



MANAGEMENT DIRECTIVES MANUAL

Nursing Home Services

Department of Social Development
January 2024

Introduction

Management Directives

The Management Directives Manual is divided into four sections.

- A. Administration
- B. Resident Services
- C. Human Resources
- D. Licensing

Definition of a Management Directive: A management directive is a statement of objectives that is intended to be achieved. Management Directives must be followed and are not subject to arbitrary or discretionary action by anyone. They must also comply with the act or the regulations.

- Distinguishing characteristics
 - Represent mandatory province wide application
 - Change less frequently
 - Usually expressed in broad terms
 - Reflect statements of the “what” and/or the “why” of the high-level decisions
 - Address major operational issues

Guidelines

The manual also contains Guidelines. These are reference materials that provide information relevant to nursing homes.

Definition of a Guideline: Guidelines are strongly recommended steps or suggestions that should be followed as written but may be modified to meet the requirements of the situation or user needs. They may provide context, clarification and/or flexibility to a standard or a management directive. Guidelines can be considered as optional procedures.

- Distinguishing Characteristics:
 - Optional steps or suggestions
 - No requirement for application
 - Address minor operational issues
 - Performance measures of indicator

Guidelines in this manual are identified by a number as per applicable section and the letter G.

Up-Keep of the Manual

Periodically new or revised management directives or guidelines will be distributed. It is recommended that one individual within the nursing home be assigned to maintain the manual to ensure that it is kept current.

Note: Please note that the masculine or feminine form used in this manual refers to both women and men. Both forms are used without discrimination and the sole purpose of brevity.

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A. ADMINISTRATION

TITLE: RESIDENT FINANCIAL STATUS REPORT	NUMBER: MD-A-1
SECTION: A. ADMINISTRATION	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

All nursing home residents are considered private paying unless the Notification of Financial Subsidy form from the Department of Social Development (DSD) has been received by Nursing Home Services.

MANAGEMENT DIRECTIVE

1. The DSD, Regional office is responsible for completing the financial assessment for all subsidized residents of the nursing home. The financial status form "Notification of Financial Subsidy" indicates the amount of contribution a resident is required to make towards his/her care in the nursing home.
2. The Notification of Financial Subsidy form is sent to Nursing Home Services within 30 days of admission of the resident.
3. If the form is not received within 30 days of admission it leads to an automatic assumption that he/she is private paying and the nursing home will not be permitted to request a subsidy payment on behalf of the resident.
4. The *Nursing Home Residents System* is linked with the nursing home monthly revenue report and the Nursing Home Payment System.
5. Variances will result in the following action:
 - The nursing home will suffer a reduction in monthly payment when the monthly revenue report indicates a lesser number of private paying residents in the *Nursing Home Residents System*.
 - If a nursing home suffers a financial penalty due to incomplete information, but subsequently the information is corrected, the nursing home will be reimbursed. However, the nursing home will continue to be penalized for any unresolved differences.

- The nursing home is responsible to contact Nursing Home Services to resolve the differences.
- Penalties and corrections are on a cumulative basis.

TITLE: INTERFACILITY TRANSFERS	NUMBER: MD-A-2
SECTION: A. ADMINISTRATION	PAGE: 1 of 1
ORIGINAL SIGNED BY: LIENA ROUSSEL Director Nursing Home Services	REVIEWED: September 5, 2023 LAST MODIFICATION: September 5, 2023

PREAMBLE

There are a variety of circumstances when a resident living in a nursing home may request to be transferred to an alternate nursing home. To ensure a fair and consistent approach is utilized across the province regarding interfacility transfers the following process is to be followed.

MANAGEMENT DIRECTIVE

1. A resident of a nursing home may apply for a transfer to an alternate nursing home at any time.
2. The resident is responsible to initiate a request for transfer from their current nursing home to an alternate nursing home. The resident must contact their desired nursing home for transfer to and request registration of their name on that nursing homes transfer waitlist.
3. The nursing home where the resident has requested transfer to shall maintain a written record of residents requesting transfer to their home and shall include the date in which the request for transfer was made.
4. The nursing home where the resident has requested transfer to shall admit from their transfer list in chronological order. The nursing home will do this in alignment with the electronic waitlist management system using the date of placement on either waitlist as the determining factor for offer of admission.

DEFINITIONS

Interfacility Transfer- are nursing home to nursing home transfers which occur after a resident has been initially placed in their initial nursing home.

Transfer Waitlist- the waiting list which each nursing home maintains, outside of the electronic waitlist system, which maintains in chronological order the date in which the request for transfer is made.

REFERENCE: Admissions (Standard A-IV-1)

TITLE: SOCIAL ADMISSIONS	NUMBER: MD-A-3
SECTION: A. ADMINISTRATION	PAGE: 1 of 2
ORIGINAL SIGNED BY: LIENA ROUSSEL Director Nursing Home Services	REVIEWED: March 9, 2023 LAST MODIFICATION: September 5, 2023

PREAMBLE

Nursing homes offer available beds to individuals on their waitlist in chronological order except for the allowable reasons as outlined in the General Regulation 85-187 under the *Nursing Homes Act*.

An allowable reason for a nursing home to select an individual who is not the next prospective resident on their waitlist is for reason of social admission. Social admissions are prioritized due to the acknowledgement of the importance of a resident's overall health and well-being related to continued access and/or interaction with a loved one who supports them.

DEFINITIONS

Individuals can be considered for social admission if:

- a) The person is the spouse of a resident and meets the requirements for admission to nursing home or special care home, being a community placement resource as defined in section 23 of the *Family Services Act*,
- b) The person is a child, parent or sibling of a resident and meets the requirements for admission to nursing home or special care home, being a community placement resource as defined in section 23 of the *Family Services Act*, and either the person or the resident was previously dependent on the other because of a physical or mental disability that substantially limits the ability of the person or resident to carry out normal daily activities.

MANAGEMENT DIRECTIVE

1. Individual requesting social admission has been determined eligible for long term care services as assessed by Social Development staff.
2. Both parties applying for social admission support the proposed arrangement.
3. Social admission in a nursing home is allowed regardless of the number of individuals who are on the waiting list. The exception to this would be if the bed is funded by Veterans Affairs Canada (VAC) and there is a Veteran that has indicated the home as

one of their preferred homes. In this circumstance the Veteran should receive the first bed available, as a result of the agreement in place with VAC. The four facilities within the province who currently have beds funded by VAC are: Lincourt Manor, Manoir de Grand Sault Inc, Villa Chaleur, and Bridgeview Hall.

4. The person admitted for social admission is permitted to remain in the nursing home should their spouse (child, parent or sibling, as applicable) predecease them.
5. The financial contribution policy will apply with these situations.

TITLE: VACANT BED RECOVERY	NUMBER: MD-A-4
SECTION: A. ADMINISTRATION	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVISED: July 28, 2015 LAST MODIFICATION: July 28, 2015

PREAMBLE

This management directive is to provide for equitable funding to nursing homes based on actual occupancy rates.

MANAGEMENT DIRECTIVE

1. Nursing Home Services will fund the full operating costs of two vacant beds days per separation. These vacant beds are to be reported to the Department on the monthly Revenue Report. All vacant bed days over the limit are recovered by Nursing Home Services, at the rate indicated on the [Vacant Bed Day Recovery Costs per Bed Day sheet](#).
2. To ensure that the standards related to resident safety and staffing are not compromised, the minimum number of beds funded by Nursing Home Services will be 24.
3. In the calculation of vacant bed day recovery, both vacant regular bed days and vacant temporary relief care bed days will be considered.
4. Variable costs related to vacant bed days exceeding the maximum figure will be recovered.
5. Variable costs will not be recovered for vacant beds in the psycho-geriatric units at Loch Lomond Villa and Résidences Inkerman, or for the special care units at Mill Cove Nursing Home and Mount St. Joseph Nursing Home.

Variable costs are as follows:

**Vacant Bed Day Recovery
Costs per Bed Day**

Department	Home Size 30-99 beds	Home Size 100 beds +
Care - Salaries	\$56.00	\$75.00
- Supplies	\$ 1.75	\$ 1.75
Dietary - Salaries	\$15.05	\$14.10
- Supplies	\$ 7.95	\$ 7.95
Maintenance - Salaries	\$ 4.00	\$ 4.00
- Supplies	\$ 0.80	\$ 0.80
Housekeeping - Salaries	\$ 2.50	\$ 2.50
- Supplies	\$ 0.85	\$ 0.85
Benefits - Salaries	\$ 9.55	\$11.50
Laundry - Salaries	\$ 3.65	\$ 3.65
- Supplies	\$ 2.90	\$ 2.90
TOTAL	\$105.00	\$ 125.00

Variable costs will be adjusted as required to reflect negotiated contract increases and any adjustments made to the standards. Adjustments for days exceeding the allowable maximum will be made to the bi-monthly payment.

TITLE: LEAVE OF ABSENCE FOR RESIDENT	NUMBER: MD-A-5
SECTION: A. ADMINISTRATION	Page: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

To allow for an extension of leave of absence for a nursing home resident.

MANAGEMENT DIRECTIVE

1. Each nursing home resident is entitled to a 30 day leave of absence within each fiscal year. This cumulative 30 day period constitutes the total annual leave for any purpose including hospitalization. The 30 day leave of absence is available effective on the day of admission. Continuity of payment for the retained bed is required in accordance with the resident's financial status assessment.
2. Additional days may be requested by the nursing home by submitting the request form to the Regional Liaison Officer.
3. The Regional Liaison Officer reviews and submits the request for approval to the Regional Supervisor.

REFERENCE: [Request for Extension of Leave of Absence for a Nursing Home Resident](#)



**REQUEST FOR EXTENSION OF LEAVE OF ABSENCE
FOR A NURSING HOME RESIDENT**

_____ has been absent from _____
(Name of Resident) (Nursing Home)

for a total of 30 days during the current fiscal year on _____. An extension
of (Date)

this leave of absence for the period of _____ days, from _____ to _____
(Date) (Date)

is requested on his/her behalf for the following reason(s):

Signature _____ Date: _____

**PLEASE FORWARD TO:
REGIONAL LIAISON OFFICER
BY FAX**

REPLY FROM REGIONAL OFFICE

Approval has been ☐ granted for extension of leave of absence as indicated
above.

has not been ☐

Reasons for not granting approval: _____

Signed: _____ Date: _____
Regional Liaison Officer

Signed: _____ Date: _____
Regional Supervisor

TITLE: BUDGET INSTRUCTIONS	NUMBER: MD-A-6
SECTION: A. ADMINISTRATION	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: June 30, 2004

PREAMBLE

Each year, budget forms and instructions, "Current Service Level Budget" are sent to the homes for completion. One set of completed forms is returned to the Department within the deadline specified by the Department; a second set is retained by the home.

The assessment of the home's "Current Service Level Budget" will be based on the home's prior year approved budget, information provided by the homes, and the Department's approved allowance for increase in costs due to inflation.

The forms and instructions are updated annually and sent to nursing homes.

TITLE: PHYSICIAN SERVICES – MEDICAL ADVISOR	NUMBER: MD-A-7
SECTION: A. ADMINISTRATION	PAGE: 1 of 1
ORIGINAL SIGEND BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: August 5, 2104 LAST MODIFICATION: August 5, 2004

PREAMBLE

The Medical Advisor is a physician(s) who provides medical administrative advice and is available on a regular basis for general supervision of the nursing homes health care program. Notwithstanding the fact that he may also provide services as a House Physician, as a Medical Advisor he/she consults on the overall services provided and makes recommendations for improvement.

MANAGEMENT DIRECTIVE

The Department, through the Nursing Home Services, includes an established amount in the annual budget of all 30+ bed nursing homes for the services of a Medical Advisor. In return the physician is expected to contribute to the following services:

1. Establishment and on-going evaluation of the program for the provision of medical care,
2. Advice/consultation on clinical and medical administrative matters to nursing staff, administration and Board as required,
3. Preparation of reports and documentation concerning the overall health care program in the nursing home,
4. Participation in case conferences and advisory committees relating to medical and/or nursing care,
5. Development of a staff health program, in collaboration with other health professionals
6. Advice and participation in in-services education programs.

In addition to the above duties, the Medical Advisor may be requested, in special circumstances, to provide services to residents, for which he/she will be compensated separately.

REFERENCE: *Physician Services - Medical Advisor Contract* ([Guidelines MD-A-7 G](#))

TITLE: PHYSICIAN SERVICES–MEDICAL ADVISOR CONTRACT GUIDELINE	NUMBER: MD-A-7 G
SECTION: A. ADMINISTRATION	PAGE: 1 of 3
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: June 30, 2004

PREAMBLE

Arrangements with Medical Advisor should be formalized in a contract. To assist nursing homes in preparing these contracts, Nursing Home Services has designed a format for service agreements. Nursing homes may use these as guidelines in preparing their individual contracts.

General Principles:

1. The physician will offer professional services to the nursing home according to the philosophy, objectives, policies and regulations of the nursing home.
2. The physician must be registered to practice in the Province of New Brunswick by the New Brunswick College of Physicians and Surgeons.
3. The physician must exercise his profession in accordance with municipal, provincial and federal regulations that apply to the nursing home and the physician.

Duties/Responsibilities of the Medical Advisor

1. The Medical Advisor is responsible for the establishment and regular evaluation of a program for the provision of medical care.
2. The Medical Advisor is responsible for the preparation of reports and documentation, as required, concerning the overall health care program in the nursing home.
3. The Medical Advisor makes certain that all residents are provided with satisfactory medical care, regardless of whether their attending physician has a sessional or other arrangement with the nursing home.

4. The Medical Advisor accepts appointment as a House Physician, if required by the Board of Directors.
5. The Medical Advisor keeps informed of developments in geriatric care and promotes utilization of these concepts in the nursing home.
6. The Medical Advisor represents the medical staff in dealing with management and other disciplines.
7. The Medical Advisor shall participate in all Standing and/or Ad Hoc Committees of the said nursing home dealing with medical and other matters relating to resident care.
8. The Medical Advisor shall hold meetings, as necessary, with the medical staff to discuss topics of interest and concern relating to the care of the residents.
9. The Medical Advisor shall provide medical advice on clinical and administrative matters to the staff, Administrator and Board of the nursing home, if and when requested.
10. The Medical Advisor, in co-operation with administration, shall advise on and participate in staff in-service education programs.
11. The Medical Advisor shall contribute to the development of the staff health program, as required.

Duties/Responsibilities of the Nursing Home

1. For the above services, the Nursing Home agrees to pay the Medical Advisor a retainer fee of _____ per year, to be paid in monthly instalments of _____.
2. The Board shall appoint, by resolution, a Medical Advisor for a period not exceeding one year. Annual reappointment may be made also by resolution.
3. The Nursing Home agrees to provide communication to the Medical Advisor with respect to any requests, changes or concerns regarding the medical coverage provided to the residents.
4. The Nursing Home agrees to involve the Medical Advisor in any and all committees relating to medical and/or nursing care. The Medical Director shall be advised of all meetings at which his attendance is required.

5. The Nursing Home shall provide all secretarial services necessary for the delivery of the aforementioned duties/responsibilities of the Medical Advisor.

The term of this agreement shall be for a period not exceeding (1) year, renewable yearly by mutual agreement of the parties hereto and shall be in effect starting _____ until _____.

This contract may be terminated by either party on 30 days written notice.

THIS AGREEMENT made this _____ day of _____, 20_____

BETWEEN: _____
(ADMINISTRATOR)

(BOARD CHAIRMAN)

AND _____
(M. D.)

TITLE: BUDGET AMENDMENT PROCESS	NUMBER: MD-A-8
SECTION: A. ADMINISTRATION	PAGE: 1 of 3
ORIGINAL SIGEND BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: August 5, 2004 LAST MODIFICATION: August 5, 2004

PREAMBLE

The purpose of the budget amendment request form is to provide nursing homes with a method of requesting approval for funding of items outside the nursing home formula budget for the current fiscal year.

MANAGEMENT DIRECTIVE

1. The nursing home must ensure that the following information is included in the request:
 - a completed [Budget Amendment Request Form](#), approved by the **Administrator, Director of Nursing or Accountant**.
 - supporting documentation related to the request, including copies of appropriate quotes, invoices, etc.
2. The nursing home must then submit their request(s) to the regional liaison officer for **prior approval**.

Note: If the request is incomplete, the nursing home will be notified that the request will have to be resubmitted with all necessary information in order to be examined.

3. Refer to [MD-A-9](#) for list of items not requiring budget amendment pre approval. All other requests for additional funding must be included on a budget amendment request form.
4. Staff at Nursing Home Services shall review and either approve or deny the request. The decision is indicated in section 2 and then a copy is faxed to the nursing home. If approved, the signed copy will need to be used for future payment purposes.
5. **Budget Amendment Reimbursement**
 - In order to receive reimbursement of the approved budget amendment request, the following procedure must be followed:

- A. Section 3 of the budget amendment request form must be completed which includes: Check box for frequency of claim, signature of person who requested additional funding in section 1 (**Administrator, Director of Finance or Accountant**), date, amount and month requested for quarterly/bi-annual claims.
 - B. All invoices and necessary documentation (proof of course, bank loan documents etc...) must be included with the budget amendment reimbursement request.
 - C. For quarterly, bi-annual or partial claims please use the same approved budget amendment request form by completing section 3 appropriately. For quarterly claims, sign and date the same approved budget amendment form under claims 1, 2, 3 and 4. D. Fax each claim to the regional liaison officer.
- **Note:** if all necessary back-up/documentation has already been faxed with the Budget Amendment Request form to the regional liaison officer for approval, it is not necessary to re-fax the backup with the reimbursement request. The budget amendment form with section 3 completed is sufficient.
 - Financial Services will reimburse the nursing home up to the approved amount on the budget amendment request. If additional funding is needed, please submit another budget amendment request to the regional liaison officer for the additional amount.
 - If the funding approved on the budget amendment request is no longer required (for example, resident is deceased), please fax in the budget amendment request form to Financial Services with CANCEL written across the form.
6. Items that have not received approval by the regional liaison officer prior to March 31st of the fiscal year will not be approved for payment.
- 7. Reimbursement requests for the current fiscal year must be submitted to the regional liaison officer prior to the date determined by the Department.**
8. If a request is faxed to the Department, it is not necessary to send the original by mail – Faxed invoices are acceptable for payment.
9. Receipt of services or goods MUST be within the current fiscal year (April 1st to March 31st) to be eligible for payment.
- 10. Please note that reimbursement for budget amendments will not be processed until Financial Services has received the completed Certificate of Budget Allocation form from the nursing home.**

REFERENCE: [Request for Budget Amendment Form](#)

FORM TO MANAGEMENT DIRECTIVE MD-A-08 **FORMULAIRE POUR DIRECTIVE ADMINISTRATIVE MD-A-08**
REGION _____ **REQUEST FOR BUDGET AMENDMENT**
DEMANDE DE MODIFICATION BUDGÉTAIRE

Requesting Nursing Home: _____ Request number: _____
Foyer de soins requérant: _____ Numéro de demande: _____

Section 1

NURSING HOME REQUEST FOR CONSIDERATION

DEMANDE DE CONSIDÉRATION DU FOYER DE SOINS

Account number: Numéro de compte:	Detailed description of request Description détaillée de la demande	Salaries & benefits Salaires et bénéfices	Other Autre
Health Services # : # assistance médicale:			

☐ Supporting estimates/information attached Signature: _____ Position: _____ Date: _____
Estimations/information appropriées incluses
FAX TO LIAISON OFFICER (506) TÉLÉCOPIER À L'AGENTE DE LIAISON (506)

Section 2 *Department of Social Development use only / À être complétée par le ministère du Développement social*

Effective Date/Date d'entrée en vigueur: _____ Duration/Durée: _____ Total Amount/Montant total: _____

Recommended date/Signature Regional L.O. / Date recommandée/Signature de l'AL régional: _____

Approved as submitted / Approuvée telle que soumise

Approved with following limits or changes / Approuvée avec changements ou limites suivantes:

Denied / Rejetée

Denied/Approved date / Date d'approbation/de refus: _____
Central Office / Bureau central

FAX TO LIAISON OFFICER (506) TÉLÉCOPIER À L'AGENTE DE LIAISON (506)

Section 3

NURSING HOME REIMBURSEMENT REQUEST

DEMANDE DE REMBOURSEMENT DU FOYER DE SOINS

FAX TO LIAISON OFFICER (506) TÉLÉCOPIER À L'AGENTE DE LIAISON

☐ only claim to be submitted / seule réclamation à soumettre ☐ bi-annual claims / réclamations semestrielles
☐ partial claim / réclamation partielle ☐ quarterly claims / réclamations trimestrielles
☐ final claim for fiscal year / réclamation finale pour l'année financière

Signature:	Date:	Amount:	DSD use only Usage MDS
Claim 1 / Réclamation 1	<input type="checkbox"/> Supporting copy of paid invoice(s) attached Copie(s) appropriée(s) de facture(s) payée(s) incluse(s)		
Signature:	Date:	Amount:	
Claim 2 / Réclamation 2	<input type="checkbox"/> Supporting copy of paid invoice(s) attached Copie(s) appropriée(s) de facture(s) payée(s) incluse(s)		
Signature:	Date:	Amount:	
Claim 3 / Réclamation 3	<input type="checkbox"/> Supporting copy of paid invoice(s) attached Copie(s) appropriée(s) de facture(s) payée(s) incluse(s)		
Signature:	Date:	Amount:	
Claim 4 / Réclamation 4	<input type="checkbox"/> Supporting copy of paid invoice(s) attached Copie(s) appropriée(s) de facture(s) payée(s) incluse(s)		

TITLE: EXPENSES NOT REQUIRING PRIOR APPROVAL THROUGH THE BUDGET AMENDMENT PROCESS	NUMBER: MD-A-9
SECTION: A. ADMINISTRATION	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: Feb. 4, 2009

PREAMBLE

Financial Services will process all request for the following items:

1. Property taxes – invoices should be faxed to Financial Services as soon as the nursing home receives them.
2. Reimbursement of annual capital equipment and repair grants - paid invoice(s) along with a copy of the approved capital equipment and repairs submission should be faxed directly to Financial Services for reimbursement.
3. Leap Year adjustment – no invoices are required from the nursing homes. Financial Services will adjust the nursing home's budget during the month of February of each Leap Year.

REFERENCE: [Budget Amendment Process MD-A-8](#)

TITLE: PAYMENT TO BOARD MEMBERS NON-PROFIT HOMES	NUMBER: MD-A-10
SECTION: A. ADMINISTRATION	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: June 30, 2004

PREAMBLE

Members of the Corporation (includes members elected to the Board) may be reimbursed for reasonable out-of-pocket expenses while carrying out functions directly related to the corporation.

Members (includes members elected to the Board) cannot be paid salaries, fees, honorariums, stipends, or bonus from company funds.

TITLE: DONATIONS TO OUTSIDE ORGANIZATIONS BY NON-PROFIT NURSING HOMES	NUMBER: MD-A-11
SECTION: A. ADMINISTRATION	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: June 30, 2004

PREAMBLE

To comply with section 22(2) of the *Nursing Homes Act*, which states: “With the approval of the Lieutenant-Governor in Council or in accordance with the regulations, the Minister may provide financial assistance to aid and encourage the establishment, operation and maintenance of nursing homes in the Province, and the financial assistance shall be in accordance with the terms and conditions specified by the Minister and the terms and conditions specified in the approval of the Lieutenant-Governor in Council.”

MANAGEMENT DIRECTIVE

1. Funds from the approved nursing home budget cannot be used for any other purpose other than for which it was provided to the nursing home, this therefore specifically prohibits the transfer of funds to any outside organization.

PREAMBLE

REFERENCES:

- Form 1 - [Non – Transferable Expenditures](#)
- Form 2 - [Nursing Home Services Comparison](#) Budget/Actual for the Year Ended.
- Form 3 - [Nursing Home Services Year-End Reconciliation](#) for the Year Ended.

FORM 1 / FORMULAIRE 1						
YEAR END SETTLEMENT / RÉGLEMENT D'EXERCICE DE FIN D'ANNÉE						
FOR THE FISCAL YEAR ENDED MARCH 31, 2013 / POUR L'EXERCICE TERMINÉE LE 31 MARS, 2013						
Nursing Home						
				APPROVED	ACTUAL	VARIANCE
				BUDGET APPROUVÉ	DÉPENSES RÉELLES	ÉCART
NON-TRANSFERABLE EXPENDITURES / ÉLÉMENTS						
<u>NON-TRANSFÉRABLES:</u>						
PENSION PLAN / RÉGIME DE PENSION						0
MORTGAGES / HYPOTHÈQUES						0
C.M.H.C. RESERVE / RÉSERVE DE LA S.C.H.L.						0
APPROVED BANK LOANS / EMPRUNTS BANCAIRES APPROUVÉS						0
RETIREMENT ALLOWANCES / ALLOCATIONS DE RETRAITE						0
NURSES RETENTION PREM./ PRIMES DE RÉTENTION INFIRMIER(ES)						0
SUBTOTAL / SOUS-TOTAL				0	0	0
LESS C.M.H.C. 56.1 SUBSIDY / MOINS: SUBSIDE S.C.H.L. 56.1						0
TOTAL				0	0	0
DUE TO NURSING HOME / SOMME DÙ AU FOYER DE SOINS						0
RECOVER FROM NURSING HOME / SOMME À RECOUVRIR DU FOYER DE SOINS						0
SUBJECT TO AUDIT AND INSPECTION / SUJET À LA VÉRIFICATION ET À L'INSPECTION						

FORM 2 / FORMULAIRE 2					
COMPARISON BUDGET TO ACTUAL / ÉTAT COMPARATIF DU BUDGET ET DES DÉPENSES RÉELLES					
FOR THE FISCAL YEAR ENDED MARCH 31, 2013 / POUR L'EXERCICE TERMINÉE LE 31 MARS, 2013					
Nursing Home					
	APPROVE D BUDGET BUDGET APPROUV É	VACANT BED DAY RECOVERY RECOURVEMENT POUR LIT VACANT	NET APPROVED BUDGET APPROUVÉ NET	ACTUAL DÉPENSES RÉELLES	VARIANCE ÉCART
INCOME / REVENU					
Residents & Dept. Subsidy / Subsidès - Pensionnaires et Ministère	0	0	0	0	0
Equipment & Repair Grant / Octroi - Équipement et Réparation	0		0	0	0
Other - Recoveries / Autre - Sommes Recouvrées	0		0	0	0
TOTAL INCOME / REVENU TOTAL	0	0	0	0	0
EXPENSES / DÉPENSES					
SALARIES / TRAITEMENTS ET SALAIRES					
Care / Soins		0	0		0
Activation / Activation			0		0
Administration			0		0
Dietary / Alimentation		0	0		0
Laundry & Linen / Buanderie et Linge		0	0		0
Housekeeping / Ménage		0	0		0
Plant operation / Exploitation des installations		0	0		0
TOTAL	0	0	0	0	0
SUPPLIES & EXPENSES / FOURNITURES ET DÉPENSES					
Care / Soins		0	0		0
Activation / Activation			0		0
Administration			0		0
Dietary / Alimentation		0	0		0
Laundry & Linen / Buanderie et Linge		0	0		0
Housekeeping / Ménage		0	0		0
Plant operation / Exploitation des installations		0	0		0
Maintenance & Repairs / Entretien et Réparations			0		0
Minor Equipment / Équipement mineur			0		0
Equipment & Repair Grant / Octroi - Équipement et Réparation			0	0	0
TOTAL	0	0	0	0	0
OTHER / AUTRES					
Pastoral / Service religieux			0		0
Personel Benefits / Avantages sociaux			0		0
WHSCC / CSSIAT			0		0
Education / Éducation			0		0
TOTAL	0		0	0	0
CAPITAL					
Mortgages / Hypothèques	0		0	0	0
C.M.H.C. Reserve / Réserve de la S.C.H.L.	0		0	0	0
Approved Bank Loans / Emprunts bancaires approuvés	0		0	0	0
TOTAL	0		0	0	0
TOTAL EXPENSES / DÉPENSES TOTALES	0	0	0	0	0
NET VARIANCE / ÉCART NET				0	0
EXCÉDENT DES REVENUS SUR LES DÉPENSES (DÉPENSES SUR LES REVENUS) D'APRÈS LES ÉTATS FINANCIERS					

YEAR END RECONCILIATION / ÉTAT DE RAPPROCHEMENT
FOR THE FISCAL YEAR ENDED MARCH 31, 2013 / POUR L'EXERCICE TERMINÉE LE 31 MARS, 2013

Nursing Home

	APPROVED BUDGET APPROUVÉ	ACTUAL DÉPENSES RÉELLES	VARIANCE ÉCART
INCOME / REVENUS			
DEPARTMENT OF FAMILY & COMM. SERV. / MINISTÈRE DES SERVICES FAMILIAUX & COMM.			
- RESIDENT SUBSIDY / SUBSIDES AUX PENSIONNAIRES 0 0 0 . EQUIPMENT & REPAIR GRANT / OCTROI- ÉQUIPEMENT ET RÉPARATION 0 0 0			
RESIDENTS / PENSIONNAIRES			
- PRIVATE PAY / PAIEMENTS - PARTICULIERS 0			
- SUBSIDIZED / PAIEMENTS SUBVENTIONNÉS 0 0 0			
OTHER / AUTRE: RECOVERIES / SOMMES RECOUVRÉES			
- 56.1 SUBSIDY / SUBSIDE 56.1 0 0 0			
- OTHER / AUTRE 0 0 0			
TOTAL	0	0	0
INDICES:		TOTAL	PER BED / PAR LIT
CARE SUPPLIES / FOURNITURES POUR LES SOINS (EXCLUDING RETAINER & SESSIONAL FEE) / (SAUF LES ACOMPTES ET LES HONORAIRES POUR LES SERVICES MÉDICAUX)		0	#DIV/0!
GROUP HEALTH & LIFE / ASSURANCE GROUPE VIE ET INSURANCE / SANTÉ		0	#DIV/0!
C.M.H.C. RESERVE / RÉSERVE S.C.H.L.	CEILING / TOTAL DES REQUISES 0	ACTUAL / RÉELS 0	VARIANCE / ÉCART 0
SICK LEAVE LIABILITY / DETTE - JOURS DE MALADIES		0	

TITLE: CMHC REPLACEMENT RESERVE	NUMBER: MD-A-13
SECTION: A. ADMINISTRATION	PAGE: 1 of 4
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVISED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

Nursing homes that have mortgages subsidized and/or financed by Canada Mortgage and Housing Corporation (CMHC) may have established a Replacement Reserve Fund in accordance with the original mortgage operating agreement. The amount is included as a non-transferable expense in the home's annual budget and must be credited to the Fund Account until the approved maximum amount is reached.

In addition, effective April 1, 1990, interest earned on the replacement reserve account must be credited to the Fund Account and clearly identified on the "Details of Non-Transferable Expenditures" schedule to the audited financial statements entitled "Interest Earned During Year". The Fund Account maximum is defined as the maximum amount as *per Section 26/27 (formerly 15/15.1) and 95 (formerly 56.1) of the National Housing Act*, plus accumulated earned interest thereon. Failure to report the interest accumulated in the Fund Account could result in reduced funding to the CMHC reserve.

The Replacement Reserve Funds shall only be used to pay for building repairs and/or replacement of capital equipment and not for ordinary maintenance and minor repairs to buildings and grounds.

Prior to the expenditure of any funds from the Replacement Reserve Fund Account, the nursing home must submit their request on the enclosed form with supporting documentation and copy of 3 estimates to the regional liaison officer who will review and submit a request for approval to the regional supervisor.

Note: The accumulated interest in the account fund must be used first.

REFERENCES: [Request for Approval of Replacement Reserve Funds Form](#)
[Capital Items - Replacement Reserve](#)



**REQUEST FOR APPROVAL TO USE
REPLACEMENT RESERVE FUNDS**

To: Regional Liaison Officer _____ Fax: _____

Name of Nursing Home: _____ Fax: _____

Date: _____ CMHC Reserve balance to date: _____

1. Item requested:

2. Supporting information includes:

2(a) Reason for this request:

2(b) Copy of three estimates: ☐ Yes ☐ No

SIGNATURE : _____
NURSING HOME ADMINISTRATOR

☐ **APPROVAL TO USE \$ _____ FROM REPLACEMENT RESERVE FUNDS**

☐ **REFUSAL**

SIGNATURE: _____ **DATE** _____
REGIONAL LIAISON OFFICER

SIGNATURE: _____ **DATE** _____
REGIONAL SUPERVISOR

COMMENTS: _____

CAPITAL ITEMS - REPLACEMENT RESERVE

The following is the **STANDARD LIST** of capital items that can be paid for out of the replacement reserve:

a) MAJOR BUILDING COMPONENTS

- roofs, including coating, flashing eaves trough and downspouts
- exterior wall finishes having a generally expected definite useful life expectancy that is less than the life expectancy of the project, including major exterior re-painting and stucco (would not include painting of trim, touch-ups etc.)
- exterior doors and windows
- replacement of insulation
- exterior caulking where accessibility is a major restriction (e.g., requiring scaffolding) and the replacement is therefore a major undertaking
- above ground waterproofing including vapor barriers

b) MAJOR BUILDING SERVICES

- heating systems, including boilers (hot water or steam), forced air furnaces, radiant heat components, solid fuel burning systems, chimneys and related components
- domestic hot water tanks, booster pumps, circulating pumps and sump-pumps found in multiple unit buildings (fittings and controls replaced during the course of regular, routine maintenance are not eligible)
- Septic tanks and tile beds
- required air handling systems

c) BASIC FACILITIES

- kitchen facilities such as stoves and refrigerators, dishwashers, washers, dryers, ice makers, sink and faucet installations, water softening systems, sewage systems, etc.
- counter tops and cabinets
- bathroom facilities such as toilets, sinks and fixtures, vanities, tubs and fixtures

d) SAFETY FEATURES

- fire alarm system such as hardwired smoke alarms, smoke and heat detectors linked to central alarm
- required firefighting or prevention equipment
- emergency lighting
- call bell system / intercom system
- other safety items

e) OTHER MAJOR FACILITIES, EQUIPMENT AND FEATURES

- major repairs to paving, enclosed garage, driveway and walkway surfaces including multiple unit garage surfaces, concrete slabs and grounds due to wear (not to include up-grading or enhancement)
- replacement of maintenance and grounds equipment
- garbage disposal systems (eg., compactors, disposers)
- interior floor coverings, including common areas and suites
- exterior fences
- laundry equipment
- water softeners where hardness of well water makes these a necessity

f) REGULATED CHANGES

- ☐ Regulatory or legislated requirements for changes that apply to existing buildings and where the authority having jurisdiction requires replacement or upgrading within a definite period of time.

TITLE: ANNUAL AUDITED FINANCIAL STATEMENTS – FORMAT	NUMBER: MD-A-14
SECTION: A. ADMINISTRATION	PAGE: 1 of 9
ORIGINAL SIGNED BY: SCOTT GREEN Director Nursing Home Services	REVIEWED: December 1, 2019 LAST MODIFICATION: December 1, 2019

PREAMBLE

To assist homes in preparing the audited financial statements submitted to the Department no later than July 31st in each year. Refer to Regulation 37(1).

For fiscal years ending March 31, 2020, onward, the audited financial statements submitted to Nursing Home Services must be prepared in accordance with Canadian accounting standards. The audited financial statements will continue to require the schedules and related information for year-end reconciliation purposes as detailed in the reference below.

The standard format of the audited financial statements conforms to the Nursing Home Chart of Accounts (**MD-A-15-G**). The format is intended to assist the Department and the boards of directors of nursing homes in their joint responsibility of accounting for provincial funds. This in no way curtails the authority of the board to request its external auditors to prepare other schedules of interest to the home.

REFERENCE: Schedules Required by Nursing Home Services

Appendix 1 – Schedules Required by Nursing Home Services

a) Details of Income

i)	<u>Resident Subsidy & Grants</u>		
	Department of Social Development	Final Pay Document	XXX
	Financial Statements		XXX

If these two amounts differ, please provide a reconciliation schedule.

ii)	<u>Resident Revenue</u>	
	Total Resident Revenue Reports	XXX
	Financial Statements	XXX

If the resident revenue reported on the monthly resident revenue reports does not agree with the resident revenue reported in the Financial Statements a schedule reconciling these amounts is required.

iii) The schedule Details of Other Income should present a breakdown of:

- Sessional Fees (Medicare)
- Grants (excluding Department of Social Development)
- Outreach Program
- Miscellaneous Recoveries
 - Non-benefit drugs, medical supplies, dietary, other
- Meals on Wheels
- Day Care

b) Schedule of Expenses

The schedule of expenses should present information for the following expenses:

Nursing Care Services

- Care Supplies
- Other Supplies
- Sessional Fees
- Medical Advisor Fee
- Incontinent Supplies, if applicable

Administration

- Advertising
- Bonding and Insurance
- Office Equipment – Repairs

- Bank Service Charge
- Bank Interest
- Postage
- Printing, Stationary & Office Supplies
- Audit Fee
- Legal Fee
- Telephone
- Travel & Convention – Board
- Travel & Conventions – Employees
- Travel – Carfare and Local
- Membership Dues
- Service Bureau Fees
- Other

Dietary

- Food
- Cleaning Supplies & other
- Dish & Utensil Replacement
- Purchased Service

Laundry and Linen

- Supplies General
- Linen Replacement
- Purchased Service
- Incontinent Supplies, if applicable

Housekeeping

- Supplies General

Plant Operation and Maintenance

- Fuel
- Electricity
- Water & Sewage
- Insurance
- Maintenance & Repairs – Building & Ground
- Maintenance & Repairs – Equipment
- Vehicle Expenses
- Property Taxes
- Purchased Service

Note: Fuel and Electricity **must** be reported separately.

Personnel Benefits

- Employment Insurance

- Canada Pension Plan
- Pension Plan*
 - Management
 - C.U.P.E.
 - Nurses
 - Specialized Health Care Professionals
- Uniform Allowance
- Group Health Insurance
- Group Life Insurance
- Retirement Allowance
- Severance Allowance
- Workplace Health, Safety and Compensation Commission

* The Department will request, on a yearly basis, a detailed listing of pension plan contribution in an Excel template (referred to as the Pension Submission). The information requested will include employee classification, pensionable earnings, pensionable hours and employee pension contributions.

Equipment and Repair Grant Expenses

- Equipment
- Repair

c) Details of Non-transferable Expenditures

The non-transferable expenditures consist of Provincial contribution to repay the principal, interest on approved mortgages and bank loans and the C.M.H.C. reserve.

	<u>Balance</u> <u>April 1, 20XX</u>	<u>Balance</u> <u>March 31, 20XX</u>	<u>Interest Rates</u> <u>March 31, 20XX</u>	<u>Repaid</u> <u>Principal</u>	<u>Repaid</u> <u>Interest</u>	<u>Total</u>
Mortgage I	_____	_____	_____	_____	_____	_____
Mortgage II	_____	_____	_____	_____	_____	_____
Mortgage III	_____	_____	_____	_____	_____	_____
Bank Loan I	_____	_____	_____	_____	_____	_____
Bank Loan II	_____	_____	_____	_____	_____	_____
Bank Loan III	_____	_____	_____	_____	_____	_____

* Please specify next renewal date for any mortgages and maturity date for both loans and mortgages.

	<u>Balance</u> <u>April 1, 20XX</u>	<u>Contributions</u> <u>During Year</u>	<u>Interest</u> <u>Earned During</u> <u>Year</u>	<u>Funds</u> <u>Expended</u> <u>During Year</u>	<u>Balance</u> <u>March 31,</u> <u>20XX</u>	<u>Total C.M.H.C.</u> <u>Reserve</u> <u>Requirements</u>
C.M.H.C. Reserve	_____	_____	_____	_____	_____	_____

* Please specify portion of reserve which is principal and portion which is interest.

d) Comparison of Budget with Actual Allowable Expenditures and Shareable Income

The Department is responsible for preparing the final total budget figures for the past fiscal year and determining how much was appropriated for operational and non-transferable funding. The Nursing Home is required to readjust the budget figures for individual departments to the latest budget amendment accordingly. Only then is a comparison of budget against actual expenditures meaningful.

Comparison of Actual and Budget Income and Expenses Year Ended March 31, 20XX

	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
<u>Income</u>			
Residents & Dept. Subsidy			
Equipment & Repair Grant			
Vacant Bed Day Recovery*			
Other Recoveries			
Total Income			
<u>Expenses</u>			
<u>Salaries:</u>			
Care Services			
Rehabilitation Services			
Administration			
Dietary Services			
Laundry & Linen			
Housekeeping			
Plant Operation			
Total			
<u>Supplies:</u>			
Care Services			
Rehabilitation Services			
Administration			
Dietary Services			
Laundry & Linen			
Housekeeping			
Plant Operation			
Maintenance & Repairs			
Minor Equipment			
Equip. & Repair Grants			
Major Repairs			
Total			
<u>Other:</u>			
Pastoral Services			
Personnel Benefits			

Education
Total
Capital:
Mortgage Blended Payments
Approved Bank Loan
Reserve per CMHC Agreement
Total

Total Expenses

NET VARIANCE

* This amount should be reported as a MINUS revenue

e) Estimated Year End Reconciliation

	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
Mortgage			
Bank Loan			
C.M.H.C. Reserve			
Pension Plan			
Retirement Allowance			
RN Retention Premium			
Sub-Total			
Less:			
C.M.H.C (formerly 56.1) Subsidy			
Employers share of pension contribution on salaries in excess of Department approved pay plan	XXXXXX		
Total			

Estimated Year End Reconciliation due from (to)
the Department of Social Development

Additional Information

- All Nursing Homes should use as a reference guide the chart of accounts developed by the Accounting and Information Committee of the N.B. Association of Nursing Homes Inc.
- Some Nursing Homes net income against expenses. This practice does **not** conform to the method the Nursing Home Budget is prepared and distorts the fair evaluation of the Nursing Home Financial Statements. The Department requests the Nursing Homes and Auditors to refrain from this practice.
- In instances where a Nursing Home is annexed to another facility (such as an apartment complex, retail space, daycare, etc.) and an integrated financial statement is prepared a **separate schedule is required allocating the income and expenses between the two facilities** based on a consistent accounting policy approved by the Board and acceptable to the Department of Social Development.
- Non-Budgeted Income is:
 - Interest
 - Gifts and Donations
- Non-Budgeted Expenses are:
 - Interest on Unapproved Bank Loans
- A payment log is available at the end of the fiscal year from Financial Services, Department of Social Development, upon request.

TITLE: CHART OF ACCOUNTS GUIDELINE	NUMBER: MD-A-15 G
SECTION: A. ADMINISTRATION	PAGE: 1 of 60
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: June 30, 2004

PREAMBLE

This document is a master chart of accounts, account descriptions and checklist of supplies and services which provides guidelines for a standard accounting reporting system for nursing homes throughout the Province. It was developed by the Accounting and Information Committee of the N.B. Association of Nursing Homes Inc.

The chart will guide nursing homes in setting up a general ledger and selecting accounts to which various items of supplies and other expenses can be charged.

REFERENCE: *Chart of Accounts*

TITLE: MONTHLY FINANCIAL REPORTING	NUMBER: MD-A-16
SECTION: A. ADMINISTRATION	PAGE: 1 of 6
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

The Monthly Revenue Report enables Nursing Home Services to determine the amount of subsidization to send to the nursing home. It also ensures the subsidized amount is consistent with the financial assessment for each resident of a nursing home. Section 36 of the Regulation 85-187 defines the requirements of the Department, which states: "To qualify for financial assistance under the Act, an operator shall submit to the Minister such statements, reports and other evidence as may at any time be required by the Minister which may include an annual budget indicating the estimated cost of providing all services in the nursing home."

MANAGEMENT DIRECTIVE

1. Monthly reports must be completed as follows and submitted by Fax to the Department by the 15th of the month following the month being reported. Nursing Homes who fail to report by the 15th will have their payment of the 5th held until the 20th of the following month.

Appendix A contains detailed information by client of the revenue collected during the month. The revenue information from Appendix A, (Part 1) will appear summarized at the top of Appendix B, which is required for payment purposes. The bottom part of Appendix B includes information on Relief beds and is for information only.

2. Instructions for completing each section are as follows:

A. Appendix A - Revenue Detail:

- Name of Resident and Revenue Code:
The name of the resident occupying a regular bed will appear with a revenue code next to it. Private pay residents will use the code PP while the subsidized residents will use the code SR. The names of the residents occupying the Relief Care beds and the dates used should also be included with the information relating to the type of bed. Codes will be used to indicate the type of bed:
RP Relief Care Permanent
RT Relief Care Temporary

- **Actual Resident Revenue for the Month**
The resident revenue contribution will appear beside their name and revenue code
- **Actual Resident Days**
The number of days the resident occupied the bed should be reported.
- **Transferred Residents**
The day a resident is transferred to your nursing home is considered a resident day. Therefore, the resident is to be charged for that day.

The day a resident is transferred from your home to another home is not to be counted as a resident day. The day of transfer is to be treated as a vacant bed day.

This will ensure that residents are not charged twice for the same day.

- **Discharged or deceased Residents**
In the case of death or discharge, the actual day of death or discharge is considered a resident day. The resident is charged for that day as the nursing home bed is not available.

B. Appendix B – Nursing Home Monthly Resident Revenue Report

- **Actual number of Residents on Last Day**
The number of residents in the home by classification (Private pay and subsidized) on the last day of the month is to be recorded in the column. Approved Relief Care bed residents are to be included with the number of subsidized residents.
- **Actual Number of Separations**
The number of residents permanently discharged during the reporting period excluding Relief Care.
- **Actual Number of Vacant Bed Days**
The total numbers of vacant days excluding Relief Care beds are to be reported in this section. Assume relief care beds are fully occupied.

Please note that the total number of days (actual resident days and vacant days) must equal the number of days available during the period.

Example: 30 beds x 31 days = 930 resident days.

- Relief care beds
This section should contain only actual data i.e. the total revenue, the number of approved beds and the numbers of days the beds were actually occupied.

Appendix B

**NURSING HOME MONTHLY RESIDENT REVENUE REPORT
DEPARTMENT OF SOCIAL DEVELOPMENT**

FOR THE MONTH OF _____

NURSING HOME _____

DATE SUBMITTED _____

	ACTUAL RESIDENT REVENUE FOR THE MONTH (Per Appendix A)	ACTUAL # OF RESIDENTS ON LAST DAY OF MONTH	RESIDENT DAYS (Per Appendix A)
PRIVATE PAY			
SUBSIDIZED			
TOTAL			

ACTUAL NUMBER OF SEPARATIONS

ACTUAL NUMBER OF VACANT DAYS
* (exclude the special unit vacant days)

VACANT DAYS FOR SPECIAL UNITS

Applicable to Loch Lomond Villa, Mill Cove, Mount. St. Joseph & Residences Inkerman

***NOTE: TOTAL RESIDENT DAYS + TOTAL VACANT DAYS + TOTAL VACANT FOR SPECIAL UNIT =
TOTAL BEDS x DAYS IN MONTH**

RELIEF CARE	ACTUAL REVENUE	DAYS APPROVED	DAYS USED
PERMANENT			
TEMPORARY			

Please forward by the 15th
to:

Department of Social Development
Financial Services
Payment Officer
P.O. Box 6000
Fredericton, N.B.
E3B 5H1
FAX: 453-2032

AUTHORIZED BY:

Administrator

Appendix A
Part 1

REVENUE DETAILS

NURSING HOME: _____

MONTH OF: _____

REVENUE CODES: PP Private Pay
 SR Subsidized Resident

REGULAR BEDS

Resident name	Revenue Code	Revenue Amount	# of Days
TOTAL (to be brought forward to Appendix B)			

REVENUE DETAILS

NURSING HOME: _____

MONTH OF: _____

REVENUE CODES: RP Relief Care Permanent
 RT Relief Care Temporary

OTHER BEDS

Resident Name	Bed Type	Revenue Amount	# of Days	Dates Used
TOTAL (to be brought forward to Appendix B)				

TITLE: CAPITAL EQUIPMENT AND REPAIR GRANT	NUMBER: MD-A-17
SECTION: A. ADMINISTRATION	PAGE: 1 of 5
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

The Capital Equipment and Repair Grant provides funding to nursing homes for major equipment and repairs. For homes that have a Canada Mortgage and Housing Corporation (CMHC) reserve, the Capital Equipment and Repair Grant provides funding for major equipment and repairs which are not included under the CMHC reserve ([See MD-A-13](#)).

MANAGEMENT DIRECTIVE

1. The nursing home shall complete the Capital Equipment and Repair Request forms for the next fiscal year based on identified priorities and on approval by the Board of Directors of the home.

Approval for funding by Nursing Home Services is based upon the Criteria for Capital Equipment and Repair Requests and is subject to available funds.

Payment will be based on submitted invoices and unused funds will be retained by the Department.

REFERENCES: [Criteria for Capital Equipment and Repair Requests](#)
[Items Eligible for Capital Equipment and Repair Grant Funding](#)
[Capital Repair Request form](#)
[Capital Equipment Request form](#)

CRITERIA FOR CAPITAL EQUIPMENT AND REPAIR REQUESTS

The following criteria shall be used to determine whether funding for a particular item should be requested through the Capital Equipment and Repair Request process. These criteria shall be used by Nursing Home Services in the approval process.

The requests must be related to:

1. The following guiding principles:
 - provide for the comfort and safety of residents and staff
 - provide for the quality of life of residents and staff
 - improve efficiency
 - will be in accordance with the nursing home's strategic plan (3-5 years)

or
2. Infractions identified by various licensing agencies associated with the nursing home e.g., Nursing Home Services; Office of the Fire Marshal, Public Health, WorkSafe NB and Department of Post-Secondary Education, Training and Labour.
(Please attach copy of order)

or
3. Items identified during Nursing Home Services inspection process. (Please note source and date on Capital Equipment and Repair Request forms)
4. Any request for renovations must be accompanied by:
 - detailed statement of the purpose of the renovation
 - problems identified and proposed solutions
 - sketch of details proposed renovation plans
 - copy of existing floor plans (section for proposed renovations)
 - cost of renovations
 - operational cost (if any)
 - source of funding

ITEMS ELIGIBLE FOR CAPITAL EQUIPMENT AND REPAIR GRANT FUNDING

1. Additions to original fixed equipment, e.g., additional stoves, fridges, washers, dryers, etc.
2. Replacement of furnishings, e.g., linen, beds, curtains, bedroom furniture, lounge furniture, etc.
3. Up-grading or enhancements to grounds, e.g., patios, landscaping, etc.
4. Up-grading or repairs to building infrastructure, e.g., flooring, painting, roofing, etc.
5. Replacement of nursing care equipment, e.g., suction machines, sterilizers, resident lifts, commodes, special mattresses, wheelchairs, geriatric chairs and other items related to the comfort of the residents.
6. Replacement and/or upgrading of office equipment, e.g., fax machines, filing cabinets, etc.
7. Purchase of equipment to be used for resident entertainment and/or education, and staff education.

NOTE: For the homes who do not have a CMHC reserve, the items listed in the Capital Items - Replacement Reserve enclosed with Management Directive [MD-A-13](#) will be considered for funding under the Capital Equipment and Repair Grant.



NURSING HOME:

CAPITAL REPAIR REQUEST FORM xxxx/xxxx
IN ORDER OF PRIORITY (MAXIMUM 5)

DATE SUBMITTED:

PRIORITY	DETAILED DESCRIPTION OF REPAIRS OR RENOVATIONS INDICATE RELATIONSHIP TO CRITERIA - ATTACH DOCUMENTATION	COST MUST INCLUDE: 0.5 HST, INSTALLATION, SHIPPING AND HANDLING	DEPARTMENT OF SOCIAL DEVELOPMENT (DSD) USE ONLY	
			APPROVE D AMOUNT	COMMENTS
1				
2				
3				
4				
5				

SIGNATURE (BOARD CHAIR) : _____
CMHC Replacement Reserve Balance _____
December 31, XXXX

SIGNATURE (DSD) _____
DATE APPROVED: _____



CAPITAL EQUIPMENT REQUEST FORM xxxx/xxxx
IN ORDER OF PRIORITY (MAXIMUM 5)

DATE SUBMITTED :

PRIORITY	-DESCRIPTION OF ITEMS - INDICATE RELATIONSHIP TO CRITERIA -ATTACH DOCUMENTATION	COST MUST INCLUDE: 0.5 HST, INSTALLATION, SHIPPING AND HANDLING	DEPARTMENT OF SOCIAL DEVELOPMENT (DSD) USE ONLY	
			APPROVED AMOUNT	COMMENTS
1				
2				
3				
4				
5				

SIGNATURE (BOARD CHAIR) : _____
CMHC Replacement Reserve Balance _____
December 31, XXXX

SIGNATURE (DSD) _____
DATE APPROVED: _____

TITLE: PAY DOCUMENT	NUMBER: MD-A-18
SECTION: A. ADMINISTRATION	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

The Department has implemented a Request for Payment form which identifies all payments, (grants for equipment and repairs, budget amendments etc.) made to a nursing home each fiscal year.

The document will also indicate the total payments made to a home on a year to date basis, eliminating the need to send a separate list of payments made to a home at the end of the fiscal year.

This document must be retained and presented to the home's auditor to verify the payments made by the Department.

REFERENCE: [*Request for Payment, Nursing Home Pay Document*](#)

Department of Social Development
Ministère du Développement Social

NH
EN
Page 1 of/de 1

Nursing Home Pay Document

Compte rendu des paiements au foyer de soins

For the Fiscal Year Ending March 31, 2014

Pay Document Number /

Pour l'année financière se terminant le 31 mars 2014

N° de document de paye:

Facility/Établissement:

Payment Date / Date du paiement:

Monthly Rate as per Budget / Taux mensuel du budget
Less: Monthly Tax Adjustment / Deduire: Ajustement mensuel de la taxe
Approved Payment Rate / Taux de paiement approuvé
Number of Approved Beds / Nombre de list approuvés
Approved Budget for Month / Budget mensuel approuvé
Less: Resident Revenue for
Deduire: Revenue mensuel pour
Dept. of Social Development Resident Subsidy/ Subvention aux pensionnaires du Ministère du Développement Social

Adjustment / Ajustement	Reserve / Réserve	Amount / Montant
Total		

Budget Amendment / Modification budgétaire	Amount / Montant
Total	

Subtotal Adjustments and Budget Amendments / 0.00

Somme partielle des rajustements et des modifications budgétaires

Revenue Adjustment for / Ajustement de revenue pour 0.00

Total Payment / Paiement total

Total Payments YTD / Paiements totaux accumulés

Property Tax / Taxe foncière

YTD Total / Total accumulés

TITLE: RETENTION AND DESTRUCTION OF RECORDS AND DOCUMENTS	NUMBER: MD-A-19
SECTION: A. ADMINISTRATION	PAGE: 1 of 2
APPROVAL: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

This management directive refers to nursing home records and documents which are administrative in nature, and of interest to government authorities. For resident records, nursing homes should refer to sections 14(1) and 15 of the *Nursing Home Act*.

MANAGEMENT DIRECTIVE

1. Each nursing home board is to establish a policy with respect to the destruction of records and documents listed below. With the exception of purchase and sales records, no other authorization is required to destroy these records and documents once the minimum retention periods specified have expired. For purchase and sales records the regulations of the Revenue Administration Act require their retention until such time as a sales tax audit has been performed or written permission for their disposal has been obtained from the Department of Finance, Tax Administration Branch, P.O. Box 6000, Fredericton, N.B. E3B 5H1.
2. Any questions regarding the records listed and matters of potential legal liability should be referred to a nursing home's legal counsel.
3. Following is a list of the more common records of a nursing home business office and their minimum retention periods.

PERMANENT RETENTION

Resident Trust Account Ledger
Audited Financial Statements
General Ledger
General Journal
Cash Receipts Journal
Cash Disbursements Journal
Voucher Register
Revenue Register
Employee's Earnings Record
Board Minutes
Articles of Incorporation
Real Property Deeds
Fixed Asset Ledger

Insurance Policies
Correspondence re: Legal Matters
Accounting Policies

SIX YEARS PLUS CURRENT YEAR

Cash Receipts
Time Book (employees)
Paid and Cancelled Payroll Cheques
Paid and Cancelled Current Account Cheques
All other records pertaining to collection, with holding or deduction of tax or other amounts payable to Revenue Canada
Resident Financial Status Forms

FIVE YEARS PLUS CURRENT YEAR

Journal Vouchers
Purchase Orders
Lease Agreements (From date of expiration of Agreement)
Receiving Reports
Stores Ledger Cards
Creditor Statements
Lost of Capital Equipment Purchases

THREE YEARS PLUS CURRENT YEAR

Relief Care Bed Report
Stores Requisitions
Quarterly Resident Revenue Report
Quarterly Expenditure Report
Nursing Home Board Monthly Statements
Return of Residential Care Facilities

TITLE: SPECIALIZED/ENHANCED CARE UNITS	NUMBER: MD-A-20
SECTION: A. ADMINISTRATION	PAGE: 1 of 5
ORIGINAL SIGNED BY: LIENA ROUSSEL Director Nursing Home Services	EFFECTIVE: January 9, 2024 REVIEWED: January 9, 2024

PREAMBLE

There are five nursing homes in the province that have specialized/enhanced care units recognized by the Department, delivering services for individuals with specific health care needs. These nursing homes are Villa Providence, Loch Lomond Villa, Losier Hall, Mill Cove Nursing Home and Les Residences Inkerman.

DEFINITION

Specialized/Enhanced care units are designed to serve individuals with a long-standing history of mental illness, dementia, and other chronic organic disorders and whose conditions are well maintained or stabilized. The needs of these individuals are such that they require both an environment adapted to their needs for security and an appropriately staffed program (often with specialized training) tailored to their higher care requirements.

MANAGEMENT DIRECTIVE

1. A prior approval from the Minister is required for specialized units in nursing homes.
2. Once approved by the Minister, nursing homes must keep their specialized unit profiles (**Table 1**) current and provide any updates to the Liaison Officer.
3. The process for admission to a specialized/enhanced care unit is the same process used for any individual who has applied to the Long-Term Care Program. Social Development must approve all admissions to nursing homes. Staff from the department will determine a person's eligibility by looking at their long-term health care and social needs.
4. Clients deemed to exceed the regular level of care provided in a nursing home will be considered for placement in a specialized/enhanced care unit. These clients have a medically stable physical or mental health condition but also have difficulties with cognition and/or behaviour requiring supervision/care on a 24-hour basis. Clients may display aggressive behaviour toward self/others. Clients may participate in personal care, activities of daily living and health related activities but could require maximum assistance and/or someone else to perform the activity. The client may require supplementary

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professional health care/supervision at times. An environment ensuring the clients' safety is essential.

REFERENCES: Standard A-IV-1 Admissions in [DEPARTMENT OF
SOCIAL DEVELOPMENT NURSING HOME SERVICES
STANDARDS \(gnb.ca\)](#)

Table 1 outlines the home specific information for the five designated Specialized/Enhanced care units within the province.

Table 1 – Specialized/Enhanced Care Unit Profiles		
Nursing Home Name & Details of Unit		Resident Profile Characteristics
Villa Providence	Name of Unit (as applicable): unité psychogériatrique	<ul style="list-style-type: none">Physical condition the same as current level 3 assessment for residents over 65 yrs. of ageDiagnosis of a stable psycho-geriatric issue or irreversible dementia as well as individuals with mental and physical handicapsCurrent MMSE score of 25 or less (MMSE =Mini Mental State exam)These individuals currently cause a disturbance in the current care population as they need more supervision and have dementia, are impulsive, obsessive or can wander with constant disturbing of other residents and can provoke aggression or be aggressiveSexual behavior that affects other residentsAgitation, screaming or abusive verbal or physical behaviors towards other residents or staff.These residents should not be a health risk to other residents, staff, or themselvesHas received an evaluation through single point of entry who has determined the potential resident to have a stable psycho-geriatric condition whereby care needs surpass the criteria for admissibility in a regular 3A or B establishment. <i>Please note that to determine the stability of the individual, considerations will be given to frequency and intensity of disturbing behavior as well as the ability to prevent this behavior prior to admission</i>
	# of Specialized/Enhanced Care Beds: 20	
Loch Lomond Villa	Area of Concentration: Psychogeriatric	<ul style="list-style-type: none">Present no physical medical conditions which exceed the regular nursing home criteria.Have a diagnosis of a stable chronic mental illness while recognizing the unique challenges of this population.Have needs that can be met by the programs and environment of this specialized unit including behaviours associated with a mental illness which would disrupt the daily lives of other residents in a regular nursing home to such a degree that a regular nursing home could not meet the residents needs. These needs may include: frequent or continual ritual wandering or rummaging or taking the belongings of other residents, overt sexual behaviour which is disturbing to others, agitation, frequent screaming or disruptive behaviour or physically striking out when approached or touched by others. The frequency, intensity, predictability and the ability to present or intervene in the management of these behaviours must be considered in determining the individual's stability.Present no imminent risk to themselves or other residents or staff
	Name of Unit (as applicable): Evergreen House	
	# of Specialized/Enhanced Care Beds: 20	
	Area of Concentration: Psychogeriatric	To be eligible for admission, individuals must meet the following criteria: 1. Is on the Loch Lomond Villa nursing home wait list. 2. Have needs which can be managed by the programs and environment of the specialized/enhanced nursing house such as: <ul style="list-style-type: none">Cognitively wellYounger adult with disabilities
	Name of Unit (as applicable): Dogwood House	
	# of Specialized/Enhanced Care Beds: 25	

Table 1 – Specialized/Enhanced Care Unit Profiles		
Nursing Home Name & Details of Unit		Resident Profile Characteristics
	Area of Concentration: Young Adult	<ul style="list-style-type: none">• Lives with a progressive disease i.e., MS, Parkinson’s or has suffered a traumatic medical event• Socially active• Benefit from dedicated recreational and restorative programming.• Actively attempt to maintain autonomy.• Be active members of their care and work with the care team to develop an effective person-centered care plan. <p>The ability to safely manage the individual’s complex medical diagnosis within the resources provided by Loch Lomond Villa must be considered in determining the individual’s admission.</p> <p>3. Present no imminent risk to themselves, other residents, or staff.</p> <p>4. The residents’ desire to interact with others is also considered when reviewing for admission.</p> <p>5. The residents rehabilitative care plan interventions must be able to be provided safely and adequately at the home.</p>
Losier Hall	Name of Unit (as applicable): N/A # of Specialized/Enhanced Care Beds: 15 Area of Concentration: Young Adult	<p>Is required by adults, primarily ages 20 and up, who:</p> <ul style="list-style-type: none">• Are severely developmentally delayed with varying degrees of physical limitations but are medically stable.• Individuals who require professional supervision and holistic care on a 24-hour basis utilizing specialized skills and knowledge, and an enhanced level of human resources. <p>Is required by adults, primarily the age of 20 and up, who:</p> <ul style="list-style-type: none">• Have a moderate to profound developmental delay.• Have a psychiatric/behavioural disorder (Dual Diagnosis) that are controlled and manageable within the Enhanced Unit.• Are medically stable.• Have a variety of physical challenges and disabilities. <p>Residents on this Unit require holistic care that is provided on a 24-hour basis utilizing specialized skills and knowledge, an enhanced level of human resources, and supervised by health care professionals.</p>
Mill Cove	Name of Unit (as applicable): Cottage Cove # of Specialized/Enhanced Care Beds: 17 Area of Concentration: Young Adult	<p>Is required by adults, primarily ages 20 and up, who:</p> <ul style="list-style-type: none">• Are severely developmentally delayed with varying degrees of physical limitations but are medically stable.• Individuals who require professional supervision and holistic care on a 24-hour basis utilizing specialized skills and knowledge, and an enhanced level of human resources. <p>Is required by adults, primarily the age of 20 and up, who:</p> <ul style="list-style-type: none">• Have a moderate to profound developmental delay.• Have a psychiatric/behavioural disorder (Dual Diagnosis) that are controlled and manageable within the Enhanced Unit.• Are medically stable.• Have a variety of physical challenges and disabilities. <p>Residents on this Unit require holistic care that is provided on a 24-hour basis utilizing specialized skills and knowledge, an enhanced level of human resources, and supervised by health care professionals.</p>
	Name of Unit (as applicable): Sunrise Villa	<p>Is required by adults, primarily the age of 20 and up, who:</p> <ul style="list-style-type: none">• Have a moderate to profound developmental delay.• Have a psychiatric/behavioural disorder (Dual Diagnosis) that are controlled and manageable within the Enhanced Unit.

Table 1 – Specialized/Enhanced Care Unit Profiles		
Nursing Home Name & Details of Unit		Resident Profile Characteristics
	# of Specialized/Enhanced Care Beds: 18 Area of Concentration: Young Adult	<ul style="list-style-type: none">• Are medically stable.• Have a variety of physical challenges and disabilities. Residents on this Unit require holistic care that is provided on a 24-hour basis utilizing specialized skills and knowledge, an enhanced level of human resources, and supervised by health care professionals.
Les Residences Inkerman	Name of Unit (as applicable): N/A – entire home # of Specialized/Enhanced Care Beds: 29 Area of Concentration: Psychogeriatric	<ul style="list-style-type: none">• Present no physical medical conditions which exceed the regular nursing home criteria.• Have a diagnosis of a stable chronic mental illness while recognizing the unique challenges of this population.• Have needs that can be met by the programs and environment of this specialized unit including behaviours associated with a mental illness which would disrupt the daily lives of other residents in a regular nursing home to such a degree that a regular nursing home could not meet the residents needs. These needs may include frequent or continual ritual wandering or rummaging or taking the belongings of other residents, overt sexual behaviour which is disturbing to others, agitation, frequent screaming or disruptive behaviour or physically striking out when approached or touched by others. The frequency, intensity, predictability and the ability to present or intervene in the management of these behaviours must be considered in determining the individual's stability.

B. RESIDENT SERVICES

TITLE: EXTRA MURAL PROGRAM SERVICES	NUMBER: MD-B-1
SECTION: B. RESIDENT SERVICES	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: June 30, 2004

PREAMBLE

The Extra Mural Program provides the following services to nursing home residents, if they meet the eligibility criteria:

1. Oxygen services: The EMP provides both oxygen concentrator and tank oxygen services. A contracted provider, who is responsible for the maintenance and repair equipment, provides equipment and supplies to clients.
 - use of liquid O₂ in nursing homes is prohibited by Regulations under the *Nursing Home Act*.
2. Intravenous therapy:
 - A complete course of intravenous administration of medications
 - Intravenous Therapy for up to 72 hours for temporary conditions, i.e dehydration

The following eligibility criteria must be met in order for Nursing Home residents to receive treatment:

- An attending physician with admitting privileges refers resident for IV therapy.
 - Resident is eligible for EMP services.
 - Nursing Home staff agrees to monitor the treatment.
3. Rehabilitation Services: The services of physiotherapy, occupational therapy and speech language pathology are available through the Provincial Rehab Services Plan.

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TITLE: RESIDENT BENEFITS GUIDELINE	NUMBER: MD-B-2 G
SECTION: B. RESIDENT SERVICES	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: June 30, 2004

PREAMBLE

The following information relates to benefits that a resident of a nursing home may be eligible. A current list of services and coverage should be obtained each year from the following service providers:

- Department of Health - Ambulance Services Branch
- Blue Cross - Seniors Health Program
- Department of Social Development – Health Benefits Card
- Red Cross Society: Seniors Rehabilitative Equipment Program
- The N.B. Prescription Drug Program

TITLE: SPECIAL AUTHORIZATION FOR MEDICATIONS NOT COVERED BY PRESCRIPTION DRUG PROGRAM GUIDELINE	NUMBER: MD-B-3 G
SECTION: B. RESIDENT SERVICES	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

Certain drugs are only eligible for coverage under New Brunswick Prescription Drug Program through special authorization. Special authorization can be obtained for eligible cardholders as outlined in the Prescription Drug Program. Refer to:
<http://www.gnb.ca/0051/0212/index-e.asp>

Please note that a selection of drugs is specifically excluded from coverage under the NB Prescription Drug Program. These drugs include most non-prescription medications such as laxatives, antacids and cough and cold products.

Written requests for individuals who are eligible must be sent to the NB Prescription Drug Program, Special Authorization Unit.

Information on the special authorization request should include the:

- Patient's Medicare number
- Patient's date of birth
- Drug, dosage form and strength
- Expected duration of therapy
- Specific clinical and diagnostic evidence supporting the use of the medication

Requests for special authorization should be sent to:

Special Authorization Unit

New Brunswick Prescription Drug Program
P.O. Box 690
Moncton, New Brunswick, E1C 8M7
Fax: 506-867-4872
Phone: (506) 867-4515
Toll Free Fax: 1-888-455-8322
Toll Free Inquiry Line: 1-800-332-3692

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TITLE: FUNERAL EXPENSES	NUMBER: MD-B-4
SECTION: B. RESIDENT SERVICES	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

Prepaid funeral

1. Prepaid funeral expenses are not required as a condition of admission to a nursing home.
2. It is the resident or family or resident/legal representative decision to set up a prepaid funeral account with a funeral home.
3. Residents may choose to remove funds from their comfort and clothing allowance to pay on a prepaid funeral expense.
4. Prepaid funeral accounts cannot be maintained by the nursing home.
5. The maximum amount allowed towards a pre-paid funeral is determined through an agreement between N.B. Funeral Directors and Embalmers Association and the Department of Social Development.
6. Prepaid funeral arrangements that were arranged prior to admission to the nursing home will be assessed by the financial assessor to determine the eligibility. This amount may be different from the allowable amount for a prepaid funeral arrangement.

No Prepaid funeral

1. There is an agreement with the N.B. Funeral Directors and Embalmers Association and the Department of Social Development to pay for some funeral costs, if the client is approved. The family member/next of kin should contact the Department of Social Development, Regional Office if he wants to make an application to have funeral expenses covered.

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TITLE: SPECIALIZED REHABILITATION EQUIPMENT APPROVAL	NUMBER: MD-B-5
SECTION : B. RESIDENT SERVICES	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

The following referral form is to be completed by the rehabilitation staff and forwarded to the Health Services Program. Consideration will be given for funding approval for the specialized rehabilitation equipment needs of a resident, which cannot be met through the Senior Rehabilitation Equipment Program, or for the specialized rehabilitation equipment needs for those residents under 65.

REFERENCES: *Specialized rehabilitation equipment, Social Development Website at:*
http://www2.gnb.ca/content/gnb/en/departments/social_development.html

Equipment Requisition Form at:
http://www2.gnb.ca/content/gnb/en/services/services_renderer.7995.html

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TITLE: FINANCIAL ASSISTANCE FOR SPECIAL NEEDS RESIDENTS	NUMBER: MD-B-7
SECTION: B. RESIDENT SERVICES	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

To comply with section 23(2) of the *Nursing Homes Act* which states: “The Minister may provide assistance, in accordance with the regulations, to persons in need residing in a nursing home operated by the holder of a valid license.”

MANAGEMENT DIRECTIVE

1. Financial assistance may be provided to residents with special needs to cover costs associated with items and services that are not included in the per diem rate, such as:
☐ over the counter medications, (according to need assessment) ☐
medical transportation (according to need assessment).
2. For approval submit the “Request for Budget Amendment Form” as per [Management Directive MD-A-8](#), Budget Amendment Process.

REFERENCES: [Budget Amendment Process \(MD-A-8\)](#)
Care Supplies covered by per diem (Standard A-III-3)

C. HUMAN RESOURCES

TITLE: MINIMUM QUALIFICATIONS FOR FUNDING MANAGEMENT POSITIONS	NUMBER: MD-C-1
SECTION: C. HUMAN RESOURCES	PAGE: 1 of 5
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

MANAGEMENT DIRECTIVE

All nursing home vacant management staff positions must be filled with candidates who have the following specified minimum education qualifications and experience below.

1. Application

- The [Management Personnel Information Form](#) is to be completed for all new management staff to determine the budget salary level. The form is to be signed by the Board Chairman when used for a new Administrator and by the Administrator for all other management staff.
- The completed form is to be sent to the Regional Liaison Officer. The Regional Liaison Officer will review and submit a request for approval to the Regional Supervisor.
- Application for those not meeting the minimum qualifications must be submitted to the Director of Nursing Home Services who may approve receipt of funding from Department of Social Development under the equivalency clause.
 - A. The Director of Nursing Home Services may reject the Board's request, grant the request, or put educational requirements as a condition to accepting the request.
 - B. If educational requirements are a condition, the Board of Directors is responsible to sign a contract with the person which includes a suitable time frame for the person to fulfill the educational requirements needed for the position and submit to Nursing Home Services.
 - C. The Board of Directors must then submit on a yearly basis to the Director of Nursing Home Services, an update on the progress of the person obtaining the educational requirements.
 - D. Condition of continued funding for the position will depend on meeting the contract requirements within the agreed upon time frame and may be withdrawn if at any time the agreement is not filled.
- The employment of unqualified individuals without approval of the Director of Nursing Home Services will result in the position not being funded through the nursing home budget process.

1. ADMINISTRATOR POSITION

ADM I - Baccalaureate degree in a field of study relevant to the operation 30 - 49 beds of a nursing home including or supplemented by recognized courses in administration and/or health care; and

- three years relevant managerial experience.

ADM II - Baccalaureate degree in a field of study relevant to the operation 50 - 99 beds of a nursing home including or supplemented by recognized courses in administration and/or health care; and

- four years relevant managerial experience.

ADM III - Baccalaureate degree in a field of study relevant to the operation 100 - 149 beds of a nursing home including or supplemented by recognized courses in administration and/or health care; and

- six years relevant healthcare management experience.

ADM IV - Baccalaureate degree in a field of study relevant to the operation 150 + beds of a nursing home including or supplemented by recognized courses in administration and/or health care; and

- eight years relevant healthcare management experience. OR
- Master's degree in a field of study relevant to the operation of a nursing home including or supplemented by recognized courses in administration and/or health care; and six years healthcare management experience.

2. DIRECTOR OF NURSING POSITION

DON I
30 - 49 beds

- Baccalaureate degree in Nursing supplemented by recognized courses in administration and /or health care.
- two years relevant supervisory experience.
- must be registered with NANB.

DON II
50 - 99 beds

- Baccalaureate degree in Nursing supplemented by recognized courses in administration and/or health care.
- three years relevant supervisory experience.
- must be registered with NANB.

DON III
100 - 149 beds

- Baccalaureate degree in Nursing supplemented by recognized courses in administration and/or health care.
- three years relevant healthcare management experience.
- must be registered with NANB.

DON IV
150 + beds

- Baccalaureate degree in Nursing supplemented by recognized courses in administration and/or health care. and
- four years relevant healthcare management experience; must be registered with NANB.

3. CHIEF ACCOUNTANT / COMPTROLLER POSITION

- | | | |
|----------------------------------|---|--|
| Chief Acct. I 50
- 99 beds | - | Bachelor of Business Administration or Commerce with concentration in accounting.
OR
- Actively enrolled in a professional accounting designation program, level 3. |
| Chief Acct. II
100 - 149 beds | - | Bachelor of Business Administration or Commerce with concentration in accounting
OR
- Actively enrolled in a professional accounting designation program, level 3.
two years relevant experience. |
| Comptroller
150+ beds | - | Professional accounting designation; four years relevant experience. |

4. SUPPORT SERVICES MANAGER

- | | | |
|--|---|---|
| Support Services
Manager I
100 –149 beds | - | Community College certificate or equivalent in a related field;
two years relevant experience. |
| Support Services
Manager II
150+ beds | - | Community College certificate or equivalent in a related field;
three years relevant experience. |

5. FOOD SERVICE MANAGER POSITION

- | | | |
|--------------------------|---|--|
| FSM I
50 - 99 beds | - | Community College diploma in a food service-related field;
must complete the Food Service and Nutrition Management program offered by the Canadian Healthcare Association within three years;
- minimum two years' experience. |
| FSM II
100 – 149 beds | - | Community College diploma in a food service-related field;
must complete the Food Service and Nutrition Management program offered by the Canadian Healthcare Association within three years;
- minimum three years' experience. |

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- | | | |
|-----------|---|--|
| FSM III | - | Community College diploma in a food service-related field. |
| 150+ beds | - | must complete the Food Service and Nutrition Management |
| | | program offered by the Canadian Healthcare Association |
| | - | minimum four years' experience |



Management Personnel Information Form

Name of Home:

Employee Name:

Employee Position:

Date of appointment to the position:

Formal Education

University	Degree	Year	Major Course Content
1.			
2.			
3.			

Other Education

Name of Course	Certificate or Diploma	Year	Major Course Content
1.			
2.			
3.			
4.			

Employment History

Position Responsibilities	Employer	Duration	Major Duties or
1.			
2.			
3.			
4.			

Signature: _____ Date: _____

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TITLE: APPROVED FUNDED STAFFING POSITIONS	NUMBER: MD-C-2
SECTION: C. HUMAN RESOURCES	PAGE: 1 of 3
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

MESURE OF COMPLIANCE

The following is used to determine the full time equivalent (FTE) staffing allocated to the nursing home budget.

1. Care Staffing

Core Care Staffing. The funding formula for core care staffing (Registered Nurse, Licensed Practical Nurse and Resident Attendant) is based on 2.5 hours of care per resident per day with a replacement factor of 1.69. Each Nursing Home is also funded for one full time Director of Nursing. Refer to Standard B-I-1 for ratio.

Resident Attendant – for care support and peak workload. The funding formula for Resident Attendant for care support and during peak workload is based on 0.39 hours of care per resident per day with a replacement factor of 1.69.

Rehabilitation Assistant. The funding formula for this classification is based on 0.08 hours of care per resident per day with a replacement factor of 1.21. The replacement factor is applicable 5 days a week, from Monday to Friday, cover annual leaves, public holidays and sick leaves.

Nursing Unit Clerk. The funding formula for this classification is based on 0.13 hours of care per resident per day. This position is not replaced.

2. Administration

The following table is used to fund Administration Staff. There is no replacement factor for these positions.

<u>Number of Beds</u>	<u>Full Time Equivalents (FTE)</u>
30-49	1.62
50-99	3.0
100-149	4.0
150+	7.0

3. Activation

The funding formula for activation is based on a minimum of 1 FTE in all nursing homes; ratio of 1 FTE for 49 beds is used. There is no replacement factor for this position.

A nursing home with approved special unit may be allocated additional FTE(s) within the unit.

4. Food and Nutrition Services

Nursing Home Services has accepted the following range of labour-minutes per meal in determining the funding for food services staff.

<u>Number of Beds</u>	<u>Minutes per meal</u>
30-35	15
36-49	14
50-99	13
100-149	12
150+	11

A factor of 1.69 is added in the funding for weekend coverage, vacation, sick, holiday, etc.

For example, calculation for a 60 bed nursing home would be:

60 beds X 3 meals per day X 13 min. per meal = 2340 min per day
2340 min per day ÷ 60 min per hour = 39 hours per day
39 hours per day ÷ 7.5 hours per shift = 5.2 shifts per day
5.2 shifts per day X 1.69 replacement factor = 8.788 FTE

Food Service Manager

Nursing Homes with 50 beds and over have a Food Services Manager position. The funding is included in the above formula.

Dietitian

The budget funding for dietitian in nursing homes varies between a minimum of 0.2 FTE to a maximum of 1.0 FTE. It is not included in the above formula.

5. Laundry and Linen

Nursing homes without services from external agency: The funding formula for the laundry and linen department is based on 9 lbs of laundry per bed per day (7lbs general and 2 lbs personal).

DEPARTMENT OF SOCIAL DEVELOPMENT
NURSING HOME SERVICES

The standard for each full time equivalent (FTE) is 34.19 lbs per paid hour. This includes replacement factor of 1.69.

For example, calculation for a 60 bed nursing home would be:

60 beds X 9 pounds X 365 days per year = 197,100 pounds per year
197,100 pounds per year ÷ 34.19 pounds per paid hour = 5764.84 hours per year
5764.84 hours per year ÷ 1957.5 hours per FTE = 2.945 FTE

Nursing homes **with services** from external agency:

<u>Number of Beds</u>	<u>Per Bed</u>
30-50	0.0218 FTE
51-99	0.0187 FTE
100+	0.0167 FTE

This includes replacement factor of 1.69.

6. Housekeeping

The funding formula for housekeeping staffing is based on 5875 square feet per year per FTE. This includes replacement factor of 1.69.

Support Services Manager. Nursing Homes greater than 100 beds are funded for one FTE in Support Services. The funding is included in the above funding formula.

There is no replacement factor for these positions.

7. Plant and Maintenance

The following table is used to fund Plant and Maintenance staffing. There is no replacement factor for these positions.

<u>Number of Beds</u>	<u>Full Time Equivalents (FTE)</u>
30-49	1.5
50-99	2.5
100-149	3.0
150+	4.0

REFERENCES: *Standard B-I-1, Care Staffing Monitoring*
[Management Directive MD-C-5](#), *Sick Leave Coverage for Positions*
Funded without Replacement

TITLE: MANAGEMENT SALARY PLAN AND RELATED INSTRUCTIONS	NUMBER: MD-C-3
SECTION: C. HUMAN RESOURCES	PAGE: 1 of 11
ORIGINAL SIGNED BY: RASHMI HAWLEY Director Nursing Home Services	REVIEWED: February 16, 2022 LAST MODIFICATION: February 16, 2022

PREAMBLE

To provide the procedures for implementing the salary plan for management staff of nursing homes including salary scale by classification, increments, recognition of education/training, new employees and budget amendment.

1. Description: Amount of increase and adjustments

The salary plan contains steps A to C (1) for all classifications except housekeepers, laundry managers, and food service managers that contain Steps A to B (1). Employees with approved training should be placed at a full step on the plan that recognizes their years of experience in nursing homes and education relative to the position. For example, one year Step A, two years Step B, three years Step C, four years Step C (1).

2. Definition of increments

For the purpose of granting annual increments, an increment for a full year of service should be considered to be two half steps in the pay range, e.g., from Step A to B or from Step A (1) to B (1).

REFERENCE: [Nursing Home Management Salaries](#)

SALAIRES DE CADRE - FOYERS DE SOINS - 1 AVRIL 2019 - 1.0%

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ADMIN I	30-49	A \$ 75,789	\$ 77,304	\$ 78,851	\$ 80,429	\$ 82,040	\$ 83,676
		B/W \$ 2,904	\$ 2,962	\$ 3,021	\$ 3,082	\$ 3,143	\$ 3,206
		HR \$ 38.72	\$ 39.49	\$ 40.28	\$ 41.09	\$ 41.91	\$ 42.75
ADMIN II	50-99	A \$ 80,715	\$ 82,332	\$ 83,982	\$ 85,656	\$ 87,368	\$ 89,117
		B/W \$ 3,093	\$ 3,154	\$ 3,218	\$ 3,282	\$ 3,347	\$ 3,414
		HR \$ 41.23	\$ 42.06	\$ 42.90	\$ 43.76	\$ 44.63	\$ 45.53
ADMIN III	100-149	A \$ 85,965	\$ 87,682	\$ 89,434	\$ 91,226	\$ 93,046	\$ 94,911
		B/W \$ 3,294	\$ 3,359	\$ 3,427	\$ 3,495	\$ 3,565	\$ 3,636
		HR \$ 43.92	\$ 44.79	\$ 45.69	\$ 46.60	\$ 47.53	\$ 48.49
ADMIN IV	150 PLUS	A \$ 91,549	\$ 93,379	\$ 95,246	\$ 97,156	\$ 99,096	\$ 101,078
		B/W \$ 3,508	\$ 3,578	\$ 3,649	\$ 3,722	\$ 3,797	\$ 3,873
		HR \$ 46.77	\$ 47.70	\$ 48.66	\$ 49.63	\$ 50.62	\$ 51.64
CHIEF ACCT I CHEF COMPT I	50-99	A \$ 43,872	\$ 44,969	\$ 46,089	\$ 47,244	\$ 48,424	\$ 49,637
		B/W \$ 1,681	\$ 1,723	\$ 1,766	\$ 1,810	\$ 1,855	\$ 1,902
		HR \$ 22.41	\$ 22.97	\$ 23.54	\$ 24.13	\$ 24.74	\$ 25.36
CHIEF ACCT II CHEF COMPT II	100-149	A \$ 48,259	\$ 49,469	\$ 50,701	\$ 51,968	\$ 53,269	\$ 54,601
		B/W \$ 1,849	\$ 1,895	\$ 1,943	\$ 1,991	\$ 2,041	\$ 2,092
		HR \$ 24.65	\$ 25.27	\$ 25.90	\$ 26.55	\$ 27.21	\$ 27.89
COMPTROLLER CONTROLLEUR	150 PLUS	A \$ 60,321	\$ 61,829	\$ 63,378	\$ 64,960	\$ 66,584	\$ 68,250
		B/W \$ 2,311	\$ 2,369	\$ 2,428	\$ 2,489	\$ 2,551	\$ 2,615
		HR \$ 30.82	\$ 31.59	\$ 32.38	\$ 33.19	\$ 34.01	\$ 34.87
DIR. OF N. I DIR. DE N. I	30-49	A \$ 72,183	\$ 73,624	\$ 75,096	\$ 76,600	\$ 78,132	\$ 79,694
		B/W \$ 2,766	\$ 2,821	\$ 2,877	\$ 2,935	\$ 2,994	\$ 3,053
		HR \$ 36.88	\$ 37.61	\$ 38.36	\$ 39.13	\$ 39.91	\$ 40.71
DIR. OF N. II DIR. DE N. II	50-99	A \$ 75,069	\$ 76,566	\$ 78,102	\$ 79,666	\$ 81,260	\$ 82,880
		B/W \$ 2,876	\$ 2,934	\$ 2,992	\$ 3,052	\$ 3,113	\$ 3,175
		HR \$ 38.35	\$ 39.11	\$ 39.90	\$ 40.70	\$ 41.51	\$ 42.34
DIR. OF N. III DIR. DE N. III	100-149	A \$ 78,072	\$ 79,635	\$ 81,226	\$ 82,848	\$ 84,509	\$ 86,196
		B/W \$ 2,991	\$ 3,051	\$ 3,112	\$ 3,174	\$ 3,238	\$ 3,303
		HR \$ 39.88	\$ 40.68	\$ 41.49	\$ 42.32	\$ 43.17	\$ 44.03
DIR. OF N. IV DIR. DE N. IV	150 PLUS	A \$ 81,192	\$ 82,814	\$ 84,471	\$ 86,163	\$ 87,883	\$ 89,644
		B/W \$ 3,111	\$ 3,173	\$ 3,236	\$ 3,301	\$ 3,367	\$ 3,435
		HR \$ 41.48	\$ 42.31	\$ 43.15	\$ 44.02	\$ 44.90	\$ 45.80
SUPPORT SERV MGR I CHEF DE SERV. DE SOUTIEN I	100-149	A \$ 43,253	\$ 44,363	\$ 45,504	\$ 46,668	\$ 47,862	\$ 49,091
		B/W \$ 1,657	\$ 1,700	\$ 1,743	\$ 1,788	\$ 1,834	\$ 1,881
		HR \$ 22.10	\$ 22.66	\$ 23.25	\$ 23.84	\$ 24.45	\$ 25.08
SUPPORT SERV MGR II CHEF DE SERV. DE SOUTIEN II	150 PLUS	A \$ 45,477	\$ 46,648	\$ 47,851	\$ 49,070	\$ 50,327	\$ 51,621
		B/W \$ 1,742	\$ 1,787	\$ 1,833	\$ 1,880	\$ 1,928	\$ 1,978
		HR \$ 23.23	\$ 23.83	\$ 24.44	\$ 25.07	\$ 25.71	\$ 26.37
FSM I	50-99	A \$ 37,308	\$ 38,261	\$ 39,248	\$ 40,247		
		B/W \$ 1,429	\$ 1,466	\$ 1,504	\$ 1,542		
		HR \$ 19.06	\$ 19.55	\$ 20.05	\$ 20.56		
FSM II	100-149	A \$ 39,193	\$ 40,192	\$ 41,230	\$ 42,283		
		B/W \$ 1,502	\$ 1,540	\$ 1,580	\$ 1,620		
		HR \$ 20.02	\$ 20.53	\$ 21.06	\$ 21.60		
FSM III	150 PLUS	A \$ 41,179	\$ 42,235	\$ 43,321	\$ 44,424		
		B/W \$ 1,578	\$ 1,618	\$ 1,660	\$ 1,702		
		HR \$ 21.04	\$ 21.58	\$ 22.13	\$ 22.69		
HSPK	50-99	A \$ 33,530					
		B/W \$ 1,285					
		HR \$ 17.13					

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ADMIN I	30-49	A \$ 76,547	\$ 78,077	\$ 79,640	\$ 81,233	\$ 82,860	\$ 84,513
		B/W \$ 2,933	\$ 2,991	\$ 3,051	\$ 3,112	\$ 3,175	\$ 3,238
		HR \$ 39.10	\$ 39.89	\$ 40.68	\$ 41.50	\$ 42.33	\$ 43.17
ADMIN II	50-99	A \$ 81,522	\$ 83,155	\$ 84,822	\$ 86,513	\$ 88,242	\$ 90,008
		B/W \$ 3,123	\$ 3,186	\$ 3,250	\$ 3,315	\$ 3,381	\$ 3,449
		HR \$ 41.65	\$ 42.48	\$ 43.33	\$ 44.20	\$ 45.08	\$ 45.98
ADMIN III	100-149	A \$ 86,825	\$ 88,559	\$ 90,328	\$ 92,138	\$ 93,976	\$ 95,860
		B/W \$ 3,327	\$ 3,393	\$ 3,461	\$ 3,530	\$ 3,601	\$ 3,673
		HR \$ 44.36	\$ 45.24	\$ 46.14	\$ 47.07	\$ 48.01	\$ 48.97
ADMIN IV	150 PLUS	A \$ 92,464	\$ 94,313	\$ 96,198	\$ 98,128	\$ 100,087	\$ 102,089
		B/W \$ 3,543	\$ 3,614	\$ 3,686	\$ 3,760	\$ 3,835	\$ 3,911
		HR \$ 47.24	\$ 48.18	\$ 49.14	\$ 50.13	\$ 51.13	\$ 52.15
CHIEF ACCT I CHEF COMPT I	50-99	A \$ 44,311	\$ 45,419	\$ 46,550	\$ 47,716	\$ 48,908	\$ 50,133
		B/W \$ 1,698	\$ 1,740	\$ 1,784	\$ 1,828	\$ 1,874	\$ 1,921
		HR \$ 22.64	\$ 23.20	\$ 23.78	\$ 24.38	\$ 24.98	\$ 25.61
CHIEF ACCT II CHEF COMPT II	100-149	A \$ 48,742	\$ 49,964	\$ 51,208	\$ 52,488	\$ 53,802	\$ 55,147
		B/W \$ 1,868	\$ 1,914	\$ 1,962	\$ 2,011	\$ 2,061	\$ 2,113
		HR \$ 24.90	\$ 25.52	\$ 26.16	\$ 26.81	\$ 27.49	\$ 28.17
COMPTROLLER CONTROLLEUR	150 PLUS	A \$ 60,924	\$ 62,447	\$ 64,012	\$ 65,610	\$ 67,250	\$ 68,933
		B/W \$ 2,334	\$ 2,393	\$ 2,453	\$ 2,514	\$ 2,577	\$ 2,641
		HR \$ 31.12	\$ 31.90	\$ 32.70	\$ 33.52	\$ 34.36	\$ 35.21
DIR. OF N. I DIR. DE N. I	30-49	A \$ 72,905	\$ 74,360	\$ 75,847	\$ 77,366	\$ 78,913	\$ 80,491
		B/W \$ 2,793	\$ 2,849	\$ 2,906	\$ 2,964	\$ 3,023	\$ 3,084
		HR \$ 37.24	\$ 37.99	\$ 38.75	\$ 39.52	\$ 40.31	\$ 41.12
DIR. OF N. II DIR. DE N. II	50-99	A \$ 75,820	\$ 77,332	\$ 78,883	\$ 80,463	\$ 82,073	\$ 83,709
		B/W \$ 2,905	\$ 2,963	\$ 3,022	\$ 3,083	\$ 3,145	\$ 3,207
		HR \$ 38.73	\$ 39.51	\$ 40.30	\$ 41.10	\$ 41.93	\$ 42.76
DIR. OF N. III DIR. DE N. III	100-149	A \$ 78,853	\$ 80,431	\$ 82,038	\$ 83,676	\$ 85,354	\$ 87,058
		B/W \$ 3,021	\$ 3,082	\$ 3,143	\$ 3,206	\$ 3,270	\$ 3,336
		HR \$ 40.28	\$ 41.09	\$ 41.91	\$ 42.75	\$ 43.60	\$ 44.47
DIR. OF N. IV DIR. DE N. IV	150 PLUS	A \$ 82,004	\$ 83,642	\$ 85,316	\$ 87,025	\$ 88,762	\$ 90,540
		B/W \$ 3,142	\$ 3,205	\$ 3,269	\$ 3,334	\$ 3,401	\$ 3,469
		HR \$ 41.89	\$ 42.73	\$ 43.58	\$ 44.46	\$ 45.34	\$ 46.25
SUPPORT SERV MGR I CHEF DE SERV. DE SOUTIEN I	100-149	A \$ 43,686	\$ 44,807	\$ 45,959	\$ 47,135	\$ 48,341	\$ 49,582
		B/W \$ 1,674	\$ 1,717	\$ 1,761	\$ 1,806	\$ 1,852	\$ 1,900
		HR \$ 22.32	\$ 22.89	\$ 23.48	\$ 24.08	\$ 24.70	\$ 25.33
SUPPORT SERV MGR II CHEF DE SERV. DE SOUTIEN II	150 PLUS	A \$ 45,932	\$ 47,114	\$ 48,330	\$ 49,561	\$ 50,830	\$ 52,137
		B/W \$ 1,760	\$ 1,805	\$ 1,852	\$ 1,899	\$ 1,948	\$ 1,998
		HR \$ 23.46	\$ 24.07	\$ 24.69	\$ 25.32	\$ 25.97	\$ 26.63
FSM I	50-99	A \$ 37,681	\$ 38,644	\$ 39,640	\$ 40,649		
		B/W \$ 1,444	\$ 1,481	\$ 1,519	\$ 1,557		
		HR \$ 19.25	\$ 19.74	\$ 20.25	\$ 20.77		
FSM II	100-149	A \$ 39,585	\$ 40,594	\$ 41,642	\$ 42,706		
		B/W \$ 1,517	\$ 1,555	\$ 1,595	\$ 1,636		
		HR \$ 20.22	\$ 20.74	\$ 21.27	\$ 21.82		
FSM III	150 PLUS	A \$ 41,591	\$ 42,657	\$ 43,754	\$ 44,868		
		B/W \$ 1,594	\$ 1,634	\$ 1,676	\$ 1,719		
		HR \$ 21.25	\$ 21.79	\$ 22.35	\$ 22.92		
HSPK	50-99	A \$ 33,865					
		B/W \$ 1,298					
		HR \$ 17.30					

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ADMIN I	30-49	A \$ 77,312 \$ 78,858 \$ 80,436 \$ 82,045 \$ 83,689 \$ 85,358					
		B/W \$ 2,962 \$ 3,021 \$ 3,082 \$ 3,143 \$ 3,206 \$ 3,270					
		HR \$ 39.50 \$ 40.29 \$ 41.09 \$ 41.91 \$ 42.75 \$ 43.61					
ADMIN II	50-99	A \$ 82,337 \$ 83,987 \$ 85,670 \$ 87,378 \$ 89,124 \$ 90,908					
		B/W \$ 3,155 \$ 3,218 \$ 3,282 \$ 3,348 \$ 3,415 \$ 3,483					
		HR \$ 42.06 \$ 42.91 \$ 43.77 \$ 44.64 \$ 45.53 \$ 46.44					
ADMIN III	100-149	A \$ 87,693 \$ 89,445 \$ 91,231 \$ 93,059 \$ 94,916 \$ 96,819					
		B/W \$ 3,360 \$ 3,427 \$ 3,495 \$ 3,565 \$ 3,637 \$ 3,710					
		HR \$ 44.80 \$ 45.69 \$ 46.61 \$ 47.54 \$ 48.49 \$ 49.46					
ADMIN IV	150 PLUS	A \$ 93,389 \$ 95,256 \$ 97,160 \$ 99,109 \$ 101,088 \$ 103,110					
		B/W \$ 3,578 \$ 3,650 \$ 3,723 \$ 3,797 \$ 3,873 \$ 3,951					
		HR \$ 47.71 \$ 48.66 \$ 49.63 \$ 50.63 \$ 51.64 \$ 52.67					
CHIEF ACCT I CHEF COMPT I	50-99	A \$ 44,754 \$ 45,873 \$ 47,016 \$ 48,193 \$ 49,397 \$ 50,634					
		B/W \$ 1,715 \$ 1,758 \$ 1,801 \$ 1,846 \$ 1,893 \$ 1,940					
		HR \$ 22.86 \$ 23.43 \$ 24.02 \$ 24.62 \$ 25.23 \$ 25.87					
CHIEF ACCT II CHEF COMPT II	100-149	A \$ 49,229 \$ 50,464 \$ 51,720 \$ 53,013 \$ 54,340 \$ 55,698					
		B/W \$ 1,886 \$ 1,933 \$ 1,982 \$ 2,031 \$ 2,082 \$ 2,134					
		HR \$ 25.15 \$ 25.78 \$ 26.42 \$ 27.08 \$ 27.76 \$ 28.45					
COMPTROLLER CONTROLLEUR	150 PLUS	A \$ 61,533 \$ 63,071 \$ 64,652 \$ 66,266 \$ 67,923 \$ 69,622					
		B/W \$ 2,358 \$ 2,417 \$ 2,477 \$ 2,539 \$ 2,602 \$ 2,668					
		HR \$ 31.43 \$ 32.22 \$ 33.03 \$ 33.85 \$ 34.70 \$ 35.57					
DIR. OF N. I DIR. DE N. I	30-49	A \$ 73,634 \$ 75,104 \$ 76,605 \$ 78,140 \$ 79,702 \$ 81,296					
		B/W \$ 2,821 \$ 2,878 \$ 2,935 \$ 2,994 \$ 3,054 \$ 3,115					
		HR \$ 37.62 \$ 38.37 \$ 39.13 \$ 39.92 \$ 40.72 \$ 41.53					
DIR. OF N. II DIR. DE N. II	50-99	A \$ 76,578 \$ 78,105 \$ 79,672 \$ 81,268 \$ 82,894 \$ 84,546					
		B/W \$ 2,934 \$ 2,993 \$ 3,053 \$ 3,114 \$ 3,176 \$ 3,239					
		HR \$ 39.12 \$ 39.90 \$ 40.70 \$ 41.52 \$ 42.35 \$ 43.19					
DIR. OF N. III DIR. DE N. III	100-149	A \$ 79,642 \$ 81,235 \$ 82,858 \$ 84,513 \$ 86,208 \$ 87,929					
		B/W \$ 3,051 \$ 3,112 \$ 3,175 \$ 3,238 \$ 3,303 \$ 3,369					
		HR \$ 40.69 \$ 41.50 \$ 42.33 \$ 43.17 \$ 44.04 \$ 44.92					
DIR. OF N. IV DIR. DE N. IV	150 PLUS	A \$ 82,824 \$ 84,478 \$ 86,169 \$ 87,895 \$ 89,650 \$ 91,445					
		B/W \$ 3,173 \$ 3,237 \$ 3,301 \$ 3,368 \$ 3,435 \$ 3,504					
		HR \$ 42.31 \$ 43.16 \$ 44.02 \$ 44.90 \$ 45.80 \$ 46.72					
SUPPORT SERV MGR I CHEF DE SERV. DE SOUTIEN I	100-149	A \$ 44,123 \$ 45,255 \$ 46,419 \$ 47,606 \$ 48,824 \$ 50,078					
		B/W \$ 1,691 \$ 1,734 \$ 1,779 \$ 1,824 \$ 1,871 \$ 1,919					
		HR \$ 22.54 \$ 23.12 \$ 23.71 \$ 24.32 \$ 24.94 \$ 25.58					
SUPPORT SERV MGR II CHEF DE SERV. DE SOUTIEN II	150 PLUS	A \$ 46,391 \$ 47,585 \$ 48,813 \$ 50,057 \$ 51,338 \$ 52,658					
		B/W \$ 1,777 \$ 1,823 \$ 1,870 \$ 1,918 \$ 1,967 \$ 2,018					
		HR \$ 23.70 \$ 24.31 \$ 24.94 \$ 25.57 \$ 26.23 \$ 26.90					
FSM I	50-99	A \$ 38,058 \$ 39,030 \$ 40,036 \$ 41,055					
		B/W \$ 1,458 \$ 1,495 \$ 1,534 \$ 1,573					
		HR \$ 19.44 \$ 19.94 \$ 20.45 \$ 20.97					
FSM II	100-149	A \$ 39,981 \$ 41,000 \$ 42,058 \$ 43,133					
		B/W \$ 1,532 \$ 1,571 \$ 1,611 \$ 1,653					
		HR \$ 20.42 \$ 20.95 \$ 21.49 \$ 22.03					
FSM III	150 PLUS	A \$ 42,007 \$ 43,084 \$ 44,192 \$ 45,317					
		B/W \$ 1,609 \$ 1,651 \$ 1,693 \$ 1,736					
		HR \$ 21.46 \$ 22.01 \$ 22.58 \$ 23.15					
HSPK	50-99	A \$ 34,204					
		B/W \$ 1,310					
		HR \$ 17.47					

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ADMIN I	30-49	A \$ 78,085	\$ 79,647	\$ 81,240	\$ 82,865	\$ 84,526	\$ 86,212
		B/W \$ 2,992	\$ 3,052	\$ 3,113	\$ 3,175	\$ 3,239	\$ 3,303
		HR \$ 39.89	\$ 40.69	\$ 41.50	\$ 42.33	\$ 43.18	\$ 44.04
ADMIN II	50-99	A \$ 83,160	\$ 84,827	\$ 86,527	\$ 88,252	\$ 90,015	\$ 91,817
		B/W \$ 3,186	\$ 3,250	\$ 3,315	\$ 3,381	\$ 3,449	\$ 3,518
		HR \$ 42.48	\$ 43.33	\$ 44.20	\$ 45.08	\$ 45.98	\$ 46.91
ADMIN III	100-149	A \$ 88,570	\$ 90,339	\$ 92,143	\$ 93,990	\$ 95,865	\$ 97,787
		B/W \$ 3,393	\$ 3,461	\$ 3,530	\$ 3,601	\$ 3,673	\$ 3,747
		HR \$ 45.25	\$ 46.15	\$ 47.07	\$ 48.02	\$ 48.97	\$ 49.96
ADMIN IV	150 PLUS	A \$ 94,323	\$ 96,209	\$ 98,132	\$ 100,100	\$ 102,099	\$ 104,141
		B/W \$ 3,614	\$ 3,686	\$ 3,760	\$ 3,835	\$ 3,912	\$ 3,990
		HR \$ 48.19	\$ 49.15	\$ 50.13	\$ 51.14	\$ 52.16	\$ 53.20
CHIEF ACCT I CHEF COMPT I	50-99	A \$ 45,202	\$ 46,332	\$ 47,486	\$ 48,675	\$ 49,891	\$ 51,140
		B/W \$ 1,732	\$ 1,775	\$ 1,819	\$ 1,865	\$ 1,912	\$ 1,959
		HR \$ 23.09	\$ 23.67	\$ 24.26	\$ 24.87	\$ 25.49	\$ 26.13
CHIEF ACCT II CHEF COMPT II	100-149	A \$ 49,721	\$ 50,969	\$ 52,237	\$ 53,543	\$ 54,883	\$ 56,255
		B/W \$ 1,905	\$ 1,953	\$ 2,001	\$ 2,051	\$ 2,103	\$ 2,155
		HR \$ 25.40	\$ 26.04	\$ 26.69	\$ 27.35	\$ 28.04	\$ 28.74
COMPTROLLER CONTROLLEUR	150 PLUS	A \$ 62,148	\$ 63,702	\$ 65,299	\$ 66,929	\$ 68,602	\$ 70,318
		B/W \$ 2,381	\$ 2,441	\$ 2,502	\$ 2,564	\$ 2,628	\$ 2,694
		HR \$ 31.75	\$ 32.54	\$ 33.36	\$ 34.19	\$ 35.05	\$ 35.92
DIR. OF N. I DIR. DE N. I	30-49	A \$ 74,370	\$ 75,855	\$ 77,371	\$ 78,921	\$ 80,499	\$ 82,109
		B/W \$ 2,849	\$ 2,906	\$ 2,964	\$ 3,024	\$ 3,084	\$ 3,146
		HR \$ 37.99	\$ 38.75	\$ 39.53	\$ 40.32	\$ 41.12	\$ 41.95
DIR. OF N. II DIR. DE N. II	50-99	A \$ 77,344	\$ 78,886	\$ 80,469	\$ 82,081	\$ 83,723	\$ 85,391
		B/W \$ 2,963	\$ 3,022	\$ 3,083	\$ 3,145	\$ 3,208	\$ 3,272
		HR \$ 39.51	\$ 40.30	\$ 41.11	\$ 41.93	\$ 42.77	\$ 43.62
DIR. OF N. III DIR. DE N. III	100-149	A \$ 80,438	\$ 82,047	\$ 83,687	\$ 85,358	\$ 87,070	\$ 88,808
		B/W \$ 3,082	\$ 3,144	\$ 3,206	\$ 3,270	\$ 3,336	\$ 3,403
		HR \$ 41.09	\$ 41.91	\$ 42.75	\$ 43.61	\$ 44.48	\$ 45.37
DIR. OF N. IV DIR. DE N. IV	150 PLUS	A \$ 83,652	\$ 85,323	\$ 87,031	\$ 88,774	\$ 90,547	\$ 92,359
		B/W \$ 3,205	\$ 3,269	\$ 3,335	\$ 3,401	\$ 3,469	\$ 3,539
		HR \$ 42.73	\$ 43.59	\$ 44.46	\$ 45.35	\$ 46.26	\$ 47.18
SUPPORT SERV MGR I CHEF DE SERV. DE SOUTIEN I	100-149	A \$ 44,564	\$ 45,708	\$ 46,883	\$ 48,082	\$ 49,312	\$ 50,579
		B/W \$ 1,707	\$ 1,751	\$ 1,796	\$ 1,842	\$ 1,889	\$ 1,938
		HR \$ 22.77	\$ 23.35	\$ 23.95	\$ 24.56	\$ 25.19	\$ 25.84
SUPPORT SERV MGR II CHEF DE SERV. DE SOUTIEN II	150 PLUS	A \$ 46,855	\$ 48,061	\$ 49,301	\$ 50,558	\$ 51,851	\$ 53,185
		B/W \$ 1,795	\$ 1,841	\$ 1,889	\$ 1,937	\$ 1,987	\$ 2,038
		HR \$ 23.94	\$ 24.55	\$ 25.19	\$ 25.83	\$ 26.49	\$ 27.17
FSM I	50-99	A \$ 38,439	\$ 39,420	\$ 40,436	\$ 41,466		
		B/W \$ 1,473	\$ 1,510	\$ 1,549	\$ 1,589		
		HR \$ 19.64	\$ 20.14	\$ 20.66	\$ 21.18		
FSM II	100-149	A \$ 40,381	\$ 41,410	\$ 42,479	\$ 43,564		
		B/W \$ 1,547	\$ 1,587	\$ 1,628	\$ 1,669		
		HR \$ 20.63	\$ 21.15	\$ 21.70	\$ 22.25		
FSM III	150 PLUS	A \$ 42,427	\$ 43,515	\$ 44,634	\$ 45,770		
		B/W \$ 1,626	\$ 1,667	\$ 1,710	\$ 1,754		
		HR \$ 21.67	\$ 22.23	\$ 22.80	\$ 23.38		
HSPK	50-99	A \$ 34,546					
		B/W \$ 1,324					
		HR \$ 17.65					

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<u>CLASSIFICATION</u>	<u>NO. BEDS/LITS</u>	<u>A</u>	<u>A1</u>	<u>B</u>	<u>B1</u>	<u>C</u>	<u>C1</u>
ADMIN I	30-49	A \$ 78,866	\$ 80,443	\$ 82,052	\$ 83,694	\$ 85,371	\$ 87,074
		B/W \$ 3,022	\$ 3,082	\$ 3,144	\$ 3,207	\$ 3,271	\$ 3,336
		HR \$ 40.29	\$ 41.09	\$ 41.92	\$ 42.76	\$ 43.61	\$ 44.48
ADMIN II	50-99	A \$ 83,992	\$ 85,675	\$ 87,392	\$ 89,135	\$ 90,915	\$ 92,735
		B/W \$ 3,218	\$ 3,283	\$ 3,348	\$ 3,415	\$ 3,483	\$ 3,553
		HR \$ 42.91	\$ 43.77	\$ 44.64	\$ 45.54	\$ 46.44	\$ 47.37
ADMIN III	100-149	A \$ 89,456	\$ 91,242	\$ 93,064	\$ 94,930	\$ 96,824	\$ 98,765
		B/W \$ 3,427	\$ 3,496	\$ 3,566	\$ 3,637	\$ 3,710	\$ 3,784
		HR \$ 45.70	\$ 46.61	\$ 47.54	\$ 48.50	\$ 49.46	\$ 50.45
ADMIN IV	150 PLUS	A \$ 95,266	\$ 97,171	\$ 99,113	\$ 101,101	\$ 103,120	\$ 105,182
		B/W \$ 3,650	\$ 3,723	\$ 3,797	\$ 3,874	\$ 3,951	\$ 4,030
		HR \$ 48.67	\$ 49.64	\$ 50.63	\$ 51.65	\$ 52.68	\$ 53.73
CHIEF ACCT I CHEF COMPT I	50-99	A \$ 45,654	\$ 46,795	\$ 47,961	\$ 49,162	\$ 50,390	\$ 51,651
		B/W \$ 1,749	\$ 1,793	\$ 1,838	\$ 1,884	\$ 1,931	\$ 1,979
		HR \$ 23.32	\$ 23.91	\$ 24.50	\$ 25.11	\$ 25.74	\$ 26.39
CHIEF ACCT II CHEF COMPT II	100-149	A \$ 50,218	\$ 51,479	\$ 52,759	\$ 54,078	\$ 55,432	\$ 56,818
		B/W \$ 1,924	\$ 1,972	\$ 2,021	\$ 2,072	\$ 2,124	\$ 2,177
		HR \$ 25.65	\$ 26.30	\$ 26.95	\$ 27.63	\$ 28.32	\$ 29.03
COMPTROLLER CONTROLLEUR	150 PLUS	A \$ 62,769	\$ 64,339	\$ 65,952	\$ 67,598	\$ 69,288	\$ 71,021
		B/W \$ 2,405	\$ 2,465	\$ 2,527	\$ 2,590	\$ 2,655	\$ 2,721
		HR \$ 32.07	\$ 32.87	\$ 33.69	\$ 34.53	\$ 35.40	\$ 36.28
DIR. OF N. I DIR. DE N. I	30-49	A \$ 75,114	\$ 76,614	\$ 78,145	\$ 79,710	\$ 81,304	\$ 82,930
		B/W \$ 2,878	\$ 2,935	\$ 2,994	\$ 3,054	\$ 3,115	\$ 3,177
		HR \$ 38.37	\$ 39.14	\$ 39.92	\$ 40.72	\$ 41.53	\$ 42.37
DIR. OF N. II DIR. DE N. II	50-99	A \$ 78,117	\$ 79,675	\$ 81,274	\$ 82,902	\$ 84,560	\$ 86,245
		B/W \$ 2,993	\$ 3,053	\$ 3,114	\$ 3,176	\$ 3,240	\$ 3,304
		HR \$ 39.91	\$ 40.70	\$ 41.52	\$ 42.35	\$ 43.20	\$ 44.06
DIR. OF N. III DIR. DE N. III	100-149	A \$ 81,242	\$ 82,867	\$ 84,524	\$ 86,212	\$ 87,941	\$ 89,696
		B/W \$ 3,113	\$ 3,175	\$ 3,238	\$ 3,303	\$ 3,369	\$ 3,437
		HR \$ 41.50	\$ 42.33	\$ 43.18	\$ 44.04	\$ 44.93	\$ 45.82
DIR. OF N. IV DIR. DE N. IV	150 PLUS	A \$ 84,489	\$ 86,176	\$ 87,901	\$ 89,662	\$ 91,452	\$ 93,283
		B/W \$ 3,237	\$ 3,302	\$ 3,368	\$ 3,435	\$ 3,504	\$ 3,574
		HR \$ 43.16	\$ 44.02	\$ 44.90	\$ 45.80	\$ 46.72	\$ 47.65
SUPPORT SERV MGR I CHEF DE SERV. DE SOUTIEN I	100-149	A \$ 45,010	\$ 46,165	\$ 47,352	\$ 48,563	\$ 49,805	\$ 51,085
		B/W \$ 1,725	\$ 1,769	\$ 1,814	\$ 1,861	\$ 1,908	\$ 1,957
		HR \$ 22.99	\$ 23.58	\$ 24.19	\$ 24.81	\$ 25.44	\$ 26.10
SUPPORT SERV MGR II CHEF DE SERV. DE SOUTIEN II	150 PLUS	A \$ 47,324	\$ 48,542	\$ 49,794	\$ 51,064	\$ 52,370	\$ 53,717
		B/W \$ 1,813	\$ 1,860	\$ 1,908	\$ 1,956	\$ 2,007	\$ 2,058
		HR \$ 24.18	\$ 24.80	\$ 25.44	\$ 26.09	\$ 26.75	\$ 27.44
FSM I	50-99	A \$ 38,823	\$ 39,814	\$ 40,840	\$ 41,881		
		B/W \$ 1,487	\$ 1,525	\$ 1,565	\$ 1,605		
		HR \$ 19.83	\$ 20.34	\$ 20.86	\$ 21.40		
FSM II	100-149	A \$ 40,785	\$ 41,824	\$ 42,904	\$ 44,000		
		B/W \$ 1,563	\$ 1,602	\$ 1,644	\$ 1,686		
		HR \$ 20.84	\$ 21.37	\$ 21.92	\$ 22.48		
FSM III	150 PLUS	A \$ 42,851	\$ 43,950	\$ 45,080	\$ 46,228		
		B/W \$ 1,642	\$ 1,684	\$ 1,727	\$ 1,771		
		HR \$ 21.89	\$ 22.45	\$ 23.03	\$ 23.62		
HSPK	50-99	A \$ 34,891					
		B/W \$ 1,337					
		HR \$ 17.82					

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ADMIN I	30-49	A \$ 79,655	\$ 81,247	\$ 82,873	\$ 84,531	\$ 86,225	\$ 87,945
		B/W \$ 3,052	\$ 3,113	\$ 3,175	\$ 3,239	\$ 3,304	\$ 3,370
		HR \$ 40.69	\$ 41.51	\$ 42.34	\$ 43.18	\$ 44.05	\$ 44.93
ADMIN II	50-99	A \$ 84,832	\$ 86,532	\$ 88,266	\$ 90,026	\$ 91,824	\$ 93,662
		B/W \$ 3,250	\$ 3,315	\$ 3,382	\$ 3,449	\$ 3,518	\$ 3,589
		HR \$ 43.34	\$ 44.21	\$ 45.09	\$ 45.99	\$ 46.91	\$ 47.85
ADMIN III	100-149	A \$ 90,351	\$ 92,154	\$ 93,995	\$ 95,879	\$ 97,792	\$ 99,753
		B/W \$ 3,462	\$ 3,531	\$ 3,601	\$ 3,674	\$ 3,747	\$ 3,822
		HR \$ 46.16	\$ 47.08	\$ 48.02	\$ 48.98	\$ 49.96	\$ 50.96
ADMIN IV	150 PLUS	A \$ 96,219	\$ 98,143	\$ 100,104	\$ 102,112	\$ 104,151	\$ 106,234
		B/W \$ 3,687	\$ 3,760	\$ 3,835	\$ 3,912	\$ 3,990	\$ 4,070
		HR \$ 49.15	\$ 50.14	\$ 51.14	\$ 52.16	\$ 53.21	\$ 54.27
CHIEF ACCT I CHEF COMPT I	50-99	A \$ 46,111	\$ 47,263	\$ 48,441	\$ 49,654	\$ 50,894	\$ 52,168
		B/W \$ 1,767	\$ 1,811	\$ 1,856	\$ 1,902	\$ 1,950	\$ 1,999
		HR \$ 23.56	\$ 24.14	\$ 24.75	\$ 25.37	\$ 26.00	\$ 26.65
CHIEF ACCT II CHEF COMPT II	100-149	A \$ 50,720	\$ 51,994	\$ 53,287	\$ 54,619	\$ 55,986	\$ 57,386
		B/W \$ 1,943	\$ 1,992	\$ 2,042	\$ 2,093	\$ 2,145	\$ 2,199
		HR \$ 25.91	\$ 26.56	\$ 27.22	\$ 27.90	\$ 28.60	\$ 29.32
COMPTROLLER CONTROLLEUR	150 PLUS	A \$ 63,397	\$ 64,982	\$ 66,612	\$ 68,274	\$ 69,981	\$ 71,731
		B/W \$ 2,429	\$ 2,490	\$ 2,552	\$ 2,616	\$ 2,681	\$ 2,748
		HR \$ 32.39	\$ 33.20	\$ 34.03	\$ 34.88	\$ 35.75	\$ 36.64
DIR. OF N. I DIR. DE N. I	30-49	A \$ 75,865	\$ 77,380	\$ 78,926	\$ 80,507	\$ 82,117	\$ 83,759
		B/W \$ 2,907	\$ 2,965	\$ 3,024	\$ 3,085	\$ 3,146	\$ 3,209
		HR \$ 38.76	\$ 39.53	\$ 40.32	\$ 41.13	\$ 41.95	\$ 42.79
DIR. OF N. II DIR. DE N. II	50-99	A \$ 78,898	\$ 80,472	\$ 82,087	\$ 83,731	\$ 85,406	\$ 87,107
		B/W \$ 3,023	\$ 3,083	\$ 3,145	\$ 3,208	\$ 3,272	\$ 3,337
		HR \$ 40.31	\$ 41.11	\$ 41.93	\$ 42.77	\$ 43.63	\$ 44.50
DIR. OF N. III DIR. DE N. III	100-149	A \$ 82,054	\$ 83,696	\$ 85,369	\$ 87,074	\$ 88,820	\$ 90,593
		B/W \$ 3,144	\$ 3,207	\$ 3,271	\$ 3,336	\$ 3,403	\$ 3,471
		HR \$ 41.92	\$ 42.76	\$ 43.61	\$ 44.48	\$ 45.37	\$ 46.28
DIR. OF N. IV DIR. DE N. IV	150 PLUS	A \$ 85,334	\$ 87,038	\$ 88,780	\$ 90,559	\$ 92,367	\$ 94,216
		B/W \$ 3,270	\$ 3,335	\$ 3,402	\$ 3,470	\$ 3,539	\$ 3,610
		HR \$ 43.59	\$ 44.46	\$ 45.35	\$ 46.26	\$ 47.19	\$ 48.13
SUPPORT SERV MGR I CHEF DE SERV. DE SOUTIEN I	100-149	A \$ 45,460	\$ 46,627	\$ 47,826	\$ 49,049	\$ 50,303	\$ 51,596
		B/W \$ 1,742	\$ 1,786	\$ 1,832	\$ 1,879	\$ 1,927	\$ 1,977
		HR \$ 23.22	\$ 23.82	\$ 24.43	\$ 25.06	\$ 25.70	\$ 26.36
SUPPORT SERV MGR II CHEF DE SERV. DE SOUTIEN II	150 PLUS	A \$ 47,797	\$ 49,027	\$ 50,292	\$ 51,575	\$ 52,894	\$ 54,254
		B/W \$ 1,831	\$ 1,878	\$ 1,927	\$ 1,976	\$ 2,027	\$ 2,079
		HR \$ 24.42	\$ 25.05	\$ 25.69	\$ 26.35	\$ 27.02	\$ 27.72
FSM I	50-99	A \$ 39,211	\$ 40,212	\$ 41,248	\$ 42,300		
		B/W \$ 1,502	\$ 1,541	\$ 1,580	\$ 1,621		
		HR \$ 20.03	\$ 20.54	\$ 21.07	\$ 21.61		
FSM II	100-149	A \$ 41,193	\$ 42,242	\$ 43,333	\$ 44,440		
		B/W \$ 1,578	\$ 1,618	\$ 1,660	\$ 1,703		
		HR \$ 21.04	\$ 21.58	\$ 22.14	\$ 22.70		
FSM III	150 PLUS	A \$ 43,280	\$ 44,390	\$ 45,531	\$ 46,690		
		B/W \$ 1,658	\$ 1,701	\$ 1,744	\$ 1,789		
		HR \$ 22.11	\$ 22.68	\$ 23.26	\$ 23.85		
HSKP	50-99	A \$ 35,240					
		B/W \$ 1,350					
		HR \$ 18.00					

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ADMIN I	30-49	A \$ 80,452	\$ 82,059	\$ 83,702	\$ 85,376	\$ 87,087	\$ 88,824
		B/W \$ 3,082	\$ 3,144	\$ 3,207	\$ 3,271	\$ 3,337	\$ 3,403
		HR \$ 41.10	\$ 41.92	\$ 42.76	\$ 43.61	\$ 44.49	\$ 45.38
ADMIN II	50-99	A \$ 85,680	\$ 87,397	\$ 89,149	\$ 90,926	\$ 92,742	\$ 94,599
		B/W \$ 3,283	\$ 3,349	\$ 3,416	\$ 3,484	\$ 3,553	\$ 3,624
		HR \$ 43.77	\$ 44.65	\$ 45.54	\$ 46.45	\$ 47.38	\$ 48.33
ADMIN III	100-149	A \$ 91,255	\$ 93,076	\$ 94,935	\$ 96,838	\$ 98,770	\$ 100,751
		B/W \$ 3,496	\$ 3,566	\$ 3,637	\$ 3,710	\$ 3,784	\$ 3,860
		HR \$ 46.62	\$ 47.55	\$ 48.50	\$ 49.47	\$ 50.46	\$ 51.47
ADMIN IV	150 PLUS	A \$ 97,181	\$ 99,124	\$ 101,105	\$ 103,133	\$ 105,193	\$ 107,296
		B/W \$ 3,723	\$ 3,798	\$ 3,874	\$ 3,951	\$ 4,030	\$ 4,111
		HR \$ 49.65	\$ 50.64	\$ 51.65	\$ 52.69	\$ 53.74	\$ 54.81
CHIEF ACCT I CHEF COMPT I	50-99	A \$ 46,572	\$ 47,736	\$ 48,925	\$ 50,151	\$ 51,403	\$ 52,690
		B/W \$ 1,784	\$ 1,829	\$ 1,875	\$ 1,921	\$ 1,969	\$ 2,019
		HR \$ 23.79	\$ 24.39	\$ 24.99	\$ 25.62	\$ 26.26	\$ 26.92
CHIEF ACCT II CHEF COMPT II	100-149	A \$ 51,227	\$ 52,514	\$ 53,820	\$ 55,165	\$ 56,546	\$ 57,960
		B/W \$ 1,963	\$ 2,012	\$ 2,062	\$ 2,114	\$ 2,167	\$ 2,221
		HR \$ 26.17	\$ 26.83	\$ 27.49	\$ 28.18	\$ 28.89	\$ 29.61
COMPTROLLER CONTROLLEUR	150 PLUS	A \$ 64,031	\$ 65,632	\$ 67,278	\$ 68,957	\$ 70,681	\$ 72,448
		B/W \$ 2,453	\$ 2,515	\$ 2,578	\$ 2,642	\$ 2,708	\$ 2,776
		HR \$ 32.71	\$ 33.53	\$ 34.37	\$ 35.23	\$ 36.11	\$ 37.01
DIR. OF N. I DIR. DE N. I	30-49	A \$ 76,624	\$ 78,154	\$ 79,715	\$ 81,312	\$ 82,938	\$ 84,597
		B/W \$ 2,936	\$ 2,994	\$ 3,054	\$ 3,115	\$ 3,178	\$ 3,241
		HR \$ 39.14	\$ 39.93	\$ 40.72	\$ 41.54	\$ 42.37	\$ 43.22
DIR. OF N. II DIR. DE N. II	50-99	A \$ 79,687	\$ 81,277	\$ 82,908	\$ 84,568	\$ 86,260	\$ 87,978
		B/W \$ 3,053	\$ 3,114	\$ 3,177	\$ 3,240	\$ 3,305	\$ 3,371
		HR \$ 40.71	\$ 41.52	\$ 42.35	\$ 43.20	\$ 44.07	\$ 44.94
DIR. OF N. III DIR. DE N. III	100-149	A \$ 82,875	\$ 84,533	\$ 86,223	\$ 87,945	\$ 89,708	\$ 91,499
		B/W \$ 3,175	\$ 3,239	\$ 3,304	\$ 3,370	\$ 3,437	\$ 3,506
		HR \$ 42.34	\$ 43.18	\$ 44.05	\$ 44.93	\$ 45.83	\$ 46.74
DIR. OF N. IV DIR. DE N. IV	150 PLUS	A \$ 86,187	\$ 87,908	\$ 89,668	\$ 91,465	\$ 93,291	\$ 95,158
		B/W \$ 3,302	\$ 3,368	\$ 3,436	\$ 3,504	\$ 3,574	\$ 3,646
		HR \$ 44.03	\$ 44.91	\$ 45.81	\$ 46.73	\$ 47.66	\$ 48.61
SUPPORT SERV MGR I CHEF DE SERV. DE SOUTIEN I	100-149	A \$ 45,915	\$ 47,093	\$ 48,304	\$ 49,539	\$ 50,806	\$ 52,112
		B/W \$ 1,759	\$ 1,804	\$ 1,851	\$ 1,898	\$ 1,947	\$ 1,997
		HR \$ 23.46	\$ 24.06	\$ 24.68	\$ 25.31	\$ 25.95	\$ 26.62
SUPPORT SERV MGR II CHEF DE SERV. DE SOUTIEN II	150 PLUS	A \$ 48,275	\$ 49,517	\$ 50,795	\$ 52,091	\$ 53,423	\$ 54,797
		B/W \$ 1,850	\$ 1,897	\$ 1,946	\$ 1,996	\$ 2,047	\$ 2,100
		HR \$ 24.66	\$ 25.30	\$ 25.95	\$ 26.61	\$ 27.29	\$ 27.99
FSM I	50-99	A \$ 39,603	\$ 40,614	\$ 41,660	\$ 42,723		
		B/W \$ 1,517	\$ 1,556	\$ 1,596	\$ 1,637		
		HR \$ 20.23	\$ 20.75	\$ 21.28	\$ 21.83		
FSM II	100-149	A \$ 41,605	\$ 42,664	\$ 43,766	\$ 44,884		
		B/W \$ 1,594	\$ 1,635	\$ 1,677	\$ 1,720		
		HR \$ 21.25	\$ 21.80	\$ 22.36	\$ 22.93		
FSM III	150 PLUS	A \$ 43,713	\$ 44,834	\$ 45,986	\$ 47,157		
		B/W \$ 1,675	\$ 1,718	\$ 1,762	\$ 1,807		
		HR \$ 22.33	\$ 22.90	\$ 23.49	\$ 24.09		
HSPK	50-99	A \$ 35,592					
		B/W \$ 1,364					
		HR \$ 18.18					

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ADMIN I	30-49	A \$ 81,257	\$ 82,880	\$ 84,539	\$ 86,230	\$ 87,958	\$ 89,712
		B/W \$ 3,113	\$ 3,175	\$ 3,239	\$ 3,304	\$ 3,370	\$ 3,437
		HR \$ 41.51	\$ 42.34	\$ 43.19	\$ 44.05	\$ 44.93	\$ 45.83
ADMIN II	50-99	A \$ 86,537	\$ 88,271	\$ 90,040	\$ 91,835	\$ 93,669	\$ 95,545
		B/W \$ 3,316	\$ 3,382	\$ 3,450	\$ 3,519	\$ 3,589	\$ 3,661
		HR \$ 44.21	\$ 45.09	\$ 46.00	\$ 46.91	\$ 47.85	\$ 48.81
ADMIN III	100-149	A \$ 92,168	\$ 94,007	\$ 95,884	\$ 97,806	\$ 99,758	\$ 101,759
		B/W \$ 3,531	\$ 3,602	\$ 3,674	\$ 3,747	\$ 3,822	\$ 3,899
		HR \$ 47.08	\$ 48.02	\$ 48.98	\$ 49.96	\$ 50.96	\$ 51.98
ADMIN IV	150 PLUS	A \$ 98,153	\$ 100,115	\$ 102,116	\$ 104,164	\$ 106,245	\$ 108,369
		B/W \$ 3,761	\$ 3,836	\$ 3,912	\$ 3,991	\$ 4,071	\$ 4,152
		HR \$ 50.14	\$ 51.14	\$ 52.17	\$ 53.21	\$ 54.28	\$ 55.36
CHIEF ACCT I CHEF COMPT I	50-99	A \$ 47,038	\$ 48,213	\$ 49,414	\$ 50,653	\$ 51,917	\$ 53,217
		B/W \$ 1,802	\$ 1,847	\$ 1,893	\$ 1,941	\$ 1,989	\$ 2,039
		HR \$ 24.03	\$ 24.63	\$ 25.24	\$ 25.88	\$ 26.52	\$ 27.19
CHIEF ACCT II CHEF COMPT II	100-149	A \$ 51,739	\$ 53,039	\$ 54,358	\$ 55,717	\$ 57,111	\$ 58,540
		B/W \$ 1,982	\$ 2,032	\$ 2,083	\$ 2,135	\$ 2,188	\$ 2,243
		HR \$ 26.43	\$ 27.10	\$ 27.77	\$ 28.46	\$ 29.18	\$ 29.91
COMPTROLLER CONTROLLEUR	150 PLUS	A \$ 64,671	\$ 66,288	\$ 67,951	\$ 69,647	\$ 71,388	\$ 73,172
		B/W \$ 2,478	\$ 2,540	\$ 2,603	\$ 2,668	\$ 2,735	\$ 2,804
		HR \$ 33.04	\$ 33.86	\$ 34.71	\$ 35.58	\$ 36.47	\$ 37.38
DIR. OF N. I DIR. DE N. I	30-49	A \$ 77,390	\$ 78,936	\$ 80,512	\$ 82,125	\$ 83,767	\$ 85,443
		B/W \$ 2,965	\$ 3,024	\$ 3,085	\$ 3,147	\$ 3,209	\$ 3,274
		HR \$ 39.54	\$ 40.32	\$ 41.13	\$ 41.95	\$ 42.79	\$ 43.65
DIR. OF N. II DIR. DE N. II	50-99	A \$ 80,484	\$ 82,090	\$ 83,737	\$ 85,414	\$ 87,123	\$ 88,858
		B/W \$ 3,084	\$ 3,145	\$ 3,208	\$ 3,273	\$ 3,338	\$ 3,405
		HR \$ 41.12	\$ 41.94	\$ 42.78	\$ 43.63	\$ 44.51	\$ 45.39
DIR. OF N. III DIR. DE N. III	100-149	A \$ 83,704	\$ 85,378	\$ 87,085	\$ 88,824	\$ 90,605	\$ 92,414
		B/W \$ 3,207	\$ 3,271	\$ 3,337	\$ 3,403	\$ 3,471	\$ 3,541
		HR \$ 42.76	\$ 43.62	\$ 44.49	\$ 45.38	\$ 46.29	\$ 47.21
DIR. OF N. IV DIR. DE N. IV	150 PLUS	A \$ 87,049	\$ 88,787	\$ 90,565	\$ 92,380	\$ 94,224	\$ 96,110
		B/W \$ 3,335	\$ 3,402	\$ 3,470	\$ 3,539	\$ 3,610	\$ 3,682
		HR \$ 44.47	\$ 45.36	\$ 46.27	\$ 47.19	\$ 48.13	\$ 49.10
SUPPORT SERV MGR I CHEF DE SERV. DE SOUTIEN I	100-149	A \$ 46,374	\$ 47,564	\$ 48,787	\$ 50,034	\$ 51,314	\$ 52,633
		B/W \$ 1,777	\$ 1,822	\$ 1,869	\$ 1,917	\$ 1,966	\$ 2,017
		HR \$ 23.69	\$ 24.30	\$ 24.92	\$ 25.56	\$ 26.21	\$ 26.89
SUPPORT SERV MGR II CHEF DE SERV. DE SOUTIEN II	150 PLUS	A \$ 48,758	\$ 50,012	\$ 51,303	\$ 52,612	\$ 53,957	\$ 55,345
		B/W \$ 1,868	\$ 1,916	\$ 1,966	\$ 2,016	\$ 2,067	\$ 2,120
		HR \$ 24.91	\$ 25.55	\$ 26.21	\$ 26.88	\$ 27.56	\$ 28.27
FSM I	50-99	A \$ 39,999	\$ 41,020	\$ 42,077	\$ 43,150		
		B/W \$ 1,533	\$ 1,572	\$ 1,612	\$ 1,653		
		HR \$ 20.43	\$ 20.96	\$ 21.50	\$ 22.04		
FSM II	100-149	A \$ 42,021	\$ 43,091	\$ 44,204	\$ 45,333		
		B/W \$ 1,610	\$ 1,651	\$ 1,694	\$ 1,737		
		HR \$ 21.47	\$ 22.01	\$ 22.58	\$ 23.16		
FSM III	150 PLUS	A \$ 44,150	\$ 45,282	\$ 46,446	\$ 47,629		
		B/W \$ 1,692	\$ 1,735	\$ 1,780	\$ 1,825		
		HR \$ 22.55	\$ 23.13	\$ 23.73	\$ 24.33		
HSPK	50-99	A \$ 35,948					
		B/W \$ 1,377					
		HR \$ 18.36					

* A - Annual / Annuel

* B/W - Bi-Weekly / Aux deux semaines

* HR - Hourly / Par heure

NURSING HOME MANAGEMENT SALARIES - April 1ST 2023 - 1.0%

SALAIRES DE CADRE - FOYERS DE SOINS - 1 AVRIL 2023 - 1.0%

Each complete step (A - C) represents 1 year service in the Home
Chaque échelon complété (A-C) représente 1 an de service au Foyer

<u>CLASSIFICATION</u>	<u>NO. BEDS/LITS</u>		<u>A</u>	<u>A1</u>	<u>B</u>	<u>B1</u>	<u>C</u>	<u>C1</u>
ADMIN I	30-49	A	\$ 82,070	\$ 83,709	\$ 85,384	\$ 87,092	\$ 88,838	\$ 90,609
		B/W	\$ 3,144	\$ 3,207	\$ 3,271	\$ 3,337	\$ 3,404	\$ 3,472
		HR	\$ 41.93	\$ 42.76	\$ 43.62	\$ 44.49	\$ 45.38	\$ 46.29
ADMIN II	50-99	A	\$ 87,402	\$ 89,154	\$ 90,940	\$ 92,753	\$ 94,606	\$ 96,500
		B/W	\$ 3,349	\$ 3,416	\$ 3,484	\$ 3,554	\$ 3,625	\$ 3,697
		HR	\$ 44.65	\$ 45.54	\$ 46.46	\$ 47.38	\$ 48.33	\$ 49.30
ADMIN III	100-149	A	\$ 93,090	\$ 94,947	\$ 96,843	\$ 98,784	\$ 100,756	\$ 102,777
		B/W	\$ 3,567	\$ 3,638	\$ 3,710	\$ 3,785	\$ 3,860	\$ 3,938
		HR	\$ 47.56	\$ 48.50	\$ 49.47	\$ 50.46	\$ 51.47	\$ 52.50
ADMIN IV	150 PLUS	A	\$ 99,135	\$ 101,116	\$ 103,137	\$ 105,206	\$ 107,307	\$ 109,453
		B/W	\$ 3,798	\$ 3,874	\$ 3,952	\$ 4,031	\$ 4,111	\$ 4,194
		HR	\$ 50.64	\$ 51.66	\$ 52.69	\$ 53.75	\$ 54.82	\$ 55.91
CHIEF ACCT I CHEF COMPT I	50-99	A	\$ 47,508	\$ 48,695	\$ 49,908	\$ 51,160	\$ 52,436	\$ 53,749
		B/W	\$ 1,820	\$ 1,866	\$ 1,912	\$ 1,960	\$ 2,009	\$ 2,059
		HR	\$ 24.27	\$ 24.88	\$ 25.50	\$ 26.14	\$ 26.79	\$ 27.46
CHIEF ACCT II CHEF COMPT II	100-149	A	\$ 52,256	\$ 53,569	\$ 54,902	\$ 56,274	\$ 57,682	\$ 59,125
		B/W	\$ 2,002	\$ 2,052	\$ 2,104	\$ 2,156	\$ 2,210	\$ 2,265
		HR	\$ 26.70	\$ 27.37	\$ 28.05	\$ 28.75	\$ 29.47	\$ 30.20
COMPTROLLER CONTROLLEUR	150 PLUS	A	\$ 65,318	\$ 66,951	\$ 68,631	\$ 70,343	\$ 72,102	\$ 73,904
		B/W	\$ 2,503	\$ 2,565	\$ 2,630	\$ 2,695	\$ 2,763	\$ 2,832
		HR	\$ 33.37	\$ 34.20	\$ 35.06	\$ 35.94	\$ 36.83	\$ 37.75
DIR. OF N. I DIR. DE N. I	30-49	A	\$ 78,164	\$ 79,725	\$ 81,317	\$ 82,946	\$ 84,605	\$ 86,297
		B/W	\$ 2,995	\$ 3,055	\$ 3,116	\$ 3,178	\$ 3,242	\$ 3,306
		HR	\$ 39.93	\$ 40.73	\$ 41.54	\$ 42.37	\$ 43.22	\$ 44.09
DIR. OF N. II DIR. DE N. II	50-99	A	\$ 81,289	\$ 82,911	\$ 84,574	\$ 86,268	\$ 87,994	\$ 89,747
		B/W	\$ 3,115	\$ 3,177	\$ 3,240	\$ 3,305	\$ 3,371	\$ 3,439
		HR	\$ 41.53	\$ 42.36	\$ 43.21	\$ 44.07	\$ 44.95	\$ 45.85
DIR. OF N. III DIR. DE N. III	100-149	A	\$ 84,541	\$ 86,232	\$ 87,956	\$ 89,712	\$ 91,511	\$ 93,338
		B/W	\$ 3,239	\$ 3,304	\$ 3,370	\$ 3,437	\$ 3,506	\$ 3,576
		HR	\$ 43.19	\$ 44.05	\$ 44.93	\$ 45.83	\$ 46.75	\$ 47.68
DIR. OF N. IV DIR. DE N. IV	150 PLUS	A	\$ 87,919	\$ 89,675	\$ 91,471	\$ 93,304	\$ 95,166	\$ 97,071
		B/W	\$ 3,369	\$ 3,436	\$ 3,505	\$ 3,575	\$ 3,646	\$ 3,719
		HR	\$ 44.91	\$ 45.81	\$ 46.73	\$ 47.66	\$ 48.62	\$ 49.59
SUPPORT SERV MGR I CHEF DE SERV. DE SOUTIEN I	100-149	A	\$ 46,838	\$ 48,040	\$ 49,275	\$ 50,534	\$ 51,827	\$ 53,159
		B/W	\$ 1,795	\$ 1,841	\$ 1,888	\$ 1,936	\$ 1,986	\$ 2,037
		HR	\$ 23.93	\$ 24.54	\$ 25.17	\$ 25.82	\$ 26.48	\$ 27.16
SUPPORT SERV MGR II CHEF DE SERV. DE SOUTIEN II	150 PLUS	A	\$ 49,246	\$ 50,512	\$ 51,816	\$ 53,138	\$ 54,497	\$ 55,898
		B/W	\$ 1,887	\$ 1,935	\$ 1,985	\$ 2,036	\$ 2,088	\$ 2,142
		HR	\$ 25.16	\$ 25.80	\$ 26.47	\$ 27.15	\$ 27.84	\$ 28.56
FSM I	50-99	A	\$ 40,399	\$ 41,430	\$ 42,498	\$ 43,582		
		B/W	\$ 1,548	\$ 1,587	\$ 1,628	\$ 1,670		
		HR	\$ 20.64	\$ 21.16	\$ 21.71	\$ 22.26		
FSM II	100-149	A	\$ 42,441	\$ 43,522	\$ 44,646	\$ 45,786		
		B/W	\$ 1,626	\$ 1,668	\$ 1,711	\$ 1,754		
		HR	\$ 21.68	\$ 22.23	\$ 22.81	\$ 23.39		
FSM III	150 PLUS	A	\$ 44,592	\$ 45,735	\$ 46,910	\$ 48,105		
		B/W	\$ 1,709	\$ 1,752	\$ 1,797	\$ 1,843		
		HR	\$ 22.78	\$ 23.36	\$ 23.96	\$ 24.57		
HSKP	50-99	A	\$ 36,307					
		B/W	\$ 1,391					
		HR	\$ 18.55					

* A - Annual / Annuel

* B/W - Bi-Weekly / Aux deux semaines

* HR - Hourly / Par heure

NURSING HOME MANAGEMENT SALARIES - OCTOBER 1ST 2023 - 1.0%

SALAIRES DE CADRE - FOYERS DE SOINS - 1 OCTOBRE 2023 - 1.0%

Each complete step (A - C) represents 1 year service in the Home
Chaque échelon complété (A-C) représente 1 an de service au Foyer

<u>CLASSIFICATION</u>	<u>NO. BEDS/LITS</u>		<u>A</u>	<u>A1</u>	<u>B</u>	<u>B1</u>	<u>C</u>	<u>C1</u>
ADMIN I	30-49	A	\$ 82,891	\$ 84,546	\$ 86,238	\$ 87,963	\$ 89,726	\$ 91,515
		B/W	\$ 3,176	\$ 3,239	\$ 3,304	\$ 3,370	\$ 3,438	\$ 3,506
		HR	\$ 42.35	\$ 43.19	\$ 44.06	\$ 44.94	\$ 45.84	\$ 46.75
ADMIN II	50-99	A	\$ 88,276	\$ 90,046	\$ 91,849	\$ 93,681	\$ 95,552	\$ 97,465
		B/W	\$ 3,382	\$ 3,450	\$ 3,519	\$ 3,589	\$ 3,661	\$ 3,734
		HR	\$ 45.10	\$ 46.00	\$ 46.92	\$ 47.86	\$ 48.81	\$ 49.79
ADMIN III	100-149	A	\$ 94,021	\$ 95,896	\$ 97,811	\$ 99,772	\$ 101,764	\$ 103,805
		B/W	\$ 3,602	\$ 3,674	\$ 3,748	\$ 3,823	\$ 3,899	\$ 3,977
		HR	\$ 48.03	\$ 48.99	\$ 49.97	\$ 50.97	\$ 51.99	\$ 53.03
ADMIN IV	150 PLUS	A	\$ 100,126	\$ 102,127	\$ 104,168	\$ 106,258	\$ 108,380	\$ 110,548
		B/W	\$ 3,836	\$ 3,913	\$ 3,991	\$ 4,071	\$ 4,152	\$ 4,236
		HR	\$ 51.15	\$ 52.17	\$ 53.21	\$ 54.28	\$ 55.37	\$ 56.47
CHIEF ACCT I CHEF COMPT I	50-99	A	\$ 47,983	\$ 49,182	\$ 50,407	\$ 51,672	\$ 52,960	\$ 54,286
		B/W	\$ 1,838	\$ 1,884	\$ 1,931	\$ 1,980	\$ 2,029	\$ 2,080
		HR	\$ 24.51	\$ 25.12	\$ 25.75	\$ 26.40	\$ 27.05	\$ 27.73
CHIEF ACCT II CHEF COMPT II	100-149	A	\$ 52,779	\$ 54,105	\$ 55,451	\$ 56,837	\$ 58,259	\$ 59,716
		B/W	\$ 2,022	\$ 2,073	\$ 2,125	\$ 2,178	\$ 2,232	\$ 2,288
		HR	\$ 26.96	\$ 27.64	\$ 28.33	\$ 29.04	\$ 29.76	\$ 30.51
COMPTROLLER CONTROLLEUR	150 PLUS	A	\$ 65,971	\$ 67,621	\$ 69,317	\$ 71,046	\$ 72,823	\$ 74,643
		B/W	\$ 2,528	\$ 2,591	\$ 2,656	\$ 2,722	\$ 2,790	\$ 2,860
		HR	\$ 33.70	\$ 34.54	\$ 35.41	\$ 36.29	\$ 37.20	\$ 38.13
DIR. OF N. I DIR. DE N. I	30-49	A	\$ 78,946	\$ 80,522	\$ 82,130	\$ 83,775	\$ 85,451	\$ 87,160
		B/W	\$ 3,025	\$ 3,085	\$ 3,147	\$ 3,210	\$ 3,274	\$ 3,339
		HR	\$ 40.33	\$ 41.14	\$ 41.96	\$ 42.80	\$ 43.65	\$ 44.53
DIR. OF N. II DIR. DE N. II	50-99	A	\$ 82,102	\$ 83,740	\$ 85,420	\$ 87,131	\$ 88,874	\$ 90,644
		B/W	\$ 3,146	\$ 3,208	\$ 3,273	\$ 3,338	\$ 3,405	\$ 3,473
		HR	\$ 41.94	\$ 42.78	\$ 43.64	\$ 44.51	\$ 45.40	\$ 46.31
DIR. OF N. III DIR. DE N. III	100-149	A	\$ 85,386	\$ 87,094	\$ 88,836	\$ 90,609	\$ 92,426	\$ 94,271
		B/W	\$ 3,271	\$ 3,337	\$ 3,404	\$ 3,472	\$ 3,541	\$ 3,612
		HR	\$ 43.62	\$ 44.49	\$ 45.38	\$ 46.29	\$ 47.22	\$ 48.16
DIR. OF N. IV DIR. DE N. IV	150 PLUS	A	\$ 88,798	\$ 90,572	\$ 92,386	\$ 94,237	\$ 96,118	\$ 98,042
		B/W	\$ 3,402	\$ 3,470	\$ 3,540	\$ 3,611	\$ 3,683	\$ 3,756
		HR	\$ 45.36	\$ 46.27	\$ 47.20	\$ 48.14	\$ 49.10	\$ 50.09
SUPPORT SERV MGR I CHEF DE SERV. DE SOUTIEN I	100-149	A	\$ 47,306	\$ 48,520	\$ 49,768	\$ 51,039	\$ 52,345	\$ 53,691
		B/W	\$ 1,812	\$ 1,859	\$ 1,907	\$ 1,956	\$ 2,006	\$ 2,057
		HR	\$ 24.17	\$ 24.79	\$ 25.42	\$ 26.07	\$ 26.74	\$ 27.43
SUPPORT SERV MGR II CHEF DE SERV. DE SOUTIEN II	150 PLUS	A	\$ 49,738	\$ 51,017	\$ 52,334	\$ 53,669	\$ 55,042	\$ 56,457
		B/W	\$ 1,906	\$ 1,955	\$ 2,005	\$ 2,056	\$ 2,109	\$ 2,163
		HR	\$ 25.41	\$ 26.06	\$ 26.74	\$ 27.42	\$ 28.12	\$ 28.84
FSM I	50-99	A	\$ 40,803	\$ 41,844	\$ 42,923	\$ 44,018		
		B/W	\$ 1,563	\$ 1,603	\$ 1,645	\$ 1,687		
		HR	\$ 20.84	\$ 21.38	\$ 21.93	\$ 22.49		
FSM II	100-149	A	\$ 42,865	\$ 43,957	\$ 45,092	\$ 46,244		
		B/W	\$ 1,642	\$ 1,684	\$ 1,728	\$ 1,772		
		HR	\$ 21.90	\$ 22.46	\$ 23.04	\$ 23.62		
FSM III	150 PLUS	A	\$ 45,038	\$ 46,192	\$ 47,379	\$ 48,586		
		B/W	\$ 1,726	\$ 1,770	\$ 1,815	\$ 1,862		
		HR	\$ 23.01	\$ 23.60	\$ 24.20	\$ 24.82		
HSKP	50-99	A	\$ 36,670					
		B/W	\$ 1,405					
		HR	\$ 18.73					

* A - Annual / Annuel

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* HR - Hourly / Par heure

TITLE: ORIENTATION OF ADMINISTRATORS AND DIRECTORS OF NURSING	NUMBER: MD-C-4
SECTION: C. HUMAN RESOURCES	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

Regional Liaison Officer will provide a general orientation to Administrators and Directors of Nursing of nursing homes as needed.

The following are general topic areas to be covered during the orientation program:

- Organizational Chart of Department of Social Development
- Role of Nursing Home Services
- Nursing Home Services and relationship with outside organizations such as NB Association of Nursing Homes, and other professional organizations
- Role of Regional Liaison Officer, including Inspection
- Act, Regulations, Standards/Policies and Guidelines of the Department
- Financial Services and Budget review
- Long Term Care process overview and the relationship with Nursing Home Services
- Financial Assessment
- Health Card , Prescription Drug Program
- Public Health Services
- Hospital Services, Rehabilitation Services, Extra Mural Program
- Major Incidents

TITLE: SICK LEAVE COVERAGE FOR POSITIONS FUNDED WITHOUT REPLACEMENT	NUMBER: MD-C-5
SECTION: C. HUMAN RESOURCES	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

Sick leave coverage for a position funded without replacement, which exceed 20 working days as per employee's working schedule, may be available.

If it is evident that an employee is going to be absent for an extended period, it is the responsibility of the nursing home to provide interim staffing arrangements for personnel that are funded without replacement.

The cost of the interim staff after the first 20 working days of sick leave may be reimbursed through the budget amendment process.

Once the employee on sick leave no longer has any sick time left, Nursing Home Services will no longer cover the cost to replace the employee on sick leave, it will be the nursing home's responsibility to use the funds allocated in their budget for the position being replaced.

TITLE: RETIREMENT ALLOWANCE	NUMBER: MD-C-6
SECTION: C. HUMAN RESOURCES	PAGE: 1 of 3
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: October 20, 2016 LAST MODIFICATION: October 20, 2016

PREAMBLE

An employee who retires is eligible to receive a retirement allowance processed and calculated as described below providing he/she:

- Is 55 years or older, and
 - Has 5 years or more of continuous service in a classification included in the budget
- For unionized employees, eligibility for retirement allowance can be established according to their respective collective agreement.

For management employees, all retirement allowances have been finalized in 2014 after discontinuance of the retirement allowance benefit as per memo of July 4, 2011- Ref. 039. For retirement allowance due to permanent disability or death, refer to applicable section, page 2.

REQUEST FOR RETIREMENT ALLOWANCE FUNDING

The home must complete the form "[Request for Retirement Allowance](#)" for each entitled retiring employee and submit along with the form "[Request for Budget Amendment](#)" to the Regional Liaison Officer for approval.

Information provided on the form will ensure that the nursing home receives the correct amount of entitled benefit, since benefits may vary under different collective agreements.

Retirement allowance is paid on a "full year of continuous service" basis. To calculate the number of full years of continuous service, seniority hours can be divided by 1957.5. Length of continuous service must be between 5 and 25 years. Part years are not considered in calculating this benefit. For example, if the employee has 9.7 years of continuous service, the retirement allowance is based on 9 years.

Requests for Budget Amendments for retirement allowances must be made in the same fiscal year as the payment of the retirement allowance is made to the employee. The regular **rate** of pay **last earned** is to be used to calculate the retirement allowance.

If an employee has worked in more than one nursing home, the employment between the two nursing homes must not include any break of service greater than 45 days.

If the employee has worked previously in another nursing home in the province, the hours worked in that home may count in the seniority hours. In order to determine if the hours worked at the other nursing home can be counted in the seniority hours for a retirement allowance, the request form will need to include supporting documentation from both Nursing Homes showing seniority hours and dates of hiring and last day of work.

RETIREMENT ALLOWANCE - PERMANENT DISABILITY OR DEATH

I. Permanent Disability

To receive approval and funding for a retirement allowance for an employee under 55 years of age, due to permanent disability, Nursing Home Services will require :

- a) **proof of permanent disability** established under
 - i) *Workers' Compensation Act* OR ii) *Canada Pension Plan Act*. OR iii)
Decision made by a panel of 3 doctors (one appointed by the Union, one appointed by the Employer, and one selected by the two so appointed)

AND

- b) supporting documentation showing that the nursing home has made every reasonable effort to **accommodate** the employee to a position or job consistent with his/her disability.

The Department's position on retirement allowances for disability reasons was and remains that a permanent disability must exist and be substantiated before the department will accept mutual agreement between the Employee and Employer.

II. Death

Where an employee entitled to receive retirement allowance dies, a copy of the death certificate with the form "[*Retirement Allowance Request*](#)" signed if possible by the beneficiary, along with the completed form "[*Request for Budget Amendment*](#)" need to be submitted to the Regional Liaison Officer for approval.

Criteria for entitlement can be established according to their respective collective agreement.

REFERENCES: [*Request for Retirement Allowance*](#)
[*Budget Amendment Process MD-A-8*](#)

REQUEST FOR RETIREMENT ALLOWANCE - FORM MD-C-6

1. Name of employee _____ Nursing home _____
2. Date of birth _____
(Y/M/D)
3. Classification _____ Code _____ Department _____
4. Step _____ ☐ Full Time ☐ Part-Time / Regular Scheduled
5. Employment period From _____ To _____
(Y/M/D) (Y/M/D)
6. Seniority hours _____ ÷ 1957.5 = _____ * Full years of continuous service
* Full years of continuous service (min 5/max 25) _____ x 5 _____ **Days
7. Allowance calculation: **Number of Days _____ x 7.5 hrs x \$ _____ /hr = \$ _____
Rate
☐ Rate includes RN retention premium
8. Reason for retirement allowance request:
☐ Normal retirement
☐ Death
☐ Laid off
☐ Disability:
☐ CPP
☐ WSNB
☐ Panel of 3 doctors (include supporting documentation)
☐ Request of payment prior to retirement as per collective agreement, if applicable:
☐ Employee has submitted to the employer a written notification of his/her decision to discontinue his/her retirement allowance early and confirmed a selected effective date for the discontinuance **(include copy)**. The effective date is: _____ (Y/M/D) ☐ Employee understands that he/she will not be eligible for any further retirement allowance
9. Confirmation of the employee about retirement allowance
☐ I confirm that I have never received a retirement allowance

Comments: _____

Date _____ Signature of the employee: _____
10. Request completed by :
Date _____ Signature of the Dir. of Finance/Administrator: _____

TITLE: SUPPLEMENTARY BENEFITS ON MATERNITY LEAVE	NUMBER: MD-C-7
SECTION: C. HUMAN RESOURCES	PAGE: 1 of 4
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: August 22, 2016 LAST MODIFICATION: August 22, 2016

PREAMBLE

A "[Request for Supplementary Benefits on Maternity Leave](#)" form must be completed for each entitled employee. Information provided on the form will ensure that the nursing home receives the correct amount of entitled benefit, since benefits may vary under different collective agreements. This information will also assist the nursing home and the Department in properly costing the benefit.

Please forward your "Request for Supplementary Benefits on Maternity Leave" form along with the "[Request for Budget Amendment](#)" form and supporting documents (a copy of the Supplementary Employment Benefit Agreement and confirmation from Employment Insurance on benefits to be issued) to your regional liaison officer.

1. Eligibility for Supplementary Employment Benefits on Maternity Leave

An employee with at least one year of continuous employment, who agrees to return to work for at least six months, and who provides the employer with proof that she is eligible to receive employment insurance benefits as per the Employment Insurance Act, shall be eligible to be paid a maternity leave allowance for a period not exceeding 15 continuous weeks immediately following the minimum waiting period for employment insurance benefit eligibility.

An employee who is absent from work and is receiving workers' compensation benefits is not entitled to receive maternity leave supplementary employment benefits.

2. Payments for Supplementary Employment Benefits

Maternity leave supplementary employment benefits payments equal the difference between the employment insurance benefits the employee is eligible to receive and 75% of her regular rate of pay.

The regular rate of pay is the rate of pay the employee was receiving at the time maternity leave commences and does not include retroactive adjustment of rate of pay, acting pay, shift premium, overtime, or any other form of supplementary compensation.

Should the employee fail to return to work and remain at work for a period of six months, the employee shall reimburse the employer for the amount received as maternity leave allowance on a pro rata basis.

The nursing home will be provided funds to cover the employer's portion of Canada Pension Plan, the employer's portion of pension and Work Safe New Brunswick contributions to be paid on the employee's supplementary benefit according to the benefit rates of the fiscal year.

REFERENCES: [*Request for Supplementary Benefits on Maternity Leave form*](#) [*Supplementary Employment Benefit Agreement*](#)
[*Budget Amendment Process MD-A-8*](#)



REQUEST FOR SUPPLEMENTARY BENEFITS ON MATERNITY LEAVE

1. Name of employee _____ Nursing Home _____

2. Date hired at nursing home _____ (Y / M / D)

3. Date maternity leave started _____ (Y / M / D)

4. Supplementary benefits for 15 week period (excluding two week normal waiting period)

FROM _____ TO _____
(Y / M / D) (Y / M / D)

5. Hourly salary rate ^(a) _____ Classification _____ Step _____

6. ☐ Full Time ☐ Part-Time ☐ Casual

Indicate the average hours worked per week, using the # of best weeks per your region per EI.
See https://srv129.services.gc.ca/eiregions/eng/rates_cur.aspx (Provide summary of weeks used). Hours not including retroactive pay, shift premium or any other form of compensation.

(b) _____

7. Employee has agreed to return to work for at least six months after maternity leave

Yes ☐ (Provide a copy of agreement) No ☐

8. Calculation of supplementary benefits:

		For central office use
Average weekly salary * (aXb)x2	\$ _____ *	
	x 75%	
75% of bi-weekly salary	=	
Subtract employee's bi-weekly EI benefits (gross)	- ()	
Bi-weekly amount	=	
	÷ 2 x 15 weeks	
**Total supplementary benefit	\$	
Employer's portion of CPP contributions (5.70%)	\$	
Employer's portion of WSNB contributions (up to 5.30%)	\$	
Employer's portion of pension (3%)	\$	
TOTAL (employee benefit + employer's contributions)		\$

***Total employee benefit calculated is prior to payroll deductions such as CPP, health benefits, or other employee benefits.*

9. ☐ Provide a copy/confirmation from Employment Insurance on benefits to be issued

10. Request completed by: _____ Date : _____

Request approved by:
(Nursing Home Services only)

Date:

**SUPPLEMENTARY EMPLOYMENT BENEFIT AGREEMENT ENTENTE DE
PRESTATIONS SUPPLÉMENTAIRES À L'ASSURANCE-EMPLOI**

Employee / Employée :

Nursing Home / Foyer de soins :

Dates of Leave / Date du congé:

Please process the maternity leave allowance under the Supplementary Employment Benefit Plan.

I understand that if I fail to return to work for six months, I will be required to reimburse the amount received under the Supplementary Employment Benefit Plan on a pro rata basis. This amount will be determined by the number of weeks of return service.

Benefit payment such as life insurance, Blue Cross, etc. will be deducted from this allowance during the initial maternity leave period on a cost-shared basis. If the allowance is not sufficient to cover your benefits, we will request you to send postdated cheques. If you have decided to take additional leave without pay, you will be advised at that time of the full cost and the arrangements necessary to continue your benefits.

Veillez s'il vous plait traiter mon allocation de congé de maternité conformément au régime de prestations supplémentaires de l'assurance-emploi.

Je comprends que si je ne devais pas retourner au travail pour six mois, je serai obligé de rembourser au prorata, le montant reçu conformément au régime de prestations supplémentaires de l'assurance-emploi. Ce montant sera déterminé d'après le nombre de semaines de service donné.

Les primes pour bénéfices marginaux telles que croix-bleue, assurance-vie etc. seront déduites de votre allocation durant le congé de maternité initial sur une base de partage actuel des coûts. Si l'allocation n'était pas suffisante pour couvrir ces primes, nous vous demanderons de nous faire parvenir des chèques postdatés. Si vous décidiez de prendre un congé additionnel sans solde, nous vous aviserons à ce moment-là du plein coût des primes ainsi que les procédures à suivre pour continuer à recevoir vos bénéfices.

Employee's Signature / Signature de l'employée :

Date :

D. LICENSING

TITLE: NURSING HOME LICENCE	NUMBER: MD-D-1
SECTION: D. LICENSING	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: September 1, 2007

PREAMBLE

To comply with section 3(2) of the *Nursing Homes Act* this states: "No person shall establish, operate or maintain a nursing home unless the person holds a licence."

MANAGEMENT DIRECTIVE

1. All nursing homes must have a current licence in order to operate.

TITLE: LICENCE APPLICATION FOR THE ESTABLISHMENT OF A NEW NURSING HOME LICENCE/ ADDITION OF BEDS TO EXISTING NURSING HOME	NUMBER: MD-D-2
SECTION: D. LICENSING	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

To comply with section 4(1) of the *Nursing Homes Act* which states: “On application in accordance with the regulations, the Minister may issue a licence to a person for the purposes of establishing, operating or maintaining a nursing home.”

To comply with section 4(1)(a)(b)(c) and (d) of the Regulations 85-187 which state: “An application for a licence to establish a nursing home shall be made to the Minister and shall include the following information:

- (a) the population of the surrounding area which it is proposed that the nursing home shall serve.
- (b) the proposed program of services and care to be provided in the nursing home.
- (c) evidence to demonstrate the availability of professional services required to operate the nursing home; and
- (d) the proposed corporate structure of the operator including board and membership if the operator is a corporation.”

MANAGEMENT DIRECTIVE

1. To establish a new nursing home, the applicant must apply for a nursing home licence in writing to the Minister of the Department of Social Development and must include the information outlined in section 4(1)(a)(b)(c) and (d) of the Regulation 85-187.

TITLE: LICENSING FEES	NUMBER: MD-D-3
SECTION: D. LICENSING	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: Sept 1, 2007

PREAMBLE

To comply with section 6(1) of Regulation 85-187 which states: "The fee for a licence to establish, operate or maintain a nursing home shall be fifty dollars."

To comply with section 6(2) of Regulation 85-187 which states: "The fee for a renewal of a licence to establish, operate or maintain a nursing home shall be twenty dollars."

MANAGEMENT DIRECTIVE

1. Nursing home licensing fees must be charged at a rate of fifty dollars (\$50.00) for the licence of a new nursing home and twenty dollars (\$20.00) for the renewal of a licence.

TITLE: REQUIRED RESPONSE TO AREAS OF NON-COMPLIANCE	NUMBER: MD-D-4
SECTION: D. LICENSING	PAGE: 1 of 5
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PREAMBLE

To comply with section 7(1)(a) of the *Nursing Home Act* which states: “The Minister may modify, revoke or refuse to renew a licence if, in the Minister’s opinion based on reasonable grounds, the operator or the nursing home fails to meet the requirements of this Act and the regulations.”

To comply with section 7(2) of the *Nursing Home Act* which states: “Within 30 days after receipt of notice of an action or decision of the Minister under this section, an operator who is aggrieved by the action or decision may request that the Minister review it.”

To comply with section 7(3) of the *Nursing Home Act* which states: “On receiving a request under subsection (2), the Minister shall review his or her action or decision and may confirm, vacate or alter it.”

To comply with section 25(1) of the *Nursing Home Act* which states: “The Minister may appoint persons as inspectors for the purposes of this Act and the regulations.”

MANAGEMENT DIRECTIVE

1. An Inspection Report is provided to the nursing home after each inspection is completed. Areas of non-compliance with the *Nursing Home Act* and the Regulations are identified on the Inspection Report along with the compliance dates.
2. Nursing homes having areas of non-compliance must submit the corrective actions to the regional liaison officer within the timeframe set.
3. The corrective actions must:
 - include measures that are put into place or systemic changes made to ensure that the area of non-compliance will not reoccur.
 - indicate how the nursing home plans to monitor its performance to make sure the solutions are sustained

4. To verify that these areas of non-compliance will not reoccur, the regional liaison officer validates the corrective actions submitted, which may include a copy of, but not limited to the following:
 - Any required new or revised policies and/or procedures
 - Any new or revised Terms of Reference
 - Minutes from required meetings
 - Any required audits or log forms
 - Any further correspondence or inspection results required from external inspections
 - A communication plan utilized to inform appropriate staff of required changes to maintain compliance in the noted area of non-compliance.
5. If the plan of correction is unacceptable for any reason, the regional liaison officer will notify the nursing home in writing.
6. If the plan of correction is acceptable, a letter will be provided to the nursing home.
7. Nursing homes should be cautioned that they are ultimately accountable for their own compliance and that responsibility is not alleviated in cases where notification about their acceptability of their plan of correction is not made timely.
8. Areas of non-compliance that represents immediate danger to residents or staff must be addressed immediately. The nursing home will still be responsible to provide the corrective actions including measures to ensure it will not reoccur.
9. If the nursing home is not able to achieve compliance by the identified compliance date(s), a detailed action plan is to be submitted by that date to the regional liaison officer for review. The plan needs to include how and when the nursing home will achieve compliance.
10. If the nursing home disagrees with an area of non-compliance, the nursing home needs to first discuss it with the regional liaison officer. If there is no satisfactory resolution and the nursing home still disagrees with the area of non-compliance, the nursing home may choose to make a "Request for Review of Decision" within 30 calendar days starting on the receipt of the inspection report, through the regional office of the Department of Social Development. See application form and fact sheet.

REFERENCES: *Revocation/Refusal of Nursing Home Licence* [MD-D-7](#) - for those areas that are not resolved by the specified compliance date
[Request for Review of Decision Form](#)
[Request for Review of Decision Fact Sheet](#)

**REQUEST FOR REVIEW OF DECISION
(FOR NURSING HOMES ONLY)**

**DEMANDE D'EXAMEN DE LA DÉCISION
(POUR LES FOYERS DE SOINS SEULEMENT)**

To: Regional Office
Department of Social Development

À :



Bureau régional
Ministère du Développement social

FOR OFFICE USE ONLY / USAGE INTERNE SEULEMENT

Level 1 – Supervisor

Niveau 1 – Examen du surveillant

Review ☐

Level 2 – Program Delivery manager

Niveau 2 – Examen du gestionnaire de la prestation

Review ☐

des programmes

This decision will be reviewed upon completion and La décision sera examinée dès la réception du formulaire de receipt of the written form. Please include any item(s) demande écrit dûment rempli. Prière d'indiquer ci-dessous that you feel were not taken into consideration, or any les points qui n'auraient pas été pris en considération, ou change in your personal situation that would be tout changement de la situation personnelle devant être relevant to your application. signalé dans la demande.

I,
Je,

(Name of Applicant / Nom du requérant)

of de

(Address / Adresse)

(Telephone No. / Numéro de téléphone)

request a Review of Decision / demande un examen de la décision.

Nursing Home's Name :

Nom du Foyer de soins:

Please state reason for your request:

Describe your concerns (please add additional
supplémentaires, au besoin)

Raison de la demande:

Décrivez vos préoccupations (ajoutez des pages
pages as required)

**Level 1: submit your request 30 calendar days starting on the receipt of the Inspection Report.
Level 2: submit your request 15 calendar days starting after receipt of the decision from level 1 review.**

*** If the request is not submitted within the timeframe the review process will end and the decision will stand.**

Niveau 1: soumettre votre demande 30 jours civils débutant à la réception du Rapport d'inspection.

Niveau 2: soumettre votre demande 15 jours civils après avoir reçu la décision de l'examen du niveau 1.

*** Si la demande n'est pas soumise dans le délai prévu le processus sera terminé et la décision maintenue.**

Dated this _____ day of _____ 20_____
Fait le _____ jour de _____ 20_____.

REQUEST FOR REVIEW OF DECISION – FACT SHEET
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LEVEL 1 SUPERVISOR REVIEW

- If you have chosen this first level of review, a Supervisor will contact you to schedule a meeting to discuss the situation.
- **You must submit your request for review within 30 calendar days starting on the receipt of the Inspection Report or the Review Process will end and the decision will stand.**
- The Supervisor may support the initial decision or overturn it if they believe there has been an error.
- You will be informed of the decision and the reasons in writing within 10 days of your meeting with the Supervisor.
- If you are still not satisfied with the Supervisor's decision, you may request that the decision be reviewed by the Program Delivery Manager.

LEVEL 2 PROGRAM DELIVERY MANAGER REVIEW

- The Program Delivery Manager will be provided with all of the documentation supporting the decision, the process followed and information discussed with you at the Supervisor's level of review.
- You will have the same opportunity as in the first stage of the review to provide additional information to support your request.
- **You must submit your request for review within 15 calendar days starting on receipt of the decision from level 1 review or the Review Process will end and the decision will stand.**
- This is the last step in the Department's Administrative Review Process.
- You will be informed of the decision and the reasons in writing within 10 days of your meeting with the Program Delivery Manager.

QUESTIONS ABOUT ADMINISTRATIVE REVIEW

Can I bring someone with me to the review?

You may bring a staff, member of the Board, or lawyer for advice.

Where will the review meeting be held?

If you would like to meet with the Supervisor or Program Delivery Manager as part of this process, the meeting will be held at the local office of the Department of Social Development.

Do I have to bring anything to a review meeting?

You may bring any other information not already included in your case file that is important to the review. The Supervisor or Program Delivery Manager will bring any relevant documents in the case file to a review meeting.

When will I find out the result of the review?

Within 10 working days of the review meeting or receipt of the additional information requested, the Supervisor or Program Delivery manager shall provide you with a decision by way of a letter.

Any person or group who feels they have been unfairly treated by a New Brunswick Government department or agency and have exhausted all available appeal processes can seek help from the Ombudsman.

**Office of the Ombudsman
P.O. Box 6000
548 York Street
Fredericton, NB
E3B 5H1
(506) 453-2789
1-888-465-1100**

TITLE: NURSING HOME LICENCE	NUMBER: MD-D-5
SECTION: D. LICENSING	PAGE: 1 of 1
SIGNED BY: Luc Carrier Director Nursing Home Services	REVIEWED: January 16, 2023 LAST MODIFICATION: January 16, 2023

PREAMBLE

To comply with section 2(1) of the *Nursing Homes Act* which states: “The Minister is responsible for the administration of this Act and may designate one or more persons to act on the Minister’s behalf.”

To comply with section 4(3) of the *Nursing Homes Act* which states: “On application in accordance with the regulations, the Minister may renew a licence.”

To comply with section 5 of the Regulation 85-187 which states: “A licence issued by the Minister

- (a) shall expire on the date indicated on the licence.
- (b) shall specify the name of the operator to whom it is issued and the name of the nursing home the operator is licensed to operate.
- (c) shall show the total bed capacity of the nursing home the operator is licensed to operate; and
- (d) shall show any exemptions from compliance with the physical standards prescribed in this Regulation.”

MANAGEMENT DIRECTIVE

The Manager of Quality and Compliance or designate may renew a nursing home licence for the period of January 1 through to December 31 of each calendar year upon receipt of an application by November 1st of every year.

The licence will indicate:

- Name and address of nursing home
- Maximum number of residents permitted
- Term of licence
- Special conditions or any exemptions permitted

REFERENCES: Modification, Revocation, or Refusal to Renew a Nursing Home Licence [MD-D-6](#)

Application for annual renewal of nursing home licence Standard A-I-1

TITLE: MODIFICATION, REVOCATION, OR REFUSAL TO RENEW A NURSING HOME LICENCE	NUMBER: MD-D-6
SECTION: D. LICENSING	PAGE: 1 of 1
SIGNED BY: Luc Carrier Director Nursing Home Services	REVIEWED: January 16, 2023 LAST MODIFICATION: January 16, 2023

PREAMBLE

To comply with section 2(1) of the *Nursing Homes Act* which states: “The Minister is responsible for the administration of this Act and may designate one or more persons to act on the Minister’s behalf.”

To comply with section 7(1) of the *Nursing Homes Act* which states: “The Minister may modify, revoke or refuse to renew a licence if, in the Minister’s opinion based on reasonable grounds,

- a) the operator or the nursing home fails to meet the requirements of this Act and the regulations,
- b) the operator violates a provision of this Act or the regulations,
- c) the operator fails to comply with the terms and conditions to which the licence is
- d) subject,
- e) a person has made a false statement in the application for the licence or a renewal of the licence or in a report, document or other information required to be furnished under this Act or the regulations or by any other Act or regulation that applies to a nursing home, or
- f) the operator operates the nursing home in a manner which prejudices the health, safety or welfare of the residents.”

MANAGEMENT DIRECTIVE

The Manager of Quality and Compliance or designate may modify, revoke or refuse to renew a licence to a nursing home if any of the following conditions exist:

- A repeated area of non-compliance from the previous year is found during the inspection,
- Has not achieved full compliance by each specified target date indicated in the inspection report,
- An area of non-compliance is issued outside of the annual inspection
- No plan for corrective action(s) is submitted to the liaison officer,
- False statements are identified in corrective action(s) submitted as per section 7(1)(d) of the *Nursing Homes Act*,
- The operator operates the nursing home in a manner which endangers the health, safety or welfare of the residents as per section 7(1)(e) of the *Nursing Homes Act*.

TITLE: REVOCATION/REFUSAL OF A NURSING HOME LICENCE	NUMBER: MD-D-7
SECTION: D. LICENSING	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEW: January 4, 2016 LAST MODIFICATION: September 1, 2007

PREAMBLE:

To comply with section 7(1) of the *Nursing Homes Act* which states: "The Minister may modify, revoke or refuse to renew a licence if, in his opinion based on reasonable grounds;

- (a) the operator or the nursing home fails to meet the requirements of this Act and the regulations
- (b) the operator of a nursing home violates any provision of this Act or the regulations
- (c) the operator fails to comply with the terms and conditions to which the licence is subject
- (d) a person has made a false statement in the application for the licence or a renewal thereof or in any report, document or other information required to be furnished under his Act or the regulations or by any other Act or regulations that applies to a nursing home
- (e) the operator operates the nursing home in a manner which prejudices the health, safety or welfare of the residents"

MANAGEMENT DIRECTIVE

1. The Minister may revoke a nursing home licence if a nursing home fails to meet the requirements of the *Nursing Homes Act*, the Regulations or Standards and under the following conditions
 - For any area of non-compliance identified by the Minister and not resolved by the specified compliance date and in the Minister's opinion, has:
 - A. caused harm to the residents and/or staff
 - B. or has the potential to cause harm to the residents and/or staff
 - For any area of non-compliance identified by the Minister and not resolved by the specified compliance date and in the Minister's opinion has the potential to cause the organization to become insolvent.

TITLE: MINISTERIAL REFUSAL TO ISSUE/RENEW NURSING HOME LICENCE RELATED TO PUBLIC INTEREST	NUMBER: MD-D-8
SECTION: D. LICENSING	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: September 1, 2007

PREAMBLE

To comply with section 4(4) of the *Nursing Homes Act* which states: "The Minister may refuse to issue or renew a licence under this section if the Minister is not satisfied that it is in the public interest to establish, operate or maintain a nursing home

- (a) in the area where the applicant proposes to establish, operate and maintain the nursing home, or
- (b) with a total bed capacity as proposed by the applicant."

MANAGEMENT DIRECTIVE

1. The Minister may refuse to issue or renew a nursing home licence if it is not considered in the public's best interest.

TITLE: APPOINTMENT OF A TRUSTEE	NUMBER: MD-D-9
SECTION: D. LICENSING	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: September 1, 2007

PREAMBLE

To comply with section 10(1) of the *Nursing Homes Act* which states: “The Lieutenant Governor in Council may appoint a trustee, for a term not exceeding 12months, in any of the following circumstances:

- (a) in the opinion of the Minister based on reasonable grounds,
 - (i) a nursing home is not functioning effectively,
 - (ii) the operator or the nursing home fails to meet the requirements of this Act and the regulations,
 - (iii) the operator violates a provision of this Act or the regulations, or
 - (iv) the operator fails to comply with the terms and conditions to which the operator’s licence is subject; or
- (b) the licence of a nursing home has been revoked, a renewal of a licence is refused or a licence expires and is not renewed.”

To comply with section 10(2) of the *Nursing Homes Act* which states: “On the appointment of a trustee under subsection (1),

- (a) without further action, the trustee is vested with all property, powers, duties and liabilities of the operator in relation to the nursing home, including all bank accounts, safety deposit boxes or trust funds in the name of, or in the control of the operator and also including trusts controlled or administered by a person on behalf of the operator in relation to the nursing home or its residents, and
- (b) a contract or other arrangement for the administration of the nursing home, except a collective agreement, is suspended unless otherwise directed in writing by the trustee.”

MANAGEMENT DIRECTIVE

1. Following the revocation or refusal of a nursing home licence ([MD-D-7](#)) the Lieutenant Governor in Council must appoint a trustee.

TITLE: INCORPORATION STATUS FOR NURSING HOMES	NUMBER: MD-D-10
SECTION: D. LICENSING	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: September 1, 2007

PREAMBLE

To comply with section 6(1) of the *Nursing Homes Act* which states: “The licence is not transferable.”

Under sections 2, 126 and 173 of the *Companies Act*, the nursing home is required to provide to the Director of Corporate Affairs on the prescribed form all information required to maintain “ACTIVE” status in the Corporate Affairs Registry Database.

MANAGEMENT DIRECTIVE

1. In order to receive and maintain a licence to operate a nursing home, the operator must have an “ACTIVE” status under the *Companies Act*.

TITLE: UNANNOUNCED INSPECTIONS	NUMBER: MD-D-11
SECTION: D. LICENSING	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: September 1, 2007

PREAMBLE

To comply with section 25(3) of the *Nursing Homes Act* which states: "An inspector may at any reasonable time enter a nursing home to make an inspection to ensure that the provisions of this Act and the regulations are being complied with."

MANAGEMENT DIRECTIVE

1. All annual inspections are unannounced.