



PEI  
**Disability  
Support**  
Program

# Policy Manual

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## **1.0 PROGRAM OVERVIEW**

### **1.1 Program Description**

- 1.1.1 The Prince Edward Island Disability Support Program (hereafter referred to as DSP) is a program designed to assist Islanders who have a qualifying disability to overcome barriers, to attain a satisfactory quality of life, and to strive to achieve financial independence.
- 1.1.2 The DSP may assist children and youth with disabilities by offering support to them and their parent(s)/guardian(s).
- 1.1.3 The DSP is a social program with a financial component. The program offers support planning assistance to help develop a plan of action and to help determine supports that are necessary. The program may also provide referrals to other agencies where complimentary services may be obtained.
- 1.1.4 The financial component of the DSP is not intended to provide a living allowance, for which other programs exist, or to duplicate existing funding sources. The financial component of DSP pertains only to disability-related costs: to fund services and supports necessary to enable an individual with a disability to live as independently as possible or to obtain and maintain competitive employment, or to help a family with extraordinary child-rearing support needs directly related to their child's disability.

### **1.2 Program Authority**

- 1.2.1 The DSP has been approved by Executive Council and it falls under the Ministry of Social Services and Seniors. Disability Supports fall under the *Rehabilitation of Disabled Persons Act* and the *Social Assistance Act*. The portion of the program that covers Employment and Vocational Supports is subject to a Federal/Provincial agreement, which is partially funded by the Federal Government.

### **1.3 Primary Principles**

- 1.3.1 In the administration and delivery of the DSP, the following statements and beliefs act as guidelines in which to place a context around the relationship between the individual with the disability and/or his/her family, the Disability Support Worker, and the Department of Social Services and Seniors.
  - a) Every person with a disability has the right to seek support in attempting to overcome barriers, to attain a satisfactory quality of life, and to achieve financial independence.

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- b) The dignity and value of the person should not be compromised in the individual's seeking of services.
- c) If a person with a disability earns an income they may still qualify for assistance through this program.
- d) Most individuals prefer to be self-sufficient rather than dependent, and services provided should be directed towards that end.
- e) To facilitate growth toward independence, Disability Support Workers must avoid taking on tasks that can be completed by the individual and/or family.
- f) Generally, families are open and prepared to help other family members, and service intervention should not erode this traditional practice.
- g) Individual persons or families usually know what their issues are and wish to be directly involved in making decisions on how best to resolve those issues.
- h) Disability Support Workers are expected to work with the individual and/or family to develop a support plan with goals and actions that outline supports necessary to achieve the goals.
- i) In seeking support, the individual and/or family has the responsibility to comply with the expectations and obligations of the service process.
- j) Information obtained by the Department of Social Services and Seniors while providing services is confidential and may be shared only with other government departments or private agencies when necessary to expedite required or requested services only when permission has been obtained (Refer to Section 3.0, *Confidentiality*).
- k) The quality with which any service is rendered is contingent upon the attitude, life experience, training and confidence of those staff who are the primary deliverers of the service.
- l) Public and community perceptions and views with respect to any public program are powerful influences; hence, a sensitivity to these perceptions is necessary.
- m) Resources (budget allocations, staff) to deliver the program are limited; hence, in order to ensure that those in need are assisted, program management must manage the program efficiently.

## 1.4 Program Objectives

1.4.1 The DSP has three components. The objectives of each are as follows:

- a) ***Child Disability Supports*** - To provide a range of disability related supports and services to families who have children with qualifying disabilities, according to their individual needs, to assist with extraordinary child-rearing support needs directly related to their disability.
- b) ***Adult Disability Supports*** - To provide a range of disability related supports and services to people with qualifying disabilities according to their individual needs and requirements to help them achieve a higher level of independence.
- c) ***Employment and Vocational Supports*** - To provide a flexible range of measures that include assessment, training, skills development and pre-employment in an individually-focussed program which will result in competitive, long-term employment, or supported employment, if appropriate.

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## 1.5 Program Emphasis

- 1.5.1 It is understood that every individual is unique, with his or her own values, beliefs and coping styles. As such, the Department of Social Services and Seniors believes that each person's individualized needs are best met using a person-centered planning approach. Intrinsic to this method of program delivery is a respect for and acceptance of racial, ethnic, cultural, socio-economic, physical and intellectual diversity.
- 1.5.2 The Department of Social Services and Seniors is committed to supporting the family unit and recognizes that families caring for children with special needs may require support to enable them to remain together as a family. Supports must be accessible, flexible, and designed to respond to the child's assessed unmet needs. Families with children with disabilities may require supports that are not solely financial, such as direction to community resources.
- 1.5.3 Person-Centered Approach - The person-centered approach to service delivery is based on a philosophy that puts the person "at the center" of all interaction directed at enhancing his or her quality of life. A person-centered approach to service delivery combines efficiency, commitment and empathy with the individual and/or family being a prominent partner in the service delivery process. A person-centered approach means:
- a) providing customized supports to individuals and families;
  - b) the individual and/or family defines the situation from their viewpoint;
  - c) the individual and/or family actively participates in and coordinates their service; and
  - d) the individual's and/or family's strengths and resources are reviewed.
- 1.5.4 Needs versus Entitlement - The P.E.I. DSP focusses on the *needs* of the individual and/or family rather than entitlement (Refer to Section 5.5.1). This allows for more flexible planning with individuals and families. The DSP will endeavour to ensure fairness and accountability in programs which best respond to individual needs.

## 1.6 Referrals

- 1.6.1 Self-referral is preferred, however, referrals may come from a variety of sources. If a referral comes from a source other than self referral, an individual and/or family must be aware that the referral has been made, and must consent to it before the application can proceed.

## 1.7 Applicants' Right to a Review Process

- 1.7.1 Any applicant who is not satisfied with a decision made with respect to their application may follow the *Review Process*. This process is described in Section 17.0.

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## **2.0 ROLES AND RESPONSIBILITIES:**

### **2.1 Role of the Disability Support Worker**

2.1.1 The role of the Disability Support Worker is to:

- a) administer the DSP;
- b) utilize a person-centred approach when working with individuals and/or families;
- c) offer support coordination services if requested by the individual and/or family (Refer to Section 2.5, *Role of the Support Coordinator*);
- d) work with the Support Coordinator to ensure that the appropriate people are involved in the support planning process to focus on maximizing the person's quality of life;
- e) consult and work with the individual and/or family to decide the priority of needs to be met;
- f) verify that all potential resources and supports have been considered in the development of the support plan, and determine which needs are already met and which are not;
- g) have a comprehensive knowledge of the range of services/supports available in the local system of services;
- h) ensure that, where appropriate, procedures for confidentiality are in place for all service providers in the collection, use and transfer of information related to the individual and/or family and the support plan (Refer to Section 3.0, *Confidentiality*);
- i) approve support plans and individual support agreements up to signing authority limits;
- j) review each support plan and individual support agreement on a regular basis to follow-up on planned services and evaluate outcomes (a supports review is to occur at a minimum of once per year according to Section 13.1);
- k) to enter into the *Integrated Services Management* (ISM) system all required documentation and/or forms under the DSP;
- l) to ensure that necessary documentation containing signatures from DSP participants is maintained in a hard copy secured file system, according to office procedures;
- m) prepare files for transfer between offices, if necessary;
- n) participate in community development work such as developing and facilitating community education and consultation;
- o) maintain a specified level of signing authority in accordance with office procedures;
- p) consult with Disability Support Unit Supervisor if false information is being provided by a participant (Refer to Section 13.4); and
- q) participate in the Provincial Review Committee as required (Refer to Section 17.3).

### **2.2 Role of the Supervisor**

2.2.1 The role of the Supervisor is to:

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- a) manage the Disability Support office(s);
- b) provide consultation to Disability Support Workers;
- c) maintain a specified level of signing authority in accordance with program procedures;
- d) ensure Disability Support Workers have appropriate signing authority in accordance with program procedures;
- e) manage transfer process of files between offices;
- f) attempt to resolve issues with dissatisfied participants;
- g) give direction to Disability Support Workers concerning suspected fraud (Refer to Sect.13.4);
- h) ensure records and data are kept for the purpose of program evaluation;
- i) ensure records and data are kept for the purpose of budgetary review;
- j) participate in the provincial review committee as required (Refer to Section 17.3);
- k) participate in the Provincial Working Group and other provincial meetings as necessary; and
- l) monitor overall performance of Disability Support Workers (Refer to Section 2.7.6).

## **2.3 Role of the Support Coordinator**

2.3.1 The Support Coordinator may be, but not limited to the following:

- a) the individual with the disability;
- b) family member;
- c) service provider; and/or
- d) the Disability Support Worker.

2.3.2 The Support Coordinator is responsible to:

- a) work with the Disability Support Worker to ensure that the appropriate people are involved in the process of identifying needs and planning supports;
- b) help in the development of the support plan with the individual and/or family;
- c) help coordinate and monitor service delivery;
- d) facilitate communication between funded service providers, family and community supports and other funders to reduce duplication, clarify responsibility and ensure accountability;
- e) coordinate access to services and the timetable for delivery of services and/or supports;
- f) follow up on planned services and supports, and help evaluate results; and
- g) keep client information confidential.

## **2.4 Responsibilities of the Individual/Family/Agent**

2.4.1 The individual and/or family is responsible to:

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- a) provide verification of disability, if requested;
- b) complete the DSP *Screening Tool* with the Disability Support Worker; (Refer to Section 5.1)
- c) work with the Disability Support Worker and Support Coordinator to identify and prioritize unmet needs;
- d) utilize family and community supports to the extent that they are available;
- e) work with the Disability Support Worker to develop an appropriate support plan with goals and action plans;
- f) provide information regarding Net Income (Line 236) from their *Notice of Assessment* provided by Canada Revenue Agency as proof of income for determination of household income and determination of client contribution, and documentation of age, if needed (i.e. birth certificate, Personal Health Number);
- g) agree to and sign an *Individual Support Agreement*; (Refer to Section 11.0)
- h) take responsibility for the provision of informal supports where agreed to in the support plan;
- i) take responsibility for contracting support services;
- j) to advise the Disability Support Worker if more frequent reviews are required due to a change in condition or circumstances;
- k) participate in evaluating the quality of service/supports through feedback when requested or offered;
- l) inform the Disability Support Worker, at the time of the annual review, of any change in condition or circumstance that affects needs;
- m) inform the Disability Support Worker if moving and/or if they are in an institution beyond 30 days (i.e. hospital, long-term care facility, prison, etc. (Refer to section 10.7.3);
- n) return technical aid/assistive devices to the DSP when ceasing to require or use the technical aids/assistive device if the DSP's contribution for the purchase of the technical aid/assistive device is 75% or more of the cost. (Refer to Section 8.6.1 and Appendix B-7, Forms, *Individual Support Agreement*); and
- o) maintain *Records of Supports Used* (Refer to Section 11.2 and Appendix B-9, Forms, *Record of Supports Used*).

## **2.5 Delegated Signing Authority**

- 2.5.1 Signing authority in the DSP will only be delegated to an employee after the employee has demonstrated competency in the delivery of the DSP during a period of close supervision and training.
- 2.5.2 Determination of signing authority levels are the role of the East/West DSP Coordinators.
- 2.5.3 The employee's supervisor is responsible for guiding the Disability Support Worker through this training period and is responsible for monitoring progress. When the employee's supervisor is satisfied that the Disability Support Worker understands and is competently able to apply the policies, a recommendation for signing authority may be made to the appropriate authority.



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- 2.5.4 Disability Support Workers must attain signing authority for a one year period.
- 2.5.5 Employees are expected to develop a general competency that will ensure that appropriate disability support decisions are made. Training objectives are to:
- a) review/study program philosophy and principles, especially looking at views and attitudes towards people with disabilities;
  - b) understand and apply the concepts, knowledge and methods of casework and case management;
  - c) understand the acts and services that are administered by the Department of Social Services and Seniors and the importance of good referral linkages to other government agencies;
  - d) understand the resources and services available through local community based agencies; and understand various disabilities and the inherent nature of living with a disability. |
- 2.5.6 Employees are responsible for their own decisions when they have been granted signing authority based on their demonstrated competency. Monitoring overall performance is the responsibility of their immediate supervisor.
- 2.5.7. Case auditors shall access and review files. Errors in procedure or judgement are reported to the employee or their supervisor directly.
- 2.5.7 Misuse of signing authority, or a pattern of errors or faulty judgement, results in corrective action that may include:
- a) temporary withdrawal of signing authority by the supervisor, thus requiring the
  - b) supervisor's approval of all case actions until practice competency is restored;
  - c) recommendation that signing authority be permanently withdrawn.

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### 3.0 CONFIDENTIALITY

- 3.1 Information obtained by the Department of Social Services and Seniors while providing services is confidential and may be shared only with other government departments or private agencies when necessary to expedite required or requested services and only when permission has been obtained.
- 3.2 A “Release of Confidential Information” clause is included in the *DSP Application* (Refer to Appendix B-1, *Forms, Application Form*), which is signed by the applicant or their parent/guardian or agent.
- 3.3 A separate “Release of Confidential Information” form must be completed for anyone who is not listed on the application form (Refer to Appendix B-11, *Forms, Release of Confidential Information*).
- 3.4 Personal information held by government is protected under the *Freedom of Information and Protection of Privacy Act*. DSP participants must be informed that personal information is collected under Section 3 (f) of Prince Edward Island’s Rehabilitation of Disabled Persons Act and Section 3 (a) of Prince Edward Island’s Social Assistance Act and is used for the purpose of the administration of the DSP (Refer to Section 1.2.1).

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## **4.0 ELIGIBILITY**

### **4.1 Age and Residency Requirements**

#### **4.1.1 The applicant:**

- a) must be age 64 years or under when they apply for the program;  
Note: If an active DSP service (recurring monthly funding) exists when a person turns age 65, only that recurring amount of funding will continue; and
- b) must be a resident of the province of Prince Edward Island and be eligible for P.E.I. provincial medical coverage (and possess a current Personal Health Number).
- c) Persons in a community based residential settings such as community care facilities or group homes are eligible for personal technical aids or assistive devices only.

#### **4.1.2 In addition, for the *Employment and Vocational component* of the program the individual:**

- a) must be legally entitled to work in Canada; and
- b) must be at least 16 years of age and be enrolled in the secondary school system, or have been out of public or private school for at least one year.

### **4.2 Disability Requirements**

#### **4.2.1 The individual:**

- a) will have a disability with ongoing functional limitations as a result of the disability which substantially limit the capacity to carry out those activities of daily living which are necessary to acquire independence and well-being, or for the *Employment and Vocational component* of the program, which present a substantial barrier to competitive employment; and
- b) the impairment must be continuous or recurrent and likely to continue for at least one year (Refer to Appendix A, P.E.I. *DSP Definitions and Guidelines*).

#### **4.2.2 In determining the eligibility of an individual, the specific disability must be physical or mental in nature (excluding mental illness for the *Child Disability Supports* and *Adult Disability Supports* components of the program). Refer to Appendix A, P.E.I. *DSP Definitions and Guidelines*.**

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### 4.3 Exclusions

4.3.1 Conditions specifically excluded from coverage for this program include, but are not limited to:

- a) conditions which cause mental illness (mental illness) for the Adult Disability Supports and Child Disability Supports only;
- b) learning disabilities;
- c) medical conditions which do not result in a long term disability (i.e., cancer, diabetes, asthma, crohn's disease, carpal tunnel syndrome, neuropathy, epilepsy, etc);
- d) addiction(s) to or dependency on alcohol, nicotine, or any other substance, gambling, etc.;
- e) allergies (i.e. hay fever);
- f) behaviour disorders, including but not limited to: disorders relating to the tendency to set fires; to steal; to physically or sexually abuse others; to show symptoms of exhibitionism; voyeurism; undiagnosed behavioural problems; and/or ADHD (attention deficit hyperactivity disorder); and
- g) chronic pain, minor arthritic conditions, soft tissue injuries, and back issues.

4.3.2 Any child in the temporary or permanent care of the Director of Child Welfare, will not be eligible for funding under the DSP. The Director of Child Welfare is responsible for meeting the needs of children-in-care.

### 4.4 Medical Consultation

4.4.1 The Disability Support Worker must write a description of the individual's condition and circumstances and keep this information on the individual's file (Refer Appendix B-1, *Forms, Application*).

4.4.2 A Disability Support Worker has the option of requesting medical consultation with the applicant and a health-care practitioner. For the purpose of this program, a health-care practitioner may verify:

- a) that a person has a substantial physical, or mental impairment (excluding mental illness and the likely duration of the impairment; and/or
- b) the direct and cumulative effect of an impairment on a person's ability to attend to his or her personal care, function in the community, function in school, or function in a one or more activities of daily living.

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4.4.3 The Disability Support Worker may request additional opinion(s) from another health-care practitioner, if they deem it necessary (Refer to Section 8.6.2).

4.4.4 Examples of health-care practitioners from which medical consultations may be requested are:

- a) physician/surgeon;
- b) optometrist;
- c) occupational therapist;
- d) physiotherapist;
- e) school psychologist; and/or
- f) speech language pathologist.

#### **4.5 Additional Criteria**

4.5.1 Applicants must agree to pursue and access, where eligible, other publicly or privately funded assistance for disability-related supports such as but not limited to:

- a) Workers' Compensation;
- b) Employment Insurance;
- c) alternate funding sources such as student loans (Canada Study Grant for Students with Disabilities);
- d) Canada Pension Plan Disability Benefits;
- e) vocational rehabilitation program of the Canada Pension Plan;
- f) private bursaries;
- g) Special Opportunities Grant;
- h) long-term disability insurance;
- i) CMHC (Canadian Mortgage and Housing Corporation);
- j) Department of Veterans Affairs; and/or
- k) private insurance (i.e., Blue Cross, Canada Life, Johnson, etc.)

4.5.2 The Disability Support Worker has the option of requesting a workplace assessment to determine what supports or services may be needed.

4.5.3 Where applicants have previously received funding from the Employment and Vocational component of the program, subsequent applications will be reviewed based on the following steps:

- a) a review of the level of achievement of the expected outcomes set out in any previous support plans;
- b) the status of employment outcomes from any previous support plan; and
- c) progress made by the applicant in previous years.

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## **5.0 ASSESSMENT**

### **5.1 Disability Support Program Assessment**

- 5.1.1 The purpose of the DSP Assessment Guide is to determine the level of functioning of an individual and sets an overall maximum (Refer to Section 9.2.2). This will help determine the services and supports necessary to enable an individual to live as independently as possible in the community or to obtain and maintain competitive employment, or to help a family with the extraordinary child-rearing support needs directly related to their child's disability. There is an emphasis on functionality rather than clinical labels.

### **5.2 Assessment of Existing and Potential Family and Community Supports**

- 5.2.1 The Disability Support Worker and the individual and/or family must review current existing supports and services must explore and assess all other areas of potential supports and services (Refer to Appendix B-3, *Forms, Eco-Map*).

### **5.3 Needs Assessments**

- 5.3.1 A needs assessment is necessary to help the Disability Support Worker and the individual and/or family to determine their needs. A needs assessment may be based on:
- a) the results of the DSP Assessment Guide;
  - b) discussions with the individual and/or family; or
  - c) discussions with current service or support providers.

- 5.3.2 Needs assessment tools may be used to assist in the determination of needs.

### **5.4 Supporting Documentation**

- 5.4.1 Supporting documentation is gathered, if needed, and may include medical and education assessments, other psychological tests, and/or social assessments.

### **5.5 Needs versus Entitlement**

- 5.5.1 Having a disability does not necessarily mean that an individual is eligible for supports or services from the DSP. There must be an unmet need that can be supported by the DSP for supports and/or services to be obtained (Refer to Section 1.5.4).

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## **6.0 IDENTIFICATION OF SUPPORT COORDINATOR**

- 6.1 A Support Coordinator must be identified. A Support Coordinator may be the person with the disability or the parent or guardian of a person with a disability. It may be a family member, or someone who is contracted to provide this service. It may be someone from a disability organization or it may be the Disability Support Worker (Refer to Section 2.5).
- 6.2 The Disability Support Worker must discuss with the individual or family the role and functions of a Support Coordinator (Refer to Section 2.5).
- 6.3 The individual or family, in consultation with the Disability Support Worker, must determine who the Support Coordinator will be and designate that person as the Support Coordinator.

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## 7.0 SUPPORT PLANNING

- 7.1 A support plan must be completed for each individual who receives services through the DSP. The support plan identifies issues and needs. It states goals which build on strengths and resources, and outlines action steps and follow-up (Refer Appendix B-6, *Forms, Support Plan*).
- 7.2 The Disability Support Worker and the individual and/or family should first decide who should be present at a support planning meeting and then the meeting should be set up by the Disability Support Worker. The Support Coordinator should be included (Refer to Section 2.5, *Role of the Support Coordinator* and Section 6.0, *Identification of Support Coordinator*).
- 7.3 The Disability Support Worker and the individual or family, and anyone else who has been invited to attend the support planning session, will work together to develop a support plan which:
- a) identifies issues and/or client's needs;
  - b) identifies goals;
  - c) outlines an action plan to achieve the identified goals, including:
    - (i) delegating responsibility for each Action Step;
    - (ii) establishing time frames for each Action Step; and
    - (iii) forecasting outcomes such as step completion dates and goals reached.
- 7.4 In situations with exceptional circumstances, a case conference including the DSP Provincial Coordinator, or designate, may be requested.
- 7.5 Written notification of any decisions regarding the support plan will be made within 45 days of the support plan being developed. The support plan must be approved by the Disability Support Worker, or the supervisor if the Disability Support Worker does not have signing authority.
- 7.6 Copies of the support plan are distributed to all those involved in the support planning process in adherence to confidentiality procedures outlined in Section 3.0, *Confidentiality*.
- 7.7 Notice of rejection of funding is given in writing citing policy where possible, and outlining the *Review Process* (Refer to Section 17.0, *Review Process*) which is available to all participants.



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## **8.0 PROGRAM COMPONENTS / CATEGORIES OF SUPPORT**

- 8.1 The DSP offers support under three program components: Child Disability Supports; Adult Disability Supports; and Employment and Vocational Supports.
- 8.1.1 ***Child Disability Supports*** - are intended to provide supports and services to families to help meet the special needs costs which relate to their child's disability. These supports are to assist in meeting those costs determined to be above the costs of rearing a child without a disability and which relate directly to the child's disability.
- 8.1.2 ***Adult Disability Supports*** - are supports and services designed to assist individuals with disabilities to overcome barriers that may be faced due to having a disability. These supports are intended to assist in meeting those costs determined to be above the costs of living without a disability and which related directly to the disability.
- 8.1.3 ***Employment and Vocational Supports*** - are designed to enhance the economic participation of youth (defined in Section 4.1.2 b) and working age adults with disabilities in the labour market by helping them to prepare for, attain and retain employment.
- 8.1.4 It is possible to receive supports under the Employment and Vocational Supports component of the program in conjunction with either the *Child Disability Supports* component or the *Adult Disability Supports* component of the program.
- 8.1.5 Supports available under each component are arranged into seven categories of support: *Respite*; *Community Living Supports*; *Community Participation Supports*; *Specialized Supports*; *Technical Aids and Assistive Devices*; *Modifications*; and *Intensive Behavioural Intervention (IBI)*. There are guidelines around spending under each category and there are overall ceilings relating to the DSP portion of a support plan (Refer to Appendix C, P.E.I. DSP Program Rates).

## **8.2 Respite**

- 8.2.1 The main function of "respite care" is to relieve the primary caregiver for a specific period of time while facilitating a positive experience for the individual with a disability. The definition of a respite care day is twenty four hours.
- 8.2.2 Individual situations are assessed to determine needs and the level of respite support required. The full array of family and community supports are considered in the assessment (Refer to Section 5.2). Funding allocations for respite are individualized to meet otherwise unmet needs. Limits on the number of respite hours or days provided to the primary caregiver are negotiated between the DSP and the caregiver depending on unmet needs, however, there is a ceiling to the maximum amounts of respite funding available based on the individual's level of functioning

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(Refer to Appendix C, P.E.I. DSP *Program Rates*).

8.2.3 Funds are dispersed, where appropriate, directly to the individual, family, or agent allowing them to purchase the respite care services that most adequately meet their needs.

8.2.4 A range of respite wage rates, based on the individual's specific needs, may be provided through the DSP (Refer to Appendix C, P.E.I. DSP *Program Rates*).

### **8.3 Community Living Supports**

8.3.1 Community Living Supports may be provided to individuals to help them to live as independently as possible. This may include personal care services, household services or supervision.

8.3.2 Child care supports will not be supported for parent(s) and/or guardian(s) who have a child/children age 12 and under unless a disability-specific support is required. Funding for child care is not considered a disability-specific support under the DSP for children age 12 and under.

### **8.4 Community Participation Supports**

8.4.1 There are three types of community participation supports:

- a) *Employment Supports* are supports to competitive employment or vocationally oriented training programs for people with disabilities.
- b) *Vocational Alternative Supports* are designed to support participation in settings outside of the competitive wage/labour marketplace.
- c) *Community Access and/or Integration Supports* are designed to assist with participation in the community and to develop personal competence to access community services and supports. Some examples of this would be volunteering, involvement in social, cultural, or recreational events, and disability-related transportation supports.

8.4.2 General recreational fees will not be supported. If there are recreational fees that are disability-specific, then these supports may be explored.

8.4.3 Transportation assistance will not be supported unless it is disability-specific (i.e. requires specialized transportation due to disability).

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- 8.4.4 Funding for Employment Supports may be used for the provision of goods and services in the following areas:
- a) specialized employment planning assistance;
  - b) short-term assessment, work tolerance, equipment trials;
  - c) employment preparation and training;
  - d) human supports such as readers, note takers, or interpreters to a lifetime maximum of \$6,000 per applicant;
  - e) job placement or short-term wage subsidies to facilitate sustainable employment (a wage subsidy can only be supported if there are partnerships with other funders, refer to wage subsidy form, Appendix B-14, Forms);
  - f) job coaching and assistance with job search;
  - g) disability-specific transportation assistance relating to employment supports;
  - h) disability-specific supports needed for self-employment;
  - i) intervention where disability can affect employment retention;
  - j) modifications to place of employment, notwithstanding Section 8.4.6.
  - k) innovative employment and retention strategies;
  - l) co-operative work or study options;
  - m) training allowance, including disability related costs; and
  - n) workplace assessments and/or vocational assessments.
- 8.4.5 The maximum length for a training program shall be no longer than four years, although there could be variability in the time it takes for program completion.
- 8.4.6 Employment and Vocational funding may not be used for disability-related workplace accommodation which is the obligation of an employer or educational institution under the Federal or Provincial Human Rights legislation.
- 8.5 Specialized Supports**
- 8.5.1 The main function of specialized supports is to provide customized supports which are needed to assist a person with a disability in his or her environment or to enhance access to the community.
- 8.5.2 Funds may be used for the provision of customized services and supports in the following areas:
- a) support coordination services to a maximum of \$200.00 per month; and
  - b) other supports that may be defined through the support planning process that are based on individualized needs.
- 8.5.3 Supports shall not duplicate nor substitute existing publically funded services. (Refer to Section 2.3.2).

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## 8.6 Technical Aids and Assistive Devices

- 8.6.1 Various technical aids and assistive devices may be cost-shared with individuals and families to help meet unmet needs with the recommendation of an associated Health Care Practitioner such as an Occupational Therapist, Physiotherapist, Audiologist, Speech Language Pathologist, etc. (Refer to Section 4.4.4). A Disability Support Worker may request additional opinion(s) from other health-care practitioners, if they deem it necessary.
- 8.6.2 The following categories of technical aids and assistive devices that may be covered:
- a) Bathroom Aids;
  - b) Bedroom Aids;
  - c) Household Aids;
  - d) Ostomy Supplies;
  - e) Communication Devices;
  - f) Feeding Equipment Supplies;
  - g) Hearing Aids; (Refer to Appendix D, *Hearing Aid Guidelines*)
  - h) Orthotic Devices
  - i) Prosthetic Devices;
  - j) Visual Aids; and
  - k) Wheelchair, Positioning and Ambulation Aids.
- 8.6.3 Exclusions include but are not limited to:
- a) Prescription Medications;
  - b) Diabetic Supplies;
  - c) Respiratory Supplies and/or Equipment;
  - d) Food, Vitamins, and/or Dietary Supplements;
  - e) Medical Supplies and/or Medical Equipment;
  - f) Clothing;
  - g) Nursing Level Services;
  - h) Optical Services;
  - i) Dental Services; and/or
  - j) Medical Travel Expenses.
- 8.6.4 Prescription medications, out of province travel expenses , and medical supplies are grand-fathered for children who were in the Family Support Program prior to the implementation of the DSP. Refer to Appendix E, *Grand-Fathering Procedures*.
- 8.6.5 There are limits to the frequency of purchases of technical aids and assistive devices. These should be based on the expected life of the equipment or device. The DSP retains the right to allocate recycled technical aids and/or assistive devices when available to meet unmet needs of DSP participants.

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8.6.6 Technical aid and assistive device repairs will be built in as part of the support planning process. For example, a particular amount may be determined as a monthly expense for repairs and an individual and/or family would be responsible for the repair when it occurs.

8.6.7 Where DSP's contribution for the purchase of technical aids/assistive devices is 75% or more, upon the participant ceasing to require or use the technical aid/assistive device, it becomes the property of the Department of Social Services and Seniors and shall be returned to the Department of Social Services and Seniors (Refer to Appendix B-7, *Forms, Individual Support Agreement*).

## **8.7 Modifications**

8.7.1 Various modifications may be cost-shared with individuals and/or families to help meet unmet needs. A modification is defined as a change, alteration in structure and/or an addition that is affixed to the structure. The following modifications can be covered:

- a) Home modifications to a life-time maximum of \$2,000.00 of primary residence. An applicant may be requested to provide verification of ownership of residence;
- b) Vehicle modifications to a life-time maximum of \$2,000.00 of primary vehicle. An applicant may be requested to provide verification of ownership of vehicle; and
- c) Modification to a place of employment to a maximum of \$3,000.00, notwithstanding Section 8.9.6.

8.7.2 Items with life-time maximums must be calculated into the monthly cost of items (Refer to 10.9.2). *The Life-Time Maximum* form (Refer to Appendix B-11, *Forms*) must be completed to track funding for items with life-time maximums.

## **8.8 Intensive Behavioural Intervention (IBI) for Preschool Children**

8.8.1 IBI supports may be funded for preschool children with the diagnosis of Autism Spectrum Disorder.

8.8.2 The *Preschool IBI service* is based on the principles of applied behaviour analysis and behavioural intervention techniques. Once a child is diagnosed with Autism Spectrum Disorder, they may be eligible for the *Preschool IBI Service* if this is recommended by the Autism Diagnostic Team. Eligibility for the *Preschool IBI Service* ceases August 31 the year the child becomes eligible for school entry. IBI support does not conform to the ceilings based on level of functioning and has therefore been set up as a separate category of support, outside those ceilings (Refer to Section 9.3.1). (The DSP Screening Tool (Refer to Section 5.1) is still to be completed for individuals with the diagnosis of Autism Spectrum Disorder).

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- 8.8.3 IBI may be supported at \$10 per hour for a maximum of 20 hours per week for preschool children. Parent(s) and/or guardian(s) are responsible for contracting preschool IBI tutor(s) with the DSP monies allocated for preschool IBI intervention. (Refer to Section 2.4.1.i)
- 8.8.4 Program materials may be funded for preschool children enrolled in IBI services. The funding ceilings for program materials are the following:
- \$300.00 for start up costs; and
  - \$100.00 per month thereafter.
- 8.8.5 Services and/or interventions offered through the funds allotted for IBI are under the clinical direction of the *Preschool IBI Service*. This ensures adherence to evidence based best practice in the field of behavioural analysis.
- 8.9 Home based supports for school aged children**
- 8.9.1 Additional home-based supports may be made available during school periods up to a maximum of 10 hours per week at \$10 per hour to supplement school programs and up to a maximum 20 hours during school breaks and during the summer months at \$10.00 per hour.
- 8.9.2 The following criteria must be met to offer supplemental home based supports during school periods and/or summer months:
- diagnosed with Autism Spectrum Disorder;
  - the child must have an active individual education plan (IEP) or be involved in transition planning. If a child is home schooled, an active IEP and approved home schooling program must exist;
  - the parent(s) and/or guardian(s) must supply a copy of the most updated IEP. to the Disability Support Worker;
  - the home program must be developed to enhance the IEP. at school, to minimize regression of skills during school breaks and summer months;
  - the parent(s) and/or guardian(s) must supply a summary of the home program for school periods and summer months to the Disability Support Worker; and
  - the Support Coordinator must participate in a minimum of one IEP. planning session per school year to ensure the goals and actions established in the IEP. are captured in the overall support plan.
- 8.9.3 Once a child enters grade one, support materials will no longer be covered by the DSP.
- 8.9.4 Disability Support Workers may request progress reports regarding funding allotted for the *Preschool IBI Service* or Home Based Supports (Refer to Section 13.4).

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	<b>Instruction</b>	<b>Funding Sources and Program Rates</b>	<b>9</b>
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## **9.0 FUNDING SOURCES AND PROGRAM RATES**

### **9.1 Funding Sources**

- 9.1.1 *Employment Supports*, under the *Employment and Vocational Supports* component of the program, are subject to a Federal/Provincial agreement, which is partially funded by the federal government.

### **9.2 Funding Ceilings**

- 9.2.1 The DSP has adopted a person-centered approach in which support plans are developed based on the needs of individuals. From the support plans the necessary levels of support are derived. The program budget is not unlimited and therefore parameters around funding have been established.
- 9.2.2 Funding ceilings are consolidated in Appendix C, P.E.I. DSP Rates. Overall monthly maximums for the DSP portion of the support plan, based on levels of functioning are listed below. To ensure consistency of practice and fairness to the diverse needs of clients, maximum support levels should not be exceeded.
- a) 75% or more functioning (High)      \$ 400.00/month
  - b) 51-74% functioning (Moderate)      \$ 800.00/month
  - c) 26-50% functioning (Low)      \$1,600.00/month
  - d) 25% or less functioning (Very Low)      \$3,100.00/month (overall program funding ceiling)
- 9.2.3 Costs for IBI Therapy (Refer to Section 8.8) fall outside these monthly funding ceilings.

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## **10.0 CLIENT CONTRIBUTION**

10.1 The individual and/or family is expected to pay a portion of the cost of the services and supports needed based on their ability to contribute as determined through the client contribution calculation (Refer to Section 10.5).

### **10.2 Prerequisites to Determination of Client Contribution**

10.2.1 Before determining an applicant's level of client contribution for the DSP, there first must be established:

- a) eligibility, based upon the applicant meeting the eligibility criteria in Section 4.0;
- b) the level of functionality of the applicant, based on the DSP Assessment outlined in Section 5.1; and
- c) the Net Income of all applicable household members based on information from line 236 from the *Notice of Assessment* provided by Canada Revenue Agency.

### **10.3 Applicable Household Income**

10.3.1 For a person with a disability, from age 18 to 64, household income includes the Net Income (based on information from the *Notice of Assessment* (Line 236) from Canada Revenue Agency) of the person and their spouse (by marriage or common law), if applicable.

### **10.4 Net Income**

10.4.1 Applicants and applicable household members are required to provide verification of Net Income (Line 236) from the *Notice of Assessment* provided by Canada Revenue Agency. Applicants and applicable household members must file a tax return and present information regarding Net Income (Line 236) from the *Notice of Assessment* provided by Canada Revenue Agency. Refer to Section 10.9.4 for exception.

10.4.2 In the case of self-employed persons, and persons who receive any portion of income from self-employment, they are required to provide information regarding Net Income (Line 236) from the *Notice of Assessment* provided by Canada Revenue Agency for the three most recent taxation years or a lesser period equal to the actual number of years of reported self-employment income. Net Income is calculated as an average of the years reported.

10.4.3 Persons who began working in the current year (i.e. did not have income, therefore, did not complete a previous year's tax return), are required to provide all available income information from which an annualized income is calculated. If they did work in the previous year, a tax return must be filed and information presented regarding Net Income (Line 236) from the *Notice of Assessment* provided by Canada Revenue Agency.



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## 10.5 Client Contribution Calculation

10.5.1 To determine the Client Contribution, first the “Adjusted Net Income” is calculated by:

- a) Adding together the net incomes of the applicable household members (detailed in Section 10.3 Applicable Household Income.)
- b) Subtracting \$3,000 for each dependent under the age of 18. As noted, subtracting \$3,000 for each dependent under 18 may include dependents that are financially supported, but living with a previous spouse if legal documentation of financial support is provided). Legal documentation would be required to clarify whether a Court Order or a Domestic Contract is in place.

Domestic contracts are covered under the *Family Law Act* and include Separation Agreements, Memorandums of Settlement (for divorces), as well as Custody and Support Agreements for parties who have never been married.

10.5.2 Find the “Adjusted Net Income” on the P.E.I. *DSP Client Contribution Schedule* (Refer to Section 10.8) to determine monthly and annual Client Contribution amounts.

10.5.3 In the event that there are two or more individuals with disabilities in the family and both (or all) are eligible to receive supports from the DSP, the Client Contribution would be equally shared where the same household incomes are considered applicable.

## 10.6 Client Contribution Schedule

10.6.1 The schedule of Client Contribution sets \$2.00 as a minimum monthly amount for persons in receipt of provincial Social Assistance, or eligible to receive provincial Social Assistance, and with adjusted net incomes less than \$11,999.00. A monthly Client Contribution of \$7.00 is required for households with an Adjusted Net Income of less than \$14,000 and not in receipt of provincial Social Assistance. Client Contribution amounts increase progressively from a starting point of 2.0% of Adjusted Net Income (based on the middle of the range), for household incomes from \$14,000.00 to \$15,999.00 and then increases in increments of 0.25% for each \$2,000.00 increase in Adjusted Net Income up to \$48,000.00. At that point, Client Contribution increments increase by 0.5% for each \$2,000.00 increase in Adjusted Net Income above \$50,000.00, up to \$169,999.00, at which level the Client Contribution is 100%. (The P.E.I. *DSP Client Contribution Schedule* is in Section 10.8.)

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10.6.2 The schedule of Client Contribution sets a percentage of contribution for technical aids and assistive devices. Client Contributions begin at ½ % for financial assistance recipients and increases 1.0% for household incomes from \$14,000.00 - \$50,000.00 and then increases in increments of 2.0% for incomes up to \$80,000.00. At that point, Client Contribution increases by increments of 3.0% up to \$169,999.00, at which level the Client Contribution is 100%. The percentage formulary is only to be used when there are no other recurring monthly amounts being dispersed to an individual/parent(s)/guardian(s)/agent. If there are recurring monthly amounts, the monthly Client Contribution amount is to be used.

## **10.7 Changes in Circumstances**

10.7.1 DSP participants that have experienced a dramatic income or expense change may request to have their situation reviewed and income levels adjusted accordingly before their scheduled review date. Dramatic income or expense change is defined as applicants beginning to be in receipt of provincial Social Assistance.

10.7.2 If the family situation is different from what is reflected from Canada Revenue Agency information, then it is up to the applicant to provide documentation to prove otherwise, (i.e. spouse left, etc.).

10.7.3 DSP Participants must advise the Disability Support Worker if they are in an institution beyond 30 days (i.e., hospital, long-term care facility, prison, etc.). (Refer to 2.4.1 (m)).

## **10.8 Client Contribution Schedule**

**P.E.I. Disability Support Program  
Client Contribution Schedule**

Adjusted Net Income		Monthly Client Contribution	Annual Client Contribution	Percentage for Technical Aids/ Assistive Devices
Financial Assistance Recipients or < \$11,999.00		\$2	\$24	½ %
\$12,000	<\$13,999	\$7	\$84	1%
\$14,000	\$15,999	\$25	\$300	2%
\$16,000	\$17,999	\$32	\$384	3%
\$18,000	\$19,999	\$40	\$480	4%
\$20,000	\$21,999	\$46	\$552	5%
\$22,000	\$23,999	\$57	\$684	6%
\$24,000	\$25,999	\$68	\$816	7%
\$26,000	\$27,999	\$79	\$948	8%
\$28,000	\$29,999	\$91	\$1,092	9%
\$30,000	\$31,999	\$103	\$1,236	10%
\$32,000	\$33,999	\$117	\$1,404	11%
\$34,000	\$35,999	\$131	\$1,572	12%
\$36,000	\$37,999	\$146	\$1,752	13%
\$38,000	\$39,999	\$162	\$1,944	14%
\$40,000	\$41,999	\$179	\$2,148	15%
\$42,000	\$43,999	\$197	\$2,364	16%
\$44,000	\$45,999	\$216	\$2,592	17%
\$46,000	\$47,999	\$235	\$2,820	18%
\$48,000	\$49,999	\$255	\$3,060	19%
\$50,000	\$51,999	\$287	\$3,444	20%
\$52,000	\$53,999	\$320	\$3,840	22%
\$54,000	\$55,999	\$355	\$4,260	24%
\$56,000	\$57,999	\$392	\$4,704	26%
\$58,000	\$59,999	\$430	\$5,160	28%
\$60,000	\$61,999	\$470	\$5,640	30%
\$62,000	\$63,999	\$512	\$6,144	32%
\$64,000	\$65,999	\$555	\$6,660	34%
\$66,000	\$67,999	\$600	\$7,200	36%
\$68,000	\$69,999	\$647	\$7,764	38%

**P.E.I. Disability Support Program  
Client Contribution Schedule**

Adjusted Net Income		Monthly Client Contribution	Annual Client Contribution	Percentage for Technical Aids/ Assistive Devices
\$70,000	\$71,999	\$695	\$8,340	40%
\$72,000	\$73,999	\$ 745	\$8,940	42%
\$74,000	\$75,999	\$797	\$9,564	44%
\$76,000	\$77,999	\$850	\$10,200	46%
\$78,000	\$79,999	\$905	\$10,860	48%
\$80,000	\$81,999	\$962	\$11,544	50%
\$82,000	\$83,999	\$1,020	\$12,240	53%
\$84,000	\$85,999	\$1,080	\$12,960	56%
\$86,000	\$87,999	\$1,142	\$13,704	59%
\$88,000	\$89,999	\$1,198	\$14,376	62%
\$90,000	\$91,999	\$1,270	\$15,240	65%
\$92,000	\$93,999	\$1,337	\$16,044	68%
\$94,000	\$95,999	\$1,405	\$16,860	71%
\$96,000	\$97,999	\$1,475	\$17,700	74%
\$98,000	\$99,999	\$1,547	\$18,564	77%
\$100,000	\$109,999	\$1,684	\$20,208	80%
\$110,000	\$119,999	\$1,893	\$22,716	83%
\$120,000	\$129,999	\$2,108	\$25,296	86%
\$130,000	\$139,999	\$2,334	\$28,008	89%
\$140,000	\$149,999	\$2,568	\$30,816	92%
\$150,000	\$159,999	\$2,809	\$33,708	95%
\$160,000	\$169,999	\$3,059	\$36,708	98%
> or = \$170,000	n/a	\$0	\$0	100%

Client Contribution (\$14,000.00 to \$15,999.00 = 2% base Client Contribution increased in .0025 increments for each \$2,000, then from \$48,000.00 up to \$169,999.00 by .005 increments).

Percentage for Technical Aids and Assistive Devices (\$14,000.00 to 50,000.00 = 1.0% increase, \$50,000.00 - \$80,000.00 = 2.0% increase, \$80,000.00 - \$169,999.00 = 3.0% increase).

<b>POLICY</b>	<b>Section</b>	<b>Social Programs and Seniors</b>	<b>7</b>
<b>Effective: October 1, 2001 Revised: July 4, 2008 Reviewed: July 20, 2006</b>	<b>Program</b>	<b>Disability Support Program</b>	
	<b>Instruction</b>	<b>Client Contribution</b>	<b>10</b>
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## **10.9 Department of Social Services and Seniors Contribution**

- 10.9.1 To determine the contribution of the Department of Social Services and Seniors, subtract the client contribution from the support plan (refer to Section 9.2.2). This amount is generally paid on a monthly basis.
- 10.9.2 Lump sum payments may be made for technical aids and assistive devices. If this is done, lump sum payments are to be amortized in the following manner to calculate monthly costs (Refer to Appendix B-8, Forms, Monthly Worksheet):
- a) < \$1999.00 amortized over one year;
  - b) \$2000.00 - \$2999.00 amortized over two years;
  - c) \$3000.00 - \$3999.00 amortized over three years;
  - d) \$4000.00 - \$4999.00 amortized over four years; and
  - e) > \$5000.00 amortized over five years.
- 10.9.3 Technical aids and/or assistive devices must fall within the maximum monthly ceiling for the applicant (Refer to Section 9.2.2).
- 10.9.4 If a DSP participant (Refer to Section 10.3.5) is in receipt of provincial Social Assistance, then Net Income (Line 236) information from Canada Revenue Agency is not required. If a participant is in receipt of provincial Social Assistance, the Client Contribution for technical aids and/or assistive devices will be waived by the DSP and the monthly Client Contribution is \$2.00. (Refer to Client Contribution Schedule, Section 10.8).

<b>POLICY</b>	<b>Section</b>	<b>Social Programs and Seniors</b>	<b>7</b>
<b>Effective: October 1, 2001 Revised: July 21, 2006 Reviewed: July 20, 2006</b>	<b>Program</b>	<b>Disability Support Program</b>	
	<b>Instruction</b>	<b>Individual Support Agreement</b>	<b>11</b>
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## **11.0 INDIVIDUAL SUPPORT AGREEMENT**

- 11.1 The Individual Support Agreement (ISA) is a financial contract between the individual and/or their family and the Department of Social Services and Seniors. (Refer to Appendix B-7, *Forms, Individual Support Agreement*). It sets out, by agreement, the dollar amount of the supports for which the Department of Social Services and Seniors will pay and the individual's and/or family's responsibility with respect to the support plan.
- 11.2 Prior to entering into the ISA, the following steps must be taken:
- a support plan must be developed, including costs;
  - the client contribution must be calculated;
  - the support plan and costs must be approved (this may be done by the Disability Support Worker, depending on signing authority and the costs of the plan).
- 11.3 The ISA must be completed in its entirety.
- 11.4 If necessary, an agent may be designated at this stage to sign the ISA on behalf of a participant (Refer to Appendix B-12, *Forms, Agreement of Agent*). The Disability Support Worker must document on file the reason that the individual and/or family is not capable of managing their disability supports. The agent stands in place of the applicant and shall fulfill the same roles and responsibilities of the individual and/or family defined in Section 2.6.
- 11.5 The ISA must be signed by the Disability Support Worker and the individual or their guardian or agent.
- 11.6 An ISA is not valid (and will not be processed) unless it is signed and has a current support plan attached. If there is a support that is already approved in the support plan wherein there is an increase or decrease in supports before the next review, this change may be made providing a letter is forwarded to the individual and/or family advising them of the change.
- 11.7 A copy of the ISA must then be provided to the individual parent(s), guardian(s) and/or agent with the support plan attached.
- 11.8 The payment process should be explained to the individual, parent(s), guardian(s) and/or agent, including an explanation of the break down of expenses, the payment amount, frequency of payments and end date.

<b>POLICY</b>	<b>Section</b>	<b>Social Programs and Seniors</b>	<b>7</b>
<b>Effective: October 1, 2001 Revised: July 21, 2006 Reviewed: July 20, 2006</b>	<b>Program</b>	<b>Disability Support Program</b>	
	<b>Instruction</b>	<b>Individual Support Agreement</b>	<b>11</b>
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## **11.2 Record of Supports Used**

- 11.2.1 A *Record of Supports Used* shall be provided to the client to facilitate record keeping. (Refer to Appendix B-9, *Forms, Record of Supports Used*) The *Record of Supports Used* describes the services, service provider(s) and the costs. It is the responsibility of the Disability Support Worker to explain the Record of Support Used, as well as the functions and processes for reimbursement. Records of supports, along with supporting documents, and receipts must be submitted to disability support workers as per the support plan.
- 11.2.2 A Disability Support Worker shall review the *Record of Supports Used* form and documentation. Refer to Section 13.1 c) & 13.5 (a).

<b>POLICY</b>	<b>Section</b>	<b>Social Programs and Seniors</b>	<b>7</b>
<b>Effective: October 1, 2001 Revised: July 21, 2006 Reviewed: July 20, 2006</b>	<b>Program</b>	<b>Disability Support Program</b>	
	<b>Instruction</b>	<b>Payment Set Up</b>	<b>12</b>
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## 12.0 PAYMENT SET UP

- 12.1 Once the *Individual Support Agreement*, with the support plan attached, has been agreed to and signed, the Disability Support Worker must set up the payments to the individual, parent/guardian, or agent through the *Integrated Services Management* (ISM) system.
- 12.2 Automatic monthly payment amount is set up based on the *Individual Support Agreement (ISA)*. The Disability Support Worker will request that a monthly cheque in this pre-determined amount be sent directly to the individual, parent(s)/guardian(s) or agent at the beginning of each month. The individual, parent(s)/guardian(s) or agent will be responsible for paying all of the funded expenses incurred as a result of the participant's special needs.
- 12.3 In accordance with Canada Revenue Agency, T5007s are issued for applicable DSP funded items. When issuing T5007s, the T5007 shall go directly to the individual, parent/guardian or agent who receives DSP funding.
- 12.4 Payments may be made to a third party if it is determined during the support planning process to be the most appropriate method or if misappropriation of funds is suspected. Refer to Section 13.5 (c).
- 12.5 In the case of technical aids and assistive devices a one time lump sum payment may be made towards the purchase of equipment according to client contribution policy (Refer to Section 10.9.3 & 10.9.4).



<b>POLICY</b>	<b>Section</b>	<b>Social Programs and Seniors</b>	<b>7</b>
<b>Effective: October 1, 2001 Revised: July 21, 2006 Reviewed: July 20, 2006</b>	<b>Program</b>	<b>Disability Support Program</b>	
	<b>Instruction</b>	<b>Supports Review</b>	<b>13</b>
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### 13.0 SUPPORTS REVIEW

- 13.1 Regular review of participant status is imperative for effective service delivery. At least once per year, a review of the participant's needs is conducted to determine the effectiveness of the current level of support in meeting the unmet needs of the client. At this review:
- a) the *DSP Screening Tool* must be completed on a yearly basis only, for example, if more than one supports review occurs per year, it would only need to be completed once;
  - b) the *Support Plan* must be reviewed with a view to redeveloping or modifying it as the participant's circumstances may dictate;
  - c) the *Record of Supports Used* form will be reviewed to help identify needs;
  - d) a new *ISA* must be completed and signed, and current documentation regarding incomes collected; and
  - e) Net Income (Line 236) of all applicable members based on information from the *Notice of Assessment* from Canada Revenue Agency must be reviewed for client contribution calculations (Refer to Section 10.3). DSP funding will cease if within two months of the review if this information is not obtained.
- 13.2 In the event that a participant's only unmet need is a technical aid or assistive device, which requires replacement less frequently than annually, reviews may be done on a less frequent basis. These cases would be closed and then reopened.
- 13.3 It is the responsibility of the participant/family/agent to advise the Disability Support Worker if they require more frequent reviews due to a change in condition or circumstances. (Refer to Section 2.6.1 & 10.7).
- 13.4 A Disability Support Worker may request a supports review of a participant's support plan as deemed necessary.
- 13.5 If a Disability Support Worker thinks false information has been provided or if misappropriation of program funding is suspected, they must consult with the Disability Support Unit Supervisor. The Disability Support Unit Supervisor may advise the Disability Support Worker to carry out the following steps as deemed necessary:
- a) review the *Record of Supports* form (Refer to Section 11.8);
  - b) assign a Support Coordinator (Refer to Sections 2.5 and 6.0) with a financial focus;
  - c) issue third party payments (Refer to Section 12.4);
  - d) request receipts and/or verification for supports identified in the support plan; and/or
  - e) request case audit.

<b>POLICY</b>	<b>Section</b>	<b>Social Programs and Seniors</b>	<b>7</b>
<b>Effective: October 1, 2001 Revised: February 10, 2003 Reviewed: July 20, 2006</b>	<b>Program</b>	<b>Disability Support Program</b>	
	<b>Instruction</b>	<b>Close Service</b>	<b>14</b>
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#### **14.0 CLOSE SERVICE**

14.1 A participant may withdraw from the DSP or cancel their disability supports at any time.

14.2 Notwithstanding the wishes of the participant, services will be closed if the participant:

- a) no longer meets the eligibility requirements as outlined in this policy (Refer to Section 4.0, *Eligibility*);
- b) is not willing to provide proper income documentation (Refer to Section 10.0, *Client Contribution*);
- c) is not willing to participate in the assessment and planning process;
- d) moves from the province of Prince Edward Island; and/or
- e) is deceased.

14.3 Upon termination, payments must be stopped and services closed.

<b>POLICY</b>	<b>Section</b>	<b>Social Programs and Seniors</b>	<b>7</b>
<b>Effective: October 1, 2001 Revised: July 21, 2006 Reviewed: July 20, 2006</b>	<b>Program</b>	<b>Disability Support Program</b>	
	<b>Instruction</b>	<b>Transfer Service</b>	<b>15</b>
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## **15.0 TRANSFER SERVICE**

- 15.1 The goal is for the transfer of services between office to be seamless for the participant.
- 15.2 All files that are transferred must go through a Disability Support Supervisor.
- 15.3 The referring office Disability Support Supervisor is responsible for arranging a participant's transfer to another office.
- 15.4 The referring office Disability Support Supervisor must contact the receiving office to discuss the participant's move.
- 15.5 The Disability Support Worker is responsible compiling an overview of information, which must include:
  - a) demographic information; and
  - b) a copy of all support plans and Individual Support Agreements for the participant.
- 15.6 Where possible, a case-conference should occur with all persons involved, including service providers, to facilitate the transition between the two programs/office.
- 15.7 Before the "transfer" the supports should be arranged in the new office.

<b>POLICY</b>	<b>Section</b>	<b>Social Programs and Seniors</b>	<b>7</b>
<b>Effective: October 1, 2001 Revised: July 21, 2006 Reviewed: July 20, 2006</b>	<b>Program</b>	<b>Disability Support Program</b>	
	<b>Instruction</b>	<b>Suspension or Cancellation of Services</b>	<b>16</b>
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## **16.0 SUSPENSION OR CANCELLATION OF SERVICES**

- 16.1 Disability Support may be cancelled by the applicant. (Refer to Section 14.0, *Close Service*)
- 16.2 Suspension or cancellation of Disability Support may occur under the following conditions:
- a) if the applicant ceases to be eligible for Program Support (Refer to Section 4.0, *Eligibility*);
  - b) if the applicant fails to provide the DSP with information and/or verification required to determine continuing eligibility;
  - c) if there is not satisfactory progress in the Support Plan;
  - d) if a DSP participant does not submit a or
  - e) other circumstances such as fraud.
- 16.3 Under the *Employment and Vocational Support* component of the program suspension or cancellation may occur if the applicant is not making satisfactory progress, as determined by the Disability Support Worker, based on information from the employer, etc. and after appropriate intervention has taken place (Refer to Section 13.4).
- 16.4 Notice of suspension or cancellation of funding in the DSP will be given in writing, citing policy where possible, and will outline the *Review Process* which is available to all applicants (Refer to Section 17.0, *Review Process*).

<b>POLICY</b>	<b>Section</b>	<b>Social Programs and Seniors</b>	<b>7</b>
<b>Effective: October 1, 2001 Revised: July 21, 2006 Reviewed: July 20, 2006</b>	<b>Program</b>	<b>Disability Support Program</b>	
	<b>Instruction</b>	<b>Review Process</b>	<b>17</b>
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## **17.0 REVIEW PROCESS**

- 17.1 Where an individual or family is dissatisfied with a decision made by the Disability Support Worker with respect to eligibility, support approved, decrease in support, or suspension or cancellation of support, the individual or family may request that decision be reviewed.
- 17.2 Any review request must be made within 45 days of the decision being disputed and must be submitted, in writing, to the Disabilities Coordinator.
- 17.3 A review may be withdrawn at any stage by the individual or family requesting the review.
- 17.4 The Disabilities Coordinator, or designate shall convene a Provincial Review Committee (the "Review Committee") which shall be comprised of the Disabilities Coordinator or designate, a Supervisor and a Disability Support Worker, the latter two being from offices other than the office from which the review request originated.
- 17.5 The purpose of the DSP Review Process is to examine the actions taken by the Department of Social Services and Seniors, and make a finding regarding adherence to the DSP policy and work processes.
- 17.6 A hearing will be scheduled within 45 days of the Disabilities Coordinator receiving the review request.
- 17.7 A Notice of Review Hearing will be forwarded to the participant (appellant) by registered mail and/or hand delivered and the Department of Social Services and Seniors (respondent) by regular mail to advise them of the date, time and place of the hearing, (Refer to Appendix B-15, *Forms, Notice of Review Hearing*).
- 17.8 Both the participant (appellant) and a representative from the office (respondent) where the review originated will have an opportunity to address the Review Committee.
- 17.9 A decision will be made within 45 days of the completion of the hearing.
- 17.10 Notification of the decision of the Review Committee is forwarded to the participant (appellant) by registered mail and/or hand delivered, and to the Department of Social Services and Seniors office (respondent) by regular mail within 45 days of the completion of the hearing (Refer to Appendix B-16, *Forms, Notice of Review Hearing Decision*).
- 17.11 The original decision of the Department of Social Services and Seniors remains in effect unless or until the Review Committee determines otherwise. In the event the review decision is in the favor of the participant then he or she will be reimbursed retroactively by the Department of Social Services and Seniors (Refer to Section 2.3.4). The decision of the review hearing committee is final and binding for both parties (appellant and respondent).

<b>POLICY</b>	<b>Section</b>	<b>Social Programs and Seniors</b>	<b>7</b>
<b>Effective: October 1, 2001</b> <b>Revised: July 21, 2006</b> <b>Reviewed: July 20, 2006</b>	<b>Program</b>	<b>Disability Support Program</b>	
	<b>Instruction</b>	<b>Follow-up and Outcome Evaluation</b>	<b>18</b>
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## **18.0 FOLLOW-UP AND OUTCOME EVALUATION**

- 18.1 The Department of Social Services and Seniors will ensure the development and implementation of an evaluation process which includes the participation of applicants in the DSP.
- 18.2 The Department of Social Services and Seniors may contact a participant to obtain feedback for evaluation purposes (Refer to waiver in the *Individual Support Agreement Form*, (Appendix B-7)).\_\_\_\_\_

## **P.E.I. DISABILITY SUPPORT PROGRAM**

### **DEFINITIONS AND GUIDELINES**

This document is intended to aid in understanding who should or could be covered by the *P.E.I. Disability Support Program (DSP)*.

#### **How is disability defined under the DSP?**

For the purposes of this program, a person has a disability if they have a physical, intellectual and/or neurological impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

#### **What does “impairment” cover?**

It covers physical, intellectual and/or neurological impairments; this includes sensory impairments, such as those affecting sight or hearing. Furthermore, the term “intellectual impairment” is intended to cover a wide range of impairments relating to mental functioning. It does not include, at this time, however, any impairment resulting from or consisting of a mental illness.

#### **What is a “substantial” adverse effect?**

A substantial adverse effect is something which is more than a minor or trivial effect. The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going beyond the normal differences in ability which might exist among people.

#### **What is a “long-term” effect?**

A long-term effect of an impairment is one:

- which has lasted at least 12 months; or
- where the total period for which it lasts is likely to be greater than 12 months; or
- which is likely to last for the rest of the life of the person affected.

Effects which are not long-term would therefore include loss of mobility due to a broken limb which is likely to heal within 12 months and the effects of temporary infections, from which a person would likely be recovered within 12 months.

#### **What if the effects come and go over a period of time?**

If an impairment has had a substantial adverse effect on normal day-to-day activities but that effect ceases, the substantial effect is treated as continuing if it is likely to recur; that is, if it is more probable than not that the effect will recur. Take the example of a person with rheumatoid arthritis whose impairment has a substantial adverse effect, which then ceases to be substantial (i.e. the person has a period of remission). The effects are to be treated as if they are continuing, and are likely to continue beyond 12 months, if:

- the impairment remains; and
- at least one recurrence of the substantial effect is likely to take place 12 months or more after the initial occurrence.

This would then be a long-term effect.

**What are “normal day-to-day activities”?**

They are activities which are carried out by most people on a fairly regular and frequent basis. The term is not intended to include activities which are normal only for a particular person or group of people, such as playing a musical instrument, or a sport, to a professional standard or performing a skilled or specialist task at work. However, someone who is affected in such a specialized way but is also affected in normal day-to-day activities would be covered by this part of the definition. The test of whether an impairment affects normal day-to-day activities is whether it affects one of the following broad categories of capacity:

- mobility;
- manual dexterity;
- physical co-ordination;
- continence;
- ability to lift, carry or otherwise move everyday objects;
- speech, hearing or eyesight;
- memory or ability to concentrate, learn or understand; or
- perception of the risk of physical danger.

**What about treatment?**

Someone with an impairment may be receiving medical or other treatment which alleviates or removes the effects (though not the impairment). In such cases, the treatment is ignored and the impairment is taken to have the effect it would have had without such treatment. This does not apply if substantial adverse effects are not likely to recur even if the treatment stops (i.e. the impairment has been cured). The sole exception to the rule about ignoring the effects of treatment is the wearing of eyeglasses or contact lenses.

**What about people who know their condition is going to get worse over time?**

Progressive conditions are conditions which are likely to change and develop over time. Examples could include multiple sclerosis or muscular dystrophy. Where a person has a progressive condition they will be covered from the moment the condition leads to an impairment which has a substantial effect on ability to carry out normal day-to-day activities.

**Are people with genetic conditions covered?**

If a genetic condition has no effect on ability to carry out normal day-to-day activities, the person is not covered. Diagnosis does not in itself bring someone within the definition. If the condition is progressive, then the rule about progressive conditions applies.



**Are any conditions specifically excluded from coverage for this program?**

Yes. Certain conditions are to be regarded as not amounting to impairments for the purposes of meeting this definition. These are:

- conditions which cause mental illness, for Adult Disability Supports and Child Disability Supports;
- learning disabilities;
- medical conditions which do not result in a long term disability (i.e., cancer, diabetes, asthma, Crohn's disease, carpal tunnel syndrome, neuropathy, epilepsy, etc);
- addictions, or dependency on, alcohol, nicotine or other substances, or gambling, etc.;
- allergies (i.e. hay fever);
- behaviour disorders, including but not limited to: disorders relating to the tendency to set fires; to steal; to physically or sexually abuse others; to show symptoms of exhibitionism; voyeurism; undiagnosed behavioural problems; and/or ADHD (attention deficit hyperactivity disorder); and
- chronic pain, minor arthritic conditions, soft tissue injuries, and back issues.

## **P.E.I. Disability Support Program Forms**

- B-1 Application
- B-2 Disability Support Program Screening Tool
- B-3 Existing and Potential Family and Community Support (Eco-map)
- B-4 Contact Note
- B-5 Support Plan Summary
- B-6 Support Plan
- B-7 Individual Support Agreement
- B-8 Monthly Worksheet
- B-9 Record of Supports Used
- B-10 Confidentiality Release
- B-11 Life-Time Maximum Record
- B-12 Agreement of Agent
- B-13 Wage Subsidy
- B -14 Review Checklist
- B-15 Notice of Review Hearing
- B-16 Notice of Decision Review Hearing

P.E.I. DISABILITY SUPPORT PROGRAM RATES											
<=25% of Functioning			26% - 50% of Functioning			51% - 74% of Functioning			>= 75% of Functioning		
RESPITE			RESPITE			RESPITE			RESPITE		
Rate	Max	Max Monthly Cost	Rate	Max	Max Monthly Cost	Rate	Max	Max Monthly Cost	Rate	Max	Max Monthly Cost
\$10/hr	15 hr/ month	\$150	\$7.50/hr	10 hr/ month	\$75	\$5/hr	10hr/ month	\$50	\$3/hr	10hr/ month	\$30
\$70/ day	4 days/ month	\$280	\$50/day	3 days/ month	\$150	\$35/ day	2 days/ month	\$70	\$30/ day	2 days/ month	\$60
Respite Maximum		\$430	Respite Maximum		\$225	Respite Maximum		\$120	Respite Maximum		\$90
COMMUNITY LIVING SUPPORTS			COMMUNITY LIVING SUPPORTS			COMMUNITY LIVING SUPPORTS			COMMUNITY LIVING SUPPORTS		
\$10/hr	248 hr/ month (8 x 31)	\$2,480	\$10/hr	124 hr/ month (4 x 31)	\$1,240	\$7/hr	62 hr/ (2 x 31)	\$434	\$7/hr	31hr/ month	\$217
COMMUNITY PARTICIPATION SUPPORTS			COMMUNITY PARTICIPATION SUPPORTS			COMMUNITY PARTICIPATION SUPPORTS			COMMUNITY PARTICIPATION SUPPORTS		
Employment Supports	As per Employment & Vocational Services		Employment Supports	As per Employment & Vocational Services		Employment Supports	As per Employment & Vocational Services		Employment Supports	As per Employment & Vocational Services	
Vocational Alternative Supports	\$1,200		Vocational Alternative Supports	\$700		Vocational Alternative Supports	\$350		Vocational Alternative Supports	\$200	
Community Access and/or Integration Supports	\$120		Community Access and/or Integration Supports	\$90		Community Access and/or Integration Supports	\$50		Community Access and/or Integration Supports	\$30	
<=25% of Functioning			26% - 50% of Functioning			51% - 74% of Functioning			>= 75% of Functioning		
SPECIALIZED SUPPORTS			SPECIALIZED SUPPORTS			SPECIALIZED SUPPORTS			SPECIALIZED SUPPORTS		
Other Supports	\$200		Other Supports	\$120		Other Supports	\$75		Other Supports	\$50	

TECHNICAL AIDS/ASSISTIVE DEVICES		TECHNICAL AIDS/ASSISTIVE DEVICES		TECHNICAL AIDS/ASSISTIVE DEVICES		TECHNICAL AIDS/ASSISTIVE DEVICES	
Contribution based on % (Refer to 10.8, Client Contribution Scale)		Contribution based on % (Refer to 10.8, Client Contribution Scale)		Contribution based on % (Refer to 10.8, Client Contribution Scale)		Contribution based on % (Refer to 10.8, Client Contribution Scale)	
<b>Overall Monthly Max. of DSP portion of a support plan</b>	<b>\$3,000</b>	<b>Overall Monthly Max. of DSP portion of a support plan</b>	<b>\$1,500</b>	<b>Overall Monthly Max. of DSP portion of a support plan</b>	<b>\$700</b>	<b>Overall Monthly Max. of DSP portion of a support plan</b>	<b>\$300</b>
INTENSIVE BEHAVIOURAL INTERVENTION		INTENSIVE BEHAVIOURAL INTERVENTION		INTENSIVE BEHAVIOURAL INTERVENTION		INTENSIVE BEHAVIOURAL INTERVENTION	
Outside of Overall Maximum Funding  Refer to Section 8.9		Outside of Overall Maximum Funding  Refer to Section 8.9		Outside of Overall Maximum Funding  Refer to Section 8.9		Outside of Overall Maximum Funding  Refer to Section 8.9	

**\*Overall funding ceiling for P.E. I. Disability Support Program is \$3000.00 per month.**

**GUIDELINES - HEARING AIDS  
P.E.I. Disability Support Program**

Hearing assessments and hearing aid prescriptions must be completed by a Canadian Association of Speech Language Pathologists and Audiologists (CASLPA) certified audiologist.

**ADULTS:**

The level of the hearing loss is determined by the average threshold or decibel level at 4 frequencies, 500 Hz, 1000 Hz, 2000Hz and 3000 Hz. If the average decibel level at these 4 frequencies is **50 dB or greater**, the DSP may assist with funding.

Audiologically the focus will be to fit the person's hearing needs. Most often this will be a basic digital product or an advanced programmable hearing aid. Extenuating circumstances such as other disabilities, medical issues and lifestyle needs may support higher end technologies.

A maximum of \$1500. per hearing aid may be obtained from the DSP, less insurance coverage (if applicable), less the client contribution (Refer to DSP Policy, Section 10).

**Frequency of replacement:**

Frequency of replacement is influenced by the care and maintenance of the hearing aid, and the style of hearing aid. Recommended replacement time frames are:

BTE style - no more frequently than every 6 years

ITE/Canal/Mini Canal - no more frequently than every 5 years

CIC style - no more frequently than every 4 years

**CHILDREN (Up to and including age 21 years):**

All children will be provided hearing aids at manufacturer's cost or less than cost. All hearing aids are ordered by provincial audiology either direct from the respective manufacturer or through Atlantic Provinces Special Education Authority (APSEA). All orders through APSEA must be accompanied by payment as orders will not be processed otherwise. As children are developing speech and language, involved in education or are entering their early vocational years every attempt will be made to provide the highest quality of amplified sound. The hearing aid fitting philosophy will reflect the child's needs but will consider technologically advanced products as the norm in fitting this population. There are hearing losses where advanced technology is not required. The audiologist will guide the family in the necessary hearing aid selection.

Initially, the most frequently fitted style is the behind the ear style. This style uses a custom made earmold to hold the hearing aid in place and route the sound into the ear canal. Younger children will require frequent replacement of earmolds (twice yearly).

As children enter adolescent years and if degree of hearing loss and size of ear canal permits then consideration will be given to the smallest custom style of hearing aid (CIC).

All hearing aids provided to children come with a 2 year manufacturer's loss/damage warranty. Beyond the two year warranty there is private insurance available. Frequency of replacement is the same as adult criteria. Exceptions will be considered where there is a documented change in hearing or loss of a hearing aid.

## Grand-Fathering Procedures for Family Support Clients

### DSP Implementation Date - October 1, 2001

#### **Background:**

The DSP has parameters and does not provide support certain items that were covered under the previous Family Support Program. Recognizing that many families may be impacted by this change, a grand-fathering process has been developed to aid in the transition. New applicants will not receive access to the supports being grand-fathered, however, those families identified as receiving these supports prior to the implementation of DSP may continue receiving them through the grand-fathering process.

#### **Services Eligible for Grand-Fathering which are not covered in the new DSP**

**Out of Province Travel** - In the previous Family Support Program, medical travel included financial coverage of trips to out of province medical facilities such as the IWK, etc. Medical travel included financial compensation for transportation, accommodations and meals.

**Medical Supplies** - In the Family Support Program, all medical supplies relating to the treatment of the child's condition, when prescribed by a physician were eligible for costs.

**Prescription Drugs** - Medication was covered for clients of the Family Support Program. Upon examination, it was discovered that most of the medication covered under the Family Support Program is covered under other programs such as *Social Assistance or Family Health Benefits Programs* (if a family's income meets the eligibility criteria). Families will need information about how to access other programs. The families that will be impacted will be those who have incomes which limit their access to programs such as *Social Assistance or Family Health Benefits Programs*. If existing clients are unable to transfer drug coverage to another program, then they will be "grand-fathered in" to the new program.

#### Summary of Provincial Drug Programs:

- AIDS program
- Children in Care Program
- Cystic Fibrosis Program
- Diabetes Control Program
- Erythropoietin (Eprex) Program
- Family Health Benefit Program
- Growth Hormone Program

- Hepatitis Program
- Institutional Pharmacy Program
- Interferon alfa-2b (Intron A) Program
- Meningitis Program
- Multiple Sclerosis Program
- Phenylketonuria (P.K.U.) Program
- Seniors Drug Cost Program
- Sexually Transmitted Diseases Program
- Social Assistance Program
- Transplant Program
- Tuberculosis (T.B.) Program

**Eligibility:**

- Any family that has an active Family Support service prior to October 1, 2001 will be eligible for the grand-fathering process.
- Families will be directed to other resources that may meet their need first. (i.e. Family Health Benefits Program).
- A family will only be eligible to receive services that they were receiving before October 1, 2001. For example, if someone receives a new drug prescription after October 1, 2001 the DSP will not provide support for the new prescription. If the drug does not change but increases, it can be grand-fathered.
- The clients that are “grand-fathered in” will be eligible for grand-fathering until they reach the age of 18 years at which time this support will cease and the Social Assistance Program may be accessed, if required.

**Work Processes:**

All of the DSP work processes must be followed for the grand-fathering procedure. This means the client contribution calculation must be applied and all supports (including those grand-fathered) must fall within the financial ceiling for the individual's range of functioning.

Note: In-Province Travel is not grand-fathered.