

## Designated Supportive Living In Lodges: A Guide for Housing Management Bodies



Throughout this document, you will see bolded terms that are defined in the Appendix.

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## Purpose

Alberta's aging population means there's more demand than ever for housing services that also provide integrated health supports to help Albertans stay in their homes and communities as long as possible. These changes present an opportunity for collaboration between interested lodge operators, **Housing Management Bodies** (HMBs), and Alberta Health Services (AHS) to meet the needs of Albertans.

This guide provides information for HMBs who may be interested in responding to competitive opportunities to provide **designated supportive living** services in lodge facilities. This guide is meant to complement the information provided in capital or no-capital requests for proposals (RFPs), and support further dialogue with AHS representatives.

This guide summarizes designated supportive living services in Alberta and how they fit into Alberta's publicly funded continuing care system. It also describes designated supportive living care delivery options for HMBs.

We have included contact information at the end of the document if you have questions about the information in this guide.

## Background

In Alberta, a high demand for publicly-funded designated supportive living is leading to waitlists for spaces in continuing care living options. At the same time, some HMBs have vacancies that could either be made available for or be suitable to convert to designated supportive living spaces. HMBs are already established in most communities in the province and are successful providers of housing and accommodation services. Further, a number of lodges across the province have existing agreements with AHS to provide publicly-funded continuing care in their accommodations either through home care or contracts to provide designated supportive living spaces. This guide describes and builds upon these successes.

Lodges and designated supportive living settings require similar design elements, such as safety equipment, bathroom grab bars, roll-in showers, wide hallways, handrails and emergency systems. People living in lodges may find that they need help with everyday living as they become older and frailer. Albertans wish to live in their homes while receiving support services to maintain their quality of life and independence. Currently, some lodge residents have to move outside of their communities or move to long-term care facilities when their health deteriorates if designated supportive living capacity is not available or insufficient in their area.

HMBs and AHS share a desire to help Albertans age in place in familiar environments. Providing designated supportive living services in lodge environments is an opportunity to build on successful housing and accommodation models that already exist within lodge environments (such as meals, housekeeping, safety and security supports) and it enhances the health and support services available to clients (which can include medication reminders, and 24-hour professional and personal care) to support successful aging in the community.

Lodges could be ideal for delivering services within the “aging in community” model by upgrading, converting or adding spaces to accommodate designated supportive living with funding from AHS to pay for clinical support services. Partnerships between AHS and HMBs may assist HMBs with longer-term viability and provide clients with comprehensive services that foster a healthy community. In addition, clients can age in their communities.

## What is Continuing Care?

In Alberta, the responsibility for publicly-funded continuing care services is shared between Alberta Health (AH) and Alberta Health Services (AHS). AH leads the development of legislation, standards and directional policies and funds AHS for delivery of services. AHS is a separate entity responsible for the delivery of health services and managing operations.

Continuing care is an integrated range of services that support the health and well-being of individuals living in their homes. Continuing care clients are not defined by age, diagnosis or the length of time they may require service, but by their need for care. Continuing care provides individuals with the support they need to maintain an active and fulfilling life based on their individual needs and preferences. Publicly-funded continuing care services include home care, designated supportive living, long-term care, and palliative and end-of-life care. Professional healthcare services and personal care assistance for continuing care clients are publicly-funded and care is provided either by AHS or by contracted care providers.

### Home care

Home care includes publicly-funded personal and healthcare services for clients of all ages living in a private residence or another setting, such as a lodge. Home care helps people remain well, safe and independent in their home for as long as possible. The home care philosophy promotes client independence, and supplements care and support provided by families and community services.

AHS provides personal and healthcare services or can contract care out to a private home care provider to deliver care services. A team of skilled individuals delivers healthcare services to support clients to continue living in the community. Depending on the individual's needs, the care team can include a health care aide, licensed practical nurse, registered nurse, social worker, occupational therapist, physiotherapist and others.

### Licensed supportive living

Supportive living provides services within a congregate housing environment. It provides a residential setting where people can maintain control over their lives while also receiving the support they want or need. Buildings and common areas are designed to meet clients' needs and to support their safety and security. Clients in a supportive living setting range from independent seniors who live in a facility to access support services, to those who require assistance because of age, chronic conditions and frailty, and younger adults with mental health or physical disabilities. Supportive living includes many settings, such as (but not limited to) senior lodges, group homes, mental health and designated supportive living accommodations. Private for-profit, private not-for-profit or public operators can operate these settings. Each supportive living accommodation is different; operators set their own rental prices and determine which services they will offer.

Under the [Supportive Living Accommodation Licensing Act](#), all supportive living accommodations must be licensed annually when the operator provides permanent accommodation to four or more adults. The operator provides or arranges for services related to safety and security of the clients and at least one meal a day or housekeeping services.



### Designated supportive living

Designated supportive living represents an evolution in the provision of care shifting from an institutional, medically-oriented model to a person-centred, holistic model in residential settings. Designated supportive living provides individuals with a home where they can enjoy privacy and independence with the comfort of knowing their health and personal care supports are on site when they need them. Publicly-funded personal care and health services are provided to designated supportive living clients based on assessed unmet needs. Private for-profit, private not-for-profit or public operators may operate these settings.

Like in the home living and supportive living streams, designated supportive living clients pay an accommodation charge for room and board, which covers accommodation, meals and recreational activities. They purchase any required medication, medical and surgical supplies for chronic wounds, personal medical equipment and incontinence products (costs may be shared with Alberta Aids to Daily Living, private insurers or WCB, based on eligibility criteria). Clients also pay for cable, phone and internet, personal laundry, hair salon fees, toiletries and outings. The client provides room furnishings (for example beds, nightstands and dressers). All publicly-funded continuing care facilities (including designated supportive living) and any additional fees for services can be found on the [Continuing Care Facility Directory](#).

There are three levels of designated supportive living services, based on care needs:

#### Designated supportive living 3

Designated supportive living 3 (DSL3) supports individuals who are medically and physically stable living with a physical disability, mental health diagnoses, or mild dementia with no known risk of wandering and who are not a risk to self or others.

DSL3 offers 24-hour on-site scheduled and unscheduled personal care and support services provided by healthcare aides. Professional health services including registered nurse services with 24-hour on-call availability, **case management** and other consultative services are provided through AHS.

#### Designated supportive living 4

Designated supportive living 4 (DSL4) serves individuals who have more complex medical needs that are predictable and safely managed with on-site, professional nursing (licensed practical nurse level) at the direction of the Alberta Health Services (AHS) **case manager**. DSL4 offers 24-hour on-site scheduled and unscheduled professional and personal care and support, provided by licensed practical nurses and healthcare aides with the availability of 24-hour on-call registered nurse services. Clients may have **complex care needs**, but their needs are stable and can be managed safely. They may require complete meal assistance, mechanical transfers, two-person transfers and/or assistance to help them mobilize.

### Designated supportive living 4-dementia

Designated supportive living 4-dementia (DSL4D) provides services for individuals living with moderate dementia that will progress to later stages or other forms of cognitive impairment who require a secure therapeutic environment. They may have moderate-to-severe dementia, a high risk of wandering and unpredictable behaviours, but are not a safety risk to themselves or others. DSL 4D has a smaller grouping of clients in a safe, protective environment and provides dementia-specific supports. DSL 4D offers 24-hour on-site scheduled and unscheduled professional and personal care and support, provided by licensed practical nurses and healthcare aides with the availability of 24-hour on-call registered nurse services.

### Long term care

Long term care centres are designed specifically for individuals with highly complex care needs, and unpredictable medical needs who require 24-hour on-site registered nurse assessment and treatment. In addition, professional services may be provided by licensed practical nurses and 24-hour on-site unscheduled and scheduled personal care and support are provided by healthcare aides. Case management, registered nursing, rehabilitation therapy and other consultative services are provided on-site by a service provider. Long term care centres include “nursing homes” under the *Nursing Homes Act* and “auxiliary hospitals” under the *Hospitals Act*.

### Palliative and end-of-life care

Palliative care, including end-of-life care, is both a philosophy and an approach to care that enables all individuals with a life-limiting illness to receive integrated and coordinated care across the continuum. This care incorporates patient and family values, preferences and goals of care and spans the disease process from early diagnosis of life-limiting illness to end of life, including bereavement.

A palliative approach to care can occur simultaneously with a curative approach or during treatment. Palliative care improves the quality of life for individuals of any age and at any stage of a life-limiting illness by helping to manage both symptoms and the side effects of treatment.



## Becoming a Designated Supportive Living Operator

### Funding

There are two kinds of funding available through periodic competitive processes to support development of designated supportive living services in Alberta. First, where capital funding is needed for new building construction or renovations, capital grants are sometimes available through the Government of Alberta. These grants also support access to operational funding for care services through Alberta Health Services (AHS). Second, AHS occasionally holds competitions for operational funding agreements for care services in cases where existing lodges already meet physical design requirements and do not require renovation or new construction. This section provides more information about these funding opportunities and where to learn more.

#### Community needs assessment

With both capital and no-capital funding opportunities, the focus is on supporting the most vulnerable Albertans in areas of the province with the greatest need and complex populations. Ensuring designated supportive living spaces are available where they are most needed helps Albertans avoid unnecessary hospitalizations. It also ensures that Albertans can remain in their communities as they age or their needs change, close to family and friends.

Through the Community Care Capacity Needs Assessment, AHS will identify and prioritize communities with the greatest need for designated supportive living spaces. The needs assessment helps to determine what level of designated supportive living services are needed, and the number of spaces, for the size of each community.

The number of spaces in each lodge setting converted into designated supportive living may vary across the province and will depend on the need in that community and financial viability.

#### Capital or infrastructure funding

The Government of Alberta supports the development of new designated supportive living spaces and the renovation of existing facilities through periodic capital funding programs. Successful recipients of capital funding for designated supportive living will also be supported to establish an agreement with AHS for operational funding for care services. The Government of Alberta will post any future capital grant opportunities on the Ministry of Health's website. If a capital grant funding program is announced, details will be available at <https://www.alberta.ca/continuing-care.aspx>

All Housing Management Bodies (HMBs) are encouraged to investigate multiple sources of potential capital funding, which may include the Canada Mortgage and Housing Corporation (CMHC) and private partnerships.

It is important to note, when capital grant funding is available, all applications will be subject to funding availability and a rigorous review to determine which communities need the continuing care services the most. Additional criteria may be required such as project design, project readiness to proceed, operator qualifications, operational funding agreements, agreement to be licensed under the *Supportive Living Accommodation and Licensing Act*. The Government of

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Alberta will also consider the financial feasibility and operational sustainability of the project when prioritizing applications.

For more information on the current status of Alberta Health's capital grant programs and availability contact: Alberta Health, Health Facilities Planning Branch; Phone: 780-644-7648.

### No-capital funding required with operational funding from AHS

To be responsive in meeting designated supportive living capacity needs, AHS periodically uses a competitive procurement process to add additional community capacity, where capital funding from the Government of Alberta is not required (e.g., when an existing lodge already meets the design requirements for DSL and does not require renovations or new construction). Funding from AHS can only be used for care provision and not to fund accommodation services. AHS posts all available procurement opportunities on the Alberta Purchasing Connection webpage: <http://www.purchasingconnection.ca/>

## What are the building functional requirements?

The [Design Guidelines for Continuing Care Facilities in Alberta](#) (2018) have been developed as a reference guide for both new construction and replacement/refurbishment projects. The HMB is expected to be knowledgeable and apply to the greatest extent possible the best practices as identified in the [Design Guidelines](#), which promotes best practices and innovative design for continuing care facilities. The practices demonstrate efforts to incorporate features that maximize resident privacy, accessibility, personal choice, and resident control over their environment.

The *Architectural Design Requirements for Continuing Care Checklist* is a mandatory requirement for continuing care projects and represents minimum design standards. It is expected that these elements (at a minimum) will be included in the final design and operation of a project approved for a capital grant or no-capital contract.

In addition to the Design Guidelines and Checklist, HMBs are expected to use the [Technical Design Requirements for Alberta Infrastructure Facilities](#) (March 2019) and the [Barrier-Free Design Guide](#) (2017) to help plan new facilities and renovating existing ones. When an RFP for a capital or no-capital funding is available, it may include more design requirements.

Where possible, designated spaces in lodge facilities should be located close together to maintain efficiency in the provision of care.

## What are the building code requirements?

HMBs interested in providing designated supportive living must meet or exceed legislated requirements including the Alberta Building Code, fire safety codes, land use (zoning) bylaws, and those established by the local building authority.

In Alberta, it is a requirement that any new or existing facility that accommodates designated supportive living clients be designed and built to a Group B Division 3 (B3) occupancy classification, at a minimum, as defined in the Alberta Building Code.

Where changes are made in the intended use or to the population living in a building that houses designated supportive living spaces, the building must continue to meet the Alberta Building Code.

## Operational agreements with AHS

Successful applicants for either capital or no-capital funding opportunities will enter into an agreement with AHS for any approved designated supportive living spaces. The contract will include such elements as:

- accommodation rates and charges to clients
- AHS' space requirements
- AHS' staffing obligations
- funding, fee schedule, and accountabilities
- description of the type and number of spaces (beds)
- reporting requirements
- care service delivery model
- service provider's staffing obligations and competencies
- supportive living client population criteria and placement

## How is access to designated supportive living managed?

Admissions of clients to designated supportive living spaces are managed by AHS through its province-wide **coordinated access** approach. This means that Alberta Health Services (AHS), not HMBs, select clients for admission to the site. Coordinated access provides Albertans with reasonable, timely access to publicly-funded continuing care services based on availability and the client's care needs. AHS outlines this process in the [Access to a Designated Living Option in Continuing Care Policy](#) and [Designated Living Option: Access and Waitlist Management procedure](#).

Individuals can access continuing care services through self-referral or referral made by family, friends, healthcare providers or other community agencies acting on their behalf. Through the AHS coordinated access process, AHS assesses all clients for the most appropriate level of care by an AHS case manager or care coordinator. This assessment is done in partnership with clients and families, and the information is used to identify what **care services** are needed to meet an individual's assessed unmet healthcare needs (i.e., home care, designated supportive living, long term care, and/or palliative/end-of-life care).

## Approaches to care service delivery in designated supportive living

Housing Management Bodies (HMBs) may provide accommodation services only or provide both accommodation services and care services. AHS will work with HMBs to determine the most appropriate type of contract agreement. AHS bases the contract selected on the HMB's interest, ability, expertise, and experience in providing designated supportive living care services, as well as financial viability.

There are three ways that care services can be provided:

### 1. HMB provides accommodation services only; AHS provides health and personal care services

When the HMB provides only accommodation services, AHS may provide the health and personal care services by contracting access to **designated access spaces** with an operator who meets AHS' requirements. A designated access agreement is used to describe and govern the relationship between AHS and the HMB. In these arrangements, AHS provides all health and personal care services required by clients and ensures compliance with the [Continuing Care Health Service Standards](#) in providing these care services.

### 2. HMB provides accommodation, health and personal care services

When the HMB provides both accommodation and care services, AHS contracts with HMBs who meet AHS' requirements for the delivery of care services. A supportive living master services agreement (MSA) is used to govern the relationship between AHS and the HMB. The HMB provides all health and personal care services required by clients and has to comply with the *Continuing Care Health Service Standards* in providing these care services.

### 3. HMB provides accommodation services and subcontracts health and personal care services to an AHS approved care service provider

HMBs may subcontract client care to a healthcare service provider who meets AHS' requirements. A MSA will govern the relationship between AHS and the HMB and determine the roles and responsibilities of the parties. The approved subcontractor provides health and personal care services to clients and has to comply with the *Continuing Care Health Service Standards* in providing these care services. The HMB is responsible for the subcontractor carrying out the services under its subcontract agreement and the terms of the MSA.

#### *HMB obligations—care staffing*

- Funding for designated supportive living is based on the AHS funding methodology, which calculates funding based on a ratio of paid hours of care, type of care provided and the number of spaces. The level of designated supportive living also determines staffing requirements.
  - DSL3: Health Care Aide on-site 24/7
  - DSL4/4D: Health Care Aides and Licensed Practical Nurse(s) on-site 24/7
- The HMB must ensure all healthcare staff provide care and services as outlined in the client-specific care plan developed by the AHS case manager.

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- The HMB must ensure that a sufficient number of on-site regulated healthcare professionals, healthcare aides and other care providers are on duty at all times to maintain designated supportive living client safety and meet the established care plan.
- Actual numbers and funding for health and personal care services can only be calculated once the client population of the facility has been determined.

## How are designated supportive living services provided?

*Table 1: Accommodation and health services offered and additional client costs*

Services provided:	
Accommodation charges cover:	Alberta Health Services funds or provides:
<ul style="list-style-type: none"> <li>• Room</li> <li>• Safety and security</li> <li>• Meals and snacks</li> <li>• Laundering of towels and linens<sup>1</sup></li> <li>• Housekeeping services</li> <li>• Social and leisure activities<sup>2</sup></li> <li>• Utilities</li> <li>• Routine building maintenance</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing services/case management</li> <li>• Personal care services</li> <li>• Nurse practitioner</li> <li>• Physiotherapy</li> <li>• Recreation therapy</li> <li>• Occupational therapy</li> <li>• Respiratory therapy</li> <li>• Social work</li> <li>• Registered dietitian/nutritionists</li> </ul>
Examples of additional client costs in designated supportive living <sup>3</sup>	
<ul style="list-style-type: none"> <li>• Damage deposit (<i>if applicable</i>)</li> <li>• Tenant Insurance (<i>if applicable</i>)</li> <li>• Personal goods and services, TV, cable, telephone</li> <li>• Personal laundry services</li> <li>• Oxygen</li> <li>• Medication costs—client portion</li> <li>• Equipment</li> <li>• Medical supplies (wound care and incontinence supplies may be supported in part through Alberta Aids to Daily Living (AADL). Clients can request an assessment.</li> <li>• Hairdresser</li> <li>• Nail care</li> <li>• Toiletries and other personal supplies</li> <li>• Transportation for medical and leisure purposes</li> <li>• Social and leisure activities</li> </ul>	

Each facility can be viewed online to see their specific fee structure on the facility directory at [Continuing Care Facility Directory](#).

<sup>1</sup> Does not include personal laundering

<sup>2</sup> Only in lodge setting

<sup>3</sup> Some operators may offer these services at additional cost to clients



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### Accommodation

All designated supportive living settings are publicly funded and clients contribute by paying an "accommodation charge". Alberta's Minister of Health is responsible for setting province-wide accommodation charge rates. The 'accommodation charge' is defined as the charge in respect of supportive living care payable by a resident for accommodation and meals in a supportive living facility.

Maximum accommodation charges in designated supportive living may be covered for clients eligible for the Alberta Seniors Benefit (ASB) or the Assured Income for the Severely Handicapped (AISH) programs.

Additional services may be available for an extra fee to clients and can include personal choice services such as telephone, cable, parking, hairdressing, personal laundry and nail services.

When designated supportive living is provided in a lodge setting, the Housing Management Body (HMB) should charge the rate set by Alberta Health and these units are no longer operated as lodge units under the Alberta Housing Act. HMBs will no longer be eligible for Lodge Assistance Program (LAP) grants and cannot requisition the municipalities for operating deficits related to the designated spaces.

For the current maximum accommodation charge rate, refer to [continuing care–accommodation charges](#).

### Health services

Funding for health and personal care services is provided by Alberta Health Services (AHS), based on a client's assessed unmet need for care services and pre-determined funding formulas for designated supportive living 3, 4 and 4D. An AHS case manager assesses clients to determine their ongoing care needs and develops a personalized care plan, in collaboration with the service provider and other health professionals. Clients are responsible for arranging and paying for any additional services that they choose.

## What subsidies are available to clients?

### For seniors

#### *Alberta Seniors Benefit*

The Alberta Seniors Benefit (ASB) program provides income supports to eligible low-income Albertans 65 years of age or older. Benefits are based on several criteria such as a senior's income level, marital status, type of residence, and eligibility for the Old Age Security pension. Visit [Alberta Seniors Benefit](#) for more information.

#### *Supplementary Accommodation Benefit*

Low-income seniors living in designated supportive living facilities may receive the Supplementary Accommodation Benefit (SAB) to assist with accommodation costs. SAB is in addition to any ASB received and is calculated to ensure every senior has a certain amount of disposable income each month after paying room, board and housekeeping charges. The maximum SAB is reviewed annually based on any changes to accommodation charges and based on each client's Canada Revenue Agency Notice of Assessment.

#### *Other financial assistance*

All low-income seniors may also be eligible for assistance with appliances, furniture, additional health and personal support costs through the [Special Needs Assistance for Seniors](#) program.

### For disabled adults: Assured Income for the Severely Handicapped (AISH)

Assured Income for the Severely Handicapped (AISH) provides assistance for adults 18-64 years of age, with a severe, permanent handicap that limits their ability to earn a living. Eligibility depends on meeting income and asset criteria. The funding includes a monthly modified living allowance consisting of a personal allowance and an accommodation rate to assist clients living in a continuing care centre. Visit [AISH](#) for more information.

## What are the quality, safety and licensing requirements for designated supportive living?

In Alberta, there are specific mandatory requirements and standards that govern both accommodation and health services in continuing care. These requirements ensure the safety of clients and that the care provided is of the highest quality. The *Supportive Living Accommodation Standards* are mandated requirements set by Alberta Health for all supportive living settings. Housing Management Bodies (HMBs) are already required to comply with these standards and they do not differ if designated supportive living is being provided. The Continuing Care Health Service Standards (CCHSS) are mandated requirements for all publicly-funded continuing care health services (i.e., home care, designated supportive living and long-term care). The licensing processes, and these standards, ensure a certain level of quality and safety for all clients.

### Accommodation services

#### *Licensing for supportive living*

All supportive living accommodations with four or more adults must be licensed under the [Supportive Living Accommodation Licensing Act and Regulations](#). Accommodation standards must be met to be licensed. HMBs must adhere to the following before they are granted license:

- inspection for supportive living accommodation by an executive officer under the Public Health Act
- compliance with the Safety Codes Act for new or renovated supportive living accommodations or where there has been a change in the occupancy of the supportive living accommodation
- confirmation of zoning approval, if required
- where the supportive living accommodation is housed in a pre-existing building, confirmation of fire inspection of the building
- confirmation of current insurance coverage
- confirmation of current corporate status of the HMB

#### *Accommodation standards for supportive living*

Alberta Health has developed mandatory provincial standards for accommodation services for all supportive living. These standards ensure a minimum level of quality and safety for clients. HMBs must comply with the [Supportive Living Accommodation Standards](#), as required under the *Supportive Living Accommodation Licensing Act*. Alberta Health staff conducts annual licensing inspections.

### Health services

#### *Continuing Care Health Service Standards*

Clinical care providers are expected to comply with the Continuing Care Health Service Standards. These standards address the publicly-funded basic health and personal care services provided by nurses, health care aides, and other health care professionals. Alberta Health Services (AHS) will monitor, audit and support compliance with the Alberta Health

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[Continuing Care Health Service Standards](#) for all publicly-funded continuing care services to ensure that standards are met. These audits occur at a minimum of every two years for each site.

## Where Can I Get More Information?

HMBs are welcome to contact [health.housing@ahs.ca](mailto:health.housing@ahs.ca) with questions.

Alberta Purchasing Connection for all future no-capital Request for Proposals opportunities:  
[www.purchasingconnection.ca](http://www.purchasingconnection.ca).

Alberta Health's capital grant funding: <https://www.alberta.ca/continuing-care.aspx>

How to do business with AHS: <https://www.albertahealthservices.ca/about/Page207.aspx>

Further information on continuing care in Alberta: <https://www.alberta.ca/continuing-care.aspx>  
and [www.ahs.ca/continuingcare](http://www.ahs.ca/continuingcare)

## Appendix I – Definitions

Term	Definition
<b>Accommodation</b>	A building or units in buildings that are suitable and adequate for human habitation, including services (e.g., board and housekeeping) and basic furniture that may be provided to clients of the buildings or units because of their circumstances.
<b>AHS funding methodology</b>	The funding model based on, but not limited to, staffing requirements and accountabilities, that is used by AHS from time to time which endeavours to reflect a relationship between the services and service fees.
<b>Assessed unmet need</b>	Care requirements that remain after the strengths and resources of the client and family and of the community have been considered in relation to the functional deficits identified in the assessment. The assessment includes the client's ability to learn the skills necessary for self-care and the willingness, ability, and availability of the family and community to participate or learn.
<b>Care plan</b>	A written working document that details the provision of care services provided to the clients. The care plan can include the assessed health needs of the client, the agreed-upon health outcomes and target dates for achievement, the specific interventions/treatments to be provided and who provides them, and review and evaluation dates and information.
<b>Care service provider</b>	The organization in the facility that provides care services.
<b>Care services</b>	A service or actions performed for, or with, a client to protect, promote or maintain health; to prevent illness; to diagnose, treat or rehabilitate; or to take care of the health needs of the ill, disabled, injured or dying.
<b>Case management</b>	A client-centred strategy for the provision of quality health and social services. Case management is used to manage the provision and coordination of care across the continuum and balance potential client outcomes with effective use of resources.
<b>Case manager</b>	An AHS employee who provides case management to the clients and is responsible for the direction and coordination of nursing and other care services at the facility.
<b>Clients</b>	An individual who has been assessed through AHS' coordinated access as eligible to receive publicly funded continuing care health services.
<b>Complex care needs</b>	The client requires specific equipment, and/or physician or nursing expertise and/or specialty personnel (e.g., physiotherapy or occupational therapy), to ensure the appropriate level of care.
<b>Coordinated Access</b>	A province-wide, client-centred, integrated, service access and delivery approach that provides Albertans with reasonable, timely and appropriate access to publicly-funded continuing care services based on availability and determination of unmet need.
<b>Designated access spaces</b>	Designated supportive living spaces available to AHS at the facility for clients who have been assessed through AHS' coordinated access

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	single point of entry process as requiring designated supportive living care services.
<b>Facility</b>	A place where designated supportive living or Long term care services are provided to some or all of the clients.
<b>Health care aides</b>	Unregulated, direct client service providers who provide personal care and support services for designated supportive living or Long term care clients under the direct or indirect supervision of a regulated nurse.
<b>Health care professionals</b>	A physician, registered nurse, licensed practical nurse, and all allied health professionals (e.g., dietitian, pharmacist).
<b>Housing Management Bodies</b>	A corporation, established through a ministerial order by the Minister responsible for the Alberta Housing Act, responsible for the operation of housing accommodations, such as lodges in accordance with the Alberta Housing Act and Regulations.
<b>Lodge</b>	A supportive living facility that operates under the Alberta Housing Act and Regulations and offers single and double bed/sitting rooms, meals, housekeeping and other services and recreational opportunities for seniors who are functionally independent with the assistance of existing community-based services.
<b>Personal care and support services</b>	Those care services provided to the supportive living clients by health care aides. These services may include everyday activities such as bathing, transfers and dressing.
<b>Person-Centred care</b>	Care provided with the active participation of clients and families who are integral members of the clients' care and support team. Clients and their families are considered partners in helping to improve facilities and services.
<b>Supportive living accommodation</b>	Buildings or units in buildings intended for permanent residential living where a HMB also provides or arranges for services to assist clients to live as independently as possible.



## Appendix II - List of Legislation and Regulations

- [Alberta Housing Act](#)
- [Housing Accommodation Tenancies Regulation](#)
- [Management Body Operation and Administration Regulation](#)
- [Social Housing Accommodation Regulation](#)
- [Business Corporations Act](#)
- [Emergency Medical Aid Act](#)
- [Freedom of Information and Protection of Privacy Act](#)
- [Freedom of Information and Protection of Privacy Regulation](#)
- [Health Information Act](#)
- [Health Information Regulation](#)
- [Disclosure of Information Regulation](#)
- [Occupational Health and Safety Act](#)
- [Occupational Health and Safety Regulation](#)
- [Personal Information Protection Act](#)
- [Personal Information Protection Regulation](#)
- [Protection for Persons in Care Act](#)
- [Protection for Persons in Care Regulation](#)
- [Public Health Act](#)
- [Alberta Aids to Daily Living and Extended Health Benefits Regulation](#)
- [Food and Food Establishment Regulation](#)
- [Personal Services Regulation](#)
- [Subsidized Public Housing Regulation](#)
- [Safety Codes Act](#)
- [Supportive Living Accommodation Licensing Act](#)
- [Building Code Regulation](#)
- [Alberta Building Code](#)
- [Alberta Fire Code](#)
- [Minimum Housing and Health Standards](#)