

Choices for adults
who need 24-hour nursing care,
personal care assistance
and support







TABLE OF CONTENTS

About residential care	
Options for residential care	
Subsidized	2
Private Pay	3
The first step toward moving to subsidized residential care	
Moving from home	4
Moving from hospital or temporary care	5
Preparing for the move to a residential care facility	
Before the move	6
Settling into the residential care setting	7
Moving to another residential care facility or to more independent living	8
Typical living costs in residential care	8
Some commonly used terms	9
Notes	11
Further Information inside back cov	/er

Residential care services are for adults who can no longer live safely or independently at home because of their complex health care needs.

This booklet provides information about the residential care services available in Fraser Health communities. It is intended to help adults who need a high level of care, and their family members, plan for moving to a residential care facility.

Although much of the information in this booklet will be helpful for those entering any type of residential facility, it generally focuses on care subsidized by Fraser Health.

About residential care

When a person's ongoing health care needs become more complex, a residential care facility may become the best health care choice. Residential care is sometimes also referred to as intermediate care, extended care, special care or a nursing home.

Residential care provides:

a safe and secure living environment

24-hour nursing care, personal care assistance and support

nutritious meals

basic linen and personal laundry services

recreational and activity programs

IS RESIDENTIAL CARE THE RIGHT CHOICE?

When the amount of daily care needed is more than can be safely managed at home, or in a supportive or assisted living setting, residential care may be the most appropriate care option.

Fraser Health operates and funds many residential care facilities, which together accommodate more than 7,500 adults throughout Fraser Health communities. All residential facilities in British Columbia operate within and provide care that meets established standards.



Options for residential care: subsidized or paid for privately

There are two options for residential care, depending on an individual's circumstances and needs:

1 Subsidized residential care facilities

These facilities offer residential settings where the monthly fee for care and accommodation is partially funded by the Health Authority and partially paid for by the resident.

To be eligible for subsidized residential care, a person must:

- have a health care need that has been assessed by Fraser Health professional staff as requiring 24-hour residential care
- be over 19 years of age
- be a Canadian citizen, or a permanent resident who meets

 BC's residency requirements
- agree to the assessment process, which includes releasing financial information
- have tried all of the avenues available for receiving care at home

While Fraser Health pays for the care provided in subsidized residential care facilities, residents are expected to pay an amount toward food and accommodation based on their annual income. This rate is set annually by the Ministry of Health. Other typical living costs in residential facilities are described on page 8 of this booklet.

2 Private pay residential care facilities

These facilities offer residential settings where rooms and services are paid for privately by the resident and not funded by Fraser Health. Depending on individual circumstances, private pay residential care may be the right option for either temporary or permanent care. An



assessment by Fraser Health staff is not needed for admission to a private pay residential facility.

There are many private pay facilities to choose from, each offering a variety of services and features. Approximate care costs, overall affordability, and the type of care required should be carefully considered when choosing a private pay facility. It is best to contact these facilities directly for detailed information about availability, costs and services. Local Fraser Health offices (listed at the end of this booklet) or designated hospital staff can provide names of facilities and contact information.

Note: Some residential facilities have both Fraser Health funded and private pay rooms. Choosing to pay privately on a temporary basis does not ensure that a resident will be transferred to a subsidized bed in the same facility.



The first step toward moving to subsidized residential care

The first step to entering a subsidized residential care facility is to have an assessment of an individual's care needs completed with the assistance of Fraser Health professional staff. Fraser Health makes it a priority to provide assessments to the clients in its communities who have the greatest need. Here is an explanation of how the process works in different situations.

OF MOVING FROM HOME OF

When a Fraser Health client needs to move from home to a subsidized residential care facility, they will be assessed by their Home Health Case Manager to determine their needs and eligibility. As soon as the assessment is done, Fraser Health staff will begin to search for a residential care facility vacancy that can best meet the client's individual care needs. Priority is always given to those with the highest need and who are at greatest risk. Fraser Health tries to ensure that a facility vacancy is found in the client's home community or a neighbouring community.

In order to best serve clients' needs, it is important to let the Case Manager know if a client experiences changes in their health or situation while waiting for a facility vacancy.

Moving to a residential care facility may not be easy and a suitable vacancy may occur quite quickly. Once a vacancy is offered, it is expected that a client will move immediately to the facility – usually within 24 to 48 hours.

ON MOVING FROM HOSPITAL OR TEMPORARY CARE

If an adult who is in the hospital has been assessed by designated Fraser Health hospital staff as requiring residential care, depending on their individual care needs they have the option to:

- Return home with appropriate care and services in place while waiting for a suitable residential care vacancy.
- Move into a private pay residential setting while waiting for a suitable subsidized residential care vacancy.

Once someone has moved into a residential care facility, they may request at any time to be put on a list to transfer to another facility. When a vacancy arises, they will have the choice of accepting or declining to move.

Once a vacancy is offered, it is expected that a client will move immediately to the facility, usually within 24 to 48 hours.



Preparing for the move to a residential care facility

OF BEFORE THE MOVE OF

As the time between being notified of a vacancy and moving into a facility is often very short, it is necessary to organize for the move in advance. These are the most important steps that clients and their families should take in preparation for the move.

- Review eligibility for available benefits, such as Guaranteed Income Supplement or Veterans Affairs benefits
- Arrange for a Power of Attorney or a Representation Agreement
- Talk about future wishes for medical treatment with the family and doctor
- Confirm whether the family doctor will continue to provide medical care after the move
- Make a list of places that will need a change of address notification, including BC Medical Services Plan, bank, insurance company, and social organizations
- Do budget planning to include the costs of residential care accommodation that will be payable on admission and monthly after that

As soon as notification of a vacancy is received:

The facility should be contacted to find out:

- when to arrive
- what transportation arrangements are needed
- who should come to help with admission
- what belongings and furnishings can be brought
- what personal items are needed and how to label them

OF SETTLING INTO THE RESIDENTIAL CARE SETTING OF

A residential care facility is a community living environment with shared dining, recreation and lounge areas. Room accommodation is also often shared. If a private room is preferred, this may be discussed with the facility's Director of Care or Manager after moving in.

Shortly after moving in to a residential care facility, a care conference will be scheduled to plan for the new resident's individual care needs. As staff are providing care for all residents in the facility, residents are asked to be as flexible as possible with their individual care schedules.

Taking time to adjust

Moving into a residential care facility is like moving to a new neighbourhood. In many ways it can be a welcome and positive change both for the adult who has developed complex care needs and for their concerned family and friends. But it can also be stressful. It may take time for residents to feel comfortable in their new surroundings and to build trusting relationships with other residents and staff. Accepting that this is the best care option is sometimes difficult at first, and it is not unusual for residents to feel anxious, sad, angry or confused. Family members, too, may need time to adjust to this major change.

It may take time for residents to feel comfortable in their new surroundings and to build trusting relationships with other residents and staff.

Ongoing support from family and friends during the adjustment period will ease the transition. Regular visits by family and friends are always encouraged. Residential care facility staff are available to support residents in adjusting to their new environment.

OF TYPICAL LIVING COSTS IN RESIDENTIAL CARE

The costs of living in a residential care facility are very similar to the costs of living independently at home. These are some of the typical costs a resident may be expected to pay:

- telephone, television cable or Internet charges
- personal hygiene and grooming products
- medications not covered by PharmaCare
- personal needs such as dry cleaning, labeling, clothing repairs or alterations, newspapers and magazines

The costs of living in a residential care facility are very similar to the costs of living independently at home.

- the cost of hair cuts, special therapies, such as music therapy, special outings or social events
- health equipment, such as wheel-chairs and walkers, and health supplies, such as complex wound care dressings, that are not covered by extended health benefits or Veterans Affairs Canada
- health services not covered by extended health benefits, such as ambulance service, optometry, podiatry, physiotherapy, massage therapy and dental care
- security items, such as identification bracelets
- personal insurance for lost or damaged personal items, such as hearing aids, dentures, glasses
- physician charges for completion of medical forms
- additional daily fees to cover the cost of private or semi-private room accommodation if applicable



Some commonly used terms and what they mean

Assisted Living: An apartment-like setting with staff on call to provide care and services to adults whose needs cannot be met at home, even with additional support, but who do not require residential care.

Extended Health Benefits: Health insurance benefits that may be available to those who are purchasing health insurance benefits privately, or whose employers may be purchasing benefits for them. Extended health benefits may also be available with some pension plans. Extended health benefits can help to cover additional costs such as physiotherapy, massage therapy, and room differentials.

Guaranteed Income Supplement (GIS): Federal supplement (money) available to those with low income to top up or supplement old age security pensions.

Home Health Case Manager: Health care professional available to provide an in-home assessment of a client's health care needs, recommend and provide home supports, and monitor the client's ongoing situation.

Power of Attorney: A form of legal authority that allows a capable adult to authorize another adult to make financial/legal decisions on their behalf or assist them in managing their affairs. It does not include the power to make personal, medical or life decisions on the adult's behalf. Enduring Power of Attorney: Permits the authority given in a Power of Attorney to remain in effect when the adult is no longer able to manage their own affairs.

Private Pay Residential Facility: A residential facility that offers some or all rooms and services that are fully paid for privately by the resident. These rooms are not subsidized by Fraser Health.



Representation Agreement: A legal plan which allows a capable adult to appoint another adult as a legal representative to handle financial, legal, personal care and health care decisions. The representative must agree to consult with the adult as much as is reasonable to determine his/her wishes.

Residential Care Coordinator: Health care professional from Fraser Health who is available to provide ongoing support

to those living in a residential care facility. Residential Care Coordinators may be contacted at any time regarding a resident or family's questions or concerns.

Residential Facility: Residential setting providing complex care 24 hours a day. Residential care services are for adults who can no longer live safely or independently at home because of their complex health care needs.

Subsidized Residential Facility: A residential setting where the fee for residential care is partially subsidized by the Health Authority. Residents are expected to pay for part of the residential monthly fee. The amount each person pays is dependent on their income. Residential services are subsidized so all residents of BC can afford residential care if and when they need it.

Veterans Affairs Benefits: Benefits that may be available to those who have served in the Canadian and/or Allied Armed Forces. For more information, contact Veterans Affairs.

— notes —



Important Names and Numbers

Home Health Office:		
Case Manager's Name:	Phone:	
Appointment Date:	Appointment Time:	
Appointment Date:	Appointment Time:	
Appointment Date:	Appointment Time:	
Hospital Social Worker:	Phone:	
or		
Hospital Care Coordinator:	Phone:	
Other important names and numbers Name / Phone:		
Name / Phone:		
Name / Phone:		
Name/Phone:		
Residential Care Facility Contact:	Phone:	
Residential Care Coordinator:	Phone:	
or		
Facility Social Worker:	Phone:	

Further information about licensed residential care facilities in Fraser Health is available by contacting a Home Health Case Manager or visiting **www.fraserhealth.ca** and following the Residential Care links to the Illustrated Facilities Directory.

If you need more information or have more questions about residential care or services in Fraser Health, please do not hesitate to call the following professionals:

In the community: the Home Health Case Manager

In the hospital: the Social Worker or Care Coordinator

In the care facility: the Director of Care, Social Worker, or Residential Care Coordinator

General Residential Care Inquiries

604-587-4483 Ext. 765763

Local Home Health Offices

for information about having someone's care needs assessed, or to contact a Home Health Case Manager

Abbotsford: 604 556-5000

Agassiz: 604-793-7160

Burnaby: 604 918-7447

Chilliwack: 604 702-4800

Hope: 604 860-7747

Maple Ridge: 604 476-7100

Mission: 604 814-5520

New Westminster: 604 777-6700

Tri-Cities (Coquitlam, Port Coquitlam,

Port Moody): 604 777-7300

Delta, Surrey, White Rock, Langley:

Central Inquiries 604 953-4965



Thanks to the members of the Fraser Health Residential Transition Support Task Group for their input and participation, as well as to the families and caregivers who contributed to the development of this booklet.