activities). Community resources for age-appropriate activities were limited, with some younger residents not getting access to any resources in the community.

Recommendation 8: Action Items 1, 2 and 3

To help ensure that the needs of the younger residents in long-term care homes are met, we recommend that Ministry of Long-Term Care, in collaboration with Ontario Health:

- identify and connect long-term care homes with community programs and external resources to provide additional support for younger residents who have social and recreational needs or have mental health and addiction issues;
- work with homes to identify additional training that long-term care staff need to enhance their knowledge and skills in caring for residents with mental illness, addictions and developmental disabilities (for example, autism), and support homes in obtaining the training;
- engage homes to identify and assess whether more suitable living options are available, or should be developed, for certain groups of younger residents, and work with other partner ministries, as applicable, to develop a plan to implement these options.

Status:  **In the process of being implemented by March 2027.**

Details

We found that MLTC started working with long-term care homes to identify the needs of younger residents, especially those with mental health and addiction issues, to ensure that their needs are met. For example:

- » In March 2025, MLTC established a multi-partner working group to conduct an analysis of the needs of applicants waiting for long-term care and identify potential opportunities and supports that could be used to meet the unique needs of younger residents.

- » MLTC worked with OH and other partners to identify the needs and skills required in caring for residents, including younger residents, who require additional support to deal with mental health illness, addictions and developmental disabilities.

With respect to necessary training in order for staff to enhance their knowledge and skills in caring for residents with mental illness, addictions and developmental disabilities, MLTC supported homes through various funding initiatives. For example:

- » MLTC provided homes with the Supporting Professional Growth Fund (SPGF), a \$10 million annual fund to support ongoing education and training opportunities. Homes are able to use SPGF funding for education and training that would best meet their residents' needs, including education and training related to mental health, addictions and developmental disabilities.
- » As noted in **Recommendation 6**, MLTC funded the CLRI to enhance the quality of life and care for long-term care residents through education, research and knowledge mobilization. The CLRI collaborates with long-term care homes, academic institutions and sector stakeholders to support innovation and best practices across all long-term care homes in Ontario. Examples of MLTC-funded training initiatives being delivered by the CLRI include mental health courses to build long-term care staff competency and skills to support residents' mental health needs; and end-of-life communication courses to increase knowledge, competency and applicable skills in the delivery of end-of-life care in the long-term care sector.

Aside from these funding initiatives, MLTC will engage partners on mental illness and substance use disorders in the long-term care sector to identify current challenges and service gaps, including additional training that long-term care staff need to support younger residents.

With respect to the availability of more suitable living options for certain groups of younger residents, MLTC has begun conducting a current state analysis of mental illness and substance use within long-term care homes. This analysis aims to understand the prevalence among residents, including younger residents, and homes' ability to support the specialized needs of these residents. To inform this work, in May 2025, MLTC began engagements and consultations with long-term care homes and broader health system partners to better understand their perspectives and experiences, including current challenges, service gaps and more suitable living options for younger residents.

MLTC expected its work related to younger residents to be completed by March 2027, contingent on government approvals.

7. Implementation of Legislation That Increased the Flow of Hospital Patients to Long-Term Care Was Not Transparent to the Public and Not Adequately Monitored

In our original audit, we noted that a patient who required an alternate level of care (ALC) was someone occupying a hospital bed who no longer requires acute care. The *More Beds, Better Care Act, 2022* authorized Home and Community Care Support Services to determine an ALC patient's eligibility for long-term care and to select homes for the patient without their consent. Over 7,300 ALC patients were placed into long-term care in the six months since the *More Beds, Better Care Act, 2022* came into effect, of which 99 were placed in homes selected by placement co-ordinators. Approximately 60% of the remaining placements were not the patient's first-choice home, which was comparable to the 58% observed in the six-month period prior to the implementation of the *More Beds, Better Care Act, 2022*. MLTC had not monitored the outcomes of ALC patients after their admission to long-term care.

Recommendation 9: Action Item 1

To help ensure that alternate level of care (ALC) patients entering long-term care homes are receiving the care they need and that the public is well informed, we recommend that the Ministry of Long-Term Care, in collaboration with Home and Community Care Support Services:

- improve transparency around the use of the *More Beds, Better Care Act, 2022*, by providing the public with more information on the transfers of ALC patients (for example, the number and frequency of transfers, use of the authority under the new legislation, and impacts of ALC transfers on hospitals, long-term care homes and the community);

Status:  Little or no progress.

Details

We found that MLTC has not improved transparency around the use of the *More Beds, Better Care Act, 2022*. MLTC indicated that it is not the owner of the data on the discharge of ALC patients. Hospital data, including ALC volumes and discharges to long-term cares, is shared by OH to MOH and MLTC. MLTC will continue its work with OH and other partners to identify gaps and potential opportunities and to implement this recommendation by 2026/27.

Recommendation 9: Action Items 2 and 3

- collect data related to care outcomes of ALC patients admitted to long-term care homes and work with homes to analyze the data and identify potential improvements for future admission processes;
- work with homes to determine if long-term care staff require additional training to meet the needs of ALC patients, and support homes in obtaining the training.

Status:  In the process of being implemented by March 2027.

Details

We found that MLTC has been working with OH and other partners to collect and analyze data that will help to understand who is seeking and being admitted to long-term care homes. This analysis will also help to identify potential opportunities to support the needs of people waiting for and admitted to long-term care homes, including ALC patients.

We also found that MLTC has taken actions to support homes with long-term care staff who require additional training to meet the needs of its residents, including those who are ALC patients through various existing funding initiatives. Specifically:

- » MLTC increased funding to expand human resources capacity in long-term care homes to ensure that homes can support the increasingly complex needs of all residents, including ALC residents admitted from hospitals. Examples include the Local Priorities Fund, the High Intensity Needs Fund, and Behavioural Support Units as mentioned in **Recommendation 4**.
- » MLTC provided the SPGF to support ongoing education and training opportunities in long-term care homes, as mentioned in **Recommendation 8**. Homes are able to use SPGF funding for education and training that would best meet their residents' needs, including training that could pertain to supporting ALC patients.
- » MLTC funded the CLRI to enhance the quality of life and care for long-term care residents through education, research and knowledge mobilization, as mentioned in **Recommendation 8**. Based on MLTC's evaluation of the CLRI's programs, MLTC can direct the CLRI to focus on specific training for ALC patients.

Aside from these funding initiatives, MLTC will engage partners in the long-term care sector to identify current challenges and service gaps, including additional training that long-term care staff need to support residents, including those who are designated ALC patients.

MLTC expected to complete its work relating to ALC patients by March 2027, contingent on government approvals.

8. Funding Changes Were Required to Meet Residents' Current Needs and Improve Responsiveness

In our original audit, since the index used to adjust annual home funding is driven by resident acuity data collected from homes two years prior, this data does not reflect residents' current care needs. MLTC had over 40 funding initiatives to support homes to address specific issues. However, the funding system was complex and administratively burdensome, with different requirements for each initiative. MLTC had not consistently analyzed the uptake of funding initiatives to determine their effectiveness or to identify barriers that impede homes from effectively accessing funds.

Recommendation 10: Action Item 1

To help ensure that funding aligns with resident care needs and is accessible to long-term care homes, we recommend that the Ministry of Long-Term Care:

- complete its evaluation of the Level-of-Care funding model, with participation from homes, and implement changes to ensure that funding is based on current resident care needs and provides incentives to improve residents' condition;

Status:  **Fully implemented.**

Details

We found that MLTC has taken the following actions to complete its evaluation of the Level-of-Care (LOC) funding model:

- » reviewing rising costs across all LOC funding categories using the Canadian Consumer Price Index and budget submissions from long-term care associations;
- » analyzing the historical funding gap caused by differences between inflation rates and LOC funding increases over the years;

- » assessing resident acuity growth using data from the Resident Assessment Instrument-Minimum Data Set (RAI-MDS);
- » examining data from the Ontario Long-Term Care Association regarding current resident care needs;
- » evaluating staffing funding challenges based on data from the Long-Term Care Staffing Survey; and
- » gathering insights on funding model issues from a Technical Advisory Sub-Group that is composed of long-term care homes and associations and analyzing those issues.

As a result of the above actions, a 6.6% increase in LOC base funding was approved in the 2024 Budget and became effective April 1, 2024, for approximately \$383 million.

Recommendation 10: Action Item 2

- analyze the uptake of various direct funding streams, consult with homes to determine why certain homes are not taking advantage of these funding programs, and identify ways to make the programs more accessible to all homes in need;

Status:  **In the process of being implemented by March 2026.**

Details

We found that MLTC has started analyzing various funding programs, making changes and identifying ways to make the programs more accessible to the needs of various long-term care homes. For example, in the past two years, MLTC consolidated programs with similar mandates to reduce administrative burden on homes, eliminate duplication, simplify funding and reporting, and enhance flexibility in how homes spend program funding. Specifically:

- » In 2023/24, MLTC created the Comprehensive Minor Capital (CMC) program by consolidating three previous programs with similar mandates: the LTC Minor Capital Program, the Infection, Prevention and Control Minor Capital Program, and the Falls Prevention Equipment Fund. Eligibility criteria were amalgamated to broaden the scope of funding, offering homes greater flexibility and choice in how they used their allocations to meet their specific needs. This will contribute to greater uptake and accessibility for the new CMC program. MLTC has continually collected CMC data through sector-wide surveys and used the data to monitor usage rates and make program improvements.

- » In 2024/25, MLTC created the Integrated Technology Solutions (ITS) program by consolidating two programs with similar mandates: the Clinical Decisions Support Tools (CDST) and Medication Safety Technology (MST) programs. The new ITS program merged expenditure eligibility of CDST and MST programs and provided homes with a single allocation, giving homes greater flexibility on the technologies they wish to purchase.
- » For 2025/26, MLTC requested to consolidate several allied health and nurse practitioner funding programs. Under the request, two Long-Term Care Staffing Increase Fundings would be consolidated, and the Personal Support Worker Permanent Wage Enhancement would be consolidated with the Level-of-Care Funding. If approved, these consolidations will be implemented by March 2026 and serve to reduce the complexity of the long-term care funding model and increase funding flexibility.

Recommendation 10: Action Item 3

- clear the backlog of annual reconciliations and settlements.

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

Details

We found that MLTC has addressed a majority portion of the historical backlog of annual reconciliations and settlements dating back to 2019. As of March 2025, the status of completion rate was approximately 95%, with 2,361 annual reconciliations out of 2,492 having been assessed.

The remaining reconciliations to be reviewed or finalized include those that are more complex, requiring secondary reviews, further follow-up with long-term care homes, and cross-Ministry consultation and decision-making. As these reconciliations would require a disproportionate amount of additional time and due diligence, MLTC expects that the remaining backlog of reconciliations will be completed by December 2025.

To mitigate future potential backlogs, MLTC also requested that the Ontario Internal Audit Division conduct a review of the Annual Reconciliation and Recovery Process in order to identify opportunities for efficiencies and improve the timing of resulting settlements. The final report was completed in November 2024, and MLTC accepted all eight recommendations and began implementation, which included retaining temporary and time-limited resources to sustain progress made to date.

9. Accountability Framework Was Not Clear to Ensure Effective Oversight of Long-Term Care Homes

In our original audit, we found that the service agreements between OH and long-term care homes did not include targets for quality of care and resident safety. While OH was the primary source of funding for long-term care homes, MLTC made most of the funding decisions, which limited OH's ability to hold homes accountable for meeting funding expectations.

Recommendation 11: Action Items 1 and 2

To help ensure that long-term care homes are meeting operational, performance and funding expectations, we recommend that Ontario Health:

- update the indicators in its service accountability agreements with long-term care homes to include performance targets—especially in the areas of quality of care and resident safety;
- monitor long-term care home performance against targets, with timely follow-up of homes that fail to meet the targets or whose performance has consistently declined.

Status:  In the process of being implemented by April 2026.

Details

We found that OH, in partnership with MLTC, has started taking actions to ensure that long-term care homes are meeting operational, performance and funding expectations. These actions included:

- » refreshing the Long-Term Care Service Accountability Agreements (L-SAAs), in alignment with the MLTC-OH Accountability Agreement as noted in **Recommendation 12**; and
- » developing a Performance Management Framework for the long-term care sector that includes performance indicators with targets or benchmarks, and clear roles and responsibilities for following up with homes having performance challenges.

The new sector-wide performance indicators are in the process of being finalized and will be communicated to long-term care homes by April 1, 2026. Following this, the LSAA will be refreshed to incorporate the updated performance indicators, including those that focus on resident care and safety, in alignment with the Performance Management Framework. During the transition period, OH and MLTC will continue to monitor homes against existing performance indicators through joint situational awareness sessions.

Recommendation 12: Action Items 1 and 2

To help ensure that oversight accountabilities are clearly defined and executed, we recommend that the Ministry of Long-Term Care work with Ontario Health to:

- review and update the accountability agreement between the two parties to ensure that key oversight accountabilities (for example, funding and performance monitoring) are clearly defined and that the framework is supported by authorities and processes;
- establish performance goals, objectives and targets to measure Ontario Health's performance in fulfilling its accountabilities defined in the agreement.

Status:  **In the process of being implemented by September 2026.**

Details

We found that MLTC and OH have started the process of negotiating and updating the 2025–30 accountability agreement, with provisions that more clearly set out key oversight accountabilities and authorities for both parties. Key performance indicators will be established and included in the agreement to measure OH's performance in fulfilling its accountabilities as defined in the agreement.

An updated agreement is scheduled to be finalized by the third quarter of 2025/26, after which MLTC will undertake program area consultation. MLTC expects that this recommendation will be implemented by September 2026.

// Appendix

Recommendation Status Overview

	# of Action Items	Fully Implemented 	In the Process of Being Implemented 	Little or No Progress 	Will Not Be Implemented 	No Longer Applicable 
Recommendation 1	4	1	2		1	
Recommendation 2	3	1			2	
Recommendation 3	2	1	1			
Recommendation 4	3	3				
Recommendation 5	1		1			
Recommendation 6	2		2			
Recommendation 7	1			1		
Recommendation 8	3		3			
Recommendation 9	3		2	1		
Recommendation 10	3	1	2			
Recommendation 11	2		2			
Recommendation 12	2		2			
Total	29	7	17	2	3	0
%	100	24	59	7	10	0