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FEDERAL INVOLVEMENT

BUDGET

- 2017 Budget confirmed an investment of \$11 billion over ten years to provinces and territories specifically targeted to improve **home and community care** and mental health and addiction services.
- 2020 Fall Economic Statement committed \$1B to provinces and territories through the Safe Long-term Care Fund (SLTCF). In 2021, the Government of Canada and provinces and territories will amend the existing bilateral agreements to support greater infection prevention and control in long-term care facilities and seniors' residences providing continuing care services.
- 2021 Budget confirmed \$3B on long term care over 5 years (\$600M/year)

ACCOUNTABILITY

<https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities.html>

- In June 2018, FPT Ministers of Health agreed to a set of 12 common indicators for home and community care and mental health and addiction services.

Shared Health Priorities indicators

Of the 12 pan-Canadian indicators, 6 are for access to home and community care and include the following:

<https://www.cihi.ca/en/shared-health-priorities>

- Hospital Stay Extended Until Home Care Services or Supports Ready
- Caregiver Distress
- New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home
- Wait Times for Home Care Services
- Home Care Services Helped the Recipient Stay at Home
- Death at Home/Not in Hospital

https://www.cihi.ca/en/access-data-reports/results?fs3%5B0%5D=primary_theme%3A684

LTCI-LONG TERM CARE INSURANCE

by [Carolyn Hughes Tuohy](#) August 20, 2020

<https://policyoptions.irpp.org/magazines/august-2020/a-new-federal-framework-for-long-term-care-in-canada/>

Michel Grignon and Samantha Pollex [recently argued](#) that Canada should adopt a program of long-term care insurance (LTCI). I fully endorse this proposal, which, among its other advantages, is much better suited to realizing the advantages of Canadian federalism than is the fiscal transfer model. LTCI could be added to the Canada Pension Plan/Quebec Pension Plan as a supplementary benefit, governed and administered through the established CPP/QPP infrastructure. Like the CPP/QPP it would be funded through employer and employee contributions but held in a segregated fund. For those with a limited work history, an LTC benefit would be added to Old Age Security/Guaranteed Income Supplement payments. Benefits would be paid in the form of a cash transfer to the beneficiary (comparable to other flat-rate benefits such as payments for dependent children of recipients of survivor and disability benefits), using a tiered schedule of flat-rate payments according to the beneficiary's level of assessed need for care. Payment would be triggered once the beneficiary's need has been assessed through existing provincial mechanisms but according to agreed-upon national standards, and they could be used only for care from those approved under the plan as "qualifying" providers of institutional or home care. Establishing national standards for "qualifying" providers would provide a mechanism for cross-provincial harmonization and learning.

There are several advantages to such a model. It builds on the established administrative structure of the CPP/QPP, and lies in an area of legitimate concurrent jurisdiction for federal and provincial governments. On the CPP/QPP model, it could be designed to be self-sustaining so that contribution rates could be adjusted according to actuarial projections unless federal and provincial

governments choose and agree to intervene. It would thus establish a dedicated LTC funding stream in perpetuity that would be sensitive to demographic change and would not have to be continually renegotiated through the budget process and/or in the federal-provincial arena, as is the case for the Canada Health Transfer and related transfers. Countries such as Germany, the Netherlands and Japan have demonstrated success with public LTCI and offer [models](#) from which Canada can learn.

Numerous design details would need to be considered in the process of policy development. The principal challenge would be how to integrate LTCI with existing provincial programs of LTC in institutional and home settings. The current and projected need for substantially increased operating expenditure — estimated to require an additional [\\$14 billion](#) (in 2017 dollars) for new nursing home beds by 2035 — means that LTCI should be seen as adding to, not replacing, current provincial funding for LTC. However, the LTCI benefit could free up provincial funding currently allocated to subsidies to individuals, which could be directed toward increasing the number of places in institutional and home care programs. The impact of such incremental funding could be substantial: [in Germany](#), a 0.5 percentage point increase in the LTCI contribution rate allowed for more than doubling the number of support staff in LTC homes from 2013 to 2017..

Total health expenditure of provinces by use of funds in millions of dollars in 2021

<https://www.cihi.ca/en/national-health-expenditure-trends>

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ToC

Province or Territory	Net of HCC	Total Spent	% Spent on HCC	Transfer from Federal	Minister	Advocate
Newfoundland and Labrador	645	4983.3	12.9	575	yes	yes
Prince Edward Island	114.6	1316	8.7	177		yes
Nova Scotia	786.2	8678.5	9.1	1 080		yes
New Brunswick	583.9	6248.7	9.3	861		yes
Quebec	54771	68261	8	9 422	yes	
Ontario	9472.1	115920.9	8.2	16 232	yes	yes
Manitoba	1265.6	11590.7	10.9	1 520	yes	
Saskatchewan	940	10167.9	9.3	1 298	yes	
Alberta	3065.5	37117.5	8.3	1 798	yes	yes
British Columbia	4006.5	41324	9.7	5 678		yes
Yukon	57.3	597.7	9.6	46		yes
Northwest Territories	123.2	921.8	13.4	50	yes	
Nunavit	145.1	951.2	15.6	43	yes	

"Home and community care" (HCC) services help people to receive care at home, rather than in a hospital or long-term care facility, and to live as independently as possible in the community. Home and community care is delivered by regulated health care professionals (e.g., nurses), non-regulated workers, volunteers, friends and family caregivers.

<https://www.canada.ca/en/department-finance/programs/federal-transfers/major-f>

EXAMPLE BILATERAL AGREEMENT-CANADA ONTARIO

Home Care and Community Care extracted from the agreement

Federal funding for home and community care will support Ontario in improving access to home and community care services, including:

- increasing nursing visits and personal care supports for clients with complex needs;
- providing additional supports for palliative and end-of-life care at home or in hospice;
- increasing access to home care services in 125 Indigenous communities across Ontario; and
- strengthening information technology systems, such as expanding the Client Health Record and Information System and other data systems, so that patients and caregivers can be partners in managing their care, and so that communication between clients and caregivers can be improved.

Example bilateral agreement-Provincial

Each province is different in initiatives but the process is the same

Eg. Bilateral agreement-Canada New Brunswick

- Initiate a province-wide integrated Community and Home Care Support System.
- Support investment in palliative care to educate providers and New Brunswick residents, develop residential hospice beds, and establish a new physician model for integrated community-based palliative care services.
- Improve primary health care integration in New Brunswick by bringing the Extra-Mural Program, Ambulance New Brunswick and the Tele-Care 811 systems under one management structure, to improve access to primary health care services.

MANDATE LETTERS TO MINISTERS

Canada

To realize these objectives, I ask that you achieve results for Canadians by delivering the following commitments.

- Building on our commitment to old age security, increase the Guaranteed Income Supplement by \$500 for single seniors and \$750 for couples starting at age 65.
- Ensure seniors' eligibility for the Guaranteed Income Supplement is not negatively impacted by receipt of the Canada Emergency Response Benefit (CERB) and the Canada Recovery Benefit (CRB).
- Establish an expert panel to provide recommendations for establishing an Aging at Home Benefit. You will be supported by the Minister of Health in this work.
- Assist community-based organizations in providing practical support that helps low-income and otherwise vulnerable seniors age in place, and support regional and national projects that help expand services that have already demonstrated results in helping seniors stay in their homes.
- Work with the Minister of Families, Children and Social Development to provide seniors with a single point of access to a wide range of government services and benefits.
- Continue to work with the Minister of Justice and Attorney General of Canada to strengthen Canada's approach to elder abuse by finalizing the national definition of elder abuse, investing in better data collection and establishing new offences and penalties in the *Criminal Code* related to elder abuse.
- Represent the Government of Canada at the Federal, Provincial and Territorial Ministers Responsible for Seniors Forum.
- Continue leading work within Employment and Social Development Canada on seniors' programming including the New Horizons for Seniors Program.
- Support the Minister of Health in their work to improve the quality and availability of long-term care homes and beds. This includes working with provinces and territories to improve infection prevention and control measures, identify shared principles, and develop national standards to ensure seniors get the care they deserve.

Only province with a public mandate letter

Newfoundland and Labrador

Minister of Children, Seniors and social Development

To support seniors across the province, you will work with your Cabinet colleagues, care providers, community groups and educational institutions, and

- lead the development of an intergenerational program guide to aid increased interaction between youth and older adults across Newfoundland and Labrador

- address issues important to seniors throughout the province as identified by the Seniors' Advocate
- finalize the review of the Adult Protection Act to consider areas that may require amendment
- continue to promote the Age Friendly Communities Program to assist communities planning for population aging.

DATA ON AGING AT HOME

<https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/616c6fc29b1b4148077cb3d0/1634507595342/FinancialRealitiesAgeinginPlace.NIA.pdf>

GENERAL INFORMATION

- 75% of care hours for older Canadians is done by unpaid caregivers,(2019)
- 52.2% of Canadians who receive formal home care services had their home care costs covered solely by the government.(2016)
- 27% of home care recipients were already financing their home care services solely through personal out-of-pocket payments (2016)
- 8% of home care hours are, on average, financed from out-of-pocket(2018)
- 37% of Canadians aged 45 years and older say that they would consider borrowing money to cover the cost of receiving in-home care for themselves or their loved ones.
- Although provincial and territorial governments can fund home care services, current programs fail to provide adequate levels of support for many Canadians. For example, it is estimated that more than 150,000 Ontarians purchase an additional 20-million hours of home care services annually, above the amount provided through the public system.²⁸
- 49% of Canadians aged 45 years and older believe that in-home care for themselves or a loved one would cost less than \$1,100 a month

COSTS

Remaining in your own home

- Usual costs-assuming mortgage on the home is paid off
 - Taxes
 - General up-keep
 - Utilities
 - Monthly expenses
- Accessibility upgrades
 - Handrails
 - Lift
 - Bathing modifications
 - ramps
- Outside help-yard, shoveling
- Home care-see below

Costs for home care

<https://www.comfortlife.ca/retirement-community-resources/home-care-cost>

- home care-\$20-\$30/hr

- nursing, therapy-\$40-\$80/hr depending on needs
- may be provincial funding-each province has a template

Home Support Costs in Ontario

These example, although from Ontario, give a good description of what is involved in each area.

<https://www.closingthegap.ca/home-care-costs-in-ontario-a-complete-breakdown/>

Personal Support provides individuals with their everyday living tasks such as bathing, eating, dressing, and more. Generally, a Personal Support Worker (PSW) is professionally trained so that they can provide people with the following services:

- Bathing and grooming
- Getting dressed
- Toileting
- Light housekeeping and laundry
- Meal planning and preparation
- Medication reminders
- Watchful companionship
- Escorting to medical appointments and social events

The rate for hiring a PSW in Ontario from a home care agency falls between **\$28 and \$35 per hour**. Some agencies may require a minimum number of hours per visit, and some may also offer discounts if you would like to hire a PSW for more than a certain number of hours.

Cost for Home Support from Private Companies in Ontario

The following are costs from private companies.

The main difference between Home Support and Personal Support is that a Home Support Worker (HSW) is not allowed to initiate physical contact with clients. The nature of the work provided by Home Support Workers and Personal Support Workers is very similar, however Home Support Workers do not assist clients with personal daily living activities like dressing, eating or bathing.

- Home support workers provide personal care and companionship for seniors, persons with disabilities and convalescent clients. Care is provided within the client's residence, in which the home support worker may also reside. They are employed by home care and support agencies, private households, or they may be self-employed.

Home Support Workers will generally cost less than Personal Support Workers. The rate of a Home Support Worker is often between **\$24 to \$33 per hour**. Again, some agencies may require a minimum number of hours per visit, and the hourly rate may decrease in this case.

Nursing Costs in Ontario

If you're ill, disabled, injured, or not at optimal health, you may benefit from [nursing care](#). Nurses will assess and monitor your health condition, and determine what's needed to improve your overall health. Nurses provide direct care, coordinate with other health care professionals, explain procedures and treatments, and empower patients by teaching them how to care for themselves.

Nursing services can range from simple help such as administering medication, to something more extensive like changing wound dressings or providing palliative care. Generally, nurses can provide help with:

- Administering Medication
- Pediatric Care
- [Palliative Care](#)
- Catheter Changes
- G-Tube Feeds
- Foot Care
- Ventilator Care
- Continence Management
- Wound and Ostomy care
- Diabetic Education & Management

Home care agencies may provide a Registered Practical Nurse (RPN) or Registered Nurse (RN) depending on your situation. There are several [differences between an RPN and an RN](#), and these differences explain the gap in the rates provided by each of these health professionals. The cost of nursing service provided by an **RPN ranges from \$45 to \$60 per hour**, while the rate for a **RN is \$55 to \$80 per hour**. Companies can require a minimum number of hours per visit, and discounts may also be offered if you decide to hire a nurse for more than a certain number of hours.

Assisted living facilities in a retirement community

\$3 000-\$5 500/month

Long Term Care Facility

\$1 000-\$3 000/month- assistance for low income individuals

PRO AND CONS OF HOME CARE vs LTC

https://www.bayshore.ca/resources/home-care-vs-long-term-care/?gclid=EAlaIQobChMI-cOSveuz9QIVZ_HjBx0QmgqEEAAYBCAAEgKXcfD_BwE

The overriding benefit of using quality home care services to support seniors in their own homes is allowing them to retain control in their daily lives. This can positively impact their sense of well-being, dignity and quality of life.

Pros

- Maintaining independence
- Staying in a familiar, comfortable environment where family and friends have easy access to visit
- A routine schedule for assistance with activities of daily living
- Being escorted to shop, go on outings or to medical appointments, etc.
- Companionship and building relationships with regular caregivers
- Relief for family caregivers
- Flexibility in the amount and type of care/assistance required
- In-home clinical care such as nursing, physiotherapy and occupational therapy if required
- Privacy and solitude for those who are not “joiners”

Cons

- Facility-based care offers seniors interaction with people of the same age while those living at home may have less socialization
- It may be necessary to incur costs to install ramps, railings or chair lifts to improve accessibility at home
- To prevent wandering in seniors with dementia, you may need to re-locate door locks, install fences and gates, purchase alarms and/or electronic locating devices, and register with an emergency service

The pros and cons of Long-Term Residential Care

Pros

- Medical and non-medical care is available 24/7
- Staff ensure medications are taken appropriately
- All personal care needs are taken care of
- Meals and housekeeping are provided
- Most facilities offer activities and outings
- Congregate living provides opportunities for social stimulation
- The physical environment is accessible and includes safeguards for wandering

Cons

- Loss of independence
- Difficulty adapting to a new environment and adjusting to group living
- Many residents have dietary restrictions so food may be bland and there is less control over meal choices
- A [large proportion](#) of residents have dementia which can lead to behavioural challenges including resident-to-resident abuse
- Long distances to a facility may prevent frequent visits from family and friends
- Staffing changes may make it difficult to build ongoing relationships with caregivers

BENEFITS OF AGING IN PLACE

<https://ca.search.yahoo.com/search?fr=mcafee&type=E211CA714G0&p=Benefits+f+aging+in+place>

- **Aging in Place Costs Less.** Nursing homes and assisted living facilities are expensive. Add in that many seniors have almost paid off their home mortgages with over 20 percent between 65 and 74 having already paid them off completely, and staying at home becomes even more attractive.
- **Aging in Place is More Comfortable.** There's no place like home. Your favorite chair, your mattress instead of a hospital bed, the space you are accustomed to, the temperature, the smells, just the familiarity of the space, all go towards the comfort of staying in your own home.
- **Aging in Place Helps Slow the Advancement of Memory Loss.** Loss of memory is a scary prospect for many as they age and being moved into a new environment, particularly an institutional environment, can worsen the progression of memory loss.
- **Aging in Place Strengthens Your Social Network.** Aging in place allows seniors to keep their current social network and expand upon it. It not only allows seniors to stay near current friends but it gives them the freedom to host social events if they prefer.
- **Aging in Place allows You to Maintain Self Determination** In your own home, you can do what you want, when you want. You remain independent. You also have control over your own environment.

BENEFITS OF AGING IN PLACE

<https://www.leaffilter.ca/blog/senior-resources/benefits-aging-place/>

- Continued independence
- Reduces the risk of illness
- Familiar setting and family
- Having a pet
- Costs are less

MAIN BENEFITS OF AGING IN PLACE

<https://www.leafilter.ca/blog/senior-resources/benefits-aging-place/>

- reduced costs over living in a nursing home or assisted living facility
- familiarity of surroundings
- reduced isolation
- increased sense of independence
- customized home modifications, and more.