

Ministry of Health

# Pandemic Pay Implementation Guidelines

Health System Stakeholder Information Session

May 2020

# Agenda

*Purpose: To provide an overview of how pandemic payments will be implemented across the health sector and confirm eligible workplaces and workers in the health sector*

1. Welcome and Introductions
2. Payment Approach and Funding Process
3. Estimated Timelines
4. Implementation Details and Eligibility Overview
5. Next Steps

# Introduction

- Government introduced COVID-19 Temporary Pandemic Pay on April 24, 2020
- Aimed at helping frontline staff who are experiencing severe challenges and are at heightened risk during the COVID-19 outbreak
- Eligible employees in eligible workplaces:
  - \$4/hour premium
  - Monthly lump sum payments of \$250 for four months who work over 100 hours per month
  - Pandemic pay will be effective for 16 weeks, from April 24, 2020 until August 13, 2020
- Eligibility varies from sector to sector – information will be provided in relation to eligibility and implementation of pandemic pay

# Eligibility

## Eligible “workplaces”

- All hospitals in the province providing publicly funded services, including small rural hospitals, post-acute hospitals, children’s hospitals and psychiatric hospitals
- Home and community care settings (including community-based mental health and addictions)
- Mental Health and Addictions (congregate)
- Public Health
- EMS sector

## Eligible Workers

- Personal support workers including home support workers, home help workers, community support workers, and residential support workers, homemakers
- Registered nurses, Registered practical nurses, Nurse practitioners
- Developmental services workers
- Attendant care workers
- Auxiliary staff, including:
  - porters
  - cooks, food service, food preparation
  - custodians, cleaning/maintenance and environmental services staff, sterilization and reprocessing staff
  - housekeeping
  - laundry
  - Security, Screeners
  - Stores/Supply Workers, Receivers, Department Attendants
  - Hospital Ward and Unit Clerks,
  - Client facing reception/administrative workers; Schedulers; Administrative staff working in home and community care or community-based mental health and addictions
  - community drivers
  - Community recreational staff/ activity coordinators
- Mental health and addictions workers: Counsellors/therapists, Case Workers, Case Managers, Intake/Admissions, Peer Workers, Residential support staff, Indigenous/Cultural service workers
- Respiratory therapists in hospitals and in the home and community care sector
- *Paramedics*
- Public health and infection prevention and control nurses



# Payment Approach and Funding Recipients

## *How will workers receive the funds?*

- Funding of the \$4 hourly premium and lump sum will flow through **existing Transfer Payment relationships**
- Funding may be flowed directly to the individual’s employer (e.g. municipality, transfer payment service provider) or to a delivery agent (e.g. regional LHINs) and then to an employee depending on current TPAs
- Recipient employers will be required to identify the eligible workers, provide cost estimates, and sign an attestation to ensure that 100% of the funds will be provided to employees in order to receive payments
- Funds will flow proactively; employers do not need to apply for the pay
- Eligible payment recipients will fall generally within three groups:

|   |  |
|---|--|
| <b>Regional Local Health Integration Networks</b> | Public Hospitals, Home & Community Care Organizations, Some Community-based Mental Health and Addictions Service Providers   |
| <b>Municipalities/ Public Health Units</b>        | Public Health Units, Emergency Management Services   |
| <b>Other</b>                                      | COVID-19 Assessment Centres, other directly funded Mental Health and Addictions Service Providers (i.e. Child and Youth Mental Health and Supportive Housing providers), home and community care programs funded by the ministry |

# Funding Letters and Amendments to Transfer Payment Agreements

## *Allocation and Distribution of Funds*

- The ministry will amend existing or create new agreements with employer/municipality/LHIN
- Specify an 'up to' one-time allocation for both the 4\$/hour premium and the lump sum
- 4 designated pay periods for hours worked are eligible; from April 24 to August 13, 2020 as follows:
  - April 24, 2020 to May 21, 2020
  - May 22, 2020 to June 18, 2020
  - June 19, 2020 to July 16, 2020
  - July 17, 2020 to August 13, 2020
- Payments will flow after August 13 until pay for all eligible hours is received
- The \$4 premium will flow directly to eligible organizations; employers do not need to apply and will be contacted by the ministry
- The lump sum will also flow directly with 70% initially and a 30% on holdback, pending review of reports and employer attestations

## *Eligibility*

- Ministry will set out the eligibility criteria for workplaces and workers
- Ministry will set out source of payment for different categories of staff (redeployed, casual, FT, PT, 'agency' /contract)
- Employers will identify eligible staff, working with LHINs/Municipalities/Ministry where clarity is required
- Employers will set out eligible expenses (e.g. direct hours, travel time) and ineligible expenses (administration) to employees

# \$4/Hour Premium

## General Process (Ministry to LHIN/Employer/Municipality)

- Employers will work with the ministry / LHINs to reach agreement on eligible workers to determine funding levels
- Ministry will calculate funds based on the total estimated number of hours worked
- LHINs, municipalities, Public Health Units, or in some cases the ministry will flow funding to eligible employers

## The employer will:

- Pay funds to each Eligible Worker that the Recipient employs based on the calculations set out
- Follow reconciliation and reporting process at the back end of the process
- Maintain documentation of the pay and submit interim and year-end reports

## Payment to employee:

- Eligible Workers receives the \$4/hour in addition to regular wages for each hour worked during the eligibility period
- Pay is not part of an employee's base salary or pensionable earnings, and does not impact benefits
- Administration charges should not be added
- Statutory entitlements apply. Employers will be reimbursed for the increase in the cost of employer contributions to CPP, EI, EHT and WSIB as well as the cost of providing statutory entitlements (e.g. holiday pay, vacation pay) in accordance with the ESA or any applicable collective agreement(s)

# Lump Sum Payments

## Payment Criteria

- \$250 per 4 week period (as set out on slide 7) where an Eligible Worker works more than one hundred (100) hours of eligible work, to a maximum of \$1,000 over the 16 week pandemic pay period
- Can be over 100 hours worked with multiple employers

## Source of payment

- Lump sum is paid by the Primary Employer
- Where the 100 hours are split across two or more employers:
  - The employee will provide an attestation to the home employer of the other hours worked
  - The primary employer will collect the attestation to support the payment of the lump sum
  - The primary employer maintains documentation in order to provide reports to the province.
  - The province will provide follow up information on any audit process and reconciliation expectations for over payments

## Other Considerations

- Administration charges should not be added
- Pay is not part of an employee's base salary or pensionable earnings, and does not impact benefits
- Statutory entitlements apply. Employers will be reimbursed for the increase in the cost of employer contributions to CPP, EI, EHT and WSIB as well as the cost of providing statutory entitlements (e.g. holiday pay, vacation pay) in accordance with the ESA or any applicable collective agreement(s)



# How Redeployed / Agency Staff Will be Paid

*All staff redeployed to an eligible position in an eligible sector may received the \$4 premium and lump sum*

1. **Staff redeployed from one eligible workplace to another** (e.g. home care worker redeployed to hospital)
  - Will be paid by the **home employer**
  - The home employer will charge the ministry through its existing transfer payment agreement (TPA)
2. **Staff member redeployed from an ineligible employer to an eligible employer** (e.g. private sector to hospital)
  - Will be paid by the **home employer**
  - Funds will be paid to receiving employer who will provide funds to home employer under agreement
3. **Staff member redeployed from School Board/university/other BPS sector to an eligible employer:**
  - Will be paid by the **home employer**
  - Home employer will charge the government
4. **Contracted agency staff to an eligible workplace** (e.g. agency staff providing services in hospital):
  - Will be paid by the home employer (i.e the agency)
  - Funds will be paid to receiving employer who will provide funds to agency under agreement.

## **In general:**

- Employees will provide home employers with an attestation as to their hours worked
- <sup>9</sup>• Recipient and home employer will maintain records including calculations of gross / net pay amounts

# Reporting, Recoveries and Reallocation

*What information is expected from recipient employers?*

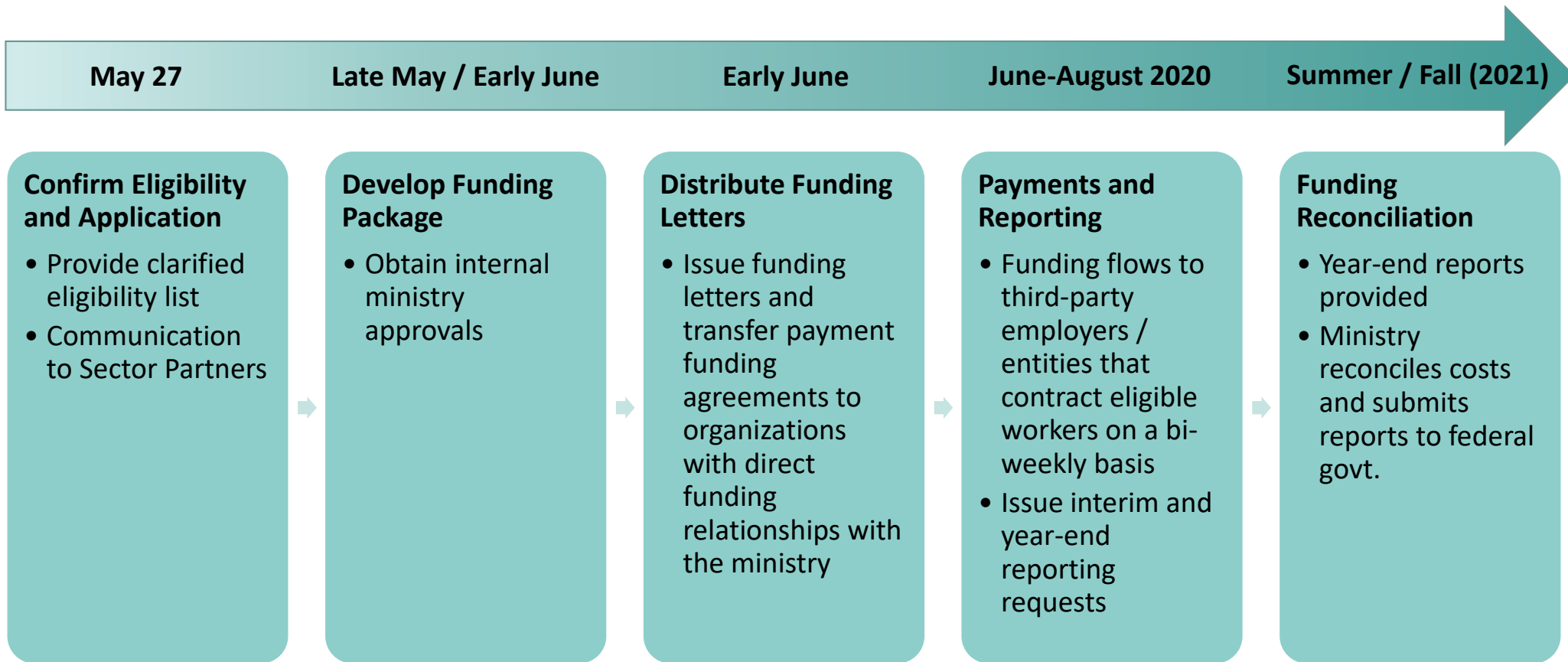
## **Reporting**

- Reports will be submitted on a defined template on a monthly basis, in line with provincial requirements
- Reports will be signed-off as appropriate, e.g. CEO, Executive Director, CFO, Director of Finance
- Reporting requirements will include the provision of information such as the number of eligible employees, their positions, hours of work, and a status report regarding the utilization of funds (for the purposes of reallocating funding if needed)

## **Settlements (Reconciliations)**

- Recipients will submit a program-specific annual reconciliation report (ARR) for the financial year ending March 31<sup>st</sup>
- Where funding is disbursed directly to the worker's employer (e.g. municipalities, transfer payment organization), a signed attestation directly from the employer will be secured as to the use of funds
- Accounting for the reporting of both the revenue and expenditures for Temporary Pandemic Pay should appear as separate and distinct items within the ARR
- Recipients will submit audited financial statements (AFS) with its ARR. The AFS will include appropriate disclosure regarding the recipient's revenue and expenditures related to Temporary Pandemic Pay

# Implementing Pandemic Pay: Critical Path



# SECTOR BY SECTOR IMPLEMENTATION

# Implementation: Mental Health and Addictions

## Main Point of Contact

- Local Health Integration Networks (LHINs) and Ontario Health (OH) Regions will serve as first point of contact for programs with questions regarding eligibility and funding flow
- The Mental Health and Addiction Programs Branch, Ministry of Health, is the point of contact for LHINs, as well as the first point of contact for directly funded MOH programs/services

## Funding Details

- Funding will flow through usual transfer payment relationships between the ministry, LHINs and providers

## Additional Considerations

- Mental Health and Addiction programs in Hospitals will fall under Hospital eligibility (slide 17), and will be funded as such

# Clarified Eligibility: Mental Health and Addictions

## Eligible Workspaces

- MOH funded Child and Youth Mental Health; Residential (Live-In treatment, secure treatment, safe/ respite beds)
- Community MHA Programs; Indigenous community-based programs (on- and off- reserve), including Youth Life Promotion; Homes for Special Care/Community Homes for Opportunity/Habitat Services (including homeowners where they live or work in the home); MOH funded MHA supportive housing (where funding for support service staff is provided by MOH); LHIN funded community mental health and addiction providers; Residential programs (congregate care, MHA supportive housing, addictions residential, safe beds); Community MHA Programs (including Consumption Treatment Service sites)

## Eligible Workers

- Health Care Providers: Nurses (RN, RPN, NP); PSWs
- Mental Health and Addictions Workers (unregulated): Counsellors/therapist, Workers, Case Managers (Mental Health, Addictions and other) Intake/Admissions, Peer Workers, Residential support staff, Indigenous/Cultural services
- Auxiliary Workers: Security; cooks; food services; custodians; housekeeping/ maintenance, client facing reception/ administration

# Implementation: Hospitals

## Main Point of Contact

- Local Health Integration Networks (LHINs) and Ontario Health (OH) Regions will serve as first point of contact for hospitals with questions regarding eligibility and funding flow
- LHINs/OH may escalate eligibility requests for clarifications to Hospitals Branch, Ministry of Health

## Funding Details

- Funding will flow through the LHINs to hospitals

## Additional Considerations

- LHINs/OH will receive funding letters from the ministry with regional and hospital allocations
- LHINs/OH will issue allocations to hospitals and may subsequently authorize payment requests following reporting from hospital to LHIN/OH Region

# Clarified Eligibility: Hospitals

## Eligible Workplaces:

- All hospitals in the province providing publicly funded services, including small rural hospitals, post-acute hospitals, children's hospitals and psychiatric hospitals

## Eligible Workers Include:

- Nurses (RN, RPN, NP), PSWs, Respiratory Therapists

## Included Auxiliary Staff:

- Unit support (Ward and Unit Clerks, cleaning/maintenance, housekeeping/ laundry, and environmental services staff, sterilization and reprocessing staff)
- Food services (including delivery and hospitality)
- Other (Security, screeners, stores/supply workers, receivers, department attendants)



# Implementation: Home and Community Care

## Main Point of Contact

- The 14 LHINs are the point of contact for LHIN-funded employers in the home care and community sector
- The Home and Community Care Branch, Ministry of Health, is the point of contact for LHINs

## Funding Details

- The \$4 hourly premium applies to indirect and direct eligible hours
- LHINs will flow funding proactively where they have sufficient data on the workforce available to inform allocations to individual home and community care providers. Where this information is not available, providers will submit bills/invoices to the LHINs and seek reimbursements. The latter will likely be used by home care Service Provider Organizations (SPOs)

## Additional Considerations

- General funding process for LHIN-funded employers leverages existing payment processes:
  - Contracted SPOs will submit a bill/invoice to the LHIN for the Pandemic Pay expenses, and the LHIN will reimburse based on the bill/invoice
  - LHINs will work with eligible community organizations to collect information to determine the required Pandemic Pay funding amount and provide the allocation up front. The organizations will pay the eligible employees

# Clarified Eligibility: Home and Community Care

## Eligible Workplaces:

- Publicly-funded home care, community support service organizations, assisted living in supportive housing, ABI services, Family-Managed Care, bundled care, the SMILE program, Short Term Transitional Care Models / programs, community paramedicine, CILT/attendant care, hospices, respite programs, LHIN provided services, approved contracted agency staff, ministry funded programs for First Nations / ABI programs; Bundled care models
- Other approved agency care; privately paid for home and community care is excluded

## Eligible Workers Include:

- Both certified and non-certified PSWs who provide personal support services are eligible. Other titles include: non-certified PSWs, home support workers, home help workers, community support workers, residential support workers; Homemakers under the Homemakers and Nurses Services Act
- Other congregate care workers instrumental in operation of the program **or** providing care/service in-person, including: Security; Screeners; Schedulers; Administrative staff; Recreational staff/ activity coordinators/ other coordinators
- Other similar positions that are low-wage and provide front-line care, interact with residents or are instrumental to the operation of the congregate program

## Included Auxiliary Staff:

- Porters; Food preparation/food service; Custodian/maintenance; Housekeeping/cleaning; Drivers; Laundry

# Implementation: Public Health and Emergency Health Services

## Main Point of Contact

- Public Health Sector:
  - Accountability and Liaison Branch, Office of the Chief Medical Officer of Health, Public Health
- Emergency Health Services:
  - Emergency Health Program Management and Delivery Branch, Emergency Health Services

## Funding Details

- Public Health Sector:
  - Funding for eligible employees will be flowed directly to Boards of Health (for public health units) through existing Transfer Payment Agreements and processes
- Emergency Health Services:
  - Funding will be provided to ambulance service operators (ASOs) as an add-on to their existing Land Ambulance Service Grant Funding that they receive from the ministry every two months

## Additional Considerations

- In cases where Municipalities are also the employers of public health unit staff, the Ministry of Health will ensure that municipal reporting requirements are streamlined and aligned as much as possible

# Clarified Eligibility: Public Health and Emergency Services

## Eligible Workplaces:

- Public Health Units
- Emergency Services, system wide

## Eligible Workers Include:

- Nurses in Public Health Units that have consistent and ongoing exposure to COVID-19:
  - Registered Nurses
  - Registered Practical Nurses
  - Nurse Practitioners
  - Public Health Nurses
  - Infection Prevention and Control Nurses
- Emergency Service Providers:
  - Primary Care Paramedic;
  - Advanced Care Paramedic;
  - Critical Care Paramedic;
  - Paramedic Preceptor;
  - Emergency Medical Assistant

# Questions and Next Steps

The ministry and other partners will be working with employers on the following:

1. Confirming eligibility criteria and parameters
2. Prepare transfer payment funding packages and obtain ministry approvals to flow funds

# APPENDIX

## Appendix: Attestation to the Use of Funding

*How will government ensure that funding flows to eligible employees?*

- For the purposes of program evaluation and audit, the ministry will seek and retain assurances that funds have been disbursed as intended by the TPA guidelines
- Where funding is disbursed directly to the worker's employer (e.g. municipalities, transfer payment organization), an attestation directly from the employer will be secured
- Where funding is disbursed through a delivery agent (e.g. regional LHINs), a written attestation by an authorized representative (e.g. CEO or Board Chair) on behalf of the delivery agencies/employers will be secured
- Attestations may include submitting evidence of eligibility such as a worker's title, hours worked, work location, etc. or, in the case of funding through delivery agents, retention of records that could be used for auditing and controllership purposes