

# Long-Term Care/Intermediary Care

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## Recommendation

That NCVA ensure that VAC adopts a flexible policy to provide veterans with a freedom of choice between a community bed and a priority access bed for purposes of admission to long-term care facilities without distinction between traditional and modern-day veterans.

## Recommendation

That NCVA urge VAC to increase the number of Preferred Admission beds in order to address the demands of modern-day veterans and, in so doing, eliminate the current wait list for these beds across the country.

## Recommendation

In conjunction with the settlement arrived at between the residents of Ste-Anne's Hospital, the federal government and the provincial government, NCVA calls on Veterans Affairs Canada, in accordance with the terms and provisions of the settlement documentation, to protect the interests of veterans affected by the transfer. The governments must also ensure that the provisions found in the transfer agreement established to support the commitments made in relation to priority beds for veterans, language rights and the standard of care are strictly enforced, and that enhanced funding is put in place by the federal government to satisfy this class-action settlement.

## Recommendation

That NCVA continue to collaborate with VAC to ensure that the adult residential care needs of the veteran are addressed through the expansion of the current VIP program and long-term care policy of the department so as to provide financial assistance in this area of institutionalized care.

## Recommendation

That NCVA continue to work with the OVO in drawing to the attention of the Liberal government the inequity that has resulted in the gap that currently exists in the VAC health-care regulations concerning financial coverage for adult residential care.

### A. Admission to Long-Term Care Facilities

One of the major recent developments with respect to long-term care has been the initiation of a policy by VAC to widen the scope of eligibility to so-called traditional veterans' beds in historical veterans' hospitals to modern-day veterans. With specific reference to individual hospitals such as Sunnybrook in Toronto, the department has taken steps to exercise this operational discretion where vacant beds have resulted from the passing of traditional veterans and the demand from the modern-day veteran community exists.

In addition, there have been a number of high-profile cases in the last number of years that have been described in national media articles with reference to specific veterans attempting to gain admission to long-term care facilities in various provinces across the country. It is of interest that VAC has ostensibly developed a flexible position in this context, so as to provide access to traditional veterans' facilities on the basis of designating further priority access beds (preferred veterans' beds) for the purposes of VAC policy guidelines. This development of a form of freedom of choice for veterans attempting



to gain admission to long-term care facilities should be encouraged on an ongoing basis.

### B. Intermediary Costs

As emphasized over the course of the last number of NCVA meetings, it is self-evident that VAC, through VIP, has the authority to cover specific costs and expenditures while a qualified veteran resides in their home. In addition, once such a veteran pensioner has reached the stage where a long-term care facility is required, the Veteran Health Care Regulations establish financial support at this time in the health-care process.

As we have consistently argued with departmental officials for many years, what has been missing has been the financial

assistance for the middle ground or intermediary level of institutionalization where many of our members currently find themselves, i.e., seniors' residences and assisted living facilities. As described earlier in our legislative report, this right of access to intermediate institutionalized level of health care was eliminated for veterans in the 1990s as part and parcel of the federal budgetary cost-cutting strategy in order to deal with the government debt reduction objective.

We have had a number of intensive meetings with departmental officials over the last five years in an attempt to close this gap, and we remain committed to compelling the Government to address this long-standing concern.

### C. Veterans Ombudsman's Report

As previously advised, we continue to work closely with the OVO in this context. It is of significant interest that the Ombudsman's office has adopted our position and has issued a number of reports with regard to long-term care/intermediary care that fully recognize the shortcomings that currently exist in the VAC Health Care Regulations concerning this particular gap in financial coverage. This will add further ammunition and support to our ongoing initiative to ensure that these inequities are eliminated.

In this regard, it is noteworthy that the Veterans Ombudsman released an excellent report in 2018, entitled "Continuum of Care: A Journey

from Home to Long Term Care," which contains a comprehensive analysis of the current VAC long-term care and health-care policies. The report further provides a series of recommendations which are consistent and in line with NCVA's long-standing position on this important subject. We will continue to coordinate our efforts with the OVO in pursuing the implementation of these mutually desired recommendations.

In summary, the Veterans Ombudsman's proposals are as follows:

1. Followup contact with Veterans Independence Program recipients should be made on at least an annual basis and more frequently for those at higher risk (with in-home assessments when necessary) to ensure timely and accurate identification of changing needs as veterans age.
2. Eliminate the inconsistency in Veterans Independence Program eligibility for housekeeping and grounds maintenance for survivors and spouses



- so that they may all have access to the services they need, regardless of what the veteran received or did not receive prior to their death or involuntary separation.
3. Adjust the eligibility criteria of the Caregiver Recognition Benefit to provide easier access to compensation for caregivers when service-related conditions inhibit a veteran's ability to perform instrumental activities of daily living and childcare.
  4. Introduce additional financial support that can be used to subsidize assisted living options for veterans whose needs do not require long-term care, but who cannot stay in their own homes.
  5. Merge the Veterans Independence Program and Long-Term Care Program into one "Continuum of Care" program such that access is determined once, and criteria are transparent, understandable and based on the physical and mental health needs of the veteran.
  6. Reduce the complexity of 28 different eligibility groups, currently using service type, such that access to continuum of care support is based on the physical and mental health needs of veterans.
  7. Develop and publicly communicate a strategy to ensure that the continuum of care needs of all veterans is being met within the current context of the Canadian health-care system.