

## **B.C.'s New Residential Care Access Policy**

### **What is residential care?**

Residential care is for people whose care requirements cannot be adequately met in their own home or another setting, such as supported housing, assisted living, a family care home or group home. It provides 24-hour professional nursing care, along with room, board and recreational programs.

### **What is the access policy?**

The residential care access policy ensures the right care is provided in the right setting. It helps to keep the future home and community care system flexible and responsive by setting out which clients are best suited to residential care and which clients would be better served at home with some support or in a community setting, like an assisted living residence.

### **What changes have occurred with the residential care access policy?**

On April 1, 2002, the Ministry of Health Services moved to needs-based access for residential care. Access is determined based on a client's care needs and urgency.

The goal of needs-based access is to ensure clients obtain the care they need, when they need it. Clients with the highest need and urgency, whose care needs cannot be met with home support or other supportive care, have priority access for the first available, appropriate bed.

Health authorities manage access to residential care beds.

Clients continue to have access to a bed anywhere in the province. They can request a move to their preferred facility once they are in residential care.

### **Who is eligible for residential care?**

Seniors and people with disabilities are eligible for residential care if:

- they have complex care needs that cannot be adequately met in their home or a supportive living environment.

And:

- are 19 years of age or older;
- have been living in British Columbia for the required period; and
- are a Canadian citizen or have permanent resident status.

Clients who have not been in British Columbia or Canada long enough to qualify for residential care but who need urgent care can also request an assessment. Depending on the outcome, the client may be admitted, provided no other urgent clients who meet all of the criteria are waiting to be admitted to health authority funded care facilities. The client must pay the full cost of care until they have satisfied the residency requirement.

### **How is need and urgency determined?**

Health authority staff determine need and urgency through a rigorous and standardized assessment of the client's needs and risk level. The assessment takes into account the family caregiver's ability to continue providing care and support. It also considers what home and community care services have been or could be provided to continue supporting the client and/or their caregiver in their home or supportive living environment.

### **Does the residential access policy apply to publicly funded supportive or assisted living residences?**

No. However, clients residing in a supportive or assisted living residence who are believed to require residential care because their health has declined, will be assessed and approved for residential care in the same way as any other eligible client.

### **What about people who choose to move into a private care facility until a residential care bed is available?**

They are assessed for publicly-funded residential care beds in the same way as other applicants. If the person is approved for residential care, they will be expected to accept the next available, appropriate bed when it is offered.

### **Can clients get into any facility of their choice?**

Provided it is appropriate to their care needs, clients can state a preference for a particular facility. If a bed in their preferred facility is not available when they enter residential care, they can request a transfer when one becomes available. It is expected clients who apply for residential care have an immediate need for a care bed and will accept the first available, appropriate bed regardless of whether it is in their preferred facility.

### **What if a client wants to relocate to a care facility in another region?**

If possible, the health authority will accommodate this request when the client is admitted to a residential care facility or when a bed in the other facility becomes available.

### **What if the first available bed is not where the client wants to go and they refuse it?**

While health authorities would like to admit clients to their preferred facility, sometimes there is no vacancy at the preferred facility when the client needs care. Clients can request a move to a preferred facility once they are in residential care. If the first available bed is turned down, the health authority will assume a client's need is not urgent and move their name off the priority access list. The client will have the option of applying to a private care facility or may be eligible for home support and other community resources.

### **Can a health authority's decision that a client is not eligible for residential care be appealed?**

Clients are offered an available, appropriate bed based on their need and urgency. A client who feels the access policy was not applied consistently, fairly or equitably can request an appeal of the health authority's decision through the health authority.

**Does complex care replace the care levels – Intermediate 1, 2 and 3?**

No. Complex care is a way of describing clients who need the 24-hour professional care of a residential care facility. It is an assessment guide for case managers that ensures all health authorities use the same access criteria.