

Long Term Care in Saskatchewan 2016

Residential Facilities

GOVERNMENT-SUBSIDIZED NURSING HOMES

How Nursing Homes are Organized and Administered

Nursing homes or special care homes, as they are called in Saskatchewan, are residential long term care facilities that provide 24-hour professional nursing care and supervision in a protective, supportive environment for people who have complex care needs and can no longer be cared for in their own homes. These facilities are owned and operated by municipalities, religiously affiliated organizations, and, private, for-profit organizations. However, nursing home fees are set by the Saskatchewan Ministry of Health.

Admissions to residential long term care facilities are managed by local Regional Health Authorities (RHAs). An intake coordinator or social worker from the RHA conducts an in-home assessment with clients and their families to assess care needs and program options, to coordinate access and explain fees and to coordinate placement into long-term care facilities. A report of the assessment is sent to the Regional Committee, who decides on acceptance. Clients who are eligible for access to a long term care bed generally access the first available bed in the system and then transfer to a facility of choice. A chronological wait list is maintained by the RHA to ensure fair and equitable access to a facility of choice.

Eligibility/Requirements for Admission

To be eligible for subsidized care services, a client must:

- be a Canadian citizen or permanent resident over 18 years of age,
- require ongoing care (usually 24 hour care, seven days a week) due to age, disability, injury from accidents, or long-term illness,
- hold a valid Saskatchewan Health Services card, or
- be in the process of establishing permanent residence in Saskatchewan and have applied for a Saskatchewan Health Services card

Income/Asset Test

The client's income is assessed by Saskatchewan Health by looking at his/her income tax returns, once the Regional Committee has approved the admission of the client into a nursing home. The client's application is sent by the RHA to the Nursing home, which in turn sends it to Saskatchewan Health for income assessment.

A resident pays the standard resident charge (\$1,076/month) plus 50% of the portion of their income between \$1,400 and \$3,340 maximum).

Costs

Nursing home costs are assessed by Saskatchewan Health based on the client's income. Monthly nursing home costs range from \$1,076/month to \$2,046/month. Respite care beds cost between \$35.87 - \$68.20/day, based on income.

Nursing homes fees include room and board, 24 hour nursing care, personal care services and food. Some additional costs may include transportation, clothing, personal grooming, medications and medical supplies, incontinence supplies, supplies for oxygen therapy, mobility equipment, dental, vision, and prosthetic devices, costs for marking personal belongings, as well as telephone and cable services.

RETIREMENT HOMES / RESIDENCES

How Retirement Homes are Organized and Administered

A retirement home in Saskatchewan is a multi-residence housing facility that provides accommodation and services such as meals and cleaning for older people. Retirement homes in the province are privately owned and operated and not administered by the provincial government. Each facility usually provides a private or semi-private room or complete living suite as well as - common living quarters, including a lounge area, a common dining room, recreation rooms, cleaning services, social and/or religious programs and some basic health care services. The unit can be paid for on a monthly fee basis, like an apartment, or can in some instances be bought the same way as a condominium.

Admission, fees and waiting lists for retirement homes are controlled by the homes themselves, not by the government. Admission usually depends on the ability to pay and absence of serious medical conditions that require professional nursing care. Residents are responsible for paying their own fees and government subsidies are not available for accommodation in a retirement residence.

Costs for Retirement Homes

Type of Accommodation	Provincial Median	Provincial Range	Regina Median	Regina Range	Saskatoon Median	Saskatoon Range
Private Rooms(per month)	\$2,475.00	\$1,500.00 - \$5,500.00	\$2,850.00	\$1,800.00 - \$5,500.00	\$2,425.00	\$1600.00 - \$4,000.00
One Bedroom Suites (per month)	\$3,415.00	\$1,580.00 - \$4,170.00	\$3,750.00	\$3,500.00 - \$4,100.00	\$3,150.00	\$1,580.00 - \$4,042.00

Home Care

GOVERNMENT SUBSIDIZED HOME CARE

How Government-subsidized Home Care is Organized and Administered

Home support services are designed to help clients remain independent and in their own home for as long as possible. Home care services include professional health care services as well as personal care services such as bathing, dressing, grooming and light household tasks that help to maintain a safe and supportive home.

In Saskatchewan, government-subsidized home care is administered the local Regional Health Authority (RHAs). Once a request for service is received, a social worker from the RHA will conduct an in-home assessment to determine needs and develop a care plan. There is no set maximum for number of hours of home care allotted to a client. The number of hours of home care allotted to a client depends upon assessment and regional availability.

Eligibility/Requirements for Admission

Applicants for home care must meet one of the following eligibility criteria in order to have their applications considered:

- hold a valid Saskatchewan Health Services card;
- be in the process of establishing permanent residence in Saskatchewan and have applied for a Saskatchewan Health Services card; or
- be a resident of Manitoba or Alberta in a border area where contractual arrangements have been approved by Saskatchewan Health.

Clients that apply for home care must undergo an assessment that shows he/she has a need for services, whether it is nursing care, home care or meal preparation. Once a need is determined, the client will receive services. If the client is not a resident of Saskatchewan, he/she is subject to an out of province charge. Non-residents must apply for a Saskatchewan Health Services Card in order to receive subsidized home care, if care is beyond three months.

Income/Asset Test

An income/asset test is not part of the assessment for home care. However, clients may apply for an income-tested subsidy to reduce charges for home care. Clients receiving an income-tested subsidy must re-apply annually.

Costs

There is no charge for case management, nursing care, physical therapy or occupational therapy at home. All other home care services cost \$8.08/hour for Saskatchewan residents, for the first 10 hours of homecare every month. After 10 hours in a month, the client is charged an hourly rate based on monthly income, determined by the income-tested subsidy. Maximum monthly charge is \$490.00.

Out of province rates are substantially higher but the client may be reimbursed by the client's own province.

PRIVATE HOME CARE

RHA resources are limited and go to the neediest. As a result, many seniors get inadequate amounts of RHA services and have to rely on private home care services to receive the appropriate amount of care.

Costs of Private Home Care

Type of Service	Provincial Median	Provincial Range
Meal Delivery(per meal)	N/A	N/A
In Home Meal Preparation (per meal)	\$28.00	\$19.00 - \$39.00
Laundry/Housecleaning (per hr)	\$28.00	\$19.00 - \$39.00
Personal Care (Bathing/Dressing) (per hr)	\$29.99	\$25.00 - \$39.00
Companionship/Supervision (per hr)	\$28.00	\$25.00 - \$39.00
Skilled Nursing* (per hr)	\$61.00	\$45.00 - \$75.00
Physiotherapy (per hr)	N/A	N/A
Occupational Therapy (per hr)	N/A	N/A
In Home Relief (per hr)	\$28.25	\$25.00 - \$39.00
Palliative Care (per hr)	\$30.00	\$28.00 - \$65.00
24 Hour Live-in Care (per hr)	\$27.95	\$21.00 - \$29.99

N/A = Insufficient sample size obtained to justify inclusion

** Fees listed are for RNs however, these fees may vary depending on the type of nurse, such as a Registered Nurse (RN) or a Licensed Practical Nurse (LPN), delivering the care.*

Adult Day Programs

How Adult Day Programs Work

Adult day programs are designed for special needs adults, physically located in the community, to provide a safe group setting during the day when family members are not available to care for them. These centres are usually open daily, Mondays through Fridays (some on Saturdays as well). They provide a secure, caring and positive setting for adults with special needs - those who are experiencing memory loss, communication disorders, social isolation or physical disabilities. Nutritious lunch meals are provided which usually accommodate any special diet, along with an afternoon snack. Participants need to be mobile, with the possible assistance of a cane, walker or wheelchair. Adult Day programs can be public or private, non-profit or for-profit.

Adult day programs in Saskatchewan are managed and operated by and accessed through the Regional Health Authority. Seniors pay daily fees to cover part of meals & activities.

The purpose of an adult day program is:

- to provide special needs adults time to enjoy a setting outside of their house where they can obtain both mental and social encouragement, stimulation and any required health care, and
- to provide family caregivers with a much-needed break in order to focus on themselves, take time and relax or go to work.

Candidates for adult day programs are special needs adults who may be:

- challenged physically and/or cognitively, but do not require 24-hour supervision or,
- in the early stages of dementia or,
- in need of social contact and stimulation.

Costs

The cost for an adult day program in Saskatchewan is approximately \$10.00/day. Clients are responsible for their own transportation.

Typical Home Care Scenarios

Scenario 1: Low Level of Care (Early in the crisis management stage of care)

Mrs. Williams is an 85 year old widow living in her own home. She has osteoarthritis and leg edema. She must wear support stockings to relieve her edema and because her fingers and back are arthritic, she needs help getting dressed. To get around her home, she uses a walking support device or rollator. Both of Mrs. Williams' daughters help her out regularly on weekends and evenings while her son-in-law helps maintain the house and takes care of the lawn.

After fracturing her femur in a significant fall 9 months ago, Mrs. Williams' mobility has severely decreased and she lost 9 kg or almost 20 lbs. as a result. She tells her daughters that she forgets to eat and the food in her refrigerator is spoiled. During their visits, her daughters notice that she eats very little and sometimes chokes on her food.

To help her eat safely and address other needs, Mrs. Williams and her daughters agree it's time for some formal care. She needs meals delivered to her home, someone to supervise her meals and assistance with dressing and bathing. She would also benefit from a home safety assessment.

Care plan to assist family caregivers part-time

- Meal preparation – 2 hours a day on weekdays
- Meal supervision – 1 hour a day on weekdays (to include a record of food intake and assistance if patient chokes)
- Personal Care (bathing, dressing) – 1 hour a day on weekdays
- Occupational therapist: to provide initial home safety assessment and recommendations

Services Required	Frequency	Covered or Subsidized by Government (1)	Services Required to be paid by client	Cost per unit	Monthly Cost
Meal Delivery (meals/wk) *	10	0	10	\$6.96	\$299.28
Meal Supervision (hrs/wk)	5	0	5	\$29.99	\$644.79
Personal Care (Bathing/Dressing) (hrs/wk)	5	2 (at the gov't rate of \$8.08/hr)	3	\$29.99	\$456.36
Total per month					\$1,400.43

**Cost per unit based on 2010 fee samples.*

In addition, there will be expenses for two visits of an occupational therapist including a 1 hr. initial assessment and 45 min. follow up after equipment has been installed. The two visits will cost \$175.00 altogether.

Scenario 2: Intermediate Level of Care (Late in the crisis management stage of care)

Mr. Leung is a 72 year old widower. He lives with his daughter and her husband in a small community outside the city. Mr. Leung has cataracts in both eyes. He also has dementia which has progressed to the point where he requires continual supervision. He forgets to take his medication, does not eat properly and cannot safely prepare meals. He needs cues for dressing and bathing.

Mr. Leung's daughter and her husband assist him in the mornings, evenings and weekends but aren't available during the day on weekdays. For weekdays, they enrolled him in an adult day program 2 days per week and hired someone to accompany him to and from the program. For the remaining 3 days of the week they've hired someone to supervise him and keep him company.

They've also arranged help for laundry and house cleaning.

Care plan to assist family caregiver full time, during the week

- Companionship/Supervision: 3 times a week, 8 hours a day
- Adult Day Program: 2 days a week
- Safety Supervision: to and from the Adult Day Program - 2 times a week, 30 minutes each way
- Laundry/House cleaning: 3 hours a week

Services Required	Frequency	Covered or Subsidized by Government (1)	Services Required to be Paid by Client	Cost per Unit	Monthly Cost
Companionship/Supervision (hrs/wk)	24	3 (at the gov't rate of \$8.08/hr)	21	\$28.00	\$2,632.63
Adult Day Program (days/wk)	2	0	2	\$10.00	\$86.00
Safety Supervision(hrs/wk)	2	2	0	\$0.00	\$0.00
Laundry/Housecleaning (hrs/wk)	3	0	3	\$28.00	\$361.20
Total per month					\$3,079.83

Scenario 3: High Level of Care (Dependence stage of care)

Mr. and Mrs. Jensen live in a two-bedroom condominium. Mr. Jensen is 93 years old, alert and aware but physically frail. Mrs. Jensen is 88 years old, diabetic and recently had a stroke. Her balance is poor and she's at high risk for falling. She can only walk short distances and needs help to get around. She also has heel ulcers that make walking even more difficult. For longer distances, she uses a wheelchair.

Her family doctor recommends Mrs. Jensen move to a nursing home. But because Mr. and Mrs. Jensen's daughter promised she wouldn't send her parents to a nursing home, she needs to make alternate arrangements. Options include a caregiver to assist Mrs. Jensen with bathing, dressing, toileting, walking, meal preparation, household chores and transportation to and from appointments. A nurse could monitor and chart her medicine use and blood sugar levels, clean her heel ulcers and change her bandages. Mr. and Mrs. Jensen would also benefit from a home safety assessment by an occupational therapist who may recommend safety bars, raised toilet seats, better lighting, removing clutter and securing loose rugs.

Care plan to assist family caregivers full-time, every day

- In-home meal preparation – 7 days a week, 2 hours daily
- Private caregiver – 7 days a week, 8 hours daily to assist with bathing, dressing, toileting and walking and relieve spouse of caregiver duties
- Private Registered Nurse – 4 times a week for 30 minutes to monitor and chart medicine use and blood sugar levels and monitor and change dressing on heel ulcers
- Laundry – 2 hours every other week
- House cleaning – once a week for 90 minutes
- Occupational therapist: to provide initial home safety assessment, recommendations and a 45 minute follow-up after equipment installation

Services Required	Frequency	Covered or Subsidized by Government ⁽¹⁾	Services Required to be Paid by Client	Cost per Unit	Monthly Cost
In Home Meal Preparation (hrs/wk)	14	0	14	\$28.00	\$1,685.60
Personal Care (Bathing Dressing) (hrs/wk)	56	20 (at the gov't rate of \$8.08/hr)	36	\$29.99	\$5,132.45
Skilled Nursing (hrs/wk)	2	0	2	\$61.00	\$524.60
Laundry/Housecleaning (hrs/wk)	2.5	0	2.5	\$28.00	\$301.00
Total per month					\$7,848.53

In addition, there will be expenses for two visits by an occupational therapist including a 1 hr initial assessment and a 45 min follow up after equipment has been installed. The two visits will cost \$175.00 altogether.

(1) The hours of care allotted by the RHA mentioned above are an estimate only. Actual hours allotted by the RHA may be more or less depending on a formal assessment and regional availability.

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