Congress of Union Retires - Policy Paper 2011

Home Care - "Aging in Place" Piecing the Puzzle

Background Summary - Aging in Place

"Aging in place" refers to living where you lived for years, it also means growing older without having to move-typically in a health care environment, using products, services, and conveniences. In other words, you continue to live in the home of your choice safely and independently as you get older.

Dignity: Being treated with respect, regardless of the situation, and having a sense of self esteem e.g., having a sense of self-worth; being accepted as one is, regardless of age, health status, etc.; being appreciated for life accomplishments; being respected for continuing role and contributions to family, friends, community and society; being treated as a worthy human being and a full member of society.

Participation: Getting involved, staying active and taking part in the community, being consulted and having one's views considered by government – e.g., being active in all facets of life (socially, economically, politically); having a meaningful role in daily affairs; enjoying what life has to offer; participating in available programs and services; and being involved and engaged in activities of daily living (decisions/initiatives in all spheres, not just those specifically oriented to seniors).

Fairness: Having seniors' real needs, in all their diversity, considered equally to those of other Canadians e.g., having equitable access (socially, economically, politically) to available a resources and services; not being discriminated against on the basis of age; and being treated and dealt with in way that maximizes inclusion of seniors.

Security: Having adequate income as one ages and having access to a safe and supportive living environment e.g., financial security to meet daily needs; physical security (including living conditions, sense of protection from crime, etc.); access to family and friends; sense of close personal and social bonds; and support.

I**ndependence**: Being in control of one's life, being able to do as much for oneself as possible and making one's own choices e.g., decisions on daily matters; being responsible, to the extent possible and practical, for things that affect one; having freedom to make decisions about how one will live one's life; enjoying access to support system that enables freedom of choice and self-determination. Independence and security can be tied to financial ability to allow people to remain in their own homes or communities.

As quoted by the Journal of Housing for the Elderly," in order to secure necessary support services in response to changing needs, it is not about having to move from one's present residence to secure services that is required". As the baby boomer

generation ages and people with developmental disabilities are enjoying longer lives, the need for services is increasing.

The needs and abilities of older seniors change gradually over time. The kinds of changes and when they occur vary from one person to the next. Although many seniors can remain active and independent in their own homes; others need a little help to continue living in the community. Many seniors can safely remain in their community if they have assistance with their daily routine or basic health needs.

In a supportive housing it combines community living in a secure apartment setting with personal support services. The resident pays for rent and a service package (meals, laundry and housekeeping). In Manitoba personal care is funded through the regional health authority at no cost to the tenant. Eligibility is assessed through the Regional Health Authority home care program.

This community housing option can help seniors delay or avoid personal care home placement until an intensive level of care is required. Seniors who require 24-hour support and supervision would benefit from this type of housing concept.
In Canada long term beds are by (public-funded) by provinces. In 2008 in Canada there were 194,178 long-term beds of which 125,887 or 65% were non-profit and 68,311 or 35% were for profit.

Canada's Population is Aging

Projections show that seniors would account for between 23% and 25% of the total population by 2036, nearly double the 13.9% in 2009. Higher immigration levels would do little to change the forthcoming ageing of the Canadian population. Life expectancy at age 65 has also been increasing.

In 1985, a 65 - year old could expect to live another 17 years. That had increased to 20 years by 2006; 18 years for men and 21 years for women.

As of July 1,2009 the Maritimes provinces had the largest proportions of seniors aged 65 and older. Prince Edward Island had just over 15% and nearly 16% in both New Brunswick and Nova Scotia. At almost 14%, Ontario and Manitoba had the second and third smallest proportions of seniors, while Alberta was the province with the smallest proportion at 10%.

B.C.'s aging population will bring about significant economic changes in the province. B.C.'s population is expected to age significantly over the next 20 years, according to the Conference Board. The highest median ages in Canada by 2036 would be in the Atlantic provinces regardless of the selected scenarios, while the lowest median age would be in Nunavut and Northwest Territories.

Veteran's Disability Pension

The Veterans disability pension is non-taxable through Revenue Canada and not deemed as income. Veteran's are not required to report this pension on their income tax return as income. BC, Alberta, Saskatchewan, Manitoba, Nova Scotia and Prince Edward Island do not calculate the disability pension as income.

The disability pension in New Brunswick is not considered as income if the Veteran's Affairs Canada has determined that the Veteran's requirement for long -term care is linked to the service related injury for which the veteran is pensioned. Ontario, Quebec and Newfoundland and Labrador include Veterans Disability Pensions when calculating total income for the purpose of income.

Assessment

In order to enter a nursing care facility in all provinces residents require an assessment to determine their level of care. There is a variance across the country how assessments are determine.

In BC the case manager recommends home health services and resources available in the community; refers clients to specific programs; and stays in touch to help clients with arrangements or to make needed adjustments if their care needs change. The type of assistance and support required varies from one person to another, and may change over time for each individual. Assessing the client's care needs and abilities, the case manager develops a plan with the client and their family.

In Alberta the operator of the facility is responsible for the assessment which requires the operator to develop and maintain written processes for the assessment of applicants for residency in the supportive living accommodation, including the assessment of applicants' physical, emotional and cognitive abilities.

In Saskatchewan a standardized assessment tool is used to determine the level of care an individual requires. Personal care homes usually care for people with lighter care needs (Level one or two), some personal care homes do provide care to persons with heavier care needs. Individuals with heavy care needs (Level three and four), that cannot be met through home-based/community services are admitted to a special-care home.

In Manitoba when a resident can no longer remain safely at home because of a disability or their health care needs they are paneled through the Regional Health authority for personal care services. There is no reference to levels of assessment.

In Ontario the Community Care Access Centre (CCAC) assist with defining the needs and situation, determining the resident eligibility for government-funded services, locating providers and applying for care. If you are eligible for government-funded personal care and support services, they are arranged by the CCAC and paid for by the

Ministry of Health and long-term care. The Community Care Access Centre determines the resident eligibility.

In Quebec if you are admitted to a care unit of a general and specialized hospital center (CHSGS) and are unable to return home, the resident must contact the person in charge of the care unit so that a professional person can assess the requirement of your health condition. The assessment depends on the resident health and degree of independence.

In New Brunswick Level one and two are residents of special care homes and level three and four are nursing home residents. Level 1-2 are residents live in special care homes that require some supervision. Level three B, residents live in special care homes providing the residents do not require professional nursing care supervision on a 24 hour basis.

In Prince Edward Island the assessment process has five levels. Level one to three qualify for home care. Assisted care starts at four with full care for a level five, for a manor or nursing home care.

In Nova Scotia the resident must apply for long term care services through the Department of Health and Wellness's Single Entry Access. An applicant must undergo: a comprehensive assessment to determine the type and level of care required; and a financial application process to determine the applicable accommodation charge for long term care services. There is no reference of levels of care.

In Newfoundland / Labrador a resident must first contact the Regional Health Authority to have an assessment which will determine if you are suitable to reside in a nursing home or a personal care home. There is no reference to levels of care.

Financial Assessment

Except for the few wealthy seniors who can afford personal assisted care at the cost of many thousands of dollars a month, all seniors must go through a financial assessment process to receive financial subsidy.

Newfoundland/ Labrador is the only province that take into account assets for the cost of nursing care. Quebec only uses assets when a resident does not have the ability to pay, liquid assets, property, monthly income and family situation are taken into account.

Residential Facilities Term of Reference

In many provinces the reference to residential care facilities is used and assisted living is a term used for independent living with some assistance.

Saskatchewan the term used is special care homes or nursing homes. Alberta uses the term continuing care. Nova Scotia long-term care facilities is nursing homes; homes for

the age, along with assisted living. British Columbia uses the term residential care and long-term care. New Brunswick term is nursing home and Special care homes.

In Manitoba the term used is personal care homes, Ontario term for long term care is nursing homes. In Quebec the term used is long term beds. Prince Edward Island term used for long-term care facilities is private facilities. Nursing homes and public facilities are called manors or government manors. Newfoundland term is long-term care and personal care homes.

The Canadian Home Care Human Resources Study classified home care delivery models in Canada into four models.

Table 1: Home Care Delivery Models - Provinces

Public-provider model (PP)	Professional and home support services are delivered mainly by public employees. Examples include Manitoba, Saskatchewan, Quebec, Prince Edward Island, Yukon, Northwest Territories and Nunavut.
Public-professional and private home support model (PHS)	All professional services are delivered by public employees. Home support services are contracted out to private not-for-profit and private for-profit agencies. Examples include New Brunswick, Newfoundland, and British Columbia
Mixed public-private model	Streamlining functions are provided by public employees. Professional services are provided by a mix of government/RHA employees (predominantly) or through contracting out to private, third-party agencies. Home support services are contracted out to for-profit and not-for-profit agencies. Examples include Nova Scotia and Alberta.
Contractual model	Single entry coordinating functions are provided by employees in publicly funded Community Care Access Centres (CCACs). Professional services and home support services are contracted out by CCACs to private agencies (for-profit and not-for-profit) which provide care to consumers. This model reflects home care in Ontario as organized through its Community Care Access Centers.

Canadian Home Care Human Resources Study (2003)
http://www.cha.ca/documents/pa/Home_Care_HR_Study.pdf Accessed July 14, 2008.

The Canada Health Act includes extended health care services in its coverage. The Act defines such services to include:

(a) nursing homes intermediate care service;
(b) adult residential care service;
(c) home care services;
(d) ambulatory health care service;

Canada Health Act http://www..hc-sc.gc.ca/medicare/home.htm

Long -Term Care Program by Provinces

British Columbia

In 2010 the population aged 65 and over represented 14 per cent; predicting to increase to grow to 25 per cent by 2030," As B.C.'s population ages, economic growth in the province is expected to grow.

As of June 2010, approximately 26,400 people received publicly subsidized residential services in BC. In 2008, there were 24,616 residential care beds across the province, compared to 25,420 in 2001.

In the province's largest health authority, which serves one third of the total provincial population, the overall average direct care staffing level was found to be 2.7 hour resident per day. More recent information from this health authority indicates that "direct care hours range from 1.65 hours of care to 3.8 hours of care, with an average of 2.46 hours of care.

Effective January 1, 2011, the monthly co-payment rate for clients is 80 per cent of the individual's annual after tax income, subject to minimum and maximum rates The daily fees are $897.00 minimum to a $2,932 maximum. Low income fees are $894.40. Residents retain a personal allowance of $275 per month for their personal needs.

Residential care, publicly subsidized home support services are provided through the province's regional health authorities, with eligibility and access determined based on a health care needs assessment conducted by the health authority.

Publicly subsidized home support clients in BC may be required to pay a daily service fee. Fees are determined through a financial assessment based on the client's after-tax income. Home support services may also be purchased privately.

Residential care facilities in BC provide 24-hour professional nursing care and supervision for people with complex care needs whose care requirements cannot be adequately met in their own home or another setting. In 2009, the average cost of a bed in British Columbia private-pay residential care facilities was $4,718 per month or $56,616 per year.

Health Promotion intervention for BC frail elders

Outcome at 3 yrs / Group	Living in the community	Resident of a LTC facility or dead
Health Promotion Group (N=81)	75.3% (61)	24.7% (20)
Control Group (N=167)	58.7% (98)	42.3% (69)

(P = 0.04) N Hall et al. Canadian Journal on Aging. 1992;11(1):72-91

In B C long term beds are (publicly funded) by the province. In 2008,17,028 non-profit beds and 7,588 for-profit beds for a total number of 24,616 beds representing 69% non-profit and with 31% for-profit.

Home Care

All professional services are delivered by public employees but contracted out to private not-for-profit and private for-profit agencies. Home support services are contracted out to private not-for-profit and private for-profit agencies. It is not known if home support services are provided on a 24/7 basis.

Publicly subsidized home support services are provided through the province's regional health authorities, with eligibility and access determined based on a health care needs assessment conducted by the health authority.

Home support services in BC are designed to help people remain independent and in their own homes as long as possible. Home support providers offer personal assistance with daily activities, such as bathing, dressing, grooming and light household tasks, to people with chronic illnesses, disabilities, and progressive medical conditions, as well as to individuals with short term acute care or palliative care needs.

If home support assistance is recommended, a case manager will help the client determine the assistance that will best suit their needs and will make the necessary arrangements.

The vast majority of home support clients are aged 65 or older. Between 2000/01 and 2006/07, seniors accounted for approximately 80 per cent of all home support hours

provided annually.[1] Home support clients also tend to be "low-income, economically-vulnerable individuals, mainly women."[2]

In 2003, 82 per cent of clients had pre-tax incomes of less than $15,000 per year, 80 per cent were 75 or older, and 70 per cent were women, most of whom were living alone.[3] Similarly, community health workers providing home support services are primarily women, whose changing working and employment conditions have negatively impacted their economic security.[4]

Similar to residential care, publicly subsidized home support services are provided through the province's regional health authorities, with eligibility and access determined based on a health care needs assessment conducted by the health authority.

The vast majority of home support clients are aged 65 or older. Between 2000/01 and 2006/07, seniors accounted for approximately 80 per cent of all home support hours provided annually.[5]

The term used for long-term care facilities is called residential facilities and complex care facilities.(previously called long-term care, which included different levels of care from personal care, intermediated care to multi-level and extended care).

Ombudsman

The Ombudsman has jurisdiction over regional health boards and regional hospital districts but has no authority to over see the delivery of nursing home or long-term care facilities.

Veteran's

Veterans are not required to include their disability pension as taxable income.

Alberta

Projections suggest that Alberta will remain one of the youngest provinces in the coming years. It is estimated that between 2011 and 2021, the number of seniors will increase from 413,100 to 642,100. In that time, the percentage of seniors will increase from approximately 11% to 15% of the total population. By 2036, it is projected that there will be more than one million seniors in Alberta, or about one in five Albertans.

1Canadian Centre for Policy Alternatives, May 2009. The 80 per cent figure excludes hours under the Choice in Supports for Independent Living program, which is a "self-managed" alternative to home support that mainly serves younger people with disabilities (see Canadian Centre for Policy Alternatives, May 2009).
2Canadian Centre for Policy Alternatives, April 2009, p. 8.
3Canadian Centre for Policy Alternatives, April 2009.
4See Canadian Centre for Policy Alternatives, April 2009; Canadian Centre for Policy Alternatives, May 2009.
5

In 2006, there were approximately 14,500 people living in long term care facilities within the continuing care system. This number will grow dramatically as Alberta's population ages. Currently, 51% of the long term care residents are over the age of 85 and 31% are over the age of 90.

Continuing care is a system of service delivery, which provides individuals who have health conditions or disabilities with access to services they need to experience independence and quality living. These services include professional services, personal care services and a range of other services. They may be provided for a short term or a long term. Usually these services are provided in long term care center's or in the home.

Continuing care services are provided in three streams. Each stream of care can provide clients with a broad range of health and personal care, accommodation and hospitality services.

In Alberta long term beds are publicly funded by the province. In 2008 there were 10,230 non-for profit beds and 4,424 for-profit for a total number of 14,654 beds representing 45% non-profit and with 30% for-profit.

Long-term care accommodations may also be referred to as nursing homes or auxiliary hospitals and can be run by for and not for profit organizations, or by Alberta Health Services. Placements in a long-term care accommodations are made by health practitioners through an assessment process.

Long-term care maximum accommodation fees effective February 1, 2011 were: **Private room** -$55.90 per day, for an average monthly room rate of $1,700); **Semi-Private room -** $48.40 per day, from $47.00 (for an average monthly room rate of $1,472); and **Standard Room-** $45.85 per day, from $44.50 (for an average monthly room rate of $1,395).

The province covers the adjustment for Assured Income for the Severely Handicapped (AISH[i]) clients, meaning that these residents will continue to have a minimum of **$315** in monthly disposable income. Seniors receiving benefits through the Alberta Seniors Benefit (ASB) program received an increase effective January 2011 to **$265** in disposable income every month for items such as clothing, toiletries, stationery and newspapers.

Home care

Professional and home support services are delivered mainly by public employees. Home Care Services may be provided directly by Alberta Health Services staff or through contracts with community agencies. In-home assessment are done by a Community Care Coordinator.

Mixed public-private model, streamlining functions are provide by public employee's. Professional services are provided by a mix of government and Regional Health Authorities employees predominantly or through contracting out to private, third party agencies. Home support services are contracted out to for-profit and not-for-profit agencies. It is not known if services for home care are provided on a 24/7 basis.

Some clients are charged a small fee for homemaking service based on income. Non-Alberta residents will have to pay full cost for services.

Ombudsman

The Ombudsman has jurisdiction to investigate complaints about the patient concerns resolution processes of hospitals and long-term care facilities and nursing homes.

Veteran's

Veterans are not required to include their disability pension as taxable income.
http://www.seniors.alberta.ca/ContinuingCare/

Saskatchewan

The seniors population is aging and is expected to continue to live longer, with an estimated increase of 104.9% by 2036 in the number residents aged 65 to 74, and 39.3% for those over 75 years. In Saskatchewan 15% of the provinces are seniors. With an aging population there are fewer long-term care beds available for seniors.

In Saskatchewan the term used for long-term care facilities are special care homes or nursing homes. In Saskatchewan long-term care beds are publicly funded by province. In 2008 there were 8,273 non-for profit beds and 671 for-profit for a total number of beds of 8,944 representing 92% non-profit and with 8% for-profit.

As of March 31, 2010, Saskatchewan had 112.0 beds per 1,000 population age 75 plus compared to a national average of 89.5 beds as of March 31, 2009. Saskatchewan has the second highest Long-Term Care bed ratio among provinces (excluding the Northwest Territories, Nunavut and Yukon).

As of March 31, 2010, there were 8,628 residents reported as long-term care residents in the province.

Public - Special-care Homes are publicly subsidized. A special-care home is a facility that provides long-term care to meet the needs of individuals, usually with heavy care needs (Level three and four), that cannot be met through home-based/community services.

Regional Health Authorities may operate a Special Care Homes directly or through affiliation contract. They are designated by the Minister under *The Regional Health Services Act*.

As of March 31, 2010, special care homes residents were being accommodated in one hundred fifty five(155) designated Special care homes and nineteen(19) hospitals and/or health centers. The provincial government funds special care homes through regional health authorities.

Personal care homes are privately owned and operated by individuals or corporations. These facilities provide private accommodation and care options for adults who require lighter care. needs. The Ministry of Health's is responsibility for licensing and monitoring personal care homes to ensure that the residents who live in these homes receive safe and appropriate care. There are approximately 247 personal care homes with 3189 beds in Saskatchewan.

Residents pay an income-tested charge, based on annual reported income of the Income Tax Return, which includes earned interest from bank accounts and investments. Personal assets (land, houses, bank accounts, etc.) are not taken into account in determining the resident charge.

As of April 1, 2011, the resident charge ranges from $993 plus 50% of the portion of their income between $1,210 and $3,005. The Ministry of Health continues to subsidize approximately 80% of the overall province-wide cost of long-term care. The resident retains personal income of $216 - $1096 depending on income.

For married residents (including common-law couples), the couple's income is combined, divided equally, and then the above formula is applied.
Married residents who live in separate dwellings for reasons beyond their control may choose to complete an Optional Designation Form for the purpose of determining the resident charge. With this designation, only the resident's income is considered when calculating the charge. It should be noted this option is only of benefit in situations where the resident's income is lower than that of their spouse.

Nurses are available through the Health-line, this program is paid through Saskatchewan Health and is available through the province on a 24 hour basis. The Minister of Health is responsible for seniors services.

Home care

Professional and home support services are delivered mainly by public employees. Saskatchewan Health provides policies and funding to Regional Health Authorities to cover most of the cost of delivering home care services. Home was first established in 1978 and is provided by the Regional Health Authority in which a client lives, based on the assessed need of the individual.

Home care services are free of charge for all Saskatchewan residents holding Saskatchewan Health coverage. Home care fees are established based on income. It is not known if the home support service is provided on a 24/7 basis.

Home care services is provided or funded by the district health board. Services received from private homemaking and private home nursing agencies, are not covered by the district health board.

Registered Nurses, Licensed Practical Nurses and Caregivers belong to various unions. They are employed by the Regional Health authorities

The Regional Health Authorities provide assessments to determine the level of care required. There are private agencies but government does not monitor or provide funding to them. The Regional Health Authorities regulated the hours of care which vary depending on the case needs of the residents. The regions tracks this information.

Professional services, such as nursing and therapies are provided without charge to clients. In terms of personal care services, the client pays $7.32 per unit for the first 10 units in a month (a unit being an hour of service or a meal). If services are required past the first 10 units, the charge is based according to a fee scale according to their adjusted monthly income.

Workers in home care are employees of the Regional Health Authority and are paid according to the recent collective agreements. Liquid assets are not taken into account for home care services provided by Regional Health Authorities.

Case management and assessment Home nursing , Physical and occupational therapy services are provided on the basis of assessed need and are intended to help people who need acute, palliative and supportive care to remain independent at home.

Primary home care services include: assessment, case management and care coordination, nursing, homemaking that includes personal care, respite and home management; and meal service. Additional home care services may include: home maintenance, volunteer programs such as visiting, security calls and transportation and therapies when available.

A fee applies to cover part of the cost of providing the following home care services: Homemaking (including personal care, respite, and home management services, meals , home maintenance .The fee is based on your income and the volume of services delivered to you.

Long-Term Care

Saskatchewan Health provides funding to district health boards to cover a major portion of costs for long-term care in special care homes ,nursing homes, health centers and

hospitals. To meet costs over Saskatchewan Health funding, you are personally responsible for paying a resident charge based on your income.

Individuals assessed as Level 1, who are admitted to a long-term care facility, must pay the full cost of services. Stays in personal care homes (residential facilities which provide adults with accommodation, meals and help with personal care) are not covered.

Personal care homes, although licensed and monitored by Saskatchewan Health, are privately owned and operated.

The type of care provided in personal care homes varies from home to home. While personal care homes usually accommodate individuals with lighter care needs, some personal care homes do provide care to persons with heavier care needs (such as palliative care).

In either case, the personal care home is responsible to provide safe and adequate care to each resident in the home. This includes accessing the services of a health care professional (such as nurses and doctors) when required.

A home must be licensed as a personal care home if it provides accommodation, meals and assistance or supervision with activities of daily living to an adult aged 18 and older who is not a relative. Personal care homes may care for one resident or for many residents. The personal care home licensee sets this fee and the resident pays the full cost of their own care.

People do not have to demonstrate need to be admitted to a personal care home, but rather are admitted because the resident chooses that service option.

Ombudsman

The Ombudsman has no jurisdiction to over see the delivery of nursing home or Long-Term facilities.

Veteran's

Veterans are not required to include their disability pension as taxable income.

http://www.health.gov.sk.ca/home-care
http://www.health.gov.sk.ca/special-care-homes
http://www.health.gov.sk.ca/personal-care-homes

Manitoba

Between 2006 and 2026, the percent of Manitoba's population that is age 65 and over will increase from 14.1% to 19.9%. By 2031, the number of persons aged 85 or older is

projected to be 36,000, accounting for 2.7% of Manitoba's population. By 2026, there will almost be as many 70 to 74 year olds as there are children under 4.

In Manitoba long -term beds are publicly funded by the province. In 2008 there were 7,280 non-for-profit beds and 2,553 for-profit for a total number of beds of 9,833 representing 74% non-profit and with 26% for-profit.

The term used for for long-term care facilities is Personal care homes. Personal care homes are defined as proprietary (for-profit) and non-proprietary (not-for-profit). Non-proprietary facilities are further defined as "free standing" or "juxtaposed" to another health care facility.

Home Care

The Home Care Program, was established in its present form in September 1974, is the oldest comprehensive, province-wide, universal home care program in Canada. Home Care is provided to Manitobans of all ages based on assessed need and taking into account other resources available to the individual including families, community resources and other programs. Professional and home support services are delivered mainly by public employees.

In 2007-08 the average number of clients receiving coordinated Home Care services each month was 22,986 and an estimated 39,000 Manitobans in total received Home Care services in the year. Most of the individuals served are seniors.

The Regional Health Authorities have operational responsibility for home care including planning, delivery and ongoing management of the services. Home support workers and home care attendants are unionized with the Manitoba Government and General Employees' Union, with their Employer being the Regional Health Authority. There are eleven Regional Authority in the province.

Direct service workers may come to your home to help you with activities such as meals, light housekeeping and laundry. They may help you with mobility, such as walking, transferring to and from a wheelchair, and with your personal care, such as bathing, dressing and toileting and may arrange to provide short periods of in-home relief for your caregiver.

Nurses may provide health teaching, counseling and nursing care. Physiotherapists may teach you special exercises, and occupational therapists may assist you with planning your activities of daily living.

As care needs change, additional options are available to help seniors "age in place" in their communities. These options may include supportive housing, group living facilities and specialized supports.

Ombudsman

The Ombudsman has no jurisdiction to investigate complaints in long-term care facilities and nursing homes.

Veteran's

Veterans are not required to include their disability pension as taxable income.

Nursing Homes

In the province, nursing homes are referred to as a "Personal Care Home. These homes care for individuals who need 24 hour a day, 7 day a week nursing supervision, and who can no longer live safely at home because of health concerns. Manitoba Health is responsible for setting fees and inspecting Personal Care Homes.

Nursing home residents do not pay for medications that are prescribed by a physician and are covered under Manitoba's Personal Care Home Program. However, mediations that are not included in this plan are paid for by residents.

A resident pays the standard resident charge of $930.75 monthly as of August 2010. The resident retains $271.00 per month for personal allowance.
http://www.gov.mb.ca/health/homecare/guide.html

Ontario

Ontario's population will increase from nearly 13.1 million in 2009 to between 16.1 million and 19.4 million in 2036, depending on the scenario. Under the medium-growth scenario, it would account for 40.5% of the national population in 2036, up from 38.7% in 2009.

The term used for for long-term care facilities is; nursing homes (mainly for-profit), charitable homes (nonprofit),and homes for the aged (mainly owned and operated by municipal governments).

The Ontario government funded in 2008, 75,958 beds of which 35,748 or 47% were non-profit and 40,210 or 53% were for-profit. In Ontario, aging in place is known as "Aging at Home", and has received considerable financial support.

Home Care

Ontario's 14 community care access centers are responsible for providing home-care services to more than half a million people who might otherwise have to stay in hospitals or go to long-term care facilities.

In Ontario a contractual model is use for single entry coordinating functions which are provided by employees in publicly funded Community Care Access Centres (CCACs). Professional services and home support services are contracted out by CCACs to private agencies (for-profit and not-for-profit) which provide care to consumers. This model reflects home care in Ontario as organized through its Community Care Access Centers.

It is the only province that has divested all homecare services to competitive bidding. It has the most privatized homecare in the country.

There are approximately 10,000 Ontarians waiting for home-care services, according to a report released by the provincial Auditor General quoted in the Toronto Star, December 2010.

In 2006, the Ministry of Health and Long-Term Care divided the province into 14 not-for-profit corporations: Local Health Integration Networks (LHINs). They were founded based on the idea that community-based care is best planned, coordinated and funded locally by the people living in the communities.

By April 1, 2007, the Local Health Integration Networks (LHINs)took on full responsibility for health services in their communities. The main role of the Local Health Integration Networks(LHINs)are to Plan, Fund and Integrate health care services locally including: Hospitals, Community Care Access Centers, Community Support Services, Long-term Care, Mental Health and Addictions Services and Community Health Centers.

Local Health Integration Networks (LHINs) fund the health service providers and can put local health dollars where they are most needed, based on community priorities. The Local Health Integration Networks(LHINs) work with communities to help integrate health services so care is better coordinated and more efficient.

Local Health Integration Networks (LHINs) play an important role by ensuring that patients have better access to coordinated and integrated services, through proper planning, and by building on the strength of local health organizations to improve communication among providers.

Local Health Integration Networks (LHINs) are responsible for managing the local health system to ensure that services are integrated and coordinated - easing the flow of patients across the health care system and improving access to services in their

community. Planning and allocating resources more efficiently to ensure better access to health care across the system.

Local Health Integration Networks (LHINs) have the authority to integrate local health services and programs. Local Health Integration Networks (LHINs) don't make integration decisions in isolation; they work closely with local health service providers to identify ways to reduce duplication in the health system and to improve health services in Ontario.

Local Health Integration Networks (LHINs) do not have the authority to direct amalgamations, to direct changes to provider boards or to direct service providers to close or cease their corporate operations. they cannot order the closure of a hospital.

Local Health Integration Networks (LHINs)have the flexibility to address unique local population health needs and priorities, without compromising the quality, access, or the efficiency of health services.

The Local Health Integration Networks (LHINs) operate as not-for-profit organizations, governed by boards of directors who were appointed by the province after a rigorous skill and merit-based selection process.

Each Local Health Integration Networks(LHIN) has nine(9) board members. The board of directors is responsible for the management and control of the affairs of the Local Health Integration Networks (LHIN) and is the key point of interaction with the ministry.

Below are listed the websites for the thirteen LHIN'S in Ontario where more detailed information can be found:
http://www.eriestclairlhin.on.ca/
http://www.southwestlhin.on.ca/
http://www.waterloowellingtonlhin.on.ca/
http://www.hnhblhin.on.ca/
http://www.centralwestlhin.on.ca/
http://www.mississaugahaltonlhin.on.ca/
http://www.torontocentrallhin.on.ca/
http://www.centrallhin.on.ca/
http://www.southeastlhin.on.ca/
http://www.champlainlhin.on.ca/
http://www.nsmlhin.on.ca/
http://www.nelhin.on.ca/
http://www.northwestlhin.on.ca/

Long-Term Care

These homes are different from retirement homes in that they are designed for people requiring 24 hour care and supervision.

The province's has 650 privately run long-term care facilities with 75,000 residents. Homecare workers hourly rate depends on what classification and what

company they work for. The government has established a minimum wage for personal service workers that is $12.50/hour.

Homecare private or public: the measured showed 48% for profit as of 2001. Ontario has the most privatized homecare in the country. The only province that has divested all homecare services to competitive bidding.

The Municipal homes are obligated to take residents regardless of their health needs or the amount of care they require. The same obligation is not required of privately run homes. In the private sector they can and do refuse residents who would would be a heavy burden on nursing requirements.

The majority of the seniors requiring home care service are assessed" very late" or not at all, according to a report released by the Institute for Clinical Evaluative Sciences and the Ontario Home care Research Network.(Nursing Homes wait times soar 2010.) The median wait time for placement in a nursing home or home for the aged jumped to 103 days from 45 days between 2004 and 2009

Ombudsman

In Ontario, the Ombudsman has does not have jurisdiction to investigate complaints in long-term care facilities and nursing homes.

Veteran's

Veterans are not required to include their disability pension as taxable income.

Nursing Home

There are 603 nursing homes. Municipal - 103 Charitable (non-profit) - 51 Nursing Homes (mixed non- and for-profit) 449. There are no minimum hours of care. There are approximately 70,000 nursing home beds. Assisted living can include retirement homes, but also group homes for those with mental illness and other supportive living environments for those with disabilities.

A resident pays the $1,619.08 per month as of July 2010 for a standard room(four beds)$1,862.41 semi-private, $2,166.58 for a private room. Exceptional circumstances are made for low income. Co- payment, subsidy is available for basic accommodation. The resident retains a personal allowance of $130.00 per month.
http http://www.health.gov.on.ca/english/public/program/ltc/12_residential_mn.
html://www.health.gov.on.ca/english/public/program/ltc/8_home_comm_mn.html

Quebec

The number of people aged 65 or older will grow over the next few decades. The *Ministère de la Santé et des Services Sociaux* (MSSS)is very concerned about this

increase and have taken and will be taking a series of steps to ensure the well-being of this population group and to ensure that the socio-health network reflects is reality.

According to reference scenario A, the number of Québec residents aged 65 and over will increase from 1.07 million to 1.97 million between 2006 and 2026, an 85% increase. During the same period, the portion of the total population represented by the elderly will increase from 14.1% to 24.4%, that is an increase of slightly over 10 percentage points.

Will this aging in numbers and percentages be noticeable in all areas? Yes. However, it will not evolve everywhere in the same way**.**

The Quebec the Long-term Care are known as Long-term care facilities in Quebec are referred to in English as “residential and long-term care centres” and in French as Centres d’hébergement et de soins de longue durée(CHSLDs).

Private facilities are further distinguished by those that are registered (privés conventionnés) and those that are not (privés non conventionnés).

In Quebec long term beds are (publicly funded) by province and by ownership status.In 2008 represented non-profit 35,748 beds for-profit 40,210 for a total number of beds of 75,958.

During 2008-2009, 175,270 persons have shared the 5,012,087 interventions of homecare services under the « *Perte d’autonomie liée au vieillissement* » (loss of autonomy due to aging) provided by the local community service centre (CLSC).

Source: MSSS, http://www.msss.gouv.qc.ca/statistiques/stats_sss/index.php?id=142,263,0,0,1,0 (MSSS = ministry for health and social services

The only general data concerning waiting lists and the waiting period between the evaluation and the first intervention (home visit) is on average 21.3 days for Quebec. The MSSS does not publish the data on waiting periods for elderly people waiting for an evaluation.

Source: MSSS, Crédits 2010-2011, Réponses aux questions particulières vol. 1, Question 181, page 12 (response to specific questions)

Home Care

Home care offered by the CLSC are covered by Medicare (professional care). There is a financial aid program for the population who uses housekeeping services offered by social economy companies which provide services. This program has two levels: a fixed service for all clients eligible under the program and a variable service that is added to the first for low income people.

Ministère de la Santé et des Services sociaux - ministry for health and social services is

responsible for seniors services Ministère de la Famille et des Aînés - ministry for family and the elderly.

All care and professional services are performed by the CLSC. Housekeeping services (Les services d'aide à domicile (personal assistance and housekeeping help) can be offered by the CLSC, but it is more generally done by private organizations.

People who choose to hire a worker on their own, with the approval of the CLSC, can receive a direct allowance to pay this worker (employment service cheque). (at home is the first choice: precision to help implementing the help at home policy).

Source : MSSS, *Chez soi le premier choix : Précisions pour favoriser l'implantation de la politique de soutien à domicile*, 2004, pages 27-28.

Home Care Private or Public

All care and professional services are performed by the CLSC. Housekeeping services (Les services d'aide à domicile (personal assistance and housekeeping help) can be offered by the CLSC, but it is more generally done by private organizations.

Each health establishment offers the services of a complaint commissioner. It is also possible to lodge a complaint with the ombudsman who reports to the national assembly.

Source : Registre des résidences privées, 8 février 2011 (Private residence registry)
Source : MSSS, Statistiques, - CHSLD = residential and long-term care centre or nursing homes http://www.msss.gouv.qc.ca/statistiques/stats_sss/index.php?id=134,84,0,0,1,0, consultée le 8 février 2011

In private residences, there are no set rules regarding the hours of care. The clients vary from being "autonomous" to being "in severe loss of autonomy". In the public establishments, the client's needs are evaluated with a measuring survey tool. The worse cases requiring a minimum of 3 hours of care per day, are referred to nursing homes (CHSLD). There are 2188 private residence; 212 CHSLD (public) represented 40,181 set-up beds (2009).

There are some non institutional resources that are not as drastic as the CHSLD and they are called "intermediate resources". These beds are not in a public establishment, but are financed by the state.

For people experiencing a loss of autonomy related to aging, there are 296 recognized resources, with 4,316 beds. (2009)

Source : MSSS, Crédits 2010-2011, Réponses aux questions particulières vol. 1, Question 228, page 270 (response to specific questions)

Cost are paid by both the public establishment (the patients are referred by the CSSS (health and social services centre)) and the person receiving the services. The minimum

amount of the user's contribution cannot exceed $36.73 per days (for 2011) payable monthly to the public establishment.

Source : MSSS, Circulaire 2009-042 mise à jour 2010-12-07 (updated flyer)

For 2011, the maximum monthly contributions are set at $1,720.81 for a private room, $1,438.40 for double occupancy and $1,069.19 for triple occupancy or more. In the private residences, the cost varies according to the lease and services. Daily cost for CHSLD, the residents must pay the cost of housing and food on a sliding scale. Residents who do not have the ability to pay, liquid assets, property, monthly income and family situation are taken into account. Resident retains a personal allowance of $189.00 per month.

Ombudsman

The Ombudsman has jurisdiction to investigate complaints about the patient concerns resolution processes of hospitals and long-term care facilities and nursing homes.

Source : MSSS, Circulaire sur la contribution des adultes hébergés (Flyer on the contribution of adult in residence)

http://www.ramq.gouv.qc.ca/

New Brunswick

Currently, the number of seniors in New Brunswick is 119,000 or 15.8% of the provincial population. This represents a 2.2% increase in the seniors' population since 2001. This proportion is higher than the overall Canadian average (14.1%) and is expected to increase to 25% by 2036.

In New Brunswick there are a total of 10,400 nursing care beds with 744 seniors waiting placement in a nursing home. Senior services are under the mandate of the Social Development department of the province.

Nursing Homes

New Brunswick has 65 nursing homes, three(3) are operated privately with 62 operating under the non-for profit Companies Act which operates with a volunteered board. 46 nursing home s are unionized in the province. As of June 2011, 744 seniors are waiting placement for nursing home beds, 485 are in hospital.

The resident retains a personal allowance of $108 per month for their personal needs. There are 4400 bed. The daily fees are $95 per day as of May 1, 2011 for private, standard room of 4 or semi private for 2. 800 residents fully pay their way, others

receive subsidy from the government based on their income. The GST tax credit and the $400 low income benefit for seniors is not calculated as income.

All residents must be assessed by government to determine to needs of care. Nursing homes provide service to Level 3-4. The hours of care per resident is 3.1 hours. Total family income is taken into account when requesting financial subsidy.

Unannounced inspection are done in New Brunswick nursing facilities, however reports are not made available for public scrutiny.

Special Care Homes

There are 430 special care homes that have 6000 beds which are privately owned. All residents must be assessed by government to determine their level of care. Special care home provide service to level 1-2. Currently there are 1400 level 1 and 4000 level 2.

All special care homes are licensed for level 1-2 and. There are Seventeen(17) homes that area licensed to keep 3B residents, which receive an additional rate of $16 per day. The daily fees are $74 per day. 3B residents do not require professional nursing care/ supervision on a 24 hour basis. There are 222 beds for residents of 3B.

The resident retains $135 per month comfort allowance for their personal needs. It is unknown how many pay their own way.

When a resident chooses to leave a special care home during the month, the operator will be allowed to retain the payment from the day the resident leaves until the end of the month.

If the resident moves into another adult residential facility, the operator of that facility will not receive payment from the department for that portion of the month unless approved by the Long Term Care supervisor under extenuating circumstances. Residents are encouraged to leave the special care home towards the end of the month.

Home Care

Home care services are contracted out to private not- for- profit and private for-profit agencies and are paid $15 per hour by the government. Caregivers are paid by the agencies with a start rate of $9.50 per hour.

Caregivers receive no benefits or pension as they do not work 40 hours per week. Training is provided by the home support worker own expense. Many home support workers are not paid a mileage allowance for using their own transportation to the homes receiving the service, this is determine by each home care agency. Home support workers are mostly women who perform this work.

The New Brunswick Extra-Mural Program (known by many as the “hospital without walls”) provides comprehensive home health care services to New Brunswickers in their homes and in their communities when requested by their physician, mostly when they are released from a hospital. It provides quality home health care services to eligible residents when their needs can be met safely in the community.

The cost is paid by Medicare. The program is under the Horizon Health Council. There are two Health Councils in the province.

All residents are assessed by government to determine their level of care. The maximum amount of hours a residents can claim is 336 per month based on their needs. It is unknown how many pay their way. The government currently subsidizes 4400 residents in the province.

In New Brunswick 62 long term beds are (publicly funded) by the province. In 2008, there were 4,175 non-profit beds and 216 for profit for a total number of beds of 4,391 representing 95% non-profit and with 5% for-profit.

Veterans

Veterans are not required to include their disability pension as taxable income; however when the disability pension in not related to the service related injury it is calculated as income for nursing care service.

Ombudsman

The Ombudsman of New Brunswick has no authority to over see the delivery of nursing home services or the ability to investigate complaints. The Ombudsman has jurisdiction over Horizon Health Council, which operate, own and dispense all services for hospitals.
http://www2.gnb.ca/content/gnb/en/departments/social_development/seniors.html

Nova Scotia

Currently there are 151,200 people over 65 in Nova Scotia or 16% of the total provincial population. This is higher than the Canadian average of 14.1%. Between 2007 and 2033, the Nova Scotia population is projected to decline by 4.7% but the number over 65 is projected to increase. These trends will increase the percentage of the population over 65 and underscore the importance of providing adequate services.

In Nova Scotia the terms used for long-term care facilities are nursing homes and homes for the aged. The provincial government funds long-term care beds. In 2008 there were 5,986 beds of which 4,190 or 70% were non-profit and 1,796 or 30% were for profit.

Home Care

Mixed public-private model, streamlining functions are provide by public employee's. Professional services are provided by a mix of government and Regional Health Authorities employees (predominantly) or through contracting out to private, third party agencies.

Home support services are contracted out to for-profit and not-for-profit agencies. It is not known if services for home care are provided on a 24/7 basis.

Home care provides service to all ages who need help with care in their homes and communities. This services is offered through Continuing Care Branch, Department of Health. These services are meant to add to the help people provide.

Home care provides service to all ages who need care in their homes and communities to help them remain as independent as possible as long as possible. This services is offered through Continuing Care Branch, Department of Health. Cost for home care is according to a person income.

The assessment looks at what services are eligible based on a person needs. Home care only supplement the help currently available in the community, not replace it: The following are the services provided: home support (such as personal care, respite, and light housekeeping), such as dressing changes, catheter care, intravenous, therapy and home oxygen.

Cost for home care is according to a person income. Home care hourly rate is $11.21 There is a cancellation fee per visit of $56.05. There is not fee for nursing and palliative care support. There is a charge for Home oxygen (income based) Starting at $67.26. About 80% of home care users do not pay a fee. The remaining 20% pay an hourly rate for home care services (not including nursing services).

Users of home oxygen services also pay a fee, which is based on income and household size. There is a monthly maximum amount that a client will pay for home care and home oxygen services. This maximum is based on income and household size. If you use these services, your care coordinator can help you determine your maximum monthly charge.

If you use both home care services and the home oxygen services, your maximum monthly charge will be equivalent to your home care maximum amount. For example, if your maximum monthly charge is $112.10, the maximum you would pay is your home oxygen charge of $67.26, and $44.84 for home care for a total of $112.10 per month.

There is no charge for nursing services provided through home care, or for home support provided under the palliative care program introduced March 1st, 2007. The fee increase also applies to the self-managed care program.

Long Term Care Facilities

Long term care facilities are under the mandate of the Department of Health and Wellness primarily serve seniors and include Community Based Options and facilities licensed under the *Homes* for Special Care Act.

Community Residences are family homes in which accommodation and minimal supervision is provided for three or less seniors who are not immediate family of the operator. The home assists the resident in the development of self-care skills.

Small option homes provide support and supervision for three or less seniors in a purchased or rented unit. The home assists the resident in the development of self-care skills. Trained staff are available on site at all times.

The Standard Accommodation Charges effective November 1, 2010 are: Nursing Homes - $96.00 per day, residential Care Facilities - $59.50 per day and Community Based Options - $49.00 per day. The resident retains $231 for personal allowance. The GST tax credit is not calculated as income.

Residential Care Facilities provide supervisory care and/or personal care in a residential setting to four or more persons. Trained staff is available on site at all times.

Nursing Homes or Homes for the Aged, hereinafter referred to as nursing homes, provide personal and/or skilled nursing care in a residential setting to individuals who require the availability of a registered nurse on-site at all times.

Ombudsman

The Ombudsman has jurisdiction over nursing homes and long-term care facilities.

Veteran's

Veterans are not required to include their disability pension as taxable income.

http://www.gov.ns.ca/health/
http://www.gov.ns.ca/health/ccs/

Prince Edward Island

The seniors' population of Prince Edward Island accounts for 15% of the total provincial population and represents 22,200 seniors'. The proportion of seniors is higher than the overall Canadian average (14.1%.)

In Prince Edward Island the term used for for long-term care facilities is Private facilities are called "nursing homes" and public facilities are called "manors" or "government manors. There are both public and private long-term care facilities.

"Nursing homes" refer to both publically operated manors and licensed nursing care beds in private nursing homes.

Nursing homes in are residential long term care facilities that provide accommodation, supervisory care, personal care and nursing and medical services on a 24-hour basis.

Assessment and admission for a nursing home within Prince Edward Island is managed by Health PEI. Residents are assessed as to the level of care they require on a scale of 1-5, nursing level of care with a score of 4 or greater. Level ,1-3 qualify for home care. Assisted care starts at level 4 with full care to a level 5.

To be eligible for admission into nursing homes a client must be a citizen or permanent resident of Canada be ordinarily present for six months or more (in a year) in Prince Edward Island, hold a valid Provincial Health Card for Prince Edward Island, and have been assessed as needing a nursing home level of care.

Home Care program provides health care and *support services* including assessment. Support services are provided to individuals based on assessed need. This program is intended to help individuals achieve and maintain health and personal independence in the community and supplement the care and support available from family and friends.

Persons going into, or already in, a nursing home who have sufficient income to pay nursing home costs are not required to go through the income assessment process. Individuals who cannot afford the standard rate can apply to have their accommodation rate reduced by undergoing an income-based financial assessment.

At this time, the applicant will be asked to provide his/her most recent income tax information (Notice of Assessment provided by Canada Revenue Agency). Qualified applicants will be eligible for subsidization by the government. The Department of Health will pay the shortfall of the resident's actual income and the accommodation costs.

The Department of Health funds the basic health care services for all residents in manors and private nursing homes. Basic health care services include nursing and personal care services on a 24/7 basis, including administration of medication and assistance with the activities of daily living.

They also include services and supplies for the care of residents such as blood glucose monitoring, management of skin care, management of incontinence, infection control, lab tests, basic supplies for personal hygiene and grooming, equipment for general use of the resident and foot care.

Veteran's

Veterans are not required to include their disability pension as taxable income.

As of January 2009, Manors and Private nursing care facilities charge $69.30 per day. Residents can apply for subsidy if resident income is less than $26,500. Resident retains a personal allowance of $103 per month which the resident can accumulate each month.

Ombudsman

Prince Edward Island is the only province that does not have an Ombudsman.
http://www.gov.pe.ca/infopei/seniors

Newfoundland and Labrador

There are 77,600 seniors in Newfoundland & Labrador and this population, as well as the general population, is increasing and aging faster than the rest of Canada. Seniors currently comprise 15.2% of the provincial population and over a third of the population is over 50 years of age.

By 2016, seniors will represent almost 20% of the provincial population and by 2026 it is projected that 27% will be over 65. The Minister of Health and Community Services, is also the Minister Responsible for Aging and for Seniors. In Newfoundland the term used for for long-term care facilities is Nursing homes.

In Newfoundland long term beds are (publicly funded) by province and by ownership status. The total number of beds of 2,757 representing 100% non-profit and with 0% for-profit.

There are a variety of residential options available to seniors. The Department of Health and Community Services provides funding to the Regional Health Authorities for subsidies to eligible seniors who reside in nursing homes ,personal care homes and protective community residences.

There are 21 nursing homes, 14 of these nursing homes are attached to acute care facilities or health care centers, particularly in the rural areas.

Long -Term Care

Long Term Care Services are delivered in both long-term care homes (nursing homes) and in some hospital/health center's with combined long term and acute care services across Newfoundland and Labrador. These facilities provide care for Level 3 and 4.

All facilities provide 24 hour nursing care plus varying degrees of medical, rehabilitative, social work, pastoral care, dietetic, pharmaceutical, palliative care, respite and recreation programs. Some facilities maintain specialized programs and units for groups with special needs (i.e. Alzheimer disease).

Admission to a long term care bed is based on an assessment conducted by staff of the regional health authorities. A financial assessment is also completed to determine if and how much the individual must pay. Long term care services are also available through privately owned and operated personal care homes. In order to be admitted to either of these homes you must be assessed as appropriate by staff of the regional health authority.

There are 94 personal care homes, that are privately owned for profit licensed facilities providing accommodation in a residential setting to approved seniors assessed as Level 1 and 2 care.

The difference between a nursing home and a personal care home is in the ownership and the level of care available in the home.

Publicly operated nursing homes provide on site professional health and nursing services; personal care homes are privately owned and operated facilities and provide assistance with personal care and activities of daily living and avail of visiting health professional from the regional health authority.

In a personal care home if you are a private paying resident the cost may vary depending upon the home selected. An individual prior to moving into a home may request a financial assessment to determine if they are able to receive a subsidy as established by the province.

There are 18 community care homes, private operated licensed providing care to individuals with a long-term mental illness. There is one for profit nursing home facility in the province. Newfoundland has no minimum stands for hour of care in nursing homes.

Home Care and Home support

Home support services are intended to supplement, not replace, service provided by the individuals family and/or support network. Services are delivered by an approved home support agency or by a home support worker hired by the individual or family. It is estimated that 80% of the care is provided by family and friends.

Services may be either purchased privately by an individual or subsidized from public funds to a maximum financial ceiling. Referral for publicly funded home support service is through the Regional Health Authority and can be initiated by anyone, including the individual who is requiring service. Financial assessment are done the regional health authority.

It is estimated that 80% of the care is provided by family and friends. Home support services are intended to supplement, not replace, service provided by the individuals family and/or support network. Services are non-professional in nature and are

delivered by an approved home support agency or by a home support worker hired by the individual or family.

These are privately owned and operated residential homes for seniors and older adults who need assistance with daily living. Individuals who are admitted to personal care homes do not require on site health or nursing services but may require the service of a visiting professional. These homes are licensed by the regional health authorities.

The maximum an individual will be charged to live in a nursing home is $2,800 per month. Any individual wishing to reside in a personal care home must be assessed as appropriate by staff of the regional health authority. If a subsidy is requested, a financial assessment is completed to determine the amount of subsidy that may be available.

A single individual can keep $10,000 and a couple can keep $20,000 in liquid assets. Liquid assets include a possession or valuable that is in the form of cash, or can easily be converted to cash without losing much, if any, of its value. The following are a few examples: Cash, Bank accounts and Guaranteed income certificates. The Regional Health Authority may work with you to minimize funds where penalties apply to early liquidation).

If you have less than the liquid asset amount allowed, your income (less some expenses or debts) will be taken into consideration toward the cost of your care and accommodation. If your liquid assets are above the allowed amount you are required to pay for the full cost. All subsidized residents retain $150 per month for personal use. All residents of nursing homes retain an allowance of $150 per month as a clothing and personal allowance.

You do not have to sell your home if you move into a nursing home or personal care home. However any income you receive from renting or selling your home may be considered in the financial assessment and may affect whether you receive a subsidy. A single personal care home or nursing home resident is permitted to keep sufficient income to maintain their house for a three month period.

Tele-health service provides a 1-800 telephone advice staffed by Registered Nurses who offer advice on health symptoms.

The delivery of home support services is provided by an approved home support agency or a home support worker hired by the individual or family Individual chooses an approved agency from a list provide by the Regional Health Authority.

Agencies are required to charge HST on services. Home support services may be provided for a 2 week period. Further home support services cannot be implemented with out determining financial edibility. Financial assessment includes assets but does not include telephone or cable. An individual must agree to pay his /her contribution before the subsidy is approved.

There are 18 home care agencies across the province. The Victoria Oder of Nurses is the only private, not-for profit agency providing home care services. The reminder of agencies are private, for profit agencies. It is not known at this time what wage the home support workers receive.

Ombudsman

The Ombudsman has jurisdiction to investigate complaints about the patient concerns resolution processes of hospitals and long-term care facilities and nursing homes.

Veteran's

It is not known as to whether the Veterans disability pension is included in the calculation for nursing care.

http://www.health.gov.nl.ca/health/seniors/index.html

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Source of Information

1 Source: Page 3 of Government of BC, “Home and Community Care Information Guide for the New Residential Care Rate Structure,” November 2009. Accessed July 19, 2010 at http://www.health.gov.bc.ca/hcc/pdf/ResCareRateInfoGuide.pdf

2 Source: Calculated from daily rates ($44.50 standard rm.; $47.00 semi-private rm.; and $54.25 private rm.) published on the Government of Alberta Seniors and Community Support website, accessed July 19, 2010 at http://www.seniors.alberta.ca/continuingcare/ltcare.asp

3 Source: Government of Saskatchewan Ministry of Health website, accessed July 19, 2010 at http://www.health.gov.sk.ca/special-care-charges

4 Source: Calculated from minimum and maximum daily rates ($30.60 to $71.80) published in Manitoba Health and Healthy Living, “Personal Care Services: A Guide to Services and Charges in Manitoba. Effective August 1, 2009 to July 31, 2010” accessed July 19, 2010 at http://www.gov.mb.ca/health/pcs/docs/guide.pdf

5 Source: Ontario Ministry of Health website accessed July 19, 2010 at http://www.health.gov.on.ca/english/public/program/ltc/15_facilities.html#3

6 Source: Government of Quebec website, accessed July 19, 2010 at http://www.formulaire.gouv 7 Source: Newfoundland and Labrador Department of Health and Community Services website, accessed July 19, 2010 at http://www.health.gov.nl.ca/health/faq/nhltfaq.html#3

8 Source: Government of New Brunswick Nursing Home Services website, accessed July 19, 2010 at http://app.infoaa.7700.gnb.ca/gnb/Pub/EServices/ListServiceDetails.asp?ServiceID1=9615&ReportType1=All

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9 Source: Page 4 of Nova Scotia Department of Health Continuing Care Branch, “Resident Charge Policy.” Revised Feb. 12, 2010. Accessed July 19, 2010 at http://www.gov.ns.ca/health/ccs/ltc/policyManual/Resident_Charge_Policy.pdf

10 Source: Manor charges: PEI Department of Health, “Long-term Care in Nursing Homes in PEI – Fact Sheet,” January 2009. Accessed July 19, 2010 at http://www.gov.pe.ca/photos/original/HLTH_LTC_FS_5.pdf

Private Nursing Home charges: Taking Care Inc. “Long Term Care in Prince Edward Island 2009.” October 2009. Accessed July 27, 2010 at https://hermes.manulife.com/canada/repsrcfm-dir.nsf/Public/ThecostoflongtermcareinPrinceEdwardIsland/$File/PEI_LTC_CostReport.pdf

11 Source: Page 3 of Government of BC, “Home and Community Care Information Guide for the New Residential Care Rate Structure,” November 2009. Accessed July 19, 2010 at http://www.health.gov.bc.ca/hcc/pdf/ResCareRateInfoGuide.pdf

12 Source: BC Government (2009) cited in Cohen, M., J. Tate and J. Baumbusch. 2009. *An Uncertain Future for Seniors: BC’s Restructuring of Home and Community Health Care, 2001–2008* (p. 36). The 63% figure refers to the proportion of residents (in 2009) whose income was limited to OAS and GIS, leaving them $229.50 per month for expenses not covered under the LTC facility fee.

13 Source: Government of Alberta Seniors and Community Support website, accessed July 19, 2010 at http://www.seniors.alberta.ca/continuingcare/ltcare.asp

14 Source: August 2, 2010 Correspondence between Irene Jansen, Senior Research Officer, and Carol Wodak, Citizen Watch: “In 2004/05, 8,100 of the eligible long term residents in LTC facilities received the Alberta Seniors Benefit LTC Accommodation Subsidy (Annual Report 2004/2005, Alberta Seniors and Community Supports 2004-2005 Part 1), calculated to leave each resident with $265 over the accommodation fee. This would have been about 68% of the 11,839 seniors in LTC.”

15 Source: Saskatchewan residents disposable income can range from $212 to $1,096 as calculated from table, “Examples of resident charges at various income levels” found in Government of Saskatchewan Ministry of Health, “Special Care Home Resident Charges,” accessed July 19, 2010 at http://www.health.gov.sk.ca/special-care-charges The NB Coalition for Seniors website, accessed July

19, 2010 at http://coalitionnb.blogspot.com/2008/10/accomodation-fees.html also reports that in Saskatchewan, residents' disposable income ranges between $212 -$1,096 depending on income.

16 Source: Page 5 of Manitoba Health and Healthy Living, "Personal Care Services: A Guide to Services and Charges in Manitoba. Effective August 1, 2009 to July 31, 2010" accessed July 19, 2010 at http://www.gov.mb.ca/health/pcs/docs/guide.pdf

17 Source: Service Ontario e-laws website, "Ontario Regulation 175/10," accessed July 19, 2010 at http://www.e-laws.gov.on.ca/html/source/regs/english/2010/elaws_src_regs_r10175_e.htm . This information was also found on page 3 of the OANHSS July 2010 newsletter, accessed July 19, 2010 at http://www.oanhss.org/AM/AMTemplate.cfm?Section=Action_Update3&CONTENTID=6832&TEMPLATE=/CM/ContentDisplay.cfm&SECTION=Action_Update3

18 Source: Government of Quebec website, accessed July 19, 2010 at http://www.formulaire.gouv.qc.ca/cgi/affiche_doc.cgi?dossier=11412&sujet=82

19 Source: Newfoundland and Labrador Department of Health and Community Services website, accessed July 19, 2010 at http://www.health.gov.nl.ca/health/faq/nhltfaq.html#3

20 Source: Correspondence with Cecile Cassista, NB Coalition for Seniors Rights, August 8, 2010: "For those [residents of nursing homes] that received subsidy, they are left with $108 per month for their comfort allowance .qc.ca/cgi/affiche_doc.cgi?dossier=11412&sujet=82

Residential long-term care in Canada: our vision for better seniors' care (full report) 101 pages
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