

CHAPTER: 5 ASSISTED LIVING SERVICES

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EFFECTIVE: September 1, 2024

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Intent

To describe health authorities' responsibilities in planning and delivering publicly subsidized assisted living services for seniors and persons with disabilities, a class of assisted living residences defined in the Assisted Living Regulation.

Policy

Health authorities must plan and administer publicly subsidized assisted living services, directly or through contracted service providers, to eligible clients as part of their continuing care program responsibilities under the *Continuing Care Act*.

All assisted living residences must meet the detailed requirements established by the *Community Care and Assisted Living Act* and the Assisted Living Regulation. Health authorities must ensure that service providers are aware of these regulations.

Health authorities must:

- establish local service delivery models that will provide clients with access to appropriate assisted living services within their community, or within an accessible distance to their community;
- authorize and manage timely and appropriate access to assisted living services by:
 - informing clients and their caregivers of the available assisted living service options;
 - providing service providers with the necessary information to determine clients' appropriateness for their specific assisted living services;
 - providing service providers with the necessary information to plan the assisted living services clients will receive;
 - establishing a care plan with clients and their caregivers to assist clients to remain safely at home until they can access assisted living 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 assisted living residence.
- ensure clients identified as having the greatest need and urgency receive priority access to the relevant service(s);
- assess and provide ongoing monitoring of clients' service needs and appropriateness for assisted living services (see Policy 2.D, Assessment);

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- ensure that clients are aware of their responsibilities including:
 - assuming maximum personal responsibility for their own health and well-being;
 - being aware of the terms of their assisted living residency agreement;
 - participating in decisions about their own personal service plan; and
 - 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 Registry to resolve health and safety concerns or complaints received by the Registry and provide information to the Registry when requested.

Health authorities must ensure that assisted living service providers are aware of their legal requirements described in the *Community Care and Assisted Living Act* and the Assisted Living Regulation, including:

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

These legal responsibilities are regulated by the Assisted Living Registry.

Definitions

assisted living residence as described in the [Community Care and Assisted Living Act](#) is a premise or part of a premise in which housing, hospitality and regulated assisted living services are provided. Each assisted living residence provides housing, hospitality services, and regulated assisted living services in accordance with the *Community Care and Assisted Living Act* and is registered with the Assisted Living Registry.

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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 and require housing, hospitality services and at least one regulated assisted living service. (For the purpose of this policy, assisted living refers to the “Seniors and Persons with Disabilities” class in the Assisted Living Regulation and does not apply to the other classes included in this regulation).

hospitality services as defined in the [Community Care and Assisted Living Act](#) include all of the following:

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

personal representative is a person, as defined in the [Assisted Living Regulation](#) that includes:

- a representative under the [Representation Agreement Act](#);
- an attorney acting under a power of attorney; and
- a committee under the [Patients Property Act](#).

personal service plan is a plan developed by the service provider in collaboration with the client to identify and describe the nature and scope of the hospitality and regulated assisted living services to be provided to the client, taking into consideration the client’s needs, capabilities, and preferences. A personal service plan, as described in the [Assisted Living Regulation](#), needs to be developed within 30 days of residing in the assisted living residence.

regulated assisted living services as defined in the [Community Care and Assisted Living Act](#), means one or more of the following:

- assistance with activities of daily living, including eating, moving about, dressing and grooming, bathing, and other forms of personal hygiene;
- assistance with managing medication;
- assistance with the safekeeping of money and other personal property;
- assistance with managing therapeutic diets;
- assistance with behaviour management;
- psychosocial supports; and
- other types of prescribed assistance or support.

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residency agreement is a written agreement described in the [Assisted Living Regulation](#), that defines the expectations, rights and obligations of the client and the 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.

service provider is either a health authority or an approved contractor of a health authority who plans and delivers publicly subsidized home and community care services directly to clients. For the purpose of this policy, a service provider is a registrant that is defined in the [Community Care and Assisted Living Act](#), and is an operator of an assisted living residence.

short-term service plan is a plan described in the [Assisted Living Regulation](#), developed by the service provider as soon as a person is accepted as a client, which provides information to support a client's health and well-being until a personal service plan is developed.

transition plan is a documented plan of action, described in the [Assisted Living Regulation](#), that is developed with the client's participation leading up to a planned end of residency that details how a client will be supported. A transition plan describes:

- who will be assisting the client with activities associated with leaving the assisted living residence and transitioning to the new place of residence; and
- how any risks to the health and safety of the client will be minimized before, during and after the transition to a new residence.

unit as defined in the [Assisted Living Regulation](#) is a room, or a set of rooms, in an assisted living residence that is:

- used as the personal living quarters of a resident; or
- shared as personal living quarters by more than one resident.

For the purpose of this policy, a unit that is shared by more than one resident, comprised of spouses, one or both of whom may be provided assisted living services.

References

- [Assisted Living Regulation](http://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/189_2019) (www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/189_2019)
- [Community Care and Assisted Living Act](http://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/00_02075_01) (www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/00_02075_01)
- [Continuing Care Act](http://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96070_01) (www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96070_01)
- [Representation Agreement Act](http://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96405_01) (www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96405_01)
- [Patients Property Act](http://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96349_01) (www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96349_01)

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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 at least one assisted living service;
- meets the criteria described in the [Community Care and Assisted Living Act](#):
 - is able to make decisions on their own behalf that are necessary to live safely or has a spouse who lives with the client and is willing and is able to make decisions on their behalf;
 - can recognize an emergency and take steps to protect themselves or follow directions in an emergency;
 - does not behave in a manner that jeopardizes the health or safety of others; and
 - does not require unscheduled professional health services on a regular basis.
- is at risk in remaining in their 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.D](#), Benefits and Allowable Charges.

Health authorities must ensure that service providers are aware of their legal requirements described in the *Community Care and Assisted Living Act* and the Assisted Living Regulation, including to:

- develop individual residency agreements with each client;
- establish and follow written processes to ensure quality assisted living services including:
 - client involvement in the development of their personal service plan; and
 - a process for resolving complaints and disputes between clients and the service provider.
- have a short-term service plan in place for a client entering assisted living while a personal service plan is developed; and
- have a personal service plan developed in collaboration with the client, or their personal representative, within 30 days of entry into an assisted living residence.

These legal responsibilities are regulated by the Assisted Living Registry.

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Personal Service Plan

Health authorities must ensure that a personal service plan is developed for each client. The personal service plan must meet the requirements in section 33 in the [Assisted Living Regulation](#). Personal service plans are developed in collaboration with the client and, to the extent it is reasonably practicable to do so, the persons whom the client requests to participate.

The Assisted Living Regulation requires that service providers ensure personal service plans are:

- developed in collaboration with the client or their personal representative;
- developed within 30 days of entry into an assisted living residence;
- approved and signed by:
 - the client or by the client’s personal representative; and
 - a person authorized to sign personal service plans on behalf of the service provider, and
- reviewed at least annually and according to the requirements of section 33 of the [Assisted Living Regulation](#)

Clients must be provided with a signed copy of their personal service plan.

When Assisted Living is no Longer Appropriate

Health authorities and service providers are responsible for identifying when assisted living services may no longer be appropriate for a client. Health authorities must ensure that the service provider has policies and procedures in place:

- to assess if a client continues to meet the criteria for assisted living services; and
- to develop a transition plan if a client is no longer appropriate for assisted living services.

Health authorities must work collaboratively with the client and the service provider to arrange for a client to identify appropriate options for meeting the client’s needs and transition out of an assisted living residence when a client:

- has care needs that can no longer be met in an assisted living residence
- no longer meets the criteria described in the *Community Care and Assisted Living Act*, and
- is not complying with the terms of the residency agreement and the service provider intends to cease providing assisted living services as a result.

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Service providers and clients may follow the written resolution process for resolving disputes, as per Policy 2.E, Complaint Process.

Planned End of Residency

Health authorities must ensure that service providers develop a transition plan with the client's participation leading up to the client's planned end of residency. The transition plan must detail how a client will be supported through their end of residency. A transition plan is developed if:

- a change in the client's needs and capabilities occur, such that they no longer meet the criteria for assisted living services, or the service provider can no longer meet their needs;
- the client expresses an intention to end residency; or
- the service provider intends to end residency due to the client no longer complying with the terms of the residency agreement.

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SUBSECTION:	EFFECTIVE: FEBRUARY 6, 2023

Intent

To describe health authorities' responsibilities in managing 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: 1 SPOUSAL RELATIONSHIPS	EFFECTIVE: FEBRUARY 6, 2023

Intent

To ensure that health authorities involve spouses, family, caregivers, and service providers in exploring a range of options to support spousal relationships when: only one spouse is eligible for assisted living services; there is a temporary absence of a spouse; or, both spouses are eligible for assisted living services and reside together in a unit but intend to permanently separate.

Policy

When only one spouse meets the eligibility criteria for assisted living services, and the spouses have requested to continue living together, health authorities will work with spouses and their families or primary caregivers to identify options that support the continuity of an ongoing spousal relationship. In assisted living, spousal relationships may include:

- an assisted living client whose eligibility relies on residing with a non-eligible spouse making decisions on their behalf.
- an assisted living client whose eligibility does not rely on residing with a non-eligible spouse.

Planning and collaboration will include:

- implications and potential challenges for both spouses;
- options that could provide reasonable arrangements; and
- practical considerations like costs and processes.

Temporary Absences of a Spouse

Health authorities must ensure that when a client's eligibility for assisted living services is based on living with a spouse who is able to make decisions on the client's behalf:

- the service provider and client develop a plan for what will occur if the spouse is temporarily absent (including who to contact and who may reside with the client in the spouse's absence);
- the service provider arranges for another adult to reside together with the client in the assisted living unit if the spouse is temporarily absent;
- the service provider revises the client's personal service plan as necessary to accommodate changes to the client's needs because of their spouse's absence; and
- the client's needs can be met with another adult residing with the client, and if not, alternate arrangements are made (including temporarily moving the client to another setting where their needs can be met).

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 (see [Policy 5.C](#), Temporary Absences).

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Spousal Separation in Assisted Living

When spouses that are residing together in a publicly subsidized assisted living unit have communicated an intention to permanently separate and/or an action has been taken by a spouse that demonstrates the intention to separate permanently, 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 (if appropriate and not a safety risk) 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.

The client's eligibility may need to be reassessed if the client's appropriateness for assisted living services relies on residing with their spouse making decisions on their behalf.

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SECTION: D BENEFITS AND ALLOWABLE CHARGES	PAGE: 1 OF 2
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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 personal service 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 service provider.

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Benefits Include:

- a private housing unit with a lockable door;
- regulated assisted living 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 assisted living 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 security deposit, based on up to half of the client rate for the unit.

Health authorities must ensure that service providers refund the client's security deposit at the end of the residency, 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;
- internet 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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SECTION: E VISITORS IN LONG-TERM CARE AND ASSISTED LIVING	PAGE: 1 OF 1
SUBSECTION:	EFFECTIVE: SEPTEMBER 1, 2024

Intent

To describe health authorities' responsibilities to ensure that clients maintain their right to receive visitors while continuing to protect the health and safety of all clients living in publicly subsidized long-term care homes and assisted living residences.

For the full policy, see Policy 6.M.