



Developmental  
SERVICES

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# Special Services at Home Program Guidelines

Ministry of Community and Social Services

April 2018

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## OVERVIEW

The Special Services at Home (SSAH) program helps families who are caring for a child with a developmental and/or physical disability. It is funded and managed by the Ministry of Community and Social Services.

The goal of the SSAH program is to support the government's vision of:

- **Strengthening the ability of children and their families to reach their potential;**
- **Reducing the need for intensive or intrusive social services in the future; and**
- **Reinforcing personal dignity and independence.**

The SSAH program is based on the understanding that family members are often primary caregivers for children with a developmental and/or physical disability. The program focuses on providing funds to assist families to purchase supports not available elsewhere in the community.

Funding provided through SSAH helps families pay for special services in or outside the family home as long as the child is not receiving support from a residential program. For example, through SSAH funding a family can hire someone to:

- Help their child learn new skills and abilities, such as improving their communication skills and becoming more independent; and/or

- Provide respite support to the family - families can receive funding to pay for services that will give them a break, or respite, from the day-to-day care of their child.

The purpose of the SSAH Guidelines is to support consistent program delivery and decision-making. The guidelines are intended to be a single source document that describes all elements of the SSAH program, including the application process, eligibility and decision-making factors, review processes and accountability mechanisms.

**The Ministry of Community and Social Services supports the following service principles, which are reflected in these guidelines:**

- **Integration – community participation.**
- **Independence – supports that encourage greater independence.**
- **Personalization – supports that take into consideration personal capabilities and enhance choice and self-direction.**
- **Quality of life – persons who are valued for who they are and the role they can play in the community.**

## INTENT OF SSAH FUNDING

SSAH funding is intended to help children with physical and/or developmental disabilities participate in their communities and to make use of services available in their communities. SSAH does not duplicate existing services and is one of a range of community support services.

Children with disabilities and their families identify a broad variety of needs. SSAH provides funding to assist with purchasing necessary supports that cannot be met by a service available elsewhere in the local community in the following two areas:

- 1. Personal development and growth and/or**
- 2. Family relief and support (RESPITE)**

A special services worker provides respite to the family and direct assistance to the child with the disability to:

- **Continue with established programming and routines,**
- **Receive appropriate care, guidance and personal safety,**
- **Participate in community life and learning,**
- **Address specific personal development and growth needs,**
- **Focus on a goal (expected outcome) within a projected time frame,**
- **Follow a plan for delivery of programming, and**
- **Periodically review progress and adapt goals and plans accordingly.**

## 1. PERSONAL DEVELOPMENT AND GROWTH

The purpose of support in this area is to help children learn and develop by achieving specific goals in acquiring new skills. While family members benefit indirectly from the assistance and skills learned, the overall goal is to enable children with disabilities to expand on current skills and/or acquire new skills. A broad range of goals may be addressed including:

- **Activities of daily living**
- **Behaviour programs**
- **Mobility**
- **Communication**
- **Social skills**
- **Developmental programs**

Funding may be available for families to obtain the services of a person to carry out the necessary programs to support the child with a disability.

The family develops a personal plan for the child with the disability on their own or in conjunction with their community team.

In specialized areas of programming such as programs dealing with sign language or self-injurious behaviour, goals and delivery plans must be well defined and fit within the context of the total personal plan. A professional may be involved, via the MEDIATOR MODEL, in identifying goals, intervention techniques and activities, initial training of those providing direct service, and ongoing monitoring of the designed program.

Services and supports may be provided at a variety of locations depending on the goals established and on the needs of the family and the child with the disability. These supports may be provided at home, in community settings such as stores or parks, in vehicles while in transit, or at community recreational programs.

## **2. FAMILY RELIEF AND SUPPORT (Respite)**

Families may have additional responsibilities in caring for a child with a disability. SSAH provides funding for respite or PRIMARY CAREGIVER relief and related supports. While the child with a disability will likely benefit from such support, the primary goal is to help the family to meet their identified needs.

Respite enhances the PRIMARY CAREGIVER'S capacity to provide care for the family member with a disability living at home through the provision of INDIRECT ASSISTANCE. Indirect Assistance can help provide relief to the primary caregiver so that they may take some time away from care-giving, or from one or more of their other responsibilities.

As part of family relief and support, consideration may be given to supporting those activities commonly associated with running a home, such as housecleaning, laundry, grass cutting, child-minding for siblings, meal preparation, etc. It is expected that the family member works directly with the child requiring support during the time for which indirect assistance is purchased.

Nursing respite may be provided by a person with qualifications, including:

- **holding a certificate of registration as a registered nurse or registered practical nurse**
- **fulfilling the requirements as outlined in the regulations under the Nursing Act, 1991, if indicated by a professional assessment of the need, and**
- **if all alternative resources, including Local Health Integration Network (LHIN) Home and Community Care, (formerly CCAC) have been exhausted.**

## **ELIGIBILITY**

Eligibility for SSAH is determined by confirmation of a developmental and/or physical disability as documented by a physician, psychologist/psychological associate, or in the case of hearing and/or visual impairment, an audiologist or ophthalmologist, and the child:

- **Is a resident of Ontario;**
- **Is under the age of 18;**
- **Has ONGOING FUNCTIONAL LIMITATIONS as a result of a disability**
- **Requires support beyond that which is typically provided by FAMILIES; and**
- **Is living at home with their family or is living outside the family home and not receiving residential staff support from a government-funded source (e.g. transfer payment agency) or an OUTSIDE PAID RESOURCE (OPR).**

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In the majority of situations, basic eligibility is established only once – at the time of the first application – with the following exceptions:

1. Where the functional limitations may change over time due to the type of disability, the child's age, situation, needs and skills.
2. Where an INFANT has been funded before a definitive diagnosis is established.

**See Appendix A for detailed information pertaining to each eligibility criteria.**

## APPLICATION PROCESS

Each situation has a unique set of circumstances. The family should describe their own needs, establish their own goals and define areas where support is required on the application.

While families may receive help from a community agency or any other person to fill out the form, it is the family who develops and controls the detailed service plan. Agencies and applicants should be aware that signing a blank application form (or any other document pertaining to SSAH) is not acceptable. Signed blank application forms and documents will be disallowed and new documents will be required.

### STEP 1 - THE APPLICATION FORM

The application form provides children and their families with an opportunity to outline their current situation, state their strengths, needs, current services, goals, and requests.

The completed application becomes the child's detailed service plan for SSAH funding.

The application form is divided into eight areas:

**Section One:** Family Caregiver

**Section Two:** Individual and Family Update

**Section Three:** Requests for Service

**Section Four:** Description of Strengths and Interests, support provided

**Section Five:** Your Family Situation

**Section Six:** Support Networks that are Available to You

**Section Seven:** Paid Services and Supports

**Section Eight:** Signatures

All new applicants must submit an application form, ensuring all sections have been completed. An incomplete application form will be returned to the family for follow up.

If and when there is a change in circumstances or personal information, it is the responsibility of the family to inform regional offices as soon as possible to update their file.

### STEP 2 – ACKNOWLEDGEMENT

Families will receive a letter of acknowledgement when a completed application form is received.

### STEP 3 - ELIGIBILITY REVIEW and SUPPORTS

The application is reviewed to determine eligibility and identify supports required.

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## STEP 4 – COMMUNICATION

Families will receive written correspondence when:

- A request has been approved with detailed information about next steps
- A request has not been approved; the family will be informed of their right to ask for a review of the decision.

## THE REVIEW PROCESS

When an application for SSAH has not been approved and a family feels they have not been treated fairly in the decision-making process in accordance with the SSAH Guidelines, they may request a review.

There are two levels in the review process, each focusing on whether the decision made at the previous level was fair and equitable.

### FIRST LEVEL

A family may initiate a review by writing to the Director or designate within 20 working days of receiving the decision letter. A family can request this review on their own or with the help of an advocate. If an advocate is involved, the family must co-sign the letter requesting the review.

A family will:

- **Be provided with a copy of these Guidelines and asked to provide evidence about how/why they believe the Guidelines have not been appropriately applied to their own situation.**
- **Be invited to provide additional supporting information.**
- **Have the opportunity for a meeting with the Ministry of Community and Social Services' Regional Office Director or designate.**

Upon receipt of a request for review, the Director or designate will select a person not involved in the original decision to review the situation and make a recommendation.

The Director or designate will respond to the request, in writing, within 20 working days of the receipt of the request for review and/or additional documentation. The response will:

- **Outline the reasons for the decision including evidence to support that their decision reflected the intent of the SSAH program as outlined in these Guidelines.**
- **Demonstrate that the child's application was treated fairly and equitably and that the child/family, new or otherwise, was given fair consideration for the available funds.**
- **Provide a description of the next step in the review process.**



## SECOND LEVEL

If, after receiving the decision from the Ministry of Community and Social Services' regional office, the family continues to feel they were not treated fairly according to these Guidelines, they can request a review at a second level.

Within 20 business days of receiving the decision of the first level review from the regional office, the family can write to the Assistant Deputy Minister (ADM), Community and Developmental Services Division to start this review.

The ADM will have access to all of the information and documentation prepared for the first level of review. The ADM's office will designate a person not involved with the original decision to:

- **Review the steps taken at the regional level to determine whether the review process at the first level was followed.**
- **Collect information from the family to determine their understanding about the process and any concerns they have regarding the fairness of the decision made at the first level.**
- **Review the information provided by the regional office.**
- **Review information available from other sources (e.g. local service providers involved with the family).**

- **Provide recommendations to the ADM. The review will focus on whether the decision was made fairly at the first level of the review and, in particular, assess whether:**

- Decision-making reflected the content and intent of these Guidelines which inform and guide SSAH program delivery.
- A personalized approach was taken, based on the uniqueness of the situation of each applicant.

If the ADM overrides a decision of a regional office, the region will determine a fair and equitable funding approval.

The ADM will respond in writing within 20 days of receiving the request for a review and/or additional information.

A decision made by the ADM is final.

### **Restrictions Relating to the Review Process:**

The review process is not intended to:

- **Change or alter the current guidelines.**
- **Be a mechanism that will lead to an increase in the resources available to this program.**

## ELIGIBLE AND INELIGIBLE SUPPORTS

Funds will be approved based on Ministry service principles (as referenced on page 3) and on the following factors specific to SSAH:

- Support needs as expressed by the child with a disability and/or the family.
- Family's needs in order to deal with stress and enhance their ability to cope.
- Complexity of the supports required.
- Appropriate supports and services currently available in the community.
- Support networks of the child with the disability.
- Availability of funds.

### Eligible Supports

1. Mainstream camp/recreation programs
2. Specialized camp/recreation programs
3. Advertising for recruitment of a special services worker
4. Special Services/Support worker to provide respite and/or personal development
5. Travel costs associated with transporting special needs child for the worker
6. Basic supplies to implement a program for the special needs child (e.g: Flash cards)
7. Membership fees for special needs associations (Special Olympics, Down Syndrome Association.)

8. 1:1 support worker at camp or recreational program
9. Training for a family member or worker that enhances the understanding of the child with a disability's needs
10. Extraordinary cost of childcare (for children aged 12 and above)
11. Nursing for medically fragile children
12. Routine homemaking tasks – light housecleaning, meal preparation, laundry, grass cutting, and snow removal
13. Gym membership fees for the special needs child
14. Daycare/nursery school as respite or if recommended for socialization

### Ineligible Supports

1. Tutoring and academic programs
2. Camp fees for siblings
3. Basic care (i.e. clothing, food, diapers, routine medical costs)
4. One-time admission costs (i.e. movies, amusement parks, museums)
5. Regular child care fees for children under 12 years
6. Fees and tuition costs for education and employment
7. Assistive devices, specialized equipment, home modifications
8. Dental Services
9. 1:1 support in a school setting

- 10. Professional services: junior and senior therapists (e.g. IBI, ABA, speech therapy, occupational therapy, physiotherapy)
- 11. Sports equipment
- 12. Electronics (i.e. phones, computers, tablets)

## SUPPORT CONSIDERATIONS

In some situations there may be critical supports and services required for personal development and growth or family relief and support.

### Training

Family members or special services workers may need training beyond initial orientation requirements to understand and respond to the needs of the child with the disability. Training is intended to:

- **Directly enhance understanding of the needs of the child who requires support**
- **Directly enhance the effectiveness of meeting those needs**
- **Maintain the skills and capacities of the family member(s) or special services worker**

Where these criteria are satisfied, funding may be considered for:

- **Specialized needs, such as CPR or sign language**

- **Payment of the special services worker while attending a training event**
- **Fees and other out of pocket expenses incurred by the worker being trained.**
- **Professional services only where required for assessment and consultation components of a mediator model and only where not funded as part of a service of an existing agency.**

Funding will not be considered for conferences, degree or diploma courses.

### Child Care – Extraordinary Costs

Where the cost of child care exceeds regular costs as a direct result of the child’s disability (over 12 years of age) or where the services being sought are not typically met by families, regional offices may determine exceptional need at their discretion. Extraordinary costs result when:

- **The child requires supervision by a person with special skills. For example, the child may be medically fragile, requiring child care through a registered nurse or registered practical nurse. In this situation there should be a professional assessment of need obtained from an independent, qualified professional such as a physician, registered nurse, or health care professional from a recognized agency such as the local Home and Community Services, LHIN.**

- **The child’s disability presents serious difficulties in attending school for the normal hours each day that school is in session. While exceptional, it is possible for a board of education to adjust the length of the school day for a student. The board of education may provide educational services at home for a length of time much less than the normal school day.**
- **A child 12 years of age or older with a developmental and/or physical disability requires supervision by another person after school. At this age, the child’s peers who do not have a developmental disability may be left at home unattended. Thus, the cost of care for the child with a disability above and beyond the costs of care typically provided by families/caregivers may be considered.**

### **Services Outside Ontario**

While not normally funded through SSAH, exceptional consideration may be given, with approval of the appropriate Ministry Regional Office Director, where the service outside Ontario is more economical and accessible than a similar service in Ontario. For these exceptional circumstances to be considered the following is required:

- **Documentation from an appropriate professional or other resource stating the need for the service.**

- **Approval for the expense must be received before the service is delivered.**

## **SUPPORTS NOT FUNDED**

As SSAH is one of a range of community services available, and as some costs are borne by all families, there are services not recognized or funded through SSAH.

The following supports are not funded through SSAH:

### **BASIC CARE**

Basic care expenses are those that are typically met by families for basic needs of children such as: food, clothing, diapers, child care, dental care, and routine medical costs (including fees in excess of the OHIP schedule).

Assistance with these types of expenses may be available for eligible families or children through social assistance programs, for example ASSISTANCE FOR CHILDREN WITH SEVERE DISABILITIES (ACSD). In addition, there may be programs funded by the Government of Canada that may be accessed.

### **CHILD CARE FEES**

SSAH funding may not be used to cover regular costs of centre-based, family or informal child care or nursery school services.

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## EDUCATION

- **No requests related to an educational program for children under the age of 18 are approved. Families are encouraged to access school programs available to the public.**
- **SSAH may not be used to provide teachers' aides, tutoring or other educational services either during the school day or outside it.**
- **Where a child is voluntarily withheld or suspended from any school program, SSAH funding will not be used during regular school hours.**
- **Requests for additional support in these areas should be directed to the appropriate school board or to the Ministry of Education.**

## ASSISTIVE DEVICES AND SPECIALIZED EQUIPMENT

Requests for equipment of a specialized, assistive nature should be directed to the ASSISTIVE DEVICES PROGRAM of the Ministry of Health and Long-Term Care, ACSD, or other sources that may provide such support.

## DENTAL SERVICES

SSAH does not fund requests for dental service. Such requests should be directed to other programs through which such benefits may be provided, such as Healthy Smiles.

## HOME MODIFICATIONS

SSAH does not fund structural changes to a home, installation of equipment such as an elevator, or minor modifications to aid in mobility or accessibility. These requests should be directed to federal, provincial, municipal or other sources that may provide such support.

## PROFESSIONAL SERVICES, TREATMENT

Speech and language pathology, occupational therapy, physiotherapy, psychology, and similar professional services will not be funded unless they are required for the assessment and consultation components of a MEDIATOR MODEL service and are not funded through an existing agency or service.

SSAH does not fund costs of care or enrolment in treatment or medical residential centres in or outside Ontario, therefore, requests to offset costs will not be considered. Applicants should be directed to make their requests for assistance to the Ministry of Health and Long-Term Care, service clubs or insurance companies.

## DECISION-MAKING

Regional offices are responsible for the management of Special Services at Home to children and their families. Regional offices are required to review applications and supporting information and respond to the unique situation of each child with a disability and his or her family within the context of the larger system.

While the first and most basic decision is eligibility, equally important decisions must be made concerning types of services (i.e. personal development and growth, family relief and support [respite]), service levels, funding levels and other considerations.

### Equitable Decision-Making

SSAH is not an entitlement program and operates within a fixed allocation. It is expected that applicants will be treated equitably and will receive fair consideration within available funds.

Applicants will be treated equitably and will receive fair consideration within available funds.

For the purposes of this program, equity is the end result of a fair process that:

- **Provides a common application process that gives all applicants an opportunity to submit the information they believe needs to be considered in their request for SSAH support;**
- **Considers each family's unique situation and circumstances;**

- **Shows a consistent interpretation and application of the SSAH Guidelines; and**
- **Results in decisions which are consistent, objective, and yet personalized, and sensitive to families, language and culture.**

## FUNDING

Once an eligibility determination has been made and support and funding levels have been decided, regional offices are responsible to ensure that funds are managed and monitored in accordance with the MCSS service principles and these Guidelines.

## ADMINISTRATION

The concept of personalized and direct funding fits with the SSAH program philosophy. It provides children and their families with the opportunity to state a preference for how approved funding will be managed; for example, by the family, an agency or another third party.

When families choose to manage approved SSAH funds, it is referred to as SELF-ADMINISTRATION.

### Self-Administration

Management by families may be beneficial because:

- **If families can use the full amount of funding authorized to them to purchase services without paying an administrative fee to have their funding managed by**

**a third party, the amount of service that can be purchased within the funds approved is maximized.**

- **Families have the ability to directly control service delivery.**
- **Service can be readily customized and adapted to fit ongoing opportunities and needs.**

Families who choose to self-administer need to be aware of sources of advice they can access regarding the potential legal responsibilities and liabilities associated with self-administering their contracts.

Families should contact any relevant agency/organization for further information about their responsibilities as a result of their choice to administer their funding. These may include organizations such as:

**Canada Revenue Agency (CRA)**

**Ontario Ministry of Labour**

**Workplace and Safety Insurance Board (WSIB)**

When families choose to have an agency manage approved SSAH funds, it is referred to as AGENCY ADMINISTRATION.

### **Agency Administration**

Agency administration may be beneficial due to:

- **The type or complexity of the service being delivered.**
- **The need for supports to workers, such as replacements for an absent worker,**

**supervision, recruitment, training and liability insurance.**

- **The administrative relief for families**

If an agency charges an administrative fee, that amount will come out of the approved funding which will mean a reduced amount of available funding for direct service.

### **Exceptional Circumstances**

While staff who deliver SSAH respect the preference stated on the application, alternative arrangements for administration of funds may be made when:

- **There is a history of operational difficulties, or**
- **The family and Ministry agree the amount approved is too large for the suggested party to manage.**

If this is the case, the regional office will:

- **Work with the family to identify alternative arrangements.**
- **Include the rationale for approving a different party in the decision letter.**

### **Administrator Responsibilities**

Whether the contract is self-administered or administered by a third party, responsibilities remain the same. The party administering the SSAH contract must be aware of their roles and responsibilities. These include:

- **Understanding and fulfilling human resource obligations under the applicable laws.**



- **Acquiring the appropriate human resources.**
- **Maintaining program and financial records.**
- **Retaining financial records for 7 years.**
- **Completing claims regularly, including invoices and proofs of delivery.**
- **Ensuring appropriate liability coverage is in effect.**
- **Completing progress reports with the family.**
- **Any other responsibilities that may arise by virtue of law or policy.**

### **Compensating Family Members**

Primary caregivers can use their SSAH funding to compensate eligible family members (except those listed below) to provide services for personal development and growth and/or family relief and support (respite).

Persons who are **not** eligible to receive compensation are:

- **Primary caregivers regardless of residence;**
- **A family member under the age of 18;**

Examples include:

- While a sibling over the age of 18 may be paid using SSAH funding to provide respite or to teach new skills, a sibling under the age of 18 could not be compensated using SSAH funds.

- A grandparent living in the same house as a parent and the child requiring support could be compensated with SSAH funds to provide support. However, if the grandparent is the primary caregiver of the child requiring support they cannot be reimbursed using SSAH funds.
- The spouse of a primary caregiver is considered to be a primary caregiver themselves.

### **Combining Funds**

To provide greater flexibility of choice and to assist children and their families to meet their needs, families may combine their SSAH allocation with the SSAH allocation of one or more family(ies). Rules related to administration, accountability, record-keeping and monitoring of funds remain the same. Families/primary caregivers (or the transfer payment agency, if they are administering the funds on behalf of families/caregivers) remain responsible for providing the required financial information related to the submission of receipts, billing and invoicing, based on individual allocations.

### **Cost of Administration**

Administration costs for SSAH must be consistent with MCSS policy on Administration.



## ACCOUNTABILITY

Accountability for expenditure of funds is the joint responsibility of MCSS, families and, where applicable, the administering agency. A key feature of this accountability is monitoring the effective management of funds.

### Monitoring

Monitoring determines that expenditures have occurred within the parameters of the Guidelines.

Client records indicate what has happened through:

- **Claims or invoices**
- **Payments**
- **Proof of delivery**

Invoices should be honoured when they are submitted in good faith and supported by documentation, including:

- **Detailed information about the service purchased has been provided.**
- **The service occurred during the period authorized.**
- **The total amounts invoiced do not exceed the amount authorized for that period.**

When underutilization of SSAH resources occurs, it is appropriate for staff who administers SSAH to monitor the situation.

Monitoring may include:

- **Contacting the family and/or case manager to explain the original basis for the approved funding.**
- **Verifying that the services are eligible or not eligible for funding under SSAH.**
- **Conveying the expectation to the family that the funds will be used for the purposes for which they were intended.**

Factors which indicate the need for monitoring may include:

- **Irregular pattern of usage where closely defined goals and delivery plans have been developed by a professional.**
- **Majority of approved funds claimed at beginning of 12 month approval.**
- **Requests for additional support prior to the end of the contract.**
- **Unauthorized items being submitted for payment.**

If concerns arise about the management of funds, staff administering SSAH are required to follow-up.

A regular billing procedure must be established and followed. Staff will analyze the use of funds periodically and may contact families who have not used their approved funds.

## Transfer of Service Commitment:

When a child moves from one region of the province to another, continuity of SSAH funding is important. The child and/or the family should experience a similar level of support and there should be no or minimal impact to service during the transition period in the new community.

In order to enable continuity of funding, the following steps are taken:

The originating office will:

- **Continue to pay invoices on the contract until the end of the fiscal year.**
- **Inform the receiving office at the time the family moves.**

The receiving office will:

- **Begin the contract review and renewal as of the next fiscal year.**
- **Assist families in making appropriate linkages with other services in the community.**
- **Meet the ongoing responsibility for providing service to the transferring recipient within the existing SSAH allocation. Change of circumstance updates from the family will be considered on the same basis as other children and their families.**

## TRANSITION PLANNING INTO ADULT SERVICES SECTORS

### TRANSITION PLANNING FOR CHILDREN WITH DEVELOPMENTAL AND/OR PHYSICAL DISABILITIES

ADULTS with a developmental and physical disability are not eligible for SSAH funding. It is important to plan for the transition to adulthood with children and their families well before their 18th birthday. When SSAH funding is approved for a child who is 17 years old, staff will:

- Inform the child and their family that SSAH does not fund adults, i.e. those 18 and over.
- Suggest appropriate community linkages and resources; for example Developmental Services Ontario (DSO) local office for access to adult developmental services, and the Ontario Disability Support Program (ODSP) local office.
- Establish an end-date with the family for the SSAH contract.
- Not approve funding for applicants who have already reached 18 years of age.

# APPENDIX A

## ELIGIBILITY CRITERIA

### RESIDENTS OF ONTARIO

It is the child with the disability who must be a resident of Ontario.

Residents are those who, at the time of application, have established their principal residence in Ontario by:

- **Citizenship**
- **Permanent Resident status**
- **Minister's Permit**
- **Permission to stay granted by Citizenship and Immigration Canada (e.g. refugee status)**

A copy of supporting documentation may be required by the regional offices, at their discretion, when they consider that confirmation is required.

- Proof of Canadian citizenship, landed immigrant status or permission to stay by Citizenship and Immigration Canada:
  - passport;
  - naturalization certificate;
  - immigration documents; or
  - Minister's permit.

Visitors are not eligible. They are considered to be residents of their home province or country.

### UNDER THE AGE OF 18

It is the child with the disability who must be under the age of 18.

Documents confirming age include but are not limited to a:

- birth or baptismal certificate;
- Ontario health card; or,
- Passport.

Documents may be originals or photocopies. The ministry reserves the right to view the original documents upon request.

### ONGOING FUNCTIONAL LIMITATIONS AS A RESULT OF A DISABILITY

#### Presence of a Disability

The child's disabling condition must be established through written documentation from a physician, psychologist/psychological associate, or in the case of hearing and/or visual impairment an audiologist or ophthalmologist.

With infants, determining a definitive diagnosis of disability can be difficult. Therefore, a written statement describing the probability or presence of delay and risk of further delay is required from a physician or psychologist.

While basic program eligibility is normally decided once, in the case of an infant without a diagnosis, the determination of eligibility must be undertaken again at approximately 6 years of age.

Requests for continuation of service after 6 years of age will be considered based on need, diagnosis and supporting documentation from a physician or psychologist.

### **Ongoing Functional Limitations:**

Ongoing functional limitations resulting from a disability are established through statements made by the applicant as to needs, goals and requests, and written documentation from professionals.

## **DOCUMENTATION**

Documentation of the applicant's disability is required from a physician, psychologist/psychological associate, or in the case of hearing and/or visual impairment an audiologist or ophthalmologist to establish basic eligibility; in the instance of hearing or visual impairment, documentation may be provided by an audiologist or ophthalmologist.

Documentation may also be required to demonstrate that the applicant is legally entitled to live in Canada and is a resident of Ontario. See the Eligibility section for further information.

## **SUPPORT BEYOND WHAT IS TYPICALLY PROVIDED BY FAMILIES**

Expenses typically met by families or persons include such items as food, clothing, diapers, child care, recreation, camp, education, employment costs, dental care, ROUTINE MEDICAL COSTS and medical fees in excess of the Provincial fee schedule.

## **LIVING AT HOME WITH FAMILIES**

The definition of family as it appears in the glossary of these guidelines must be used.

Sometimes, due to the nature of a disability, the child may need to be away from home for a period of time, but still be in Ontario. Three special circumstances are considered within this criterion:

### **1. Specialized Schools**

A student attending a school in a residential capacity as a result of a disability may be eligible for SSAH funding during the time he/she resides with the family (for example, weekends and school holidays). This means that the family is responsible for the care and upbringing of the student and remains responsible for basic care items such as clothing, basic medical care, etc.

### **2. Residents of Hospitals**

A child residing in a general or convalescent hospital as a result of a disability may be eligible for SSAH funding if:

- **The stay in the institution is intended to be short-term with an expected discharge within 6 months, and**
- **A treatment/discharge plan is in place, and**
- **The plan includes regular, consistent weekends and holidays at home.**

In these situations, SSAH funding may be approved for use during the time spent in the hospital or at home. For time spent in hospital,

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funding may be approved to provide continuity of care and activities related to personal development and growth and services not typically provided by hospital staff. The other conditions regarding short-term stay and discharge must be met in order to approve SSAH funding for use in hospitals.

### **LIVING AT HOME ON A PART-TIME BASIS:**

A child who lives in or spends extended periods of time in a GROUP HOME, in foster care, eligible only for the time he/she resides at the home of a family member, either for visits or as part of a shared care arrangement.

Staff should consider time away from the family home as an additional form of support which may help the family in terms of relieving stress and enhancing their ability to cope. This should be considered as a factor in decision-making and prioritization.

### **NOT LIVING AT HOME WITH FAMILIES / TEMPORARY RESIDENCE:**

Children with a physical disability and/or a developmental disability can also be considered for SSAH funding when:

**They need to live away from the family home temporarily because of family illness or other emergency. (In these situations, SSAH funding may continue to be provided to offer as much stability and continuity in the care of the child as possible).**

Regional offices must consider the role of transfer payment agencies in supporting the transition of children and whether the approval of SSAH funding would duplicate or replace a service which could be provided by the transfer payment system.

Children are not eligible for SSAH funding if their primary residence is in an accommodation where residential support is provided by a government-funded source or Outside Paid Resource (OPR). This includes (but is not limited to) children living in accommodations that are typically referred to as:

- **Group homes**
- **Foster Home programs**
- **Rental accommodation with staff supports**
- **Any other living arrangement where residential staff support is provided by a government-funded source (e.g. transfer payment agency) or OPR.**

Children are not eligible to receive SSAH funding where supports for the activities usually funded through SSAH are already provided by (or available from) a transfer payment system.

### **OTHER CONSIDERATIONS**

To assist staff in the application and interpretation of eligibility criteria, this section includes guidance for decision-making in the following situations:

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## INFANTS

### Early Intervention

Infancy is one of the most crucial periods in the development of a child. Early intervention services and supports are designed to assist with developmental needs at an early stage. Problems may be less likely to become more serious or chronic later. Early intervention supports can minimize or even eliminate the negative consequences associated with an infant's needs.

### Challenges for Families

The care of an infant can be challenging and stressful. These factors may multiply when an infant has a special need. In addition to the demands of professional supports, appointments and special training, families may be under great personal stress. They might need to find out what supports exist in their community. They may be separated from their hospitalized infant. They have to identify their own needs for emotional and physical support. They may be starting to assess and process their new situation but their child may not yet have a definitive diagnosis. They may be coming to terms with a serious problem affecting the future of their child and family.

### Challenges for SSAH Staff

As technological advances are helping to increase life spans, an increasing number of infants require a high degree of home supports.

This fact, coupled with the value of early intervention, has a significant impact on the demand for SSAH supports.

While it does not mean infants automatically have a higher priority, it does mean that staff must consider these factors. This consideration makes the review, analysis and decision-making process more complex. Along with the usual decision-making principles, the following three factors should be considered:

- **The family's special challenges.**
- **The value of early intervention.**
- **The possible lack of definitive diagnosis.**

With infants, a definitive diagnosis of developmental or physical disability may be difficult to determine. Where this is the case, the presence of a delay or significant probability of delay is considered.

## AUTISM

People with AUTISM differ in the number of characteristics displayed and the severity of symptoms. Although the disorder is severe and lifelong, symptoms change over time and many skills can develop with appropriate intervention.

**Note:** Documentation that refers to only "tendencies" cannot be accepted as equivalent to a diagnosis of the disorder; for example, a statement that the child has autistic-like features is, on its own, insufficient documentation of disability.

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## SENSORY IMPAIRMENTS

Within the definition of physical disability, there is a reference to people with other sensory impairments. This refers to either significant visual impairment or hearing loss. A child with a sensory impairment may be considered eligible for SSAH funding as a person with a physical disability on the basis of a physician's assessment.

A child who has multi-sensory deprivation due to a combined incidence of DEAFNESS AND BLINDNESS is considered eligible for SSAH funding. An assessment to establish mental impairment is not required in such cases.

## BRAIN INJURIES

An application for a child who has acquired a brain injury during his/her FORMATIVE YEARS (whether sudden – for example, as a result of a stroke – or as a result of a tumour or other causes) may be considered for SSAH funding either within the context of developmental and/or physical disability. The variable nature of the injuries and the circumstances in each situation make it inappropriate to classify all such injuries exclusively under one category.

It is important to take the following factors into account when considering whether the disability is developmental or physical in nature:

- **The nature of the ongoing functional limitations arising from the injury.**
- **The child's perception of himself or herself as having a developmental or physical disability or multiple disabilities.**
- **The family perception of the child as having a developmental or physical disability or multiple disabilities.**
- **The physician's assessment.**



# GLOSSARY

## **ACTIVITIES OF DAILY LIVING**

The basic activities that we perform for ourselves, such as feeding, transferring out of bed, brushing teeth, combing hair and dressing. A child with special needs would require help with such activities and the primary caregiver is the person who provides most of this assistance.

## **ADAPTIVE BEHAVIOUR**

Those aspects of a person's development that are related to the acquisition of functional skills required for everyday life (e.g. self-care, independent living, and appropriate social behaviour).

## **ADULT**

Person eighteen years and over.

## **AGENCY ADMINISTRATION**

Agency administration occurs when children and their families enter into an agreement with a transfer payment agency to manage approved SSAH funding.

## **ASSISTANCE FOR CHILDREN WITH SEVERE DISABILITIES (ACSD) PROGRAM**

A program that provides a monthly benefit to eligible families to help offset the ongoing extraordinary costs associated with the care of a child who has a severe disability and is living at home with his/her family. Eligibility for the program is based on four factors: the age of the child, household income, the extent of the child's severe disability, and the extraordinary expenses related to the disability.

## **ASSISTIVE DEVICES PROGRAM**

A program of the Ontario Ministry of Health and Long-Term Care that provides Ontario residents who have long-term disabilities with assistance in paying for certain necessary equipment and supplies (e.g. wheelchairs, artificial limbs, respiratory equipment, brailers).

## **AUTISM (Autism Spectrum Disorder)**

Autism Spectrum Disorders (ASD) describes a subset of the Pervasive Developmental Disorders (PDDs) currently outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). These disorders share three common areas of concern:

- **Qualitative impairments in social skills**
- **Qualitative impairments in verbal and nonverbal communication**
- **Restricted and repetitive interests or behaviours.**

When using the term ASD, most professionals are referring to the subset of PDDs that includes Autistic Disorder (usually referred to as Autism), PDD-NOS (pervasive developmental disorder-not otherwise specified).

## **CHILD/CHILDREN**

Person(s) under the age of eighteen years.

## **DEAFNESS AND BLINDNESS (Deafblindness)**

A person who, because of a combined incidence of deafness and blindness, is multi-sensory deprived resulting in significant difficulties in pursuing educational, vocational, and social skills. (Task Force Report on Service to Deaf/Blind Persons in Ontario, 1984).



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A child who has multi-sensory deprivation due to a combined incidence of DEAFNESS AND BLINDNESS is considered eligible for SSAH.

### **DEVELOPMENTAL DISABILITY**

A condition of MENTAL IMPAIRMENT present or occurring in a person's formative years that is associated with limitations in adaptive behaviour. (*Child and Family Services Act R.S.O. 1990, CHAPTER C.11*).

### **EARLY INTERVENTION SERVICES**

Services designed to address problems at an early stage before they develop into more serious or chronic problems requiring increased levels of social services in the future. In addition, they enable children to develop to their optimal potential by intervening early with appropriate services.

### **ENHANCED RESPITE FUNDING**

Funding provided to families who are caring for a child who is medically fragile and/or depends on a technological device needing care 24 hours a day, 365 days a year and is paid in addition to other respite services.

Families may be eligible for up to \$3,500 per child, per year.

To be eligible for enhanced respite funding, a child must fit one of the following five categories of care needs:

- Ventilator dependent;
- Requires prolonged intravenous administration of nutritional substances or drugs;

- Daily dependence on device-based support for tracheotomy tube suctioning, oxygen or tube feeding;
- Prolonged dependence on other devices which compensate for vital body functions, and on daily or near daily nursing; or
- Medically fragile according to care requirements, but does not use a technological device.

### **ESSENTIAL PHYSICAL ACTIVITY**

A fundamental and necessary activity that is part of everyday life (e.g. eating, breathing, mobility, hygiene, toileting, communication).

### **FAMILY/FAMILIES**

Persons related by kinship as recognized in law but limited to: spouses, parents, siblings, grandparents, children, aunts, uncles, and cousins, and including step-parents and step-siblings, where there has been a settled intention to treat the child as a member of the family.

Children will be considered to be living at home with their family during the time they reside with family members.

### **FORMATIVE YEARS**

Years of growth from birth up to, but not including, a person's eighteenth birthday.

### **GROUP LIVING/GROUP HOME**

A residential setting where 24-hour support is typically provided for groups of three to six persons with a developmental disability who need supervision with activities of daily living.

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## **HEARING LOSS**

A chronic physiological hearing impairment so severe that speech cannot be understood with optimum amplification through the ear. Speech discrimination is at 40% less in the better ear. (Helen Keller National Centre).

## **INDIRECT ASSISTANCE**

Assistance which relieves family members of specific family or household responsibilities and enables them to play a greater role in meeting the needs of the child with the disability.

## **DIRECT FUNDING**

The allocation of public funds to persons rather than to agencies or programs.

## **INFANT**

From birth to 36 months of age (chronologically), a child is considered to be an infant.

## **LOCAL HEALTH INTEGRATION NETWORKS (LHINs)**

LHINs are funded and regulated by the Ministry of Health and Long-Term Care and coordinate a variety of health services to maintain a person's health, independence and quality of life. They are responsible for:

- Service information and referral to all long-term care services, including the volunteer-based community services.
- Coordinated service planning and monitoring;
- Eligibility determination.
- Case management.
- Placement coordination services for long-term care facilities.

## **MAINSTREAM SERVICE**

Service that is available for use by the general public. They are generally not designed for any particular group but are generic in nature.

## **MEDIATOR MODEL**

Intervention by parents or non-professional, direct service staff under the supervision of a professional. The role of the professional in the mediator model is to assist the family to develop a program plan, including goals and specific interventions or activities, and to train and supervise the person carrying out the program.

## **MEDICAL FEES IN EXCESS OF OHIP FEE SCHEDULE**

Costs for services that are over and above what OHIP will cover (e.g. additional visits to a chiropractor or optometrist).

## **MENTAL IMPAIRMENT**

Delays or distortions in normal mental development that may lead a child to require special supports and services. Examples include:

- Significant sub-average intelligence as shown by the results of a personally administered intelligence test, or as clinically adjudged (e.g. levels of mild moderate, severe, or profound).
- Multiple areas of qualitative distortion of normal mental development (e.g. autism, pervasive developmental disorder).

This definition does not include impairments that are primarily attributable to emotional or psychiatric disorders or delays to progress in specific areas of skill acquisition, such as Specific Developmental Disorders (e.g. learning disabilities).

### **MINISTRY or MCSS**

The Ministry of Community and Social Services.

### **ONGOING FUNCTIONAL LIMITATIONS**

Limitations in a child's capacity to carry out those activities of living that are necessary to acquire independence and well-being. Tasks associated with typical age-appropriate developmental stages cannot be accomplished without assistance.

### **OUTSIDE PAID RESOURCE (OPR)**

A private for-profit operator that delivers residential programs for persons.

### **PHYSICAL DISABILITY**

A restriction or lack of ability to perform an essential physical activity in a manner or within the range considered normal for a child. This shall include children with other sensory impairments (deafness, blindness or deafblindness).

The effects of the disabling condition may be visible (as with neurological, neuromuscular, spinal cord injury disorders, or conditions described as "medically fragile") or invisible (as with sensory impairment and conditions such as heart disease, epilepsy, etc.).

### **PHYSICIAN**

A person who is a member of the College of Physicians and Surgeons of Ontario.

### **PRIMARY CAREGIVER**

A person who is primarily responsible for the care of a child where:

- **The child is living in a family-type situation**
- **There has been a settled intention to treat the child as a member of the family**
- **The family is not receiving assistance from a child welfare authority or other service provider (e.g. foster home, family home program) toward the support of the child.**

A primary caregiver may or may not be related to the child with a developmental disability.

For the purposes of the SSAH program, the designation of primary caregiver also extends to a spouse of a primary caregiver.

A special services worker cannot be considered a primary caregiver.

### **PSYCHOLOGIST**

A person who is a member of the College of Psychologists of Ontario.

## RESIDENTS OF ONTARIO

People who have established their principal residence in Ontario by:

- **proof of Canadian citizenship, landed immigrant status or permission to stay by Citizenship and Immigration Canada;**
- **passport;**
- **naturalization certificate;**
- **immigration documents; or**
- **Minister's permit.**

## RESPITE

Respite assists with the activities of daily living and helps improve the quality of life for the family while enabling the child with special needs to continue to reside at home.

Respite enhances the primary caregiver's capacity to provide care for the special needs family member living at home, through the provision of temporary relief supports.

## ROUTINE MEDICAL COSTS

Fees for assessments, filling out forms, transferring records, registration of new patients, and other procedures not insured under the Ontario Health Insurance Plan (OHIP) (e.g. naturopaths, podiatrists, etc.). Any costs covered under the Ontario Health Insurance Plan (OHIP).

## SELF-ADMINISTRATION

Self administration occurs when children and their families choose to manage approved SSAH funding. It is generally referred to as self-administration, self-management or direct funding.

## SIGNIFICANT CHANGE

Families will likely have their own definition of what a significant change means for them. Their definition should be used in conjunction with the following, where a significant change may include:

- **A change in the developmental, medical and/or physical care needs of the child; and/or**
- **A change in the family's available community supports; and/or**
- **A change in the family's capacity to provide care.**

## SPECIAL SERVICES WORKER

A person who provides direct assistance to a child with special needs who has functional limitations. Such assistance may include:

- **Addressing specific personal development and growth needs.**
- **Focusing on a goal (expected outcome) within a projected time frame.**
- **Following a plan for delivery of programming.**
- **Periodically reviewing progress made and adapting goals and plans accordingly.**

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## **TEMPORARY RELIEF SUPPORTS**

Those supports that enable the primary caregiver to take some time away from caregiving or from one or more of their own responsibilities. Consideration may be given to supporting those activities commonly associated with running a home, such as housecleaning, laundry and grass cutting/snow removal.

## **VISUAL IMPAIRMENT**

Any long-term eye condition that:

- **Cannot be corrected medically, surgically or with refractive lenses, but where there is some residual vision.**
- **Complicates performance of age-related visual tasks**