



Independent Living BC

A Housing for Health Partnership

Independent Living BC Program Framework

Revised October 2012

1. INTRODUCTION

The Independent Living BC (ILBC) program is a partnership between BC Housing, the Health Authorities of British Columbia, non-profit housing providers, and private sector housing providers. ILBC provides rental units and support services to low and moderate income seniors and persons with disabilities who require some assistance to live independently but who do not require the level of support provided in a residential care facility. Figure 1 illustrates some of the key supportive housing options for seniors.

Figure 1: Key Supportive Housing Options for Seniors and Persons with Disabilities

Seniors Supportive Housing	Home Care	Independent Living BC	Residential Care
<ul style="list-style-type: none">• Low level of support• Independent rental unit• Hospitality services	<ul style="list-style-type: none">• Customized level of support• Private housing• Tailored care is provided at home	<ul style="list-style-type: none">• Moderate level of support• Independent assisted living unit• Hospitality services• Personal care services	<ul style="list-style-type: none">• High level of support• Residential care unit• Full-time professional health care

ILBC is designed to reduce the difference between what tenants pay for accommodation and support services and the cost of delivering these services. Tenants in ILBC units pay a 'tenant rent contribution' towards accommodation and support services, which is calculated at 70% of their after-tax income, up to a maximum rent. The tenant rent contribution goes toward the cost of accommodation, hospitality services and personal care services. As of October 1, 2007, a hydro surcharge of \$15.00 per month is also payable in addition to the tenant rent contribution.

Within the ILBC program, a distinction is made between Phase I and Phase II.

- **ILBC Phase I**
BC Housing provides funding towards the accommodation ('shelter') component of ILBC units. The Health Authority subsidizes both hospitality and personal care services, or may provide personal care services directly.
- **ILBC Phase II**
BC Housing provides funding towards both shelter and hospitality services. The Health Authority subsidizes personal care services or may provide personal care services directly.

ILBC units are operated by both non-profit and for-profit housing providers who must be registered with the Office of the Assisted Living Registrar pursuant to the *Community Care and Assisted Living Act*. Non-profit providers usually receive a 'budget-led' subsidy to operate a development that consists entirely or predominantly of ILBC units. Some of these developments have been purpose built for ILBC and others have been converted. For-profit providers usually receive 'rent supplements' in exchange for designating a number of units within their assisted living development as ILBC units. Rent supplements allow providers to continue owning and managing the designated units while making the units affordable for low and moderate income seniors and persons with disabilities. BC Housing pays rent supplements at a fixed rate per unit per month.

2. PRINCIPLES

ILBC features flexibility to respond to the needs of different communities and tenant populations through the allocation of 4300 ILBC assisted living units across all five health authority regions. The fundamental program elements include:

- Safe, secure, self-contained affordable rental housing that provides privacy and independence for residents.
- Hospitality services that allow residents to maintain an independent lifestyle by including meals, assistance with basic housekeeping tasks, social and recreational opportunities, and 24-hour emergency response services.
- Personal care services that promote dignity and independence for residents, are respectful of and responsive to their preferences, needs and values.

Together, these program elements ensure that low to moderate income seniors and persons with disabilities can receive the assistance they require in a setting that promotes independence, choice and dignity. What unites all those able to benefit from this program is their ability, given the appropriate services, to live independently in their own housing. The philosophical base for ILBC is the recognition that choice and privacy are requisites for independence, which in turn fosters optimum good health.

3. GOALS

- Provide stable, affordable and well-managed subsidized housing with a range of support services for low and moderate income seniors and persons with disabilities.
- Bridge the gap between home care and residential care.
- Provide more housing options for seniors and persons with disabilities who do not need 24-hour care in an institutional setting, but who cannot live independently without supports.

4. OBJECTIVES

- Seniors and persons with disabilities have improved access to a wider range of appropriate housing options.
- Residents are allowed to maintain independence and gain an improved quality of life.
- Seniors and persons with disabilities are able to access appropriate housing in their home communities.

5. OUTCOMES

- Creation of increased stock of assisted living units available to low and moderate income tenants.
- More seniors able to remain in their home community.
- More persons with disabilities able to access appropriate housing in their home community.
- Improved health and well-being of seniors and persons with disabilities.

Occupancy Standards

The following guidelines ensure ILBC tenants are accommodated in suitable units for their household size:

- No more than two and no less than one person per bedroom.
- Couples share a bedroom unless a physician recommends separate bedrooms for medical reasons.
- People sharing living quarters in a non-spousal relationship can have separate bedrooms.

Exit Criteria

Over time, the ability of tenants to remain independent may decline. Although efforts should be made to facilitate tenants that wish to remain in their ILBC unit, some tenants may require levels of support or health services that exceed the services provided under ILBC. The Health Authority is responsible for determining whether an ILBC unit is no longer appropriate to meet a tenant's needs. Providers will work with the Health Authority as these decisions are made. In deciding whether to move a tenant out of an ILBC unit, the Health Authority will consider a variety of factors such as whether the tenant still qualifies for the ILBC program, has needs that can no longer be met in an ILBC unit, is eligible for a more comprehensive care facility or is not complying with the terms of their occupancy.

The Health Authority will work with exiting tenants to find more suitable accommodation and support. An exiting tenant may be permitted to remain in an ILBC unit for a period of time while alternative accommodation is being arranged. If the tenant requires increased support during this period, the provider will work with the Health Authority to help meet the tenant's needs.

Couples may occupy an ILBC unit if at least one partner qualifies for the ILBC program. For couples where the eligible partner ceases to occupy the unit, the Health Authority will work with the ineligible partner to find alternative accommodation. The ineligible partner may be permitted to remain in the ILBC unit for a period of time while other accommodation is being arranged. If the remaining partner does qualify for an ILBC unit, they may be required to move into a smaller unit within the development.

6. CORE SERVICES

Core services must be provided in accordance with the requirements of the Office of the Assisted Living Registrar. For more information on prescribed services and guidelines, providers should refer to their Registrant Handbook or contact the Office of the Assisted Living Registrar (<http://www.health.gov.bc.ca/assisted/>). The provider must also comply with any additional standards regarding the delivery of core services, as outlined in the Assisted Living Agreement with the Health Authority or the ILBC Agreement with BC Housing.

Core services are included within the cost of the tenant rent contribution and are available to ILBC tenants at no additional charge. If a tenant elects not to receive certain core services, no reduction is made to the tenant rent contribution. The core services provided to ILBC tenants are as follows:

Hospitality Services

- **Daily Meal Service**

The daily meal service must include a minimum of two meals per day, one of which must be the main, daily nutritious meal. In addition, mid-morning and mid-afternoon snacks and fluids must be available at no extra charge, and meal times should be consistent and appropriate for tenant requirements. Where seating allows, there should be opportunity for friends and family to purchase meals and dine with tenants. All food must be prepared in compliance with *Canada's Food Guide to Healthy Eating*. Menus must be prepared in advance and communicated to tenants in a reasonable manner. Whenever possible, tenants should be encouraged to make menu suggestions. Menus should offer variety, seasonal variation and provide choices from within the same food group at meal times. Menus must recognize the need for special and modified diets, and include options for tenants with diabetes and food allergies. Texture-modified diets must be approved by an appropriate health care professional and prepared by employees trained and supervised in the preparation of texture-modified diets using appropriate equipment. All food services must comply with environmental health regulations. Kitchen facilities must comply with relevant provincial regulations and employees must be properly trained and hold the appropriate FOODSAFE certification.

- **Weekly Laundry and Housekeeping**

Housekeeping services include a light cleaning of tenant units as well as the regular changing and laundering of tenant linens and towels at least once per week. Linens and towels may be provided by the tenant or supplied by the provider. Staff providing housekeeping and laundry services must follow proper and effective cleaning, hygiene and disease-control procedures.

- **Social and Recreational Activities**

Regular social and recreational activities are provided in order to promote social interaction among tenants, stimulate cognitive abilities and promote physical fitness. It is not mandatory that all activities are planned and delivered by employees of the provider as many community resources may already provide activities of interest to tenants. Partnerships with seniors' clubs and community organizations are encouraged. However, it may be necessary for the provider to coordinate the provision of these activities. Any staff time required for liaison with community resources or coordination of social and recreational activities for tenants will be identified by the provider as an eligible operating expense. Where possible, tenants should be given the opportunity to participate in program planning to ensure events are beneficial and meaningful to the tenant population. Activities must aim to maximize tenant participation and providers are required to ensure that these objectives are met.

- **24 Hour Emergency Response System**

An ongoing emergency response system must be available for all tenants. This includes emergency call buttons, in all tenant units, that are monitored twenty-four hours a day, every day of the year.

Personal Care Services

Personal care services may be routine, such as help with daily living activities like eating, dressing, bathing, grooming or mobility, or they may be more intensive, such as assistance with administering prescription drugs. The Health Authority will work with the provider to ensure that service delivery plans are tailored to meet the personal care needs of individual tenants.

7. ROLES AND RESPONSIBILITIES

ILBC providers will sign separate agreements with both BC Housing and the relevant Health Authority. These agreements will outline the specific roles and responsibilities for each party in greater detail. Tenants in ILBC units will enter into individual residency agreements with their provider.

BC Housing Responsibilities

- During the start-up phase, BC Housing provided funding for approved capital developments.
- Providing rent supplements and/or subsidies towards shelter and/or hospitality services.
- Monitoring operations to ensure that public funds are spent prudently and responsibly.
- Providing technical expertise, information and other advice as appropriate.
- Working cooperatively with ILBC providers and the Health Authorities.

Health Authority Responsibilities

- Referring eligible tenants to non-profit and private ILBC providers.
- Determining the appropriate tenant rent contributions to be paid by each tenant.
- Providing funding for hospitality and/or personal care services for ILBC tenants, or in some cases, delivering the personal care services directly.
- Monitoring operations to ensure that public funds are spent prudently and responsibly.
- Working with providers and BC Housing to ensure strong links with home and community care services.
- Working with providers to make decisions regarding ILBC units that best meet the needs of tenants.
- Establishing a process to resolve any disputes between the Health Authority and providers.

Provider Responsibilities

- Entering into and complying with an ILBC Agreement with BC Housing.¹
- Entering into and complying with an Assisted Living Agreement with the relevant Health Authority.
- Entering into and complying with a Residency Agreement with each tenant.
- Managing the ILBC units in accordance with the requirements of the Office of the Assisted Living Registrar, including the maintenance of all necessary certification.

8. MONITORING

Regular monitoring helps providers and BC Housing measure progress, better match services to tenant needs, support improved service delivery, demonstrate the effectiveness of the program and inform future program planning. Monitoring tools are designed to open dialogue and facilitate these goals. The cornerstones of monitoring are risk mitigation, quality assurance and quality improvement. Key risks within ILBC developments will include tenant and staff safety, and the spread of infectious diseases.

¹ BC Housing ILBC Agreement Reference Numbers: AG99, AG103, AG106, AG111, AG113, AG114, AG115, AG119, AGR129, AGR130, AGR131 and AG522.

Monitoring Principles

- Shared accountability and shared ownership for monitoring between BC Housing and providers.
- Regular, relevant and consistent information gathered.
- Transparency and accountability in gathering, interpreting and reporting information.
- Manageability and simplicity.

Monitoring Purpose

Risk Mitigation

- Reduce health and safety risks for both staff and tenants.

Quality Assurance

- Determine whether the services are effective in meeting the program goals.
- Ensure accountability to program participants and to the public for services delivered.
- Determine whether providers meet contractual obligations.

Quality Improvement

- Improve service delivery for tenants.
- Gain information regarding tenant outcomes to adjust and improve program effectiveness.
- Identify and promote best practices.
- Support providers in the identification of issues and with appropriate intervention.

Monitoring Tools

The monitoring system is designed to gather both quantitative and qualitative information. There are a variety of monitoring tools which may be utilized in different combinations depending on the project type. The monitoring tools and process will be specified in more detail in BC Housing's agreement with each provider. Some examples of typical monitoring tools are outlined below in Figure 2. The Health Authority may also have requirements regarding monitoring and reporting.

Figure 2: Monitoring Tools

Activity Report	<ul style="list-style-type: none">• Report on rent supplement activity• Report completed by the provider and submitted to BC Housing• Usually occurs annually
Provider Report	<ul style="list-style-type: none">• Providers submit a report, in the specified form, to BC Housing• Report completed by the provider• Usually occurs annually
Financial Review	<ul style="list-style-type: none">• Providers submit audited financial statements to BC Housing• Review conducted by BC Housing• Usually occurs annually
Operational Review	<ul style="list-style-type: none">• On-site review of operations, policies and procedures• Review completed by BC Housing• Usually occurs at least once every three years
Notification of Tenancy Change	<ul style="list-style-type: none">• Providers submit a form to BC Housing• Notification of changes in occupancy and tenant income• Usually submitted as changes occur and at least quarterly

9. SIGNOFF

The Program Framework requires final signoff by the BC Housing Vice President of Operations and the Vice President of Development Services.



Vice President, Operations
BC Housing



~~CRAIG CRAWFORD, Vice President, Operations~~

Vice President, Development Services
BC Housing

CRAIG CRAWFORD, Vice President, Operations

APPENDIX A: ELIGIBLE PROJECTS

ILBC submissions were made by existing for-profit assisted living providers, or by non-profit societies under the following categories:

- New construction
- Renovation of existing housing or health facilities
- A combination of new construction “in-fill”
- The conversion or change of use of existing housing to housing with hospitality and personal care services for tenants eligible through the program.

ILBC developments or units were awarded to non-profit societies and private assisted living operators through a competitive process. The Ministry of Health Services set province-wide program targets for the number of ILBC housing units allocated to each Health Authority. Depending on need, BC Housing, in partnership with the health authorities, issued proposal calls based on a region, community or a specific site. Proposals were generally evaluated based on quality, value for money, and ability to complete the development on schedule.

Each Health Authority determined requirements or preferences for delivery of services. For example, Health Authorities may require ILBC housing providers to deliver personal care services, or they may arrange to deliver these services themselves. All ILBC developments must therefore adhere to Health Authority requirements and all providers must enter into a separate Assisted Living Agreement with their relevant Health Authority.

Please note that submissions for additional ILBC units are no longer being requested or accepted.

APPENDIX B: FACILITY GUIDELINES

ILBC Facilities

Overall, an ILBC building will include the following:

- Commercial kitchen and common dining area on the main floor
- Staff office space and washroom
- Tenant lounges and activity spaces
- Support service rooms (hairdressing, podiatry, etc)
- Assisted bathing room
- Tenant laundry rooms on each floor
- Staff laundry room (for tenant laundry service, kitchen and housekeeping staff, etc)
- Service rooms (equipment storage, scooter storage space, etc)

Dwelling units are primarily one-bedroom units, along with some bachelor and two-bedroom units. Many residents may at some point experience physical or cognitive limitations, and therefore, all resident units and common areas must accommodate the special needs of the resident population. Examples may include:

- Elevators in multi-storey residences
- Wheelchair accessibility
- Bathrooms designed for persons with disabilities, including grab bars at showers and toilets
- Adequate space for the safe mobility of persons using mobility aids
- Adequate space for attendants to assist residents with mobility and/or the activities of daily living
- Lever handles on doors and faucets
- Special alarms and signals for those who are hearing impaired
- Special sound rating between units, as some tenants may listen to TV/radio at higher volumes, frustrating neighbouring tenants
- Clear building layout with landmarks to help residents with declining cognitive ability orient themselves

Service providers must provide building security that protects residents from intruders while maintaining ease of access for residents. Residents' privacy and security must be protected with lockable doors to resident units and a lockable cabinet within each resident unit for valuables. All providers must have an Emergency Preparedness Plan to deal with all types of emergencies such as fire, loss of heat or excessive heat, loss of power and water, flooding, broken pipes or a disruption of services. Emergency alarm systems must be appropriate for the tenant population (e.g. visual systems to alert people who are deaf), and the unique needs of residents should be noted in their personal service plans (e.g. the amount of physical assistance required during an emergency).

Facility Standards and Requirements

By law, all assisted living residences in BC must be registered with the Assisted Living Registrar. The Registrar outlines a number of requirements for assisted living facilities, which can be found in detail in the Assisted Living Registrant Handbook. In addition to the Registrar's requirements, specific standards may apply to ILBC residences, although this varies according to how they are acquired. Private assisted living operators that provide ILBC units must abide by the Registrar's requirements and the design and facility requirements outlined in the call document sent out for proposal calls, but are not required to follow the *ILBC Design and Construction Standards (2006)*. ILBC residences developed via the renovation or conversion of existing housing must adhere to the ILBC conversion requirements of the *ILBC Design and Construction Standards (2006)*. These mandatory building conversion requirements are outlined in Appendix E. Finally, ILBC residences developed through new construction must adhere to the *ILBC Design and Construction Standards (2006)*.

APPENDIX C: PROGRAM MODEL

STAGE	INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	MEDIUM /LONG TERM OUTCOMES
Start-up	<ul style="list-style-type: none"> ▪ Staff time from BC Housing, Health Authorities, non-profit societies and private operators ▪ Capital funding and related resources 	<ul style="list-style-type: none"> ▪ Confirm community demand ▪ Select eligible projects ▪ Approve capital expenditures ▪ Approve operating arrangements ▪ Fund capital expenditures ▪ Provide development and construction advice/expertise 	<ul style="list-style-type: none"> ▪ BC Housing's ILBC Agreements and Health Authorities' Assisted Living Agreements in place ▪ 4300 ILBC units allocated according to MoH plan ▪ Allocated units constructed/renovated/converted where required 	<ul style="list-style-type: none"> ▪ Increased options for seniors who cannot live independently at home but do not require 24 hour care in institutional setting ▪ Increased stock of assisted living units available to low and moderate income tenants 	<ul style="list-style-type: none"> ▪ Gap between home and residential care is eliminated ▪ Fewer seniors who do not require 24 hour care entering 24 hour care facilities due to lack of options ▪ More seniors able to remain in their home community
On-going Operations	<ul style="list-style-type: none"> ▪ Staff time from BC Housing, ILBC providers and Health Authorities ▪ BC Housing rent supplements for ILBC units in assisted living facilities ▪ BC Housing 'housing and hospitality' subsidies for budget-led ILBC projects ▪ Health Authorities provide subsidies for personal care 	<ul style="list-style-type: none"> ▪ Administration of funding/subsidies. ▪ Contract monitoring/management ▪ On-going provision of ILBC housing, hospitality and personal care services to target tenant groups 	<ul style="list-style-type: none"> ▪ ILBC units operate on budget and in accordance with agreements ▪ ILBC operators provide housing and hospitality services ▪ ILBC operators or Health Authorities provide personal care services 	<ul style="list-style-type: none"> ▪ Stable, affordable and well-managed non-market/ subsidized housing with a range of support services is available for low and moderate income seniors and persons with disabilities 	<ul style="list-style-type: none"> ▪ Improved health and well-being of seniors and persons with disabilities ▪ Reduced costs for health care system

APPENDIX D: SUBSIDIES AND RENT SUPPLEMENTS

Budget Led Subsidies

In Phase I and Phase II budget-led ILBC projects, BC Housing provides a subsidy towards the shelter component. In Phase II, BC Housing also provides a subsidy towards the cost of hospitality services. This subsidy goes towards reducing the difference between the monthly cost of providing these services (as determined in the operating budget) and the amount covered by the tenant rent contribution. The process for calculating the subsidy is outlined in the ILBC Agreement between BC Housing and the provider. The cost of personal care services is the separate responsibility of the Health Authority in both Phase I and Phase II. In some cases, Health Authority employees provide the personal care services directly, eliminating the need for personal care subsidies. If the Health Authority does not provide personal care services directly, the cost is covered by the Health Authority pursuant to an Assisted Living Agreement with the provider. In Phase I, the Health Authority is also responsible for subsidizing hospitality services.

Rent Supplements

BC Housing rent supplements are calculated at a flat rate per unit per month, as set out in the ILBC Agreement. In Phase I and Phase II, the rent supplement helps cover the cost of shelter and, in Phase II, it also goes towards the hospitality services component. As with budget-led subsidies, the cost of personal care services is covered by the Health Authority pursuant to the Assisted Living Agreement. In Phase I, the Health Authority is also responsible for subsidizing hospitality services.

- **Maximum Rent**

Rent supplement projects involve a maximum rent. The maximum rent is the most an ILBC tenant will pay for housing, hospitality and personal care services. The tenant will pay the tenant rent contribution (70% of a tenant's after tax income), up to the maximum rent. The maximum rent is determined by the Health Authority and varies across communities.

- **Agreed Rent**

Rent supplement projects also involve an agreed rent, as outlined in BC Housing's ILBC Agreement. The agreed rent represents the cost of shelter and hospitality services and is exclusive of any amounts for personal care services agreed to separately. If the tenant rent contribution (70% of a tenant's after tax income) is at or greater than the agreed rent, the tenant is not eligible for a rent supplement.

APPENDIX E: MANDATORY BUILDING CONVERSION REQUIREMENTS

From: *ILBC Non-Profit Housing Design and Construction Standards (2006)*.

To ensure a minimum level of safety and liveability for tenants, the following design features are mandatory components of ILBC conversion projects:

- Upgrade the structure as recommended by a qualified structural consultant, to meet minimum life safety requirements.
- Provide all fire and life safety measures in accordance with the Section 2 – Design Guidelines 4.6.1, 4.6.2, and 4.6.5.
- Provide as many elements of the Section 2 – Design Guidelines 4.6.3 and 4.6.4 as is practical and incorporate the recommendations of a professional building code consultant.
- All dwelling units and common areas intended for tenant use must facilitate access for frail seniors and people with disabilities.
- All dwelling units must be self-contained with a lockable door and an in-suite three-piece bathroom and provision for a personal call system (e.g. telephone jack and adjacent electrical outlet).
- Multi-floor buildings must have accessible elevators that meet the needs of tenants and accommodate their mobility aids.
- The building must contain some common passive and active amenity areas and have some capacity to provide a common meal service.

Further details on these requirements and design principles can be found in the *ILBC Non-Profit Housing Design and Construction Standards (2006)*.

APPENDIX F: ROLES AND RESPONSIBILITIES

Task	BC Housing	Health Authority	ILBC Provider
Tenant Selection		Selects and refers tenants to ILBC providers	Works cooperatively with Health Authority in managing tenancy matters
Operating Budgets for Budget-Led Projects	Develops, approves and reviews budgets in consultation with Health Authority and providers	Engages with providers and BC Housing in developing, approving and reviewing budgets as appropriate	Develops budget in consultation with BC Housing and Health Authority
Shelter Component Funding	Determines and provides funding as agreed		
Hospitality Services Funding	Determines and provides funding as agreed (Phase 2)	Determines and provides funding as agreed (Phase 1)	
Personal Care Services Funding		Determines and provides funding or delivers services directly as agreed	
ILBC Agreements	Issues and manages individual agreements with providers		Enters into and complies with agreement with BC Housing
Assisted Living Agreements		Issues and manages individual agreements with providers	Enters into and complies with agreement with Health Authority
Residency Agreements	May specify minimum requirements for inclusion in residency agreements	May specify additional requirements for inclusion in residency agreements	Negotiates individually with each tenant
Behaviour Specific Risk Assessments		Negotiates in partnership with provider if required	Negotiates in partnership with Health Authority if required
Public Relations and Communication	Develops communication material as required and assists providers with media inquiries	Liaises with BC Housing regarding public relations and communications	Works with BC Housing on program and project publicity and media inquiries
Ongoing Program Monitoring and Review	Collects data, evaluates program and addresses ongoing issues as required	Collects data and addresses issues where relevant	Cooperates with BC Housing and Health Authority in implementing monitoring tools