



ISLAND HEALTH

# Residential Care Guide



island health

*Determining whether a loved one requires and is eligible for residential care can be an emotional and difficult time for the individual, their family and friends. We hope the following information will help explain what residential care is, what services are provided, and how eligibility and placement are determined.*

## About Residential Care ≈

Residential care is for adults who can no longer live safely at home even with help because they have complex health care needs. Residential care facilities provide access to nursing care 24 hours per day, 7 days per week. Residential care also provides personal care assistance and hospitality services such as meals, emergency response, housekeeping and social and recreational programs.

## What is the difference between Residential Care and Assisted Living?

*Residential care is for individuals at high risk regarding their personal safety and/or the safety of others. Individuals in residential care have already tried all other community care options (such as home support), but can unfortunately no longer be safely cared for in the community. Residential care clients have complex care needs including medical, physical and mental conditions.*

*Assisted Living is for individuals who need a moderate level of support to maintain their independence and remain in their community. In Assisted Living settings, clients have their own living unit and receive personal care as well as hospitality services including meals, housekeeping and social/recreational activities. Depending on individual care needs, Assisted Living residents will receive scheduled nursing, therapy and other services.*



## Eligibility for Residential Care ≈

Publicly subsidized residential care is a limited resource, and placement in a residential care facility is based on the urgency of the individual's care needs – not how long they have been on a wait list. For a client to be considered eligible for residential care, they must:

- have complex health care needs which cannot be managed at home, even using all available community resources;
- require 24 hour nursing support and supervision for their complex care needs;
- be at high risk for a significant negative outcome in their current living situation with no options to reduce the risk; and
- have stable medical conditions.

In addition, to be eligible for residential care, a client either has no caregiver, or their caregiver is no longer be able to provide the care and support needed.

These eligibility criteria apply to all clients, including those who may be paying for private care at the time they apply for subsidized, publicly funded care. For these clients, their situation is considered urgent when the private pay arrangement becomes unsustainable and they would be at high risk for a significant negative outcome if private services were withdrawn.



## Cost for Residential Care ≈

Subsidized residential care is not free. Residents pay a monthly fee for accommodation and food. Residential care fees are standardized throughout British Columbia at 80% of the resident's after tax income.

Because the fee is based on income, residents must file income tax returns annually. At the end of each year, Island Health uses income tax information provided by the Canada Revenue Agency to review fees. Residents are notified of any changes to monthly fees. If taxes are not filed, residents are charged the highest rate.

Most residential care clients pay only a fraction of the actual cost of providing residential care, with the public health care system paying the balance, including nursing and other costs directly related to medical care. Residential care facilities also charge fees for certain day-to-day costs. Depending on the facility, these charges may include:

- telephone, television cable or internet;
- personal hygiene and grooming products;
- medications not covered by Pharmacare;
- personal services such as dry-cleaning, haircuts and newspapers;
- equipment such as hearing aids, walkers and wheelchairs not covered by the client's health plan;
- health care services including optometry, podiatry (foot doctor), physiotherapy, occupational therapy, dentistry and ambulance fees not covered by the client's health plan;
- other services such as labelling personal clothing, outings, bus trips; and
- additional meals for guests.

The facility will provide information about any additional costs.

## Applying for Residential Care ≈

An individual, family member or friend whose loved one is experiencing difficulties at home and wants to explore care options should begin by calling the health authority's Home and Community Care service. Staff will work with the client and their caregivers to arrange the supports that meet the client's care needs.

Clients who can no longer be safely supported in the community and who meet residential care eligibility criteria meet with a health authority case manager, who completes an assessment and application for residential care. The assessment considers the client's physical and mental health, ability to care for themselves, availability of support people such as family and friends, and information from the client and their doctor.

To ensure fairness, the health authority reviews each residential care application and approves those with the most urgent need.

## Preferred Geographic Area ≈

When completing the application for residential care, clients are asked to specify their preferred geographic area and facility. The health authority makes every effort to place clients in their preferred geographic area; however, sometimes a first appropriate bed may become available outside the client's preferred geographic area. Placement in these situations is only considered if it does not cause undue risk or hardship to the client, family or support person. Clients in this situation who still wish to transfer to another facility would receive priority to move.







## Accepting the First Appropriate Bed ≈

British Columbia has a standardized approach to placing clients in the 'first appropriate bed.' This means clients waiting for residential care are expected to take the first bed that becomes available within their preferred geographic area which meets their care needs.

Once a client and family is told a bed is available, they need to move in within 48 hours. Publicly funded residential care beds are in high demand, so it's important they do not sit empty.

If the first bed offered is not accepted, the client is no longer considered eligible or accepted for residential care. Clients in hospital who do not accept the first appropriate bed will be discharged. A health authority case manager will support them in arranging other care options. Clients may reapply if their circumstances change.

Often the first appropriate bed that becomes available is not in the facility that is the client's first choice. After two months, clients can request a transfer.

## Transferring to Another Facility ≈

Often the first appropriate bed that becomes available is not in the facility that is the client's first choice. In these situations, clients can request a transfer after a two month settling in period, which allows the resident, their family and support people to adjust and get comfortable with their new surroundings.

Residents are advised of the process for requesting a transfer when they are first admitted. When an appropriate vacancy comes up, they can accept the transfer or stay where they are.

A client paying privately for residential care while waiting for publicly funded care cannot be guaranteed their subsidized placement will be in the same facility. As explained previously, these clients have to adhere to the first appropriate bed placement, however they may request transfer after admission.

## Couples in Residential Care ≈

When both people are eligible for residential care, the health authority makes every effort to place couples in a facility together.



## More Information About Residential Care

Making the move to residential care can be a difficult transition for clients, their families and other support people. Dedicated staff in the health authority are in place to help, support and guide individuals through this process.

For more information or to access Home and Community Care services, visit [www.viha.ca](http://www.viha.ca) or call the number in your area:

### South Island

*All communities south of Mill Bay, including Greater Victoria, the Southern Gulf Islands and west to Port Renfrew, call:*

250.388.2273 or toll-free: 1.888.533.2273

### Central Island

*All communities from Mill Bay to Deep Bay, including Gabriola Island, and from Parksville on the east coast to*

*beyond Tofino/Ucluelet on the west coast, call:*

250.739.5749 or toll-free: 1.877.734.4101

### North Island

*All communities north of Deep Bay including the Mt. Waddington Regional District and the mainland area adjacent to it, call:*

250.331.8570 or toll-free: 1.866.928.4988



**island health**