

POLICY

Policy Title: Community Living disABILITY Services – Bed Utilization	Date Approved: December 12, 2024
Branch: Disability Policy	Applicable to: Community Living disABILITY Services
Division: Policy, Programs, and Legislation	Next Review Date:
Responsible Authority: Department of Families	Date Reviewed:
Policy Owner: Executive Director, Disability Policy	Date Revised:

1.0 Policy Statement

The Community Living disABILITY Services program strives to ensure that all beds in shift-staffed homes are fully utilized to support individuals in need of residential care.

2.0 Background

[The Adults Living with an Intellectual Disability Act \(ALIDA\)](#) enables the minister to make grants or payments to purchase services from, or enter into agreements with, persons or organizations to provide support services for adults living with an intellectual disability under such terms and conditions as the minister considers appropriate. This includes services that are provided to individuals residing in shift-staffed homes, which assist them to live safe, inclusive lives in the community.

[The Social Services Administration Act](#) recognizes residential care facilities as premises in which accommodation, care and supervision are provided to one or more individuals. The [Residential Care Facilities Licensing Regulation](#) identifies the requirements that need to be in place to ensure the health, safety and wellbeing of individuals living in residential care facilities.

3.0 Purpose

This policy establishes a set of standards and procedures to follow to ensure the full utilization of beds in shift-staffed homes.

4.0 Definitions

“Authorized Department Staff” – employees of the Department of Families who are responsible for the management of empty beds in shift-staffed homes. The executive director as defined by The Adults Living with an Intellectual Disability Act is responsible for designating employees as authorized department staff.

“Bed Hold” – an empty bed that is not available to be filled on a permanent basis because it is being held for an individual while they are temporarily away from the shift-staffed home due to incarceration, hospitalization, or other circumstance.

“Community Living disABILITY Services” – the program administered by the Department of Families that provides a range of support services to individuals.

“Community Service Worker” – an employee of the Department of Families who provides case management services to individuals and their support networks.

“Empty Bed” – a bed in a shift-staffed home that is not filled by an individual. An empty bed can be considered a bed hold or a vacant bed depending on the circumstance.

“Executive Director” – the executive director as defined by The Adults Living with an Intellectual Disability Act.

“Individual” – an adult living with an intellectual disability who receives or is eligible to receive support services through the Community Living disABILITY Services program.

“Residential Care” – accommodation, care and supervision that is provided to an individual who is unable to live independently in the community.

“Residential Care Licensing Case Manager” – an employee of the Department of Families who oversees the licensing of shift-staffed homes.

“Shift-Staffed Home” – a residential care facility as defined by The Social Services Administration Act (other than a host family home as defined by the Residential Care Facilities Licensing Regulation) where support services are provided to individuals who require residential care to assist them to live safe, inclusive lives in the community.

“Service Plan” – funding provided to a service provider for the provision of support services to an individual or to maintain an empty bed.

“Service Provider” – a Community Living disABILITY Services-funded agency that is responsible for delivering support services to individuals.

“Support Network” – an individual’s family, friends, or community members who provide personal support, advocacy, or help the individual with monitoring services, and who have a reciprocal relationship with the individual.

“Vacant Bed/Vacancy” – an empty bed that is available to be filled.

5.0 Policy

This policy applies to all authorized department staff and service providers that provide residential care to individuals residing in shift-staffed homes.

Authorized department staff and service providers must strive to ensure the full utilization of beds in shift-staffed homes so that beds are filled within 30 days of becoming empty unless otherwise authorized within this policy.

6.0 Core Supporting Standards and Procedures

6.1 Standards

Service providers are required to inform the individual's Community Service Worker (CSW), the home's Residential Care Licensing (RCL) case manager, and authorized department staff immediately (i.e., within one business day) upon determining that a bed will become empty or has become empty (due to either a bed hold or a vacancy).

Bed Hold

There may be situations in which a bed needs to be held for a temporary period of time, pending the outcome of the individual's situation. Examples include incarceration, hospitalization, or another situation. Authorized department staff use professional judgement when determining other situations in which a bed hold may be appropriate.

A bed can be held for up to 30 days from the date in which the bed became empty. If more than 30 days is needed to allow for the individual's return to the bed, authorized department staff can approve a bed to be held for up to two additional 30-day periods (i.e., up to 90 days total). If more than 90 days is required, the Executive Director or delegate may provide an extension for an appropriate period of time at their discretion.

Service providers are required to inform authorized department staff immediately (i.e., within one business day) upon determining that the individual for whom a bed is being held will not return to the bed. At this time, the bed will convert to a vacancy and the standards and procedures for vacant beds will apply.

Vacant Bed

A bed may become vacant for a variety of reasons, including a transition to another living arrangement or long-term care facility. Vacancies may be planned or unplanned.

Regardless of the reason for the vacancy and whether it is planned or unplanned, the service provider is required to fill the bed within 30 days of the bed being vacated. In exceptional circumstances, authorized department staff can approve a bed to remain vacant for up to two additional 30-day periods (i.e., up to 90 days total).

If the bed is not filled after 90 days from the date in which it was vacated, empty bed funding will end, and authorized department staff will discuss resource reconfiguration with the service provider, which may include adjustments to the number of homes operated by the service provider or the number of available beds in each home.

Exceptional Circumstances

Authorized department staff and service providers are required to work together to fill vacant beds as soon as reasonably possible. However, there may be exceptional circumstances that do not allow beds to be filled within 30 days of becoming vacant. Authorized department staff use professional judgement when determining if there are exceptional circumstances that warrant approval of the bed remaining vacant for up to two additional 30-day periods (i.e., up to 90 days total).

Examples of exceptional circumstances include a lack of compatibility with potential roommates, lack of referral, ongoing protection investigations and staffing resource delays.

In the event a transition plan has been identified for an individual to occupy a bed, but the transition cannot occur until after the 90-day period, an extension may be provided for an appropriate period of time at the discretion of the Executive Director or delegate.

Empty Bed Funding

In most cases, empty beds will be funded for up to 30 days (or fewer if the bed is filled within 30 days) at the approved service plan rate of the individual who had occupied the bed. Provided there are no circumstances that warrant an extension of the empty bed, funding will cease at the end of this 30-day period. If an extension is warranted, funding may continue for up to two additional 30-day periods (i.e., up to 90 days total).

Authorized department staff will use their professional judgement to determine whether a lesser amount will be provided due to unique circumstances in the home (e.g., significant staffing costs attributable to only the individual who has vacated a bed).

Authorized department staff must give the service provider at least 14 days' notice of any funding reductions, including empty bed funding coming to an end or empty bed funding being reduced to account for unique circumstances that necessitate a funding reduction.

Empty Beds Used for Crisis Response

Empty beds may be used on a short-term basis while the service provider and authorized department staff pursue a long-term solution for the individual experiencing the crisis and requiring the empty bed.

In the event an empty bed is used for a crisis, the 30-day timeframe (up to 90 days in exceptional circumstances) in which the bed must be filled will reset upon the bed no longer being occupied by the individual experiencing the crisis.

Authorized department staff use professional judgement when determining whether additional funding to support the crisis is required or if funding already being provided to the service provider for the empty bed is sufficient.

New Resources

In general, the standards and procedures outlined in this policy apply to beds in existing resources. In situations where a new resource is being developed but the service provider cannot immediately fill all available beds in the home, authorized department staff will work with the service provider to approve an appropriate length of time unoccupied bed(s) can remain vacant, including approval of the associated funding.

6.2 Procedures

Authorized department staff and service providers are required to follow established processes that apply when referring individuals to shift-staffed homes, which are informed by person-centered planning principles, the individual's need for residential care, and the availability of resources.

Authorized department staff are responsible for:

- maintaining a current listing of empty beds in their respective region;
- creating, maintaining, and ending service plans associated with empty beds;
- coordinating the referral of individuals who need empty beds;
- working to fill vacant beds as soon as reasonably possible;
- communicating with regional counterparts to optimize the use of beds and be open to referrals for individuals from other regions;
- reviewing empty beds with service providers to ensure there are plans for filling them;
- evaluating short-term requests to use empty beds due to crisis situations;
- initiating discussions with service providers regarding resource reconfiguration, which may include adjustments to the number of homes operated by the service provider or the number of available beds in each home; and
- monitoring the frequency and duration of empty beds.

Service providers are responsible for:

- immediately notifying the individual's CSW, the home's RCL case manager, and authorized department staff (i.e., within one business day) when beds become empty due to either a bed hold or vacancy;
- immediately notifying the individual's CSW, the home's RCL case manager, and authorized department staff (i.e., within one business day) when it has been determined that an individual will not be returning to a bed hold;

- monitoring the frequency and duration of empty beds and developing strategies to manage resources efficiently.
- initiating discussions with authorized department staff prior to considering resource reconfiguration to fill vacant beds within their own agency;
- engaging with authorized department staff to identify individuals to fill vacant beds; and
- being receptive to referrals from authorized department staff to fill vacant beds.