

 Respect, Dignity and Independence for Our Seniors	Developer: Admission Committee	Category: Operations	Domain: Seniors Residence	Policy #: OPS-SRE-1.0
	Effective Date: February 2023	Subject Title: Admission to Momiji Seniors Residence		Approval: Management Committee
	Last Reviewed: September 2022	Next Review: January 2025	Supersedes:	Pages: 10

PURPOSE:

Momiji Seniors' Residence (MSR) is intended for seniors who require some care in order to continue living independently outside of an institutional setting. It is funded with government assistance to provide accommodation as well as pre-defined types/amount of care to our tenants.

This policy has been established to enable shared understanding of the types and amount of care needed by the applicant that might be safely met within the limitations of Momiji's resources. It also provides explicit guidelines for when recommendation is to be made to an applicant to consider accessing alternative accommodation and care services if his/her need for care is too great or complex to be safely met in an independent living environment.

POLICY:

I. Admission

Momiji's mission is to assist seniors to live independently in their own homes for as long as possible. Momiji's obligation is to ensure the safety of all tenants in the building. Applicants are assessed for their eligibility towards MSR tenancy according to this policy.

II. **The Admission Committee (AC)** is an ad hoc staff committee whose members include the Manager of Seniors' Residence, Client Intervention Worker (CIW), and Coordinator(s) – Support Services. The AC has the responsibility for decisions regarding offering of tenancy at the MSR.

III. Anyone age 60 and over wishing to become a tenant at MSR must first submit a Tenancy Application. Once the application has been received and approved by the CIW, the applicant will join the Waiting List for housing in the MSR. Housing applicants must be aged 60 or older (in the case of a two-applicants application, only one of them needs to be age 60 or older), and must be either Canadian citizens, permanent residents or refugee claimants in Canada.

*Co-applicants (maximum occupancy is two) can be either married/common-law spouse or sibling to the applicant. For Rent-geared-to-income (RGI) applicants, their combined income becomes “household income” regardless of their relation.

*RGI application can only choose 1-bedroom unit regardless of number of occupants. Single applicants for Market Rent units can only be allocated to 1-bedroom units regardless of the financial ability.

*No switching of units can be made for reason of personal preference.

IV. When the required documents are received by the CIW, the AC will meet to review the Short List, identify suitable applicant(s) and make decisions as to their placement onto the Short List in the appropriate order for when tenancy opportunity is to be offered. There are four major factors the AC must consider in making these decisions:

- **Rent Geared to Income (RGI) vs. Market Rent status:** MSR is required by the Ministry of Municipal Affairs and Housing to reserve 83-85 out of total 133 apartments to RGI households, regardless of the number of applicants on hand who can pay Market Rent. Unless there is a crisis case that takes more urgent priority, we try to replace RGI vacancies with RGI applicants, and Market Rent vacancies with Market Rent applicants.
- **Length of Time on Waiting List:** With all other factors being equal, we will choose the applicant who has been on the waiting list for a greater length of time.
- **Age:** With all other factors (including Care Needs) being equal, we will choose an older applicant over a younger one.
- **Care Needs:** All persons living in the MSR have some level of care needs (*see the list below for the eligible needs) as a prerequisite for admission. Any applicant with care needs or behavioural presentation that Momiji cannot safely manage will not be considered for admission. For example, if an applicant meets the eligibility criteria for a long-term care facility, he/she will not be considered for tenancy at MSR which only provides “Assisted Living” level support. All care needs must be feasible for meeting with scheduled services. Under the Assisted Living Program, Momiji is not able to provide care on an “as needed” basis (e.g. toileting assistance).

*Eligible Care Needs: Housekeeping (e.g. vacuuming, mopping, dishes, bed-making, light cleaning), laundry, meal prep (not full cooking), grocery shopping, medication reminder, daily checks, personal hygiene/support (1-PSW amount).

*These care needs have to stem from physical difficulties.

Once the AC has made a decision, when a vacancy is identified, the Manager of Seniors’ Residence & Environment will formally offer the vacant unit to that applicant. If for any reason the applicant turns it down, an offer will be made to the next eligible applicant on the Short List. Applicants who refuse an offer are generally allowed to remain on the Short List, unless they:

- Become ineligible due to significant change in their care needs
- Choose to withdraw their application

*A short-listed (approved) applicant may be placed back to the regular waitlist by expressing not having an intention to move in, or refusing the placement two times.

However, RGI applicant will lose its RGI eligibility after refusing one offer. For any applicant after refusing three offers, their wait status will be reassigned to the bottom of the list.

The short-listed applicants still need to be assessed of their eligibility continuously. For example, the InterRAI-CHA assessment must be updated at least annually. Form B re-submission may be required if significant change in health and care needs are identified.

PROCEDURES:

1. Applicants are expected to communicate to the CIW to express their intention to:
 - a. Remain on the waitlist every year, at a minimum through responding to annual applicant survey, which is sent out between January-March. Failure to do so for three consecutive years will meet automatic elimination from the waitlist.
 - b. Withdraw the application when no longer wish to move into MSR or become eligible for long-term care (LTC) facilities. *Withdrawal can also be made verbally or written document including email. CIW receiving a news of applicant moving into a LTC home (ineligible to MSR) or passing away, automatically leads to withdrawal.

It is the applicant's responsibility to provide CIW with their most updated contact information in order for them to receive the communication from Momiji in timely manner (e.g. answering the phone calls, checking missed calls and voice mails).

2. From the full Waiting List of all those who have submitted Tenancy Applications to MSR, the CIW is responsible for maintaining a Short List of applicants who are prepared to move into MSR when a unit becomes available. AC is responsible for approving the applicant's placement into and his/her place on the Short List.
3. To be eligible for the Short List, applicants must:
 - Complete an InterRAI-CHA Assessment with Momiji staff, which is to be updated annually at minimum;
 - Submit a form, called "Form B", completed by their doctor within the past year, or more recently if there have been significant changes to their health condition (Note: Applicants are responsible for any fees associated for completing the Form B, including when the renewal is required);

- Be cognitively intact, as per their doctor's evaluation and further assessment when required, to be able to keep living independently, requiring only a level of care within the scope of services that Momiji can provide (see Appendix A);
- Satisfy the eligibility guidelines for living independently and safely in Momiji's Assisted Living Setting (see Appendix B);
- Be able to recognize emergencies, understand how to minimize risk/harm (including receiving help) and act upon, and follow safety instruction to evacuate;
- [RGI applicant] Submit required financial documentation including the newest CRA Notice of Assessment and property tax final bill (if owns property). The property must be sold, or the ownership of the property must be changed within 6 months after move-in date mentioned on the lease agreement;
- Be ready to move into MSR when an apartment is available;
- Be able to follow the MSR smoking rule (smoking is not allowed inside the building and with 9-meter range from the entrance/exit of MSR building);
- Be willing to sign an agreement upon moving in, to seek appropriate arrangement of extra care or accommodation when their care need exceeds the care Momiji can provide.

In addition, we strongly recommend all applicants to have designated someone who would be willing to act for and in their best interest when needed, as Power of Attorney or Substitute Decision Maker (POA/SDM), for when the person's cognitive status changes significantly.

APPENDIX A

Available service list

Assisted Living services available at Momiji

Personal Care

- Normally every tenants is offered daily checks (phone/visit) on agreed schedule
- Medication Reminders on agreed schedule: the tenant must be able to arrange the medication by picking up by themselves or arranging delivery by the pharmacy of their choice.
- Assistance with bathing, maximum twice per week, on a scheduled day and time
- Assistance with personal hygiene: morning and night for basic activities such as changing clothes, oral care assistance, changing incontinence pads on pre-agreed/scheduled amount of time. Extra time required for extraordinary reasons will be negotiated as available.
- Escorting to Medical and Non-Medical appointments: escorting is done by one PSW only. This service is available only when POA/Family cannot accompany the tenant. The escorting must be requested and accepted in advance.

Home Making

- Light housekeeping (only for the areas that the tenant cannot clean by her/himself)
- Light meal preparation (if the tenant cannot purchase Momiji's meal program or community meals on wheels service for an acknowledged reason). Allocated service hours by PSW are approximately 15 minutes per meal.
- Grocery shopping: a PSW is able to shop for tenants and deliver groceries to the apartment. The tenant must be able to prepare the grocery list and manage the cash transaction for each shopping trip.

Participating in various programs

- The tenant must be able to make appointments, remember them, and transport themselves to appointments within the facility, make cancellations with adequate notice, and make payments accordingly.

Other needs

- The tenant must be able to recognize their own needs and obtain the help they require to live independently and safely at Momiji, for example, dealing with apartment-related issues such as flooding, fire hazards, or garbage disposal, or ensuring that they have enough necessities such as cash, food and proper clothing.

APPENDIX B

Eligibility guidelines for living independently and safely in Momiji's assisted living setting

A potential tenant moving into the Momiji Seniors Residence should not be:

- A person who does not have care needs and/or not accept any care from Momiji.
- A person whose care need exceeds the limitation of Momiji support services, which includes on demand (as needed basis) care and weight bearing support for care.
- A person who is at risk of harming themselves or others.
- A person who cannot recognize an emergency (e.g. fire, chemical spill etc.) or cannot act appropriately in response to an emergency.
- A person who cannot call for help in an emergency situation by using the telephone or their duress button.
- A person who needs 24/7 nursing care.
- A person who scores significantly low on cognitive tests.
- The check marks concerned in Form B are:
 - “Cognitive Function” – Impaired Judgement
 - “Memory Loss” – Long Term
 - “Orientation” – Place and Time
 - “Overall Impact on ADL” – Moderate or Severe.
- A person who falls under the “Very High Needs” or “High Needs” categories based on their Inter-RAI CHA outcome score. The needs analysis tool is attached under Appendix D.
- A person whose clinical frailty score is level 6 and higher (Momiji uses the Clinical Frailty Scale suggested by Dalhousie University – see Appendix E).
- A person whom the AC has determined to be not eligible.

APPENDIX C

MOMIJI HEALTH CARE SOCIETY - - MOMIJI SENIORS CENTRE

FORM B: HEALTH ASSESSMENT

(TO BE COMPLETED BY YOUR DOCTOR)

Name Mr. _____
 Mrs. _____
 Miss Surname First Second

Birth Date _____ Health Card No. _____

PLEASE ATTACH

1. Current list of medications
2. Chest x-ray report taken within the past 6 months
3. Other relevant reports (i.e. CT, MRI etc.) (if available)

MEDICAL HISTORY

Current medical diagnosis(es) and present condition

History of significant illnesses in the past 10 years:

History of surgery in the past 10 years:

COGNITIVE FUNCTION (*State the reasoning of your choice in the comment section)

1. Cognitive Function

☐ Unimpaired ☐ Impaired Judgement

2. Memory Loss

☐ Recent ☐ Long Term

3. Disorientation

☐ No issue ☐ Person ☐ Place ☐ Time

4. Overall Impact on ADL

☐ None ☐ Mild ☐ Moderate ☐ Severe

MMSE score (/30) or/and MoCA score :(/ 30)

Comments:

Mobility issues and Risk of Falls

Comments:

Risk Factors (Include behavioural risk to self and to others and paranoia): please describe any current behaviour and behaviour during the past 12 months.

Comments:

Vaccination record:

	Yes	Date(yyyy/mm/dd)	No
1. Pneumovax	<input type="checkbox"/>	(/ /)	<input type="checkbox"/>
2. Tetanus, Whooping cough, Diphtheria	<input type="checkbox"/>	(/ /)	<input type="checkbox"/>
3. Zostavax / Shingrix	<input type="checkbox"/>	(/ /)	<input type="checkbox"/>
4. COVID-19 (How many:) *Date = Latest Shot	<input type="checkbox"/>	(/ /)	<input type="checkbox"/>
5. Other	<input type="checkbox"/>	(/ /)	
	<input type="checkbox"/>	(/ /)	
	<input type="checkbox"/>	(/ /)	

GENERAL COMMENTS

Length of time you have been attending this applicant _____

Doctor's signature

Please print doctor's name

Address

Phone Number

Date

Please forward form to: Momiji Seniors Centre
3555 Kingston Road
Toronto, Ontario M1M 3W4

APPENDIX D

Inter-RAI CHA Score result analysis tool – Momiji Health Care Society

**Given the nature of Assisted Living (an independent living setting), we primarily consider MAPLe, IADL, ADL, and CPS to determine a client's needs.

1. Very High Needs:

MAPLe score 4-5, and one of the following:
IADL 15-21 or ADL >3 or CPS >3

2. High Needs:

MAPLe 5 – automatically categorized as high needs
MAPLe 4 & IADL > 8 or CPS >3
MAPLe 3 & IADL > 15
MAPLe 3 & IADL > 8 & ADL >2 or CPS >2
MAPLe 3-5 & CPS >3

3. Moderate Needs:

MAPLe score 2-4, IADL 0-15, ADL >2, CPS >1
MAPLe 4 & IADL 0-7 & CPS < 2
MAPLe 3 & IADL 0-14 & CPS < 2
MAPLe 2 & IADL > 8 & CPS < 2
MAPLe 1 & IADL > 8

4. Low Needs:

MAPLe score 1-2 & IADL < 7

MAPLe	1-5
IADL	0-21
ADL	0-6
CPS	0-6
DRS	0-6
CHESS	0-5
PAIN	0-4
SRI	0 or 1

APPENDIX E

Clinical Frailty Scale*



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. Terminally Ill - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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