



# **Continuing Care (Ministerial) Regulation: Plain Language Summary**

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## Background

On May 31, 2022, the [Continuing Care Act](#) (the Act) received Royal Assent. The Act establishes consistent oversight of Alberta's continuing care system to improve service delivery for Albertans. The Act maintains what has worked well and applies it consistently across services and settings, while addressing gaps that have been previously identified.

The Act is supported by regulations and standards, which provide details about expectations and responsibilities for operators, providers, **eligible individuals**, and **residents** under the Act. When the full legislative framework (including the Act, regulations, and standards) **comes into force** on April 1, 2024, the previous continuing care legislation is repealed and no longer in effect.

## About this Summary

The Continuing Care (Ministerial) Regulation Plain Language Summary (the Summary) provides a general overview of the Continuing Care (Ministerial) Regulation (the Regulation). It is intended to help readers understand the intent and requirements of each section, and where relevant describes shifts from **previous legislation** and practice.

Throughout the Summary, terms that are **bolded** are defined on pages 3-4.

## Disclaimer

The Summary is being provided for information in relation to the Regulation. The Summary is not a substitute for the Regulation and should not be solely relied upon when determining how to interpret or follow the Regulation. In the event of a conflict or inconsistency between the Summary and the Regulation, the Regulation takes precedence.

This document is intended as a summary and as general information only, and it is not to replace the advice of a lawyer.

## Questions

Any questions or concerns about the Regulation or information contained in the Summary can be directed to [CCLegislation@gov.ab.ca](mailto:CCLegislation@gov.ab.ca).

## Definitions

These definitions are intended to support the understanding of the Summary, and these terms are **bolded** throughout this document. For information on terms defined directly in the regulation, refer to Part 1, Section 1 of the Summary.

- **Comes into force** means the time at which the full legislative framework will be implemented and in effect (i.e., meaning operators and providers will be required to follow all requirements of the new Act, regulations, and standards on this date). The Act and regulations will come into force on April 1, 2024.
- **Eligible individual** means a person who is eligible to receive or is currently receiving home and community care.
- **Eligible resident** means a person who is eligible to receive or is currently receiving facility-based care (i.e. in a continuing care home).
- **Incorporated** means to allow a document that is separate from the regulation to be made part of the regulation.
- **Minister** means the Minister of Health.
- **Prescribed** means details are provided in the regulations.
- **Previous legislation** means Alberta's previous legislative framework, which includes the following:
  - *Nursing Homes Act*, Nursing Homes Operation Regulation, and Nursing Homes General Regulation;
  - *Hospitals Act*, Hospitalization Benefits Regulation, and Operation of Approved Hospitals Regulation;
  - *Supportive Living Accommodation Licensing Act*, and Supportive Living Accommodation Licensing Regulation;
  - *Public Health Act*, and Co-ordinated Home Care Program Regulation;
  - Resident and Family Councils Act;
  - Long Term Care Information Act; and
  - Continuing Care Health Service Standards, Supportive Living Accommodation Standards, and Long-Term Care Accommodation Standards.

## Continuing Care (Ministerial) Regulation Summary

| Section         | Overview of Section   |
|-----------------|---|
| 1 – Definitions | This section explains what many of the terms used throughout the Regulation mean, specifically as they are used in the Regulation. In some cases, the terms being defined may have broader or slightly different meanings in everyday language, but any term that is defined in section 1 should be interpreted exactly as it is written in this section. |

### Part 1: Facility-Based Care

| Section  | Overview of Section  |
|--|--|
| 2 – <b>Prescribed</b> accommodation goods and services               | This section lists categories of goods and services that an operator is expected to provide to every resident of a continuing care home as part of their accommodation. This list is not substantively different from the expectations under <b>previous legislation</b> but does provide a bit more detail on the goods and services provided as part of accommodation than previously.   |
| 3 – <b>Prescribed</b> health goods and services                      | A list of the categories of goods and services that a continuing care home operator is expected to provide to <b>eligible residents</b> based on a professional assessment of the <b>eligible resident's</b> needs. The “health goods and services” listed in this section are publicly funded at no cost to residents across all types of continuing care homes, so long as an <b>eligible resident</b> has been assessed as needing them. This differentiates “health goods and services” from “other goods and services” described in the next section.                                   |
| 4 – <b>Prescribed</b> other goods and services                       | Similar to section 3 above, this section contains a list of additional categories of goods and services that a continuing care home operator is expected to provide to residents based on the resident’s assessed needs. These “other goods and services” must be provided to <b>eligible residents</b> based on each resident’s assessed needs.<br><br>Residents of certain types of continuing care homes may be expected to pay some or all of the cost of some categories of the “other goods and services” listed in this section, as specified in sections 6 and 7 below.              |
| 5 – Payment by <b>Minister</b> for health goods and services         | This section enables payment by the <b>Minister</b> for any of the categories of “health goods and services” listed in section 3 so long as an <b>eligible resident</b> has been assessed as needing those goods or services.  |
| 6 – Payment by <b>Minister</b> for other goods and services          | This section enables payment by the <b>Minister</b> for the categories of “other goods and services” listed in section 4 can only be publicly funded if an <b>eligible resident</b> has been assessed as needing them.<br><br>This section also specifies that the <b>Minister</b> will identify (through Alberta Health policy) which “other goods and services” will be publicly funded for residents in each different type of continuing care home, and consequently which goods and services residents of certain types of continuing care homes may be expected to pay for themselves. |
| 7 – Payment by <b>eligible resident</b> for other goods and services | This section specifies that in any situation where a good or service listed in section 4 is not publicly funded, a resident is expected to pay for the cost of that good or service. In practice, the resident may use their own money or use coverage available through insurance or a program outside of continuing care, where such support is available.   |

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| 8 – Types of accommodation                          | <p>This section establishes different types of rooms or suites within continuing care homes that may be subject to different maximum accommodation rates under the legislation. These types include:</p> <ul style="list-style-type: none"> <li>• Shared room (single or double occupancy, shared washroom)</li> <li>• Private room (single occupancy, private washroom)</li> <li>• One-bedroom suite (single bedroom, separate living area, private washroom)</li> <li>• Multi-bedroom suite (two or more bedrooms, separate living area, private washroom)</li> </ul>  |
| 9 – Payment of accommodation charge                 | <p>This section specifies that a resident is expected to pay the accommodation charge set by the operator of their continuing care home for the type of room or suite in which they reside.</p>  |
| 10 – Exemption from payment of accommodation charge | <p>This section enables some full or partial exemptions to the accommodation charge for certain types of residents. In subsection 10(1), it specifies that any resident of a type C continuing care home (hospice), or any resident who is admitted to a type A or type B continuing care home for the sole purpose of receiving end-of-life care, is not required to pay the accommodation charge. In subsection 10(2), it specifies that certain residents of type B continuing care homes (those who were admitted to their supportive living accommodation prior to September 1, 2013) may be exempted from a portion of the accommodation charge set by the operator of their continuing care home. Details of this partial exemption are further specified in a Ministerial Order.</p> |
| 11 – Adjustment of accommodation charge             | <p>This section specifies how the maximum resident accommodation charge for various room types, as established under this legislation, will be adjusted annually to account for inflation and rising operator costs. As outlined in this section, the maximum accommodation charge rates will be adjusted each year by either an increase of 3.8% or the percentage increase in the Alberta Consumer Price Index over the previous twelve month period, whichever is lower.</p>  |

## Part 2: Home and Community Care

| Section  | Overview of Section   |
|--|---|
| 12 – <b>Prescribed</b> health goods and services | <p>A list of the categories of “health goods and services” that a home and community care provider is expected to provide to <b>eligible individuals</b> based on a professional assessment of the <b>eligible individual’s</b> needs.</p>  |
| 13 – <b>Prescribed</b> other goods and services  | <p>Similar to section 12 above, this section contains a list of additional categories of “other goods and services” that a home and community care provider may be expected to provide to <b>eligible individuals</b> based on a professional assessment of the <b>eligible individual’s</b> needs.</p> <p>Please note that in practice certain goods within this section (such as medications or supplemental nutritional products) are only publicly funded through home and community care under limited and specific circumstances and are not ordinarily provided through home and community care.</p> |
| 14 – Types of home and community care            | <p>This section establishes the types of home and community care, as referenced in various places throughout the legislation. There are three types of home and community care:</p> <ul style="list-style-type: none"> <li>• Type 1 – home and community care provided to an <b>eligible individual</b> by a regional health authority;</li> </ul>  |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Type 2 – home and community care provided to an <b>eligible individual</b> by a provider other than the regional health authority and under an agreement for the provision of home and community care entered into between that provider and a regional health authority; and</li> <li>• Type 3 - home and community care provided to an <b>eligible individual</b> who has been authorized by a regional health authority to enter into an agreement with a home and community care provider other than a regional health authority in order to receive care from the individual’s chosen provider (e.g. self-managed care or client-directed care).</li> </ul>  |
| 15 – Payment by <b>Minister</b>  | This section specifies that any of the categories of “health goods and services” listed in section 12 or the “other goods and services” listed in section 13 can only be publicly funded at no cost to an <b>eligible individual</b> if the <b>eligible individual</b> has been assessed as needing those goods or services.   |
| 16 – Payment by <b>eligible individuals</b> for home and community           | <p>This section describes situations in which an <b>eligible individual</b> is expected to pay some or all of the cost of goods and services that are considered part of home and community care. Subsection 16(1) specifies that in any situation where a good or service listed in section 12 or 13 is not publicly funded, an <b>eligible individual</b> is expected to pay for the cost of those goods or services (which, in practice, may be done either using their own money or through coverage available through insurance or a program outside of continuing care, where such support is available).</p> <p>Subsection 16(2) is specific to individuals receiving type 3 home and community care. It states that an <b>eligible individual</b> may have to contribute to the cost of any goods or services they receive through type 3 home and community care, but only where the chosen provider charges more for a good or service than is publicly funded. In such a case, the <b>eligible individual</b> is expected to cover the difference between the provider’s rate and the publicly funded amount.</p> |
| 17 – Schedule of fees and costs  | This section enables the <b>Minister</b> to establish a written schedule of fees <b>incorporated</b> under the Regulation, which denotes the amount of any fees associated with “other goods and services” (as listed in section 13) that <b>eligible individuals</b> are expected to pay and the maximum monthly amount an individual can be expected to pay in relation to these fees. This Schedule is approved by the <b>Minister</b> and published online.  |
| 18 – Payment by <b>eligible individuals</b> under schedule of fees and costs | This section establishes the expectation that <b>eligible individuals</b> receiving “other goods and services” through type 1 or type 2 home and community care will pay any fees for those goods and services that are established by the <b>Minister</b> through the schedule of fees referred to in section 17. This section also establishes that no <b>eligible individual</b> shall be expected to pay an amount for such fees that is greater than the monthly maximum amount set out in the schedule referred to in section 17.  |
| 19 – Waiver of fees or costs   | <p>This section establishes authority, criteria, and basic processes for reducing or waiving fees that an <b>eligible individual</b> is otherwise expected to pay under section 18. Subsection 19(1) states that an <b>eligible individual</b> who is subject to fees under section 18 may apply for their fees to be reduced or waived to the home and community provider who is providing the goods or services that are subject to a fee.</p> <p>Subsection 19(2) states that a home and community provider may waive some or all of the fees that an <b>eligible individual</b> is obliged to pay for that provider’s goods or services if the provider is of the opinion that requiring the individual to pay those fees would cause undue financial hardship.</p> <p>Subsection 19(3) enables the <b>Minister</b> to make a payment to a home and community care provider to compensate them for fees that the provider waived.</p>  |

### Part 3: Supportive Living Services

| Section   | Overview of Section   |
|---|---|
| 20 – <b>Prescribed</b> minimum number of residents                                | This section establishes the minimum number of adult residents (four) that must reside at a site for that site to be considered a “supportive living accommodation” as defined in section 1(v)(ii) of the <i>Continuing Care Act</i> .                    |
| 21 – <b>Prescribed</b> goods and services – safety, security, or personal welfare | This section establishes more details on the goods and services specifically related to safety, security or personal welfare of residents which comprise “supportive living services” as defined in section 1(x) of the <i>Continuing Care Act</i> .      |
| 22 – <b>Prescribed</b> goods and service – meals or accommodation services        | This establishes more details on the goods and services specifically related to the provision of meals or accommodation services for residents which comprise “supportive living services” as defined in section 1(x) of the <i>Continuing Care Act</i> . |

### Expiry and Coming into Force

| Section                | Overview of Section  |
|------------------------|--|
| 23 – Expiry            | This section establishes the expiry date of the Ministerial Regulation for the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity. This expiry date is set for April 30, 2034, pending any future amendments to this Regulation. |
| 24 – Coming into force | This section establishes that the Regulation <b>comes into force</b> on April 1, 2024.   |