

A black and white photograph of three smiling seniors, a woman in the foreground and two men behind her, framed by a thick red border.

Care. Responsibility. Support.

# For Seniors.

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Ontario Retirement Communities Association

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## 2020 Pre-Budget Submission

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# About.

Since 1977, the **Ontario Retirement Communities Association (ORCA)** has been the voice of Ontario's retirement communities and we remain committed to setting a standard of operational excellence in the sector.

ORCA represents 95 per cent of all licensed retirement community suites in Ontario, with members caring for nearly 60,000 seniors who choose to call retirement communities their home. Further, ORCA members employ over 28,000 Ontarians who are steadfast in their devotion to the difference the sector can make to each of its residents.

Retirement communities are regulated by the Retirement Homes Act, 2010 and are licensed and inspected by the Retirement Homes Regulatory Authority (RHRA). Each retirement community can offer up to thirteen care services, including, but not limited to assistance with dressing, assistance with personal hygiene, medication management and provision of a meal.

ORCA provides leadership in areas of education and training; our learning platform, The Learning Centre for Senior Living, currently provides more than 65,000 users with the resources and support needed to meet provincial regulations, adopt best practices and promote quality and excellence in all areas of operation.

ORCA is committed to providing supportive and safe environments for residents living with varying levels of cognitive abilities. ORCA's Dementia-Inclusive Initiative provides information and tools to foster dementia inclusivity, reduce stigmas and raise awareness for staff, families, and residents living in retirement communities.

Caring for seniors is our most important job and we take that responsibility very seriously.

This submission has been prepared on behalf of ORCA's membership.

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Dear Minister Phillips,

On behalf of the Ontario Retirement Communities Association Board of Directors and members, we would like to offer our appreciation for the opportunity to participate in Ontario's 2020 provincial pre-budget consultation process.

ORCA members know what it takes to care for seniors – with compassion and dignity in a home that they love. It is a responsibility that we take very seriously; but, it's more than that. There's a feeling you get in helping someone else live life to the fullest. A satisfaction, a strength, and a warmth that comes from creating a home where a person can thrive and find purpose. I'm honoured to assist seniors and their families in creating that home and I feel privileged to be part of an organization that is committed to serving seniors – every single day.

We believe our Pre-Budget Submission, *For Seniors*, speaks to that service – and to the initiatives we can undertake together to ensure every senior is able to age in place with respect, autonomy, and choice.

*For Seniors* is divided into three sections, each with a separate but important focus:

**1. Care. Empowering Seniors with Choice: A Senior Services Benefit.**

An innovative policy proposal which could support seniors to age in place and empower them to make their own choices about their care.

**2. Responsibility. Cutting Red Tape for Residents and Families.**

Regulatory and policy proposals to cut red tape for seniors to ensure that they receive timely, affordable and accessible access to the care and services they require.

**3. Support. Strengthening Our Workforce for Our Seniors.**

A series of recommendations on how Ontario and the federal government can take steps to ensure that the sector workforce is best equipped to serve seniors and ensure they remain safe and secure in their community.

We look forward to speaking with you about *For Seniors* and are committed to working with government on these important issues - for the good of seniors across the province, now and in the years to come.

Best regards,



Michael Lavallée  
Chair, ORCA Board of Directors

# Contents.

<b>The Benefits of Congregate Living.</b>	<b>4</b>
<b>Care. Empowering Seniors with Choice: A Senior Services Benefit.</b>	<b>5</b>
A Senior Services Benefit Defined	
How a Senior Services Benefit Can Help Ontario	
Reducing the Size of the Long-Term Care Waitlist	
Putting Money Back into the Hands of Seniors	
Opportunities from a Senior Services Benefit	
Now Is the Time for a Senior Services Benefit	
<b>Responsibility. Cutting Red Tape for Residents and Families.</b>	<b>13</b>
• Plan of Care	
• Alternatives to a Retirement Home	
• Fire Code	
• Tuberculosis Screening	
• Reporting of Energy Consumption and Water Use	
• Development Charges	
• Financial Transparency of the Retirement Homes Regulatory Authority	
<b>Support. Strengthening Our Workforce for Our Seniors.</b>	<b>23</b>
• Seniors’ Health Human Resource Plan	
• Definition of Direct Care	
• Police Record Checks	
• Timelines for Staff Training	
<b>Summary of Recommendations.</b>	<b>29</b>
<b>References.</b>	<b>32</b>



## The Benefits of Congregate Living.

There are multiple benefits to congregate living options for seniors. Most notably, congregate living is an effective way to mitigate the challenges associated with social isolation. According to the Rotman School of Management,

fewer Ontarians are living in intergenerational households or participating in organized religious or social activities than in previous years and a large portion of women live alone in older age after the death of a spouse. Without a spouse or co-resident and decreased social engagement, a greater number of older adults are at risk of social isolation.<sup>1</sup>

The National Seniors Council has noted that there, is a substantial amount of evidence that describes the relationship between health and social isolation. Socially isolated seniors are more at risk of negative health behaviours including drinking, smoking, being sedentary and not eating very well; have a higher likelihood of falls; and, have a four-to-five times greater risk of hospitalization.<sup>2</sup>

In contrast to seniors who are living alone, congregate living offers opportunities for social and leisure activities which promote engagement and combat social isolation. ORCA's members have noted that residents are often able to develop friendships within their community, take part in social activities and explore avenues to contribute their skills to the retirement community.

In addition to combatting social isolation, congregate living settings such as retirement communities put seniors' health and well-being at the forefront. Seniors living in retirement communities:

- receive nutritious meals each day;
- receive the care that they require in their home by the same care team each day;
- are monitored by health care professionals who can make changes to their care plans if there has been a change in health or circumstance;
- receive regular housekeeping and wellness checks;
- have access to safe transportation should they decide to leave the retirement community on an outing; and
- have peace of mind knowing that there is 24-hour security.

Congregate living settings provide a sense of community and social connections. They offer peace of mind to both seniors and to their family members who entrust us with the health and well-being of their loved one.

As Ontario develops the 2020 Budget and considers seniors policy, it must give thought to how congregate living settings can improve the quality of life for seniors across the province. Outlined throughout this submission are policy and program proposals which will allow Ontario to promote congregate living options to seniors.



A black and white photograph showing three elderly individuals in a candid, joyful moment. On the left, a man with a shaved head and a plaid shirt is seen in profile, gesturing with his hands. In the center, a woman with short, curly hair and a white sleeveless top is laughing. On the right, another person is partially visible, smiling broadly. The background is bright and out of focus.

# Care.





## Empowering Seniors with Choice: A Senior Services Benefit.

Caring for seniors is important.

By 2036, there will be over 10 million seniors living in Canada. Four million of whom will be living right here in Ontario. Many of those men and women will need support to stay in the community setting of their choice as they age.

ORCA believes that seniors should have the right to determine how, where and by whom that support – their required care services – will be delivered.

We also believe, as an important part of the continuum of care, retirement communities can help.

In 2018 ORCA reported that:

- 96 per cent of Canadians agree that social interaction is important for seniors' health and wellbeing,
- 91 per cent of Canadians agree that they do not want to be socially isolated in their later years, and
- 79 per cent of Canadians worry about having enough money to pay for their care needs when they need it.<sup>3</sup>

According to the Canadian Mortgage and Housing Corporation:

- More seniors are choosing retirement communities – in fact, the number of seniors 75+ living in Ontario retirement communities is up to 60,000<sup>4</sup> in 2019 from 49,500 in 2014<sup>5</sup>; and
- Seniors' housing is growing – in fact, the total number of seniors' housing spaces in Ontario is up by over 9,000 in the last four years.

Seniors need and deserve support to age in place in the community setting of their choice.

Which is why Ontario needs a Senior Services Benefit.



# A Senior Services Benefit Defined

There has never been a better time to consider a Senior Services Benefit. **A Senior Services Benefit is a monthly allowance sent directly to a senior to help pay for their care needs and support them to age in place in a community setting of their choice.**

Any senior who qualifies for home and community care services would be eligible for the Senior Services Benefit. Funding would come from repurposing LHIN-administered home and community care system funds – requiring no new money.

Designed to support seniors to age in place and empower them to make their own choices about their care, a Senior Services Benefit aligns with several key government priorities, including – helping to end hallway health care, putting money back into the hands of seniors and reducing red tape.

## How a Senior Services Benefit Can Help Ontario

Across the world models like a Senior Services Benefit exist and are thriving<sup>6,7</sup>.

ORCA wants to build on those successes. Seniors who are eligible for a Senior Services Benefit would be offered a choice. They could receive funds in the form of a Senior Services Benefit, granting them control or autonomy over their care; or, they could continue with the LHIN-administered home and community care program.

A Senior Services Benefit will help end hallway health care, by improving choice and autonomy for Alternate Level of Care (ALC) patients.

According to Health Quality Ontario, on any given day there are 4,223 ALC patients in Ontario<sup>8</sup>.

- 12 per cent, or about 507 ALC patients are waiting for placement in an assisted living facility.
- 11 per cent, or 465 ALC patients are waiting for publicly funded home care.
- Nearly 60 per cent of ALC patients are waiting for placement in a long-term care home.





It is imperative that those seniors have a home to go to, where they can get the support they need. The option of a Senior Services Benefit can allow:

- ALC patients waiting for publicly funded home care to return home and purchase their care privately;
- ALC patients waiting for publicly funded home care or placement in an assisted living facility to move into one of the 4,800 vacant retirement community suites in Ontario;
- many ALC patients waiting for placement in a long-term care home to move into one of the 330 vacant retirement community suites that are equipped to provide heavier care.

This means that the vast majority of ALC patients waiting for publicly funded home care could be well supported in an independent living environment. These ALC patients can be transitioned out of hospital, into retirement communities to receive the care and attention they need, with the help of a Senior Services Benefit.

Additionally, this also means that nearly two thirds of ALC patients waiting for placement in an assisted living facility could be well supported in an assisted living environment in a retirement community, with the help of a Senior Services Benefit.

### **What this means for Seniors:**

A Senior Services Benefit would give ALC patients options that were not previously available to them. A Senior Services Benefit would allow an ALC patient to purchase the home care and supports they need directly from service providers. It would also allow them to move into a congregate living setting, such as a retirement community, where care is more easily accessible. Additionally, it would allow them to pay for an informal caregiver to help support them with activities of daily living.

Ultimately, a Senior Services Benefit offers seniors choice on where and by whom their care will be delivered.





**88%**

**of Ontarians aged 55+ believe that ensuring seniors can age in place - empowering them to make their own choices about their care should be a high priority for the provincial government.<sup>Ω</sup>**





## Reducing the Size of the Long-Term Care Waitlist

In addition to helping end the hallway health care crisis, a Senior Services Benefit can play an important role in reducing the size of the long-term care waitlist.

In 2016/17, people typically waited nearly five months to move into a long-term care home from a hospital setting.<sup>9</sup>

According to Health Quality Ontario, “people’s health may deteriorate during long waits for admission and waiting can be stressful for them and for their family members or friends who are their caregivers. As well, when people are waiting in hospital it may affect the hospital’s ability to provide services to other patients who require hospital care.”<sup>10</sup>

### What This Means for Seniors:

We know that some seniors are moving out of retirement communities prematurely, into long-term care. In fact, a 2017 Canadian Institute for Health Information report found that nationally, more than 20 per cent of seniors admitted to long-term care could remain in the community with appropriate supports.<sup>11</sup>

Seniors who are on the long-term care waitlist due to financial reasons could utilize a Senior Services Benefit to allow them stay longer in retirement communities and alleviate some of the pressure on the public system.

## Putting Money Back into the Hands of Seniors

A Senior Services Benefit is possible through the repurposing of LHIN-administered home and community care dollars as a direct payment to seniors who qualify for existing home and community care services.

The most recent data available suggests that approximately two-thirds of LHIN expenditures go to service provider organizations to fund direct care. The introduction of a Senior Services Benefit will mean that:

- 20 per cent (or \$540 million) of the homecare budget is applied to care coordination and assessment, of which, one third (or \$178 million) is estimated to become redundant with the introduction of a Senior Services Benefit, and
- 8 percent (or \$216 million) is applied to overhead and administrative costs of operating the LHIN, of which a 33 per cent reduction or (\$71 million) is expected to be achievable with a reduced infrastructure.

The biggest source of cost savings will come from the reduced cost of LHIN care coordination and reduced overhead and administrative costs. Source data available upon request.

### What This Means for Government:

Together, these LHIN-related savings combined with a reduction in the amount paid to service providers are estimated at \$250 million per year.<sup>12</sup> This is money that can be reinvested into the delivery of frontline care.

## Opportunities from a Senior Services Benefit

Providing seniors choice on how to spend a Senior Services Benefit could mean that:

- service providers will need to compete more effectively to be awarded those dollars by seniors;
- seniors will have the opportunity to receive more services for those dollars in congregate settings, such as retirement communities, which provide a more cost-effective solution;
- it will mean greater satisfaction with government-delivered services, a greater range of services to choose from and greater control over the quality of care delivery.

There are functions that the provincial government will need to continue to perform, including:

- the assessment and reassessment of seniors for the determination of their care needs will remain the responsibility of home and community care coordinators; and
- care coordinators will determine eligibility for comparable funding through a Senior Services Benefit or existing publicly funded home care services.

### What This Means for Seniors & Government:

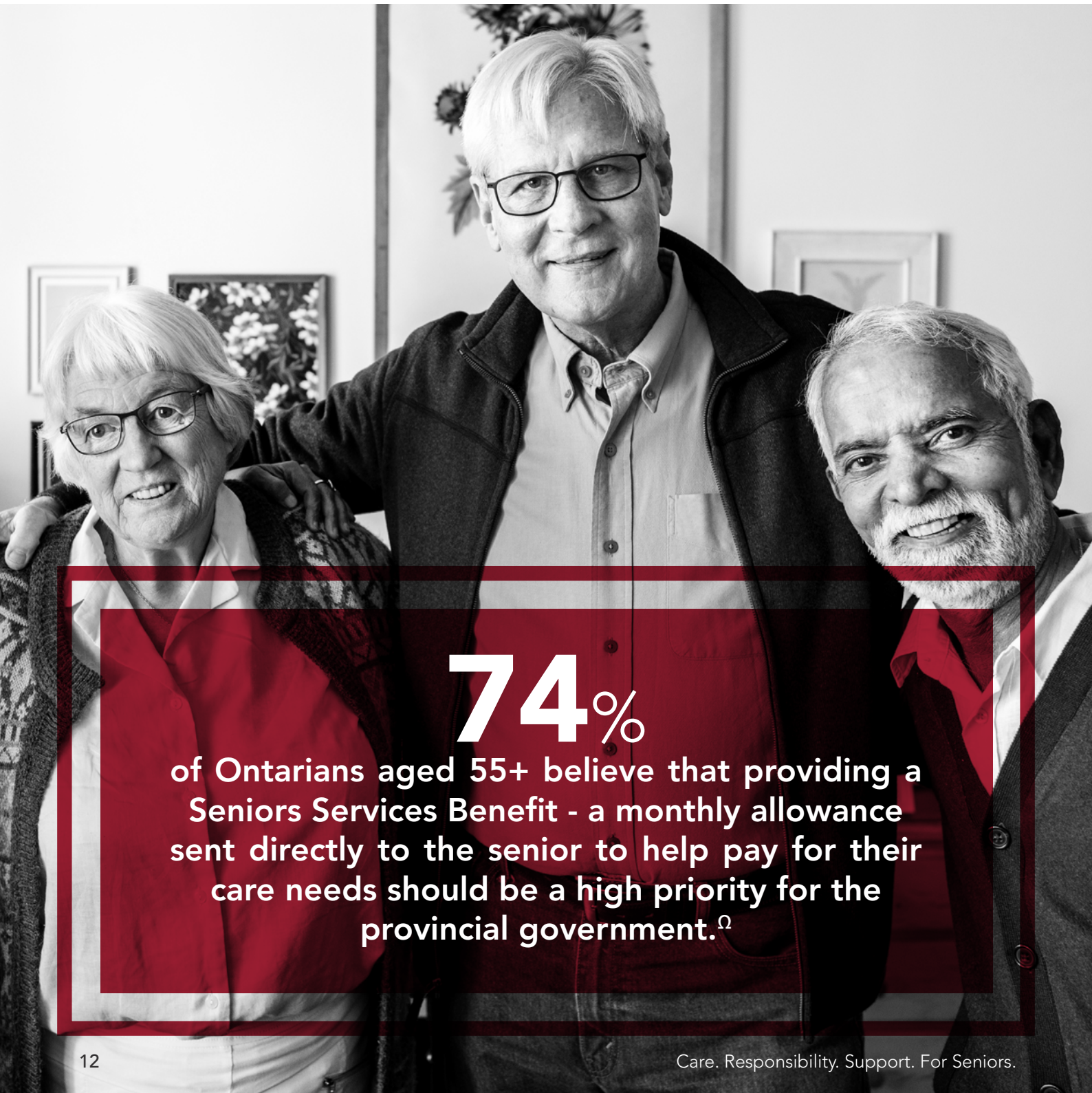
A Senior Services Benefit will allow the government to spend the same amount of money to care for an even larger number of seniors.

# Now Is the Time for a Senior Services Benefit

A Senior Services Benefit empowers seniors and puts both choice and opportunity back into their hands.

A Senior Services Benefit will ultimately increase seniors' control over the quality of care delivered to them, increase seniors' satisfaction with government-funded services, ease the pressure on the hospital system, address the length of the long-term care waitlist and reduce red tape.

ORCA has outlined a comprehensive opportunity for consideration and looks forward to working with the Ontario government to ensure all seniors are empowered to age in place with choice.



**74%**

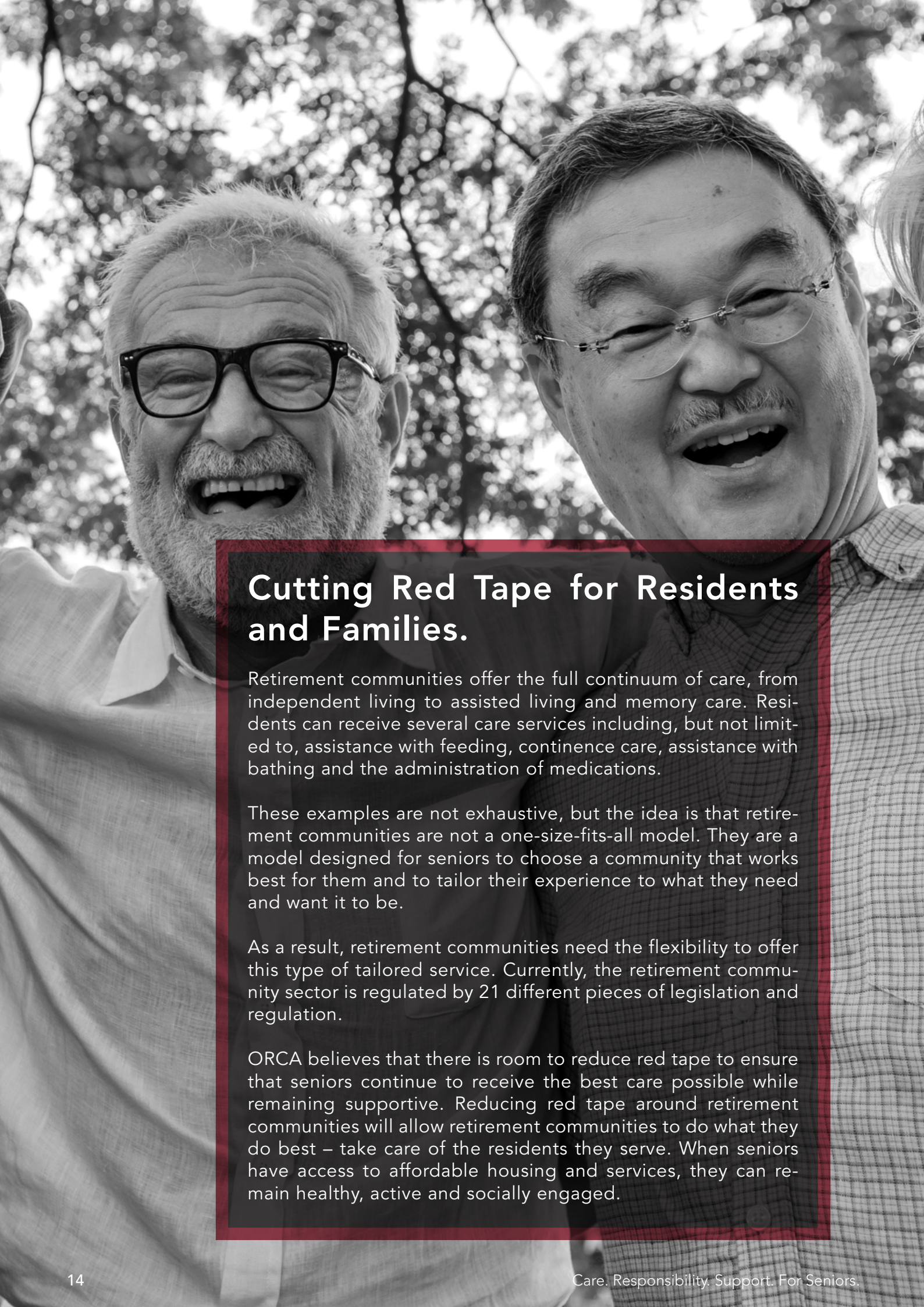
**of Ontarians aged 55+ believe that providing a Seniors Services Benefit - a monthly allowance sent directly to the senior to help pay for their care needs should be a high priority for the provincial government.<sup>Ω</sup>**





# Responsibility.





## Cutting Red Tape for Residents and Families.

Retirement communities offer the full continuum of care, from independent living to assisted living and memory care. Residents can receive several care services including, but not limited to, assistance with feeding, continence care, assistance with bathing and the administration of medications.

These examples are not exhaustive, but the idea is that retirement communities are not a one-size-fits-all model. They are a model designed for seniors to choose a community that works best for them and to tailor their experience to what they need and want it to be.

As a result, retirement communities need the flexibility to offer this type of tailored service. Currently, the retirement community sector is regulated by 21 different pieces of legislation and regulation.

ORCA believes that there is room to reduce red tape to ensure that seniors continue to receive the best care possible while remaining supportive. Reducing red tape around retirement communities will allow retirement communities to do what they do best – take care of the residents they serve. When seniors have access to affordable housing and services, they can remain healthy, active and socially engaged.



## Plan of Care

Under the Retirement Homes Act, 2010, all residents must be assessed upon move in and a plan of care must be established based on that assessment.<sup>13</sup> A resident must then be reassessed every six months, and at any other time if a goal of the care plan is met, the resident's care needs change, or the care services provided have not been effective.<sup>14</sup> An assessment or reassessment can only be conducted with the consent of the resident.<sup>15</sup>

Residents who manage their own health and well-being independently should have the ability to withhold their consent to either an assessment or the subsequent creation of a plan of care.

It is important to note that retirement community operators collect information for all residents outside a plan of care (e.g., resident profiles, dietary and recreation information).

This option gives seniors the choice in their plan of care and reduces the administrative burden on both the retirement community operator and seniors who are living independently and do not require care plans while living in a retirement community.

### **Recommendation:**

Add new section to Ontario Regulation 166/11 (General) which states:

**47.1** (1) If a resident does not consent to an assessment or plan of care the licensee is exempt from the requirements in section 62 of the Act and sections 47 and 48 of the regulation relating to plans of care.

(2) A licensee is exempt under subsection (1) must note that the resident's agreement under section 9 of the regulation sets out,

- (a) a description of each care service the resident purchases from the home; and
- (b) the cost of the care services in (a).

## Alternatives to a Retirement Home

Under Ontario Regulation 166/11 (General), a retirement community operator must provide a resident with information about alternatives to living in the home if an assessment indicates that the resident may be eligible for admission to a long-term care home or the resident's care needs cannot be met at the home.<sup>16</sup> The retirement community operator is required to report to the Registrar annually the occasions on which they provided this information.<sup>17</sup>

The RHRA has not required this annual reporting in 2018 and 2019. Retirement community operators should continue to provide residents with information on alternatives to retirement communities should residents require it, however, should not be required to report on it annually and this should be reflected in the legislation.

Making these changes will give staff more time to provide excellent care and service to residents and remove unnecessary paperwork.

### **Recommendation:**

Remove paragraph 63 (3) (c) of the Retirement Homes Act, 2010 and remove subsection 49 (2) of Ontario Regulation 166/11 (General) to remove the reporting requirement to the Registrar on times when the community has informed a resident about an alternative to a retirement community.



## Fire Code

The Retirement Homes Act, 2010's regulations around fire safety are unnecessary duplications of Ontario's Fire Code, and at times contradictory to the policies and recommendations of the Office of the Fire Marshal.

Effective January 1, 2019, all retirement communities in Ontario were required to be fully sprinklered. In doing so, retirement communities took the necessary steps to improve fire safety and ensured that resident, families and staff safety and welfare were protected. By making retirement communities safer, ORCA believes that the government should take action to ensure that regulations reflect this new reality.

Under Ontario Regulation 166/11 (General), retirement community operators are required to conduct a full evacuation of residents to the fullest extent possible every two years.<sup>18</sup> The RHRA formerly accepted zoned evacuations by the fire department, however, this was removed in 2014. The Fire Code requires a supervised annual zoned evacuation, with minimal staffing levels and fire safety training.<sup>19</sup>

Recognizing the risk evacuations pose to residents, the Office of the Fire Marshal has stated, "the Fire Code recognizes that total evacuation drills are not practical for all occupancies. While suitable for use during a real emergency, consider that using some emergency evacuation techniques on sick or frail occupants during a fire safety drill may cause injury."<sup>20</sup>

The Retirement Homes Act's evacuation procedures put residents at risk because it is unsupervised by the fire department and may cause increased stress on staff and residents.

This is an example of why retirement communities should follow the requirements in the Fire Code, and not put residents unnecessarily at risk.

### **Recommendation:**

Repeal paragraph 24 (5) (b) of Ontario Regulation 166/11 (General) to remove the requirement of a planned evacuation of the retirement community every two years and ensure that there is no overlap between the Retirement Homes Act, 2010 and the Fire Protection and Prevention Act, 1997.



# Tuberculosis Screening

Under Ontario Regulation 166/11 (General), a retirement community operator is required to ensure that each member of staff has been screened for tuberculosis (TB) as well as all residents within 14 days of commencing residency.<sup>21</sup>

Many local public health units recommend that residents who are 65 years of age or older have a chest x-ray taken within the past 12 months or at least 14 days after admission to a retirement community to screen for active TB disease. This type of screening can take time and may delay admission of a resident into a retirement community. It is also an added cost to Ontario's public health system and draws resources away from patients who need timely access to an x-ray.

Currently, the RHRA defers to local public health units when enforcing this regulation.

In May of 2019, Public Health Ontario found a very small portion of long-term care home residents in Ontario develop pulmonary TB (0.005% on average per year, 2006 to 2015). Public Health Ontario also found that a cost-effectiveness analysis from Alberta concluded that the universal screening of long-term care home residents with chest x-ray on admission was not a cost-effective intervention.<sup>22</sup>

Populations in long-term care homes and retirement communities are of similar age and often retirement community residents are healthier than long-term care home residents. Steps can be taken prior to a chest x-ray scan for the disease, including a two-step TB screening test or a TB risk assessment.

Permitting residents to have a TB risk assessment completed in lieu of a chest x-ray will ensure that residents are screened in a timely fashion and more importantly, not put undue risk onto seniors by requiring them to have a chest x-ray conducted.

## **Recommendation:**

Mandate that the RHRA accept a tuberculosis screening as being compliant with paragraph 27 (8) (b) of Ontario Regulation 166/11 (General), in line with Public Health Ontario's recommended approach.

# Reporting of Energy Consumption and Water Use

Under Ontario Regulation 506/18 (Reporting of Energy Consumption and Water Use) of the Electricity Act, 1998, retirement communities with a gross floor area of 50,000 square feet or more are required to report annually to the Ministry of Energy, Northern Development and Mines on information respecting energy consumption, water use and performance metrics.<sup>23</sup>

The annual report must be verified by an accredited or certified person or body at the cost of approximately \$2,500 per property. In addition, there will be added costs to hire additional Ontario Public Service employees to review these reports and enforce issues of non-compliance. It is also unclear as to what this information will be used for and how it will inform future policy decisions.

These regulatory costs are unnecessary and ultimately borne by the seniors who live in retirement communities and the Ontario taxpayers.

## **Recommendation:**

Amend subsection 5 (1) of Ontario Regulation 506/18 (Reporting of Energy Consumption and Water Use) to grant an ongoing exemption for retirement communities licensed under the Retirement Homes Act, 2010.





**80%**

**of Ontarians believe that regulatory and policy proposals to cut red tape for seniors to ensure they receive timely, affordable, and access to the care and services they require should be a high priority for the provincial government.<sup>9</sup>**



## Development Charges

There is a need for purpose-built seniors housing in Ontario. The costs associated with the construction of new seniors housing options has risen significantly over the last two decades, including the cost of land, materials, design, construction and development charges. These costs often slow potential development and, in some cases, have proven prohibitive to new developments.

More concerning is what increased costs means to seniors, living on a fixed income, who are looking for the support of a congregate living setting of their choice.

Promoting policies which make access to congregate living more accessible for Ontario's seniors will improve their overall quality of life. It will also reduce the pressure on the publicly funded health care system by helping seniors to live and age well in congregate settings where supports are readily available to them as needed and services can be delivered in a more cost-effective manner.

There are several creative solutions which municipalities could use to increase the supply of purpose-built seniors housing.

Development charges throughout the province are inconsistent, subject to increases several times a year and are prohibitive to new purpose-built housing, such as retirement communities. Development charges paid to some municipalities can be in the tens of millions of dollars.

As the number of seniors in Ontario continues to increase, municipalities must be responsive and work towards collaborative solutions that will keep seniors' housing options affordable and accessible. The Ministry of Municipal Affairs and Housing can support these efforts by enabling municipalities to incentivize the construction of new retirement communities, that support congregate living options for seniors.

Several municipalities throughout Ontario have introduced a special classification in their development charge by-laws for retirement community occupancies. For example, the City of Hamilton, Region of Halton, City of Oshawa, Wellington County and the City of St. Thomas have classified these developments as "special care" dwellings, which cost on average 25 per cent less than a one-bedroom dwelling unit.

According to the Collaborative Retirement Econometrics Q4 Construction Report for 2018,



the highest concentration of new capital development of retirement communities in the province is happening in Durham and Halton region<sup>24</sup>, in part due to the lower cost of development.

Additionally, development charges are intended to fund “hard services” such as roads and water and sewer systems.

It is worth noting that the typical rate of car ownership among retirement community residents in Ontario is between 0 and 8 per cent.<sup>25</sup> Additionally, traffic rates around a retirement community are 84 per cent lower during a.m. peak hours and 85 per cent lower during p.m. peak hours as compared to average hotel and motel traffic rates.<sup>26</sup>

Further, a review of water consumption found that retirement communities only use between 25.6 to 39.8 per cent of the water consumed by a typical apartment unit, as there is communal laundry and dishwashing. This significantly cuts down on the amount of water used and strain put on public infrastructure.

Due to the unique nature of retirement communities and their strict definition, the residents of retirement communities never have school-aged children living with them. A retirement community’s presence in a neighbourhood is therefore not adding any direct further financial or resource burden on the school district and should be exempt from paying education development charges.

Providing development charge relief to retirement communities will increase the supply of congregate living options for seniors and ensure that they remain affordable and accessible, while putting limited stress on existing public infrastructure.

### **Recommendation:**

Add a new section 4.1 to the Development Charges Act, 1997 to provide a definition of a “special care” dwelling and mandating that the development charges for these dwellings must be set at a rate at least 25 per cent lower than a one-bedroom development charge. Additionally, grant retirement homes an exemption from paying education development charges under Ontario Regulation 20/98 (Education Development Charges – General).

### **Proposed Amendment to the Development Charges Act, 1997**

#### **Special care dwellings**

**4.1** (1) If a development is a special care dwelling, the amount of the development charge that is payable must be set at a rate of at least 25 per cent lower than a one-bedroom dwelling unit.

(2) A special care dwelling unit means a residential building or portion thereof;

- (a) containing more than two dwelling units, which units have a common entrance from street level;
- (b) where the occupants have the right to use in common halls, stairs, yards, common rooms and accessory buildings;
- (c) that is designed to accommodate individuals with specific needs, including independent permanent living arrangements;
- (d) where support services such as meal preparation, grocery shopping, laundry, house keeping, nursing, respite care or attendant services are provided at various levels; and
- (e) includes but is not limited to retirement homes or lodges, nursing homes, charitable homes, granny flats, group homes (including correctional group homes) and hospices.



## Financial Transparency of the Retirement Homes Regulatory Authority (RHRA)

The retirement community sector is a heavily regulated sector. As a result, there are increased costs associated with living in a retirement community that are a direct result of government regulation. These are costs borne by residents, living on a fixed income, who are looking for the support of a congregate living setting of their choice. Ontario can take steps to reduce government-imposed costs associated with senior living and help keep it affordable and accessible.

The RHRA is an important partner in the retirement communities' sector in ensuring that retirement community operators are compliant with all necessary regulations and ensuring the safety and care of residents.

The RHRA generates the majority of its revenue from seniors through the retirement communities they live in. Year after year the RHRA has increased its annual license fee. Since 2014, the RHRA has increased their annual fees from \$109.56 per suite per year to \$119.83 – a 9.37 per cent increase. During that same period, the number of licensed suites has increased from 51,500<sup>27</sup> to 61,966<sup>28</sup> – a 20.32 per cent increase.

ORCA does not believe that the trend of annual fee increases is reasonable or sustainable for the 57,000 seniors who choose to live in retirement communities and call them home.

ORCA is concerned that the millions of dollars in revenue that the RHRA is generating is putting an undue financial burden on seniors. As the number of licensed retirement community suites in the province grows exponentially over the next twenty years, the RHRA will have the ability to maintain strong revenue streams without increasing fees year-after-year.

As of March 31, 2019, the RHRA has \$8,198,249 in assets and \$7,535,578 in reserves. ORCA is asking that the RHRA drawn down these reserves to a cap of no more than \$3,000,000. These reserves exclude the emergency fund which is held in trust. ORCA sees this as a reasonable





amount of reserve to maintain, should the RHRA be required to wind down operations pursuant with widely accepted best practices for not-for-profit organizations.

In order to achieve this, the RHRA should reduce their current license fee by 10 per cent. A reduction from the current \$119.83 per suite per year to \$107.98 per suite per year. ORCA recommends that the RHRA keep the licensee fee at this rate until the reserve fund reaches \$3,000,000.

As of March 31, 2019, the RHRA generated \$8,122,330 in revenues. This proposed 10 per cent reduction in fees will represent a revenue decrease of \$734,297.10 or 9.04 per cent, based on the current 61,966 licensed retirement community suites. It will take approximately five years for the RHRA to draw down the reserve fund to \$3,000,000.

ORCA predicts that during those five years, the sector will add an additional 17,000 new licensed suites. This means that the RHRA will generate \$1.8 million from seniors in new revenues as a result. This increase in revenue is more than enough to keep up with the current rate of inflation and any unexpected operational requirements.

ORCA values our relationship with the RHRA and acknowledges the important role it plays in licensing and inspecting retirement communities. However, we believe the size and scope of the Authority must be both reasonable and respectful of the sector and the seniors it serves.

### **Recommendation:**

ORCA recommends that the RHRA draw down its reserve fund from \$7,535,578 to a cap of no more than \$3,000,000. Until this goal is achieved, ORCA recommends that the RHRA reduce their current license fee by 10 per cent.



# Support.





## Strengthening Our Workforce for Our Seniors.

Retirement communities in Ontario currently employ about 28,000 full and part-time employees with approximately 21,000 being frontline staff. These are staff who provide direct care to residents every day, prepare and serve their meals, organize and provide recreational programming for body and mind, and manage the upkeep of their homes. These frontline staff play a very important role in caring for seniors and are instrumental to their ability to age in the community. Frontline staff in retirement communities ensure that seniors remain safe and secure in their community.

# Seniors' Health Human Resources Plan

ORCA knows that over the next five years the sector will grow from approximately 60,000 licensed suites to 77,000 licensed suites. This will require an additional 5,000 frontline staff members to care for and provide services to seniors.

Ontario is already facing a significant health human resources challenge. Hospitals, home care providers, long-term care homes and retirement communities are all vying for qualified staff. As the number of seniors continues to rise the province must take action to support employers who provide employment opportunities that serve seniors.

Ontario's recent announcement on changes to the Ontario Immigrant Nominee Program (OINP) to allow foreign workers with experience as personal support workers to apply for permanent residence in Ontario was a significant step in the right direction.

ORCA believes that the changes to the OINP will allow for Ontario to take a national lead on changes to federal immigration policy to allow more foreign workers with experience in caring for seniors to apply for permanent residence in Canada.

## **Recommendation:**

In order to ensure that seniors in all settings are receiving the appropriate care and services, the province should create a seniors' health human resources plan to identify the current gaps and outline actions that the province can take to support seniors to age in the setting of their choice.

As part of this plan, Ontario and the federal government must safeguard and emphasize economic immigration and ensure that new Canadians are filling jobs that have the highest demand – chief among them, frontline staff who care for and provide services to seniors.







**77%**

**of Ontarians aged 55+  
believe that the provincial and  
federal governments should take  
steps to ensure that the workforce  
is plentiful and equipped to  
care for seniors.<sup>Ω</sup>**

## Definition of Direct Care

Throughout the Retirement Homes Act, 2010 and regulations there are references to staff providing “direct care” to residents. For example, under Ontario Regulation 166/11 (General) a police record check is not required if the staff member does not provide direct care to residents.<sup>29</sup>

There is no legislated definition of “direct care” and as such, retirement community operators, the RHRA and inspectors for the RHRA have used different interpretations. This has resulted in inconsistent enforcement throughout the province and questions as to which regulations apply to which staff.

### **Recommendation:**

Amend subsection 2 (1) of the Retirement Homes Act, 2010 to include the following definition: “direct care” means a person who provides the following care services to a resident of a retirement home,

- (a) a prescribed health care service provided by a member of a College as defined in the Regulated Health Professions Act, 1991,
- (b) administration of a drug, as defined in the Drug and Pharmacies Regulation Act, or another substance,
- (c) assistance with feeding,
- (d) assistance with bathing,
- (e) continence care,
- (f) assistance with dressing, or
- (g) assistance with personal hygiene.


## Police Record Checks

Under Ontario Regulation 166/11 (General) a police record check is required for a staff member or volunteer working in a retirement community. Specifically, a vulnerable sector check must be conducted within six months before the retirement community operator hires the staff member or accepts the volunteer to work in the home.<sup>30</sup>

Due to delays at various police departments throughout the province, new staff are waiting between 8 and 12 weeks to receive their VSC. As staff cannot work in the home until this has been completed, this issue has led to staff shortages.

In order to address this delay without compromising resident safety, new staff should be able to submit an Offence Declaration stating that they have not committed any offence that is required to be disclosed in a vulnerable sector check. Retirement community operators should be permitted to accept an Offence Declaration so that the staff member may begin work, while waiting for the vulnerable sector check to be completed by the police force. New staff must still initiate the process of a vulnerable sector check prior to working in a retirement community. A similar program already exists for persons providing care to





children under the Child Care and Early Years Act, 2014.<sup>31</sup>

**Recommendation:**

Amend section 13 of Ontario Regulation 166/11 (General) to allow for an Offence Declaration to be submitted to a licensee while the staff member is waiting for the police record check from a police force and to allow that staff member to begin work in the retirement community. Require that the staff member must provide proof that a vulnerable sector check has been requested by a police force prior to commencing work in the retirement community.

## Timelines for Staff Training

The Retirement Homes Act, 2010 requires that no staff member shall work in the community unless they have received training in 11 different areas.<sup>32</sup> While several of these areas are critical to ensuring the safety and security of residents and should be trained prior to working in the community, there are others that could be completed within 30 days of employment.

In order to ensure residents receive timely access to care and services, ORCA recommends dividing the current training requirements into two areas: training that must be completed prior to working in the community and training that must be completed within 30 days of the start of employment.

**Recommendation:**

Remove paragraphs 65 (2) (d), (e), (h) and (i) and create new paragraphs 65 (3) (a), (b), (c) and (d) of the Retirement Homes Act, 2010 to state that some training is required before the employee may work in the community and some training is required within 30 days of employment.

Before Employment:

- the Resident's Bill of Rights;
- the licensee's policy to promote zero tolerance of abuse and neglect;
- the protection afforded for whistle-blowing;
- fire prevention and safety;
- the licensee's emergency evacuation plan for the home.

Within 30 Days of Employment:

- the licensee's policy regarding the use of personal assistance services devices for residents;
- injury prevention;
- the emergency plan and infection prevention and control program of the licensee for the home;
- all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person's duties;
- all other prescribed matters.

# Summary of Recommendations

## Care. Empowering Seniors with Choice: A Senior Services Benefit. (Pg. 5)

Seniors have the right to determine how, where and by whom their care services will be delivered. ORCA knows, 71 per cent of seniors worry about being a burden to their family if they can't look after themselves.<sup>1</sup> A Senior Services Benefit can help.

A Senior Services Benefit is a monthly allowance sent directly to the senior to help pay for their care needs. It puts money back into the hands of seniors, supports greater choice for seniors, and empowers seniors to stay in the community longer among their family and friends.

### Why it Can Work in Ontario:

- **Repurpose existing dollars** - The Senior Services Benefit would repurpose existing dollars from the current LHIN-administered home and community care system to a direct payment to seniors.
- **Qualified seniors** - Any senior who qualifies for existing home and community care services would be eligible for the Senior Services Benefit.
- **Choice** - Research from around the world illustrates that when you put choice into the hands of patients, they are more satisfied.
- **Models from around the world** - In Germany, when people were given the choice to receive a Senior Services Benefit-type care model, 80 per cent chose that model over the one run by the state.<sup>6</sup>

**There has never been a better time to implement a Senior Services Benefit. ORCA recommends the adoption and implementation of a Senior Services Benefit.**

## Responsibility. Cutting Red Tape for Residents and Families. (Pg. 13)

### **Plan of Care (Pg. 15)**

Add new section to Ontario Regulation 166/11 (General) which states:

**47.1** (1) If a resident does not consent to an assessment or plan of care the licensee is exempt from the requirements in section 62 of the Act and sections 47 and 48 of the regulation relating to plans of care.

(2) A licensee is exempt under subsection (1) must note that the resident's agreement under section 9 of the regulation sets out, (a) a description of each care service the resident purchases from the home; and (b) the cost of the care services in (a).

### **Alternatives to a Retirement Home (Pg. 15)**

Remove paragraph 63 (3) (c) of the Retirement Homes Act, 2010 and remove subsection 49 (2) of Ontario Regulation 166/11 (General) to remove the reporting requirement to the Registrar on times when the community has informed a resident about an alternative to a retirement community.

### **Fire Code (Pg. 16)**

Repeal paragraph 24 (5) (b) of Ontario Regulation 166/11 (General) to remove the requirement of a planned evacuation of the retirement community every two years and ensure that there is no overlap between the Retirement Homes Act, 2010 and the Fire Protection and Prevention Act, 1997.

### **Tuberculosis Screening (Pg. 17)**

Mandate that the RHRA accept a tuberculosis screening as being compliant with paragraph 27 (8) (b) of Ontario Regulation 166/11 (General), in line with Public Health Ontario's recommended approach.

### **Reporting of Energy Consumption and Water Use (Pg. 17)**

Mandate that the RHRA accept a tuberculosis screening as being compliant with paragraph 27 (8) (b) of Ontario Regulation 166/11 (General), instead of deferring to public health units.

### **Development Charges (Pg. 19)**

Add a new section 4.1 to the Development Charges Act, 1997 to provide a definition of a "special care" dwelling and mandating that the development charges for these dwellings must be set at a rate at least 25 per cent lower than a one-bedroom development charge. Additionally, grant retirement homes an exemption from paying education development charges under Ontario Regulation 20/98 (Education Development Charges – General).

#### **Proposed Amendment to the Development Charges Act, 1997**

##### **Special care dwellings**

**4.1** (1) If a development is a special care dwelling, the amount of the development charge that is payable must



# ndations.

be set at a rate of at least 25 per cent lower than a one-bedroom dwelling unit.

(2) A special care dwelling unit means a residential building or portion thereof;

(a) containing more than two dwelling units, which units have a common entrance from street level; (b) where the occupants have the right to use in common halls, stairs, yards, common rooms and accessory buildings; (c) that is designed to accommodate individuals with specific needs, including independent permanent living arrangements; (d) where support services such as meal preparation, grocery shopping, laundry, housekeeping, nursing, respite care or attendant services are provided at various levels; and (e) includes but is not limited to retirement homes or lodges, nursing homes, charitable homes, granny flats, group homes (including correctional group homes) and hospices.

## **Financial Transparency of the Retirement Homes Regulatory Authority (Pg. 21)**

ORCA recommends that the Retirement Homes Regulatory Authority draw down its reserve fund from \$7,535,578 to a cap of no more than \$3,000,000. Until this goal is achieved, ORCA recommends that the RHRA reduce their current license fee by 10 per cent.

## **Support. Strengthening Our Workforce for Our Seniors. (Pg. 23)**

### **Seniors' Health Human Resources Plan (Pg. 25)**

In order to ensure that seniors in all settings are receiving the appropriate care and services, the province should create a seniors' health human resources plan to identify the current gaps and outline actions that the province can take to support seniors to age in the setting of their choice. As part of this plan, Ontario and the federal government must safeguard and emphasize economic immigration and ensure that new Canadians are filling jobs that have the highest demand – chief among them, frontline staff who care for and provide services to seniors.

### **Definition of Direct Care (Pg. 27)**

Amend subsection 2 (1) of the Retirement Homes Act, 2010 to include the following definition: "direct care" means a person who provides the following care services to a resident of a retirement home,

(a) a prescribed health care service provided by a member of a College as defined in the Regulated Health Professions Act, 1991, (b) administration of a drug, as defined in the Drug and Pharmacies Regulation Act, or another substance, (c) assistance with feeding, (d) assistance with bathing, (e) continence care, (f) assistance with dressing, or (g) assistance with personal hygiene.

### **Police Record Checks (Pg. 27)**

Amend section 13 of Ontario Regulation 166/11 (General) to allow for an Offence Declaration to be submitted to a licensee while the staff member is waiting for the police record check from a police force and to allow that staff member to begin work in the retirement community. Require that the staff member must provide proof that a vulnerable sector check has been requested by a police force prior to commencing work in the retirement community.

### **Timelines for Staff Training (Pg. 28)**

Remove paragraphs 65 (2) (d), (e), (h) and (i) and create new paragraphs 65 (3) (a), (b), (c) and (d) of the Retirement Homes Act, 2010 to state that some training is required before the employee may work in the community and some training is required within 30 days of employment.

#### Before Employment:

- the Resident's Bill of Rights;
- the licensee's policy to promote zero tolerance of abuse and neglect;
- the protection afforded for whistle-blowing;
- fire prevention and safety;
- the licensee's emergency evacuation plan for the home;

#### Within 30 Days of Employment:

- the licensee's policy regarding the use of personal assistance services devices for residents;
- injury prevention;
- the emergency plan and infection prevention and control program of the licensee for the home;
- all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person's duties;
- all other prescribed matters.



**87%**

**of Ontarians aged 55+ believe that providing living environments which promote seniors remaining healthy, active, and socially engaged should be a high priority for the provincial government.<sup>Ω</sup>**



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## End Notes:


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25. OMB File No. DC080008 Regional Municipality of Durham Development Charges Appeal, 2009, statement of Bryan Haigh, P. Eng, Read, Voorhees & Associates.
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