Canada-British Columbia Aging with Dignity Funding Agreement (2023-24 to 2028-29)

(the “Agreement”)

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Funding Agreement

BETWEEN:

> **HIS MAJESTY THE KING IN RIGHT OF CANADA** (hereinafter referred to as "Canada" or "Government of Canada") as represented by the Minister of Health (herein referred to as "the federal Minister")
>
> - and -
>
> **HIS MAJESTY THE KING IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA** (hereinafter referred to as "British Columbia" or "Government of British Columbia") as represented by the Minister of Health (herein referred to as "the provincial Minister")

REFERRED to collectively as the "Parties", and individually as a “Party”

PREAMBLE

WHEREAS, on March 1, 2023, Canada and British Columbia announced an overarching agreement in principle on Working Together to Improve Health Care for Canadians, supported by almost $200 billion over ten years in federal funding, including $46.2 billion in new funding to provinces and territories, Canada and British Columbia acknowledged the importance of helping Canadians age closer to home;

WHEREAS, Canada has also announced a 5 per cent Canada Health Transfer (CHT) guarantee for the next five years, starting in 2023-24, which will be provided through annual top-up payments as required. This is projected to provide approximately an additional $17 billion over 10 years in new support. The last top-up payment will be rolled into the CHT base at the end of the five years to ensure a permanent funding increase, providing certainty and sustainability to provinces and territories;

WHEREAS, in the area of home and community care, Working Together to Improve Health Care for Canadians also includes a commitment by Canada and British Columbia to continue to work

to support collaboration on the Common Statement of Principles on Shared Health Priorities (hereinafter referred to as the "Common Statement", attached hereto as Annex 1), supported by the federal Budget 2017 investment of $6 billion over ten years;

WHEREAS, this Agreement also provides financial support for long-term care as it relates to the Government of Canada's Budget 2021 investment of $3 billion over 5 years to support provinces and territories in keeping long-term care residents safe and improve their quality of life;

WHEREAS, the Working Together to Improve Health Care for Canadians plan also includes a commitment of $1.7 billion over 5 years to support provinces and territories to increase the wages of personal support workers and related professions (hereinafter collectively referred to as "PSW"), and support other recruitment and retention measures.

WHEREAS, British Columbia has the primary responsibility for delivering health care services to its residents and supports diversity, equity, and the needs of underserved and/or disadvantaged populations, including, but not limited to First Nations, Inuit and Métis, official language minority communities, rural and remote communities, children, racialized communities (including Black Canadians), and LGBTIQA2S+;

WHEREAS, Canada authorized the federal Minister to enter into agreements with the provinces and territories, for the purpose of identifying activities that provinces and territories will undertake in respect of long-term care, for funding in this Agreement associated with the federal investment for home and community care consistent with the Common Statement (and menu of actions outlined in Annex 1), and PSWs;

WHEREAS, the Lieutenant Governor in Counsel authorized the provincial Minister under the *Ministry of Intergovernmental Relations Act* to enter into agreements with the Government of Canada under which Canada undertakes to provide funding toward costs incurred by the Government of British Columbia associated with the federal investment for long-term care, home and community care consistent with the Common Statement, and PSWs; and

NOW THEREFORE, this Agreement sets out the terms between Canada and British Columbia as follows:

1.0 Key Principles and Collaboration

The key principles and commitment to collaboration agreed to in Working Together to Improve Health Care for Canadians are outlined below.

1.1 Canada and British Columbia acknowledge that this Agreement will mutually respect each government's jurisdiction, and be underpinned by key principles, including:

- A shared responsibility to uphold the *Canada Health Act* that strengthens our public health care system;

- Principles agreed to in the Common Statement (outlined in Annex 1);
- Reconciliation with Indigenous Peoples, recognizing their right to fair and equal access to quality and culturally safe health services free from racism and discrimination anywhere in Canada, including through seamless service delivery across jurisdictions and meaningful engagement and work with Indigenous organizations and governments; and
- Equity of access for under-served groups and individuals, including those in official language minority communities.

1.2 Canada and British Columbia acknowledge the importance of supporting health data infrastructure, data collection and public reporting, and will work together to improve the collection, sharing and use of de-identified health information, respecting federal/provincial/territorial privacy legislation, to improve transparency on results and to help manage public health emergencies, and to ensure Canadians can access their own health information and benefit from it being shared between health workers across health settings. This includes:

- collecting and securely sharing high-quality, comparable information needed to improve services to Canadians, including disaggregated data on key common health indicators with the Canadian Institute for Health Information (CIHI);
- adopting common interoperability standards (both technical exchange and content of data), including the Shared pan-Canadian Interoperability Roadmap (outlined in Annex 2), to improve Canadians' access to their health information in a usable digital format and support the exchange and analysis of health data within and across Canada's health systems in a way that protects Canadians' privacy and ensures the ethical use of data to improve the health and lives of people;
- work to align provincial and territorial policies and legislative frameworks where necessary and appropriate to support secure patient access to health information, and stewardship of health information to support the public good, including improving care quality, patient safety, privacy protection, system governance and oversight, planning and research;
- promoting health information as a public good by working with federal-provincial-territorial Ministers of Health to review and confirm overarching principles, which would affirm Canadians' ability to access their health information and have it follow them across all points of care. The existing Health Data Charter, as outlined in the Pan-Canadian Health Data Strategy would serve as the starting point for the discussion of these principles; and
- collecting and sharing available public health data (e.g., vaccination data, testing data) with the Public Health Agency of Canada to support Canada's preparedness and response to public health events, building on commitments made as part of the Safe Restart Agreements.

1.3 Canada and British Columbia acknowledge they will work with other provinces and territories to streamline foreign credential recognition for internationally-educated health professionals, and to advance labour mobility, starting with multi-jurisdictional recognition of health professional licences.

1.4 Canada and British Columbia acknowledge a mutual intent to engage in a two-phased formal review process:

a. Phase 1: This review will be done in 2026 by a joint committee of Federal, Provincial, and Territorial health and finance officials to assess results and determine next steps for bilateral agreements related to improvements to home and community care, mental health, substance use, and addiction services associated with the Common Statement and long-term care; and
b. Phase 2: A formal five-year review of the healthcare plan outlined on February 7, 2023, recognizing the importance of long-term sustainability for provincial-territorial health systems. This review would consist of an assessment of both the bilateral agreements (herein) and the CHT investments (not included as part of this bilateral agreement). The review will be done by a joint committee of Federal, Provincial, and Territorial health and finance officials, commencing by March 31, 2027, and concluded by December 31, 2027, to consider results achieved thus far in the four shared health priority areas and will include:
    i. an assessment of progress-to-date on public reporting to Canadians using the common indicators;
    ii. sharing of de-identified health information, and other health data commitments; and
    iii. current and forward-looking Federal, Provincial, and Territorial investments to support this plan.

2.0 Objectives

2.1 Canada and British Columbia agree that, with financial support from Canada, British Columbia will continue to build and enhance health care systems towards achieving some or all of the objectives:

- Improving access to home and community care services (listed in the Common Statement, attached as Annex 1);
- Supporting workforce improvements for long-term care and standards, to keep long-term care residents safe and to improve their quality of life; and
- Increasing the wages of PSWs, and supporting other recruitment and retention measures.

3.0 Action Plan

3.1 British Columbia will set out in their Action Plan (attached as Annex 4) how the federal investment under this Agreement will be used, as well as details on targets and timeframes for each of the initiatives supported under the Agreement.

3.2 British Columbia will invest federal funding as part of the 2017 commitment for home and community care provided through this Agreement in alignment with the menu of actions listed in the Common Statement.

3.3 British Columbia will invest federal funding for long-term care provided through this Agreement to bolster efforts to support workforce improvements and standards by:

- Supporting activities/initiatives to achieve stability in the long-term care workforce, including through hiring and wage top-ups and/or improvements to workplace conditions (e.g., staff to patient ratios, hours of work); and
- Applying long-term care standards, with an emphasis on strengthened enforcement (e.g., enhanced inspection and enforcement capacity, quality and safety improvements to meet standards).

3.4 British Columbia will invest the federal PSW funding provided under this Agreement to support incremental activities to raise wages for PSWs.

3.5 With a plan (outlined in Annex 4) to make a meaningful difference to raise the wages of the lowest-paid PSWs by 20% or to reach $25/hour over the 5 years of funding, British Columbia may use the remaining federal funds to support additional non-wage related recruitment and retention measures.

3.6 In developing initiatives under this Agreement, British Columbia agrees to implement measures that also respond to the needs of underserved and/or disadvantaged populations, including, but not limited to First Nations, Inuit and Métis, official language minority communities, rural and remote communities, children, racialized communities (including Black Canadians), and LGBTIQA2S+.

3.7 British Columbia's approach to achieving home and community care, long-term care, and PSW objectives is set out in their Action Plan, as set out in Annex 4.

4.0 Term of Agreement

4.1 This Agreement comes into effect upon the date of the last signature of the Parties and will remain in effect until March 31, 2029, unless terminated in accordance with section 12 of this

Agreement. Funding provided under this Agreement will be for six years and will cover the period April 1, 2023 to March 31, 2029 ("the Term").

5.0 Financial Provisions

5.1 The funding provided under this Agreement is in addition to and not in lieu of those that Canada currently provides under the CHT to support delivering health care services within the province.

5.2 Allocation to British Columbia

5.2.1 In this Agreement, "Fiscal Year" means the period commencing on April 1 of any calendar year and terminating on March 31 of the immediately following calendar year.

5.2.2 Canada has designated the following maximum amounts to be transferred in total to all provinces and territories under this initiative based on the allocation method outlined in subsection 5.2.3 for the Term of this Agreement.

Budget 2017 Home and Community Care

a. $600 million for the Fiscal Year beginning on April 1, 2023
b. $600 million for the Fiscal Year beginning on April 1, 2024
c. $600 million for the Fiscal Year beginning on April 1, 2025
d. $600 million for the Fiscal Year beginning on April 1, 2026

Budget 2021 Long-Term Care

a. $600 million for the Fiscal Year beginning on April 1, 2023
b. $600 million for the Fiscal Year beginning on April 1, 2024
c. $600 million for the Fiscal Year beginning on April 1, 2025
d. $600 million for the Fiscal Year beginning on April 1, 2026
e. $600 million for the Fiscal Year beginning on April 1, 2027

Budget 2023 PSW

a. $325 million for the Fiscal Year beginning on April 1, 2024
b. $333 million for the Fiscal Year beginning on April 1, 2025
c. $342 million for the Fiscal Year beginning on April 1, 2026
d. $350 million for the Fiscal Year beginning on April 1, 2027
e. $359 million for the Fiscal Year beginning on April 1, 2028

5.2.3 Allocation Method

a) For funds associated with Budget 2017 Home and Community Care committed by the federal government in 2017, annual funding will be allocated to provinces and territories on a per capita basis. The per capita funding for each Fiscal Year is calculated using the following formula: F x K/L, where:

   F is the annual total funding amount available under this program;

   K is the total population of British Columbia, as determined using the annual population estimates on July 1st from Statistics Canada; and

   L is the total population of Canada, as determined using the annual population estimates on July 1st from Statistics Canada.

b) For funds associated with Budget 2021 Long-Term Care committed by the federal government in 2021, annual funding will be allocated to provinces and territories with a base amount of $1,200,000 and the remainder of the funding allocated on a per capita basis. The total amount to be paid will be calculated using the following formula: $1,200,000+(F-(N x 1,200,000)) x (K/L), where:

   F is the annual total funding amount available under this program;

   N is the number of jurisdictions (13) that will be provided the base funding of $1,200,000;

   K is the total population of British Columbia, as determined using the annual population estimates on July 1st from Statistics Canada; and

   L is the total population of Canada, as determined using the annual population estimates on July 1st from Statistics Canada.

c) For funds associated with Budget 2023 committed by the federal government in 2023 on PSWs, annual funding will be allocated to provinces and territories with a base amount of $680,000, and the remainder of the funding allocated on a per capita basis. The total amount to be paid will be calculated using the following formula: $680,000+(F-(N x 680,000)) x (K/L), where:

   F is the annual total funding amount available under this program;

   N is the number of jurisdictions (all 13) that will be provided the base funding of $680,000;

   K is the total population of British Columbia, as determined using the annual population estimates on July 1st from Statistics Canada; and,

L is the total population of Canada, as determined using the annual population estimates on July 1st from Statistics Canada.

5.2.4 Subject to annual adjustment based on the formulas described in section 5.2.3, British Columbia estimated share of the amounts will be:

Fiscal Year	Budget 2017 Home and Community Care Estimated amount to be paid to British Columbia *(subject to annual adjustment)	Budget 2021 Long-Term Care Estimated amount to be paid to British Columbia *(subject to annual adjustment)	Budget 2023 PSW Estimated amount to be paid to British Columbia **(subject to annual adjustment)
2023-2024	$81,980,000	$81,050,000	n/a
2024-2025	$81,980,000	$81,050,000	$44,200,000
2025-2026	$81,980,000	$81,050,000	$45,300,000
2026-2027	$81,980,000	$81,050,000	$46,540,000
2027-2028	n/a	$81,050,000	$47,640,000
2028-2029	n/a	n/a	$48,880,000

Table Footnote 1
***Amount represent annual estimates based on Statistics Canada's July 1st, 2022, population estimates.
****Amount represent annual estimates based on Statistics Canada's July 1st, 2023, population estimates.

5.3 Payment

5.3.1 Funding provided by Canada will be paid in semi-annual installments as follows:

a. In 2023-24, the first installment will be paid within approximately 30 business days of execution of this Agreement by the Parties. The second installment will also be paid within approximately 30 business days of execution of this Agreement by the Parties, subject to 5.3.1.h.
b. In 2024-25, the first installment of Budget 2023 PSW funding will be paid within approximately 30 business days following the execution of the amendment to the Agreement by the Parties. The second installment will be paid on or about November 15.
c. Starting in 2024-25, and 2025-26 for Budget 2023 PSW funding, the first installment will be paid on or about April 15 of each Fiscal Year and the second installment will be paid on or about November 15 of each Fiscal Year.
d. The first installment will be equal to 50% of the notional amount set out in section 5.2.4 as adjusted by section 5.2.3.
e. The second installment will be equal to the balance of funding provided by Canada for the Fiscal Year as determined under sections 5.2.3 and 5.2.4.

f. Canada will notify British Columbia prior to the first payment of each Fiscal Year, of their notional amount. The notional amount will be based on the Statistics Canada quarterly preliminary population estimates on July 1 of the preceding Fiscal Year. Prior to the second payment, Canada will notify British Columbia of the amount of the second installment as determined under sections 5.2.3 and 5.2.4.
g. Canada shall withhold payments if British Columbia has failed to provide reporting in accordance with 8.1.
h. Canada shall withhold the second payment in 2023-24 if British Columbia has failed to satisfy all reporting requirements associated with the preceding *Canada – British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement 2022-23*, specifically to:
    i. continue to participate in a Federal-Provincial-Territorial process to improve reporting on and provide data to CIHI for the 6 common indicators (listed in Annex 3) to measure pan-Canadian progress on improving access to home and community care; and
    ii. submit an annual financial statement, with attestation from the province's Ministry of Health's Executive Financial Officer, of funding received the preceding Fiscal Year from Canada for home and community care under the *Canada – British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement 2022-23* compared against the Expenditure Plan, and noting any variances, between actual expenditures and the Expenditure Plan.
i. The sum of both installments constitutes a final payment and is not subject to any further payment once the second installment has been paid.
j. Payment of Canada's funding for this Agreement is subject to an annual appropriation by the Parliament of Canada for this purpose.

5.3.2 Where British Columbia will use funding agreements with cost-recovery provisions with one or more privately-owned for-profit facilities as an accountability measure and British Columbia has failed to put in place a funding agreement with cost-recovery provisions by July 1, 2024, Canada shall deduct from the payment referred to in subsection 5.3.1(c) an amount equivalent to the amount of funding noted in Annex 4 to be provided by British Columbia to those facilities with whom they do not have the required cost-recovery agreements in place.

5.4 Retaining Funds

5.4.1 For Fiscal Years 2023-24 through 2027-28, upon request, British Columbia may retain and carry forward to the next Fiscal Year up to 10 percent of funding that is in excess of the amount of the eligible costs actually incurred in a Fiscal Year and use the amount carried forward for expenditures on eligible areas of investment. Any request to retain and carry forward an amount exceeding 10 percent will be subject to discussion and mutual agreement in writing by their designated officials, at the Assistant Deputy Minister level (herein referred to as

"Designated Officials"), and is subject to monitoring and reporting to Canada on the management and spending of the funds carried forward on a quarterly basis.

5.4.2 For Fiscal Year 2028-29, British Columbia is not entitled to retain any amounts beyond March 31, 2029. Any amounts that remain unexpended at the end of that Fiscal Year are considered debts due to Canada and shall be repaid in accordance with section 5.5.2.

5.4.3 Any amount carried forward from one Fiscal Year to the next under this subsection is supplementary to the maximum amount payable to British Columbia under subsection 5.2.4 of this Agreement in the next Fiscal Year.

5.5 Repayment of Overpayment

5.5.1. In the event payments made exceed the amount to which British Columbia is entitled under this Agreement, the amount of the excess is a debt due to Canada and, unless otherwise agreed to in writing by the Parties, British Columbia shall repay the amount within sixty (60) calendar days of written notice from Canada.

5.5.2 Funds not spent within the Term of the Agreement will be considered a debt due to Canada and British Columbia shall repay the amount within sixty (60) calendar days of written notice from Canada.

5.6 Use of Funds

5.6.1 The Parties agree that funds provided under this Agreement will only be used by British Columbia in accordance with the initiatives outlined in Annex 4.

5.7 Eligible Expenditures

5.7.1 Eligible expenditures under this Agreement are the following:

- data development and collection to support reporting;
- information technology and health information infrastructure;
- capital and operating funding;
- salaries and benefits;
- training, professional development; and
- information and communications material related to programs.

5.7.2 The Parties agree that the long-term care and PSW funding may be provided to:

- publicly-owned settings;
- privately-owned not-for-profit settings; and

- subject to section 6.0, privately-owned for-profit settings.

6.0 Accountability Mechanisms for Long-Term Care

6.1 Where federal funding is provided to privately-owned, for-profit facilities in accordance with this Agreement, British Columbia agrees to put in place the accountability mechanisms outlined in Annex 4.

6.2 Where British Columbia has funding agreements with cost-recovery provisions in place with one or more privately-owned for-profit facilities pursuant to subsection 6.1, British Columbia agrees to report on these in accordance with the requirements set out in subsection 8.1.1 and invest all funds recovered through those provisions in accordance with the terms of this Agreement and the initiatives outlined in Annex 4.

7.0 Performance Measurement

7.1 British Columbia agrees to designate an official or official(s), for the duration of this Agreement to participate in a CIHI led Federal-Provincial-Territorial indicator process to:

a. Improve reporting on common indicators to measure pan-Canadian progress on improving access to home and community care, associated with the commitment in the Common Statement;
b. Develop new common indicators for long-term care and PSWs; and
c. Share available disaggregated data with CIHI and work with CIHI to improve availability of disaggregated data for existing and new common indicators to enable reporting on progress for underserved and/or disadvantaged populations including, but not limited to, Indigenous peoples, First Nations, Inuit, Métis, official language minority communities, rural and remote communities, children, racialized communities (including Black Canadians), and LGBTIQA2S+.

8.0 Reporting to Canadians

8.1 Funding conditions and reporting

8.1.1 By no later than October 1, in each fiscal year, with respect of the previous Fiscal Year, British Columbia agrees to:

a. Provide data and information annually to CIHI related to the home and community care common indicators (listed in Annex 3) identified as part of the commitment made in the Common Statement, and, new common indicators on long-term care and PSWs.
b. Beginning in Fiscal Year 2024-25, report annually and publicly in an integrated manner to residents of British Columbia on progress made on targets outlined in Annex 4 (Action Plan).
c. Beginning in Fiscal Year 2024-25, provide to Canada an annual financial statement, with attestation from the province's Ministry of Health's Executive Financial Officer, of funding received the preceding Fiscal Year from Canada under this Agreement or the Previous Agreement compared against the Action Plan, and noting any variances, between actual expenditures and the Action Plan:
    i. The revenue section of the statement shall show the amount received from Canada under this Agreement during the Fiscal Year;
    ii. The total amount of funding used for home and community care, long-term care and PSWs;
    iii. If applicable, the amount of any funding carried forward under section 5.4;
    iv. If applicable, the amount of overpayment that is to be repaid to Canada under section 5.5; and
    v. With respect to the long-term care funding under this Agreement, where cost-recovery is used, the annual financial statement will also set out:
        a. The amount of the federal funding flowing to private, for-profit facilities; and
        b. The estimated amount of funds to be recovered under cost-recovery agreements, where applicable, and the priority areas where those funds will be reinvested.

8.1.2 British Columbia will provide quarterly reporting to Canada on the management and spending of the funds retained to the next Fiscal Year.

8.2 Audit

8.2.1 British Columbia will ensure that expenditure information presented in the annual financial statement is, in accordance with British Columbia's standard accounting practices, complete and accurate.

8.3 Evaluation

8.3.1 Responsibility for evaluation of programs rests with British Columbia in accordance with its own evaluation policies and practices.

9.0 Communications

9.1 The Parties agree on the importance of communicating with citizens about the objectives of this Agreement in an open, transparent, effective and proactive manner through appropriate public information activities.

9.2 Each Party will receive the appropriate credit and visibility when investments financed through funds granted under this Agreement are announced to the public.

9.3 In the spirit of transparency and open government, Canada will make this Agreement, including any amendments, publicly available on a Government of Canada website.

9.4 British Columbia will make publicly available, clearly identified on a Government of British Columbia website, this agreement, including any amendments.

9.5 Canada, with prior notice to British Columbia, may incorporate all or any part of the data and information in 8.1, or any part of evaluation and audit reports made public by British Columbia into any report that Canada may prepare for its own purposes, including any reports to the Parliament of Canada or reports that may be made public.

9.6 Canada reserves the right to conduct public communications, announcements, events, outreach and promotional activities about the Common Statement and this Agreement. Canada agrees to give British Columbia 10 days advance notice and advance copies of public communications related to the Common Statement, this Agreement, and results of the investments of this Agreement.

9.7 British Columbia reserves the right to conduct public communications, announcements, events, outreach and promotional activities about the Common Statement and this Agreement. British Columbia agrees to give Canada 10 days advance notice and advance copies of public communications related to the Common Statement, this Agreement, and results of the investments of this Agreement.

9.8 Canada and British Columbia agree to participate in a joint announcement upon signing of this Agreement.

9.9 Canada and British Columbia agree to work together to identify mutually agreeable opportunities for joint announcements relating to programs funded under this Agreement.

10.0 Dispute Resolution

10.1 The Parties are committed to working together and avoiding disputes through government-to-government information exchange, advance notice, early consultation, and discussion, clarification, and resolution of issues, as they arise.

10.2 If at any time a Party is of the opinion that the other Party has failed to comply with any of its obligations or undertakings under this Agreement or is in breach of any term or condition of the Agreement, that Party may notify the other Party in writing of the failure or breach. Upon such notice, the Parties will endeavour to resolve the issue in dispute bilaterally through their Designated Officials.

10.3 If a dispute cannot be resolved by Designated Officials, then the dispute will be referred to the Deputy Ministers of Canada and British Columbia responsible for health, and if it cannot be resolved by them, then the federal Minister(s) and the provincial Minister(s) shall endeavour to resolve the dispute.

11.0 Amendments to the Agreement

11.1 The main text of this Agreement may be amended at any time by mutual consent of the Parties. Any amendments shall be in writing and signed, in the case of Canada, by the federal Minister(s), and in the case of British Columbia, by the provincial Minister(s).

11.2 Annex 4 may be amended at any time by mutual consent of the Parties. Any amendments to Annex 4 shall be in writing and signed by each Party's Designated Official.

12.0 Termination

12.1 Either Party may terminate this Agreement at any time if the terms are not respected by giving at least 6 months written notice of intention to terminate.

12.2 As of the effective date of termination of this Agreement, Canada shall have no obligation to make any further payments.

12.3 Sections 1.0 and 9.0 of this Agreement survive for the period of the 10-year Working Together to Improve Health Care for Canadians plan.

12.4 Sections 5.4 and 8.0 of this Agreement survive the termination or expiration of this Agreement until reporting obligations are completed.

13.0 Notice

13.1 Any notice, information, or document provided for under this Agreement will be effectively given if delivered or sent by letter, email, postage or other charges prepaid. Any communication that is delivered will be deemed to have been received in delivery; and, except in periods of postal disruption, any communication mailed by post will be deemed to have been received eight calendar days after being mailed.

The address of the Designated Official for Canada shall be:

Assistant Deputy Minister, Strategic Policy Branch

Health Canada
70 Colombine Driveway
Brooke Claxton Building
Ottawa, Ontario
K1A 0K9

Email: jocelyne.voisin@hc-sc.gc.ca

The address of the Designated Official for British Columbia shall be:

Ministry of Health

Associate Deputy Minister, Health Systems Operations
PO Box 9637 STN PROV GOVT
Victoria, BC
V8W 9P1
Email: Jonathan.Dube@gov.bc.ca

14.0 General

14.1 This Agreement, including Annexes, comprises the entire Agreement entered into by the Parties.

14.2 This Agreement shall be governed by and interpreted in accordance with the laws of Canada and British Columbia.

14.3 No member of the House of Commons or of the Senate of Canada or of the Legislature of British Columbia shall be admitted to any share or part of this Agreement, or to any benefit arising therefrom.

14.4 If for any reason a provision of this Agreement, that is not a fundamental term, is found by a court of competent jurisdiction to be or to have become invalid or unenforceable, in whole or in part, it will be severed and deleted from this Agreement, but all the other provisions of this Agreement will continue to be valid and enforceable.

14.5 This Agreement may be executed in counterparts, in which case (i) the Parties have caused this Agreement to be duly signed by the undersigned authorized representatives in separate signature pages in accordance with the following signature process, which together shall constitute one agreement, and (ii) the Parties agree that facsimile signature(s) and signature(s)

transmitted by PDF shall be treated as original signature(s). Electronic signature(s) may be accepted as originals so long as the source of the transmission can be reasonably connected to the signatory.

IN WITNESS WHEREOF the Parties have executed this Agreement through duly authorized representatives.

SIGNED on behalf of Canada by the Minister of Health

The Honourable Mark Holland, Minister of Health

IN WITNESS WHEREOF the Parties have executed this Agreement through duly authorized representatives.

SIGNED on behalf of British Columbia by the Minister of Health

The Honourable Adrian Dix, Minister of Health

Annex 1 to the Agreement

A COMMON STATEMENT OF PRINCIPLES ON SHARED HEALTH PRIORITIES

By endorsing this Common Statement of Principles on Shared Health Priorities, federal, provincial, and territorial (FPT) governments* commit to work together to ensure health care systems continue to respond to the needs of Canadians.

This Common Statement of Principles will inform the development of bilateral agreements between the federal government and provinces and territories (PTs).

OBJECTIVES

This Common Statement of Principles focuses on two priority areas (home and community care, and mental health and addictions) where federal funding will be provided to PTs in response to increased demands.

FPT Health Ministers agree to common objectives in each of these areas and to undertaking specific activities, based on their unique circumstances, which advance these common objectives. The federal government will work with the provinces and territories to ensure bilateral agreements reflect their unique circumstances, including considerations for northern and remote delivery models, data capacity limitations and infrastructure requirements.

PRINCIPLES TO GUIDE ACTION

All elements of the Statement of Principles will be interpreted in full respect of each government's jurisdiction, guided by the following principles:

A. **Collaboration:** FPT Health Ministers agree to work together to achieve the objectives set out in this Statement of Principles.

B. **Innovation:** FPT Health Ministers agree to continue the development and evaluation of innovations which deliver better outcomes for Canadians, and to share successes and lessons learned with a view to further stimulating improvement across health systems.

C. **Accountability:** FPT Health Ministers agree to measure progress on the collective and jurisdiction-specific goals under this Statement of Principles, and to report to Canadians.

FPT Health Ministers agree to review progress on the objectives and commitments within this Statement of Principles annually.

IMPROVING ACCESS TO MENTAL HEALTH AND ADDICTIONS SERVICES

All governments recognize that mental illness and addictions are serious issues for Canadians. Evidence suggests that mental health concerns often begin in childhood and adolescence, and that early diagnosis and intervention is vital to effective treatment and recovery.

FPT Health Ministers agree on the importance of promoting mental wellness, and of addressing gaps in mental health and addiction services and recovery, including for children and youth. Over the next ten years, FPT Health Ministers will work together to improve access to evidence-supported mental health and addiction services and supports for

Canadians and their families by pursuing one or more of the following actions:

- Expanding access to community-based mental health and addiction services for children and youth (age 10–25), recognizing the effectiveness of early interventions to treat mild to moderate mental health disorders;
- Spreading evidence-based models of community mental health care and culturally-appropriate interventions that are integrated with primary health services; and
- Expanding availability of integrated community-based mental health and addiction services for people with complex health needs.

To support provinces and territories to improve access to mental health and addiction services through such initiatives, the federal government will provide the provinces and territories with $5.0 billion over ten years starting with $100 million in 2017/18.

IMPROVING ACCESS TO HOME AND COMMUNITY CARE

As Canada's population ages and chronic disease rates increase, Canadians need access to more health care services outside the traditional settings such as physicians' offices and hospitals. Across Canada, all jurisdictions are putting in place new approaches to enhance access to vital health care and support services at home and in the community, and reduce reliance on more expensive hospital infrastructure.

Over the next ten years, FPT Health Ministers will work together to improve access to appropriate services and supports in home and community, including palliative and end-of-life care, by pursuing one or more of the following actions:

- Spreading and scaling evidence-based models of home and community care that are more integrated and connected with primary health care;
- Enhancing access to palliative and end of life care at home or in hospices;
- Increasing support for caregivers; and
- Enhancing home care infrastructure, such as digital connectivity, remote monitoring technology and facilities for community-based service delivery.

To assist with improving access to appropriate home and community care, the federal government will provide PT governments with $6.0 billion over 10 years, starting with $200 million in 2017/18.

PERFORMANCE MEASUREMENT

FPT Health Ministers agree that the collection and public reporting of outcomes is key to enabling Canadians to assess progress on health system priorities. With this in mind, and as an integral element of our shared commitment, FPT Health Ministers agree to work collectively and with the Canadian Institute of Health Information (CIHI) to develop a focused set of common indicators to measure pan-Canadian progress on the agreed priorities of mental health and addictions, and home and community care, to be reported on annually to Canadians. This will involve working with stakeholders and experts, through CIHI, to develop common indicators and sharing of the relevant data by each

jurisdiction to permit CIHI to produce annual public reports. This approach will recognize and seek to address differences in access to data and health information infrastructure.

In addition, PT Health Ministers agree that the bilateral agreements with each jurisdiction will specify the more detailed terms for reporting on jurisdiction-specific activities supported by the new federal funding.

To support addressing data gaps and support improved decision-making, the federal government is committing to $53.0 million over 5 years, starting in 2017–18, with $15 million ongoing to CIHI, which will provide a progress report by March 2018 and report annually thereafter.

INDIGENOUS HEALTH

Recognizing the significant disparities in Indigenous health outcomes compared to the Canadian population, the federal, provincial and territorial governments are committed to working with First Nations, Inuit and Métis to improve access to health services and health outcomes of Indigenous peoples and discuss progress. At the national level, the federal government is committed to working with national First Nations, Inuit and Métis leadership in response to their identified health priorities (developed through the First Nations Health Transformation Agenda, an Inuit -Specific Approach to the Canadian Health Accord and the Métis National Health Shared Agenda). At the regional level, federal, provincial and territorial Health Ministers commit to meaningfully engage and to working together with regional Indigenous organizations and governments.

FPT Health Ministers commit to approaching health decisions in their respective jurisdictions through a lens that promotes respect and reconciliation with Indigenous peoples.

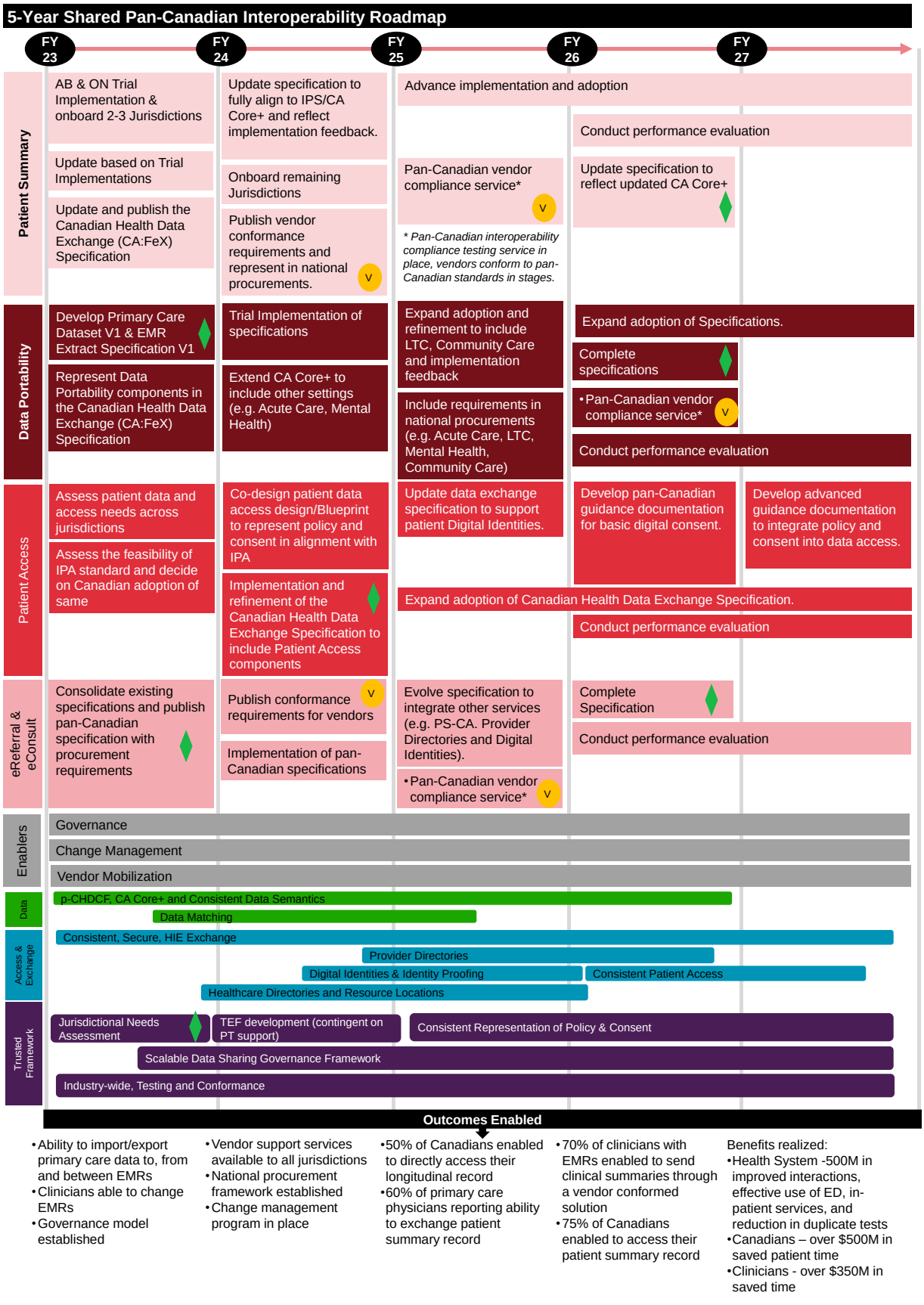
ONGOING COLLABORATION

In addition to the shared priorities identified within this document, FPT Ministers of Health will continue to work on areas of mutual interest, specifically supporting health innovation and improving the affordability, accessibility and appropriate use of prescription drugs, including taking steps toward harmonization of drug plan formularies. FPT Health Ministers will discuss these issues at their next meeting in Fall 2017.

* Recognizing the Government of Québec's desire to exercise its own responsibilities within the health field and to fully assume the planning, organizing and managing of health services, including mental health and addiction services and home and community care, the Government of Canada and the Government of Québec agreed on March 10, 2017 to an asymmetrical arrangement distinct from this Statement of Principles and based on the asymmetrical agreement of September 2004. The Government of Québec will continue to report to Quebecers on the use of all health funding and will continue to collaborate with other FPT governments by sharing information and best practices.

Annex 2 to the Agreement

LEGEND:
◆ = milestone
V = vendor input required



Annex 3 to the Agreement

Indicators: Access to Home and Community Care

Indicator
Death at Home or in Community (Percentage)
Home Care Services Helped the Recipient Stay at Home (Percentage)
Wait Times for Home Care Services (Median, in Days)
Caregiver Distress (Percentage)
New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home (Percentage)
Hospital Stay Extended Until Home Care Services or Supports Ready (Median, in Days)

Annex 4 to the Agreement

British Columbia's Aging with Dignity Action Plan
2023-24 to 2027-28

Home and Community Care and Long-Term Care Introduction and Context

It is estimated that more than a quarter of British Columbians will be over 65 by the year 2036 and with aging comes greater and often complex healthcare needs. With the growing needs of the population in mind, the Government of British Columbia remains focused on ensuring that seniors are well supported to age with dignity no matter where their healthcare journey takes them; from their home communities to their assisted living or long-term care (LTC) home.

There is compelling evidence that building a strong and well-coordinated community-based service infrastructure will help seniors maintain a better quality of life, stay in their home communities longer, and allow them to age with dignity. As part of the BC Ministry of Health's current Service Plan, work is underway with delivery partners to better integrate and coordinate community-based care for seniors with primary care. The goal is to ensure the provision of an accessible system of services that supports the people of BC to receive dignified and culturally safe care.

BC is stabilizing funding levels and strengthening relationships between health authorities (HAs) and community-based non-government organization (NGO) services and continuing to build out capacity to help create a system of care that supports people living in the community with complex and chronic health challenges and/or at risk of frailty.

In BC, provincially funded seniors' services fall along a continuum of home and community care services that provide a range of health care and support services including home health, assisted living, and LTC. Care and support are available from both publicly subsidized and private pay providers for people who have acute, chronic, palliative, or rehabilitative health care needs and experience difficulty coping with activities of daily living.

As committed to in the 2017 **Home and Community Care** and Mental Health and Addictions Services Agreement, the BC Ministry of Health has been working to expand and integrate services available for seniors in their homes and communities.

As of January 31, 2023, there were 352 LTC homes in BC, licensed or registered under the *Community Care and Assisted Living Act* or the *Hospital Act*. These facilities provide approximately 31,031 beds in total (27,506 public, and 3,525 private beds). LTC homes may be owned and operated by HAs, operated by private for-profit companies or private not-for-profit organizations with government contracts, or may be fully private organizations that are not contracted. BC is committed to ensuring LTC services provide high-quality, safe, dignified care to seniors. The disproportional impact that COVID-19 had on the LTC sector

has highlighted the need to strengthen the appropriateness, safety, and quality of LTC services.

End-of-life care is supportive and compassionate care that focuses on comfort, quality of life, respect for personal health care treatment decisions, and support for the family. BC is increasing education, training, and capacity for all care providers so that when palliative care is needed, appropriately trained health professionals are available across all settings to provide the necessary services in a safe and sympathetic way.

As BC works to improve and expand home and community services to meet growing population demand, initiatives are focused on ensuring health care services are integrated and well-coordinated, inclusive, and person-centered to meet the unique needs, values, and beliefs of all BC residents.

BC's commitment to advancing reconciliation with Indigenous peoples is embedded in its laws through the *Declaration on the Rights of Indigenous Peoples Act* (DRIPA), which the BC government passed in 2019 to establish the United Nations Declaration on the Rights of Indigenous Peoples as a framework for reconciliation, and it is also reflected in many new investments and initiatives already under way here in BC. In the DRIPA action plan, the Ministry of Health and Ministry of Mental Health and Addictions are partnering on eight commitments to address mental health and wellness, primary care, partnerships, funding, cultural safety and humility, and quality of care for Indigenous peoples[1]. Underpinning this is the ongoing work across HAs and with other key partners to implement the recommendations of the *In Plain Sight* Report to eliminate Indigenous specific racism. The Ministry of Health is committed to reconciliation and the trilateral, bilateral, and health authority relationships to improve the health and wellness of Indigenous peoples.[2]

Initiatives Supported by Federal Funds – Home and Community Care

As committed to in the 2017 **Home and Community Care** and Mental Health and Addictions Services Agreement (HCCMHAS), the BC Ministry of Health has been working to expand and integrate services available for seniors in their homes and communities. With the remaining funding for home and community care services from the 2017 Agreement integrated with this new agreement, BC remains committed to investing federal funds to support the below initiatives, which are in alignment with the Common Statement of Principles on Shared Health Priorities.

[1] https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/indigenous-relations-reconciliation/declaration_act_action_plan.pdf
[2] https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf

Annex 4 to the Agreement

British Columbia's Aging with Dignity Action Plan
2023-24 to 2027-28

1. **Expanding and integrating home and community care services for seniors with complex medical conditions and frailty to better meet their needs and help reduce pressures on hospitals and emergency departments.**

Description of activities – Through the integration of the continuum of distinct services for seniors with complex medical conditions and frailty into 41 Specialized Community Services Programs (SCSPs) linked locally with Primary Care Networks, BC will ensure an appropriate level of coordinated care and provide greater support at home and in the community. The range of community services for seniors with complex medical conditions and frailty include:

- NGO Seniors' Community Services Centres
- Community Based Nursing Services and Home Support
- Community Based Care Giver Supports through Adult Day Care and Respite Services
- Assisted Living
- Long Term Care

SCSPs will be an integrated service delivery program at the consolidated local health area level providing a single point of access (via referral/self-referral), assessment, and care coordination for the full range of community-based services available for adults with complex medical conditions and/or frailty. This new model will simplify access to, and improve co-ordination of, services for seniors who have more complex medical needs, who are experiencing frailty and/or dementia, or who need palliative or end-of-life care.

Strengthening and integrating the delivery of community-based professional services, supporting government and non-government community-based support services, and ensuring access to adult day care and respite services for clients with complex needs will all help to create a system of care that supports seniors with complex health conditions or frailty in the community. This will be underpinned by continuing to build out information and digital technologies to better support seniors receiving services and enhance the delivery capacity of providers.

Federal funding will:

- Continue to support the expansion of access to home and community care through increased staff service hours and increased access to home-based medical care in 2024/2025 to be built out and stabilized at $69M from Federal funding in 2025/26.
- In addition, one-time funding carried forward into 2024/25 of between $8M and up to $16M will be used to support establishing 41 SCSPs across the province through the development and deployment of technologies, information, and case

coordination infrastructure to better support integrated and well-coordinated care for seniors. For example, through updating and investing in software and handheld devices, care teams will be provided with real-time information about the needs of clients and enable schedule changes for care providers providing support in clients' homes. By increasing the availability of technology aids that support clients, we will enable clients to live at home safely longer.

Linkage to Shared Health Priorities - As BC works to sustain the expanded services and enable improved integration with primary care through the HCCMHAS investment, it is expected to yield improvements across numerous dimensions of access, including wait times, care transitions (i.e., to and from hospital), and delay or deferral of LTC admission. Assessment of results is supported by provincial performance indicators and CIHI indicators of access to home and community care, as agreed upon in the 2017 Common Statement of Shared Health Priorities. Reports of these results can be found on CIHI's website.

Rationale – BC's aging and growing senior population have a greater need for health care, which in turn will increase demands on our health system. Ensuring an appropriate level of care and providing greater support at home and in the community will help to reduce hospital and emergency department visits.

Relation to Broader Initiatives – Ministry of Health Service Plan 2023/24 - 2025/26 - Goal 1, Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors through effective and timely community services. This objective along with aligned goals from this action plan will improve quality, accessibility, appropriateness, and effectiveness of community-based services and LTC. Furthermore, integrated services across the continuum of care will enable pathways and connectivity with other health services, such as primary care, hospitals, and community non-profit services.

2. Increase access to palliative and end of life care for people outside hospital settings, enabling them to have these supports in their home, hospice, or community settings.

Description of activities – BC is shifting away from emergency departments and hospital utilization by increasing access to palliative and end-of-life care services in community, home, or hospice settings. A palliative approach to care is integrated into service delivery across home and community care. Expansion of home health services, achieved through continuation of HCCMHAS funding, extends the reach of palliative care provided through the generalist care team. Specialized support for clients who have more complex care needs (or who require a dedicated care setting) is provided with complementary services

(also expanded through the original HCCMHAS funds), and which continue to benefit clients today.

Federal funds will continue to support provincial initiatives to improve access, responsiveness, and quality of community-based palliative services. These include:

- Increased client access to 24/7 palliative and end-of-life services through clinical coverage, consultation, and information to meet their needs in the community.
- Supporting After-Hours Palliative Nursing Services, which provide palliative nursing support via telephone to palliative clients living at home.

Rationale – It is estimated that more than a quarter of British Columbians will be over 65 by 2036. Accessible and responsive palliative and end-of-life care is necessary to ensure our seniors can be supported during the last phase of their health care journey.

Relation to Broader Initiatives – Ministry of Health Service Plan 2023/24 - 2025/26 - Goal 1, Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors through effective and timely community services. This objective will improve accessibility, responsiveness, and quality of community-based palliative, hospice, and home-based care to support those at the end of life with greater choice.

Initiatives Supported by Federal Funds – Long-Term Care

BC will use federal funding to further complement, bolster and enhance BC's investment in LTC and support activities that strengthen quality of care and support the stability of the LTC workforce. With timing of the agreement and related planning processes, BC will begin to invest federal funding for LTC in 2024/25, including funding carried forward from 2023/24 (see Funding Allocation Table).

1. **Improve the quality of dementia care, palliative, and end-of-life care in Long Term Care through implementation of evidence-based practice knowledge, standardized education, and monitoring tools.**

Description of activities Education and training to enhance dementia care will support person-centered communication by staff and result in reduced resident behavioral symptoms measured as resistiveness to care.

Federal funds will be utilized to deliver evidence-based training programs and implementation supports to:

- Reduce the use of medications to manage responsive and challenging behaviors.
- Ensure person-centered care (culturally appropriate, anti-racism, LGBTIQA2S+) for the diverse populations (racialized communities, people with disabilities, rural & remote populations, and official language minority communities) served through

LTC. This includes facilitating a person-centered approach through providing UFirst® dementia care education to front line staff and care providers in LTC settings.

In addition, Federal funds will support:

- The increased use of technologies in LTC settings to increase monitoring and safety including remote sensors, fall detectors, location monitoring, telecare, and virtual reality.

Rationale – Dementia is currently one of the major causes of disability and death among older people worldwide. In BC LTC homes, 63.2 per cent of assessed residents had a diagnosis of dementia in 2021/22. Culturally safe and appropriate care includes a person-centered approach for all individuals including those with dementia and at end of life.

Relation to Broader Initiatives – The government is committed to meeting current and future populations' needs including continued improvements to dementia care. A skilled, informed, collaborative, and respectful healthcare LTC workforce will be well positioned to meet the goals outlined in priority initiatives at the regional, provincial, and national level. These include increasing the access and quality of LTC services for individuals with complex care needs and frailty such as those living with dementia. The actions outlined in this initiative will meet the government's commitment to improve the quality of life and end of life care for those individuals and their families.
Related broader initiatives include:

- Ministry of Health Service Plan 2023/24 – 2025/26 – Goal 1, Objective 1.2: Increase access to community-based care, including specialized services for adults with complex care needs and frailty.
- Provincial Guide to Dementia Care in BC (May 2016) - PRIORITY 3: Improve quality of dementia care in residential care, including palliative and end-of-life care.
- National Dementia Strategy (2019) Chapter 4 – Improve the quality of life of people living with dementia and their caregivers.

2. Strengthen the appropriateness, safety, and quality of LTC by enabling consistent, appropriate standards of care and oversight of LTC services.

BC is committed to continuing to strengthen the quality and access to LTC services to ensure people centered, dignified, and culturally safe care built on the refreshed quality, accountability, and funding framework. Federal funding in 2024/25 (inclusive of one-time funding rolled over from 2023/24) will be used to drive forward the refreshed quality and safety framework being introduced in spring 2024. The purpose of the BC Quality Framework is to support strategic direction and inform quality improvement initiatives with the overarching goal of delivering high-quality LTC in BC. By establishing a common

and shared definition of quality it enables a provincial level oversight of the quality of LTC service delivery and outcomes. In the out years the federal funding will continue to support the implementation of the quality framework, but additional funds will be pivoted to stabilizing and supporting the LTC workforce (see below *Continue to stabilize and support the LTC workforce*).

Description of activities –

Licensing Oversight and Infection Prevention and Control

Federal funding will be used to strengthen adherence to care standards by supporting increased monitoring and oversight capacity. Specifically, up to $10M for:

- The hiring of up to four additional licensing officers in each of the regional HAs (for a total of 20 additional FTEs provincially) will enable increased regular monitoring of adherence to licensed care standards and regulatory requirements for the provision of LTC in BC.
- The hiring of up to 60 additional staff to identify and support quality improvement priorities as identified through the LTC Quality Framework metrics. Examples include clinical quality leads, infection prevention and control, and quality assurance positions to enhance training and support for LTC staff to improve the quality and safety in LTC.

interRAI Reporting System

Federal funds of up to $20M over two years will support the development and implementation of the Integrated interRAI Reporting system (IRRS) including training and one-time costs associated with implementing the system. This will provide HAs with funding that enables them to start implementation and makes it possible to:

- Work toward meeting CIHI's decommissioning deadlines;
- Protect the continuity of data flow; and
- Continue to work at pace, maintaining efforts to-date, knowledge, and general project momentum.

HAs are currently finalizing a review of their technical and resource requirements to complete a transition to the interRAI Reporting System for submission to the Canadian Institute for Health Information (CIHI).

This system will support enhanced reporting both provincially and linked to CIHI. The IRRS will allow for:

- Collection of comprehensive, standardized data that supports decisions at all levels.
- Functionality which will support business needs and workflows.

- Near real-time data submission.
- Integration of health information across all settings.
- Timelier reporting.
- Alignment with international standards.

Data being collected by the IRRS will be used by the Ministry for provincial planning, policy development, monitoring, and reporting. The implementation of IRRS will support increased timeliness of reporting and responsiveness in addressing challenges in both home and community care and LTC sectors. Utilizing these funds will support ongoing monitoring of quality, indicators, and will support quality improvement initiatives in LTC settings.

Long Term Care at Home (LTC@Home) Pilot Program

Recognizing the increasing demand on LTC, coupled with the fact that most seniors prefer to age in their homes, BC is also looking to support aging in place through connecting seniors in their homes to the supports and services of a LTC care facility through technology, access to LTC services (recreational, personal care, and routine respite). This new and innovative LTC@Home service delivery model, which will be enabled by federal funding of up to $47M over four years, will support the independent living of the senior while still providing many of the services and care available through LTC, including support for the senior and respite for caregivers.

Support will be offered in two tiers:

- **Tier 1 - Virtual care** that leverages a hub and spoke approach where LTC homes serve as a hub, supporting seniors in their home, connected through technology. This tier will offer adaptable plans for remote monitoring that suit the needs of the senior and may include remote monitoring technologies such as fall detection, geo-fencing, medications dispensing, and vitals monitoring. Supports will also include access to the day programs and social connectedness that comes with being a member of a LTC facility, recognizing that social isolation is another key contributor to entering LTC.
- **Tier 2 – Respite support** offers respite beds within the facilities on a predictable, regular model, for one week per month to a subset of seniors with more complex needs. Fundamentally, this will relieve caregiver pressures and burnout, while supporting a health check-in while the senior is in the facility.

BC will initiate a pilot program for LTC@Home with federal funding in 2024 and enable the immediate implementation of LTC@Home in two LTC homes, with an ongoing evaluation over 12 months.

- One LTC home will enroll up to 75 seniors in the virtual monitoring program and will offer up to four respite beds (reaching 16 seniors over the course of each month).
- A second LTC home will enroll up to 60 seniors in the virtual monitoring program and will offer up to 11 respite beds (supporting up to 44 seniors).

This pilot will be expanded over the four years to support over 2,700 medically complex and frail seniors at home through linkages and support from LTC facilities.

Rationale - As BC's population ages, the need to ensure access to LTC services which provide high-quality, safe, dignified care to seniors becomes more critical. The disproportional impact of the pandemic on the LTC sector has highlighted the need to strengthen the appropriateness, safety, and quality of LTC services, while respecting most seniors would prefer to age in their homes. Furthermore, with the pressure on health human resources, this model should enhance the provider experience and alleviate pressures by leveraging technological supports to create efficiencies in care and prioritize in person supports where it is needed most.

Relation to Broader Initiatives – As BC emerges from the pandemic, the Ministry has committed to strengthening the quality of LTC in BC to protect vulnerable seniors. The Minister's mandate letter sets expectations for enhancing the health, safety, and dignity of individuals residing in LTC and increasing the accountability of LTC operators. The actions in this initiative will meet strategic priorities and goals that are outlined in The Ministry of Health 2022/23 – 2024/25 Service Plan – Goal 1, Objective 1.2 and contribute to strategic repositioning initiatives aimed at strengthening access to assisted living and LTC services to provide more people-centered, dignified, and culturally safe care.

BC has a unique relationship with First Nations communities and how they are governed. In 2013, home and community care services and funding were transferred from the federal government to the First Nations Health Authority (FNHA). FNHA also receives funding from the Ministry and in turn provides it to their communities to manage and deliver services, separate from the regional HAs. The Ministry is committed to continue to work with FNHA and other partners to improve access to culturally safe LTC services for Indigenous and other underserved and disadvantaged populations throughout the province. Through a memorandum of understanding between BC and the First Nations Health Council (FNHC) in 2016, the FNHC have developed a 10-year Strategy on the Social Determinants of Health. Part of this Strategy includes the recommendation to develop culturally based and safe, trauma-informed services and support including culturally safe Elder care services to address in-home, emergency, and long-term care needs.

3. Continue to stabilize and support the LTC workforce.

Starting in 2024/2025 and building out in 2025/26 BC will focus on continuing to stabilize and support the LTC workforce focused on training, recruitment, and retention.

Description of activities – Through the COVID-19 pandemic, the Ministry took significant action to support the LTC workforce and high-quality care in LTC by ensuring staff received fair wages for their work, and through the delivery of the Health Career Access Program (HCAP) – a work integrated learning program designed to increase the supply of Health Care Assistants (HCAs) and provide opportunities for British Columbians to access careers in the health sector. Participants are hired into a non-direct care role and funded for the education to become a registered HCA by program end.

Starting in 2024-25, the Ministry will use $288 million in federal funds over four years to build on the success of these initiatives through actions to further support stabilization of the LTC workforce and the recruitment, retention, and professional development of a diverse, skilled, and engaged workforce. Workforce stabilization will include consideration of actions to improve compensation and workplace conditions as well as other specific recruitment and retention incentive programs and additional training and educational supports. BC will publicly report on the specifics of these allocations annually.

Rationale - As BC's population ages, the need to ensure LTC services provide high-quality, safe, dignified care to seniors becomes more critical. The disproportional impact of the pandemic on the LTC sector has highlighted the need to stabilize and continue supporting the workforce required to provide quality care to people living in LTC.

Relation to Broader Initiatives – As BC emerges from the pandemic, the Ministry has committed to strengthening the quality of LTC in BC to protect vulnerable seniors. The Minister's mandate letter sets expectations for enhancing the health, safety, and dignity of individuals residing in LTC and increasing the accountability of LTC operators. The actions in this initiative will meet strategic priorities and goals that are outlined in The Ministry of Health 2022/23 – 2024/25 Service Plan – Goal 1, Objective 1.2 and contribute to Strategic Repositioning Initiatives aimed at strengthening access to assisted living and LTC services to provide more people-centered, dignified, and culturally safe care.

Actions in this initiative also complement the Ministry's Health Human Resource Strategy released in September 2022 to address health workforce demands and ensure BC's public health care system has the skilled workers required to provide the care people need now and into the future. This is a multi-year strategy that highlights four key areas of focus: Retain, Redesign, Recruit, and Train.

Annex 4 to the Agreement

British Columbia's Aging with Dignity Action Plan
2023-24 to 2027-28

Description of Results – Jurisdiction-specific Indicators

Indicator	Baseline Year	Baseline	Target and Timeframe	
			Target	Timeframe
Home and Community Care[1]				
Death at Home or in Community	2020	63.3%	63.3%[2]	2025
Home Care Services Helped the Recipient Stay at Home	2021	81.4%	85%[3]	2028
Wait Times for Home Care Services	2020/21	3 days	3 days[4]	2025
Caregiver Distress	2021/22	34.4%	30%[5]	2028
New Long-term Care Residents Who Potentially Could Have Been Cared for at Home	2021/22	12.9%	13%[6]	2028
Hospital Stay Extended Until Home Care Services or Supports Ready	2021/22	7 days	6 days[7]	2028
Long-Term Care				
Number of LTC Licensing Inspections[8]	2022	80.9%[9]	100%	2028
% Potentially Inappropriate Use of Antipsychotics in LTC[10]	TBD	TBD	TBD	TBD

[1] Baseline numbers are based on CIHI's Shared Health Priorities reports. Targets to be maintained following timeline date.
[2] Goal is to maintain status quo in the context of growth in an aging population.
[3] Goal is to meet national average in context of growth in an aging population.
[4] Goal is to meet median wait time in context of growth in an aging population.
[5] Goal is to meet national average in context of growth in an aging population.
[6] Goal is to return to the baseline measure, which is ambitious compared to historical levels outside COVID-19 pandemic and in context of growth in an aging population.
[7] Goal is to continue to reduce hospital stays, improving hospital efficiencies, in the context of growth in an aging population.
[8] Based on information provided by Health Authority Community Care Licensing Programs.
[9] Does not include data from Northern Health Authority
[10] To be updated by March 31, 2024.

Measuring and reporting on results

BC remains committed to reporting to CIHI on the six pan-Canadian indicators for home and community care: Death at home or in community; home care services helped the recipient stay at home; wait times for home care services; caregiver distress; new LTC residents who potentially could have been cared for at home; and hospital stay extended until home care services or supports ready.

As well, BC is committed to working with CIHI to develop and report on indicators to demonstrate progress in LTC.

Annex 4 to the Agreement

British Columbia's Aging with Dignity Action Plan
2023-24 to 2027-28

Funding Allocation

Initiative	Incremental Investments					
	2023-24	2024-25	2025-26	2026-27	2027-28	Total
Total available Funding	**163**	**163**	**163**	**163**	**81**	**733**
Home and Community Care (HCC)						
Home and Community Care Services	**61**	**77**	**69**	**69**	**N/A**	**276**
Palliative/End of Life Care	**13**	**13**	**13**	**13**	**N/A**	**52**
HCC planned expenditure	**74**	**90**	**82**	**82**	**N/A**	**328**
Long-Term Care (LTC)						
Improve the quality of dementia care	**0**	**3**	**3**	**4**	**0**	**10**
Strengthen the appropriateness, safety, and quality of LTC by enabling consistent, appropriate standards of care and oversight of LTC services:						
InterRai		**10**	**10**			**20**
Long Term Care at Home		**3**	**10**	**17**	**17**	**47**
Resources for Licensing and Quality Improvement		**10**	**10**	**10**	**10**	**40**
Continue to stabilize and support the LTC workforce	**0**	**50**	**75**	**80**	**83**	**288**
LTC planned expenditure	**0**	**76**	**108**	**111**	**110**	**405**
Total planned carry forward into next fiscal year	**89**	**86**	**59**	**29**	**0**	

Accountability Measures in Place for Funds Directed to Private For-Profit Facilities

- Regional HAs in BC have one or more pre-existing agreements in place with private for-profit LTC facilities, with accountability measures included in those agreements that will serve as the basis for BC's accountability measures.
- Funding for for-profit LTC providers will be provided on a cost recovery basis through funding agreements.

- Funding will be provided based on agreed upon eligible costs for inputs needed to provide the desired outcomes.
- Appropriate use of funds will be confirmed using existing tools such as the LTC Financial Reporting tool, attestations, and BC's right to conduct audits.
- Where funds are recovered, they will be redirected in line with the initiatives outlined in this action plan.

British Columbia Personal Support Workers and Related Professions Addendum

Personal Support Workers and Related Professions

In BC, Health Care Assistants (HCAs) are considered personal support workers (PSWs) and are employed along a continuum of home and community care services, including home health, assisted living (AL), and long-term care (LTC). As BC's population ages, the need to ensure high-quality, safe, dignified care to seniors becomes more critical. The disproportional impact of the pandemic on the LTC and AL sectors has highlighted the need to support and stabilize the workforce required to provide quality care to people living in LTC and AL.

As of May 2024, there were 305 publicly funded LTC and 135 publicly funded AL homes in BC, licensed or registered under the *Community Care and Assisted Living Act* or the *Hospital Act*.[1] In 2022, these facilities employ 12,878[2] HCA FTEs.[3] These homes may be owned and operated by regional health authorities (HAs) or private organizations (both for-profit and not-for-profit) with government contracts. The variation in employer types and business models has led to significant variation in employee wages and benefits, contributing to workforce dissatisfaction, employee turnover, and challenges with recruitment and retention of front-line care providers. BC is proposing to target incremental funding provided through this addendum towards supporting this identified group of HCAs in LTC and AL. Actions to support this identified group of HCAs in LTC and AL, where BC has a direct contractual role, will also have a consequential effect on the broader home and community care services sector in BC through the labour market effects of these actions, including for PSWs in positions where BC has no contractual role or wage information.

The LTC and AL workforce is predominantly comprised of women, many of whom are recent immigrants, a demographic that historically faces economic disadvantages and employment vulnerabilities. Health care workers in rural and remote communities are further disadvantaged by ongoing workforce shortages, transportation challenges, and higher costs of living. There is a significant need to address these systemic inequities by working towards fair, equitable compensation in all publicly funded LTC homes. Fair and equitable compensation will not only provide much-needed financial security for disadvantaged populations, but also ensure long-term stability for PSWs and contribute to quality resident care. Stabilizing funding levels and strengthening relationships between HAs and LTC providers will enhance job satisfaction and affirm the sector's commitment to the well-being of its workforce throughout their careers.

[1] Source: HCC LTC & AL Summary Report, as of May 31, 2024. Excludes standalone ABI and standalone short-stay facilities.
[2] Total FTEs in publicly funded LTC and AL facilities as of 2022.
[3] To be eligible to work as an HCA in any publicly funded health care setting in B.C., applicants must have successfully completed the HCA provincial curriculum (HCA Certificate) and be registered with the BC Care Aide & Community Health Worker Registry.

The hourly salary for HCAs working in publicly funded LTC and AL facilities currently exceeds the $25 per hour wage target, as shown in Table 1. BC has managed to achieve wage equity across the LTC and AL sectors through previous, temporary funding programs during the COVID-19 pandemic. The federal funds under this agreement will allow BC to work towards a broader provincial compensation standard for HCAs working in publicly funded LTC and AL facilities.

The cost to maintain existing wages and total compensation for the target HCA population exceeds the full amount of federal funding provided under this agreement. The full amount of federal funds under this agreement will supplement BC investments to maintain wages and total compensation.

The federal funding will support recruitment and retention of HCAs in publicly funded LTC and AL facilities to strengthen the quality of care for BC's most vulnerable. This investment will enable a provincial standard for wages and benefits, ensuring compensation consistent across all publicly funded LTC/AL facilities. This will further bolster and enhance LTC workforce stabilization, recruitment and retention initiatives included in the Aging with Dignity Agreement and in BC's Health Human Resources Strategy (BC's HHR Strategy), such as the Health Care Access Program, a work-integrated learning program designed to increase the supply of HCAs.

Table 1: British Columbia Personal Support Workers

PSW Category	FTEs	Current wage per hour	Target wage per hour	Time frame
Health Care Assistants (HCAs)	**12,878**	**$29.83 and up[4,5]**	**$25.00**	**2024-25 (Completed)**

BC's initiatives for PSWs, including the incremental initiatives identified here, have been developed reflective of BC's HHR Strategy, and reflect the same BC government commitments. When developing BC's HHR Strategy, the BC Ministry of Health analyzed unique workforce challenges for rural and remote workers, Indigenous workers, immigrants, racialized people, women, workers in entry-level positions, and internationally educated professionals. The HHR Strategy also reflects the BC government's commitment to addressing inequality, including through the implementation of GBA+ and an equity lens across all policy and planning.

BC's HHR Strategy acknowledges and embeds the BC government's commitment to ending Indigenous-specific racism by making cultural safety a foundational requirement of the health system and advancing targeted strategies to support Indigenous people as both patients and healthcare providers. Several actions in BC's HHR Strategy are

[4] Through time-limited funding, the current lowest hourly wage rate paid to most staff providing direct care to LTC and AL residents is $29.83 per hour, both of which are under the Facilities Bargaining Unit – Grid 22.

[5] BC will report annually and publicly on this component of the indicator (i.e., the current wage per hour for the prior fiscal year reporting period), in accordance with existing AWD agreement reporting.

aligned with Indigenous health system priorities as identified in In Plain Sight recommendations. The BC Ministry of Health has committed to assessing all actions through the lens of cultural safety and anti-racism.

In keeping with the processes and practices followed in the province to date, where funding is provided to for-profit operators to support the wages of PSWs, and/or recruitment and retention initiatives outlined above, British Columbia will use practices to ensure that funding benefits PSWs through increased wages, and retention and recruitment initiatives without using the federal funding to contribute to operator profitability. Where cost-recovery is used, federal funds recovered will be used in accordance with the initiatives outlined above.

Measuring and Reporting on Results

British Columbia will work with the Canadian Institute for Health Information (CIHI) on a pan-Canadian indicator related to PSWs and provide relevant data. British Columbia will also report annually and publicly to the residents of British Columbia on the progress in this Addendum in an integrated manner with other Aging with Dignity agreement reporting.

Funding Allocation

The following table represents an estimated projection of spending across each area.

Table 2: BC Funding Allocation

	2024-25	2025-26	2026-27	2027-28	2028-29	Total
Total Available Funding	$44,200,000	$45,300,000	$46,540,000	$47,640,000	$48,880,000	$232,560,000
Wages and Compensation						
PSW Compensation	$5,000,000	$55,100,000	$56,340,000	$57,440,000	$58,680,000	$232,560,000
Non-Wage Recruitment & Retention						
N/A	$0	$0	$0	$0	$0	$0
Total planned carry-forward into next fiscal year	$39,200,000	$29,400,000	$19,600,000	$9,800,000	$0	

*Allocations are rounded and notional and are subject to annual adjustment based on the formula described in the Agreement.