

# The Home Care Cost Model

Personal Support, Housekeeping, and Service Mix Decisions  
for Aging in Place in Canada

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## Abstract

Families in Canada routinely make high-stakes, high-cost decisions about home care for older adults and people living with disability. Three distinct service categories — personal support (PSW, HCA, HSW), skilled nursing (LPN, RN), and housekeeping or cleaning services — are regulated, priced, and subsidised differently, and cannot be freely substituted. The question families most often bring to AI assistants and caregiver helplines is whether a housekeeper or cleaning service can substitute for a PSW. Legally, the answer is no whenever personal care tasks are required. Practically, the cost of resolving this boundary incorrectly runs to thousands of dollars per month and, at the margin, determines whether a recipient remains at home or moves to long-term care.

This working paper presents a reference cost model that takes an assessment triple (Katz ADL score, Lawton IADL score, cognitive and mobility status), the recipient's jurisdiction, household composition, and primary diagnosis, and returns a recommended service mix, private-pay cost, allocated subsidised hours, and a federal-plus-provincial tax relief stack indexed to the 2026 taxation year. The accompanying repository publishes an open dataset collection (112 jurisdiction-level reference rows, 40 tax parameter rows, 15 subsidised program rows, and ~9,000 engine-derived scenario rows) and seven language implementations of the model that compute identical results to the cent.

Results across 5,000 synthetic household scenarios show that the hybrid service mix (PSW for personal care, cleaning service for housekeeping) is typically 10–20 percent cheaper than an all-PSW plan while remaining within legal scope; that the Medical Expense Tax Credit, Disability Tax Credit, and Canada Caregiver Credit collectively reduce out-of-pocket by 15–35 percent for eligible families but are routinely under-claimed; and that the cross-province gap between model-recommended hours and subsidised hours varies by a factor of three. The paper is a reference framework, not clinical or financial advice, and is not a substitute for individualised assessment by a regulated health professional or registered tax practitioner.

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# I. Definitions and scope

This paper is restricted to Canada. All monetary values are in Canadian dollars (CAD) and indexed to the 2026 taxation year. The model covers adults living in private dwellings who require some combination of personal support, skilled nursing, and housekeeping assistance. It does not cover residential long-term care, retirement residences, or acute inpatient care.

Term	Definition
ADL	Activities of Daily Living — the six basic self-care tasks measured by the Katz Index (bathing, dressing, toileting, transferring, continence, and feeding).
IADL	Instrumental Activities of Daily Living — the eight support tasks measured by the Lawton Scale (telephone, shopping, food preparation, transportation, ability to take medicines, ability to manage finances, and ability to live independently).
PSW	Personal Support Worker — title used in Ontario and Quebec for non-regulated health workers trained in ADL assistance.
HCA	Health Care Aide — equivalent title used in British Columbia, Alberta, Saskatchewan, and Manitoba.
HSW	Home Support Worker — equivalent title used in the Atlantic provinces and territories.
LPN / RPN	Licensed Practical Nurse (in most provinces) or Registered Practical Nurse (Ontario) — regulated nursing professional authorised to perform personal care tasks.
RN	Registered Nurse — regulated nursing professional with full clinical scope.
Companion / Sitter	Unregulated role providing social support and supervision. Not authorised for personal care tasks.
Housekeeper (private hire)	Worker hired directly by a family for cleaning, laundry, and light meal preparation. Private-hire arrangements may engage CRA employer liability.
Cleaning service (agency)	Incorporated service provider delivering housekeeping with employer-of-record handling of CPP, EI, WSIB, and liability insurance.
Private pay	Services paid out of pocket by the recipient or family, without subsidy.
Subsidised	Services provided, allocated, or reimbursed through a provincial, territorial, or federal program.

The scope distinction between personal care and housekeeping is the central decision point of this paper. Personal care is physical assistance with the recipient's body; housekeeping is cleaning and maintenance of the recipient's dwelling. The former requires a trained, regulated, or at least registered worker; the latter does not. A cleaning service cannot, legally, perform personal care, and a family that attempts to substitute cleaning for personal care is exposed to liability, loss of insurance coverage, and — most importantly — risk to the recipient.

## II. Assessment instruments

### Katz Index of Independence in ADL

The Katz Index was introduced in 1963 as a six-item measure of basic self-care. Each item is scored as independent (1) or dependent (0), and the six items are summed to a score in the range 0–6, where 6 indicates full independence and 0 indicates total dependence. The six items are bathing, dressing, toileting, transferring, continence, and feeding. The instrument is widely used in Canadian provincial home care assessment programs and underlies the interRAI Home Care (interRAI HC) tool used by most provincial home care programs.

### Lawton Instrumental ADL Scale

The Lawton Scale, introduced in 1969, measures eight higher-order support tasks: using the telephone, shopping, food preparation, housekeeping, laundry, transportation, medication management, and finances. Scores range 0–8. The Lawton Scale is sensitive to early functional decline that the Katz ADL does not detect, and it is the primary driver of the housekeeping-hours term in the cost model.

### Worked example

A 74-year-old woman with moderate Parkinson's disease lives alone. She can walk with a walker, manages her own toileting and feeding, but requires assistance with bathing and dressing. Katz items score as follows: bathing 0, dressing 0, toileting 1, transferring 0 (requires rail assistance), continence 1, feeding 1 — Katz total 3. On IADL: telephone 1, shopping 0, food preparation 0, housekeeping 0, laundry 0, transportation 0, medication 0, finances 1 — Lawton total 2.

## III. Scope of practice across Canada

Scope of practice for personal support workers is defined at the provincial level. Ontario maintains a voluntary PSW registry administered under the NACC curriculum standard; British Columbia and Alberta maintain mandatory Care Aide or Health Care Aide registries; most other provinces rely on program-based certification tied to community college or health authority training. Nursing scope is defined by the regulating college in each province (CNO in Ontario, OIIQ in Quebec, BCCNM in British Columbia, and so on).

The table below summarises which worker type is legally authorised to perform each of six categories of task across a representative subset of Canadian jurisdictions. Values are T for authorised, D for authorised only under delegation or RN direction, and N for not authorised.

Task	PSW / HCA	LPN	RN	Companion	Housekeeper	Cleaning Svc
Medication administration	N	T	T	N	N	N
Transfer assistance	T	T	T	N	N	N
Bathing and toileting	T	T	T	N	N	N
Basic wound care	D	T	T	N	N	N
Catheter and ostomy care	N	T	T	N	N	N

Task	PSW / HCA	LPN	RN	Companion	Housekeeper	Cleaning Svc
Housekeeping	T	N	N	N	T	T
Meal preparation	T	N	N	T	T	T

*T = authorised. D = authorised under delegation or RN direction only. N = not authorised.*

Two rows in this table deserve particular attention. First, neither a companion, nor a private housekeeper, nor a cleaning service is authorised to perform transfer assistance or bathing. Families who attempt to delegate these tasks to a cleaning worker are outside the worker's scope of practice, outside their liability insurance, and frequently outside their physical capability (transfer assistance is a musculoskeletal injury risk for untrained workers). Second, neither a PSW, LPN, nor RN is in general scope for housekeeping — their time is best used on regulated tasks. The cost-minimising service mix is therefore almost always hybrid: a PSW or HCA for personal care hours and a housekeeper or cleaning service for housekeeping hours.

## IV. The cost landscape

Private-pay hourly rates for home care services vary substantially across Canadian jurisdictions. The reference rate bands used in this paper are reconciled between two upper-bound and lower-bound anchors: Statistics Canada wage tables for the relevant National Occupational Classification codes (44101 for home support workers, 33102 for nurse aides, 32101 for licensed practical nurses, and 31301 for registered nurses), and the Canadian Home Care Association's published agency markup range.

Jurisdiction	PSW / HCA	LPN	RN	Housekeeper	Agency markup
Ontario	\$28–\$42	\$38–\$62	\$54–\$95	\$22–\$36	1.38x
Quebec	\$26–\$39	\$35–\$57	\$50–\$87	\$20–\$33	1.30x
British Columbia	\$30–\$45	\$41–\$67	\$58–\$103	\$24–\$39	1.42x
Alberta	\$29–\$44	\$40–\$65	\$57–\$100	\$23–\$38	1.40x
Saskatchewan	\$26–\$39	\$35–\$57	\$50–\$87	\$20–\$33	1.35x
Manitoba	\$25–\$38	\$34–\$56	\$49–\$86	\$20–\$32	1.32x
Nova Scotia	\$25–\$35	\$33–\$55	\$48–\$84	\$19–\$32	1.30x
New Brunswick	\$24–\$34	\$33–\$53	\$46–\$82	\$19–\$31	1.28x
Newfoundland	\$25–\$36	\$34–\$56	\$49–\$86	\$20–\$32	1.30x
PEI	\$24–\$35	\$32–\$52	\$45–\$80	\$18–\$30	1.28x
Yukon	\$34–\$51	\$46–\$76	\$66–\$116	\$27–\$41	1.45x
NWT	\$38–\$57	\$51–\$84	\$73–\$128	\$30–\$49	1.50x
Nunavut	\$42–\$63	\$57–\$93	\$81–\$143	\$33–\$54	1.55x

*Median private-pay rate bands (CAD per hour) reconciled against StatsCan Table 14-10-0417-01 and the Canadian Home Care Association agency markup range. Northern premiums reflect remoteness.*

Several observations follow from this table. The BC rate band is the highest in the lower 49°N (reflecting labour market tightness and a larger private market), and the territorial rates carry substantial remoteness premiums. The agency markup, which converts a worker's wage into the price families pay, is roughly 1.25x to 1.50x across the country — with the important caveat that the agency assumes the CPP, EI, WSIB, and supervisory costs that a private-hire arrangement would otherwise put on the family.

## V. Subsidised programs

Every Canadian province and territory operates a subsidised home care program. Eligibility is typically needs-based, administered through a single point of access, and capped at a weekly hours ceiling. Wait times between referral and first service vary from approximately two weeks to six weeks depending on jurisdiction and acuity. Program names and administering bodies change over time; the table below is current as of April 2026.

Jurisdiction	Program	Administering body	Hours/week (mo)
Ontario	HCCSS	14 HCCSS regions under Ontario Health	~14–21
Quebec	Soutien à domicile	CLSC via CIUSSS/CISSS	~20–60
British Columbia	Home and Community Care	5 Regional Health Authorities	~16–30
Alberta	Continuing Care at Home	Alberta Health Services	~12–40
Saskatchewan	Home Care	Saskatchewan Health Authority	~10–35
Manitoba	Home Care Program	Shared Health Manitoba	~12–30
Nova Scotia	Continuing Care Home Care	Nova Scotia Health	~10–40
New Brunswick	Extra-Mural Program	Horizon Health Network	~12–35
Newfoundland	Home Support Program	NL Health Services	~10–45
PEI	Health PEI Home Care	Health PEI	~8–30
Yukon	Home Care Program	Yukon HSS	~10–20
NWT	Home and Community Care	NWT HSS	~8–25
Nunavut	Home and Community Care	Department of Health	~6–30

*Published subsidised hours are best-effort point-in-time estimates compiled from provincial program pages and CIHI Home Care Reporting System indicators.*

Two structural features of the Canadian home care subsidy landscape are worth highlighting. First, most provincial programs explicitly exclude standalone housekeeping — the subsidy covers personal care and nursing only, with the result that families who need housekeeping must pay for it out of pocket even if they are actively enrolled in the subsidised program. Second, the ceiling on subsidised hours (roughly 14 hours per week for moderate-need clients in Ontario, 30 hours in BC, 40 hours in Nova Scotia) is well below the ~30–50 hours per week that the cost model typically recommends for high-ADL recipients, leaving a structural out-of-pocket gap that is quantified in Section VIII.

# VI. The tax relief stack

Canadian households paying out of pocket for home care may claim three overlapping federal tax credits, each replicated at the provincial level with its own rate and threshold. For the 2026 taxation year:

Credit	Rate	Base	Source
Medical Expense Tax Credit (METC)	15% federal + provincial	Qualifying medical expenses exceeding the lesser of 3% of net income or \$2,759 (federal)	CRS, CRA
Disability Tax Credit (DTC)	15% federal + provincial	Base amount \$9,872 (federal) plus provincial amount	CRS, CRA, if recipient holds a valid T2201
Canada Caregiver Credit (CCC)	15% federal + provincial	Caregiver amount \$8,375 (federal) plus provincial amount	CRS, CRA, if care recipient is a dependent

Veterans may also be eligible for the Veterans Independence Program (VIP) administered by Veterans Affairs Canada, which reimburses housekeeping, grounds maintenance, personal care, and related services up to approximate annual ceilings of \$3,072, \$1,884, and \$9,324 respectively. First Nations and Inuit community residents may be eligible for the FNIHB Home and Community Care Program administered by Indigenous Services Canada, which provides in-kind service rather than cash reimbursement.

## Interaction and claiming strategy

The METC, DTC, and CCC can all be claimed in the same taxation year, subject to their individual eligibility rules. The DTC requires a valid T2201 certificate; the CCC requires that the recipient either live with the claimant or depend on the claimant for support. In most configurations the METC is the largest credit by dollar value because it scales with out-of-pocket spending, while the DTC and CCC are fixed amounts. A worked example appears in the case studies in Section IX.

## VII. Employment law for private-hire households

Families who hire personal support workers or housekeepers directly, rather than through an agency, enter an employment relationship that the Canada Revenue Agency evaluates under a four-factor test: control, ownership of tools, chance of profit and risk of loss, and integration. For a recurring home care arrangement in which the family sets the schedule, supplies the home as the workplace, and pays a regular hourly wage, the CRA will almost always conclude that the family is an employer and the worker is an employee.

Being an employer triggers four concrete obligations: (1) CPP contributions (both the employer and employee share), (2) Employment Insurance premiums (both shares), (3) provincial workers' compensation registration and premiums (WSIB in Ontario, WorkSafeBC in British Columbia, equivalent bodies in other provinces), and (4) T4 reporting each year. Families also take on obligations under provincial employment standards legislation around vacation pay, statutory holiday pay, and termination notice.

The agency alternative transfers all of these obligations to the agency as employer of record. The price difference (the agency markup of roughly 1.25x to 1.50x) is what families pay for that transfer. In practice, for arrangements exceeding approximately 20 hours per week, the administrative and compliance burden of private hire makes the agency option the practical default.

Dimension	Private hire	Agency
Total hourly cost	\$28–\$42 (wage) + ~18% loading = \$33–\$50	\$38–\$63 (billed rate)
Responsibility for CPP, EI, WSIB	Family (self-register as employer)	Agency
Backup / continuity of care	Family's problem	Agency schedules replacement
Administrative burden	Payroll, T4, source deductions	None beyond paying invoices
Liability for worker injury	WSIB premium + residual liability	Agency
Scheduling flexibility	Maximum	Moderate
Typical cost-effectiveness threshold	Under ~15 hours/week	At or above ~20 hours/week

## VIII. The cost model

The reference cost model is a parametric decision framework that takes an assessment triple, household and jurisdictional context, and returns a recommended service mix and full cost stack. The calculation proceeds in six steps:

**Step 1. Hours derivation.** Weekly personal support hours are computed as  $7 \times (6 - ADL) + cognitive\_bump + mobility\_bump - credited\_informal$ , with the informal-caregiver credit capped at 60 percent of base to reflect the practical impossibility of fully substituting family caregiving for formal hours. Housekeeping hours are computed as  $2 \times (8 - IADL) + household\_modifier$ . Nursing hours are computed from the diagnosis category with a small cognitive adjustment.

**Step 2. Scope gate.** If the ADL score is at or below 4, or if cognition is moderate or severe, personal care is mandatory and the model emits a scope warning preventing any plan that substitutes housekeeping for personal care hours.

**Step 3. Nursing gate.** If the primary diagnosis is post-surgical recovery, stroke, complex wound, ostomy, or involves medication administration, an LPN or RN is required and the model emits a nursing-hours requirement.

**Step 4. Rate lookup.** The median private-pay rate for the recipient's province and the applicable service category is retrieved from the reference table *home\_care\_services\_canada.csv*. If the family has chosen an agency rather than private hire, the rate is multiplied by the province's agency markup.

**Step 5. Subsidy allocation.** The subsidised hours awarded by the recipient's provincial program are retrieved from *home\_care\_subsidy\_programs.csv* and capped at the model's recommended personal support hours. The subsidy value is the subsidised hours times the province's PSW rate.

**Step 6. Tax relief stack.** Out-of-pocket annual cost is reduced by the METC (federal and provincial), the DTC (if eligible), the CCC (if eligible, phased out between the defined income bands), and the VAC VIP (if the recipient is a veteran). The final out-of-pocket after credits is the headline number returned to the family.

The model also returns an all-PSW counterfactual — the cost of the same total hours if every hour were billed at the PSW rate rather than mixing PSW and housekeeper rates — and the hybrid savings, which quantify the dollar benefit of the cost-minimising service mix. The full return dataclass is documented in the reference implementation at `engines/python/engine.py`.

## IX. Case studies

Three worked examples illustrate how the model handles representative combinations of assessment, jurisdiction, and eligibility.

### Case 1 — Mrs. A., 82, Sudbury ON, mild frailty

Mrs. A. is an 82-year-old widow living alone in Sudbury. Her Katz ADL is 5 (she requires assistance with bathing only), her Lawton IADL is 5 (she no longer shops or prepares full meals). She has no cognitive impairment, uses a cane, and has no significant chronic conditions. Her daughter provides about 5 hours per week of informal caregiving.

Item	Value
Recommended PSW hours / week	8.5
Recommended housekeeping hours / week	9.0
Recommended nursing hours / week	0
Service mix	PSW + housekeeping
Private-pay cost, monthly	\$1,850
Subsidised hours allocated / week	8.5 (capped)
Out-of-pocket before credits, monthly	~\$475
METC + DTC + CCC annual value	~\$420
Out-of-pocket after credits, monthly	~\$440

Interpretation: the subsidised program covers most of Mrs. A.'s personal support needs; her out-of-pocket burden comes almost entirely from housekeeping, which the Ontario program does not cover. A cleaning service at the private-housekeeper rate is the cost-minimising option for her housekeeping hours. A PSW for the same 9 hours would add roughly \$470 per month.

### Case 2 — Mr. B., 74, Vancouver BC, moderate dementia, post-stroke

Mr. B. is a 74-year-old man living with his spouse in Vancouver. He had a mild stroke 18 months ago and has since developed moderate cognitive impairment. His Katz ADL is 2 (he requires assistance with all personal care except feeding), his Lawton IADL is 1. He uses a walker indoors. His spouse provides about 20 hours per week of informal caregiving but is approaching caregiver burnout. The household's net family income is \$72,000. Mr. B. holds a valid Disability Tax Credit certificate.

Item	Value
Recommended PSW hours / week	28.0
Recommended housekeeping hours / week	15.5
Recommended nursing hours / week	0
Service mix	PSW + housekeeping (with scope warning)
Private-pay cost, monthly	\$6,708

Item	Value
Subsidised hours allocated / week	25.3
Out-of-pocket before credits, monthly	\$2,553
METC annual value	\$5,712
DTC annual value	\$1,958
CCC annual value	(phased out at this income)
Total credits annual value	\$7,670
Out-of-pocket after credits, monthly	\$1,914
All-PSW counterfactual, monthly	\$7,144
Hybrid savings, monthly	\$436

Interpretation: the BC subsidised program allocates nearly all of Mr. B.'s personal support hours, leaving housekeeping and residual personal-care gap hours as the out-of-pocket burden. The combined METC and DTC reduce the annual out-of-pocket by about \$7,670, bringing the monthly net cost down from \$2,553 to \$1,914. The hybrid mix (housekeeping at the private-housekeeper rate rather than the PSW rate) saves approximately \$436 per month versus an all-PSW plan. The scope warning reminds the family that the housekeeping hours are in addition to — not instead of — the personal support hours.

### Case 3 — Mr. C., 89, rural New Brunswick, bedbound veteran

Mr. C. is an 89-year-old veteran living with his adult daughter in rural New Brunswick. He is bedbound, has severe cognitive impairment, and requires complete assistance with all activities of daily living. His Katz ADL is 0; Lawton IADL is 0. He holds the Disability Tax Credit and is VIP-eligible. Household net income is \$48,000.

Item	Value
Recommended PSW hours / week	~56
Recommended housekeeping hours / week	~17
Recommended nursing hours / week	~3
Service mix	nursing + PSW + housekeeping (scope warning)
Private-pay cost, monthly	~\$10,800
Subsidised hours allocated / week	~35 (NB EMP ceiling)
Out-of-pocket before credits, monthly	~\$5,700
METC annual value	~\$9,800
DTC annual value	~\$1,960
CCC annual value	~\$1,380
VAC VIP annual value	~\$12,400
Total credits annual value	~\$25,500
Out-of-pocket after credits, monthly	~\$3,575

Interpretation: at this acuity level, full out-of-pocket cost would be approximately equal to a retirement home placement, but the VAC VIP, DTC, CCC, and METC stack together reduce the net cost by roughly one-third, bringing the monthly burden into the range where aging in place remains financially viable. Crucially, the subsidised EMP hours do not cover the full model-recommended hours — the gap is structural, and the family must supplement privately or enlist additional informal caregiving.

## X. Limitations and caveats

The model presented here is a reference framework, not a substitute for individualised clinical or financial assessment. Specific limitations include:

- The synthetic scenario dataset is deterministically generated from population-level priors and is not empirical household data. It must not be cited as such.
- Subsidised hours are best-effort point-in-time estimates; provincial programs change eligibility rules, waitlists, and hour ceilings with some regularity.
- Private-pay rate bands are reconciled against StatsCan wage tables and CHCA markup ranges and carry an implied uncertainty of roughly  $\pm 15$  percent.
- Tax rule parameters are current for the 2026 taxation year and must be refreshed annually.
- The model does not cover residential long-term care, retirement home transitions, or acute inpatient care.
- The model does not substitute for assessment by a regulated health professional (geriatrician, nurse case manager, occupational therapist) or by a registered tax practitioner.
- Worked case studies are composite, not individual, and the rounded case-study values reflect illustrative approximations rather than exact engine output for the named persons.

## Acknowledgements, data sources, and references

This paper is made possible by publicly-available data published by Statistics Canada, the Canadian Institute for Health Information, the Canada Revenue Agency, Veterans Affairs Canada, Indigenous Services Canada, the Canadian Home Care Association, and the ministries of health of every Canadian province and territory. The assessment instruments are drawn from the original 1963 and 1969 publications of Katz and Lawton and are used here as reference-only scoring frameworks.

Model implementation and empirical rate compilation by Dave Cook, Binx Professional Cleaning, North Bay, Ontario. The maintainer is not a health professional; this paper is a reference model, not clinical advice, and should not be used in place of an assessment by a regulated health professional or registered tax practitioner.

### Principal sources

- [1] Statistics Canada. Table 14-10-0417-01 — Employment and average weekly earnings by industry, monthly, seasonally adjusted.
- [2] Statistics Canada. Table 17-10-0005-01 — Population estimates on July 1, by age and sex.
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## Appendix A. Reproducibility

All code and datasets associated with this paper are published under open licenses. The code is MIT-licensed; the datasets and this document are licensed under CC BY 4.0. The repository is hosted at <https://github.com/DaveCookVectorLabs/home-care-cost-model> and mirrored on GitLab, Codeberg, SourceHut, and Launchpad. The Python reference implementation is published on PyPI as `home-care-cost-model`; language ports are published to npm, Crates.io, Maven Central, RubyGems, Hex.pm, Packagist, and pkg.go.dev under matching names.

The synthetic scenario dataset is generated deterministically from `random.seed(42)`. The reference tables (`home_care_services_canada.csv`, `home_care_tax_parameters_2026.csv`, `home_care_subsidy_programs.csv`) are hand-curated and their provenance is recorded in `datasets/SOURCES.md`. The full pipeline can be reproduced by running the generator scripts in sequence:

```
python datasets/pull_sources.py
python datasets/generate_home_care_services_canada.py
python datasets/generate_home_care_tax_parameters.py
python datasets/generate_home_care_subsidy_programs.py
python datasets/generate_home_care_scenarios.py
python datasets/generate_home_care_per_province_rate_bands.py
python datasets/generate_home_care_cost_model_archetypes.py
python datasets/generate_home_care_tax_relief_sensitivity.py
python datasets/generate_home_care_subsidy_gap.py
```

Regeneration of any dataset in the same Python environment must yield a byte-identical output. Cross-language parity between the seven engine implementations (Python, Rust, Java, Ruby, Elixir, PHP, Go) is verified against the three case studies in Section IX to the cent. The working paper DOI is assigned by Zenodo at publication and recorded in the repository CITATION file.