

Policy: 2024-25 Long-Term Care Staffing Increase Funding Policy

Date: April 1, 2024

1.0 Introduction

The government released “[A better place to live, a better place to work: Ontario’s long-term care staffing plan](#)” (Staffing Plan) in December 2020 with commitments to improve Ontario’s long-term care (LTC) sector by increasing staffing levels.

Effective April 1, 2024 to March 31, 2025, to support the continuation of staffing initiatives and the provincewide average direct hours of care targets for fiscal year 2024-25 established in the *Fixing Long-Term Care Act, 2021* (“Act”), LTC home licensees will receive a fixed monthly amount allocated for fiscal year four (2024-25) of the Staffing Plan as follows:

- Nurse and Personal Support Worker (PSW) Staffing Supplement: \$1,822.02 per bed, per month.
- Allied Health Professional (AHP) Staffing Supplement: \$161.35 per bed, per month.

This funding is based on allocations by the Ministry of Long-Term Care (the Ministry) that include:

- Up to \$1,673,005,700 for year four (2024-25) to support a provincewide (system-level) average target of four hours of direct care provided by nurse practitioners (NPs), attending nurse practitioners (ANPs), registered nurses (RNs), registered practical nurses (RPNs) and PSWs per resident, per day by the end of fiscal year four (March 31, 2025); and
- Up to \$148,160,200 for year four (2024-25) to support a provincewide (system-level) average target of 36 minutes of direct care provided by AHPs per resident, per day by the end of fiscal year four (March 31, 2025).

This funding is also separate from and is in addition to other existing funding (e.g., Level-of-Care funding) being provided to LTC home licensees.

Staffing Plan Commitments and the *Fixing Long-Term Care Act, 2021* Provincewide (System-Level) Average Direct Care Targets

Current Levels (2018 Data)	2021-22 Provincewide (Q4) Average	2022-23 Provincewide	2023-24 Provincewide	2024-25 Provincewide
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		(Q1-Q4) Average	(Q1-Q4) Average	(Q1-Q4) Average
Nurses and PSWs: 2 hours and 51 minutes	3 hours	3 hours and 15 minutes	3 hours and 42 minutes	4 hours
AHPs: 31 minutes	33 minutes	36 minutes	36 minutes	36 minutes

1.1 Purpose

This 2024-25 LTC Staffing Increase Funding Policy (this “Policy”) is applicable to the 2024-25 fiscal year LTC Staffing Increase funding for the Nurse and PSW Staffing Supplement and the AHP Staffing Supplement. This Policy outlines the terms and conditions of the funding provided to LTC home licensees effective April 1, 2024, up to the end of this fiscal year (March 31, 2025).

2.0 Out-Year (2025-26) Notional Funding Allocations

The charts below depict the projected out-year (2025-26) funding allocations for LTC home licensees based on ward bed occupancy and approved budget assumptions as of January 2024.

The notional ranges are provided to inform planning for retaining and hiring existing and new direct care staff, providing LTC homes licensees with predictability and stability. The Ministry will communicate the confirmed funding amounts for 2025-26 at the beginning of the fiscal year, subject to applicable further approvals.

Nurse and PSW Staffing Supplement	2025-26
Annual Funding	\$1,673,005,700
Notional Monthly Allocation Range Per Bed, Per Month	\$1,673.55 - \$1,721.49

AHP Staffing Supplement	2025-26
Annual Funding	\$148,160,200
Notional Monthly Allocation Range Per Bed, Per Month	\$148.20 - \$152.45

3.0 Recipient Eligibility Criteria

Existing non-profit, for-profit and municipal LTC operators licensed or approved to operate a LTC home under the Act and *Ontario Regulation 246/22* (“Regulation”) and who are a party to a Letter of Agreement for Minister Direct Funding to Long-Term Care Homes (DFA) with the Ministry are eligible to receive this funding.

4.0 Funding Methodology and Payment

- 4.1 Funding will be administered in accordance with this Policy and the applicable Direct Funding Agreement between the Ministry and the Licensee/Approved Operator.
- 4.2 For the funding period of April 1, 2024 – March 31, 2025, funding will continue to be allocated on a per bed, per month basis based on the number of eligible operational beds calculated as of January 2024, as determined by the Ministry, subject to terms and conditions set out in this Policy. The following types of beds are excluded from this funding:
- The Elder Care Capital Assistance Program (ELDCAP) beds;
 - Beds in abeyance; and
 - Beds classified as 3rd or above beds in ward rooms that are not occupied as reported by LTC home licensees as of January 2024.
- 4.3 Funding under this Policy will be provided to eligible LTC home licensees starting April 1, 2024, through twelve fixed monthly installments, paid through the regular monthly payment schedule. As such, the funding will continue to flow through the following distinct protected funding lines:

Funding Line	Nurse and PSW Staffing Supplement	AHP Staffing Supplement
Per bed, per month allocation (applicable for 12 months: April 1, 2024 to March 31, 2025)	\$1,822.02 for every eligible operational bed in the home, subject to conditions set out in this Policy.	\$161.35 for every eligible operational bed in the home, subject to conditions set out in this Policy.

- 4.4 Funding will not be otherwise adjusted for occupancy throughout the year or at the time of reconciliation for fiscal year 2024-25.
- 4.5 The Ministry will conduct periodic review of new and/or redeveloped beds as they become operational and adjust funding accordingly.
- 4.6 Funding provided to homes for the April 1, 2024 to March 31, 2025 period must be used by March 31, 2025.

5.0 Expenses Under the “Nurse and PSW Staffing Supplement” Funding

- 5.1 This funding shall be restricted to the purpose of retaining and/or hiring existing and/or new NPs, ANPs, RNs, RPNs and PSWs to sustain or increase:
- a. “Direct resident care” time, meaning hands-on care provided to residents of LTC homes and includes, but is not limited to, assessments, eating, bathing, toileting, dressing, lifting, moving residents, medical/therapeutic treatments, and medication administration; and/or
 - b. Meaningful and intentional interaction with residents that enhances their overall health and well-being, as part of the support services and programs being provided to residents, such as religious/spiritual interaction and mental health support or social service-related interaction. It does not include informal, casual interaction, such as during laundry, maintenance/housekeeping, security or administrative service.
- 5.2 Eligible expenditures shall fall into one or more of the following:
- a. Salaries, wages and benefits funded by the home, including part-time (PT) and overtime hours, of NPs, ANPs, RNs, RPNs and PSWs that provide direct resident care or meaningful and intentional interaction.
 - b. Salaries and wages funded by the home to top up hours, convert PT to full-time (FT) positions, increase wages or hire NPs, ANPs, RNs, RPNs and PSWs that provide direct resident care or meaningful and intentional interaction.
 - c. Salaries, wages and benefits funded by the home for NPs, ANPs, RNs, RPNs and PSWs recruited from a third-party placement agency or independently contracted to provide direct resident care or meaningful and intentional interaction.
 - d. Orientation and onboarding time funded by the home of NPs, ANPs, RNs, RPNs and PSWs hired to provide direct resident care or meaningful and intentional interaction.
- 5.3 Ineligible expenditures include the following:
- a. Any retroactive expenses related to recruitment costs, salaries, wages and benefits for the period prior to April 1, 2024.
 - b. Salaries, wages and benefits of LTC home staff who do not provide direct resident care or meaningful and intentional interaction in their capacity as an NP, ANP, RN, RPN or PSW as part of their regular tasks.
 - c. Professional fees/government fees, preparation of work permits, housing, flights to and from Canada and health insurance.
 - d. Operating and administrative costs related to recruitment of NPs, ANPs, RNs, RPNs and PSWs hired for this initiative.
 - e. Education and training related benefits, including education allowances, education fund and education leave.
 - f. Administrative supplies and equipment (e.g., paper, toner, fax, phones, printer, photocopier, etc.).

6.0 Expenses Under the “AHP Staffing Supplement” Funding

- 6.1 This funding shall be restricted to the purpose of retaining and/or hiring existing and/or new AHPs to sustain or increase:
- a. “Direct resident care” time, meaning hands-on care provided to residents of LTC homes and includes, but is not limited to, assessments, eating, bathing, toileting, dressing, lifting, moving residents, medical/therapeutic treatments, and medication administration; and/or
 - b. Meaningful and intentional interaction with residents that enhances their overall health and well-being, as part of the support services and programs being provided to residents, such as religious/spiritual interaction and mental health support or social service-related interaction. It does not include informal, casual interaction, such as during laundry, maintenance/housekeeping, security or administrative service.
- 6.2 In order to be eligible for the use of AHP Staffing Supplement funding, direct resident care tasks and other related responsibilities shall be performed by staff with the following job titles:
- a. Religious or Spiritual Support Staff (e.g., Chaplain, Pastoral Care)
 - b. RAI MDS Staff
 - c. Rehab, Active Living and Therapeutic Support Staff (Physiotherapy Aides / Assistants, Restorative Aides [Rehab / Therapy Aides], Activity Assistants / Recreation Assistants, Occupational Therapy Aides / Assistants, Kinesiology Support Staff)
 - d. Assistant Directors of Care / Nurse Managers
 - e. Clinical Managers
 - f. Clinical Nurse Specialists / Nurse Clinicians
 - g. Health Care Attendants / Aides (HCAs)
 - h. Activity Directors
 - i. Dietitians
 - j. Occupational Therapists
 - k. Physiotherapists
 - l. Resident Support Personnel (excluding HCAs)
 - m. Social Workers
 - n. Social Service Workers
 - o. Volunteer Coordinators
 - p. Medical Directors
 - q. Directors of Nursing and Personal Care
 - r. Infection Control Leads
 - s. Nutrition Managers
 - t. Behavioural Support Ontario (BSO) Staff
 - u. Speech Language Pathology Staff
 - v. Complementary Therapy Staff (Music Therapy Staff, Horticulture Therapy Staff, Art Therapy Staff)
 - w. Barbers / Hairdressers / Aesthetician Staff
 - x. Foot Care Services Staff

- y. Interpretation Services Staff
- z. Respiratory Therapists
- aa. Physician Assistants
- bb. Other applicable AHPs per the definition for “direct resident care” in section 6.1.

Note: This list is informed by the roles collected through the LTC Staffing Data Collection (LTC Staffing Survey).

6.3 Eligible expenditures shall fall into one or more of the following:

- a. Salaries, wages and benefits funded by the home, including PT and overtime hours, of AHPs that provide direct resident care or meaningful and intentional interaction.
- b. Salaries and wages funded by the home to top up hours, convert PT to FT positions, increase wages or hire AHPs that provide direct resident care or meaningful and intentional interaction.
- c. Salaries, wages and benefits funded by the home for AHPs recruited from a third-party placement agency or independently contracted to provide direct resident care or meaningful and intentional interaction.
- d. Orientation and onboarding time funded by the home of AHPs hired to provide direct resident care or meaningful and intentional interaction.

6.4 Ineligible expenditures include the following:

- a. Any retroactive expenses related to recruitment costs, salaries, wages and benefits for the period prior to April 1, 2024.
- b. Salaries, wages and benefits of LTC home staff who do not provide direct resident care or meaningful and intentional interaction in their capacity as an AHP as part of their regular tasks.
- c. Salaries, wages and benefits of AHPs that provide direct care, but are solely paid directly by residents.
- d. Professional fees/government fees, preparation of work permits, housing, flights to and from Canada and health insurance.
- e. Operating and administrative costs related to recruitment of AHPs hired for this initiative.
- f. Education and training related benefits, including education allowances, education fund and education leave.
- g. Administrative supplies and equipment (e.g., paper, toner, fax, phones, printer, photocopier, etc.).

7.0 Mandatory Reporting and Accountability Requirements

- 7.1 The LTC home licensees shall only use LTC Staffing Increase funding for the eligible expenditures outlined in sections 5 and 6.
- 7.2 The LTC home licensees shall report expenditures pertaining to the “Nurse and PSW Staffing Supplement” on a separate line in Section I, Part A of the licensee’s Long-

Term Care Home Annual Report (Annual Report) for a defined 12-month period, in accordance with the form and manner set out in the *Long-Term Care Home Annual Report Technical Instructions and Guidelines*.

- 7.3 For the 2024 calendar year, LTC homes licensees shall report the “Nurse and PSW Staffing Supplement” expenditures for the period of April to December 2024 in the 2024 Annual Report. For the 2025 calendar year, LTC homes licensees shall report expenditures for the period of January to March 2025 in the 2025 Annual Report. In the 2025 Reconciliation, the Ministry will match the funding provided to the LTC home licensees for the period of April 2024 to March 2025 against the April 2024 to March 2025 expenditure reported in the 2024 and 2025 Annual Report.
- 7.4 The LTC home licensees shall report expenditures pertaining to the “AHP Staffing Supplement” on a separate line in Section I, Part A of the licensee’s Annual Report for a defined 12-month period, in accordance with the form and manner set out in the *Long-Term Care Home Annual Report Technical Instructions and Guidelines*.
- 7.5 For the 2024 calendar year, LTC homes licensees shall report the “AHP Staffing Supplement” expenditures for the period of April to December 2024 in the 2024 Annual Report. For the 2025 calendar year, LTC homes licensees shall report expenditures for the period of January to March 2025 in the 2025 Annual Report. In the 2025 Reconciliation, the Ministry will match the funding provided to the LTC home licensees for the period of April 2024 to March 2025 against the April 2024 to March 2025 expenditure reported in the 2024 and 2025 Annual Report.
- 7.6 The LTC home licensees shall create and maintain records, for the period from April 1, 2024 to March 31, 2025 and report to the Ministry on the use of LTC Staffing Increase Funding funds in accordance with the requirements set out in this Policy.
- 7.7 The LTC home licensees shall not redirect unused funds to any of the Level-of-Care funding envelopes. Unused funds shall be returned to the Ministry.
- 7.8 The LTC home licensees shall provide program status updates upon request from the Ministry from time to time, in form and content as directed by the Ministry, including information about the use of funds related to the retainment and recruitment of existing and/or new eligible staff to support the provincewide average direct care targets.
- 7.9 The LTC home licensees shall comply with the mandatory and quarterly reporting requirements of the LTC Staffing Survey as communicated by the Ministry.
- 7.10 The LTC home licensees shall comply with any further reporting instructions provided by the Ministry relating to the format and content of the reports, and/or evaluation of the program.
- 7.11 The LTC home licensees shall comply with the requirements under the Act, the Regulation, the DFA and any other applicable agreements, policies, procedures and laws.

