

2022 PRE-BUDGET SUBMISSION

ONTARIO RETIREMENT COMMUNITIES ASSOCIATION

A MESSAGE FROM THE CEO

Dear Minister Bethlenfalvy,

This past year continues to be a difficult one for all Ontarians – COVID-19 has pushed Ontario to its limit, and then some.

What remains constant, however, is our steadfast commitment to our seniors. As the Association that represents over **90 per cent** of all licensed retirement community suites in Ontario, and the **60,000 seniors** and **30,000 frontline staff** who choose to live and work in our homes – caring for seniors is our most important job, and we take that responsibility very seriously.

We believe in putting seniors first. A commitment to doing so means ensuring that every senior has access to a strong continuum of care that supports their needs and choices. A continuum that protects and works for them. A continuum that includes all of its contributors working together to full scope, embracing innovation and change to serve seniors best.

That work and responsibility coupled with the desire for seniors to have a stronger continuum of care has shaped *"Putting Seniors First,"* ORCA's 2022 Pre-Budget Submission that is grounded and supported by a recent C.D. Howe Institute report that recommends that "governments should explore means of utilizing the existing supply of retirement home spaces to provide care more efficiently and possibly more equitably to those now admitted prematurely to LTC. Addressing cost barriers through subsidies or benefits for low-income seniors could ensure more equitable access to independent and assisted-living residences."¹

"Putting Seniors First" lays out a reasonable, achievable roadmap to serve seniors better in three sections titled: Keeping Seniors Safe; Policies to Put Seniors First; and Helping Our Seniors.

It highlights the importance of reliable, high-quality care in a safe environment while embracing innovative solutions. Solutions such as a **Senior Services Benefit**, which puts seniors and their care first – requiring no new money.

The COVID-19 pandemic has been a journey. We respectfully acknowledge and mourn for those who have been lost and continue to work diligently to address the ongoing challenges still present. Change is needed in the days and months ahead – we look forward to and are very ready to be part of this important action.

Sincerely,



Cathy Hecimovich

Chief Executive Officer, Ontario Retirement Communities Association

PUTTING SENIORS FIRST

ACHIEVABLE ROADMAP

Seniors have the right to determine how, where and by whom their care services will be delivered.

A Senior Services Benefit can help.

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KEEPING SENIORS SAFE

Retirement communities continue to take decisive action to protect residents and staff.

ACTIONS:

- Expanded on infectious disease policies and procedures
- Adopted all of Ontario's Chief Medical Officer of Health directives
- Implemented guidelines from the Ministry for Seniors and Accessibility and Retirement Homes Regulatory Authority
- Worked collaboratively with experts in IPAC and infectious diseases to keep residents safe while ensuring they continued to receive high quality care

OUTCOMES*:

- Approximately 91 per cent of the 64,000 seniors living in retirement homes have been and remain free of COVID-19
- Retirement home residents are more than 99 per cent fully vaccinated, with the vast majority having received the booster shot to date and now working on the fourth dose administration for our residents

*As of February 3, 2022

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POLICIES TO PUT SENIORS FIRST

Seniors deserve a system that puts their needs and care first.

CURRENT CHALLENGES:

- 38,000 Ontarians are waiting for long-term care
- 1 in 9 LTC residents could potentially have been cared for in a home community
- Long waitlist for publicly funded home care (e.g. 5,000 patients for Home and Community Care Support Services in the Ottawa Region)

RETIREMENT COMMUNITIES AS PART OF THE CONTINUUM OF CARE:

- 64,000 licensed retirement community suites in Ontario
- 17,000 new suites are planned by 2023
- Retirement communities employ 30,000 Ontarians
- Retirement communities are licensed and inspected by the Retirement Home Regulatory Authority and must comply with 21 pieces of legislation, including the Retirement Homes Act, 2010

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HELPING OUR SENIORS: A SENIOR SERVICES BENEFIT

A Senior Services Benefit is a monthly allowance sent directly to a senior to help pay for their care needs.

MORE CHOICE - Seniors in a retirement community should be funded to purchase the home care and supports they need directly from service providers, giving them greater autonomy over their care.

COST SAVINGS - If Ontario were to adopt a Senior Services Benefit, health care savings could amount to **\$385 million** per year; money that can be reinvested into the delivery of frontline care.

NO NEW MONEY - A Senior Services Benefit would repurpose existing dollars from the current Home and Community Care Support Services-administered home and community care system to a direct payment to seniors.

ALREADY QUALIFIED - Any senior who qualifies for home and community care services would be eligible for a Senior Services Benefit.

More must be done on all fronts to ensure seniors are supported to stay in their communities as long as possible. ORCA supports more home care; we agree we need more long-term care beds; however, we also need innovation.

Ontario needs a Senior Services Benefit.

KEEPING SENIORS SAFE

The safety and protection of the seniors who live in retirement communities, their families and the staff who provide their care has been our number one priority throughout the pandemic.

At the beginning and throughout the COVID-19 pandemic, retirement communities took decisive action to protect residents and staff, expanding on infection prevention and control policies and procedures already in place. We worked diligently to adopt all of Ontario's Chief Medical Officer of Health's directives and guidelines as well as many other additional actions deemed necessary to keep our seniors as safe as possible.

As of January 2022, approximately **91 per cent of the 64,000 seniors** living in retirement homes have been and remain free of COVID-19. Retirement home residents are more than 99 per cent fully vaccinated, with the vast majority having received the booster shot and we are now working on the fourth dose administration for our residents.



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.⁹

It is important to note that retirement communities did not experience the same outcomes as Ontario's long-term care homes and hospitals, despite those sectors having received much greater government funding to address their sector-wide challenges. During the second and third waves, seniors living in retirement homes were safer from COVID-19 than the general population as a result of minimal numbers of outbreaks and effective outbreak management.²

The outcomes in the retirement community sector in minimizing transmission risk reflect the urgency in which our members and their employees moved to enhance their already existing infectious disease procedures to pandemic levels, in addition to revising daily activities to implement physical distancing and outbreak protocols as required.

The design of retirement communities is tailored to meet the needs of individual seniors, which has contributed to limiting the spread of infectious diseases such as COVID-19. Most residents have their own suite with their own washroom – allowing for better infection control and for retirement communities to more effectively isolate residents when required.

Retirement homes have worked creatively to ensure residents continue to receive the social interaction they need and enjoy as part of living in a congregate care setting – our seniors were never alone. They were able to participate in abridged, socially distanced activities and meals to ensure a sense of community and social connection was never lost.

With growing demands for seniors housing options, Ontario needs to build on this sector's positive outcomes and work towards innovative solutions that put seniors first and address the systemic issues that have been impacting the entire health care system.

POLICIES TO PUT SENIORS FIRST

Ontario needs a better, more senior-friendly method of providing government-funded care services to seniors.

Putting seniors first in the system today is grounded in two simple ideas:

1. Seniors deserve to be safe in a residence of their choosing and empowered to choose the care they need when they need it.
2. We are all in this together and to ensure the well-being of seniors as well as the full contribution of the continuum of care that can serve them – systemic innovations are necessary.

COVID-19 has only reinforced these ideas.

WHAT SENIORS DESERVE

Seniors deserve a system that puts their needs and care first. A system that makes it easier to access care. A system that helps them connect with their care providers more easily, that provides more choice for those with high care needs to get the care they need in a community setting, and that keeps them healthier at home and in the community by empowering teams to work together. Most importantly, seniors deserve a system that puts quality and equity above all else.

CURRENT CHALLENGES

Seniors are waiting longer than ever to move into a long-term care home. Between the beginning of the COVID-19 pandemic and as of writing, the waitlist for long-term care beds has increased from **36,000 Ontarians to 38,000**.^{3,4} While the government has committed to expeditiously building new long-term care beds, in the immediate term the length of the long-term care waitlist will grow – as a result of the necessary move to reduce the number of three and four bed ward rooms.

We also know that with the current structure of Ontario's waitlist policies, seniors are moving out of the community prematurely. A 2020 Canadian Institute for Health Information report found that about **1 in 9** newly admitted long-term care residents potentially could have been cared for in a home community⁵, with the primary reasons being difficulty navigating the health care system, financial barriers, and the lack of reliable home care staff.

Further, seniors are languishing in hospital beds, as alternate level of care (ALC) patients.⁶ According to the Measuring Up 2019 report by Health Quality Ontario, of the total number of days patients waited to in hospital beds for care elsewhere, 24 per cent of those days were patients waiting for supervised or assisted living, or home care. We also know that this number has grown throughout the pandemic due to worsening shortages of home care workers.

Hospital discharge planners, family physicians, and Home and Community Care Support Services care coordinators often default to the long-term care waitlist or publicly funded home care as the only option for ALC patients. Ignoring alternative, private pay community-based solutions, such as retirement communities, that have the capacity today and are building for tomorrow's demand. There are currently 11,173 available standard retirement home suites and 392 heavy care retirement homes suites⁷.

Seniors receiving publicly funded home care in the community have little choice in who delivers their care and when it is delivered. They must also join increasingly long waitlists before they are able to receive much needed care at home. For example, the waitlist for in-home services is close to 5,000 patients for Home and Community Care Support Services in the Ottawa region, as of December 31, 2021⁸.

Seniors who want more autonomy and control over the quality of care they receive must purchase this care privately with their after-tax income. Not all seniors can afford this option. As the COVID-19 pandemic continues to impact the economy, more and more seniors are turning towards the public system to ensure they can afford the care they need and are being moved into long-term care homes prematurely.

As well, throughout the pandemic, publicly funded home care has struggled to reliably deliver home care to seniors, resulting in a high frequency of missed care and ongoing challenges with the continuity and quality of care. As a result of these challenges, seniors often don't know if a PSW will be there to help them with their essential care needs. They don't know if a nurse will be coming to change the bandage on their wound or provide them with necessary medication. While missed visits have been a reality of Ontario's publicly funded and unregulated home care system for some time, the COVID-19 pandemic has exacerbated these challenges leaving seniors without the safe, reliable quality care that they need.

RETIREMENT COMMUNITIES AS PART OF THE CONTINUUM OF CARE

To put seniors first, all members of the continuum of care must be acknowledged and utilized to their full capacity. There are approximately **64,000 licensed retirement community suites** in Ontario. An additional **17,000 new suites** will be added by 2023, and an estimated 89,000 new suites will be needed to meet the increasing demand. We further employ over **30,000 people** who are committed to the health, safety and care of the seniors who choose to call retirement communities home.

Retirement communities are licensed and inspected by the Retirement Homes Regulatory Authority and must comply with **21 pieces of legislation**, including the Retirement Homes Act, 2010, as amended in October 2021. 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.

We are an important part of a robust continuum of care – one that is ready to continue our work in putting seniors first. We can help.

HELPING OUR SENIORS

A SENIOR SERVICES BENEFIT

We are stronger together. When we put seniors first and work cooperatively and to full capacity within the continuum of care, we are able to identify innovations that help deliver better care to seniors.

A Senior Services Benefit is that innovation.

A Senior Services Benefit is a monthly allowance sent directly to a senior to help pay for their care needs.

It supports seniors to age in place in a community setting of their choice.

HOW THE SENIOR SERVICES BENEFIT ALLEVIATES CURRENT SYSTEM PRESSURES

A Senior Services Benefit can address pressures and promote alternative options in the continuum of care, such as retirement communities, which **may significantly reduce the number of seniors moving into long-term care prematurely, reduce the number of seniors languishing in hospital beds, and begin to address the systemic challenges of Ontario's publicly funded home care system.**

1. A Senior Services Benefit gives seniors who are ALC patients options that were not previously available to them, including the ability to directly purchase the care they need from a retirement community or a home care provider of their choosing, providing them autonomy on where and by whom their care will be delivered.
2. A Senior Services Benefit enables seniors to receive publicly funded care from retirement home providers that offer the same team of care providers each day, at flexible times, and who can respond to and adjust the senior's care plan in the event of a change of circumstance or health.
3. A Senior Services Benefit enables seniors to both receive the necessary care they require and to socially connect with other seniors and community members, promoting important social and emotional supports and improving health outcomes overall and avoiding being "home alone", wondering if and when care might arrive.



HOW A SENIOR SERVICES BENEFIT WOULD WORK

Any senior who qualifies for Home and Community Care Support Services would be eligible for a Senior Services Benefit.





Seniors could use a Senior Services Benefit to purchase the home care and supports they need directly from a greater range of care provider options, such as retirement communities, giving them greater autonomy over their care. It would also allow them to stay in the community longer – reducing the pressures on Ontario’s hospital and long-term care systems.

Once a Home and Community Care Support Services care coordinator completes a home care assessment, a senior would be given the option to receive a certain number of care hours per month according to their assessed level of need (the current model) or an allocation of dollars that would cover the costs of purchasing the care directly from a service provider of their choosing (the proposed Senior Services Benefit).

In order to ensure these funds are used appropriately, ORCA is proposing two distinct types of monitoring arrangements:

- **Wellness Monitoring** – Ensuring that the supported person’s needs are being met. This could continue to be a role for the existing care coordination function within Home and Community Care Support Services.
- **Financial Monitoring** – Proportionate steps to satisfy that public funds are spent in line with the documented needs assessment and care plan.⁹ There are several international examples of how this could be achieved including a direct reimbursement model, a third-party oversight/transfer payment model, and a model using pre-loaded VISA cards with embedded expenditure restrictions. Closer to home, Quebec uses a tax credit that reimburses seniors for a portion of their retirement home expenses.

EXISTING MODELS AROUND THE WORLD

Country	Description	Payment Method	Eligibility	Conditions
Scotland 	Self-directed service program which aims to increase access to services but also increase ease of access to support services	Edinburgh Card is a mechanism for distributing direct payments	Based on eligibility framework used by each local authority to assess needs and consider whether those needs require formal support	Cannot be used toward long term residential accommodation
Australia 	All home care packages are delivered using this model	Package budget is held by service provider and administer it on behalf of the user	User must be eligible for home care package and assessed by Aged Care Assessment Team	Service provider must provide user a statement on how budget is being spent
United Kingdom 	Managed by the NHS and can be used for social care and support needs	Can be in the form of direct payments to the user to purchased required services	Assessment conducted by NHS	User must declare how funds were used & plans reviewed periodically
Germany 	Users are assigned to one public agency to manage all of the services needed	Budget holder can dispense funds based on decided wage levels for support workers or have the government manage the budget	Users may attend an interview to confirm needs assessment before budget is assigned and distributed	All purchases must be recorded and approved

REINVESTING TIME AND RESOURCES INTO MORE CARE

A Senior Services Benefit is possible through the repurposing of Home and Community Care Support Services (HCCSS) administered dollars as a direct payment to seniors who qualify for existing services.

The HCCSS savings associated with a Senior Services Benefit are estimated at **\$250 million per year** with the reduced overhead, administration, and care coordination functions. If Ontario were to adopt a Senior Services Benefit model that was similar to other international models, that savings could increase to **\$385 million per year**.

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

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

Additional savings may be realized through a distinction between services provided in-kind (the current model) and a benefit provided in cash (the Senior Services Benefit).

A similar model in Germany offered seniors the choice of receiving services in-kind or a cash benefit. “Benefits provided in cash are smaller than they would cost were they provided in kind.”¹⁰ Approximately 80 per cent of seniors who received care at home in Germany in 2012 selected the cash option, despite the lower value.

Additionally, a Senior Services Benefit would enable the creation of a system that allows publicly funded care to be provided to residents directly by highly trained and regulated retirement community staff. This is not only a more efficient, effective, and safe model of care; it also frees up limited home care resources to care for seniors living alone in the community – seniors that are at a greater risk of hospitalization. It will also reduce the current home care waitlists and enable better support for those coming out of hospital who need home care in order to safely transition back home. By allowing more seniors to choose retirement community living, this will ease the pressure on Ontario’s long-term care and hospital systems.

PUTTING SENIORS FIRST CONCLUSION

ORCA's commitment to our seniors is steadfast.

Retirement communities have been a vital contributor to a robust continuum of care, throughout the pandemic and beyond. We are in a unique position to support seniors and we wish to work with government to better enable opportunities and provide solutions that put seniors first.

Retirement communities:

- Built an iron ring around our seniors to keep them safe, together and in a residence of their choosing, where they were never alone;
- Partnered with government and publicly funded care providers to ensure the well-being of seniors throughout the pandemic;
- Advocated that seniors deserve to be safe in their home while being empowered to choose the care they need – in a place they love;
- Researched an innovative solution that puts seniors and their care first and requires no new money – a **Senior Services Benefit**.

A Senior Services Benefit will:

- Increase seniors' control over the quality of care delivered to them;
- Increase seniors' satisfaction with government-funded care services;
- Address the systemic challenges associated with home care delivery;
- Ease the pressure on the hospital system and assist with the ALC crisis;
- Reduce the length of the long-term care waitlist;
- Reinvest time and resources into better more reliable care for seniors.

Seniors deserve a system that makes it easier for them to access the care they need in a location of their choosing. A system that helps them connect with their care providers more easily, that provides more choices for those seniors with higher care needs to remain in a community setting, and that keeps them healthier and in the community for longer. A Senior Services Benefit can achieve those goals.

A Senior Services Benefit will begin to address the systemic challenges that Ontario's health care system is facing. It is an innovative and cost-effective solution, which promotes choice and autonomy for seniors while undertaking the challenges of Ontario's long-term care waitlist and hallway health care crisis.

More must be done on all fronts to ensure seniors are supported to stay in their communities as long as possible. ORCA supports more funding for home care; we agree that we need more long-term care beds; however, we also need innovation that will enable seniors to live longer, healthier and happier lives in the setting of their own choosing.

Ontario needs a Senior Services Benefit.

PUTTING SENIORS FIRST

REFERENCES

Endnotes:

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3. Long-Term Care Staffing Study, Toronto: Ministry of Long-Term Care, 2020.
4. Ontario Building New Long-Term Care Beds in Mississauga, Ontario Government News Release, December 2021.
5. 1 in 9 new long-term care residents potentially could have been care for at home, Ottawa: Canadian Institute for Health Information, 2020.
6. Measuring Up 2019, Toronto: Health Quality Ontario, 2019.
7. 2021 Seniors Housing Survey, Ontario, Canadian Mortgage and Housing Corporation, July 2021.
8. Wait Times/Waitlist Information, Home and Community Care Support Services Champlain, 2021.
9. An example of financial monitoring may be the requirement that recipients of the Senior Services Benefit submit an expense form on a recurring basis to a designated organization responsible for financial monitoring of the program.
10. Ake Blomqvist and Colin Busby, Shifting Towards Autonomy: A Continuing Care Model for Canada, Toronto: C.D. Howe Institute, 2016.
11. Ontarians Priority Levels for Potential Provincial Policies for Ontario Senior Citizens and Their Living Arrangements, Toronto: DART C-Suite Communicators, 2019.

Note: Cover art created using quotations sourced from ORCA member communities. Names and locations were removed to maintain the privacy of our residents, staff, and their families.

ABOUT ORCA

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

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 for operational excellence in the sector.

ORCA represents over 90 per cent of all licensed retirement community suites in Ontario, employing 30,000 front line workers caring for nearly 60,000 seniors who choose to call retirement communities their home.

Retirement communities are regulated by the Retirement Homes Act, 2010 (RHA) 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.

Caring for seniors is the most important job of our members and they take that responsibility very seriously. Retirement home operators have worked tirelessly to put the safety and protection of our seniors first throughout the COVID-19 pandemic.

The Ontario Government has demonstrated its leadership in protecting seniors and our sector is very grateful for the \$68.9 million Retirement Home Support Program emergency funding received and announced to date. As of today, approximately 91 per cent of the 64,000 seniors living in retirement homes have been and remain free of COVID-19. Retirement home residents are more than 99 per cent fully vaccinated, with the vast majority having received the booster shot to date.

Retirement homes are private sector businesses. Aside from the special COVID-19 funding and unlike the long-term care sector, retirement homes do not receive public funding. Our sector is 100 per cent funded by the seniors who choose to call retirement living home.

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

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