

Assisted Living Criteria and Eligibility Tool

Purpose: The purpose of the Assisted Living Criteria and Eligibility Tool is to provide referrers with a clear criterion for referral and admission into an Assisted Living site. Clients that meet the criteria will be processed without delay and placed onto the waitlist for their preferred site. Clients who are inappropriate or have incomplete referrals may result in declination and delay. Sites will then assess and have the right to accept or decline as appropriate for the site.

Appropriate Assisted Living Client		Inappropriate Assisted Living Client <i>Likely to result in declination</i>		Complex Client Requiring Secondary Screening/Discussion to be Appropriate for AL (Collaborative Review Panel) <i>Likely to result in a delay or declination if not addressed</i>		Specialized Populations Criteria This is additional to the Assisted Living criteria for our homeless at risk and young adults program suites.
RAI and Referral	RAI-HC assessment is completed at minimum within the past 3 months or following a medical change to reflect the client's current care needs and functional performance. A complete Paris referral is submitted for review.	RAI and Referral	No updated RAI-HC assessment within 3 months of referral or annually after waitlisted	RAI and Referral	If financial is completed based on a manual financial assessment (last 3 months bank statements), the financial assessment is only valid for 3 months <ul style="list-style-type: none">Updated financial assessment will be required upon bed match	<u>HOMELESS AT RISK CRITERIA</u> ALL AL ELIGIBILITY CRITERIA WITH THE ADDITION OF: Age is 55+ Homeless or living in temporary modular housing AL CHN teaming has been completed Individual must want to be housed and willing to be in AL care/housing model, follow site rules and pay applicable rent Exclusionary criteria - this AL model is not intended to support clients requiring ABI or more formal MH housing support models
	Completed and signed SBAR required for referrals with Acute, Urgent, or Couple Reunification Priority Codes (<i>please see appendix</i>) AL CHN teaming is completed for Acute or Urgent priority code AL referrals RAI HC outcomes: <ul style="list-style-type: none">IADL Involvement score 7+ AND one of the ADL Long Form score 2+ OR CPS 1-2MAPLe score 3+CHESS score less than 4DIVERT score 2+ If available, MOCA scores combined with safety awareness is reviewed for AL appropriateness Client is able direct their own care and is safe behind closed doors. Will not, through their behaviours, jeopardize the safety or well-being of themselves or others. (e.g. in Section E of RAI-HC, verbal behaviours = 0,1 and physical behaviours =0) (PRN medication for behaviour management is not appropriate for Assisted Living) Requires both hospitality services AND personal care services (may include both scheduled and unscheduled support), which cannot be managed by home support. Has utilized a reasonable trial of appropriate community resources OR can no longer be supported in his or her own home by informal caregivers Has Home Support hours 20+/month (approximately) OR had 2+ ED visits OR 2+ hospital admissions in past 90 days Consents to move into assisted living and has at least one preferred provider Is willing to accept services from assisted living staff		No consents, or financial assessment No SBAR for priority clients RAI HC outcome scores indicating client requires too little care or too much care for Assisted Living Low MOCA score combined with low safety awareness Cognitively impaired (short term and procedural memory) Does not require hospitality AND personal care services Unwilling or unable to identify and accept services from home support, informal care giver, or assisted living staff Unable to direct own care or have functional safety awareness (i.e. unable to know what to do in case of emergency)			

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	The building is an appropriate service option and has adequate resources to meet the assessed needs of the individual applicant					
Medical profile	<p>Medically stable for AL</p> <p>Not consistently shifting to medical status and not have frequent acute care visits</p> <p>Is not at risk of personal injury, substantial health decline, an acute care visit or adult guardianship concerns in their current living environment</p> <p>Pain should not affect ability to participate in care or mobilize to meals</p> <p>Wound care with care plan in place</p> <p>Catheter care</p> <p>If client is receiving chemotherapy, site has the appropriate means to dispose of biohazards (supportive funding may be available to sites)</p> <p>If client is on O2, able to manage independently (has a portable o2 or concentrator and means to mobilize with it)</p>	Medical profile	<p>Not medically stable (shifting to medical status or frequent acute care visits)</p> <p>Uncontrolled pain</p> <p>Unable to manage O2 independently</p> <p>Unable to manage ostomy independently</p>	Medical profile	<p>Complex wound care (needs to be supported with AL CHN)</p> <ul style="list-style-type: none">- Care plan must be in place- Wound care supplies to provided by the client (up to 2 weeks provided by Fraser Health) <p>Catheter care</p> <ul style="list-style-type: none">- Schedule for catheter change required- Catheter care supplies to be provided by the client (first catheter change supplies provided by Fraser Health) <p>Ostomy care (only certain sites can accommodate ostomy care)</p> <ul style="list-style-type: none">- Client may be required to perform care and maintenance independently <p>On sliding scale insulin (Certain AL sites may be able to manage this if they have the education and skill to support)</p> <p>Pain can be present with PRN medication if site can accommodate hours of administration (LPN availability dependent)</p> <p>Client has frequent falls</p> <ul style="list-style-type: none">- Please specify reasons for frequent falls in referral (i.e. pain, mobility, etc.) <p>Bariatric clients (350lbs or more) can only be supported at certain sites.</p> <ul style="list-style-type: none">- Sites must be willing and able to accommodate the equipment necessary for the client (i.e. bariatric bed, commode, wheelchair) in keeping with the building limitations- Clients should not require greater than 1 PA assist <p>Please speak with your AL CHN for further information</p>	<p>EXISTING AL CRITERIA APPLIES</p>
Cognitive and Social Needs	<p>Is able to make decisions on his or her own behalf, or will be living with a spouse who is able to make decisions on their behalf. Detailed plan in place at admission if supporting spouse in unable to support</p> <p>Is able to make decisions necessary to function safely in the AL residence</p> <p>Is able to express his or her wishes so as to be understood by personal assistance staff or by a spouse living with them who can communicate with staff on their behalf</p>	Cognitive and Social Needs	<p>Client is unable to make own decisions and is not living with a spouse who is able to make decisions on their behalf</p> <p>Unable to make decisions around functional safety or direct own care</p> <p>Unable to express their wishes to be understood by supporting staff or informal care</p> <p>Behaviours – wandering, physical or verbal abuse, socially inappropriate behaviours</p>	Cognitive and Social Needs	<p>If client is vision or hearing impaired, client has a plan in place to communicate and mobilize in keeping with Assisted Living criteria. Requires collaboration with provider to ensure appropriateness of plan.</p> <p>If client has a language barrier, the client has a plan in place to communicate with Assisted Living site. Requires collaboration with provider to ensure appropriateness of plan.</p> <ul style="list-style-type: none">- Translation services need to be provided by the family, informal care giver, or AL site.	<p><u>HOMELESS AT RISK CRITERIA</u></p> <p>ALL AL ELIGIBILITY CRITERIA WITH THE ADDITION OF:</p> <p>Mental health issues must be stable and preferably supported by professional involvement; cooperation in taking any related medications</p> <p>Any negative behaviours must be minimal, manageable and not jeopardize the safety of others</p>

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	<p>Is able to use the emergency response system or adapted emergency response system and take direction in an emergency</p> <p>Client has informal supports or private agency to facilitate the move in to an AL site (including moving furniture and supplies)</p> <p>Client be able to independently care for a pet (care plan is required for the pet – please note, not all sites accept pets and the type of pet may be restricted. Damage deposit and other fees may apply).</p> <p>Client is agreeable to first bed offer (cannot be selective of studio or 1 bedroom unless couple)</p>		<p>Has PRN medication for behaviour management</p> <p>Resistance to accepting care</p> <p>Has a history of or current behaviours related to hoarding in their environment</p>		<p>Please note that not all AL sites have access to translation services</p> <ul style="list-style-type: none">- Fraser Health translation services for Fraser Health staff only- Care plan may be required <p>Client has a current situation or history of bed bugs</p> <ul style="list-style-type: none">- Plan must be in place to address bed bug infestation or actions already taken to resolve the infestation Bed bug infestation must be resolved. Providers instructions and criteria must be followed. <p>If the client has a history of pet damage or misuse of property due to pet care, a pet care plan must be in place</p> <p>If the client has a history of behaviours (indicated or not indicated on the RAI), please list the behaviours, reasons for the behaviours, duration, and management plan used to mitigate behaviours. Please note client should not have current behaviours that are inappropriate for Assisted Living.</p> <p>If the client has been a previous client with Mental Health or had Mental Health supports please indicated if:</p> <ul style="list-style-type: none">- They are still actively receiving mental health supports- Have a history of declining mental health supports- The assisted living screener may review the intervention or treatment plan if the client is no longer receiving mental health services to determine if they are appropriate for assisted living.- <p>Mental health issues must be stable and preferably supported by professional involvement and client is cooperative in taking any related medications</p> <p>Any negative behaviours must be minimal, manageable and not jeopardize the safety of others. Behaviours are listed with a care plan in the referral or RAI</p>	<p><u>YOUNG ADULT CRITERIA</u></p> <p>ALL AL ELIGIBILITY CRITERIA WITH THE ADDITION OF:</p> <p>Client does not exhibit any behavioural symptoms</p>
Diet and ADLs	<p>Client able to self feed (set up assist max) and not a choking risk</p> <ul style="list-style-type: none">- Diet management for therapeutic or special diets varies by site and may not be accommodated (no on site registered dietitian in AL) <p>Maximum 1 PA assistance for eligible ADLs.</p> <p>Does not require scheduled or unscheduled overnight care (AL is limited with staffing overnight)</p>	Diet and ADLs	<p>Client requires feed assist</p> <p>Requires therapeutic diet due to choking risk (minced, pureed, etc.)</p> <p>Requires 2+ PA for ADLs</p> <p>Unable to transfer or mobilize independently</p>	Diet and ADLs	<p>Requires assistance with mobility</p> <ul style="list-style-type: none">- Please explore mobility options such as power wheelchair or self propel wheelchair (Not all sites allow electric mobility devices inside building.) <p>Client has unmanaged continence needs</p> <ul style="list-style-type: none">- Client must be agreeable to use continence products and manage their continence needs overnight <p>Client requires more than 1 PA for ADLs</p>	<p>EXISTING AL CRITERIA APPLIES</p>

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	<p>Mobility and transfers – clients must be able to transfer and mobilize independently</p> <p>Continence – Client must be agreeable to use continence products if required and manage their continence needs throughout the day and overnight</p>				<ul style="list-style-type: none">- Certain sites will accept a lift for transfers and will support more than 1 PA ADLs. Please consult with AL CHN for more information.	
Equipment	<p>Client has appropriate equipment required to perform ADLs in place prior to move in (i.e. Bed rails, grab bars, transfer pole, wheelchair, commode, walker etc.)</p> <p>Client must have a plan to obtain any equipment (i.e. from Red Cross) and have it delivered to the AL site. Client is responsible to install, maintain, and remove equipment as needed. Equipment must be appropriate for building and approved for use in Assisted Living based on site limitations</p>	Equipment	<p>Client is unwilling to use the equipment required to perform ADLs (i.e. unwilling to use manual wheelchair)</p> <p>Client’s cognition and safety awareness is not sufficient to operate power mobility equipment</p>	Equipment	<p>If the client doesn’t have the required equipment or the means to obtain but is willing to use the equipment, please work with funding sources to obtain the required equipment.</p> <p>Clients using scooters or power wheelchairs will need further assessment by the AL provider during the tour/pre-occupancy meeting to ensure client can use the equipment safely in a congregate setting.</p> <p>Please note, only certain sites will accept power mobility equipment</p> <ul style="list-style-type: none">- Scooter parking may be available for a fee- Client may be responsible for any damage to property caused by power mobility equipment <p>Uses a manual tilt wheelchair</p> <ul style="list-style-type: none">- Client needs to be able to self-propel if in a manual tilt wheelchair- Wheelchair reassessment may be required- Not all sites accept a manual tilt wheelchair <p>Requires specific equipment (certain sites may not have the ability to accommodate certain equipment i.e. transfer poles, bariatric beds etc.)</p> <p>If there is no informal supports in place or client is unable to obtain equipment, CHN in collaboration with the site manager must have a plan to obtain equipment for the client and have it delivered to the AL site.</p>	<p>EXISTING AL CRITERIA APPLIES</p> <p><i>*please note that if the client doesn’t have any financial information but requires equipment, please put in a request for temporary rate reduction and a plan to obtain equipment</i></p>
Substance Use	<p>Smoking:</p> <ul style="list-style-type: none">- Client has a safe smoking assessment and a history of safe smoking habits- Client has to be able to mobilize to smoking areas independently <p>Alcohol use:</p> <ul style="list-style-type: none">- Client’s alcohol use is limited to designated areas or in suite and does not result in inappropriate behaviours causing harm to self or others	Substance Use	<p>History of inappropriate smoking behaviours causing harm to self, others or property, eviction, etc. (i.e. smoking indoors).</p> <p>History of non-compliance around smoking rules and regulations</p> <p>History of alcohol use resulting in harm to self or others, behaviours, or inappropriate conduct</p> <p>Client is unable to mobilize to the designated smoking area independently</p>	Substance Use	<p>Smoking (including marijuana and vaping)</p> <ul style="list-style-type: none">- Client should be able to mobilize to outdoor designated smoking area or off site- Client must be compliant about smoking rules and site regulations- Further cognition assessments may be required <p>Substance use may not be accepted by all AL sites</p> <ul style="list-style-type: none">- Please refer to the Community Access and Transitions team for support <p>Alcohol use has led to increased falls or self-neglect</p> <ul style="list-style-type: none">- Discuss a ETOH protocol or alcohol management care plan with the client <p>Please refer to the homeless at risk criteria in the last column for more information on substance use clients</p>	<p><u>HOMELESS AT RISK CRITERIA</u></p> <p>ALL AL ELIGIBILITY CRITERIA WITH THE ADDITION OF:</p> <p>May have substance use issues but willing to follow harm reduction approach and follow AL site rules regarding substance use</p> <p><u>YOUNG ADULT CRITERIA</u></p> <p>ALL AL ELIGIBILITY CRITERIA APPLY</p> <p>Substance use may not be accepted by all young adult sites</p> <ul style="list-style-type: none">- Please refer to the Community Access and Transitions team for support

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Financial needs	<p>Financial assessment completed with family/client understanding financial responsibilities including but not limited to:</p> <ul style="list-style-type: none">- Client is able to manage own finances (or has a designate or POA to manage their finances for them)- Client or designate able to file taxes annually to continue being eligible for AL subsidized rate- Client is responsible for their own expenses including but not limited to:<ul style="list-style-type: none">- Mobility aids and other equipment- Medication costs- Transportation to and from appointments and to community, if needed- Rate for AL (Client knows their rate, understands the financial commitment and are willing to pay the assessed AL rate – family or substitute decision maker must also be aware, if applicable)- Client must be agreeable to a damage deposit and pet deposit, if applicable- Client agreeable to all other applicable fees (i.e. Parking, scooter parking, cable, telephone, internet, etc.)- Client has their own furniture or means to purchase basic furniture for their Assisted Living suite- Client is able to pay for or has supports to facilitate moving and moving costs- Client is able to pay for personal care supplies, groceries, household items, and other required equipment	Financial needs	<p>Client is unwilling to pay for AL and would not typically qualify for a Temporary Rate Reduction (consult with your CHN for support if needed)</p> <p>Client is unwilling to pay for additional required services and has no informal care to provide in substitute</p> <p>Client does not have furniture or any means to obtain basic furniture or facilitate movement of furniture into AL site</p>	Financial needs	<p>An Assisted Living Temporary Rate Reduction (TRR) is available to clients on a temporary basis if qualified</p> <ul style="list-style-type: none">- TRRs have limited qualifying expenses- Please refer to your Clinical Practice Leader for more details <p>Financial supports within community maybe available, please explore:</p> <ul style="list-style-type: none">- PGT for financial management- Bloom Group (financing may take a period of time to be activated, temporary financing may be required. Please discuss with the AL Manager for further details)	<p>ALL AL ELIGIBILITY CRITERIA WITH THE ADDITION OF:</p> <p>Generally low-income and be on or eligible for BC Person's with Disability Benefits, or if over 65, be on or eligible for Federal Guaranteed Income Supplement (GIS)</p>
Informal Supports and iADLs	<p>Client has a physician in place, is able to mobilize to a walk-in clinic, or is willing to accept the AL onsite physician</p> <p>Client has means to obtain personal care supplies, groceries, household items or any other required items not provided by the AL site</p> <p>Client able to perform personal laundry or have support to perform personal laundry. Laundry assistance may be available by the AL site at a fee</p> <ul style="list-style-type: none">- Laundry services for linens and towels are able to be managed by the AL site (may come at an additional cost to client) <p>Client able to manage booking and to get to and from appointments independently or has support to do so</p> <p>Client is able to furnish own suite or has support to do so</p>	Informal Supports and iADLs	<p>Client does not have any means to obtain personal care, groceries, or household items not provided by the AL site on an ongoing basis</p> <p>Client is unable to manage booking and transportation to and from appointments and community without ongoing support</p> <p>Client has no furniture or ability to furnish own suite (and is not eligible for or open to community supports)</p> <p>Client has no informal supports or pet care plan in case of client hospitalization</p>	Informal Supports and iADLs	<p>Client does not have a physician in place</p> <ul style="list-style-type: none">- There may be a physician support model for Assisted Living for unattached clients <p>Client does not have any informal supports</p> <ul style="list-style-type: none">- Please explore community, family, or faith-based supports that may be available to the client- Please indicate a plan of support for the client in the absence of any informal supports- Please consider the location and availability of the informal supports <p>Client needs to manage their own personal laundry needs</p> <ul style="list-style-type: none">- If client is unable to manage independently or with informal supports, please ensure that client is able to pay for the service through the service provider	<p>EXISTING AL CRITERIA APPLIES</p>

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	If the client has a pet, the client has support for the pet in the case of client hospitalization					
Couple Referrals	<p>Spouses may move in with the applicant provided there is at least one person in suite who meets the eligibility criteria.</p> <p>At least one of the two individuals in a couple require cognitive awareness for decision making under the Community Care and Assisted Living Act.</p> <p>A plan is in place in the event a decision maker is incapable, unavailable, or hospitalized</p> <p>Should the AL spouse move to LTC or has died, the non-funded spouse is aware that they will need to find alternate housing within 6 months.</p> <p>Each spouse will require a completed RAI-HC, the complete and up to date financial assessment for couples and a referral in PARIS.</p>	Couple Referrals	<p>Both clients require cognitive support and have no safety awareness or decision making ability</p> <p>There isn't a RAI or completed financial assessment or referral for both parties in the couple</p> <p>Either one or more individuals in the couple do not meet the assisted living eligibility criteria</p>	Couple Referrals	<p>If a couple is unwilling to go into a single shared suite</p> <ul style="list-style-type: none">- They must be paying in the individual rates for AL suites- Couple suite rates do not apply unless the suite is shared- Both individuals must be able to direct their own care and meet the AL criteria individually. <p>There's no plan of support in place in the absence of a decision making spouse</p> <ul style="list-style-type: none">- Please note respite supports are not available unless on a private pay basis- Please explore community, family, or faith-based supports that may be available to the client	<p>COUPLES MAY NOT BE ACCOMMODATED AT ALL HOMELESS AT RISK AND YOUNG ADULT SITES – Please inquire with the AL Community Access and Transitions team prior to submitting a referral</p>

Appendix - Available Priority Codes:

CODE	DESCRIPTION	Prioritization
ACUTE	Clients that are in hospital at time of referral (this includes HOSPICE)	HIGH
URGENT	Urgent placement refers to a situation where a client, fully meeting assisted living guidelines, requires an urgent admission to assisted living and is placed at the top of the waitlist for a site in their preferred geographic area	HIGH
COMMUNITY	Clients that are living at home or in another setting or private pay facility (ex. Assisted Living Facility, Long-term Care) at the time of referral.	NORMAL
COUPLE REUNIFICATION	Only used when one spouse is already in AL or LTC; Referral should have only 1 PCH. This code can't be used if it's an initial referral unless there is special consideration. Couples applying for AL as a primary referral do not need this code.	HIGH
Priority 1, Priority 1B, Priority 2-6	DO NOT USE	LOW/NO PRIORITY GIVEN