

TIPS AND TRAPS WHEN CONSIDERING APPLYING FOR LONG-TERM CARE

Jane E. Meadus
Institutional Advocate
Advocacy Centre for the Elderly

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ACE often provides advice regarding issues related to placement or waiting for placement into long-term care. The following are tips and traps that we believe everyone should be aware of when considering long-term care placement or alternatives:

- NEVER apply to a home that you have not seen personally, or have not had someone you trust see on your behalf. If you put a home on your list as part of your application for long-term care, you are expected to accept it. If the home you have listed makes an offer before you have seen it, you will have problems in turning it down, even if you then visit and decide it is not acceptable to you.
- When applying for preferred private or semi-private accommodation, be prepared to pay this rate indefinitely. Many people apply for preferred accommodation because it is often quicker to get a space in the home and they believe they will be transferred to basic accommodation within one year of admission. Unless you can obtain an agreement in writing from the home to limit the amount of time you are paying for preferred accommodation PRIOR to being offered admission, you will be required to pay for that level of accommodation until a room in basic accommodation is available. There is no way of determining how long this will take.
- Transfer from preferred to basic accommodation is done on an alternating basis with admissions from the community list (which includes both people living in their own home and those in hospital). Therefore if you are 10th on the internal transfer list from private to basic, you actually have nineteen (19) people ahead of you as you will have to count on an alternating basis those who are ahead of you on the community list as well. See the example below:

Community Waiting List

Internal Waiting List

1. Mrs. A	1. Mr. B
2. Mr. C	2. Ms D
3. Mrs. E	3. Ms F
4. Mr. G	4. Ms H
5. Ms I	5. Mrs. J
6. Mr. K	6. Mrs. L
7. Ms M	7. Mrs. N

8. Mr. O	8. Mr. P
9. Mrs. Q	9. Ms. R
10. Mrs. S.	10. You

- When you are applying for long-term care for the first time, you have six (6) weeks from the date of choosing the first home to add other homes: these applications will be backdated to the date of the first choice. DO NOT be pressured into putting all five (5) choices on the list immediately if you are not ready to do so. Your application can be submitted with only ONE (1) home on it, and you can add four (4) more in the first six weeks.
- When being offered a “home first” or “wait-at-home” program from hospital, pay attention to the “fine” print. Each Community Care Access Centre (CCAC) offers different programs. Find out how many hours you will be offered, and for what duration (i.e. one week, two weeks, a month). In most circumstances, maximum hours will not be offered for the entire ninety (90) days that you are in the program, and will be scaled back very quickly. Find out what your CCAC’s expectation is if you still require long-term care at the end of the program. (See crisis list below)
- Placement from the crisis list DOES NOT require you to accept any bed or the first available bed that comes up. Being put on the crisis list by the CCAC means that you can: (a) can choose more than five (5) homes if you like; and (b) go to the top of the waiting list for the HOMES OF YOUR CHOICE. However, placement from the crisis list is on the basis of need and not by date placed on the crisis list.
- You DO NOT have to go to a retirement home if you qualify for long-term care. Retirement homes are tenancies and are much less regulated than long-term care. While retirement homes are presently in the process of being licensed, they will not be inspected in the same manner as long-term care homes, and even the investigation of abuse and complaints will be much more limited. Retirement homes are entirely private pay, so it may cost you anywhere from \$5000 -\$10,000 PER MONTH to obtain the same type of care as is available in a long-term care home. You cannot be made ineligible for long-term care for the sole reason that you can afford a retirement home.
- You do not have to choose from “homes with short waiting lists” or “available beds” when applying for long-term care from hospital. However, you do need to be aware that while waiting in hospital you are in the same general category as those who are waiting in the community.
- In most cases, the hospital is entitled to charge you the Chronic Care Copayment, also known as the ALC Copayment, once you are ready to be discharged to long-term care but can’t be because you have to wait for a bed.

This is a rate similar to that which you would pay for basic accommodation in long-term care.

- Hospitals CANNOT charge the ALC Copayment if you have been considered a mental health patient for any period during your stay. For example, if you were brought to the hospital on a Form 1, were held on a psychiatric unit, or were found incapable of managing property by a psychiatrist under the *Mental Health Act* while in hospital, the hospital cannot charge you the ALC Copayment. This is the case even if you are “discharged” from the psychiatric unit or made ALC.
- Neither hospitals nor long-term care homes can “require” you to pay extra fees or hire a personal support worker (PSW) or sitter because you have high care needs. Both hospitals and long-term care homes are required to provide you with the general care you need.
- You are entitled to receive accurate information about placement and homecare programs before making a decision. You should ALWAYS speak to your CCAC case manager to obtain this information and not rely on third parties such as hospital discharge planners or social workers for this information.
- You are entitled to make an application for long-term care if you wish to do so even if you are in hospital. You cannot be required to make an application only after you have been discharged from hospital. You do not have to be living in the community (i.e. your home or a retirement home) in order to be entitled to apply for long-term care. Being in hospital DOES NOT make you ineligible for long-term care admission.