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Intent

To describe health authorities' responsibilities in planning and delivering publicly subsidized housing and health services.

Policy

Health authorities must plan and deliver publicly subsidized housing and health services to clients as part of their established care plans including, but not limited to:

- assisted living services;
- group home services; or
- family care home services.

Health authorities must:

- establish local service delivery models that will provide clients with access to housing and health services within their community, or within an accessible distance to their community;
- authorize and manage access to housing and health services by:
 - informing clients and their caregivers of the available housing and health services options;
 - establishing a care plan with clients and their caregivers to assist clients to remain safely at home until they can access housing and health services where required; and
 - informing clients and caregivers of the health authority's process for managing the waitlist for these services and the process for moving into the new housing;
- ensure clients identified as having the greatest need and urgency receive priority access to the relevant service(s);
- ensure that clients are aware of their responsibilities including:
 - assuming maximum personal responsibility for their own health and well-being;
 - the terms of their assisted living residency agreement;
 - participating in decisions about their own care (see Policy 2.D, Assessment);
 - payment of the assessed client rate and any additional charges;
- establish a process for resolving disputes between service providers and health authorities; and
- establish a process for working with the Assisted Living Registrar to resolve health and safety concerns and/or complaints received by the registrar.

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Health authorities must ensure that publicly subsidized assisted living service providers:

- negotiate individual assisted living residency agreements with each client; and
- establish and follow written processes to ensure quality of care and services including:
 - client involvement in their care plan; and
 - a process for resolving complaints and disputes between clients and the service providers.

Definitions

assisted living services are provided in a supportive accommodation environment for clients with physical and functional health challenges who can no longer reside at home but are able to make decisions on their own behalf. Each assisted living unit incorporates all of the following elements:

- a private housing unit with a lockable door;
- hospitality services; and
- personal care services.

assisted living unit is a private housing unit, registered under the *Community Care and Assisted Living Act*, where the health authority:

- provides or contracts with a service provider to provide the three elements of assisted living services; and
- determines eligibility and access priority for clients moving in and out of the setting.

family care home services are provided in a single family residence that accommodates a maximum of two clients with specialized care needs that cannot be optimally met in a residential care facility.

group home services are provided in a non-licensed congregate housing arrangement where clients with disabilities or other unique conditions share personal care resources.

hospitality services are part of assisted living services, and include:

- meal services;
- housekeeping services;
- laundry services;
- social and recreational opportunities; and
- a 24-hour emergency response system.

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housing and health services include, but are not limited to, assisted living services, group home services and family care home services.

personal care services are direct care services that assist a client who requires assistance with activities of daily living, such as mobilization, nutrition, lifts and transfers, cueing, bathing, grooming and toileting, as well as specific nursing and rehabilitation tasks delegated under Policy 1.C, Delegation of Tasks.

residency agreement is an agreement that defines the expectations, rights and obligations of the client and the assisted living service provider, including the services to be provided, the charge to the client for those services and the conditions under which a client and/or spouse will be required to move out of an assisted living residence.

References

Assisted Living Regulation

Community Care and Assisted Living Act

Community Care and Assisted Living Regulation

Assisted Living Registry

Personal Assistance Guidelines, Ministry of Health Services, November 2008

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SUBSECTION: 1 SERVICE NEEDS DETERMINATION	EFFECTIVE: OCTOBER 15, 2012

Intent

To describe health authorities' responsibilities in determining the appropriate assisted living services to meet the client's needs.

Policy

Health authorities are responsible for determining the appropriate assisted living services to meet the client's needs.

Service Needs Determination

Health authorities can approve assisted living services for a client who:

- requires both hospitality services and personal care services;
- is able to make decisions on his or her own behalf that will allow him or her to function safely in an assisted living residence, or has a spouse who lives with the client and is willing and able to make decisions on the client's behalf (see A Case Manager's Guide to Section 26(3) of the *Community Care and Assisted Living Act*);
- is at significant risk in remaining in his or her current living environment; and
- has agreed to pay the assessed client rate (see Policy 7.B.2, Client Rates for Specific Services) and any additional charges as set out in Policy 5.B.3, Benefits and Allowable Charges.

When Assisted Living is no Longer Appropriate

Health authorities must work collaboratively with the client and assisted living service provider to arrange for a client to move out of an assisted living residence when a client:

- has care needs that can no longer be met in an assisted living residence;
- is no longer able to make decisions on the client's behalf that will allow them to function safely in an assisted living residence or no longer has a spouse living with them who is willing and able to make decisions on the client's behalf as described in A Case Manager's Guide to Section 26(3) of the *Community Care and Assisted Living Act*;
- exhibits behaviours that jeopardize the client's safety and well-being or the safety and well-being of others; or
- is not complying with the terms of the residency agreement.

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SUBSECTION: 1 SERVICE NEEDS DETERMINATION	EFFECTIVE: OCTOBER 15, 2012

Couples Residing in an Assisted Living Residence

When a couple is residing together in a publicly subsidized assisted living unit, and is permanently separated, the health authority must work with the client's spouse and assisted living service provider to:

- arrange an appropriate unit in the same assisted living residence for the remaining spouse, when the remaining spouse is eligible and approved for assisted living services; or
- assist the remaining spouse to relocate to an appropriate housing environment within six months, when the remaining spouse is not eligible for assisted living services.

When a couple is residing together in a publicly subsidized assisted living unit, and is temporarily separated, no relocation of the remaining spouse will be undertaken.

Reference

A Case Manager's Guide to Section 26(3) of the *Community Care and Assisted Living Act*

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SUBSECTION: 2 ACCESS TO SERVICES	EFFECTIVE: OCTOBER 15, 2012

Intent

To describe health authorities' responsibilities in managing the timely access to publicly subsidized assisted living services.

Policy

Health authorities must manage access to assisted living services for eligible clients consistent with the following requirements:

- clients must be provided with information on assisted living options, and the health authority's process for managing access to assisted living services;
- clients must be given the opportunity to identify a preferred assisted living residence or location;
- health authorities must establish a process for determining which clients with equal need and urgency will have priority access to assisted living services; and
- where one member of a couple is not eligible for assisted living services, and when requested by the couple, the couple is permitted to move into the assisted living unit together.

Health authorities must ensure that clients who are approved and waiting in the community for access to publicly subsidized assisted living services are supported with:

- a care plan that meets the needs of the client while waiting for access; and
- an increase in the availability and flexibility of community health services where required.

Temporary Absences

A client may be temporarily absent from publicly subsidized assisted living services:

- due to hospitalization or admission to specialized services; or
- if a reasonable period of absence is in the best clinical or personal interests of the client.

The cumulative client absences due to hospitalization or admission to specialized services are not limited during a calendar year.

The cumulative client absences for personal reasons are limited to 30 days in a calendar year unless the health authority approves otherwise.

Health authorities may require a client absent for more than 30 days for personal reasons to pay the full unsubsidized cost, unless the health authority has approved an extended absence.

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SUBSECTION: 3 BENEFITS AND ALLOWABLE CHARGES	EFFECTIVE: JANUARY 1, 2013

Intent

To clarify the benefits, allowable charges and chargeable items for clients receiving publicly subsidized assisting living services.

Policy

Health authorities must ensure that service providers:

- provide assisted living benefits to clients at no additional charge over and above the client rate;
- do not charge administrative fees for services or supplies required by the client's care plan;
- apply allowable charges as part of the client's residency agreement;
- that offer chargeable items do so at a reasonable cost, at or below market rates, and on an optional basis (purchase of chargeable items is at the discretion of the client); and
- explain fees for chargeable items to the client, and ensure the client has agreed in advance of any billing for chargeable items.

Definitions

allowable charges are charges that are applied as a part of the residency agreement.

benefits are the services, programs and supplies provided to clients at no additional cost over and above the client rate pursuant to applicable regulations, this policy manual, or the contract between the service provider and health authority.

chargeable items are services, programs or supplies that are not included as a benefit and are provided by the provider.

rent, for calculation of a damage deposit, means the amount the assisted living provider is entitled to receive for the provision of accommodation and hospitality services.

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Benefits Include:

- a private housing unit with a lockable door;
- personal care services;
- two nutritious meals per day, one of which is the main meal;
- access to basic activity programming such as games, music and crafts;
- weekly housekeeping;
- laundering of towels and linens;
- access to laundry equipment for personal laundry;
- heating or cooling as necessary to maintain the safety and basic comfort level of the residence; and
- a 24-hour emergency response system.

Allowable Charges

Service providers may charge clients for the following:

- a surcharge for hydro services; and
- a one-time charge for a damage deposit, based on half of the monthly rent for the unit.

Health authorities must ensure that service providers refund the client's damage deposit at the end of the tenancy, unless a detailed assessment of the condition of the unit on entry and exit, and itemized expenditures required to repair damage to the client's unit beyond that anticipated as regular wear and tear is provided.

Chargeable Items May Include:

- cable connection and monthly fee;
- personal telephone connection and basic services;
- guest meals and suite rental;
- client outings or special events;
- hair styling, foot care or other personal grooming services;
- housekeeping beyond weekly service;
- personal laundry services;
- parking and deposit on garage door opener;
- fee for pet damage and cleaning;
- transportation;
- equipment rental, at or below market rates; and
- an administration or handling fee associated with the service, where reasonable, to perform a task or service that would normally be the client's responsibility.

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SUBSECTION:	EFFECTIVE: OCTOBER 15, 2012

Intent

To describe health authorities' responsibilities in determining the appropriate group home services and managing timely access to publicly subsidized group home services to meet the client's needs.

Policy

Health authorities are responsible for determining the appropriate group home services to meet the client's needs and prioritizing access to services.

Health authorities must establish group home services to provide eligible clients with care and support to maximize their independence, and to support their responsibility in areas such as household management, vocational pursuits and social relationships.

Health authorities are responsible for funding the personal care services for group home clients based on each client's assessed care needs. Health authorities must ensure that the group home service provider agrees to assume the care responsibilities necessary for clients.

Service Needs Determination

Health authorities can approve group home services for a client who:

- has been assessed as requiring group home services (see Policy 2.D, Assessment);
- is appropriately matched with the residence;
- is compatible with existing clients; and
- is able to make independent decisions, either individually or in cooperation with other clients.

Clients are not required to pay a client rate for group home services but are responsible for all living costs such as shelter, food and utilities.

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Intent

To describe health authorities' responsibilities in determining the appropriate publicly subsidized family care home services and managing timely access to publicly subsidized family care home services in a timely manner to meet the client's needs.

Policy

Health authorities are responsible for determining the appropriate family care home services to meet the client's needs and prioritizing access to services.

Family care home services include:

- a home like atmosphere;
- meals, laundry and other housekeeping services;
- supervision; and
- any required assistance with the activities of daily living.

Family care home service is considered a residential care service for the purpose of assessing a client rate (see Policy 7.B, Income-Based Client Rates).

Service Needs Determination

Health authorities can approve family care home services for a client who:

- has been assessed as requiring family care home services (see Policy 2.D, Assessment);
- is appropriately matched with the residence;
- is compatible with existing clients; and
- has agreed to pay the assessed residential services client rate (see Policy 7.B.2, Client Rates for Specific Services).

Recruitment and Screening

Health authorities are responsible for:

- recruiting, screening and approving family care home service providers;
- ensuring that family care home services reflect the specific needs of the client, through an appropriate client-service provider match; and
- providing information for providers, clients and families regarding family care home services.

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Family Care Home Services Requirements

The health authority must ensure that all family care homes meet acceptable standards for:

- fire safety by complying with regulations including smoke alarms, fire extinguishers and a fire evacuation plan;
- safe and secure outdoor environment to ensure the safety of clients who wander;
- general safety regarding floor surfaces, lighting and stairs;
- general cleanliness;
- appropriate living space to safely accommodate clients, including those with mechanical assistance devices;
- basic nutrition/food preparation and safety including special/therapeutic diets if required;
- access to safe bathing and toilet facilities;
- a furnished single room that must include a window for each client, preferably on the main floor with easy access for emergency evacuation;
- appropriate room furnishings including bed and furniture for personal belongings and where feasible, the option of allowing the client to have his or her own furniture if this does not constitute a hazard;
- appropriate insurance including personal liability, fire and automobile insurance; and
- the local municipal requirements.

Relationship of Client and Service Provider

The client being placed in a family care home cannot be related by blood, marriage or adoption to the service provider except as allowed under Policy 4.C.4, Payment to Family Members.

Safekeeping and Financial Affairs

Health authorities must ensure service providers establish reasonable accounting and security measures to receive and control funds for the personal comfort of the client, and make adequate provision for the custody and safekeeping of client's personal funds and belongings for everyday use of the client, where the client is unable to do so on their own behalf.

The service provider must maintain simple accounts that clearly show additions, withdrawals, and balances for each client. The records must be kept up to date at all times, and supported by receipts. All transactions undertaken on behalf of a client are to be drawn from the client's personal funds and accounted for in this manner.

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Respite for Family Care Home Service Provider

Health authorities must ensure that family care home service providers establish a plan for respite of the service provider, and are funded to purchase respite services so they may obtain relief from their duties.

Client at Risk

Health authorities must assess the situation and determine whether to remove a client from the family care home where it is determined that a client may be at risk, or is no longer appropriately housed with a family care home service provider.

Unsatisfactory Service

Health authorities must have a process for dealing with a service provider who is not providing satisfactory services up to and including termination the contract.