



Continuing Care 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the Act, regulations, and standards) **comes into force** on April 1, 2024, the previous continuing care legislation is repealed and no longer in effect.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 Regulation Plain Language Summary (the Summary) provides a general overview of the Continuing Care 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.

Through the Summary, terms that are **bolded** are defined on page 5.

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.

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 Section 1 of the Summary.

- **Comes into force** means the time at which the full legislative framework will be implemented and in effect (meaning continuing care 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.
- **Director** means an individual appointed by the Minister of Health as the Director who has the authority and responsibilities outlined in the Act and regulations.
- **Eligible individual** means a person who is eligible to receive or is currently receiving home and community care.
- **Eligible resident** means a person eligible for or 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.
- **Resident** means a resident of a continuing care home or supportive living accommodation.
- **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
- **Minister** means the Minister of Health.

Continuing Care Regulation Plain Language 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.
2 – Incorporation of Standards	<p>Three sets of standards are incorporated under this Regulation and are approved by the Minister. The standards are posted publicly and are titled:</p> <ul style="list-style-type: none"> • The Continuing Care Health Service Standards • Accommodation Standards – Supportive Living Accommodation • Accommodation Standards – Continuing Care Home <p>The accommodation and health service standards themselves have undergone some minor updates, including to support alignment with the new legislative framework.</p>

Part 1: Exemptions

Section	Overview of Section
3 – Definitions	<p>This section defines key terms to support understanding of this Part of the Regulation.</p> <ul style="list-style-type: none"> • “Exemption” is defined as a type of designation that the Director can provide to specific operators or providers, or to a type of operator or provider. • “Continuing care home entity” is a continuing care home, a continuing care home operator or a type or class of continuing care home. • “Home and community care entity” is a home and community care provider or a type or class of home and community care provider. <p>There are no exemptions that apply to supportive living accommodations.</p>
4 – Extent of exemptions	This section establishes which parts of the Act, the Regulation and the Continuing Care Health Service Standards a Director may provide an exemption to for a continuing care home entity or a home and community care entity.
5 – Exemption – on application	This section states that continuing care home operators and home and community care providers can apply to the Director for an exemption. The Director can grant an exemption to a requirement listed in section 4 if the Director believes that a requirement will cause the applicant undue hardship, or the applicant is unable to comply with the requirement due to a special circumstance.
6 – Exemptions – on Director’s own motion	This section provides the ability for the Director to grant exemptions on their own, without operators/providers applying for the exemption. This allows the Director to grant broad exemptions in cases where the Director is aware of undue hardship or special circumstances resulting in operators/providers being unable to meet a requirement.

7 – Restrictions on exemptions	This section notes that the Director can only grant an exemption if they are certain it will not negatively impact the health, wellbeing and safety of residents and eligible individuals (section 18 of the Regulation). Also, the Director can impose conditions including a time limit if they do grant an exemption. The Director's decisions with respect to exemptions are final.
8 – Notification of decision	This section states that the Director must tell the applicant in writing whether an exemption is granted or not. If an exemption is granted, any conditions for the exemptions will be clearly stated.
9 – Notification of change in circumstances	An operator/provider will inform the Director if they no longer need an exemption.
10 – Power to revoke or amend exemption	The Director can revoke or amend an exemption if: <ul style="list-style-type: none"> • the operator/provider fails to comply with any conditions given with the exemption, • the exemption is no longer needed, or • the exemption is negatively impacting the health, wellbeing and safety of residents and eligible individuals (section 18 of the Regulation).
11 – Publication	This section states that the Director can publicly post information regarding exemptions granted.

Part 2: Agreements

Section	Overview of Section
12 – Prescribed parties to facility-based care agreement	<p>These sections set the minimum expectations and identifies the parties for agreements to provide facility-based care and/or home and community care. A facility-based care agreement is between the continuing care home operator and the regional health authority. A home and community care agreement is between a type 2 home and community care provider and the regional health authority.</p> <p>Agreements include the following content:</p> <ul style="list-style-type: none"> • Description of facility-based care or home and community care to be provided. • The amount or method of payment for the operator/provider. • The termination date for the agreement. • Measures to be taken to protect health, well-being and safety of residents if the agreement is terminated (related to section 18). <p>For continuing care homes, the agreement must also include the maximum number of eligible residents that can reside in the continuing care home as well as the description of the staffing requirements that need to be included into their staffing plan (related to section 46).</p>
13 – Prescribed parties to home and community care agreement	
14 – Content of agreement	
15 – Termination of agreement by parties	This section notes that either party can terminate an agreement as long as they provide a notice of termination with reasons for terminating the agreement stated. The party must provide this notice at least 12 months ahead of the date they are planning to terminate the agreement.
16 – Direction to terminate agreement	This section states that the Minister can direct the regional health authority to terminate an agreement if an operator was refused their continuing care home licence, their continuing care home licence was cancelled, or the Director opted not to renew the licence.

17 – Transitional provision - agreements	This section notes that agreements made prior to April 1, 2024, will remain in effect. Sections 12 to 16 will not apply to these prior agreements until the agreements are renewed or by April 1, 2029 (whichever comes first).
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Part 3: Provision of Care and Services

Section	Overview of Section
18 – Health, well-being and safety	This section states that an operator of a continuing care home or supportive living accommodation or a home and community care provider must provide their services in a manner that ensures the health, well-being and safety of residents and eligible individuals . For those operators and providers who have agreements with the regional health authority, they must take measures to ensure the health, well-being and safety of their residents and eligible individuals are maintained if the agreement is terminated.
19 – Assessments	<p>These sections outline that a regulated health professional must conduct a standardized assessment to determine an individual's need for facility-based care or home and community care.</p> <p>For type A (formerly long-term care) and type B (formerly designated supportive living) continuing care homes and home and community care, these assessments are carried out in accordance with the <i>Continuing Care Health Service Standards</i>.</p> <p>For type C continuing care homes (publicly funded hospice settings), assessments are carried out in accordance with regional health authority policy.</p> <p>The operator or provider will provide the prescribed goods and services (accommodation, health, or other) that an individual is assessed as requiring.</p>
20 – Provision of prescribed goods and services	
21 – Caregiver support assessments	This section states that the regional health authority must also offer caregivers of eligible individuals receiving home and community care a standardized assessment to determine their eligibility for caregiver supports.

Part 4: Licensing

Division 1: Licensing Process

Section	Overview of Section
22 – Continuing care home licences	This section identifies types of continuing care home licences. This includes: Type A, which reflects what was previously called long-term care (i.e., nursing homes and auxiliary hospitals); Type B, which reflects what was previously called designated supportive living; and, Type C, which reflects publicly funded hospice settings. Establishing licence types enables the legislation to maintain the appropriate application of expectations and requirements in these settings.
23 – Multiple licences	This section highlights that some continuing care home operators may provide different types of facility-based care within the same facility and sets the expectation that these operators must hold the required type of continuing care home licence (as outlined in section 22 above) for each type of facility-based care being provided in a facility.
24 – Types of facility-based care	These sections specify that the Director determines the continuing care home licence based on the level of care provided; the level of care provided is determined

25 – Determination of licence type	by the regional health authority and the agreement between the operator and the regional health authority.
26 – Supportive living accommodation licence	This section specifies that a licensee holding a supportive living accommodation licence is authorized to operate a supportive living accommodation and provide supportive living services to residents .
27 – Application for new license	This section identifies what information an operator must submit to Alberta Health to apply for a new licence (for both continuing care home operators and supportive living accommodation operators). These requirements are intended to maintain current application requirements with some new and enhanced requirements.
28 – Application to renew or amend licence	This section identifies what information an operator must submit to Alberta Health to renew a licence (for both continuing care home operators and supportive living accommodation operators) and is consistent with section 27.
29 – Licensing Decisions	This section outlines reasons for which the Director may refuse to issue, amend, or renew a licence. This includes: if the applicant has a history of contraventions or failure to comply with continuing care legislation (the Act, regulations, or standards); if the applicant is unable to operate the continuing care home or supportive living accommodation in accordance with the legislation; false or misleading information or documents were provided in the application; and/or, the applicant may be unable to provide services in a manner that supports the health, well-being or safety of residents . The regulation also enables the Director to impose conditions when issuing, amending, or renewing a licence.
30 – Transition of licences	This section provides clarity on the types of continuing care home licences that will be provided to operators under the provisions of section 57 of the <i>Continuing Care Act</i> . The type of continuing care home licence will depend on the type of licence or certification that the operator held immediately before the new legislative framework comes into force .

Division 2: Notice to Director

Section	Overview of Section
31 – Definition	This section provides a definition for the term “notice to Director ” as used in Division 2 of Part 4 of the Regulation.
32 – Notice to Director	This section establishes information that must be included in a notice to the Director . The intent is to inform Alberta Health of operational or planned changes at the setting, or of changes to the provision of services prior to them potentially affecting resident safety or well-being.
33 – Prescribed events or circumstances	This section provides a list of other events or circumstances (in addition to the circumstances already described in section 16 of the <i>Continuing Care Act</i>) that would require a continuing care home or supportive living accommodation operator to submit a notice to the Director .
34 – Timing of notice	This section sets clear expectations for the time period in which an operator must submit a notice to Director , for events or circumstances that require notification.
35 – Prescribed information	This section establishes information that must be included in a notice to Director when an operator intends to change the provider of facility-based care or supportive living services.

Part 5: Operation of Continuing Care Homes and Supportive Living Accommodations

Section	Overview of Section
36 – Interpretation	This section defines terms and conditions required for the interpretation of Part 5 of the Regulation. It is important to note that other than section 43, none of the content in Part 5 is applicable to type C continuing care homes (publicly funded hospice settings).
37 – Resident and family councils	This section of the Regulation explains the purpose of a resident and family council, which is to provide a supportive environment for residents and their families to actively participate in site-level discussions and decision-making in continuing care homes and supportive living accommodations relating to the accommodations, provision of services, and residents' quality of life. Councils are intended to facilitate the sharing of information and communication between operators, residents , and residents' family members. If no resident and family council is in place or has not met in over 6 months, the operator is required to establish an alternate mechanism to achieve the above purposes.
38 – Resident money held in trust account	<p>These sections of the Regulations set the minimum expectations for trust accounts where continuing care home and supportive living accommodation operators provide this service. Where the operator holds money on behalf of a resident for more than 31 days, it must be deposited into a trust account and the operator must provide a receipt to the resident for any transactions. Money in the trust account can only be used if authorized in writing by the resident or their legal representative. Trust account money must be returned to the resident or their legal representative on request or if the resident ceases to live in the continuing care home or supportive living accommodation.</p> <p>Additionally, the regulation sets expectations for trust accounts if the operation of a continuing care home or supportive living accommodation is transferred to another operator.</p>
39 – Transfer of resident money	
40 – Safeguarding personal property	This section sets minimum expectations if an operator agrees to safeguard a resident's personal property. Resident property can only be used/accessed in accordance with written authorization from the resident or their legal representative. Property must be returned to the resident or their legal representative on request or if the resident ceases to live in the continuing care home or supportive living accommodation.
41 – Records	This section establishes the requirement for the operator to create and maintain records for the purpose of residents' trust accounts and safeguarding property.
42 – Insurance - Trust Accounts and Property	The section states that an operator who provides trust accounts for residents or who safeguards residents' property will also maintain an insurance policy to cover liability for potential loss.
43 – General Liability Insurance	This section establishes expectations for all continuing care homes (including type C) and supportive living accommodation operators to maintain a minimum level of general liability insurance.
44 – Supply of Medication	This section establishes expectations that a type A continuing care home operator will maintain a sufficient supply of medication on site to meet the needs of eligible residents .

Part 6: Staffing of Continuing Care Homes

Section	Overview of Section
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45 – Interpretation	This section defines terms and conditions required for the interpretation of this Part of the Regulation. It is important to note that Part 6 is applicable to only type A continuing care homes (formerly long-term care) and type B continuing care homes (formerly designated supportive living). Part 6 does not apply to type C continuing care homes (publicly funded hospice settings).
46 – Staffing plan	These sections of the Regulation establish requirements for the operator of a continuing care home to have a staffing plan which specifies the number and type of staff required to meet the assessed needs of the residents . The staffing plan must be shared when requested by a resident , legal representative, family member, staff or the resident and family council. An operator must ensure that all applicable requirements for staff are in place at all times.
47 – Compliance with staffing requirements	
48 – Clinical staff members	These sections of the Regulation require an operator to have 2 clinical staff members on-site at all times. For a type B continuing care home, at least one of the clinical staff must be a regulated nurse. For a type A continuing care home, at least one of the clinical staff must be a regulated nurse who is not a licensed practical nurse.
49 – Charge nurse	Type A and type B continuing care home operators must have a charge nurse on-site at all times who is a regulated nurse and is available to provide care. The charge nurse can be considered one of the clinical staff members (for the purposes of section 48).
50 – Physician or nurse practitioner	This section of the Regulation requires that residents in a type A continuing care home are under the care of a nurse practitioner or physician, and that a nurse practitioner or physician is always available on-call.
51 – Medical director	This section of the Regulation requires type A continuing care homes to have a medical director who is a physician. Type B continuing care homes may have a medical director who is a physician.
52 – Director of care	Type A and type B continuing care homes must have a director of care who is a regulated health professional. The director of care, or their delegate must be on-site at all times.
53 – Administrative leader	This section requires that type A and B continuing care homes have an administrative leader and the administrative leader, or their delegate must always be available.
54 – Staff educator	This section requires that type A and B continuing care homes have a staff educator who is a regulated health professional.
55 – Staffing guideline	This section enables the Minister to establish the Staffing Guideline which is incorporated under the Regulation. The Guideline outlines roles and responsibilities of staff in continuing care homes. The Guideline is approved by the Minister and published online.

Part 7: Compliance and Enforcement

Division 1: Complaints

Section	Overview of Section
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56 – Definition	This section provides a definition for the term “complaint” as used in Part 7 of the Regulation.
57 – Complaint process	This section includes details on the complaint process; in addition to section 30(2) of the Act.
58 – Complainant protection	This section and the Act establish new complainant protection, specifically that no operator or provider shall discourage or prevent an individual from making a complaint. In addition, it protects individuals who have made a complaint or want to make a complaint.
59 – Disclosure of identifying information	This section establishes an expectation for confidentiality if the person making the complaint asks the Director not to share (or permit an inspector to share) their name with the operator or provider (or staff employed by an operator or provider), except under particular circumstances. Specifically, this information may only be disclosed to the operator or provider if the Director is of the opinion that disclosure is required to ensure the health, well-being or safety of a resident or eligible individual .
60 – Complaint provisions	This section establishes requirements for operators and providers to provide information on how to make a complaint and information on complainant protections to each resident or eligible individual , their legal representative, and staff. For a continuing care home or supportive living accommodation operator, this may include providing a notice in a prominent place.

Division 2: Official Administrator

Section	Overview of Section
61 – Official administrator	This section specifies who may serve as an official administrator, namely a regional health authority or a continuing care home operator. The official administrator is appointed by the Minister .
62 – Notice of appointment	This section sets the requirements for a notice of appointing an official administrator to a continuing care home operator. The notice must provide the name and contact information of the official administrator and identify the records the continuing care home operator must provide.
63 – Extension of term	This section enables the Minister to extend the term of the appointment of an official administrator when it is in the best interests of the residents of a continuing care home and requires the Minister to give written notice of the extension.
64 – Notice of termination	This section requires the Minister to give written notice to the official administrator and the continuing care home operator when an official administrator is terminated.
65 – Information and records	This section requires a continuing care home operator to provide information and records requested by the official administrator, in the form and manner determined by the official administrator.
66 – Collection, use and disclosure of information	This section outlines personally identifying information about residents that may be disclosed to and collected by an official administrator without the explicit consent of the individuals.

Division 3: Administrative Penalties

Section	Overview of Section
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67 – Amount of administrative penalty	<p>These sections discuss administrative penalties which are a monetary penalty for violation of the Act, regulations, or standards. The Regulation states that when the Director is determining the amount of an administrative penalty, they will consider a variety of factors including, but not limited to, the severity of the violation, any actions taken to prevent reoccurrences of the violation, etc. The Director will issue a notice of an administrative penalty that will include the name of operator, provider or other individual required to pay the penalty, the amount, date of payment, what happens if payment is not issued, as well as a statement indicating the right for the operator or provider to appeal. Note these sections are not in effect until April 1, 2025.</p>
68 – Notice of administrative penalty	

Part 8: Appeals

Section	Overview of Section
69 – Definition	This section provides a definition for the term “electronic means” as used in Part 8 of the Regulation.
70 – Notice of appeal	<p>This section of the Regulation provides details on appealing a licensing decision to an appeal panel. The appellant must submit a notice of appeal and include the following information:</p> <ul style="list-style-type: none"> • name and contact information; • date of decision being appealed; • copy of the Director decision being appealed; and • reason for the appeal.
71 – Conduct of appeal	<p>These sections of the regulation state that a hearing may occur in person or by electronic means. In some cases, the appeal can also be conducted by written submission. Regardless of the format of the appeal, all parties involved in an appeal have the ability to file additional written submissions with the appeal panel prior to the hearing. Evidence must also be given to the appeal panel prior to the hearing.</p> <p>When the notice of appeal is received by the appeal panel, the chair must provide a notice of appeal to the appellant and the Director with information on:</p> <ul style="list-style-type: none"> • how the appeal is being conducted; and • when and where (if it’s an oral hearing) or the date by which submissions must be filed (if appeal is only by written submission).
72 – Notice	
73 – Evidence	
74 – Rights in respect of appeals	This section states that any party to an appeal has the right to be represented by a lawyer or another representative. These representatives also have the right to attend the hearing.
75 – Absence of party	<p>This section states that if a party involved in an appeal fails to appear at a hearing, the panel has the ability to dismiss the appeal, pause the appeal or go forward with the hearing and make a decision even if the party is absent.</p> <p>If a party involved in an appeal fails to provide written submission (in the case of appeal by written submission only), the panel can also dismiss the appeal, provide an extension to submit materials, or continue in the absence of the submission and make a decision.</p>
76 – Withdrawal of appeal	This section notes that the party making an appeal can withdraw their appeal at any time before a decision is made and must do so in writing.
77 – Decision of appeal panel	This section establishes that the decision of the appeal panel must be in writing and include the reason for the decision. A copy of the decision and reasoning will be given to both parties involved and any representatives. The panel can only make

	decisions within the authority and abilities granted to the Director under the <i>Continuing Care Act</i> and the Regulations.
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Part 9: General

Section	Overview of Section
78 – Publication of inspection results	This section of the Regulation states that the Minister may publish inspection results. This will maintain the approach where inspection results are posted online and will indicate when a site was inspected, if a site is compliant with all requirements, if there are any contraventions, and if/when the contraventions are rectified.
79 – Publication of continuing care home information	<p>This section states that the Minister will establish a directory to publish information related to continuing care homes, including:</p> <ul style="list-style-type: none"> • The name of the facility • The contact information of the operator • Whether the facility is operated on a non-for-profit, for-profit or public basis • The type(s) of licence(s) held by the operator • The maximum number of eligible residents that may reside in the facility • The number of each room type in the facility • Any other information required by the Minister <p>The continuing care home operator will submit updated information if there is a change to the information provided. The Minister can decide not to publish the continuing care home information if there is reason to believe doing so would negatively impact the health, well-being, or safety of the residents.</p> <p>This section is intended to maintain the approach for the online facility directory.</p>
80 – Form and manner of notification	<p>These sections note that a continuing care home or supportive living accommodation operator, or a home and community care provider, must inform the Director if the operator or provider is found guilty of an offence under any of the listed legislation.</p> <p>A type 2 home and community care provider must also inform the Director if they terminate their home and community care agreement.</p>
81 – Duty to notify	
82 – Prescribed information to be reported to Minister	<p>This section states that continuing care home operators and home and community care providers must provide the following information to the Minister:</p> <ul style="list-style-type: none"> • Information collected from a facility-based care or home and community care assessment • Financial information (expenditure and revenue)
83 – Provision of information by home and community care providers	<p>This section states that the Director can request a home and community care provider to provide the following information:</p> <ul style="list-style-type: none"> • their name and contact information • description of services provided • information related to any subcontractors the provider has an agreement with to provide services on their behalf • whether they provide type 2 or type 3 home and community care (or both)
84 – Expiry	This section establishes the expiry date of the 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.
85 – Coming into force	This section establishes that the Regulation comes into force on April 1, 2024, except sections 67 and 68; these sections will come into force on April 1, 2025.