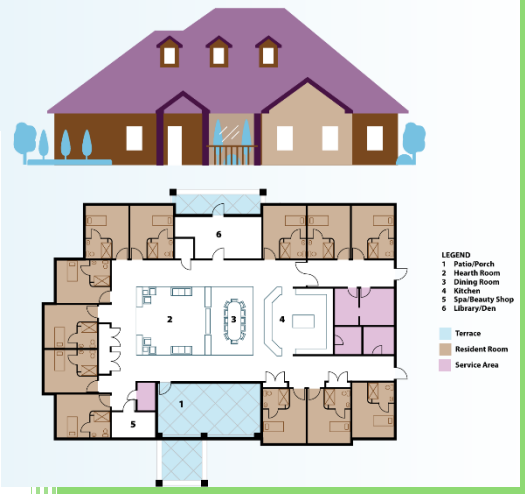
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INTER CARE BC







Inter-Regional:

...Ground Transportation

...Level-Entry Small Home LTC

...LTC In-Fill Incentives

Keith Baldwin

Councillor, Town of Creston
Director, Kootenay East Regional Hospital District

INTERCARE BC TOPICS:

*See a **detailed** presentation on **#1** at https://vimeo.com/1173314416*
*or as a **PDF*** document, with live hyperlinks.

1. **Low-cost Inter-Regional Ground Transportation** for Kootenay-based patient care in Kelowna, plus enhanced inter-regional travel for all

2. **Inter-Regional Network of Municipally-owned "Home-style" LTC Facilities with staff housing**

3. **Incentives for Inter-Regional LTC development within existing structures**, such as completion of the basement level space at **Crest View Village** into 14 LTC units



1. Inter-Regional (non-emergency) Ground Transportation – Cranbrook to Kelowna General Hospital precinct:

Detailed VIDEO PRESENTATION: *https://vimeo.com/1173314416 or PDF*

a. **$750K startup grant** (IHA $450K, KERHD/WKBRHD $300K)**: (2)** 4x4 24-passenger buses (maximum 20 passengers plus 2 drivers for safety/redundancy and passenger support/coordination). **Low-cost** inter-regional travel. Medical travel including companion, with optional independent passenger service, subject to availability (a waitlist for non-medical travel would be established and confirmed 72 hours before departure).

   Medical/Companion Fares: $70 each **one way** (medical patients are priority booking), all others $100. **Westbound:** 8:15 am Sunday, 6:15 am on Tuesday and Thursday; **Eastbound:** 9:30 am Monday, Wednesday, Friday. No washroom, but rest stops and on-board refreshment service enroute.

b. **$100K IHA annual support:** Enroute travel support services (on-board refreshments, optional $70 west-bound hub accommodation subsidy, passenger volumes subsidy)

c. A full one-way trip would generate $1,400 to $2,000 gross revenue. 6 trips weekly, up to 300 trips per year = 6,000 passenger capacity. Each 7.5 hour 600 km west-bound trip costs $1,000 (fuel, accommodation/ meals/ salaries for drivers), with east-bound trips being lower cost as the drivers go home to their Cranbrook-area residence. Fixed costs would be in the range of $100,000 annually ($350/trip), including insurance, depreciation, maintenance and program coordination/booking.

   At full capacity, net annual profit/recovery could be up to $150,000, so IHA annual support for refreshments and hub accommodation subsidies may be lower than forecast.



*"The **small house model** differs from the traditional LTC facilities with respect to design, philosophy of care, organizational structure, and possibly funding. They have fewer residents living in a home-like setting as opposed to an institutional environment.*

Likewise, the institution-centred approach to care is shifted to a resident-centred approach. To support the shift to person-centred care, the small house model has re-invented the built design and organizational structure of LTC.

Units are designed with a home-like atmosphere with house-type kitchens and dining areas, residents have access to outdoor areas, and social engagement is promoted.

From an organizational perspective, hierarchies and management-led decisions are replaced with amalgamated job descriptions and a team approach to problem-solving and decision-making."

2. Inter-Regional Network of Level Entry "Home-Style" LTC Facilities:

IHA currently pays $250 per bed daily to contracted providers and resident-patients are charged an average of $70 daily (see page **8**). Creating a high-quality residential/professional services building including unfinished basement is about **$500/sf** and could be easily undertaken by professional LOCAL contractors, generating high value LOCAL jobs – supported by regional materials suppliers. Meals would be handled entirely by an external local supplier, creating more long-term jobs.

A self-sustaining residential configuration **10-bed** business model could be operated as a municipally owned building, staffed by IHA and maintained/supported by the municipality, with the $250 per diem applied by IHA as if it were a separately contracted provider. The optimized **5,000 sf** (on the main) building, fully equipped on a half-acre serviced lot including finished daylight basement with **five** 2-bedroom apartments, including land, prep, basement, and landscaping/parking, could be completed for about **$4.5 million.** That would be about **25%** of the per-bed cost of the current **FW Green** project!

The Province/IHA would advance each project **$1.5 million** (interest-free, to be repaid within 20 years), and guarantee a **$3.5 million** 25-year MFABC mortgage with installments paid by the municipality from net revenue. The mortgage amount includes a $500K initial cash flow contingency. In just over 2 decades the facility could be mortgage-free and 100% owned by the municipality, generating a substantial legacy of civic income (net $250K/year). Over that same period, the Province would have recovered its contribution, increasing local LTC inventory by 10 beds **per municipality**, virtually **FREE**. This initiative could be implemented across the province and ultimately the nation.

The lower-level suites would rent to health care workers/families for $1,000/month including utilities (attracting/retaining staff hires).

The model could be quickly expanded to dozens of municipalities.

Annual income estimates are below (an incremental, **shared** IHA coordination role is not shown):

+	Annual Revenue from IHA: $250 x 10 beds x 350 days	= $880,000
+	Suite rentals = 5 units x 12 months x $1,000 / mo.	= $60,000
-	Building maintenance and utilities	= Municipal budget
-	IHA salaries and benefits for 8 FTE's @ $70K	= $560,000
-	3,500 Daily meals (locally supplied @$30)	= $100,000
-	$3.5M 25-year mortgage at 3.9% (MFA-BC)	= $200,000
		= $80,000
		annual net recovery

Net recovery funds would be applied to repaying the IHA startup funding principal through to Year 17. After that these funds would be applied to accelerating repayment of the mortgage, possibly down to 20 years.

eg. For **$90 million** in **2027** (repaid to BC Govt by 2044) **60** communities will share a total of **600** high-quality LTC beds, **300** rental residences for staff and **$300 million** worth of revenue generating assets to reduce taxes!

https://www.exquisicare.com **https://www.vch.ca/en/service/small-care-homes**
https://www.niageing.ca/small-care-homes
https://sehc.com/future-of-aging/small-care-homes-reimagining-long-term-care
https://aginginnovation.org/services/consulting/green-house-homes/

3. Incentivizing Institutional Development for Long-Term Care

– eg. Crest View Village

The current **FW Green project** (https://engageih.ca/fwg-replacement) is pushing past **$1.55 million/bed** (with a seriously increased budget of **$232 million**!) and it now seems that there will be no incremental regional LTC beds until 2031. *[As I mentioned at the June 13, 2025 KERHD board meeting, when planning FW Green, IHA should probably have researched the **150-bed Dogwood Lodge** in **Vancouver** - with an initial budget of just **$51 million,** it opened August, 2023.]* With the dramatically increased FWG construction budget, the prospect of any other large-scale public LTC building starts in our region is unlikely, despite the chronic shortfall in supply (about 1,000 more each year are needed province-wide). Substantial increases in the now **$105 million** Renal/Oncology building confirm that budget outlook.

There is concurrent financial and operational pressure on IHA due to the substantial burden of Alternate Levels of Care (ALC) patients occupying very limited hospital acute-care beds because they have no other options, given 4-6 month waiting lists. Typically a ward day-rate is many times that of an external LTC bed, so the full cost-recovery benefits of opening any more LTC units would be relatively immediate. The only practical option without more beds is a renewed dependence on "Aging in Place".

We have met with Golden Life Management Corp. in recent months to explore their willingness to complete the lower level of their LTC building. See tour views at **https://vimeo.com/1107822834**.

An overview of Crest View Village which opened in 2005 is at **https://youtu.be/djj3MdOJX6E**. They have 30 publicly-funded LTC beds, 43 Assisted Living units, and 84 Independent Living units. An introduction to Golden Life (now managing 11 Kootenay locations) is at **https://www.youtube.com/watch?v=0icofIQKAxY**. Their development division is **Golden Life Construction**.

Regarding the partially developed LTC space at Crest View…once there is an updated "engineering report" (unclear on the status of this investigation) the potential plan for the lower level includes:
14 private suites (with bathroom and patient lift system), a common area for lounging, activity area, spa/shower room, storage room, nursing station, staff room, outdoor area for patients, and a food serving area with dining. I didn't see any roughed-in areas for public washrooms.

The elevator shaft space is present, plumbing and electrical are apparently available but only randomly visible with little actually connected. Presumably a substantial amount of drywall might need to be accessed in order to activate source lines (with drain piping accessed through the floor to the crawlspace below) before being able to continue. HVAC upgrade/connections may be required, somewhat complex as geothermal heating is the primary source. What is behind the large walled-in area in the south/centre of the complex is unknown. Storage space is in short supply elsewhere in the complex, according to the building manager "Dan", with a fair amount of the basement space currently used for temporary storage, possibly limiting the pace of construction.

The project in its current condition and scale looks somewhat daunting and an internal Golden Life estimate several years ago of at least **$4.5 million** to bring it to fully operational status may be optimistic, given 2026-27 realities. Completing the space promptly would still seem to be in their best interest, given the related boost in patient capacity and related operating revenues, but after 2 decades this has not happened organically.

Just giving Golden Life the building funds directly is problematic, however and creates a significant precedent. The obvious circular conflict is using public funds to pay a private organization to build and own incremental capital resources for generating revenue from those public programs.



Prepared by Keith Baldwin, Town of Creston Councillor and KERHD Director March 19, 2026

Keith.Baldwin@Creston.ca

or

KeithBaldwin@Gmail.com

July 29, 2025 (CBC):

British Columbia will need almost 16,000 new long-term care beds by 2036 with an estimated price of $16 billion in capital costs to meet the demands of an aging society, the province's seniors' advocate says.

Dan Levitt's report tabled at the provincial legislature pegs the current number of publicly subsidized long-term care beds at 29,595, more than 2,000 beds short of what is needed according to government's own forecast. But the report predicts the gap will "grow exponentially" over the next decade to 16,858 beds by 2036.

"So here is the story, we have to build 50 per cent more long-term care beds than exist today to meet the demand," Levitt said. If the province doesn't act, the number of available beds per 1,000 will drop from 58 today to 41 beds by 2036 if they are replaced at the current rate, he said.

He said the current estimated capital cost of a single long-term care bed is $1 million. The figure would put the current price tag for the additional beds at $16 billion over ten years in capital costs, while operational costs would be about $100,000 per bed. Levitt said the capital costs of long-term care are "increasing dramatically." But government finds money for other things in the budget, he said.

"Seniors who require long-term care ... deserve to have those beds available to them when they need them," he said.

"It's less expensive for someone to live at home than it is in long-term care." Levitt said the shortage of long-term care beds also costs the overall economy by reducing productivity and raising personal costs. "So, if you are caring for your aging parents, you are going to miss work, you are no longer going to be able to work at a full-time job, which is going to impact our economy, and our productivity as a province, and it's going to put financial stress on families," he said.

Instead of building long-term care, government is "shifting that financial stress to families," Levitt said. The shortage of long-term care beds is going to put more pressure on the health-care system at large, he said. "Once a senior goes into emergency, they will be occupying a hospital bed, which means that surgeries and other appointments that will be booked in acute care will be less available," he said.

Fewer long-term care beds also put pressure on other parts of the health system, including paramedics transporting seniors to hospitals and family physicians needing to spend more time with seniors, he added. "If we don't invest in long-term care, we will repeat the same kind of crisis that we saw with family doctors' shortages, and with the housing crisis," he said.

The growing shortage of long-term care beds comes with longer waiting lists and wait-times for existing ones. The report says the number of people waiting for long-term care beds has risen from 2,381 in 2016 to 7,212 this year, an increase of 200%.

February 20, 2026 (The Tyee):

Seven long-term care facilities in Abbotsford, Campbell River, Chilliwack, Delta, Fort St. John, Kelowna and Squamish have been put on hold indefinitely. Osborne said the projects are not cancelled.

[...] Four of the seven deferred projects are cheaper [per-bed] than all five of the projects still moving forward. New long-term care centres underway in Richmond ($1.236 million per bed), Vancouver ($1.287 million per bed), Nanaimo ($1.174 million per bed), Colwood ($1.09 million per bed) and Cranbrook ($1.594 million per bed) all cost more.

March 19, 2026 (Global News):

See video clip: **https://creston2024.com/dl-response-2026.mp4**

B.C.'s senior population, aged 65 and older, is projected to increase by 26 per cent in the next 10 years, and wait-lists for long-term care have "ballooned," according to a report released by the seniors advocate in July 2025.

It shows that the number of people on the wait-list for long-term care tripled from 2,381 to 7,212 between 2016 and 2025. Wait times doubled from 146 days in 2018, the first year of data collection, to 290 days in 2025.

"Without significant additional investment in building more new long-term care beds, wait-lists and wait times will continue to rise to unsustainable levels," it reads.

When Finance Minister Brenda Bailey announced the delays in last month's budget, she said they would allow the facilities to be built at a lower cost in the future, by better distributing demand for building materials and other costs.

Speaking to local business leaders one day after tabling her budget, Bailey said she was asked to sign off on a project that would have cost **$1.8 million per bed**.

"That's crazy," Bailey said. "That is so expensive, you could buy a condo in (Victoria's) James Bay for $1.8 million."

Government, she said, had to do better. "How are we going to serve seniors? If we are spending that kind (of money), we're going to be able to build very few."

The finance minister said the government was looking into ways to standardize design of long-term care facilities without compromising quality of care, and she has insisted the delays are not cancellations.

Hackett agreed with Bailey's rationale to save money — but only to a point.

Government, she said, needed to make sure that it got the best value for money. "But any time you delay a project, your costs are going to increase, because the costs of everything are increasing," Hackett said. ...

Peter Milobar, the Conservative finance critic, called the delays a "mean-spirited attack" on seniors during budget debate last month. His colleague Brennan Day, critic for rural health and seniors health, said in the legislature that he did not believe Bailey's promise to build the delayed projects at lower costs, saying the government had "completely abandoned seniors." He later tabled legislation to require government to become more transparent around the state of long-term care.

"You cannot fix what you do not measure," he said last month. "This bill forces the government to publish and update annually a clear plan to address long-term care beds, hospice capacity, wait-lists and care at home in full public view," he added.

Dan Levitt, B.C.'s seniors advocate, told reporters after Bailey presented her budget that the delays would deepen the gap between projected needs and construction of long-term care beds.

While he acknowledged the financial realities facing the province, he said delays would put more pressure on hospitals as seniors spent more time in emergency rooms and acute care. "It's going to put pressure on doctor's offices, because that is where the seniors are going to go to get medical care," he said. "It's going to put pressure on the family caregivers. People who should be in workforce are now caring for that senior. It's also going to create a situation where seniors are not getting the kind of care they should be."

LONG-TERM CARE FACILITY DEMOGRAPHICS BY FACILITY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
NUMBER OF FACILITIES	112	184	296	112	186	298
NUMBER OF PUBLICLY-SUBSIDIZED BEDS	9,229	18,762	27,991	9,250	19,114	28,364

LONG-TERM CARE FACILITY DEMOGRAPHICS, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
NUMBER OF FACILITIES	295	296	293	296	298
NUMBER OF PUBLICLY-SUBSIDIZED BEDS*	27,432	27,858	27,628	27,991	28,364

RESIDENT DEMOGRAPHICS IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
AVERAGE AGE	84	84	84	83	83

AVERAGE WAIT TIME (DAYS) FOR ALL NEW LONG-TERM CARE ADMISSIONS BY HEALTH AUTHORITY, OWNERSHIP TYPE, 2022/23-2023/24

HEALTH AUTHORITY	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	83	125	105	86	136	112

AVERAGE WAIT TIME (DAYS) FOR ALL NEW NON-URGENT LONG-TERM CARE ADMISSIONS FROM COMMUNITY BY HEALTH AUTHORITY, OWNERSHIP TYPE, 2023/24

HEALTH AUTHORITY	2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	118	192	159

AVERAGE LENGTH OF STAY (DAYS) IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	764	764	765	758	711	-6.2%

MEDIAN LENGTH OF STAY (DAYS) IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	446	450	463	461	408	-11%

RESIDENT MONTHLY RATE ($) FOR PUBLICLY FUNDED LONG-TERM CARE BED BY HEALTH AUTHORITY, 2022/23-2023/24

INDICATOR	2022/23		2023/24	
	AVERAGE MONTHLY RATE	MEDIAN MONTHLY RATE	AVERAGE MONTHLY RATE	MEDIAN MONTHLY RATE
INTERIOR HEALTH	$2,118	$1,615	$2,068	$1,682

AVERAGE PER DIEM RATES FOR CONTRACTED LONG-TERM CARE FACILITIES, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	$219.83	$225.12	$225.46	$237.59	$250.70	6%