

Family Support for Children with Disabilities Policy and Procedures Manual

February 2022 (Revised)



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August 1, 2004

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MANUAL AMENDMENTS

Amendments to the Family Support for Children with Disabilities Policy and Procedures Manual will be distributed from the Provincial Family Support for Children with Disabilities office. It is a regional responsibility to ensure all FSCD workers are provided with copies of the amendments and are advised of the impact on practice and service delivery. Notification of amendments will also be available on the intranet.

Amendment Number	Date of Amendment	Entered by
1	September 2006	<i>FSCD</i>
2	December 2006	<i>FSCD</i>
3	December 2006	<i>FSCD</i>
4	January 2008	<i>FSCD</i>
5	March 2008	<i>FSCD</i>
6	July 2009	<i>FSCD</i>
7	December 2010	<i>FSCD</i>
8	July 2011	<i>FSCD</i>
9	December 2011	<i>FSCD</i>
10	March 2013	<i>FSCD</i>
11	July 2014	<i>FSCD</i>
12	October 2014	<i>FSCD</i>
13	December 2014	<i>FSCD</i>
14	October 2015	<i>FSCD</i>
15	January 2016	<i>FSCD</i>
16	July 2016	<i>FSCD</i>
17	November 2017	<i>FSCD</i>

Amendment	Update	Section-Page	Date of Amendment
1	Preface	Page v	September 2006
	Verification of On/Off Reserve Status	Section 12-23 to Section 12-28	September 2006
	Appendix A: Forms (List)	Appendix A-1	September 2006
	Form CS3594 - Verification of ON/OFF Reserve Status for Funding Purposes	Appendix A-33	September 2006
2	Introduction	Section 2-3 to Section 2-6	December 2006
	Summary of Supports and Services Provided Under the FSCD Act (Chart)	Section 4-28 to Section 4-29	
	Family Support Respite Support	Section 9-27 to Section 9-30	December 2006
	Child Focused Respite Services	Section 10-5 to Section 10-12	December 2006
	Homemaker Services	Section 10-15 to Section 10-17	December 2006
	Child Care Supports for Children Age 13 Years and Older	Section 10-25 to Section 10-26	December 2006
	Community Support	Section 10-38 to Section 10-39	December 2006
	Medical Benefits	Section 10-62 to Section 10-71	December 2006
3	FSCD Regulation	Section 4-11 to Section 4-26	December 2006
4	Service Delivery Procedures	Section 8-3 to Section 8-36	December 2007
	Child Focused Services	Section 10-3 to Section 10-4	December 2007
	Behavioural Support Developmental Support	Section 10-39 to Section 10-48	December 2007
	Medical Benefits Ambulance Specialized Services for Children with Severe Disabilities	Section 10-63 to Section 10-86	December 2007
	Transition Planning	Section 11-3 to Section 11-8	December 2007
	Concerns Resolution	Section 12-1 to Section 12-18	December 2007
	Appendix J: Interregional Transfer Protocol	Appendix J-1 to Appendix J-4	December 2007
	Appendix K: Verification of On/Off Reserve	Appendix K-1 to Appendix K-6	December 2007

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5	Service Delivery Procedures	Section 8-3 to Section 8-44	April 2008

6	FOIP Procedures	Section 3-3 to Section 3-6	July 2009
	Summary of Supports and Services Chart	Section 4-29	July 2009
	Essential Standards FOIP Procedures Child Disability Benefit Interpreter Services	Section 8-3 to Section 8-22	July 2009
		Section 8-31 to Section 8-34	
		Section 10-41 to Section 10-42	
		Section 10-45 to Section 10-46	
	Review of FSCD Program Decision	Section 12-7 to Section 12-10	July 2009
	Appendix A: Forms	Appendix A-1 to Appendix A-38	July 2009
	Appendix D: Interregional Transfer Protocols	Appendix D-1 to Appendix D-3	July 2009
	Appendix H: Sample Outline for the Appeal Committee	Appendix H-1 to Appendix H-2	July 2009
Appendix I: Verification of On/Off Reserve	Appendix I-1 to Appendix I-5	July 2009	

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	Program Eligibility	Section 5-1 to Section 5-6	December 2010
	Information, Referral and Advocacy Services	Section 6-3 to Section 6-6	December 2010
	Overarching Policies and Considerations	Section 7-1 to Section 7-10	December 2010
	Application Process	Section 8-3 to Section 8-8	December 2010
	FSCD Agreement; Amendment to FSCD Agreement; Reimbursement for Services; File Closure Transfer	Section 8-29 to Section 8-44	December 2010
	Child Focused Respite Services	Section 10-5 to Section 10-12	December 2010
	Domestic Child Care Services	Section 10-17 to Section 10-20	December 2010

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7 continued	Specialized Services for Children with Severe Disabilities; Out of Home Placement; Travel To/From Out of Home Placement	Section 10-75 to Section 10-106	December 2010
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	Appendix M: Tip Sheet for Parents when Choosing an Out of Home Placement	Appendix L-1 to Appendix L-4	December 2010
	Appendix N: Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services	Appendix M-1 to Appendix M-2	December 2010
	Appendix O: FSCD Guidelines for Demonstrating Effectiveness	Appendix N-1 to Appendix N-2	December 2010
	Appendix P: Program Coordination Protocol between CIS and FSCD	Appendix O-1 to Appendix O-2	December 2010
	Appendix Q: Application Package	Appendix P-1 to Appendix P-6	December 2010
	Glossary	Section 14-1 to Section 14-7	December 2010

8	Family-Centred Supports and Services	Section 2-7 to Section 2-8	July 2011
	Application Process	Section 8-3 to Section 8-8	July 2011
	Service Approval – New or Reopened File	Section 8-23 to Section 8-24	July 2011
	Advising Guardian of Decisions	Section 8-45 to Section 8-48	July 2011
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	Concerns Resolution	Section 12-3 to Section 12-16	July 2011
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		Appendix A-17 to Appendix A-18	July 2011
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	Appendix M: Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services	Appendix M	July 2011

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	Essential Program Standards	Updated throughout policy	MARCH 2013
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	Appendix T: FSCD Process when Exploring Suspected Fraud	Appendix T-1 to Appendix T-8	MARCH 2013

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Appendix L: Tip Sheet for Guardians when Choosing an Out of Home Placement	Appendix L-1 to Appendix L-2	July 2014	

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	Integrated Transition Planning	Section 11-3 to Section 11-14	October 2014
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	Clarification around integrated transitioning terminology	Section 11-3 to Section 11-14	
15	Reimbursement for Services	Section 8-51 to Section 8-54	January 2016
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19	Family-Centred Supports and Services	Section 2-7	August 2018
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20	Introduction	Section 2-3 to Section 2-6	February 2019
	Service Delivery Procedures	Section 8-3 to Section 8-62	February 2019
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	FSCD Agreement / Assessment of Needs & Support Planning	Section 8-32 and Section 8-40	August 2021
	Developmental and Behavioural Supports	Section 10-41 to Section 10-51	August 2021
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22	Signature requirements	Section 8-17 and 8-24	October 2021
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PREFACE

The *Family Support for Children with Disabilities (FSCD) Act* was proclaimed on August 1, 2004, at which time the FSCD Program came into effect. The Family Support for Children with Disabilities legislation includes both the FSCD Act and FSCD Regulation.

The Family Support for Children with Disabilities Policy and Procedures Manual is available for viewing and/or printing on the website under *Family Support for Children with Disabilities Act* <https://www.alberta.ca/fscd.aspx>

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Section 1: FINDING INFORMATION IN THE MANUAL

FEBRUARY 2022

Section 1-1

Information in the Manual

This manual contains:

- ◆ The *Family Support for Children with Disabilities (FSCD) Act*
- ◆ A reprint of each section of the Regulation

All 14 sections of the *Family Support for Children with Disabilities Regulation* are re-printed in this manual. (You can use the Table of Contents to find the page reference for each section of the Regulation.)

Section ...

Text that appears in this type of shaded box has been re-printed from the *Family Support for Children with Disabilities Regulation*.

- ◆ Explanation of the intent of each section of the Regulation
Following each re-print from the Regulation is an explanation of why that section is important to the care and well-being of children with disabilities and their families.
- ◆ Policy Statements
Policy statements provide a basis for consistent decision-making and define the method or course of action used to guide and determine present and future decisions.
- ◆ Procedural Steps
Procedural steps provide an orderly process to implementing policy decisions.
- ◆ Forms
The appropriate form for each procedure is identified for easy access. Samples can be found in Appendix A. To ensure consistency in each practice use the forms allocated for each procedure.

◆ Family Support for Children with Disabilities Information System (FSCDIS)

At the end of each section of this manual where a particular service is identified, the FSCDIS section identifies the name of that service and the associated text as it appears in the provincial information system. This text will appear in the printed FSCD Agreement when that service is included in the Agreement.

The specific closure reasons selectable in the information system are also identified in the service delivery procedures file closure section of the manual.



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Section 2: INTRODUCTION

Background

Historically the Family Support for Children with Disabilities (FSCD) Program was known as Handicapped Children's Services (HCS) or Resources for Children with Disabilities (RCD). The Program received its authority under Section 106 of the *Child Welfare Act*.

During the Child Welfare Act Review in 2001-02, families of children with disabilities and other key stakeholders stated the unique needs of children with disabilities were not sufficiently addressed within the provisions of the *Child Welfare Act*. The primary themes identified through the Child Welfare Act Review included the need for:

- The Family Support for Children with Disabilities Program to have separate legislation from that of child protection services;
- Enhanced family focused services as well as the opportunity for family's meaningful involvement in FSCD Program and in determining the support and services that will best meet their needs;
- A coordinated multi-disciplinary approach, including assessment of children's short and long term support needs;
- Comprehensive joint service planning and enhanced transitional planning;
- Improved access to information regarding government programs and services as well as community resources; and
- An integrated and coordinated service system, including the Ministries of Health, Education, Community and Social Services and Children's Services, to support families and children requiring a range of supports and services.

Community and Social Services responded by introducing the *Family Support for Children with Disabilities (FSCD) Act*. The FSCD Act replaces Section 106 of the *Child Welfare Act*. The FSCD Act is the first of its kind in Canada, providing separate legislation for children with disabilities and their families. The FSCD Act came into effect on August 1, 2004.

Community and Social Services developed the *Family Support for Children with Disabilities Act* through extensive consultation with, and participation by, parents of children with disabilities, community stakeholders, advocates, health care professionals, Indigenous representatives and service providers. The result is an *Act* that recognizes the importance of proactive supports and services for children with disabilities and their families and promotes a family centred approach to the provision of disability-related supports and services.

Legal Authority

Legal authority for the Family Support for Children with Disabilities Program is provided by the *Family Support for Children with Disabilities Act*.

The *Family Support for Children with Disabilities Act* and Regulation provide an enabling legislation outlining the supports and services that the FSCD Program is able to provide.

Values of the FSCD Act

The Act's preamble statements set the overall tone for the legislation. The preamble recognizes and endorses the following important values:

- Honour and respect the dignity and equal worth of children with disabilities;
- Recognize and value the ability of families to care for and to promote the development of their children with disabilities;
- Acknowledge the value of family-centred support and services in empowering and preserving families of children with disabilities;
- Recognize that the individual needs of children with disabilities are most effectively met through an integrated and multi-disciplinary approach; and
- Recognize the importance of facilitating the inclusion of children with disabilities in community life.

Purpose of the FSCD Legislation

The purpose of the Family Support for Children with Disabilities legislation, which includes the FSCD Act and Regulation, is to:

- Provide a spectrum of proactive family-centred supports and services to support the development and inclusion of children with disabilities and to strengthen the family's ability to promote their child's healthy growth and development;
- Build upon the family's strengths and abilities as well as their existing supports and resources to help increase their capacity to promote their child's development;
- Address the unique needs of children with disabilities and their families throughout the stages of childhood and as they prepare for becoming an adult;
- Enable families to continue to care for their child in the family home and community;
- Provide integrated and coordinated supports and services to children with disabilities and their families; and
- Promote greater consistency in access to required supports and services.

Vision of the FSCD Program

The vision of the Family Support for Children with Disabilities Program is that children with disabilities have the support they need to develop, learn and be included in activities at home and in their community and that families have the support and resources required to care for and promote their child's development and participation. This vision can be accomplished by;

- Focusing on what the child can do instead of how it is accomplished; and
- Making adaptations to support the child's activity and participation.

Program Principles

Family Support for Children with Disabilities (FSCD) Program is guided by the following principles:

- Recognize and build on the strengths, abilities and resources of the family in caring for their child with a disability;
- Adhere to family-centred practice, recognizing and valuing the unique strengths and abilities as well as the role of families as the primary source of care and support for their child;
- View the needs of the child and family from a life course perspective and consider the needs of the child and family over the long term;
- Recognize the importance of facilitating the inclusion of children with disabilities in community living;
- Engage in family-centred decision-making and partnerships with parents;
- Respect the cultural and socio-economic diversity of families;
- Provide supports and services in a manner that recognizes the uniqueness of each child and family;
- Be transparent regarding the supports and services available to families as well as facilitate family's access to information;
- Support service delivery that is proactive, flexible, sustainable, accessible and responsive; and
- Assist with the coordination of services at local, regional and provincial levels.

Family-Centred Supports and Services

Family centred service delivery is an evidenced-based way of providing service that focuses on ensuring that families are active partners in planning and decision making regarding supports for their child and family.

The FSCD Program recognizes that families are the primary source of care and support for children and that it is within the context of the family that children develop. Family centred service delivery reinforces the importance of viewing the family and child as an entire unit and respecting the values, cultural background and unique needs of each family. Family centred service delivery also involves establishing trust and rapport with families, providing families with information that enables informed decision making, and providing families with alternatives and choices, based on their own strengths and needs.

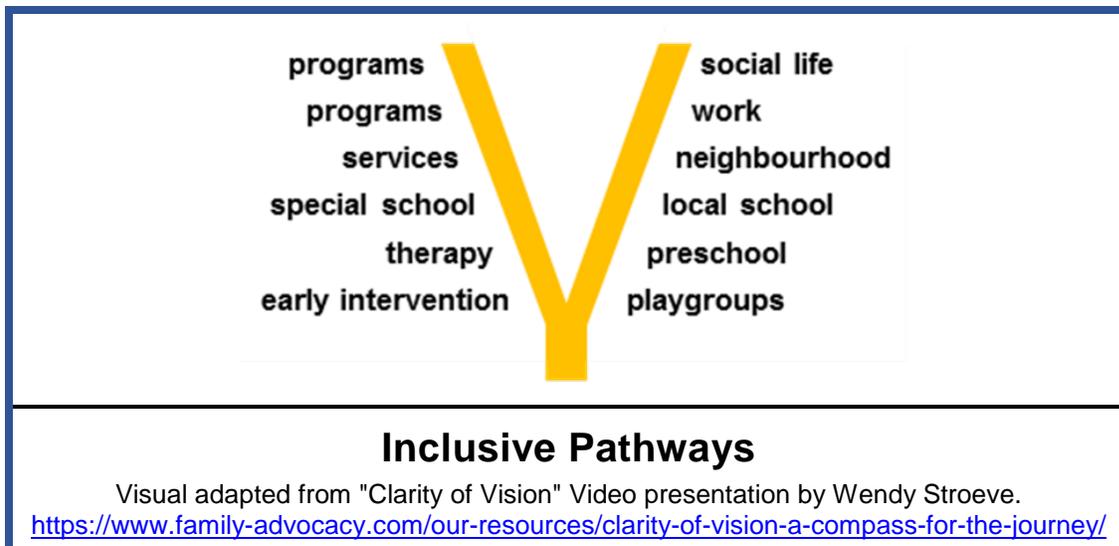
FSCD supports and services are provided directly to children. Family centred supports and services ensure that families are the drivers of planning and decision making and recognize that each child and family is unique. This approach recognizes that services must fit each family's strengths and needs, time and priorities, and cultural contexts and values.

FSCD Program Outcomes

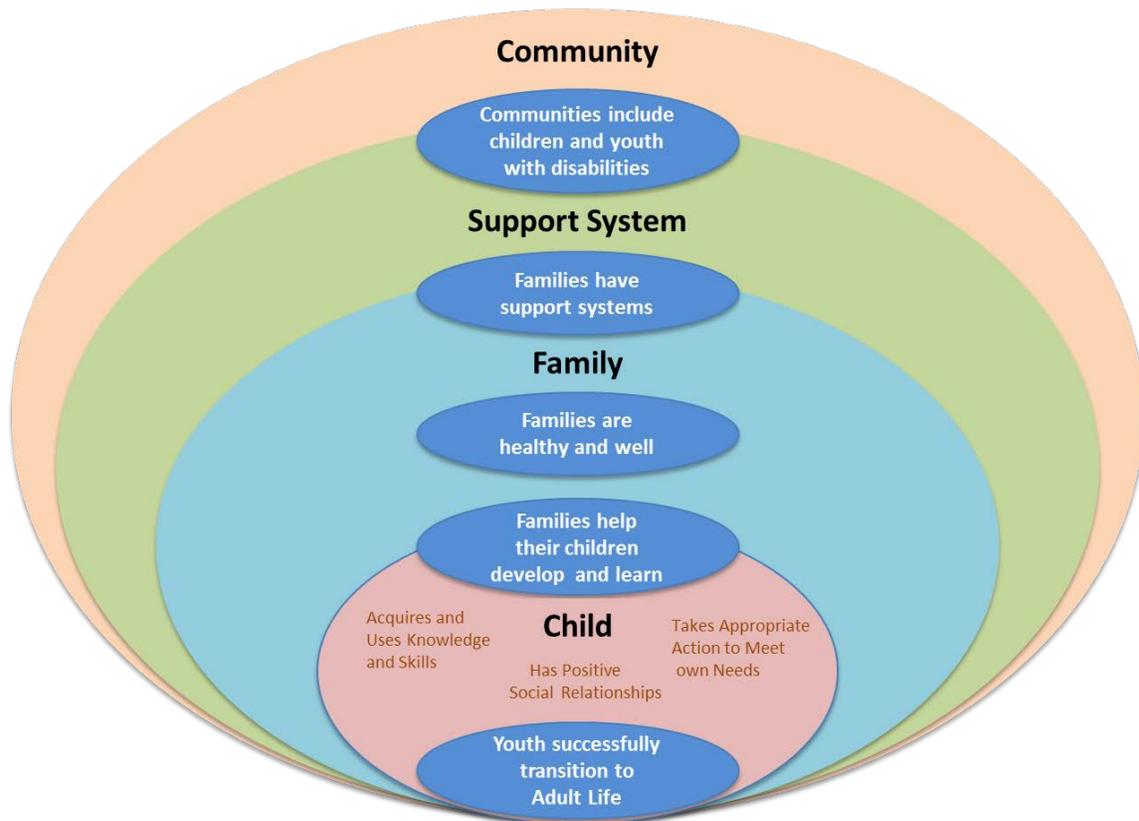
Based on legislation, research, practice and stakeholder input the following eight outcome statements reflect the changes that the FSCD Program expects to influence with the families and communities we work with:

- (1) Children/youth have positive social relationships.
- (2) Children/youth acquire and use knowledge and skills.
- (3) Children/youth take appropriate action to meet their needs.
- (4) Families are healthy and well.
- (5) Families have support systems.
- (6) Families help their children develop and learn.
- (7) Communities include children and youth with disabilities, and
- (8) Youth successfully transition to adult life.

FSCD outcomes are consistent with an inclusive life-course perspective that views the pursuit of an inclusive and normative pathway (e.g., go to school, get part time jobs, and go to college or university) as a powerful means of realizing a good life for a child with a disability. These experiences create possibilities for learning, friendships, employment and being seen and recognized as valued and needed by others (Inclusion Alberta).



FSCD Outcomes are nested within an Ecological Framework that views families, their support systems and the larger community as setting the conditions for the child's active and successful participation in everyday life. Child abilities to acquire and use knowledge and skills, take appropriate actions to meet their own needs and have positive social relationships develop naturally through the many and varied experiences of everyday family life.



Children/youth develop the ability to acquire and use knowledge and skills, take appropriate actions to meet their own needs and have positive social relationships. The ultimate goal of supports and services is to enable children to be active and successful participants in a variety of settings – in their homes with their families, in child care, preschool or school programs and in the community. This typically requires the ability to acquire and use knowledge and skills, take appropriate actions to meet their own needs and have positive social relationships.

Children/youth have positive social relationships. Making new friends and learning to get along with others is an important accomplishment in childhood. Children develop a sense of who they are by having rich and rewarding experiences interacting with adults and peers. They also learn that different rules and norms apply to different everyday settings. All children need support from adults in learning how to be successful participants in their social world but some children who face challenges in this area need additional support.

Children/youth acquire and use knowledge and skills. Children with disabilities can face a variety of challenges related to acquiring knowledge and skills and may need additional supports to realize their potential. The knowledge and skills acquired in the early childhood years, especially those related to communication, pre-literacy and pre-numeracy, provide the foundation for success.

Children/youth take appropriate action to meet their needs. Children/youth have a variety of needs, for example, to eat, sleep, play, move, explore, and communicate. With the help of supportive adults, children become able to address their needs in more sophisticated ways and with increasing independence over time. They integrate their developing skills, such as fine motor skills and increasingly complex communication skills, to achieve a goal that is of value to them. Children/youth with disabilities may use specialized technology or may need assistance from adults to allow them to meet their needs.

Families are healthy and well. Families are the most significant environment in children's lives. When families are healthy and well, their children grow up in secure supportive environments. At the core of family well-being is a balance between the demands of everyday life, various family interests, and the personal and social resources the family can draw on and weave together into a sustainable daily routine (McConnell et al., 2013).

Families have support systems. All families need and have access to a wide range of natural supports, community resources, and formal supports that they draw upon to maintain well-being and to manage difficult or stressful situations.

- **Natural supports** are the networks of people in a family's life (e.g., family, friends, neighbours, church or community members, colleagues etc.) that they can turn to for fun, advice, assistance, or emotional support. These relationships promote well-being, prevent problems and provide real assistance (both physical and emotional) in times of need. Unlike formal

supports these are not constrained by office hours, eligibility criteria or cost. Although the strength and nature of these relationships change over time, many are sustained throughout life.

- **Community resources** can be teachers, day care workers, coaches, teacher's aides, etc., in a child's community that are part of the family's support network. They are subject to change and are often a short term support.
- **Formal support** networks are government programs that provide funding and support. These more formal supports help to build on what the family already has in place, and provide supports and services to address some of the needs not met with other levels of support. Formal supports may be short term and for a specific time in a child's life or change over time as the family and child's needs change.

Families help their children develop and learn. By interacting with their children in a variety of positive ways, families promote children's development and learning. Families create family environments in many different ways, depending on the culture, traditions, and values held by the family. The family environment encompasses the physical environment of the home, the overall tone of family interactions, and the types of community experiences that parents provide for their children. When required, the family can be supported by professionals to help them acquire specific knowledge, skills and abilities related to their child.

Communities include children and youth with disabilities. Inclusion in communities is an important factor contributing to the well-being of individuals with or without disabilities. It both affects and is a reflection of the well-being not only of the individual but of society as well. Building more inclusive communities requires purposeful work and occurs in incremental steps built off of successful, positive experiences of individuals with disabilities in normal community activities such as child care, scouts, and sports teams or playing at the playground.

Youth successfully transition to adult life. The transition from youth to adulthood is both exciting and challenging. Youth and their families have many choices to make about education, entering the workforce and finding new supports for adult success. A successful transition: requires preparation that begins early; honors and inspires the hopes, dreams and decisions of the individual; and, mobilizes the human and other resources available in the person's life.

Program Responsibilities

Comply with the *Family Support for Children with Disabilities (FSCD) Act*, Regulation and policy.

Act in accordance with all other relevant legislation:

- *Children First Act* enhances legislation, tools, processes and policies to improve the security, education, health, safety and well-being of children and youth in Alberta (e.g., regarding information sharing requirements in the best interests of the child);
- FSCD staff must comply with all of the requirements to report any child protection concerns as legislated in the *Child, Youth and Family Enhancement (CYFE) Act*;
- FSCD staff will respond to concerns of family violence that may impact the child as described in the *Protection Against Family Violence (PAFV) Act* by reporting incidents of family violence to Child Intervention Services;
- Information regarding families and children must be collected, used and disclosed in accordance with the FSCD Act and *Freedom of Information and Protection of Privacy (FOIP) Act*. The confidentiality requirements of the *FOIP Act* do not release FSCD workers from their obligation to report to Child Intervention Services when there is evidence of any child protection concerns, as identified in Section 1(2) of the *CYFE Act*; and
- The *Financial Administration Act* enables FSCD to enter into agreements with families for services in accordance with the FSCD Act and Regulation. It provides for the designation of an Expenditure Officer who enters into agreements with families on behalf of the FSCD Director. One responsibility under the *Financial Administration Act* is to ensure there are sufficient funds available to honour the committed amount of the agreement.

Ensure that families are aware of the options available to them under the FSCD concern resolution process, including mediation and appeal.

Section 3: COLLECTION, USE AND DISCLOSURE OF CHILD AND FAMILY INFORMATION

FEBRUARY 2022

Section 3-1

Collection, Use and Disclosure of Child and Family Information

Rules and authority for collecting, using and disclosing child and family information comes from the *Family Support for Children with Disabilities Act* (FSCD Act) as well as from the *Freedom of Information and Protection of Privacy (FOIP) Act*.

Whereas the FSCD Act, regulations, and policies indicate what information is required and how and when to gather and use that information, FOIP places legal obligations on Community and Social Services to protect the personal information collected, used, disclosed and handled by the Ministry.

Principles

- ◆ The FSCD Act recognizes that the individual needs of children with disabilities and their families are most effectively met through an integrated and multi-disciplinary approach. Information sharing is encouraged to support integrated service delivery and service planning across Government of Alberta programs.
- ◆ The following principles provide direction for sharing information related to providing services and supports to children, youth, adults and families.
 - Information is an asset to be managed efficiently and effectively.
 - Information is shared when reasonable and necessary unless specifically prohibited.
 - Client information is shared as appropriate across the Government of Alberta and with external organizations to support effectiveness and efficiency.
 - Accountability for information management is in place and understood by all parties.
 - Risk around sharing information is acknowledged and managed within the social services sector and the culture encourages information sharing while respecting privacy.

- Information is managed transparently by cross-ministry initiatives and relationships.

Collection of Personal Information

- ◆ FSCD workers may only collect personal information directly related to a child's condition or impairment as necessary for the delivery of FSCD Program supports and services.
- ◆ Personal information is to be collected and accessed on a “need to know” basis, related to job responsibilities. Even if the FSCD worker has access to more personal information than is required to carry out his/her job, the worker must exercise judgement in determining if the information is required and, if not, to exclude that information from the FSCD file.
- ◆ FSCD workers should, wherever possible, collect personal information about a child or family directly from the guardian.
- ◆ FSCD workers must be able to provide the person providing the information with an explanation that outlines:
 - Why the personal information is required;
 - How the personal information will be used;
 - Options regarding provision of the personal information, and consequences that may result from not being able to determine level or type of supports and services without the necessary information; and
 - If the guardian requires additional information or explanation, the name and contact information of the appropriate person who can answer the guardian's questions about the collection of personal information by the FSCD Program.
- ◆ Prior to collecting any personal information from the guardian at intake and during the assessment of needs and support planning process the FSCD worker will (see *FOIP Act*):
 - 1) Inform the guardian that any information that they provide will be:
 - Collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*;
 - Managed in accordance with the *FOIP Act*;

-
- Shared only if authorized or required by law (e.g., as a part of a criminal or child welfare investigation, by Order of the Court, or by a fraud investigator);
 - Used to help determine eligibility for the FSCD Program or other Government of Alberta programs;
 - Used to help identify appropriate information and referral resources to be provided to the guardian;
 - Used to help determine the FSCD supports and services to be provided;
 - Used for the purposes of enabling or planning for the provision of services or benefits to a child, when working with “service providers” as defined in the *Children First Act*;
 - Used to help coordinate supports and services based on the family's individual needs and circumstances; and
 - Used to coordinate services between Government of Alberta programs.
- 2) Encourage the guardian to contact them if they have further questions about the collection of their personal information or how their information will be used.

Use of Personal Information

- ◆ The phrase “use of personal information” refers to using information to accomplish the program purposes for which it was collected. For example, personal information might be used to administer a program, to determine eligibility, provide a service as identified in the FSCD Regulation and coordinate services with other Government of Alberta programs.
- ◆ Personal information is to be collected and accessed on a “need to know” basis, related to job responsibilities. This appropriate use practice applies even if the FSCD worker has access to more personal information than is required to carry out his/her job.

Disclosure of Personal Information

- ◆ When the FSCD worker receives a request to release personal information or documentation, the worker must determine:
 - Who is making the request (the FSCD worker should make reasonable attempts to verify the identity of the requester);
 - What information is being requested;
 - The purpose of the request; and
 - If the guardian's consent to share information is necessary or if the information can be shared without consent.
- ◆ If there is any doubt about whether or not to release information, the FSCD worker should consult with their Supervisor and/or the Information and Privacy Office, FOIP, at 780-427-2805 (toll-free by first dialling 310-0000) to consult who has the authority to make the decision to release the information.
- ◆ FSCD workers must document on the child's FSCD file any personal information they release including:
 - the date of the disclosure;
 - what information was disclosed (including the name of the document if a document was shared);
 - to whom it was disclosed;
 - the purpose for the disclosure; and
 - who authorized the disclosure.

NOTE: Reference to the relevant section of the *FOIP or Children First acts* may also be recorded on file particularly if the reason for disclosure is relevant to section 4(2) of the *Children First Act* regarding disclosure in the best interests of the child.

- ◆ When sharing documents, the original document must be retained on the child's FSCD file.
- ◆ The FSCD worker may only disclose the personal information that is necessary for the authorized purpose.

The following are some specific examples where the FSCD worker may be asked to identify the need to share information:

Disclosing personal information to the child's guardian(s):

- If the guardian (including a guardian not named on the child's FSCD Agreement) requests documentation from their child's FSCD file, provide the documents unless the documents:
 - contain sensitive information (e.g., allegations of fraud or abuse); or
 - contain personal information about a third party.
- If a guardian requests documents that include sensitive or third party information, or if the guardian requests the full contents of a large file, the FSCD worker will refer the guardian to the Information and Privacy Office, FOIP at 780-427-2805 (toll-free by first dialling 310-0000).

Disclosing information to a guardian of the child not named in the child's FSCD Agreement:

- If a child has more than one guardian, each guardian has all the powers, rights and responsibilities of guardianship, regardless of who the child resides with, unless a court order states otherwise.
- One of the rights of guardianship set out in the *Family Law Act* is the right to receive health, education, or other information that may significantly affect the child.
- Unless the applicant guardian provides a restraining order or other valid court order denying access, FSCD workers will:
 - make reasonable attempts to advise any other guardians of a child that the child has a FSCD agreement; and
 - provide information about the child's FSCD Agreement to other guardians upon request.
- Under Section 4 of the *Children First Act* (CFA), FSCD workers will also share information about the child with other guardians where it is in the best interest of the child.

NOTE: The *CFA* goes on to say, unless the child has expressly requested that the information not be shared with the guardian.

Disclosing personal information to a Third Party (e.g., health, service provider, school, etc.):

- The FSCD worker requires the guardian’s written consent (see Consent to Release Information FSCD3592) to share the child’s or family’s personal information to a third party, except under the following conditions (see *FOIP Act*):
 - To report a child who might need intervention under the *Child, Youth and Family Enhancement Act*;
 - If disclosure is necessary to avert or minimize a risk of harm to the health or safety of a minor;
 - If required by law (e.g., as a part of a criminal or child welfare investigation, by Order of the Court, a fraud investigator, or FOIP officer for the purpose of processing a formal access request);
 - For the use in a proceeding before a court or quasi-judicial body to which the Government of Alberta or a public body is a part (e.g., Appeals Secretariat);
 - Used for the purposes of enabling or planning for the provision of services or benefits to a child, when working with “service providers” as defined in the *Children First Act*;
 - If required by other FSCD Program staff including the MDT Co-ordinator in order for them to perform their duties;
 - If required by other Government of Alberta program staff in order to perform their duties (e.g., Child Intervention, Persons with Developmental Disabilities, etc.);
 - If required to support the coordination of services and service planning between FSCD and other Government of Alberta programs; and
 - If necessary for the delivery of integrated services such as the PUF/FSCD common approach and transition planning for adulthood.

Disclosing information about a communicable disease (e.g. HIV, Hepatitis C):

- Under the *FOIP Act* and the *Personal Information Protection Act (PIPA)*, should the FSCD worker become aware of the diagnosis of a

communicable disease such as HIV infection, the right to privacy of the child and guardian must be respected.

- The FSCD worker will refer the guardian to Alberta Employment Standards and Alberta Occupational Health and Safety for specific information and advice regarding their employer responsibilities, relevant occupational health and safety standards as well as any other employer obligations regarding the risk of exposure to a communicable disease and transmission prevention (including routine practices).
- The FSCD worker will encourage the guardian to disclose relevant information, as necessary and as is reasonable, to service providers working directly with the child.
- If a guardian refuses to disclose information about their child's communicable disease to service providers and there are specific concerns about the service provider being at risk of exposure, the FSCD worker will consult with their Supervisor. The worker and Supervisor will determine the need for consultation with Legal Services on a case by case basis.

NOTE: All service providers working directly with clients should be aware and reminded of the importance of following routine practices to protect their health and the health of the clients they work with.

Information about routine practices and precautions is available on the Government of Alberta website or by calling toll free:

- ❖ Alberta Employment Standards 1-877-427-3731
- ❖ Alberta Occupational Health and Safety 1-866-415-8690

Employee Responsibility to Protect Personal Information

- ◆ Given the need to handle personal information, FSCD workers must:
 - Access personal information only on a “need to know” basis, as related to their job responsibilities; and
 - Be aware of requirements for protecting personal information.

Penalties for Breach of Confidentiality

- ◆ Community and Social Services is committed to the appropriate management of personal information. Inappropriate collection and use may result in disciplinary action, up to and including termination of employment.
- ◆ Under Section 92 of the *FOIP Act*, persons who wilfully collect, use or disclose personal information, in contravention of the *FOIP Act*, are guilty of an offence and liable to a fine of not more than \$10,000.

FORMS AND RESOURCES:

- ◆ Consent to Release Information (FSCD3592)
- ◆ *Freedom of Information and Protection of Privacy Act*
- ◆ *Children First Act*
- ◆ Alberta's Information Sharing Strategy website
- ◆ Information and Privacy Office, 780-427-2805, toll-free by first dialling 310-0000.

Section 4: LEGISLATION

FEBRUARY 2022

Section 4-1

Family Support for Children with Disabilities Act

Statutes of Alberta, 2003 Chapter F-5.3

*Regulation Amendment Act: 221/2004, 105/2005, 315/2006, 68/2008,
31/2012, 170/2012, 106/2014, 121/2016, 58/2019*

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Preamble

WHEREAS the people of Alberta honour and respect the dignity and equal worth of children with disabilities;

WHEREAS the Legislature of Alberta recognizes and values the ability of families to care for and to promote the development of children with disabilities;

WHEREAS the Legislature of Alberta recognizes that the individual needs of children with disabilities are most effectively met through an integrated and multi-disciplinary approach; and

WHEREAS the Legislature of Alberta recognizes the importance of facilitating the inclusion of children with disabilities in community life:

THEREFORE HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1 In this Act,

- (a)** “agreement” means, except in clause (e)(ii), an agreement entered into under section 3 or 4;
- (b)** “director” means the director designated by the Minister pursuant to section 2;
- (c)** “disability” means a chronic developmental, physical, sensory, mental or neurological condition or impairment but does not include a condition for which the primary need is for medical care or health services to treat or manage the condition unless it is a chronic condition that significantly limits a child’s ability to function in normal daily living;
- (d)** “child” means an individual under the age of 18 years;
- (e)** “guardian” means
 - (i)** a person who is or is appointed a guardian of the child under Part 2 of the Family Law Act, or
 - (ii)** a person who is a guardian of the child under an agreement or order made pursuant to the Child, Youth and Family Enhancement Act;
- (f)** “Minister” means the Minister determined under section 16

of the Government Organization Act as the Minister
responsible for this Act.

2003 cF-5.3 s1;2004 c6 s2;2007 c36 s1

Director

2(1) The Minister may designate an employee of the Government under the administration of the Minister as the director for the purposes of this Act.

(2) The director may delegate any powers and duties of the director, including the power to sub-delegate, to any person employed or assisting in the administration of this Act.

Decision-making criteria

2.1 When making a decision under this Act the director must consider the criteria for making a decision provided for in the regulations. 2004 c6 s3

Family support services

3(1) If a medical diagnosis, in a format satisfactory to the director, of a child's condition or impairment indicates that the child has a disability, the director may

(a) assist the child's guardian in

(i) identifying, obtaining and co-ordinating services and supports available in the community and from the municipality and the governments of Alberta and Canada,

(ii) obtaining information concerning the child's disability, and

(iii) advocating on behalf of the child and the guardian, and

(b) enter into an agreement with the child's guardian, in a form satisfactory to the director, with respect to the provision of family support services to the guardian.

(2) An agreement under subsection (1) must include, in accordance with the regulations, terms prescribing the nature and amount of services to be provided by the director.

Child-focused services

4(1) If

- (a) a medical diagnosis, in a format satisfactory to the director, of a child's condition or impairment indicates that the child has a disability, and
- (b) an assessment of the child, completed in a manner satisfactory to the director, indicates that the disability significantly limits the child's ability to function in normal daily living,

the director and the child's guardian may enter into an agreement, in a form satisfactory to the director, with respect to the provision of child-focused services.

(2) In determining the terms of an agreement under subsection (1), the director and the guardian

- (a) must have regard to the assessment referred to in subsection (1)(b), and
- (b) may consult with experts in disabilities and persons who have knowledge of the child's functional abilities.

(3) An agreement under subsection (1) must include, in accordance with the regulations,

- (a) a child-focused services plan setting out the services required to meet the needs of the child, and
- (b) terms prescribing
 - (i) the nature and amount of services to be provided by the director, and
 - (ii) the responsibilities of the guardian with respect to the services set out in the child-focused services plan.

2003 cF-5.3 s4;2004 c6 s4

Eligible children

4.1 Only a child who is a Canadian citizen or a permanent resident within the meaning of the Immigration and Refugee Protection Act (Canada) and who is ordinarily resident in Alberta is eligible to be the subject of an agreement.

2004 c6 s5

Minor guardians

4.2 Notwithstanding a guardian's minority, a guardian who is a minor may enter into an agreement with the director with respect to the guardian's child.

2004 c6 s5

Termination and recovery

5(1) If in the opinion of the director a guardian contravenes an agreement under section 3 or 4, the director may cancel the agreement on 30 days' written notice to the guardian.

(2) If, pursuant to an agreement under section 3 or 4, the director has paid for services to a guardian or to a person on behalf of the guardian in excess of the amount set out in the agreement, the excess may be recovered by the director as a debt due the Crown.

Mediation

6(1) The director and a guardian may enter into mediation with respect to any decision made by the director under this Act.

(2) No action may be brought against a person who conducts a mediation under this section for any act done or omitted to be done with respect to the mediation unless it is proved that the person acted maliciously and without reasonable and probable cause.

Appeal

7(1) A guardian may appeal a decision of a director made under section 3(1)(b), 4 or 5(1) to an appeal committee established under section 8.

(2) An appeal under subsection (1) must be commenced by serving a notice of appeal, in a format satisfactory to the director, on the director within 45 days of the date on which the guardian has been notified of the decision that is the subject of the appeal.

(3) A director must, within 10 days of receiving a notice under subsection (2), deliver it to a chair of an appeal committee.

(4) Despite subsection (2), if the director and the guardian have entered into mediation pursuant to section 6, the time for commencing an appeal is suspended until the conclusion or abandonment of the mediation.

Appeal committee

8(1) The Minister may establish one or more appeal committees

(2) A person may be appointed as a member of an appeal committee for a term prescribed by the Minister and may be reappointed.

(3) The Minister may

(a) designate the chair and one or more vice-chairs of an appeal committee, and

(b) authorize and provide for the payment of the remuneration and expenses of the members of an appeal committee in accordance with any applicable regulations under the *Alberta Public Agencies Governance Act*.

(4) The quorum to hear an appeal is 3 members, but an appeal may be heard by one member for procedural matters related to the appeal or in emergency circumstances provided for in the regulations.

(5) Notwithstanding subsection (2), where the appointment of a member of an appeal committee expires, the member continues to hold office until

(a) the member is reappointed,

(b) a successor is appointed, or

(c) a period of 3 months has elapsed,

whichever occurs first.

2003 cF-5.3 s8;2011 c13 s4;2009 cA-31.5 s41; 2016 c19 s7

Decision-making criteria

8.1 When making a decision under this Act an appeal committee must consider the criteria for making a decision provided for in the regulations

2004 c6 s6

Appeal committee powers

9(1) The *Administrative Procedures and Jurisdiction Act* applies to the proceedings of an appeal committee..

(2) An appellant may be represented at a hearing of an appeal by a lawyer or by any other person.

(3) An appeal committee

- (a) may confirm, vary or rescind the decision of the director under appeal, and
- (b) must notify the appellant and the director, in writing, of its decision.

Regulations

10 The Minister may make regulations

- (a) respecting forms;
- (b) respecting contents of agreements under sections 3 and 4;
- (c) respecting the nature and amount of family support services and child-focused services that may be provided by a director under the terms of an agreement;
- (d) respecting the standards for services to be provided pursuant to agreements under sections 3 and 4;
- (d.1) respecting the emergency circumstances in which an appeal may be heard by one member of an appeal committee;
- (e) respecting the criteria to be considered when making a decision under this Act.

2003 cF-5.3 s10;2004 c6 s7 2016 c19 s7

Transitional

11(1) On the coming into force of this Act, an existing agreement under section 106 of the *Child Welfare Act* continues until the agreement expires or an agreement is entered into under this Act.

(2) On the coming into force of this Act, an appeal from a decision of a director respecting a matter under section 106 of the *Child Welfare Act* that has been commenced under section 120 of that Act but has not been disposed of by an Appeal Panel continues under that Act as if this Act had not come into force.

12 and 13 (*These sections amend other Acts; the amendments have been incorporated into those Acts.*)

Coming into force

14 This Act comes into force on Proclamation.

(NOTE: Proclaimed in force August 1, 2004.)

Family Support for Children with Disabilities Regulation

Family Support for Children with Disabilities Act

FAMILY SUPPORT FOR CHILDREN WITH DISABILITIES REGULATION

Alberta Regulation 140/2004

With amendments up to and including Alberta Regulation 58/2019

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Schedule

Definitions

- 1** In this Regulation,
- (a) repealed AR 315/2006 s2;
 - (b) “day care facility” means day care facility as defined in the Day Care Regulation (AR 180/2000);
 - (c) “family day home” means a person’s residence where that person provides care and supervision to preschool children pursuant to a contract with an agency that has a contract with a Child and Family Services Authority to administer a family child care service;

- (c.1) “parent” includes a person who is standing in place of a parent as described in section 48(1) of the Family Law Act or a guardian;
- (d) “prescription drug” means a drug that is on the Alberta Health Drug Benefit List approved by the Minister of Health;
- (e) “public transport” means public disability transportation, a taxi, a rented car, a train or a commercial bus or plane;
- (f) “relative” means a person who is a child’s parent, grandparent, aunt, uncle, first cousin or sibling.

AR 140/2004 s1;315/2006;170/2012

Matters to be considered

2 When making a decision under the Act, the director and an appeal committee must consider the following:

- (a) the responsibilities a guardian normally has in raising a child;
- (b) the impact the child’s disability has on the family;
- (c) the strengths and abilities of family members to care for the child;
- (d) the physical and emotional well-being of the guardians and others living in the same home as the child;
- (e) the severity of the child’s disability;
- (f) the child’s developmental stage relevant to age-appropriate functioning;
- (g) the family’s composition;
- (h) the needs of the child’s siblings;
- (i) the cultural values and beliefs of the guardians;
- (j) the needs of the family in caring for the child during scheduled school breaks and school holidays;
- (k) the child’s and family’s involvement in community programs and activities;
- (l) the availability of persons other than the child’s guardians to provide support and assistance in caring for the child;
- (m) the availability and accessibility of appropriate programs, services and other resources within the community where the child lives;

-
- (n) the geographic location of the child's home community;
 - (o) any other relevant matter.

Service provider restrictions

2.1 (1) Subject to subsections (2) and (3), services referred to under section 3 or 4 must be provided by an adult who is not a relative.

(2) An adult relative, except for a parent, may provide respite services under sections 3(h) and 4(1)(a) if that relative, in the opinion of the director, is the most appropriate caregiver.

(3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:

- (a) respite services under sections 3(h) and 4(1)(a)(i);
- (b) homemaker services under section 4(1)(c);
- (c) child care services for a child 13 years or more under section 4(1)(e)(ii);
- (d) community aide services under section 4(1)(h).

AR 315/2006 s3

Family support services

3 An agreement under section 3 of the Act between the director and a child's guardian must be in Form 1 in the Schedule and may provide for the following family support services:

- (a) up to 20 hours annually of individual and family counselling to assist the family in caring for the child;
- (b) if the child has extraordinary need for clothing and footwear directly related to the child's disability, up to \$400 annually;
- (c) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability,
 - (i) \$0.12 for each kilometre or, if public transport is used, the cost of the most cost-effective and appropriate means of public transport for the child and one adult accompanying the child, and
 - (ii) up to \$10 daily for parking;

- (d) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability, if attending the appointments requires that the child be out of the home for at least 8 hours but not overnight,
 - (i) up to \$5 daily for meals for the child and up to \$8 daily for meals for an adult accompanying the child, and
 - (ii) family support services described in clause (c);
- (e) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability, if in the opinion of a director overnight accommodation is required,
 - (i) up to \$85 daily for hotel accommodation,
 - (ii) up to \$10 daily for meals for the child unless the child is in hospital or in a facility where accommodation includes meals and up to \$15 daily for meals for an adult accompanying the child or up to \$100 weekly for the purchase of groceries for food preparation for the child and the adult,
 - (iii) if in the opinion of the director a 2nd person must accompany the child, up to \$15 daily for meals for the 2nd person or an additional \$50 weekly for groceries for food preparation for the 2nd person and, if the adult, person and child are using public transport, the cost of the most cost-effective appropriate means of public transport, and
 - (iv) family support services described in clause (c);
- (f) the cost of caring for the siblings of the child if the care is necessary to enable the adult who usually cares for the siblings to accompany the child to medical or rehabilitation appointments or hospitalizations directly related to the child's disability;
- (g) if the child attends medical or rehabilitation appointments or hospitalizations outside Alberta directly related to the child's disability that are funded by the Minister of Health, family support services described in clauses (e) and (f) may be provided;
- (h) up to 240 hours annually of care for the child, for the purpose of providing temporary respite to the guardian.

AR 140/2004 s3;315/2006;170/2012

Child-focused services

4(1) An agreement under section 4 of the Act between the director and a child's guardian must be in Form 1 in the Schedule and may provide for the following child-focused services:

- (a) the following respite service based on the child's need for care related to the disability and the guardian's need for respite:

-
- (i) short-term hourly care for the child;
 - (ii) if an extended period of respite services are needed, up to 30 24-hour days of care annually for the child;
 - (iii) if more respite services are needed to maintain the guardian's home as the child's primary residence, additional 24-hour days annually of care for the child outside the child's home;
- (b) if respite services are provided under clause (a)(ii) and (iii) and public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport for the child and one adult to accompany the child to and from the child's home to the place where the respite services are provided;
- (c) in order to assist in completing routine house cleaning and laundry that are impeded by the intensive care needs of the child directly related to the child's disability, up to 12 hours monthly of homemaker services;
- (d) up to 50 hours weekly of care for the child in the home, sibling care and assistance to the family with household daily tasks if in the opinion of the director that because of the child's various complex needs this is the most appropriate and cost-effective way to provide for the child's and family's needs;
- (e) while the guardian is at work, at school or attending training sessions, the following child-focused services:
- (i) if the child is less than 13 years of age, the portion of child care costs directly related to the child's disability that are over and above the normal costs of child care;
 - (ii) if the child is 13 years of age or more, the costs of child care required because of the child's disability;
 - (iii) the cost of an aide, if required, for the child attending a day care facility or an out-of-school program if the aide is needed because of the child's disability to ensure the safety and supervision of the child and to have the child included in activities;
 - (iv) the cost for additional space in a family day home, if additional space is needed because of the child's disability to ensure the safety and supervision of the child and to have the child included in activities;
- (f) the cost of up to 4 hours for each weekday to a maximum of 20 hours weekly for child care in a day care facility and for an aide to assist the child in the day care facility, if the child is to attend a day care facility not because the guardian is at work, at school or attending training sessions but because

- (i) a physician has identified the need for the child to attend a day care facility to enhance the child's development,
 - (ii) the child's program plan satisfactory to the director identifies the need for the child to attend a day care facility,
 - (iii) the child meets eligibility criteria for and is awaiting the commencement of preschool programming from the Department of Education, and
 - (iv) the child requires services and has delays related to at least 2 areas of the child's development;
- (g) up to 4 hours daily for an aide to assist with the child's personal hygiene and other daily personal care activities if
- (i) the child is dependent on an adult to meet the child's personal hygiene and other daily personal care activities needs, and
 - (ii) the child's ability to meet the child's needs is not appropriate to the age of the child;
- (h) up to 144 hours annually for an aide to assist the child in participating in community programs and activities if the child's disability prevents the child from participating without the assistance of another person;
- (i) up to 10 hours weekly for a maximum of 6 months, or more months if a review, satisfactory to the director, states that more is needed, for an aide
- (i) to assist the child in behaviour management and to assist the child's guardian to manage the child's behaviour if
 - (A) the child's behaviour is unsafe for the child and others or significantly limits the child's ability to carry out activities of normal daily living,
 - (B) the assistance of an aide is likely to achieve measurable improvement in the child's behaviour or sustain a level of behaviour or prevent a regression in the child's behaviour or increased dependency in the child's behaviour and is not for the purpose of assisting the child's educational or academic development, and
 - (C) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,
 - (ii) to assist the child in the child's development and to assist the child's guardian to support the child to reach a developmental goal if

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- (A) the child has a developmental deficiency that significantly limits the child's ability to carry out activities of normal daily living,
 - (B) the assistance of an aide is likely to achieve measurable improvement in the child's development or sustain a level of development or prevent a regression or increased dependency in the child's development and is not for the purpose of assisting the child's educational or academic development, and
 - (C) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,
- or
- (iii) to assist the child and the child's guardian for reasons referred to in sub-clauses (i) and (ii);
- (j) the following health-related services if they are directly related to the child's disability:
- (i) the costs of dental and orthodontic treatment if it is recommended by the dental review committee established by the Alberta Dental Service Corporation
 - (A) for the portion of costs exceeding the costs covered by the guardian's dental insurance or benefit plan, or
 - (B) if the guardian does not have dental insurance or a benefit plan for dental care, the costs exceeding \$250 annually;
 - (ii) if the guardian has a health services insurance or benefit plan,
 - (A) up to 30% of the cost of prescription drugs or drugs that are approved by the health services insurance or benefit plan, if the plan does not cover 100% of the cost, or
 - (B) the cost to the guardian of an additional health services insurance or benefit plan premium, if the cost of the prescription drugs the guardian would have to pay under paragraph (A) exceeds the cost of the premium of the additional insurance or plan;
 - (iii) if a guardian does not have a health services insurance or benefit plan to cover prescription drugs and
 - (A) if the guardian applies for coverage by such insurance or plan, the cost of prescription drugs for the lesser of 4 months or until the insurance or plan takes effect, or

- (B) if the full cost of the prescription drugs is less than the cost to the guardian to purchase such insurance or plan, the cost of the prescription drugs;
- (iv) the amount by which formula prescribed or ordered by a physician in consultation with a registered dietitian or registered nutritionist or ordered by a registered dietitian or registered nutritionist exceeds the usual cost of formula for a child that age;
- (v) the amount by which food prescribed or ordered by a physician, registered dietitian or registered nutritionist exceeds the usual cost of food for a child that age if the prescribed or ordered food is not vitamins but is part of an accepted, non-experimental nutritional regime to effectively manage an identified condition or dietary need of the child;
- (k) the cost of medical benefits directly related to the child's disability and, if the child has a sibling who is subject to an agreement under this subsection, the child's sibling's disability that is in excess of 2% of the aggregate net income reported on line 236 of the previous year's income tax return by the child's parents if, subject to subsection (4),
 - (i) the medical benefit is life sustaining or it would be debilitating if the child did not receive the medical benefit,
 - (ii) another program or source does not provide the same or similar benefit in whole or in part regardless of whether the child is eligible to receive it,
 - (iii) the use of the medical benefit is based on established rehabilitation practices, strategies and approaches that are reasonable and demonstrated to be effective, and
 - (iv) the medical benefit is available in Alberta;
- (l) if a child's condition related to the child's disability requires emergency transportation by ambulance and the guardian does not have a health care insurance or benefit plan to cover ambulance services and the guardian applies for coverage under such an insurance or plan, the cost of ambulance services for the lesser of 4 months or until the insurance or plan takes effect;
- (m) if a child has a severe disability resulting in significant limitations and service needs in 2 or more of the following areas:
 - (i) behaviour;
 - (ii) communication and socialization skills;
 - (iii) cognitive abilities;

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- (iv) physical and motor development;
 - (v) self-help skills and adaptive functioning;
- and if
- (vi) the level and complexity of the child's needs require an array of integrated and coordinated services, including one or more specialized services,
 - (vii) a multi-disciplinary team has completed an assessment that identifies that the child has a critical need for a specialized service and recommends to the director that a specialized service be provided,
 - (viii) an individualized plan, satisfactory to the director, has been developed to coordinate and direct the delivery of services, including a specialized service,
 - (ix) the proposed specialized service is likely, in the opinion of a multi-disciplinary team, to achieve measurable improvement in a reasonable and predictable period of time or to sustain or to prevent a regression or dependency in the child's activities of normal daily living,
 - (x) the proposed specialized service is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and demonstrated to be effective, and
 - (xi) other available programs and services are not appropriate or are insufficient to meet the child's needs,

one or more specialized services for the child and consultation services for the child's guardian with respect to the specialized services, but with respect to areas referred to in sub-clauses (i) to (v) specialized services may not be provided for the purpose of assisting the child's education or academic development;

- (n) care of the child in a residence other than the guardian's home if the needs of the child cannot be met in the guardian's home;
- (o) if care is provided to a child in a residence under clause (n), the cost of transportation at \$0.12 for each kilometre or if public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport
 - (i) for the child and one adult to accompany the child to and from the guardian's home to the residence,
 - (ii) for the guardian to visit the child in the residence, and
 - (iii) for the child to visit the guardian in the guardian's home.

(2) In subsection (1)(m),

- (a) “activities of normal daily living” include, but are not limited to, in an age-appropriate manner,
 - (i) communication and interaction,
 - (ii) feeding, bathing, dressing and toileting, and
 - (iii) understanding and decision-making;
- (b) “severe disability” means a condition or impairment that
 - (i) results in a major loss of the child’s functional ability or capacity to engage in the activities of normal daily living, and
 - (ii) requires the guardian and other caregivers to provide continual and ongoing supervision, assistance and support in the activities of normal daily living to ensure the child’s safety or to facilitate the child’s participation at home and in the community.

(3) In subsection (1)(k), “medical benefits” means

- (a) a medical supply, or
- (b) if approved under section 4.1, a drug as prescribed by a physician and as recorded by a pharmacist.

(4) In subsection (1)(k), a parent’s income is included in the calculation of the aggregate net income where

- (a) the child resides on a consistent or regular basis with the parent, or
- (b) the child would consistently or regularly reside with the parent if the child’s needs could be met in the parent’s home.

AR 140/2004 s4;105/2005;315/2006;58/2019

Extraordinary drug approvals

4.1(1) A director may approve a drug as a medical benefit for the purpose of section 4(1)(k) if

- (a) the drug is not a prescription drug or the drug is a prescription drug that is not indicated in the Alberta Health Drug Benefit List for use in treatment of the child,
- (b) none of the prescription drugs indicated in the Alberta Health Drug Benefit List for use in the treatment of the child were effective to treat the child,
- (c) the drug has already been prescribed by a physician to treat the child and the medical evidence is that it was an effective treatment, and

(d) the drug is approved under the Food and Drug Act (Canada) for sale or distribution in Canada.

(2) A director, in deciding to approve a drug, may take into account a recommendation by the Common Drug Review Committee.

AR 315/2006 s6;170/2012

5 Repealed AR 121/2016 s2.

Services delivery

6(1) Agreements under sections 3 and 4 of the Act may provide for services in the manner that the director considers to be the most cost-effective and appropriate.

(2) Before receiving services pursuant to an agreement under section 3 or 4 of the Act, a guardian must use services on behalf of the child readily available from dental insurance, health services insurance and benefit plans and apply for assistance under other dental insurance, health services insurance and benefit plans and Government and community programs, if in the opinion of the director those programs would be equivalent to the services provided under an agreement under section 3 or 4 of the Act and the child is eligible under those programs.

Appeal notice

7 A notice of appeal must be in Form 2 in the Schedule.

Expiry

8 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be repassed in its present or an amended form following a review, this Regulation expires on June 30, 2024.

AR 140/2004 s8;106/2014;58/2019

Coming into force

9 This Regulation comes into force on the coming into force of the Family Support for Children with Disabilities Act.

Schedule

Form 1

**Family Support for Children
with Disabilities Agreement**

Between:

Director, Family Support for Children
with Disabilities (“Director”)

- and -

 (“Guardian”)

Background

 [Name of Child] (“Child”) is eligible to receive services under the Family Support for Children with Disabilities Act.

The Guardian wishes to enter into an agreement with the Director under section 3 or 4 of the Family Support for Children with Disabilities Act for the provision of services.

Therefore, the Director and Guardian agree as follows:

Definitions

1 In this Agreement,

- (a) “Agreement” means this document and Schedule A;
- (b) “Agreement Amount” means the maximum amount of funding specified in section 3;
- (c) “Costs” means the costs of the Services set out in Schedule A;
- (d) “FOIP Act” means the Freedom of Information and Protection of Privacy Act RSA 2000 cF-25;
- (e) “FSCD Act” means the Family Support for Children with Disabilities Act SA 2003 cF-5.3;
- (f) “Records” means any documents, information, records or materials, regardless of form, which are made, generated, produced or acquired as a result of this Agreement by the Guardian, Staff, Service Providers and any other of the Guardian’s employees, contractors, subcontractors or agents;

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- (g) "Service Provider" means any organization contracted by the Guardian to provide all or part of the Services;
- (h) "Services" means the services described in Schedule A;
- (i) "Staff" means any person employed by the Guardian to provide all or part of the Services;
- (j) "Term" means the agreement period specified in section 2.

Term

2 This Agreement is effective from (yy/mm/dd) to (yy/mm/dd) unless terminated in accordance with this Agreement.

Funding and Services

3 The Director will provide to the Guardian funding for the Services in accordance with the Costs, with the total amount of funding for this Agreement not to exceed \$_____.

4 The Guardian acknowledges that funding is subject to the sufficient appropriation of monies for the purposes of this Agreement by the Legislature of Alberta.

5 The Guardian agrees to use the funds provided under this Agreement only for the Services and Costs and in accordance with the terms of this Agreement.

6 Should the Director determine that any of the funds are not used in accordance with the terms of this Agreement the Guardian will refund that amount within 30 days of being requested by the Director.

7 The Guardian acknowledges that misuse of funds or the giving of false, misleading or inaccurate information to obtain funding or Services may result in civil action or criminal charges.

8 The Guardian is responsible for all costs normally associated with providing everyday care for the Child and accessing Alberta Health Care Insurance and any other insurance plans or benefits available to the Guardian.

Invoicing

9 The Guardian will submit an Invoice for the Services provided in each month. After the Director receives and approves the Invoice, the Director will pay the Guardian the approved Invoice amount for the Services.

Records and Monitoring

10 The Guardian will

- (a) keep and maintain the Records and retain the Records during the Term and for a period of ten (10) years following the termination or conclusion of this Agreement, and
- (b) upon request, provide the Records to the Director to examine, audit, make copies and take extracts to determine that the Guardian has complied and is complying with the terms of this Agreement.

11 The Guardian acknowledges and agrees that the Director must comply with the FOIP Act. The Director cannot guarantee confidentiality of any Records submitted to the Director. All Records in the custody or under the control of the Director will be subject to the privacy and disclosure provisions of the FOIP Act.

Employment Matters

12 The Guardian acknowledges and agrees that

- (a) the Guardian is wholly responsible for hiring and supervising Staff and directly contracting with Service Providers as required to provide Services;
- (b) the Guardian's Staff and Service Providers are not employees, contractors, subcontractors or agents of the Director;
- (c) the Guardian will comply with the Employment Standards Code (Alberta), the Workers' Compensation Act (Alberta) and all related regulations and Canada Revenue Agency requirements.

13 The Guardian will comply with, and ensure that Staff and Service Providers comply with all applicable laws in performing this Agreement, all other codes, regulations and standards that may apply to the Services, and the policies, directives and protocols as specified by the Director.

Insurance, Indemnity and Hold Harmless

14 The Guardian will indemnify and hold harmless the Director, its employees and agents from any and all third party claims, demands, actions or costs, including legal costs on a solicitor-client basis, for which the Guardian is legally responsible, including those arising out of negligence or willful acts by the Guardian or the Guardian's Staff or Service Providers, including contractors, subcontractors, employees or agents. This hold harmless provision shall survive this Agreement.

15 The Guardian acknowledges that no insurance coverage or protection is available to them under the Government of Alberta's Risk Management Fund, and that the Guardian is in no way relieved of responsibility for any claim for which the Guardian is legally responsible.

Legal Action

16 Where litigation may result from the Child's disabilities, the Guardian will notify the Director of any legal action planned or commenced, including settlement discussions. The Director may ensure that any future costs for services payable in accordance with the FSCD Act are sought in the legal action.

17 If as a result of the Child's disabilities, the Guardian or the Child has received prior to signing this Agreement, or receives during the Term, damages or compensation from any source, including a legal action, the Guardian agrees to

- (a) inform the Director of the amounts and the nature of the damages or compensation received, and
- (b) renegotiate this Agreement so that any Services and Costs for which the Guardian or the Child received damages or compensation are not funded by the Director.

Termination

18 This Agreement may be terminated by

- (a) mutual agreement of the parties at any time, or
- (b) either the Director or the Guardian by providing 30 days written notice to the other party.

19 In the event of termination the Director shall only provide funding to the Guardian for the Services completed in accordance with this Agreement to the effective date of termination.

General

20 This Agreement contains the entire agreement of the parties and revokes all previous verbal or written agreements between the parties with respect to the Child.

21 This Agreement or any of its terms may be amended or varied in writing with the consent of both the Guardian and the Director.

Agreed to and Signed by:

Director

Per: _____

Print Name: _____

Date: _____

Guardian

Per: _____

Print Name: _____

Date: _____

Guardian

Per: _____

Print Name: _____

Date: _____

Schedule A

Services and Costs

Services:

Costs:

AR 140/2004 Sched.;121/2016

Summary of Supports and Services Provided Under the FSCD Act (Chart)

The FSCD Program provides funding for supports and services for children with disabilities and their families. The following chart outlines the supports and services provided.

Family Support for Children with Disabilities Act & Regulation

FAMILY SUPPORT SERVICES – available to all children/families who are eligible for the FSCD program based on their

INFORMATION, REFERRAL AND ADVOCACY SERVICES	RELATED SUPPORTS	MEDICAL APPOINTMENTS/ HOSPITALIZATIONS	FAMILY SUPPORT RESPITE SUPPORT	
Assistance with obtaining and coordinating supports and services	Family and individual counselling up to 20 hrs annually	Mileage @ 12¢/km for medical appointment/ rehabilitation or the most economical and appropriate alternative when the guardian does not have access to a vehicle	In or out of home respite up to 240 hrs annually (based on 20 hrs/mth)	
Information for parents concerning the child's disability and available services and resources	Disability related clothing and footwear up to \$400 annually	Parking to a maximum of \$10/day Sibling care when required in order for an adult to accompany child to medical appointment/rehabilitation	CHILD FOCUSED SERVICES – available in addition	
Advocacy as well as referral to advocacy supports		Meals & Accommodations: For day trips over 8 hrs for medical appointment/ rehabilitation: <ul style="list-style-type: none"> meals for adult up to \$8/day meals for child up to \$5/day OR If overnight accommodation is required: <ul style="list-style-type: none"> up to \$85/night for accommodations costs for meals/day: \$15 for 1 adult and \$10 for the child (if the child is not in hospital or other medical accommodations) OR <ul style="list-style-type: none"> up to \$100/wk for groceries for 1 adult and the child additional meals @ \$15/day or grocery costs @ \$50/wk for a second adult as well as transportation costs if required 		CHILD FOCUSED RESPITE SERVICES
Transitional planning		Costs for public transportation when the guardian does not have access to a vehicle for transportation to/from 24-hour out of home respite	In or out of home short-term hourly respite based on the needs of the child and family	Extraordinary portion of work related child care costs for children up to age 13
		Costs for mileage, parking, sibling care and meals for out of province medical care as approved by Health	24-hour (in or out of home) respite to a maximum of 30 days/year based on needs of child and family	Work related child care costs for children age 13 and older
			Additional 24-hour (out of home) respite where required to maintain the child in guardian's residence	Aide in day care for work related child care
			Homemaking services for routine housekeeping and laundry services up to 12 hrs/mth	Costs of additional space in a family day home for work related child care
			Coordinated in home support up to 50 hrs/wk (nanny/domestic)	Aide in day care and/or daycare costs for up to a max of 4 hrs/ weekday to a maximum of 20 hrs/wk for children who require day care for developmental purposes awaiting commencement of preschool programming

LEGEND:
Type of Assessment or Information Required:

-  Assessment is based on discussion and additional information provided by the family
-  Additional information from the parent, a professional or a service provider knowledgeable about the child, may be required to help determine need and level of service
-  Multidisciplinary assessment information (including only those disciplines and information, which are relevant to the child and their needs) is required to determine the nature and level of needs, appropriate supports and to develop a service plan

"Service provider" refers to any agency or private individual who provides a service.

Note: Details of supports and services are in Regulation.

← individually assessed needs

← to Family Support Services based on individually assessed needs for children whose disability results in significant limitations in their ability function in activities of normal daily living (e.g. communicating, feeding, dressing, toileting, decision-making)

AIDE SUPPORTS	HEALTH RELATED SUPPORTS	SPECIALIZED SERVICES FOR CHILDREN WITH SEVERE DISABILITIES	OUT OF HOME LIVING ARRANGEMENT
<p>Personal care and hygiene supports for up to 4 hrs/day</p>	<p>Portion of disability related dental/orthodontic treatment not covered by guardian's insurance as approved by the Dental Review Committee</p> <ul style="list-style-type: none"> guardians are responsible for the first \$250/yr in lieu of having a dental insurance plan 	<p>Direct support for children and support to the family to address critical areas of need in 2 or more areas, including:</p> <ul style="list-style-type: none"> behavior communication and socialization skills cognitive abilities physical and motor development self-help and adaptive functioning <p>Coordinated and delivered through a specialized services team involving health professionals relevant to the child's areas of need (e.g. Speech-Language Pathologists, Occupational and Physical Therapists and Psychologists; as well as behavioural specialists and aides</p> <p>Requires an Individualized Service Plan, identifying individualized strategies that are goal focused and based on established / evidence based practices</p> <p>"Severe disability" means a condition or impairment that</p> <ul style="list-style-type: none"> results in a major loss of the child's functional ability or capacity to engage in the activities of normal daily living, and requires the guardian and other caregivers to provide continual and ongoing supervision, assistance and support in the activities of normal daily living to ensure the child's safety or to facilitate the child's participation at home and in the community. 	<p>To support a child to live in a setting outside of the family home</p>
<p>Community support for a maximum 144 hrs annually (based on 12 hrs/mth)</p>	<p>Funding for prescription drugs</p> <ol style="list-style-type: none"> up to 30% of drug costs, or a second insurance plan if the cost of drugs in 1) exceeds the cost of second plan interim prescription drugs pending application for insurance coverage for up to 4 mths the full costs of the prescription drugs if less than the cost of the guardian's insurance plan 		<p>Transportation to and from home living arrangement @ 12¢/km or the most economical alternative when the guardian does not have access to a vehicle</p>
<p>Behavioural and/or Developmental Supports to address an identified need for aide supports for up to 10 hrs/wk for 6 mths at which time the service will be reviewed</p> <p>Requires a plan with goal focused strategies that are based on established/evidence based practices</p>	<p>Ambulance costs while awaiting application for insurance coverage (up to 4 mths)</p>		
	<p>Prescription formula costs</p>		
	<p>Medically prescribed specialized diet costs</p>		
	<p>Medical benefits required to sustain life or when it would be debilitating if the benefit was not received and the benefit:</p> <ul style="list-style-type: none"> is available in Alberta; is based on established rehabilitation practices, strategies and approaches; would result in significant financial hardship; and is not provided in whole or in part by another program 		

FEBRUARY 2022

Section 4-31

Section 5: PROGRAM ELIGIBILITY

Eligibility for FSCD Program

All of the following criteria must be met for the guardian and their child to be eligible for the FSCD Program:

- (1) **Age:** The child with a disability must be under the age of 18 years;
- (2) **Guardianship:** The guardian must maintain full guardianship responsibilities for the child, regardless of whether the child resides in or out of the family home;
- (3) **Residency:** The child must be a Canadian citizen or permanent resident, within the meaning of the *Immigration and Refugee Protection Act* Canada, and ordinarily reside in Alberta ; and
 - Proof of Canadian citizenship or permanent residency may be validated by the child's:
 - Birth Certificate;
 - Record of Live Birth;
 - Passport;
 - Canadian Citizenship or Permanent Resident card;
 - IMM5292 Confirmation of Permanent Residency; or
 - IMM1000 Record of Landing
- (4) **Disability:** The child must have a disability as defined by the FSCD Act: "chronic developmental, physical, sensory, mental or neurological condition or impairment that does not include a condition for which the primary need is for medical care or health services to treat or manage the condition, unless it is a chronic condition that significantly limits a child's ability to function in normal daily living".
 - Determining whether or not a child is considered to have a disability as defined in the FSCD Act is based on documentation provided by the child's guardian.
 - The guardian must provide documentation from a physician or other relevant health care professional regarding the child's diagnosis or, if

awaiting a diagnosis, information about the condition or impairment indicating that the child may have a disability.

- The documentation must be in a format satisfactory to delivery staff and include:
 - the child's name and date of birth;
 - the child's diagnosis;
 - date when the child was diagnosed;
 - name of the physician or other health professional who diagnosed the child;
 - information about the diagnosis and its impact on the child's functioning; and
 - where applicable, if the diagnosis is expected to have long term or lifelong implications; or
 - if the child is in the process of being diagnosed (awaiting a diagnosis), information about the provisional diagnosis or the condition or impairment that indicates the child may have a disability.
- The documentation should be as current as possible. If the child was diagnosed more than two years ago, any documentation available from when the original diagnosis was made should be provided, as well as any recent information from the health professionals involved with the child's ongoing care.
- Delivery staff may request additional information to clarify the child's diagnosis in order to determine if the child has a disability as defined in the FSCD Act and to determine eligibility for the FSCD Program.

NOTE: The FSCD Program is not responsible for costs associated with obtaining medical letters or assessment reports.

- For the purposes of the FSCD Act, a health care professional refers to a person who is registered or licensed with his/her professional association and is able to make diagnoses relevant to their scope of practice, including:
 - Physician (pediatrician, general practitioner, psychiatrist)
 - Clinical Social Worker (MSW, with advanced training)

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- Psychologist
 - Physical Therapist
 - Occupational Therapist
 - Speech and Language Pathologist
 - Audiologist.

NOTE: Medical documentation that is clearly dictated by or written on behalf of a physician or other relevant health professional may be accepted.

- ◆ Eligibility for the FSCD Program must be determined prior to delivery staff initiating the assessment of needs and support planning process or assessing the need for an FSCD service.

Note: Decision-making regarding eligibility for the FSCD Program is distinct from assessing the need for FSCD services or determining whether a child meets the specific criteria outlined in Regulation related to the provision of an FSCD service.

- ◆ If a guardian is requesting Information, Referral and Advocacy Services only, and eligibility has not yet been determined, or the child and family are not eligible for the FSCD Program, delivery staff will refer the family to Alberta Supports, a Family Resource Centre (FRC) and/or 211.
- ◆ If an eligible guardian is requesting Information, Referral and Advocacy Services only, delivery staff will open the file under “Referral Only.”
- ◆ When a Child Intervention Services (CIS) or Supports for Permanency (SFP) worker informs FSCD delivery staff that they are supporting a family in applying to the FSCD Program, or when a family informs FSCD delivery staff that their CIS or SFP worker has referred them to the FSCD Program, the FSCD, CIS and/or SFP workers will share information and engage in joint planning to support the family and coordinate services (see Section 8, Application Process).

Family Support and Child Focused Service considerations relevant to Program eligibility:

- ◆ Family Support Services while awaiting a diagnosis:

- While the guardian is awaiting a diagnosis for their child, Family Support Services may be provided for up to two years.

NOTE: Child Focused Services cannot be provided while awaiting a diagnosis.

- When a confirmed diagnosis is made, delivery staff must obtain written documentation regarding the diagnosis, confirm eligibility for the Program and update the child's file information based on the new medical information.
- ◆ If after two years, the child does not have a confirmed diagnosis they are no longer eligible for the FSCD Program.

NOTE: The FSCD Program recognizes that a child may have more than one diagnosis and that they may receive additional diagnoses over time. If a child has a confirmed diagnosis and is awaiting confirmation of another diagnosis, eligibility is based on their confirmed diagnosis.

◆ Child Focused Services:

- Beyond determining that the guardian and child are eligible for the FSCD Program, delivery staff must also determine through the assessment of needs and support planning process that the child's disability significantly limits their ability to function in normal daily living in order to provide Child Focused Services.
- The information required in order to determine that a child has significant limitations and assess the need for Child Focused Services varies with the severity and complexity of the child's disability and with the level and type of services requested by the family.
- Delivery staff may request that the guardian provide additional information from the child's physician, other relevant health care professionals, the child's school or others involved with the child, in order to clarify the impact of the diagnosis on the child's functioning.

Section 6: INFORMATION, REFERRAL AND ADVOCACY SERVICES

FEBRUARY 2022

Section 6-1

Information, Referral and Advocacy Services

INTENT

- ◆ To provide information about the FSCD Program.
- ◆ To share information about disability-related programs, services and resources with guardians as well as other individuals seeking assistance.
- ◆ To assist guardians to identify and access supports, services, and resources, including natural supports within their family and community relevant to their family's and child's needs.

POLICY

- ◆ If a guardian or other individual contacts the FSCD Program by telephone requesting information and referral services, the FSCD worker will:
 - Return telephone call within two working days;
 - Confirm if the caller already has an open FSCD file and, if so, refer the caller to their FSCD worker;
 - Provide information about the FSCD Program;
 - Refer to the website as another resource for information about the FSCD Program;
 - Provide information about relevant federal or provincial programs and services, local community programs or supports and other resources;
 - Make appropriate referrals; and
 - Provide follow-up to facilitate referrals as required.
- ◆ If a guardian wants to apply to the FSCD Program, the FSCD worker will refer the guardian to the myAlbertaSupports online portal at myalbertasupports.ca to access the FSCD Application (see Section 8, Application Process).

- ◆ At the time of application and intake, during the initial and subsequent assessment of needs and support planning, or anytime a family or child's circumstances change, the FSCD worker will assist guardians to identify other disability-related programs, services, supports and resources relevant to their needs.
- ◆ Relevant programs and services may include:
 - Natural supports;
 - Advocacy organizations or disability organizations;
 - Parent support groups;
 - Tax programs or benefits;
The Child Disability Benefit (CDB) a tax-free benefit for families who care for a child under age 18 with a severe and prolonged impairment in physical or mental functions. More information about the CDB and other federal benefit programs is available on the Canada Revenue Agency Website at <https://www.canada.ca/en/revenue-agency/services/child-family-benefits/child-disability-benefit.html> or by calling 1-800-387-1193.
 - Health insurance or benefit plans;
 - Other provincial government programs and services;
 - Community programs and supports;
 - Local resources;
 - Service clubs; and
 - Other relevant supports and resources.
- ◆ FSCD workers will assist guardians to follow-up with other programs, services, supports or resources and/or coordinate services as needed.

PROCEDURE

- (1) Provide simple and clear information about the FSCD Program.
- (2) If a guardian wants to apply to the FSCD Program, discuss the family's situation in enough detail to establish if the FSCD Program may be relevant.

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- (3) Explain the FSCD application process (see Section 8, Application Process) including how to access the Application on myalbertasupports.ca.
 - (4) Provide relevant information about other programs, services and resources including key contacts, websites and telephone numbers as required.
 - (5) Provide support, as required, to facilitate a referral and/or coordinate access to programs, services or resources referred to.



Section 7: OVERARCHING POLICIES AND CONSIDERATIONS

Matters to be Considered

Regulation

2 When making a decision under the *Act*, the director and an appeal committee must consider the following:

- (a) the responsibilities a guardian normally has in raising a child;
- (b) the impact the child's disability has on the family;
- (c) the strengths and abilities of family members to care for the child;
- (d) the physical and emotional well-being of the guardians and others living in the same home as the child;
- (e) the severity of the child's disability;
- (f) the child's developmental stage, relevant to age-appropriate functioning;
- (g) the family's composition;
- (h) the needs of the child's siblings;
- (i) the cultural values and beliefs of the guardians;
- (j) the needs of the family in caring for the child during scheduled school breaks and school holidays;
- (k) the child and family's involvement in community programs and activities;
- (l) the availability of persons, other than the child's guardians, to provide support and assistance in caring for the child;
- (m) the availability and accessibility of appropriate programs, services and other resources within the community where the child lives;
- (n) the geographic location of the child's home community;
- (o) any other relevant matter.

INTENT

- ◆ The “Matters to be Considered” emphasize the need to view the child within the context of their family and their family's strengths, abilities and needs.
- ◆ The Matters to be Considered highlight the need to consider the uniqueness of each child and family situation.
- ◆ Each of the considerations is of equal importance, no one consideration is of greater significance than another.

POLICY

- ◆ FSCD supports and services build on the family's natural sources of support, including extended family and friends, as well as the programs and/or resources that the child and family already have access to.
- ◆ Supports and services should be flexible, individualized, and designed to meet the needs of the child.
- ◆ The “Matters to be Considered” are intended to provide a holistic view of the child and:
 - (1) Recognize the strengths and abilities of families;
 - (2) Acknowledge the family's natural supports and existing resources;
 - (3) Recognize the various supports and services that play a role in addressing child and family needs;
 - (4) Acknowledge normal parental responsibilities including the typical costs and care demands associated with raising a child;
 - (5) Recognize the unique needs and circumstances of children with disabilities and their families;
 - (6) Acknowledge the impact that a child's disability can have on a family; and
 - (7) Promote family centered practice and individualized assessment of needs and support planning.

PROCEDURE

- (1) Explore the “Matters to be Considered” with the guardian in relationship to their circumstances and needs.

Cost-Effective and Appropriate Services

Regulation

Services delivery

- 6 (1) Agreements under sections 3 and 4 of the Act may provide for services in the manner that the director considers to be the most cost-effective and appropriate.

INTENT

- ◆ To build on the family's strengths, abilities and natural support networks to promote positive outcomes for the child.
- ◆ To allocate FSCD resources in a responsible and accountable manner.

POLICY

- ◆ The FSCD worker and the guardian will consider the most cost effective and appropriate service available to address any identified service need.
- ◆ The most cost effective service option will be provided if it is appropriate to meet the child's and family's needs.

PROCEDURE

- (1) In determining the most cost effective and appropriate service or manner of service delivery, the FSCD worker will consider:
 - The identified need;
 - The services or service provider options available to address the identified need;
 - The matters to be considered;
 - How the service will address the identified need; and
 - Community standards, regional rates and local resources.
- (2) If required, and with a guardian's consent, other relevant professionals may be consulted regarding the most appropriate service.

Accessing Other Available Supports and Services

Regulation

Services delivery

- 6** (2) Before receiving services pursuant to an agreement under section 3 or 4 of the Act, a guardian must use services on behalf of the child readily available from dental insurance, health services insurance and benefit plans and apply for assistance under other dental insurance, health services insurance and benefit plans and Government and community programs, if in the opinion of the director those programs would be equivalent to the services provided under an agreement under section 3 or 4 of the Act and the child is eligible under those programs.

INTENT

- ◆ To recognize the child's and family's strengths and abilities and build upon supports, services and resources already available to them.
 - FSCD supports and services are not intended to replace or supersede the guardian's typical responsibilities or costs associated with raising a child.
- ◆ To coordinate FSCD supports and services with other available services or resources.
- ◆ To prevent duplication of services or resource utilization.

POLICY

- ◆ Where another government program or service is available to the family, the FSCD worker will work together with that program or service to co-ordinate and plan for the provision of services between programs.
- ◆ Where another government or community program or service, health insurance or benefit plan may provide a support, service, benefit or funding relevant to the child's identified need, confirmation is required to verify that:

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- the support, service, benefit or funding that is available to the guardian has been fully utilized; or
 - that the support, service, benefit or funding is not available to the guardian and has been formally denied; and
 - that available appeal or review mechanisms relevant to the program, service, insurance or benefit plan have been utilized;
- before a similar FSCD service can be provided.

PROCEDURE

- (1) The FSCD worker and the guardian will identify the current and existing supports, services or health benefit/insurance plans that the family may be accessing in order to meet the child's identified needs.
- (2) The FSCD worker and the guardian discuss the availability of all other supports and services that the family and child may have access to.
- (3) The FSCD worker advises the guardian of their need to:
 - Apply to all other available supports and services prior to requesting funding for a similar service from the FSCD Program;
 - Provide documentation to the FSCD worker to demonstrate that relevant support and services have been utilized or where applicable, verification that a particular support or service has been denied, including whether the service or benefit would be covered under other circumstances, or in the case of a health benefit or health insurance plan that coverage has been denied; and
 - Apply to any “special consideration” or “appeal” process that may exist for a relevant program, service or benefit plan if it may result in access to a service or coverage.
- (4) The FSCD worker will assist the guardian to apply for other programs and services as needed, and with the guardian’s written consent, may contact the other programs or benefit providers to help determine if a support, service or benefit may be available to them.
- (5) The FSCD worker, supervisor or manager, as appropriate, will work together with other government programs and services to co-ordinate service provision for common families/clients.

Co-ordinating and Collaborating with other Programs and Services

INTENT

- ◆ To provide a co-ordinated, integrated and flexible approach to supporting children and families that may be accessing a range of supports and services from government and community programs, as well as in school.
- ◆ To promote joint planning across programs and services and to enable co-ordinated and integrated services that empower families to identify and achieve goals and outcomes that are meaningful to their child with the least amount of duplication, intrusion or administrative burden.
- ◆ To provide information and referral to other relevant programs and resources and help families to co-ordinate and access resources available in their communities (see Section 6, Information, Referral and Advocacy Services).

NOTE: For information about Alberta's Information Sharing Strategy please refer to the website at <https://www.alberta.ca/information-sharing.aspx>.

- ◆ To ensure planning and accessing services across multiple programs is as seamless as possible for the child, with relevant programs and services working together to create a single service experience for families wherever possible.
- ◆ To promote, develop and maintain positive working relationships with other supports, services and programs.

POLICY

- ◆ FSCD will establish and maintain effective relationships with community and other government partners to support families in accessing and co-ordinating services for their children.
- ◆ Where co-ordination and integration of supports and services is required, FSCD will work together with families and relevant professionals or other persons who are knowledgeable about the child and family's needs to share

information and jointly plan for and co-ordinate the provision of services between programs (see Section 8, Assessment of Needs and Support Planning; Section 8, Planning for Change; Section 11, Integrated Transition Planning, and Appendix O, A Cross-Ministry Protocol between Children's Services and Community and Social Services).

PROCEDURE

- (1) The FSCD worker will work with the guardian, their service providers and other professionals involved with the child to jointly plan for and co-ordinate supports and services that are outside of the guardian's FSCD Agreement, as well as those provided in the FSCD Agreement.
- (2) The FSCD worker will work with the family, and other programs and services they are involved with, to provide a single service plan wherever possible (for example, the Transition to Adulthood Plan or the PUF/FSCD Specialized Services Common Approach Individualized Service and Program Plan).

REFERENCES

- ◆ Information, Referral and Advocacy (Section 6)
- ◆ Assessment of Needs and Support Planning (Section 8)
- ◆ Planning for Change (Section 8)
- ◆ Integrated Transition Planning (Section 11)
- ◆ A Cross-Ministry Protocol between Children's Services and Community and Social Services (Appendix O).

Guardian's Responsibilities

- ◆ The FSCD Program is a voluntary program accessed by guardians. Guardians choose whether or not to access the services offered by the FSCD Program. Guardians are responsible:
 - For costs, care demands and decision-making typically associated with raising a child;
 - To provide necessary information and documentation as required by the FSCD Program in order to inform decision-making about FSCD Program eligibility and service provision;
 - To advise the FSCD Program if there is a change in child or family circumstance that may affect the FSCD services needed or provided;
 - To spend funds provided by FSCD, in accordance with the terms of the FSCD Agreement;
 - To comply with relevant employment standards, as per Canada Revenue Agency and Alberta Labour Standards requirements when hiring private individuals to provide services; and
 - To submit receipts, invoices or other documentation regarding the services used and costs incurred when requested.
 - With respect to specialized services, guardians are not required to participate when specialized services is being provided directly to the child.

Communication

INTENT

- ◆ To ensure that communication and information sharing is effective in meeting the needs of families and the FSCD program.

POLICY

- ◆ The FSCD Program relies on information provided by guardians and their networks to understand needs, and to support planning and decision making.
- ◆ As technology continues to advance, alternative modes of meeting and communication have been found to be effective.
- ◆ The FSCD worker will identify the best meeting format in consultation with the guardians and all participants required in attendance, ensuring that the family-centred approach, inclusion of youth, and best practices for each format are followed.
- ◆ Meeting formats include:
 - In person meetings where all participants are co-located in one location, including in the family's residence, at a government office, or at an alternate location in the community;
 - face-to-face meetings where all participants are visually present using a virtual platform such as Zoom, Skype, FaceTime. This could include a mix where some participants are co-located with others attending virtually; and
 - telephone or teleconference meetings without the visual aspect.
- ◆ Information will continue to be shared between meetings using the most appropriate method of communication identified by all parties, including mail, email or other methods readily available and agreeable to guardians.
- ◆ All Government of Alberta policies and procedures regarding Information Security and electronic communication will be followed.

PROCEDURE

- (1) Consideration is first given to conducting in-person meetings when:
 - completing an initial assessment of needs and support plan, including for families reopening or transferring their files between regions;
 - both information gathering and observation are required to fully understand the child and family's needs;
 - supporting the child and family with transition planning and at other times of significant change;
 - case conferences are required to address complex needs; and
 - engaging the child/youth to ensure their voice is heard and their questions can be answered directly by the FSCD worker.

- (2) When making a decision about what form of meeting is most appropriate to the need and circumstances, the FSCD worker will work with the guardian and any other participants or stakeholders to consider:
 - the needs and preferences of the child and guardians, including mobility and accessibility needs (access transportation, ability to safely involve the child, etc.);
 - access to and ability to use reliable technology to support meeting type;
 - supporting language or engagement needs;
 - geographical concerns, such as distance and weather;
 - appropriate utilization of resources;
 - time management considerations;
 - the health and safety needs of all participants, including any relevant public health regulations or guidelines; and
 - any other factor relevant to planning for the meeting.

REFERENCES

- ◆ Assessment of Needs and Support Planning (Section 8).

Section 8: SERVICE DELIVERY PROCEDURES

Application Process

INTENT

- ◆ To provide a clear and consistent application and intake process to enable access to the FSCD Program.

POLICY

- ◆ The FSCD Application process involves:
 - Supporting guardians to access and, where necessary, finding assistance for them to complete the FSCD Application;
 - Completing the FSCDIS Intake and opening a child's file;
 - Reviewing the Application and documentation submitted by the guardian and determining eligibility for the FSCD Program;
 - Providing information, referral and advocacy supports to all applicants, regardless of eligibility for the FSCD Program;
 - Assigning local delivery staff for eligible guardians and their children; and
 - Closing a child's file if the guardian and child are not eligible for the FSCD Program.
- ◆ The FSCD Application is available on the myAlbertaSupports online portal at <http://www.myalbertasupports.ca/>.
- ◆ Upon request for assistance with the online application, delivery staff will refer guardians to [Alberta Supports](#).
- ◆ An FSCD Application is considered complete only after both the Application and supporting documents (proof of residency, citizenship and relevant medical letters/information) are received.
- ◆ To confirm a child's Canadian Citizenship or residency status, guardians must provide a copy of one of the following documents: Birth Certificate, Record of

Live Birth, Passport, Citizenship Card, Permanent Resident Card, IMM1000 Record of Landing, IMM5292 Confirmation of Permanent Residency.

- ◆ Applicants will be contacted by delivery staff and advised of any missing documents. If supporting documentation is not received within 90 calendar days of receipt of the Application, the file will be closed.
- ◆ Likewise, documents received without an accompanying Application will be destroyed after 90 calendar days.
- ◆ To reopen a file that has been closed for less than 90 days, the guardian contacts delivery staff named in their decision letter. Families do not need to submit a new FSCD Application.
- ◆ Families are encouraged to reapply at a later date should new information become available or their circumstances change.

Essential Program Standards

For new Family Support for Children with Disabilities (FSCD) files, the assessment of needs process is initiated within 15 working days of Intake date.

For all Active Agreements, there is sufficient information on file to determine eligibility.

PROCEDURE

Support Application to the FSCD Program

Delivery staff will:

- (1) Provide information about the FSCD Program and the Application process.
- (2) Refer the guardian to the [myAlbertaSupports](#) online portal to apply to the FSCD Program.

NOTE: Guardians may also receive assistance completing the online FSCD Application by calling [Alberta Supports](#).

When an FSCD Application and/or supporting documentation are received at the local disability services office, delivery staff will:

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- (1) Explain to the guardian how the information they provide will be used and when it will be shared (see Section 3, Collection, Use and Disclosure of Child and Family Information).
 - (2) Ensure a paper Application is date stamped with the received date. This is the "First Contact Date."
 - (3) Scan and/or print copies of the supporting documentation, as applicable. (See Disability Application Processing: Delivery Staff Tip Sheet.)
 - (4) Forward the Application and/or any copies of supporting documentation to the delivery staff responsible for application and eligibility determination. (See Disability Application Processing: Delivery Staff Tip Sheet.)

When a local disability services office receives notification that a child is determined eligible for FSCD, they will:

- (1) Assign delivery staff using local processes for ongoing management of the file, including:
 - a. Assign eligible children from the same family to the same delivery staff where an FSCD family is already involved in the program (with another child); and
 - b. Change the name of the assigned delivery staff in FSCDIS.
- (2) Review documentation received during the application process using the Distributed Imaging Solution (DIMG). (See DAP: Delivery Staff Tip Sheet).

NOTE: DIMG is part of the official client record, so do not print and place these documents on the physical green file.

- (3) Review contact notes in FSCDIS.
- (4) Contact the guardian within 15 working days of the eligibility determination to schedule or complete the Family/Children Assessment of Needs (FCAON) (see Section 8, Assessment of Needs and Support Planning).
- (5) Complete a Verification of On/Off Reserve Status form (FSCD3594) as required (see Section 8, Verification of On/Off Reserve).
- (6) Complete an Exceptional Consideration Authorization form (FSCD12355) as required (see Section 8, Exceptional Consideration Authorization).

If reopening a file that has been closed for less than 90 calendar days the guardian does not need to submit a new FSCD application. Delivery staff (the previous assigned delivery staff where applicable) will:

- (1) Speak to the guardian to gather updated information necessary to reopen the file; and
- (2) Determine eligibility for the Program.

FORMS

- ◆ Verification of On/Off Reserve Status For Funding Purposes (FSCD3594)
- ◆ Exceptional Consideration Authorization Form (FSCD12355)

REFERENCES

- ◆ Exceptional Consideration Authorization (Section 8)
- ◆ Verification of On/Off Reserve (Section 8)

Verification of On/Off Reserve

INTENT

- ◆ On/off reserve verification is used to determine financial responsibility for the cost of services provided to the family and child. Either FSCD or [Indigenous Services Canada](#) (ISC) may be responsible for the cost of some of the services FSCD provides depending on the child's confirmed on/off reserve status.
- ◆ The Verification of On/Off Reserve Status form (FSCD3594) is approved by and for the purposes of ISC. The questions are used to confirm whether or not a child is considered by ISC to be "ordinarily a resident" on reserve and to determine ISC's responsibility for service costs. The questions asked to determine a child's on/off reserve status are used by all relevant Government of Alberta programs.

POLICY

- ◆ The Verification of On/Off Reserve Status form (FSCD3594) is completed for all children who:
 - are of Indigenous descent (regardless of where they live in Alberta); **and/or**
 - are living on a reserve or a "specified" community (listed on the back page of Verification of On/Off Reserve Status form).
- ◆ The Verification of On/Off Reserve Status form (FSCD3594) must be completed within **30 working days** of intake or after reopening a closed file.

NOTE: On/Off Reserve Status is based on the residency of the child's parent/guardian or the caregiver looking after the child at the time the FSCD file is opened.

NOTE: If the child is residing with a caregiver who does not have guardianship of the child, the FSCD Program may still enter into an Agreement with the child's parent/guardian.

- ◆ The determination that a child is ordinarily a resident on reserve does not impact the child's FSCD Agreement or the way that invoices are processed in FSCDIS.

PROCEDURE

To **determine if a child is ON or OFF reserve**, the FSCD worker will:

- (5) Determine whether the child is:
 - of Indigenous descent (regardless of where they live); **and/or**
 - living on a reserve or a "Specified" community (listed on the back of Verification of On/Off Reserve Status form FSCD3594).
- (6) Complete the Verification of On/Off Reserve Status form (FSCD3594), if the child **is included** in either of the above.
 - File transfers that occur between regions will **not** require a new Verification of On/Off Reserve Status form to be completed if services are provided on a continuous basis.
 - The Verification of On/Off Reserve Status form will need to be redone after a closed file has been reopened and there has been a lapse in services.
 - If the answer is "no" to all four questions on the form, the child is considered to be ordinarily "off reserve". Sign the form and file in Section 6 of the child's file. Do **not** send it to the Verification Officer.
 - If the answer is "yes" to **any** of the four questions, the child is considered ordinarily "on reserve" and the verification form is sent to the Verification Officer for review and confirmation.
 - Send the completed form to the designated Verification Officer.
Email: CSS.verification@gov.ab.ca
- (7) Retain a copy of the form on the child's file when the form is sent to the Verification Officer.
- (3) The Verification Officer reviews the form to ensure that all information has been provided to determine the child's on/off reserve status. The

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- Verification Officer may contact the FSCD worker to gather additional information, as required.
- (4) The Verification Officer sends the form to ISC to confirm on reserve status and financial responsibility.
 - The criteria used to determine “ordinarily a resident” and the list of “specified communities” is defined in the *Canada/Alberta Arrangement for the Funding and Administration of Social Services*, section called: Definition and Explanatory Notes.
 - (5) When the Verification Officer receives confirmation of the child’s on/off reserve status from ISC, a copy of the signed form will be forwarded to the FSCD worker to be added to Section 6 of the child’s FSCD file.
 - (6) The FSCD worker reviews the First Nations Information Section in the Child Details of FSCDIS and updates the information to reflect the child’s status as verified by ISC, if required.
 - (7) Any financial cost recovery is co-ordinated internally by Corporate Services under the *Canada/Alberta Arrangement for the Funding and Administration of Social Services* and is directed to Corporate Finance.
 - (8) Where a family has involvement with a Delegated First Nations Agency (DFNA), FSCD will share information, and initiate joint planning and support (see Appendix O, A Cross-Ministry Protocol between Children’s Services and Community and Social Services).
 - If the child is under the care of a DFNA Director and the DFNA has assumed guardianship responsibilities for the child, the child would not be eligible for the FSCD Program other than for information, referral and consultation with the DFNA for service planning.

FORMS

- ◆ Verification of On/Off Reserve Status for Funding Purposes (FSCD3594)

FSCDIS

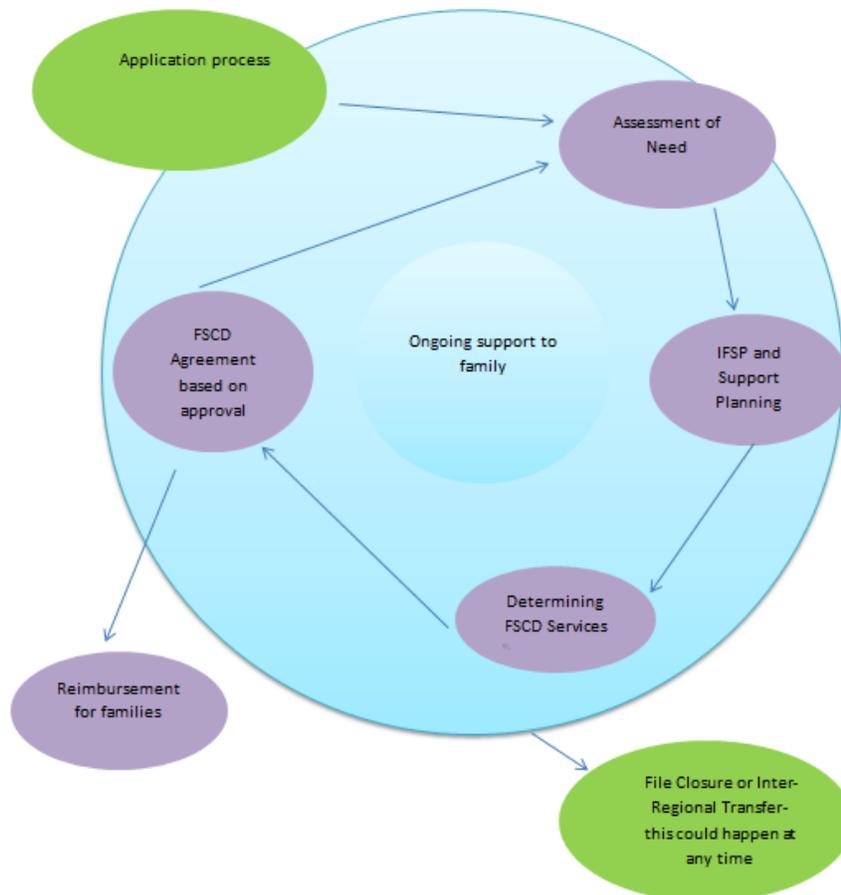
- ◆ Complete the First Nations Information section on the child's electronic file.

Assessment of Needs and Support Planning

INTENT

- ◆ To describe the assessment of needs and support planning process.

ASSESSMENT OF NEEDS AND SUPPORT PLANNING



POLICY

- ◆ The FSCD assessment of needs is a flexible process used to gather, analyze and synthesize relevant information to develop an understanding of the child and family's unique needs and circumstances in order to make well-reasoned decisions and guide support planning.
- ◆ Assessment of needs and support planning involves interviewing, observation, participation in case conferences and planning meetings, reviewing documentation that relates to the child and the impacts on daily functioning and family life, and exploring appropriate supports and resources available to the family.
- ◆ The assessment of needs and support planning process must be initiated:
 - within 15 working days of a completed Intake for all new families if the child is determined to be eligible for the FSCD Program;
 - minimally once per year and for decision making about ongoing supports and services;
 - no less than 60 calendar days prior to the annual review date of the family's current support plan; and
 - at any time if there is significant change in the child and family's needs or circumstances.
- ◆ In the context of the FSCD Program, the term "assessment" is used to refer to the program's assessment of needs process for gathering information and for developing understanding for support planning, not a medical or clinical assessment (see Section 14, Glossary).
- ◆ An annual meeting with the child and guardian is required to complete assessment of needs and support planning using the most appropriate meeting format. (see Section 7, Communication).
- ◆ The **Family/Child Assessment of Needs (FCAON) form** (see Appendix A) is required.

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- The FCAON is a tool used to capture delivery staff's conversations with the guardian in order to understand the child and family's changing strengths, needs and priorities over time.
 - Additional delivery staff involvement and frequency of FCAON updates will vary depending on the family's unique circumstances, strengths and abilities.
 - The FCAON is used to inform the decision and rationale for the most appropriate FSCD Agreement term other than one year (see Section 8, FSCD Agreement).
- ◆ Support planning uses the information gathered through the assessment of needs process to:
- support the guardian(s) in expressing their vision for their child and family's future;
 - create a plan that reflects guardian priorities for their child and family, as well as the strategies, supports and services required to meet their child's needs and to enhance guardians' ability to care for their child;
 - assist guardians in enhancing their natural support system and the supports available to them to address their child's disability-related needs;
 - provide support and services in response to the child and family's current and changing circumstances or needs;
 - help guardians in accessing and co-ordinating supports, services and resources that will address their child and family's identified needs and priorities;
 - identify how progress toward the child and family's goals and outcomes will be tracked; and
 - summarize the progress the family has made toward their goals and outcomes.

- ◆ An **Individualized Family Support Plan (IFSP)**, an **IFSP – Out of Home** (see Appendix A) or a **Transition to Adulthood Plan (TAP)** (see Appendix B) is required annually for all families.
 - The IFSP is a tool used to capture the guardian’s vision and goals for their child and family and progress towards goal achievement.
 - Only one IFSP is required for the family even if more than one child in the family has a FSCD agreement. The IFSP is the family's plan.
 - The IFSP will be reviewed, updated, and agreed to at minimum annually during the term of a FSCD agreement to capture the guardian’s changing priorities and progress made toward goals they have identified for their child and family.
 - An IFSP – Out of Home is used when FSCD is supporting a child in an out of home living arrangement (see Section 10, Out of Home Living Arrangement).
 - A Transition to Adulthood Plan (TAP) is used for youth 16 years of age or older (see Section 11, Transition Planning).
- ◆ When further expertise is required to understand the child’s needs and family’s priorities, the assessment of needs and support planning process may include consultation with relevant professionals, including the FSCD Multi-Disciplinary Team (MDT) (see Section 10, Specialized Services for Children with Severe Disabilities).

NOTE: The FSCD Program is not responsible for costs associated with obtaining clinical or medical assessments, assessment reports or medical letters.

Essential Program Standards

For new FSCD files, the assessment of needs process is initiated within 15 working days of the Intake.

For ongoing FSCD files, the assessment of needs process is initiated at least 60 calendar days prior to the expiry date of the existing FSCD Agreement.

For all active FSCD Agreements, there is sufficient information on file to determine eligibility.

For all Active Agreements where a Family/Child Assessment of Needs (FCAON) was required, a face-to-face meeting with the parent/guardian occurred.

For youth 16 years of age or older, a Transition to Adulthood Plan (TAP) is on file relating to the current FSCD Agreement.

PROCEDURE

- (1) Delivery staff will support the guardian, as required, during the assessment of needs and support planning process to:
 - arrange for someone to assist with interpreting, if required; and
 - access required information and/or supporting documentation.
- (2) Delivery staff may request additional information or documentation to help understand the diagnosis or the impact of the disability on the child's ability to participate in activities of daily living.
- (3) Delivery staff will advise the guardian of the collection, use and disclosure of information during the assessment of needs and support planning process (see Section 3, Collection, Use and Disclosure of Child and Family Information).
- (4) Delivery staff may arrange a planning meeting with the guardian's consent and involvement to bring together the guardian and other relevant persons or professionals having knowledge of the child's and family's needs, to discuss support and service planning or service co-ordination (see Section 7, Co-ordinating and Collaborating with Other Programs and Services).
- (5) If delivery staff becomes aware that the family has involvement from Child Intervention Services (CIS) or Supports for Permanency (SFP), delivery staff will share information with the CIS or SFP worker to initiate joint planning and support (see Appendix O, A Cross-Ministry Protocol between Children's Services and Community and Social Services).

- (6) Delivery staff will report any potential child protection concerns to CIS immediately and provide any relevant information (see Appendix O, A Cross-Ministry Protocol between Children's Services and Community and Social Services).
- (7) Delivery staff will advise the guardian of the FSCD Program's concern resolution process during the assessment of needs and support planning process and work with the guardian to resolve their concerns (see Section 12, Concern Resolution).
- (8) Delivery staff will work with the guardian to address changing needs as they arise. The following are examples of changing situations or circumstances in a family's life that may necessitate a review of their IFSP:
 - a new diagnosis;
 - new medical care needs, hospitalization or a new treatment regime;
 - new or emerging behavioural challenges;
 - changes in the support and services that the family or child are receiving from other resources, including at school, where applicable;
 - changes to the family composition or who else is living in the family home;
 - new living arrangements for the child or family; or
 - if the family has moved within the province to a new zone-region (see Appendix D, Inter-Zone/Region Transfer Protocols).
- (9) Delivery staff may determine there is a need to initiate the assessment of needs and support planning process if at any time there is a request for changes in FSCD support and services. A review of the FCAON form may be required to develop an understanding about the family's changing needs.
- (10) If the changes are minimal, delivery staff may gather the applicable information or documentation as needed and capture the new information in contact notes. The IFSP is reviewed annually at minimum or more often based on level of support and complexity of services provided.

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- (11) If the guardian is receiving FSCD services for more than one child with a disability, the same delivery staff will work with the guardian for all their children and complete the assessment of needs and support planning process, considering the family information and that which is specific to each individual child.

New Families

- (1) Prior to contacting the guardian regarding the initial assessment of needs and support planning process, delivery staff reviews the completed Application, Intake information and all medical documentation the guardian has submitted as well as any other information that will help them prepare for a meeting with the guardian.
- (2) Delivery staff contacts the guardian within 15 working days of the Intake date to:
- review and clarify information provided through the FSCD Application and Intake process;
 - provide information regarding the FSCD Program, the assessment of needs and support planning process;
 - explain how information that the guardian provides to the program will be used (see Section 3, Collection, Use and Disclosure of Child and Family Information);
 - schedule an initial meeting (see Section 5, Program Eligibility and Section 7, Communication);
 - ascertain if the guardian requires support to participate in the assessment of needs and support planning process and determine appropriate assistance when necessary (e.g. a family member, friend or community agency may assist in interpreting or be designated as an FSCD contact), and;
 - provide the guardian with information about relevant community supports, programs or services that may be helpful to the family.

NOTE: The FSCD Program will support the guardian to access an interpreter through other programs, services or resources in the community as required.

Families Currently Receiving FSCD Services

- (1) Delivery staff, no less than 60 calendar days prior to the annual review date of the family's current support plan, reviews;
 - the FCAON, IFSP, service provider plans, MDT recommendations, contact notes, as applicable;
 - the utilization of supports and services during the current IFSP;
 - any new information or documentation that has been submitted (e.g. new service provider plans); and
 - ongoing eligibility for the Program where eligibility is unclear because the primary need is for medical care or health services.
- (2) Delivery staff may request additional or updated information and/or documentation to help understand the diagnosis or the impact of the disability on the child's ability to participate in activities of daily living.
- (3) Delivery staff contacts the guardian, as required, to:
 - confirm or discuss ongoing eligibility for the Program;
 - request the family to submit all invoices; and
 - discuss the assessment of needs and support planning process.

Assessment of Needs: Completing the Family/Child Assessment of Needs (FCAON)

- (1) Throughout the assessment of needs and support planning process, information is gathered through interviewing, observing and reviewing documentation provided by the guardian, service provider or health professional. Delivery staff analyzes and uses the information to:
 - confirm ongoing eligibility for the FSCD Program, as required;
 - understand the family and child's disability-related needs; and
 - support the guardian to express their vision for their family and child.
- (2) The FCAON form has two parts:
 - Part I: Child Disability Related Care Needs
 - Part II: Child and Family Support and Service Planning

FCAON Part 1: Child Disability-Related Care Needs

- (1) When completing Part 1 of the FCAON, delivery staff:
- discusses with the guardian the child's exceptional care needs and the impact of the child's disability on the family;
 - may use tools and resources as appropriate, to assist the guardian and delivery staff to gain a common understanding of a family's needs and resources such as:
 - the Potential Focus of Family Support for Children with Disabilities Involvement Relevant to Age (see Appendix P),
 - the Child/Family Support Pyramid (see Appendix Q),
 - Child's Daily Routine/Schedule (see Appendix R),
 - eco mapping, and
 - genograms or a weekly calendar.
 - may ask the guardian to provide updated or additional medical or other assessment information, in order to better understand the family or child's needs.

FCAON Part 2: Child and Family Support and Service Planning

- (1) Delivery staff, guardian, and as much as possible the child/youth will:
- explore all relevant natural, family and community supports that may be available to support the family and child;
 - ensure consent is obtained where required to consult with other professionals outside of the Government of Alberta who work with or know the child to better understand the child's disability or the impact of the disability on the child's activities of daily living;
 - analyze the information gathered to come to a common understanding of the family and child's strengths and needs in the following areas:
 - extraordinary care the child requires
 - how the extraordinary care impacts the child and family
 - natural supports that may be available or developed
 - community supports that may be available or developed

- review the utilization of supports and services in current and previous Agreements, or service terms, to determine if:
 - services accessed were effective in supporting progress toward the goals and outcomes the guardian(s) has identified for their child and family; and
 - the amount of services provided was appropriate in addressing the assessed need, or any barriers in accessing services are identified and addressed.
- identify strategies to address barriers to accessing needed services; and
- after analyzing the information gathered, delivery staff and the guardian will complete the IFSP;
- based on the assessed need and support planning process, and identified goals and outcomes, delivery staff will:
 - determine FSCD supports and services, and
 - determine the term of the FSCD Agreement that would best support the guardian's vision and goals for their child and family, document the rationale for the Agreement term other than one year of the FCAON form, and consult with the supervisor as required (see Section 8, FSCD Agreement).

NOTE: The FSCD Agreement term may be up to a three-year term, however delivery staff will meet with the family for assessment of needs and support planning at least annually.

Completing an IFSP

- (1) After analyzing all relevant information gathered through the assessment of needs and support planning process, delivery staff and guardian will document on the IFSP:
 - the guardian's vision for their child and family;
 - the goals they wish to work on over the next year to achieve their vision (i.e. the top two or three goals that, if achieved, would make a positive difference); although goals reflect the vision unique to each child and family, they commonly centre around the following areas of family life:

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- managing the day to day challenges of family life;
 - balancing the interests and needs of all family members;
 - doing things as a family they enjoy;
 - understanding their child's disability related strengths, needs and abilities;
 - helping their child develop and learn;
 - strengthening their natural support system;
 - finding and accessing other available supports and services;
 - increasing family/child participation in the community; and
 - planning for their child's future.
- strategies/tasks, as well as natural and additional supports required to achieve their identified goals, including who is responsible and the timelines and anticipated signs of goal achievement; and
 - the FSCD Program Outcomes (see Section 2, Introduction) that the child and/or family's goals connect with.

NOTE: A specific goal is more likely to be achieved than a general goal. In order to be effective, set Specific, Measurable, Attainable, Realistic and Timely (SMART) goals. SMART goals should be:

- ⇐ meaningful and relevant to the family;
- ⇐ framed in a way that is easy to know when achieved;
- ⇐ able to be accomplished within one year; and
- ⇐ describe a future state rather than a service or support.

- (2) For youth age 14 to 15 years, the IFSP should focus on activities to prepare for transition planning;
- (3) For youth age 16 years or older, a Transition to Adulthood Plan (TAP) is completed during the integrated transition planning meetings and is used instead of the IFSP (see Section 11, Transition Planning);
- (4) When FSCD is supporting a child in an out of home living arrangement the IFSP - Out of Home form is used instead of the IFSP (see Section 10, Out of Home Living Arrangement).

Determining Appropriate Supports and Services

- (1) After all relevant information is gathered and the IFSP has been completed, delivery staff and the guardian discuss the type of information, support or other services they require to:
 - address their priorities and meet their child's unique disability-related needs;
 - lessen the impact of the child's disability-related care needs on members of the family;
 - increase their ability to build and access natural and community supports that will assist them in achieving their goals for their child and family; and
 - enable them to continue caring for their child in the family home.
- (2) Delivery staff will help the family identify and access natural supports as well as community supports and services that may assist them in achieving their goals (see Section 7, Collaborating and Co-ordinating with other Programs and Services).
- (3) Delivery staff provides information about the range of services that are available through the FSCD Program and determines the term of the FSCD Agreement (see Section 8, FSCD Agreement), type and level of FSCD support and services to be included in the FSCD Agreement.
- (4) Delivery staff documents this decision in the FCAON Part 2.
- (5) Delivery staff advises the guardian that FSCD services to be provided will be documented in a FSCD agreement and that:
 - they will receive the Agreement by email, mail, or via the digital signature system;
 - they need to review the Agreement, sign and return it;
 - if they have any questions prior to signing the Agreement they can contact delivery staff for clarification;
 - they cannot access any services prior to the FSCD Agreement being approved by a supervisor or manager;

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- FSCD cannot reimburse for any services until the guardian signs the FSCD Agreement and it is returned to the local disability services office;
 - they can only use services as identified in the FSCD Agreement and they are responsible for the cost of any services they use exceeding what is identified in the FSCD Agreement;
 - they are responsible for all costs normally associated with caring for their child and for accessing other programs and services, and
 - for potential employer responsibilities (see Appendix G, Employee-Employer Relationship).
- (6) Delivery staff will assist the guardian to identify options and find service providers relevant to the services identified in their FSCD Agreement.
- (7) Delivery staff will advise the guardian of final decisions relating to service provision (see Section 8, Advising Guardians of Decisions).
- (8) Delivery staff will advise the guardian of the concern resolution options that are available if they do not agree with a decision (see Section 12, Concern Resolution).
- (9) Delivery staff will provide the guardian with an information package that includes contact information and information regarding the FSCD Program reimbursement process, including Online Claims Reimbursement (see Section 8, Reimbursement for Services).
- (10) Update the child's information in the FSCDIS file, including:
- child's diagnosis/disability information;
 - family's address or other demographic information;
 - guardian information for all guardians on file (i.e. change of work phone number, marital status, updated email); and
 - status of other family members (i.e. birth of a sibling).
- (11) Complete the FSCD Agreement (see Section 8, FSCD Agreement).

Ongoing Supports and Services

- (1) Upon receiving a call from the guardian, delivery staff discusses and clarifies with the guardian the type and scope of assistance required and as needed:
 - provides information and referral;
 - gathers information relevant to the family's changing circumstances and needs;
 - completes/updates/revises the FCAON as required;
 - makes appropriate changes to the IFSP when necessary;
 - identifies if additional or different supports or services are required;
 - documents the call and follow up on a contact note;
 - considers whether the term of the FSCD Agreement is appropriate for the family's needs;
 - amends the family's FSCD Agreement where applicable; and
 - updates FSCDIS with any relevant changes.
- (2) When a family or child's circumstances have changed significantly and the previous FCAON form does not provide the relevant or required information to determine appropriate supports and services, a new FCAON form and IFSP may be completed or the existing FCAON form and IFSP updated.

FORMS

- ◆ Family/Child Assessment of Needs Form
 - Part 1 – Child Disability Related Care Needs (FSCD3601)
 - Part 2 – Child and Family Support and Service Planning (FSCD3602)
- ◆ Individualized Family Support Plan (FSCD3593)
- ◆ Consent to Release Information (FSCD3592)
- ◆ Verification of On/Off Reserve Status for Funding Purposes (FSCD3594)

Planning for Change

- ◆ The FSCD Program recognizes that changes or the passage from one stage to another is a natural part of life.
- ◆ Examples of some life changes that all families may experience include:
 - a change in family composition (e.g. a new baby, marital status);
 - children starting school or changing schools;
 - relocating to a new home or city;
 - a change in family income or employment;
 - the shifting relationship between parents and children as they become teenagers and strive for more independence;
 - caring for an elderly or ill family member; and
 - when a child turns 18 years of age and, in Alberta, becomes a legal adult.
- ◆ Changes can be an exciting time of growth and opportunity and some changes, whether anticipated or unplanned, can be stressful or frightening.
- ◆ All children and families experience life changes, however children with disabilities and their families may experience some unique challenges including when:
 - a child is admitted to the hospital or receives a new diagnosis;
 - family members need to learn about and adapt to new or different care needs for their child;
 - a child reaches a developmental goal and new goals are identified;
 - a child becomes aware of his or her own limitations and differences;
 - the family starts working with a new service provider;
 - there is a change in need or type of services the family requires or receives; and
 - parents begin thinking about their child becoming an adult and the supports their child may need to help them achieve their goals.

- ◆ For a child with a disability, planning for life changes may be complex and require more time and proactive planning to ensure a smooth transition.
- ◆ Adapting to change and making a transition is more likely to be successful if families have a vision for the future and the information required to plan ahead and make decisions.
- ◆ The transition to adulthood is a significant change in all children's lives. While all parents think about how to support their child's transition to adulthood, the transition for children with disabilities often requires more intentional planning (see Section 11, Transition Planning).

INTENT

- ◆ To promote a life course perspective in planning for children with disabilities.
- ◆ To ensure children and families have the information they need to start planning early and make informed choices and decisions about the future.

POLICY

- ◆ The FSCD Program will provide information and referral to other relevant programs or resources and assist the family as needed to connect with or co-ordinate services (see Section 6, Information, Referral and Advocacy Services).
- ◆ During the assessment of needs and support planning process the FSCD worker will work together with the guardian to identify and plan for anticipated and unanticipated changes that may affect their child and family (see Section 8, Assessment of Needs and Support Planning).
- ◆ Where co-ordination and integration of supports and services is required the FSCD worker may co-ordinate a planning meeting to bring together the family and relevant professionals or other persons who are knowledgeable about the child and family's needs to plan and co-ordinate the provision of services between programs (see Section 7, Co-ordinating and Collaborating with other Programs and Services).

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- ◆ FSCD supports and services provided will promote the guardian's ability to plan ahead and support their child and family to successfully transition through life changes.

PROCEDURE

- (3) The FSCD worker and guardian discuss:
 - the guardian and child's vision, goals and outcomes for the future;
 - anticipated or unplanned changes that may impact the child and family;
 - the guardian's priorities and needs of the child relevant to anticipated changes;
 - strategies to enhance the family's ability to respond to changes;
 - the family, friends and other natural supports that may be available to support the child and family in transitioning through times of change;
 - the information and support needed to help the guardian and child plan and prepare for life changes, particularly the transition to adulthood;
 - how FSCD supports and services can assist the guardian and child in preparing for and making successful transitions;
 - considerations relevant to the transition to adulthood, including the availability of adult programs and opportunities to promote the child's greatest level of independence and participation as an adult; and
 - the term of the FSCD Agreement (up to one, two or three years) that will best support the achievement of identified goals and outcomes for the child and family (see Section 8, FSCD Agreement).
- (4) The FSCD worker provides information and referral supports and works together with other government programs, as needed, to co-ordinate the provision of services that support the child and/or family in planning for changes and making successful transitions (see Section 3, Collection, Use and Disclosure of Child and Family Information).

NOTE: For information about Alberta's Information Sharing Strategy please refer to the website at alberta.ca/information-sharing.aspx.

- (5) When there is a change in the nature or level of services the child and/or family is receiving or an anticipated change in the types of supports and

services that will be available to a child and/or family in the future, the FSCD worker will work together with the guardian to plan ahead for the transition. Examples of changes may include:

- The family moving to another area of the province (see Appendix D, Inter-Zone/Region Transfer Protocols);
 - The transition from attending an after school care program to planning for other work-related child care arrangements after the age of 13 years old (see Section 10, Child Care Support for Children Age 13 Years and Older);
 - Significant changes in the nature or level of services must be considered and planned for accordingly, e.g. the transition from Specialized Services to other supports (see Section 10, Specialized Services);
 - If an out of home living arrangement is being considered, the FSCD worker will explore the child's potential eligibility for adult programs and ensure appropriate supports are sustainable into adulthood, if necessary (see Section 10, Out of Home Living Arrangement);
 - If a child is currently living in an out of home living arrangement that will not be supported by an adult program, the FSCD worker will work together with the guardian and relevant adult programs to identify options and start planning early for transition to home, community or another living arrangement as an adult;
 - A child returning home after being in temporary care under the *Child, Youth and Family Enhancement Act* (see Appendix O, A Cross-Ministry Protocol between Children's Services and Community and Social Services); and
 - Any other relevant changes.
- (6) The FSCD worker will begin to share information with the guardian about the transition to adulthood and considerations for adult services in a timely manner relevant to the circumstances, starting as early as when the child is age 9 years (see Appendix B, Integrated Transition Planning Tools).

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- (7) If the annual support plan review is scheduled to occur shortly before the child's 16th birthday, the FSCD worker will initiate transition to adulthood planning early (see Section 11, Transition Planning).

FORMS

- ◆ Family/Child Assessment of Needs
 - Part 1 – Child Disability Related Care Needs (FSCD3601)
 - Part 2 – Child and Family Support and Service Planning (FSCD3602)
- ◆ Individualized Family Support Plan (FSCD3593)
- ◆ FSCD Agreement (FSCD1621)

TOOLS AND REFERENCES

- ◆ Information, Referral and Advocacy Services (Section 6)
- ◆ Collaborating and Co-ordinating with Other Programs and Services (Section 7)
- ◆ Assessment of Needs and Support Planning (Section 8)
- ◆ FSCD Agreement (Section 8)
- ◆ Child Care Support for Children Age 13 Years and Older (Section 10)
- ◆ Specialized Services (Section 10)
- ◆ Out of Home Living Arrangement (Section 10)
- ◆ Integrated Transition Planning (Section 11)
- ◆ Transition to Adulthood Pathway (Appendix B)
- ◆ Transition to Adulthood - Record Keeping Checklist (FSCD0007)
- ◆ A Cross-Ministry Protocol between Children's Services and Community and Social Services (Appendix O)
- ◆ Potential Focus of Family Support For Children With Disabilities Involvement Relevant to Age - Developmental Guidelines (Appendix P)

FSCD Agreement

Regulation

3 An agreement under section 3 of the Act between the Director and a child's guardian must be in Form 1 in the Schedule

INTENT

- ◆ Establish a legal document that details both the guardian and the FSCD Program responsibilities.

POLICY

- ◆ The period of assistance for a FSCD agreement may be for a term of up to and not to exceed three years.
- ◆ Multi-year Agreements would **not** be considered for guardians who have been accessing the FSCD Program for less than one year, or who are awaiting a diagnosis.
- ◆ When determining the term of the Agreement, the FSCD Program will consider the following:
 - The guardian and child will continue to be eligible for the FSCD Program;
 - The ability to reasonably predict child and family circumstances and needs;
 - A clear understanding of the child and family's vision and support needs over a period of time;
 - The guardian's ability to commit to a longer term plan as identified in the IFSP; and
 - Services used and invoiced in previous Agreement(s) were consistent with the assessment and IFSP.

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- ◆ Regardless of duration, the individual service terms may vary within an Agreement based on the changing needs and circumstances of the child and family, regulatory requirements and the availability of public funds by the Legislature of Alberta.
 - ◆ An IFSP, Transition to Adulthood Plan (TAP) or IFSP – Out of Home, where applicable, must be on file and is completed at least annually (see Section 8, Assessment of Needs and Support Planning).
 - ◆ When services provided by Exceptional Consideration Authorization are included in an Agreement there must be an Exceptional Consideration Authorization form signed by a Delivery manager/supervisor and guardian on file.
 - ◆ For any service included in a FSCD Amendment, all required information and documentation to support decision making is required (see Sections 9 and 10).
 - ◆ Reasonable attempts are made to notify any other guardians not named on the child's FSCD Agreement that the child has a FSCD agreement.
 - Information about the Agreement will be shared with other guardians upon request (see Section 3, Collection Use and Disclosure of Child and Family Information)
 - ◆ Where continued services are to be provided, a new FSCD Agreement is to be in “Approved Agreement” status prior to the end date of the current FSCD Agreement.
 - ◆ Families may choose how they receive the Agreement for signature:
 - digitally sign agreements;
 - receive by email; or
 - receive by mail.
 - Note: A current email address must be on file for families that choose to digitally sign or receive agreements or amendments through email.

Essential Program Standards

New Family Support for Children with Disabilities (FSCD) Agreements are in approved Agreement status within 20 working days of Family/Child Assessment of Needs (FCAON) completion date.

Renewed FSCD Agreements are in approved Agreement status prior to the expiry date of the previous Agreement.

For ongoing FSCD files, the assessment of needs process is initiated at least 60 calendar days prior to the expiry date of the existing Agreement.

For all active Agreements, there is sufficient information on file to determine eligibility.

For families receiving **Child Focused Services**, an Individualized Family Support Plan (FSCD3593) is on file.

For children receiving **Behavioural or Developmental Aide Support**, the rationale and behavioural or developmental need are documented on file.

For families and children receiving **Specialized Services** for the first time, there are MDT recommendations on file from the FSCD MDT, or from Children's Hospital Early Childhood Development Team (ECDT) Calgary or Glenrose Rehabilitation Hospital Preschool Assessment Edmonton.

For families and children receiving ongoing **Specialized Services**, there is an Individualized Service Plan (ISP) on file related to the current Agreement.

For children residing in an **Out-of-Home Living Arrangement**, there is a completed Individualized Family Support Plan - Out of Home (FSCD12615) on file related to the current Agreement.

An On/Off Reserve Verification form is completed for children of Indigenous origin.

For youth 16 years of age or older, a **Transition to Adulthood Plan (TAP)** is on file relating to the current FSCD Agreement.

PROCEDURE

- (1) The Delivery staff prepares the Agreement based on the family and child vision for the future, individual needs identified through the assessment of needs and support planning process, utilization of supports and services in the previous year's Agreement, and the goals and outcomes identified

in the completed IFSP or Transition to Adulthood Plan where applicable and any services authorized by Exceptional Consideration.

- (2) The Delivery staff forwards the draft FSCD Agreement, and supporting documentation, including the rationale for an Agreement term of more than one year, to the Delivery supervisor for approval (see Section 8, Assessment of Needs and Support Planning).
- (3) The Delivery supervisor reviews the information obtained through the assessment of needs and support planning process, IFSP, the Out of Home Service Plan or Transition to Adulthood Plan (where applicable), and the draft FSCD Agreement, including the rationale for the Agreement term if applicable, before approving the draft Agreement or forwarding to a manager for approval, as required.
- (4) When reviewing the draft Agreement, the Delivery supervisor considers regulatory requirements, the Agreement term and rationale, and the availability of public funds by the Legislature of Alberta.
- (5) The supervisor forwards Agreements that exceed \$25,000 **per annum** to a manager for approval.

Note: The approval threshold can be lowered to meet program direction when necessary.

- (6) The manager forwards Agreements that exceed \$250,000 **per annum** to a senior manager for approval.

Note: The approval threshold can be lowered to meet program direction when necessary.

- (7) If the Delivery supervisor or manager does not approve the FSCD Agreement, it is returned to the Delivery staff.
- (8) The Delivery staff makes required changes to the Agreement and resubmits the draft Agreement and other documentation to the Delivery supervisor.
- (9) The FSCD Agreement is approved on the FSCDIS system by the Delivery supervisor or manager.

- (10) When approved by the Delivery supervisor or manager, the FSCD Agreement is sent to the guardian, via digital signature system, email, mail, hand delivery, pick up or by fax where necessary for the guardian's review and signature.
- (11) The Delivery staff reminds the guardian that any other known guardians of the child not named on the FSCD Agreement will be informed that the child has a FSCD agreement and provided with information regarding the FSCD Agreement upon request.
- (12) The guardian can return the signed Agreement via email, mail or in person, if signed digitally it will be automatically returned. When the guardian returns the signed Agreement to the FSCD Program, the Expenditure Officer reviews and signs the Agreement.
- (13) The Agreement is activated on the FSCDIS system only after both the guardian and Expenditure Officer have signed it.
- (14) A copy of the signed and active FSCD Agreement is provided to the guardian. The master copy of the Agreement is automatically saved in the electronic file system (DIMG) when approved.

FORMS

- ◆ Family Support for Children with Disabilities Agreement (FSCD1621)

REFERENCES

- ◆ Collection Use and Disclosure of Child and Family Information (Section 3)
- ◆ Assessment of Needs and Support Planning (Section 8)
- ◆ Family Support Services (Section 9)
- ◆ Child Focused Services (Section 10)

Amendment to the FSCD Agreement

INTENT

- ◆ An amendment allows for changes to be made regarding FSCD services or funding included in an existing FSCD Agreement.

POLICY

- ◆ An amendment to an existing FSCD Agreement is completed through the use of an FSCD Amendment.
- ◆ Services may be added to or removed from a FSCD agreement or the Agreement terminated prior to the stated end date by amending the Agreement and obtaining the guardian's and Expenditure Officer's signatures.
- ◆ Regardless of the duration, individual service terms may vary within an Amendment. Regulatory requirements, the changing needs and circumstances of the family and child and availability of public funds by the Legislature of Alberta are considered by the FSCD Program when entering into an FSCD Amendment with a guardian.
- ◆ Either a guardian or the FSCD worker may identify the need for an Amendment to the FSCD Agreement.
- ◆ More than one Amendment can be made to a FSCD agreement if necessary.
- ◆ Services added or changed by the Amendment must comply with regulatory requirements and be consistent with, and cannot exceed, the existing Agreement's start and end dates.
- ◆ For any service included in an FSCD Amendment, all required information and documentation to support decision making is required (see Sections 9 and 10).
- ◆ Significant changes to the services in a FSCD agreement may require that the Agreement be terminated and a new Agreement completed rather than changing the Agreement by an Amendment.

Essential Program Standards

For all Active Agreements, there is sufficient information on file to determine eligibility.

For families receiving **Child Focused Services**, an Individualized Family Support Plan (FSCD3593) is on file.

For children receiving **Behavioural or Developmental Aide Support**, the rationale and behavioural or developmental need are documented on file.

For families and children receiving **Specialized Services** for the first time, there are MDT recommendations on file from the FSCD MDT, or from Children's Hospital Early Childhood Development Team (ECDT) Calgary or Glenrose Rehabilitation Hospital Preschool Assessment Edmonton.

For families and children receiving ongoing **Specialized Services**, there is an Individualized Service Plan (ISP) on file related to the current Agreement.

For children residing in an **Out-of-Home Living Arrangement**, there is a completed Individualized Family Support Plan - Out of Home (FSCD12615) on file related to the current Agreement.

For youth 16 years of age or older, a **Transition to Adulthood Plan (TAP)** is on file relating to the current FSCD Agreement.

PROCEDURE

- (1) The FSCD worker and guardian identify changing needs that require an Amendment to the family's existing FSCD Agreement.
- (2) The FSCD worker forwards the draft FSCD Amendment, and supporting documentation to the FSCD supervisor for approval.
- (3) Follow approval process outlined in Section 8, FSCD Agreement.

Agreement and Amendment Approval

INTENT

- ◆ To ensure that appropriate approval is obtained for FSCD Agreements and Amendments prior to families accessing the services included in the Agreement or Amendment.

POLICY

- ◆ All services must be included in a FSCD agreement or Amendment and approved by a supervisor or manager prior to families accessing the services.
- ◆ Supervisor or manager approval is based on:
 - Documentation validating eligibility;
 - Assessment information validating the need for services and alignment of services with needs and goals;
 - Compliance with the legislation and policies;
 - Consideration of the family's past use of services in Agreements or Amendments;
 - Rationale that supports the term of the Agreement other than one year (An Amendment cannot exceed the end date of an Agreement);
 - Adherence to Essential Program Standards; and
 - Financial responsibility on behalf of the Government of Alberta, as outlined in the *Financial Administration Act*, in approving Agreements and Amendments and regional and program budgets.
- ◆ The FSCD Agreement or Amendment and the services it provides are approved when the supervisor or manager completes the approval function in FSCDIS.
- ◆ Verbal approval does not constitute approval of the Agreement or Amendment and services.

- ◆ The Delivery staff and manager/supervisor must ensure the FSCD Agreement or Amendment is approved in a timely manner.
- ◆ The start date of the Agreement or Amendment is the date that the Agreement or Amendment is approved by the manager/supervisor or, if specified, a future start date.
- ◆ The start date of a FSCD agreement or Amendment for a new or reopened file may precede manager/supervisor approval only if:
 - A service was awarded by appeal. The start date for services awarded by appeal is the date specified in the decision, or if no start date is specified, the date of the appeal decision.
 - A supervisor or manager authorizes specific medical management services to start prior to the usual approval policy to address an urgent need (see Section 8, Exceptional Consideration Authorization).
- ◆ The start date of a service cannot precede the FSCD Agreement start date.
- ◆ Families may begin using FSCD services on the date that a supervisor or manager approves the Agreement or Amendment (the start date), or a future date, if specified.
- ◆ Families may be reimbursed for services only after:
 - they have signed and returned their child's FSCD Agreement or Amendment;
 - the Agreement or Amendment has been signed by an Expenditure Officer; and
 - the Agreement or Amendment has been activated in FSCDIS.
- ◆ Families may choose how they receive the Agreement or Amendment for signature:
 - digitally sign agreements;
 - receive by email; or
 - receive by mail.
 - Note: A current email address must be on file for families that choose to digitally sign or receive agreements or amendments through email.

Essential Program Standards

New Family Support for Children with Disabilities (FSCD) Agreements are in Approved Agreement status within 20 working days of Family/Child Assessment of Needs (FCAON) completion date.

PROCEDURE

- (1) Delivery staff must advise guardians of the approval process, including timelines and the option to sign documents digitally, through an email process or by mail.
- (2) The Delivery staff forwards the following to the manager/supervisor:
 - Relevant information to validate the child's eligibility for the Program;
 - A completed FCAON form that supports the need for services;
 - A completed IFSP;
 - Relevant documentation including rationale to validate the services included in the draft Agreement or Amendment;
 - Rationale to support an Agreement term other than one year (an Amendment cannot exceed the Agreement end date),
 - The draft Agreement or Amendment in FSCDIS; and
 - Any other relevant information such as prior service utilization.
- (3) The Delivery staff ensures that the start dates for the Agreement or Amendment allows time for supervisor or manager approval.
- (4) The supervisor or manager reviews all information submitted by the Delivery staff including use of service in the current Agreement/Amendment, the Agreement terms and rationale, any regulatory requirements and the availability of public funds by the Legislature of Alberta.
- (5) The supervisor or manager approves the Agreement or Amendment by completing the "approved" function in FSCDIS.

- (6) The approved agreement is forwarded to the Guardian for signature via their preferred communication method; digitally, email or mail.
- (7) If the supervisor or manager does not approve the Agreement or Amendment, the draft is returned to the Delivery staff for the necessary revisions.

Exceptional Consideration Authorization

INTENT

- ◆ To ensure manager/supervisor authorization for some specific services related to a child's hospitalization in urgent/unanticipated and rare circumstances outside of the Agreement and Amendment Approval policy.

POLICY

- ◆ Exceptional Consideration Authorization is a process by which a manager/supervisor approves, in writing, a service(s) in advance of the assessment of needs and support planning process and draft Agreement (see Section 8, Agreement and Amendment Approval).
- ◆ The following services may be authorized by Exceptional Consideration:
 - Mileage or public transportation
 - Parking
 - Day Trips over eight hours
 - Meals and accommodation
 - Sibling Care
- ◆ All of the following criteria must be met in order to request and authorize an Exceptional Consideration:
 - Eligibility for the Program must be determined or there must be sufficient information gathered to determine eligibility on an interim basis pending a more thorough assessment of needs;
 - The need for a service(s) is directly related to child's disability;
 - No other resource is available to meet the immediate service need;
 - Child is hospitalized outside of their regional area;
 - Inpatient hospital stay of two or more consecutive days is required;
 - Overnight accommodation required; and

- The need for service(s) is urgent and the family's circumstances are such that it would not be appropriate to wait for the completion of the assessment of needs and support planning process and draft Agreement (see Section 8, Agreement and Amendment Approval).
- ◆ The start date of services provided by Exceptional Consideration Authorization can be up to five days preceding the Intake date.
- ◆ The end date of services provided by Exceptional Consideration Authorization can be up to 30 days after the Intake date.

PROCEDURE

- (8) The FSCD worker completes the FSCD Intake on FSCDIS and includes initial information that indicates interim eligibility for the program.
- (9) The guardian expresses an immediate service need.
- (10) The FSCD worker considers if the service need is urgent and needed in advance of completing the assessment of needs and support planning process and draft FSCD Agreement.
- (11) The FSCD worker ensures the request meets the Exceptional Consideration criteria.
- (12) The FSCD worker completes an Exceptional Consideration Authorization form and submits it to a supervisor or manager.
- (13) If the Exceptional Consideration is not authorized, the FSCD worker discusses other support options with the guardians and works with other programs and services, such as Alberta Health Services, to identify resources to support the family (see Section 7, Collaborating and Co-ordinating with Other Programs and Services).
- (14) If the Exceptional Consideration is authorized, the FSCD worker forwards a copy of the Exceptional Consideration Authorization form to the guardian for their signature.
- (15) The worker notifies the guardian regarding whether the services requested through Exceptional Consideration were authorized and the start and end date for the services.

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- (16) A copy of the Exceptional Consideration Authorization Form, signed by the supervisor or manager, is sent to the guardian for signature.
 - (17) A copy of the Exceptional Consideration Authorization Form, signed by the supervisor or manager and the guardian is placed on the child's file.
 - (18) The FSCD worker co-ordinates a time/date to complete assessment of needs and support planning with the family.
 - (19) Any services authorized by Exceptional Consideration are included in a FSCD agreement with a sub clause identifying that they were provided as an Exceptional Consideration.
 - (20) Guardians may be reimbursed for services only after:
 - they have signed and returned their child's Agreement;
 - the Agreement has been signed by an Expenditure Officer; and
 - the Agreement has been activated in FSCDIS.
 - (21) If continued eligibility is not confirmed through the assessment of needs and support planning process, the Agreement would cover only the time period of Exceptional Consideration Authorization.

FORMS

- ◆ Exceptional Consideration Authorization Form (FSCD12355)

REFERENCES

- ◆ Co-ordinating and Collaborating with Other Programs and Services (Section 7)
- ◆ Agreement and Amendment Approval (Section 8)

Reimbursement for Services

INTENT

- ◆ To provide timely reimbursement for supports and services, as set out in the FSCD Agreement.

POLICY

- ◆ An active, or previously active, FSCD Agreement or Amendment is required in order for guardians to be reimbursed for services or for invoices to be paid.

NOTE: A FSCD agreement or Amendment is considered active when it is signed by both the guardian and a Regional staff with delegated signing authority as well as activation in FSCDIS.

- ◆ The FSCD Program will reimburse guardians for services and costs incurred during the specified periods of assistance as outlined in their active FSCD Agreement or Amendment.
- ◆ Guardians are responsible for keeping original receipts and records for seven (7) years for all expenses submitted. The FSCD Program does not require receipts to be sent in with the invoice for either the Statement of Expense (SOE) form or electronic invoices.
- ◆ Guardians must provide all original receipts and other supporting documentation related to expenses upon request. The FSCD Program collects this information for the purpose of validating reimbursements in accordance with the *Financial Administration Act*.

Essential Program Standards

Payments are released within 30 calendar days of receipt of invoices by the FSCD Program.

PROCEDURE

- (1) The FSCD worker will provide the guardian with instructions for reimbursement, either manually on the Statement of Expense (SOE) form or electronically through the Online Claims Reimbursement (OCR) portal (<https://ocr.alberta.ca>). This includes providing information about direct deposit services.
- (2) Guardians will retain a complete record for all submitted expenses for a period of seven (7) years. This record must include original copies of:
 - invoices, either the SOE form or the form generated by OCR;
 - all receipts; and
 - the completed ROSP forms, where required.
- (3) The FSCD worker will advise the guardian of:
 - their need to submit their expenses in a timely manner,
 - their obligation to provide receipts or other validation and supporting documentation relevant to the services, upon request. This may include detailed records, itemized receipts and completed ROSP forms, and
 - their employer/employee responsibilities.

NOTE: If issues arise with a service provider and their employee/employer relationship with the family, the service provider should be referred to the Alberta Employment Standards office

- (4) Payments are to be released within 30 calendar days of receipt of the invoice.
- (5) For any services that are provided by a private care provider or an agency privately hired by the guardian, a Record of Services Provided (ROSP) form is required for verification of hours and services provided. Privately hired service providers are required to sign the ROSP form.
 - The FSCD Program will not make direct payment on behalf of the guardian to a private person who is hired by the guardian to provide services.

- (6) The FSCD Program may make arrangements upon request of the guardian to pay an agency service provider directly on the guardian's behalf.
- Where the FSCD Program has agreed to pay an agency service provider on the guardian's behalf, this administrative arrangement must be documented in the FSCD Agreement/ Amendment using the following sub clause added to each service for which this administrative arrangement has been agreed to:

"The guardian acknowledges their responsibility as the employer of their chosen service provider. The Director, upon request of the guardian, agrees to provide payment directly to the service provider chosen by the Guardian, solely for the purposes of administrative ease and efficiency. Confirmation that the service has been received must be provided to the director by the guardian prior to payment."
 - Guardians must validate that services have been received prior to payment of invoices submitted by a service provider agency.

FORMS

- ◆ FSCD Agreement
- ◆ FSCD Amendment
- ◆ Statement of Expenses (FSCD1845)
- ◆ Record of Services Provided (FSCD0003)

File Closure/Transfer

INTENT

- ◆ To detail and confirm the process required to formally close a child's FSCD file.
- ◆ To detail and confirm the process required to transfer a child's FSCD file to another region.

POLICY

- ◆ The FSCD Program will provide the reason for file closure to the guardian in writing.
- ◆ Where a file closure is justified and the family is unavailable, successive attempts to contact the guardian will be made and documented including phone calls and letters. Sufficient time is to be allowed for the guardian to respond before the file is closed.
 - A child's file may be closed after 30 calendar days from the date of a letter advising of the file closure.

PROCEDURE

- (1) The FSCD worker will notify the guardian of the file closure and provide rationale as to why the file is being closed.
- (2) Confirmation of file closure must be provided to the guardian in writing except when the child is deceased.
- (3) The FSCD worker will inform the guardian that they may reapply to the FSCD Program if their family or child's circumstances change.
- (4) A file may be closed due to a variety of reasons, as outlined below.

- **Death of a Child**

If the reason for file closure is due to the death of a child, the response varies with the situation. The FSCD worker or program representative should personally contact the family to offer their condolences and connect the family to appropriate community supports.

FSCDIS Closure Reason: **Child Deceased**

- **Child Turning 18 Years of Age**

Three to six months prior to the child's 18th birthday, arrange a meeting with the family to discuss the upcoming termination of supports and services and to help the family with any unresolved issues around transition planning (see Transition to Adulthood in Section 11). Work with guardians to explore other natural advocates available and invite them to call you at a later date. Document the meeting on a Contact Note. One month prior to the child's 18th birthday, send out a letter stating eligibility ends as of the specified date (one calendar day prior to the child's 18th birthday).

FSCDIS Closure Reason: **Child Age 18**

- **Lack of Contact with Guardians**

If you cannot locate the guardian, establish when contact was last made and confirm whether the guardians are still accessing supports and services. Make several attempts to contact the family (e.g., first by telephone, then by letter). The initial letter should instruct the guardian to contact the FSCD Program within thirty days or the file will close. If there is no response within the allotted thirty-day period, close the file. The total time for this full process is approximately two to three months.

FSCDIS Closure Reason: **Whereabouts of Family Unknown or No Follow-up by Guardian**

- **Out of Province Move**

When the child moves out of Alberta, the FSCD worker explains to the family that the file will be closed (if the FSCD worker knows in advance). Ensure the family has the relevant contact information for where they are going and make sure the family has access to copies of documents, such as the Family/Child Assessment of needs form,

Individualized Family Support Plan or FSCD Agreement. Identify and resolve any outstanding issues (e.g. ensuring the family's invoicing is complete).

FSCDIS Closure Reason: **Family Left Provincial Jurisdiction**

- **Transfer to Another Program**

A transfer to another program usually arises from support and service/ transition planning and is most likely identified during the assessment of needs and support planning process. It is important to apply existing and relevant protocols, where applicable.

FSCDIS Closure Reason: **Required Supports and Services Provided Elsewhere**

- **Services No Longer Required**

The file may be closed when the required information and/or referral services have been provided and no additional supports and services are required or when the file is transferred to Child Intervention Services.

FSCDIS Closure Reason: **Supports and Services No Longer Required**

- **Child Has Attained Goals**

During the assessment of needs and support planning process, the family and FSCD worker may determine the family and child have successfully achieved their goals and no longer require supports or services.

FSCDIS Closure Reason: **Supports and Services No Longer Required**

- **Temporary Guardianship Order/Permanent Guardianship Order**

When the child is in the care of Children Intervention Services (CIS), under a Temporary Guardianship Order (TGO) or Permanent Guardianship Order (PGO), for a period exceeding 30 days, in consultation with the CIS program the FSCD file may be closed (see Appendix O, A Cross-Ministry Protocol between Children's Services and Community and Social Services)

FSCDIS Closure Reason: **Child in Care of Child Intervention Services under a TGO or PGO Exceeding 30 Days**

- **Guardian Request**

Determine the reason for the request and attach a Contact Note that outlines the reason the request was made. Send the guardian a letter that confirms the request for closure and advises the file will be closed in thirty days, unless the request is withdrawn.

FSCDIS Closure Reason: **Request for Services Withdrawn**

- **Only Requesting Information, Referral or Advocacy Supports**

Some families may not require specific FSCD services. After appropriate information, referral or advocacy supports have been provided their file may be closed.

FSCDIS Closure Reason: **Information and Referral Services Provided – No Other Services Are Required or Appropriate**

- **Family Moves to Another Region**

Refer to Inter-Zone/Region Transfer Protocols (see Appendix D).

FSCDIS Closure Reason: **File Transferred to Another Region**

- **No Confirmed Diagnosis Received or Medical Documentation Provided**

Families with children awaiting diagnosis are eligible for supports for up to two years. If a diagnosis is not received or written medical documentation of a diagnosis is not provided within the two-year period, contact the family to discuss the need to close the file. It is important to provide information and referral services to assist the family with any ongoing needs if the FSCD file is to be closed.

FSCDIS Closure Reason: **No Confirmed Diagnosis or Medical Documentation Provided**

- **Legal Termination**

Files may be closed due to a legal termination of the Agreement, under Section 5(1) of the FSCD Act.

FSCDIS Closure Reason: **Legal Termination of Agreement**

- **Not Eligible for the FSCD Program based on Definition of Disability**

A file may be closed when it has been determined that the child does not have, or no longer has, a disability or condition or impairment that may lead to a disability. In order to be eligible for the FSCD Program the child must meet the definition of disability established in the FSCD Act.

FSCDIS Closure Reason: **Not Eligible as per Definition of Disability**

- **Not Eligible for the FSCD Program based on Citizenship or Residency**

A file may be closed when it has been determined that the child is not a Canadian citizen or a permanent resident within the meaning of the *Immigration and Refugee Act*. The child must also reside in Alberta at the time a FSCD agreement is negotiated and for the period of the Agreement. Residency criteria must be met in order for the child to be eligible for the FSCD Program.

FSCDIS Closure Reason: **Not Eligible Based on Canadian Citizen or Permanent Resident Requirement**

- **Not Eligible for the FSCD Program based on Guardianship**

Guardianship criteria must be met in order for the child to be eligible for the FSCD Program. The file may be closed if the private guardian for the child is not available to enter into a FSCD agreement, or does not maintain full guardianship responsibilities for the child.

FSCDIS Closure Reason: **Not Eligible – Caregiver does not have Guardianship Status and Guardian not available to enter into an Agreement**

- (5) If a file is being closed either on or prior to the end date of the FSCD Agreement, take the following steps:
 - Discuss file closure and rationale for closure with the guardian.
 - Provide appropriate information and referral supports to assist the family with the transition from the FSCD Program to other programs, community supports or resources as required.
 - Complete steps appropriate to the reason for closure (see “Reasons for Closure” on the preceding pages).
 - Complete file closure process in FSCDIS including the closing summary and appropriate closure reason.
 - Obtain supervisory approval for the file closure.
 - Send the family a letter confirming the file closure and reason for closure.
- (6) Where a file is being transferred between regions, follow the procedures set out in Inter-Zone/Region Transfer Protocols, see Appendix D.
- (7) Where a file is being closed because the child is in care of Child Intervention Services and is no longer eligible for the FSCD Program, FSCD may keep the file open under “Referral Only” to allow for information, referral, advocacy and continued participation in joint consultative case planning between CIS and FSCD to ensure the needs of the child and family are being met with an integrated and effective response from both programs (see Appendix O, A Cross-Ministry Protocol between Children’s Services and Community and Social Services).
- (8) Document in FSCDIS under File Closure/Transfer the reasons for the closure/transfer and provide any relevant summary information, including addition of a specific contact note where appropriate.

FORMS

- ◆ Closing Summary (on FSCDIS)

Advising Guardian of Decisions

Act

Decision-making criteria

2.1 When making a decision under this Act the director must consider the criteria for making a decision provided for in the regulations.

INTENT

- ◆ To ensure that decisions are clearly communicated with the guardian.
- ◆ To ensure that the guardian understands when a decision has been made to deny eligibility for the FSCD Program, to deny the provision of a service or to cancel a FSCD agreement.
- ◆ To ensure that the guardian is aware of the next steps and concern resolution options if they do not agree with a decision.

POLICY

- ◆ Decisions include any final decision made under the authority of the FSCD Act and Regulation regarding program eligibility, the provision of a service including the nature and level of service, or the cancellation of a FSCD agreement.
- ◆ Decisions must be made and communicated with the guardian in a timely manner.
 - where despite all reasonable efforts to support the guardian in gathering the necessary information or consent to consult with experts or others who have knowledge of the family/child's needs there is insufficient information to support eligibility for the Program or the need for a requested service, a final decision must be made within a reasonable timeframe based on the information that has been received.

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- ◆ Provide information to guardians about next steps and concern resolution options if they do not agree with a decision.

NOTE: Refer to specific timelines for decision making relevant to specialized services.

- ◆ The date of the written notification of decision is used to establish the timelines for submitting a Notice of Appeal (see Section 12, Concern Resolution).

PROCEDURE

(1) When a final decision has been made:

- to deny eligibility for the FSCD Program;
- to deny the provision or level of an FSCD service;
- about the provision of specialized services, or
- to cancel a FSCD agreement,

delivery staff will:

- contact the guardian to advise of the decision and/or arrange a time to meet to discuss the decision;
- explain and provide rationale for the decision;
- advise the guardian that if they do not agree with the decision or the explanation provided, they can discuss their concerns with a Supervisor and/or Manager;
- advise the guardian of the FSCD concern resolution options available to them if they disagree with the decision;
- provide the guardian with the necessary forms to request a Review of an FSCD Program Decision, Mediation or to initiate an Appeal (see Section 12, Concern Resolution); and
- follow up on ALL verbal communications about decisions in writing within seven (7) calendar days (see Section 12, Concern Resolution).

NOTE: For specialized services, decisions at each of the five key decision-making points within the specialized service decision-making

process must be communicated with the guardian verbally and in writing. This includes decisions to provide specialized services to ensure the decision and details are clearly communicated. Refer to specific timelines for decision-making in Section 10, Specialized Services.

- (2) The written notification of the decision to the guardian (see Appendix A example, Decision Letter for Specialized Services) will:
 - clarify the decision they are being advised of;
 - provide rationale for the decision;
 - outline the concern resolution options;
 - advise the guardian who to contact to further discuss their concerns or the concern resolution options available to them,
 - advise the guardian that the date of the letter initiates the timelines for submission of a request for Mediation or Notice of Appeal (see Section 12, Concern Resolution); and
 - clarify how to obtain the necessary forms to request a Review of an FSCD Program Decision, Mediation or Appeal.
- (3) Delivery staff will continue to work with the guardian to identify and support the child and family's access to other supports, services and resources that may address the family's needs (see Section 7, Co-ordinating and Collaborating with Other Programs and Services).

REFERENCES

- ◆ Co-ordinating and Collaborating with Other Programs and Services (Section 7)
- ◆ Specialized Services (Section 10)
- ◆ Concern Resolution (Section 12)

Section 9: FAMILY SUPPORT SERVICES

Family Support Services

Regulation

- 3** An agreement under section 3 of the Act between the director and a child's guardian must be in Form 1 in the Schedule and may provide for the following family support services:

The FSCD Program provides information, referral and advocacy supports as well as specific family support services to families with children with disabilities who meet program eligibility criteria based on their unique needs and circumstances. Family Support Services are intended to support families with the extraordinary demands of caring for a child with a disability.

Family support services include:

- Individual and family counselling
- Clothing and footwear
- An array of medical appointment supports
- Out-of-province medical appointment supports
- Respite supports.
- Triple P (Positive Parenting Program)

Counselling

Regulation

- 3 (a) up to 20 hours annually of individual and family counselling to assist the family in caring for the child;

INTENT

- ◆ Counselling is intended to support family's well-being and strengthen their ability to care for and face the challenges of their child's disability or obtain understanding and resolution where appropriate.
- ◆ There may be times in a child's life or circumstances for the family where counselling services may be beneficial (e.g. initial diagnosis, delayed developmental milestones, educational transitions and the transition to adulthood).

POLICY

- ◆ The FSCD Program may provide assistance with the cost of a maximum of up to 20 hours per year of individual and/or family counselling (including time spent writing reports) from a licensed or registered provider under the *Health Professions Act* to support the family's well-being.
- ◆ Parents are responsible for costs associated with psychological testing.

PROCEDURE

- (1) Parents are expected to access counselling services or coverage from other available programs, such as Mental Health Services, benefit plans, Blue Cross, private health insurance or employee plans, before accessing this service where such services or coverage are available to them.
- (2) Where alternative counselling services or coverage are not available or have been exhausted, the FSCD Program will help families access

counselling services of their choice from a licensed or registered health care provider under the *Health Professions Act*.

- (3) The FSCD worker and the parents collaboratively identify the number of hours of individual or family counselling required to meet the family's needs.
- (4) Parents must submit expenses for reimbursement.
- (5) Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services). Receipts require the provider's license/registration number.

FSCDIS

FAMILY SUPPORT SERVICES

Related Supports

Family or Individual Counselling

- Assistance with the cost of family or individual counselling, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Clothing and Footwear

Regulation

- 3 (b) if the child has extraordinary need for clothing and footwear directly related to the child's disability, up to \$400 annually;

INTENT

- ◆ Assistance with clothing and footwear is intended to assist parents with some of the extraordinary costs associated with clothing and footwear for a child with a disability.

POLICY

The FSCD Program may provide assistance with the cost of extraordinary clothing and footwear needs that are directly related to a child's disability up to a maximum of \$400 per year.

Parents remain responsible for their child's typical clothing and footwear expenses.

Assistance with extraordinary clothing and footwear costs may be considered when, as a result of the child's disability, there is:

- Excessive wear and tear on clothing or footwear (e.g. due to braces, crawling)
- A need for specialized footwear to accommodate the disability
- Excessive or continual soiling of undergarments, pants or shorts for children over the age of three years
- Tearing of clothing, as the result of behavioural issues (e.g. ripping or biting)
- Excessive drooling and damage to clothing that results from a documented medical condition
- A need for specialized clothing adaptation or alteration, as a result of a medical condition (e.g. scoliosis, cerebral palsy)

-
- Additional clothing requirements where the child's weight substantially varies over a short period of time (e.g. weight gain from medication)
 - A need for other extraordinary clothing and/or footwear that are directly related to the child's disability, not listed above.

PROCEDURE

- (1) The FSCD worker and parents collaborate to identify the extraordinary clothing and footwear needs, such as the number and approximate cost of each item required, based on typical clothing or footwear costs.
- (2) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
- (3) Clothing items and footwear submitted for reimbursement must be clearly marked on the receipt.

FSCDIS

FAMILY SUPPORT SERVICES

Related Supports

Clothing and Footwear

- Assistance with the cost of extraordinary disability-related clothing and footwear needs, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Medical Appointment Supports

POLICY

The costs associated with attending disability-related medical appointments can have an extraordinary financial impact on families of children with disabilities. The Director may enter into an Agreement to assist families with some of the extraordinary costs related to disability-related medical or rehabilitation appointments or hospitalization, including:

- Mileage and public transportation
- Parking
- Day trips, over eight hours in duration
- Meals and accommodation
- Sibling care
- Out-of-province medical appointments.

Mileage and Public Transportation

Regulation

- 3 (c) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability,
- (i) \$0.12 for each kilometre or, if public transport is used, the cost of the most cost-effective and appropriate means of public transport for the child and one adult accompanying the child, and

INTENT

- ◆ The FSCD Program acknowledges that transportation costs may be significant when a child has many medical appointments related to their disability. Assistance with disability-related transportation costs are intended to help offset the costs of transporting a child and parent to and from medical or rehabilitation appointments, hospital stays or other medical, rehabilitation or treatment facilities the child needs to attend.

POLICY

- ◆ The FSCD Program may assist parents with a maximum of 12¢ per kilometre for travel directly related to the child's disability to and from medical or rehabilitation appointments or hospitalization.
- ◆ Assistance with mileage costs may be provided where the parent's vehicle is used for transportation or where the parent is required to reimburse a family member or friend for the use of their private vehicle.
- ◆ Where parents who do not have access to a vehicle, assistance with the cost of public transportation may be provided.
- ◆ Parents continue to be responsible for transportation to and from medical appointments not related to a child's disability.

PROCEDURE

- (1) Parents identify, to the best of their ability, the number of medical or rehabilitation appointments or hospitalizations anticipated or scheduled for their child in the coming agreement period and the distance (kilometres) per appointment.
- (2) The FSCD worker and parents collaborate to calculate the number of kilometres parents will travel to medical or rehabilitation appointments and/or for hospitalization over the agreement period.
- (3) Parents record and keep an ongoing record of the mileage to and from disability-related medical or rehabilitation appointments, the time and date of the appointments, kilometre totals and the name of the health care provider with whom the child has the appointment.
- (4) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

FSCDIS

FAMILY SUPPORT SERVICES

Medical Appointment Supports

Mileage

- Assistance with the cost of mileage to attend disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date)

Public Transportation

- Assistance with the cost of public transportation (other than the parent's own private vehicle) to attend disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date)

Parking

Regulation

- 3 (c) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability,
- (ii) up to \$10 daily for parking;

INTENT

- ◆ Assistance with parking costs is intended to assist parents with the cost of parking, during disability-related medical or rehabilitation appointments, visits/stays while a child is hospitalized and/or visits while a child is attending a medical treatment or assessment program full-time.

POLICY

- ◆ When parents use a private vehicle to transport their child with a disability to a disability-related medical or rehabilitation appointment, the FSCD Program may assist with the cost of parking up to \$10 a day.
- ◆ Assistance with parking fees may be considered when the parent is visiting or staying with a child during a hospital stay, taking a child to an appointment at a medical facility and/or when there are parking costs associated with parents visiting a child who is an inpatient at a medical treatment or rehabilitation program.

PROCEDURE

- (1) The FSCD worker and parents collaboratively identify the number of parking trips associated with medical or rehabilitation appointments for a child, visiting or staying with a child when the child is hospitalized and/or when the child is undergoing rehabilitation, assessment or treatment at a medical facility.
- (2) Parents are expected to keep a record of the medical or rehabilitation appointments.

- (3) Parking will be reimbursed at the most economical hourly, daily, weekly or monthly rate for the medical care facility and cannot exceed the cumulative daily maximum of \$10 per day.
- (4) Parents are responsible for parking costs for medical appointments not related to the child's disability (e.g. routine dental appointments, regular ophthalmologists or audiologist appointments).
- (5) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

FSCDIS

FAMILY SUPPORT SERVICES

Medical Appointment Supports

Parking

- Assistance with the cost of parking while attending disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Day Trips Over Eight Hours

Regulation

- 3 (d) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability, if attending the appointments requires that the child be out of the home for at least 8 hours but not overnight,
- (i) up to \$5 daily for meals for the child and up to \$8 daily for meals for an adult accompanying the child and
 - (ii) family support services described in clause (c);

INTENT

- ◆ This service is intended to assist parents with the extraordinary costs of mileage or public transportation, parking and meals for medical appointments where the appointment requires that the child and parent be away from home for a period of longer than eight hours including travel time.

POLICY

- ◆ FSCD may assist the parent with the cost of meals, parking, and transportation (up to the maximum amounts specified in Regulation) when the child is required to attend a medical or rehabilitation appointment that requires the child and parent to be out of the home for more than eight consecutive hours (including travel time).

PROCEDURE

- (1) The FSCD worker and parents collaborate identify the number of day trips over 8 hours scheduled or anticipated on the coming agreement period and the transportation and meal needs during the day trips.
- (2) Refer to policy section regarding transportation and parking under Medical Appointments Supports.

- (3) The FSCD worker together with the parent may also identify sibling care needs (see Section 9, Sibling Care).
- (4) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

FSCDIS

FAMILY SUPPORT SERVICES

Medical Appointment Supports

Day Trips Over Eight Hours

Meals: Adult

- Assistance with the cost of meals, as required for one adult accompanying the child to disability-related medical or rehabilitation appointments exceeding 8 hours, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Child

- Assistance with the cost of meals, as required for a child attending disability-related outpatient medical or rehabilitation appointments exceeding 8 hours, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals and Accommodation

Regulation

- 3 (e) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability, if in the opinion of a director overnight accommodation is required,
- (i) up to \$85 daily for hotel accommodation,
 - (ii) up to \$10 daily for meals for the child unless the child is in hospital or in a facility where accommodation includes meals and up to \$15 daily for meals for an adult accompanying the child or up to \$100 weekly for the purchase of groceries for food preparation for the child and the adult,
 - (iii) if in the opinion of the director a 2nd person must accompany the child, up to \$15 daily for meals for the 2nd person or an additional \$50 weekly for groceries for food preparation for the 2nd person and, if the adult, person and child are using public transport, the cost of the most cost-effective appropriate means of public transport and
 - (iv) family support services described in clause (c);

INTENT

- ◆ Assistance with the cost of meals and accommodation is intended to assist parents with the extraordinary costs of overnight accommodation and meals, when a child's medical or rehabilitation appointments are scheduled away from his/her home community or when a child is hospitalized outside his/her home community.
- ◆ The FSCD Program recognizes that overnight accommodation and meals may be required where the:
 - Family has to travel a distance to access disability related medical services and cannot reasonably return home in the same day
 - Child is required to stay overnight or attend appointments on consecutive days

- Child's appointment is very early or late in the day making it unreasonable to travel to the appointment or home on the same day, or
- Use of public transportation necessitates an overnight stay.

POLICY

- ◆ The FSCD Program may assist with the cost of accommodations for up to \$85 a night, including service charges and taxes, for overnight accommodations as required when a child with a disability and parent are required to attend a medical or rehabilitation appointment or the child is hospitalized due to his/her disability.
- ◆ FSCD workers will discuss and explore cost effective and appropriate accommodation options with the family such as Ronald McDonald House.
- ◆ The FSCD Program may pay up to \$10 a day for meals for a child (unless the child is in hospital or in a facility where all of their meals are provided), up to \$15 a day for meals for an adult accompanying the child or up to \$100 a week to purchase groceries for the child and the adult.
- ◆ Based on a discussion with the parents and the needs identified, the Director may assist with the costs for a second person required to accompany the child. The FSCD Program may also provide up to \$15 a day for meals for a second person or an additional \$50 a week to purchase groceries as well as the costs of public transportation where required when the child and adult accompanying the child are using public transportation.
- ◆ Assistance with the costs of mileage or public transportation and parking may also be provided (see Section 9, Medical Appointments Support).

PROCEDURE

- (1) The Director must approve meals and accommodation in advance of the trip to attend a disability-related medical appointment (unless the trip is made under emergency and short notice circumstances).

-
- (2) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

FSCDIS

FAMILY SUPPORT SERVICES

Medical Appointment Supports

Accommodation

- Assistance with the cost of overnight accommodations, as required to attend disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Adult

- Assistance with the cost of meals, as required for one adult, accompanying the child to disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Child

- Assistance with the cost of meals, as required for a child attending disability-related outpatient medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Groceries: Adult and Child

- Assistance with the cost of groceries, as required for the child and one accompanying adult while attending disability-related medical or rehabilitative appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Additional Person

- Assistance with the cost of meals, as required for one additional person to attend disability-related medical or rehabilitative appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Groceries: Additional Person

- Assistance with the cost of groceries, as required for one additional person to attend disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Sibling Care

Regulation

- 3 (f) the cost of caring for the siblings of the child if the care is necessary to enable the adult who usually cares for the siblings to accompany the child to medical or rehabilitation appointments or hospitalizations directly related to the child's disability;

INTENT

- ◆ Sibling care can simplify disability-related appointments for parents, enabling parents to attend an appointment with their child with a disability without having to take all of their children along to the appointment.
- ◆ Parents with more than one child may require assistance with the cost of child care for their other child(ren) when they are required to attend appointments with their child who has a disability and cannot take their other children along or another parent or family member is not available to take care of the child(ren).

POLICY

- ◆ FSCD may assist with parent's cost to access short-term/hourly child care for siblings of children with disabilities, when a child with a disability has a medical appointment, is hospitalized or when the parent is visiting a child in a medical facility where the child has been admitted for assessment, treatment or rehabilitation.

PROCEDURE

- (1) FSCD worker and parents work together collaboratively to identify the need for child care for siblings based on scheduled or anticipated medical or rehabilitation appointments or hospitalizations.
- (2) FSCD worker and parents calculate the number of appointments, the number of visits and the approximate time required for each appointment for which sibling care is required.

- (3) The FSCD worker and parent collaboratively determine the appropriate rate of pay for sibling care based on the family's circumstances and community standards for child care. (Community standards refers to the typical costs of child care in a community and may vary depending on the type of child care or service provider).
- (4) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services),
- (5) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Record of Services Provided (FSCD0003)

FSCDIS

FAMILY SUPPORT SERVICES

Medical Appointment Supports

Sibling Care

- Assistance with the cost of sibling care, while attending disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Out-of-Province Medical Appointments

Regulation

- 3 (g) if the child attends medical or rehabilitation appointments or hospitalizations outside Alberta directly related to the child's disability that are funded by the Minister of Health, family support services described in clauses (e) and (f) may be provided;

INTENT

- ◆ Out-of-province medical appointments supports are intended to provide support that enables parents to accompany their child to medical treatment outside the province authorized also by Alberta Health. Assistance with the costs of meals, accommodation, sibling care, parking and mileage or transportation may be provided. Alberta Health provides the cost associated with travel out of province and a medical escort where required.

POLICY

- ◆ When the child is required to receive medical care outside the province that has been approved, in writing by Alberta Health, the FSCD Program may assist with associated costs where no other coverage is available, including:
 - Overnight accommodation, up to \$85 a night, including service charges and taxes
 - Parking, up to \$10 daily
 - Sibling care
 - Meals, up to \$10 a day for the child (unless the child is in hospital or in a facility where accommodation includes meals), \$15 a day for one adult or up to \$100 a week to purchase groceries for one adult and the child.

- Meals for a second person, up to \$15 a day or up to an additional \$50 a week to purchase groceries, when an additional person must accompany the parent and child.
- ◆ Refer to the policy sections specific to each of these individual services.
- ◆ FSCD Program will not fund supports or services for out-of-province medical treatment or intervention that has not been approved by Alberta Health.
- ◆ Parents are responsible for any costs exceeding regulated amounts and services funded in the agreement.

PROCEDURE

- (1) FSCD worker and parents identify the need for services to support the child and parent during out-of-province medical trips, approved by Alberta Health.
- (2) Alberta Health funds the cost of transportation to and from approved medical treatment, outside Alberta, for the child and one accompanying parent.
- (3) Funding for out-of-province medical trips should be pre-approved, except in the case of emergency medical evacuation.
- (4) FSCD worker may use discretion to assist with out-of-province supports that were not pre-approved.
- (5) Exchange rates are calculated at the prevailing Canadian dollar rates.
- (6) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

FSCDIS

FAMILY SUPPORT SERVICES

Out-of-Province Medical Care

Mileage

- Assistance with the cost of mileage between the accommodation and medical facility, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Public Transportation

- Assistance with the cost of public transportation (other than the parent's private vehicle) between the accommodation and medical facility, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Accommodations

- Assistance with the cost of overnight accommodations, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Adult

- Assistance with the cost of meals for one adult, accompanying the child, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Child

- Assistance with the cost of meals for a child while accessing disability-related out-patient out-of-province medical care approved by Alberta Health, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Groceries: Adult and Child

- Assistance with the cost of groceries for the child and one accompanying adult, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Additional Person

- Assistance with the cost of meals for one additional person, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Groceries: Additional Person

- Assistance with the cost of groceries for one additional person, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Parking

- Assistance with the cost of parking, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Sibling Care

- Assistance with the cost of sibling care, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Family Support Respite

Regulation

- 3 (h) up to 240 hours annually of care for the child, for the purpose of providing temporary respite to the guardian

As per section

2.1 (2) An adult relative, except for a parent, may provide respite services under sections 3(h) and 4(1)(a) if that relative, in the opinion of the director, is the most appropriate caregiver.

(3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:

- (a) respite services under sections 3(h) and 4(1)(a)(i);

INTENT

- ◆ Respite is defined, for the purposes of the FSCD Program, as temporarily relieving parents from the full care and supervision demands of their child with a disability.
- ◆ While the responsibility of raising a child is demanding for any parent, the extent to which the child's disability creates additional or extraordinary demands on the parent's time and effort (physical and emotional) may constitute the need for FSCD respite supports.
- ◆ Respite supports are intended to help strengthen the family's ability to care for their child in the family home.
- ◆ Respite support should build on the family's natural supports including family and community networks.
- ◆ The importance of extended family involvement in the life of a child is recognized by the FSCD Program and valued as part of the family's natural support system.
- ◆ Respite supports are not intended to replace the family's natural support network or normative parental responsibilities.

- ◆ Respite should be flexible and responsive to the individual needs of families and respect family choices.
- ◆ By temporarily relieving parents of the full care demands for their child, respite support provides families with an opportunity to address other needs such as completing errands, attending to housework, spending time with their other children or taking some time for self-care.

POLICY

- ◆ FSCD may provide respite supports for up to 240 hours annually, based on but not limited to 20 hours a month as Family Support.
- ◆ The type, amount and duration of respite support a family receives is based on assessment of the extraordinary care and supervision demands of the child with a disability, as well as the strengths, abilities and identified needs of the family.
- ◆ Respite may be provided in the family home or in the respite provider's home or in the community.
- ◆ If the respite provider is taking the child into the community with the parent's consent, the parent is responsible for any costs associated with community activities.
- ◆ Respite may be provided by:
 - a private person,
 - a community agency that provides respite services, or in unique circumstances
 - an adult relative.
- ◆ A parent/guardian may choose to hire a 16 or 17 year old individual who is not a relative to provide short term hourly respite under Family Support Services.
- ◆ In unique circumstances when an adult relative is the most appropriate respite support provider an adult relative may be reimbursed for respite supports.
- ◆ Relatives that provide respite must be 18 years of age or older.

-
- ◆ Some examples of when a relative may be considered to be the most appropriate respite provider are where:
 - the child reacts negatively to people he/she is not familiar with,
 - there is no other consistent care provider available in the community, or
 - family's language/communication or cultural needs limit the availability of respite providers able to communicate with the child and/or family.
 - ◆ Respite providers may have a variety of training and experience. The respite provider's qualifications and skill level must be consistent with the child's level of care requirements. Rates of pay should be reflective of the respite provider's qualifications, skill level and community standards.
 - ◆ A respite provider with qualifications warranting a higher level of pay can only be paid a rate in keeping with the level of care required to meet the child's needs.
 - ◆ Nursing level of care (Registered Nurse or Licensed Practical Nurse) is provided by the regional health authorities. The FSCD Program cannot provide nursing level of care.
 - ◆ FSCD does not provide funding for parents to act as respite service providers for their child.
 - ◆ Respite support is not available to address work, training or education-related child care needs (refer to Child Care Supports).
 - ◆ Respite support may be provided in unique circumstances, where a child would ordinarily be attending or participating in an educational program or child care for work-related purposes, but is unable to attend on a short term basis due to their disability.
 - ◆ In assessing respite needs, consideration must be given to the family's natural respite opportunities including when their child is attending an early intervention program, preschool or school; day care, out-of-school care or other work-related child care arrangements; or participating in community activities.
 - ◆ If the child with a disability meets the criteria for Child Focused Services, additional respite services (over and above Family Support Respite) may be provided under Child Focused Services based on assessed need.

PROCEDURE

- (1) FSCD worker and parents work together collaboratively to determine the number of hours of respite, based on the assessed needs of the child, that would meet the family's need (up to a maximum of 240 hours per year under Family Support).
- (2) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
- (3) For services that are provided by a private care provider or an agency hired by the guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Record of Services Provided (FSCD0003)

FSCDIS

FAMILY SUPPORT SERVICES

Respite Services

FSS - In or Out-of-home Respite

- Assistance with the cost of in-home or out-of-home respite services, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Parenting Support: Triple P (Positive Parenting Program)

FSCD Act

Preamble:

“WHEREAS the Legislature of Alberta recognizes and values the ability of families to care for and to promote development of children with disabilities; and

WHEREAS the Legislature of Alberta acknowledges the value of family-centred support and services in empowering and preserving families of children with disabilities.”

INTENT

- ◆ To offer Triple P to families accessing the FSCD Program as a family-centred, proactive and/or early intervention support intended to help parents promote their child’s positive behaviour, support their development, and help prevent the need for more intensive services.

POLICY

- ◆ FSCD will make Triple P available to families accessing the FSCD Program. See Section 10 when accessing Triple P for behavioural and developmental concerns.
- ◆ As part of the delivery, Triple P practitioners work with families on a plan that includes identifying effective parenting strategies and tracking progress. The FSCD Program reviews the family’s needs after Triple P has been provided.
- ◆ Triple P may be provided in coordination with other services based on the family’s needs. Triple P is not a prerequisite to other FSCD services.
- ◆ Triple P can be provided more than once with consideration for various Triple P levels and delivery modalities.

PROCEDURE

- (1) The FSCD worker will inform families about Triple P and how to access website information and the program. Families will be informed they can access Triple P at any time by contacting the FSCD worker.
- (2) The FSCD worker will receive feedback from the family and the Triple P practitioner after the parents have taken Triple P to understand the family's needs.
- (3) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
- (4) For services that are provided by a private provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Record of Services Provided (FSCD0003)

FSCDIS

FAMILY SUPPORT SERVICES

Triple P

- Assistance with the cost of Triple P, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Section 10: CHILD FOCUSED SERVICES

Child Focused Services

Regulation

4 (1) An agreement under section 4 of the Act between the director and a child's guardian must be in Form 1 in the Schedule and may provide for the following child focused services:

INTENT

- ◆ Child Focused Services build on the foundation of support created through the provision of Family Support Services to support children with disabilities and assist their families in helping them to reach their full potential. In addition to family support respite, a spectrum of child focused respite supports is available.
- ◆ Where information provided by the family and other relevant assessment information indicates that the disability **significantly limits the child's ability to function in normal daily living**, the Director may provide one or more of the following Child Focused Services, in addition to Family Support Services:
 - Respite services
 - Child care supports
 - Aide supports
 - Health-related supports
 - Specialized supports for children with severe disabilities
 - Out-of-Home Living Arrangements.
 - The type of assessment information required will vary with the severity and complexity of each child's disability and with the type and level of services required. Assessment information for less intensive services, such as child care support, may simply require additional information from the parents, the child care provider, or a service provider who knows the child. More intensive services, such as specialized services for children with severe disabilities, will require a more in-depth assessment information and review of the child's needs.

POLICY

- ◆ A child must have a confirmed medical diagnosis in order to be considered for Child Focused Services.
- ◆ Child Focused Services cannot be provided to children who are awaiting a diagnosis.
- ◆ Medical and other assessment information must indicate that the child is significantly limited in activities of daily living.
- ◆ An Individualized Family Support Plan (FSCD3593) must be completed for all children and their families receiving Child Focused Services.

Essential Program Standards

For families receiving **Child Focused Services**, an Individualized Family Support Plan (FSCD3593) is on file.

Child Focused Respite Services

Regulation

- 4 (1) (a) the following respite service based on the child's need for care related to the disability and the guardian's need for respite:
- (i) short-term hourly care for the child;
 - (ii) if an extended period of respite services are needed, up to 30 24-hour days of care annually for the child;
 - (iii) if more respite services are needed to maintain the guardian's home as the child's primary residence, additional 24-hour days annually of care for the child outside the child's home;

As per section

- 2.1 (2) An adult relative, except for a parent, may provide respite services under sections 3(h) and 4(1)(a) if that relative, in the opinion of the director, is the most appropriate caregiver.
- (3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:
- (a) respite services under sections 3(h) and 4(1)(a)(i);

INTENT

- ◆ Respite services are intended to temporarily relieve guardians from the full care and supervision demands for their child.
- ◆ While the responsibility of raising a child is demanding for any parent/guardian, the extent to which the child's disability creates additional or extraordinary demands on the guardian's time and effort (physical and emotional) may constitute the need for FSCD respite services.
- ◆ Respite services are intended to help strengthen the guardian's ability to care for their child in the family home.

- ◆ Respite services are intended to build on the family's natural supports including family and community networks.
 - The importance of extended family involvement in the life of a child is recognized by the FSCD Program and valued as part of the family's natural support system.
 - Respite services are not intended to replace the family's natural support network or normative parental responsibilities.
- ◆ Respite should be flexible and responsive to the individual needs of the guardian and respect family choices.
- ◆ Extended respite services are intended to provide guardians with additional 24-hour breaks from the full care demands of their child where required in order to maintain the family home as the child's primary residence.
 - Extended respite services are not intended to address out of home living arrangement needs.

POLICY

- ◆ Child Focused service provision, including respite services, requires that the child have significant limitations in their ability to function in normal daily living.
- ◆ Child Focused respite services are provided where the child has significant limitation and where there is an individually assessed need for additional respite services over and above the maximum 240 hours that may be provided under Family Support respite services.
- ◆ The nature, amount and duration of respite services a family receives is based on the extraordinary care and supervision demands for their child, as well as the strengths, abilities and needs of the family.
- ◆ In assessing respite needs, consideration must be given to the family's natural respite opportunities including when their child is attending an early intervention program, preschool or school; day care, out-of-school care or other work-related child care arrangements; or participating in community activities.
- ◆ Extended 24-hour out of home respite services must not replace the family home as the child's primary residence.

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- ◆ Respite may be provided in the family home, in the respite provider's home or in the community.
 - ◆ If the respite provider is taking the child into the community with the guardian's consent, the guardian is responsible for any costs associated with community activities.
 - ◆ Respite services may be provided by:
 - a private person;
 - an agency;
 - a 16 or 17 year old individual who is not a relative if the need is for short term hourly respite; or
NOTE: 16 and 17 year olds cannot provide 24-hour respite services.
 - an adult relative where deemed to be the most appropriate caregiver.

Some examples of when a relative may be considered to be the most appropriate respite provider are where:

- the child reacts negatively to people he/she is not familiar with;
 - there is no other consistent care provider available in the community;
or
 - family's language/communication or cultural needs limit the availability of respite providers able to communicate with the family and child.
- ◆ The FSCD Program does not provide funding for parents to act as respite service providers for their child.
 - ◆ Respite providers may have a variety of training and experience. The respite provider's skill level and corresponding rate of pay should be consistent with the child's level of care requirements.
 - ◆ A respite provider with other qualifications (e.g., a nursing background) is paid in relation to the service they are providing, not their profession or qualifications.
 - ◆ The FSCD Program will not provide nursing level of care including Registered Nurse or Licensed Practical Nurse.

- ◆ Respite services are not available to address work or educational related child care needs (see Section 10, Child Care Supports).
- ◆ In unique circumstances, respite services may be provided during time when a child would ordinarily be participating in an educational program or attending child care for work-related purposes. In these circumstances:
 - the reason for the child's inability to attend or participate must be directly related to their disability;
 - the child's care and supervision needs impact the guardian's ability to attend work/training/school or result in extraordinary care demands such that the family requires respite services; and
 - respite is short-term response pending the coordination of an education program. (Respite Services are not intended to address care needs related to the ability to the school division to provide an appropriate program for a child.)
- ◆ Within the context of Child Focused Services, respite services may be provided to assist guardians with the extraordinary portion of the costs for specialized camps if it is the most cost-effective and appropriate form of respite.
 - The extraordinary portion of the cost for a specialized camp is based on the portion of the cost that exceeds the typical costs of non-specialized camps within the community standards.

NOTE: Children participating in non-specialized camps or other community activities who require support in order to participate may receive community aide supports (see Section 10, Community Supports).
- ◆ Assistance with the extraordinary portion of the costs for a specialized camp cannot be provided in conjunction with community support aide services to attend the specialized camp.

PROCEDURE

- (1) The FSCD worker and the guardian work together to determine the type and level of Child Focused respite services based on the family's and child's individually assessed needs.

NOTE: The first 240 hours of short-term hourly respite is provided under Family Support.

- (2) Calculate the most cost-effective and appropriate rate for respite and identify the payment schedule (hourly, daily, weekly, monthly) based on the individually assessed needs of the family and child, as well as the community standards.

NOTE: Community standards refer to the typical costs of child care in a community and may vary depending on the type of child care and service provider.

- (3) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
- (4) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Respite Services

Short-term/Hourly In or Out-of-home Respite

- Assistance with the cost of in-home or out-of-home respite services, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

24-hour In-home or Out-of-home Respite

- Assistance with the cost of in-home or out-of-home respite services for 24-hour periods, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Extended Respite Services – Host Home

- Assistance with the cost of extended respite services for 24-hour periods or more, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Extended Respite Services – Foster Home

- Assistance with the cost of extended respite services for 24-hour periods or more, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Extended Respite Services – Group Home

- Assistance with the cost of extended respite services for 24-hour periods or more, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Extended Respite Services – Residential Facility

- Assistance with the cost of extended respite services for 24-hour periods or more, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Public Transportation

- Assistance with the cost of public transportation (other than the parent's own private vehicle) to transport the child to and from 24-hour or specialized out-of-home respite services, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Specialized Camp

- Assistance with the extraordinary portion of the cost of a specialized camp, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Public Transportation to/from Out-of-Home Respite

Regulation

4 (1) (b) if respite services are provided under clause (a)(ii) and (iii) and public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport for the child and one adult to accompany the child to and from the child's home to the place where the respite services are provided;

INTENT

- ◆ Travel is reimbursed in order to facilitate the family's use of and access to out-of-home respite services, where public transportation is the family's only means of travel.
- ◆ Travel to and from 24-hour out-of-home respite or extended respite services can be an extraordinary cost, especially when public transportation is required.

POLICY

- ◆ The FSCD Program may provide assistance with the most economical and appropriate cost of public transportation to and from 24-hour out-of-home respite or specialized respite services.

PROCEDURE

- (1) The FSCD worker and parents collaboratively determine the expected number of trips to and from the out-of-home or extended respite provider's residence.
- (2) The FSCD worker and parents identify the most appropriate and economical public transportation option.

- (3) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

FSCDIS

CHILD FOCUSED SERVICES

Public Transportation

- Assistance with the cost of public transportation (other than the parent's private vehicle) to transport the child to and from 24-hour or extended out-of-home respite services, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Homemaker Services

Regulation

- 4 (1) (c) in order to assist in completing routine house cleaning and laundry that are impeded by the intensive care needs of the child directly related to the child's disability, up to 12 hours monthly of homemaker services;

As per section

- 2.1 (3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:
- (b) homemaker services under section 4(1)(c);

INTENT

- ◆ Homemaker services are intended to assist parents who are not able to complete routine homemaking chores due to the extraordinary demands on their time in order to meet their child's disability related care needs.
- ◆ Homemaker services may also be provided to assist parents where their child's disability results in extraordinary household cleaning and laundry.
- ◆ Some examples of when a child's disability may limit a parent's ability to complete routine house cleaning and laundry or results in additional and extraordinary household cleaning and laundry may include:
 - Medically fragile children with complex care needs requiring high levels of parental care on an ongoing basis
 - Significant behavioural needs requiring ongoing safety and supervision support (i.e. spitting, smearing, throwing things or other destructive behaviour)
 - Significant developmental needs requiring ongoing parental support (i.e. excessive drooling, incontinence or feeding needs).
- ◆ Homemaker services are intended to help parents maintain basic cleanliness standards within the family home when their ability to do so is impacted by their child's disability.

- ◆ Homemaker services are not intended to relieve the parent of normative household tasks or home maintenance.
- ◆ In this section, the term “Homemaker Services” may be used interchangeably with “Housekeeping Services”.
- ◆ The need for homemaker services are NOT influenced by factors, such as:
 - Size of the home
 - Location of the home (urban/rural)
 - Number of children in the home
 - Individual cleanliness expectations
 - Indoor pets
 - Home schooling responsibilities
 - At home business.

POLICY

- ◆ The FSCD Program may provide assistance with the cost of homemaker services to assist with routine household cleaning and laundry for a maximum of up to 12 hours per month.
- ◆ Homemaker services are provided based on an assessed need that is directly related to a child's disability.
- ◆ Homemaker services may be provided for a short period of time to assist during a crisis situation or for the full agreement period where there is an assessed need for ongoing support.
- ◆ The homemaker must be 16 years of age or older.
- ◆ The homemaker cannot be a relative of the child.

PROCEDURE

- (1) The FSCD worker and parents collaboratively identify the number of hours of homemaker service required, based on the extraordinary care demands directly related to the child's disability.
- (2) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
- (3) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Respite Services

Housekeeping Services

- Assistance with the cost of extraordinary disability-related housekeeping services, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Domestic Child Care Services

Regulation

- 4 (1) (d) up to 50 hours weekly of care for the child in the home, sibling care and assistance to the family with household daily tasks if in the opinion of the director that because of the child's various complex needs this is the most appropriate and cost-effective way to provide for the child's and family's needs;

INTENT

- ◆ The intent of domestic child care service is to help the family incorporate and coordinate the child's care needs into one position. This service makes scheduling and coordination for support and service provision easier, provides the child with one consistent caregiver and simplifies on-going communication and coordination between the family and one consistent caregiver. A consistent caregiver is also better able to learn the child's communication strategies, interact with the parents, and so forth.
- ◆ Domestic child care services are provided only where this service arrangement is the most appropriate for the family in terms of meeting their needs and the most cost-effective service option to address the family's needs.

POLICY

- ◆ The FSCD Program may provide assistance with the cost of domestic child care services to replace multiple other FSCD services where scheduling services is a complicated process and where it is difficult for the child to adjust to several different care providers. It can be more cost-effective and supportive to provide a family with in-home support from one individual rather than contracting separate service providers. This service may also be used when the child's physician documents that the child, due to physical health challenges, cannot attend a day care or day home. Guardians will still, in these circumstances, be responsible to cover their portion of parental work related child care costs.

-
- ◆ The domestic child care service may incorporate the following FSCD services:
 - In-home respite
 - Extraordinary child care costs under 13 years old
 - Child care over age 13
 - Homemaker services
 - Sibling care
 - Personal care supports

 - ◆ The FSCD Program:
 - Does not fund typical domestic services recruitment costs.
 - Does not sponsor or confirm employment for families who wish to bring foreign or non-Canadian family members or other persons into Canada to work as domestics.
 - Has no obligation to either the employer or the employee to continue employment for a foreign domestic worker after he/she has been sponsored by the guardian or others, and/or commenced employment in Canada.

PROCEDURE

- (1) The FSCD worker completes the assessment of needs and support planning process in collaboration with the guardians.
- (2) The FSCD worker and guardians look at identified needs to determine what duties the domestic child care provider might be able to provide.
- (3) Families are not eligible for additional reimbursement for services that are outlined under the domestic child care service duties (e.g. if the domestic child care service is to provide all work-related child care, the guardian cannot submit invoices for other care providers to provide work-related child care).
- (4) Domestic child care service is provided as a salaried position. Reimbursement covers all relevant benefit costs, including Canada

Pension Plan, Employment Insurance, Income Tax, Workers' Compensation Board and holiday pay.

- (5) Guardians are responsible for their typical work-related child care costs in circumstances where part of the domestic child care service is work-related child care including out-of-school care. The guardians' work-related child care costs are deducted from the monthly amount provided for the domestic child care service and the guardians pay the portion of the domestic child care service associated with their work related child care.
- (6) In circumstances where the domestic child care service provides care for siblings of children with disabilities, the FSCD Program deducts the normal cost of day care or out-of-school care for siblings without disabilities from the monthly amount paid to the domestic child care service. Guardians pay for child care costs for siblings for whom the domestic service is used (e.g. if there are two siblings who require out-of-school care and this service is provided by the domestic hired to provide service for the child with a disability, the guardians must pay the work-related child care costs).
- (7) Domestic child care service responsibilities are determined and documented between the family, the FSCD worker, the domestic child care service and the agency.
- (8) Hourly payment for services provided by the domestic child care service, not related to the needs of children with disabilities, is the responsibility of the guardians.
- (9) FSCD is not responsible for the cost of training domestic child care workers to the skill set (e.g. English as a Second Language, Personal Care Attendant training or other specialized training) required by the child.
- (10) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
- (11) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Respite Services

Domestic Child Care

- Assistance with the cost of domestic child care services, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Child Care Supports

Parents of children with disabilities are often faced with child care costs other parents do not have. Extraordinary care and supervision needs, related to a child's disability, add to the amount parents typically pay for child care services.

The FSCD Program may provide extraordinary care and supervision, under the following categories:

- Assistance with child care costs for children, under the age of 13 years
- Care and supervision for children 13 years of age and older
- Aide to assist the child in a child care facility
- An additional space in a family day home
- An aide in day care, for developmental purposes.

Under the *FSCD Regulation*, child care services may be offered on the basis of individual need, as determined through an assessment of the child's needs.

Child Care Supports – Children Under 13 Years

Regulation

- 4 (1) (e) while the guardian is at work, at school or attending training sessions, the following child focused services:
- (i) if the child is less than 13 years of age, the portion of child care costs directly related to the child's disability that are over and above the normal costs of child care;

INTENT

- ◆ Children under the age of 13 years typically require child care where their parents are working or attending training. The FSCD Program recognizes that in some instances, children with disabilities may have needs that surpass what is necessary for a child without a disability, resulting in extraordinary child care costs.
- ◆ The intent of child care supports for children under 13 years of age is to ensure that parents of children with disabilities have access to child care or out-of-school care at a similar cost as parents of children without disabilities.

POLICY

- ◆ FSCD may provide assistance with the extraordinary cost of child care or out-of-school care that exceeds normal parental child care expenses for a child of the same age without a disability, based on assessed need. Child care can happen in the family home or in the community.

PROCEDURE

- (4) The FSCD worker and parents collaboratively identify the need for child care funding, where the cost of child care for a child with a disability exceeds the cost of child care for a child of similar age who does not have a disability.

- (5) The FSCD worker verifies, by telephone, contact note or through written documentation, the cost of child care or out-of-school care for a child with a disability and deducts the typical cost of child care for a child of similar age without a disability from the total.
- (6) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
- (7) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Extraordinary Child Care (Under 13 Years Old)

- Assistance with the cost of extraordinary child care for a child age 13 years or younger, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Child Care Supports for Children Age 13 Years and Older

Regulation

- 4 (1) (e) while the guardian is at work, at school or attending training sessions, the following child focused services:
- (ii) if the child is 13 years of age or more, the costs of child care required because of the child's disability;

As per section

- 2.1 (3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:
- (c) child care services for a child 13 years or more under section 4(1)(e)(ii);

INTENT

- ◆ The intent of child care supports for children 13 years of age and older is to ensure that parents of children with disabilities have the support they require to be able to work or attend training.
- ◆ The FSCD Program recognizes that most work related child care for children 13 years of age or older is extraordinary. Typically children 13 years of age or older are in school full time, do not require care for short periods of time and become increasing more independent with age.

POLICY

- ◆ FSCD may assist with the cost of work-related child care or out-of-school care for children age 13 years or older during:
 - the regular school year,
 - the scheduled summer school break, as well as
 - evenings and weekends based on the parent's work, school or training schedule.
- ◆ FSCD work-related child care for children 13 years of age or older does not replace parental responsibility to provide for appropriate child care

arrangements when they are required to be away from home overnight or for 24 hour periods.

- ◆ If the need for overnight or 24 hour child care is directly related to the child's disability and if not for the disability no overnight or 24 hour child care arrangements would be required, the FSCD Program may provide child care support.
- ◆ Child care for children age 13 years and older may be provided in the family home or in the community.
- ◆ The child care provider must be 16 years of age or older.
- ◆ The child care provider cannot be a relative of the child.

PROCEDURE

- (1) The FSCD worker and parents collaboratively identify the family's need for child care for children with disabilities who are age 13 years and older.
- (2) Parents provide the FSCD worker with information regarding the hours and/or days of child care required based on their work, school or training schedule.
- (3) The FSCD Program may request written documentation verifying employment hours.
- (4) The FSCD worker and parent work together to identify the most cost effective and appropriate child care arrangement.
- (5) The FSCD worker and parent negotiate a rate of pay based on the service provider arrangements and community standards.
- (6) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
- (7) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Extraordinary Child Care (13 Years +)

- Assistance with the cost of extraordinary child care for a child age 13 years or older, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Aide in Child Care Facility

Regulation

- 4 (1) (e) while the guardian is at work, at school or attending training sessions, the following child focused services:
- (iii) the cost of an aide, if required, for the child attending a day care facility or an out-of-school program if the aide is needed because of the child's disability to ensure the safety and supervision of the child and to have the child included in activities;

INTENT

- ◆ The intent of this service is to ensure children with disabilities are included in day care facilities and out-of-school care programs. The FSCD Program provides additional support for the extra safety and supervision needs of the child with a disability, thus providing parents with the same options for child care as parents of children who do not have additional safety and supervision needs.
- ◆ Aide supports should be provided in the most natural and least intrusive manner. An example may be an aide that coordinates supports to more than one child in the child care facility.

POLICY

- ◆ The FSCD Program may assist with the cost of an aide in day care or out-of-school care to ensure the safety and supervision or inclusion of children with disabilities when parents are working or attending educational or training programs.
- ◆ Aide services will not be provided if the child is eligible to receive the same service from another government department, such as Alberta Education or Alberta Health.

PROCEDURE

- (1) The FSCD worker collaborates with the parents to identify the need for an aide in day care or out-of-school care.
- (2) A Service Provider's Program Plan (FSCD0467) is developed by the service provider and the parents, in consultation with the aide, and submitted to the FSCD Program. The plan must identify the extraordinary care, supervision and assistance required to ensure the safety of the child and the child's inclusion in day care programs.
- (3) The FSCD worker reviews and monitors the Service Provider's Program Plan (FSCD0467) and, in discussion with the parents, determines the hours of aide time required.
- (4) Rate of pay for the aide is based on the specific skill set required to meet the needs of the child.
- (5) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
- (6) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Service Provider's Program Plan (FSCD0467)
- ◆ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Aide in Day Care or Child Care Facility

- Assistance with the cost of an aide in day care or other child care facility, as required for the child's safety, supervision and inclusion, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Additional Space in a Family Day Home

Regulation

- 4 (1) (e) while the guardian is at work, at school or attending training sessions, the following child focused services:
- (iv) the cost for additional space in a family day home, if additional space is needed because of the child's disability to ensure the safety and supervision of the child and to have the child included in activities;

INTENT

- ◆ The intent is to ensure the family day home service provider has adequate time, through the funding of additional space, to ensure the safety and supervision of the child and to make sure the child's inclusion, personal care needs and medical requirements are met.
- ◆ It is recognized that some communities do not have child care facilities such as day care, and that a family day home may be the most appropriate child care support for a child with a disability.

POLICY

- ◆ The FSCD Program may provide assistance with the cost of additional space in a family day home when the child with a disability has safety and supervision needs and/or personal or medical care needs that require the additional time and attention of the family day home service provider.

PROCEDURE

- (1) The FSCD worker and parents identify the need for additional space in a family day home on the basis of:
 - Safety, supervision and support needs
 - Inclusion in activities or programming at the family day home

- Documented medical concerns that indicate the child cannot attend a child care facility.
- (2) Parents identify the selected family day home and provide validation from the family day home, regarding the monthly fee.
 - (3) The family day home service providers validates the need for additional space in order to provide required safety and supervision to meet the medical needs of the child (e.g. child has limited mobility and, in order to be included, the care provider must make physical adaptations to the environment, such as repositioning the child).
 - (4) The family day home service provider declares that additional space has been allocated for the child with a disability.
 - (5) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Additional Space in a Day Home

- Assistance with the cost of additional space in a day home, as required for the child's safety, supervision and inclusion, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Aide in Day Care for Developmental Purposes

Regulation

- 4 (1) (f) the cost of up to 4 hours for each weekday to a maximum of 20 hours weekly for child care in a day care facility and for an aide to assist the child in the day care facility, if the child is to attend a day care facility not because the guardian is at work, at school or attending training sessions but because
- (i) a physician has identified the need for the child to attend a day care facility to enhance the child's development,
 - (ii) the child's program plan satisfactory to the director identifies the need for the child to attend a day care facility,
 - (iii) the child meets eligibility criteria for and is awaiting the commencement of preschool programming from the Department of Education, and
 - (iv) the child requires services and has delays related to at least 2 areas of the child's development;

INTENT

- ◆ This benefit is not intended for families who are working or attending school and require work related child care. Typically the child would have remained at home with the parent, however, due to their complex needs the child requires early additional developmental assistance.
- ◆ The aide in day care for developmental purposes is intended to provide preschool children with experiences and activities that will enhance their development, as recommended by the child's physician.
- ◆ The service is intended for preschool children who meet the eligibility criteria and are awaiting the commencement of preschool.
- ◆ Preschool children may require developmental assistance while in a day care facility. The FSCD Program may provide assistance when it has been recommended that a child attend a day care facility for the purpose of enhancing development and an aide is required to assist with the child's care.

- ◆ Aide services may be shared among children in a day care setting to allow inclusion.
- ◆ Where inclusive child care funding is available, the appropriate programs will be based on the needs of the child.

POLICY

- ◆ The FSCD Program may assist with the cost an aide in a day care to support the child's development for up to four hours per weekday, to a maximum of 20 hours per week, while the child is waiting to start an early intervention program through Alberta Education.
- ◆ The FSCD Program may also assist with the part-time day care fees for up to four hours per week day, to a maximum of 20 hours per week where required to support the child's development.
- ◆ Aide support and day care fees for developmental purposes are not available where the child care is required for work related purposes.

PROCEDURE

- (1) The FSCD worker and parents work collaboratively to determine whether an aide in day care is required for developmental purposes while awaiting appropriate early childhood services.
- (2) Parents forward the physician's letter, indicating the need for the child to attend a day care facility for developmental reasons, to the FSCD worker.
- (3) FSCD worker contacts the day care facility with the parent's consent to discuss the expectations of the aide in supporting the child.
- (4) The day care and parents, in consultation with the aide, develop a Service Provider's Program Plan and give a copy to the FSCD worker. FSCD worker and service provider collaborate to monitor the program plan.
- (5) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

-
- (6) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Service Provider's Program Plan (FSCD0467)
- ◆ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Developmental Day Care – Aide Services

- Assistance with the cost of an aide in day care or other child care facility, as required for developmental purposes, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Developmental Day Care – Day Care Costs

- Assistance with the cost of day care or other child care facility fees, where the child's attendance is required for developmental purposes, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Aide Supports

- ◆ Aide supports are intended to assist parents in addressing and managing their child's needs and/or to generalize skills and strategies across the child's natural environments. Specific approaches may be required to promote a child's development or address behavioural issues, as they relate to the child's assessed needs. The specific developmental or behavioural approaches will be goal and outcome focused and support parents in carrying out strategies.
- ◆ Aide supports will be provided, based on the individual and assessed needs of the child, in the following areas:
 - Personal care supports
 - Community supports
 - Behavioural supports
 - Developmental supports.
- ◆ Aide supports are not intended for the purpose of tutoring, academic support, assistance in a school program or lunchtime supervision at school.
- ◆ Aide support does not address the need for nursing level of care.
- ◆ If nursing level of care (Registered Nurse or Licensed Practical Nurse) is required the Regional Health Authority should be contacted.

Personal Care Supports

Regulation

- 4 (1) (g) up to 4 hours daily for an aide to assist with the child's personal hygiene and other daily personal care activities if
- (i) the child is dependent on an adult to meet the child's personal hygiene and other daily personal care activities needs, and
 - (ii) the child's ability to meet the child's needs is not appropriate to the age of the child;

INTENT

- ◆ The intent of personal care support is to provide supports to assist a child with a disability with self-care, if applicable, and/or to assist with eating, bathing, washing and taking care of other personal hygiene needs. Where the child is totally or partially dependent upon an adult to provide personal care services.

POLICY

- ◆ The FSCD Program may provide personal care supports for up to four hours a day, to assist with the following:
 - Eat
 - Bathe
 - Groom
 - Perform medical elimination procedures (e.g. catheterization)
 - Reposition
 - Lift, as an individual or as a second person, when the child requires this
 - Perform other routines associated with personal care.
- ◆ The level and skill set of the personal care support provider needs to be appropriate to the child's level of individual needs. A child requiring personal care assistance with tasks such as bathing and grooming may not require that the provider have a specialized skill set. If for example, a child requires care involving administration of medication, catheterization or the child has

behavioural challenges, a personal care provider may require a higher skill set.

PROCEDURE

- (1) The FSCD worker, parents and the Regional Health Authority collaboratively identify the need for a personal care aide.
- (2) Parents outline the specific needs the child has on a daily basis.
- (3) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
- (4) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Aide Supports

Personal Care Support

- Assistance with the cost of personal care support, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Community Support

Regulation

- 4 (1) (h) up to 144 hours annually for an aide to assist the child in participating in community programs and activities if the child's disability prevents the child from participating without the assistance of another person;

As per section

- 2.1 (3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:
- (d) community aide services under section 4(1)(h).

INTENT

- ◆ It is important that children with disabilities play an active part in their communities and be included in community activities.
- ◆ The intent of community support aide is to ensure that children with disabilities, who experience limitations in their ability to participate, have the aide support they need in order to participate in recreational, social or community activities.
- ◆ Community support is not intended to replace parent responsibility to provide and participate in community, recreational or leisure activities for their child/youth.

POLICY

- ◆ The FSCD Program may provide community support for up to a maximum of 144 hours annually, based on but not limited to 12 hours per month.
- ◆ The number of hours of community support provided reflects the individually assessed needs of the child/youth and the community activities for which they require support.
- ◆ Community support is provided to facilitate a child/youth's participation in community activities where they would not otherwise be able to participate due to their disability.

- ◆ A community support aide is provided to facilitate a child's participation in activities in which parental support or adult participation would typically not be expected.
- ◆ The skill set of the community support service provider needs to be appropriate to the child's individual needs.
- ◆ The community support aide must be 16 years of age or older.
- ◆ The community support aide cannot be a relative to the child.
- ◆ Community support cannot be provided for the purposes of support and supervision in educational activities that take place during regular school hours (e.g. school field trips, lunch time, recess).
- ◆ Community support cannot be provided to assist a child in attending a specialized camp in conjunction with FSCD assistance with the extraordinary portion of the costs for a specialized camp under Child Focused Respite Services (refer to Section 10 - Child Focused Respite Services).

PROCEDURE

- (1) Parents and the FSCD worker discuss community activities for which the child/youth needs support in order to participate.
- (2) Parents and the FSCD worker identify the nature and level of community support required.
- (3) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
- (4) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Aide Supports

Community Support

- Assistance with the cost of community support, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Behavioural Support

Regulation

- 4 (1) (i) up to 10 hours weekly for a maximum of 6 months, or more months if a review, satisfactory to the director, states that more is needed, for an aide
- (ii) to assist the child in behaviour management and to assist the child's guardian to manage the child's behaviour if
 - (A) the child's behaviour is unsafe for the child and others or significantly limits the child's ability to carry out activities of normal daily living,
 - (B) the assistance of an aide is likely to achieve measurable improvement in the child's behaviour or sustain a level of behaviour or prevent a regression in the child's behaviour or increased dependency in the child's behaviour and is not for the purpose of assisting the child's educational or academic development, and
 - (C) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,
- or
- (iii) to assist the child and the child's guardian for reasons referred to in sub clauses (i) and (ii)

INTENT

- ◆ The intent of this service is to reinforce positive behavioural changes in the child and provide support to the guardians in relation to managing the child's behaviour. This is done through the use of evidence-based approaches, interventions and programs such as Triple P.

POLICY

- ◆ The level and intensity of service will be based on developmentally appropriate intervention time and the child's individual needs.
- ◆ The FSCD Program may provide up to 10 hours a week of behavioural and/or developmental aide support.
- ◆ Behavioural and developmental supports may be provided concurrently, however, the combination of these supports must not exceed up to ten hours per week for six months. Additional months may be provided if a review, satisfactory to the director, states that further support is required.
- ◆ For all behavioural supports, the need and rationale for providing the service must be documented on file, in the Family/Child Assessment of Needs Forms (FSCD3601 and FSCD3602), contact notes, medical or other supporting assessment documentation.
- ◆ The level of guardian involvement and engagement with the service will vary and is determined by guardians and their service provider based on the support plan.
- ◆ The FSCD Program may provide Triple P as a behavioural support (see Appendix I, Triple P).
- ◆ A Service Provider's Program Plan (FSCD0467) is required for all behavioural supports. A Service Provider's Program Plan is not required when a guardian chooses to access Triple P, as there is a set plan that the family works on with the Triple P practitioner.
- ◆ The goals identified in the Service Provider's Program Plan are to be consistent with the child's identified behavioural needs.
- ◆ The Service Provider's Program Plan must be developed and supervised by a clinical supervisor. The clinical supervisor will work with the aide and family to develop specific approaches and/or programs to promote the child's development, based on the needs of the child.
- ◆ Behavioural supports include support for the child as well as support for the guardian(s) to identify effective strategies and skills to address their child's needs and to generalize the skills and strategies across the child's natural environments. Supports, such as Triple P, will work with guardians to develop specific approaches, strategies and/or programs to promote the child's development, based on the needs of the child.

Essential Program Standards

For children receiving **Behavioural or Developmental Aide Support**, the rationale and behavioural or developmental need are documented on file.

PROCEDURE

- (1) The FSCD worker and guardians collaboratively discuss the child's need for behavioural support, based on need, and discuss accessing Triple P as an option (Appendix I, Triple P).
- (2) The FSCD worker will receive information from the family and other supports accessed, e.g. school, out-of-school program, Triple P, etc. to understand the family's needs and if additional FSCD services are required.
- (3) Guardians, in partnership with the FSCD worker and clinical supervisor or Triple P practitioner, establish goals and outcomes, based on the child's needs.
- (4) The FSCD worker will support the guardian in conversations with the service provider to determine their level of involvement and engagement in the service and how the service plan will reflect that.
- (5) A Service Provider's Program Plan (FSCD0467) outlining goals and objectives, expected results and expectations for guardian involvement is submitted to the FSCD Program and placed on the child's file. A Service Provider's Program Plan is not required for Triple P, as there is a set plan that the family works on with the Triple P practitioner.
- (6) The Service Provider's Program Plan is developed and monitored by the clinical supervisor and is signed by the aide, the clinical supervisor of the service and the guardians. A copy is provided to the FSCD worker and placed on file. A copy is also provided to the guardians.
- (7) A Service Provider's Program Plan is reviewed by the guardians, FSCD worker, clinical supervisor, and behavioural aide every 6 months.
- (8) A final Service Provider's Program Plan update is submitted to the FSCD worker when goals and objectives are achieved.

-
- (9) The Triple P practitioner will provide an update to the family and FSCD worker after the family has accessed Triple P to understand if the family has any additional needs.
 - (10) Behavioural support may be provided beyond six months when continued need or a new goal is identified and a review, satisfactory to the Director, supports that decision.
 - (11) The FSCD worker may assess for Triple P more than once and consider other levels and modalities.
 - (12) Guardians will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
 - (13) For services that are provided by a private care provider or an agency hired by the guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Service Provider's Program Plan (FSCD0467)
- ◆ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Aide Supports

Behavioural Support

- Assistance with the cost of behavioural support, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Behavioural and/or Developmental Support

- Assistance with the cost of behavioural and developmental support, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Triple P

- Assistance with the cost of Triple P, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Developmental Support

Regulation

- 4 (1) (i) up to 10 hours weekly for a maximum of 6 months or more months if a review, satisfactory to the director, states that more is needed, for an aide
- (ii) to assist the child in the child's development and to assist the child's guardian to support the child to reach a developmental goal if
 - (A) the child has a developmental deficiency that significantly limits the child's ability to carry out activities of normal daily living,
 - (B) the assistance of an aide is likely to achieve measurable improvement in the child's development or sustain a level of development or prevent a regression or increased dependency in the child's development and is not for the purpose of assisting the child's educational or academic development and
 - (C) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,
- or
- (iii) to assist the child and the child's guardian for reasons referred to in sub-clauses (i) and (ii);

INTENT

- ◆ Developmental support is intended to promote the child's development and provide support to guardian(s) to continue to support their child to generalize skills and strategies across the child's natural environments.

- ◆ For families to access evidence-based approaches, interventions and programs, such as Triple P, as a developmental support (see Appendix I, Triple P).

POLICY

- ◆ The goals identified in the Service Provider's Program Plan are to be consistent with the child's developmental needs.
- ◆ The FSCD program may provide up to 10 hours a week of developmental and/or behavioural aide support when the child has an identified developmental delay that significantly limits his/her ability to engage in activities of normal daily living.
- ◆ Behavioural and developmental supports may be provided concurrently; however, the combination of these supports must not exceed up to ten hours per week for six months. Additional months may be provided if a review, satisfactory to the director, states that further support is required
- ◆ For all developmental supports, the need and rationale for providing the service must be documented on file, in the Family/Child Assessment of Needs Forms (FSCD3601 and FSCD3602), contact notes, medical or other supporting assessment documentation.
- ◆ The level of guardian involvement and engagement with the service will vary and is determined by guardians and their service provider.
- ◆ The FSCD Program may provide Triple P as a developmental support (see Appendix I, Triple P).
- ◆ A Service Provider's Program Plan (FSCD0467) is required for all developmental aide supports. A Service Provider's Program Plan is not required when a guardian chooses to access Triple P, as there is a set plan that the family works on with the Triple P practitioner.
- ◆ The Service Provider's Program Plan must be developed and monitored by a clinical supervisor. The clinical supervisor will work with the aide and family to develop specific approaches and/or programs to promote the child's development, based on the needs of the child.

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- ◆ Developmental support is not to be used for remedial or educational purposes. Developmental support may focus on gross or fine motor skills, language/communication, self-help skills and/or social skills.
 - ◆ Developmental support will not be provided in an educational setting such as the classroom, recess and lunch-time.

Essential Program Standards

For children receiving ***Behavioural or Developmental Aide Support***, the rationale and behavioural or developmental need are documented on file.

PROCEDURE

- (1) The FSCD worker and guardians collaboratively discuss the child's need for developmental support, based on need, and discuss accessing Triple P as an option (see Appendix I, Triple P).
- (2) The FSCD worker will receive information from the family and other developmental supports accessed, e.g. Triple P, to understand the family's needs and if additional FSCD services are required.
- (3) Guardians, in partnership with the FSCD worker and clinical supervisor or Triple P practitioner, establish goals and outcomes, based on the child's needs.
- (4) The FSCD worker will support the guardian in conversations with the service provider to determine their level of involvement and engagement in the service and how the service plan will reflect that.
- (5) A Service Provider's Program Plan (FSCD0467) outlining goals and objectives, expected results and expectations for guardian involvement is submitted to the FSCD Program and placed on the child's file. A Service Provider's Program Plan is not required for Triple P, as there is a set plan that the family works on with the Triple P practitioner.
- (6) The Service Provider's Program Plan is developed and monitored by the clinical supervisor and is signed by the aide, the clinical supervisor of the service and the guardians. A copy is provided to the FSCD worker and placed on file. A copy is also provided to the guardians.

- (7) A Service Provider's Program Plan is reviewed by the guardians, FSCD worker, clinical supervisor, and behavioural aide every 6 months to determine progress on goals. A final Service Provider's Program Plan update is submitted to the FSCD worker when goals and objectives are achieved.
- (8) The Triple P practitioner will provide an update to the family and FSCD worker after the family has accessed Triple P to understand if the family has any additional needs.
- (9) Developmental support may be provided beyond six months when continued need or a new goal is identified and a review, satisfactory to the Director, supports that decision.
- (10) The FSCD worker may assess for Triple P more than once and consider other levels and modalities.
- (11) Guardians will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
- (12) For services that are provided by a private care provider or an agency hired by the guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Service Provider's Program Plan (FSCD0467)
- ◆ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Aide Supports

Developmental Support

- Assistance with the cost of developmental support, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Behavioural and/or Developmental Support

- Assistance with the cost of behavioural and developmental support, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Triple P

Assistance with the cost of Triple P, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Health-Related Supports

Prescriptions, emergency ambulance transportation, special dietary or nutritional and/or dental needs are not always fully covered by health and dental plans or while awaiting application for health insurance coverage. Families of children with disabilities often have to pay for these expenses. FSCD may provide health-related supports to help reduce the financial impact of disability-related costs and to ensure children receive the prescription, dietary, nutritional and/or dental services they need.

Families are responsible for costs typically associated with providing and caring for a child including Alberta Health Care coverage, Blue Cross or equivalent insurance coverage. Parents must make use of any benefits or insurance plans, including the Alberta Child Health Benefit and employee or other private plans before they access services under the *Family Support for Children with Disabilities Act*.

Where the assessed need is related directly to a child's disability, the FSCD Program may provide assistance with the following health-related expenses:

- Dental care and orthodontic treatment
- Assistance with prescription drug costs
- Interim ambulance coverage.
- Medically-prescribed formula
- Special diet
- Medical benefit.

All health-related supports provided under the regulations will be offered, on the basis of individual need, as determined through an assessment of a child's needs.

Dental and Orthodontic Treatment Assistance

Regulation

- 4 (1) (j) the following health-related services if they are directly related to the child's disability:
- (i) the costs of dental and orthodontic treatment if it is recommended by the dental review committee established by the Alberta Dental Service Corporation
 - (A) for the portion of costs exceeding the costs covered by the guardian's dental insurance or benefit plan, or
 - (B) if the guardian does not have dental insurance or a benefit plan for dental care, the costs exceeding \$250 annually;

INTENT

- ◆ To assist the guardian with some of the extraordinary costs of disability related dental and orthodontic treatment.
- ◆ FSCD uses the services of the Alberta Dental Services Corporation's (ADSC) dental review committee to determine what dental and orthodontic treatment is disability related.
- ◆ The ADSC is under contract with FSCD and several other Government of Alberta programs to administer funds for dental services on our behalf.
- ◆ The ADSC decides if dental and orthodontic treatment requested is disability related.
- ◆ Alberta Health and the Alberta Dental Association and College (ADAC), who represent dentists in the province, have agreed through a Memorandum of Understanding (Schedule D) on how to determine what is disability related and the rates that will be paid for procedures that are disability related.

POLICY

- ◆ FSCD will assist with a portion of the dental and orthodontic treatment costs if:
 - the need for the treatment is directly related to the child's disability;
 - the treatment has been recommended by the dental review committee; and
 - the disability related costs exceed what is covered by the guardian's dental insurance plan or if the guardian does not have a dental insurance or benefit plan, the costs exceeding \$250.00 per twelve month period.
- ◆ FSCD **cannot** pay for treatment occurring beyond the child's 18th birthday, even if the treatment was initiated prior to the child turning 18.
- ◆ All requests for dental and orthodontic treatment must be submitted to the ADSC dental review committee.
- ◆ If a guardian does not agree with the decision about their request for disability related dental and orthodontic treatment assistance they may pursue the Concern Resolution options available (see Section 12, Concern Resolution).
- ◆ FSCD cannot pay for fees that exceed the fees in the Memorandum of Understanding (Schedule D) because they are considered normal parental costs for dental and orthodontic treatment.

PROCEDURE

- (1) The FSCD worker and the guardian will discuss the need for the dental and orthodontic treatment and whether the guardian has access to another source of funding, (e.g. Health Benefit Plans, Health Spending Accounts or any other program that may assist with the treatment costs).
- (2) The FSCD worker will explain the decision making process and requirements for dental and orthodontic treatment assistance to the guardian as outlined in Steps (3) through (11).
- (3) The FSCD worker will include the child's FSCD identification number on Step 1 of the Request for Dental and Orthodontic Treatment Assistance

form (FSCD0056), and sign and date the form. The FSCD worker will give the form to the guardian.

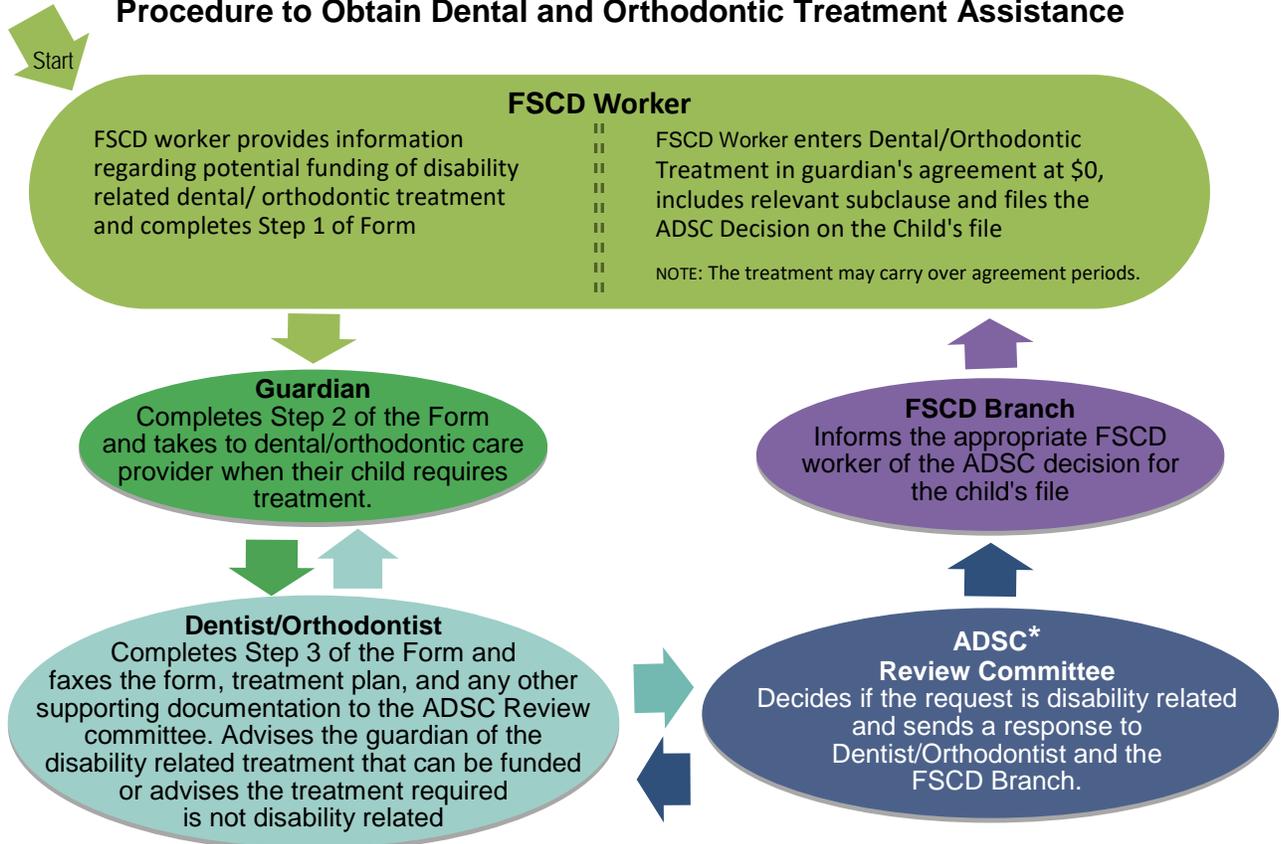
- (4) The guardian completes Step 2 of the Request for Dental and Orthodontic Treatment Assistance form (FSCD0056), including information about any Health Benefit Plan or Health Spending Account available to assist with treatment costs.
- (5) The guardian takes the form to their dental and orthodontic treatment provider when their child requires treatment.
- (6) The guardian notifies their dental and orthodontic treatment provider that all information describing how the treatment is disability related must be completed on the form to be considered for FSCD funding.
- (7) If the treatment is disability related, the dental and orthodontic treatment provider completes Step 3 on the Request for Dental and Orthodontic Treatment Assistance form (FSCD0056) and sends the form, treatment plan and any other supporting documentation to the dental review committee (ADSC contact information is provided on the form).

NOTE: The dental and orthodontic treatment provider will advise the guardian if the dental and orthodontic treatment required is not disability related.

- (8) In accordance with Schedule D of the Memorandum of Understanding between Alberta Health and the Alberta Dental Association and College (ADAC) the dental review committee will:
 - Decide if the request is disability related;
 - Send the dental and orthodontic treatment provider a response regarding the request;
 - Indicate the specific procedures and costs in the request that can be funded through the FSCD Program; and
 - Contact the dental and orthodontic treatment provider to request additional information or clarification if needed.
- (9) The dental and orthodontic treatment provider will advise the guardian of disability related dental and orthodontic treatment that can be funded through the FSCD Program.

- (10) The dental and orthodontic treatment provider will forward an invoice to the ADSC for the specific procedures that can be funded through the FSCD Program as decided by the ADSC dental review committee.
- (11) The ADSC will issue payment directly to the dental and orthodontic treatment provider according to the fees outlined in Schedule D of the Memorandum of Understanding between Alberta Health and ADAC.
- (12) The ADSC will notify the FSCD Branch of the approved disability related dental and orthodontic treatment. The FSCD Branch will inform the FSCD worker of the ADSC decision for the child's file.
- (13) The FSCD worker will enter Health Related Supports, Dental/Orthodontic Treatment in the guardian's agreement at \$0 and include the relevant sub-clause. This service may carry over agreement periods and will be included in any relevant agreements at \$0.
- (14) If the guardian does not agree with the decision about their request for disability related dental and orthodontic treatment assistance they may contact their FSCD worker.
- (15) The FSCD worker will explain the Concern Resolution options available to the guardian and notify the FSCD Branch.
- (16) If a decision is made to modify the ADSC decision through the concern resolution process the FSCD worker will enter Health Related Supports, Dental/Orthodontic Treatment in the guardian's agreement not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Procedure to Obtain Dental and Orthodontic Treatment Assistance



* Indicates the specific procedures and costs in the request that can be funded through the FSCD Program according to Schedule D of the Memorandum of Understanding between Alberta Health and the Alberta Dental Association and College

FORM

- ◆ Request for Dental and Orthodontic Treatment Assistance (FSCD0056)

FSCDIS

CHILD FOCUSED SERVICES

Health Related Supports

Dental/Orthodontic Treatment

- Assistance with the cost of extraordinary disability-related dental/orthodontic services, as decided by the Dental Review Committee, will be paid directly to the dental and orthodontic treatment provider by the Alberta Dental Service Corporation on behalf of the FSCD Program. \$ 0 per year per 1.0. For the period (start date) to (end date) .

Prescription Drugs

Regulation

- 4 (1) (j) the following health-related services if they are directly related to the child's disability:
- (ii) if the guardian has a health services insurance or benefit plan,
 - (A) up to 30% of the cost of prescription drugs or drugs that are approved by the health services insurance or benefit plan if the guardian's plan does not cover 100% of the cost, or
 - (B) the cost to the guardian of an additional health services insurance or benefit plan premium, if the cost of the prescription drugs the guardian would have to pay under paragraph (A) exceeds the cost of the premium of the additional insurance or plan;
 - (iii) if a guardian does not have a health services insurance or benefit plan to cover prescription drugs and
 - (A) if the guardian applies for coverage by such insurance or plan, the cost of prescription drugs for the lesser of 4 months or until the insurance or plan takes effect, or
 - (B) if the full cost of the prescription drugs is less than the cost to the guardian to purchase such insurance or plan, the cost of the prescription drugs;

INTENT

- ◆ Families of children with disabilities often face the high cost of individual drugs or ongoing multiple prescription drug costs. The intent is to provide assistance with the cost of prescription drugs related to the child's disability, to ensure the child receives the drugs he/she needs.

POLICY

- ◆ The FSCD Program may assist with up to 30% of the cost of a prescription drug that is directly related to the child's disability, where the drug is on Alberta Health's approved prescription drug list or is approved for coverage under the parent's private insurance or benefit plan and where the parents insurance or benefit plan(s) does not cover 100% of the cost.
- ◆ Alternatively, FSCD may pay for the cost of an additional insurance or benefit plan when the balance of the cost over and above that which is covered by the parents insurance or benefit plan(s) is more than the cost of the premium for a second plan.
- ◆ Where the parent has applied for and is awaiting health insurance coverage, the FSCD Program may assist with the full cost of the prescription drug for up to four months.
- ◆ Where the full cost of the prescription drug is less than the cost of an insurance plan, the FSCD Program may assist with the full cost of the prescription drug.

PROCEDURE

- (1) The FSCD worker and parents review the child's medication needs, detailing the name, dosage and cost of the drug as well as the reason the drug is prescribed for the disability.
- (2) Parents provide the FSCD worker with information regarding their private insurance coverage. Assistance with the guardian's cost for prescription drugs is determined on the basis of one of the following options:
 - Up to 30% of drug costs
 - If a second plan is less than 30% of the costs of the drugs, the cost of the second plan
 - Interim prescription drug costs, pending approval of coverage for up to four months (e.g. Blue Cross)
 - The full cost of the prescription drugs is less than the cost of the parent's premium.

- (3) The FSCD Program requests confirmation from parents, regarding the percentage of coverage provided by their insurance plan.
- (4) Drug costs may be included in the original FSCD Agreement or FSCD Amendment Agreement.
- (5) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).
- (6) The FSCD Program is not responsible for outstanding balances on insurance policies.
- (7) The prescription drugs must be:
 - On Health Canada's approved drug list
 - On Alberta Health's drug list
 - Directly related to the disability.

Where the drug is not on Alberta Health's drug list, contact the Provincial FSCD office or refer to the Medical Benefit Policy under the Health – Related Supports Section.

FSCDIS

CHILD FOCUSED SERVICES

Health Related Supports

Prescription Drugs

- Assistance with the cost of up to 30% of extraordinary costs related to disability-related prescription drugs that exceed the portion covered by a health insurance plan(s), not to exceed \$ (rate) per (unit) per (quantity) .
For the period (start date) to (end date) .

Interim Prescription Drug Costs

- Assistance with the cost of extraordinary disability-related prescription drugs, for up to four months, while the family is awaiting approval for a health insurance plan(s), not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Full Prescription Drug Costs

- Assistance with the full cost of extraordinary disability-related prescription drugs, where the full cost of the drug is less than the cost of the health insurance premium, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Purchase of a Second Health Insurance Plan

- Assistance with the purchase of a second health insurance plan, where the cost of the health insurance premium is less than up to 30 % of the disability-related prescription drug cost, after the coverage provided by the family's first health insurance plan, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Prescribed Formula

Regulation

- 4 (1) (j) the following health-related services if they are directly related to the child's disability:
- (iv) the amount by which formula prescribed or ordered by a physician in consultation with a registered dietician or registered nutritionist or ordered by a registered dietician or registered nutritionist exceeds the usual cost of formula for a child that age;

INTENT

- ◆ The intent is to help parents with the cost of medically-prescribed formula that their child requires as a direct result of his/her disability.

POLICY

- ◆ FSCD may assist with the cost of prescribed formula related to the child's disability when the total cost exceeds the normative cost for feeding a child of the same age. The child's physician in consultation with or ordered by a registered dietician or registered nutritionist must forward documentation, outlining the need for formula, the name of the formula, the amount of formula required and the feeding schedule, to the FSCD Program.

PROCEDURE

- (1) The FSCD worker and parents collaboratively discuss the child's need for medically-prescribed formula.
- (2) The parents forward the documentation from the physician and dietician, outlining the need for the formula, to the FSCD worker.
- (3) The registered dietician or registered nutritionist outlines the cost of the formula.

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- (4) The FSCD worker calculates the additional cost for feeding the child by deducting the typical cost of feeding a child of the same age without a disability from the cost of the prescribed formula.

The average cost to feed a child per month is:

- 0 to 6 years - \$75
 - 7 years to 12 years - \$118
 - 13 years to 17 years - \$153.
- (5) Parents inform the FSCD Program when the child's nutritional needs change.
- (6) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

FSCDIS

CHILD FOCUSED SERVICES

Health Related Supports

Prescription Formula

- Assistance with the cost of extraordinary disability-related prescription formula, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Special Diet

Regulation

- 4 (1) (j) the following health-related services if they are directly related to the child's disability:
- (v) the amount by which food prescribed or ordered by a physician, registered dietician or registered nutritionist exceeds the usual cost of food for a child that age if the prescribed or ordered food is not vitamins but is part of an accepted, non-experimental nutritional regime to effectively manage an identified condition or dietary need of the child;

INTENT

- ◆ This is intended to help families with costs associated with medically-prescribed special diets, related to the child's disability, that exceed normal nutritional expenses. Only food items are covered.
- ◆ When a specialized dietary item is prescribed by a physician, registered dietician or registered nutritionist, the FSCD Program may provide assistance with the cost of medically-prescribed special diets that exceed normal nutritional expenses.

POLICY

- ◆ The FSCD Program may assist with the cost of a medically prescribed special diet directly related to the child's disability when a physician, registered dietician or registered nutritionist determines special dietary item(s) would benefit a child by managing an identified condition and the cost of the diet exceeds normal nutritional expenses. The dietary items must be proven to be part of an effective nutritional regime.

PROCEDURE

- (1) The FSCD worker and parents discuss the child's need for a prescribed special diet. Parents forward the letter from the physician, registered dietician or registered nutritionist to the FSCD Program outlining the need for a special diet.
- (2) The letter should outline special dietary items, estimated cost of required items, nutritional component of items and total monthly cost of all medically-prescribed special dietary items.
- (3) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

FSCDIS

CHILD FOCUSED SERVICES

Health Related Supports

Medically-Prescribed Special Diet

Assistance with the cost of extraordinary disability-related medically-prescribed special diet, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Medical Benefits

Regulation

- 4 (1) (k) the cost of medical benefits directly related to the child's disability and, if the child has a sibling who is subject to an agreement under this subsection, the child's sibling's disability that is in excess of 2% of the aggregate net income reported on line 236 of the previous year's income tax return by the child's parents if, subject to subsection (4),
- (i) the medical benefit is life sustaining or it would be debilitating if the child did not receive the medical benefit,
 - (ii) another program or source does not provide the same or similar benefit in whole or in part regardless of whether the child is eligible to receive it,
 - (iii) the use of the medical benefit is based on established rehabilitation practices, strategies and approaches that are reasonable and demonstrated to be effective, and
 - (iv) the medical benefit is available in Alberta;
- 4 (3) In subsection (1)(k), "medical benefits" means
- (a) a medical supply, or
 - (b) if approved under section 4.1, a drug as prescribed by a physician and as recorded by a pharmacist.
- 4 (4) In subsection (1)(k), a parent's income is included in the calculation of the aggregate net income where
- (a) the child resides on a consistent or regular basis with the parent, or
 - (b) the child would consistently or regularly reside with the parent if the child's needs could be met in the parent's home.

Extraordinary drug approvals

- 4.1 (1) A director may approve a drug as a medical benefit for the purpose of section 4(1)(k) if
- (a) the drug is not a prescription drug or the drug is a prescription drug that is not indicated in the Alberta Health Drug Benefit List for use in treatment of the child,

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- (b) none of the prescription drugs indicated in the Alberta Health Drug Benefit List for use in the treatment of the child were effective to treat the child,
 - (c) the drug has already been prescribed by a physician to treat the child and the medical evidence is that it was an effective treatment, and
 - (d) the drug is approved under the *Food and Drug Act* (Canada) for sale or distribution in Canada.
- (2) A director, in deciding to approve a drug, may take into account a recommendation by the Common Drug Review Committee.

INTENT

- ◆ To assist families with the cost of medical benefits not otherwise funded when the cost creates a significant financial hardship for the family.

POLICY

- ◆ The need for the medical benefit must be directly related to the child's disability.
- ◆ A medical benefit request must be submitted to the Provincial FSCD Program for recommendations and approved by the Regional Director or designate before a medical benefit is provided.
- ◆ All of the criteria identified in the Regulation for medical benefits must be met in order for a medical benefit to be provided.
- ◆ The cost of the medical benefit must create a significant financial hardship for the family as defined in Regulation. Financial hardship alone is insufficient to support the provision of a medical benefit.
- ◆ The need for a medical benefit is assessed based on current medical information and documentation supporting the need as per the criteria in the Regulation.
- ◆ A medical benefit recommendation cannot exceed 12 consecutive months. If the need for the medical benefit exceeds 12 months, a new medical benefit request is required along with confirmation of significant financial hardship

based on the parents' most recent income information and updated supporting documentation regarding the continued need as appropriate and required.

- ◆ If the need and timeframe of a recommended and approved medical benefit request crosses FSCD Agreements, a new medical benefit request is not required prior to completing a renewed FSCD Agreement. The medical benefit may be carried over to the renewed FSCD Agreement with service end date aligning with the expiry date for the recommendation of the medical benefit.
- ◆ A medical benefit is considered to create a significant financial hardship when the cost of the requested medical benefit exceeds 2% of parents' net annual income.
 - Net annual income is the combined net income of the parents, as reported on line 236 of the parents' most recent T1 Income Tax Returns filed.
 - Net annual income is based on the taxation year immediately prior to the medical benefit request.
 - Parents are required to provide information from line 236 on their most recent Income Tax returns. A parent must have filed an Income Tax return for the most recent taxation year in order to determine significant financial hardship. Without this information, a medical benefit request cannot be completed.
 - FSCD workers must see a copy of the parents Income Tax Form in order to verify the net income amount to be used on the Medical Benefit Form.
 - If a copy of the parent's income tax form is mailed or faxed into the FSCD office, the copy must be securely disposed of or returned to the parent by registered mail and action documented in child's file.
 - The calculation of the medical benefit cost exceeding 2% of the parents' net annual income is based on the total cost of the medical benefit for the timeframe it is requested, up to a maximum of 12 months.
 - For a medical benefit that is not required for a full 12 month period, the total cost for the number of months that the benefit is needed is

calculated and this amount is used for the significant financial hardship calculation.

- ◆ Use the Significant Financial Hardship form to calculate the portion of the medical benefit cost that may be provided by FSCD.
- ◆ Parents are responsible to pay the costs for the medical benefit up to 2% of their net annual income.
- ◆ The FSCD Program may provide the portion of the cost of the medical benefit that exceeds 2% of the parents' net annual income.
- ◆ When a family requests more than one medical benefit for their child, the combined costs of the medical benefits will be taken into consideration to assess significant financial hardship and the calculation of the portion of the cost exceeding 2%.
- ◆ When a family has more than one child who has a FSCD agreement for whom medical benefits are requested, the total cost of the children's medical benefits will be taken into consideration to assess significant financial hardship and to determine the portion of the cost exceeding 2%.
- ◆ If a medical benefit previously requested did not meet significant financial hardship criteria, and additional medical benefits are requested at a later date, the concurrent cost of both the previous and additional medical benefits may be taken into consideration when assessing significant financial hardship.

NOTE: If approved, a new medical benefit request cannot be backdated to provide for the cost of the original requested items if the original request did not meet significant financial hardship.

- ◆ Expenses that a family has already incurred for medical benefits or other disability related expenses cannot be considered in the determination of significant financial hardship or cumulatively with a subsequent medical benefit request, even though the collective timeframe of both requests may be twelve months or less.
 - Medical benefits are not recalculated based on a change in the parents' income or employment circumstances during the time frame of a medical benefit that has already been recommended and approved.

- ◆ A recalculation of significant financial hardship for an existing medical benefit service may occur if:
 - line 236 of the families' income tax information for the most recent taxation year demonstrates the family net annual income decreased to the extent it would have a substantial impact on the significant financial hardship determination; and
 - there is six months or more remaining in the timeframe for a medical benefit that has already been recommended and approved.
- ◆ Additional medical benefits requested during the timeframe of an already approved medical benefit (either for the child who is currently receiving medical benefits or for the addition of medical benefits for another child in the family who has a FSCD agreement) will necessitate the submission of a new medical benefit request. Significant financial hardship will be reassessed and the portion of the medical benefit costs exceeding 2% of the parents' net annual income will be recalculated given the additional medical benefits requested.
- ◆ The need for the medical benefit must be based on the medical supply or drug being life-sustaining for the child or there must be documentation identifying that the absence of the medical benefit would have a debilitating affect on the child.
- ◆ A medical benefit may only be provided if no other source of funding for the medical benefit is available, either in whole or in part, to assist the family with the costs. The amount required as a parental cost share or contribution for another program or service cannot be included in the costs of a medical benefit being requested from FSCD.
- ◆ All other programs, services, insurance plans, etc. that may provide the same or similar benefit must be explored prior to submitting a medical benefit request.
- ◆ If a parents' health insurance benefit plan has denied funding for the requested medical benefit, the parent must provide documentation verifying the denial of the medical benefit.
- ◆ If the child/family did not meet the eligibility criteria for another program that is intended to provide the same or similar medical benefit, the FSCD Program

does not supersede the eligibility criteria of the other program by providing the medical benefit.

- ◆ Information must be provided to validate that all drugs requested under medical benefits are:
 - prescribed by a physician and recorded (processed, dispensed and filed) by a pharmacist.
 - not listed on the Alberta Health Drug Benefit List or are on the list but not for the prescribed use,
 - approved by Health Canada, and
 - available for sale and distribution in Canada.
- ◆ All drugs requested under medical benefits are:
 - prescribed by a physician and recorded by a pharmacist,
 - not listed on the Alberta Health Drug Benefit List or on the list but not for the prescribed use,
 - approved by Health Canada, and
 - available for sale and distribution in Canada.
- ◆ If a drug is prescribed that is not on the Drug Benefit List or not covered for its intended use, the requested drugs must have already been used by the child and proven effective for the child as documented by the physician.
- ◆ Documentation must be obtained from a physician or health care professional confirming the drug being requested is not being used in experimental and/or drug trials. Drugs being used in experimental and/or drug trials cannot be provided as a medical benefit.
- ◆ Drugs that are available from a physician or through a hospital by way of the Special Access Program through Health Canada cannot be provided as a medical benefit.
- ◆ Drugs that may be covered through Special Authorization (a physician's request to Alberta Health for the drug to be covered by a provincial drug plan or insurer) cannot be provided as a medical benefit. If Special Authorization for the drug has been denied, it may be considered for a medical benefit request.

- ◆ Homeopathic/alternative drugs or herbal remedies will not be provided as a medical benefit.
- ◆ Drugs that do not have a Drug Identification Number (DIN) cannot be provided as a medical benefit. (A DIN is provided by Health Canada.)
- ◆ Where a physician has prescribed a combination of drugs that do not independently have a DIN but in combination are assigned a DIN, the medical benefit may be requested.
- ◆ Parents are responsible, upon request, to provide documentation and verification from applicable physicians, health professionals or funding resources that support the need for the medical benefit and describes how the medical benefit meets the criteria established in the Regulation for the provision of a medical benefit.
- ◆ Supporting documentation validating that medical benefit meets all of the criteria in the Regulation must be included with the medical benefit request.

PROCEDURE

- (1) The FSCD worker and parents discuss the child's need for medical benefits, as outlined in the Regulation.
- (2) The FSCD worker and family will explore any other programs or services that provide the medical benefit. The family will be provided with information and referral to other resources as appropriate.
- (3) Prior to completing the Medical Benefits Request Form, the FSCD worker must determine significant financial hardship using the Significant Financial Hardship Calculation form. Significant financial hardship cannot be determined without information from line 236 of the most recent T1 Income Tax Return. Appendix A contains a sample of the Medical Benefits Significant Financial Hardship Calculation form.

How to complete the FSCD Medical Benefits Significant Financial Hardship Calculation form:

To complete this form electronically, open the form in Microsoft Excel, and enter the following information:

Step 1:

- a. Enter the amount(s) reflected on Line 236 of the parent's previous year's income tax statement in the green box provided. (If more than one parent (as defined in the Regulation), enter the information from line 236 for each parent in the green boxes provided. Press the "Enter" key.
- b. The total will automatically calculate, and the parent(s) net annual income will appear in the green "Total" box at the bottom of step 1.

Step 2: Will automatically calculate 2% of the Annual Family Net Income based on the information entered in Step 1.

Step 3:

- a. Enter the cost of the medical benefit in the green box(es) provided. (A group of supplies such as Broviac, IVAD or Ostomies may be entered as one medical benefit cost.) Press the "Enter" key after entering each medical benefit.
- b. The total monthly cost of all medical benefits being requested will be automatically calculated, and a total will appear in the green box at the bottom of Step 3.

Step 4:

- a. Enter the number of months that the medical benefit will be requested in the green box provided, across from the number (4).

Steps 5, 6 and 7: will be automatically calculated based on the information entered in Steps 1, 3, and 4.

If the result in Step 6 is a negative number, the family does not meet the significant financial hardship criteria for the medical benefits in this request.

Refer to Appendix A for an example of the Medical Benefits Significant Financial Hardship Calculation Form.

- (4) If the family does not meet the criteria for significant financial hardship, a Medical Benefits Request form is not completed or submitted.
- (5) If the criteria for significant financial hardship is met, the FSCD worker will proceed to complete a Medical Benefits Request Form. Appendix A contains a sample of the Medical Benefits Request Form.
- (6) The FSCD worker gathers the necessary information and documentation from the family to assess if the medical benefit meets all of the criteria set out in the Regulation.
- (7) Parents must provide documentation from the child's physician or health care professional providing information regarding the need for the medical benefit as it relates to the child's disability and the criteria set out in the Regulation.
- (8) Parents must provide information regarding the denial of coverage or partial funding by private insurers or other programs and resources that may be available to the parent to assist with the costs of the requested medical benefit.
- (9) Details of the medical benefit need should include:

Medical supplies:

- Health care professional's name and date the health care professional requested the supply
- Specific supply being requested
- Quantity of each specific item
- A group or list of supplies such as for Broviac, IVAD or Ostomies supplies totalled and requested as one cost
- Total cost of items required
- Time period for which items are required

Prescription drugs

- Prescribing doctor's name and date of prescription

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- Name of drug being prescribed
 - Prescribed dosage
 - Cost of drug – pharmacy letter confirming the cost of the drug pertaining to the dosage and quantity identified by the physician.
 - Confirmation that the drug is on the Alberta Health Drug Benefit List but not approved for the prescribed use
 - Time period for which the drug(s) is required.
 - List of drugs on the Drug Benefit List that have been trialed for the child and their effectiveness
 - Length of time the child has been using the requested drug and the effectiveness of the drug.
 - Outcome of the physician's Special Authorization Application

(10) When the Medical Benefits Request form has been completed and the required documentation collected, the Medical Benefits Request form is forwarded to the Provincial FSCD Program for review and recommendations.

NOTE: The Medical Benefits Request form is an internal FSCD document that supports an internal review process. Parents should not be asked to complete this form.

Medical Benefits Request Forms with incomplete information will be returned.

(11) The Medical Benefits Significant Financial Hardship Calculation form must be submitted along with the medical benefit request and other supporting documentation.

(12) The Provincial FSCD Program reviews the medical benefit request to ensure criteria for significant financial hardship is met and that all other criteria in the Regulation are met. The Provincial FSCD Program may:

- consult with relevant medical professionals such as physicians, pharmacists, occupational therapists, physical therapists, speech therapists,
- request additional information or supporting documentation from the submitting region, and

- consult with other government programs regarding the provision of the medical benefit.
- (13) The Medical Benefits Request form is returned to the Regional Director or designate of the submitting region with recommendations and rationale for the recommendation relevant to the provision of the medical benefit.
 - (14) The requesting Regional Director makes the final decision regarding the provision of the medical benefit.
 - (15) The region informs the Provincial FSCD Program when a Regional Director's decision regarding the provision of a medical benefit differs from the Provincial FSCD Program's recommendation.
 - (16) The FSCD worker informs the family of the decision regarding the medical benefit request including the timeframe for the recommendations.
 - (17) If the timeframe of the recommended medical benefit extends beyond the current agreement date, the recommended medical benefit if approved may be carried forward to the next agreement so long as the service end date aligns with the end date of the medical benefit timeframe as per the recommendations.
 - (18) If the monthly cost, quantity or timeframe (so long as it does not exceed twelve months) changes after a medical benefit is recommended, the FSCD worker will complete the change notification section on the Medical Benefit Request form and submit it to the Provincial FSCD Program. An Amendment to the Agreement may be provided without further recommendation on the same medical benefit being requested.
 - (19) If a family requests continued support for a medical benefit at the time of reassessment, the procedural steps are the same as for a new request. The ongoing need for a medical benefit and the determination of significant financial hardship must be reassessed within 12 months of the prior medical benefit request and recommendations.
 - (20) If additional medical benefits are requested for a child already receiving a medical benefit or a medical benefit request for a sibling child is received, significant financial hardship is reassessed and the portion of the total costs exceeding 2% of the parents' net annual income is recalculated. A new medical benefit request must be completed and submitted for review and recommendations.

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- (21) Significant financial hardship and the portion of the cost of the medical benefit provided may be recalculated at the family's request when new income tax information becomes available during the timeframe of a recommended medical benefit request.
 - (22) A copy of the Medical Benefits Request form with recommendation and Regional Director approval or denial is placed on the child's file in Section 4.
 - (23) Funding for approved medical benefit is included in the child's Agreement or provided by an Amendment to the Agreement.
 - (24) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

FORMS

- ◆ Medical Benefits Significant Financial Hardship Calculation form (FSCD12556)
- ◆ Medical Benefits Request form

FSCDIS

CHILD FOCUSED SERVICES

Medical Benefits

Prescription Drug Costs Not Covered by a Health Plan

- Assistance with drug costs, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Medical Supplies

- Assistance with the cost of medical supplies, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Ambulance

Regulation

- 4 (1) (l) if a child's condition related to the child's disability requires emergency transportation by ambulance and the guardian does not have a health care insurance or benefit plan to cover ambulance services and the guardian applies for coverage under such an insurance or plan, the cost of ambulance services for the lesser of 4 months or until the insurance or plan takes effect.

INTENT

- ◆ The intent is to assist parents with the cost of emergency ambulance transportation that is directly related to their child's disability if they do not have insurance coverage or are awaiting approval of their application for insurance coverage, for a maximum of four months.

POLICY

- ◆ The FSCD Program may assist with the cost of emergency ambulance transportation, when the ambulance trip is directly related to the child's disability and the parents do not have an insurance plan that covers the cost.
- ◆ Parents are expected to purchase an insurance plan as soon as possible after request for reimbursement of an ambulance trip. The FSCD Program may assist with the cost of ambulance trips for up to a maximum of four months after the original ambulance trip.
- ◆ Any subsequent ambulance costs incurred after the four month timeframe are the parents' responsibility.
- ◆ This support is for emergency trips only; Inter-hospital transfers are not funded through FSCD.

PROCEDURE

- (1) Parents inform the FSCD Program of the emergency ambulance trip including time, date and reason for ambulance use.
- (2) The FSCD worker approves the funding request for the emergency ambulance trip.
- (3) Parents may be required to provide documentation about their insurance plan's coverage (or lack of) for ambulance trips.
- (4) If the ambulance trip is funded through the FSCD Program and the parents do not have an insurance plan, the FSCD worker advises the parents to obtain insurance that covers ambulance trips.
- (5) If the ambulance trip is not funded through the FSCD Program, the FSCD worker informs the parents, verbally and in writing, of the reasons for the decision.
- (6) Parents may be required to provide documentation regarding the need for the emergency ambulance use, as related to the child's disability.
- (7) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

FSCDIS

CHILD FOCUSED SERVICES

Health Related Supports

Ambulance

- Assistance with the cost of disability-related ambulance services, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Specialized Services for Children with Severe Disabilities

Regulation

- 4 (1) (m) if a child has a severe disability resulting in significant limitations and service needs in 2 or more of the following areas:
- (i) behaviour;
 - (ii) communication and socialization skills;
 - (iii) cognitive abilities;
 - (iv) physical and motor development;
 - (v) self-help skills and adaptive functioning;
- and if
- (vi) the level and complexity of the child's needs require an array of integrated and coordinated services, including one or more specialized services,
 - (vii) a multidisciplinary team has completed an assessment that identifies that the child has a critical need for a specialized service and recommends to the director that a specialized service be provided,
 - (viii) an individualized plan, satisfactory to the director, has been developed to coordinate and direct the delivery of services, including a specialized service,
 - (ix) the proposed specialized service is likely, in the opinion of a multi-disciplinary team, to achieve measurable improvement in a reasonable and predictable period of time or to sustain or to prevent a regression or dependency in the child's activities of normal daily living,
 - (x) the proposed specialized service is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and demonstrated to be effective and

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- (xi) other available programs and services are not appropriate or are insufficient to meet the child's needs,

one or more specialized services for the child and consultation services for the child's guardian with respect to the specialized services, but with respect to areas referred to in subclauses (i) to (v) specialized services may not be provided for the purpose of assisting the child's education or academic development;

4 (2) In subsection (1)(m),

- (a) "activities of normal daily living" include, but are not limited to, in an age-appropriate manner,
- (i) communication and interaction,
 - (ii) feeding, bathing, dressing and toileting, and
 - (iii) understanding and decision-making;
- (b) "severe disability" means a condition or impairment that
- (i) results in a major loss of the child's functional ability or capacity to engage in the activities of normal daily living, and
 - (ii) requires the guardian and other caregivers to provide continual and ongoing supervision, assistance and support in the activities of normal daily living to ensure the child's safety or to facilitate the child's participation at home and in the community.

INTENT

- ◆ Specialized services are intended for children who have a severe disability resulting in critical service needs that cannot be fully met by family, other programs and services or other less intrusive FSCD supports and services.
 - Specialized services are provided based on the individual needs of the child and the guardian's priorities, not on a child's age or diagnosis.
- ◆ The term severe disability is referring to the child's limited ability to function in activities of normal daily living combined with the need for continual and ongoing supervision and support to ensure their safety and participation in these activities.

- ◆ Specialized services are intended to provide direct support for children and support to families. This service:
 - addresses critical areas of need related to a child’s ability to function in activities of normal daily living;
 - complements other programs, supports and services that the guardian and child have access to including the supports and services provided through the child’s educational program and/or other FSCD services;
 - provides integrated supports that are individualized to address the unique need of the child and guardian and are coordinated with other supports and services that the family is receiving;
 - builds upon the child and family’s strengths, abilities and resources to promote the child’s functional abilities and participation in activities of normal daily living; provides support from the following health professionals under the *Health Professions Act* relevant to the child’s areas of need: speech-language pathologists, occupational therapists, physical therapists and psychologists; and
 - addresses the guardian's priorities for their child and family.
- ◆ Specialized services are coordinated and delivered through the family’s specialized services team, which may include: professionals and aides based on the child’s needs and the guardian’s priorities. All team members must have specific training and experience working with children with severe disabilities and their families.
- ◆ The FSCD Act “acknowledges the value of family-centred support and services in empowering and preserving families of children with disabilities.” Family-centred support ensures that families are the drivers of the planning and decision-making and recognizes that each family is unique and that services must fit each family’s strengths and needs, time and priorities, cultural context and values.
- ◆ Parent involvement in the delivery of specialized services to their child is optional, including consultation by health professionals on the team. Parents are not expected to provide direct services or intervention to their child, and are not required to be in the room or participating when specialized services are being provided to their child.

POLICY AND PROCEDURE

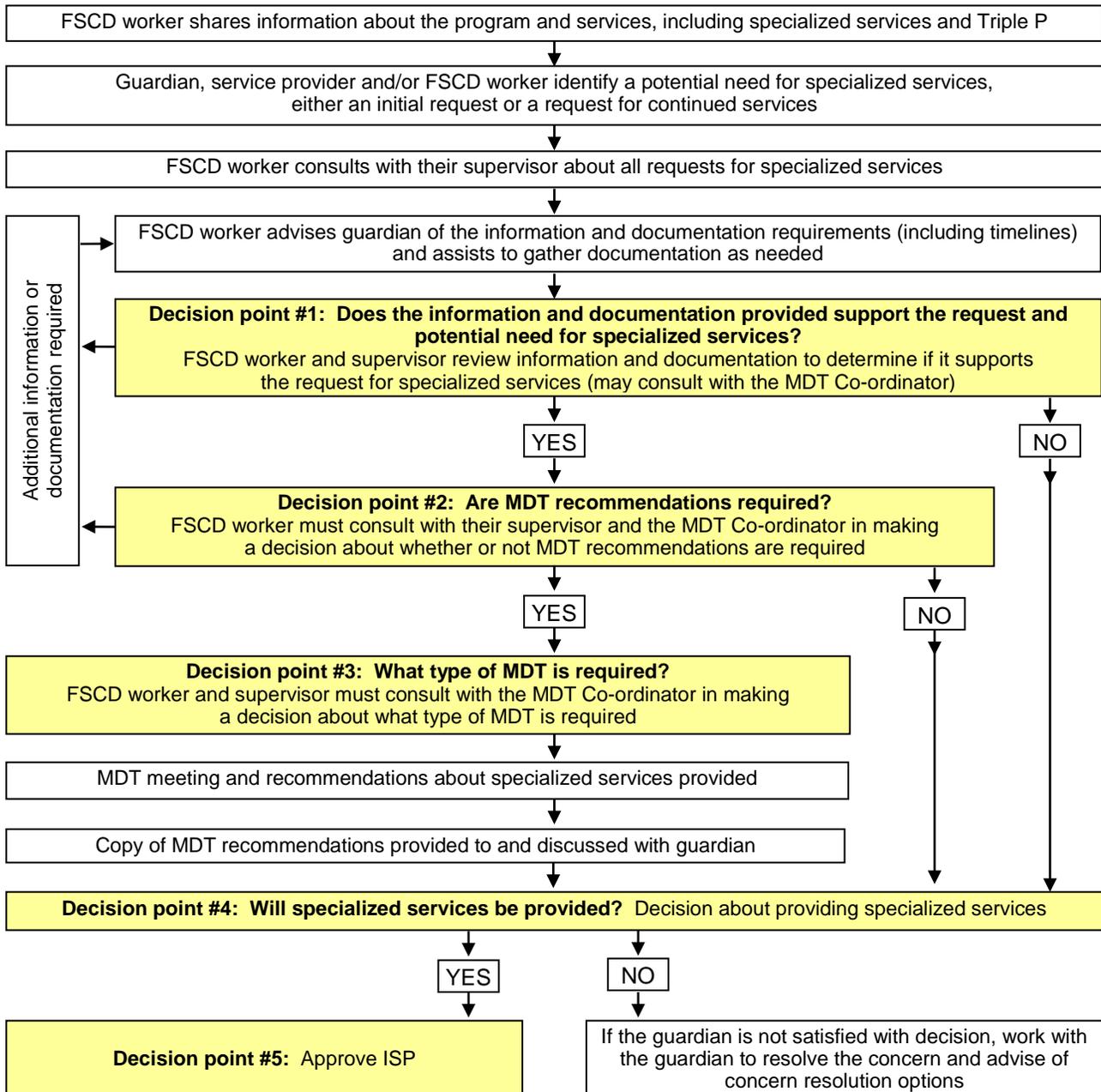
- ◆ Specialized services include direct support for children with severe disabilities and, where requested, support to guardians.
 - Specialized services support the child’s development and participation in activities of normal daily living.
 - Guardians may choose to access consultation supports as part of specialized services to support them with strategies to use in daily living and family activities.

Parent Involvement:

- ◆ Parents are **not** expected to become “therapists” to their child.
- ◆ Parents are **not** expected to provide direct services or intervention to their child.
- ◆ Parents are **not** required to be in the room or participate when specialized services are being provided to their child.
- ◆ Parents are **not** required to do “homework” between meetings with their specialized services team.
- ◆ Guardians who have a concern about the program, a decision or the services they receive, have the right to express their concern, including access to a Review of Program Decision, mediation or a formal appeal and to expect that their concern will be addressed.
- ◆ FSCD workers must provide guardians with information on what to do if they have a concern (see Concern Resolution, Section 12).
- ◆ FSCD workers must work together with guardians to address concerns without the need for a formal appeal wherever possible.

SPECIALIZED SERVICES DECISION-MAKING PROCESS

The following chart outlines the decision-making process and key decision points regarding the provision of specialized services.



Decision-making and communication requirements regarding the specialized services decision-making process:

- ◆ The FSCD worker, in consultation with their supervisor and the MDT Co-ordinator, makes all decisions related to the provision of specialized services including whether consultation with the Multi-Disciplinary Team (MDT) is required.
- ◆ The FSCD worker documents the decision made relevant to the specialized services decision making process on the *Specialized Services: Record of Key Decision Points* Form (see Specialized Services, Record of Key Decision Points, Appendix A).
- ◆ The FSCD worker verbally advises the guardian of the decisions made at each of the key decision points in the decision-making process.
- ◆ Decisions must be made and communicated to the guardian **within the specified timeframes** for decision-making noted within policy.
- ◆ All decisions made about specialized services must be communicated to the guardian both verbally and in writing (see Advising Guardian of Decisions, Section 8). This includes decisions that specialized services will be provided to ensure the decision and details are clearly communicated (see Appendix A, Decision Letter for Specialized Services).

NOTE: Where more than one of the five key decisions within the specialized services decision-making process has been made concurrently or in close succession, the written communication may include all of the relevant decisions in the same letter to the guardian.

- ◆ If the guardian is not satisfied with any of the decisions made within the specialized services decision-making process, the FSCD worker will:
 - work together with the guardian to resolve their concerns;
 - explore other support and service options to address needs;
 - clarify and communicate the decision in writing;
 - provide rationale for the decision; and
 - ensure that the guardian is aware of their concern resolution options.

(See Concern Resolution policy Section 12.)

Identifying the potential need for specialized service including a new/initial request or a request for continued services:

- ◆ The FSCD worker provides information about the FSCD Program and services, including specialized services requirements, and explains the decision-making process regarding specialized services.
- ◆ A potential need for specialized services, initial or continued, may be identified by the guardian, a service provider or the FSCD worker during the initial or annual assessment of needs and support planning process, or at any time there is a change in the child's and/or the family's needs that may indicate the need for specialized services.
- ◆ The FSCD worker provides information about Triple P and informs families Triple P may be included as part of specialized services to ensure the family can complete the Triple P program prior to or as part of the coordinated delivery of the specialized services program (see Appendix I, Triple P).
 - Participation in Triple P is not required or a prerequisite to specialized services.
- ◆ FSCD workers must discuss all requests for specialized services with their supervisor within 10 working days of the request or identification of a potential need.

Information gathering and documentation requirements:

- ◆ The FSCD worker will:
 - advise the guardian of the information and documentation requirements, provide a copy of the documentation checklist for parents and explain what information is needed and why (see Specialized Services Checklist for Parents, Appendix A);
 - establish relevant timelines for providing information with the guardian;
 - discuss the continued need for specialized services with the guardian who is currently receiving specialized services at least 90 calendar days prior to the expiration of current specialized services in their FSCD Agreement; and
 - assist the guardian, as needed, to gather the necessary information.

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- ◆ Copies of the following information and documentation, where available, are required for **both initial request and request to continue** specialized services:
 - Child's recent medical information (within the past 5 years), including:
 - letters or reports from the child's physician or other health professionals regarding their diagnosis;
 - letters or reports from physicians or other health professionals involved with the child's ongoing care and follow-up (e.g. feeding clinic results, hearing and vision test results, medication trials, etc.); and
 - assessments or progress reports completed by relevant health professionals (e.g. speech and language or physical therapy, assessments).
 - **Information from the child's school program**, including the child's current Individualized Program Plans (IPP) as well as the previous year's IPP (where applicable).
 - ◆ **If the request is for continued specialized services**, the following documentation is also required:
 - the updated Individualized Service Plan (ISP) for the current year as well as the ISP from the previous year (where applicable);
 - the proposed ISP for the services being requested; and
 - assessment or progress summaries from the health professionals on the family's specialized services team (and the Triple P practitioner, if applicable).
 - ◆ Only copies of existing reports or assessments are required. If the guardian does not have some of the reports or assessments identified (e.g. the child has not had a recent speech assessment) there is no expectation that they have an assessment completed for the purpose of meeting the above documentation requirements.
 - ◆ For initial requests for specialized services, an ISP is not required until after specialized services have been approved and commenced. The FSCD worker cannot direct or pay for the guardian to work with a service provider for the purposes of developing an ISP in preparation for an initial MDT meeting.

Reviewing the information and documentation provided:

- ◆ The FSCD worker and their supervisor review all of the information and documentation provided and may consult with the Multi-Disciplinary Team Co-ordinator (MDT Co-ordinator) regarding the interpretation of the information or documentation provided.
- ◆ If all required and existing documentation has not been provided, the FSCD worker may request additional information.
- ◆ If the documentation provided is not clear, the FSCD worker may request clarification or seek consultation to help understand how the information provided supports the request for specialized services.
- ◆ For all requests for specialized services, the FSCD worker requires sufficient and clear information in order to make decisions about the need for an MDT meeting or the provision of specialized services.
 - MDT meetings are scheduled when clear and sufficient information has been provided.
- ◆ If a requested service is unfamiliar or the extent to which it is based on established practice has not been determined, the FSCD worker may consult with experts about the service being requested and may request that the family's proposed service provider supply a description of the service in adherence with the Guidelines for Demonstrating Effectiveness (see FSCD Guidelines for Demonstrating Effectiveness, Appendix N). The description should include the following:
 - the target population;
 - the intended goals/objectives;
 - the approaches or strategies used to achieve goals/objectives;
 - the logic or rationale regarding how the practice leads to intended outcomes; and
 - research evidence in accordance with the FSCD Guidelines for Demonstrating Effectiveness that support the effectiveness of the practice, strategy, or approach.
- ◆ **(DECISION POINT #1) Does the information and documentation provided support the request and potential need for specialized services?** The FSCD worker in consultation with their supervisor makes a decision:

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- that not all of the existing and necessary documentation has been provided, advises the guardian of what is needed, identifies timelines for when the additional information will be provided and assists the guardian to gather the information or documentation as needed;
 - that the information and documentation provided is unclear and that consultation with the guardian, service provider, the MDT Co-ordinator, other relevant experts and/or a member of the MDT is needed in order to help clarify the potential need for specialized services;
 - that the information and documentation do not support the need for specialized services and makes a decision not to provide specialized services; or
 - that the information and documentation supports the request for specialized services.
- ◆ If all of the information, documentation or necessary clarification has not been provided within the agreed upon timeframe, the FSCD worker will support the guardian to obtain the documentation. The FSCD worker will advise the guardian that an MDT meeting cannot be scheduled (where required) and that specialized services cannot be provided until the necessary information is provided.

Determining if MDT recommendations are required:

- ◆ The FSCD worker must consult with their supervisor and the MDT Co-ordinator when determining if MDT recommendations are required.
- ◆ The FSCD worker, their supervisor and the MDT Co-ordinator will consider all of the information and documentation gathered to support the request for specialized services when determining the need for MDT recommendations.
- ◆ **MDT recommendations are required for all initial requests for specialized services.**
- ◆ **MDT recommendations may be required for requests to continue specialized services.**
- ◆ **MDT recommendations may not be required if:**
 - the FSCD worker has sufficient information and rationale to support the specialized services being requested;

- the previous MDT recommended, and subsequent ISP supported, transitioning from specialized services to another type of service;
 - consultation with an expert or an individual MDT member who has the necessary expertise is sufficient to clarify service needs (with the guardian's consent); or
 - the previous MDT recommendations are still considered relevant (e.g. the family has moved but their specialized services needs have not changed).
- ◆ **MDT recommendations may be required if:**
- the FSCD worker does not have sufficient rationale to support the services being requested or the continued need for specialized services;
 - the previous MDT recommended a follow-up MDT review;
 - there have been significant changes in the child's needs and/or guardian's needs, circumstances or goals since the previous MDT recommendations;
 - there is a significant change in the services being requested compared to the services recommended by the previous MDT and/or the services currently being provided, including a major change in the:
 - hours of service being requested;
 - the nature of the services being requested (e.g. the disciplines involved, the type of interventions or the model of service delivery); or
 - the family has changed service providers (consider the rationale for change in service provider, the impact on the delivery of services, the ISP or costs, familiarity with the service provider and their approach);
 - the ISP does not:
 - reflect the guardian's priorities;
 - indicate a coordinated and integrated service delivery approach;
 - demonstrate an individualized approach based on the child's and guardian's unique strengths, needs, and priorities;
 - reflect established practices; or

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- provide information about what goals have been achieved or provide rationale for why goals were not achieved, explain why goals have changed or build upon previous goals and accomplishments.
 - the guardian has questions about their ISP, the approaches being used by their specialized services team and/or whether the ISP is likely to achieve their goals for their child, and the guardian requests a review or consultation with the MDT.
 - ◆ **(DECISION POINT #2) Are MDT recommendations required?** The FSCD worker must consult with their supervisor when determining if MDT recommendations are required. The FSCD worker and their supervisor may also consult the MDT Co-ordinator.
 - ◆ If **MDT recommendations are not required**, the FSCD worker will make a decision regarding the provision of specialized services within 15 working days.
 - ◆ If **MDT recommendations are required**, the FSCD worker, in consultation with their supervisor, the guardian and the MDT Co-ordinator, determines the type of MDT meeting that is most appropriate.

Determining what type of MDT meeting is required:

- ◆ The FSCD worker must consult with their supervisor, the guardian and the MDT Co-ordinator when making a decision about what type of MDT meeting is required.
- ◆ **For initial requests only**, the FSCD worker in consultation with their supervisor and the MDT Co-ordinator may consider recent multi-disciplinary assessment reports **as MDT recommendations**, if the report provides sufficient information and rationale for the FSCD worker to make a decision about the request for specialized services. Only reports from the following clinics will be considered:
 - Children’s Hospital Early Childhood Development Team in Calgary; or
 - Glenrose Rehabilitation Hospital Preschool Assessment Service in Edmonton.
- ◆ In all other cases, MDT recommendations come from the FSCD MDT.

- ◆ There are two types of FSCD MDT meetings:
 - A face to face or video/teleconference meeting, attended by the guardian, advocates/support persons,; the service provider, and FSCD worker; or
 - With the guardian's consent, a paper review, attended by the FSCD worker.
- ◆ The FSCD worker in consultation with their supervisor, the guardian and the MDT Co-ordinator, may decide that a paper review is the most appropriate type of MDT meeting if:
 - based on their review of the information and documentation provided by the family, the service provider or other professionals working with the child and family, the need for specialized services is evident and clearly supported;
 - the services being requested and the ISP, where applicable, appear appropriate to address the child and the family's identified needs and priorities;
 - they have no significant questions or concerns with respect to the requested services or the proposed ISP that they anticipate may result in deciding not to provide specialized services or providing something significantly different than what has been requested; and
 - the guardian agrees to this expedited MDT process.
- ◆ Regardless of the type of MDT meeting, the FSCD worker supports the guardian in all aspects of the MDT process by:
 - providing information about the MDT process and the purpose of the MDT;
 - ensuring that the guardian understands the role of the MDT to support FSCD in making decisions about specialized services and to support families in ensuring their plan is based on established practices and will address their child's needs;
 - answering questions about the MDT process, what happens at the MDT meeting (face to face/videoconference meeting or paper review);
 - helping them prepare for the MDT meeting;
 - attending the MDT meetings with the guardian; and

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- informing them of what will happen following the MDT and the associated timelines.
 - ◆ **(DECISION POINT #3) What type of MDT meeting is required?** The FSCD worker must consult with their supervisor and the MDT Co-ordinator when making a decision about what type of MDT meeting is required.
 - ◆ If an MDT meeting is needed the FSCD worker:
 - informs the guardian of the need for an MDT meeting and explains the type of MDT meeting that is needed and why;
 - completes the MDT Coversheet (see Specialized Services – MDT Coversheet, Appendix A);

NOTE: the MDT Coversheet is intended not just for the MDT members review but also as a tool to assist the FSCD worker to prepare for the MDT meeting by clarifying what is being requested and why. FSCD workers complete this form based on information that the guardian has provided and discuss and share the form with the guardian.

- ensures that the guardian is aware of and has copies of all documentation being provided to the MDT;
- obtains the guardian's written consent to share the information and documentation with the MDT;
- obtains the guardian's written consent for a paper review and for the FSCD worker to attend and share information on their behalf (where applicable);
- completes the Specialized Services Documentation - FSCD Worker Checklist (see Appendix A, Forms) and has it signed by their supervisor;
- forwards the information and documentation to the MDT Co-ordinator; and
- consults with the MDT Co-ordinator to ensure that all information and documentation or clarification necessary to schedule the MDT meeting has been provided.

Essential Program Standards

For families and children receiving Specialized Services for the first time, there are MDT recommendations on file from the FSCD MDT, or from Children's Hospital Early Childhood Development Team (ECDT) Calgary or Glenrose Rehabilitation Hospital Preschool Assessment Edmonton.

For families and children receiving ongoing Specialized Services, there is an Individualized Service Plan (ISP) on file related to the current Agreement.

MDT role in supporting guardians, FSCD workers and service providers

- ◆ The MDT plays a supportive and consultative role to guardians, FSCD workers and service providers at MDT meetings by:
 - providing recommendations about the critical need for the service;
 - reviewing the proposed ISP and providing feedback on whether it is likely to address the child's needs and the guardian's priorities;
 - considering the family's location, context and the resources that may be available in their community when providing recommendations; and
 - informing whether the approaches are based on best practice that will address the child's needs and guardian's goals.
- ◆ The MDT may also provide information, advice, and ideas and suggestions the family and their specialized services team may not have yet considered.
- ◆ Guardians may request a meeting with the MDT or a specific health professional from the FSCD MDT for consultation about their ISP and how to best address their child's needs.

Scheduling a face to face or video/teleconference MDT meeting or a paper review:

- ◆ The FSCD worker provides the MDT Co-ordinator with all necessary information and documentation as well as the MDT Coversheet, signed consent forms and the completed FSCD Worker Checklist.
- ◆ The MDT Co-ordinator will schedule the MDT meeting within 10 working days of receiving all necessary information and documentation, ensuring the scheduled meeting time is acceptable to the guardian.

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- ◆ The MDT Co-ordinator discusses scheduling needs (e.g. the guardian's availability) and other considerations (e.g. video/teleconference options, the appropriate MDT members relevant to the child's areas of need, etc.) with the FSCD worker, schedules the MDT meeting, and advises the FSCD worker of the date, time and location of the MDT meeting.
 - ◆ The MDT Co-ordinator ensures that scheduled MDT members are not in a conflict of interest for the review that they are scheduled to participate in (see Multi-Disciplinary Team (MDT) Member Roles and Responsibilities, Appendix J).

Supporting the guardian's preparation and participation in the face to face or video/teleconference MDT meeting:

- ◆ The FSCD worker:
 - encourages the guardian to invite their service provider to attend the MDT meeting;
 - advises the guardian that they may ask advocates/support people to attend the MDT meeting with them; and
 - supports the guardian to prepare for the MDT meeting, by:
 - providing information about what to expect at the MDT meeting (e.g. who will be there, what kinds of questions may be asked);
 - clarifying the role the MDT has in supporting the guardian, service providers and the FSCD Program;
 - clarifying what information may be important to share with the MDT relevant to the request for specialized services (e.g. examples of how the child's disability impacts the child and family, the progress being made, what the family would like to accomplish through specialized services, if the guardian wants direct services for their child, if they want consultation from their specialized services team as part of the service); and
 - meeting with the guardian and/or service provider, as required, prior to the MDT meeting to provide additional support to prepare for the MDT meeting.

NOTE: all parties must be notified in advance of any additional persons who will be attending the MDT meeting. If the FSCD worker is requesting that other FSCD staff attend to observe the MDT meeting, they must obtain the guardian's written consent.

Preparing for a paper review MDT:

- ◆ The FSCD worker meets with the guardian and/or service provider, as required, prior to the MDT meeting to discuss the child's needs and guardian's priorities, the services they are requesting and what information they feel is important for the FSCD worker to share with the MDT.

The MDT Meeting:

- ◆ All MDT meetings are chaired and facilitated by the MDT Co-ordinator (see Role of the Multi-Disciplinary Team (MDT) Co-ordinator, Appendix K).
- ◆ MDT members review the information and documentation provided to them prior to the MDT meeting to become familiar with the child's disability and areas of need.
- ◆ During the MDT meeting, the MDT Co-ordinator facilitates information sharing and MDT members' discussion with the guardian, service providers, the FSCD worker and others who are attending the meeting. The discussion is focused on the child's needs and the guardian's priorities, circumstances, the services they are requesting, and how the ISP and services will address the child's needs.
- ◆ After the MDT meeting the MDT members work collaboratively to formulate the MDT recommendations based on the information and documentation provided for their review and any other information provided for their consideration (see Specialized Services – Multi-Disciplinary Team Recommendations, Appendix A).
 - The MDT Co-ordinator records the recommendations and rationale on the MDT Recommendation form; and
 - The MDT members review the recorded MDT recommendations and rationale for accuracy.
- ◆ The **FSCD worker** must attend the information sharing/discussing portion of all MDT meetings, including **face to face/videoconference meetings and paper reviews** to:
 - provide information about the child's needs and guardian's priorities, circumstances, priorities and the services being requested; and

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- for face to face/videoconference MDT meetings, support the guardian's participation in the process (e.g. assist the guardian to ensure that the MDT receives all necessary information).
 - ◆ During the **face to face, video/teleconference MDT** meeting, the **guardian, advocates/support persons and service provider(s)** also attend the information sharing /discussion portion of the MDT meeting:
 - The guardian is provided with an opportunity to share information about their child's needs and family's priorities, the support that they are requesting, their service plan, and, if relevant, the services they currently receive and the progress/benefits observed.
 - The service provider is given the opportunity to share information regarding progress with identified goals and the ISP and to seek advice on the strategies and approaches that are planned.
 - The MDT members ask questions of the guardian and service provider and there is discussion about the child's needs and guardian's priorities, the requested supports and services, the ISP (where applicable), and service planning.
 - Before concluding the information sharing/discussion portion of the MDT meeting, the MDT Co-ordinator will confirm that the guardian, support persons and the service provider(s) have:
 - provided all of the information that they wanted to share with the MDT;
 - had their questions about the services they are requesting answered;
 - received advice from the MDT, as requested, about their ISP and whether the goals and strategies are likely to result in measureable improvement, or sustain or prevent regression or dependency in their child's activities of daily living; and
 - received information or ideas about strategies or approaches for their child.

Notes and documentation of the MDT meeting:

- ◆ FSCD workers, the guardian and service provider(s) (as applicable) may take notes during the information sharing/discussion portion of the MDT meeting. Notes taken by the FSCD worker must be kept on the child's FSCD file.

- ◆ MDT members may jot down informal reminders about questions to ask or points to consider when developing the MDT recommendations. The written MDT recommendations reflect any information considered or noted as being important during the MDT meeting. Any reminders that they have jotted down are considered “transitory” and are shredded at the end of the MDT meeting and upon completion of the MDT recommendations.
- ◆ All copies of the information and documentation package are returned to the FSCD worker or shredded.
- ◆ The MDT Co-ordinator will keep a copy of the MDT recommendations for their records and reference if there are follow up questions about the recommendations.
- ◆ The MDT recommendations constitute the complete record of the MDT meeting. No other documentation or notes are kept by the MDT Co-ordinator or MDT members.

Sharing the MDT recommendations:

- ◆ The MDT Co-ordinator will mail the original MDT recommendations and email a copy to the FSCD worker within five working days of the MDT meeting.
- ◆ The MDT Co-ordinator ensures that required information is entered in FSCDIS to support MDT tracking and analysis.
- ◆ The FSCD worker ensures that the original Specialized Services - Multi-Disciplinary Team Recommendations (see Appendix A, Forms) are stored on the child’s FSCD file.
- ◆ The FSCD worker will provide the guardian with a copy of the MDT recommendations, either by mail or in person, within 10 working days of the MDT meeting.
- ◆ The FSCD worker may consult with the MDT Co-ordinator for clarification regarding the MDT recommendations before or after discussing the MDT recommendations with the guardian.
- ◆ The FSCD worker will
 - review the MDT recommendations with the guardian;
 - explain the MDT recommendations;
 - give the guardian an opportunity to respond to the MDT recommendations or provide additional information prior to the FSCD worker making a decision about specialized services; and

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- ensure the guardian understands the MDT provides recommendations about specialized services and that they do not make decisions about whether specialized services are to be provided.

Decision-making about providing specialized services:

- ◆ MDT recommendations are only one piece of the information that the FSCD worker considers when making a decision about providing specialized services. The MDT is not a decision-making body and the MDT recommendations do **not** constitute a decision. The FSCD worker considers all of the information, both verbal and written, provided by:
 - the guardian;
 - service provider;
 - the child’s educational program;
 - other professionals working with the family and child;
 - clinical assessments and reports;
 - consultation with experts including individual MDT members;
 - the Individualized Service Plan (ISP);
 - the Matters to be Considered; and
 - any other information relevant to the family and child’s service needs.
- ◆ The FSCD worker must make a decision regarding the provision of specialized services and advise the guardian(s) of the decision verbally and in writing within 15 working days of:
 - deciding that specialized services will be provided to ensure the decision and details are clearly communicated;
 - deciding that the information does not support the request for specialized services;
 - deciding that an MDT meeting is not required; or
 - that an MDT meeting (regardless of type) has been scheduled.

(See decision making follow-up required Specialized Services, Section 10 and Advising Guardian of Decisions, Section 8.)

NOTE: Where the guardian has concerns about the efficacy of their specialized services or concerns about the ISP, the FSCD worker will support them in seeking the input of the MDT.

- ◆ Based on the FSCD Regulation, specialized services are provided when all of the following criteria are met:
 - the impact of the diagnosis on the child's ability to function in activities of normal daily living combined with the demands on the guardian to provide continual and ongoing support and supervision in order to ensure their safety and participation suggests that they have a severe disability;
 - the severe disability results in significant limitations and service needs in two or more of the following areas:
 - behaviour;
 - communication and social skills;
 - cognitive abilities;
 - physical and motor development;
 - self-help and adaptive functioning;
 - the child's severe disability is complex, requiring an integrated and coordinated service approach involving health professionals (speech-language pathologists, occupational therapists, physical therapists and psychologists) relevant to the child's critical areas of need;
 - there is a need for specialized services, including:
 - for **initial requests** for specialized services, Multi-Disciplinary Team (MDT) recommendations identifying a need for specialized services and indicating that the services are likely to have a positive impact for the child; or
 - for **requests to continue specialized services**, sufficient information and rationale or MDT recommendations to support the services being requested and indicating that the services are likely to have a positive impact for the child;
 - the specialized services being proposed are consistent with current information about evidence based approaches and best practices (see FSCD Guidelines for Demonstrating Effectiveness, Appendix N); and
 - an ISP clearly lays out how the child's needs and guardian's priorities will be addressed.

NOTE: For initial requests for specialized services, an ISP is not required until after specialized services have been approved and commenced.

- ◆ **(DECISION POINT #4)** Will specialized services be provided? The FSCD worker makes a decision.

Roles and responsibilities of the specialized services team:

- ◆ The specialized services team may consist of health professionals under the *Health Professions Act*, non-health professionals, Triple P practitioners and aides based on the child's needs and guardian's priorities, family circumstances and the nature of the specialized services to be provided. The guardian is also a key member of their specialized services team and the decision maker about the services provided to their child.
- ◆ The FSCD worker is not involved in direct service delivery or in the implementation of the ISP, but is considered part of the family's specialized services team to monitor how the agreed upon services are addressing the child's and family's need.
- ◆ The Health professionals involved with the child and their family, other than those who are service providers funded through the FSCD Agreement, (e.g. a speech therapist who is working with the child at school or a physical therapist at the hospital or local health clinic) are consulted with and invited to be a part of the family's specialized services team. Specialized services build upon and are coordinated with these other resources that the child and family have access to.
- ◆ The specialized services team works collaboratively to develop the ISP based on the guardian's priorities, the child's unique needs and circumstances, and the critical areas of need identified and the specialized services being requested or agreed upon.
- ◆ All team members share responsibility for both the development and implementation of the coordinated and integrated ISP.
- ◆ One of the health (e.g. SLP, OT, PT or psychologist) or non-health (e.g. behavioural specialists, certified teacher, etc.) professionals on the specialized services team must be identified to serve as the principal contact for family, team members and the FSCD worker. This person coordinates the activities of the specialized services team, ensuring that team meetings occur and the ISP is reviewed and updated throughout the year.

NOTE: This team member does not supervise the other members of the specialized services team.

Review and approve the Individualized Service Plan (ISP):

- ◆ The ISP must be signed or, approval provided in writing, by all members of the specialized services team including the guardian.

NOTE: The FSCD worker does not sign the ISP.

- ◆ A well devised ISP leads to action and increases the likelihood of success. A clear plan is essential for any service designed to produce change. ISPs describe (1) the goals or purpose for providing a service, (2) the steps necessary to achieve the goals and (3) ways of tracking progress towards achieving stated goals.
- ◆ The ISP should be simple, clear and include a description of the following (see Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services, Appendix M):
 - The priorities of the family (identification of service need);
 - The goals of the service (what you are trying to accomplish);
 - The objectives (short-term steps) necessary to achieve the goals;
 - The strategies that will be used to achieve the objectives and goals;
 - The roles and responsibilities of all specialized services team members;
 - A plan for monitoring the service and progress; and
 - A plan for integrating **and coordinating** services.
- ◆ The ISP will include child-centred goals. The plan can include family or parent goals based on the needs and priorities identified by the guardian but it is not required.
- ◆ An ISP must be individualized to the needs of the child and family, respond to the guardian's priorities for their child and family, reflect an integrated and coordinated service delivery approach and be consistent with the nature of the specialized services approved by the FSCD worker.
- ◆ For initial requests for specialized services, the FSCD worker must receive the ISP within 90 calendar days of commencement of specialized services.

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- ◆ For requests to continue specialized services, the FSCD worker must receive a copy of the current ISP as well as the new proposed ISP at least 60 calendar days prior to the expiration of the specialized services in the existing FSCD Agreement.
 - ◆ (DECISION POINT #5) Is the ISP **satisfactory**? The FSCD worker makes a decision:
 - to approve the ISP;
 - to request changes to or clarification of the ISP; or
 - that the ISP is not satisfactory and not to approve the ISP.
 - ◆ When modifications to the ISP are required, the ISP must be revised and provided to the FSCD worker within 30 calendar days.
 - ◆ If a satisfactory ISP is not provided, the FSCD worker may determine that all criteria related to the provision of specialized services have not been met and that specialized services cannot be provided or will be discontinued.
 - All efforts must be made to work with the guardian and their specialized services team to establish a satisfactory ISP to address the child's critical areas of need or to assist the guardian to choose a service provider who can address their child's needs.

Monitoring the ISP:

- ◆ The specialized services team members share responsibility for monitoring the implementation and progress being made on the goals identified in the ISP.
- ◆ ISPs should be reviewed and updated minimally four times per year. The ISP is a living document that changes over time to reflect the shifting priorities of the family, the child's developmental stage, transition planning and progress toward goals and objectives.
- ◆ In addition to scheduled reviews it is expected that the ISP be updated as goals are achieved or modified and that the FSCD worker be made aware of the review and the progress being made or any required changes to the ISP.

- ◆ Any significant changes to the nature or level of the specialized service or the ISP previously approved must be authorized by the FSCD worker, for example:
 - a change in service provider;
 - a change in the disciplines or professions involved as members of the family's specialized services team;
 - changes in areas of functioning targeted for intervention;
 - an increase in hours of service; or
 - other changes that are significantly different from the ISP and type or level of specialized services approved the FSCD worker.
- ◆ The FSCD worker consults with their supervisor within 10 days of identifying a significant change to the specialized services or ISP from what was previously approved.
- ◆ The FSCD worker may:
 - seek clarification from the MDT Co-ordinator regarding alignment with the MDT recommendations (where applicable);
 - consult an MDT member;
 - identify the need for an MDT meeting if changes are substantial;
 - amend the guardian's FSCD Agreement as required to reflect approved service changes; or
 - treat the change as a request for continued specialized services requiring a decision.

Seek Parent Feedback:

- ◆ Advise guardians of their opportunity to provide feedback about the decision making process related to specialized services through the Parent Feedback form (see Specialized Services – Parent Feedback, Appendix A).
- ◆ Provide guardians a copy of the Parent Feedback form.

Reimbursement:

- ◆ Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

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- ◆ For services that are provided by a private provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

- ◆ Consent to Release Information (FSCD3592)
- ◆ Record of Services Provided (FSCD0003)
- ◆ Specialized Services Documentation – FSCD Worker Checklist
- ◆ Specialized Services Checklist for Parents (FSCD12344)
- ◆ Specialized Services – MDT Coversheet (FSCD12348)
- ◆ Specialized Services – Multi-Disciplinary Team Recommendations (FSCD12349)
- ◆ Specialized Services – Parent Feedback
- ◆ Decision Letter for Specialized Services (FSCD12081)

REFERENCES

- ◆ FSCD Guidelines for Demonstrating Effectiveness (see Appendix N)
- ◆ Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services (Appendix M)
- ◆ MDT Roles and Responsibilities
- ◆ Role of the MDT Co-ordinator

FSCDIS

CHILD FOCUSED SERVICES

Specialized Support Services for Children with Severe Disabilities

Specialized Services – All Costs (Only use when services are provided through a Block Contract)

- Assistance with the cost of specialized services not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .
- Services to be provided by (name of agency). Service based on an approved Individualized Service Plan (ISP), and inclusive of all costs associated with the provision of Specialized Services. Regulation Section 4(1)(m).

Consultation and Aide Support – All Service Team Costs (Only use when services are provided through a Standing Offer of Agreement)

- Assistance with the cost of a service team to deliver specialized services not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

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- Services to be provided by (name of agency). Service based on an approved Individualized Service Plan (ISP), and inclusive of all direct and indirect time of service team members including service coordination. The amount provided includes the funds required to provide employer portion of employee benefits and deductions as required by law. Regulation Section 4(1)(m).

NOTE: If Triple P is provided under All Service Team Costs, Triple P will need to be identified on the agreement as separate service for tracking purposes.

Speech-Language Pathologist

- Assistance with the cost of a speech-language pathologist to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .
- Professional services not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. Receipts or other validation required. Regulation Section 4(1)(m).

Occupational Therapist

- Assistance with the cost of an occupational therapist to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .
- Professional services not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. Receipts or other validation required. Regulation Section 4(1)(m).

Physical Therapist

- Assistance with the cost of a physical therapist to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .
- Professional services not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. Receipts or other validation required. Regulation Section 4(1)(m).

Psychologist

- Assistance with the cost of a psychologist to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

- Professional services not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. Receipts or other validation required. Regulation Section 4(1)(m).

Non-Health Professional (please specify)

- Assistance with the cost of a non-health professional to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .
- Assistance with the cost of (specify) to serve as a consulting member of the specialized services team, not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. This individual must have specific experience and training working with families of children with severe disabilities (e.g. behavioural specialist; certified teacher; a Master's degree in Psychology or Educational Psychology). Receipts or other validation required. The amount provided includes the funds required to provide employer portion of employee benefits and deductions as required by law. Regulation Section 4(1)(m).

Triple P

- Assistance with the cost of Triple P, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Aide Support

- Assistance with the cost of an aide to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .
- Assistance with the cost of an aide to work with the child/parent(s)/family to implement the strategies identified in the Individualized Service Plan (ISP) and document progress towards stated goals, not to exceed (quantity) hours per (unit) inclusive of indirect time for the agreement period. Receipts or other validation required. The amount provided includes the funds required to provide employer portion of employee benefits and deductions as required by law. Regulation Section 4(1)(m).

Administrative Costs-Triple P

- Assistance with the cost of Administrative Costs-Triple P, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Administrative Costs (Agencies only)

- Assistance with agency related administration costs associated with the provision of Specialized Services not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .
- Services to be provided by (name of agency). Receipts or other validation required. Regulation Section 4(1)(m).

Service Delivery Support Costs (Contracted agencies only)

- Assistance with agency related costs associated with supporting service team members to deliver specialized services that are not administrative in nature (e.g. aide supervision/training, and travel) not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .
- Services to be provided by (name of contracted service agency). Receipts or other validation required. Regulation Section 4(1)(m).

Exceptional Travel

- Assistance with the extraordinary costs associated with travel required to deliver specialized services in the most cost effective and appropriate way not to exceed (quantity) hours per (unit) or a rate of \$ (rate per hour) . For the period (start date) to (end date) .
- Services to be provided by (name). Receipts or other validation required. Regulation Section 4(1)(m).

Payroll Services

- Assistance with the cost of payroll services provided by a recognized payroll agency not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .
- Payroll services provided by (name of payroll agency e.g. Ceridian) to support the family to manage their financial responsibilities as an employer related to specialized services. Receipts or other validation required. Regulation Section 4(1)(m).

Out of Home Living Arrangement

Regulation

4 (1) (n) care of the child in a residence other than the guardian's home if the needs of the child cannot be met in the guardian's home;

INTENT

- ◆ To describe the process for a child to access an out of home living arrangement when the child's guardian is unable to meet their child's extraordinary, disability-related needs in the family home despite accessing all available supports and services.

POLICY

- ◆ Children with disabilities and their families should receive the supports and services they require in the least intrusive way and in a manner that recognizes and values family as the primary source of care and support for children.
- ◆ Children are best cared for by their family and in their family home; however, there may be (extreme) circumstances where it is not possible.
- ◆ Out of home living arrangements are not intended to be a permanent living arrangement for a child.
- ◆ FSCD out of home living arrangements are not a response to emergency or crisis situations.
- ◆ When a guardian requests that the FSCD Program fund an out of home living arrangement for their child the FSCD worker will:
 - discuss with the guardian what services would be needed above and beyond those currently being accessed, to support the child to live in the family home full time.

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- assist the guardian to consider the availability of other guardians, of extended family, friends and community to help the family support the child within the family home.
 - assist the guardian to explore and access all other government programs available to support the child within the family home.
 - provide FSCD supports and services in coordination with other available community supports and government programs to help the guardian support their child to live in the family home full time. For example, supporting parents to identify and implement strategies (such as Stepping Stones Triple P).
- ◆ The FSCD Program may fund an out of home living arrangement if a family is not able to meet their child's extraordinary disability-related needs in the family home, despite accessing all available supports and services.
 - ◆ Where the child's disability-related support needs are creating extraordinary challenges for the family, the FSCD program makes every effort to work with the family to strengthen the family's ability to continue caring for their child to prevent the child from coming into the care of the Director under the Child, Youth and Family Enhancement Act (see Appendix O, A Cross-Ministry Protocol between Children's Services and Community and Social Services: Supporting Alberta's Children, Youth and Parents / Guardians with Disabilities).
 - ◆ The request for funding an FSCD out of home living arrangement can only be initiated by the child's guardian, and involves **all** of the child's guardians (see Section 3, Collection, Use and Disclosure of Family and Child Information).
 - ◆ All out of home living arrangement requests will be centralized provincially for review and recommendation.
 - ◆ FSCD out of home living arrangements are not intended to replace or supersede the guardian's responsibilities for raising their child and children continue to be part of their family (for example, spend regular time together, attend family functions/celebrations, go on family vacations, etc.).
 - ◆ The FSCD Program and the guardian can propose potential out of home living arrangement options.

- ◆ The Tip Sheet for Guardians when Choosing an Out of Home Living Arrangement and Respite Providers will be reviewed and shared with the guardian (Appendix L).
- ◆ The Tip Sheet for Out of Home Living Arrangements and Respite Providers will be shared with potential out of home living arrangement placement providers (Appendix L)
- ◆ The guardian makes the final decision regarding which of the out of home placement living arrangement options available best meets the needs of their family and child. An Individualized Family Support Plan (IFSP) – Out of Home must be completed with the family and service provider.
- ◆ The Individualized Family Support Plan (IFSP) - Out of Home (see Appendix A) outlines the plan the guardians and service providers have agreed to and will follow to facilitate the child's return to the family home. The IFSP also focuses on the overall vision/goals for the child and family.
- ◆ A copy of the completed IFSP - Out of Home will be provided to the staff or service provider and family.
- ◆ The IFSP - Out of Home is regularly reviewed throughout the year according to the agreed upon timelines in the plan.
- ◆ When a child lives in an FSCD Out Of Home Living Arrangement the guardian retains all guardianship rights and responsibilities, including:
 - maintaining regular contact with the child in the out of home living arrangement and in the family home;
 - advocating on behalf of their child to ensure the needs of the child are being met;
 - including the child in family activities;
 - fostering contact between the child and extended family members;
 - fostering the child's current established friendships;
 - registering for and participating in the child's educational program;
 - addressing ongoing health care needs, including medical, dental, assessments and all appointment scheduling as well as accompanying the child to appointments;

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- participating in the child's behavioural or specialized services programming;
 - monitoring the safety and supervision of their child while the child lives in the out of living arrangement; including informing the out of home service provider of how the guardian will monitor the living arrangement;
 - All decision making regarding their child. Guardians may delegate routine and/or daily decision making to the out of home service provider;
 - Financial responsibilities for:
 - food – contribution for food costs should be assessed using the Edmonton Nutritious Food Basket or similar provincial or national tool as a minimum baseline, with consideration made for preferences, consumption and any other factors identified by the region;
 - educational costs such as tuitions, books and materials, school transportation, field trips, extracurricular activities and sports registration fees;
 - personal care items such as grooming and hygiene products;
 - medical costs including prescription medications, over the counter medication, medical equipment and supplies, health insurance, dental coverage, etc.;
 - facilitating the move to the out of home living arrangement as well as providing bedroom furnishings (bed, dresser, linens, etc.) and other items as required;
 - clothing and footwear including uniforms, special event clothing, costumes, replacement items;
 - recreation including sports, registration fees, equipment, travel and special events costs; and
 - any other cost typically associated with raising a child.
 - ◆ Guardians have the right to remove their child from the out of home living arrangement, keeping in mind agency termination policies, however must inform the FSCD Program when they remove their child.

Essential Program Standards

For children residing in an ***Out-of-Home Living Arrangement***, there is a completed Individualized Family Support Plan - Out of Home on file related to the current Agreement.

PROCEDURE

- (1) When a guardian requests their child be supported in an out of home living arrangement, the FSCD worker will:
 - Confirm that the guardian(s) has accessed all other appropriate supports and services to meet their child and family's needs prior to discussions of out of home living arrangement for the child including:
 - Natural family supports, including other guardians, family, friends and community to help the family maintain the child within the family home;
 - Community programs to help the family address needs related to maintaining the child within the family home; and
 - Other government programs to help support the child to remain living in the family home;
 - Discuss the following with the guardian(s):
 - why the current services the family receives are not meeting the family and child's needs; and
 - what services the family would require to support the child to remain living in the family home;
 - Discuss the impact an out of home living arrangement has on:
 - the child's relationship with the family
 - the child's relationship with extended family members
 - maintaining the child's established friendships
 - the child's involvement in their education program
 - the child's involvement in spiritual, cultural, recreation activities
 - the child's medical and dental care
 - the child's transportation needs

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- planning for adult services for the child
 - the potential risks to safety (emotional/physical) of child living with other children in the home.
 - Outline, clarify and discuss all aspects of the guardian's responsibilities when their child lives in an out of home living arrangement as outlined in OOH Policy Section.
 - Discuss and fill out the Out of Home Living Arrangement Request form with the guardian(s) (see Appendix A).
 - Discuss the guardian's request for an out of home living arrangement with a supervisor and manager and/or seek consultation with others as appropriate as per the regional approval process.
 - Coordinate a case conference to discuss the guardian's request for an out of home living arrangement for their child with participants as follows:
 - the guardian(s);
 - extended family members;
 - others as requested by guardian;
 - professionals involved in the child's medical treatment, educational program, rehabilitative care and/or specialized programming;
 - other involved government staff (Child Intervention, Supports for Permanency, Income Support, etc.);
 - others as involved in the care and treatment of the child;
 - FSCD worker;
 - FSCD supervisor, manager or other FSCD staff as appropriate;
 - Record the recommendations of the Case Conference on the Out of Home Living Arrangement Request form.
- (2) Discuss the outcome of the case conference and any other relevant information with the supervisor and manager and make a decision regarding the guardian's request for an out of home living arrangement for their child.
- (3) The supervisor/manager completes the decision portion of the Out of Home Living Arrangement Request Form.

- (4) The Out of Home Living Arrangement Request Form is forwarded for provincial review for recommendation.
- (5) If the out of home living arrangement request is not approved the FSCD worker will discuss other support and service options with the guardian and advise the guardian of the FSCD concern resolution process.
- (6) If the request for the out of home living arrangement is approved by the supervisor/manager as per the regional approval process, and recommended by provincial review the FSCD worker will:
 - Inform the family that the out of home request has been approved (see Section 7, Advising Guardians of Decisions);
 - Discuss the process of accessing an out of home living arrangement, including:
 - all guardian responsibilities;
 - timelines for finding/developing an out of home living arrangement; and
 - information regarding potential private and/or agency providers including exploring:
 - the pros/cons of the different types of out of home living arrangements;
 - the roles and responsibilities of guardian(s), service providers and FSCD program;
 - the possibility of completing an agency “intake” process, if the guardian chooses an agency and the agency has a formal intake process; and
 - agency mandates and philosophy (if applicable);
 - employer responsibilities and obligations if the guardian is privately hiring staff;
 - length of time the child is expected to be supported in an out of home living arrangement and return home;
 - the guardian responsibility to monitor the safety and supervision of their child while living in an out of home living arrangement; and guardian responsibility to actively participate in activities that may be associated with or complementary to accessing a specific living

arrangement and could facilitate the return of the child to the family home.

- (7) In exploring out of home living arrangement options the FSCD worker will:
- discuss with the guardian any out of home living arrangement options that the guardian may know of;
 - discuss with the guardian any out of home living arrangement options of which the FSCD Program is aware;
 - provide the Tip Sheet for Guardians when Choosing an Out of Home Living Arrangement and Respite Providers (Appendix L) and review the information with the guardian;
 - provide the Tip Sheet for Out of Home Living Arrangements and Respite Providers to potential out of home providers (Appendix L); and
 - coordinate and integrate with any relevant partners, including Child Intervention Services, as required.
- (8) When the guardian identifies a potential out of home living arrangement option the FSCD worker will provide contact information on the living arrangement and assist the guardian to arrange a visit.
- (9) The FSCD worker will keep the guardian informed regarding the status of living arrangement options.
- (10) The FSCD worker will discuss all living arrangement options with a supervisor or manager on an ongoing basis.
- (11) When the guardian has identified an out of home living arrangement that meets their family and child's needs and the living arrangement has been approved by the FSCD Program, the FSCD worker will complete an Individualized Family Support Plan (IFSP) – Out of Home with the guardian and service provider (see Appendix A).
- The guardian makes the final decision regarding which of the out of home living arrangement options available best meets the needs of their family and child.
 - The IFSP – Out of Home outlines the plan the guardians and service providers will follow to facilitate the child's return to the family home as well as the overall vision/goals for the child and family.

- (12) The guardians acknowledge review of the IFSP – Out of Home and accept their responsibilities while their child lives in an out of home living arrangement.
- (13) A copy of the IFSP – Out of Home is:
 - given to the guardian;
 - given to the service provider; and
 - placed on child's FSCD file.
- (14) The FSCD worker will review the IFSP – Out of Home with the guardian and service provider according to the timelines identified on the plan.
- (15) The FSCD worker will discuss with the guardian the importance of ensuring that the out of home living arrangement provider and the guardian have a mutual understanding of all aspects of the guardian's expectations regarding their child's care while in the out of home living arrangement.
- (16) Funding for the living arrangement is entered into the child's FSCD Agreement under the FSCDIS Out of Home service and it must be documented what the service is based on. For example, the name of the provider, the normative parental costs the guardian is contributing, the type of living arrangement and the number of days/weeks or months of Out of Home care the FSCD program is funding.
- (17) The guardian coordinates the child's move to the living arrangement location with the support of the FSCD worker.
- (18) Guardians have the right to remove their child from the out of home living arrangement at any time therefore the FSCD worker will inform the guardian that if they remove their child from an out of home living arrangement, they must notify the FSCD Program as soon as possible to discuss the circumstances of the child's removal.
- (19) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

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- (20) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.
- (21) In the event that a guardian removes their child from an out of home living arrangement and chooses not to have their child return, the FSCD worker will:
- discuss the circumstances of the child's removal from the out of home living arrangement;
 - revisit the out of home living arrangement options previously explored; and
 - present other service options to the guardian for consideration.

FORMS

- ◆ Record of Services Provided (FSCD0003)
- ◆ Out of Home Living Arrangement Request (FSCD12633)
- ◆ Individualized Family Support Plan – Out of Home
- ◆ Tip Sheet for Guardians Choosing an Out of Home Living Arrangement and Respite Providers
- ◆ Tip Sheet For Out of Home Living Arrangements and Respite Providers

FSCDIS

CHILD FOCUSED SERVICES

Out-of-Home Living Arrangements

Host Home Residence

- Assistance with the cost of a host home as the child's primary residence, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Foster Home

- Assistance with the cost of a foster home as the child's primary residence, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Group Home

- Assistance with the cost of a group home as the child's primary residence, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Residential Facility

- Assistance with the cost of a residential facility as the child's primary residence, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Travel To/From Out of Home Living Arrangement

Regulation

- 4 (1) (o) if care is provided to a child in a residence under clause (n), the cost of transportation at \$0.12 for each kilometre or if public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport
- (i) for the child and one adult to accompany the child to and from the guardian's home to the residence,
 - (ii) for the guardian to visit the child in the residence, and
 - (iii) for the child to visit the guardian in the guardian's home.

INTENT

- ◆ Travel to and from an out of home living arrangement is intended to facilitate the relationships between the family and child when the child resides out of home and transportation costs or access to transportation are a barrier.

POLICY

- ◆ When the family requires assistance with the costs of mileage or assistance with the cost of public transportation where no other travel options are available, accessible or appropriate, the FSCD Program may assist with the cost of mileage or public transportation:
 - to and from the child's out of home living arrangement
 - when the child is returning home for a visit with his/her family
 - when the child is returning to his/her out of home living residence after a visit at the family home
 - for guardian to visit their child at the out of home living residence.

PROCEDURE

- (1) The FSCD worker may provide funds, through a FSCD agreement or amendment, to cover the costs of transportation to and from the child's out of home residence, by the most economical means available, as per the visitation schedule outlined in the Individualized Family Support Plan – Out of Home.
- (2) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

FORMS

- ◆ Out of Home Living Arrangement Request (FSCD12633)
- ◆ Individualized Family Support Plan – Out of Home (FSCD12615)

FSCDIS

CHILD FOCUSED SERVICES

Out-of-Home Living Arrangements

Mileage to Facilitate Visits

- Assistance with the cost of mileage for family visits when a child's primary residence is out-of-home, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Public Transportation to Facilitate Visits

- Assistance with the cost of public transportation (other than the parent's private vehicle) for family visits when a child's primary residence is out-of-home, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

FEBRUARY 2022

Section 10-121

Section 11: TRANSITION PLANNING

FEBRUARY 2022

Section 11-1

Integrated Transition Planning

Transition to Adulthood (16 to 18½ years old)

- ◆ The transition from childhood to adulthood can be both exciting and challenging for youth and their families. Considering future employment options, whether or not to take training or post-secondary education, where to live and how they will support themselves are big questions for young people as they prepare for adulthood. For youth with a disability, this transition may present some unique challenges and require extra planning to arrange for the supports and services they will need after age 18.
- ◆ Transitions are more likely to be successful when planning starts early and the youth and their family play a lead role in the planning and decision making (see Section 8, Planning for Change).
- ◆ Community and Social Services is committed to supporting youth and their families in planning for the future and coordinating access to programs and services to assist youth in reaching their full potential. FSCD and adult disability programs work together to support youth and their families to plan for adulthood and is referred to as “integrated transition planning”. Integrated transition planning is the expectation for all youth starting at age 16. Together, child and adult programs will proactively arrange for the necessary supports to be in place when the youth turns 18 and plan for service continuity to the greatest extent possible.
- ◆ While the FSCD Program has lead for transition planning for youth with disabilities, integrated transition planning requires the participation and commitment of other Community and Social Services program areas as well as participation from Education, Health and Children's Services or other relevant partners based on the needs and goals of the youth.
- ◆ This policy refers to the FSCD worker’s role; however, it is recognized that in some areas of the province a Transition Coordinator or a staff with another position title may take lead for transition planning.

INTENT

- ◆ To use an integrated approach and a life course perspective when supporting youth and their family in planning for the transition to adulthood.
- ◆ To ensure that youth and their family receive the information they need to empower them to make informed choices about the supports and services that may be available to them after the age of 18 years.
- ◆ To help youth and their families experience an accessible, smooth transition from child to adult support services with reduced administrative challenges.
- ◆ To work together with the youth and their family, adult programs and other key partners to:
 - encourage and support the youth to set educational, vocational, employment and recreational goals for themselves as an adult;
 - empower the youth to take steps towards their goals prior to turning 18 years old;
 - promote the youth's capacity to achieve their goals;
 - promote the youth's greatest level of independence and participation in their community as an adult;
 - develop a Transition to Adulthood Plan with the youth and their family;
 - identify potential gaps and challenges early and plan for supports that, to greatest extent possible, prevent the youth from experiencing unmet needs after age 18; and
 - arrange for the necessary supports to be in place when the youth turns 18.

POLICY AND PROCEDURE

- ◆ Starting when the youth is 16 years old, FSCD and other Government of Alberta programs that serve adults with disabilities will work together to support youth and their guardian to proactively plan for the transition to adulthood and adult services.
 - If the timeframe for the FSCD's annual assessment of needs and support planning process for the youth falls shortly before their

16th birthday, transition to adulthood planning will be initiated before their 16th birthday.

- ◆ Integrated transition planning will be provided for all youth beginning at age 16.

Essential Program Standards

For youth 16 years of age or older, a Transition to Adulthood Plan (TAP) is on file relating to the current FSCD Agreement.

- ◆ The FSCD worker will use the following tools and resources to support the assessment of needs and support planning process for transition planning (see Appendix B, Integrated Transition Planning Tools):
 - Part 1 of the Family/Child Assessment of Needs (FCAON) as relevant;
 - Part 2 of the FCAON as relevant; the FSCD services to be included in the family's FSCD Agreement and rationale for services must be completed;
 - Transition Planning Questionnaire;
 - Transition Planning Checklist; and
 - the Transition to Adulthood Plan for all youth ages 16 and 17.

NOTE: The Transition to Adulthood Plan replaces the FSCD Individualized Family Support Plan (IFSP) when the youth is 16 and 17 years old and a copy of the Transition to Adulthood Plan is kept on the youth's FSCD file.

- ◆ The FSCD worker plays a lead role in working with the youth and their family and supporting the transition to adulthood planning. Integrated transition planning, however involves the participation of programs for adults with disabilities and recognizes the need to engage partners from other programs and Ministries as required to assist in planning and coordination of necessary supports and services for a youth as they prepare to transition to adulthood.
- ◆ Where the family is accessing FSCD and Child Intervention Services (CIS), the FSCD worker will work with the CIS worker to ensure supports and services are coordinated to provide a seamless transition to adulthood

(see Appendix O, A Cross-Ministry Protocol between Children's Services and Community and Social Services).

- ◆ Where a child with a disability is receiving CIS and not FSCD services, the FSCD worker may be asked to participate in CIS transition planning process to provide disability-related information and expertise.
- ◆ The youth and their guardian along with some or all of the following participants make up the **youth's transition planning team** depending on the youth's needs and goals:
 - the FSCD worker;
 - representatives from the adult disability programs:
 - Persons with Developmental Disabilities (PDD),
 - Assured Income for the Severely Handicapped (AISH),
 - Office of the Public Guardian / Trustee (OPGT),
 - Alberta Works Program representatives;
 - representatives from other government or community programs the youth and their family are currently involved with;
 - representatives from CIS, including Supports for Permanency;
 - representatives from Education and/or Alberta Health Services where applicable;
 - service providers, teachers and other people who the youth and their family identify as being important to include in transition planning; and
 - the Transition Coordinator (where applicable).
- ◆ The composition of the youth's transition planning team must reflect and promote integrated transition planning and service coordination between FSCD and adult disability programs.

NOTE: Even if a youth will not be eligible for an adult disability program, a representative from that program may still have valuable information to contribute to the youth's transition planning team and/or plan.

- ◆ There may be some government or community programs and services that do not need to participate on the youth's transition team, but with whom the

FSCD worker or adult disability programs may also work with to plan and coordinate supports and services.

- ◆ The youth's transition planning team will participate in **three transition to adulthood planning meetings** (may be referred to as case conferences) when the youth is ages 16, 17 and 18 ½. The purpose of the planning meetings is to develop, review, and monitor the youth's Transition to Adulthood Plan.
 - If the youth and their transition planning team decide that any of the three required transition to adulthood planning meeting (at age 16, 17 or 18½ years) are not necessary, rationale must be documented on the youth's FSCD file.
 - The youth's transition planning team may decide which members of the team are required to participate in one or all of the transition to adulthood planning meetings.
- ◆ Youth and the guardian play a central role in transition to adulthood planning and are lead in decision-making about the plan and the supports they access.
- ◆ Youth will be included in transition to adulthood planning meetings to the greatest extent possible and supported to participate in transition to adulthood planning to the best of their ability.
- ◆ The youth's **Transition to Adulthood Plan** will:
 - reflect the youth's interests and vision for their future;
 - identify and build upon the youth's strengths and natural support systems;
 - promote the youth's greatest level of independence and inclusion in their community;
 - identify and address the youth and their family's needs during the transition period;
 - focus on proactive planning for adulthood and the shift from child to adult services; and
 - prepare for the necessary supports and services to be in place when the youth turns 18.

- ◆ The FSCD worker will ensure a copy of the Transition to Adulthood Plan is provided to the youth and their guardian, all transition planning team members, and a copy is placed on the youth's FSCD file.
- ◆ All transition planning team members, including the youth and their guardian, are responsible to monitor and follow through on the activities and commitments identified in the Transition to Adulthood Plan.
- ◆ Members of the youth's transition planning team members will support the youth and their guardian as required to follow through on activities identified in the Transition to Adulthood Plan.
- ◆ The FSCD supports and services provided for 16 and 17 year olds will be in alignment with and support the youth's Transition to Adulthood Plan as well as promote the youth's greatest level of independence as they approach age 18.
- ◆ The FSCD worker and adult disability program staff will work together to proactively identify potential gaps or challenges in the bridging of supports from child to adult services and proactively plan to ensure continuity of services for the youth to the greatest extent possible.
- ◆ If required, the youth and their guardian will be supported to complete Guardianship/Trusteeship applications and court application which can be completed when a youth turns 17 with the court order coming into effect when the youth turns 18 years of age.
- ◆ When required, the youth and their guardian will be supported to complete and submit an AISH application when the youth is 17½ years old.
- ◆ The youth and their guardian will be supported to gather documents, fill out other application forms and submit relevant documents/assessment as required.

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- ◆ If the youth will not be eligible for any of the adult disability programs at age 18, the youth's transition planning team will work together with the youth and their guardian to identify what other supports or services may be available and proactively plan for the transition from FSCD to continued education, employment, or any other relevant supports in the community.

NOTE: If the youth will not be eligible for adult disability programs the need for FSCD supports and services to focus on maximizing the youth's daily living and independence skills in the years leading up to age 18 is even more important.

- ◆ The FSCD worker and adult disability program staff will work together and engage other Ministry or community partners as required to plan, identify innovative solutions, and prevent to the greatest extent possible, the youth from entering adulthood without the support he or she needs to be safe, included in community and successful.
- ◆ At the transition to adulthood planning meetings and throughout the integrated transition planning process, the FSCD worker and adult disability program staff will:
 - facilitate and/or actively participate in transition to adulthood planning meetings;
 - support the youth and their guardian's participation in transition to adulthood planning;
 - support the youth and their guardian in sharing their vision for the future;
 - provide information regarding the available programs and services, including information about the youth's eligibility, or ineligibility for the program;
 - provide information about other relevant supports, services or resources;
 - share relevant information and identify opportunities to promote the youth's functional abilities and greatest degree of independence as an adult; and
 - arrange for services to be in place when the youth turns 18.

Required Steps for Integrated Transition Planning:

When the youth turns 16 years old, the FSCD worker or staff whose role it is to support integrated transition planning (e.g., the Transition Coordinator) will:

- ◆ Provide the youth and their guardian with information about the integrated transition planning process.
- ◆ Discuss the youth and guardian's goals and vision for the future.
- ◆ Hold the first transition to adulthood planning meeting involving the youth's transition planning team and create a Transition to Adulthood Plan.
- ◆ Prior to the transition to adulthood planning meeting:
 - review existing information and gather any additional information required to support integrated transition planning;
 - complete the Transition Planning Questionnaire (as needed);
 - discuss the planning meeting with the youth and their guardian, including:
 - who will attend/participate;
 - team member's roles (including the guardian's and youth's);
 - location;
 - time lines, etc.; and
 - consider how best to involve the youth and support their participation at the meeting and ensure their voice is heard.
- ◆ Provide a copy of the Transition to Adulthood Plan to the youth, their guardian and all transition planning team members, and place a copy of the plan on the youth's FSCD file.
- ◆ Monitor the Transition to Adulthood Plan and follow-up on agreed upon activities.

When the youth turns 17 years old, the FSCD worker or staff whose role it is to support integrated transition planning (e.g., the Transition Coordinator) will:

- ◆ Hold a second transition to adulthood planning meeting involving the youth's transition planning team to:
 - review progress toward goals as defined in the Transition to Adulthood Plan;
 - update the Transition to Adulthood Plan as required; and
 - discuss who will take lead to co-ordinate the final meeting when the youth is 18½ years old.

NOTE: If the youth is not transitioning to an adult program at age 18, the youth and their guardian may choose to take lead to call the final meeting or may choose not to participate in the last meeting at age 18½.

- ◆ Provide a copy of the updated Transition to Adulthood Plan to the youth, their guardian and all transition planning team members, and place a copy of the plan on the youth's FSCD file.
- ◆ Assist the youth and their guardian in making guardianship or trustee application when the child is 17 years old if relevant to the Transition to Adulthood Plan.
- ◆ Assist the youth and their guardian to make application to the AISH program by the time the child is 17½ years old if relevant to the Transition to Adulthood Plan.
- ◆ Monitor the Transition to Adulthood Plan and follow-up on agreed upon activities.

When the youth turns 18 years old, the FSCD worker or staff whose role it is to support integrated transition planning (e.g., the Transition Coordinator) will:

- ◆ Ensure completion of the Transition to Adulthood Plan.
- ◆ Close the youth's FSCD file.

When the youth turns 18 ½ years old, the FSCD worker or staff whose role it is to support integrated transition planning (e.g., the Transition Coordinator) will:

- ◆ Hold a third and final transition to adulthood meeting involving the youth's transition planning team to:
 - review the integrated transition planning process;
 - ensure that supports and services are in place;
 - discuss the successes and challenges of the transition for the youth and their guardian; and
 - provide additional information as required.

Sharing Information for Integrated Transition Planning

- ◆ Programs will share the necessary information to support integrated transition planning. Consent is not necessary (see Section 3, Collection, Use and Disclosure of Child and Family Information).
- ◆ The ***Freedom of Information and Protection of Privacy (FOIP) Act*** permits disclosure of personal information without prior written consent to another public body if the information is necessary for the purposes of a common or integrated program and services and the performance of the duties of the officer or employee or member to whom the information is disclosed.
- ◆ The *FOIP Act* enables a public body to collect and to disclose relevant personal information under specific circumstances.
 - s.40(1)(C) for the purpose for which the information was collected or compiled or for a use consistent with that purpose,
 - s.40(1)(h) to an officer or employee of the public body or to a member of the Executive Council, if the information is necessary for the performance of the duties of the officer, employee or member,
 - s.40(1)(i) to an officer or employee of a public body or to a member of the Executive Council, if the disclosure is necessary for the delivery of a common or integrated program or service and for the performance of

the duties of the officer or employee or member to whom the information is disclosed.

- s.40(1)(l) for the purpose of determining or verifying an individual's suitability or eligibility for a program or benefit,
- ◆ The **Health Information Act** also allows information sharing - HIA s.35(1)(b) to a person who is responsible for providing continuing treatment and care to the individual.

NOTE: For information about **Alberta's Information Sharing Strategy** please refer to the website at:
<https://open.alberta.ca/publications/information-sharing-strategy-supporting-social-based-service-delivery>.

FORMS

- ◆ Family/Child Assessment of Needs (as required)
 - Part 1 – Child Disability Related Care Needs (FSCD3601)
 - Part 2 – Child and Family Support and Service Planning (FSCD3602)
- ◆ Transition to Adulthood Plan (FSCD0005)
- ◆ Transition Planning Questionnaire (FSCD0004) (as required)

TOOLS AND REFERENCES

- ◆ Collection, Use and Disclosure of Child and Family Information (Section 3)
- ◆ Planning for Change (Section 8)
- ◆ Transition to Adulthood Pathway (Appendix B)
- ◆ Transition Planning Checklist (FSCD0006)

- ◆ Transition Planning Record Keeping Check List (FSCD0007) (Appendix B)
- ◆ Transition Planning Tip Sheets (Appendix B)
 - For families (FSCD0008)
 - For youth (FSCD0010)
 - For service providers, advocates, community leaders and support network members (FSCD0009)
 - Key Elements of Integrated Transition Planning (FSCD0011)
 - Involving a Youth in the Transition to Adulthood Case Conference (FSCD0012)
- ◆ Transition Planning - Supporting Youth with Disabilities in Transitioning to Adulthood brochure (Appendix B)
- ◆ Potential Focus of Family Support For Children With Disabilities Involvement Relevant to Age - Developmental Guidelines (Appendix P)
- ◆ A Cross-Ministry Protocol between Children's Services and Community and Social Services (Appendix O).

Section 12: CONCERN RESOLUTION

FEBRUARY 2022

Section 12-1

Concern Resolution

INTENT

- ◆ Persons affected by a decision of the Family Support for Children with Disabilities (FSCD) program or who have a concern regarding the FSCD Program have the right to express their concern and to expect that there is an effective system to hear and resolve their concern.
- ◆ Concerns are taken seriously and will influence the review and continuous improvement of service delivery practices.
- ◆ Concern resolution policies and procedures are an integral part of overall quality assurance.
- ◆ Neither a guardian nor others assisting them to resolve their concern will be subject to reprisals as a result of voicing a concern.

POLICY

- ◆ Guardians may voice a concern verbally or in writing to their worker or other delivery staff.
- ◆ The process for expressing and resolving concerns must be transparent to guardians and other stakeholders.
 - Information about concern resolution and the options available to address concerns are provided to all guardians on an ongoing basis.
 - Guardians will be advised of the concern resolution options available to them when a formal decision is made.
- ◆ Delivery staff will ensure that the guardian is fully aware of all of their concern resolution options, including:
 - discussing their concern with their worker, supervisor or manager;
 - requesting a Review of an FSCD Program Decision;
 - accessing mediation; or
 - initiating an appeal.
- ◆ Delivery staff will assist the guardian in the process of initiating and seeking resolution to their concerns.

- ◆ Concerns will be heard and addressed in a consistent, fair and timely manner.
- ◆ All of the concern resolution options will be available to a guardian and do not need to be accessed sequentially or individually as a prerequisite to access another of the concern resolution options.
 - Access to a Review of an FSCD Program Decision or mediation will not limit or prevent access to an appeal.
- ◆ Every attempt will be made to ensure that a guardian has the information they require in order to have their concern resolved in a format they understand.
- ◆ Guardians have the right to support or advocacy in voicing their concerns through any or all of the concern resolution options.
- ◆ Delivery staff must consult with their supervisor regarding a guardian's concerns.
- ◆ All reasonable attempts will be made to resolve a concern as soon as possible and, where possible, without the need for the guardian to access more formal concern resolution options including mediation or appeal.
- ◆ The supervisor will support delivery staff to:
 - clarify the guardian's concern;
 - identify additional information that may be required to clarify the concern;
 - determine if there is a need to consult with an FSCD specialist, the Multi-Disciplinary Team (MDT) Coordinator (or the MDT where applicable), a manager or other relevant persons;
 - consider options for resolution; and
 - identify next steps in working with the guardian to resolve the concern; or
 - where the concern is with a decision that has already been made, re-examine the decision-making process or if there is a need to reconsider that decision.
- ◆ The delivery supervisor will contact the guardian and, if unable to resolve the following concerns over the telephone, meet with the guardian to discuss:
 - a service that was previously provided, is no longer being provided;
 - a service being significantly reduced from the previous agreement;
 - the child no longer being eligible for the FSCD Program; or

-
- the FSCD Agreement being terminated.

PROCEDURE

- (1) When a guardian voices a concern, delivery staff will:
 - clarify the concern and/or issues from the guardian's point of view and document same on the child's FSCD file;
 - gather information as required to respond to the concern in a timely manner;
 - consult with a supervisor and other appropriate person(s) as determined to be necessary and appropriate to assist identifying potential options for resolution;
 - make all reasonable attempts to resolve the concern.
- (2) Where applicable, the delivery supervisor will contact and/or meet with the guardian to discuss and resolve their concern.
- (3) If after all reasonable attempts to resolve a concern, a resolution satisfactory to the guardian is not achieved, delivery staff will:
 - explain the other concern resolutions options;
 - ensure the guardian understands their options as well as the timelines to submit a Notice of Appeal and/or Request for Mediation;
 - provide the relevant Review of an FSCD Program Decision, Request for Mediation of a Persons with Developmental Disabilities or Family Support for Children with Disabilities Decision, and Notice of Appeal to the Appeal Committee forms;
 - explain how to complete and submit the forms and assist the guardian with the documentation where required; and
 - refer the guardian to the Appeals Secretariat for more information about the appeal process.

Review of an FSCD Program Decision

The Review of an FSCD Program Decision is one of the concern resolution options available to a guardian. It is intended to provide an opportunity to have a decision made by the FSCD Program reviewed by delivery managers who were not part of the decision-making process.

The Review of an FSCD Program Decision is not a regulated process as are the mediation and appeal processes. A review of an FSCD Program Decision is an internal administrative review process that is identified in policy.

POLICY

- ◆ The Request for Review of an FSCD Program Decision form (FSCD3561) (see Appendix A, Forms) must be submitted within thirty (30) calendar days of the notice of the decision or if an appeal has been filed, at any time up to the appeal hearing.
- ◆ The form can be submitted to the local disability services office where the child's file is held or to the address on the document advising of a decision.
- ◆ The Review of an FSCD Program Decision must be completed by at least one delivery manager who was not involved in the original program decision, and one other uninvolved manager, manager's designate or FSCD specialist.
- ◆ The reviewers will consider the decision-making process and information considered in making the decision as well as any additional information provided to them by the guardians, relevant professionals and delivery staff.
- ◆ Arrangements will be made for the review so the guardian is able to participate in person where possible or by telephone or videoconference if necessary.
 - Guardians may also submit their information by e-mail where applicable.
- ◆ The Review of an FSCD Program Decision must be completed within fifteen (15) calendar days of receiving a Request for Review of an FSCD Program Decision Form.

-
- ◆ The reviewers can make a decision to uphold, reverse or vary the FSCD Program decision.
 - ◆ The outcome of the review (completed Review of an FSCD Program Decision form (FSCD3561-2) (see Appendix A, Forms) must be provided to the guardian within ten (10) calendar days of the review date.
 - ◆ The 45-calendar day time limit for submission of a Notice of Appeal is not suspended when a guardian requests a Review of an FSCD Program Decision.
 - ◆ Delivery staff must advise the guardian of the timeline for submission of a Notice of Appeal.

PROCEDURE

- (1) When a guardian disagrees with a decision, delivery staff advises them of the Review of an FSCD Program Decision as one of their concern resolution options.
- (2) Delivery staff provides the guardian a Request for Review of an FSCD Program Decision form (FSCD3561) and assists the guardian to complete the form if required.
- (3) Upon receipt of a completed Request for Review of an FSCD Program Decision form, delivery staff advises their supervisor / manager of the request. The Request for Review of an FSCD Program Decision form is placed on the child's FSCD file.
- (4) The manager or designate arranges for two reviewers to complete the review. The reviewers can be managers, manager's designates or FSCD specialists from within the zone, the collaboration area, or if required, from another collaboration area.
- (5) Arrangements are made for the guardian's participation in the review.
- (6) The outcome of the review is documented on a Review of FSCD Program Decision form (FSCD3561-2) and placed on the child's FSCD file.

- (7) Delivery staff advises the guardian of the outcome of the review and provides the guardian a copy of the completed Review of FSCD Program Decision.
- (8) Delivery staff takes action as required based on the review decision.

FORMS

- ◆ Request for Review of a Family Support for Children with Disabilities Program Decision (FSCD3561)
- ◆ Review of Family Support for Children with Disabilities Program Decision (FSCD3561-2)

Mediation

Act

Mediation

6 (1) The director and a guardian may enter into mediation with respect to any decision made by the director under this Act.

(2) No action may be brought against a person who conducts a mediation under this section for any act done or omitted to be done with respect to the mediation unless it is proved that the person acted maliciously and without reasonable and probable cause.

- ◆ Mediation is one of the concern resolution options available to a guardian.
- ◆ Mediation is intended to provide an opportunity to resolve a guardian's concern or disagreement with a decision in a collaborative and non-adversarial way.
- ◆ Mediation involves the use of a neutral and objective third party (referred to as a Mediator) who assists the guardian and delivery staff reach a mutually satisfactory resolution.
- ◆ Mediation stresses communication and creative problem solving.
- ◆ The mediator does not make decisions.

POLICY

- ◆ Mediation is a voluntary process.
- ◆ The guardian may request mediation with respect to any decision made under the FSCD Act or Regulation.
- ◆ The Request for Mediation of a Persons with Developmental Disabilities or Family Support for Children with Disabilities Decision form (FSCD3561) (see Appendix A, Forms) must be submitted within thirty (30) calendar days of the

notice of the decision or, if an appeal has been filed, at any time up to the appeal hearing.

- ◆ The form must be submitted to the local disability services office where the child's file is held or to the address on the document advising of a decision.
- ◆ Arrangements will be made so the guardian is able to participate in mediation in person.
 - Where necessary telephone or videoconference participation may be considered.
- ◆ If the guardian **has submitted** a Notice of Appeal (FSCD3579) (see Appendix A, Forms) regarding the decision that they are requesting mediation on, the **scheduling of the appeal hearing** will be placed on hold pending the conclusion or abandonment of mediation.
- ◆ If guardian **has not submitted** a Notice of Appeal, the 45-calendar day time limit for submission of a Notice of Appeal is suspended until the conclusion or abandonment of mediation.
- ◆ The 45-calendar day time limit for submission of a Notice of Appeal resumes the day after the conclusion or abandonment of mediation – the 45 days does not begin anew.
- ◆ Delivery staff or other FSCD designate will participate in mediation with the guardian.
- ◆ Delivery staff or other FSCD designate will make all reasonable efforts to arrive at an agreeable resolution through mediation.
- ◆ All mediated resolutions must fall within the scope and parameters of the FSCD Act and Regulation.

PROCEDURE

- (1) When a guardian disagrees with a decision, delivery staff discusses mediation as one of their concern resolution options.
- (2) The guardian notifies delivery staff that they want to access mediation.

-
- (3) Delivery staff provides the guardian a Request for Mediation of a Persons with Developmental Disabilities or Family Support for Children with Disabilities Decision form (PDD10925) and assists the guardian to complete the form if required. (See Appendix A, Forms.)
 - (4) If the guardian **has not submitted** a Notice of Appeal, delivery staff:
 - informs the guardian that the 45-calendar day time limit for submitting a Notice of Appeal will be suspended until the conclusion or abandonment of mediation.
 - (5) If the guardian **has submitted** a Notice of Appeal, delivery staff:
 - informs the guardian that scheduling of the appeal hearing will be placed on hold pending the conclusion or abandonment of mediation; and
 - advises the Appeals Secretariat that the guardian has requested mediation so that the Appeals Secretariat can place the scheduling of an appeal hearing on hold until the date mediation is concluded or abandoned.
 - (6) Upon receipt of the completed Request for Mediation form, the delivery staff advises their supervisor of the request for mediation.
 - (7) The delivery supervisor will contact the Disability Services Policy branch who will facilitate a referral for a mediator to Dispute Resolution Services at Alberta Justice and Solicitor General. The supervisor will work with Dispute Resolution Services to coordinate the mediation.
 - (8) Arrangements are made for the guardian's participation in the mediation.
 - (9) The delivery staff advises the guardian of their right to have an advocate or other support present at the mediation and provides referral for advocacy supports where required.
 - (10) The delivery staff and/or other FSCD designate(s) participates in mediation with the guardian.
 - (11) Upon completion of mediation delivery staff will:
 - if a Notice of Appeal was previously submitted, advise the Appeals Secretariat of the date that mediation was completed or abandoned;

- document the outcome of mediation on contact notes, place the notes on the child's FSCD file and FSCDIS and take action as required based on the outcome of mediation; and
- advise the guardian of the timelines for submitting a Notice of Appeal if they have not already done so.

FORMS

- ◆ Request for Mediation of a Persons with Developmental Disabilities or Family Support for Children with Disabilities Decision (Form PDD10925)

Appeal

Act

Appeal

7 (1) A guardian may appeal a decision of a director made under section 3(1)(b), 4 or 5(1) to an appeal committee established under section 8.

(2) An appeal under subsection (1) must be commenced by serving a notice of appeal, in the form provided for in the regulations, on the director within 45 days of the date on which the guardian has been notified of the decision that is the subject of the appeal.

(3) A director must, within 10 days of receiving a notice under subsection (2), deliver it to a chair of an appeal committee.

(4) Despite subsection (2), if the director and the guardian have entered into mediation pursuant to section 6, the time for commencing an appeal is suspended until the conclusion or abandonment of the mediation.

Appeal committee

8 (1) The Minister may establish one or more appeal committees.

(2) A person may be appointed as a member of an appeal committee for a term prescribed by the Minister and may be reappointed.

(3) The Minister may

(a) designate the chair and one or more vice-chairs of an appeal committee, and

(b) authorize and provide for the payment of the remuneration and expenses of the members of an appeal committee in accordance with any applicable regulations under the *Alberta Public Agencies Governance Act*.

(4) The quorum to hear an appeal is 3 members, but an appeal may be heard by one member for procedural matters related to the appeal or in emergency circumstances provided for in the regulations.

(5) Notwithstanding subsection (2), where the appointment of a member of an appeal committee expires, the member continues to hold office until

(a) the member is reappointed,

- (b) a successor is appointed, or
 - (c) a period of 3 months has elapsed,
- whichever occurs first.

2003 cF-5.3 s8;2011 c13 s4;2009 cA-31.5 s41; 2016 c19 s7

Decision-making criteria

8.1 When making a decision under this Act an appeal committee must consider the criteria for making a decision provided for in the regulations.

2004 c6 s6

Appeal committee powers

9 (1) The *Administrative Procedures Act* applies to the proceedings of an appeal committee.

(2) An appellant may be represented at a hearing of an appeal by a lawyer or by any other person.

(3) An appeal committee

(a) may confirm, vary or rescind the decision of the director under appeal, and

(b) must notify the appellant and the director, in writing, of its decision.

- ◆ The appeal process is intended to provide an opportunity for guardians to have an FSCD decision reviewed by an independent committee separate from the FSCD Program.
- ◆ The FSCD Appeal Committee is appointed by the Minister as an “arm's length” body from the FSCD Program to ensure an objective appeal process.
- ◆ The FSCD Appeal Committee is bound by the FSCD Act and the Regulations.
- ◆ Under Section 7 and 9 of the FSCD Act, the FSCD Appeal Committee may confirm, reverse or vary a decision regarding eligibility for the FSCD Program, services, or the cancellation of an agreement.
- ◆ The FSCD Appeal Committee notifies each party of its decision in a written summary.

POLICY

- ◆ A guardian may appeal any decision made under the authority of the FSCD Act or Regulation including decisions about eligibility for the FSCD Program, the provision of an FSCD service, or cancellation of a FSCD agreement.
- ◆ Delivery staff will support the guardian in initiating and accessing the appeal process.
- ◆ Delivery staff will provide general information about appeal and refer the guardian to the Appeals Secretariat for additional information about the appeal process.
 - Delivery staff will continue to work with the guardian to resolve their concern prior to the appeal hearing.
- ◆ A guardian has 45 calendar days from the date of the written notification of a decision in which to submit a Notice of Appeal to the Appeal Committee form (FSCD3579) (see Appendix A, Forms) (see Advising Guardian of Decisions, Section 8).
- ◆ The completed Notice of Appeal form must be returned to the office from which it was issued.
- ◆ Delivery staff has 10 working days from the date a completed Notice of Appeal form is received to forward the Notice of Appeal to the Appeals Secretariat.
- ◆ If a guardian requests mediation after a Notice of Appeal has been submitted, the delivery staff must inform the Appeals Secretariat that the guardian has requested mediation.
 - The scheduling of the Appeal hearing will be put on hold until mediation has been completed or is abandoned.
- ◆ When a concern is resolved to the guardian's satisfaction, the guardian may withdraw their Notice of Appeal.
 - The guardian must advise the Appeals Secretariat if they choose to withdraw their appeal.

- ◆ Other agreed upon FSCD services will continue to be provided while a guardian is appealing a decision.
- ◆ If the guardian has legal representation for the appeal, the delivery supervisor or manager will contact Family Law to discuss the need to have a lawyer assigned to represent the FSCD Program.

PROCEDURE

- (1) The guardian submits a completed Notice of Appeal to the Appeal Committee form (FSCD3579) to delivery staff / local disability services office.
- (2) The Notice of Appeal is date stamped indicating the date it was received.
- (3) Delivery staff advises their supervisor or manager of the Notice of Appeal.
- (4) Delivery staff forwards the Notice of Appeal to the Appeals Secretariat within ten (10) working days of its receipt.
- (5) Delivery staff provides the guardian with general information about the appeal process and refers the guardian to the Appeals Secretariat and their website for additional information about the appeal process.
- (6) After consultation with both parties, the Appeals Secretariat will schedule an appeal hearing and contact the guardian and delivery staff or FSCD designate to advise of the date and time for the hearing.
- (7) Delivery staff advises the guardian of their right to have an advocate or other support present at the appeal hearing and provides information and referral for advocacy supports where required.
- (8) The local disability services office will consult with Family Law regarding the issue of appeal, possible jurisdictional issues and other relevant legislation concerns.
- (9) Delivery staff notifies the FSCD Supervisor or Manager as to whether guardians will have legal representation at the appeal.
 - Family Law may assign a lawyer to represent the program at appeal hearings where appropriate.

-
- If a lawyer is required, delivery staff provides all relevant documents to the lawyer as soon as possible.
- (10) If the guardian requests mediation after a Notice of Appeal has been submitted, the FSCD worker advises the Appeals Secretariat.
- If the issue of concern is resolved through Mediation, **the guardian** must inform the Appeals Secretariat as to whether they are withdrawing their appeal.
 - If mediation is abandoned, delivery staff informs the Appeals Secretariat of the date that the guardian advised of the decision not to proceed with mediation.
- (11) Delivery staff or FSCD designate submits their appeal submission information to the Appeals Secretariat. (Do not submit original documents) For more info: <https://www.alberta.ca/fscd-how-appeal.aspx>
- (12) Delivery staff and/or other FSCD designate attends the appeal hearing.
- (13) Delivery staff advises the guardian that if they are not satisfied with the process of the appeal hearing, they may choose to contact a lawyer to inquire about further legal remedies or they may contact the Office of the Ombudsman.
- (14) The local disability services office may identify the need to consult with Legal Services about the potential for a judicial review if there are concerns with the process resulting in an appeal decision.

FORMS

- ◆ Notice of Appeal to the Appeal Committee (FSCD3579)
- ◆ Appendix H: Sample Outline for the Appeal Committee

Section 13: APPENDICES

FEBRUARY 2022

Appendix A-19

Appendix A: Forms

List of forms available online:

- [FSCD3592 Consent to Release Information – FSCD](#)
- [FSCD12355 Exceptional Consideration Authorization](#)
- [FSCD3601 Family/Child Assessment of Needs, Part 1 – Child Disability Related Care Needs](#)
- [FSCD3602 Family/Child Assessment of Needs, Part 2 – Child and Family Support and Service Planning](#)
- [FSCD3593 Individualized Family Support Plan](#)
- [FSCD12615 Individualized Family Support Plan – Out of Home](#)
- [FSCD12556 Medical Benefits Significant Financial Hardship Calculation](#)
- [FSCD3579 Notice of Appeal to the Appeal Committee – FSCD](#)
- [FSCD12633 Out of Home Living Arrangement Request](#)
- [FSCD0056 Request for Dental and Orthodontic Treatment Assistance](#)
- [FSCD3561 Request for Review of an FSCD Program Decision](#)
- [FSCD12344 Specialized Services Checklist for Parents](#)
- [FSCD12348 Specialized Services – MDT Coversheet](#)
- [FSCD12349 Specialized Services - Multi-Disciplinary Team Recommendations](#)
- [FSCD3594 Verification of On/Off Reserve Status For Funding Purposes](#)
- [PDD10925 Request for Mediation of a Persons with Developmental Disabilities or Family Support for Children with Disabilities Decision](#)

- **Decision Letter for Specialized Services**



Decision Letter for Specialized Services

Family Support for Children with Disabilities

Office Information

Suite Number/Floor Mailing Address

City or Town Province Postal Code Phone

Date of letter Client Name(s)

Client Mailing Address City or Town Province Postal Code

Child Name

Decision Reached

- Specialized Services will be provided
- Specialized Services will not be provided

Optional Content

- Include the text below
 - Do not include
- Date of MTD Review

In making this decision, FSCD also considered the recommendations from an FSCD Multi-Disciplinary Team review that occurred on [date].

- Include the rationale below
- Do not include

Explain the reasons/rationale for not providing specialized services, the criteria and requirements in the FSCD Regulation, as applicable, so the guardian understands how you reached this decision. If specialized services are to be provided, outline details of the services that will be included in the FSCD agreement, specifying what direct supports will be provided to the child.

- Include the next steps below
- Do not include

Outline any next steps or follow-up required by FSCD, the family or the family's service provider, i.e. receiving a plan from the provider.

FSCD Worker Name Date yyyy-mm-dd

Supervisor Name Date yyyy-mm-dd

Generate Letter

FSCD12081 Rev. 2019-05

Save **Print**

FSCD3561-2 Review of FSCD Program Decision

	Review of Family Support for Children with Disabilities Program Decision	
	Family Support for Children with Disabilities Program	
Review of Family Support for Children with Disabilities Program's Decision		
The following individuals reviewed the decision of the Family Support for Children with Disabilities program.		
_____	_____	_____
name	role	region
_____	_____	_____
name	role	region
Results of review:		
<input type="checkbox"/> the request for review is withdrawn.	<input type="checkbox"/> the decision is upheld.	<input type="checkbox"/> the decision is reversed.
<input type="checkbox"/> the decision is varied as follows:		
Rationale (considerations and recommendations):		

_____	_____	
Signature of Reviewer	date (yyyy/mm/dd)	
_____	_____	
Signature of Reviewer	date (yyyy/mm/dd)	
FSCD 3561-2 (2012/06)	___ Worksite File ___ Parent/Guardian	File Section 5

FSCD0467 Service Provider's Program Plan FSCD



Family Support for Children
with Disabilities Program

Service Provider's Program Plan

Initial _____
date (yyyy/mm/dd)

Review _____
date (yyyy/mm/dd)

Name of child		Child's File ID#
Name of program or school attended		Birthdate (yyyy/mm/dd)
Region responsible		School grade
Name of Aide		
Name of service provider or program coordinator for Aide		
Name of supervisor for Aide		
Identify the child's strengths and areas of need.		

Outline the Program Plan to be followed by the Aide. Identify GOALS, STRATEGIES TO ACHIEVE GOALS, OUTCOMES and TIMELINES. Identify all resource persons and their role in assisting the child.

Goals	Strategies to Achieve Goals	Person Responsible	Timelines	Outcomes

Date services of Aide to Commence (yyyy/mm/dd)	Approximate number of hours worked per week by Aide	Scheduled for review (yyyy/mm/dd)
Outline expectation of and involvement of parents in the program.		
Other important details:		

Signature of Aide	Date (yyyy/mm/dd)	Signature of Parent	Date (yyyy/mm/dd)
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FSCD 0467 (2012/06)

Page 1 of 1

File Section 3

- **Medical Benefits Request form**

FAMILY SUPPORT FOR CHILDREN WITH DISABILITIES MEDICAL BENEFITS REQUEST FORM

Please complete all information, including rationale to support all of the criteria for the provision of a Medical Benefit as per the FSCD Regulation and attach supporting documentation

For use by Region _____ Request # _____

For Department Use Only:
 Region _____
 Date _____

SUPPLY PRESCRIPTION DRUG

Recommended Not Recommended
 Recommended with Changes to Request
 Recommending Some of the Requested Benefits
 Request for Medical Benefit Withdrawn

Insufficient Information to Make Recommendation

Significant Financial Hardship as per Regulation has been determined yes Date: _____

Significant Financial Hardship Calculation Form is attached yes

FSCD Worker's Name:	Region:	Regional Review by: (name)	Date Sent to FSCD Program:
Name of Child:		Child File ID#	Child's Date of Birth (Mmm/dd/year):

Diagnosis Information:
 1. Primary Diagnosis: (as per FSCDIS) _____
 2. Secondary Diagnosis: (as per FSCDIS) _____
 3. Tertiary Diagnosis: (as per FSCDIS) _____

Provide a brief description of the child's disability or health condition and their circumstances as they relate to this medical benefit request:

Medical Benefit(s) Requested

Medical Benefit (attach detailed list or other supporting documents)	Quantity (per month)	Cost (per month)	Total Monthly Cost
List Medical Supply(s)		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
List Drug(s) Prescribed by a Physician		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Monthly Cost of Medical Benefit(s)			\$
Total monthly portion of the cost that exceeds 2% <i>(Step 7 from the Significant Financial Hardship Calculation Form)</i>			\$

Medical Benefits Request Form (2015/02)

Page 1 of 4

Medical Benefits Request form, page 2

Prior Funding

Has the family received funding for this medical benefit(s) in the past? yes no
If yes, dates funding provided: from _____ to _____ and, who provided the funding:
 prior FSCD medical benefit request private insurance Other (please explain): _____

Rationale to Support Criteria for Medical Benefits

If the medical benefit is a **drug as identified in section 4(1)(a) in regulation**, information and relevant documentation is provided:

- confirming that the prescription drug is not on the Drug Benefit List or on the list but not approved for the intended use yes
- regarding other drugs that have been tried and the child's need for this particular drug versus another drug that is covered by a health insurance plan..... yes

4 (1) (k)(i) Describe how the need for this medical benefit(s) is life sustaining or how it would be debilitating if the child did not receive the medical benefit.

4 (1) (k) (ii) Describe what other funding options have been explored (i.e. private health insurance plans, physician's application for Special Authorization, Home Care, Alberta Aids to Daily Living (AADL), Alberta Child Health Benefit (ACHB), FNIHB, subsidy programs, income support programs, service clubs, etc.) and confirm that no other resource is available to provide the medical benefit(s) in whole or in part.

4 (1) (k) (iii) Describe or provide documentation regarding how the use of this medical benefit(s) is based on established rehabilitative practices, strategies and approaches that are reasonable and demonstrated to be effective for the child.

Medical Benefits Request form, page 3

4 (1) (k) (iv) Confirm that the medical benefit(s) available in Alberta and if a drug, that the drug is available for sale and distribution in Canada.

Additional information relevant to request:

Follow-up by Provincial FSCD Program Area

Medical Benefit request (**does/does not**) meet all of the criteria in the FSCD Regulation.

Date of Recommendation:

Start date will commence at Regional Director signoff.

FSCD Supervisor/Manager Comments

Medical Benefits Request form, page 4

Regional Director Decision 1

- Support provincial recommendation yes no
- For the following period From _____ to _____
(Mmm/dd/year) (Mmm/dd/year)

NOTE: Start date cannot commence before date of Regional Director signoff.

- Regional Director Comments

- Regional Director Signature _____ Date _____ (Mmm/dd/year)

Change Notification or Follow Up by Region

If a regional decision differs from recommendation, if the family's needs have changed and the medical benefit is no longer required, if the timeframe is extended up to a maximum of twelve months, the quantity required or the cost of the recommended medical benefit changes please contact the Provincial Office, FSCD Branch so that Medical Benefit statistics can be updated.

Specialized Services Documentation – FSCD Worker Checklist



Specialized Services Documentation – FSCD Worker Checklist

Family Support for Children with Disabilities

Specialized Services Documentation FSCD Worker Checklist

Child's Name: <hr/> <small>(last) (first) (middle)</small>	Child's File ID #: <hr/>
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Complete applicable forms and gather documentation from the guardian and FSCD file. The following documentation is **REQUIRED FOR ALL REQUESTS** for specialized:

- MDT Cover Sheet (FSCD worker completes the form);
- Diagnostic information (from within past 5 years);
- Relevant medical documentation including supporting information from physicians or other health professionals involved with the child's ongoing care and follow-up (e.g., feeding clinic, hearing and vision test results if available, medication trials, etc.);
- Assessments or progress reports completed by designated health professionals (under the *Health Professions Act*) (e.g., SLP, OT, PT or Psych);
- School/PUF IPPs for current period and previous year or 2 years (if this information is on file); and
- Any additional information/documentation that the guardian(s) would like the MDT to consider.

In addition, for **REQUESTS TO CONTINUE SPECIALIZED** services the following documentation is **also required**:

- Updated specialized services Individualized Service Plan (ISP) for previous year or 2 years (where applicable);
- Proposed specialized services ISP for the services being requested for the upcoming service period;
- Assessment or progress summaries from the health professionals on the specialized services team (e.g., SLP, OT, PT or Psych); and
- Previous MDT recommendations (where applicable)

FSCD Worker Name and Signature

Date

Supervisor/Team Leader Name and Signature

Date

Specialized Services – Parent Feedback



Specialized Services – Parent Feedback

Family Support for Children with Disabilities

Parent Feedback

The Family Support for Children with Disabilities (FSCD) Program is interested in feedback about your experience in requesting specialized services and the decision making process. The Program is always looking for ways to improve the supports and services we provide - your input will help us to improve the way we work with families.

Your feedback is anonymous – you do not need to provide your name.

Please respond to the following questions:

Was this the first time you requested specialized services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you receive sufficient information about what specialized services are and when they are provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you receive sufficient information about the decision making process for specialized services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you advised of the information and documents you needed to provide?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you attend a Multi-Disciplinary Team (MDT) meeting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Did you receive the information and support you needed to participate in the MDT meeting? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> If you already had a service provider, were you encouraged to invite your service provider to the MDT meeting? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Did you feel heard and respected through the MDT meeting? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you have a paper review MDT?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Did you receive the support you needed to prepare for the paper review MDT? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Did you receive sufficient information about what would happen at the paper review MDT? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you receive a copy of the MDT recommendations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you receive clear rationale and explanation for the MDT recommendations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the FSCD worker's decision about specialized services clearly explained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you disagreed with the decision did your FSCD worker tell you about your concerns resolution options?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you live in northern or southern Alberta?	<input type="checkbox"/> Red Deer or North <input type="checkbox"/> South of Red Deer
Comments (use back of page if additional space is needed)	

Please return your completed feedback form to:
FSCD Branch, Human Services
Suite 350, Standard Life Centre, 10405 Jasper Avenue, Edmonton, AB T5J 4R7

Form Specialized Services – Parent Feedback (2015 Sep)

Specialized Services Record of Key Decision Points

		Family Support for Children with Disabilities	
Specialized Services: Record of Key Decision Points			
This form is intended as a tool for FSCD workers to track the dates and outcomes of key decisions relevant to the specialized services decision-making process. This form is used for each request for specialized services (initial or continued) and is kept on the child's file.			
Child Name: <small>last name</small> <small>first name</small>		File ID:	
Consultation with Supervisor regarding request for specialized services <small>See policy section 10-80</small>			Date: dd/mm/yy
Comments/follow-up required:			
Decision point #1: Does the information support the request for specialized services? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(see Decision #4)</small> <input type="checkbox"/> Additional information is required			Date: dd/mm/yy
If additional information/documentation is required, what information and follow-up is needed?			
Upon receipt, does the additional information provided support the request for specialized services? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If no see Decision #4)</small>			Date: dd/mm/yy
Where applicable, did you consult with an expert (i.e., single MDT member)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <small>(See policy section 10-84)</small>		Date of Consultation: dd/mm/yy	
Decision points #2: Are MDT recommendations required? <small>See policy section 10-86</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, a decision about providing specialized services must be made within 15 days (see Decision #4)</small>			Date: dd/mm/yy
<input type="checkbox"/> Confirmation that the MDT Coordinator was consulted <small>See policy section 10-86</small> <small>The FSCD worker must consult with their supervisor and the MDT Co-ordinator when determining if MDT recommendations are required</small>			
Decision points #3: What type of MDT is required? <small>See policy section 10-86</small>			Date: dd/mm/yy
<input type="checkbox"/> Face to Face MDT <input type="checkbox"/> Paper Review MDT		Date of MDT: dd/mm/yy	
Or for new/initial requests only: <input type="checkbox"/> Consider report from Glenrose Rehabilitation Hospital's Preschool Assessment Service (PAS) in Edmonton <input type="checkbox"/> Consider report from the Children's Hospital's Early Childhood Development Team (ECDT) in Calgary			
Decision point #4: Will specialized services be provided? <small>See policy section 10-94</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Decision must be made within 15 working days of decision #1, #2 or the date of the MDT)</small>			Date: dd/mm/yy
Comments/follow-up required:			
Decision point #5: Is the Individualized Service Plan (ISP) Satisfactory? <small>See policy section 10-97</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Changes are required			Date: dd/mm/yy
If changes are required, what additional information or modification of the ISP is needed?			
Upon receipt, is the revised ISP satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date: dd/mm/yy
If the ISP is not satisfactory please describe what steps will be taken?			
At each decision point the FSCD worker advises and explains the decision to the guardian (verbally and in writing) within the timelines specified in policy. <small>See policy section 10-80 to 10-98</small>			
2014 Feb			

Appendix B: Integrated Transition Planning Tools

- [Transition Planning – Supporting Youth with Disabilities in Transitioning to Adulthood brochure](#)
- [FSCD0013 Transition to Adulthood Pathway](#)
- [FSCD0011 Transition Planning Tip Sheet - Key Elements of Integrated Transition Planning](#)
- [FSCD0008 Transition Planning Tip Sheet - For Families](#)
- [FSCD0010 Transition Planning Tip Sheet - For Youth](#)
- [FSCD0012 Transition Planning Tip Sheet - Involving a Youth in the Transition to Adulthood Case Conference](#)
- [FSCD0009 Transition Planning Tip Sheet - For service providers, teachers, advocates, community leaders and support network members](#)

- [FSCD0007 Transition to Adulthood – Record Keeping Checklist](#)



Transition to Adulthood - Record Keeping Checklist

This Tip Sheet provides suggestions about collecting, compiling and retaining information and documentation about your child. A child with a disability may attend more medical appointments, may have more complex educational plans, may be receiving health therapies or may be involved in services and supports that a child without a disability would not access. This involvement typically is supported by application forms, information gathering documents, program plans, assessments and other disability specific information. It is important that this documentation be kept in an easily accessible manner to support and promote the child in the future.

- Date all reports, articles, notes, etc. and sort into a dedicated storage system - this will save you time when something is needed.
- Take notes of conversations and meetings pertaining to your child - include who you spoke with, their contact information, when you spoke with them and any agreed upon action.
- Compile a master contact list of everyone involved in your child's transition process.
- Keep a complete personal history of your child, including:
 - Birth Certificate / Proof of Citizenship
 - Photo Identification
 - Social Insurance Number
 - Medical records including diagnosis, diagnosing physician name and contact information
 - Medical history, assessments, and test results
 - List of health care providers and medical specialists who have been or are involved with your child
 - Reports and records of educational assessments and standardized tests
 - Report cards, Individualized Program Plans, school correspondence, and other educational records
 - Copies of important emails relevant to your child's transition
 - Copies of applications and relevant correspondence to post-secondary educational programs
 - Copies of applications and relevant correspondence to adult government support programs
 - Copies of guardianship and trusteeship applications
 - Reports on volunteer positions
 - Reports on employment
 - Reports on training completed separate from the child's education program (example - First Aid)
 - Bank account information including passwords
 - Registered Disability Savings Plan (if applicable)

FSCD0007 (2014/09)

FSCD0006 Transition to Adulthood - Transition Planning Checklist



**Transition to Adulthood
Transition Planning Checklist**

The Transition Planning Checklist is an optional tool for worker use. It is a summary of the relevant documents and information that may be required by Adult Programs and other stakeholders to determine potential programs and eligibility requirements during the transition process. It should be initiated during the agreement year that the youth will be turning 16 and can be updated throughout the transition period.

Completed By	Title	Date (yyyy-mm-dd)
Reviewed By	Title	Date (yyyy-mm-dd)

Personal Information

Youth Name		Date of Birth (yyyy-mm-dd)	Age
Address		City	Province/Territory AB
Diagnosis		Postal Code	

Primary Parent / Guardian Name(s)			
Address		City	Province/Territory AB
Home Phone Number	Cellular Number	Email Address	

Caregiver Name (if not parent / guardian)			
Address		City	Province/Territory AB
Home Phone Number	Cellular Number	Email Address	

School	Program	Grade
Out-of-School Care / Support		

FSCD0006 Transition to Adulthood - Transition Planning Checklist, page 2

Current Documentation Inventory

Which of the following exist?	Yes	No	Date (yyyy-mm-dd)	Comments (if required)
Last full FSCD Family / Child Assessment on Need (FCAON)	<input type="checkbox"/>	<input type="checkbox"/>		
Neurological / Psychological Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Information	<input type="checkbox"/>	<input type="checkbox"/>		
Multi-disciplinary / Specialized Service Assessments	<input type="checkbox"/>	<input type="checkbox"/>		
Educational - Individual Program Plan (IPP)	<input type="checkbox"/>	<input type="checkbox"/>		
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>		
IQ Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
→ If yes, is the Full Scale IQ Score less than or equal to 70 (+/-5)	<input type="checkbox"/>	<input type="checkbox"/>		If yes, contact PDD at age 16 to determine eligibility.

Do any of the following conditions apply?	Yes	No	Comments / Specify
Quadriplegia	<input type="checkbox"/>	<input type="checkbox"/>	
Moderate, severe, or profound Developmental Delay diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	
PDD Approved	<input type="checkbox"/>	<input type="checkbox"/>	
Severe brain injury	<input type="checkbox"/>	<input type="checkbox"/>	
Palliative or terminal prognosis	<input type="checkbox"/>	<input type="checkbox"/>	
Organ Transplant (pending)	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent residency in 24 hour medical care	<input type="checkbox"/>	<input type="checkbox"/>	
If "Yes" to any, this might indicate a Potential Fast Track for AISH - the individual may not have to complete the entire application process. Contact AISH to discuss.			

Who is involved as a support to the youth and family? (i.e. formal or informal supports)

Provider / Person	Support / Service
	<input type="checkbox"/>

Summary / Next Steps

- [FSCD0004 Transition to Adulthood - Transition Planning Questionnaire](#)

		Transition to Adulthood Transition Planning Questionnaire			
The Transition Planning Questionnaire helps gather information about areas of interest to explore, goal areas and areas of ongoing support need that will be outlined on the Transition to Adulthood Plan.					
A. General Information					
Youth Name		Date of Birth (yyyy-mm-dd)			
Completed By	Date (yyyy-mm-dd)	Revised By	Date (yyyy-mm-dd)		
B. Home Living					
	Able	Need Support	Not Sure	Goal Area	
Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grocery Shopping and Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating and Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping and Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FSCD0004 (2016/07)				Page 1 of 10	

FSCD0004 Transition to Adulthood - Transition Planning Questionnaire, page 2

Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health and Safety Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coping Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assistive Technology, Adaptive Devices (wheelchair, van, canine companion, assistive technology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accessing Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accessing Emergency Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Which of the following adult living arrangements are of interest to you?	Able	Need Support	Not Sure	Goal Area	Comments / Specify
Parent / Relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Renting a House / Apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Owning a Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shared Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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FSCD0004 Transition to Adulthood - Transition Planning Questionnaire, page 3

Subsidized Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Community Involvement and Access

As an adult, how will you get around in the community?	Able	Need Support	Not Sure	Goal Area	Comments / Specify
Own a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Transportation (bus, taxi, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking / Bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Car Pools Rides from family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Which, if any, of the following Community Access Supports are you interested in learning more about?	Able	Need Support	Not Sure	Goal Area	Comments / Specify
Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protecting Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Obeying the Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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FSCD0004 Transition to Adulthood - Transition Planning Questionnaire, page 4

Coping Skills (define)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Skills (define)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accessing Community (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping (grocery or personal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Services (i.e.: bank, post office, service centres, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Which are of interest to you?	Able	Need Support	Not Sure	Goal Area	Comments / Specify (i.e. Identify Support Services Available)
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clubs / Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health / Fitness Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Options (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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FSCD0004 Transition to Adulthood - Transition Planning Questionnaire, page 5

Spectator Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family Gatherings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Library / Museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerts / Plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TV / Video Games / Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D. Decision-Making

	Able	Need Support	Not Sure	Goal Area	Comments / Specify
Deciding Where to Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Deciding with Whom to Associate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal Decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Decisions - Recreation and Leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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FSCD0004 Transition to Adulthood - Transition Planning Questionnaire, page 6

Educational and Vocational Training Decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employment Decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If support is required to make decisions, is there an adult that is willing, suitable and able to act as the person's guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, consult OPGT. Note that you may still consult with OPGT if you answered Yes.</i>					
If support is required to make financial decisions, is there an adult that is willing, suitable and able to act as the person's trustee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, consult OPGT. Note that you may still consult with OPGT if you answered Yes.</i>					
NOTE: A Funds Administrator may be available to help manage AISH or IS funds.					
E. Learning					
	Yes	No	Comments (if required)		
University / College	<input type="checkbox"/>	<input type="checkbox"/>			
Technical School	<input type="checkbox"/>	<input type="checkbox"/>			
Business School	<input type="checkbox"/>	<input type="checkbox"/>			
Apprenticeship	<input type="checkbox"/>	<input type="checkbox"/>			
On-the-job Training Experiences	<input type="checkbox"/>	<input type="checkbox"/>			
Continued Education	<input type="checkbox"/>	<input type="checkbox"/>			
FSCD0004 (2016/07) Page 6 of 10					

FSCD0004 Transition to Adulthood - Transition Planning Questionnaire, page 7

Distance Education	<input type="checkbox"/>	<input type="checkbox"/>	
Adult Enrichment Classes	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	
Are you interested in learning about any of the following Education and Training Supports?	Yes	No	Comments / Specify
Reading	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	
Communication (oral or other)	<input type="checkbox"/>	<input type="checkbox"/>	
Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	
Numeracy Skills	<input type="checkbox"/>	<input type="checkbox"/>	
Computer use	<input type="checkbox"/>	<input type="checkbox"/>	
Form / Application Completion Assistance	<input type="checkbox"/>	<input type="checkbox"/>	
Assistive Technology / Adaptive Devices (i.e. communication devices)	<input type="checkbox"/>	<input type="checkbox"/>	

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FSCD0004 Transition to Adulthood - Transition Planning Questionnaire, page 8

Adapted Course Work	<input type="checkbox"/>	<input type="checkbox"/>		
Individual Tutor	<input type="checkbox"/>	<input type="checkbox"/>		
Scribe / Reader	<input type="checkbox"/>	<input type="checkbox"/>		
Financial Assistance	<input type="checkbox"/>	<input type="checkbox"/>		
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>		

F. Employment - Career Services / Supports

What type of employment situation do you think would be best for you?	Able	Need Support	Not Sure	Goal Area	Comments / Specify
Full Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Part Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Run Your Own Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Which of the following Career Services / Employment Supports are of interest to you?	Able	Need Support	Not Sure	Goal Area	Comments / Specify
Working With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resume Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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FSCD0004 Transition to Adulthood - Transition Planning Questionnaire, page 9

Interview Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Presentation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Networking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job Seeking Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Career Placement / Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
→ Military Recruiting Office Visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
→ College Visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
→ Employer Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
→ Vocational / Technical School Visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job or Career Shadowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post Employment Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vocational Interest / Ability Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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FSCD0004 Transition to Adulthood - Transition Planning Questionnaire, page 10

Work Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Summer Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteer Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Transition Planning Meeting Invitee List

Invite	Program	Name of Attendee	Accepted	Date Invitation Sent (yyyy-mm-dd)
<input type="checkbox"/>	Persons with Developmental Disabilities (PDD)		<input type="checkbox"/>	
<input type="checkbox"/>	Assured Income for the Severely Handicapped (AISH)		<input type="checkbox"/>	
<input type="checkbox"/>	Alberta Works (jobs, careers, and training, Health Benefits, Income Support)		<input type="checkbox"/>	
<input type="checkbox"/>	Office of the Public Guardian / Trustee (OPGT)		<input type="checkbox"/>	
<input type="checkbox"/>	Education		<input type="checkbox"/>	
<input type="checkbox"/>	Community Based Service Providers		<input type="checkbox"/>	
<input type="checkbox"/>	Child and Family Services		<input type="checkbox"/>	
<input type="checkbox"/>	Family Support for Children with Disabilities (FSCD)		<input type="checkbox"/>	
<input type="checkbox"/>	Other (describe)		<input type="checkbox"/>	

Transition Planning Meeting Details

Note: Every attempt should be made to schedule the Transition Planning Meeting to include the Youth.

Available Dates:	
Scheduled Date (yyyy-mm-dd)	Scheduled Time (24 hour clock)
Location:	Date Held (yyyy-mm-dd)

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FSCD0005 Transition to Adulthood Plan



Transition to Adulthood Plan

Protected B (when completed)

Please provide a common notification reminder to the guardian. The Common Notification brochure can be provided for more information <https://hs.alberta.ca/AWOnline/AlbertaSupports/8325.html>

The Transition to Adulthood Plan is created with the youth, their family and their Transitional Planning Team. It is intended to help clarify needs, identify the goals that are most important to the youth/family, and how the goals will be achieved. The plan will also help the Transition Planning Team develop a better understanding of what information the youth/family may need about additional programs and services, how to assist with coordinating services, and to identify the services the youth needs during this transition period into adulthood.

Original Amendment to Current Plan

Youth's Last Name	Youth's First Name	Youth's Middle Name	Date of Birth: Year	Month	Day	Youth's Age as of Today's date
Home Telephone Number	Cellular Number	Email Address	Date of Transition Case Conference yyyy-mm-dd	Youth's Projected High School Completion Date yyyy-mm-dd		
Parent/Guardian Last Name	Parent/Guardian First Name	Parent/Guardian Middle Name	Telephone Number	Year	address	
Current Address	City	Province	Postal Code			
Date the Plan Was Created with the Family yyyy-mm-dd	Participants of the Meeting					

Based on Family's/Youth's Needs in the areas of Independence (home living, community access, decision-making ability) and Employment (education and training, career services and supports) what are the priorities that the youth and family want to address during this transition period?

Youth's identified strengths:

The Youth, Parent/Guardian and the Transition Planning Team agree to the following goals:

Goals What does the family want to accomplish?	Strategies to Achieve Goals What needs to be done to achieve goals?	Person Responsible By Whom?	Timelines By When yyyy-mm-dd?	Review / Evaluation Was the goal achieved?
INDEPENDENCE GOALS				
Home Living	Consider: PDD / AISH / Health / Mental Health / Housing			
Community Access	Consider: PDD / AISH			
Decision Making Ability	Consider: OPGT			

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Reset

Worksite File

Parent / Guardian Copy

Other: _____

Save

Print

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EMPLOYMENT GOALS	
Education / Training	Consider: Alberta Works / Alberta Education / PDD
Career Services / Supports	Consider: Alberta Works / PDD

Transition Planning Team Members

Name	Agency/Program	Contact Number	Date Copy Sent yyyy-mm-dd

Post-age 18 Follow Up: Will happen in _____ Month _____ Year

Details:

Feedback

Date the Plan Was Discussed yyyy-mm-dd If the guardian requests changes to the plan, what are they?

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Reset

Worksite File

Parent / Guardian Copy

Other: _____

Save

Print

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Appendix C: Regional Offices

- [Local FSCD Office Lookup](#)

Appendix D: Inter-Zone/Region Transfer Protocols

INTENT

The intent of this protocol is to ensure that when families move from zone-region to zone-region, the current and receiving regional delivery staff work together to ensure a smooth transition for the family.

Protocol promotes a more seamless service delivery system for families who move from one zone-region to another.

POLICY

Delivery staff from the current and the receiving zone-region work, in partnership with the family, to ensure the transition process is as smooth as possible, with minimal disruption for the family.

Comparable supports are made available to the family in the receiving zone-region, wherever possible, taking into consideration any changes in needs that families might have, as a result of moving

Information and referral to community supports and services will be provided by the receiving region.

All administrative processes, associated with the transition from one zone-region to the other, are coordinated to ensure minimal disruption for the family.

The transfer process will be communicated in such a way as to reassure the family about the level of support they will continue to receive.

PROCEDURE

Parents advise worker in advance of move to another local disability services office/zone-region

- (1) Delivery staff discusses with the family whether they would like advance information about the availability of local community resources and service providers. If the parents want this information, delivery staff:

- Arranges a transfer conference with the parents and delivery staff in the receiving zone-region to discuss their current Individualized Family Support Plan (FSCD3593) and FSCD Agreement. Information about local community services and service providers within the zone-region are provided to the family for future use
 - Contacts the receiving zone-region, obtains information about the receiving zone-region and conveys that information to the parent.
- (2) Delivery staff ensures the parents have a name, contact number and other details about how to contact the FSCD Program in the receiving zone-region.
 - (3) Delivery staff ensures the file is up-to-date, completes a closing amendment for the current FSCD Agreement if necessary, completes the file closure/transfer function in FSCDIS, and provides a closure transfer summary prior to releasing the file to the receiving zone-region. Delivery staff then contacts the receiving zone-region to ensure the new worker has all of the necessary information.
 - (4) Delivery staff advises family that receipts for services, up to the transfer date, can be submitted to the current zone-region. If these receipts are forwarded to the receiving zone-region, the receiving zone-region should redirect them to the current zone-region for payment, without further involvement of the family.
 - (5) Delivery staff in the receiving zone-region contacts the family within a week of receiving the family's file and arranges a home or face-to-face visit. The family should be reassured at that visit that the Individualized Family Support Plan (FSCD3593) and FSCD Agreement will be honoured, to the greatest extent possible, and that the most comparable local resources will be made available to the family. Delivery staff should explore any changes in the family's needs, resulting from the change of location, and make adjustments to the type and level of supports, as appropriate. Delivery staff should also provide information and referrals to local community supports and services.
 - (6) Minor revisions should be made to the existing Individualized Family Support Plan (FSCD3593) but, if required, a new Individualized Family Support Plan should be prepared, in collaboration with the family, and a new FSCD Agreement put into place.

Parents move to another local disability services office/zone-region without advising delivery staff

- (1) When delivery staff from either the sending or receiving region becomes aware a family with an active FSCD Agreement has relocated, he/she arranges a transfer conference with the family to discuss information about the family's needs and priorities, current services received and any other relevant issues.
- (2) Delivery staff in the sending region ensures the file is up-to-date, completes a closing amendment and includes a summary prior to promptly releasing the file to the receiving zone-region. Delivery staff then contacts the receiving zone-region to ensure the new worker has all of the necessary information.
- (3) Delivery staff in the receiving zone-region advises the family that receipts for services, up to the transfer date, can be submitted to the sending zone-region. If these receipts are forwarded to the receiving zone-region, the receiving zone-region should redirect them to the sending region for payment, without further involvement of the family.
- (4) Delivery staff in the receiving zone-region contacts the family within a week of receiving the family's file and arranges a home or face-to-face visit. The family should be reassured at that visit that the Individualized Family Support Plan (FSCD3593) and FSCD Agreement will be honoured, to the greatest extent possible, and that the most comparable local resources will be made available to the family. Delivery staff should explore any changes in the family's needs, resulting from the change of location and make adjustments to the type and level of supports, as appropriate. The worker should also provide information and referrals to local community supports and services.
- (5) Minor revisions should be made to the existing Individualized Family Support Plan but, if required, a new Individualized Family Support Plan should be prepared, in collaboration with the family, and a new Agreement put in place.

Appendix E: Provincial and Regional Parent Advisory Committees

Provincial Parent Advisory Committee (PPAC)

The Provincial Parent Advisory Committee, or PPAC, was established in July 2004 to provide a voice for parents of children with disabilities.

PPAC provides an opportunity for information sharing between the Ministry of Community and Social Services and families of children with disabilities.

PPAC objectives include the following:

- (15) To provide input and feedback on policies, procedures and services to the Ministry of Community and Social Services as it affects families of children with disabilities. In addition, to ensure the Family Support for Children with Disabilities legislation continues to have a positive impact on families and their children with disabilities.
- (16) To make every reasonable effort to recruit representation from each region in the province, including First Nations, facilitating the flow of information between the FSCD Program and families in each region.
- (17) To provide advice for families of children with disabilities.
- (18) To assist in the development of strategies to increase public awareness on the challenges and opportunities faced by families of children with disabilities.

PPAC Membership includes:

A maximum of eleven (11) parent representatives, for a term of three (3) years with staggered terms; consisting of:

One (1) representative for each of the regions

One (1) representative from First Nations

At least one parent representative appointed by the Minister as Co-Chair

A maximum of 11 parent alternates will be appointed to the Committee who will attend meetings on behalf of the regional parent representative if s/he is not able to attend.

The committee will also include:

Two (2) Regional Directors or designates; one representing an urban region and one representing a rural region

The Director, FSCD

Individuals are recruited and appointed by the Government of Alberta and collectively constitute “the Committee”. Membership is subject to appointment through Ministerial order. Appointment of each member of the Committee is for a fixed term of up to 3 years, with the potential of re-appointment based on satisfactory performance. An individual’s appointment is limited to a maximum 5 years of continuous service.

The Committee is accountable to the Minister. The reporting relationship to the Ministry of Community and Social Services occurs through the parent co-chair or the FSCD Director.

Will hold meetings as required, but generally at least 6 times a year.

Regional Parent Advisory Committee (RPAC)

Regional Parent Advisory Committees (RPACs) provide an opportunity for families of children with disabilities to have input into the ongoing direction of the FSCD Program within their region.

Regional Parent Advisory Committees:

provide a family perspective of how the FSCD legislation supports positive outcomes for families and their children with disabilities;

work with their regional FSCD staff to provide ongoing input and feedback on FSCD policies, procedures, support and services;

share information between families of children with disabilities and regional FSCD staff; and

may be invited to support regional implementation of projects related to supports for children with disabilities and their families.

Each Regional Parent Advisory Committee is also represented at the Provincial Parent Advisory Committee.

Any parent with a child with a disability who is receiving support through the FSCD Program may apply to become a member of their local committee.

FEBRUARY 2022

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Appendix F: Canada Revenue Agency

The Canada Revenue Agency Website www.ccr-aadrc.gc.ca/disability is a comprehensive resource that provides detailed and current information on topics and services that may be of interest to individuals with disabilities. The website contains topics of interest for persons with disabilities. Paper copies of forms and publications can also be requested by contacting the information line at 1-800-959-2221.

Appendix G: Employee-Employer Relationship

INTENT

To clarify the responsibility of parents and service providers in the hiring of independent care providers and the recommendation of fees for services and reporting requirements.

POLICY

The parent is responsible to pay the independent care provider for all costs associated with the independent care provider, including their hourly rate or other remuneration or fees for services.

The FSCD Program will reimburse service agencies directly for all costs associated with service providers.

The FSCD Program does not reimburse independent care providers directly for their fees or other remuneration for services nor does the FSCD Program report to or pay any amounts owing directly to Canada Revenue Agency for Canada Pension Plan or Employment Insurance.

The parent is responsible to seek independent advice with regard to their responsibilities for reporting and remitting Canada Pension Plan and Employment Insurance and other related obligations concerning the independent care provider such as taxes and vacation.

The FSCD Program does not provide advice on employee-employer matters.

PROCEDURE

- (1) The parent is responsible to pay all independent care provider costs including deductions, remittances and reporting to Canada Pension Plan (CPP) contributions and Employment Insurance (EI) premiums.
- (2) Service Agencies are required to cover deductions, remittances and report to Canada Pension Plan contributions and Employment Insurance premiums on the amounts pay to service providers

Appendix H: Sample Outline for the Appeal Committee

Family Support for Children with Disabilities Family Support for Children with Disabilities Appeal Committee SUMMARY

Child's Name: _____

Child's Birthdate: _____

FSCD Identification Number: _____

Parent(s) Name: _____

Address: _____

Telephone Number: _____

Date of Appeal: _____

Issue of Appeal: _____

under Section _____ for the *Family Support for Children with Disabilities Act*.

Background Information

Status of Agreement

Other Relevant Information

Status of Request Being Denied

Rationale for Denying Supports and Services

Concluding Comments

Name of Supervisor/Manager
FSCD Program

Appendix I: Triple P (Positive Parenting Program)

Triple P is an evidence-based parenting support system that offers a variety of levels of support and delivery modalities to meet parents' needs, including public seminars, self-help booklets and online program delivery for self-directed learning to more detailed group courses and individual sessions. Triple P is proactive, flexible, and responsive with multi-modal accessibility and varying levels of intensity.

Triple P (Positive Parenting Program) aligns well with the FSCD Program principles (see Section 2, Program Principles).

Triple P builds on families' strengths, abilities and resources.

Triple P promotes family-centred practice and recognizes families as the primary source of care and support for their children.

Triple P recognizes the importance of facilitating the inclusion of children with disabilities in community living.

Since 2007, Alberta has invested and supported access to Triple P through Parent Link Centres, FSCD, and through some school authorities. Triple P is available at Parent Link Centres for all Alberta parents. Through the FSCD Program, families can access Stepping Stones, the variant of Triple P designed for parents of a child with a disability as well as other Triple P options.

Triple P is one of the most widely used, researched and evidence-based parent support programs in the world and has been shown to be effective with a wide variety of diagnoses, including Autism Spectrum Disorder, Attention Deficit Hyperactive Disorders, etc. Triple P gives parents the skills they need to raise confident, healthy children and teenagers, and build stronger family relationships. It helps parents promote their children's positive behaviour and prevent problems occurring in the first place.

The techniques and strategies used in Stepping Stones Triple P can be adjusted to the individual characteristics and culture of the family and child as well as the type of disability. Triple P strategies can be applied to support parents in promoting their child's positive behaviour, supporting mental health concerns (i.e. anxiety) and supporting skill development in the activities of daily living skills,

including the development of social skills. The Stepping Stones variation has eight additional strategies compared to regular Triple P.

As well as Stepping Stones Triple P, other variations of Triple P such as Teen, Triple P Online, and Self-Help Stepping Stones are available to families of children with disabilities through FSCD.

Triple P is offered to families accessing the FSCD Program as a proactive and/or early intervention support which will help parents promote positive behaviour, support development, and reduce the need for more intensive services. Families may also access Triple P as a behavioural/developmental support, or as part of or prior to specialized services.

Families and their Triple P practitioners can provide information about how Triple P benefitted their child and family. Families that have taken Triple P may access the program again, including a different level or modality, to help with new issues and review strategies they have learned.

The FSCD worker will choose the Triple P service category in FSCDIS according to the family's situation:

FSCDIS Service Category	Level of Need
FSS-Triple P	The family does not require Child Focused Services.
CFS-Triple P	The family will be accessing Behavioural/ Developmental Support.
SS-Triple P	The family is, or will be, accessing Specialized Services and is taking Triple P prior to or as part of their specialized services program.
Administrative Costs – Triple P (FSS, CFS, and SS)	All indirect costs associated with Triple P delivery (i.e. mileage and travel time).

Additional information about Triple P, including research and parenting information, can be accessed through the Alberta Triple P Website: www.triplep-parenting.ca

A webcast, [Stepping Stones Triple P as explained by practitioners](#), can be viewed for more information on Stepping Stones Triple P strategies and success stories.

Appendix J: Multi-Disciplinary Team (MDT) Roles and Responsibilities

BACKGROUND

To fulfill the requirements of the Family Support for Children with Disabilities (FSCD) legislation, the FSCD Program established Multi-Disciplinary Teams (MDTs). MDTs are comprised of at least two of the following professionals who have experience and expert knowledge on best practices regarding services for children with severe disabilities and their families:

- Occupational Therapists;
- Physical Therapists;
- Speech and Language Pathologists; and
- Psychologists.

The professionals who participate on the MDTs are appointed through Ministerial Order for the purposes of the *Family Support for Children with Disabilities Act* and Regulation.

PURPOSE

MDTs serve a consultative role to the FSCD worker, providing recommendations that help to inform the FSCD worker's decision-making regarding the need for and provision of specialized services.

MDTs review and consider information and documentation provided by the child's family, service providers and other professionals involved with the family and child, and/or as relayed through the FSCD worker, including:

- diagnostic information, clinical assessments or reports;
- information from the child's school program;
- current and/or proposed Individualized Service Plans (where applicable);
- information about the services being requested;

information about the family's goals, priorities and the skills and strategies they use to help promote their child's participation in activities of daily living; and

any other information provided relevant to the family's and child's individual needs and circumstances.

Based on the information and documentation provided, the MDT makes recommendations to the FSCD worker related to the provision of specialized services. **MDTs do not complete clinical assessments, see the children or make decisions about the provision of FSCD services.**

MDT MEMBER'S ROLES AND RESPONSIBILITIES

1. Understand the intent of the FSCD Program and legislation pertaining to the provision of specialized services.

2. Actively participate in the MDT process, including face to face or video/teleconference meetings involving parents and services providers or paper reviews as applicable.

Review the information and documentation provided;

Seek clarification, as needed, to ensure a sufficient understanding of the child's needs; the family's priorities; the strengths and abilities of the family and child; the resources that the family has available to them; and the nature of the specialized services being proposed; and

Discuss the information and documentation, the family's priorities and needs, whether there is a critical need for specialized services, the services being requested and how they would address the family's and child's needs.

3. Provide recommendations to the FSCD worker.

Work as a Multi-Disciplinary Team in order to develop MDT recommendations by consensus rather than independently offering discipline specific recommendations;

Provide clear explanation and rationale for the MDT recommendations; and

Identify any considerations or concerns relevant to the recommendations.

MDT recommendations address the following two criteria as identified in the FSCD Regulation (Section 4(1)(m)(vii) and (ix)):

- 1) Does the child have a critical need for and is it recommended that FSCD provide specialized services?
- 2) Are the proposed specialized services likely to achieve measurable improvement in a reasonable and predictable period of time or to sustain or prevent regression or dependency in the child's activities of normal daily living?

In making MDT recommendations, MDT members consider and may comment on the following information or factors as relevant to their recommendations including:

The diagnostic information, clinical assessment or reports and other information provided regarding the child's disability and its impact on their ability to function in activities of normal daily living;

The need for additional, updated or clarified information relevant to the child's areas of need to help inform service planning or for consideration in terms of future specialized service needs;

The child's strengths, functional abilities and service needs in the following areas:

Behaviour;

Communication and socialization skills;

Cognitive Abilities;

Physical and motor development;

Self-help skills and adaptive functioning;

The complexity of the child's disability and the family's need for support and consultation from professionals (e.g., a speech-language pathologist, physical or occupational therapist or psychologist);

The impact of the disability on the child's functioning in activities of daily living;

The impact of the child's disability on the family including the extraordinary care demands;

The needs of the family including their need for information, consultation, coaching and/or support to promote their child's participation in activities of daily living;

The strengths, abilities, and routines of the family or circumstances that may impact their ability to participate in specialized services at this time, influence how specialized services are provided or shape the development and implementation of the Individualized Service Plan;

The supports or strategies that have proven to be effective for the family and child in the past (e.g., progress or outcomes of previously provided supports and services including specialized services);

Other programs, supports and/or services that are currently being accessed or the programs, supports and/or services that may be available to address the identified service needs including other less intrusive FSCD services;

The fit between the services being requested/proposed and the:

family's goals and priorities;

child's strengths, abilities and limitations;

other supports or service that the family is receiving;

Where applicable, the current and/or proposed Individualized Service Plan (NOTE: families requesting specialized services for the first time may not have a service provider or service plan), including:

the level of family involvement in developing and implementing the plan;

the fit between the service goals and family's priorities;

The extent to which the identified service goals support the parents capacity to promote the child's participation in activities of normal daily living; and

The extent to which the identified service goals respond to the critical areas of need;

The extent to which the proposed specialized services are based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and demonstrated to be effective;

The fit between the services and resources being requested and the identified needs of the family and child, including the composition of the specialized service team; the level of professional and/or aide involvement; the hours of service being proposed; and the model of service delivery;

How service elements will be integrated and coordinated internally and with other services being provided to the family and child (e.g., supports or service being provided through Health or Education);

How the proposed services or the Individualized Service Plan (where applicable) will address anticipated transitions (e.g., family moving, changes to family composition, entry into a school program or changing of schools, transitioning to other types of services, etc.);

The duration of time that specialized services are required or the need to review the ongoing need for specialized services;

How service delivery and outcomes will be monitored and tracked; and

Other relevant information.

4. Provide follow-up support to the MDT process and consultation to the FSCD worker as required.

Be available to finalize the MDT recommendations if not completed during the scheduled MDT meeting time;

Provide further clarification and rationale as needed regarding the MDT recommendations;

Provide a professional opinion to the FSCD worker regarding discipline specific questions.

5. Participate in FSCD Program or MDT process related activities as required.

Attend meetings or in-service sessions related to the FSCD legislation, policy and/or other program matters as they pertain to the MDT process or the provision of specialized services.

OTHER MATTERS TO KEEP IN MIND

MDT recommendations are intended to support the FSCD worker in making decisions about providing the right services at the right time.

MDT recommendations relate specifically to the critical need for specialized services and if the proposed services are likely to have a positive impact for the individual family and child.

MDT recommendations are only one piece of information that the FSCD worker considers in making a decision regarding specialized services.

The MDT is making recommendations based only on the information and documentation provided for their consideration.

In the event that the MDT members do not feel that they have the information necessary to make MDT recommendations, they should inform the MDT Co-ordinator. NOTE: every effort is made to ensure that sufficient information and documentation is available before an MDT is scheduled.

MDT members begin with the assumption that families and service providers are trying their best.

The MDT is intended to be a positive experience for families that supports them in receiving the right services to address their individual needs and circumstances.

Families should be treated with respect and made to feel comfortable in sharing information about their circumstances and needs.

All communication with parents, service providers, FSCD staff, other MDT members, and the MDT Co-ordinator should be professional, supportive and respectful.

MDT members may be exposed to personal and/or sensitive information about the family, child, or service providers. All information and documentation shared during the MDT process is confidential.

While MDT members may take informal (transitory) notes to help remember information or questions that come up during the MDT meeting, any important information noted should be reflected in the

MDT recommendations document. All notes and copies of the family's documentation are destroyed at the conclusion of the MDT meeting.

There may be occasions when an MDT member feels a professional responsibility to comment on an issue that is beyond the scope of their role as an MDT member. Such comments or concerns should be brought to the attention of the MDT Co-ordinator who will ensure that they are communicated to the relevant FSCD Program staff.

Professionals may have a particular theoretical orientation that may or may not be shared by other disciplines or even other professionals within their field. It is important for MDT members to remain objective and aware of their own biases.

CONFLICT OF INTEREST

Individual MDT members must exclude themselves from the MDT meeting if they or their organization:

Currently provide services to the family and child;

Have provided services to the family and child within the past year; or

Stand to directly benefit from FSCD decisions related to the MDT recommendations.

MDT members should not provide services to a family whose MDT they participate in. This applies for a period of up to one year after the MDT recommendations were made.

In these and all other matters, MDT members should adhere to the ethical guidelines and conflict of interest cautions associated with their respective disciplines and governing bodies.

Appendix K: Role of the Multi-Disciplinary Team (MDT) Co-ordinator

MDT Co-ordinators facilitate the Northern and Southern MDTs and promote a consistent provincial MDT process.

The MDT Co-ordinator does not have decision-making authority regarding the provision of FSCD services.

The MDT Co-ordinator:

- Is available to provide support and consultation relevant to specialized services and the MDT process;
- Provides consultation regarding the need for an MDT and the type of MDT that is needed;
- Reviews all information and documentation to ensure that there is sufficient information for the MDT's review before scheduling an MDT;
- Facilitates the MDT process and chairs all MDTs; and
- Tracks, analyzes and reports on information and emerging issues related to the MDT process.

Appendix L: Tip Sheets for Choosing an Out of Home Living Arrangement

[Tip Sheet for Choosing an Out of Home Living Arrangement and Respite Providers](#)

[Tip Sheet for Out of Home Living Arrangements and Respite Providers](#)

Appendix M: Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services

[Link to Guidelines](#)

Appendix N: FSCD Guidelines for Demonstrating Effectiveness

[Link to Guidelines](#)

**Appendix O: A Cross-Ministry Protocol between
Children's Services and Community and Social
Services: Supporting Alberta's Children, Youth
and Parents / Guardians with Disabilities**

[LINK](#) to Protocol

Appendix P: Potential Focus of Family Support for Children with Disabilities Involvement Relevant to Age

All families experience challenges and stressors when raising children. The Family Support for Children with Disabilities (FSCD) program recognizes that families raising a child with a disability may need additional support so they can raise their children at home and encourage the children’s participation within the family and in the community. FSCD works with families to plan supports and services that will meet children’s needs as they change throughout childhood and assist the family to strengthen their ability to promote their child’s growth and development. These guidelines are not an inventory of all the supports available through FSCD, such as assistance to parents for the extraordinary costs of raising a child with a disability, as the costs would be determined during the assessment of needs and support planning process.

The FSCD Program acknowledges that families are unique and their experiences will differ. This document is intended as a tool for FSCD workers to help develop understanding about some of the unique experiences that families of children with disabilities may have and identify some considerations with respect to the intent of FSCD supports. The chart is not an exhaustive list and families may not have all of these experiences, or may have experiences that are not represented.

AGE	EXPERIENCES OF FAMILIES RAISING CHILDREN	EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY	POTENTIAL FOCUS OF FSCD INVOLVEMENT
0 – 35 Months	<ul style="list-style-type: none"> • Parents and other family members celebrate the arrival of the newest member of the family • A critical time for bonding and attachment with parents and other family members • A secure, loving and stimulating environment provides a solid foundation for future development • Parents have a critical role in promoting their child’s development - they provide 	<ul style="list-style-type: none"> • The family may first become aware of the child’s diagnosis/disability • Families may need to attend numerous medical appointments and assessments related to diagnosis or early intervention • Parents learn to work with professionals and navigate systems • Family members appraise their situation during this phase and seek answers • Parents may seek solutions or ways to alleviate the impact of the disability 	<ul style="list-style-type: none"> • Assisting the family to understand their critical role in promoting the development of their child • Promoting family involvement with personal support networks, including engagement with cultural support systems as a resource for emotional and practical assistance with the care of their child with a disability • Supporting the family as they appraise their situation and make adjustments to support their child with a disability

AGE	EXPERIENCES OF FAMILIES RAISING CHILDREN	EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY	POTENTIAL FOCUS OF FSCD INVOLVEMENT
Cont'd 0 – 35 Months	<p>opportunities and encourage their child to learn new skills and enjoy seeing him or her experience things for the first time</p> <ul style="list-style-type: none"> • Child develops from the dependency of an infant to a mobile, communicative, increasingly independent toddler (NOTE: children develop at different rates) • Infants and toddlers require constant supervision and are dependent on others to meet their physical and emotional needs • Families may be challenged to manage their child's behaviour as the child passes through the "terrible twos" and "trying threes" 	<ul style="list-style-type: none"> • The family may need to make adaptations to support their child with a disability • Parents and other family members get to know their child and experience joy in his or her uniqueness • Families may experience grief and loss as the impact of their child's diagnosis becomes clear • Families may feel isolated and experience stress as they try to come to terms with their child having a disability and meet the needs of their child and family • Important milestones of early childhood may be delayed or may not occur 	<ul style="list-style-type: none"> • Assisting the family to identify and build upon their strengths and resources • Providing the family with information about and referral to relevant programs, services and resources (e.g., parent support groups, early intervention) • May assist with skill-building for the parents and/or family members • Services should not interfere with this critical period of bonding and relationship building (e.g., only in unique circumstances will the program assess for 24-hour respite care or out-of-home care)
3 – 6 Years	<ul style="list-style-type: none"> • Parents continue in their critical role promoting the development of their child • Family members facilitate child's participation in social and community activities and provide opportunities for their child to engage in activities with other children • Parents take pride in their child's achievements but may also feel a sense of fear or loss as their child becomes more independent (e.g., starting school) • Child is interested in interacting with other children and learns how to relate to others • Child has first school experience either in preschool or kindergarten • Development continues at a rapid pace (physical, intellectual, emotional and social) • Preschoolers require full 	<ul style="list-style-type: none"> • The family may first become aware of their child's diagnosis/disability • Families may experience grief and loss as the impact of their child's diagnosis becomes clearer • Parents may experience negative responses to their child's behaviour and/or appearance, which may result in feelings such as embarrassment, stress and/or isolation • Families begin to appreciate their child's unique strengths and abilities as his or her personality unfolds • Families continue to make adaptations to support their child with a disability • Families may experience stress as they try to meet the needs of the child with the disability and the competing needs of siblings • Parents may struggle with understanding their child's developmental needs and how to encourage his or her development 	<ul style="list-style-type: none"> • Supporting the family as they evaluate their situation and make adaptations to support their child and facilitate activity and participation • Assisting the family to understand their critical role in promoting the development of their child • Supporting the family as they continue to build their personal network as a resource for emotional and practical assistance with the care of their child with a disability • Providing the family with information about and referral to relevant programs, services and resources (e.g., community playgroups, recreational activities, Program Unit Funding – Alberta Education, connecting with other parents) • Assisting the family to consider their skills and abilities, as FSCD supports and services are intended to build upon the strengths and resources of the family and their child

AGE	EXPERIENCES OF FAMILIES RAISING CHILDREN	EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY	POTENTIAL FOCUS OF FSCD INVOLVEMENT
Cont'd 3 – 6 Years	<p>supervision and varying degrees of coaching and assistance with daily living skills</p> <ul style="list-style-type: none"> • Child is building skills that will assist him or her as he or she becomes more independent, at home and in school and community settings • The child's unique personality emerges, including personality traits that may be challenging for parents (e.g., strong-willed child) • Families have busy schedules as they support the activities and interests of their children (e.g., attending sports, lessons, community activities) 	<ul style="list-style-type: none"> • Families work with professionals and navigate systems that may include early education services • The gap between a preschooler's functioning and the functioning of his or her peers and/or younger siblings may widen or become more apparent • Children may begin early education programs (e.g. Program Unit Funding – Alberta Education) and have their first school experience 	<ul style="list-style-type: none"> • Helping the family to learn strategies, build new skills, develop confidence and independence to parent their child with a disability • FSCD recognizes the importance of early intervention and acknowledges that the level of support provided during the preschool years may be more intensive than at other times during the child's life • Services should not interfere with the critical role of the parents and family in promoting and supporting the development of their child (e.g., only in unique circumstances will the program assess for 24-hour respite, out-of-home care or community aide) • Co-ordinating FSCD services with early education programming (e.g., Program Unit Funding through Alberta Education) • Assisting the family and child as they prepare for the transition to full-time school and participation in the school system
7 – 12 Years	<ul style="list-style-type: none"> • A time of significant change and adjustment for the family and the child as he or she becomes a full-time student • Parents support the child as talents emerge and interests develop • Families have busy schedules as they support the activities and interests of their children (e.g., attending sports, lessons, community activities) • Parents support their children to establish good habits, exercise judgment and establish parameters as they prepare their children for adolescence • Child is developing skills to support increasing independence 	<ul style="list-style-type: none"> • Relationships within the family may be strained (e.g., sibling, marital, parent-child, extended family) • Families may experience grief and loss as siblings and similar age peers achieve milestones that their child with a disability does not • Over time, families make adaptations that assist them to function as a family which may positively affect their acceptance and perception of the disability • Families may experience periods of stability if they have resources and supports in place that effectively support them • Families continue to work with professionals and navigate systems, including the education system 	<ul style="list-style-type: none"> • Supporting the family with including their child in community activities and building upon their child's interests and abilities • Providing the family with information about and referral to relevant programs, services and resources (e.g., community recreation opportunities, sibling support) • Supporting the family as they continue to re-appraise their situation and make adaptations to promote their child's activity and participation in the activities of daily living • Supporting the family as they continue to build and strengthen their personal network as a resource for emotional and practical

AGE	EXPERIENCES OF FAMILIES RAISING CHILDREN	EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY	POTENTIAL FOCUS OF FSCD INVOLVEMENT
Cont'd 7 – 12 Years	<ul style="list-style-type: none"> • School and community have a greater influence on the child (e.g., peer pressure) as the child is away from the family home for large portions of the day • Child is increasingly independent socially (e.g., able to participate in group activities, able to resolve conflict with friends) • Child establishes a community presence and develops relationships that may not involve other members of the family • Child may participate in activities on his or her own or with limited support from family members 	<ul style="list-style-type: none"> • Families may find it difficult to meet the care needs of their child with a physical disability due to the child's increasing height/weight • Families may experience difficulty finding caregivers for their child • Families may have difficulty understanding and adapting to the developmental needs of their school-aged child with a disability • The gap between the child's functional abilities and those of similar age peers and/or younger siblings may widen and become increasingly apparent • Child may become aware of his or her own limitations and differences • Child may have difficulty interacting with peers and participating in activities 	<ul style="list-style-type: none"> • assistance with the care of their child with a disability • Move toward consultative support to the family as they refine their skill set and focus on promoting the child's activity and participation (e.g., behaviour/developmental supports, less intensive levels of specialized services) • Working with the family to strengthen their capacity to care for and promote the development of their child • As the child gets older, the level of care required due to his or her disability may become more extraordinary (e.g., personal care aides, community aide, respite) • Working with the family and child as they develop a vision for the future and identify steps toward the transition to adulthood
13 – 15 Years	<ul style="list-style-type: none"> • Parents support their child as he or she becomes a teenager and help manage physical and emotional changes • Societal expectations for independence increase • Families continue to manage busy schedules, co-ordinating and providing transportation to sports, lessons and activities • The role of the parent shifts significantly from care giving to supporting independence and monitoring activity • Transition to junior high • The influence of school and community becomes greater than that of the home environment • Peer pressure increases while the need to fit in and be 	<ul style="list-style-type: none"> • The level of care, supervision and support required may become more taxing for the family • Families may not be sure or lack information about how to continue promoting their child's development • Families may experience grief and loss as the long-term impact of the disability becomes more apparent • Parents may require new skills to address the challenges of adolescence, including responding to their child's emerging sexuality • The family may have mixed emotions (e.g., apprehension and excitement) about planning for the child's transition to adulthood • Children with a disability may struggle with peer relationships and dealing with their own limitations and differences • Families may experience periods of 	<ul style="list-style-type: none"> • Supporting the family as they address new and emerging challenges associated with adolescence and the unique concerns that this may raise related to their child's disability • Promoting the child's independence by building on their strengths and abilities and developing life skills • Supporting the family in acquiring new skills to address the changing needs of their child and promote their child's activity and participation in activities of daily living (e.g., behavioural/developmental support) • Providing the family with information about and referral to relevant programs, services and resources • As the child grows older, the care required as a result of their disability may become more extraordinary

AGE	EXPERIENCES OF FAMILIES RAISING CHILDREN	EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY	POTENTIAL FOCUS OF FSCD INVOLVEMENT
Cont'd 13 – 15 Years	<p>accepted becomes increasingly important to the child</p> <ul style="list-style-type: none"> • Puberty brings significant changes in physical and emotional development and sexuality • Children may begin challenging their parents' authority and rules • Children may participate in community activities independently • Children assume increased personal responsibility for their role as a student • Preparation for high school 	<p>stability if they have resources and supports in place that effectively support them</p> <ul style="list-style-type: none"> • As families support their child to build a circle of friends and community connections, they will have the opportunity to see their child establish relationships with others • The children may become more aware of the formal supports in their life and may become resistant to their involvement (e.g., does not want an aide or a respite care provider) • The physical care needs of the child may become more complex due to puberty and other changes in physical development (i.e., becoming larger and stronger) • The child may struggle with adapting to a new school, changes in staff, or the level of support he or she receives 	<p>(e.g., personal care aides, community aide, work-related care)</p> <ul style="list-style-type: none"> • Supporting the family as they continue to build and strengthen their personal network as a resource for emotional and practical assistance with the care of their child with a disability, as this is a long-term resource that will exist regardless of the type of formal, paid support that the child may receive in the future • Working with the family and child as they continue to develop a vision for the future and identify further steps toward the transition to adulthood
16 – 18 Years	<ul style="list-style-type: none"> • Ongoing adjustments for both the parents and child as the child moves through puberty and may become sexually active • Parents monitor activities, provide guidance and support decision-making • Parents play an important role in providing guidance as their child plans for and makes decisions about the future • Sense of excitement, anticipation and fear as the family and child prepare for the transition to adulthood • Increasing societal expectations around responsibility and independence • School and community continue to have a strong influence • Children spend increasing amounts of time with peers and are faced with peer pressure 	<ul style="list-style-type: none"> • Families may experience grief and loss as similar age peers and siblings achieve major milestones that their child does not • Parents may experience a sense of pride and accomplishment as their child reaches the important milestone of becoming an adult • The child and his or her family are preparing to transition to the adult service system which may mean a different level and type of support • Concerns with decision-making authority may emerge as parents try to promote their child's independence to the greatest extent possible • Families discuss and plan for decision-making when the child turns 18 • Child may continue to struggle with peer relationships and accepting differences • Child may strive for independence but 	<ul style="list-style-type: none"> • Providing the family with information about and referral to relevant programs, services and resources to address the changing needs of the child and their family • Supporting the family and child to prepare for the transition to adulthood • Assisting the family to co-ordinate planning for adult services (e.g., Persons with Developmental Disabilities, Adult Mental Health, Assured Income for the Severely Handicapped, Public Guardian, Public Trustee) • Supports and services focus on enhancing and promoting the child's independence • Supporting the family to strengthen their personal network as a resource for emotional and practical assistance for the family and the child, as these natural supports will

AGE	EXPERIENCES OF FAMILIES RAISING CHILDREN	EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY	POTENTIAL FOCUS OF FSCD INVOLVEMENT
Cont'd 16 – 18 Years	<ul style="list-style-type: none"> • Children may challenge their parents' authority as they are given the opportunity to make more decisions on their own and have more input on decisions affecting them (e.g., at school) • Children are striving for independence through activities such as employment, driving, etc. • The child takes personal responsibility for his or her role as “student” 	struggles to acquire the skills to achieve this goal	<p>exist regardless of the type of formal, paid services that the young adult may receive in the future</p> <ul style="list-style-type: none"> • Involve and include input from the child wherever possible

Resources

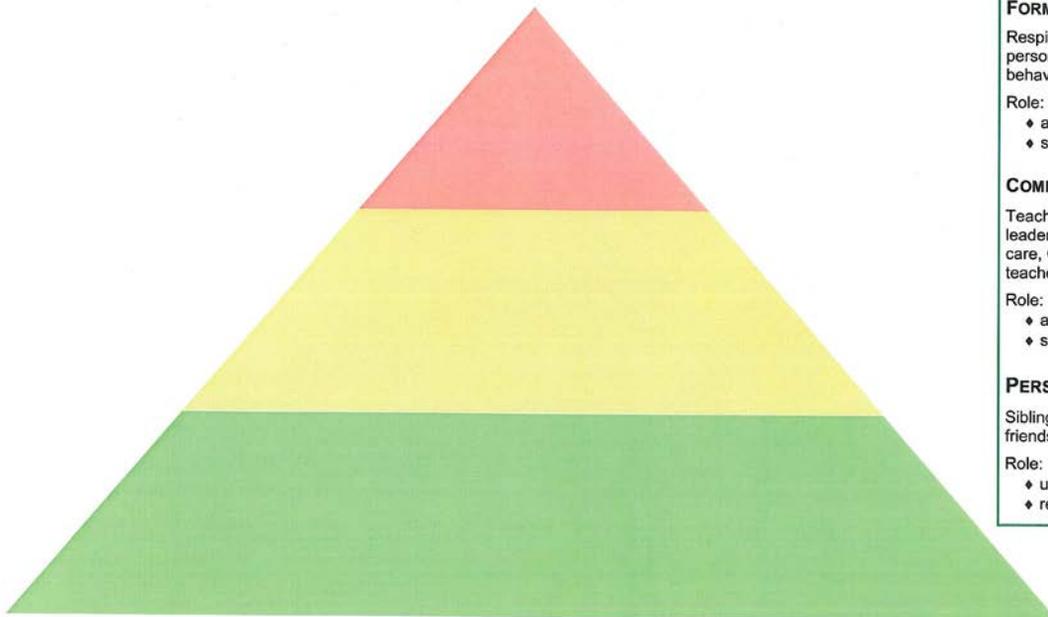
FOR MORE INFORMATION ABOUT CHILD DEVELOPMENT	FOR MORE INFORMATION ABOUT DISABILITY, ACTIVITY AND PARTICIPATION	FOR MORE INFORMATION ABOUT FAMILY CENTRED PRACTICE
<p>Visit:</p> <ul style="list-style-type: none"> • Provincial Family Resource Networks: https://www.alberta.ca/family-resource-networks.aspx • Growing Healthy Canadians: A Guide for Positive Child Development www.growinghealthykids.com • Queensland Government, https://www.health.qld.gov.au/home https://www.qld.gov.au/health/children/babies/milestones • Raising Children Network: the Australian parenting website http://raisingchildren.net.au/ 	<p>Visit:</p> <ul style="list-style-type: none"> • The World Health Organization, www.who.int/classifications/icf/training/icfbeginnersguide.pdf International Classification of Functioning • The CanChild Centre for Childhood Disability Research, www.canchild.ca/en/, search International Classification of Functioning to find numerous articles 	<p>Visit:</p> <ul style="list-style-type: none"> • The CanChild Centre for Childhood Disability Research, www.canchild.ca/en/, search Family Centred Practice to find numerous articles <p>Further reading</p> <ul style="list-style-type: none"> • Dunst, C.J., & Trivette, C.M. (1996). <i>Empowerment, effective help-giving practices and family-centred care</i>. Pediatric Nursing, 22, 334-337, 342 • Trivette, C.M., Dunst, C.J., & Hamby, D.W. (1996). <i>Characteristics and consequences of help-giving practices in contrasting human services programs</i>. American Journal of Community Psychology, 24, 273-293.

Appendix Q: Child/Family Support Pyramid

Child/Family Support Pyramid

Intent:

- To assist a worker and family to identify the nature of support that is currently in place: Is it life long (enduring) and will sustain the child over-time or is it short term external support.
- To promote discussions regarding:
 - increased resiliency for families and their child when they develop long term support/relationships that will sustain them long-term
 - the challenges and vulnerability of over reliance on agency support



FORMAL SUPPORT NETWORK

Respite workers, specialized services aide and personal care aide, community aide, behavioural/developmental aide, FSCD worker

Role:

- ◆ assist at a specific time in a child life (short term)
- ◆ subject to change

COMMUNITY RESOURCES

Teachers, day care workers, church leaders/parishioners, medical practitioners (home care, OT/PT, etc.) coaches, scout/brownie leaders, teacher aides

Role:

- ◆ assist at a specific time in a child life (short term)
- ◆ subject to change

PERSONAL SUPPORT NETWORK:

Siblings, grandparents, aunts, uncles, cousins, family friends, neighbours

Role:

- ◆ unconditional acceptance
- ◆ relationships last a lifetime

Consider the supports the child/family currently receive in one of the three categories. What is their foundation of support?

Appendix R: Child's Daily Routine/Schedule

Child's Daily Routine/Schedule							
Include school hours, day care, community programs. If this is a reassessment of needs also include FSCD supports (i.e., aides, respite).							
	MON	TUES	WED	THUR	FRI	SAT	SUN
6-9 a.m.							
9-12 a.m.							
12-3 p.m.							
3-6 p.m.							
6-9 p.m.							
9 p.m. to 6 a.m.							

Note: At the end of this section a worker may wish to discuss the Support Pyramid with the family.

Appendix S: Exploring Potential Misuse or Abuse of Program Funds

INTENT

- ◆ To ensure matters of suspected or alleged misuse or abuse of Community and Social Services program funds are investigated.

GENERAL RESPONSIBILITIES

- ◆ Ministry staff is responsible for identifying and deterring potential misuse or abuse of program funds. Misuse of program funds may not be criminal in nature. The incidence of unintentional misuse of program funds can be reduced when staff educate recipients about how to fulfill their responsibilities.
- ◆ A complaint regarding suspected or alleged misuse of program funds by a recipient of a disability program can be identified by:
 - a Ministry staff as the result of knowledge or concerns about the file, or
 - a member of the public to:
 - an Investigation Unit, or
 - a Ministry staff.

INFORMATION AND PRIVACY

- ◆ All information pertaining to individuals, families, the person reporting, service providers and others involved when exploring allegations of potential misuse of program funds is confidential.
- ◆ All documents, including contact notes pertaining to an alleged abuse or misuse of funds should be documented in the relevant client file.
- ◆ Ministry staff has the authority to contact guardians, funds administrators or service providers to verify information provided regarding services claimed without prior consent.

- ◆ Community and Social Services programs may share personal information with an investigator from the Community and Social Services Investigation Unit (CSSIU) to assist in an investigation without prior consent. The authority to disclose personal information is allowed under *the Freedom of Information and Protection of Privacy (FOIP) Act*, Sections 40(1)(e) and/or (q).

PROCEDURE

When a complaint is received or misuse of program funds suspected, the Ministry staff will:

- (1) review the client's file to determine whether the information regarding the complaint or misuse is already known, or if there is an active investigation. If an active investigation exists, consult with the Investigator assigned to the file;
- (2) attempt to verify the allegations identified. This may involve contacting a service provider while not disclosing any information regarding potential misuse;
- (3) contact the client to give them the opportunity to clarify the information; and
- (4) record all information in a contact note.

NOTE: If a complaint is received by the CSSIU directly, the complaint will be forwarded to Community and Social Services disability programs.

- ◆ If the client
 - provides a satisfactory explanation, the Ministry staff will document the outcome in contact notes and take no further action.
 - confirms the information and the Ministry staff determines there is no program abuse but determines program misuse or misunderstanding, the Ministry staff, in consultation with their supervisor, will document the outcome in contact notes, and if applicable:
 - educate the client regarding proper procedure, **and/or**
 - adjust the funding or service level accordingly; **and/or**
 - request repayment; **and/or**
 - require receipts prior to releasing invoices; **and/or**

-
- close the service on the agreement if the client no longer qualifies for the service.
 - admits to program abuse and/or the Ministry staff determines, in consultation with their supervisor, manager, CSSIU, the Community and Social Services Regional Director and Regional Finance Manager, that there is a need to request an investigation, the Ministry staff will:
 - complete and submit the EMP0037 Request for Investigation; **and**
 - document all information in contact notes.

When completing the EMP0037 Request for Investigation, the Ministry staff will:

- (1) outline the circumstances including the original complaint or suspected misuse or abuse;
- (2) indicate the steps taken to verify the information;
- (3) note any conversations with the client and others (i.e. service provider);
- (4) note the period of assistance of concern with an approximate dollar amount involved;
- (5) reference applicable policies and/or legislation;
- (6) include details of the consultation with the CSSIU, when applicable;
- (7) advise of the status of the client's file; and
- (8) forward the EMP0037 Request for Investigation to their supervisor.

NOTE: If a file is referred to CSSIU, at no time does the Ministry staff discuss an option of recovery activity or repayment with the client without speaking to the investigator.

When reviewing the EMP0037 Request for Investigation, the supervisor will:

- (1) review the form to ensure all sections are sufficiently completed; and
- (2) forward the EMP0037 Request for Investigation to:
 - the CSSIU, by email to CSS.CSIU@gov.ab.ca,
 - the Community and Social Services Regional Director,
 - the Community and Social Services Regional Finance Manager, and

- the Statutory Director in care of darcy.fleming@gov.ab.ca (780-427-2334) (toll-free by first dialing 310-0000).

The EMP0037 Request for Investigation is reviewed and may be accepted for investigation if the following criteria are met:

- The matter is within the mandate of the CSSIU;
- The matter involves a Community and Social Services program (i.e. Family Support for Children with Disabilities, Persons with Developmental Disabilities);
- The matter alleges misuse or abuse of program funds;
- Community and Social Services is the victim; and
- There has been no previous discussion of an overpayment or repayment agreement with the client.

Requests that do not meet the criteria for an investigation are rejected and no investigation is initiated:

- The CSSIU supervisor will contact the referring supervisor to discuss details and notify them of any follow-up recommendations to resolve outstanding issues.
- The Ministry staff will document recommendations and actions in contact notes.
- If the Ministry staff, at a later date, identifies any additional or new information and there is still a need for investigation, the supervisor may re-submit the EMP0037 Request for Investigation.

Investigation Report

The CSSIU provides the referring supervisor an Investigation Report upon the conclusion of an investigation. The report summarizes the circumstances of the investigation, findings and may include suggestions for preventative actions.

Based on the findings of the investigation, the Ministry staff may:

- (1) educate the client regarding proper procedure; and/or
- (2) adjust the service or funding level accordingly; and/or
- (3) request repayment; and/or

-
- (4) require receipts prior to releasing invoices; and/or
 - (5) close the service on the agreement if the client no longer qualifies for the service, and
 - (6) document all information in contact notes.

NOTE: In cases when a Request for Investigation and subsequent investigation to the CSSIU results in a criminal charge, the referring supervisor will be notified by the CSSIU supervisor with recommendations for ongoing case management.

FORMS

- ◆ [EMP0037 Request for Investigation](#)

Section 14: GLOSSARY

Glossary

Activities of Normal Daily Living – Include but are not limited to the following:

- *Personal care*: feeding, bathing, dressing, toileting
- *Mobility*: walking, going up and down stairs, getting in and out of a car, bathtub, bed, etc.
- *Communication and interaction*: social interaction: expressive and receptive communication, problem solving, play and safety

Agreement – the Family Support for Children with Disabilities Agreement (FSCD1621) is a legal agreement and a regulated form. The FSCD Program enters into an agreement with a guardian with respect to the provision of services as defined in the FSCD legislation.

Amendment – Add or change services within an existing FSCD Agreement, as needed, to address a family or child’s changing needs, through the use of a Family Support for Children with Disabilities Amendment Agreement (FSCD0466).

Appeals Secretariat – the administrative support to the FSCD Appeal Committee.

Assessment – In the context of the FSCD Program, the term assessment is used to refer to an assessment of needs, not a medical or clinical assessment. The FSCD assessment is used to gain an understanding of a family and their child’s unique needs and circumstances in order for everyone involved to arrive at well reasoned decisions. The assessment of needs and support planning process involves obtaining, analyzing and synthesizing information obtained through interviewing, observing and documentation provided by a guardian, service provider and health professionals. When further expertise is required to understand the family and child’s needs, the assessment of needs and support planning process may also include consultation with the FSCD Multi-Disciplinary Team (MDT) or other relevant professionals.

Community Standards – the term “Community Standards” is used to refer to the typical costs of purchasing child care services within a community. The costs of child care in a community can be influenced by the availability of service providers, geographic location or proximity to services and varies with the type of child care service and service provider.

Critical Need – Critical need is present when it is assessed that the child and family may benefit from a service that includes professional consultation or a practitioner with specific training to enable meaningful progress in the child's functional ability to participate in activities of daily living (within the context of the child's developmental profile and routines of care). Critical need is assessed by considering available services and available information about the child and the child's development.

Day Care Program – as defined in the Child Care Licensing Regulation means a child care program provided to infants, preschool children and kindergarten children for four or more consecutive hours in each day the program is provided.

Director – "director" refers to an individual designated by the Minister of Community of Social Services for the purposes of administering the FSCD legislation. The director sub-delegates powers and duties of the director, including the authority to sub-delegate to regional directors to administer the FSCD Program.

Disability – a chronic developmental, physical, sensory, mental or neurological condition or impairment but does not include a condition for which the primary need is for medical care or health services to treat or manage the condition, unless it is a chronic condition that significantly limits a child's ability to function in normal daily living.

Disability-Related Costs – costs incurred as a direct result of the child's disability that would not be incurred or necessary for a child the same age without a disability under similar circumstances.

Established Practices – Established practices are those strategies or approaches that are:

- commonly accepted by the relevant professional community;
- based on a clear logic connecting the practice to its intended outcome;
- and
- supported by research.

(See FSCD Guidelines for Demonstrating Effectiveness, Appendix N.)

Extraordinary Care – Given the challenges of a child's disability, the child consistently requires a high need for adult-mediated support in order to assist/implement accommodations or modifications to routines of care that are beyond typical care of a child of the same age.

Extraordinary Costs – costs incurred that would not be incurred or necessary for a child the same age without a disability under similar circumstances.

Extraordinary child care costs – refers to the portion of the costs over and above what the guardian would otherwise pay for child care given their child's age, their work schedule, local resources, community standards, child care during summer and other school holidays, etc. where that additional cost is specifically due to the child's disability.

Family – includes the guardian, biological, step or adoptive parents, siblings, step-siblings, grandparents and other extended family members.

Family-Centred Services – Delivering services in a family-centred way acknowledges that the family is usually the one constant factor in a child's life and recognizes that each family is unique. A family-centred approach:

- Identifies and builds on a family's strengths;
- Recognizes the family's informal social support network is a primary source of support and resource for meeting the family's needs;
- Targets family-centred goals through interventions; and
- Emphasizes and promotes strengthening the parent's and family's ability to promote the child's development.

Family Day Home – refers to “group family child care program” as defined in the Child Care Licensing Regulation meaning a child care program provided in the private residence of the licence holder to infants, preschool children, kindergarten children and school-aged children;

Health Professional – an individual who is registered or licensed with his/her professional association relevant to a profession recognized under the *Health Professions Act*.

Individualized Family Support Plan (IFSP) – Documents a families concerns, priorities, goals and strategies and intended outcomes relating to enhancing their child's development within the context of their family, community and other natural environments.

Individualized Service Plan (ISP) – a document that outlines the individualized strategies that the family and their specialized services team will follow as they work together to meet the family's and child's needs (see Guidelines for

Developing an Individualized Service Plan (ISP) for Specialized Services, Appendix M).

Intake Date – is the date that eligibility determination is completed.

Multi-Disciplinary Team (MDT) – a group of health professionals established by the FSCD Program to provide consultation to FSCD workers when making decisions about providing specialized services. The MDT is made up of the following health professionals who have experience and expert knowledge about services and best practices for children with severe disabilities and their families:

- speech-language pathologists;
- occupational therapists;
- physical therapists; and
- psychologists.

Normal Parental Costs – the costs that a parent typically incurs in raising a child, with consideration for the child’s age, including shelter, utilities, furnishings, food, health care, clothing and footwear, personal care items, transportation costs, child care and typical baby sitting costs, education related costs including reading material, recreational activities, clothing and equipment associated with sports, lessons or activities, gifts and other typical costs that may arise relevant to a family’s circumstances or choices.

Out-of-School Care Program – as defined in the Child Care Licensing Regulation means a child care program provided to kindergarten children and school-aged children in any or all of the following periods.

Prescription Drugs – a drug that has been prescribed by a physician and is either on the Alberta Health Drug Benefit List, approved by the Minister of Health, or that is approved for coverage by the guardian's health services insurance or benefit plan.

Provisional Diagnosis – a temporary clinical diagnosis that is awaiting further investigation or analysis of the cause or nature of a condition, situation or problem.

Public Transport – for example, taxi, rented car, train, commercial bus or LRT. In unique cases public transportation may include plane or in some remote communities where there is no formal mode of public transportation, could mean paying a private individual or drive service to provide a ride.

Respite Supports – temporary relief for caregivers and families from the total care and supervisory demands of the child by way of a caregiver who provides support and supervision, either in the family or outside the family home during non academic programming hours.

Routine Practices – (also known as Routine Precautions, Standard Precautions, Standard Practices, Universal Precautions) are intended to prevent person to person transmission of infection through direct contact, handling of body fluids or airborne microorganisms. These precautions should be followed by caregivers whenever there is a risk of exposure to any body fluid regardless of a known infection or communicable disease.

Routine practices involve hand washing; wearing gloves, gowns and eye protection; proper disposal of used needles; protecting cuts and abrasions on a caregiver’s skin with a waterproof dressing; handling personal care supplies (e.g. used needles and dressings) and medical devices with caution; and ensuring that supplies and devices are appropriately cleaned and disinfected. Additional precautions may be necessary if an infection may be spread in the air (e.g. isolation may be necessary).

Significant Limitation – An identified condition of the child creates a range of challenges for the child’s participation in activities of daily living and, consequently, a high need to implement accommodations or modifications and extraordinary care to enable successful participation in activities of daily living relative to peers of a similar age.

Specialized Services Team - a group of individuals, including the guardian, who work together to develop and implement a single service plan to co-ordinate and deliver a family’s specialized services.

Values – Standard or principle that is regarded as worthwhile and commonly indicates the importance of people, places and things.

Vision – A Vision is a broad, inspirational view, or “picture”, of what a person wants for their life and reflects their aspirations, dreams and hopes for the future. A family’s Vision may include details about their idea of what a happy and good life looks like, including connections with family, friends, and community as well as considers such things as recreational, educational and employment opportunities for them and/or their child(ren). FSCD supports families in building and articulating a vision for their family and child and using it to guide planning

for the resources, supports and services, including FSCD supports the family may want to access to help them realize their vision.

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Family Support for Children with Disabilities
Policy and Procedures Manual**