Capacity Building Initiative
Central Community Support Services Network

Senior Service Delivery Guidelines
Assisted Living Services

ASSISTED LIVING SERVICES (FORMERLY SUPPORTIVE HOUSING)

Definition:
Pertaining to the activities provided to Service Recipients (SRs) who are living in a supportive housing setting and require assisted living services, accessible on a 24-hour basis. This service may include homemaking, personal support, attendant services and core components of independence training. The supportive housing setting is a location where organization may be responsible for providing services to a number of SRs who live in their own units and housing is not a component of the service. Organizations providing these services will ensure their staff in various locations are onsite and accessible on a 24-hour basis. (OHRS 2008)
Includes:
• Compensation costs - homemaking, personal support and attendant workers
Excludes:
• Building operations and maintenance costs which will be recorded under the Plant Operations functional centre
• Costs of homemaking – cleaning supplies, etc.

Self-Assessment Disclaimer:
Best Practice Guidelines developed based on Aging Services agencies. The guidelines are based on a generic model of providing Assisted Living services. If agency provides any type of Assisted Living to seniors, it is expected that they meet the following guidelines. However, not all standards will be applicable to all agencies providing Assisted Living services to adults with disabilities.

Sources Cited:

AC	**Accreditation Canada**
BoC	**Balance of Care**
CARF	**Commission on Accreditation of Rehabilitation Facilities**
CCAC	**Community Care Access Centre**
CHATS	**Community Home Assistance to Seniors**
CLHIN	**Central Local Health Integrated Network**
CLHIN-IHSP2	**Central Local Health Integrated Network – Integrated Health Service Plan 2**
DA	**Department of Aging, Virginia [US]**
DWTC	**Doorways to Care**
interRAI CHA	**Resident Assessment Instrument for Community Health Assessment**
MOHLTC	**Ministry of Health Long-Term Care**
NADSA	**National Adult Day Services Association [US]**
OACCAC	**Ontario Association of Community Care Access Centres**
OCSA	**Ontario Community Services Association**
OHRS	**Ontario Healthcare Reporting Standards**
	Participation House
RNAO	**Registered Nurses Association of Ontario**
	Toronto Public Health
WHMIS	**Workplace Health Management Information System**

Access: defined as "the opportunity a consumer has to fully benefit from a necessary specified service, as well as necessary concurrent and follow-up services in a timely way" (CLHIN: Making a Difference, 2008)

Practice	Criteria	Source
Agency Services are made available to all individuals (within Agency resources) who meet program eligibility requirements and provides or arranges for the resources needed to support the overall scope of the service	Scope of program determines: • Entrance/eligibility criteria ensuring that client is able to direct their own care with or without a substitution decision maker (see Best Practice) • Transition/discharge/termination criteria which includes addressing: - client that poses a high risk to oneself, other tenants and/or staff - client that has an escalating safety incident(s) that cannot be resolved with a care plan intervention(s) - client that is unable to direct their own care or live independently (see Best Practice) - client who undergoes significant medical/health changes affecting their ability to live independently • Clearly written guidelines for applying and interpreting eligibility criteria (see Best Practice)	AC
Client must be deemed eligible for requiring services that assist in living independently in the community that without services would not otherwise be able to do so	Eligibility includes: • age • illness • disability • what services will be funded above and beyond essential services • purpose • frequency, length of service • priority cases • client agrees to participate in Inter RAI CHA intake Written policy is in place for appeal procedures for applicants deemed ineligible (see Best Practice)	OCSA
Program provides a service agreement in a format and language that are appropriate to each client	Service Agreement to address: • the scope of services provided • the frequency of services provided • the limitations of the program • the limitations of the payer if fee for service • Alternative resources to address limitations (See Best Practice) The Service agreement is reviewed with client every 12 months or as required based on client needs Service Agreement is completed in consultation with Client and Client is given a signed copy for their records	Participation House

Practice	Criteria	Source
Agency has a written policy regarding fee for service (if applicable)	Agency clearly posts fees for service should client require or request a service that requires payment Policy in place for income verification (if applicable)	
Agency has written policy on responding to request for delivery of service to new clients	Policy to include: • availability • priority services • indication that services are NOT to address emergencies • confirmation time if applicable/waiting list update	
The Service Provider provides a timely response to telephone requests for information or service for existing client	Service protocols include: • A maximum length of time for supervisors to return routine calls/messages that does not exceed 24 hours or the next business day • Processes to routinely connect callers in a timely manner to a staff member who has the ability to meet their needs • Field staff check their voice mail a number of times per shift • Callers to the Service Provider's main line can speak to a person during regular business hours • Policy exists to address after hours procedures Agency has policy in place to address same day service requirements (i.e. Hospital Discharge)	CCAC

Coordination: defined as "the provision of harmonized services and service policies at the organization/system level and at the client/caregiver level" (CLHIN: Making a Difference, 2008)

Practice	Criteria	Source
Completed RAI assessments (community or HC) is shared between Community Agencies and CCAC's	At time of referral completed Inter RAI CHA's or RAI-HC personal health profiles are shared between CCAC and agency	interRAI CHA
Agency must have active community links with other service providing agencies as well as the local CCAC	For clients who are not appropriate for Assisted Living services, there must be an apparent collaboration with the local CCAC to plan seamless care for client Agency should seek to build partnership with local CCAC to provide information sessions on overview of CCAC services Documented for Community Links services such as: Occupational Therapy Physio-Therapy Dieticians Nursing Mental Health Services Social Work/counseling Palliative Care	OACCAC
Agency has in place processes that will support Emergency Room Diversion, and Alternate Level of Care as well as premature admission to Long Term Care	Policy that includes linkages to: • Emergency Response Systems • 24 hours availability of services • Chronic disease management • Local hospital • Geriatric Outreach Team (if applicable) Agency provides Care Coordination	CLHIN-IHSP2

Efficiency: a measure of the value derived from a set of resources to produce a specific result. From an economics perspective, efficiency is a relative measure of the ratio of inputs (resources) to outputs (results) (CLHIN: Making a Difference, 2008)

Practice	Criteria	Source
Service Provider procedures promote effective and efficient use of resources	Agency has a scheduling system in place to maximize staff resources and meet client needs Staff is scheduled to minimize travel and to maximize their availability Staff assignments are communicated in an accurate and timely manner There is a process to verify that the service provided corresponds with the client's service plan A process is in place that allows documentation for services provided outside of the service plan	DSHS, OCSA, OACCAC
Waitlist Management	Agency has documented procedure on addressing clients that are placed on a waiting list but require support services Provider updates the wait list monthly	OACCAC

Quality: related to values and client expectations. It requires consistent performance of a uniform product and denotes achievement or excellence in the eyes of the beholder. Operationally, it is an ongoing process of building and sustaining relationships by assessing, anticipating, and fulfilling stated and implied needs. Implementation of a quality culture requires up-front identification and definition of stakeholders' needs (CLHIN: Making a Difference, 2008).

Practice	Criteria	Source
Agency has a written policy and process for defining and handling emergency situations	Health and Safety policy to include: • Clearly documented process to inform clients about how their safety and wellbeing will be protected, and any actions they are required to take or not take while using the service • Strategies are in place to minimize and promptly respond to aggressive behavior or physical threat • Prominent listing of emergency numbers • The availability of first aid kits for staff and staff trained in First Aid and CPR (as appropriate) • Staff and volunteers trained in Lift and Transfer training (if applicable) • Procedures for maintaining good hygiene and dealing with infectious illnesses Agency has policy in place for documented incident reporting (See Best Practice) Policy includes: • Who to call and time frame • What they can and cannot do • Training required Policy addresses risk including: • Infection control [Illness/flu] • Health conditions of clients • Client Refusal • Aggressive clients • Weather • Car accidents Agency has a documented policy on dealing with Suicide (see Best Practice)	OCSA, AC, CARF, CSCI, NADSA
Agency has a comprehensive Pandemic Plan in place	Agency has assigned a designated working group to address Pandemic Planning Employees are informed and trained in the agency Pandemic Plan Pandemic Plan covers all Ministry of Health and Long Term Care guidelines (see best practice)	CCAC, MOHLTC

Practice	Criteria	Source
The Service Provider's risk management system emphasizes prevention and promotes safety of clients, staff, the environment, funders and the organization	The Service Provider's policies and procedures are reviewed and updated at least every two years and as changes in practice occur The Service Provider has a risk management program which includes: • Occurrence reporting and tracking system • Policy on Adverse and Sentinel Events (if applicable) • Accident prevention, reporting and management in compliance with the *Occupational Health & Safety Act* • Compliance with the service agreement with funders • Insurance coverage that is sufficient to protect the Service Provider from loss or damages and that meet minimum regional standards such as: professional, general & third-party auto liability, E&O and crime insurance • Policy on Disclosure (Best Practice)	OCSA
Agency meets Ontario Healthcare Reporting System Requirements (MIS)	Agency and staff are trained and complying with OHRS reporting (OHRS guidelines) – (if applicable)	OHRS
Agency uses management reporting system to develop and address population needs	Agency uses Inter RAI CHA statistics for client and staffing education Agency consults with Client/Residents council to address concerns (if applicable) Agency uses incident and occurrence reports to respond to trends	
Agency has a policy on dealing with Client Abuse	(See Best Practice)	
Agency develops written policies and procedures regarding medication management	Policy to include: • storage • administration • recording and monitoring of medication • documentation • transport of medication to program **Medication Management Policy under review through Adult Day Program Pilot** (See Best Practice) When medication reminder is part of the care plan, Client Care Supervisor is made aware of the medications client is prescribed and review for side effects and contra-indications. Any medications concerns identified by the Client Care Supervisor are reviewed with the client and/or family and client advised to review medications with pharmacist or family doctor.	RNAO

Practice	Criteria	Source
	Any medication issues or concerns reported by the Personal Support Worker are investigated by the Client Care Supervisor and corrective action is taken to resolve. This may include consultation with client/family, family physician or pharmacist and/or report to the CCAC. All medications are recorded on the safety and risk check list and updated at annual or follow-up reassess visit When medication management actions are delegated by a Health Professional, the task must be performed in accordance with established standards of practice, policies and procedures	
Agency has a Bed Bug Response strategy to effectively reduce and respond to the instances of bed bug infestations.	Response strategy document is available to all staff in writing. (See Best Practice) Response strategy has been communicated to ALL Assisted Living staff.	Toronto Public Health