



THE PLACE OF ASSISTED LIVING IN BC'S SENIORS CARE SYSTEM:
ASSESSING THE PROMISE, REALITY AND CHALLENGES

Appendices

A: Characteristics of long-term care, assisted living and independent living in BC 2

B: Research participants across assisted living sectors of care..... 5

C: Focus group questions for care aides and LPNs 6

D: Individual interview themes..... 7

E: General demographic information collected from participants 8

BY DR. KAREN-MARIE
ELAH PERRY

June 2020

Download the full report
at: [policyalternatives.ca/
assessing-assisted-living](http://policyalternatives.ca/assessing-assisted-living)



**BCHealth
Coalition**



CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
BC Office

Characteristics of long-term care, assisted living and independent living in BC

Definition	Services included	Staffing level and mix	Service funding model	Additional personal costs (beyond monthly charge)	Regulatory oversight	Regular inspections
<p>Publicly subsidized long-term care</p> <p>Residential long-term care (nursing home care) is facility-based care that provides 24-hour nursing supervision and care for individuals with complex medical needs.</p>	<p>Operators must provide:</p> <ul style="list-style-type: none"> • Housing; • Hospitality services (meals; housekeeping; routine laundry services; physical, social and recreational opportunities; 24/7 emergency response system); • A personalized care plan, 24/7 nursing care, allied health professional care as identified in the care plan, general hygiene and medical supplies, incontinence management and basic wheelchair and maintenance; and • Other specialized service as needed^a 	<ul style="list-style-type: none"> • 24/7 nursing care (provided by a regulated nurse). • Provincial guideline (not law) of 3.36 hours per resident per day of direct care. Includes regulated and unregulated nursing-care providers and allied health professionals. 	<ul style="list-style-type: none"> • Residents pay 80% of their after-tax income to the health authority, subject to maximum and minimum rates. • For a single client, the maximum rate is \$3,377.10 per month in 2019; the minimum rate is \$1,162.80 per month. • For a couple sharing a room and both in receipt of the Guaranteed Income Supplement, the minimum monthly rate is \$1,616.30 per month (\$808.15 per person).^b The minimum client rate is adjusted annually based on changes to Old Age Security/Guaranteed Income Supplement. • Low-income seniors can request a fee reduction^c 	<p>Additional charges are much more limited than in assisted living but may include personal phone and cable, hearing aides, personal transportation and additional or preferred medical equipment and supplies that are for the resident’s exclusive use.</p>	<p>As per the Community Care and Assisted Living Act, long-term care facilities must be licensed by the health authority through a community care licensing office.</p>	<p>Yes</p>

a “Long-Term Residential Care,” Health, Government of British Columbia, accessed September 5, 2018, <https://web.archive.org/web/20190605135341/https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/long-term-residential-care>.

b “Long-Term Residential Care,” Health, Government of British Columbia, accessed September 5, 2018, <https://web.archive.org/web/20190605135341/https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/long-term-residential-care>.

c In private-pay long-term care, there are no maximum or minimum rates.

d The Residential Tenancy Act does not govern any aspect of publicly subsidized or private-pay assisted living.

Characteristics of long-term care, assisted living and independent living in BC (continued)

Definition	Services included	Staffing level and mix	Service funding model	Additional personal costs (beyond monthly charge)	Regulatory oversight	Regular inspections
<p>Publicly subsidized registered assisted living</p> <p>Type of supportive housing for people with moderate levels of disability who require daily personal assistance to live independently.</p>	<p>Operators must provide the following, which are included in the monthly rate:</p> <ul style="list-style-type: none"> • A private housing unit with a lockable door; • Personal care services; • Two nutritious meals per day, one of which is the main meal; • Access to basic activity programming such as games, music and crafts; • Weekly housekeeping; • Laundering of towels and linens; • Access to laundry equipment for personal laundry; • Heating or cooling as necessary to maintain the safety and basic comfort level of the residence; and • A 24-hour emergency response system. 	<p>No minimum legislated staffing requirements other than there must be licensed nursing oversight of unregulated care staff.</p>	<ul style="list-style-type: none"> • Residents pay 70% of their after-tax income to the health authority, subject to a maximum and minimum monthly rate. • The maximum rate is based on the market rate for housing and hospitality services for the geographic area where the resident lives, as well as the cost of personal care services. For 2019, the minimum single client rate was \$1,018.90 per month and \$1,552.00 for a couple living together. • Low-income seniors can request a fee reduction. 	<p>Allowable chargeable items include:</p> <ul style="list-style-type: none"> • A surcharge for hydro services and a one-time charge for a damage deposit, based on half the monthly rent for the unit; • Cable connection and monthly fee; • Personal telephone connection and basic services; • Guest meals and suite rental; • Client outings or special events; • Hairstyling, foot care or other personal grooming services; • Housekeeping beyond weekly service; • Personal laundry services; • Parking and deposit on garage door opener; • Fee for pet damage and cleaning; • Transportation; • Equipment rental, at or below market rates; and • An administration or handling fee associated with the service, where reasonable, to perform a task or service that would normally be the client's responsibility. 	<p>As per the Community Care and Assisted Living Act, assisted living residences must be registered with the provincial assisted living registry (an office of the Ministry of Health).^d</p>	<p>No</p>
<p>Private-pay registered assisted living</p> <p>Same as above</p>	<p>Same as above</p>	<p>Same as above</p>	<p>Residents pay 100% of costs directly to operator. There are no minimum or maximum rates.</p>	<p>• Not regulated, therefore additional personal costs are determined by the operator and set out in the contract signed between the resident and the operator.</p> <p>• There is no legislated maximum housing charge, and there are no limits on increases in monthly charges in private-pay units (i.e., rent control).</p>	<p>Same as above</p>	<p>No</p>

Characteristics of long-term care, assisted living and independent living in BC (continued)

Definition	Services included	Staffing level and mix	Service funding model	Additional personal costs (beyond monthly charge)	Regulatory oversight	Regular inspections
<p>Private-pay independent living</p> <p>A variety of private-pay apartment-style and self-contained housing options, often with fee-for-service hospitality services (e.g., housekeeping and food services) for seniors who are functionally independent and able to direct their own care. Residents may bring in publicly subsidized or private-pay home support workers or other outside service providers to assist with personal care and daily living activities.</p>	<ul style="list-style-type: none"> Varies based on facility and private-pay options available. Housing and services are based on a menu of optional private-pay services that are charged on top of a base rate, including meals, housekeeping, monitoring and emergency support, social and recreational opportunities, transportation, etc. 	<p>No minimum legislated staffing requirements.</p>	<ul style="list-style-type: none"> Privately funded by the resident (private-pay). Not subsidized by a health authority. 	<p>Varies based on facility and private-pay options available.</p>	<ul style="list-style-type: none"> Limited oversight under the Community Care and Assisted Living Act (with the changes brought into force in 2018). Must meet basic municipal health and safety standards, and standards of maintenance requirements. Depending on the legal type (i.e., strata ownership or rental), must meet legal requirements under the Strata Property Act (owner-occupied) or Residential Tenancy Act (rental). 	<p>No</p>

Appendix B

Research participants across assisted living sectors of care				
Number	Type of participant	Private-pay*	SECTOR EXPERIENCE	
			Subsidized non-profit	Subsidized for-profit
Practitioners				
1	LPN	•	•	•
2	LPN	•	•	•
3	LPN			•
4	LPN		•	
5	LPN	•		
6	Care aide		•	
7	Care aide			•
8	Care aide			•
9	Care aide			•
10	Care aide		•	
11	Care aide		•	
12	Care aide		•	
13	Care aide		•	
14	Care aide		•	
15	Care aide	•		
16	Care aide			•
17	Care aide		•	
18	Care aide (community health worker)	•	•	•
19	Care aide (community health worker)		•	
20	Manager			•
21	Manager	•		
22	Manager			•
Participants with experience navigating assisted living services				
23	Resident			•
24	Resident			•
25	Family member	•		
26	Family member	•		
27	Family member	•		•
28	Family member	•		

* Private pay includes private-pay assisted living and independent living.

Appendix C: Focus group questions for care aides and LPNs

1. Do you feel you have the time you need to do your job in assisted living?
2. Have you ever felt conflicted about the level of care formally documented for residents in assisted living versus the level of care they actually need? For example, the resident is listed as capable of self-administering medication but in practice cannot reliably self-administer medication; or they are listed as capable of basic self-care but struggle to get dressed or feed themselves.
3. Are policies at your workplace designed to support residents' ability to choose to live at risk? If yes or no, please elaborate.
4. How do residents with high needs impact your workload in assisted living? For example, dementia or mobility problems.
5. Have you seen assisted living residents negatively impacted by their lack of income and ability to pay for services or supports?
6. Do you have recommendations for assisted living policy, practice or law?

Appendix D: Individual interview themes

Managers

Professional background (including training, education and current role)

Staff (including roles, worker-to-client ratios, and minutes of personal care services)

Living at risk (including definition in assisted living, cognitive impairments of residents, physical disabilities of residents, and health and safety of residents)

Care conditions (including complex care needs, the impact of income on quality of care, health-care providers from outside agencies, falls, and hospitalizations and emergency-room visits)

Operational and capital funding (including arrangements with health authorities, capital funding opportunities and associated challenges)

Improvements to assisted living (including recommendations and current needs of the residents and families)

Participants with experience navigating assisted living services

The assisted living resident's background (including health status and factors contributing to entering assisted living)

The intake process and assessment of the resident (including professional background of the intake worker, assessments and care plans).

Staff (including roles, worker-to-client ratios, and minutes of personal care services)

Quality of care (including health outcomes, access to services, ability to pay, and aging in place)

Living at risk (including definition in assisted living, cognitive impairments of residents, physical disabilities of residents, and health and safety of residents,)

Care conditions (including complex resident care needs, the impact of income on quality of care, health-care providers from outside agencies, falls, and hospitalizations and emergency-room visits)

Improvements to assisted living (including recommendations and current needs of the resident and family)

Appendix E: General demographic information collected from participants

Note: Information was also collected on the health status of residents; the professional background of health-care providers; and whether the assisted living being accessed or provided was private-pay, for-profit or non-profit.

Age:

Self-identified gender:

Self-identified cultural or ethnic background:

If you identify as an immigrant to Canada, Indigenous or as a member of LGBTQ2 communities we would like to know a little bit more about you. We ask because historically public policy researchers have neglected the needs of these populations in public policy advocacy.

Note: provide only if the participant is comfortable self-identifying***

- Yes, I identify as an immigrant from _____
- Yes, I identify as Indigenous from the following First Nation(s)/Inuit/Métis communit(ies) _____
- Yes, I identify as a member of LGBTQ2 communit(ies). I identify as _____