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Subsection: 1	MANAGING CHANGING NEED	Effective: 2002 Nov. 19

Policy:

As part of the redesign of home and community care services, health authorities are required to manage the renewal of the Home and Community Care system. This renewal involves upgrading, closing, or converting to assisted living those residential care facilities that are unable to meet the needs of clients with complex care requirements, or are no longer needed in a particular geographic area.

Health authorities are required to manage the upgrade, conversion or closure of residential care facilities in the manner set out in this policy.

Performance Management:

Health authorities are required to:

- Have a continuous service provider agreement with residential care facility service providers.
- Develop residential care service delivery and organizational standards consistent with the Model Standards for Continuing Care and Extended Care Services.
- Develop facility suitability risk indicators as set out in Policy 6.D.2, Facility Suitability Risk Indicators.
- Advise residential care facility service providers regarding the future need for residential care and assisted living services within health authority determined geographic areas.
- Review residential care facility service provider performance on a periodic basis to assess:
 - performance risk relative to the established residential care service delivery and organizational standards; and
 - facility suitability risk relative to the facility suitability risk indicators.
- Notify a residential care facility service provider of deficiencies identified in any review process and provide a reasonable time frame for the service provider to correct the deficiencies.

Health authorities may:

- Terminate a residential care facility service provider agreement if the service provider does not correct the deficiencies.
- Conduct a residential care facility suitability review or update at the request and expense of a financial institution.



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Residential Care Services Planning and Tendering:

If the future need for residential care beds is less than current supply within a particular geographic area, health authorities:

- May terminate a residential care facility service provider agreement, or close a residential care facility the health authority operates, based on the facility assessed with the highest facility suitability risk. If more than one facility is assessed as having high facility suitability risk, the facility with the highest performance risk will be closed.

If the future need within a particular geographic area is for different types of residential care beds or assisted living units, health authorities:

- Are required to issue a request for proposal to an at risk facility service provider to allow them to upgrade their existing facility, or convert it to assisted living units. If a proposal is not accepted, the service provider agreement with an at risk residential care facility may be terminated.

For all other situations, health authorities may conduct an open proposal call process.



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Background:

Health authorities are embarking on a major redesign of their home and community care services. This redesign will involve expanding the range of home and community care options, including the creation of new assisted living residences, more appropriate utilization of residential care facilities, enhancement of home care and palliative services, and development of alternatives to acute care services. The goal during the residential care facility change process is to create a balance between promoting the well being of clients, while at the same time minimizing the risk profile of the residential care industry and ensuring ongoing access to private capital markets for renovations and new construction.

The objectives of establishing this policy are to:

- Maintain continuity of quality services.
- Provide flexibility over time to meet changing client needs and implement innovative and creative service delivery models.
- Promote clear expectations, processes and effective working relationships between health authorities and service operators.
- Facilitate the availability of reasonably priced financing for quality care providers.
- Promote clarity in the lending environment through providing assistance in the identification, but not elimination, of risk.

References:

Model Standards for Continuing Care and Extended Care Services, Ministry of Health and Ministry Responsible for Seniors, (May 1999)