Ministry of Health
Integrated Community Health Services Centres Program
49 Place d'Armes, PO Box 48
Kingston ON K7L 5J3
ICHSC@ontario.ca

Relocation Application
Integrated Community Health Services Centres

Notice of Collection

The Ministry of Health (MOH) collects the personal information provided in this Application Form and any additional information submitted in connection with the Application Form for purposes related to the administration of the *Integrated Community Health Services Centres Act, 2023* (ICHSCA) in accordance with section 58(1) of the ICHSCA. The information will be used to assess applications for approval to relocate a licensed Integrated Community Health Services Centre (ICHSC) and to verify information related to the licensing and operation of centres under the ICHSCA. The Applicant is responsible for ensuring that all persons whose personal information is provided in the Application Form have consented to the provision of that information to the MOH and are made aware of this Notice.

1.0 General Information

Section 10 of the ICHSCA provides as follows:

(1) A licensee shall not relocate an integrated community health services centre without the prior approval of the Director.

(2) A licensee may apply to the Director for approval to relocate an integrated community health services centre.

(3) The Director may approve the relocation subject to such limitations and conditions as the Director considers necessary or advisable.

(4) For greater certainty, section 15 does not apply to a decision to not approve a relocation.

(5) The Director shall not approve the relocation of an integrated community health services centre to a location described in subsection 6(5).

Licensees must submit an application in the required form (Application Form), and obtain written approval from the Director, **prior to a centre's relocation**.

Licensees are responsible for ensuring that the Application Form submitted is the current version of the form required by the Ministry of Health (MOH).

Sections That Must Be Completed by Applicants:

Level I Relocation (less than 5 km): complete sections 2.0, 3.0 and 6.0

Level II Relocation (5 or more km, within current catchment zone): complete sections 2.0, 3.0, 4.0 and 6.0

Level III Relocation (5 or more km, across catchment zones, from over-serviced or adequately serviced area to an underserviced area, based on ministry data): complete sections 2.0, 3.0, 4.0 and 6.0

Relocation in support of a specialty physician practice (ophthalmic ultrasound and/or ultrasound supporting investigation of infertility): complete sections 2.0, 3.0, 5.0 and 6.0

Note: Incomplete applications will be returned to the Applicant for completion and re-submission before they will be further considered.

The completed Application Form and supporting material should be submitted by email: ICHSC@ontario.ca

For a complete listing of the policy please go to page 8.

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2.0 Applicant Information (to be completed by all Applicants)

Licensee Name (Full Legal Name)
(If the licensee is a corporation, provide the corporation's legal name and the name of the Applicant – the person who is completing the application on behalf of the licensee)

Centre Name

ICHSC Licence Number	ICHSC Billing Number

Contact Person(s): Identify the individual(s) who should be contacted with respect to this Application Form during regular business hours.

Contact Person 1

Last Name	First Name	Middle Initial

Telephone Number	Fax Number	Email Address

Role in Organization

Contact Person 2

Last Name	First Name	Middle Initial

Telephone Number	Fax Number	Email Address

Role in Organization

Current Address of Centre

Unit Number	Street Number	Street Name

City/Town	Province	Postal Code

Catchment Zone

Services for which the Centre is Licensed

The centre is currently providing services at this address

☐Yes ☐No

The centre has been operating[1] at the current address for at least six months prior to making this application

☐Yes ☐No

1 An ICHSC is considered by the ministry to be operating if it is providing services to patients at the licensed location in compliance with Conditions and Limitations of the Licence and charging centre costs to the ministry for such services under the appropriate ICHSC billing number. In the case of a Mobile ICHSC, it is considered to be operating if it is providing services at a location listed on their Schedule A.

If the centre is not currently operating at the current address, or has not operated at the current address for at least six months prior to making this application, please provide an explanation (appending additional pages to the Application Form if necessary)

3.0 Information About the Proposed Relocation (to be completed by all Applicants)

Proposed Location of Centre

Unit Number	Street Number	Street Name

Province	Postal Code	City/Town

Catchment Zone

Distance Calculation

Straight-line distance between current and proposed location (in kilometers)

Level I Relocation (less than 5 km)

☐Yes ☐No

Level II Relocation (5 or more km, within current catchment zone)

☐Yes ☐No

Level III Relocation (5 or more km, across catchment zones, from over-serviced or adequately serviced area to an underserviced area)

☐Yes ☐No

Relocation in Support of Specialty Practice (ophthalmic ultrasound or ultrasound for the investigation of infertility)

☐Yes ☐No

Note: The ministry maps the straight-line distance between the entrances of the current and proposed centre locations. If the ministry's distance calculation indicates the proposed relocation involves a different Level from the one identified by the Applicant, the Applicant will be notified and provided with an opportunity to amend the application or submit a new Application Form as needed.

Proposed date operations would commence at new location (yyyy/mm/dd)

Location and Premises

Please provide a map showing the exact location of the proposed site (i.e. the main intersection, street address). The map should identify any public hospitals in the area of the proposed site and provide a scale for distance.

Please also provide floor plans showing the area proposed for occupancy (hand drawn denoting square footage is acceptable).

Describe the service(s) provided in the current location, and the nature of the service(s) that will be provided in the proposed location

The equipment to be used in the proposed location conforms with the applicable quality and safety standards established by an inspecting body prescribed under the ICHSCA General Regulation, as applicable, and with any requirements prescribed by legislation or regulation

☐Yes ☐No

If applicable, provide the date of the last Ministry of Health, Licensing and X-Ray Inspection Services Unit inspection (yyyy/mm/dd)

The proposed premises conform with the applicable quality and safety standards, and with any requirements prescribed by legislation or regulation

☐Yes ☐No

If not, describe the licensee's plans for ensuring compliance (attach additional pages if required)

If the centre is a diagnostic centre, describe the arrangements for interpreting physicians and for reporting. Please identify any proposed changes for the new location (attach additional pages if required)

Details of premises at proposed location

Describe access by public transportation systems

Are there parking spaces nearby clearly identified with the International Symbol of Accessibility (the "wheelchair" symbol)

☐Yes ☐No

Are there stairs, steps or other barriers on the route from patient parking to the building entrance?

☐Yes ☐No

If yes, describe all architectural features that bypass these obstructions to ensure accessibility (e.g. ramps, elevators)

Are there any stairs, steps or other obstructions on the route from the building entrance to the proposed centre reception area?

☐Yes ☐No

If yes, describe any architectural features that bypass these obstructions to ensure accessibility.

Are all doors in the proposed location wide enough to permit a person using a wheelchair or other mobility aid to enter?

☐Yes ☐No

Do the premises include washrooms and change rooms for the exclusive use of patients of the ICHSC, and are they accessible by a person using a wheelchair or other mobility aid?

☐Yes ☐No

Describe the safety plan that will be in place for evacuation of non-ambulatory persons in event of fire or other emergency (append additional pages if needed).

4.0 Information About the Proposed Relocation (to be completed by **Level II** and **Level III** Applicants)

Applicants are required to complete this section if applying for approval to relocate to an address that is **five (5) or more kilometres** from the current licensed location, and:

- is within the current catchment zone (Level II) or
- involves a move across catchment zones, from an over-serviced or adequately serviced area to an underserviced area[2] (Level III).

2 Whether an area is considered to be underserviced, adequately serviced or over-serviced for specified service or services is calculated using ministry internal data considered current at the time the application is reviewed.

Identify the average wait times for the services you are providing in your current location (list each service)

List hospitals and other centres (e.g., ICHSCs) near your current operating location that also provide the services you are licensed to provide, if known

What challenges, if any, do you anticipate for your **current** community if the proposed relocation is approved?

List hospitals and other centres (e.g., ICHSCs) near the **proposed** operating location that provide the services you are licensed to provide, if known

What specific benefits, if any, do you anticipate for your proposed community if the proposed relocation is approved?

Provide information regarding the monthly service volumes you anticipate at the proposed location for each licensed service

Are there physicians who refer patients to the current location who intend to use your services at the proposed location?

☐Yes ☐No

If yes, please attach letters of support from these physicians.

Describe the referral base and population that you will serve if the proposed centre relocation is approved. Please attach letters of support from the proposed referring physicians

In the case of diagnostic centres, the services provided involve a consultative physician service rendered by qualified specialists for interpretation and reporting. Describe any arrangements you have made with relevant specialists (e.g., radiologists) at the proposed location

Will the proposed relocation improve patient access to diagnostic services? Provide details

5.0 Information About the Proposed Relocation (to be completed by Applicants seeking a relocation in support of a specialty physician practice)

Where the Limitations and Conditions of licence permit an ICHSC to provide **ultrasound for the investigation of infertility and/or ophthalmic ultrasound**, the licensee may apply for the Director's approval to relocate across catchment zones, regardless of the distance involved in the move, if the relocation is for the purpose of **supporting a specialty physician practice**.

The Director's approval of such an application will be conditional upon the licensee consenting to an amendment of the Conditions and Limitations of the licence to **remove any services that do not support the specialty practice**.

In addition, approval will be conditional on the licensee's agreement that, in the event the centre relocates and then ceases to provide services in support of the specialty practice, the licensee will seek Director's approval to relocate to a location in the original catchment zone. A proposed relocation to the original catchment zone will be evaluated as if it were a proposal to relocate from the initial operating centre location (in other words, the location where the centre operated prior to being approved to relocate in support of the specialty physician practice). In such circumstances, the Applicant may apply for the Director's approval to add the original services back onto the licence. Note that any such application will be subject to the applicable ministry policy for adding services to a licence.

Are the proposed services in support of:

Ultrasound for investigation of infertility

☐Yes ☐No

Ophthalmic ultrasound

☐Yes ☐No

The licensee acknowledges that, if the proposed relocation is approved, the Limitations and Conditions on the licence will be amended to remove all services other than ultrasound for the investigation of infertility and/or ophthalmic ultrasound.

☐Yes ☐No

The licensee acknowledges that, if the proposed relocation is approved, any future relocation application and/or request to amend the Limitations and Conditions of the licence to add services, will be subject to the requirements described above.

☐Yes ☐No

Provide details regarding the nature of the proposal to provide services in support of a specialty physician practice, including the nature of the services and the names of the physician(s). Attach letter(s) of support from the physician(s), including their contact information, to your Application Form

6.0 Applicant Declaration

On behalf of and with the authority of the Licensee, I/we believe the information provided in this Application and supporting documents to be complete and true. I/we understand the following:

(i) that the Director may revoke or suspend a licence if false information has been provided;

(ii) that the information provided in this Application may be shared with Ontario Health and other interested parties;

(iii) that the information provided in this application is subject to the *Freedom of Information and Protection of Privacy Act*; and

(iv) that any costs associated with preparing and/or submitting this Application, and that any costs associated with relocating or planning to relocate the centre, are solely the responsibility of the Applicant.

I/we acknowledge that the decision to approve or deny this relocation application is solely within the discretion of the Director of Integrated Community Health Services Centres. I/we hereby agree to indemnify and hold harmless His Majesty the King in right of Ontario, his managers, agents, appointees and employees from and against any and all liability, loss, costs, demands, lawsuits or other proceedings, by whomever made, sustained, incurred, brought, or prosecuted in any way arising out of or in connection with this Application.

Applicant's Name (print)		Date (yyyy/mm/dd)
Applicant's Name (print)		Date (yyyy/mm/dd)
Witness' Name (print)		Date (yyyy/mm/dd)
Witness' Name (print)		Date (yyyy/mm/dd)

Relocation Policy

Background

Section 10 of the *Integrated Community Health Services Centres Act*, 2023 (ICHSCA) provides:

(1) A licensee shall not relocate an integrated community health services centre without the prior approval of the Director.

(2) A licensee may apply to the Director for approval to relocate an integrated community health services centre.

(3) The Director may approve the relocation subject to such limitations and conditions as the Director considers necessary or advisable.

(4) For greater certainty, section 15 does not apply to a decision to not approve a relocation.

(5) The Director shall not approve the relocation of an integrated community health services centre to a location described in subsection 6(5).

Policy

A. Submission of Application in the Required Form

Licensees must submit an application in the required form (Application Form), and obtain written approval from the Director, **prior to a centre's relocation**.

Licensees are responsible for ensuring that the Application Form submitted is the current version of the form required by the Ministry of Health (MOH).

A licensee may obtain the Application Form and a copy of the MOH's procedure from the ICHSC Program by email.

Licensees shall not relocate unless and until they have received the Director's approval. The decision to approve or deny a relocation Application is within the Director's discretion, and may be subject to such conditions as the Director sees fit to impose.

Centres that relocate without receiving the Director's prior approval may be subject to suspension or revocation of their licence in accordance with section 13(1) of the ICHSCA.

B. Information the Director May Consider

In deciding whether to approve or deny a relocation Application, the Director may consider the information provided by the Applicant and such other information as the Director considers appropriate.

Section 2.0 of the Application Form requires the Applicant to provide general information about the current centre and the proposed centre. It must be completed by all Applicants.

Section 3.0 of the Application Form requires Applicants to provide more specific information about the proposed relocation, including the nature of the services the Applicant intends to provide, the nature of the equipment that will be used, whether there are arrangements for interpreting physicians and for reporting (for diagnostic centres), whether the proposed location is accessible by patients, and other factors considered by the Director to be relevant, including but not limited to the relocation history of the licence. It must be completed by all Applicants.

Section 4.0 of the Application is to be completed only by Applicants seeking approval for a Level II or Level III relocation (see details in section C(i) below). Such Applicants are required to provide information to assist the Director in determining whether the proposed relocation is in the public interest, including information about benefits and detriments to the communities served in the current and proposed locations, patient access to services, anticipated service volumes, physician referral base and patient population.

Section 5.0 of the Application is to be completed by any Applicant seeking approval of a relocation in support of a specialty physician practice (see details in section C(iv) below). Such Applicants are required to provide information to the Director relating to the specialty physician practice they propose to support.

Section 6.0 of the Application is a Declaration that must be completed by all Applicants.

C. Limits on Relocation

(i) Relocation in Same Building

As per Section 10(1) of the ICHSCA, relocation within a building requires submission of a relocation application for the consideration of the Director of ICHSCs.

(a) Multiple Suites

1. The Director will not consider allowing the ICHSC licence to be located on separate floors

2. The Director may consider allowing an ICHSC licence to be located at more than one distinct address where:

o The locations are immediately adjacent suites that share a common wall within a building;

o The locations are suites that are immediately across the hall from each other within a building;

o The locations are suites that are as adjacent as is possible within a building with no other businesses or habitable spaces physically located between the suites.

(ii) Distance from Current Licensed Location

All Applicants are required to identify the distance involved in their proposed relocation. Based on the distance involved, Applications are categorized as Level I, Level II or Level III relocations. Level I relocations involve a proposed move of less than five (5) kilometres from the current licensed location. Level II relocations involve a proposed move of five (5) or more kilometres from the current licensed location within the centre's current catchment zone. Level III relocations involve a proposed move of five (5) or more kilometres from the current licensed location to a location outside of the centre's current catchment zone.

Level III relocations will only be considered when the movement is from a catchment zone that is over-serviced or adequately serviced for the licensed modalities to a catchment zone that is considered to be underserviced for the same licensed modalities. The determination of whether an area is underserviced, over-serviced or adequately serviced will be based on ministry data.

The ICHSC program will map the straight line distance between the entrances of the two locations to confirm the information provided by the Applicant, and may require revisions to the Application if necessary.

(iii) Catchment Zones

Applicants are also required to identify their current Catchment Zone and the Catchment Zone of the proposed location.

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

(iv) Level I, Level II and Level III Relocations – Additional Information

Level I: Less than five (5) kilometres from current licensed location

Where an Applicant proposes to relocate to an address that is within one (1) kilometre of a public hospital providing some or all of the services as are permitted in the Limitations and Conditions of the Applicant's licence, the ICHSC program will contact the relevant region of Ontario Health to request information on the potential impact of the relocation. If Ontario Health anticipates that the proposed relocation would have an adverse impact on patient access to hospital services, the Applicant will be advised accordingly and provided with an opportunity to submit a response addressing Ontario Health's concerns. The Director may consider any information in determining whether to approve or deny a relocation application.

If the ICHSC is already located within one (1) kilometre of a public hospital and proposes to relocate to a new premise within one (1) kilometre of the same hospital, the ICHSC program will not seek information about the anticipated impact from Ontario Health.

Level II: Five (5) or more kilometres from current licensed location, within the existing Catchment Zone

Where an Applicant proposes a relocation of five (5) or more kilometres from the current licensed location, and where the proposed location is within one (1) kilometre of a public hospital or an ICHSC providing some or all of the services as are permitted in the Limitations and Conditions of the Applicant's licence, the ICHSC program will contact the relevant region of Ontario Health or nearby ICHSC to request information about any anticipated impact of the relocation. If the Ontario Health or nearby ICHSC anticipates that the proposed relocation would have an adverse impact on patient access to services, the Applicant will be advised accordingly and provided with an opportunity to submit a response addressing Ontario Health or nearby ICHSC's concerns.

Any impacted region of Ontario Health will be contacted for their input on a Level II relocation. If the proposed relocation involves a change in Ontario Health regions, the ICHSC program will contact both relevant regions of Ontario Health to request information about the anticipated impact of the relocation. If either region of Ontario Health anticipates that the proposed relocation would have an adverse impact on patient access to services, the Applicant will be advised accordingly and provided with an opportunity to submit a response addressing the Ontario Health's concerns. The Director may consider any information in determining whether to approve or deny a relocation application.

In considering information supplied by ICHSCs about the potential impact of a relocation, 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 may be provided by the Applicant, Ontario Health and/or nearby ICHSCs).

Level III: Five (5) or more kilometres from current licensed location, outside of the existing Catchment Zone

Level III relocations will only be considered when the proposed relocation is from a catchment zone that is over-serviced or adequately serviced (based on ministry data) for the licensed modalities to a catchment zone that is considered to be underserviced for the licensed modalities.

Where an Applicant proposes a relocation of five (5) or more kilometres from the current licensed location which involves a change in the centre's catchment zone, and where the proposed location is within five (5) kilometres of a public hospital or an ICHSC providing some or all of the services as are permitted in the Limitations and Conditions of the Applicant's licence, the ICHSC program will contact the relevant region of Ontario Health or nearby ICHSC to request information about any anticipated impact of the relocation. If Ontario Health or nearby ICHSC anticipates that the proposed relocation would have an adverse impact on patient access to services, the Applicant will be advised accordingly and provided with an opportunity to submit a response addressing any identified concerns.

Any impacted region of Ontario Health will be contacted for their input on a Level III relocation. If the proposed relocation involves a change in Ontario Health regions, the ICHSC program will contact both relevant regions of Ontario Health to request information about the anticipated impact of the relocation. If either Ontario Health region anticipates that the proposed relocation would have an adverse impact on patient access to services, the Applicant will be advised accordingly and provided with an opportunity to submit a response addressing Ontario Health's concerns.

The Director may consider any information in determining whether to approve or deny a relocation application.

In considering multiple modality licences where each modality may have different service levels, the Director will require at least one service to be underserviced at the proposed location and no services to be over-serviced at the proposed location.

In considering information supplied by ICHSCs about the potential impact of a relocation, 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).

(v) Relocation to A New Catchment Zone

Level I relocations to a new catchment zone may be approved, following a consideration of the Application and such other information as the Director considers appropriate.

Generally speaking, a proposed relocation of five or more kilometres across a catchment zone will not be considered unless it involves movement from a catchment zone that is over-serviced or adequately serviced for the licensed modalities to a catchment zone that is underserviced for the licensed modalities.

There is one exception: where the Limitations and Conditions of licence permit an ICHSC to provide ultrasound for the investigation of infertility or ophthalmic ultrasound **services in support of a specific specialty physician practice**, the licensee may apply for the Director's approval to relocate across catchment zones, regardless of the distance involved in the move.

The Director's approval of such an application will be conditional upon the licensee consenting to an amendment of the Conditions and Limitations of the licence to remove any services that do not support the specialty practice.

In addition, approval will be conditional on the licensee's agreement that, in the event the centre relocates and then ceases to provide services in support of the specialty practice, the licensee will seek Director's approval to relocate to a location in the original catchment zone. The proposed relocation to the original catchment zone will be evaluated according to the location where the centre operated prior to relocating to support the specialty practice. In such circumstances, the Applicant may apply for the Director's approval to add the original services back onto the licence. Note that any such application will be subject to the applicable ministry policy for adding services to a licence.

(vi) Consecutive Relocations

A licensee who receives approval from the Director to relocate must establish the centre at the approved location and operate the centre, providing the services listed in the Conditions and Limitations of the licence, for at least six months before submitting any subsequent relocation application.

If a licensee submits a subsequent relocation Application without having established the centre at the approved location and without having operated the centre at that location for at least six months, the new application will be evaluated as if it were a proposal to relocate from the previous location where the centre operated and provided services for at least six months.

(vii) Diagnostic Radiology Services and Nuclear Medicine Services

Where the Limitations and Conditions of licence permit an ICHSC to provide **diagnostic radiology services**, the Director's approval of a relocation will be conditional upon the licensee meeting the requirements of the Licensing and X-Ray Inspection Services Unit, Ministry of Health.

Where the Limitations and Conditions of licence permit an ICHSC to provide **nuclear medicine services**, the Director's approval of a relocation will be conditional upon the licensee meeting the requirements of the Canadian Nuclear Safety Commission.

D. Director's Approval

Only the Director's written approval constitutes approval to relocate; any other communication to or from MOH staff relating to a relocation application shall not be construed as approval.

The Director's approval to relocate is valid only for the licensee named on the licence at the time of the Director's approval unless the relocation application is submitted concurrently with a Consent to Transfer Application in which case the Director's approval to relocate would also be valid for the proposed licensee.

A relocation approval given by the Director is an **approval in principle**. This means:

(a) the Director may specify conditions that must be met;

(b) before the Director issues the new licence, the Applicant will need to provide evidence to satisfy the Director the conditions have been met;

(c) the relocation does not have to take place -- the licensee may decide not to relocate, or may decide instead to apply for approval to relocate to another location; and

(d) the Director retains discretion to withdraw the approval.

The Director's approval to relocate is always specific to a centre, a licensee and a new location.

Further, the Director's approval to relocate is valid for twelve months from the date of the Director's decision letter (the approval period). The licensee must complete the relocation and be operating within the approval period. An ICHSC is considered by the ministry to be operating if it is providing services to patients at the licensed location in compliance with Conditions and Limitations of the Licence and charging centre costs to the ministry for such services under the appropriate ICHSC billing number. In the case of a Mobile ICHSC, it is considered to be operating if it is providing services at a location listed on their Schedule A.

Licensees may, in extenuating circumstances, request an extension of the approval period, in writing, prior to the expiry of the period. Requests must include detailed information as to why the relocation has not been effected. Examples of extenuating circumstances may include but are not limited to such factors as a delay in meeting the requirements of the Licensing and X-Ray Inspection Services Unit, Ministry of Health or the requirements of the Canadian Nuclear Safety Commission. The Director may extend the approval period for up to twelve additional months.

If a licensee does not notify the ICHSC program of the effective date of the relocation, at least one month prior to the expiry of the approval period the ICHSC program will alert the Applicant of the pending expiry of the approval period, and inform the Applicant of the date upon which the proposed relocation will be deemed to have been abandoned and the Director's approval to relocate will be rescinded without further notice (subject to any extension the Director may grant).

Licensees who proceed with a relocation following receipt of the Director's written approval must send notice in writing to the ICHSC program, advising of the effective date of the relocation (in other words, the date the centre will be open and ready to receive patients), and must return the parchment licence issued in respect of the previous location, at which time the Director will issue a parchment licence setting out the new centre address. The new licence must be posted in the centre in accordance with the ICHSCA and the regulations under the ICHSCA.