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## 3 Community Services: Services for Persons with Disabilities

### Summary

The Department of Community Services has been involved in an ongoing review of the services for persons with disabilities program since 2002. Over the years, three reports have been prepared. While elements of a strategic plan are included in these documents; no operational plans have been developed. Although these reports provide the general direction for the future of the program, and many changes have taken place as a result, including implementing new program streams; there are still a number of areas in which draft policies should be implemented and operational plans prepared to guide the program into the future.

We found the Department has inadequate policies and processes for the follow up and resolution of incidents and complaints concerning unlicensed service providers. Additionally, those policies which are in place are not always followed. There is no system to record and track the status of incidents and complaints and we could not determine whether appropriate action was taken to follow up and resolve issues. We recommended that the Department implement a formal review process if the client is not satisfied with the resolution of an incident or complaint.

There was a lack of compliance with policies and procedures for client assessment, placement and reassessment. The Department has developed draft policies and we recommended these policies be implemented. We also recommended that the Department establish monitoring processes to ensure policies and procedures are followed.

At the time of our audit, Western region did not have a current waitlist. We have no way of knowing whether clients were placed according to priority. Central region had a current waitlist but we could not test this information as priority placement on the waitlist is determined through discussions among regional staff which are not documented in client files

We recommended signed service agreements with all service providers. Additionally, standards regarding the operation of small option homes need to be strengthened and regulations need to be finalized and implemented.

# 3 Community Services: Services for Persons with Disabilities

## Background

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- 3.1 The mission of the Department of Community Services is “... to ensure the basic needs of individuals and families are met by protecting children and adults at risk, and by providing financial support to persons in need”. The Family and Community Supports Division has overall responsibility for programs which provide services to persons with disabilities.
- 3.2 The services for persons with disabilities (SPD) program provides residential and day programs to individuals with intellectual disabilities, long-term mental illness, or physical disabilities. Community-based options range from support for families caring for a family member with a disability in their own home to residential options providing care 24 hours a day. The following table summarizes the programs and supports available to clients.

Clients by Program - September 30, 2010 (unaudited)		
	Number of Clients	Number of Homes
Community-based options		
Direct family support	1943	N/A
Alternative family support	201	125
Independent living support	700	N/A
Small options	608	211
<b>Total community-based options</b>	<b>3452</b>	<b>336</b>
Residential-based options		
Group homes/developmental residence	548	96
Residential care facility	458	23
Adult residential centre	480	8
Regional rehabilitation centre	186	4
<b>Total residential-based options</b>	<b>1672</b>	<b>131</b>
Adult service centres	1950	30

Source: Department of Community Services

- 3.3 Our audit focused on community-based options programs.
- The direct family support (DFS) program provides supports and services to children and adults with disabilities who live at home with their families.

- The alternative family support (AFS) program provides support to persons with disabilities in an approved, private family home.
  - The independent living support (ILS) program provides up to 21 hours of supports and services per week to individuals who are semi-independent and require minimum support in their own apartment or home.
  - Small option homes provide care for up to three persons with disabilities in a home setting. Client needs vary from minimum support to complex needs.
- 3.4 Services are delivered through the Department's four regional offices and multiple district offices. There are approximately 60 care coordinators providing services to SPD clients throughout the Province.

## Audit Objectives and Scope

- 3.5 In the summer of 2010, we completed a performance audit of the services for persons with disabilities program at the Department of Community Services. The audit was conducted in accordance with Section 8 of the Auditor General Act and audit standards established by the Canadian Institute of Chartered Accountants.
- 3.6 The objectives for this assignment were to determine:
- whether the Department has evaluated the services for persons with disabilities program and has implemented a process to address issues identified;
  - whether the Department has a long range plan for the services for persons with disabilities program which includes an assessment of the Department's ability to meet current and future demand for services;
  - the adequacy of the assessment, placement and reassessment processes for services for persons with disabilities clients and to assess compliance with assessment, placement and reassessment policies;
  - the accuracy of client information on waitlist reports;
  - whether there are written agreements with service providers which clearly specify the roles and responsibilities of the Department and the service providers; and
  - the adequacy of, and compliance with, the complaints process.

- 3.7 Generally accepted criteria consistent with the objectives of this audit did not exist. Audit criteria were specifically developed for this assignment. These criteria were discussed with, and accepted as appropriate by, senior management of the Department.
- 3.8 Our audit approach included examining reports, manuals, policies and other documents; interviews with management and staff; and testing processes and procedures. Complaints testing covered the period from April 1, 2008 to March 31, 2010 for Central region and from April 1, 2009 to March 31, 2010 for Western region. Assessment testing covered the period from April 1, 2008 to March 31, 2010. Compliance testing for reassessments covered the period from April 1, 2009 to March 31, 2010. We conducted audit work at the Department of Community Services head office as well as the Central and Western regional offices. Our comments related to client file testing are limited to the two regions we visited.

## Significant Audit Observations

### Program Evaluation and Long-range Planning

#### Conclusions and summary of observations

The Department does not have a comprehensive strategic plan for the services for persons with disabilities program. Three reports which have been released since 2002 provide the general direction for the future of the SPD program and include many elements of a strategic plan. However there are no operational plans to guide the implementation of the remaining recommendations from these reports. Management informed us that implementation of some recommendations has been delayed due to the lack of available funding. We also found that the Department has not determined the future demand for SPD services or the availability of service providers and trained staff. Additionally, the Department needs to monitor all program objectives to fully assess program effectiveness and plan for the future.

- 3.9 *Program review* – In order to assess the effectiveness of a program, an entity must establish goals, objectives and priorities, and assess whether these are being met. Typically, goals, objectives, priorities and related performance targets are documented in a strategic plan.
- 3.10 The Department has been involved in an ongoing review of the SPD program since 2002. Over this time, three key reports were published (*Consultation Summary – 2004*, *Report of Residential Services – 2008*, and *Vocational and Day Program Services for Adults with Disabilities in Nova Scotia –*

2008). Management informed us that DCS accepted all recommendations from these reports.

- 3.11 Many changes have taken place as a result of the ongoing review of the SPD program. Draft policies and procedures have been prepared; new program areas have been developed and implemented.
- 3.12 *Strategic planning* – There is no strategic plan for the SPD program; however, most of the elements of a strategic plan are included in the three reports noted above. SPD staff informed us they are focusing on the recommendations in these reports. However there is no formal operational plan to guide the implementation of the remaining recommendations, no established timelines, and no formal monitoring of progress.
- 3.13 These reports included 74 recommendations. We followed up 58 of these to determine whether they had been implemented. We did not follow up the remaining 16 recommendations as they were less significant (e.g.: rename group homes). Of the 58 recommendations we followed up, 16 are complete, 32 are in progress, and no action has been taken to implement the remaining 10.
- 3.14 Department of Community Services management informed us that implementation of some recommendations has been delayed due to the lack of funding. In light of this, DCS has focused on implementation of initiatives that can be moved forward with current resources, such as a new assessment system and the development of related policies and standards. Other initiatives, such as the continued expansion of alternative family support and independent living support programs, have been delayed.
- 3.15 The Department’s future plans for the SPD program should be formalized into a current strategic plan and related operational plan. These plans would assign responsibility for recommendations, establish timelines, and address future funding and staffing requirements. They would also provide a basis to formally monitor and report implementation status.

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#### Recommendation 3.1

The Department of Community Services should prepare a comprehensive strategic plan for the services for persons with disabilities program.

#### Recommendation 3.2

The Department of Community Services should develop a formal operational plan to address the outstanding recommendations related to the services for persons with disabilities program.

- 3.16 *Performance measurement* – Certain of the Department’s objectives and priorities for the SPD program are monitored through an initiative tracking system (a government pilot project which DCS is participating in). However, this system does not monitor achievement of all program objectives. Such monitoring is important to fully assess the program’s effectiveness and plan for the future.

**Recommendation 3.3**

The Department of Community Services should establish a process to monitor all goals, objectives and priorities for the services for persons with disabilities program.

- 3.17 The Department has some performance measures for the SPD program, such as the number of independent living clients with current and future performance targets. However, performance measures have not been prepared for all the objectives of the program.

**Recommendation 3.4**

The Department of Community Services should develop performance indicators, with established targets, for all objectives of its services for persons with disabilities program.

- 3.18 *Future demand for services* – The vision of the SPD program is “...to enable individuals with disabilities to live to their fullest potential within their communities.” At the time of our audit, the Department did not have an analysis of the future need for SPD services. Such analysis would allow DCS to determine necessary steps for the Department to achieve its vision.
- 3.19 The three reports developed from the ongoing review process outline the general direction the SPD program should take in order to meet future demand for services. The Department is currently in the process of identifying the future support needs of all SPD clients. This project will identify the need for various program options in all areas of the Province.
- 3.20 *Future availability of resources* – DCS has not determined the resources (service providers, staff and facilities) required to meet the future demand for SPD services. The Department has not prepared a human resources strategy to ensure there will be a sufficient supply of service providers, staff and facilities to provide the future demand for services.
- 3.21 SPD staff represent the Department on committees and organizations such as the Health Care Human Resource Sector Council, which is mandated to deal specifically with issues relating to the human resource planning and development in the continuing care sector.

### Recommendation 3.5

The Department of Community Services should identify the future needs for services for persons with disabilities and determine the service providers, facilities, and human resources required to address these needs.

## Assessment, Classification and Placement

### Conclusions and summary of observations

General policies and procedures for the assessment, classification and placement of clients are outdated. At the time of our audit, the Department had implemented some of its proposed new policies, procedures, processes and forms related to the assessment, classification and placement of clients, while others were still outstanding. We recommended the Department implement any remaining draft policies. We tested assessments and found instances in which total hours of support required was not noted and instances in which there was no evidence that the total planned support fully addressed client needs. We also found instances in which individual service plans and program plans were not prepared.

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3.22 *Background* – When an individual applies for assistance through the services for persons with disabilities program, an assessment is completed. This includes gathering medical and financial information, performing a functional assessment, and determining the individual's unmet needs which could be addressed by the program.

3.23 *Policies and procedures* – General policies and procedures for the assessment, classification and placement of clients are outdated. The Department is working on a revised policy manual. While there are current program eligibility requirements for all program streams, these are not as comprehensive for small option homes as for direct family support, alternative family support, and independent living support program streams.

### Recommendation 3.6

The Department of Community Services should finalize and implement the revised services for persons with disabilities policy and procedure manual.

### Recommendation 3.7

The Department of Community Services should develop specific policies for its small option homes program stream.

3.24 *Assessment, classification and placement client file testing* – A Department-wide case management system was implemented in 2007 for the SPD

program. At the time of our audit, the Department was implementing revised policies, procedures and forms to strengthen its processes. We tested a sample of 35 client files and found assessment, classification and placement policies were not always followed. Note that certain requirements do not apply to all program streams audited and therefore some testing results will be reported for fewer than 35 files. We found the following instances of noncompliance with policy.

- For 10 of 35 clients, there was no application on file. The application form provides general information concerning the client and establishes program eligibility.
- For 4 of 35 clients, a financial assessment was not completed. This assessment is necessary to determine program eligibility. Additionally, financial assessment forms were not always used and it was often difficult to determine whether the client or their family had been assessed for program income thresholds.
- For 1 of 35 clients, there was no evidence of a medical assessment by a qualified medical professional. This is necessary to determine program eligibility.
- All client files tested included a functional assessment; however in 11 instances the assessment did not address all of the client's unmet needs. Functional assessments are required to document how the applicable SPD program stream will meet the client's needs.
- For 5 of 8 independent living support files tested, the total hours of support required were not documented. This is significant because total hours of support represent the maximum hours of service which can be provided by service providers.
- For 1 of 23 direct family support and alternative family support clients, the level of support was not documented. This information determines the payment amount which can be made to families and service providers.
- For two alternative family support files, there was no evidence that client information was sent to the provincial database as required by policy.

3.25 There is no formal quality assurance process in place to ensure the assessment, classification and placement of clients is being performed in accordance with the services for persons with disabilities policy. Our testing identified a number of instances in which policies were not followed. Noncompliance with program policy could result in the failure to appropriately assess client needs. This could lead to the approval of ineligible clients or clients being approved for supports and services which do not meet their needs.



**Recommendation 3.8**

The Department of Community Services should implement a quality assurance process to ensure all classification, assessment and placement policies are followed.

**Recommendation 3.9**

The Department of Community Services should develop processes to ensure client files demonstrate how the client's needs will be met by the program or document outstanding needs to be addressed by alternate means.

**Recommendation 3.10**

The Department of Community Services should communicate all services for persons with disabilities program policies to regional staff.

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3.26 *Service plans* – Individual support plans are prepared by SPD staff and summarize the supports and services to be provided to clients related to their unmet needs and individual goals. We found regional office staff do not prepare individual support plans in a standard format. For some clients, goals and objectives were documented throughout the file rather than in one specific document. This made it difficult to determine if an individual support plan had been created. If program staff change, new staff may have difficulty finding all elements of the support plan.

3.27 Individual program plans are prepared by service providers and detail how a client will achieve his or her personal goals. We found there was no standard format for an individual program plan. However, we noted that draft service standards for the residential care sector establish a format for an individual program plan. Using a consistent format would ensure plan details are more readily available to new staff who are not familiar with the client.

**Recommendation 3.11**

The Department of Community Services should implement its draft service standards for the residential care sector.

3.28 We tested a sample of client files to determine if support plans and program plans were prepared according to policy.

- There was no individual support plan for eight of 14 clients. Of the six clients with support plans, none were prepared using Department-approved templates and forms, and four were not signed.
- There was no individual program plan for seven of 12 clients. For the five clients with a program plan on file, these plans were not prepared in a consistent format.

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- 3.29 For some clients we were informed there were no changes in the client's circumstances; however, these comments were not supported by information in the client's files. If changes in a client's circumstances are not followed up, there is a risk that a client could receive inappropriate or unnecessary services.

**Recommendation 3.12**

The Department of Community Services should establish processes to ensure individual support plans and individual program plans are prepared in accordance with services for persons with disabilities policies. Additionally, plans should be prepared in a consistent format.

## Review and Reassessment

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### Conclusions and summary of observations

The Department is not fully complying with review and reassessment policies. We found instances in which reviews were not completed as required, client files were not updated, or we could not determine whether files were updated for review and reassessment results. We found the Department has no quality assurance processes to ensure reviews are completed and that related information is consistently documented in client files. While the Department has implemented, and is continuing to implement, new policies and procedures for annual reviews and reassessment of clients, it needs to strengthen its processes to ensure policies are followed. We recommended the Department finalize and implement its remaining draft policies for review and reassessment.

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- 3.30 *Background* – For certain services for persons with disabilities clients, a review must be conducted three months after initial program admission. Most program streams require an annual review for each client, including a reassessment if the client's circumstances have changed. The Department has implemented, and was continuing to implement, new policies and forms concerning annual reviews and reassessments. We found the existing policies for small option homes do not specify the frequency of reassessment. Management informed us that these clients must be reviewed annually. However without a formal requirement, these reviews may not take place. Clients in small option homes could have a change in circumstances which would not be identified in a timely manner due to the lack of policy in this area.

**Recommendation 3.13**

The Department of Community Services should finalize the implementation of revised review and reassessment policies, procedures and forms.

3.31 *Client file testing* – We tested a sample of 33 client files and found instances in which reassessment policies and procedures were not followed. Note that certain policies do not apply to all client files tested and therefore some results are reported for fewer than 33 files.

- 9 of 12 instances in which reassessments were not completed within the required three months after initial program admission.
- 21 of 33 clients were not reassessed annually.
- Individual support plans were not updated for 15 of 21 clients.
- Individual program plans were not updated for 13 of 18 clients.

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3.32 In many files it was difficult to determine whether a change in client circumstances occurred because reassessment documentation was in different formats and there was no indication of whether the client's circumstances had changed. For example, reassessments were often handwritten notes on the original assessment.

3.33 Current policy requires the individual support plan for clients in the alternative family support and independent living support program streams be updated during the reassessment process. However, for clients in small option homes, there is no requirement to update individual support plans during the reassessment process. However, we were informed that in practice, support plans are to be updated during reassessment. We found instances in which these support plans were not updated.

3.34 If regular reviews are not completed, changes in client circumstances may not be identified on a timely basis. Clients may not receive the services which meet their needs, ineligible clients may receive services, or a client's situation could worsen without the Department's knowledge.

3.35 The Department does not track when reviews are due; there are no processes to ensure these are completed on a timely basis. Additionally, the Department does not have processes to ensure reassessments are properly conducted and documented in client files. Consistency of file documentation is important. If program staff change, it may be difficult for new staff to follow a client's file.

#### Recommendation 3.14

The Department of Community Services should implement a quality assurance process to ensure reviews and reassessments are performed and documented on a timely basis.

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## Waitlists

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### Conclusions and summary of observations

At the time of our audit, the Department was implementing changes to its waitlist processes. Western region did not have a current waitlist so we have no way of knowing whether clients were placed according to priority. While Central region had an up-to-date waitlist, we could not test this as priority on the waitlist is determined by discussions between regional staff. The processes and controls to prepare and monitor waitlists need to be strengthened.

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- 3.36 *Background* – There is no centralized waitlist for the services for persons with disabilities program as most clients receive services within their region. A central waitlist is only significant for clients of larger residential centers who may be placed outside their home region.
- 3.37 *Western region* – The Western region only updates their waitlist periodically. At the time of our audit, this region had not prepared a waitlist for four months. Without a current waitlist there is no evidence that clients were appropriately placed based on application date and priority of need. Management informed us they have no dedicated staff to monitor and update the client and service provider information required to facilitate placements. Presently, placements occur when service providers contact the Western regional office to indicate there is an opening and the SPD supervisor, in consultation with care coordinators, discusses suitable clients waiting for placement.
- 3.38 *Central region* – The waitlist for the Central region is updated monthly. This region has a dedicated staff member responsible for managing the waitlist and placement availability lists. Management informed us that the Central region waitlist is updated continuously as staff are contacted when client circumstances change. Although the waitlist notes client priority, we could not test to verify this since priority is assigned based on discussions between regional staff. These discussions are not documented in client files.
- 3.39 *Waitlist submission forms* – Waitlist submission forms are used to record, track, and organize placements. There was no waitlist submission form for 2 of 4 client files tested in which clients were waiting for service placement.
- 3.40 The Department of Community Services has a draft waitlist policy which requires a regional waitlist be maintained and updated as changes occur. This draft policy will require waitlists to be accessible to all program staff. Additionally, management informed us staff will be able to generate standard waitlist reports as required.

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- 3.41 At the time of our audit, new waitlist, procedures and forms were being implemented. Key changes include revised waitlist priorities for placement, a requirement for clients on the waitlist to be reviewed at least annually, and a requirement to maintain waitlist databases which are accessible to all services for persons with disabilities program staff.

**Recommendation 3.15**

The Department of Community Services should finalize and implement its new waitlist policies, procedures and forms.

**Recommendation 3.16**

The Department of Community Services should prepare monthly waitlists for the services for persons with disabilities program. Appropriate procedures should be implemented to ensure the waitlists are complete and accurate.

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## Incidents and Complaints

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### Conclusions and summary of observations

The Department of Community Services policies for follow up and resolution of incidents and complaints are inadequate. Policies are outdated and do not reflect current practices. Neither the Central nor Western regions are following all policy requirements. We could not determine whether appropriate action was taken to follow up and resolve incidents and complaints selected for testing. The files we tested did not have evidence that complaints and incidents were addressed. Additionally, the Department does not have systems to record and track the status of complaints or incidents. We also noted, there is no formal review process if the client is not satisfied with the result of an incident or complaint.

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- 3.42 *Background* – Complaints and incidents include general complaints, allegations of abuse or neglect, and incidents which are reported to the Department.
- 3.43 There are no legislative requirements concerning the reporting, follow up and resolution of incidents and complaints regarding community-based options service providers. The Protection of Persons in Care Act has specific requirements for the investigation of allegations of abuse or neglect concerning persons living in residential facilities licensed under the Homes for Special Care Act. Amendments to this Act which have yet to be proclaimed will require licensing of small option homes providing care to three or more residents. Once licensed, these service providers will be subject to the provisions of the Protection of Persons in Care Act. Additionally, management informed us that while homes with less than three

residents will not be licensed, the Department plans to update Regulations to make these homes subject to the provisions of the Act.

**Recommendation 3.17**

The Department of Community Services should require small option home operators to follow the same incident and complaint policies as other services for persons with disabilities program service providers.

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- 3.44 *Policies* – The Department’s policies for follow up and resolution of incidents and complaints are outdated. We identified areas in which policies could be improved or updated to reflect current practices. For example, the policy does not reflect the roles and responsibilities of the Department’s new licensing section and does not address response time standards depending on the seriousness of the complaint.
- 3.45 *Complaint and incident monitoring* – The Department does not have processes in place to ensure service providers report all complaints and incidents. There is no formal system to record and track status. Central region does prepare monthly incident reports; however Western region does not prepare any reports. Additionally, there are no summary reports prepared for review by Department management. Community Services management informed us that an incident reporting system is being developed which will provide detailed incident information to both management and staff.

**Recommendation 3.18**

The Department of Community Services should implement a reporting system which maintains a centralized record of incidents and complaints and their disposition, and which tracks the status of ongoing items.

- 3.46 *Complaint and incident testing* – There was no way to separate the population for testing into incidents, general complaints and allegations of abuse or neglect. We selected a random sample from Central and Western regions and tested compliance with policies. Our sample included incidents which service providers reported to the Department, as well as general complaints, but did not include allegations of abuse or neglect.
- 3.47 We found neither region is following the existing policy. We were unable to determine if Western and Central regions are taking appropriate action to follow up and resolve incidents and complaints. The files we tested were lacking evidence to demonstrate how the complaints were addressed. We found instances in which insufficient information was documented regarding incidents and complaints, we could not determine who followed up concerns, how issues were followed up, or what action was taken to resolve the incident or complaint.

- 3.48 Program staff must use their judgment to prioritize incidents and complaints received. Although we were informed issues related to the health and safety of clients are dealt with immediately, there was no evidence in the files we tested to demonstrate that these were prioritized and followed up in a timely manner. We were also unable to determine whether incidents and complaints were forwarded to staff on a timely basis, or whether the issue was followed up and resolved on a timely basis. For most incidents and complaints tested, the services for persons with disabilities specialist was not involved in following up or reviewing the results. Additionally, we found Department staff were not informed of incident and complaint resolution as required by policy.
- 3.49 Noncompliance with policy or inadequate processes could result in the inconsistent or inappropriate resolution of incidents. Incidents may not be followed up and resolved on a timely basis.
- 3.50 Services for persons with disabilities staff are developing new policies and procedures for the notification, follow up and resolution of incidents and complaints. The proposed policy provides a listing of priorities, follow-up timelines and procedures, and required documentation. A draft incident reporting spreadsheet has been developed to record information on all incidents and complaints.

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**Recommendation 3.19**

The Department of Community Services should finalize and implement its new policies and procedures related to the notification, follow up and resolution of incidents and complaints.

- 3.51 *Review of decisions* – There is no formalized review process if an individual is not satisfied with the resolution of an incident or complaint. Such a process is an important element of any program area. It provides another opportunity for clients or family members to attempt to resolve outstanding issues and concerns.

**Recommendation 3.20**

The Department of Community Services should implement a formal review process for decisions made during the follow-up of program incidents and complaints.

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## Payments for Services

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### Conclusions and summary of observations

Service agreements are not signed with all service providers. We recommended service agreements be signed with all service providers. We also recommended draft service standards with the residential care sector be implemented. The Department has established a rate review process for residential service providers. Budgets are prepared for each client and there are policies on how to develop budgets. We tested a sample of payments made to, or on behalf of, clients. We found instances in which payments were not authorized, the amounts paid did not agree to the approved budgets, and required receipts and reports were not submitted. Finally, we concluded the Department needs to strengthen processes to ensure supports and services are being delivered to clients or being used in accordance with approved service plans.

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3.52 *Eligible costs* – Budgets are prepared for each client based on an individual support plan. The Department has policies to determine the items which can be included in a client’s budget and how these items are calculated. We noted special needs items (items or services not considered a basic requirement) are specified in the current policy manual. A draft special needs policy has been developed which provides specific guidance regarding which special needs can be included in a client’s budget, how amounts are to be calculated, and the maximum amount which can be approved. These changes will help ensure special needs are calculated consistently.

#### Recommendation 3.21

The Department of Community Services should finalize and implement its draft special needs policy.

3.53 *Client file testing* – We tested a sample of 32 payments made to, or on behalf of, clients and noted instances of noncompliance with policy. Note that certain policies do not apply to all client files tested and therefore some results are reported for fewer than 32 files.

- In 2 of 32 instances, there was no authorization of monthly payments. This could result in payments being made to clients or service providers without receiving proper approval.
- We noted 8 instances in which there was either no support to show how the budget amount was calculated or the amounts paid did not agree to the approved budgets.
- In 6 of 9 instances, the service provider did not submit required reports. These reports are essential to ensure that the placement is working for both the client and the service provider.



- In 6 of 12 instances, there were no invoices or receipts to support expenses and ensure payments are made for approved services only.
- In 10 of 19 instances, there were incomplete or no receipts for respite services provided through the direct family support program.
- In 4 of 19 instances, there was no evidence that a respite worker had been hired. Without specific file documentation, such as the name of the respite worker, we cannot determine if respite payments were made to the actual respite worker hired by the family or guardian.

3.54 Failure to follow payment policies could lead to the Department paying the wrong amount for goods and services provided to clients.

**Recommendation 3.22**

The Department of Community Services should review the services for persons with disabilities program payment processes and implement additional controls to ensure amounts paid are in accordance with approved budgets and all supporting documentation and reports have been received.

3.55 *Rate setting process* – The Department provides funding for residential service providers. In January 2008, the Department implemented a rate review process for residential service providers, including the operators of small option homes. The objective of the rate review was to establish an annual budget for each service provider. We examined the results of this review and only noted one issue. The draft staffing guidelines for service providers have not been approved and implemented; these guidelines impact annual budgets and will help ensure similar service providers are consistently staffed.

**Recommendation 3.23**

The Department of Community Services should finalize the implementation of its draft residential staffing guidelines.

3.56 *Service agreements* – External service providers deliver the various services for persons with disabilities programs. In such situations, it is important that the Department have service agreements with service providers specifying the roles and responsibilities of all parties.

3.57 Signed service agreements are required for independent living support and alternative family support service providers. These service agreements specify the roles and responsibilities of the service providers and the Minister.

- 3.58 We were informed service agreements are not used in the direct family support program stream because funding provides respite services for family caregivers and supports unmet needs associated with the client's disability. While we understand why the Department does not require the family to sign service agreements, a letter of understanding to the client and the family would help ensure the roles and responsibilities of all parties are clearly documented and understood.

**Recommendation 3.24**

The Department of Community Services should provide a letter of understanding to the family or caregiver of direct family support clients outlining the roles and responsibilities of all parties.

- 3.59 *Service agreements: small option homes* – The standards for small option homes need to be strengthened. For example, the standards do not require signed agreements with operators; additionally, the standards do not clearly detail the roles and responsibilities of the Department and the operators. The Department has developed draft service agreements and standards for the residential care sector which clearly outline the roles and responsibilities of Department and the service providers.

**Recommendation 3.25**

The Department of Community Services should implement signed service agreements and service standards with all service providers.

## Quality Assurance

### Conclusions and summary of observations

The Department has established a program review function; however, activity to date has focused on a review of residential service providers. We recommended that program reviews include testing to ensure clients receive planned services. Additionally, the Department should implement file checklists and other quality assurance processes to ensure policies are complied with.

- 3.60 The existence of properly functioning review and quality assurance processes are key controls to ensure Department staff follow policies and service providers deliver supports and services to clients in accordance with approved program plans.
- 3.61 The Department established a coordinator of program review function in 2009. Activity has focused on a review of residential service providers; however, only four inspections have been conducted to date. The scope

of these reviews should include testing to ensure service providers are delivering services to clients in accordance with their individual program plans as well as compliance with Department policies. DCS management informed us the staff member responsible for these program reviews has a number of other job responsibilities and consequently cannot complete as many reviews as a full-time reviewer could. Additionally, the reviews are intended to examine compliance with policy and there have been ongoing changes in policies and processes.

**Recommendation 3.26**

The Department of Community Services SPD program reviews should include testing to ensure clients receive services in accordance with their individual program plans. Additionally, reviews should verify compliance with Department policies.

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3.62 Throughout this Chapter we noted numerous instances of lack of compliance with assessment, reassessment, waitlist, and payment policies and procedures. For example, during our assessment testing we noted numerous instances in which required documents were not in client files. Documented policies help ensure all clients are treated consistently and only eligible clients receive program services. Implementation of file checklists and other quality assurance processes would assist the Department in ensuring policies are complied with.

**Recommendation 3.27**

The Department of Community Services should implement file checklists and other quality assurance processes to ensure policies and procedures are followed.

## Legislation

### Conclusions and summary of observations

Recent changes to the Homes for Special Care Act, which have not been proclaimed, will now require all homes providing care and support to three or more individuals to be licensed. This is a significant initiative which will impact small option homes and ensure these service providers are subject to the same legislation and regulations as other service providers.

3.63 *Legislative requirements* – There is no single piece of legislation covering the services for persons with disabilities program. The Homes for Special Care Act and Regulations, which are administered by the Department of Community Services and the Department of Health, govern the operation



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of licensed residential options that provide care and support for four or more individuals. The four programs we audited deal with unlicensed service providers and are not currently subject to the requirements of this Act. Department management informed us that many of the requirements in the Act and Regulations need to be updated as they do not reflect current standards. Recent changes to the Act, which have not been proclaimed, will require all homes providing care and support for three or more individuals to be licensed. A project team has been established to identify changes to policies, and to update related Regulations. These changes must be implemented and Regulations updated before the revisions to the Act are proclaimed.

**Recommendation 3.28**

The Department of Community Services should finalize and implement Regulations related to the Homes for Special Care Act.

**Recommendation 3.29**

The Department of Community Services and Executive Council should move forward with the proclamation of amendments to the Homes for Special Care Act.

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**Response: Department of Community Services**

The Department of Community Services (DCS) has prepared this response to the Office of the Auditor General's audit report of the Services for Persons with Disabilities Program, community-based options programs. In 2006, the Department implemented three new community-based options programs, the Direct Family Support Program, the Independent Living Support Program and the Alternative Family Support Program. In 2008 the Department released a Report of Residential Services, which included a review of the community-based Small Option Program. We are pleased that the recommendations of this audit are consistent with the work that we have been undertaking since 2008 to strengthen policies, standards, processes, procedures, and to implement service agreements for all Services for Persons with Disabilities programs.

RESPONSE:  
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***Recommendation 3.1***

***The Department of Community Services should prepare a comprehensive strategic plan for the services for persons with disabilities program.***

The Department has prepared a strategic framework and will examine formalizing this plan.

***Recommendation 3.2***

***The Department of Community Services should develop a formal operational plan to address the outstanding recommendations related to the services for persons with disabilities program.***

Of the 58 recommendations, only 10 are outstanding. The Department will develop a formal operational plan to address these recommendations.

***Recommendation 3.3***

***The Department of Community Services should establish a process to monitor all goals, objectives and priorities for the services for persons with disabilities program.***

A number of performance indicators have already been established and they are included in the Department's Business Plan, however the Department will establish a process to monitor all goals, objectives and priorities.

***Recommendation 3.4***

***The Department of Community Services should develop performance indicators, with established targets, for all objectives of its services for persons with disabilities program.***

The Department will develop performance indicators, with established targets, for all objectives of the Services for Persons with Disabilities Program.

***Recommendation 3.5***

***The Department of Community Services should identify the future needs for services for persons with disabilities and determine the service providers, facilities, and human resources required to address these needs.***

On a regular basis, the Department utilizes evidence-based sources and data for the purpose of determining future needs for the services for persons with disabilities program. As well, a recent client reassessment project will provide information for future support planning for current clients. This information will provide a basis for identifying future demands for service requirements and human resources.

***Recommendation 3.6***

***The Department of Community Services should finalize and implement the revised services for persons with disabilities policy and procedure manual.***

The Department has developed an implementation plan and has scheduled dates to orient staff.

***Recommendation 3.7***

***The Department of Community Services should develop specific policies for its small option homes program stream.***

Currently the policy for small option homes is incorporated into the overall Policy Manual for services for persons with disabilities. However, the Department has finalized and is implementing new policies for all residential services, including small option homes.

***Recommendation 3.8***

***The Department of Community Services should implement a quality assurance process to ensure all classification, assessment, and placement policies are followed.***

The Department has staff in each region whose responsibilities include a quality assurance component. The Department will look at opportunities to augment and standardize the quality assurance process, to ensure classification (level of support), assessment, and placement policies are followed.

***Recommendation 3.9***

***The Department of Community Services should develop processes to ensure client files demonstrate how the client's needs will be met by the program or document outstanding needs to be addressed by alternate means.***

The Department has initiated a process to ensure standards for client files and documentation are implemented.

***Recommendation 3.10***

***The Department of Community Services should communicate all services for persons with disabilities policies to regional staff.***

The Department has already placed all policies on a shared electronic drive that can be accessed by regional staff. All new staff are provided with training, in addition staff receive training on an ongoing basis as new policies are developed.

***Recommendation 3.11***

***The Department of Community Services should implement its draft service standards for the residential sector.***

The Department has established a process to review draft service standards with residential stakeholders, and will make necessary adjustments based upon feedback. This work will be integrated in the process of licensing of small options homes.

***Recommendation 3.12***

***The Department of Community Services should prepare individual support plans and individual program plans in accordance with services for persons with disabilities policies. Additionally, plans should be prepared in a consistent format.***

The Department implemented a new assessment and support plan form in March 2010. Individual program plans that are completed by service providers will be developed in accordance with the requirements of new residential service standards.

***Recommendation 3.13***

***The Department of Community Services should finalize the implementation of revised review and reassessment policies, procedures and forms.***

The Department has finalized new reassessment policies, procedures and forms, which will be implemented in November 2010.

***Recommendation 3.14***

***The Department of Community Services should implement a quality assurance process to ensure reviews and reassessments are performed and documented on a timely basis.***

The Department has staff in each region whose responsibilities include a quality assurance component. The Department will strengthen and standardize the existing quality assurance process, to ensure reviews and reassessments are performed and documented on a timely basis.

***Recommendation 3.15***

***The Department of Community Services should finalize and implement its new waitlist policies, procedures and forms.***

The Department implemented new waitlist policies, procedures and forms in September 2010.

***Recommendation 3.16***

***The Department of Community Services should prepare monthly waitlists for the services for persons with disabilities program. Appropriate procedures should be implemented to ensure the waitlists are complete and accurate.***

The Department is preparing monthly waitlists and procedures have been implemented to ensure the waitlists are complete and accurate.

***Recommendation 3.17***

***The Department of Community Services should require small option home operators to follow the same incident and complaint policies as other services for persons with disabilities providers.***

Since the process was implemented in January 2000, the Department requires all small option home operators to follow the same incident and complaint policies as other service providers.

***Recommendation 3.18***

***The Department of Community Services should implement a reporting system which maintains a centralized record of incidents and complaints and their disposition, and which tracks the status of ongoing items.***

The Department has a reporting process for incidents and complaints which will be centralized and strengthened through an updated policy and process.

***Recommendation 3.19***

***The Department of Community Services should finalize and implement its new policies and procedures related to the notification, follow up and resolution of incidents and complaints.***

The Department is currently implementing new policies and procedures related to the notification, follow up and resolution of incidents and complaints.

***Recommendation 3.20***

***The Department of Community Services should implement a formal review process for decisions made during the follow up of program incidents and complaints.***



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The Department is implementing a formal review process for decisions made during the follow up of program incidents and complaints.

***Recommendation 3.21***

***The Department of Community Services should finalize and implement its draft special needs policy.***

The Department is currently in the process of orienting staff on the revised special needs policy.

***Recommendation 3.22***

***The Department of Community Services should review the services for persons with disabilities program payment processes and implement additional controls to ensure amounts paid are in accordance with approved budgets and all supporting documentation and reports have been received.***

The Department will review and strengthen the payment process and implement additional controls to ensure amounts paid are in accordance with approved budgets and that all supporting documentation and reports have been received.

***Recommendation 3.23***

***The Department of Community Services should finalize the implementation of its draft residential staffing guidelines.***

The Department is currently finalizing the staffing guidelines for implementation.

***Recommendation 3.24***

***The Department of Community Services should provide a letter of understanding to the family or caregiver of direct family support clients outlining the roles and responsibilities of all parties.***

The Department will develop a letter of understanding to the family or caregiver of direct family support clients outlining the roles and responsibilities of all parties.

***Recommendation 3.25***

***The Department of Community Services should implement signed service agreements and service standards with all service providers.***

The Department has a service agreement template which has been signed by a number of service providers. There is an implementation plan to have signed service agreements and service standards with all service providers.

RESPONSE:  
DEPARTMENT OF  
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***Recommendation 3.26***

***The Department of Community Services SPD program reviews should include testing to ensure clients receive services in accordance with their individual program plans. Additionally, program reviews should verify compliance with Department policies.***

The Department program reviews will ensure that clients receive services in accordance with their individual program plans. Additionally, program reviews will verify compliance with Department policies.

***Recommendation 3.27***

***The Department of Community Services should implement file checklists and other quality assurance processes to ensure policies and procedures are followed.***

The Department is implementing file checklists and other quality assurance activities to ensure processes, policies and procedures are followed.

***Recommendation 3.28***

***The Department of Community Services should finalize and implement Regulations related to the Homes for Special Care Act.***

The Department is currently working on regulation changes related to the licensing of small option homes.

***Recommendation 3.29***

***The Department of Community Services and Executive Council should move forward with the proclamation of amendments to the Homes for Special Care Act.***

As referenced in 3.28, this work is on-going.