

Questions received from the Community Care & Assisted Living Act Changes Tele-forum.

Q. “What if any consultation process will there be with Assisted Living providers in regard to proposed changes to the Act?”

Q. I have a question that relates to the definitions / prescribed service of “maintenance or management of resident cash resources and other property of a resident” as the revisions in section 28.1 (2) (c) a registrant must not do any of the following re: power of attorney and personal representative. Does the definition of this type of prescribed service need more clarity? I cannot seem to find any expanded definition...and have spoken to provincial reps in the past about the federal initiative that came out a year ago which allows organizations like ourselves (non-profit) to help vulnerable seniors manage their retirement pensions as a third party administrator. There may be some conflict between this and the definition of this service?? Not sure??

Q. The question I have relates to the definition of a community care facility as I see that has not changed. In assisted living – we provide “care” – perhaps the difference between the definitions needs to indicate whether a site is Licensed Care or Registered Assisted Living. Some could argue that assisted living fits under the community care facility definition??

SUGGESTION: I would suggest that the section under “unregistered premises” should perhaps say unregistered “Suites/units” or something that recognizes that a Retirement Residence may provide several types of housing / care / assisted living options. For example, I operate a Residence with many registered assisted living suites, however, I also have a number of individuals who pay privately for personal care services (I don’t have the exact number and that is their private information), I also have a licensed care area.

Q. While this may appear on the surface to expand services for seniors, the one concern I’m hearing is about the motivation for this. Is it about developing a cheaper alternative to residential care...or in other words, residential care lite – which costs the government less money, but doesn’t provide the same protection and oversight for seniors?

Q. Will the new process be complaints driven...or will there be more random inspections similar to residential care?

Q. Are you anticipating this will lower the demand for residential care in the coming years? If so, what are you projecting?

Q. Is this going to add a lot more paperwork and oversight at Assisted Living sites?

Q. How long do you anticipate the consultation process going to take?

Q. With the recent proposed amendments to the Assisted Living Act, there may be an **incentive to de-license private pay beds** and convert them to private pay assisted living. An operator can now provide the full range of care service, including palliative care, in assisted living. The assisted living model is cheaper to operate and a big bonus is that you don't have to deal with licensing. For example, it now does not make sense for a care home to operate only a few licensed beds – when all of your units can be assisted living and they can provide full care. A few years ago, care home de-licensed their care beds and did well with this change. Is this something the government has considered?

Q. Will Assisted Living operators continue to be self-regulated through the Seal of Approval program? Or will there be additional Ministry oversight that will supersede this? If so...will we still need to pay to get the Seal of Approval or is it implied that we have met all the standards by simply being approved by the registrar?

Q. Per new legislation how will Ministry guide health authorities in the contracting out of care services/staff to an agency other than the registrant of the AL. This practice does not align with an operator being responsible for health, safety and dignity. Timelines for same?

Q. Will these changes to the Community Care Assisted Living Act **allow for movement** of Staff within a **Campus of Care setting** provided that Adequate staffing levels are met? I.e.: a Care Aide works in a Residential Care Area then move to the Assisted Living section to provide requested assistance and then return to the Residential Care area?

Q: Residents have changing needs that require extra services and staying in AL when returning from hospital. Will the health authority be supplying added staff to accommodate a resident needing the added services as the AL staffing may not be able to cover the service?

SUGGESTION: I think more clarity is needed around section 1 (a)(ii) as someone could read this as it will be ok that non-professional / unregulated care providers can provide unscheduled health / care services in AL

Q. Will Assisted living operators be **required** to provide all of the AL options or can operators choose based on their current programs, physical plants and staffing support measures which of the AL options they will be able to offer and subsidized clients or private pay affect this?

Q. How do the proposed changes impact operators who offer a full continuum of care that has condos, Independent living, assisting living and residential care in the same campus of care? Would the proposed changes to AL impact the condo, IL side of things by pulling them under the same umbrella?

Q. You state that AL is not to be a “mini-residential care”, but this already is a very grey area and the new language is very broad. What sort of regulations do you envision to put parameters around who can be supported in AL, and when the health authority must support moving a resident to residential care?

Q. Section 26.1(d)

What will be considered 'regular basis' for unscheduled professional health services? Benchmarks set? As an operator we are the registered service provider under Ministry legislation however the health authorities have on occasions given contracts for certain prescribed services to an agency different from the registrant.

Would it not be prudent of the Ministry to ensure that the registrant has full control over who provides all the prescribed services vs. A third party the registrant has no control over or contract with?

Q. Will there be limits on the number of care givers that an operator can provide services?

Q. Who does the assessment from AL registrar perspective on whether who is fit to be in AL or not? When is this challenged- and does this change our documentation of decision making?

Q. Can someone who does not need AL services reside in an AL resident?

FLAGGED QUESTION: Will lack of finances preclude/prevent a person from accessing residential care. Envisioning that persons will meet the definition to remain in AL but cannot afford to pay for increased services and funded residential care is a more economical choice for the person, would this prevent the person from accessing funded residential care?