

**Ontario** 

# **Call for Applications to License Community Surgical and Diagnostic Centres for Orthopedic Services in Ontario**

**Application Guidelines**

**Ministry of Health**

**July 2, 2025**

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## INTRODUCTION

**These “Application Guidelines” are meant to assist Applicants in completing the Application Form (hereafter referred to as the “Application”) to operate Integrated Community Health Services Centres (ICHSCs) for the provision of Orthopedic services.**

The Director of ICHSCs (Director) has issued this Call for Applications in accordance with section 5 of the *Integrated Community Health Services Centres Act, 2023* ([ICHSCA](#)), to consider the issuance of new ICHSC licences in accordance with the criteria set out in section 6 of the ICHSCA to provide insured Orthopedic services in community-based settings in Ontario. Applications for community surgical and diagnostic centres located in any region of Ontario will be considered for licensing at this time.

The Ministry of Health (Ministry) will accept applications for proposed ICHSCs that meet the minimum eligibility requirements set out in section 1 of the Application.

Applicants should illustrate their ability to provide Orthopedic services upon issuance of an ICHSC licence, to improve wait times, and to improve patient access to care, patient experience and health system efficiency in the community.

## INSTRUCTIONS FOR COMPLETING THE APPLICATION

These documents support the Call for Applications and are intended to be used in conjunction with each other:

1. Application Guidelines for the Call for Applications (Application Guidelines); and
2. Application Form.

The Application Guidelines provide overarching information about the application process. The Application Form consists of a cover sheet and nine sections, all of which must be completed in their entirety:

1. Minimum Eligibility Requirements
2. Service Delivery Requirements
3. Quality Assurance Program
4. Business, Clinical and Professional Experience
5. Health Facility Location
6. Staffing Model
7. Health System Linkages
8. Health Equity
9. Uninsured Services

The Application Form will also include a section with Declarations and Signatures as well as a final checklist for the required submission. A glossary of common terms used throughout the Application Guidelines and Application Form is provided as Appendix I of the Application Guidelines.

## **SUMMARY OF APPLICATION PROCESS**

### **General Steps in the Application Process and What Happens if an Application is Conditionally Approved**

1. The Call for Applications is open on July 2, 2025.
2. The Application Questions Submission Period will be open for 2 weeks, closing on the Application Questions Submission, July 16, 2025.
3. The Intent to Apply form will be open for 2 weeks upon the posting of the published Frequently Asked Questions responses.
4. Applicants must submit the completed Application and all required supporting documentation to the Ministry by the Application Submission Deadline.
5. All Applications received by the Application Submission Deadline will be reviewed by the Ministry.
6. Applications that are complete, that have not been disqualified and that meet the Minimum Eligibility Requirements will be evaluated by the evaluation panel.
7. The Ministry may also consult with other health sector partners (e.g., Ontario Health) in relation to the content and feasibility of the Application.
8. The Director will make all final licensing decisions and will advise successful Applicants in writing that their Application is conditionally approved, subject to completion of certain specified requirements, including a pre-licensing quality assurance inspection.
9. The Applicant must complete all requirements set out in the conditional approval for the Director to consider issuing the successful Applicant a licence under the ICHSCA.

For more information on each of these steps, please see the appropriate sections of the Application Guidelines.

## **SUBMISSION OF APPLICATION**

### **How and When to Submit Applications**

Completed Applications must be submitted electronically, via email, to the Ministry at [ICHSC.Applications@ontario.ca](mailto:ICHSC.Applications@ontario.ca) by the Application Submission Deadline.

**Unless amended by the Ministry, the Application Submission Deadline is August 27, 2025, 11:59 PM (Eastern Standard Time).**

**Please Note the Following to Ensure Your Application is Accepted:**

- Applications received by the Ministry after the Application Submission Deadline will not be accepted.
- Each ICHSC licence is restricted to one civic address. For this reason, separate applications must be submitted for each proposed Health Facility location.
- The Applicant must ensure that the fully completed Application, including all supporting documents, is submitted in a single email. Follow-up emails containing additional application material will not be considered. The Application must be submitted as a PDF attachment or zip folder in the email. Links to cloud services, including, but not limited to, iCloud, Google Drive, Microsoft OneDrive and Dropbox, will not be accepted. A handwritten application submission, hard copy of the documents, or scan of the Application, or any part of it, will not be accepted.
- ***Failure to adhere to the specified format for submission outlined in the Call for Applications and Application Guidelines will result in the Application not being reviewed or considered as part of this Call for Applications process.***

**Applicants should:**

1. Review the Application Guidelines and the Application in their entirety.
2. Carefully review all relevant legislation and regulations, including the [Integrated Community Health Services Centres Act, 2023 \(ICHSCA\)](#) and its regulation ([O. Reg 215/23](#)).
3. Complete the Application, referring to the Application Guidelines where necessary. Applicants should use the Final Checklist provided at the end of the Application to guide the format of the Application Form and as final confirmation that all necessary requirements have been met. All pages of the Application submission must be consecutively numbered for ease of reference and include the total number of pages in the submission (i.e., page 1 of 50, page 2 of 50, etc.).
4. Email the completed Application and Supplementary Documentation as a PDF attachment or zip folder in a single email to [ICHSC.Applications@ontario.ca](mailto:ICHSC.Applications@ontario.ca) with "Orthopedic Services - Application for an Integrated Community Health Services Centre Licence" in the subject line.

The Ministry will send an acknowledgement by email, confirming receipt of the Application and the date and time of receipt. Please note that the Ministry will not respond to requests for Application status updates or inquiries about when decisions about the Call for Applications will be announced. Final decisions will be communicated to Applicants by email at a future date to be determined by the Ministry.

## **Other Considerations**

- Documents that have not been requested as part of the Application or are not required will not be considered.
- The Applicant cannot make any changes to the Application once it is submitted to the Ministry.

## **Costs of Preparing the Application**

- Any costs associated with preparing and/or submitting the Application are solely the responsibility of the Applicant. Neither the Ministry nor any agency of the Government of Ontario is responsible under any circumstances whatsoever for any expenses incurred by the Applicant related to the Application process.

## **ASSESSMENT OF APPLICATIONS**

An Application submitted in response to the Call for Applications shall be considered for evaluation when all the following criteria have been met:

- it has been received by the Ministry on or before the Application Submission Deadline;
- it has met all Minimum Eligibility Requirements set out in section 1 of the Application;
- it is fully completed and signed in relevant sections; and
- it includes all items listed on the Final Checklist of the Application.

Only Applications that meet all the above criteria will be scored by the evaluation panel.

The evaluation panel will review applications based on the required contents for a licence application as set out under subsection 5(4) of the ICHSCA, and any other required information requested in the Application Form to be considered for licensing.

Applications will be considered by the Director in accordance with the criteria set out in section 6 of the ICHSCA, as well as other considerations that the Director, in their sole discretion, determines to be relevant and appropriate, using the Application Guidelines as a non-exclusive guide.

The Director may reject any or all Applications by written letter, request clarification, or request additional information, a site visit and/or interview regarding any Application.

The Director, in their sole discretion, may deem the Application incomplete and discontinue consideration of the Application if the information provided in the Application is considered incomplete or unclear.

Under the ICHSCA, the Director has the discretion to issue a licence for establishment of operations if the requirements have been met but the Director is under no obligation to issue any licences.

The Director is not required to issue a licence to any person and may prefer any application over other applications. Should the Director issue multiple licences, the issuance of licences may occur over a period of time and there is no requirement that all licences be issued on the same date.

### **SHORT-LISTING APPLICANTS**

The Director reserves the right, in their sole discretion, to identify a short list of Applicants following the Application Submission Deadline, and to request further or other information from those Applicants, site visits and/or interviews, as the Director, in their sole discretion, determines to be necessary or appropriate, in accordance with the ICHSCA.

### **DISQUALIFICATION OF APPLICATION**

The Director may, in their sole discretion, discontinue assessment of an Application and/or disqualify an Applicant at any time without penalty or liability if:

- In the Director's opinion, the Application contains false or misleading information (including supporting documentation such as the Certificate of Professional Conduct (CPC)) or the Applicant, or officers or directors or any person with an interest affecting control of the corporation, if applicable, misrepresents any information provided in, or in connection with, the Application;
- The Applicant, fails to submit, complete, or fully execute the Application in the requested format;
- The Applicant fails to cooperate with the Ministry in its attempt to verify or clarify any information provided in the Application;
- The Application reveals, in the opinion of the Director, a conflict of interest;
- The Applicant is known to have prior knowledge or information related to the assessment evaluation and scoring system for the Application;
- The conduct of the Applicant, or officers or directors or any person with an interest affecting control of the corporation, if applicable, affords the Director reasonable grounds for belief that:
  - The Health Facility will not be operated in accordance with the law and with honesty and integrity;

- The Health Facility will be operated in a manner that is prejudicial to the health, safety or welfare of any person;
- The Health Facility will not be operated competently and in a responsible manner, in accordance with the ICHSCA and its regulation and any other applicable Act or regulation;
- The services specified in the Call for Applications will not be provided or will not comply with the quality and safety standards; or
- The Applicant, or officers or directors or any person with an interest affecting control of the corporation, attempts to influence the outcome of the Director's decision outside the parameters of the Call for Applications, including contacting parties noted in the following section.

To initiate a request for a Certificate of Professional Conduct (CPC) please contact the College of Physicians and Surgeons of Ontario (CPSO) and/or visit their [webpage](#). Please note that CPCs can be sent from the CPSO to the ministry via email. The institution email address for the CPSO to issue the CPC is [ICHSC.Applications@ontario.ca](mailto:ICHSC.Applications@ontario.ca).

## **CONTACT DURING THE APPLICATION PROCESS**

Applicants may communicate with each other for the purpose of submitting a joint Application.

Applicants are expected to act in good faith and should not collude with each other to lessen competition between Applicants and deprive the Ministry of the benefit of a competitive and open process.

Applicants, or any individuals assisting the Applicants, are not permitted to contact the following individuals to discuss this Application process:

- Any staff of the Premier of Ontario's office or the Ontario Cabinet Office;
- Any Member of Provincial Parliament or their staff;
- Any member of Cabinet, including the Minister of Health, or their staff or advisors; or
- Any member of Ontario Health, including their staff, advisors or board members.

## **QUESTIONS AND ANSWERS**

Questions about the Call for Applications process, the Application Guidelines, and/or the Application must be emailed to [ICHSC.Applications@ontario.ca](mailto:ICHSC.Applications@ontario.ca) and be received by the Questions Submission Deadline.

**Unless amended by the Ministry, the Questions Submission Deadline is July 16, 2025 at 11:59 PM (Eastern Standard Time).**

Responses to questions received by the Questions Submission Deadline will be posted on the [Ministry's ICHSC web page](#) in the form of a Frequently Asked Questions document so that all potential Applicants may benefit from the response. Note that the posted material will not identify who submitted the question. The ministry will not respond directly to individual questions and questions that come in after the Question Submission Deadline will not be reflected in the Frequently Asked Questions document.

## **CHANGES TO THE APPLICATION GUIDELINES AND RELATED DOCUMENTS**

At any time, the Ministry may make changes, including substantial changes, to these Application Guidelines and related documents including the Application by way of new information on the [Ministry's ICHSC web page](#).

## **UPDATES ABOUT THE CALL FOR APPLICATIONS PROCESS**

In addition to the responses to any questions that may be received by the Questions Submission Deadline, additional information, clarification, and/or updates about the Call for Applications process, the Application Guidelines, and/or the Application may be posted on the [Ministry's ICHSC web page](#). Applicants are responsible for checking the site regularly up to and including the Application Submission Deadline.

## **APPLICANT ELIGIBILITY**

The Call for Applications is open to all Applicants, including new centres seeking to become an ICHSC, existing ICHSCs seeking to be licensed for an additional service(s), and public hospitals that meet the minimum eligibility requirements (see below). Sole proprietors, not-for-profit corporations and for-profit corporations can apply to the Call for Applications. Note, the sole proprietor does not need to be a physician.

Existing ICHSCs that are seeking to be licensed for a new service(s) are required to submit an Application through this Call for Applications process.

A public hospital corporation is eligible to apply for an ICHSC licence for Orthopedic services, **provided** that the proposed ICHSC will not be located at or within the same building, premises, or place where a public hospital site is operated under the [Public Hospitals Act](#).

This restriction is to ensure that the ICHSC and its Facility Cost funding is completely separate from the funding the corporation receives for hospital purposes (e.g., global funding, Quality Based Procedures (QBP)) and will be used solely in support of patient care at an ICHSC.

Hospital funding from the Ministry, such as global funding, QBP or any other source of overhead funding from the Ministry should be used solely in support of patient care in a hospital. As a result, any resources the hospital acquires and maintains using hospital funding (e.g., equipment, infrastructure, corporate service, personnel, etc.) should not be used at the proposed ICHSC.

ICHSCs and hospitals are subject to different regulatory, quality assurance and funding model requirements under separate legislative schemes. Maintaining a clear delineation of hospital and ICHSC operations will promote regulatory clarity, financial transparency and accountability.

Additionally, where a hospital is proposing to dispose of an interest in any land, a building or other premises that were acquired or used for the purposes of a hospital, the hospital would need to obtain approval under subsection 4(4) of the [Public Hospitals Act](#).

As set out in O.Reg 215/23 under the ICHSCA, a corporation that holds a licence under the *Private Hospitals Act* is not eligible to receive a licence to operate an ICHSC.

A health facility that is currently being operated by a public hospital under a temporary/time-limited approval under subsection 4(2) of the *Public Hospitals Act* is eligible to apply to the Call for Applications, provided the proposed ICHSC services and hospital services are not provided on the same premises (see #9 under Minimum Eligibility Requirements below).

Applicants may determine whether they work with another corporation or organization to submit a joint application. Please note that an ICHSC licence can only be held by a sole proprietor or a single corporation.

For Health Facilities that are not yet established, Applicants must provide the most accurate and up-to-date information available about the proposed Health Facility at the time of application submission and provide a note to explain if any of this information may be subject to change.

Applicants will need to **agree to all** of the following minimum eligibility requirements, as set out in section 1 of the Application, to be considered under this Call for Applications:

1. Comply with requirements of the *Integrated Community Health Services Centres Act, 2023* ([ICHSCA](#));
2. Provide licensed services that are performed in Ontario;
3. Comply with requirements of the *Accessibility for Ontarians with Disabilities Act, 2005* ([AODA](#));
4. Comply with the *Personal Health Information Protection Act, 2004* ([PHIPA](#));

5. Conform to all [Standards](#) established in the Integrated Community Health Services Centre Quality Assurance Program under the Inspecting Body, Accreditation Canada, while operating a licensed ICHSC;
6. Comply fully with the mandatory pre-licensing inspection conducted by Accreditation Canada that is required if the Applicant is offered a licence to become an ICHSC;
7. Comply fully with requirements of the *Healing Arts Radiation Protection Act* ([HARPA](#)) and regulations, if applicable;
8. Abide by the [Ontario Fire Code](#) certified fire safety, emergency and evacuation planning for the Health Facility, including any related policies and procedures;
9. Confirm that the Health Facility will not be located at or within the same building/premises/place where a public hospital site is operated under the [Public Hospitals Act](#);
10. Comply with and will continue to comply with public health directives, and any future public health requirements;
11. Submit information in the format and frequency as specified in the Transfer Payment Agreement (TPA), which may include data entry into specific information systems. Data and reporting may include, but is not limited to, the following information:
  - a. ICHSC service volumes,
  - b. Staffing details (e.g., headcount and earned hours by employment status, occupational class),
  - c. Quality-based indicators,
  - d. Priority populations being served and how the Health Facility is meeting health equity needs, and
  - e. Financial report
12. Submit health information in the format and frequency as required for the National Ambulatory Care Reporting System (NACRS), including the Canadian Joint Replacement Registry (CJRR);
13. Confirm understanding that future licensing requirements can include digital connectivity and reporting requirements, such as participation in the Wait Times Information System (WTIS), centralized waitlist management program, the regional central intake program, the provincial electronic health record, etc;
14. Understand that successful Applicants may be required to participate in various initiatives as they are implemented in the system, such as participating in the centralized waitlist management program, the regional central intake program, the surgical efficiency target program, Ontario Surgical Quality Improvement Network (ON-SQIN) and contributing to the provincial electronic health record, etc.
15. Agree to the Facility Costs payable for Orthopedic services

16. Receive patients from respective regional intake programs that are supported by Rapid Access Clinics (RACs);
17. Comply with the requirement that the applicant will establish and maintain partnerships with at least one local hospital prior to delivering ICHSC services;
18. Provide post-operative rehabilitation services to patients who clinically require it, and
19. Comply with the requirement that all physicians proposed to be providing Orthopedic Surgery and Anesthesia at the ICHSC have active hospital privileges at a local hospital to the ICHSC.

## FUNDING

The Minister of Health (Minister) will pay Facility Costs to ICHSCs for Orthopedic services in accordance with the ICHSCA and pursuant to terms of the Transfer Payment Agreements (TPAs) that will be established with successful Applicants for an ICHSC licence. The Minister will provide the Facility Cost to the licensee as follows:

Procedure	Facility Cost (per procedure)
Primary Unilateral Hip Joint Replacement Procedures	\$6,530
Primary Unilateral Knee Joint Replacement Procedures	\$5,797

### Inclusions of Funding:

Please note that the Facility Cost provided to ICHSCs for Orthopedic services is considered a bundled payment. As a bundled payment, the Orthopedic services ICHSCs are responsible for providing pre- and post-operative elements of Orthopedic services to their patients at no additional cost to the patient, including:

1. Organizing appropriate pre-operative planning and assessment.
2. Performing all components of the surgery associated with the procedures identified in the table above.
3. Ensuring that patients receive appropriate post-operative care, including any appropriate diagnostic imaging.
4. Ensuring appropriate post-operative rehabilitation care for all patients.

The ICHSC is responsible for arranging and fulfilling payments to all appropriate health system partners at no additional cost to the patient, where relevant, in order to provide

the required care for the patient throughout the above identified elements of the patient pathway.

Note: The identified Facility Costs may undergo periodic review or rate refresh under the sole discretion of the Ministry, at any time.

The ICHSCA defines a Facility Cost as a charge, fee or payment for or in respect of a service or operating cost that supports, assists, or is a necessary adjunct to an insured service, and is not part of the insured service.

Please refer to Part IV of the ICHSCA for certain prohibitions regarding payments.

Physician professional fees for insured services are separate from Facility Costs. For physician payments, physicians must submit claims to OHIP for the professional fee component of insured services provided in an ICHSC, as outlined in the Schedule of Benefits: Physician Services under the *Health Insurance Act*.

No additional funding will be provided to centres for the establishment of a new centre. Facility Cost funding is the only funding that the Ministry provides to an ICHSC under the ICHSCA. Funding for Facility Costs does not include and will not be provided for:

- the establishment of a new Health Facility;
- acquisition, installation, replacement of equipment;
- renovation or expansion of an existing Health Facility; or
- any other capital costs or leasehold improvements.

Licences for ICHSCs are typically issued for a five-year period. Section 9 of the ICHSCA outlines the provisions governing the renewal process for ICHSC licensees. The renewal process includes Director review of a licensee's compliance with licence requirements under the ICHSCA. The renewal process is initiated by the ministry with existing licensees being notified six months in advance of the renewal date. The ministry sends the licensee a renewal application to review current contacts, services, affiliated physicians, and other operational details.

A Transfer Payment Agreement (TPA) will also be established with successful applicants for an ICHSC licence. The term and renewal of the TPA may not align with the ICHSC licence period.

## **SCOPE OF SERVICES**

The following are the licensed ICHSC Orthopedic services, as they are described and listed under the Schedule of Benefits: Physician Services under the *Health Insurance Act*, that would be eligible for Facility Costs from the Ministry to the licensee.

**Orthopedic services eligible for Facility Costs:**

<b>Procedure Code and Description</b>
<b>Primary Unilateral Hip Joint Replacement Procedures</b>
<b>R439</b> – Unipolar Arthroplasty
<b>R440</b> – Total Hip Replacement – Acetabulum and Femur Arthroplasty
<b>Primary Unilateral Knee Joint Replacement Procedures</b>
<b>R483</b> – Hemiarthroplasty – double component
<b>R441</b> – Total replacement / both compartments

The above procedures include partial or complete primary unilateral hip and knee replacement surgeries only. Revision of previous joint replacement surgery, including patients with a previous fusion arthroplasty, are not eligible for facility cost funding. In addition, simultaneous multiple joint replacement or bilateral hip or knee replacement surgery are not eligible for facility cost funding.

It is recognized that surgeons may perform and claim insured physician services in addition to one of the above base Procedure Codes. Facility Cost funding for the above surgical procedures is inclusive of the facility costs for all components of the surgery performed by the surgeon at the time of surgery (e.g., grafts, patelloplasty/replacement, etc.).

**Mandatory Inclusions of these services:**

1. Referrals from local Rapid Access Clinics (RACs) and regional intake programs

All patients receiving funded Orthopedic services at ICHSCs are required to be referred to the centres from respective regional intake programs that are supported by RACs following a medical determination that the patient is appropriate for the ICHSC setting. Applicants are responsible for identifying local RACs from which the centre may receive referrals and establish individual connections/agreements with these clinics. Applicants will be required to provide supporting documentation of formal partnerships with all identified RACs in the form of letters of endorsement/agreement, as prescribed in section 2.4 of the Application form.

2. Provide Post-Operative Rehabilitation Services for all Patients

All patients receiving funded Orthopedic services at ICHSCs, who clinically require it, are required to be provided with funded rehabilitation care after the surgical procedure. Applicants are responsible for identifying rehabilitation pathways for patients receiving

funded Orthopedic Surgery, considering relevant out-of-hospital rehabilitation, in-house rehabilitation services and home-care rehabilitation services. Applicants should explore establishing local partnerships with rehabilitation clinics, providing self-education resources to patients as well as any additional virtual/telehealth rehabilitation resources. Applicants will be required to provide supporting documentation of formal partnerships with all identified rehabilitation partners in the form of letters of commitment or agreements or similar documentation as prescribed in section 2.6 of the Application form.

### 3. Establish a Hospital Partnership

All Orthopedic ICHSCs will be required to establish and maintain partnerships with at least one local hospital prior to delivering ICHSC services. For a hospital to be classified as “local,” the proposed ICHSC must be geographically located in the catchment area of the hospital to receive emergency cases. The hospitals that are eligible for this partnership must also be a hospital that has an established orthopedic surgery program that offers hip and knee replacements and has the ability to provide emergency and in-patient care, if required. Applicants will be required to provide supporting documentation of efforts to establish partnerships with all identified hospital partners in the form of letters of intent, commitment or agreements or similar documentation as prescribed in section 7.1 of the Application form. If applicants have been unsuccessful in establishing hospital partnerships to date, applicants will be asked to demonstrate and provide evidence of, efforts to establish these hospital partnerships as prescribed in section 7.1 of the Application form.

### **Orthopedic patients that are eligible to receive these services:**

Please note, the above Orthopedic services have been identified as in-scope procedures for community surgical settings; however, services are only eligible for appropriate patients, based on specific criteria noted below.

Patients that have been identified as candidates for Orthopedic surgery in ICHSCs are required to meet all of the following criteria:

1. Elective and require non-urgent care
2. Low risk
3. Have a definitive length of stay/are a same-day surgery
4. Medically stable
5. No or minimal medical co-morbidities, including those that are (ASA) 1 or ASA 2 patients

## **UNINSURED SERVICES AND PATIENT COMPLAINTS**

Below is a summary of some of the key requirements for ICHSCs relating to the prohibition against patient charges, providing uninsured services, and addressing patient complaints; however, applicants should carefully review section 29 of the ICHSCA and sections 21–26 of O. Reg 215/23, which set out the full requirements.

It is a violation of subsection 29(4) of the ICHSCA for a licensee to charge a patient or accept payment for a Facility Cost for an insured service other than the payment accepted from the Ministry or a prescribed person (e.g. Ontario Health) under the ICHSCA.

In addition, no centre can refuse an insured service to a patient who chooses not to purchase uninsured upgrades, and no patient can pay to receive insured services faster than anyone else at the centre.

Further, centres are required to post an up-to-date list of costs associated with all uninsured services and options on the centre's website, if applicable, and in a visible place within the centre.

As well, every licensee must also establish and maintain a process for receiving and responding to patient complaints. Under the ICHSCA and its regulation, there are requirements for the patient complaints process, including timelines for a response, components required to be included in communications to patients and a requirement to maintain a record of all complaints received. Each centre must also post a copy of the complaints process and the contact information for the Patient Ombudsman under the *Excellent Care for All Act, 2010* on the licensee's website, if applicable, and in a visible place within the centre.

Please also review the *Commitment to the Future of Medicare Act, 2004* for additional restrictions around insured and uninsured services.

## **ACCESS TO ORTHOPEDICS QUALITY AND SAFETY STANDARDS**

Accreditation Canada has been prescribed under the ICHSCA as the new inspecting body for ICHSCs, effective April 1, 2024. As the Inspecting Body, AC is responsible for ensuring the highest quality facility standards and strengthened oversight of the 900+ current and all future community surgical and diagnostic centres. All centres will undergo a facility inspection every four years with the most recent results posted on the Community Surgical and Diagnostic Centre Listing on the Ministry's website.

Accreditation Canada will provide the requirements for Orthopedic services in .pdf format on its e-store for download. The Accreditation Canada Program Standards and

Core Requirements can be found here: [Call for Orthopaedic Surgery Applications – Accreditation Canada E-Store](#)

The webpage linked above also includes a hyperlink to the Program Information, where there is a general overview of the ICHSC Quality Assurance Program.

Please Note:

- There are annual inspection/quality assurance fees that ICHSCs are required to pay to Accreditation Canada.
- New ICHSCs will enroll in the AC Quality Assurance Program by entering into an agreement with Accreditation Canada. The agreement will provide more information on the applicable fees, which are determined based on clinic-specific information.
- A licensed ICHSC that is also operating as an Out-of-Hospital Premise (OHP) must comply with the Accreditation Canada Quality Assurance Program and may still have to meet requirements under the CPSO's OHP program.
  - If your Centre has an OHP registration and an ICHSC licence for different procedures, you will be required to undergo an ICHSC inspection under Accreditation Canada for the ICHSC licensed service and may be required to undergo an inspection for the OHP service through the CPSO.
  - You will still be required to submit updates to the CPSO regarding changes to staff, equipment, etc. and adverse events. You may be required to pay the CPSO an annual assessment fee in addition to the annual assessment fee to Accreditation Canada. Please contact [OHP@cpsso.on.ca](mailto:OHP@cpsso.on.ca) for information.

## **WHAT HAPPENS IF AN APPLICATION IS SUCCESSFUL/UNSUCCESSFUL?**

The issuance of a licence to any person in accordance with section 6 of the ICHSCA is discretionary and despite this Call for Applications or any communication regarding an Application, the Director is not required to issue a licence to any person and may prefer any application over other applications.

Please Note:

- Being identified as a successful Applicant under this Application process, and any correspondence and/or agreements in connection with this process, shall not constitute the issuance of a licence under the ICHSCA.
- A licence may be subject to such limitations and conditions as may be prescribed or as may be specified by the Director and set out in the licence.

## **SUCCESSFUL APPLICATIONS**

The Application may be conditionally approved by the Director if they have determined, in their sole discretion, that a successful Applicant may be eligible to be issued an ICHSC licence based on certain conditions.

The Director will advise the Applicant in writing that the Application was conditionally approved, subject to satisfaction of certain specified requirements, including, for example:

- Confirmation of the date when the Health Facility will be prepared to commence providing Orthopedic services to Insured Persons, if licensed as an ICHSC.
  - Full cooperation with the mandatory pre-licensing inspection of the Health Facility, to be conducted by Accreditation Canada to ensure that the standards of the Health Facility, and of the services to be provided therein, will conform to the applicable quality and safety standards established by the inspecting body.
- The Health Facility meets the criteria specified by the Ministry in this Application process.
- The Applicant will operate the Health Facility competently and with honesty and integrity.
- The Applicant has established and will maintain a records management system to ensure monitoring and documentation including, but not limited to, clinical management, appropriateness for surgery, complications and patient outcomes related to all patient services provided in the Health Facility.
- Execution of a TPA (Note: If terms of funding cannot be agreed upon by the parties within a specified number of calendar days following the date of the conditional approval, the Director may, without penalty or liability, withdraw their conditional approval of the Application).
- Completion of the ICHSC Registration Package (to be provided to the successful Applicant by the Ministry).

## **UNSUCCESSFUL APPLICATIONS**

The Director will advise the Applicant in writing regarding an unsuccessful Application, including some information on why the proposal was not successful.

## APPENDIX I: GLOSSARY

**AODA:** means the *Accessibility for Ontarians with Disabilities Act, 2005*, S.O. 2005, c. 11.

**Accreditation Canada (AC):** means the Inspecting Body prescribed in the regulation under the ICHSCA, (O.Reg 215/23) effective April 1, 2024, with responsibility to provide the oversight for the ICHSC Quality Assurance Program.

**Applicant:** means the person who submits an Application, including any officer or director of a corporation.

**Application:** means an Application Form and attachments that are submitted by an Applicant per the Call for Applications and Application Guidelines.

**Application Submission Deadline:** means the date and time that an Application must be received by the Ministry as specified in the Call for Applications and Application Guidelines.

**Call for Applications:** means the notice issued by the Director, and authorized by the Minister, to request Applications for the establishment and operation of Health Facilities as ICHSCs under the ICHSCA.

**Catchment Zone:** for the purpose of this application form, a catchment zone is an Ontario town or city with a population greater than 100,000. For towns with a population of 100,000 or less, the catchment zone is the township/municipality in which the town is located. If the township/municipality has a population of 100,000 or less, the catchment zone is the county in which the township/municipality is located.

**CPC:** means the Certificate of Professional Conduct issued by the CPSO to verify that a physician is registered with the CPSO and to confirm his or her standing with the CPSO.

**CPSO:** means the College of Physicians and Surgeons of Ontario.

**Director:** means the Director of Integrated Community Health Services Centres as appointed by the Minister per the ICHSCA.

**eServices:** means digital services to support clinical workflows that enable smoother transitions in care and improve the patient experience (e.g., eReferral, eConsult, eOrdering, ePrescription).

**Facility Cost:** has the meaning ascribed to it in the ICHSCA.

**Health Facility:** has the meaning ascribed to it in the ICHSCA.

**HIA:** means the *Health Insurance Act, R.S.O. 1990*, c. H.6.

**ICHSC:** means an Integrated Community Health Services Centre and has the meaning ascribed to it in the ICHSCA.

**ICHSCA:** means the *Integrated Community Health Services Centres Act, 2023*, S.O. 2023, C. 4, Sched. 1.

**Inspection:** means the mandatory quality assurance assessment, as required under the ICHSCA to assess compliance with the applicable quality and safety standards, which may include remote and/or on-site components where an assessor determines if the Centre conforms or does not conform with the established standards.

**Insured Persons:** has the meaning ascribed to it in the HIA.

**Insured Services:** has the meaning ascribed to it in the HIA.

**Local Hospital:** For a hospital to be classified as "local," the proposed ICHSC must be geographically situated within the hospital's catchment area to receive emergency cases.

**Minister:** means the Ontario Minister of Health.

**Ministry:** means the Ontario Ministry of Health, its employees, servants, officers, directors, and agents.

**OHIP:** means the Ontario Health Insurance Plan and has the meaning ascribed to it in the HIA.

**OHP:** means an Out-of-Hospital Premise (as governed under the *Medicine Act, 1991*), which is any health facility within Ontario performing medicine outside of a hospital environment.

**Ontario Health Region:** Information on the Ontario Health Regions can be found at visit the [Ontario Health Regions webpage](#).

**Personal Health Information Protection Act, 2004:** means the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3.

**Quality Assurance Program:** means the inspection program administered by the Inspecting Body named in legislation (i.e., AC), to ensure compliance with the mandatory facility-level quality and safety standards that licensees must comply with, pursuant to subsection 20(2) of the ICHSCA. The ICHSC Quality Assurance Program is an established inspection framework that includes quality and safety standards and a continuous quality improvement platform.

**Questions Submission Deadline:** means the date and time that questions will be accepted by the Ministry as specified in the Call for Applications and is prior to the Application Submission Deadline.

**Standards:** means the currently established requirements, organized as core standards (pertaining to all Centres) and specific standards (pertaining to modalities within a Centre) and used by an assessor to determine the Centre's conformity to the requirements.

**TPA:** means Transfer Payment Agreement, the contract between the Ministry and the licensee to govern the terms of funding for an ICHSC.

**Uninsured Services:** means services that are not insured under OHIP (e.g., services provided to uninsured patients, services that are not medically necessary, etc.). Patients may pay fees for these services directly.