

NW LHIN Supportive Housing Definition and Guidelines, 2010

Demographic pressures of the increasing 65+ population have focused much attention on expanding the housing and care options available to seniors. One such option, Supportive Housing, integrates suitable available senior housing with a coordinated and comprehensive array of services and programs designed to maintain an individual's optimal level of health and well-being. Supportive housing provides a secure living environment and regular contact with staff. It promotes independence and opportunities for socialization in a home-like environment. The service provision may cover all or only some of the tenants in the environment.

The buildings where supportive housing programs are offered are owned and operated by municipal governments or non-profit groups including faith groups, seniors' organizations, service clubs and cultural groups. The housing portion of the supportive housing is governed by the Tenant Protection Act, 1997 and accommodation costs are paid in the form of rent. The care component of the program is funded by the NW LHIN along with tenant co-payments to cover meals, recreational services and services exceeding the limit of those normally considered essential. The supportive housing program is governed by the Ministry of Health and Long-Term Care Supportive Housing manual (1994) including any amendments thereafter.

Definition:

The Ontario Ministry of Health and Long-Term Care defines Supportive Housing as being "designed for people who only need minimal to moderate care – such as homemaking or personal care and support – to live independently....Services typically include on-site personal care and support such as routine hygiene, dressing and washing, daily visits or phone check-ins ...Residents can also apply for visiting health professional services through the Community Care Access Centre if required." (MOHLTC website – "Seniors' Care: Supportive Housing")

The Ministry of Health and Long Term Care Supportive Housing manual (1994) defines supportive housing as providing "personal support services and essential homemaking in permanent, preferably not-for-profit, community residential settings, for frail and/or cognitively impaired elderly persons, people with physical disabilities or acquired brain injuries and those living with HIV/AIDS, when their service requirements justify the need for the availability of 24-hour, on-site assistance."

Services:

- 24 hours, 7 days a week operation
- Case managed and coordinated to individual needs
- Flexible menu of personal support and essential homemaking services including ADL, IADL and recreational services. Essential is defined as "those homemaking and other activities of daily living that are necessary to maintain people in their own residences but that they are unable to perform for themselves because of their

disability. A person's need for essential homemaking services will be determined through the supportive housing coordination process..." (The Ministry of Health and Long Term Care Supportive Housing manual (1994))

- Activities of Daily Living (ADL) include but are not limited to:
 - Assistance with transferring, positioning, turning
 - Assistance with personal hygiene including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands
 - Assistance with bathing including bath, shower
 - Assistance with dressing/undressing including prostheses, orthotics
 - Assistance with toileting, bowel routines, including empty/change leg bag catheterization and
 - Porter assistance/direction to desired location
 - Training of a person to carry out or assist with any of the above activities

- Instrumental Activities of Daily Living (IADL) include but are not limited to:
 - Assistance/direction with meal preparation including planning meals, cooking/re-heating
 - Essential housekeeping including sweeping, mopping, vacuuming, dusting, kitchen/bathroom cleaning, laundry, changing linens
 - Medication support including medication reminders, monitoring or assistance through controlled packaging and as directed by the tenant.
 - Assistance to make calls for groceries, transportation, etc.

- Recreational activities may include but are not limited to:
 - In-house activities based on client input/needs. Examples of such activities include: bingo, church services, entertainment, special events such as BBQ's, group exercise programs such as Yoga or Tai Chi

Professional services will not be provided through the supportive housing program but may be accessed through multi-service agencies such as Community Care Access Centres.

Funding:

Funding for the support program in a Supportive Housing environment will be available from the NW LHIN for approved programs only based on available resources. All personal support services and essential homemaking services will be available at no charge to the tenant. Tenants will however be expected to pay a user fee for services that have not been assessed as essential such as independent meal programs, recreation or extra hours of homemaking.

Funding level will be directly proportional to service intensity. For example: A level of \$ **** per tenant day for **** hrs. of care per tenant day.

The funding will be negotiated during the M-SAA process and at the commencement of any new initiative based on prior approval of the NW LHIN.

Each tenant participating in a Supportive Housing program will be expected to pay a monthly co-payment consistent with the level of services being received.

Services that are being provided as part of the supportive housing program may not be duplicated in other funding sources (eg. CSS programs). For example, if meals are part of the supportive housing program, Meals on Wheels funding cannot be accessed for those meals. Similarly, if 24 hour security is part of program, Emergency Response funding cannot be accessed.

For the purpose of assessing the success of a particular supportive housing project (old or new), a unit(s) of measure must be clearly defined. Recently, the Ontario Healthcare Reporting Standards (OHRS) aligned all community supportive housing units of measure to “resident days” and this is now a mandatory measure for all supportive housing programs.

However, the concept of service intensity can be used to establish reasonable benchmarks for the relationship between numbers of clients served, service volume, service levels, and client mix. The North West LHIN has established that the historic unit of measure, “1 hour of direct client service”, from the 2001/2001 PFA manual, remains the most appropriate measure to evaluate service intensity.

Therefore the North West LHIN has established that Supportive Housing programs may be requested to collect and report service activity related to service intensity as described below.

The “direct client service” will include direct personal support and homemaking services by supportive housing staff members, which may include:

- ADLs as defined above
- IADLs as defined above
- Consultation with the family and/or formal caregiver
- Case conference with the client and/or caregiver present

but will not include things such as:

- Social and recreational activities provided by staff/others as defined above
- General staff orientation and training (unless training is directly with the client)
- Charting or recording related to serving the client
- Phone calls related to the client’s needs, eg making a referral for professional service to the CCAC)
- Preparation of supplies or equipment
- Travel time for staff engaged in the provision of service to clients (eg grocery shopping)

- Any administrative time
- Staff member vacation, sick, statutory holidays & other benefit/non-worked time

The North West LHIN will work towards establishing reasonable benchmarks for service intensity based on a predefined case mix of client.