

FREQUENTLY ASKED QUESTIONS

New Fees for Activation Units (Convalescent Care) in Residential Care Facilities

Why are fees being introduced for Activation (convalescent care) beds?

Earlier this year the provincial government advised all BC Health Authorities about revisions to the Ministry of Health Services Home and Community Care Policy Manual. This will result in some changes to fees charged for short-term residential stay in Activation beds (convalescent care).

In residential care, the provincial government covers the cost of care, while residents pay for their room and board. The provincial government will continue to pay 100% of a resident's healthcare costs (i.e., nursing, rehab, etc.). In addition, residents receive full coverage for most prescription medication, routine medical supplies and equipment, as well as some over-the-counter drugs.

When will the new rate structure take effect?

VIHA will begin charging the new fee on July 12, 2010.

What will the rate be?

Activation bed (convalescent) rates are set by the provincial government at the lowest residential care rate, which is a maximum of \$894.40/month (or \$29.40 per day if the length of stay is less than a month).

How are clients being informed of this change?

Case managers, transition managers, discharge planners and physicians will help to ensure their patients are aware of the new fee for Activation care (convalescent care) stays in our residential care facilities. They will also provide a pamphlet that has complete information on the new charges.

Will all BC Health Authorities be introducing the new rate at the same time?

Some BC Health Authorities implemented changes on April 1, 2010. Others are working towards a July 12 implementation date. This will ensure a consistent approach across the province.

Will this rate apply to clients that have been admitted to short-stay (Activation Unit (convalescent care) beds prior to the July 12th implementation date?

No. Clients admitted to an Activation Unit prior to July 12 will not be charged the new rate during their stay. Should a future admission to an Activation Unit be required, the policy to charge will then apply to them.

What is the average length of stay in an Activation (convalescent) bed? How much will I have to pay for an Activation (convalescent) bed?

Typically, clients admitted to Activation Units are in short-stay beds for four to six weeks, but every situation is different depending on the needs of each client. For example, a client who stays for six weeks would be charged the maximum rate of \$894.40 for the first month, plus a daily rate of \$29.40 for the remaining 14 days (for a total of \$1,306) .

How will this additional revenue be used?

Fees generated through charges for Activation (convalescent) beds will remain within the health authority to help offset the costs of room and board.

What if I cannot afford the fee?

Clients who feel they cannot pay the new room and board rate will have the opportunity to apply for a reduced rate, or a waiver, through the hardship application process. Residential Care staff (Social Workers, Clinical Nurse Leader and Manager) and Home & Community Care case managers will be able to provide more information on this process and also help to fill out the waiver forms.