Ministry of Health
Health Services Branch
Integrated Community Health Services Centres Program
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ICHSC@ontario.ca

ICHSC Expansion Application

Notice of Collection

Collection of this information is for the administration of the *Integrated Community Health Services Centres Act, 2023* (ICHSCA). It is collected/used for these purposes under the authority of the ICHSCA, Section 58(1). For information about collection practices, contact the Manager, Integrated Community Health Services Centre Program, at ICHSC@ontario.ca

1.0 General Information

- A facility must be operating under the current licensee, providing licensed services in its current location for six months, before submitting an expansion application.
- Only the current licensee (either a person or corporation) is eligible to submit an expansion application. An application to expand a licence will be cancelled if there is a pending application to transfer ownership of the centre.
- Licensing is specific to a civic address (including suite number).
- For the expansion of mobile ministry approved sites, please fill out the Mobile Schedule A Location Expansion Application.

1.2 Definitions

Expansion of services: the addition of a service category or individual fee codes to an ICHSC licence. This expansion could be a new category or adding codes to a category already on the licence, whether using new or existing equipment.

Existing unmet need: where the Service to Population ratio in a specified catchment zone for the proposed service or category of service is 70% or less of the provincial average ratio for that service as defined by the annual service to population data calculated by the ministry (including both ICHSC and hospital services).

Expansion of services: the addition of a service category or individual fee codes to an ICSHC licence. This expansion could be a new category or adding codes to a category already on the licence, whether using new or existing equipment.

Catchment zone: A Catchment Zone for the purpose of ICHSCs is an Ontario town or city with a population greater than 100,000. For towns with a population 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. The following chart may be a helpful reference:

	Population - 100,000 or Less	**Population - Greater than 100,000**
City/Town	Proceed to township/municipality level	This is the catchment zone
Township/Municipality	Proceed to county level	This is the catchment zone
County	This is the catchment zone	This is the catchment zone

Facility Type:

- **Single Modality:** ICHSCs licenced to provide a single category of services
- **Multiple Modality:** ICHSCs licenced to provide more than one category of services
- **Specialized Practice:** A physician or group of physicians performing a specialized service(s) in conjunction with their regular medical practice, such as obstetrics or ophthalmology

Please see page 8 for full policy details

Please provide the information on the following pages and appropriate documentation to: ICHSC@ontario.ca

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2.0. General Background Information

2.1 Clinic Information

Licensee Name (Full Legal Name)

Operating Name

Billing Number	Licence Number

Designated Centre email

Clinic Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Mailing Address (if different from above)

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Clinic Telephone Number

2.2 Application Contact

Name

Title

Contact Email Address	Contact Telephone Number

I believe the information provided in this notice to be complete and true and understand that the Director may revoke or suspend a licence if false information has been provided. I understand that the information provided in this application may be shared with relevant public hospitals and other interested parties. I understand that the information provided in this notice is subject to the *Freedom of Information and Protection of Privacy Act*.

Applicant Name (First and Last Name)	Signature of Applicant	Date (yyyy/mm/dd)

3.0 Expansion Details

3.1 Type of Expansion

☐ The purchase/lease of new equipment other than replacement equipment.

☐ The expansion by diagnostic ICHSCs to other logical service groupings or categories using the **same** equipment.

☐ The expansion by diagnostic ICHSCs to other logical service groupings or categories using the **new** equipment.

The proposed date of purchase/lease of new equipment is (yyyy/mm/dd) :

3.2 What is the reason for the request to expand services?

3.3 How will the proposed expansion address an existing unmet need?

3.4 Will the proposed expansion result in a change in the patient catchment area/referred population? ☐Yes ☐No

If yes, please explain

4.0 Human Resources

4.1 Provide the names and billing numbers of all physicians who will be providing the professional component in respect of any new diagnostic services that are the subject of this application. Ensure that the physicians below are qualified to provide the proposed service.

Provider Name	Solo Billing Number

4.2 Will there be additional staffing requirements because of the proposed expansion? ☐Yes ☐No

If yes, please explain and provide the number of positions, position titles, job descriptions and qualifications on a separate sheet, and attach it to this application

5.0 Community Snapshot

Are you aware of any facilities located within a 5 km radius of the facility, (i.e. hospitals or community surgical and diagnostic centres) that currently provide the services that are the subject of this application? ☐Yes ☐No

If yes, please complete the chart below for each existing facility providing the target services

Facility Information 1

Facility Name

Facility Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Similar Service(s) Provided

5.2 Attach evidence, if any, of community support for the proposed expansion. **Information should clearly indicate that there is no anticipated negative impact on the existing provision of services to patients in the catchment zone, including, for example, letters of support from hospitals and other ICHSCs providing the services within 5 km of the ICHSC's location.**

6.0 Information for the Director

6.1 Is there any other information you would like the Director to take into consideration when assessing this application?

7.0 Modalities of Services (Licenced & Proposed)

Standard licences cannot expand to include Mobile Radiography and Mobile Ultrasound. Those are services only available on a mobile licence. Restricted licences with a specialized practice will be limited to the logical service groupings for their specialty.

7.1 Facility Type

☐Single Modality ☐Multiple Modality ☐Specialized Practice

If Specialized Practice, Indicate the specialty and/or subspecialty of practice:

7.2 Modality Summary

Modality Name	Currently Licenced	Proposed Modality	Proposed Individual Code
Diagnostic Radiology	☐	☐	☐
Diagnostic Ultrasound	☐	☐	☐
Mobile Radiography	☐	☐	☐
Mobile Ultrasound	☐	☐	☐
Nuclear Medicine	☐	☐	☐
Pulmonary Function Studies	☐	☐	☐
Sleep Studies	☐	☐	☐

In the following tables, please identify with a check mark:
• Currently licenced ICHSC services

• Proposed expansion of services

If the expansion request is in respect of individual fee codes, referring to the Schedule of Facility Costs, identify the specific codes proposed.

7.3 Diagnostic Radiology

i) Fluoroscopy ☐Add Modality ☐Proposed codes

ii) Mammography ☐Add Modality ☐Proposed

iii) Radiography ☐Add Modality ☐Proposed codes

iv) Bone Mineral Analysis ☐Add Modality ☐Proposed

7.4 Diagnostic Ultrasound

i) General Ultrasound ☐Add Modality ☐Proposed codes

ii) Vascular Ultrasound ☐Add Modality ☐Proposed

iii) Obs/Gyn Ultrasound ☐Add Modality ☐Proposed codes

iv) Ophthalmic Ultrasound ☐Add Modality ☐Proposed codes

v) Urology Ultrasound ☐Add Modality ☐Proposed

7.5 Mobile Radiology ☐Add Modality ☐Proposed codes

7.6 Mobile Ultrasound

i) General Ultrasound ☐Add Modality ☐Proposed codes

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ii) Vascular Ultrasound ☐Add Modality ☐Proposed

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iii) Obs/Gyn Ultrasound ☐Add Modality ☐Proposed codes

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iv) Ophthalmic Ultrasound ☐Add Modality ☐Proposed codes

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v) Urology Ultrasound ☐Add Modality ☐Proposed codes

7.7 Pulmonary Function Studies

i) Class A ☐Add Modality ☐Proposed codes

ii) Class B ☐Add Modality ☐Proposed codes

iii) Class C ☐Add Modality ☐Proposed codes

iv) Other Fee Codes ☐Add Modality ☐Proposed codes

7.8 Nuclear Medicine

i) In Vivo - General ☐Add Modality ☐Proposed codes

ii) In Vivo - SPECT ☐Add Modality ☐Proposed

7.9 ICHSC Services Not Eligible for Expansion

The Ministry is not considering the expansion of any ICHSCs to include the services in this chart at this time.

i) Nuclear Medicine - In Vitro ☐Add Modality ☐Proposed codes

ii) Sleep Studies ☐Add Modality ☐Proposed codes

Expansion Procedure

1.0 Background

In accordance with the *Integrated Community Health Services Centres Act* (ICHSCA), the Director may at any time amend the limitations and conditions of a licence.

A licensee may apply to the Director for approval to expand the limitations and conditions of a licence to add a specific service and/or additional categories of a service to the licence.

The Director's written approval is required before licensees may charge or receive a facility cost in connection with an expansion of services. A decision to deny an expansion request can not be reviewed by the Health Services Appeal and Review Board (HSARB).

In considering information supplied by ICHSCs about the potential impact of a expansion, the Director is concerned with the availability of services in a catchment area, the quality of the services, and avoiding an undue concentration of services in a catchment area (based on information such as that provided by the Applicant, Ontario Health and/or nearby ICHSCs).

2.0 Requirements for application

Only the current licensee (either a person or corporation) is eligible to submit an expansion application. An application to expand a licence will be cancelled if there is a pending application to transfer ownership of the centre.

A facility must be operating under the current licensee, providing licensed services in its current location for six months, before submitting an expansion application.

3.0 Criteria for Consideration

The Director will consider approving a application to expand services where:

- internal ministry data shows an existing unmet need in the relevant catchment zone.
    - In addition, there are no outstanding or unresolved quality assurance issues relating to the provision of currently licensed services at the ICHSC for which expansion is proposed.

In addition, the Director may consider other information provided by a licensee with their application to add services, including:

- A description of a demonstrated need for services and evidence of the same,
- Evidence of support for the proposal, for example, letters of support from referring physicians
- Information clearly indicating that there is no anticipated negative impact on the existing provision of services to patients in the catchment zone, including, for example, letters of support from hospitals and other ICHSCs providing the services within 5 km of the ICHSC's location.

4.0 Approval in Principle

The Director's decision to approve expansion of the services on an ICHSC licence is conditional.

The conditional approval is valid for one (1) year from the date of the letter and permits the licensee to make necessary preparations to provide the service(s). No extensions of time will be granted for conditional approvals of service expansions.

If the licensee is successful and receives approval in principle for an expanded licence, the ICHSC will be scheduled for an on-site quality assurance inspection within one year. Upon receiving this conditional approval, the licensee must submit documentation to the inspecting body and prepare for a potential site visit.

If licensee is not able to provide the service(s) within one year, the licensee must re-apply for approval and provide updated supporting information.

5.0 Expanding the Licence

Once the inspecting body provides a favorable assessment, the Director will issue an amended Licence and Conditions of Licence.