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Summary of Accommodation Rates for Provincially Funded Continuing Care (Long Term Care and Designated Supportive Living) – compiled as of March 2018

A Summary Chart is provided on page 6 of this document.

Alberta

Residents in designated supportive living and long-term care pay an accommodation charge to cover the cost of accommodation-related services such as rooms, meals, housekeeping and routine building maintenance.

Alberta Health sets the maximum accommodation charge in designated supportive living and long-term care. In other types of supportive living settings, the accommodation charge is set by the operator.

In designated supportive living and long-term care, accommodation charges may be fully or partly covered for residents who are eligible for the Alberta Seniors Benefit or clients of the Assured Income for the Severely Handicapped program.

Maximum accommodation charges for designated supportive living and long-term care **effective July 1, 2017** are:

Room Type	Daily	Monthly
Private Room	\$65.50	\$1,992
Semi-private Room	\$56.65	\$1,723
Standard Room (3 plus residents)	\$53.80	\$1,636

British Columbia

Residents who receive publicly subsidized long-term residential care services pay a monthly rate of up to 80 percent of after tax income towards the cost of housing and hospitality services, subject to a minimum and a maximum monthly rate. Your monthly rate is calculated based on “after tax income” (as defined in the Continuing Care Fees Regulation) in one of two ways:

If after tax income is less than \$19,500 per year, the monthly rate is calculated as after tax income less \$3,900 and divided by 12 (Formula A).

Note: The \$3,900 deduction (\$325 per month x 12 months) is set to ensure that most clients have at least \$325 of income remaining per month, after paying their monthly rate.

If after tax income is equal to or greater than \$19,500 per year, the monthly rate is calculated as after tax income multiplied by 80 percent and divided by 12 (Formula B).

The minimum monthly rate is adjusted each year based on changes to the Old Age Security/Guaranteed Income Supplement (OAS/GIS) rate as of July 1 of the previous year.

If an individual and their spouse are sharing a room in a residential care facility and are both in receipt of the Guaranteed Income Support (GIS) benefit at the married rate, the monthly rate will be calculated based on after tax income, subject to a minimum and maximum monthly rate.

The maximum client rate is adjusted each year based on changes to the Consumer Price Index over the previous year.

The **minimum and maximum rates for 2018** are:

Rate	Daily	Monthly
Minimum	\$37.69	\$1,130.60
Maximum	\$109.29	\$3,278.80

[Saskatchewan](#)

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.

Nursing home costs are assessed by Saskatchewan Health based on the client's income by looking at his/her income tax returns, once they are approved for admission into a nursing home.

Nursing home 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.

Residents are responsible for paying their own fees and government subsidies are not available for accommodation in a retirement residence.

The **approved rates as of July 1, 2017** are:

A resident pays the **standard resident charge of \$1,099 per month plus 57.5% of the portion of their income between \$1,509 and \$4,332 maximum**. For married residents, including common law couples, the couple's income is combined, divided equally and then the above formula is applied.

Rate	Daily	Monthly
Minimum	\$58.96	\$1,792.50
Maximum	\$104.80	\$3,186

[Manitoba](#)

Nursing homes or Personal Care Homes, as they are called in Manitoba, 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. The insured personal care home program in Manitoba is provided in licensed personal care home facilities designated by the Minister of Health. Fees for personal care homes are set by the Manitoba Ministry of Health.

During an assessment for admission into a residential long term care facility, a copy of a client's personal income tax return is taken and the cost of residential long term care is calculated based on these returns.

The residential charge structure in Manitoba ensures that all clients have a reasonable amount of disposable income for personal needs. After paying their daily residential charge for personal care services, a client should still have at least \$3,996 per year (divided by 12 = \$333/month) disposable income. Long term care costs depend on a client's after-tax income and marital status.

The **minimum and maximum rates as of August 1, 2017** are:

Rate	Daily	Monthly
Minimum	\$36.50	\$1,095
Maximum	\$85.00	\$2,585

Ontario

Long-term care homes are places where residents can live and receive help with most or all daily activities and have access to 24-hour nursing and personal care. You can expect much more nursing and personal care than would typically be provided in a retirement home or supportive housing.

In Ontario, the Ministry of Health and Long-Term Care regulates, inspects and sets out accommodation fees for all long-term care homes. By law, long-term care homes must provide residents safe, consistent, high-quality, and resident-centred care.

All personal and nursing care provided by long-term care homes in Ontario are funded by the government. Residents must pay for accommodation charges such as room and board.

Accommodation costs are set by the Ministry of Health and Long-Term Care and are standard in all long-term care homes across Ontario

Residents who don't have enough income to pay for the basic room may be eligible for a subsidy. This is known as a rate reduction. The subsidy is not available to people requesting semi-private or private rooms. The resident or a lawful representative must complete an application form and submit it to the long-term care home.

The **approved rates as of July 1, 2017** are:

Rate	Daily	Monthly
Long-stay basic (3 plus residents)	\$59.82	\$1,819.53
Long-stay Semi-private	\$72.12	\$2,193.65
Long-stay Private	\$85.45	\$2,599.11

Quebec

The Ministère de la Santé et des Services sociaux has entrusted the Régie de l'assurance maladie du Québec with managing of the Financial Contribution Program for Accommodated Adults. In this capacity, the Régie must set the amount of contributions paid by accommodated adults.

The financial contribution is the amount the government charges to adults who are accommodated in Quebec healthcare facilities. It addresses the concern that accommodated adults be treated equally to persons living at home.

Accommodated adults, like persons living at home, must assume the costs related to meeting their basic needs. Since health and social service are free for all Quebecers, the value of these services is not included in calculating the contribution.

The monthly room rates vary depending on the type of room.

For persons who cannot afford the approved maximum rates, the amount of their contribution will be determined on the basis of the person's ability to pay (income, possessions, savings, and family situation). The following family deductions may apply: \$215 per month for personal expenses; \$1,200 per month for a non-accommodated spouse; \$603 per month for each dependent child age 18 or over; and \$481 per month for each dependent child age 17 or under.

The **approved maximum rates as of 2017** are:

Rate	Daily	Monthly
Room with 3 or more residents	\$38.75	\$1,162.50
Semi-private	\$52.00	\$1,560
Private	\$62.25	\$1,867.50

[New Brunswick](#)

Nursing homes in New Brunswick are residential long term care facilities that provide accommodation, supervisory care, personal care and nursing and medical services on a 24-hour basis. Nursing home facilities are approved and monitored by the Department of Health. The Department of Health also sets the fees for nursing homes, which include room and board, as well as required supervision and assistance with activities of daily living.

Assessment, waiting lists and admission into a nursing home are managed by the Department of Social Development and Nursing Home Services.

Clients who can afford to pay the full cost of their services do not require a financial assessment.

For those who cannot afford long term care, the Standard Family Contribution Policy sets out the terms for determining whether a client is eligible for government subsidization of long term care services. An authorized employee of the Department of Social Development must determine if that person is eligible for long term care services in order to apply for a government subsidy. The amount of Standard Family Contribution is based on the client's net family income and whether there is a spouse and/or dependents living at home.

Clients applying for a subsidy are required to complete a Financial Declaration Form stating their income and that of their spouse, if applicable. The information on the form is reviewed, verified and an assessment of net family incomes is determined based on the process outlined in the Standard Family Contribution Procedures Manual. All income including wages, pensions, investment income (dividends, interest), rental income, etc. are considered in determining the Standard Family Contribution. As of May 2015, financial assets are factored in and include: cash, bank deposits, stocks, bonds, tax free savings accounts, GICs, mutual funds, investment funds and trusts. The only liquid financial assets that are not factored in are RRSPs and RRIFs. Income tax returns for the past 2 years as well as recent bank statements are required to determine the rate.

The Department of Health sets the fees for nursing homes which include room and board, as well as required supervision and assistance with activities of daily living. Fees for services under the Long-Term Care and Disability Support Programs are not covered by Medicare.

Clients with the ability to pay for their long term care services must make a contribution or, in some instances, pay the full amount for services provided. Clients with incomes at or below basic income assistance levels are exempt from the contribution.

The **maximum rate as of 2017** is:

Rate	Daily	Monthly
Maximum	\$113	\$3,437.09

[Nova Scotia](#)

Long-term care facilities licensed and funded by the Department of Health and Wellness provide services for people who need ongoing care. There are two types of long-term care facilities available, nursing homes and residential care facilities.

Nursing homes are options for people who have difficulty performing everyday tasks such as, dressing, bathing and toileting. Nursing home placement is appropriate for people who are medically stable but have nursing needs that cannot be met through home care.

When home care does not meet the needs of a person and nursing home care is not required, a residential care facility may be the solution. Residential care facilities provide people with personal care, supervision and accommodation in a safe and supportive environment. People living in residential care facilities must have the ability to self evacuate in the event of an emergency.

Long-term care costs are shared by the resident, and the provincial government. The Department of Health and Wellness pays for the health care costs, and residents pay for accommodation costs and personal expenses.

The Department of Health and Wellness sets standard accommodation charges annually. Those who are able to pay the full standard accommodation charge are not required to complete a financial assessment. Those who cannot pay the standard accommodation charge can apply to have their rate reduced through an income based financial assessment.

The **approved standard accommodation charges as of November 1, 2016** (under review) are:

Rate	Daily	Monthly
Residential Care Facility	\$65.50	\$1,991.20
Nursing Home	\$110	\$3,344

Prince Edward Island

If the applicant’s assessed income is less than the cost of care, they are eligible for subsidization. The cost of care for determining eligibility is the monthly cost of accommodation plus a provision for comfort allowance. Assets are not required to be used to pay for long term care.

Private pay residential care is determined by the provider.

The **approved maximum rate as of 2016** (under review) is:

Rate	Daily	Monthly
Maximum	\$81.50	\$2,505

Newfoundland and Labrador

The difference between a long-term care facility and a personal care home is in the ownership and the level of care available in the home. Publicly operated long-term care facilities provide on site professional health and nursing services; personal care homes are privately owned and operated facilities and provide assistance with personal care and activities of daily living and avail of visiting health professionals from the regional health authority.

The regional health authority will arrange for an assessment which will determine suitability to reside in a long-term care facility or a personal care home.

Upon moving into a home, a financial assessment can be completed to determine eligibility to receive a subsidy toward this cost. The subsidy may cover the full amount or a portion of the cost.

If you are a private paying resident that cost may vary depending upon the home in which you wish to reside. Prior to moving into a home you may request a financial assessment to determine if you are able to receive a subsidy as established by the province.

A single individual can keep \$10,000 and a couple can keep \$20,000 in liquid assets. Liquid assets include a possession or valuable that is in the form of cash, or can easily be converted to cash without losing much, if any, of its value, e.g. cash, bank accounts, GICs, bonds.

Less than the liquid asset amount allowed, income (less some expenses or debts) will be taken into consideration toward the cost of and accommodation. If liquid assets are above the allowed amount, individuals are required to pay for the full cost. All subsidized residents retain \$150 per month for person use.

The **maximum rate as of 2017** is:

Rate	Daily	Monthly
Maximum	\$98.36	\$2,990

SUMMARY CHART OF ACCOMMODATION RATES FOR PROVINCIALY FUNDED CONTINUING CARE

Province	Rate / Room Type	Daily	Monthly
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	Semi-Private Room	\$56.65	\$1,723
	Standard Room (3 + residents)	\$53.80	\$1,636
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Newfoundland & Labrador	Maximum	\$98.36	\$2,990