

RURAL AND SMALL COMMUNITIES

Long-term care in your community

Orientation for council

ACROSS ONTARIO

611	78,000+	50,000+	215	100
homes province-wide	residents supported	people waiting	rural homes	municipal homes

02 What is long-term care?

LONG-TERM CARE IS A PART OF THE CONTINUUM OF CARE



People move between these depending on their needs. Hospital care can happen at any point along the way.

LTC is a home, not a hospital.

People move in to live there, often for years. It is licensed, publicly funded and regulated by the province.

When there is no space.

If a space is not available, the person waits at home, relying on health care services not designed for their level of need and leaving family caregivers to fill the gap. Or they wait in hospital as an alternate level of care (ALC) patient, in a bed they no longer need.

1 in 5 seniors over the age of 80 has complex care needs that can only be safely met in long-term care



03 Who lives in long-term care today

Residents today are older, frailer and more medically complex than they were a decade ago.



75% [1]

of residents have moderate to severe cognitive impairment

87% [1]

of residents need support with activities of daily living

11 [2]

medications on average

Nearly 6 [2]

different health conditions on average

Only 4.7 per cent of Ontario's long-term care residents could potentially be cared for in another setting, compared with close to 9 per cent nationally. Those who could are often in communities without enhanced home care nearby, or without a family caregiver able to support them.



> **Long-term care is not an early step.** By the time someone moves in, the care they need is generally beyond what home care and family can provide, even with daily visits and round-the-clock family support.

Sources. **1** Cognitive impairment and activities of daily living: Canadian Institute for Health Information, Profile of Residents in Residential and Hospital-Based Continuing Care, 2024-25. **2** Medications and health conditions: Intellihealth, CCRS main and assessment package, 2024/25 Q3, retrieved April 2025. **3** Care-elsewhere comparison: Canadian Institute for Health Information, data and reports, accessed January 2026.

04 Who decides what

PROVINCE **Ministry of Long-Term Care**	MUNICIPALITY **Council and staff**	THE HOME **Operator**
Licences homes	Official plan	Delivers care
Funds care	Zoning	Employs staff
Sets baseline care standards in the Act and regulations	Site plan approval	Finances construction
Inspects homes	Building permits	Carries the mortgage
Sets resident co-payment rates	Water and wastewater	Meets provincial rules
Funds rate reductions for low-income residents who cannot afford the basic co-payment	Municipal land	Sets clinical policies through its medical director and director of care
Approves and partially funds capital development and redevelopment	Growth planning	Chooses the site
Oversees the provincial placement framework	Governance of the municipal home, where the municipality operates one *	Works with hospitals and health system partners

* IF YOUR MUNICIPALITY OPERATES A HOME

Where a municipality operates a home, council also governs it, usually through a committee of management or a board. In two-tier systems the upper-tier municipality holds that role, and lower-tier councils work with them on planning, land and local services that affect the home.

HOW A NEW HOME IS FUNDED

Build (typically 2-3 years)	**Operating Licence Term** (30 years)

- Construction is funded through operator equity and debt financing. Not-for-profit operators also receive MLTC grants.
- On completion, construction financing converts to long-term financing, and MLTC contributes to repayment over 25 years.

Under the current MLTC Capital Funding Model, operators are required to contribute significant equity upfront toward the cost of development. Government contributes grant funding during construction (that varies by type of operator) and the remainder is borrowed by the operator. The ministry provides payments to the operator over the 25 years to contribute to debt repayment. OLTCA estimates the 58,000 target will require operators to invest over $5 billion directly and borrow a further $17 billion.

05 Who provides it

Ontario has 611 long-term care homes, operated under three ownership models. Most communities are served by a mix.

THE THREE MODELS

Municipal

Operated by a municipality, or jointly through a district board of management.

About 100 homes across Ontario

Not-for-profit and charitable

Operated by hospitals, charities, cultural, faith-based, service organizations and community boards.

For-profit

Operated by companies from single family-run homes to large providers.

What changes with ownership

- Who the board or owner answers to
- How the organization is governed and structured

What does not change

- The licence under the Fixing Long-Term Care Act
- Regulatory and legislative standards
- Ministry inspections
- Admission through Ontario Health atHome
- Amount of funding provided from the province for care

If your municipality operates a home

Your home will be governed by a committee or board of management, comprised of councillors

Councillors on the board are required to follow the Fixing Long-Term Care Act, and can be held liable in instances of non-compliance

Your home receives the same base funding from the province. Councils often supplement from the tax base.

IN RURAL COMMUNITIES

215 of Ontario's long-term care homes are in rural communities and many are small. In some communities, there may be only one home and limited alternatives for residents requiring care.

When local capacity is lost, residents may need to move significant distances from family, friends and established community supports.

06 How long-term care is regulated, inspected and funded

Long-term care is one of the most closely regulated parts of Ontario's health system. The rules are the same for every home.

Regulation

Every long-term care home operates under the Fixing Long-Term Care Act, 2021. The Act sets residents' rights, baseline care standards, staffing requirements and what a home must do and must not do. It applies to every home in the province in the same way. Staff who are licensed professionals are also governed by their regulatory colleges. Within that framework, each home sets its own clinical policies, led by its medical director and director of care.

Inspection

Homes are inspected by the Ministry of Long-Term Care. Inspectors can arrive unannounced. Where an inspection finds a problem, the ministry can issue orders and follow up until it is resolved. Inspection results for every home are public, and anyone can find the inspection reports for any home.

HOW FUNDING FLOWS TO EACH HOME

Province — Per-resident, per-day funding — **Same for every home**

All unspent funds returned to government

Nursing & Personal Care (NPC)
Direct care staff salaries/benefits, nursing and medical equipment and supplies

Personal Support Services (PSS)
Program, therapy and recreational staff salaries/benefits and related equipment

Nutritional Support (NS)
Cost of food supplies and nutritional supplements

Other Accommodation (OA)
Dietary services, housekeeping, laundry, buildings/property operations and maintenance, general administrative services, and any overspending in other envelopes

+ Supplemented through resident co-payment

Funding

Base per-resident funding is established provincially, regardless of whether a home is municipal, not-for-profit or for-profit. Additional funding may vary based on applicable programs, eligibility and other factors.

Co-payment

Care in long-term care is publicly funded. Residents contribute to everyday living costs called co-payment. It contributes to Nutritional Support and Other Accommodation envelopes, for costs associated with a room, meals, housekeeping, and laundry. The government sets the maximum co-payment rates each year, not individual homes. Rates are the same across all long-term care homes.

Rate reductions

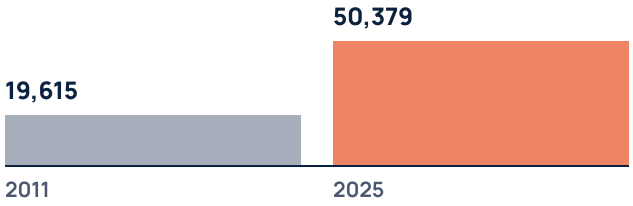
Residents in basic accommodation who cannot afford the full co-payment can apply for a rate reduction. The application goes through the home, eligibility is based on the resident's income, and residents re-apply each year. Semi-private and private accommodation are not eligible. Residents receiving a reduction keep a monthly comfort allowance for personal costs such as clothing, phone and prescription co-payments.

07 Why this matters to council

Demand for long-term care is not a temporary pressure. The waitlist has climbed steadily for more than a decade, and the population most likely to need care is growing faster than any other age group.

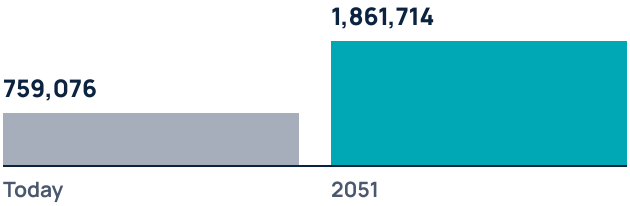
THE NEED IS GROWING

Waitlist



Ontario's long-term care waitlist has more than doubled in 14 years. Source: Ontario Ministry of Long-Term Care, Client Profile Database.

Ontarians aged 80 and over



Across Ontario, the population driving that demand grows two and a half times by 2051. Source: Ontario Ministry of Finance population projections.

THE SOCIO-ECONOMIC IMPACT OF LONG-TERM CARE

Long-term care is one of Ontario's largest economic and social engines.

$14.1B[1]
contributed to Ontario's GDP each year

180,000+[1]
direct, indirect and induced jobs

122M[2]
caregiving hours saved each year

$4B[2]
in caregiver income preserved

WHAT THIS MEANS LOCALLY

In smaller communities, long-term care homes are often major employers and an important part of the local economy. When a home cannot redevelop and eventually closes, the community risks losing care spaces, jobs and local spending.

Pressure moves, it does not disappear. When local capacity falls short, the load shifts to home care, paramedics and the hospital. Moving 100 patients from hospital to long-term care saves the system more than $100,000 a day.[3]

WHAT ONTARIANS SAY

90%[4]
say local and regional government has at least some responsibility

54%[4]
say local long-term care supply is not adequate

33%[4]
name availability as the biggest challenge in long-term care, now ahead of staffing

Sources. **1** GDP and jobs: IMPLAN® model, 2022 Model, using inputs provided by the user and IMPLAN Group LLC, IMPLAN System (data and software), 8935 Northpointe Executive Park Drive, Suite 125, Huntersville, NC 28078. **2** Caregiver figures: Ontario Caregiver Organization, Spotlight Report 2025. **3** Hospital savings: Ontario Long Term Care Association (OLTCA), Provincial Snapshot: Socioeconomic benefits of long-term care, August 2024. **4** Polling: Representative online surveys of Ontario adults, 7,400 baseline respondents June to July 2025, with tracking waves in February and July 2026 (margin of error ±2.19 per cent, 19 times out of 20).

08 Where council makes the difference



01 Approval timelines

Providers finance around known timelines. Clarity early in the site plan and permit process helps a project stay on schedule and on budget.

02 Land

Where a municipality holds surplus land near existing services, it can make an otherwise difficult project viable.

03 Planning and zoning

Naming long-term care as a community service use in the official plan gives staff and providers a shared starting point.

04 Servicing

In smaller communities, water and wastewater capacity, infrastructure costs and servicing timelines can determine whether a project is viable. Early discussions help identify barriers and potential solutions.

05 Relationships

In communities with one or two homes, council and providers work together over many years. Getting to know each other early makes later conversations easier.

09 First 100 days

The first 100 days are an opportunity for council to understand local long-term care needs, existing capacity and planned investments. Working with municipal staff, council can identify the homes serving residents, upcoming redevelopment requirements and any municipal decisions that may affect future capacity.

	CHECKLIST	DONE
1	Identify the long-term care homes serving your municipality, their operators and the number of spaces available.	☐
2	Ask staff for local waitlist information and projected growth in the population aged 75 and over and 80 and over.	☐
3	Identify homes requiring redevelopment and the status of planned projects.	☐
4	Identify zoning, servicing, land or infrastructure constraints affecting proposed long-term care projects.	☐
5	Confirm how long-term care is addressed in the official plan and growth planning.	☐
6	Review whether municipal land holdings could support long-term care or an integrated seniors' hub.	☐
7	Meet with local operators to understand their needs, plans and challenges before a specific application comes before council.	☐
8	Ask whether the homes in your community have a residents' council or family council, and arrange a visit.	☐

> **Early engagement matters.** Understanding local needs, maintaining relationships with providers and identifying planning and infrastructure constraints early can help municipalities support new and redeveloped long-term care homes.

10 FAQ, and where to get local data

Who is responsible for long-term care?

The province licenses, regulates, inspects and funds it. Municipal decisions affect land use, servicing and approvals.

What is four hours of care?

A provincial commitment to an average of four hours of hands-on daily care per resident. It is a provincial average and it has been achieved. It is not a cap or a minimum for individual residents.

Who builds new homes?

Operators build under provincial licences and capital programs, arranging their own financing.

What role does council play?

Land use planning, zoning, servicing, site plan and permit approvals, and decisions about municipal land.

Does our municipality have to operate a home?

Upper-tier and single-tier municipalities in southern Ontario are required to maintain a long-term care home, directly or jointly. In northern territorial districts, homes are maintained through district boards of management rather than by a single municipality.

Want the numbers for your community?

The figures throughout this module are province-wide. OLTCA can provide long-term care data for your municipality or region: spaces, waitlist, projected seniors' growth and local economic contribution. We also brief councils and staff.

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OLTCA
LEADING CHANGE.
TOGETHER.

About the OLTCA

The Ontario Long Term Care Association represents nearly 70 per cent of Ontario's publicly funded long-term care homes. Our members include small, medium and large homes, private, not-for-profit, municipal, hospital-based, culturally specific and First Nations, in rural, urban and northern communities across the province.