

Long Term Care in New Brunswick

Residential Facilities

Nursing Homes

How Nursing Homes are organized and administered

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 Regional Offices of Family & Community Health Services of which there are 8. The Regional Offices of Family & Community Health Services will conduct an assessment to determine a client's needs and will help the client transition into a nursing home.

Eligibility/Requirements for Admission

To be eligible for admission into a nursing home a client must:

- be 19 years or older
- be a citizen or permanent resident of Canada
- be a resident of New Brunswick
- have been assessed as needing a nursing home level of care

Income/Asset Test

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 Family and Community Services and/or the Department of Health must determine that a person is eligible for long term care services in order for that person to apply for government subsidy. The 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 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 income 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. Income tax returns for the past 2 years as well as recent bank statements are required to determine the rate. There is no asset test.

BEST in CARE is a comprehensive, impartial service that promotes and supports caregiver wellness and wellness for seniors, enabling families to give the best possible care to aging family members, while also taking best care of themselves.

BEST IN CARE has researched and prepared this report carefully. To the best of BEST in CARE's knowledge, all information included is accurate and unbiased. However, BEST in CARE cannot and does not guarantee the accuracy or completeness of the information. BEST IN CARE cannot accept responsibility for any problems that might arise in relation to your choice of services, whether or not your choice was influenced by information in this report.

Costs

The Department of Health sets the fees for nursing homes which include room and board, as well as supervision and assistance with activities of daily living. These fees for services under the Long-Term Care and Disability Support Programs are not covered by Medicare. The Department subsidizes the cost of these services. How much a client needs to pay for these services depends on his/her family income but will not be more than \$70/day.

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

A subsidized client in a residential facility retains or receives a monthly comfort and clothing allowance. The amount of the allowance is determined by the facility itself.

Home Care

Government-subsidized Home Care

How Government-subsidized home care is organized and administered

Home support services are designed to help clients remain independent and in their own home for as long as possible. Home support provides personal assistance with daily activities, such as bathing, dressing, grooming and light household tasks that help maintain a safe and supportive home.

In New Brunswick, home care is managed by the Regional Offices of Family & Community Health Services of which there are 8 in the province. The Regional Office of Family & Community Health Services will send a care co-ordinator who will assess how the person functions, the level of supervision needed, the level of care needed and the ability of the family to provide the required care. The hours of home care granted by the Regional Office of Family & Community Health Services will depend upon the assessment. The maximum number of hours of home care granted is 215 per month (53.75 hrs per week).

Eligibility/Requirements for Admission

To be eligible for the Home Care Program an individual must:

- be 19 years or older
- be a citizen or permanent resident of Canada
- be a resident of New Brunswick
- have been assessed as needing home care

Income/Asset Test

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 Family and Community Services and/or the Department of Health must determine that a person is eligible for long term care services in order for that person to apply for government subsidy. The 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 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 income 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. Income tax returns for the past 2 years as well as recent bank statements are required to determine the rate. There is no asset test.

Costs

In-home support services are not covered by Medicare. As a result, a contribution scale is used to determine the client's contribution towards the cost of services. The government will pay for those who are unable to pay the full cost of their services. No income or very low income clients may receive in-home support services for no charge. Those clients with low income may pay a nominal per hour fee. The hourly fee for in-home support services would vary according to the client's income (as determined by the Standard Family Contribution Procedures). The maximum fee for in-home support services is \$2,822.95 per month or \$13.13/hr.

The contribution is based on family income minus income taxes, statutory employment deductions, private health insurance premiums and Long Term Care insurance premiums.

Private Home Care

Home care resources are limited and go to the most needy. As a result, many seniors get inadequate amounts of home care services and have to rely on private home care services to receive the appropriate amount of care.

Costs of Private Home Care

Type of Service	Provincial Average
Meal Delivery (per meal)	\$6.03
In-home Meal Preparation (per hour)	\$13.88
Laundry/Housecleaning (per hr)	\$13.89
Personal Care (Bathing/Dressing) (per hr)	\$13.90
Companionship/Supervision (per hr)	\$14.11
Skilled Nursing (per hr)*	\$30.00 - \$64.38
Occupational Therapy (per hr)	\$83.75

* Fees range depending on what kind of nurse, such as a registered nurse (RN) or Licensed Practical Nurse (LPN), delivers care.

Typical Home Care Scenarios

Scenario 1: Low Level of Care

Mrs. Williams is an 85 year old widow still living at home. She has osteoarthritis and leg edema that is relieved by support stockings. However, because her fingers are arthritic and she cannot bend forward, she requires assistance to put on her stockings. She is able to get around her home using her rollater.

Two months ago Mrs. Williams had a significant fall and lost 9 kg. Both her daughters assist Mrs. Williams on weekends and in the evenings, and one of her daughter's husbands maintains the house, lawn, etc. Her daughters report that Mrs. Williams complains that she forgets to eat and that the food in the refrigerator has spoiled. When they are with her, she eats very little and sometimes chokes on her food. To ensure that she eats safely, Mrs. Williams needs meals delivered to her home and also requires a home maker to supervise her meals. To increase her safety, Mrs. Williams requires a home safety assessment as well as some assistance with bathing.

Care Plan

- Meal Delivery: 2 meals a day for weekdays with Meals on Wheels or other meal delivery programs
- Meal Supervision: 1 hour a day for weekdays including recording her meal intake and providing stand-by assistance if patient chokes
- Bathing: 2 times weekly 1 hour each
- Dressing: 20 minutes for weekday mornings to assist with putting on support stockings
- Occupational Therapist: to provide initial assessment for home safety and to make recommendations

	Services Required	Covered by Government⁽¹⁾	Services required to be paid by client	Cost per unit	Monthly Cost
Meal Delivery	10 meals/wk	0	10 meals/wk	\$6.03/meal	\$241.20
Meal Supervision	5 hrs/wk	0	5 hrs/wk	\$14.11/hr	\$282.20
Personal Care: Bathing/Dressing	3.7 hrs/wk	2 hrs/week	1.7 hrs/wk	Up to \$13.13/hr (govt) \$13.90/hr (private)	199.56
TOTAL per month					\$722.96

In addition, there may be expenses for two visits of an occupational therapist including a 1 hr initial assessment and 45 min follow up after equipment has been installed. The two visits will cost \$146.56 altogether.

Scenario 2: Intermediate Level of Care

Mr. Leung is a 72 year old widower. He lives alone in a senior's apartment building in a small community outside of the city. Mr. Leung has cataracts in both eyes and has been diagnosed with dementia. His son assists Mr. Leung in the evenings but is not available on the weekends so Mr. Leung needs meal preparation on weekends. He occasionally forgets to take his medicines and does not eat properly. Although Mr. Leung does not wander out of his apartment, he requires supervision when he goes out for a walk or to pick up a few groceries in case he gets confused and wanders. He also requires supervision with bathing, laundry, meal preparation and clean-up.

Care Plan

- In-home meal preparation: 2 hours a day for weekends
- Bathing and Personal care: 4 times weekly 1 hour each
- Dressing: 4 times weekly 1 hour each to assist with morning hygiene and dressing
- Safety Supervision: 4 times weekly 30 minutes each, during walks and running errands so he does not get lost
- Supervision with medication: 1 hour weekly
- Laundry: 2 hours every other week
- House Cleaning: 1 hour weekly

	Services Required	Covered by Government⁽¹⁾	Services required to be paid by client	Cost per unit	Monthly Cost
In-home Meal Preparation	4 hrs/wk	0	4 hrs/wk	\$13.88/hr	\$222.08
Personal Care: Bathing/Dressing	8 hrs/wk	3 hrs/wk	5 hrs/wk	Up to \$13.13/hr (govt) \$13.90/hr (private)	\$435.56
Safety Supervision	2 hrs/wk	2 hrs/wk	0	Up to \$13.13/hr (govt)	\$105.04
Supervision with Medication	1 hr/wk	0	1 hr/wk	\$14.11/hr	\$56.44
Laundry/House Cleaning	2 hrs/wk	0	2 hrs/wk	\$13.89/hr	\$111.12
TOTAL per month					\$930.24

Scenario 3: High Level of Care

Mrs. Jensen is 88 years old and lives with her husband who is 93 yrs old in a two-bedroom condominium. The Regional Office of Family & Community Health Services has recommended that Mrs. Jensen be moved to a nursing home. However, her daughter has promised that she will not send her parents to a nursing home. Mrs. Jensen has had a recent stroke and is diabetic. She can transfer on her own but can only walk short distances as her balance is poor and she is at risk for falls. In addition, she has a stage 2 ulcer on her heel that makes walking difficult. For longer distances, she uses a wheelchair. Mrs. Jensen's husband is alert and aware but he is physically frail. Therefore, he is not able to help his wife with bathing, meal preparation, household chores and to take her to appointments. She also needs a nurse to regularly monitor and chart her medicine use, blood sugar readings and clean her heel ulcer and change her bandages. An Occupational Therapist referral is needed to provide recommendations for safety equipment (e.g installing safety bars, raising toilet seat, ensuring adequate lighting, removing clutter or loose rugs).

Care Plan

- In home meal preparation: 2 hours daily
- Private caregiver: 8 hours daily to assist with bathing, dressing, toileting, transferring and provide caregiver relief
- Private RN: 4 times weekly 30 minutes each to monitor insulin use and chart; to check that medicines are taken accurately; and to monitor and change dressing on heel ulcer
- Laundry: 2 hours every other week
- House Cleaning: 1.5 hours weekly
- Occupational Therapist: to provide initial assessment for home safety and to make recommendations. Two visits including 1 hour initial assessment and 45 minutes follow up after equipment has been installed.

	Services Required	Covered by Government⁽¹⁾	Services required to be paid by client	Range of cost per unit	Monthly Cost
In-home Meal Preparation	14 hrs/wk	0	14 hrs/wk	\$13.88/hr	\$777.28
Personal Care: Dressing/Bathing	56 hrs/wk	14 hrs/wk	42 hrs/wk	Up to \$13.13/hr (govt) \$13.90/hr (private)	\$3,070.48
Skilled Nursing	2 hrs/wk	0	2 hrs/wk	\$30.00 - \$64.38/hr	\$240.00 - \$515.04
Laundry/House Cleaning	2.5 hrs/wk	0	2.5 hrs/wk	\$13.89/hr	\$138.90
TOTAL per month					\$4,226.66 – 4,501.70

In addition, there may be expenses for two visits of an occupational therapist including a 1 hour initial assessment and 45 minutes follow up after equipment has been installed. The two visits will cost \$146.56 altogether.

⁽¹⁾ The hours of care allotted by the Regional Offices of Family & Community Health Services mentioned above are an estimate only. Actual hours allotted by the Regional Offices of Family & Community Health Services may be more or less depending on a formal care assessment and regional availability.

Manulife Financial worked with Best in Care to bring you this information.

This report has been prepared by persons independent of Manulife Financial for information purposes only. Manulife Financial does not provide any warranty, express or implied, and assumes no legal liability or responsibility for the accuracy or completeness of any information provided in this report. The information contained in this report is not intended to provide financial, insurance, legal or other advice, and you should not rely upon this report to provide any such advice.