



Family Caregivers
of British Columbia

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NEEDS BASED ACCESS TO FACILITY CARE: A REVIEW

Should you have more questions, we invite you to give our staff a call at our toll-free Caregiver Support Line, open Monday - Friday 1-877-520-3267



NEEDS BASED ACCESS TO FACILITY CARE: A REVIEW

It has been two (2) years since VIHA switched to this new system of accessing residential, or facility, services for clients in need of twenty-four hour professional care. There remains, however, a fair bit of confusion about this process, so perhaps a review would be helpful.

“Needs Based Access” means that only those clients with urgent, immediate, needs may go into subsidized residential care. A Case Manager will visit to determine eligibility by:

- A standard functional assessment, including mental and behavioural factors;
- An assessment of client and caregiver risk;
- Assessment of the caregiver’s ability to continue to provide care and support;
- A review of service use by the client and/or caregiver; and,
- A determination that available community resources cannot meet the client’s needs or provide appropriate caregiver support.

“Available Community Resources” refers to Community Support Workers, Adult Day Programs, Respite, Meals-on Wheels and use of a Medical Alarm System. If your loved one has not received any of these services, it is probably too soon to look at facility care. Your Case Manager will suggest that various other options be tried first. Facility care is a scarce resource, to be accessed only when there are no other viable options.

Once eligibility is established, the client and family may request the facility they prefer. However, the first available, appropriate bed will be assigned to this client. Currently, fifty-nine percent (59%) of clients are being assigned to their preferred facility. Those not being admitted to their preferred facility may apply to transfer after six (6) weeks, but need to know that waiting times will vary and could be as long as two (2) years. Note: estimates of waiting times are just that: estimates.

Time from application to actual admission is fifty-five (55) days on average. Once the bed is offered, clients have forty-eight (48) hours to occupy it; otherwise it will be offered to someone else. Note: a common misunderstanding at this point is that if the client turns the bed down they go to the “bottom of the waitlist”. In fact there is no waitlist. If the bed is refused the client and family continue to manage in the community with the available resources. They may re-apply for facility admission as needed.

Clients do have the option of arranging for private facility care and waiting in private care for a subsidized facility bed of their preference. Note: to access the subsidized facility bed they must still meet the eligibility criteria. Clients and families need to be prepared for a long wait in some cases (up to two (2) years or longer and should figure this into their financial calculations when considering private care. A list of private facilities is available through your case manager.



Recently asked Questions about Facility Care.

Q: What if I want to move my relative here from elsewhere in British Columbia to go into facility care?

A: Assuming he/she meets the eligibility criteria, they must accept the first available bed in their hometown then they may apply to transfer here.

Q: What if my relative is assigned to a specific facility but his/her condition deteriorates while waiting at home?

A: Your Case Manager would work with you to try to support the situation at home with additional help. If this were not possible, another facility with a shorter wait time would be assigned.

Q: What if my Dad is admitted to a facility and Mom remains in the family home? Will we be able to afford this?

A: Cost of facility care is means-tested and ranges from \$27.60 to \$66.30 per day based on the individual's (not the couple's) income. If this proved to be a financial hardship for the spouse at home, the Case Manager may help you to apply for a reduction in the rate. Note: when one member of a couple is placed in a facility, this is considered "involuntary separation and each may apply for the single person's rate of old age security/guaranteed income supplement.

Q: What about younger disabled people who need facility placement {e.g.: nineteen (19) to fifty-five (55)}?

A: At the moment VIHA has no facility beds in any one place for young disabled, though every attempt is made to accommodate their special needs at the facility he/she is assigned. Case management with the young disabled will be covered in the next newsletter.

By Debbie Norbury, Case Manager, Home and Community Care Program, Vancouver Island Health Authority