



## **DEPARTMENT OF COMMUNITY SERVICES**

### Services for Persons with Disabilities

Special Needs Policy

Effective: July 1, 2011

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**TABLE OF CONTENTS**

<b>1.0</b>	<b>POLICY STATEMENT</b> .....	<b>3</b>
<b>2.0</b>	<b>DEFINITIONS</b> .....	<b>3</b>
<b>3.0</b>	<b>POLICY OBJECTIVES</b> .....	<b>3</b>
<b>4.0</b>	<b>PROVISION OF SPECIAL NEEDS</b> .....	<b>3</b>
<b>5.0</b>	<b>POLICY DIRECTIVES</b> .....	<b>4</b>
5.1	PROCESS FOR REQUESTING SPECIAL NEEDS ITEMS AND SERVICES .....	4
5.2	DETERMINATION OF ELIGIBILITY .....	5
5.3	RECURRING SPECIAL NEEDS.....	5
5.4	EXCLUSION FROM SPECIAL NEEDS ELIGIBILITY .....	5
<b>6.0</b>	<b>APPROVAL LEVELS</b> .....	<b>6</b>
<b>7.0</b>	<b>SPECIAL NEEDS BY ITEM OR SERVICE</b> .....	<b>7</b>
7.1	CLOTHING.....	7
7.2	FUNERAL AND BURIAL.....	7
7.3	HEALTH CARE SERVICES.....	8
7.4	MEDICAL SERVICES (REHABILITATION AND TREATMENT SERVICES) .....	14
7.5	EMERGENCY RESPONSE DEVICES .....	16
7.6	SUPPORT SERVICES .....	16
7.7	TRANSPORTATION.....	18
7.8	DAY PROGRAM, EDUCATION AND EMPLOYMENT .....	20
<b>8.0</b>	<b>LIVING ALLOWANCES – INDEPENDENT LIVING SUPPORT PROGRAM</b> .....	<b>22</b>
<b>9.0</b>	<b>PERSONAL USE ALLOWANCE</b> .....	<b>25</b>
<b>10.0</b>	<b>APPLICATION</b> .....	<b>26</b>
<b>11.0</b>	<b>ACCOUNTABILITY</b> .....	<b>26</b>
<b>12.0</b>	<b>MONITORING</b> .....	<b>26</b>

## **1.0 POLICY STATEMENT**

- 1.1 This policy applies to all Services for Persons with Disabilities (SPD) Program areas, except the Out of Home Support Services Program for Children and Youth and the Direct Family Support Program for Children.
- 1.2 A participant or service provider acting for a participant may request special needs in the form of items of special requirement and services as set out in this policy.

## **2.0 DEFINITIONS**

- 2.1 For SPD policy and program definitions, refer to the *Glossary of Terms*.

## **3.0 POLICY OBJECTIVES**

- 3.1 This policy outlines the items and services which may be provided as a special need in the SPD Program.

Items and services are provided based on demonstrated need and the fiscal resources of the SPD Program.

## **4.0 PROVISION OF SPECIAL NEEDS**

- 4.1 Special needs are funded when they are part of an approved individual support plan. The Funding Source Guide (Appendix B) specifies whether an item or service of special requirement is included in a per diem rate or will be issued as a special need.
- 4.2 Participants must access coverage provided under the Department of Health & Wellness (DHW) insured health services program, Medical Services Insurance (MSI), Pharmacare, private insurances, and/or privately or publicly funded organizations prior to making a special needs request under this policy. If, upon accessing these services, there remains an outstanding cost, the participant may apply for special needs funding to cover these costs.

## 5.0 POLICY DIRECTIVES

### 5.1 Process for Requesting Special Needs Items and Services

5.1.1 The participant or service provider acting for a participant, when requesting special needs, must provide the Care Coordinator with the following information:

- a) the reason for the request;
- b) a description of the special need;
- c) professional documentation supporting the special need (for example from a medical physician, dietician, dentist, social worker, psychiatrist, etc.);
- d) the monthly and/or total cost of the special; and
- e) written confirmation of costs related to the special needs item or service (invoice, receipt, or other documentation in the participant's support plan).

5.1.2 The Care Coordinator will either approve or reject the request (See Appendix B Funding Source Guide and see Appendix C Basic and Special Needs Rates) and, where required, will obtain the necessary approvals *Special Needs Approval (SPD - 431)* in accordance with section 6.0.

5.1.3 Prior SPD Program approval of both the necessity and the cost for special needs items or services is required. In exceptional circumstances, and with a receipt or invoice provided, special needs funding may be approved after purchase or use.

5.1.4 The participant must purchase the most economical special needs items or services available. Refer to the Special Needs Rates Guidelines (Appendix A) for approved rates. Where a special need item or service is not identified in the Special Needs Rates Guidelines (Appendix A), SPD approval levels shall apply (see section 6.1).

5.1.5 Where the Special Needs Rates Guidelines (Appendix A) do not contain an approved amount for a particular special needs item or service and the item or service is in excess of five hundred dollars (\$500.00), two (2) estimates must be submitted with the request, except under exceptional circumstances.

5.1.6 Exceptions to two estimates apply when there is only one source available for the special need item/service or when costs related to the second quote are such that it is not economical to obtain the second estimate. The reason the exception is granted must be documented.

## **5.2 Determination of Eligibility**

### **5.2.1 General Criteria**

Funding of a special need will be considered when:

- a) the participant is financially eligible or would be in a budget-deficit position following payment of the special need; and
- b) proof of the need for the item or service and the possible impact of refusal to fund the special need has been provided.

5.2.2 Prior to determination of eligibility, the Care Coordinator may refer to a second medical practitioner or a person who specializes in the medical area related to the special need, to determine if:

- a) the item or service is required;
- b) the item, service(s) or treatment is considered effective; and
- c) an equally effective, but more economical item, service(s) or treatment is available for purchase.

### **5.3 Recurring Special Needs**

5.3.1 In addition to the general criteria outlined in section 5.2, a recurring special need may be included in the participant's budget if it is an essential and cost effective part of an approved support plan.

5.3.2 The ongoing need for any recurring special need must be reviewed at least once every twelve (12) months or at the time of annual review. Documentation from a qualified medical professional is not required on an annual basis for non-corrective medical conditions, such as diabetes and colitis.

### **5.4 Exclusion from Special Needs Eligibility**

5.4.1 Unless otherwise specified in this policy, a special need does not include:

- a) an item or service that is insured under provincial insured health services programs or is otherwise funded by the government;
- b) subject to section 7.3.17, prescription medications, drugs and substances that are not on the Nova Scotia Formulary;
- c) physician and health care services that are not recognized as insured health services by MSI;

- d) costs associated with compliance with court orders, conditions, and/or programs that are not mandated by the SPD Program; and
- e) post secondary courses taken for credit.

## 6.0 APPROVAL LEVELS

- 6.1 SPD staff shall refer to the Special Needs Rates Guidelines (Appendix A) for approval levels for all special needs.

When special needs are not listed in the Guidelines, the table below shall apply:

Special Needs Request	Final Approval Required
Up to and including \$500.00/month	Care Coordinator
Up to and including \$1500.00/month	Casework Supervisor
Up to and including \$5000.00	District Manager
Over \$5000.00	Regional Administrator

### 6.2 Casework Supervisor or District Manager Approval of Higher Amount for a Special Need Item/Service

A higher amount for a special need item/service may be approved by a Casework Supervisor or District Manager, as per SPD approval levels, when there is documentation to support that the maximum amount allowed for any special need, as prescribed in Special Needs Rates Guidelines (Appendix A), is insufficient to pay for the cost of the item or service due to the distinctive need of a participant.

The distinctive need of a participant must be assessed on an individual basis and may be approved in circumstances pertaining to the health or safety of the participant or when the cost of not issuing the special need would likely result in higher costs due to a breakdown in the participant's support plan. In cases of recurring special needs, the need shall be re-assessed at a minimum every six (6) months.

## **7.0 SPECIAL NEEDS BY ITEM OR SERVICE**

### **7.1 Clothing**

#### **7.1.1 Regular Clothing**

A participant in an SPD residential program, including the Alternative Family Support (AFS) Program, may request an annual clothing allowance. This may be disbursed in accordance with the participant's approved support plan.

#### **7.1.2 Special Clothing**

A participant may request assistance for special clothing, including the cost of tailoring and repairs when:

- a) special clothing is necessary because of a disability (e.g., mastectomy clothing, shoes for orthotics);
- b) the participant destroys their clothing as a direct result of a disability (e.g., customized clothing to prevent disrobing);
- c) training or employment related clothing is necessary (examples include but are not limited to, uniforms or specialized clothing required for the program); and when
- d) emergency situations arise.

### **7.2 Funeral and Burial**

7.2.1 The Care Coordinator may approve assistance with the costs associated with a funeral, professional services and burial (traditional or cremation) for a deceased participant, in accordance with the maximum allowable amounts outlined in the Special Needs Rates Guidelines (Appendix A).

7.2.2 When the funeral, burial and professional services of a participant who is in receipt of OAS/GIS/ CPP have been paid by the Department, the Department is entitled to the death benefit provided by Human Resources and Skills Development Canada (HRSDC). The Care Coordinator of the deceased participant must apply by completing the application and forwarding receipts for all costs associated with the funeral to HRSDC.

## **7.3 Health Care Services**

### **7.3.1 Assistance (Guide) Dog Allowance**

A participant may be eligible for an allowance for the food and routine care of an Assistance Dog (i.e. Guide/Service Dogs), such as check-ups, rabies shots, toenail clipping, and flea and heartworm medications as a special need when all other available resources have been exhausted, if the dog is:

- a) provided through the support of a recognized Assistance Dog organization or school; and
- b) required by the participant due to a disability.

Retired Assistance Dogs maintained by a participant are not eligible for the assistance dog allowance.

### **7.3.2 Ambulance**

See section 7.7: Transportation.

### **7.3.3 Dental**

Both preventative and restorative dental services may be approved as a recurring special need (see Appendix C). A participant must access any available private dental insurance before requesting dental services coverage from the SPD Program. Approval is required before reimbursement of the cost for dental work will be made by DCS. Care Coordinators may accept receipts for dental services from participants. (Dental Request and Authorization - MPRG 111)

Coverage may be provided for:

- a) preventative and restorative purposes;
- b) the relief of pain;
- c) control of prolonged bleeding;
- d) treatment of swollen tissue;
- e) provision or repair of broken dentures; and
- f) dental problems identified as barriers to employment.



Payments for dental services, including those of a specialist, will be based on the amount listed in the SPD Dental Fee Guide approved by the Director (see Appendix C).

A second opinion may be required with regard to a request for dental services. If a dentist will not complete the dental service at the approved rates, the participant must locate a dentist who will provide the service within the approved rates or pay any additional costs.

#### **7.3.4 Dentures**

Dentures may be approved in accordance with the SPD Dental Fee Guide (Appendix C), approved by the Director.

#### **7.3.5 Emergency Response Devices**

See section 7.5.

#### **7.3.6 Foot Care and Podiatry**

Costs associated with foot care and podiatry may be approved as a special need when:

- a) the treatment has been prescribed by a physician;
- b) it is medically necessary and no other options are available; and
- c) the most economical alternatives have been explored (i.e. foot clinics).

#### **7.3.7 Hearing Aids and Hearing Aid Batteries**

A hearing aid may be approved as a special need when:

- a) it has been prescribed by an audiologist; and
- b) supervisory approval has been provided for the most economical hearing aid option.

Hearing aid batteries may be approved as a recurring special need.

### **7.3.8 Medical Equipment**

Requests for wheelchairs, inserts and repairs are referred directly to Easter Seals Nova Scotia for assessment and eligibility for funding.

The purchase, rental and repair of other types of medical equipment, such as scooters, prosthetics, CPAP machines, walkers, and crutches may be approved as a special need when:

- a) the need for the requested item or service has been verified through documentation provided by a physician or medical practitioner; and
- b) it is confirmed to be the most economical option.

Prior to determination of eligibility, the Care Coordinator may request advice from a person qualified to provide advice in respect to the appropriateness, necessity and effectiveness of the medical equipment.

### **7.3.9 Medical Report Completion Fee**

When requested by a Care Coordinator for the purpose of assessing an existing SPD Program participant's medical condition(s), the cost of a physician's fee to complete a medical report may be approved as a special need. Initial medical report fees for new applicants to the SPD Program are the responsibility of the applicant and are not eligible as special need.

### **7.3.10 Medical File Transfer Fee**

The cost to transfer a participant's medical file from one physician to another may be approved by the Care Coordinator (e.g. when assessed as required for such reasons as physician retirement).

### **7.3.11 Medical Insurance**

The cost of medical insurance may be included in a participant's monthly entitlement as a recurring special need where an assessment has identified that the continuation of this coverage contributes to a cost effective support plan. The participant must actively use the plan and no other dependants are to be covered unless assistance is provided as a family unit.

### **7.3.12 Medical Supplies**

Medical supplies are considered special needs only when they are not included in the per diem rate of the participant. The purchase of medical supplies, such as, but not limited to, incontinent supplies, colostomy supplies, and dressings may be considered a special need when:

- a) the need for the requested item has been verified through documentation provided by a physician or medical practitioner; and
- b) it is confirmed that it is the most economical option available for purchase.

Prior to determination of eligibility of the supplies as a special need, the Care Coordinator may refer to a second physician or medical practitioner to provide advice in respect of the appropriateness, necessity and effectiveness of it.

### **7.3.13 Nursing Care**

For a participant whose medical condition cannot be safely managed in the Community Home where they live due to the inability to immediately access standard community resources or an alternative placement, the Care Coordinator shall seek approval to cover the costs of nursing care as a special need only until such time as the required community resources or an alternative placement becomes available. The Care Coordinator shall also:

- a) seek funding from private benefit plans, where available; and
- b) ensure referrals are made to the District Health Authority for standard community resources.

### **7.3.14 Optical Care**

Costs associated with routine eye exams and the purchase of corrective eyeglasses prescribed by an optometrist or physician will be covered to a maximum of once every two years, subject to the maximum rates, unless there is a medically substantiated reason for new eye wear by the optometrist or physician.

Special lenses at additional cost may be covered when prescribed by an optometrist or physician, subject to the following restrictions:

- a) no coverage will be provided under any circumstances for any cosmetic purpose. This includes, without limiting the generality of the previous statement, progressive (invisible) bifocals and anti-reflective coatings, except on high index lenses; and
- b) high index lenses will only be provided if the prescription equals or exceeds +/-5.0 diopter.

### **7.3.15 Orthotics**

The purchase of customized orthotic shoes and orthotic modifications and inserts may be covered when:

- a) documentation is provided by a qualified physician or medical practitioner; and
- b) it is confirmed that it is the most economical option available for purchase.

### **7.3.16 Over-the-Counter (Non-Prescription) Medication**

Over-the-counter (non-prescription) medications may be covered as a special need when the need is substantiated in writing. Only non-prescription medications authorized by a physician, medical practitioner or dietician are eligible.

Prior approval by the Care Coordinator and the provision of receipts are required for over-the-counter (non-prescription) medication. Exceptions may be considered in emergency situations. Herbal medications are not funded or approved.

### **7.3.17 Prescription Medication**

Prescription drug coverage in the form of Pharmacare benefits is provided to an eligible participant. Participants having access to another drug plan, from a public or private entity will be required to use that plan and will not be eligible for Pharmacare benefits.

Pharmacare benefits are provided in accordance with contracted service formulary only. Assistance for prescription drug coverage is not funded outside of the Nova Scotia Formulary. Drugs not approved for exception status drug coverage are not covered under this policy.

A participant with a private health care plan may be eligible for reimbursement of the co-payment amounts. Receipts verifying the co-payments from the pharmacy or private health plan organization must be provided.

If a participant is prescribed or is requesting a drug that is not a benefit on the Nova Scotia Formulary, the participant should be advised to have their physician request approval through Pharmacare for coverage by submitting the appropriate Department of Health & Wellness documentation. Certain drugs are only eligible for coverage when an individual meets the criteria developed by the Department of Health & Wellness. These drugs may be approved by the Department of Health & Wellness as exception status drugs. Costs associated with blister packs are eligible when this service is approved as part of the participant's individual support plan.

### **7.3.18 Special Diets**

Special diet allowances may be approved for participants in community based programs where special diets are not included within the per diem rate. See Appendix B for the Funding Source Guide and Appendix D for a full list of special diet rates.

In residential programs the cost of a special diet is included in the approved per diem and so special diet allowances are not available as a special need (see Appendix A).

Requests for special diet allowances in community based programs shall be assessed for participants by the Care Coordinator after the receipt of the following information:

- a) authorization by a physician or medical practitioner that clearly states diagnosis of the participant; and
- b) medically supported documentation stating that the participant would be placed in health-threatening situation without the provision of special dietary items.

A participant who is paraplegic or quadriplegic is eligible for a high protein diet allowance as a recurring special need without documentation from a physician or medical practitioner.

Eligibility for a special diet allowance must be reviewed at least once (1) per year or at the time of annual review with the exception of special diet allowances for non-corrective medical conditions such as diabetes or colitis. Written confirmation by a registered dietician or physician of the continuing need for the special diet allowance is required prior to extending the approval with the exception of special diet allowances of non-corrective medical conditions.

If more than one special diet is recommended for a participant, the approved monthly amounts for individual diet allowances may be added together, up to the combined maximum amount allowable per month. Only in exceptional circumstances and with the approval of the Casework Supervisor may the amount be increased.

### **7.3.19 Maternal Nutritional Allowance**

A maternal nutritional allowance may be included in a participant's monthly entitlement from the date the Care Coordinator is notified of the pregnancy or birth of a child up to and including twelve full months after the birth of the child.

## **7.4 Medical Services (Rehabilitation and Treatment Services)**

Rehabilitation and treatment services required by a participant to manage physical or psychosocial support needs may be approved as recurring special needs where these supports are not readily accessible through insured services.

These services are intended to be short-term interventions (up to six (6) months) and shall be discontinued when insured services become available. Documentation of the counseling/therapy request and approval by the casework supervisor are required.

Exceptions may be considered where medical services are required beyond six (6) months, where it can be demonstrated that the inability to access the required services will increase the likelihood that a more costly intervention will be required (i.e. extraordinary staffing, or a more costly SPD Program placement option). Documentation for extensions beyond six (6) months must include:

- a) an SPD counseling/therapy request *Counseling/Therapy Request Renewal (SPD - 432)*;
- b) a written report and requirement for extension/renewal from the therapist; *Counseling/Therapy Request Renewal Letter*

- c) approval by the casework supervisor and in accordance with SPD approval levels.

These services may be approved for no more than twelve (12) month period.

#### **7.4.1 Counseling**

Counseling activities such as, but not limited to, behavioural programs, self-esteem programs, anger management programs, sexuality programs, and individual counseling may be considered a special need when they are part of an approved support plan developed to facilitate a participant's movement towards greater independence, self sufficiency, and success in their placement in the SPD Program.

Completed documentation outlining the rationale and expected outcome(s) of all requested counseling and supervisory approval is required. *Counselling/Therapy Request Renewal (SPD-432) and Counselling/Therapy Request Renewal Letter*

Counseling requests shall only be approved for services provided by licensed practitioners and practitioners with private practice certification (e.g. Nova Scotia Association of Social Workers, or Canadian Psychology Association).

Counseling or personal development activities and services ordered or required by other agencies, departments, or the court system, are not special needs.

#### **7.4.2 Occupational Therapy, Physiotherapy and Speech Therapy**

The cost of occupational therapy, physiotherapy or speech therapy services may be included as a special need only when:

- a) it is not available through insured services; and
- b) this lack of availability creates a significant impact on the safety and well-being of the participant. These interventions may only be considered until such time as standard community resources become available.

The request for therapy must be accompanied by written documentation from a qualified medical practitioner.

### **7.4.3 Massage Therapy**

The cost of massage therapy services may be included as a special need for a participant with significant physical disabilities where recommended in written documentation as a course of treatment by a qualified medical practitioner.

### **7.5 Emergency Response Devices**

The cost of an emergency response device may be included in a participant's monthly entitlement as a recurring special need when it has been identified by an assessment as an unmet need in an approved support plan. An emergency response device may be approved for its actual cost by a Care Coordinator without prior supervisory approval.

When a participant who requires an emergency response device has outstanding telephone bill charges, these charges may be paid as a special need and shall be recovered through the participant's budget as a reduction in the payment of the participants personal use allowance (comforts allowance).

### **7.6 Support Services**

#### **7.6.1 Child Care**

The cost of child care may be approved as a special need for a participant who lives in their own home and care for their own children when they are:

- a) unable to provide care for their own children due to medical reasons; or
- b) participating in employment or training programs.

#### **7.6.2 Extraordinary Staffing**

It is expected that service providers will accommodate short-term extraordinary staffing needs within their approved budgets. Funding requests for short-term extraordinary staffing may be considered for approval as a special need where the service provider demonstrates that the extraordinary staffing costs cannot be absorbed within the approved per diem budget. The service provider shall provide all requested documentation supporting the need for extra staffing *Service Provider Request for Extraordinary Funding for Staffing (SPD - 438)*. The Care Coordinator must review the documentation and make a recommendation *Authorization for Extraordinary Funding for Staffing (SPD - 439)*. Casework Supervisor approval is required, and in accordance with SPD approval levels.



When the need for extraordinary staffing is expected to extend beyond a 3 month period a reassessment shall be conducted to determine whether the participant is living in the residential option that best matches their needs.

When the assessment demonstrates that the participant is living in the residential option that best suits their needs, but requires additional staffing support on an ongoing basis (e.g. loss of day program, etc.), staffing requirements will be addressed through the Rate Review process.

When a participant requires extraordinary funding for long-term staffing in excess of eight (8) hours per day, the participant shall move to the first available placement option within SPD provincial resources that provides the participant's assessed level of support.

If the residential option that best matches a participant's needs is not currently available, the participant's name shall be added to the residential waitlist (see *SPD Program Policy*, section 8.0). In the interim a request for funding for extra staffing may be made by the Care Coordinator and Casework Supervisor for the period of time that the resident is waiting for a new placement. SPD approval levels shall apply.

#### **7.6.4 Interpreter Services and Intervener Services**

Interpreter and intervener services may be approved as a special need when services are not available without cost through a non-profit agency or family and community resources.

#### **7.6.5 Personal Care**

A participant may be eligible for personal care assistance with their activities of daily living as a special need if it is not provided through the District Health Authority or any other insured services. This assistance is not available if it is covered by an approved per diem rate, approved units of service, or hours of support.

#### **7.6.6 Respite in Licensed Homes**

Costs associated with providing respite care in a licensed home in the SPD Program may be approved as a special need if the participant meets the SPD eligibility criteria (See *SPD Program Policy*, section 13.0).

### **7.6.7 Respite in Direct Family Support Program**

Costs associated with providing respite relief to the parent, family, guardian of an SPD Program participant, for a specific period of time shall be funded as a special need based on the assessed needs of the participant (See *SPD Direct Family Support Policy*). See maximum respite approvals in Appendix A.

### **7.6.8 Homeless Shelter / Residential Recovery Program / Youth Facility**

A participant may request assistance for the daily/nightly costs of homeless shelters or youth facilities in emergency and transitional situations. All homeless shelter or youth facility special needs requests must have supervisory approval.

The daily cost of an approved residential recovery program for drug and alcohol addiction for a participant may be approved as a special need when it is a part of an approved individual support plan and when the program is funded through per diems. All residential recovery program special needs requests must have supervisory approval.

### **7.7 Transportation**

An allowance for transportation may be provided when it is required for medical reasons or to participate in employment, training, upgrading, volunteer activity, job search, or other activities approved as part of the participant's individual support plan.

A participant will receive the actual cost of transportation up to the maximum allowable amount per month as per the Rates Guidelines for the bus or the most economical and efficient means of transportation that can meet the participant's needs.

The use of taxis for transportation may be approved for a participant as per the rate guidelines in areas served by public transit if the participant is unable to use public transportation due to their disability or mental health status.

A participant may receive both a bus pass and approval for taxis, up to the maximum amount per month in the rate guidelines when their mental health or general health has deteriorated and they are unable to use public transportation.

The Casework Supervisor must approve any costs which exceed the standard monthly maximum rate for travel.

### **7.7.1 Medical Transportation Outside of the Local Community**

The cost of medical transportation outside the community to attend required medical appointments and procedures, which cannot be handled in a timely manner through the normal channels, shall be approved as a special need when the service or procedure is not available in the local community or in emergency situations when recommended and documented by a medical professional.

Out of community travel shall not be approved in order to obtain quicker access to routine procedures which can be addressed through the current waitlist process.

Food, shelter and staffing costs associated with medical travel outside the local community may be considered, where necessary.

The most economical and efficient means of transportation that can meet the participant's needs shall be approved. The approval of these transportation costs shall be made in accordance with SPD approval levels and assessment processes.

### **7.7.2 Ambulance**

Ambulance services required for a participant may be eligible as a special need when it is for emergency use or necessary transfer. Prior approval by the Care Coordinator is required in non-emergency situations.

### **7.7.3 Transportation for Family Visits for Out of Region Placements**

Assistance with the cost of transportation for family visits is available to a participant who has accepted a placement not of their choice in another region in the Province when:

- a) the residential option that meets their support needs is not available in their home region; or
- b) they are on the wait list for the next available residential option that meets their support needs in their home region.

A participant who requests assistance with travel costs for a family member to visit them while they are residing out of their home region, and who meets the eligibility criteria outlined in section 7.2 of the *SPD Program Policy* is eligible for assistance for travel costs for a family member.

#### **7.7.4 Out-of-Province Travel and Accommodation**

Where a specialist has referred a participant for out-of-province treatment that is not available in Nova Scotia, the participant shall be referred to the Department of Health & Wellness for assistance through the Out-of-Province Travel and Accommodation Assistance program.

### **7.8 Day Program, Education and Employment**

#### **7.8.1 Approved Day Program Costs**

The SPD Program may assist a participant with the cost of day, lifestyle, social, recreational, and vocational programs as a part of an approved individual support plan and within available departmental resources.

The cost of transitional day programs for a participant in the Direct Family Support Program may be approved as a special need. The most economical option shall be used. This funding shall be discontinued upon the offer of participation at an Adult Service Centre. All transitional day program supports must be approved by the Casework Supervisor and SPD approval levels shall apply.

#### **7.8.2 Education Programs**

The SPD Program shall refer requests for skill building courses to existing training and employment programs wherever possible. A participant may be approved for skills training course such as a General Educational Development (GED), as part of an approved individual support plan. Funding for post-secondary courses is not provided by the SPD Program. Referrals should be made to the Labour Market Agreement for Persons with Disabilities (LMAPWD) on behalf of a SPD participant who wishes to attend a post secondary education program.

##### **7.8.2.1 Books, Supplies, and Deposits**

The cost of books, supplies and deposits (such as seat confirmations) required to participate in an approved educational program which is not eligible for student assistance, (such as, but not limited to, academic upgrading, high school, short term course) may be eligible as a special need.

### 7.8.3 Employability Related Expenses

Funding may be available to cover employability expenses that are directly related to and necessary to facilitate paid employment or participation in an employment plan when a participant is:

- a) employed on a full-time or part-time basis; or
- b) participating in employment as part of an approved support plan, with supervisory approval.

Fees that are directly related to a return to employment, such as but not limited to drivers licenses, criminal record check, drivers abstract, child abuse registry check, medicals, criminal record pardon applications, may be eligible as a special need.

### 7.8.4 Project 50 (Voluntary Work Experience)

Project 50 is a program in which a participant volunteers for up to 25 hours a month and receives an allowance of \$50 per month. A participant may be approved for Project 50 where involvement in a meaningful community work experience is an identified need in the participant's assessment and approved support plan. An agreement *Project 50 Agreement (Voluntary Work Experience) (SPD-435)* must be completed and approved by the Casework Supervisor.

The sponsor of a Project 50 should be a non-profit or charitable organization. Work for a for-profit organization may be approved by a Casework Supervisor when no other meaningful work placement is available for the participant.

Project 50 work experience will only be approved and/or continued when:

- a) a Project 50 allowance may be approved for those participant's who do not attend day programs, such as Adult Service Centres, and those who do not have part time or full time paid employment.
- b) a participant's work placement is in a location other than their current residence;
- c) a Project 50 monthly review form *Project 50 Monthly Review (SPD-434)*, completed by the participant and the work supervisor, is submitted to the Care Coordinator monthly for payment; and
- d) the program is reviewed annually as part of the Individual Program Plan or as part of the annual review/reassessment.

A participant's travel expenses to get to and from their work placement may be approved if the participant is not already receiving a travel allowance in their budget.

### **7.8.5 Employment Incentives**

A participant may be eligible for an employment incentive for income earned through supported employment. Supported employment for a participant is paid employment (including stipends and training allowances) which is part of a vocational or employment plan supported by the staff of the Department or community partners.

## **8.0 LIVING ALLOWANCES – Independent Living Support Program**

### **8.1 Electricity Connection**

The cost of connecting the power to an apartment is a one-time special need payment in the ILS Program. An exception may be made when a participant moves to another apartment with SPD Program approval.

### **8.2 Emergency Food Orders**

Emergency food orders may be approved as a special need by a Care Coordinator, with prior supervisory approval.

### **8.3 Excess Shelter**

A participant must secure shelter within the approved SPD Program rates. Excess shelter rates may be considered as a special need when:

- a) a participant requires barrier free access (i.e. housing that has been adapted for individuals with mobility disabilities or visual impairments);
- b) the cost of relocating the participant exceeds the total annual rental increase; and
- c) a participant's approved support plan has identified other support elements that promote independence and result in lowered long-term SPD support costs (e.g. reducing transportation expenses, extra staffing, security of the location, etc.)

A request for excess shelter requires supervisory approval.

#### **8.4 Extermination Services**

Extermination services may be available as a special need when it has been determined there is a need for the service and written confirmation has been received that a participant's landlord is not responsible for the cost of this service.

#### **8.5 Fire and Liability Insurance for Homeowners or Tenants**

A participant who owns and occupies their own home or is a tenant in an apartment may be eligible for assistance with the cost of obtaining fire and liability insurance. A participant shall provide proof of insurance upon request.

#### **8.6 Furniture**

Where no other alternative is available, a participant may be eligible for start-up costs for basic household and furniture, in accordance with the approved rates (see Appendix D). Upon supervisory approval, replacement costs of some furniture items may be eligible as a special need.

#### **8.7 Homemaker Services**

Homemaker services may be approved as a special need, if a participant's individual support plan indicates the need for them.

#### **8.8 House Repairs**

All requests for house repairs will be referred to the Department of Community Services Housing Services for an assessment prior to determining eligibility as a special need. Eligibility is dependent on the availability of resources and the extent to which the participant's individual support plan reinforces a conclusion that remaining in their house is beneficial to them. Final approval is subject to the general SPD approval levels (see section 6.0: Approval Levels).

If assistance from Housing Services is not available, house repairs may be considered as a special need for a participant who owns and occupies their own home. Assistance will only be provided when repairs are essential to the health and safety of the participant, and where alternative funding or commercial financing is not available. Participants must provide documentation of health or safety hazard(s) to the Care Coordinator. Final approval is subject to SPD approval levels.

Eligibility is dependent on the extent to which the participant's individual support plan reinforces a conclusion that remaining in their house is beneficial to them and that it is cost-effective to complete the repairs versus moving.

### **8.9 Security/Damage Deposits**

A participant in the ILS Program or the Supervised Apartment Program may be eligible for reimbursement of one security/damage deposit paid by the participant to the landlord, upon admission to the program. Only in exceptional circumstances, and with supervisory approval, will a security/damage deposit be reimbursed more than once for a participant.

The participant must confirm their rental arrangements by providing written documentation (i.e. a copy of the lease agreement) and an official receipt for the deposit payment before approval for this special need shall be provided to the participant.

A participant in the ILS Program or Supervised Apartment Program may be eligible for the cost of a security deposit as a special need. The security deposit must be repaid to the Provincial government rather than the participant, when it is returned by the landlord.

### **8.10 Telephone**

Basic telephone service costs may be approved as a recurring special need for a participant in the Independent Living Support Program. Long distance telephone costs will not be paid.

The cost of specialized telephone services and equipment such as (but not limited to) call display, call block and voice mail may be considered as a special need when it constitutes part of an approved individual support plan.

### **8.11 Telephone Installation**

The cost of a telephone installation charge is eligible as a special need upon admission to the ILS Program upon admission and when the ILS participant moves to another apartment as part the approved individual support plan.



## 8.12 Shelter-Related Arrears

In exceptional circumstances and with supervisory approval, a participant who lives in their own home may be eligible for a special needs payment for:

- a) mortgage/rental arrears;
- b) property tax arrears; and
- c) utility arrears;

only to cover the minimum amount required to avoid foreclosure, eviction, a tax sale or utility service termination.

Overpayments may be set up to recover these costs, assessed on an individual basis.

## 8.13 Moving Allowances – Within Region

Moving expenses may be considered a special need for an ILS Program participant when the:

- a) participant is entering the ILS Program;
- b) participant is forced out of present accommodations (e.g. fire, flood, etc.)
- c) participant's health or safety is threatened in their present accommodations (e.g. abusive situations, etc.); or
- d) participant's new accommodations are more affordable than their present accommodations.

## 9.0 PERSONAL USE ALLOWANCE (COMFORT ALLOWANCE)

A personal use allowance (PUA) is a recurring special need that allows a participant to purchase items for personal comfort and enjoyment.

The PUA is paid to the participant monthly at the current approved rate. A PUA will not be issued if the participant's PUA account has a balance that exceeds the equivalent of three (3) months allowance.

The service provider must document the balance of each participant's PUA on the monthly invoice/account provided to the Department.

**10.0 APPLICATION**

- 10.1 This policy applies to all SPD staff, applicants, participants and their families and any person acting on their behalf.

**11.0 ACCOUNTABILITY**

- 11.1 The Executive Director is responsible for ensuring that the program achieves the objectives for which it was created, and is delivered within a fiscally sustainable manner.
- 11.2 Regional Administrators are responsible for putting this policy in place and ensuring compliance within their respective areas of responsibility, and the resources made available.
- 11.3 Managers and supervisors are responsible for complying with the policy within their respective areas of responsibility and adequately preparing their employees to carry out their respective functions.

**12.0 MONITORING**

- 12.1 The Director, Services for Persons with Disabilities, is responsible for implementing appropriate mechanisms to ensure monitoring and compliance with this policy.
- 12.2 Regional Administrators are responsible for regularly monitoring and reporting on compliance with this policy.

# SPD Special Needs Policy

## SPD Forms List for SPD Policy Roll-out

June 2011

SPD-431	Special Needs Approval
SPD-432	Counselling/Therapy Request Renewal
SPD-434	Project 50 Monthly Review
SPD-435	Project 50 Agreement (Voluntary Work Experience)
SPD-438	Service Provider Request for Extraordinary Funding for Staffing
SPD-439	Authorization for Extraordinary Funding for Staffing
MPRG-111	Dental Request and Authorization

**Letter Templates:** Counselling/Therapy Request Renewal Letter Template  
Terms of Respite Placement Letter Template

**Appendices:** Appendix A – Basic and Special Needs Rates  
Appendix B – Funding Source Guide  
Appendix C – Dental Rate Guidelines  
Appendix D – Special Diets Rate Guidelines