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For the purpose of this document, the following definitions have been used:

added care funding is a term used exclusively to describe the funding transfer between a health authority (HA) and Community Living BC (CLBC) pursuant to which the HA will provide funding for health care services, to CLBC, to augment the support and services provided by CLBC, where the client has complex health care needs as determined by the HA.

adult day services are provided through an organized program of personal care, health care and therapeutic social and recreational activities in a group setting that meets client health care needs and/or caregiver needs for respite.

advance care planning is a process where a capable adult documents their beliefs, values, wishes and decisions for their future health care, including end-of-life care, to be used when the adult is no longer capable of communicating on their own behalf. A person may also develop an advance directive and/or appoint a representative as part of the advance care planning process.

after tax income is the client's net income (line 236) less the sum of taxes payable (line 435), Canada Child Benefit (line 117) and Registered Disability Savings Plan (line 125) as reported on the client's income tax return and confirmed by the Canada Revenue Agency, in the appropriate taxation year.

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

approved expenditures are items approved by the health authority as part of the client's funded CSIL care plan.

assessment is an evaluation, conducted by a health authority professional, of an individual's overall health status, goals and capabilities, leading to a decision regarding the priority needs to be addressed, and supporting development of a care plan.

assessor refers to the person who is responsible for assessing whether a client is incapable of giving or refusing consent to admission to, or continued residence in, a care home, and who is qualified to make a determination of incapability according to the *Health Care (Consent) and Care Facility (Admission) Act*.

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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.

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).

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.

campus of care is a situation where more than one level of housing, services and care is provided in a residence or group of buildings (e.g., assisted living services in one building and long-term care services in an adjacent building).

capable means capable of giving or refusing consent to admission to, or continued residence in, a care home.

capable client means a client who has not been determined to be incapable of giving or refusing consent to admission to, or continued residence in, a care home.

care is assistance, professional services or treatment required by clients to meet their health care needs.

care and accommodation refers to the long-term care services that are being offered to the client when a vacancy becomes available in either an interim care home or a preferred care home.

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care plan is an individualized plan that identifies the diagnoses, goals of care, clinical and functional needs to be addressed and health services required, taking into account the client’s abilities, physical, social and emotional needs, and cultural and spiritual preferences.

care provider is the person or agency hired by the Choice in Supports for Independent Living employer to provide home support services approved in the care plan.

caregivers are the client’s family and friends who provide support, care and other assistance.

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

child is a child of any age, of the client, including stepchildren, adoptive children, daughters-in-law and sons-in-law.

client is an individual who meets the eligibility criteria for home and community care services, has been assessed, and has accepted and is receiving services through the health authority. Throughout this manual, when the term “client” is used, it may mean the individual receiving services, or their legal representative.

client rate is the daily or monthly rate charged to a client for home support, assisted living, family care home, long-term care services, including short-stay services, or adult day services.

client support group is incorporated as a non-profit society under the B.C. Registrar of Companies, comprised of family and/or friends of a Choice in Support for Independent Living client, to manage the provision of home support services to the client.

committee of person is the person (or Public Guardian and Trustee) appointed by the court according to the Patients Property Act to make personal and health care decisions for a person who is declared by the Court to be incapable of managing themselves.

Community Care Licensing provides licensing, inspection and monitoring of the health and safety of individuals living in community care facilities licensed under the *Community Care and Assisted Living Act* and Residential Care Regulation as delegated by the medical health officer.



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community nursing services are health care services provided by a licensed nursing professional to clients who require acute, chronic, palliative or rehabilitative support.

community rehabilitation services are health care services provided by a licensed physical therapist or occupational therapist to clients who require acute, chronic, palliative or rehabilitative support.

community resources are non-healthcare supports that may be available in a community to assist individuals with social or emotional needs, physical activity, or personal services such as household maintenance, recreation, shopping and transportation, or advice and assistance with personal, financial or legal matters.

companion service is any non-care social support or activity service provided to clients that is beyond the services a service provider is expected to provide. Companion service is a voluntary arrangement initiated by clients, their families, or individuals acting on behalf of the clients, and is the financial responsibility of the clients.

continuous home health services are services provided on a long-term basis (usually longer than three months) that typically fall into one of the following defined Client Groups (see Canadian Institute for Health Information Home Care Reporting System):

- **Long Term Supportive:** The client who is at significant risk of institutionalization due to unstable, chronic health conditions, and/or living condition(s) and/or personal resources.
- **Maintenance:** The client with stable, chronic health conditions, stable living conditions and personal resources, who needs support in order to remain living at home.

convalescent care is a short-stay service provided to clients with defined and stable care needs who require a supervised environment for reactivation or recuperation usually prior to discharge home, most commonly following an acute episode of care.

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CSIL = Choice in Supports for Independent Living

CSIL employer is the client, client support group or representative receiving CSIL funding who is a party to the CSIL agreement to manage the client's home support services and approved funds.

CSIL agreement is a legally binding contract between the health authority and the CSIL employer governing the terms and conditions of the funding.

CSIL funds are funds provided to the CSIL employer to pay for and administer the home support services authorized by the health authority.

CSIL representative is an individual designated as a representative for a CSIL client through a valid representation agreement and is acting as the CSIL employer.

CSIL services are the authorized services and approved expenditures identified in the client's individual care plan and funded by the health authority as an alternative to receiving home support services.

designated person means the persons designated by the health authority to receive reports of a substitute who is acting in a manner that may be abusive or harmful to the client for whom they are making decisions.

developmental disability as defined under the *Community Living Authority Act* as those with significantly impaired intellectual functioning (diagnosis of Intellectual Disability in accordance with DSM-5) with a concurrent impairment in adaptive functioning, having occurred before the age of 18 years.

earned income is the sum of the following amounts as reported on lines 101, 104, 135, 137, 139, 141, and 143 of the client's income tax return:

- (a) employment income;
- (b) other employment income;
- (c) net business income;
- (d) net professional income;
- (e) net commission income;
- (f) net farming income; and
- (g) net fishing income.

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end of life is a period of disability or disease that is progressively worse until death. End-of-life care, also called hospice care, comfort care, supportive care or palliative care, focuses on comfort, dignity and quality of life.

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

family member is anyone who is related to the client by blood, marriage, adoption or custom adoption (e.g., children, grandparents, etc.).

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

health authority is an organization constituted under the direction of a regional health board, as designated by the Minister of Health Services in 2001, to plan and deliver health services in a geographic area.

health professional is, unless otherwise stated, a registered nurse, registered psychiatric nurse, licensed practical nurse, occupational therapist, physiotherapist or social worker whose profession is regulated under the *Health Professions Act*.

high intensity health care needs (HIHCN) in adults with a developmental disability occur when health related needs meet a threshold where support requirements for Community Living BC (CLBC) eligible individuals are impacted. An individual has HIHCN when they meet a threshold for supports as determined by two outcomes of the RAI-HC Assessment, Resource Utilization Groups (RUGs) and Activities of Daily Living (ADL) Index.

high physical care needs (HPCN) means:

- Daily needs for personal care, possibly more than once a day, and/or unscheduled tasks;
- A need for assistance with more complex tasks, often requiring additional training; such as tasks delegated under Policy 1.C, Delegation of Task;
- A need for consistent pool of trained CSIL employees; and,
- Assisting the client to stay in their community, stay connected to their support networks, and avoid long-term care admissions when preventable.

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home support services are direct care services provided by unregulated care providers to clients who require personal assistance with activities of daily living, such as mobilization, nutrition, lifts and transfers, bathing, cueing, grooming and toileting, and may include safety maintenance activities as a supplement to personal assistance when appropriate, as well as specific nursing and rehabilitation tasks delegated under Policy 1.C, Delegation of Tasks.

hospice care is a short-stay service provided in a hospice bed to clients who require support with comfort, dignity and quality of life in the final days or weeks of their lives, and is distinct from the end-of-life care provided to clients residing in a long-term care home.

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.

immediate family member is a parent, child or spouse.

incapability assessment means an assessment made according to section 26 of the *Health Care (Consent) and Care Facility (Admission) Act*, to determine if a client is incapable of giving or refusing consent to admission to, or continued residence in, a care facility.

incapable means incapable of giving or refusing consent to admission to, or continued residence in, a care home.

incapable client means a client who has been determined through an incapability assessment of being incapable of giving or refusing consent to admission to, or continued residence in, a care home.

income benefit includes:

- the Guaranteed Income Supplement (including benefits under International Agreements) under the *Old Age Security Act* (Canada);
- the Widowed Spouse's Allowance or the Spouse's Allowance under the *Old Age Security Act* (Canada);
- support and/or shelter allowance under the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act*, or
- a War Veteran's Allowance under the *War Veteran's Allowance Act*(Canada).



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interim care home is specific to each client and is a long-term care home that is not one of the client’s preferred care homes.

long-term care home is a facility designated by the health authority to provide long-term care services, including short-stay services, and includes licensed community care facilities, private hospitals and extended care hospitals.

long-term care services provide a secure and supervised physical environment, with accommodation and care, to clients who:

- a. cannot have their care needs met at home or in an assisted living residence on a permanent basis; or
- b. require convalescent care, hospice care or respite care on a short-term basis.

manager means the person responsible for coordinating the admission process, and seeking and obtaining consent for care facility admission.

meal replacement is a commercially formulated product that, by itself, can replace one or more daily meals. It does not include vitamin or mineral preparations.

medically stable means that, at the point of referral, the client’s care and medical needs are routine and not subject to frequent, significant change because of health issues.

ministry means the Ministry of Health.

non-eligible spouse is a spouse that does not meet the eligibility criteria for admission to long-term care services.

nutrition supplement is a food that supplements a diet inadequate in energy and essential nutrients, and typically takes the form of a drink but may also be a pudding, bar or other form. It does not include vitamin or mineral preparations. Homemade milkshakes or house brand supplements may be used where the care plan or the client's physician do not specifically require a named commercial brand for medical reasons.

parent is a parent of the client, including parents-in-law, step-parents and adoptive parents.

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Patient Care Quality Office is the central complaints office within each health authority that receives, investigates and responds to complaints regarding the quality of care that a client received, and derives its authority from the *Patient Care Quality Review Board Act*.

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.

physical disability means a condition that:

- a. leads to limitations on a person's physical functioning, mobility, dexterity, or stamina
- b. results in the need for personal care supports and
- c. creates functional impairment beyond a person's, normal ways.

Note: Conditions which cause physical disability may be:

- congenital or inherited
- based in genetics, illness, disease, or injury
- temporary or permanent
- treatable or non-treatable
- static or progressive

preferred care home is specific to each client and is a long-term care home selected by the client or substitute as a care home where they prefer to be admitted.

RAI-MDS HC (Residential Assessment Instrument – Minimum Data Set Home Care) is a reliable, person-centred assessment system for people with chronic and post-acute care needs that informs and guides comprehensive care and service planning in community-based settings. The RAI HC focuses on the person's functioning and quality of life by assessing needs, strengths and preferences and provides the basis for an outcome-based assessment of the person's response to care or services.

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RAI-MDS 2.0 (Residential Assessment Instrument – Minimum Data Set, version 2.0) is a comprehensive, standardized instrument for evaluating the needs, strengths and preferences of people in long-term care settings.

reasonable arrangements are alternatives determined by making an assessment of available resources while using diligence and good faith.

reassessment is a professional follow up or subsequent assessment to establish whether a change in the care plan and/or an alteration of health services is required.

regional council is the group of long-term care clients and/or their family members or close friends (and may include family members of people who have been clients within the last year) representing the resident/family councils in a region and health authority representatives who meet semi-annually (at minimum) to identify and resolve issues, share education, and support quality of life improvements for long-term care clients.

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.

residency agreement is a written agreement, as 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.

resident/family council is a group of long-term care clients and/or their family members or close friends (and may include family members of people who have been clients within the last year) who meet regularly to identify and resolve issues, share education and support quality of life improvements for long-term care clients.

respite care is a short-stay service for the purpose of allowing the client's principal caregiver a period of relief, or to provide the client with a period of supported care to increase independence.

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safety maintenance activities are identified through the care plan and focus on reducing, eliminating or monitoring risk or potential risk to a client. As part of the authorized services, these activities may include clean-up, laundry of soiled bedding or clothing, and meal preparation.

service delivery is the provision of designated home and community care services to the client, as authorized by the health authority.

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.

short-stay services are facility-based services provided on a short-term basis (usually less than three months) and include a safe, supervised physical environment, with accommodation and care to those who need convalescent care, hospice care or respite care services.

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.

spouse is a person who is married to or is living in a marriage-like relationship with, a client and, for the purposes of this definition, the marriage or marriage-like relationship may be between persons of the same gender.

substitute means:

- the client's committee of person, or
- if there is no committee of person, the person chosen by the manager, under section 22 of the Health Care (Consent) and Care Facility (Admission) Act, to give or refuse consent to admission to, or continued residence, in a long-term care home, on behalf of a client who has been determined to be incapable of giving or refusing this consent.

subsidized client rate is the client rate that is less than the maximum client rate established for the specific service.

therapeutic diet is any medically prescribed diet that is under the supervision of the client's attending physician (e.g., diabetic and low sodium diets).



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time-limited home health services are services provided on a short-term basis (usually less than three months, except for palliative care services) that typically fall into one of the following defined client groups (see Canadian Institute for Health Information Home Care Reporting System):

- **Acute:** The client who needs immediate or urgent time-limited (within three months) interventions to improve or stabilize a medical or postsurgical condition.
- **End of Life:** The client for whom death is anticipated within six months.
- **Rehabilitation:** The client with a stable health condition that is expected to improve with a time-limited focus on functional rehabilitation.

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.

unregulated care provider is a paid care provider who is not licensed by a regulatory body and who has no regulated scope of practice and includes community health workers, rehabilitation assistants and life skills workers.

urgent means that the client’s safety may be at significant risk if health services were not provided, but does not include a medical emergency which requires assessment and/or intervention by a physician or nurse practitioner.

visit is an interaction when care or service is provided to a client or when clinical direction that influences the care of the client is given. A visit can be *face-to-face* or *remote* including, but not limited to, software applications (i.e. tele-monitoring, journaling), email or telephone.