

Accessing Services - Part 2

CARE FACILITIES

One of the most difficult steps for many families is deciding when a family member needs to move into a care facility. This is a big step emotionally, and is often accompanied by a lot of other tasks, such as selling a family home.

It's also a complicated process. Many families don't know much about care facilities and how they operate, or how to get someone into care.

Here are a few things that it may be helpful to know.

How Facilities are Managed

The B.C. care facility system is a patchwork of public and private care. Some facilities are owned and run by the government. Others are operated by non-profit societies or religious groups. Still others are owned and operated by private families or for-profit companies. Regardless of who owns the facility, there are two kinds of beds:

Public beds - These beds are subsidized by the province. The price that residents are charged is tied to their income, so people with lower income pay less. In 2010, rates were about 80 percent of after-tax income, or approx. \$900-\$3000 per month. These costs change periodically.

Private beds - These beds are entirely private, and families pay the full price. Each facility has its own admission policy. A common fee is \$5000 per month, but rates can be lower or much higher.

All care facilities are licensed and regulated by the B.C. Ministry of Health.

Costs that are NOT Covered

Care facility fees cover a resident's room and board, and basic daily care. However, a lot of expenses are not covered, and they can add up. Usually, family members must arrange and pay for goods and services such as:

- Glasses and hearing aids.
- Wheelchairs and other mobility aids.
- Prescription drugs and supplies not covered by Pharmacare.
- Dental work and dentures.
- Extra services such as podiatry.

Overall Trends in Care

B.C. has an aging population and despite recent increases in the number of care facility beds, demand outstrips supply. In the last 20 years, there have been several trends:

- People are staying in the community longer, and must have more serious care needs before they qualify for admission to a care facility.
- Although people who have been assessed as needing care are supposed to be placed within 30 days, many are not.

This is one of 10 **Advocacy Fact Sheets** prepared by the Alzheimer Society of B.C. These fact sheets offer tips on advocating for a family member with dementia. We suggest you read through the series, and then use the resources provided to find more specific information.

- The majority of facility admissions are made directly from hospital. Since hospital beds are expensive and in demand, people who are in hospital get priority over those still at home.
- While Health Authority staff will try to place people in the care home they have requested, that often isn't possible. If a bed becomes available and a client refuses it, the client will be taken off the priority access list. It may be better to accept whatever bed you are offered and request a transfer when a bed becomes available at a preferred facility.

Facilities Designed for Dementia Care

A very high percentage of residents in long-term care facilities have dementia. There have been many improvements in dementia care since older facilities were built, so many buildings are being renovated and redesigned. Some newer care centres and assisted living facilities have been designed for dementia care but they are in tremendous demand. It's worth remembering that people are more important than facilities—the quality of care that staff provide may be excellent even in an old building.

Moving to a Care Facility

The first step in moving to long-term care is to have your family member assessed by the Health Authority and assigned a Case Manager (see *Advocacy Fact Sheet 4: Accessing Services Part 1*). If your family member meets the criteria for placement, they will be put on a list. To be eligible for placement you must be a B.C. resident with a Care Card, and you must have Canadian citizenship or permanent resident status. (See *Advocacy Fact Sheet 10: Moving to B.C.*) Once your family

member is on a waiting list, be prepared to act quickly. When a bed becomes available, you will have only **48 hours** to move in.

Entering the System through Emergency

People who live by themselves often manage for a long time without anybody realizing that they are having problems with dementia. For instance, family may live far away and if everything sounds fine in phone calls, they don't know their relative needs support.

It is common for an elderly person to have a fall, be admitted to hospital, and then be diagnosed with dementia. Hospitals try to give every patient the best possible care, but many families experience problems. Hospitals are busy, hectic places and communication can fall apart between the emergency room and other wards, or between nurses, doctors, and hospital social workers. Patients can be sent home without an adequate plan for follow-up.

It is very important for people in that situation to have an advocate who can ensure that a suitable care plan is in place (see *Advocacy Fact Sheet 1: What is an Advocate?*).

RESOURCES

[Guide to Home and Community Care Services at www.health.gov.bc.ca.](http://www.health.gov.bc.ca)

[BC Residential Care Regulations at www.bclaws.ca.](http://www.bclaws.ca)

[Choosing a Care Facility - Government of BC publication at www.health.gov.bc.ca.](http://www.health.gov.bc.ca)

[BC Care Providers Association www.bccare.ca.](http://www.bccare.ca)

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