BC Care Providers ASSOCIATION

A Recommendations Report on

Bill 16 (2016) and the Future of Assisted Living

JANUARY 2019

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A message from the CEO

BC Care Providers Association (BCCPA) is pleased to release *A Report on Bill 16 (2016) and the Future of Assisted Living.*

Publicly subsidized assisted living, perhaps more than any other component of the continuing care sector, has seen considerable changes since its inception less than twenty years ago in BC. Whether due to shifts in demographics, policy or ideology, the ever-changing landscape of assisted living has had significant effects on providers and how care is delivered for B.C. seniors. It is expected that these transitions will continue following the implementation of Bill 16, which is expected to occur in the spring of 2019.

This analysis and the corresponding recommendations have been informed by over a year of consultations with the assisted living sector and follows the earlier report *The Assisted Living Tenancy Task Force Review,* also referred to as the "Crump" report.

The development of this paper was overseen by BCCPA's Assisted Living Working Group, which is comprised of experts in the sector, along with the BCCPA Board of Directors. It reflects a deep-dive into the opportunities and challenges which care providers are expecting because of the implementation of Bill 16 and seeks to ensure that quality of life and safety for residents is supported through this change.

As the sector prepares for the incoming regulations, BCCPA hopes that stakeholders will consider supporting the recommendations made throughout this report, as it is only by working together as advocates, care providers and government, that we can strengthen seniors care in our province.

Sincerely,

Daniel Fontaine
CEO, BC Care Providers Association

Special Recognition

BC Care Providers Association would like to acknowledge its Board of Directors, the Working Group which was established to inform this report and the staff who supported the development of this document.

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PART I
Recommendations

Introduction

Assisted living homes provide support for B.C. seniors whose care needs do not yet meet the long-term care criteria, nor are able to live in their own home independently.

As early as 1985, Assisted Living began to establish itself in the United States.[1] Publicly subsidized assisted living did not emerge in British Columbia until the early 2000's making it significantly newer than home health care and long-term care options. What made it unique at the time of assisted living's adoption was that it was based on a "social model of care," meaning that activities, communal dining and companionship were key to delivering this kind of support.

While assisted living operators continue their efforts to support B.C. seniors in a way which is true to the philosophical underpinnings of assisted living, changes have been occurring both in terms of who assisted living is serving, and governmental policy surrounding this type of support for seniors. As discussed in this paper, providers are reporting that, slowly, dining rooms have gone from being frequented by mobile seniors, to having dozens of walkers lined-up at their entrances. Wandering behaviours, a once infrequent event, are now of considerable concern for assisted living operators. Likewise, resident lifts have begun to appear in assisted living suites and renovations have had to be made to reduce the risks of slips and falls. The data indicates that the average age of assisted living residents has increased considerably, and that there have been small but consistent increases in both the Method for Assigning Priority Levels (MAPLe) and the Cognitive Performance Scale (CPS) (discussed in part 2 of this paper).

With the changing acuity levels of assisted living residents, and in anticipation of the need to accommodate the largest cohort of seniors yet, decisions will need to be made to determine the appropriate allocation of resources and ensure quality and availability of care for seniors living in British Columbia.

In keeping with these themes, the BC Ministry of Health has announced upcoming changes to the *Community Care and Assisted Living Act (CCALA)* via the *Community Care and Assisted Living Amendment Act, 2016 (Bill 16).* Prior to this announcement BCCPA made recommendations that the *CCALA* be amended, specifically as to assist older adults in aging in place.[2]

Historically, the *CCALA* has permitted assisted living residents to be supported by no more than two prescribed personal services, which include:

1. Activities of daily living.
2. Central storage of medication, distribution of medication, administering medication or monitoring the taking of medication.
3. Maintenance or management of cash resources or property.
4. Monitoring of food intake or therapeutic diets.

[1] Office of the Seniors Advocate. "Seniors' Housing in B.C." May, 2015. Accessed at: https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2015/09/SeniorsHousingReport.pdf.
[2] BC Care Providers Association. "Quality, Innovation, Collaboration: Strengthening Seniors Care Delivery in B.C." 2015. Accessed at: https://bccare.ca/wp-content/uploads/BCCPA-White-Paper-QuIC-FINAL-2015.pdf.

5. Psychosocial rehabilitation or intensive physical rehabilitation.
6. Structured behavioural program.

Under the legislative changes, the limit of two prescribed services will be removed, enabling more people to qualify (and continue to qualify) for funded Assisted Living, provided that residents:

- Can make decisions on their own behalf or live with a spouse who can make decisions on their behalf;
- Can recognize an emergency, take steps to protect themselves in an emergency or follow directions in an emergency;
- Do not exhibit behavior that jeopardizes the health and safety of others, and;
- Do not require continual unscheduled professional health services.

This paper is intended to summarize the intensive consultations which BCCPA has performed to thoroughly understand any changes experienced by assisted living providers over the last few years, as well as the concerns and opportunities which they foresee in relation to Bill 16. This paper also seeks to ensure that quality of life and safety for residents is supported through any changes resulting from Bill 16 and considers the available data to clearly understand the changing demographics in publicly subsidized assisted living. In doing so, this report makes **10 recommendations** within **3 themes** to ensure the successful implementation of Bill 16.

Summary of recommendations

Recommendation 1:

That the assisted living funding model be reviewed by the Ministry of Health, as to: determine the most appropriate funding model; allow for consistency within the sector; decrease administrative burden, and; increase flexibility to support the continuum of care for seniors.

Recommendation 2:

That the Ministry of Health ensure that adequate health authority supports are in place to assist providers in facilitating prompt transitions should 1) unscheduled care needs mean that a resident must be transitioned to long-term care, or 2) should a resident no longer be able to direct their own care.

Recommendation 3:

That the Government of B.C. collaborate with the continuing care sector, as to develop a comprehensive health human resource strategy.

Recommendation 4:

That the Ministry of Health should allocate annual funding for technology upgrades, as part of funding packages. This should be informed by a review of the technological needs, costs and implications related to the use of technology in assisted living.

Recommendation 5:

That the Seniors Safety and Quality Improvement Program (SSQIP) should be expanded to include assisted living.

Recommendation 6:

That there be support for: 1) an Occupational Health and Safety Review, in partnership with WorkSafe BC, as to the use of lifts in assisted living; and 2) that the potential impacts of lifts on other built aspects of the home are assessed (e.g., the need for structure changes, cost implications and impacts on unscheduled care needs etc.), as to establish greater clarity regarding the use of lifts in assisted living – specifically as it relates to balancing the need to self ambulate in case of an emergency, and preference of health authorities to enable residents to age in place.

Recommendation 7:

That 1) the Ministry of Health provide clarity as to the roles and responsibilities of BC Housing, health authorities and operators and that 2) an analysis be performed as to recommend a streamlined process for support, funding and monitoring.

Recommendation 8:

That the Ministry of Health, along with the health authorities and BCCPA perform exploratory research as to determine the feasibility of implementing a tiered model of assisted living similar to that which is utilized in Alberta.

Recommendation 9:

That the Ministry of Health amend the assisted living regulations to consistently enable assisted living homes to appoint a preferred pharmacy.

Recommendation 10:

That the Ministry of Health provide health authorities with a consistent expectation as to the resident assessment processes in assisted living (i.e., the collection of RAI-HC data), to better monitor and anticipate resident and staffing needs.

Consultation process

BCCPA represents more than half of the assisted living organizations in B.C. and is committed to representing the voices of the assisted living sector on issues such as Bill 16. As such, BCCPA has led significant engagement across the sector to further understand the opportunities, concerns and remaining questions, as perceived by providers in relation to the changing legislation.

The Assisted Living Tenancy Task Force Review, July 2017:

In March 2017 an Assisting Living operator terminated its Assisting Living Agreement with Vancouver Coastal Health. Negative media attention sparked concern within the sector and the question arose as to whether early agreement terminations and movement toward private pay assisted living would become an emerging trend. Primary factors in play at this time were increasing real estate values as well as the changing landscape due to the impending regulatory changes from the *Community Care and Assisted Living Amendment Act (Bill 16)*. The BC Care Providers Association was also concerned about the extent to which evictions due to non-payment impacts providers in the sector. To address these issues, BCCPA formed an Assisted Living Task Force.

Chaired by Tom Crump, a three-member Task Force was supported by two health authority representatives acting in an advisory capacity, and reported on key issues facing the sector, including Bill 16. The Review was informed by a province wide survey of assisted living operators.

Recommendations made in the Task Force report were organized into three areas: Terraces on 7th, Bill 16 and eviction due to non-payment of fees.[3] A summary of these recommendations can be found in Appendix A.

BCCPA's Listening Tour, Fall of 2017:

BCCPA's 2017 Listening Tour Included 4 sessions, which were exclusive to assisted living providers and were open to all providers, regardless of BCCPA Membership.

Sessions took place in three cities (Victoria, Kelowna and Burnaby) and over one teleconference meeting.

Launch of BCCPA Working Group:

Late in 2017 BCCPA struck a Working Group to advise on issues relevant to Assisted Living. This group of industry experts met on a regular basis and were critical to the development of this report, including the development of the final recommendations.

[3] BC Care Providers Association. "Assisted Living Tenancy Task Force Review," 2017. Accessed at: https://bccare.ca/wp-content/uploads/2017/07/Assisted-Living-Task-Force-Report-July-2017.pdf.

A forum on the future of assisted living under Bill 16 (January 2018)

On January 31st, BCCPA held a forum on assisted living. The workshop, titled ***A forum on the future of assisted living under Bill 16,*** generated a strong attendance of approximately 40 attendees, representing assisted living operators and health authorities across the province. Attendees joined BCCPA both in person and virtually to discuss what the future of assisted living will look like amidst increased resident complexity and acuity.

At the centre of the four panel presentations and six roundtable dialogues was the question: *How do we support seniors in the middle? And how do we do that in a way that is not only compassionate and respectful, but also sustainable and in alignment with changing legislation?*

Opening remarks were made by BCCPA CEO, Daniel Fontaine and were followed by 4 panel sessions:

- **An overview of Bill 16**, Elaine Price, Director of Operations, Eden Care Centre and Mike Klassen, VP of Communications & Stakeholder Relations, BCCPA.
- **Building and infrastructure**, Ron Pike, Executive Director, Elim Village and Mariam Heemskerk, Director of Community Care.
- **Capacity to provide care**, Al Jina, President, Park Place Seniors Living.
- **Technology & the future of AL**, Cheryl Beach, Director, Assisted Living and Residential Care Abbotsford/Mission, Fraser Health.

While the Ministry of Health was unable to participate in this event, BCCPA was able to share information which had been previously been communicated by the Ministry with providers, including that:

- Bill 16 is intended to enable providers to support residents with higher needs.
- Any implementation of Bill 16 is expected to be gradual.
- This legislation provides an opportunity to support residents with higher needs, and in many ways is an acknowledgement of the work which providers are already doing to accommodate increased acuity and complexity.

BCCPA 2018 conference panel: B.C.'s Assisted Living Landscape: Yesterday, Today & Tomorrow (May 2018)

Finally, BCCPA's *2018 Annual Conference* featured a panel on assisted living, including 1) **Sharon Stewart**, Executive Director, Seniors Services at the Ministry of Health; 2) **Ron Pike**, Executive Director of Elim Village and past BCCPA Board Member; and 3) **Dr. Kimberlyn McGrail**, Associate Professor at UBC in the School of Population and Public Health and the Centre for Health Services, and Policy Research and Scientific Director of Population Data BC and Data Director for the new BC Academic Health Sciences Network.

Through the panel presentation the Ministry of Health was able to confirm that no assisted living home will be required to offer all six prescribed services, but that health authorities will need to look at jurisdictional needs when considering contracts. The Ministry also provided an approximate timeline for the implementation of this legislation, noting that practice changes are expected to start occurring after new provisions/regulations are brought into force, likely in April 2019. Education is expected to start early in 2019.

Bill 16: A shifting landscape

BCCPA's consultations with providers illustrate that resident acuity and complexity has increased over time. Implemented in the early 2000s to support a relatively independent seniors population, providers reflect that residents in B.C.'s publicly subsidized assisted living homes are now older, more likely to have dementia and have greater physical needs. This is supported by modest increases in the available RAI-HC data, as discussed in the next section of this paper. Greater acuity levels are resulting not just in increased direct care needs, but also are impacting all other aspects of care and housing, including custodial requirements and infrastructure.

While the effects of increasing resident acuity and complexity are somewhat universal, there are salient differences across assisted living homes due to different factors such as physical size and location. As noted by members, smaller and more rural assisted living homes report feel the affects of increasing acuity and complexity more than larger, more urban homes. For example, there may be less long-term care availability in smaller communities or less ability to shuffle staff to accommodate care needs. There also appears to be differences across health authorities. Looking into the future, providers expect this to continue and anticipate that legislation may not be experienced in the same way by all assisted living homes. For example, a campus of care may be better situated to accommodate changes in service delivery, when compared to a smaller provider who only provides assisted living.

Most assisted living homes in B.C. are 10-20 years old. In consultations, many providers reflect that the homes, built with a more mobile and independent senior in mind, are increasingly less suitable for the current population residing in assisted living. Providers note that wider hallways are needed to accommodate a greater number of wheelchairs and walkers, that many rooms are not currently able to accommodate celling or floor lifts, that grab bars and walk in showers are needed and that flooring has either been changed or is in the process of being changed to reduce the likelihood of slips and falls and to better handle damage.

Finally, providers currently support the needs of residents who are cognitively well but have high physical needs, alongside residents who may have lower physical needs, but are living with dementia (despite the requirement that residents be able to self-direct care). Providers observe that supporting people with a large variety of needs can be difficult, as well as taxing on the emotional well-being of residents, as social exclusion can occur. Cohorting, or grouping residents by their care needs, as done in Alberta, is one suggestion put forward by providers. Notably, this approach would need to be nuanced as needs can change over time – e.g., a resident may be grouped in an assisted living home which focuses on physical needs, opposed to cognitive ones, but then they may develop dementia. If this approach were to be considered, the Ministry of Health would need to perform research to assess how this could be approached in a way which is least likely to result in additional transitions for residents, and whether this approach is suitable in a B.C. context.

Recommendations

The following recommendations have been informed through a yearlong consultation with publicly subsidized assisted living providers, they have been further influenced by the available and relevant data on assisted living in B.C.

The **3 themes** and **10 recommendations** outlined below utilize a forward-looking approach as to support the implementation of the regulations associated with Bill 16, which will likely result in greater acuity levels. The intended audience for these recommendations are the BC Ministry of Health, BC health authorities and BC Housing.

Theme A: Staffing, Infrastructure & Funding

Two factors impact existing staffing models in assisted living: 1) incoming amendments to CCALA which means that the limit on prescribed services will be removed and 2) increases to the average age and acuity of assisted living residents, as indicated through both the perceptions of providers and available RAI-HC measures (as discussed below). For these reasons BCCPA feels that it is now necessary to assess the current assisted living funding model as to ensure that providers are adequately funded to provide the level of care which is necessary for this population.

Ensuring appropriate care also requires that staffing composition is addressed; this includes considering the appropriate balance of professional care staff (RNs and LPNs) and non-professional care staff (such as health care assistants), as well as non-care staff (e.g., maintenance, custodial, housekeeping and food services). Further, to stay true to the philosophical underpinnings of assisted living and provide a social model of care, recreation and programming needs must also be evaluated.

In terms of funding it is also necessary to reconsider compensation structure as to ensure that appropriate funds are available to update aging infrastructure and address accessibility issues in the built environment. This is specifically relevant as it relates to ongoing, capital costs.

In addition to staffing and infrastructure, assisted living homes require residents to be able to direct their own care, unless they are living with a spouse. To support assisted living providers in ensuring that this criterion is met, more support may be needed to ensure a timely and dignified transition should a resident no longer be appropriate for assisted living. This is particularly important as 1) more people residing in assisted living are living with a cognitive impairment (as discussed above), 2) removing the limit on prescribed services will likely mean that people are living in assisted living homes for longer and 3) that age is the biggest risk factor for developing dementia and the average resident age continues to trend upward in assisted living.

Finally, as staffing challenges are a key concern for assisted living providers and other continuing care operators, BCCPA is recommending that Government of B.C. collaborate with the continuing care sector and other stakeholders, as to develop a comprehensive health human resource strategy. Such a strategy would be focus on recruitment and retention issues in the continuing care sector. BCCPA has made previous recommendations on this issue in policy reports such as Situation Critical: A Made-in-BC Plan to

Address the Seniors Care Labour Shortage (June 2018) and The Perfect Storm: A Health Human Resources Crisis in Seniors Care – Post Collaborative Report (April 2018).

The three recommendations which follow address these foundational issues.

Recommendation 1:

That the assisted living funding model be reviewed by the Ministry of Health, to: determine the most appropriate funding approach; allow for consistency within the sector; decrease administrative burden and increase flexibility to support the continuum of care for seniors.

Specifically, this review should focus on determining what funding is needed to ensure that adequate and appropriate staffing levels are in place, including professional and non-professional care staff, and workers in other roles such as maintenance, custodial, housekeeping and food services. Further, this review should consider how much time should be funded for recreation and programing needs, as to support a social model of care and bolster quality of life for seniors and determine when assisted living homes should be funded to have access to LPNs. Finally, the review should determine how funding arrangements should be amended to account for capital costs, as to update aging infrastructure and adapt assisted living homes to accommodate residents with greater accessibility needs.

Recommendation 2:

That the Ministry of Health ensure that adequate health authority supports are in place to assist providers in facilitating prompt transitions should 1) unscheduled care needs mean that a resident must be transitioned to long-term care, or 2) should a resident no longer be able to direct their own care.

Recommendation 3:

That the Government of B.C. collaborate with the continuing care sector, as to develop a comprehensive health human resource strategy.

Theme B: Technology

Technology in assisted living has the aptitude to make a significant impact in terms of resident care and quality of life. Providers report that technological interventions are becoming more necessary to assist in caring for increasingly acute residents, particularly in terms of lifts. Sometimes, lifts are used as a longer-term solution to support residents to age in place, other times lifts are used as a temporary solution to assist a person to remain in assisted living while they recover from an acute episode, or to respond to a situation where a resident has fallen.

However, providers note that lifts can be challenging to accommodate in assisted living, as hallways, elevators and doorways are often not wide enough, nor are some assisted living homes structurally designed to support lifts. Providers have also communicated that should a resident regularly require the assistance of a lift, they may no longer be a suitable candidate for assisted living, as they now require regular, unscheduled care. It should also be noted that staff training is integral to both resident and staff safety when operating and maintaining lifts.

Wander guards and similar technologies have also been appearing within an assisted living context. While these technologies may be used as a pre-emptive measure to respond to a situation where a person may wander, there are complexities to using such technologies, including impacts on staff time, cost and resident privacy. Like the use of lifts, the reliance on wander guards in an assisted living context poses questions about the resident's suitability for long term care, as wandering behaviours may indicate that a person's cognitive impairment has progressed in a way which would affect their ability to direct their own care. However, there are several considerations which must be assessed, whether we are referring to lifts, fall mats, wander guards or administration systems. The recommendations which follow are intended to ensure that:

- Assisted living operators are consulted in terms of what kind of technology needs exist.
- That cost implications, ethical considerations and impacts on staff time are assessed.
- That funding is made available to support technological equipment, interventions and upgrades.
- That staff safety is assessed as a primary consideration, especially in terms of lift usage.
- That any technological intervention supports the underlying principles of assisted living and the delivery of a social model of care, and that it is not at odds with a person's need to self ambulate in the case of an emergency or direct their own care.

Recommendation 4:

The Ministry of Health should allocate annual funding for technology upgrades, as part of funding packages. This should be informed by a review looking at the technological needs, costs and implications related to the use of technology in assisted living.

Recommendation 5:

That the Seniors Safety and Quality Improvement Program (SSQIP) should be expanded to include assisted living.

Recommendation 6:

That there be support for: **1)** an Occupational Health and Safety Review, in partnership with WorkSafe BC, as to the use of lifts in assisted living; and **2)** that the potential impacts of lifts on other built aspects of the home are assessed (e.g., the need for structure changes, cost implications and impacts on unscheduled care needs etc.), as to establish greater clarity regarding the use of lifts in assisted living – specifically as it relates to balancing the need to self-ambulate in case of an emergency, and preference of health authorities to enable residents to age in place.

Theme C: Approach to care and operational considerations

In addition to staffing, funding, infrastructure and technology, there are several additional considerations and opportunities which should be addressed in preparing for the implementation of Bill 16.

Currently, operators must report to several different bodies for funding and monitoring purposes – this includes BC Housing, the Ministry of Health and health authorities. BCCPA feels that a streamlined and transparent process would be of significant benefit to the assisted living sector, by reducing duplication.

In speaking with providers, BCCPA also feels that B.C. should explore aspects of Alberta's approach to caring for a diverse group of assisted living residents. In B.C. it is not unusual, as noted below, that providers are caring for residents with high physical needs, but little or no cognitive impairment, alongside residents with low physical acuity, but higher needs relating to early or mid-stage dementia. This can result in challenging dynamics between residents and can also make it difficult for staff to provide the right level of care. Developing appropriate recreational programing, for example, can become more difficult when there is considerable variance in the needs of residents.

In Alberta, supported living residents (the equivalent to B.C.'s assisted living residents) are assigned into three categories, Designated Supportive Living 3 (DSL3), Designated Supportive Living 4 (SLD4) and Designated Supportive Living 4, Dementia (DSL4D). This allows Albertans to be supported in the care environment which is most appropriate to their needs.[4] This may also make it possible to support residents living with dementia, who may be otherwise unsuitable for assisted living, given the need to be able to direct one's own care. This approach would require an appropriate funding structure, as to support the differing needs of people living with dementia, specifically in terms of education, appropriate environments and adequate staffing levels. In any early exploration of this model's suitability for B.C.'s continuing care sector, attention must be paid to ensuring that any revised model is aligned with the philosophical underpinnings and legislative intentions of assisted living in B.C.

Medication management is a key role which providers play in supporting assisted living residents in B.C. However, assisted living homes are not supported to identify a preferred pharmacy (other than in the Fraser Health Authority). According to providers this can increase the likelihood of medication errors (e.g., different pharmacy blister-packs may be laid out differently, etc.), and can be cumbersome from the perspective of the organization delivering care. Providers feel strongly that the Ministry of Health should enable assisted living homes to appoint a preferred pharmacy, as to reduce the likelihood of medication errors and reduce impacts on staff time.

As discussed in the first section of this paper, data in the assisted living sector remains inconsistent across health authorities. In some areas assessment rates for assisted living residents are as low as 51%. In all regions assessments only take place once a year, or when a transition or major change occurs. BCCPA is recommending that the Ministry of Health provide health authorities with a consistent expectation as to the assessment process in assisted living, with the objective of collecting more accurate data.

[4] Alberta Health Services. "Designated Supportive Living." 2018. Accessed at: https://www.albertahealthservices.ca/cc/Page15490.aspx

Recommendation 7:

BCCPA recommends that 1) the Ministry of Health provide clarity as to the roles and responsibilities of BC Housing, health authorities and operators and that 2) an analysis be performed as to recommend a streamlined process for support, funding and monitoring.

Recommendation 8:

That the Ministry of Health, along with the health authorities and BCCPA perform exploratory research as to determine the feasibility of implementing a tiered model of assisted living similar to that which is utilized in Alberta.

Recommendation 9:

That the Ministry of Health amend the assisted living regulations as to consistently enable assisted living homes to appoint a preferred pharmacy.

Recommendation 10:

That the Ministry of Health provide health authorities with a consistent expectation as to the resident assessment processes in assisted living (i.e., the collection of RAI-HC data), as to better monitor and anticipate resident and staffing needs in all areas.

PART II

Background

Who is assisted living supporting?

According to the Office of the Seniors Advocate, as of March 31, 2017, there were 4,485 publicly subsidized registered assisted living units in B.C. and 3,582 private registered assisted living units in B.C.[5] The more than 8,000 residents who live in assisted living are typically seniors and are generally individuals who are no longer safe to live at home alone but are not yet frail enough for long-term care.

The BC Ministry of Health is responsible for establishing regulations and policy for assisted living homes, as well as monitoring residences through the Assisted Living Registry (Registry), which is mandated through the *Community Care and Assisted Living Act (CCALA)* to "protect the health and safety of assisted living residents."

To meet this mandate, the Registry:

- administers the registration of assisted living residence;
- establishes and administers health and safety standards, and administrative policies and procedures; and
- investigates complaints about the health and safety and inspects residences if there is a health and safety concern.[6]

According to the BC Ministry of Health, in B.C. eligible residents must:

> *Pay a monthly fee of 70 per cent of their after-tax income for rent, hospitality services and personal assistance services, up to a maximum amount. Some operators may charge additional fees for hospitality services such as extra meals. The fee is paid monthly to the assisted living operator, along with a monthly BC Hydro surcharge, and usually includes all services except items such as television and telephone.*[7]

The health authorities determine designated maximums, which vary considerably and reflect market rent for housing and hospitality in the applicant's geographical area. They are also responsible for determining policies specific to their area – such as those regarding admission, etc.

Historically, BC Housing has also had a notable role in supporting B.C.'s assisted living sector, especially as it relates to providing funding, including to build assisted living homes through the Independent Living BC program.

It should be noted at the outset of this section, that while the data provided here is intended to provide a general overview of the people served by B.C.'s assisted living providers, each resident is unique. Further, each resident's lived experience, including that with mental health, social economic positioning,

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[5] Office of the Seniors Advocate. "Monitoring Seniors' Services, 2017." Accessed at: https://www.seniorsadvocatebc.ca/reports/.
[6] "Assisted Living Registry," BC Ministry of Health. Accessed at: https://www2.gov.bc.ca/gov/content/health/accessing-health-care/assisted-living-registrar.
[7] "Considering Assisted Living," BC Ministry of Health. Accessed at: https://www2.gov.bc.ca/gov/content/health/accessing-health-care/finding-assisted-living-or-residential-care/assisted-living-residences/seniors-assisted-living/considering-seniors-assisted-living.

family situation and ethno-cultural background will affect their experience in assisted living, along with the supports they may require.

Data limitations

The available data on assisted living is not as robust as that collected in long-term care. The RAI-Home Care Assessment (RAI-HC), which is the tool used for collecting data regarding assisted living residents, is only required to be administered by health authority staff annually, or at the time of a transition or major change. In practice, however, it appears that annual assessments do not always occur.

There are also considerable variations in assessment rates across health authorities. For example, 2016/17 assessment rates range from 86% completion in the Interior, 59% in Vancouver Coastal (VCH), 57% in Island Health, and 51 % in Fraser Health. No data is available for Northern Health.

Percent of Assisted Living Residents That Received a RAI - HC Assessment
Table A

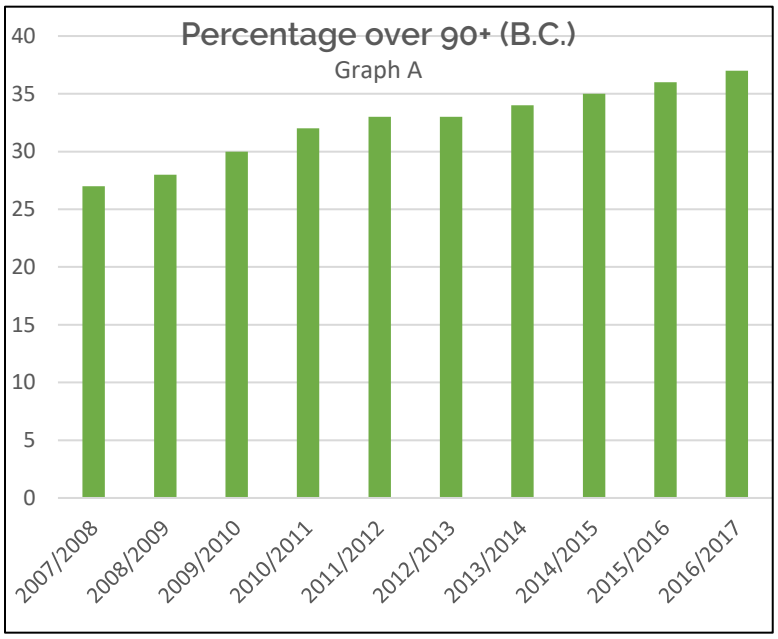
Health Authority	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Interior	78%	75%	76%	80%	82%	85%	86%
Fraser	36%	33%	43%	44%	50%	46%	51%
Vancouver Coastal	48%	48%	38%	41%	54%	62%	59%
Island Health	59%	58%	60%	59%	76%	60%	57%
Northern	0%	0%	0%	0%	0%	0%	0%

Source: Data provided by the BC Ministry of Health. May 7, 2018.

Age

As depicted in Graph A, over the last ten years, the average age of assisted living residents has steadily increased, both within and across health authorities. In 2016/17, 37% of assisted living residents across the province were over the age of 90 years old, compared to 27% in 2007/2008.

The Island Health Authority supports the greatest percentage of residents over 90 years of age at 42%, and the Interior Health Authority the lowest at 30%.

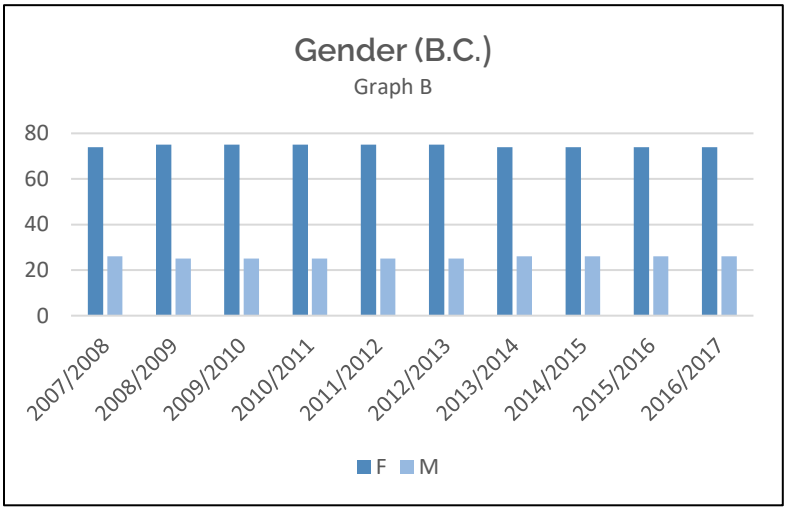


Source: Data provided by the BC Ministry of Health. May 7, 2018.

Gender

In 2016/17 just under three-quarters of assisted living residents were women (74%) and one quarter were men (26%). This composition has remained essentially constant over the last ten years. This is most likely an outcome of women having longer life spans as well as more likely to out-live their partner.

Given what we know about both the age and gender of assisted living residents it is likely that most people living in assisted living homes are not currently married (i.e., they are likely to be single or widowed).

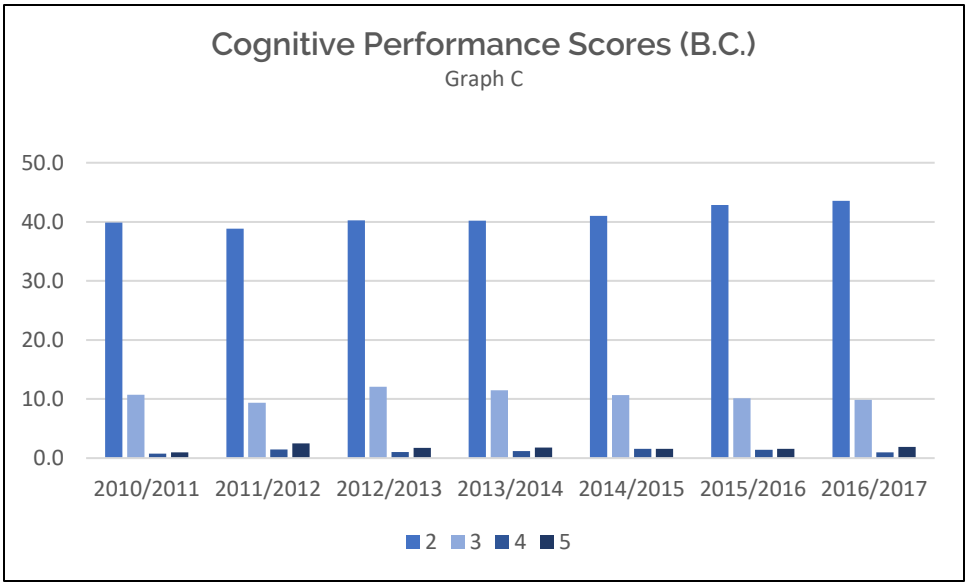


Source: Data provided by the BC Ministry of Health. May 7, 2018.

Cognitive Performance Scale

While there is an expectation that assisted living residents can direct their own care, there is a large proportion of residents who are experiencing some level of cognitive impairment, often Alzheimer's disease or another dementia. For example, in 2016/17, 44% of B.C. assisted living residents had mild impairment (CPS=2), 10% moderate impairment (CPS=3), 1% moderate severe impairment (CPS=4) and 2% severe impairment (CPS=5).

The percent of residents experiencing some level of cognitive impairment has increased by 4 percent over 6 years, from 52% in 2010/11, to 56% in 2016/17.



Source: Data provided by the BC Ministry of Health. May 7, 2018.

Method for Assigning Priority Levels (MAPLe)

According to the Canadian Institute for Health Information (CIHI) the Method for Assigning Priority Levels (MAPLe) is used to assign residents to one of five priority levels, based on information from the person's RAI-HC assessment. The level is determined by considering a broad range of criteria and can be used as a predictor of admission to residential care.[8]

Between 2010/11 and 2016/17 there has been a small but consistent increase in the percentage of residents who would be classified as extensive 1 (MAPLe 3), extensive 2 (MAPLe 4) or dependent (MAPLe 5). Specifically, there has been a 3.5% increase in assisted living residents classified as such, over this time.

Method for Assigning Priority Levels (MAPLe) (%) (B.C.)
Table B

	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
3	34.2%	34.0%	35.0%	34.2%	34.0%	37.2%	36.9%
4	33.6%	33.4%	33.7%	34.6%	35.5%	34.9%	35.1%
5	13.3%	12.7%	14.6%	15.1%	13.5%	12.4%	12.7%

Source: Data provided by the BC Ministry of Health. October 19, 2018.

[8] "Using the Method for Assigning Priority Levels (MAPLe) as a Decision-Support Tool," CIHI. 2013. Accessed at: https://www.cihi.ca/sites/default/files/maple_levels_en_0.pdf.

Support need for activities of daily living

According to the RAI-HC, Activities of Daily Living (ADL) Self-Performance Hierarchy Scale, ADLs refer to personal hygiene, toilet use, locomotion and eating.[9]

Approximately 16.4% of assisted living residents required limited assistance with ADLs (2), and 9.2% and 3.4%, respectively, required extensive 1 (3), or extensive 2 (4), levels of assistance, while just over 3.4% were considered dependent (5) or totally dependent (3.0% and 0.3%) (6).

There appears to be significant differences across health authorities in terms of this measure. As depicted in Table B, Fraser Health has much higher than average ADL scores, while Island Health ADL's are lower.

Activities of Daily Living (ADL) Self-Performance Hierarchy Scale (%)

Table C

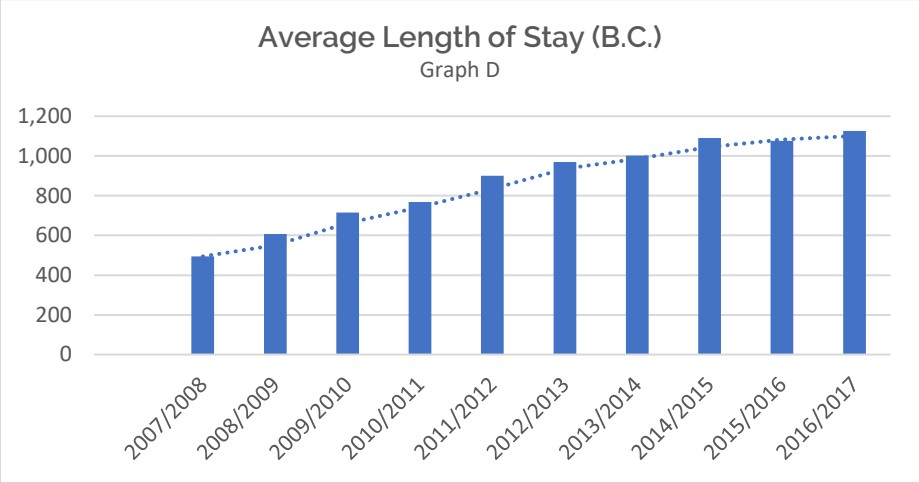
	Fraser Health	Interior Health	VCH	Island Health	Provincial Average
2	20.26	15.46	9.79	20.68	16.4
3	12.71	9.96	4.41	9.18	9.2
4	5.81	2.94	2.33	2.33	3.4
5	5.26	2.75	1.96	1.64	3.0
6	0	0	0	0	0.3

Source: Data provided by the BC Ministry of Health. September 5, 2018.

[9] "Describing Outcome Scales (RAI-MDS 2.0)," CIHI. 2017. Accessed at: https://www.cihi.ca/en/outcome_rai-mds_2.0_en.pdf.

Average length of stay

Data illustrates that the average length of stay (captured at the time when an assisted living resident either dies or transitions out of assisted living) has increased significantly in assisted living homes across B.C. As noted below average length of stay ranges from an increase of 242 percent in the Northern Health Authority, to 122 percent in the Interior Health Authority between 2007/8 and 2016/17 (see table below).



Source: Data provided by the BC Ministry of Health. September 5, 2018.

In B.C., the average length of stay in assisted living has increased by more than 185 per cent overall (see below). Yet, this information should be interpreted with some degree of caution, as it may be that the data represents, at least in part, a cohort of seniors who were admitted into early assisted living homes (plausibly younger and healthier) and began to pass away or transition into long term care after several years of living in assisted living, thus increasing the average length of stay rates.

Average Length of Stay (Days) for Assisted Living Residents that Either Died or were Discharged
Table D

HA	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Increase 2007/2008 and 2016/2017 (%)
Interior	520	670	868	806	969	928	982	1,082	896	1,089	162.34
Fraser	431	587	673	733	853	986	1,004	1,090	1,149	1,121	191.04
VCH	531	555	738	546	935	1,180	1,033	1,791	805	675	121.59
Vancouver Island	535	596	665	791	904	994	964	1,021	1,254	1,180	197.88
Northern	428	518	702	800	899	943	1,159	1,211	1,027	1,256	242.26
BC	**494**	**607**	**715**	**768**	**900**	**970**	**1,002**	**1,090**	**1,076**	**1,125**	185.39

Source: Data provided by the BC Ministry of Health. September 5, 2018.

Appendices

Appendix A: A summary of the *Assisted Living Tenancy Task Force Review* Recommendations[10]

In March 2017 an Assisting Living operator terminated its Assisting Living Agreement with Vancouver Coastal Health. Negative media attention sparked concern within the sector and the question arose as to whether early Agreement terminations and movement toward private pay assisted living would become an emerging trend. Primary factors in play at this time were increasing real estate values as well as the changing landscape due to the impending regulatory changes from the Community Care and Assisted Living Amendment Act (Bill 16). BC Care Providers Association was also concerned about the extent to which evictions due to non-payment impacts providers in the sector. To address these issues, BCCPA formed an Assisted Living Task Force.

The Task Force, chaired by Tom Crump and supported by the Howegroup was comprised of Assisted Living operators with two health authority representatives acting in an advisory capacity. The Task Force was mandated to: (1) review the circumstances that led to Pacific Reach Seniors Housing Management (PRSHM) providing Vancouver Coastal Health with a six-month termination notice and assess whether this was an isolated issue or one that is expected to occur more frequently within the sector; (2) engage the sector to determine the impact of Bill 16 regulatory changes on Assisted Living operators; and, (3) determine the magnitude and implications of resident non-payment in the Assisted Living sector. A mixed methods approach of key informant interviews, a sector-wide survey of Assisted Living operators, and a document review was used to support the review.

Terraces on Seventh

The Task Force concludes that the issues surrounding the termination of the Agreement are rooted in increasing housing costs and poor communication. While PRSHM was within their rights to terminate the Agreement, the process by which the termination occurred and the communication to residents and families was lacking. The Task Force also concludes that the language and execution of clauses in the Assisted Living Agreement (the agreement between the operator and the health authority) was lacking. As a result of this event Vancouver Coastal Health has amended its Agreements with its operators to a twelve-month notice of termination with all Assisted Living operators. The Task Force concludes that the Terraces on Seventh was an isolated event and the result of a breakdown in process and communication. The Task Force does foresee an increase in Assisted Living operators exiting from publicly funded services in the future unless funding meets both market values (BC Housing) and level of care provision (health authorities).

1.1 The Task Force recommends that the Assisted Living Service Agreements between the health authority and operator be amended to include: (a) language stating that a minimum 12-month notice period be required to terminate the Agreement and that the handling of the reduction of suites be discussed and determined collaboratively by the health authority and the provider, and (b) a

[10] BC Care Providers Association. "Assisted Living Tenancy Task Force Review," 2017. Accessed at: https://bccare.ca/wp-content/uploads/2017/07/Assisted-Living-Task-Force-Report-July-2017.pdf.

standardized communication plan and transition plan be in place prior to a notice of termination to clearly state practices/documents to minimize hardship/emotional impact to seniors and families.

1.2 The Task Force recommends that the tenancy agreement between operators and clients be amended to include language to clients stating that it is rare, but notice could be provided to vacate the unit, if the health authority and the Assisted Living provider do not maintain their Agreement. It should also be stated that a 12-month notice period would be provided and that the operator and health authority would work together to ensure clients' needs are met.

Bill 16 (2016)

The Task Force concludes that there is a lack of understanding in the scope and ramifications of Bill 16 from both operators and health authorities. Operators are concerned about the potential for all services to be required, the lack of definition of terms, changes to staffing composition and increases in operating costs. Operators and health authorities need further clarification on Bill 16, including roles and responsibilities and timelines for implementation. As the regulations are not yet enacted the Task Force recognizes there could be delays with a changing government. The Task Force concludes that there is currently a low rating from operators with respect to their confidence that health authorities will adequately fund required increases in care services resulting from Bill 16. Conversations with health authorities throughout this review has emphasized the willingness of health authorities to support operators and engage in consultation on how this will happen as they provide care services for seniors (i.e. adjust funding as needed). The Task Force concludes that there is a need for health authorities and operators to work with BC Housing as a key funding partner in this process to ensure providers are adequately compensated for housing costs and that methods for funding are transparent. The Task Force concludes there needs to be a change to Agreement language, between the health authority and the operator and the operator and the client to better protect clients in the event a termination is necessary.

2.1 The Task Force recommends BCCPA and the Ministry of Health work together to engage the health authorities and the Assisted Living Registrar around the potential implications of Bill 16 including the implementation of regulations. (Note that the Ministry of Health has started a consultation process already).

2.2 The Task Force recommends BCCPA facilitate robust discussions between Assisted Living operators and health authorities around capacity to provide safe, appropriate and accessible options for BC seniors. This includes conducting a formal review to determine operators' intention and capacity to provide publicly funded Assisted Living, specifically to clients with greater needs. It is advised that a representative from the Ministry of Health be included in this process.

2.3 The Task Force recommends BCCPA, in partnership with the Ministry of Health, bring together Assisted Living stakeholders through a BC Continuing Care Collaborative to ensure access, growth and sustainability of assisted living in BC.

2.4 The Task Force recommends BCCPA, along with the Ministry of Health and the health authorities leverage initiatives already underway, and conduct a province-wide review of anticipated supply and demand for Assisted Living (over the next 5-10 years) to align with the seniors care human resource strategy.

2.5 The Task Force recommends a review to understand both current and future roles and responsibilities of BC Housing, health authorities and operators to enhance clarity, consistency of services, transparency and accountability.

2.6 The Task Force recommends a formal review of the Assisted Living funding approach to allow for consistency within the sector, decreased administrative burden and flexibility to support the continuum of care for seniors.

2.7 The Task Force recommends the Ministry of Health to explore the introduction of a care credit model for Assisted Living using best practices from Community Living BC, allowing for clients to direct their own care and select providers of their choice.

2.8 The Task Force recommends health authorities and BC Housing, together with BCCPA, along with other related industry associations review Assisted Living Tenancy Agreements (the agreement between the assisted living provider and the client) to develop common elements of the agreements to standardize across operators across the province.

Non-Payment

Evictions due to non-payment The Task Force concludes that the issue of evictions due to non-payment is not broadly impacting the sector. The Task Force also concludes that processes exist to support clients and operators through the Public Guardian and Trustee and the health authorities. Key roles are that of: (a) the health authority in supporting operators when there is a discrepancy in fees collected from clients and (b) the Public Guardian and Trustee enhancing its communication regarding existing processes to support clients, families and operators.

3.1 Recognizing a formal process already exists, the Task Force recommends joint communication from the Public Guardian and Trustee and health authorities to detail the processes and supports that exist for clients, families and operators. This includes the provision of an annual reconciliation of Assisted Living fees from health authorities to support operators.