



Long Term Care Program

October
2019



OVERVIEW

To provide an overview of how and where the Department supports Veterans in long term care, including:

- Historical Context
- Long Term Care Settings
- Authority & Program Eligibility
- Community Beds & Contract Beds
- Program Statistics
- Preferred Admission
- Current Approach
- Current Issues / Considerations

HISTORICAL CONTEXT

Departmental support dates back to 1915 when military hospitals were established to provide acute care and treatment for soldiers returning from war

In 1946, there were 44 Veterans' hospitals and treatment institutions owned and operated by the Department, declining to 18 facilities by 1955

1963 Royal Commission on Government Organization (Glassco Commission) recommended the transfer of all federal hospitals to the provinces

Since then, all former Veterans hospitals have been transferred

A key provision in each hospital transfer agreement was that War Veterans continue to have priority access to contract beds

LONG TERM CARE SETTINGS

Support is provided in provincially licensed, regulated or operated health care facilities, most of which provide care to other provincial residents as well as Veterans, including:

- facilities such as nursing homes and other long term care facilities with beds that are open to Veterans as well as other provincial residents (community beds); and
- facilities with contract beds designated through contractual arrangements with the province, health authority and/or facility for priority access for Second World War and Korean War Veterans (contract beds)

Community and contract beds are often found within the same facility

AUTHORITY & PROGRAM ELIGIBILITY

Veterans Health Care Regulations provide authority for long term care benefits

Eligibility varies depending on type and location of military service, income, health care need, and/or link to service-related disability

Veterans eligible for contract or community bed:

- World War II and Korean War Veterans who served overseas, or are income qualified, or have a disability related to war service
- Allied War Veterans with specialized needs that cannot be met in a community bed

Veterans eligible for care in community bed only:

- World War II and Korean War Veterans who served in Canada for a minimum of 365 day and are income qualified
- Allied War Veterans
- Canadian Armed Forces Veterans who need care due to service-related disability, or are frail and have any service related disability

COMMUNITY BEDS

Majority of Veterans are supported in community beds

In most provinces, the Department only pays the difference between what the facility charges all provincial residents and the Veteran's contribution to accommodation and meal costs

- Exceptions are Nova Scotia and Prince Edward Island where the Department funds the full cost of care

Veterans receive same programs and services provided by the facility to all residents

CONTRACT BEDS

Majority of contract beds are located in former War Veterans' hospitals

Account for approximately 1/3 of Veterans receiving long term care support

Agreements vary from province to province and from facility to facility

- Priority access to a set number of beds for eligible Veterans
- Nature and extent of funding the Department provides to support Veterans
- Allow vacant beds not needed for Veterans to be used by provincial authorities for other seniors at no cost to the Department

Various funding arrangements in place covering full operating costs vs funding for enhanced level of service and special programs vs premium for priority access

Due to the advanced age of Veterans eligible for a contract bed, there is an increasing number of contract beds no longer needed for war Veterans

PROGRAM STATISTICS

As of March 31, 2019, there were 4,521 Veterans supported by Veterans Affairs Canada in long term care:

- 2,989 are in community beds, in 1,226 facilities; and
- 1,532 are in contract beds, in 91 facilities

The number of Veterans in long term care is declining:

- 12% (589) fewer Veterans in care in March 2019 than March 2018; and
- in March 2018, there were 11% (620) fewer Veterans in care than in March 2017

Expenditures in 2018-19 totaled \$222.5 M, with community beds and contract beds accounting for \$53.5 M and \$169.0 M respectively

VETERANS PREFERRED ADMISSION TO COMMUNITY BEDS

In June 2016, former Minister Hehr stated:

“The Veterans Health Care regulations are not currently compassionate or flexible enough to address the urgent needs of Veterans, so as we undertake a review to better address long term care needs, this measure will provide the flexibility necessary to help Veterans and their families.”

Discussions were initiated with provincial health authorities and previously transferred Veterans hospitals to expedite and expand access to vacant contract beds for a broader group of Veterans

Preferred admission agreements have been negotiated with 10 of 18 former Veterans' hospitals

- Two other facilities provide this access through internal policies

As of October 2019, there are 247 preferred admission beds in former Veterans' hospitals

CURRENT APPROACH

Working bilaterally with provinces, health authorities and facilities to:

- Monitor occupancy of contract beds and identify expected vacancies
- Alter funding to a per-diem approach or re-align annual budgets based on occupancy
- Negotiate new arrangements for preferred admission to community beds

Communications approach has been reactive with key messages including:

- Contract beds will be offered to eligible War Veterans for as long as they need
- While health care is a provincial responsibility, we continue to work with Veterans and their families, facilities, health authorities and provincial governments to ensure Veterans' long term care needs are met