



THE UNIVERSITY OF BRITISH COLUMBIA

Canadian Institute for Inclusion and Citizenship

Review of Individualized Funding Across Canadian Jurisdictions

Prepared for Community Living British Columbia

April 2024

About this report

This report presents a comprehensive review of Individualized Funding (IF) programs across Canadian jurisdictions. Funding for this report was provided by Community Living British Columbia (CLBC). This review is part of a larger research endeavour, including an extensive scoping review of IF literature that will inform self-advocate and key stakeholder meetings, surveys, and interviews in 2024 and 2025.

Contributors:

Researchers:

- Dr. Tim Stainton, Co-Director, Canadian Institute for Inclusion and Citizenship, *University of British Columbia Vancouver*
- Dr. Rachelle Hole, Co-Director, Canadian Institute for Inclusion and Citizenship, *University of British Columbia Okanagan*
- Dr. Laura Mudde, Post-doctoral researcher, Canadian Institute for Inclusion and Citizenship, *University of British Columbia Okanagan*

Graduate Research Assistants:

- Trevor Gray, PhD Student, *University of British Columbia Vancouver*
- Maddy Côté-Dear, MSW Student, *University of British Columbia Okanagan*

Contact Information

For information about this report, please contact:

Canadian Institute for Inclusion and Citizenship

University of British Columbia

cic.ubc@ubc.ca

604-822-5872

Table of Contents

List of Abbreviations by Province/Territory.....	4
Introduction	6
Methodology	6
Jurisdictional Review by Topic Areas.....	10
Table 1: Nature of Individualized Funding	10
Table 2: Eligibility.....	45
Table 3: Funding.....	73
Table 4: Processes for applying, planning, and review.....	115
Table 5: General.....	147
Jurisdictional Review by Province and Territory	156
British Columbia	164
Manitoba.....	177
New Brunswick.....	183
Newfoundland & Labrador.....	187
Northwest Territories	191
Nova Scotia	193
Prince Edward Island.....	202
Saskatchewan	209
Quebec.....	220
Yukon	226
Ontario.....	228
Summary	247
Eligibility	249
Funding	254
Processes for Applying, Planning, Supports and Review	257
Conclusion	265
References	267

List of Abbreviations by Province/Territory

Alberta

FCAON: Family/Child Assessment of Needs
FMS: Family Managed Services
FSCD: Family Support for Children with Disabilities
PDD: Persons with Developmental Disabilities

British Columbia

AFB: Autism Funding Branch
CLBC: Community Living British Columbia
CLAA: Community Living Authority Act
CSIL: Choices for Supports in Independent Living
CYSN: Children and Youth with Support Needs
GSA tool: Guide to Support Allocation Tool
IFRC: Individualized Funding Resource Centre
interRAI HC ADL Long Form: interRAI Home Care Activities of Daily Living Long Form
MCFD: Children and Family Development
RASP: Registry of Autism Service Providers

Manitoba

CDS: Children's disABILITY Services
CLdS: Community Living disABILITY Services
CLDS: Community Living Disability Services
CSW: Community Services Worker
EIA: Employment and Income Assistance
FCAON: Family/Child Assessment of Needs
ICOF: In the Company of Friends

ILRC: Independent Living Resource Centre
LIFE: Living in Friendship Everyday
SFMC: Self and Family Managed Care
WAISI2: Weschler Abbreviated Scale of Intelligence
WRHA: Winnipeg Regional Health Authority

New Brunswick

DSP: Disability Support Program
FSCD: Family Support for Children with Disabilities

Newfoundland & Labrador

DHCS: Department of Health and Community Services
PHSP: Provincial Home Support Program
RIHA: Regional Integrated Health Authorities
SCWA: Special Child Welfare Allowance

Northwest Territories

NTHSSA: Northwest Territories Health and Social Services Authority

Nova Scotia

DSP: Disability Support Program
ILS: Independent Living Support
DFSC: Direct Family Support for Children
DHA: District Health Authority
DSP: Disability Support Program
EFSC: Enhanced Family Support for Children

Prince Edward Island

AAS: AccessAbility Supports

IADLs: Instrumental Activities of Daily Living

Saskatchewan

ASD-IF: Autism Spectrum Disorder-Individualized Funding

CLSD: Community Living Service Delivery

DLSA: Day Program Support Assessment

DPSA: Day Program Support Assessment

EOI: Expression of Interest

Quebec

CTCES: Le Centre de Traitement du Chèque Emploi-Service (the Service Employment Paycheque Processing Center)

CLSC: Mission Centre Local de Services Communautaires (the Local Community Service Center)

Ontario

CILT: Centre for Independent Living Toronto

DSO: Developmental Services Ontario

HCCSS: Home and Community Care Support Services

ILRC: Independent Living Resource Centre

MCCSS: Ministry of Children, Community, and Social Services

OAP: Ontario Autism Program

ONILC: Ontario Network of Independent Living Centres

PMF: Person Managing Funds

SDC: Self-Directed Care

SDM: Substitute Decision-Maker

SSAH: Special Services at Home

TPR: Transfer Payment Recipient

General Abbreviations

ADLs: Activities of Daily Living

ASD: Autism Spectrum Disorder

DD: Developmental Disabilities

DF: Direct Funding

IF: Individualized Funding

SDF: Self-Directed Funding

PCP: Person-Centred Planning

Introduction

Individualized Funding (IF) refers to funding allocated directly to an individual or, in the case of children, their parents or legal guardians. With IF, funding is allocated to provide the support necessary to meet the individual's disability-related needs. The determination of the funding amount is based on the unique needs and goals of the individual and/or family. How funds are used to meet eligible support needs is determined by the individual and/or their family (Stainton, 2009).

This review offers a comprehensive picture of how jurisdictions across Canada have implemented IF or elements of IF to meet the diverse disability-related needs of children, adolescents, and adults living in Canada. The programs captured are primarily government-funded and delivered. However, some non-profit organizations also administer IF programs. This report overviews 33 programs, with a particular focus on the nature of IF, eligibility matters, funding considerations, and the processes for applying, planning, and reviewing IF plans. A summary analysis at the end of the report identifies differences and commonalities in IF programs across jurisdictions. Given the diverse nature of IF programs in Canada, the report provides a brief analysis of each program's IF components.

Methodology

This jurisdictional review of disability-related IF programs covered all 13 provincial and territorial jurisdictions in Canada. It involved conducting a general web search along with a search of relevant Ministry and program websites. Search terms included: disability, developmental disability, intellectual disability, autism, individualized funding, direct funding,

direct payment, self-directed, self-managed, and personalized funding.

The review utilized data on programs that capture elements of IF designed to aid individuals with disabilities. This included legislation for disability and home care services, relevant disability policies and procedures, financial reports, and existing reviews and literature on Canadian IF programs. Searches targeted all Canadian disability-related programs aimed at supporting children, adolescents, and adults. This report specifically focused on those programs that incorporate IF principles such as self-direction and personalization. In total, this review identified 33 IF programs.

The review data consisted of a total of 90 consulted sources (see references). Sources included program policies, operational guidelines, government reports, websites of government bodies and non-profit organizations, and research publications and journal articles identified as having relevance to Canadian IF initiatives. Additional information emerged through communication with informants across jurisdictions. The following considerations identified the IF components captured by each program.

To what extent does the program:

- employ a needs-based assessment to inform funding level;
- utilize person-centred planning supports;
- monitor and review the fit of IF plans and funding levels to meet service user's needs;
- assist with implementation of funding allotments and/or individualized plans (e.g., presence of a program coordinator, involvement of local community agencies,

providing a service provider list, and/or support with administrative and management tasks);

- incorporate flexibility in how funds are used (e.g., are family members permitted to be paid with funds, is there wide scope of supports/services to support need-based purchases, and/or is there a flexible unused fund policy); and
- incorporate flexibility in whom funds are distributed to and managed by (e.g., is the program self-directed support, agency administrated, and/or managed by a third-party agency)

The current review organizes the data using two approaches. First, the 'Jurisdictional Review by Topic Areas' presents information for each jurisdiction under the following headings:

- **Nature of Individualized Funding**
Program
Operational policy
Responsible parties
IF components
- **Eligibility**
How is eligibility determined?
Who is eligible?
Is there a needs-based or means test applied?
- **Funding**
Funding (how is funding calculated, and how much?)
Type of funding
Scope of funded supports
Responsibilities of IF participants

- **Processes for Applying, Planning, and Review**

- Applying

- Planning

- Supports to implement IF plan

- Review of IF plan

- **General**

- How long has IF been offered?

- Number of individuals receiving IF? Annually or to date

- Have there been any evaluations or reviews of IF?

Second, the 'Jurisdictional Review by Province and Territory' offers a summary of each program identified within each province or territory, allowing for reference to specific jurisdictions and their associated programs.

Jurisdictional Review by Topic Areas

Table 1: Nature of Individualized Funding

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
Alberta	<p>1. Individualized Funding – Persons with Developmental Disabilities (PDD) Program (Adults)</p> <p>There are two individualized funding options available through the Persons with Developmental Disabilities (PDD) Program:</p> <p>a) Family Managed Services (FMS): The individual, their family, or a person close to them oversees the coordination of services for the individual. This involves either directly hiring staff or accessing support through a service provider approved by PDD.</p> <p>b) Community Service Provider: The PDD Program provides funding by contracting directly with</p>	<p>Alberta Human Services: Family Managed Services Policy (2013 and updated 2022).</p> <p>Alberta Human Services: Community Service Provider Policy (2013 and updated 2015).</p> <p>Persons with Developmental Disabilities Services Act.</p>	<p>Funded and regulated by Alberta's Ministry of Seniors, Community and Social Services.</p> <p>Administered through local disability services offices.</p> <p>Individuals are assigned a case manager.</p> <p>Family Managed Services: The individual/family are responsible for hiring and managing staff.</p> <p>Community Service Provider: The community service provider is responsible for the management and delivery of services.</p>	<p>Direct funding – funds are sent directly to the individual/assigned agent.</p> <p>→ Individualized funding amount is based on the individual's need (no fixed maximum amount).</p> <p>→ Person-centered planning – an individual support plan is created based on the individual's vision and goals.</p> <p>→ Monitoring and review – ongoing monitoring by case manager to assess progress towards identified goals and outcomes. PDD staff review changing needs and services provided at least annually.</p> <p>→ Support to implement plan – PDD staff are available to provide information and resources related to FMS. The individual is assigned a case manager who is available for ongoing support.</p> <p>→ Flexibility in how funds are used – funding can be used for a range of supports and services. Family members cannot be paid to provide</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	approved community service providers to manage the delivery of services to individuals. The community service provider develops an Individual Support Plan in collaboration with the individual/guardian and their support team (i.e., the individual, the individual's parents/family members, PDD regional staff, the service provider(s), support staff, and any other relevant stakeholders).			support except in exceptional circumstances. → Self-directed support or Community Service Provider options available to manage and direct funding.
	<p>2. Self-Managed Care – Home Care Program (Adults/Children)</p> <p>Self-Managed Care: Funding is provided directly to the individual by Home Care. There are three ways an individual may receive funding through this program:</p> <p>a) Client managed: The individual receives funds directly into their bank account, hires and trains their care provider and assumes all payroll responsibilities of an employer in Alberta.</p>	Alberta Health Services Self-Managed Care: A Guide for Clients and Managers (2014).	<p>Funded and regulated by Alberta's Ministry of Health.</p> <p>Administered by the regional health authorities.</p> <p>Either the individual, delegate (family member or friend) or sponsor (legal guardian) are responsible for managing care.</p> <p>Home care case managers assist individuals and families</p>	<p>Direct funding – funds are sent directly to the individual, delegate or sponsor by the Home Care Program.</p> <p>→ Individualized funding amount is based on the individual's need, however, there are maximums which vary by region.</p> <p>→ Person-centered planning – a care plan is developed by the Home Care Program in collaboration with the individual and their family.</p> <p>→ Monitoring and review – assessments are reviewed on a regular basis and may be requested by the individual if needs and/or living circumstances change.</p> <p>→ Support to implement plan – educational sessions and support</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	<p>b) Delegate managed: A family member or friend can serve as the individual's delegate, taking on the payroll responsibilities on their behalf. However, the individual retains control over the management of their care needs in all other aspects.</p> <p>c) Sponsor managed: The individual's legal guardian assumes the payroll responsibilities and assists with the direction of care.</p>		in understanding their responsibilities.	<p>are provided to individuals and families.</p> <p>→ Self-directed support – the individual or family member direct supports within the scope of eligible services.</p>
	<p>3. The Family Support for Children with Disabilities (FSCD) Program (Children)</p> <p>Family Support for Children with Disabilities (FSCD) Program provides financial reimbursement to qualifying families with children with disabilities. The reimbursement is determined based on the assessed needs of each child and family.</p>	<p>The Family Support for Children with Disabilities Act and the Family Support for Children with Disabilities Regulation govern the program.</p> <p>Family Support for Children with Disabilities Policy and Procedures Manual (2004 and updated in 2022).</p>	<p>Funded and overseen by the Ministry of Community and Social Services.</p> <p>Administered through local FSCD offices.</p>	<p>Financial reimbursement is provided for eligible services.</p> <p>→ Individualized funding – amount is based on the assessed needs of each child and family.</p> <p>→ Person centred planning – an individualized support plan is created by FSCD in collaboration with the family.</p> <p>→ Monitoring and review – staff meet with the family at least annually to reassess needs and the support plan.</p> <p>→ Supports to implement plan – a FSCD worker is available for ongoing support.</p> <p>→ Self-directed support – the family purchases and directs services outlined in the FSCD agreement.</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
British Columbia	<p>1. Individualized Funding – Community Living BC (CLBC) (Adults)</p> <p>CLBC Individualized Funding provides self-directed payment to individuals as an alternative to or in addition to contracted services. There are two funding payment options:</p> <p>a) Direct Funding: Individuals or their designated agent receives money directly from CLBC to purchase individualized supports and services agreed to by the individual, agent, and CLBC (Community Living British Columbia, 2023b).</p> <p>The individual requiring support may also establish a microboard (an incorporated entity made up of at least five people) to support the management of funding and service provision.</p> <p>b) Host Agency Funding: Individuals or their agents use a CLBC approved Host Agency to administer funds allocated to the individual. The Host Agency arranges</p>	<p>Community Living BC Individualized Funding Policy (2023).</p> <p>Community Living BC Direct Funding Policy (2023).</p> <p>Community Living BC Host Agency Funding Policy (2023).</p> <p>Community Living BC Supports Funded by Community Living BC Policy (2023).</p> <p>Community Living BC Support and Planning Policy (2021).</p>	<p>Administered and funded through CLBC, a Crown agency under the Ministry of Social Development and Poverty Reduction. The program is governed under The Community Living Authority Act and Community Living Authority Regulation (Community Living British Columbia, 2022).</p>	<p>Direct funding – funds are sent directly to the individual/assigned agent.</p> <p>→ Individualized funding amount is based on the individual's need.</p> <p>→ Person centred planning – the plan is designed around the individual's specific needs and goals.</p> <p>→ Monitoring and review – adjustments can be made to the plan as necessary.</p> <p>→ Supports to implement plan – CLBC facilitator is available to individual/family for support.</p> <p>→ Flexibility in how funds are used – the individual is able to select from a range of service options and providers that best fit their needs.</p> <p>→ Self-directed support – the individual or family direct and manage services and supports.</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	for the delivery of individualized services and supports as agreed upon by the individual, agent, and CLBC (Community Living British Columbia, 2023c).			
	<p>2. Choices for Supports in Independent Living (CSIL) (Adults)</p> <p>CSIL provides direct funding to individuals (excluding children) with physical disabilities and individuals with both developmental and physical disabilities. The program has two phases:</p> <p>a) Phase One: For individuals who are mentally capable of self-managing their care. Individuals receive funds directly from CSIL and are responsible for the hiring and training of personal attendants.</p> <p>b) Phase Two: For individuals who are not capable of managing their own care. Individuals must form a support group (i.e., microboard) to receive funds</p>	British Columbia Ministry of Health: Home and Community Care Policy Manual (2019).	<p>Funded by the Ministry of Health.</p> <p>Administered by the Regional Health Authorities.</p>	<p>Direct funding – funds are sent directly to the individual/support group.</p> <p>→ Individualized funding amount – based on the individual's need.</p> <p>→ Person centred planning – the plan is designed around the individual's specific home care needs.</p> <p>→ Monitoring and review – the plan is monitored and reviewed by the CSIL case manager.</p> <p>→ Supports to implement plan – CSIL case manager available to provide information and support the individual and/or support group.</p> <p>→ Self-directed support – the individual and/or support group manages home care services.</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	on behalf of the individual and to manage their care. The individual may also have a CSIL representative manage their care.			
	3. Direct Autism Funding (MCFD) (Children) Direct Payment: funding is provided directly to the parent/legal guardian. The parent chooses eligible autism intervention services that best suit their child's needs and the parent is responsible for paying service providers for those services.	Ministry of Children and Family Development, A Parent's Handbook: Your Guide to Autism Programs (2021).	Funded by the Ministry of Children and Family Development (MCFD). Administered through the Autism Funding Branch (AFB). Accessed through local Children and Youth with Support Needs (CYSN) MCFD offices.	Direct funding – funds are sent directly to the child's parent. → Supports available – CYSN worker is available to support the individual and family. → Self-directed support – the family chooses, hires, and manages services and supports listed on the RASP.
	4. At Home Program (MCFD) (Children) This program provides funding for respite services and medical items and services. A child may be eligible for both benefits or one benefit.	Ministry of Children and Family Development, At Home Program Guide: For Health Care Professionals and Families (2023).	Funded by the Ministry of Children and Family Development (MCFD). Administered through regional At Home Program offices.	Direct funding – funds are sent directly to the family for respite services. However, the medical benefit only provides direct funding for incontinence supplies. → Flexibility in how funds are used – the family determines the type of respite service that fits their child's needs (e.g., household supports, caregiving supports, programs or program support).

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
				→ Self-directed support – the family directs and manages respite services.
	5. Individual Funding – CKNW Kids' Fund (Children) Individual Funding through CKNW Kids' Fund provides grants for a wide array of services, supports, and equipment.	CKNW Kids' Fund Grant Application Guidelines (2023).	Individual grants are administered through the registered charity, CKNW Kids' Fund. The program is funded by charitable donations made by organizations and individuals.	Individualized funding amount – based on the individual's need. However, there are grant maximums. → Person centred planning – funding grants meet the individual's specific needs and goals. → Flexibility in how funds are used – wide scope of funded supports, services, and equipment.
Manitoba	1. In the Company of Friends (Non-profit organization/Adults) Individualized funding model for persons with intellectual disabilities: The Individual receives funding directly from the Province of Manitoba (EIA, CLdS), and with the help of their Support Network (microboard), they hire and supervise people to provide services. In this funding model, persons with intellectual disabilities themselves, with help from their	Innovative Life Options in the Company of Friends: Learn More about ICOF (2020).	Innovative Life Options Inc. (LIFE) is a province-wide non-profit organization that facilitates ICOF. Funding is sourced through two avenues: Employment and Income Assistance (EIA) and Community Living disABILITY Services (CLdS). LIFE/ICOF project staff provide resources and supports to individuals	Direct funding – funds are sent directly to the individual/Support Network (microboard). → Individualized funding amount is based on the individual's need. → Person centred planning – the plan is designed around the individual's specific needs and goals. → Monitoring and review – budgets are reviewed by project staff on a quarterly basis. → Supports to implement plan – plan is implemented by the individual and their Support Network. LIFE staff are available to

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	Support Networks, decide how to spend funds.		and their Support Networks. The individual (Employer) and their chosen Support Network (i.e., family members, friends) are responsible for managing funds/services.	provide support to the individual and their Support Network. → Flexibility in how funds are used – the individual is able to select from a range of service options and providers that best fit their needs. → Self-directed support – the individual and their Support Network direct and manage services.
	2. Manitoba Self and Family Managed Care Program In Self/Family Managed Care, individuals or designated family members assume full responsibility for meeting their personal care and household maintenance needs. This involves coordinating, managing, and directing non-professional services as deemed necessary to maintain an independent, community living lifestyle. The individual opting for self/family managed care is fully responsible for designing a system of personal assistants to meet needs that would typically be handled by the services directly provided by the Home Care Program.	Self/Family Managed Care for Adults with Disabilities and Seniors Eligible for Home Care: Information Guide (2009).	Funded by Manitoba Health, Seniors and Active Living. Administered through the regional health authorities. Individual or designated family member is responsible for coordinating, managing, and directing services. The Independent Living Resource Centre (ILRC) is funded by the Manitoba Government to educate and assist self-managers and families in managing funds and recruiting and training staff	Direct funding – funds are sent directly to the individual/assigned agent. → Individualized funding – amount is based on the individual's needs. → Person centred planning – the plan is designed around the individual's specific home care needs. → Monitoring and review – individuals are reassessed annually, or as requested by the client or family member when there is a change in health. → Supports to implement plan – the Home Care Case Coordinator is available for support if needed. → Self-directed support – the individual or family direct and manage eligible services.

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
			(Government of Manitoba 2009).	
	3. Children's disABILITY Services (CDS) – Self-Managed Services (Children) The CDS program provides supports to families for caring for disabled children at home in their communities. Among the services offered, CDS provides direct funding for respite services.	Children's disABILITY Services: Guide to Self-Managed Services (2023) Department of Families, Children's disABILITY Services Eligibility Policy (2021) Department of Families, Children's disABILITY Services Respite Policy (2019)	Funded by Manitoba's Department of Families. Administered through regional Children's disABILITY Services offices.	Direct funding – funds are sent directly to the family. → Individualized funding amount is based on assessed needs. Funding is for respite services only. → Person centred planning – respite plans are developed using a family-centered approach, in collaboration with families, staff, and respite providers. → Monitoring and review – respite plans are reviewed regularly. → Supports to implement plan – a CSW is available for ongoing support. → Self-directed support – the family is responsible for directing and managing respite services.
New Brunswick	1. Self-Managed Disability Support Program (DSP) (Adults) The Disability Support Program features a two-pronged service delivery model that allows individuals to either self-manage their case plan or request the support of a social worker. Those choosing the self-	New Brunswick Social Development: Disability Support Program.	Funded and governed by the Department of Social Development. Administered through Social Development Regional Offices.	Direct funding – funds are sent directly to the individual/assigned agent. → Individualized funding – amount is based on the individual's specific needs identified in their support plan. → Person centred planning – the plan is designed around the individual's specific needs and goals.

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	<p>managed model will first meet with the department to identify strengths and unmet needs and establish a case plan. Subsequently, individuals will autonomously manage services to address their needs. For those opting for ongoing support from a social worker, the process involves meeting with the social worker to identify strengths and needs, develop a case plan, and receive continuous contact, advocacy, and support.</p>			<p>→ Monitoring and review – an administrative review may be requested.</p> <p>→ Supports to implement plan – individuals may request the support of a social worker.</p> <p>→ Flexibility in how funds are used – the individual is able to select from a broad range of service options and providers that best fit their needs.</p> <p>→ Self-directed support – the individual directs and manages eligible services.</p>
	<p>2. Family Support for Children with Disabilities (FSCD) (Children)</p> <p>FSCD provides families with social work support and financial resources. This assistance is designed to help families meet the unique developmental needs of their disabled children, providing the necessary care and support. FSCD has a two-pronged service delivery model allowing families to self-manage or request social worker support (Government of New Brunswick, 2021).</p>	<p>New Brunswick Social Development: Family Supports for Children with Disabilities.</p>	<p>Funded and governed by the Department of Social Development.</p> <p>Administered through Social Development Regional Offices.</p>	<p>Financial reimbursement is provided for eligible services.</p> <p>→ Individualized funding – eligible amounts are based on needs assessed by a social worker. A financial contribution may be applicable.</p> <p>→ Person centred planning – the plan is designed around the individual's specific needs and goals.</p> <p>→ Monitoring and review – supports and services are reviewed on an annual basis.</p> <p>→ Supports to implement plan – families may request social worker support.</p> <p>→ Flexibility in how funds are used – there is a range of eligible</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
				<p>services and supports. However, families must access other available supports first.</p> <p>→ Self-directed support – families who opt for the self-managed model are responsible for coordinating, managing, and directing the supports identified in the family support plan.</p>
Newfoundland & Labrador	<p>1. Self-Managed Home Support Services (Adults)</p> <p>A service delivery option offered through the Provincial Home Support Program (PHSP). Home support services are self-directed by the individual. Care can be provided by individual employed or agency-provided home support workers, depending on individual preferences and eligibility criteria. Collaboratively, an individual support plan is developed with the individual to define goals and leverage their strengths and natural support systems.</p>	<p>The operational standards governing the Home Support Program are established under the authority of the Health and Community Services Act and the Self-Managed Care Act.</p> <p>Provincial Home Support Program Operational Standards (2005)</p>	<p>The Department of Health and Community Services is responsible for establishing provincial standards and funding.</p> <p>Administered through the Regional Integrated Health Authorities. The RIHAs are accountable to the DHCS. The RIHAs are responsible for developing and implementing the home support program in accordance with the provincial operational standards. The RIHAs,</p>	<p>Direct funding – funds are sent directly to the individual or approved home support agency. Financial assessment is conducted to determine if the individual must contribute to the cost of the service.</p> <p>→ Person centred planning –an individual support plan is collaboratively developed with the individual, their support network, and relevant service providers.</p> <p>→ Monitoring and review – case manager monitors the support plan and reassess effectiveness quarterly.</p> <p>→ Supports to implement plan – case managers assist individuals and families in understanding their responsibilities.</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
			following provincial requirements, implement an approval and monitoring process for all home support agencies.	→ Self-managed support or Agency administered (from an approved list).
	2. Special Child Welfare Allowance (Children) Newfoundland and Labrador's Special Child Welfare Allowance (SCWA) offers financial assistance to families with a child under the age of 18 who has a physical or developmental disability and resides at home. SCWA is intended to be accessed as a last resort after generic programs have been explored (Government of Newfoundland and Labrador, 2008).	Provincial Special Child Welfare Allowance Program Operational Standards (Government of Newfoundland and Labrador, 2008).	The program is funded by the Department of Health and Community Services and is administered through the regional health authorities.	Direct funding – funding amounts are dispersed directly to families as recurring monthly payments. → Individualized funding amount – The needs and financial assessments are reviewed by the regional health authority to determine the funding amount. → Person centred planning – the plan is designed around the individual's specific needs and goals. → Monitoring and review – A SCWA may be approved for a maximum of twelve months. Allowances are reviewed prior to their expiry date or at a minimum of every twelve months. → Supports to implement plan – Families are supported by a SCWA program social worker. → Self-directed support – Families direct services and are required to provide receipts indicating that funds were used in accordance with the plan.

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
Northwest Territories	<p>1. Paid Family/Community Caregiver (Pilot Project/Adults)</p> <p>This pilot project was implemented in 2020. Building on the successful self-managed care models in other jurisdictions, this program allows individuals to choose a caregiver(s) who work with home and community care resources and existing family caregivers to meet needs that cannot be met by the public system (paid caregiver).</p>	Northwest Territories: Paid Family/Community Caregiver Pilot Project.	The pilot project is funded by the Government of the Northwest Territories and is administered by the regional Home and Community Care program in selected pilot communities (Cehchoko, Dettah, N'Dilo, Yellowknife, and Hay River).	<p>→ Individualized funding – allotted hours are based on the individual's need. However, the maximum number of hours for the pilot is 4/week.</p> <p>→ Monitoring and review – The nurse checks in with the individual throughout the pilot period to ensure the participants needs are being met.</p> <p>→ Supports to implement plan – planning is supported by the home care nurse and pilot coordinator. The community organization is responsible for the provision of services.</p>
Nova Scotia	<p>1. Disability Support Program (DSP) – Flex Individualized Funding (Adults)</p> <p>Flex provides individualized funding to participants living at home with their families or who live independently with support from their families or personal support networks. Funding is paid directly to eligible participants, or the person acting on their behalf.</p> <p>There are two components of the Flex Program:</p> <ol style="list-style-type: none"> 1. Flex Living with Family: provides funding to a 	Disability Support Program: Flex Individualized Funding Program (Government of Nova Scotia, 2020).	The program is funded by the Nova Scotia Department of Community Services and is administered through local DSP offices.	<p>Direct funding – funding is paid directly to the individual or family.</p> <p>→ Individualized funding amount is based on the individual's need. There are maximum amounts associated with each funding type (foundational, intermediate, enhanced).</p> <p>→ Person centred planning – funding is determined in consultation with the individual and their family/support network.</p> <p>→ Monitoring and review – needs and eligibility are reviewed regularly (Flex living with family: a minimum every two years or when there are changes in circumstances; Flex Independent: within three months</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	<p>participant who lives with their family to purchase supports specific to their disability related needs and goals.</p> <p>2. Flex Independent: provides funding to applicants/participants who wish to live independently, with the assistance of their family/personal support network and standard community resources. This funding provides a participant with the flexibility to create, self-direct and manage their individual support plan.</p>			<p>and again at six months, then annually).</p> <p>→ Supports to implement plan – the DSP Care Coordinator is available for support. Flex independent participants are required to have sufficient support networks.</p> <p>→ Flexibility in how funds are used – the individual is able to select from a range of service options and providers that best fit their needs. Family members who are not a primary caregiver can be compensated to provide support.</p> <p>→ Self-directed support – the individual or family direct and manage services.</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	2. DSP – Independent Living Support (ILS) (Adults) Community based option for participants who are semi-independent and require support to live on their own. Provides funding for basics, hours of support services from a Service Provider (max 31 hours/week), and special needs.	Disability Support Program: Independent Living Support Policy (Government of Nova Scotia, 2020).	The program is funded by the Nova Scotia Department of Community Services and is administered through local DSP offices.	Funding is received by a chosen service provider who delivers services as outlined in the plan. → Individualized funding – the amount is determined based on the individual's assessed support needs, goals, abilities, and resources. → Person centred planning – A support plan is completed by the Care Coordinator, the individual, and other persons of their choosing (e.g., family, members of their support network). → Monitoring and review – The Care Coordinator is responsible for reviewing the participants funding and support needs at a minimum annually. → Supports to implement plan – the chosen service provider is responsible for implementing plan. → Agency administered services – from an approved ILS service provider.

	<p>4. Direct Family Support for Children (DFSC) (Children)</p> <p>DFSC offers direct funding to families with the aim of facilitating and enhancing the care of disabled children within their familial environments.</p>	<p>Disability Support Program: Direct Family Support for Children Program Policy (Government of Nova Scotia, 2023).</p>	<p>Nova Scotia's DFSC program is administered by regional Disability Support Program (DSP) offices, funded by the Department of Community Services.</p>	<p>Direct funding – funds are sent directly to the family. Families are required to make a monthly contribution.</p> <ul style="list-style-type: none"> → Individualized funding – funding amounts are tailored to individual circumstances, capped at \$2,400 per month or \$4,000 per month if eligible for enhanced support. → Person centred planning – eligible services are based on the individual's needs. → Monitoring and review –the child's circumstances are reviewed at least annually. → Supports to implement plan – The Care Coordinator provides information related to finding respite providers to families when they are not able to locate their own. → Self-directed support – the family directs and manages services outlined in the care plan.
--	--	---	---	---

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
Prince Edward Island	<p>1. AccessAbility Supports (AAS) (65 years old and under)</p> <p>AccessAbility Supports (AAS), formerly known as the Disability Support Program, is an all-encompassing individualized funding program designed to provide personalized support to individuals spanning various ages and disabilities. Following a needs-based and means test, the Supports Coordinator and the individual collaborate to contract a support plan, specifying the amount of funding allocated to the individual and the type of assistance required to address their unmet needs. Service users/their representatives are then in charge of selecting, purchasing, and overseeing eligible services and supports all while maintaining the management of funds.</p>	<p>Supports for Persons with Disabilities Act (current to 2021).</p> <p><i>AccessAbility supports policies</i> (Department of Social Development and Seniors, 2024).</p> <p><i>Supports for persons with disabilities act general regulations</i> (Legislative Counsel Office, 2021).</p>	<p>Funded and delivered by the Department of Social Development and Seniors.</p> <p>Supports coordinators are responsible for intake appointments, conducting assessments, developing and reviewing support plans, and the delivery of case management support.</p>	<p>→ Person-centred planning supports— AAS Collaborative Support Plan created in collaboration between the Supports Coordinator and the individual and/or their representative.</p> <p>→ Monitoring and review processes— annual review conducted; reviews may be requested by the Department and the service user/their representative.</p> <p>→ Supports to assist with implementation of funding/plan— supports coordinators assist with case management support; sometimes refer out to community organizations to assist with service provider connection.</p> <p>→ Support with administrative and management tasks— allocated \$200/month for support coordination.</p> <p>→ Flexibility in how funds are used— wide scope of eligible services and supports; flexibility offered in who service user can choose as their service provider (e.g., profession or neighbour), however, natural supports (e.g., immediate family members) are not permitted.</p> <p>→ Flexibility in whom funds are distributed and managed by— self-</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
				directed/self-managed option or third-party administered.
	<p>2. School-Age Autism Funding (18 years old and under)</p> <p>School-Age Autism Funding refers to supplementary funding available through AccessAbility Supports (AAS), meaning that service users may simultaneously access both AAS and school-age autism funding. School-age autism funding seeks to support children with autism by increasing access to personnel who can provide tutoring and/or community-based support outside of school hours. Once the service user's eligibility is confirmed, funding is distributed annually. The majority of choice and control is within the service user/their representative as they select their service provider (i.e., tutor, aide, or non-government agency). However, collaboration with the Supports Coordinator is required, particularly in outlining specific terms of the contract</p>	<p>Supports for Persons with Disabilities Act (current to 2021).</p> <p><i>School Age Autism Funding Guidelines</i> (Department of Social Development and Seniors, 2021fd).</p>	<p>Funded and delivered by the Department of Social Development and Seniors.</p> <p>In addition to the responsibilities listed for AAS, supports coordinators are accountable for confirming the service user's eligibility for the school-age autism funding; assisting with integrating school-age autism funding into the service user's AAS Collaborative Support Plan; and, managing administrative duties related to initiating the funds (i.e., confirming documentation such as Vendor Registration form and a finalized Collaborative Support Plan). Notably, the Supports Coordinator and the Department</p>	<p>→ Needs-based assessment to inform funding level— although needs-based assessments are conducted through AAS, and therefore, required for School-Age Autism Funding, funding levels for this program are a fixed rate.</p> <p>→ Person-centred planning supports— Supports Coordinators assist with integrating funding into AAS Collaborative Support Plan.</p> <p>→ Monitoring and review processes— annual review conducted before end of fiscal year, and if necessary, will discuss unused funds.</p> <p>→ Supports to assist with implementation of funding/plan— access to the same Supports Coordinator for AAS and School-Age Autism who assist with integrating funding within Collaborative Support plan. However, the Supports Coordinator does not offer service provider recommendations.</p> <p>→ Support with administrative and management tasks— allocated</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	(such as determination of wage and care expectations).		does not offer service provider recommendations.	<p>\$200/month for support coordination.</p> <p>→ Flexibility in how funds are used— permitted to access both AAS and School-Age Autism Funding. Eligible supports are centred on purchasing the assistance of personnel to help a child with ASD access tutoring and/or community-based activities, and flexibility is offered in type of personnel and services to provide outside-of-school support; plus, tailored therapeutic services may be authorized following a recommendation by a consulting professional. The service user's immediate family are not permitted to be paid. If service users do not spend the maximum of their funding ceiling, then funds are returned</p> <p>→ Flexibility in whom funds are distributed and managed by— self-directed/self-managed option or non-government agency administered.</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
Saskatchewan	1. Autism Spectrum Disorder Individualized Funding (ASD-IF) (12 years old and under) Autism Spectrum Disorder Individualized Funding (ASD-IF) provides representatives of the child with autism the choice to select and acquire from a range of evidence-based therapeutic services and supports that best align with their child's needs and goals.	The Saskatchewan Rehabilitation Act (1979/2014). <i>Autism Spectrum Disorder - Individualized Funding (ASD-IF): Policy Manual</i> (Ministry of Social Services, 2022).	ASD-IF is jointly funded and administered by the Ministry of Health and the Ministry of Social Services. ASD Community Consultants are available upon request to support representatives in navigating the processes related to diagnosis, apply to ASD-IF, and acquiring services most optimal for their child. Representatives of the child include a biological or adoptive parent, a legal guardian, a person of sufficient interest, or other (i.e., a person who is the primary caregiver of the child, however, is not a legal or natural guardian).	→ Person-centred planning supports— ASD consultants are available to assist with determining suitable services and supports. → Supports to assist with implementation of funding/plan— representatives assume these responsibilities but ASD consultants are available to assist with determining suitable services and supports. → Flexibility in how funds are used—family members are permitted to be paid for respite services; wide scope of eligible services and supports. Note that: unused fund policy is strict and less forgivable (i.e., unspent funds are subtracted from subsequent funding year). → Monitoring and review processes— annual review conducted to renew eligibility and assess eligible/ineligible expenses.
	2. Community Living Service Delivery: Self-Directed Funding (CLSD: SDF) (18 years old+)	The Saskatchewan Rehabilitation Act (1979/2014) and The Saskatchewan Rehabilitation	Funded by the Ministry of Social Services. Administered by the CLSD branch of the	→ Needs-based assessment to inform funding level— Eligible funding amounts are determined by the Daily Living Support Assessments (DLSA) and the Day

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	<p>Community Living Service Delivery (CLSD) seeks to support individuals with intellectual disabilities access community-based services. To support increased choice and control, CLSD offers individuals a Self-Directed Funding (SDF) option in which the individual or their representative is permitted to direct and manage the funding and services.</p>	<p>Regulations (1979/2014).</p> <p><i>Self-Directed Funding Guidebook</i> (Ministry of Social Services, n.d.-b).</p>	<p>Ministry of Social Services.</p> <p>The SDF program incorporates an SDF support team. This team includes:</p> <ol style="list-style-type: none"> 1) An CLSD case manager supports individuals throughout the entire planning process, and individuals may request even more involvement from the case manager if desired. 2) An individual is required to select a representative who assists with the responsibilities of an SDF contract (e.g., financial and administrative management). Additionally, the representative helps to advocate for and develop a support plan that meets the needs and goals of the individual. A 	<p>Program Support Assessments (DPSA).</p> <p>→ Person-centred planning supports— several entities to support PCP (i.e., CLSD case manager, representative, circle of support, personal support board, and Inclusion Saskatchewan); CLSD SDF guidebook provides PCP resources</p> <p>→ Monitoring and review processes— annual review to discuss and/or adjust contract and funding levels; CLSD holds regular meetings to evaluate contract accountability and if contract meets needs; service user/representative may contact CLSD case manager if experiencing difficulties.</p> <p>→ Supports to assist with implementation of funding/plan— program requires a representative, and/or a circle of support or personal support board to assist with tasks related to implementation; service user/representative may contact CLSD case manager if experiencing difficulties with administration and management tasks; may request more involvement of case manager and/or Inclusion Saskatchewan if desired.</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
			<p>representative may be a family member, friend, neighbour, or co-worker.</p> <p>3) A staff member belonging to Inclusion Saskatchewan is involved with the SDF orientation meeting.</p> <p>Two additional support options are available for individuals. These options are not required but encouraged to bolster an individual's support system.</p> <p>1) A circle of support involves the individual selecting a group of trusted people who will support the planning and administrative processes and long-term responsibilities of SDF. The overarching goal is to assist the individual in identifying a plan to achieve their</p>	<p>→ Support with administrative and management tasks— program requires a representative, and/or a circle of support or personal support board to assist with administrative and management duties; funding is permitted to pay for professional services to assist with management duties (e.g., accountant).</p> <p>→ Flexibility in how funds are used— Unspent funds may be utilized following the CLSD's approval of service user's plan regarding how funds will be utilized. Services and supports primarily focused on hiring staff for residential supports and community inclusion supports; it is encouraged to hire outside of the individual's support network.</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
			<p>dreams and goals. A circle of support may be composed of anyone who knows the individual well and cares about them (e.g., family members, neighbours, community members, mentors, etc.)</p> <p>An individual may choose a personal support board, which entails a small group of people, and similar to the role of a representative and circle of support, a personal support board assists with the planning and administrative processes aimed to work towards meeting the individual's needs and goals. A personal support board may opt to formalize their legal recognition by becoming incorporated as a non-profit organization—however, this is not mandatory.</p>	

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	<p>3. Home Care Program: Individualized Funding (IF) (All ages)</p> <p>Saskatchewan's Home Care Program supports individuals with short and long-term illness or disability to live at home as independently as possible. This program offers an individualized funding option to increase service users' choice and control over their home support services.</p>	<p><i>Home Care Policy Manual</i> (Ministry of Health, 2023b).</p> <p>The board of the Saskatchewan Health Authority oversees and adheres to <i>The Provincial Health Authority Act</i> and regulations and provincial policy related to the delivery of home care, while also remaining accountable by the program policies developed by the Community Care Branch of the Saskatchewan Ministry of Health (Ministry of Health, 2023b).</p>	<p>Funded by the Ministry of Health.</p> <p>Administered and delivered through the Health Authority.</p> <p>Accessed through local Saskatchewan Health Authority Home Care Program.</p> <p>A staff member of the Saskatchewan Health Authority will work collaboratively with the service user when employing a needs assessment, developing an individualized plan, and completing a needs review.</p>	<p>→ Needs-based assessment to inform funding level— results of assessment identifies types of services and funding level.</p> <p>→ Person-centred planning supports— A staff member of the Saskatchewan Health Authority will work collaboratively with the service user developing an individualized plan.</p> <p>→ Monitoring and review processes— mandatory annual review in which eligibility and contract adjustments are made; mandatory financial review following at the end of the first year; reviews may occur on more frequent basis if necessary.</p> <p>→ Support with administrative and management tasks— monthly administrative allowance and annual workers compensation insurance premium included within the funding level; Collective Funding option available.</p> <p>→ Flexibility in how funds are used— flexible services for scope (i.e., personal care, home management, and other supportive services) and services outside of Saskatchewan may be accessed upon approval from the Health Authority; Collective Funding option available. Service user can keep</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
				unused funds that total under one month's payment; however, unused funds that exceed one month's payment will be returned quarterly to the Health Authority. However, funding is not permitted to hire family members.
Quebec	<p>1. L'allocation Directe – Chèque Emploi-Service (Direct allowance—employment-service cheque) (All ages)</p> <p>L'allocation Directe – Chèque Emploi-Service aims to support service users of all ages who have a wide variety of disabilities and support needs. Seeking to strengthen service users' increased choice and control, this program provides the opportunity for service users/their representative to employ their own home support service providers and direct their care. However, service users do not assume the responsibility of managing and distributing funds. Instead, Le Centre de Traitement du Chèque Emploi-Service (the Service Employment Paycheque Processing Center, CTCES) is</p>	<p>No information found regarding official operational policies or legislation.</p> <p><i>If you are receiving assistance: home care services and the service employment paycheque (MSSS, 2009).</i></p>	<p>Funded by the Ministère de la Santé et des Services sociaux (Ministry of Health and Social Services).</p> <p>Administered and delivered through the Mission Centre Local de Services Communautaires (the Local Community Service Center, CLSC) and Le Centre de Traitement du Chèque Emploi-Service (the Service Employment Paycheque Processing Center, CTCES). The CLSC manages the application, assessment, planning, and reviewing processes, whereas the CTCES is responsible for the financial management of funds.</p>	<p>→ Needs-based assessment to inform funding level— assessment is required.</p> <p>→ Person-centred planning supports— The CLSC will develop an individualized intervention plan.</p> <p>→ Monitoring and review processes— annual review conducted in which adjustments are made to fit needs; CLSC required to regularly consult with service users regarding success/problems with implementation; service users can request reassessment when needs change.</p> <p>→ Supports to assist with implementation of funding/plan— CLSC required to regularly consult with service users regarding success/problems with implementation; CLSC required to provide temporary service provider if needed; local non-profits may be available to assist service users in navigating these programs.</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	responsible for the financial management. The CTCES pays service users' employees through a chèque emploi-service (employment-service cheque).			<p>→ Support with administrative and management tasks— unique program structure as care is self-directed and -managed by service user/representative, however, multiple financial tasks are handled by the CTCES.</p> <p>→ Flexibility in how funds are used— flexibility provided within scope of services and supports (i.e., personal assistance and housekeeping); family members are permitted to be hired/paid upon approval; friend and neighbors are permitted to be hired/paid.</p> <p>→ Flexibility in whom funds are distributed and managed by— unique program structure as care is self-directed and -managed by service user/representative, however, multiple financial tasks are handled by the CTCES.</p>
	2. Supplément pour enfant handicap (Supplement for Handicapped Children) and Supplément pour enfant handicapé nécessitant des soins exceptionnels (Supplement for Handicapped Children Requiring Exceptional Care) (18 years old and below)	Regulation Respecting the Taxation Act.	<p>No information found regarding the entity which funds these programs.</p> <p>Administered by Retraite Quebec.</p> <p>Eligibility is determined by the Retraite Québec's team of health professionals.</p>	<p>→ Needs-based assessment to inform funding level— both programs require assessments completed by a professional and parents highlighting the service user's (dis)abilities and needs, but the programs operate with fixed funding rates.</p> <p>→ Supports to assist with implementation of funding/plan— local non-profits may be available to assist service users in navigating</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	These two programs are designed to provide financial assistance to support families who have children with disabilities that lead to considerable impact their daily living activities. Funding is available to any eligible family, irrespective of their income level or the service user's disability type. Services and supports that assist with the service user's care and education may be purchased with the funds.			these programs, depending on location. → Flexibility in how funds are used— flexibility provided within scope of services and supports (i.e., caring and education services and supports); family members are permitted to be hired/paid
Yukon	<p>1. Children's Disability Services (19 years old and under)</p> <p>The Children's Disability Services is available to a wide range of disabilities, operates with the option to self-refer, and does not require a formal diagnosis prior to applying, thus allowing for increased accessibility. Nonetheless, determining program eligibility consists of two primary features: a needs-based assessment identifying the service user's daily living activity restrictions due to the disability must be provided and the service user and the family must meet with a</p>	No information found.	<p>Funded by the Department of Health and Social Services.</p> <p>Administered by Children's Disability Services.</p> <p>A social worker is responsible for meeting with the service user and the family in order to review administrative formalities (i.e., consent/confidentiality forms) in addition to gathering information about the service user's needs and providing information about</p>	<p>→ Person-centred planning supports— The social worker a social worker will schedule a 1-hr meeting with the service user and their family to discuss the service user's needs and potential services and supports.</p> <p>→ Supports to assist with implementation of funding/plan— The social worker is available to assist the service user and their family in accessing services and supports.</p> <p>→ Flexibility in how funds are used— flexibility provided within scope of professional services and supports offered</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	social worker. If granted eligibility, service users may access funding to purchase services and supports that enhance the individual development and community participation of children with disabilities.		supports and services offered through the program as well as alternative resources.	
Ontario	<p>1. Special Services at Home (SSAH) Funding (18 years old and under)</p> <p>The Special Services at Home (SSAH) Funding assists the service user's, i.e. the child's, representative(s) (i.e., parents/guardians) in purchasing services that best support the development of the service user with a developmental and/or physical disability and/or respite care for the family. Using the information within the service user's application, SSAH staff employ a needs-based assessment to determine the level of funding and the type of services and support that the service user requires. Funding may be distributed through a self-administered model or through an agency-administered model. Those choosing the self-</p>	<p>Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, S.O. 2008, c. 14</p> <p><i>Special services at home program guidelines</i> (MCCSS, 2024g).</p>	<p>Funded by Ministry of Children, Community, and Social Services (MCCSS) and delivered by the MCCSS regional offices.</p>	<p>→ Needs-based assessment to inform funding level— SSAH staff determine funding levels according to the needs-based assessment of the information provided in the application. Funding level is reflective of the type and complexity of supports and services, existing natural supports, and funding availability, given that this program is operates within a fixed allocation.</p> <p>→ Person-centred planning supports— Service users/their representative are required to create a detailed plan for the application, and upon reviewing the application, SSAH staff identify the type of supports and services required.</p> <p>→ Monitoring and review processes— SSAH staff monitor funds in order to track accountability. Should SSAH staff have concerns regarding the management of funds (e.g., underutilization of funds or misuse</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	administered model assume the responsibilities of self-directed care and management tasks related to IF.			<p>of funds), they will contact the family.</p> <p>→ Support with administrative and management tasks—funds may be used to support advertising for recruitment of a special services worker; funding model allows for agency-administration that assumes administrative responsibility over the funds.</p> <p>→ Flexibility in how funds are used— wide scope of services and supports offered; funding may be used to pay friends, neighbours, and specific family members; option to combine funds with another family or families for joint service purchases is permitted; and, under special circumstances may a service user access services outside of Ontario, upon approval.</p> <p>→ Flexibility in whom funds are distributed and managed by— self-administration option, agency administration option, and option to combine funds with another family/families for joint service. In exceptional circumstances, the ministry will work with the service user/their representative to an alternative method for funding disbursement.</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	<p>2. Passport Funding (18 years old +)</p> <p>Utilizing a direct funding model, the Passport Funding program is designed to enhance community integration for individuals with developmental disabilities and to provide families/caregivers opportunities for respite. There is an automatic, fixed funding level granted to eligible service users; however, those who wish to pursue increased funding will require a needs assessment. Funding may be disbursed one of three methods. Service users may choose to completely self-direct and manage through the self-administer option, or they may choose to have another party (i.e., a ministry funded service provider or a third-party broker) handle the administration of funds.</p>	<p>Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, S.O. 2008, c. 14</p> <p><i>Passport program guidelines for adults with a developmental disability and their caregivers</i> (MCCSS, 2023f).</p>	<p>Funded by the Ministry of Children, Community, and Social Services (MCCSS).</p> <p>Administered and delivered by the Developmental Services Ontario (DSO).</p> <p>Service users are required to select a Person Managing Funds (PMF) who assumes the responsibility of fund management. Service users may designate themselves, alternatively, they may choose a family member or friend as their PMF; however, they cannot select their service provider(s).</p>	<p>→ Needs-based assessment to inform funding level— once service users are eligible for MCCSS- and DSO- funded developmental services and supports, they are automatically eligible for passport funding. A needs-based assessment is applied for increased funding requests.</p> <p>→ Person-centred planning supports— service users may use funds to access person-centred planning services, but the program does not appear to offer PCP within its structure.</p> <p>→ Monitoring and review processes— if service users experience a change in circumstances and require increased funding, they are permitted to request a reassessment.</p> <p>→ Support with administrative and management tasks— service users are required to select a Person Managing Funds (PMF) who assumes the responsibility of fund management; two funding options (Transfer Payment Recipient (TPR) Service Option and Broker Service Option) that assist with administrative tasks; 10% of funds may be used for administrative</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
				<p>supports; funds may be used for employer costs → Flexibility in how funds are used— wide scope of services and supports offered; funding may be used to pay friends, neighbours, and specific family members. Unused funds are not permitted to be carried over to the next fiscal year. → Flexibility in whom funds are distributed and managed by— Self-Administer Option, Transfer Payment Recipient (TPR) Service Option, and Broker Service Option.</p>
	<p>3. Self-Managed Attendant Services in Ontario: Direct Funding Program (16 years old +)</p> <p>This direct funding (DF) program provides service users with physical disabilities the opportunity to undertake the role of an employer thereby increasing their control in managing their care along with their attendants (i.e., support worker). Following a standard direct-funding model, service users are responsible for administrative, financial, and legal duties associated with IF. Notably, to be eligible for this</p>	<p>Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, S.O. 2008, c. 14</p> <p>The Ministry of Community and Social Services Act: Grants for Persons with Disabilities (current to 2019).</p> <p><i>Protocol for decisions, disputes and complaints about self-managed attendant services - direct funding program (CILT, 2022).</i></p>	<p>Funding by Ontario's Ministry of Health and Long-Term Care through the Toronto Central Local Health Integration Network.</p> <p>Administered by the Centre for Independent Living Toronto (CILT) alongside the Ontario Network of Independent Living Centres (ONILC).</p> <p>As part of the application process, representatives from CILT and the Independent Living</p>	<p>→ Needs-based assessment to inform funding level— the application includes a brief self-assessment of the service user needs and the amount of service and the associated funding is individually negotiated according to requested service and budget put forth by the service user in their application. → Person-centred planning supports— service user undertakes this task in preparation for the selection panel interview, however, the plan is discussed with the selection panel. → Monitoring and review processes— if service users experience a change in</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	program, service users must be able to handle said duties by themselves.		Resource Centre (ILRC) along with a local consumer of attendant services partake in the selection panel.	<p>circumstances and require increased funding, they are permitted to request a change in budget.</p> <p>→ Supports to assist with implementation of funding/plan— DF resource staff at the service users local ILRC are available to support in a variety of ways (e.g., informational resources and special training); once approved, service users will be given two comprehensive resource and training manuals to guide the processes required to initiate DF.</p> <p>→ Support with administrative and management tasks— a portion of the funding may be used for liability insurance in addition to services which assist with payroll and bookkeeping. Nonetheless, service users assume chief responsibility of such tasks.</p> <p>→ Flexibility in how funds are used— flexibility provided within scope of services and supports (i.e., attendant services). Immediate family members (i.e., parents, children, siblings, spouses or the equivalent) are not permitted to be hired to provide attendant service.</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	<p>4. Family-Managed Home Care: Self-Directed Care (all ages)</p> <p>The family-managed home care offers a self-directed option to allow service users and their families the opportunity to select and manage services that support the health needs and daily living activities of the service user. The service user and/or their substitute decision-maker (SDM) work with a Care Coordinator throughout the application and planning processes. A needs-based assessment informs both of these processes. Given the self-directed structure of the program, service users and/or their SDM typically assume standard administrative, financial, and legal duties associated with self-directed programs and IF.</p>	<p>The Home Care and Community Services Act, 1994 (repealed May 1, 2022).</p>	<p>Funded by the Ministry of Health.</p> <p>Administered through Home and Community Care Support Services (HCCSS) organizations.</p> <p>A Care Coordinator serves as the main point of contact, supporting the service user and their family throughout all phases of the program. Care Coordinators are responsible for administering a needs-based assessment to determine eligibility and identify unmet needs, generating a plan of service, leading reviews and reassessments, and overall seeing to that the quality of care and program fulfill the service user's needs.</p> <p>An SDM(s) may operate on the behalf of the service user, assuming the program responsibilities typically</p>	<p>→ Needs-based assessment to inform funding level— assessment administered by a Care Coordinator is required.</p> <p>→ Person-centred planning supports— Jointly, the Care Coordinator, the service user, and representatives will develop a Plan of Service.</p> <p>→ Monitoring and review processes— service users are required to be assessed regularly; service users can require a reassessment for unmet needs and modifications to plan can be made.</p> <p>→ Supports to assist with implementation of funding/plan— Care Coordinators are responsible for overseeing that the quality of care and program fulfill the service user's needs.</p> <p>→ Flexibility in how funds are used— immediate family and individuals who reside in the same household are not permitted to be paid but others from the service user's life may be hired; scope of services is fair (i.e., health care professionals, personal support, and homemaking services); upon approval other expenses may be covered; under certain circumstances, mixing between this program and traditional home care</p>

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
			designated to the service user. This role may be fulfilled by parent or legal guardian, and for service users over 18, an SDM may be a Power of Attorney or Guardian of Property.	services may be provided by HCCSS.
	<p>5. Ontario Autism Program (18 years old and under)</p> <p>Ontario Autism Program (OAP) aims to support service users with autism and their families through facilitating access to services that bolster the development of the service user in addition to supporting families in caring for the service user. OAP encompasses three funding pathways, two of which are in provision for service users who were registered with OAP prior to April 2021 while the other pathway is intended for those registered after April 2021. The former pathways for previous service users, the Childhood Budget and Interim One-Time Funding, operate with a fixed funding amount based on age. These programs fund a range of services and supports, from evidence-based services to</p>	<p><i>Child benefit/Interim funding- archived policies: Outcomes and guiding principles</i> (MCCSS, 2023i).</p> <p><i>Core clinical services: Ontario autism program: guidelines for core clinical services and supports</i> (MCCSS, 2023h).</p>	<p>Funded and administered by the Ministry of Children, Community, and Social Services (MCCSS).</p> <p>Administration and delivery are supported by AccessOAP, an independent intake organization.</p> <p>For Core Clinical Services, AccessOAP holds the responsibility of inviting service users/their representatives to enter the program. An AccessOAP Care Coordinator is available to support assessment, planning, and funding processes.</p>	<p>Core Clinical Services:</p> <ul style="list-style-type: none"> → Needs-based assessment to inform funding level— assessment of needs and other factors determine funding level. → Person-centred planning supports— Care Coordinator is available to assist in goal development and selecting services and supports best suited for the service user → Monitoring and review processes— mandatory annual needs-based assessment. → Supports to assist with implementation of funding/plan— Care Coordinators are available for information and resource navigation; a modern family portal can help families communicate with Care Coordinators; OAP provider list available. → Support with administrative and management tasks— a modern family portal can assist families in

Jurisdiction	Program	Operational Policy	Responsible Parties	IF Components
	<p>sport and recreational equipment and much more. Once the contracts of these programs end, service users can transition to the new OAP programs. One of these programs includes Core Clinical Services. The Core Clinical Services program incorporates a needs assessment, and the funding level is determined by age and the level of need. Funding may be used to select a wide variety of professional services (e.g., applied behavioural analysis, mental health services, etc) as well as expenses related to care services (e.g., travel expense). For all the aforementioned pathways, representatives assume administration and financial responsibilities.</p>			<p>tracking expenses and managing their personalized accounts. → Flexibility in how funds are used— family members are permitted to be paid with funds; scope of services is fair (i.e., any eligible therapeutic services and permitted to expense associated costs with accessing said services).</p> <p>Childhood Benefit and Interim Funding: → Supports to assist with implementation of funding/plan— OAP provider list. → Flexibility in how funds are used— wide scope of eligible services and supports.</p>

Table 2: Eligibility

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
Alberta	<p>1. Individualized Funding – Persons with Developmental Disabilities (PDD) Program (Adults)</p> <p>Eligibility for PDD is required prior to applying for Family Managed Services (FMS) or Community Service Provider funding.</p> <p>PDD delivery staff review the completed application form and documentation provided by the individual and meet with the individual to complete an Adaptive Skills Inventory.</p>	<p>The Individual must be 18-years-old or older, a Canadian citizen or permanent resident and have:</p> <ul style="list-style-type: none"> • A significant limitation in intellectual capacity (an IQ score of 70 or below) • A significant limitation in adaptive skills (needs help with daily living activities) • Both of these limitations before 18 years of age 	Individual's complete an Adaptive Skills Inventory.
	<p>2. Self-Managed Care – Home Care Program (Adults/Children)</p> <p>Eligibility is determined through assessment by regional health authority home care staff. Care needs are assessed using the InterRAI instrument (where an InterRAI Instrument is not appropriate, AHS must designate the Standardized Assessment Tool to be used).</p> <p>Client Managed Care: In order for the Self-Managed Care to act as the Manager of the Agreement, the client must:</p> <ul style="list-style-type: none"> • Demonstrate a willingness to accept the various responsibilities associated with employing his or her own caregiver and meeting Self-Managed Care requirements; 	<p>To be eligible for Self-Managed Care, a Client must:</p> <ul style="list-style-type: none"> • Be a Home Care Client • Have long term care needs (greater than 90 days) • Have need for support with personal hygiene and/or assistance with the personal activities of daily living • Have assessed in-home support needs that can be met within this option • Have Stable Health Status or Stable Care Requirements • Have a suitable environment for the delivery of care as determined by an Environmental Risk Assessment. 	Needs are determined by completing the SMC Assessment and InterRAI instrument. Financial assessment is conducted for Fee Determination

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	<ul style="list-style-type: none"> • Be deemed capable by Integrated Home Care of managing the various responsibilities associated with Self-Managed Care <p>Delegate Managed Care: In order to be eligible for Delegate Managed Care a Client must, in addition to above:</p> <ul style="list-style-type: none"> • Have named an Enduring Power of Attorney or a Trustee; • Provide copies of Enduring Power of Attorney or Trusteeship Order to Integrated Home Care. <p>Sponsor Managed Care: In order to be eligible for Sponsor Managed Care a Client must, in addition to meeting the criteria for SMC (either through their Guardian or Agent under an Enacted Personal Directive, Trustee or Power of Attorney) and:</p> <ul style="list-style-type: none"> • Be a dependent adult under the Alberta Guardianship or Trusteeship Act, OR have an Enacted Personal Directive; AND • Have a Trustee or an Enduring Power of Attorney; • Provide documentation of same to Integrated Home Care; • OR be a minor. 		

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	<p>3. The Family Support for Children with Disabilities (FSCD) Program (Children)</p> <p>Eligibility for the FSCD Program is determined by Program delivery staff, who review the submitted application and supplemental documentation, including documentation of diagnosis.</p> <p>Program eligibility is determined prior to staff conducting assessment of needs, support planning or assessing the need for an FSCD service.</p>	<p>Families with a child under the age of 18, residing in Alberta, and meeting the criteria for disability as defined by the FSCD Act are eligible for the program. Families are required to provide documentation confirming that the child has a disability or is awaiting a diagnosis (Government of Alberta, 2022).</p> <p>FSCD disability criteria: diagnosis for a disability that is due to a developmental, physical, sensory, mental or neurological condition or impairment, and/or health condition that impacts their daily living activities such as eating, grooming, walking, interacting with others, playing and problem solving (Government of Alberta, 2022).</p>	<p>Needs-based assessment conducted by FSCD worker. All FSCD services are assessed based on needs and reviewed annually.</p>
British Columbia	<p>1. Individualized Funding – Community Living BC (CLBC) (Adults)</p> <p>CLBC's eligibility requirements are based on criteria outlined in the Community Living Authority Act (CLAA) and Community Living Authority Regulation.</p> <p>Eligibility is determined based on documents submitted by adults or youth and their families. CLBC verifies that submitted documents have been completed by required professionals.</p>	<p>This program serves residents of British Columbia who are 19 years of age or older who have DD, significant limitations in adaptive functioning, or a diagnosis of FASD or ASD (Community Living British Columbia, 2023a).</p> <p>Anyone who is eligible for CLBC services may apply for individualized funding.</p> <p>Eligibility requirements for the Direct Funding option:</p> <ul style="list-style-type: none"> The Individual or selected representative must be able to 	<p>Needs-based assessment(using GSA tool) and means test both applied.</p>

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
		<p>manage the responsibilities of the agent.</p> <ul style="list-style-type: none"> For Direct Funding of more than \$6,000 per year an agent (individual or person chosen to act on the individual's behalf) must: <ul style="list-style-type: none"> demonstrate their ability to fulfill the responsibilities of an agent including the ability to arrange and manage the individual's supports and services confirm their financial eligibility including completion of a credit check by CLBC for funding amounts of over \$25,000 per year submit a Representation Agreement or other documentation to show that they can legally act on behalf of the individual prior to the approval of Direct Funding requests over \$6,000 per year. <p>The Host Agency funding option can only be used when the funding allocated is over \$6,600 per year.</p>	

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	<p>2. Choices for Supports in Independent Living (CSIL) (Adults)</p> <p>Regional health authorities determine eligibility for CSIL and the funding required to meet the client's needs.</p> <p>Eligibility is determined based on the following:</p> <ul style="list-style-type: none"> • The individual has been assessed as requiring home support services as part of their care plan • Assessed needs can be met within CSIL, within available resources • The Individual has been assessed as having an interRAI HC ADL Long Form score of six or greater and a MAPLe score of three or greater, and requests CSIL service • The individual has agreed to pay the assessed client rate • The individual can safely coordinate and manage CSIL services or has a client support group or a CSIL representative acting as a CSIL employer. <p>Health authorities can approve CSIL for a client who does not meet defined eligibility criteria in exceptional circumstances, as per CSIL Eligibility Exception Criteria Guidelines.</p>	<p>This program serves residents of British Columbia who are 19 years of age or older with significant physical care needs and a physical disability (British Columbia Ministry of Health, 2018).</p> <p>Individuals must meet the general eligibility requirements for Home and Community Care Services, as well as requirement specific to CSIL.</p>	<p>Individual needs are assessed by regional health authority Home Support Services.</p> <p>CSIL clients undergo a financial assessment to establish the amount they must pay for their home support services.</p>

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	3. Direct Autism Funding (MCFD) (Children) Application and supporting documents are reviewed by CYSN Worker and Autism Funding Branch.	This program provides funding to families with children under 18 years old with a diagnosis of ASD; Direct funding is available to families with a child over 12 years of age. If a family has more than one child with ASD, they are also eligible to receive direct funding for younger siblings (between 6-12). Additional eligibility requirements for Direct Payment: <ul style="list-style-type: none"> • The parent/legal guardian who signs the Direct Payment Agreement ('agreement signatory') must have successfully managed Invoice Payment for a minimum of two full years (i.e., 24 months); • The agreement signatory must have complied with all of their obligations under any previous Autism Funding Agreements with MCFD. 	No means test or needs-based assessment applied.
	4. At Home Program (MCFD) (Children) At Home Program staff conduct in-home functional assessment of the child's activities of daily living. Information from other health care providers may also be included in assessment. The assessment and application are reviewed by regional committee who determine eligibility. Children who are dependent in all four functional activities of daily living are eligible for both Respite Benefits and Medical Benefits. Children who	This program supports residents of British Columbia who are 17 years old or younger (for medical benefits) or 18 years old or younger (for respite benefits) with a disability. Children must be living at home assessed as dependent in at least three of four functional activities of daily living (eating, dressing, toileting and washing).	At Home Program staff conduct in-home functional assessment of the child's activities of daily living.

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	are dependent in three out of four functional activities of daily living are eligible for a choice of Respite Benefits or Medical Benefits.		
	5. Individual Funding – CKNW Kids’ Fund (Children) CKNW Kids’ Fund staff review the application and supplemental documents to determine eligibility.	This program provides grant funding to families with children under the age of 19 and living in British Columbia. There are no disability specific eligibility requirements. Qualifications: 1. Children whose needs have been assessed and supported by a health/social/ educational professional; 2. Children who do not qualify for existing services provided by government funding, or are on an extensive waiting list, have exhausted other sources of financial assistance, or who do not meet all of the government criteria; 3. Children who are financially at risk (CKNW Kids’ Fund, 2023).	No needs test. However, the family must submit a letter of expressed need with application. Additionally, the most recent Notice of Assessment from Revenue Canada, and a current record of monthly income and expenses must be submitted.
Manitoba	1. In the Company of Friends (Adults) Eligibility is determined by the CLDS Community Services Worker (CSW). In the intake assessment, the CSW verifies that the individual meets the program age and	Eligibility is based on the criteria set out by the Community Living disABILITY Services. To be eligible, an individual must:	Needs test applied.

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	<p>residency criteria. The CSW assesses the individual's vulnerability by reviewing supplemental documents and assessments provided by a registered psychologist. Additionally, the individual's adaptive behaviour is evaluated through consultation with those directly involved with the individual.</p> <p>To establish eligibility for Community Living Disability Services, the Department exclusively accepts assessment reports based on full versions of intellectual assessments. Abbreviated versions of tests (e.g., the Weschler Abbreviated Scale of Intelligence (WASI2) are not accepted (Government of Manitoba, 2023).</p>	<ul style="list-style-type: none"> • Be 18 years of age or older and a Canadian citizen or permanent resident living in Manitoba. • Have significantly impaired intellectual functioning with impaired adaptive behaviour, existing prior to the age of 18 • Require assistance to meet their basic needs regarding personal care or management of their property • Have established permanent residences off-reserve in Manitoba prior to referral or request for services, if they are of registered treaty status in Manitoba. 	
	<p>2. Manitoba Self and Family Managed Care Program</p> <p>Applications are reviewed by regional health authority Home Care Program staff, and approval is contingent on meeting the general eligibility criteria.</p> <p>A case manager from the regional health authority assesses individuals using a standardized assessment tool to determine the eligible number of hours the applicant can receive. Since the self-managed Home Care Program in Manitoba is run in conjunction with the regular Home Care Program, the assessment process and the amount of funding per hour is the same regardless of</p>	<p>To be eligible for Home care the individual must:</p> <ul style="list-style-type: none"> • be a resident of Manitoba • be registered with Manitoba Health • require health services or assistance with the activities of daily living • require service to remain safely in their homes • require more assistance than is available from existing supports and community resources. <p>Self and family managed programs are options for consumers who have been receiving provincial home care services</p>	<p>Assessment of need and determination of approved units of service (assessed hours) conducted by Home Care Program Staff.</p>

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	whether consumers receive "standard" home care or self-managed home care.	for at least one year (Government of Canada, 2006).	
	<p>3. Children's disABILITY Services (CDS) – Self-Managed Services (Children)</p> <p>Completed intake application form and written diagnosis provided by a qualified professional (based on appropriate assessment procedures and/or instruments) are reviewed by CDS staff to determine eligibility.</p> <p>A qualified professional, as defined by CDS, is an individual registered or licensed with their professional association. They should have the capability to make diagnoses within the scope of their practice (Government of Manitoba, 2021).</p>	To be eligible, a child must be under 18 years of age, residing in Manitoba with their birth, adoptive or extended family, and have a diagnosis of intellectual disability (with an IQ of 75 or less), developmental delay (with a DQ of 75 or less), autism spectrum disorder, lifelong physical disability, or a high probability of developmental delay due to a pre-existing condition (Government of Manitoba, 2021).	The FSCD worker collaborates with the family to identify the child and family's needs using the Family/Child Assessment of Needs (FCAON).
New Brunswick	<p>1. Self-Managed Disability Support Program (DSP) (Adults)</p> <p>Eligibility is determined by the DSP social worker with consideration of the following:</p> <p>Demonstration of need: An individual must demonstrate a significant requirement for supports and services, rooted in a long-term disability that substantially limits their ability to perform regular daily activities. Additionally, they must exhibit an "unmet need" in personal care, independence, or community involvement, including family relief or respite.</p>	<p>To be eligible for this program, the individual must:</p> <ul style="list-style-type: none"> • Be a resident of New Brunswick • Fall within the age range of 18 to 64 years • Have a long-term disability (excluding conditions that do not result in long-term disability or services related to drug, alcohol, nicotine, or gambling addictions). • Require disability related supports to address unmet needs, establish or maintain a living arrangement in the community, enhance the capacity of natural support networks for 	Needs assessed and a financial assessment is completed to determine the individual's contribution towards the cost of approved disability supports.

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	Financial need: Individuals must also demonstrate a financial need for assistance. The application involves a financial assessment process, examining the individual's net income. For adults with disabilities residing with their parents, only the adult child's income is considered in determining eligibility for funding for services (New Brunswick Association for Community Living, 2010).	community support, and facilitate participation in community activities.	
	<p>2. Family Support for Children with Disabilities (FSCD) (Children)</p> <p>Eligibility for the FSCD program is not based on family income or the child having a specific diagnosis. However, families must submit a letter of support from a professional indicating the child's limited ability to function in normal daily living, and participate in a financial assessment to determine the applicability of a family financial contribution towards services (Government of New Brunswick, 2021).</p>	To qualify for FSCD, families must have identified unmet needs as a result of raising a disabled child. Eligibility criteria include having a child under the age of 19 who is a resident of New Brunswick, possesses a New Brunswick Medicare card, and has a severe disability (Government of New Brunswick, n.d.). The program defines disability as a lifelong physical, sensory, cognitive or neurological condition or impairment which, in interaction with various barriers, significantly limits a child's ability to function in daily living (Government of New Brunswick, 2021).	Families must participate in a financial assessment to determine the applicability of a family financial contribution towards services (Government of New Brunswick, 2021).

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
Newfoundland & Labrador	<p>1. Self-Managed Home Support Services (Adults)</p> <p>Eligibility is determined by a case manager or nurse. Eligibility for services is determined by assessment using an instrument determining functional need. Additionally, a service plan is developed in collaboration with the individual and service providers. Service is provided within approved provincial financial standards (outlined in the Financial Standards Manual).</p> <p>Financial Eligibility: determined through a financial assessment completed by the RIHA.</p>	<p>To be eligible for this program, the individual must:</p> <p>Be an adult (18-64) or senior (64+), with a physical or intellectual disability.</p> <p>Be able to self-manage or must have a family member or close friend who can manage on their behalf.</p> <p>Reside in their own home (self-contained unit with separate living spaces).</p>	<p>Needs assessed and a financial assessment is completed. The financial assessment is completed using provincial financial guidelines. This assessment examines liquid assets, income and living expenses and determines eligibility and the amount, if any, the individual must contribute toward the cost of the service.</p>
	<p>2. Special Child Welfare Allowance (Children)</p> <p>In addition to meeting eligibility requirements, the program relies on a means test. Alongside the completion of the financial assessment, families must provide documentation from a qualified professional verifying the child's disability and needs. After the initial application review, a social worker conducts a home visit to determine the family's needs. This information is reviewed by the regional health authority to determine the funding amount. Funding amounts are reviewed annually (Government of Newfoundland and Labrador, 2008).</p>	<p>Families with a child under the age of 18 who has a physical or developmental disability and resides at home.</p>	<p>A social worker conducts a home visit to determine the family's needs. A means test is also conducted.</p>

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
Northwest Territories	<p>1. Paid Family/Community Caregiver (Pilot Project/Adults)</p> <p>Individuals are admitted to the program based on their level of care needs. The pilot is trialing service delivery to individuals who fall within three groups of care need: individuals who only require supports, individuals with moderate care needs and those with high care needs. Those assessed to have the greatest needs within each category are prioritized for the pilot as there are limited spots. Assessments are made by a Home and Community Care worker. Eligibility is determined by a NTHSSA committee.</p>	<p>Seniors and persons with disabilities who reside in select pilot communities with assessed ongoing care or support needs are eligible.</p>	<p>Needs-based assessment is conducted by the Home and Community Care worker.</p>
Nova Scotia	<p>1. Disability Support Program (DSP) – Flex Individualized Funding (Adults)</p> <p>Eligibility is determined by the DSP Care Coordinator in consultation with the individual and their family/personal support network. Individuals are required to provide documentation of an eligible diagnosis from a physician, psychologist, or nurse practitioner in addition to collateral information on their ADLs.</p>	<p>To qualify for the Flex Individualized Funding Program, individuals must be 19 years or older, a Canadian citizen or permanent resident residing in Nova Scotia, and possess a valid Nova Scotia Health Card. Additionally, eligibility requires a confirmed diagnosis of one or more of the following disabilities:</p> <ul style="list-style-type: none"> • Intellectual Disability • Developmental Disability • Long Term Mental Illness • Physical Disability • Acquired Brain Injury (categorized based on the individual's functional assessment) <p>Flex Independent participants must demonstrate sufficient personal support networks in their proposal, which can</p>	<p>A functional assessment is conducted to determine the individual's support level requirements, along with a financial assessment.</p>

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
		include family and/or other support networks.	
	<p>2. DSP – Independent Living Support (ILS) (Adults)</p> <p>Eligibility is determined by the DSP Care Coordinator in consultation with the individual and their family/personal support network. Individuals are required to provide documentation of an eligible diagnosis from a physician, psychologist, or nurse practitioner in addition to collateral information on their ADLs.</p>	<p>Individuals must be 19 years or older, a Canadian citizen or permanent resident residing in Nova Scotia, and possess a valid Nova Scotia Health Card. Additionally, eligibility requires a confirmed diagnosis of one or more of the following disabilities:</p> <ul style="list-style-type: none"> • Intellectual Disability • Developmental Disability • Long Term Mental Illness • Physical Disability • Acquired Brain Injury (categorized based on the individual's functional assessment) <p>Individuals must be capable of being alone at home and in the community, independently evacuating during emergencies, accessing crisis support or emergency response systems, managing medication and personal safety risks either independently or with support, communicating their needs and preferences, and participating in decision-</p>	<p>A functional assessment is conducted to determine the individual's support level requirements, along with a financial assessment.</p>

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
		making processes and individual assessment and support planning.	
	3. Self-Managed Care Program (Adults) Assessment by District Health Authority Care Coordinator using standard assessment tools, as indicated in <i>the Home Care Policy Manual</i> .	To qualify for Self-managed Care services, applicants must: <ul style="list-style-type: none"> • Meet Nova Scotia's Health Insurance Plan eligibility requirements, including holding a valid Nova Scotia Health Card or in the process of establishing permanent residency and applying for coverage. • Be 19 years or older. • Have a chronic, medically stable condition with care needs extending beyond 90 days, indicating potential long-term use of Self-managed Care. • Require physical assistance due to a functional disability and be willing to participate in developing a care plan for self-management. • Be mentally capable, as assessed by a Care Coordinator, to make decisions about their care. • Demonstrate the ability, as evaluated by the DHA, to coordinate and manage support services adequately. • Show competence, assessed by the DHA, to provide direction to a care manager if delegation is intended. 	Assessments conducted using standard assessment tools, which have been approved by the Nova Scotia Department of Health and Wellness. Net family income and family size are calculated for client fee determination.

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
		<ul style="list-style-type: none"> Have support needs that fall within the current allowable monthly service cost limit set by the Nova Scotia Department of Health and Wellness. Not have alternative funding sources for the required support services, such as already funded services through government programs or purchased services in living arrangements. 	
	<p>4. Direct Family Support for Children (DFSC) (Children)</p> <p>Program eligibility is determined by a financial assessment that considers the family's size and annual net income. Families are deemed ineligible for DFSC when the child is under the care of the Minister, the family is currently receiving services through the Subsidized Adoption Program, the child and family qualify for funding through Indigenous and Northern Affairs Canada or when the child's needs align with the admission criteria for the category of Department of Health and Wellness licensed nursing home (Nova Scotia Department of Community Services, 2023).</p>	To be eligible, the child must be under 19 years old, living at home, and diagnosed with either a mild or moderate intellectual developmental disability (with documented significant behavioural challenges within the past two years), a severe intellectual developmental disability, or a significant physical disability severely limiting daily activities.	Functional and financial assessments are both conducted.
Prince Edward Island	<p>1. AccessAbility Supports (AAS) (65 years old and under)</p> <p>Eligibility determination is finalized once the individual provides documentation which demonstrates that the individual meets AAS eligibility criteria.</p>	<p>To be eligible for AAS, an individual must be:</p> <ul style="list-style-type: none"> a lawfully entitled to remain in Canada with permanent residency status; a resident of Prince Edward Island with a provincial health number; 	The Supports Coordinator administers two needs-based assessments, the Capability Assessment and the Support Needs Assessment, in order to identify the applicant's unmet need and the level of impairment

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	<p>Sufficient documentation to verify the individual as having a disability may include, but is not limited to:</p> <ul style="list-style-type: none"> • Medical documentation from a medical practitioner • Educational, psychological, or social assessments • Evidence that the diagnosed impairment causes substantial restrictions to the applicant's ADLs and IADLs <p>Social Programs Health Report (Department of Social Development and Seniors, 2021a).</p>	<ul style="list-style-type: none"> • under 65 years of age on the day an application of AAS is submitted; and • a person with a disability diagnosed by a medical practitioner. <p>Individuals may be ineligible for AAS when:</p> <ul style="list-style-type: none"> • in temporary or permanent care of the Director of Child Protection; • sentenced to a correctional facility; • is hospitalized for more than 30 consecutive days; or <p>is a resident of a long-term care or community care facility (Department of Social Development and Seniors, 2021a).</p>	<p>on their daily living activities. A means test related to the individual's household income is also employed to identify the percentage of applicant contribution. Applicant contribution refers to financial contribution that an applicant is obligated to provide towards the cost of supports.</p>

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	<p>2. School-Age Autism Funding (18 years old and under)</p> <p>Eligibility is dependent on the service user's acceptance into AAS as well as evidence of meeting the School-Age Autism Funding eligibility criteria. Formal written documentation proving the service user's autism diagnosis is mandatory in order to confirm eligibility.</p>	<p>To be eligible for School-Age Autism Funding, a service user must:</p> <ul style="list-style-type: none"> • be under 18 years old; • reside within the province of PEI; • have a formal diagnosis of Autism Spectrum Disorder; • be enrolled in public or private school or registered as being home schooled; • be an applicant of AccessAbility Supports; • require support to access community-based activities; tutoring to bolster skills; or have had a recommendation for a therapeutic activity by a consulting professional; • be willing, or have a representative who is willing, to develop a plan with the Supports Coordinator; and, • have a representative or designated Agency willing to follow and implement the agreed upon payment plan and schedule (Department of Social Development and Seniors, 2021d). 	<p>Needs-based assessments are conducted during the AAS application process. There are no assessment procedures specific to School-Age Autism Funding.</p>

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
Saskatchewan	<p>1. Autism Spectrum Disorder Individualized Funding (ASD-IF) (12 years old and under)</p> <p>Eligibility is determined based on documents submitted by the child's representatives.</p> <p>Representatives must submit the following documentation:</p> <ul style="list-style-type: none"> • Proof of Saskatchewan Residency; • Verification of the child's ASD diagnosis; • Child's Saskatchewan Health Services Number; • Child's birther certificate or permanent resident card; • Representative's Social Insurance Number (Ministry of Social Services, 2022). <p>Documentation confirming a diagnosis of autism spectrum disorder must undergo verification to ensure it has been completed by a qualified specialist. Supplementary documentation to verify caregiver guardianship is required, such as in the case of Legal Guardians or Persons of Sufficient Interest.</p>	<p>To be eligible for ASD-IF, the child must be:</p> <ul style="list-style-type: none"> • a resident of Saskatchewan and has a valid Saskatchewan Health Services number; • under twelve years old; • has been diagnosed with Autism Spectrum Disorder; and • not an ordinarily resident on a reserve as defined in the Indian Act (Ministry of Social Services, 2022). <p>Children are ineligible when in care of the Minister of Social Services, as per the Child and Family Services Act.</p>	No means test or needs-based assessment applied.
	<p>2. Community Living Service Delivery: Self-Directed Funding (CLSD: SDF) (18 years old +)</p> <p>First, individuals must be accepted into the general CLSD program. Eligibility is determined based on assessment documents</p>	<p>This program serves residents of Saskatchewan who are 18 years of age or older and meet the diagnosis of an intellectual disability with an onset before age 18. Individuals must also secure representative(s) (Ministry of Social Services, 2021).</p>	Two types of needs-based assessments are completed by the CLSD— the Daily Living Support Assessments (DLSA) and the Day Program Support Assessments (DPSA).

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	<p>submitted by the individual. Assessment documentation should include:</p> <ul style="list-style-type: none"> • a diagnosis of intellectual disability; • a summary of the individual's history and previous testing; • identification of variables that could impact the validity of the assessment results and a description of the individual's adaptive behaviour, developmental skills and cognitive functioning; • confirmation that the diagnosis manifested in the developmental period, meaning the diagnosis was established prior to the individual's 18th birthday; and • licensure information of the person making the diagnosis and report (Ministry of Social Services, 2021). <p>Once the individual completes the SDF application process, the ministry will review their submission. Submissions are reviewed on a weekly to bi-weekly basis. Funding of CLSD services and the SDF program is determined by urgency and priority of needs (Ministry of Social Services, n.d.-a) along with other factors, such as availability of existing services, environmental fit and personal outcomes (Ministry of Social Services, n.d.-b).</p>		

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	<p>3. Home Care Program: Individualized Funding (IF) (All ages)</p> <p>All new applicants are reviewed by a provincial steering committee to determine eligibility (L. Anderson, personal communication, January 9, 2024). In addition to meeting the eligibility criteria, service users' acceptance into the Home Care Program is determined by the priority of assessed need and level of risk (Ministry of Health, 2023b).</p>	<p>To be eligible for the IF option, a service user must:</p> <ul style="list-style-type: none"> • be eligible to receive home care supportive services; <ul style="list-style-type: none"> ◦ service users must provide evidence that they have valid Saskatchewan Health Services card; are in the process of finalizing permanent residence in Saskatchewan and have applied for a Saskatchewan Health services card; or, are a resident of Manitoba or Alberta, where contractual arrangements have been established. • be dependent on long term supportive services for a minimum of 6-12 months; • have relatively stable supportive service needs; • demonstrate willingness and capability to carry out responsibilities related to IF, or has a representative (e.g., guardian) willing to assume IF responsibilities; • have no association with a third party that supplements the cost of services; and, • be accepted for employer coverage under <i>The Worker's Compensation Act</i> (Ministry of Health, 2023b). 	<p>A needs-based assessment is employed to identify the necessity for supportive care services and the level of type of services required by the service user. This assessment is completed in collaboration with the service user.</p>

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
Quebec	<p>1. L'allocation Directe – Chèque Emploi-Service (Direct allowance —employment-service cheque) (All ages)</p> <p>Service users/their representatives must contact their local CLSC to initiate the application process. Besides meeting the basic eligibility criteria, the CLSC staff will assess the service user's needs to determine program eligibility (MSSS, 2009).</p>	<p>To be eligible for the program, the service user must:</p> <ul style="list-style-type: none"> • have a stable state of health • require long term services • be capable of managing care services, alone or with assistance from a representative (MSSS, 2009). 	Needs-based assessment applied.
	<p>2. Supplément Pour Enfant Handicap (Supplement for Handicapped Children) and Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels (Supplement for Handicapped Children Requiring Exceptional Care) (18 years old and below)</p> <p>Applications for both programs are reviewed by Retraite Québec's team of health professionals, and approval is dependent on meeting the eligibility criteria.</p> <p>Both application processes also mandate the submission of an Educational Achievement Report (if the child attends daycare or school), consent to a Release of Medical, Psychosocial, and Education-Related Information, along with documents pertaining to the specific type of disability/impairment (e.g., assessment by a specific type</p>	<p>1. Supplément Pour Enfant Handicap</p> <p>Families are eligible if they are:</p> <ul style="list-style-type: none"> • receiving Family Allowance for a child • supporting a child under 18 years old who has a physical impairment or a mental function disability, which markedly impacts their ability to fulfill daily living activities. This impact must be expected to last for at least one year (Retraite Quebec, n.d.-a). <p>2. Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels</p> <p>Families are eligible if they are:</p> <ul style="list-style-type: none"> • receiving Family Allowance for a child • receiving Supplément Pour Enfant Handicap 	<p>1. Supplément Pour Enfant Handicap</p> <p>Means test required for the Family Allowance.</p> <p>An assessment completed by a professional highlighting the service user's (dis)abilities, needs, and professional observations must be included within the application.</p> <p>2. Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels</p> <p>Means test required for the Family Allowance. The application incorporates a needs-based assessment.</p>

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	<p>professional or prescription lists) (Retraite Quebec, n.d.-c).</p> <p>1. Supplément Pour Enfant Handicap:</p> <p>The application requires a section to be completed by the parent as well as a section to be completed by a professional who has assessed and/or worked with service user. The professional section involves an assessment of the service user's disability/condition in addition to a section which they can speak to the impacts on daily functioning.</p> <p>A diagnosis proving the presence of a disability is insufficient for granting approval. Rather, the application must demonstrate the severity of impairment on the service user's daily living activities. Other factors, such as whether the service user's environment promote or hinder daily living activities, are considered in conjunction to daily impairments due to disability (Retraite Quebec, n.d.-b).</p> <p>2. Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels</p> <p>The severity of the disability is the focus of eligibility determination criteria. Severity may be deemed as a "serious limitation", meaning that the service user always or nearly always has considerable difficulty fulfilling daily living activities, or a "absolute limitation" which refers</p>	<ul style="list-style-type: none"> • supporting a child under 18 years old who either: <ul style="list-style-type: none"> ○ has a physical impairment or a mental function disability that inhibit them from fulfilling daily living activities; or, ○ requires complex medical care at home in which the responsibility for administering this care rests with the parents. Parents have received specialized training and the ability to respond to life-threatening changes in their child's clinical condition. <ul style="list-style-type: none"> ▪ In both circumstances, the service user's condition must be expected to last for at least one year (Retraite Quebec, n.d.-b). 	

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	to absolute incapability or extreme difficulty completing daily living activities (Retraite Quebec, n.d.-a).		
Yukon	<p>1. Children's Disability Services (19 years old and under)</p> <p>In addition to meeting the eligibility criteria, eligibility is determined by the documentation identifying the service user's full name, date of birth, type of disability (if known), caregiver names, and relevant reports such as the require needs-based assessment.</p>	<p>To be eligible for this program, the service user must:</p> <ul style="list-style-type: none"> • be a Yukon resident; • under 19 years old; and, • has a disability that restricts their daily living activities (Department of Health and Social Services, n.d.). 	A report or assessment outlining how the service user's daily living activities are impacted by the disability must be provided.
Ontario	<p>1. Special Services at Home (SSAH) Funding (18 years old and under)</p> <p>Regional offices undertake reviewing applications for the SSAH program. The application is comprehensive, as it covers eight sections aimed to provide a holistic picture of the service user's/their family's unique situation. In addition to completing the application, written documentation proving the service user's residency, age, and their disability must be submitted.</p> <p>Considering that the program is not an entitlement program, applications are assessed by SSAH staff using a needs-based assessment. Eligibility is determined by</p>	<p>To qualify for SSAH, service users must meet the following eligibility criteria:</p> <ul style="list-style-type: none"> • have a developmental and/or physical disability; • reside in Ontario; • has ongoing functional limitations due to a disability • under 18 years old; and, <p>living at home and requiring support beyond the capacity of the family, or not living at home nor receiving support from residential services (MCCSS, 2024g).</p>	Needs-based assessment applied to the service user's application.

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	<p>various factors, including the supports described in the application, family coping requirements, the complexity of required supports, community supports and services, support networks of the service user, and availability of funds (MCCSS, 2024g).</p>		
	<p>2. Passport Funding (18 years old +)</p> <p>Once service users are eligible for MCCSS- and DSO- funded developmental services and supports, they are automatically eligible for passport funding.</p> <p>Should the service user request increased funding, eligibility is determined by various factors, including: assessed need, priority level and risk factors, the type and amount of service required, existing supports, and availability of government resources. Eligibility and funding levels are further determined by an automated service which produces a score to be compared with a funding chart (MCCSS, 2023f).</p>	<p>Service users are eligible for MCCSS and DSO funding, thereby eligible for automatic passport funding, if they provide written documentation indicating that they:</p> <ul style="list-style-type: none"> • are 18 years or older; • reside in Ontario; and, <p>have a developmental disability as identified by a psychological assessment (MCCSS, 2023e).</p>	<p>Needs-based assessment applied for increased funding requests.</p>
	<p>3. Self-Managed Attendant Services in Ontario: Direct Funding Program (16 years old +)</p> <p>Eligibility is determined through the Direct Funding Interview in which the service user meets with a selection panel to discuss their application at length. After the interview, the selection panel will determine whether the</p>	<p>To be eligible for the program, the service user must:</p> <ul style="list-style-type: none"> • be 16 years or older; • have a permanent physical disability; • must require attendant services; <ul style="list-style-type: none"> ○ the service user should require services referred to in at least two of #1-8 and at least one of #1-4 of the following: 	<p>The application includes a brief self-assessment of the service user needs, requiring them to identify which activities of daily living they require support for, how many hours of support (including a weekly, 24-hour schedule), along with services and support they currently access. This information will be</p>

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	service user meets the eligibility criteria in its entirety.	<ol style="list-style-type: none"> 1. turning in bed, lifting, positioning or transferring; 2. washing, bathing, showering, shaving or personal grooming; 3. dressing or undressing; 4. catheterization, emptying and changing a leg bag, using the toilet, urination or bowel routines; 5. breathing, or caring for a tracheostomy or respiratory equipment; 6. eating; 7. meal preparation, dish washing, laundry or other housekeeping tasks; and 8. essential communication <ul style="list-style-type: none"> • is capable of recruiting, hiring and dismissing attendant workers; • is capable of understanding and carrying out the responsibilities as an employer of one or more attendant workers; • is capable of managing and accounting for the expenditure of the funds that would be granted to him/her; • is capable of evaluating the attendant services he/she would receive and of communicating his/her evaluation; and is prepared to undertake the functions referred to in clauses 	further analyzed with the selection panel.

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
		mentioned above and to assume the responsibility and risks inherent in undertaking those functions (CILT, n.d.-d).	
	<p>4. Family-Managed Home Care: Self-Directed Care (all ages)</p> <p>Eligibility is determined through meeting the general eligibility criteria in addition to the results of the needs-based assessment.</p> <p>For service users applying under an extraordinary circumstance, not only must they meet the general criteria and possess stable care needs that cannot be addressed through conventional services, other various factors are taken into account to determine eligibility. These factors include:</p> <ul style="list-style-type: none"> • the nature, frequency, and intensity of care required; • unique scheduling issues; • language or communication barriers; • cultural considerations; • lack of HCCSS contracted service providers; and, • rural or remote location of care (Home and Community Care Support Services, n.d.). 	<p>This program is designed for the following types of service users:</p> <ul style="list-style-type: none"> • children with complex medical needs; • adults with an acquired brain injury; • home-schooled children with qualifying health care needs; and, • those in extraordinary circumstances (Ministry of Health, 2023a). 	<p>A needs-based assessment administered by a Care Coordinator is required.</p>

Jurisdiction	How is eligibility determined?	Who is eligible?	Is there a needs-based assessment or means test applied?
	<p>5. Ontario Autism Program (18 years old and under)</p> <p>1) Childhood Budget: Eligibility is based on meeting the basic eligibility criteria to enter the Ontario Autism Program. Applications for this program were required to be submitted before April 2021 (MCCSS, 2023c)</p> <p>2) Interim One-Time Funding: Eligibility is based on meeting the basic eligibility criteria to enter the Ontario Autism Program. The MCCSS will send an invitation letter to service users who are eligible to enter the program. Registration forms and supporting documentation were required to be submitted before March 31, 2021 (MCCSS, 2024f).</p> <p>3) Core Clinical Services: Eligibility is based on meeting the basic eligibility criteria to enter the Ontario Autism Program. AccessOAP will send an invite to the service user/their representative when they are permitted to enter the program. Invitations are issued in the order in which the service user registered with OAP.</p>	<p>The basic eligibility criteria to enter OAP includes that the service user:</p> <ul style="list-style-type: none"> • is under 18 years old; • resides in Ontario; and, <p>provides evidence of a written diagnosis of autism spectrum disorder (ASD) by a qualified professional (MCCSS, 2023b).</p>	<p>A needs-based assessment is administered for the Core Clinical Services program.</p>

Table 3: Funding

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
Alberta	<p>1. Individualized Funding – Persons with Developmental Disabilities (PDD) Program (Adults)</p> <p>No fixed maximum amount; determined through individual service plan. If a funds administrator is required, the individual is eligible for an additional 12% of their allowance for administrative purposes (Lord et al., 2000).</p>	<p>There are two available individualized funding options:</p> <ol style="list-style-type: none"> 1. Family Managed Services (FMS) 2. Community Service Provider 	<p>Funds can be used for the four following types of services:</p> <ul style="list-style-type: none"> • Home living supports • Employment supports • Community access supports • Specialized community supports <p>Family members cannot provide personal support but can act as funds administrator. PDD does not allow the hiring of a family members, except in exceptional circumstances and with the approval of the Disability Services Director. Irrespective of their relationship to the individual, the FMS Administrator is not eligible for compensation for providing support services to the individual.</p>	<p>Fund administrators are required to take training on employment standards, abuse protocols, and payroll responsibilities and are then responsible for planning, hiring staff, monitoring quality, managing payroll, and record keeping. Fund administrators are also required to ensure that workers have abuse protocol training plus specialized instruction as necessary. Fund administrators are not permitted to hire a relative of the client, not even extended family members.</p> <p>If funds are not used as outlined in the Agreement, the unused amount must be returned within 30 days of being informed by the Minister.</p>

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>2. Self-Managed Care – Home Care Program (Adults/Children)</p> <p>Funding is provided through the Department of Health and administered through the regional health authorities. Maximum funding amounts vary by region. Integrated Home Care determines service and funding amounts through assessment of unmet needs, using approved Home Care tools within the parameters of current legislation and Home Care Service Guidelines. Case managers or occupational therapists use a Support Service Planning Tool for service level determination (Alberta Health Services, 2014). The average monthly funding for the program was \$3,277 in 2020 (Kelly et al., 2020).</p>	<p>Funding may be received under three different streams:</p> <ol style="list-style-type: none"> 1. Client managed: Individual receives funds directly into their bank account, hires and trains their care provider and must assume all payroll responsibilities of an employer in Alberta. 2. Delegate managed: a family member or friend can become the Individual's delegate and assume the payroll responsibilities on their behalf, but the Individual still manages their care needs in all other regards. 3. Sponsor managed: The Individual's legal guardian assumes the payroll responsibilities and assists with the direction of care. 	<p>Self-Managed Care funds can be used for personal care, home support services, and respite care.</p> <p>Professional services, such as nursing, social work, or therapy services, cannot be purchased with self-managed care funds but can be arranged by the home care case manager if needed.</p> <p>Family caregivers are not eligible for payment for the provision of case management, professional health, home and community support, or caregiver support.</p> <p>However, family caregivers can request and potentially receive a funding exception to be compensated for providing personal care services to the client. Funding exceptions are granted on a case-by-case basis and are considered to be temporary.</p>	<p>The Individual, delegate, or sponsor assumes the responsibilities of an employer in Alberta. The Individual or a legal representative may hire workers and act as a direct employer, contract with an agency, or a combination. Managers are required to maintain and keep all records as outlined in Self-Managed Care Agreement.</p> <p>Unused funds are to be paid to Alberta Health Services alongside a semi-annual financial report.</p>

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>3. The Family Support for Children with Disabilities (FSCD) Program (Children)</p> <p>The FSCD Program provides financial reimbursement to qualifying families with children with disabilities. The reimbursement amount is determined based on the assessed needs of each child and family.</p>	<p>Families are reimbursed for the purchase of services outlined in the FSCD Agreement. Eligible service expenses are determined by the FSCD in collaboration with the family. Families are required to submit documentation of costs incurred (Government of Alberta, 2022).</p>	<p>Families meeting the eligibility criteria for the FSCD qualify for Family Support Services, including respite, counselling, medical appointment-related costs (i.e., parking, mileage, accommodation, sibling care), and an annual allocation of up to \$400 for clothing and footwear. To qualify for Child Focused Services, an additional needs-based assessment is required, indicating that the child is significantly limited in activities of daily living. Beyond the services offered under Family Support Services, Child Focused Services may include funding for respite services, child care supports, aide supports, health-related supports, specialized supports, and out-of-home living arrangements (Government of Alberta, 2022).</p> <p>Parents are ineligible to receive funding for the provision of respite. However, if appropriate, another adult family member can provide services. The family is required to spend funds per the terms of the FSCD agreement (Government of Alberta, 2022).</p>	<p>The family is required to spend funds per the terms of the FSCD agreement, adhere to relevant employment standards, and submit documentation of costs incurred when requested (Government of Alberta, 2022).</p>
British Columbia	<p>1. Individualized Funding – Community Living BC (CLBC) (Adults)</p> <p>A CLBC quality service analyst evaluates the IF application to</p>	<p>There are two individualized funding options:</p> <ol style="list-style-type: none"> 1. Self-managed 2. Host agency funding 	<p>IF can be used to buy supports within the following program areas (as outlined in <i>Supports Funded by Community Living BC</i>):</p> <ul style="list-style-type: none"> • Supports to Live in My Home: • Supports to help people live in their 	<p>For the direct funding option, the agent is responsible for:</p> <ul style="list-style-type: none"> • Arranging, managing, monitoring, and reporting on the

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>determine the required level of support.</p> <p>CLBC allocates IF based on the individual's disability-related needs, estimated support costs, and CLBC's financial resources.</p> <p>Assessment tools used include the Guide to Support Allocation (GSA) tool and the Request for Service Priority Tool.</p> <p>The types and amounts of supports and services provided through IF align with those received by individuals with similar levels of disability-related needs, following the Catalogue of Services. CLBC does not fund services falling under the jurisdiction of other government bodies or programs, such as health services or income assistance.</p> <p>In 2017 the average monthly funding was \$2,800 (Kelly et al., 2020).</p>		<p>homes. For example, Independent Living support for a person to live in their own apartment.</p> <ul style="list-style-type: none"> • Supports to Participate in My Community: Supports for individuals that allow them to join in activities in their community and to learn new skills. For example, time limited support to get a paid job or to volunteer in the community. • Support for My and My Family's Well-being: Supports to strengthen the individual and family's ability to thrive. For example, Self-Directed Individual and Family Wellness. • Funding may also be used for support workers to join in activities (e.g., bus fare or entrance fees) and for bookkeeping, banking fees, and other costs associated with hiring people. <p>Family members, excluding immediate family members (i.e., parent, child or spouse), may be paid to provide service for an individual when there is a need for CLBC funded supports.</p>	<p>individual's supports and services</p> <ul style="list-style-type: none"> • Conducting criminal record checks as outlined in CLBC's Criminal Record Check Policy: Service Delivery and reviewing, and hiring staff or contractors • Administering and accounting for the money received from CLBC • Working on the individual's behalf and representing their views, and • Entering into a contractual relationship with CLBC <p>For Direct Funding exceeding \$10,000.00 annually, the agent must:</p> <ul style="list-style-type: none"> • Open and maintain a separate bank account that is used for all Direct Funding transactions; and • Submit monthly electronic Financial Reports to CLBC

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
				<p>indicating how the funds have been spent.</p> <p>For Direct Funding of \$10,000.00 or less annually, the agent must:</p> <ul style="list-style-type: none"> • submit Compliance Reports to CLBC every six months confirming compliance with their agreement and identify how much of the money has been spent. Reports are to be submitted electronically. However, where this poses hardship, manual reports may still be submitted. • It is not required to set up a separate bank account.

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>2. Choices for Supports in Independent Living (CSIL) (Adults)</p> <p>Eligible funding amounts are determined by the individual's case manager. The regional health authorities provide funding directly to the individual/agent based on the CSIL agreement established by the case manager and the individual/agent. These funds are transferred directly to the individual/agent at an hourly rate of \$33.40 (2022), determined by the health authority's assessment of need and the CSIL Categories of Need Guidelines.</p>	<p>There are two "phases" of CSIL funding:</p> <ul style="list-style-type: none"> Phase 1: self-directed/self-managed Phase 2: self-directed/self-managed (with support of Support Group or representative) 	<p>Funding is for a care provider only and cannot be used to purchase equipment or supplies.</p> <p>Funds are not limited to care provider wages; they can cover various costs essential for individualized care. These include wages and statutory benefits for care providers employed by the client, payroll deductions, and benefits. Additionally, funds may be used for administrative costs such as accounting, bookkeeping, advertising, office supplies, training, and scheduling. Services outlined in the client's care plan are covered, as well as allowable expenses related to hiring care providers and reporting fund usage to the health authority. In specific situations approved by the health authority, funds can be utilized for agency services during emergencies, regular backup services, or unique scheduling needs, such as contracting with an agency for ongoing shifts that cannot be filled.</p> <p>An immediate family member cannot be paid to provide care for a client unless an exception is approved by the health authority.</p>	<p>The CSIL employer assumes full responsibility for the coordination and management of the funded services including:</p> <ul style="list-style-type: none"> hiring, scheduling, and supervising the care provider complying with relevant laws and regulations including those related to Canada Revenue Agency, the Workers' Compensation Board and Employment Standards <p>The CSIL employer is required to:</p> <ul style="list-style-type: none"> report any changes in the client's situation or care requirements Submit monthly financial reports to the health authority with receipts for expenses within 45 days of the end of the reporting month. <p>Where the CSIL employer is a client support group, the CSIL employer must undertake tax</p>

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
				<p>responsibilities for corporations as required by the Canada Income Tax Act.</p> <p>Health authorities must permit a CSIL employer to retain up to one month's surplus funds at any given time and must provide 30 days' written notice to a CSIL employer prior to recovering surplus funds.</p> <p>Unexpended funds in the CSIL bank account must be returned to the health authority upon termination of the CSIL agreement.</p> <p>Depending on income, there may be a daily charge for home support services. For about 70% of home support clients, there is no client rate.</p>

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>3. Direct Autism Funding (MCFD) (Children)</p> <p>Eligibility is confirmed by The Autism Funding Branch (AFB). Children under the age of six are eligible to receive up to \$22,000 per year. Families with children who are six to eighteen years old are eligible to receive \$6,000 per year. If eligible for direct payment, once approved by the AFB, \$6,000 (per year) is paid to the parent at the start of the first funding period.</p>	Self-managed	Funding may be used services for a wide array of services and supports, including therapeutic services (e.g., counsellors, occupational therapists, and physical therapists), life skills and social skills programs, out-of-school learning support, specialized therapeutic activities. Professionals must be listed on the Registry of Autism Service Providers (RASP). A small portion of funds may also be used for administrative costs.	A separate bank account must be created for direct autism funding. Parents are responsible for the coordination and management of funded services and meeting all necessary employer obligations. Funding must be accounted for at the end of each funding period. Unspent funds are counted as part of the new funding period's total amount (Government of British Columbia, 2021).
	<p>4. At Home Program (MCFD) (Children)</p> <p>At Home Program staff conduct an in-home functional assessment of the child's activities of daily living. The assessment and application are reviewed by regional committee who determine eligibility. Children who are dependent in all four functional activities of daily living are eligible for both Respite Benefits and Medical Benefits.</p>	Funds for Respite Benefits are provided directly to the family. For the Medical Benefits, direct funding is only available for the purchase of incontinence supplies.	<p>Respite Benefits: Families may choose the type of respite services that best suit their needs – either in their home or at another location. The program does not cover services that are provided by a parent of the child or any other MCFD program.</p> <p>Medical Benefits: A range of medical items, equipment and services are provided by The At Home Program. Most benefits require pre-approval and are available from or paid for directly by the program. Direct funding is available for the purchase of incontinence supplies.</p>	Families are responsible for arranging respite, paying service providers, and managing their respite budget (Government of British Columbia, 2023).

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	Children who are dependent in three out of four functional activities of daily living are eligible for a choice of Respite Benefits or Medical Benefits. Respite funding is \$4,135.56 per year.			

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>5. Individual Funding – CKNW Kids’ Fund (Children)</p> <p>The grant application to be completed by the parent/guardian of the child. In addition to the completed application, the family must send a letter of introduction from a parent regarding the family situation and need for funding assistance, letter of support from a professional, indicating the need for the specific request, most recent Notice of Assessment from Revenue Canada, and a current record of monthly income and expenses. Families are advised upon approval.</p> <p>Therapies (maximum \$2,500), Tutoring (maximum \$1,800), Bursaries (Maximum \$1,500) – requests are accepted three consecutive years with an updated application each year. Funding is also available for equipment (maximum \$5,000).</p>	<p>Services/purchases of equipment paid by the family are reimbursed by the program upon receiving an invoice or proof of purchase.</p> <p>Funding requests are accepted three consecutive years with an updated application each year.</p>	<p>Grants are available for therapies, tutoring, bursaries, and equipment.</p>	<p>When the family no longer requires equipment purchased with funding, it is requested that the item(s) be made available to others with similar needs (CKNW Kids’ Fund, 2023).</p>

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
Manitoba	<p>1. In the Company of Friends (Adults)</p> <p>The program is administered through an agency called Living in Friendship Everyday (LIFE). Through this funding model persons with intellectual disabilities receive direct funding from two sources, Employment and Income Assistance (EIA) and Community Living disABILITY Services (CLdS). The Supports Intensity Scale is used to identify the support needs of individuals.</p> <p>The average daily per diem to cover the five allocated budget areas is \$355.36. Per diems range from \$70.30 to \$724.04 (Kaplan, 2021).</p>	Individuals receive direct funding. Funding is individualized and self-managed.	<p>Funding covers the five following areas:</p> <ul style="list-style-type: none"> Financial/administration: staff activity costs, bank charges, accounting and payroll, advertising, and trainings/meetings. Health: health insurance, medication, supplies, dental care, environmental aids, and health travel Housing: rent, utilities, and content insurance Daily living: groceries, household/first aid supplies, laundry, personal travel Staff wages and related costs <p>Members of Support Network (family/friends/trusted others) are unpaid.</p>	<p>The individual and their chosen Support Network assume all employer responsibilities.</p> <p>The ICOF Support Network consists of 4-6 people: a diverse group of unpaid people chosen by each Individual.</p> <p>Members of the Support Network assume different responsibilities, including: financial management; social network communication lead; community connector; and reciprocity support.</p> <p>One member of the Support Network is designated to assume the responsibilities of an employer and submit quarterly reports.</p>
	<p>2. Manitoba Self and Family Managed Care Program</p> <p>In 2018, the average monthly funding per person was approximately \$3,800 (Kelly et</p>	Individual's receive direct funding, which is self-managed to meet assessed care needs.	In addition to meeting household maintenance and personal care needs, funding also covers worker transportation, worker recruitment, training, and administration costs.	The individual/designated family member accepts full responsibility for meeting their personal care and household maintenance needs by coordinating,

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	al., 2020). However, individual amounts vary significantly based on assessed needs, specifically hours allocated for household maintenance (funded at \$13.58 per hour) and personal care (funded at \$19.81 per hour).			<p>managing, and directing those non-professional services assessed as needed. The person who agrees to undertake the self/family managed care option is fully responsible for designing a system of personal assistants to meet need which would otherwise be met through the services provided directly by the Home Care Program.</p> <p>The Individual/Family Manager is responsible for securing staff and all employment related duties (e.g., ensure that your employees are suitably qualified and trained, negotiating the terms and conditions of employment, paying salaries along with required benefits and deductions).</p> <p>Individual's must obtain Employer Liability Insurance and establish and maintain a separate bank account to be used</p>

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
				for deposits and payments related solely to Self/Family Managed Care. Keep
	<p>3. Children's disABILITY Services (CDS) – Self-Managed Services (Children)</p> <p>The amount of respite offered is based on the individual assessed disability-related needs of the child and family. CDS provides direct funding to the family based on their assessed needs and approved respite plans. An assessment is conducted by a community services worker who determines the families' respite needs.</p>	Funds are paid directly to the family. Families are required to submit invoices, a respite time sheet, and all supporting documentation to demonstrate that respite services were received (Government of Manitoba, 2019).	Funding is exclusively allocated to compensate the respite worker for their services. Respite providers must not reside in the home of the family receiving respite services (Government of Manitoba, 2019).	Families are responsible for recruiting respite providers, establishing a service schedule, and managing funds. Families are required to submit invoices, a respite care time sheet, and all supporting documentation to CDS to demonstrate that respite service were received. Respite providers must not reside in the home of the family receiving respite services (Government of Manitoba, 2019).
New Brunswick	<p>1. Self-Managed Disability Support Program (DSP) (Adults)</p> <p>Client's choosing the self-managed model meet with the department to collaboratively develop an individualized support plan by identifying their strengths and unmet needs (Kelly et al., 2020).</p>	Funding is individualized, self-directed, and self-managed.	The program encompasses a range of disability supports, including home support workers, respite services, personal supports both within and outside the home, assistance for community involvement and participation, training in personal living skills, disability-specific transportation supports, technical supports, and assistive devices not covered under	The individual manages services outlined in support plan.

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>Funding amounts are individualized and based on the individual's specific needs as identified in the support plan. Payments can be made directly to the person or to a trustee on their behalf. Payments can also be made to a service provider chosen by the individual (New Brunswick Association for Community Living, 2010).</p>		<p>other programs, as well as services provided in residential facilities.</p>	
	<p>2. Family Support for Children with Disabilities (FSCD) (Children)</p> <p>Families who meet the pre-assessment criteria meet with a social worker to complete the application process. This includes providing information about the child, the family's strengths, unmet needs, and the names of professionals and organizations providing services to the child and family culminating in a Family Support Plan. Amounts are determined in this process.</p>	<p>FSCD has a two-pronged service delivery model allowing families to self-manage or request social worker support.</p> <p>Funding is individualized to meet the family's specific needs; however, funding for services is not provided directly to the family but reimbursed.</p>	<p>Some examples of eligible supports are relief care, child care services, therapeutically based recreational programs, family counselling, medical equipment, and special dietary foods. Families must access any other relevant supports available to them before FSCD will fund a similar service. This includes insurance coverage, health benefits plan and other government or community programs.</p>	<p>Families who opt for the self-managed model are responsible for coordinating, managing, and directing the supports identified in their Family Support Plan (Government of New Brunswick, n.d.).</p>

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
Newfoundland & Labrador	<p>1. Self-Managed Home Support Services (Adults)</p> <p>The program is funded by the Department of Health and Community Services with an average monthly funding of \$1,500 per client (2018).</p> <p>The amount of funding provided is determined based on the individual's assessed income and a combination of other financial aid from other social programs offered by the Government of Newfoundland and Labrador, such as income assistance.</p> <p>Funds must be managed by clients and/or their families, which is subsidized based on a sliding scale formula; clients are responsible for the cost of the unsubsidized portion of the services recommended in the care plan (Deloitte Inc., 2018).</p>	<p>The individual has the option of obtaining self-directed home support through two models. Individuals accessing home support services may choose a combination of the following models of service delivery when arranging care:</p> <p>Approved Home Support Agency:</p> <ul style="list-style-type: none"> • If service delivery through a home support agency is chosen, the individual chooses an approved agency from a list provided by the RIHA. <p>Individual as Employer: The individual becomes the employer and is responsible for the hiring, training and supervision of home support workers.</p>	<p>Funds are for hiring a personal care attendant, not for purchase of supplies. Can include expenses related to hiring of personal care attendants, such as book keeping.</p> <p>The services provided through the Home Support Program are based on the assessed need of the individual. These services may include but are not limited to:</p> <ul style="list-style-type: none"> • Personal care • Household management • Respite • Behavioural Support <p>The employment of family members as home support workers is not permitted except in special circumstances as determined by the assessment process. Exceptions are considered in extreme situations where it is clearly demonstrated this is the most suitable choice for the client whose needs would otherwise not be met or not be met with the same level of quality.</p>	<p>Individual as Employer: The individual is responsible for the hiring, training and supervision of home support workers. As employer, responsibilities include maintaining employment records, managing payroll, and handling employee deductions and contributions. Payroll tasks can be managed by the individual or by an appointed administrator/bookkeeper. For those needing help with staffing tasks, a supporting person (i.e., family member), can jointly assume these responsibilities.</p>

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>2. Special Child Welfare Allowance (Children)</p> <p>The needs and financial assessments are reviewed by the regional health authority to determine the funding amount. (Government of Newfoundland and Labrador, 2008).</p>	Funding amounts are individualized and disbursed directly to families as recurring monthly payments.	Funding may include coverage for medications not covered by a Drug Prescription Program, transportation to disability-related medical appointments or recreational activities, essential equipment or supplies, and disposable diapers. Funding can also be used for home support (supplemental to supervision provided by family), childcare, escorts to appointments and activities, one-on-one support in licensed child care, and residential short-term respite. However, a clear need must be established to utilize funds in these areas.	Families are required to provide receipts to indicate that funds were used in accordance with approved supports (Government of Newfoundland and Labrador, 2008).
Northwest Territories	<p>1. Paid Family/Community Caregiver (Pilot Project/Adults)</p> <p>Pilot participants are eligible for up to 4 hours of home and community support per week. Caregiver wages vary depending on the community, but range from \$20-\$25 per hour.</p>	An individualized care plan is created by the Home Care nurse. The care plan assists with directing the pilot coordinator and community organization on how many hours of services is authorized for the paid family community caregiver or hired employee of the organization. Caregiver's are employed and paid by the community organization.	During the initial phase, Paid Caregivers are paid to deliver support services that help individuals remain independent in their homes such as grocery shopping, snow shoveling, wood cutting, light housekeeping and meal preparation. Care provided by a professionally regulated health care provider is excluded from this service option.	The community-based organization is responsible for hiring, scheduling, and supporting the paid caregiver. Direct payment is not an option for this pilot.

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
Nova Scotia	<p>1. Disability Support Program (DSP) – Flex Individualized Funding (Adults)</p> <p>Three types of funding:</p> <ol style="list-style-type: none"> 1. Foundational Allowance (maximum \$500 per month) 2. Intermediate Funding (maximum \$2200 per month) 3. Enhanced Funding (maximum \$3800 per month) <p>The Care Coordinator calculates the applicant's initial eligibility amount by:</p> <ul style="list-style-type: none"> • Documenting the applicant's total costs associated with any services and supports provided to the applicant by DSP • Documenting the applicant's income; • Subtracting the applicant's chargeable income from the total cost of services and supports provided to the applicant by DSP. 	<p>There are two components of the Flex Program:</p> <ol style="list-style-type: none"> 1. Flex Living with Family: direct funding to a participant who lives with their family to purchase supports specific to their disability related needs and goals. 2. Flex Independent: direct funding to applicants/participants. Funds are managed independently, with the assistance of their family/personal support network and standard community resources. This funding provides a participant with the flexibility to create, self-direct and manage their individual support plan. 	<p>Funding may be used to:</p> <ol style="list-style-type: none"> a) purchase supports specific to a participant's disability-related needs and goals; b) promote the participant's independence, self-reliance, and social inclusion; and c) offer an alternative to, prevent or delay a participant's placement in a DSP funded residential support option <p>The Flex Program does not compensate a participant's primary caregiver/parents, spouse, or children for providing support. Other family members can be compensated to provide support.</p>	<p>Participants are responsible for:</p> <ul style="list-style-type: none"> • Managing their Flex funding to meet their disability related needs and goals within the amount of funding approved in their support plan. • Making their own arrangements for supports, for the quality of those supports, payment of supports, and compliance with tax, labour and other laws that apply. • Participant is accountable for meeting all the administrative rules and requirements. • Selecting and hiring their own support workers and skilled staff, and for understanding and meeting the legal and financial obligations associated with these workers.

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
				<ul style="list-style-type: none"> • A Flex participant who receives Intermediate or Enhanced funding is responsible to provide monthly receipts. • Saving of Intermediate and Enhanced funding must be arranged and approved on a case-by-case basis with the participant's Care Coordinator.
	<p>2. DSP – Independent Living Support (ILS) (Adults)</p> <p>Funding amounts are based on the participant's assessed support needs, goals, abilities and resources.</p> <p>The ILS Program offers three options for hours of support funding:</p> <p>Preventative: For individuals requiring minimal support to live independently in their own home. Funding is for up to 12 hours of support per month. They may receive up to 90 additional hours of support</p>	Individualized. Funding is received by a chosen Service Provider for the delivery of hours of support services to participants.	Funding is provided to purchase the hours of support needed by a participant from approved ILS Service Providers. The nature of the support and the number of hours of support a participant receives is based on their assessed support needs, goals, abilities and resources.	<p>The chosen Service Provider is accountable for the support services and reporting services set out in the Service Agreement, for employee training, for development and implementation of staffing policies, for maintaining staffing schedules, and for evaluations, inspections, and audits by the Minister.</p> <p>Participants are entitled and encouraged to participate in the management of their own finances to the greatest extent of their ability.</p>

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>annually if they require increased support intermittently during the year.</p> <p>Standard: For individuals who require ongoing skill development and weekly assistance with a variety of instrumental activities of daily living to live independently in their own home. Up to 90 hours per month (21 hours per week).</p> <p>Supplemental: For individuals who have ongoing increased support needs and may require more monthly funding than the equivalent of 21 hours of support per week to live independently in their own home due to their need for additional supports. Standard plus an additional 10 hours per week (or up to \$1000 per month in other supports).</p> <p>Total ILS funding may not exceed \$3,400 per month per participant.</p>			

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>3. Self-Managed Care Program (Adults)</p> <p>Funding for support services outlined in the approved care plan is disbursed directly to the Individual or care manager. The monthly service maximum is \$3780.29, equivalent to 205 hours per month. The funding rate for Self-managed Care services is \$18.36 per hour. It's important to note that this rate is not an hourly wage for care providers but rather a comprehensive rate covering all applicable Self-managed Care expenses.</p>	Direct payment/self-managed by the Individual and appointed Care Manager	<p>Funds may be used for hiring care providers as employees, delivering support services outlined in the client's approved care plan, and providing personal care services in authorized settings.</p> <p>Self-managed Care funding also covers various costs such as wages for care providers, payroll deductions, benefits, Workers Compensation premiums, administrative service costs (e.g., payroll, scheduling), and bookkeeping fees up to a maximum of \$100 per month.</p> <p>Family members of a Self-managed Care client are generally not eligible to be hired as care providers, though exceptions may be granted temporarily.</p>	<p>Client's must:</p> <ul style="list-style-type: none"> • Use funds solely for approved support services and cover any excess costs. • Ensure hired care providers meet qualifications, monitor care quality, and report on outcomes. • Employ care providers as statutory employees, handling all aspects of recruitment, training, and supervision. • Maintain a separate bank account for funds and keep detailed records. • Enroll with the Workers' Compensation Board and comply with tax and regulatory requirements. • Submit quarterly financial reports and cooperate with audits. • Comply with all relevant legislation and regulations.

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
				<ul style="list-style-type: none"> • Accept case management services from the District Health Authority. • Notify of any changes in service needs promptly. • Appoint a care manager if desired and inform the District Health Authority. • Acknowledge and accept the risks and liabilities associated with Self-managed Care.
	<p>4. Direct Family Support for Children (DFSC) (Children)</p> <p>The funding amount is determined through a financial and functional assessment conducted by the DSP Care Coordinator. Funding amounts are tailored to individual circumstances, capped at \$2,400 a month. For families with a child whose needs surpass DFSC support, there is an Enhanced Family Support for Children (EFSC)</p>	Individualized direct funding.	<p>DFSC provides funding for respite and special needs related to the child's disability (e.g., personal care supplies, transportation, medical equipment, medication, and child care). Enhanced Family Support for Children funding can be utilized for hiring additional specialized support workers.</p> <p>Family members living with the child may not be compensated for respite services; however, a family member may be paid to provide temporary respite services in exceptional circumstances.</p>	For both programs, families are required to make a monthly contribution, which is determined on a sliding scale based on their net income. Families receiving funding greater than \$500 per month are required to provide receipts. Families with funding surpassing \$500 per month can save a portion of their monthly funding for later use (Nova Scotia Department of

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	option, offering additional funding up to a maximum of \$4,000 per month.			Community Services, 2023).
Prince Edward Island	<p>1. AccessAbility Supports (AAS) (65 years and under)</p> <p>The monthly funding amount is based on the monthly cost of supports identified in the support plan, the maximum monthly funding determined by the needs-based assessments, and the percentage of applicant contribution.</p> <p>Maximum monthly funding amounts are divided into eleven categories, ranging from \$0-\$4000; funding allocation begins at Level 2 with a maximum of \$400 allotted (Legislative Counsel Office, 2021). Each level increases by \$400 increments.</p> <p>The percentage of the applicant contribution ranges from 10%, starting at an</p>	<p>Funding may be received through three options:</p> <ol style="list-style-type: none"> 1. The recipient (i.e. the individual with a disability; 2. a parent, guardian, spouse or other agent of the recipient; or, 3. a third party who provides supports in the form of goods or services to the recipient. This third-party may include professional services or individuals from the service user's life (e.g., a neighbour) (M. MacDonald-Pickering, personal communication, March 1, 2024). 	<p>AAS supports are arranged into eight categories:</p> <ul style="list-style-type: none"> • Personal Supports <ul style="list-style-type: none"> ○ e.g., personal care and life skills development. • Housing Supports <ul style="list-style-type: none"> ○ e.g., supervision by community based residential setting. • Community Supports <ul style="list-style-type: none"> ○ e.g., peer and community participation support. • Caregiver Supports <ul style="list-style-type: none"> ○ e.g., behavioural support and respite. • Employment and Vocational Supports <ul style="list-style-type: none"> ○ e.g., vocational counselling and job search assistance. • Technical Aids and Assistive Devices • Home Modifications <ul style="list-style-type: none"> ○ Up to \$10,000 every 10 years ○ i.e., essential renovations to meet the specific needs of the applicant • Vehicle Modifications 	<p>Individuals and/or their representative are responsible for the management of funds and pursuance eligible services and support along with executing administrative and financial tasks (e.g., provide information and documentation required by the Department; maintaining records, receipts, and other documentation). Individuals/representatives are responsible for notifying the Department of circumstantial changes, and must partake in annual reviews that seek to assess eligibility and the support plan (Legislative Counsel Office, 2021).</p>

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>annual income of \$2,000 to \$3,999, to 39% for those whose annual income ranges from \$90,000 to \$99,999; individuals whose annual income is \$100,000 or over must pay 100% for their disability services (Department of Social Development and Seniors, 2021c).</p>		<ul style="list-style-type: none"> ○ Up to \$6,000 every eight years (Legislative Counsel Office, 2021). <p>Ineligible supports include:</p> <ul style="list-style-type: none"> • childcare for children under 12 years of age; • counselling or therapy services; • medical, dental, nursing or optical services; • medical-related travel; • paramedical services, including physiotherapy, chiropractic, massage therapy or speech therapy; • clothing; • supplies related to diabetes; • food, vitamins and dietary supplements; • medical equipment and supplies; and • prescription medications (Department of Social Development and Seniors, 2024; Legislative Counsel Office, 2021). <p>AAS funding is not intended to replace the service user' natural supports but rather supplement support through government and community-based services. Service users are provided flexibility in who they may choose as service providers, as long as the person</p>	

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
			is not a part of their natural supports (e.g., parent, wife/husband, etc.) (M. MacDonald-Pickering, personal communication, March 1, 2024).	
	<p>2. School-Age Autism Funding (18 years old and under)</p> <p>School-age autism funding offers a maximum amount of annual funds to assist with the expense of hiring a support personnel to work with the child. Representatives of the child are responsible for allocating the number of hours and the rate of pay, within the allowable amount set by the Ministry. As of 2021-2022, the maximum funding amount was \$6,600 per year (Department of Social Development and Seniors, 2021d).</p>	<p>Funding may be received under two different streams:</p> <ol style="list-style-type: none"> 1. Service user/representative managed: Individual receives funds via direct deposit, hires and trains the tutor/aide and must assume all financial management responsibilities. 2. Non-government agency: direct deposits are permitted for non-government agencies, upon completion and approval of the Vendor Registration form and Payee Registration form. 	<p>This program is specifically designed to provide the assistance of personnel to help a child with ASD access tutoring and/or community-based activities outside of school hours or during vacation periods. Eligible services include:</p> <ul style="list-style-type: none"> • one-to-one tutor in the home or with an approved agency; • one-to-one aide for the child to access community (PEI-based) activities that support peer relationships and inclusion; or, <ul style="list-style-type: none"> ○ e.g., after school support, summer camp, or organized sports • costs to support participation in therapeutic activities provided by a recognized non-government agency as recommended by a consulting professional. <ul style="list-style-type: none"> ○ e.g., music therapy or executive functioning coaching <p>(Department of Social Development and Seniors, 2021d)</p> <p>Following the recommendation by a consulting professional, funds may be</p>	<p>The service user/representative assumes the responsibility of:</p> <ul style="list-style-type: none"> • providing documentation proving the service user's eligibility and any therapeutic recommendations made by a professional; • developing a Collaborative Support Plan with the help of a Supports Coordinator; • selecting, organizing and guiding support personnel; • managing funds and payroll responsibilities (i.e., invoice submissions and notifying any changes in circumstances which impact payment); and, • covering additional costs that exceed the

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
			<p>authorized to purchase therapeutic activities tailored to the service user's needs.</p> <p>The service user's immediate family (i.e., parent, sibling, or an individual living in their home) are not permitted to become a tutor/aide. Tutor/aides are required to be at least 18 years old.</p>	allocated funding amount (Department of Social Development and Seniors, 2021d).
Saskatchewan	<p>1. Autism Spectrum Disorder Individualized Funding (ASD-IF) (12 years old and under)</p> <p>Once accepted into the program, children are automatically eligible to receive the maximum funding amount based on their age. Children under six years old are eligible for up to \$8000 per year while Children under 12 years old may receive up to</p>	ASD-IF is self-directed as representatives must manage the funds and purchase services. They may receive the funds through direct deposit or cheque.	<p>Funding may be used for a wide variety of services and supports that belong to the Autism Service Provider Registry.</p> <p>Some services must be recommended by and/or under the supervision or provision of an Autism Service Provider or by a regulated professional within a school division, the Saskatchewan Health Authority, or the Athabasca Health Authority. These services include, but are not limited to:</p> <ul style="list-style-type: none"> • Therapeutic program or service; • Therapeutic private pre-school or early learning services for the goal of 	<p>Representatives are responsible for upholding the eligibility and administrative duties related to the funding contract. This includes:</p> <ul style="list-style-type: none"> • maintaining and reviewing the child's intervention plan; • purchasing services from the Autism Service Provider Registry; • tracking and submitting proof of

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>\$6000 per year (Ministry of Social Services, 2022).</p> <p>Annual funding amounts for each following year are determined by monetary amount of verified expenses from the preceding year along with the funding level based on the child's age.</p> <p>In order to obtain the maximum funding each renewal year, all funds must be spent from the previous year; accordingly, unspent funds, as well as ineligible expenses, will be subtracted from the subsequent renewal payment.</p>		<p>achieving improvement in some domain of child development;</p> <ul style="list-style-type: none"> • Therapeutic Camp/Day Camp or Summer program; • Sports/recreational fees, activities, and sports/fitness equipment; • Computer hardware and software; • Electronic equipment; • Therapeutic equipment; and, • Safety-related purchases (Ministry of Social Services, 2022). <p>Services and expenses that do not require a recommendation include:</p> <ul style="list-style-type: none"> • Respite services; • Swimming lessons; • An attendant to support the child's participation in therapeutic programs; • Family and caregiver training and education materials specific to children with ASD; and, • Travel costs associated with accessing services (e.g., meals, fuel, and/or accommodations). This expense is permitted for circumstances in which the child travels to the service provider as well as for service providers to travel to the child (Ministry of Social Services, 2022). 	<p>expenses; annually to the Ministry of Social Services, including receipts purchased items, mileage, and invoice forms; and,</p> <ul style="list-style-type: none"> • reporting changes in circumstances that impact the child's eligibility via the official ASD-IF Change of Circumstance form (Ministry of Social Services, 2022).

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
			<p>Representatives may hire family members to provide respite; however, representatives are not permitted to be paid for this service.</p> <p>Ineligible services and expenses include, but are not limited to:</p> <ul style="list-style-type: none"> • Basic needs; • First Aid/CPR training; • Naturopathic services; • Vacations or tickets/trips to entertainment events; • Medical services and equipment; <ul style="list-style-type: none"> ◦ e.g., medication, supplements, etc. • Travel to access non-intervention services; • Household items; • Property-related and vehicle related purchases/renovations/modifications; and, • Therapy animals (Ministry of Social Services, 2022). 	
	<p>2. Community Living Service Delivery: Self-Directed Funding (CLSD: SDF) (18 years old +)</p> <p>Eligible funding amounts are determined by the Daily Living Support Assessments (DLSA) and the Day Program Support</p>	The SDF program offers one option of an IF structure. Self-directed funding within this specific program entails an individual taking charge of their funding with the assistance of the	The SDF program permits individuals to hire their own supports as an alternative to receiving services and supports through CLSD channels. It is encouraged to hire outside the individual's circle of support (C. Valuck, personal communication, January 9, 2024).	In addition to hiring their own supports, the individual and their representatives assume all responsibility for the management and administration of SDF contract. This involves financial bookkeeping

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>Assessments (DPSA). The funding level for residential supports is calculated using DLSA scores, whereas DPSA scores dictate the funding level of community inclusion and day program supports.</p> <p>In 2017, the average monthly funding was reported as \$6,250 per person (Kelly et al., 2020).</p>	<p>representatives of their choosing.</p> <p>Funding is distributed to the individual via direct deposit.</p>	<p>SDF may be utilized for residential supports and community inclusion supports/day programming. Residential supports refer to the hiring of support staff who support the individual within their home, whereas community inclusion supports/day programming involves the hiring of support staff to assist the individual in participating within their community (Ministry of Social Services, n.d.-b).</p> <p>SDF allows individuals to utilize a portion of the funding in order to pay for professional services that assist with the management of SDF duties, such as an accountant or community-based agencies (Ministry of Social Services, n.d.-b).</p>	<p>(e.g., managing records of payroll and expenses), submitting an annual financial report, following employer/contractor regulations along with rules set by Canada Revenue Agency (Ministry of Social Services, n.d.-b).</p>
	<p>3. Home Care Program: Individualized Funding (IF) (All ages)</p> <p>The monthly funding level is determined by the results of the needs assessment. The funding level is calculated at a per unit of service rate, with one unit of service equating to one hour. In addition to the monthly funding for services, a monthly administrative allowance and annual workers</p>	<p>The primary method of funding is self-directed as the service user/their representative manage the funds and purchases and directs their services. Funding is dispersed through direct deposit, and the service user/representative are responsible for opening a bank account specifically for IF.</p>	<p>Funding may be used to purchase services from a private agency or to hire an individual contracting private service. Services include personal care, home management, and other supportive services, as outlined by the individualized plan.</p> <p>Funding is not permitted to hire family members (related directly or by marriage and/or common law), health authority employees, and professional health services (e.g., registered nurses or</p>	<p>Service users and/or their representative assume responsibility for:</p> <ul style="list-style-type: none"> • upholding their legal duty to comply with IF Agreement set by the Health Authority; • managing administrative tasks; <ul style="list-style-type: none"> ○ e.g., hiring, negotiating contracts of service, training, scheduling,

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>compensation insurance premium is included within the funding level.</p> <p>The maximum monthly funding for 2023-2024 was reported as \$8,269, with an administration allowance of \$55.60 (Ministry of Health, 2023). These rates are reviewed and adjusted annually in October (L. Anderson, personal communication, January 9, 2024).</p>	<p>However, if a group of service users who live together should desire to utilize IF as a collective group, they may pursue Collective Funding, which aims to streamline the service users' care plan along with management, funding, and accounting processes.</p>	<p>therapies). Additional purchasing limitations include:</p> <ul style="list-style-type: none"> • paying for care associated with the residence in which the service user lives (e.g., group home); • paying for costs acquired through hospital, long-term care services, and the Home Care Program (if defined by the IF Agreement); and, • purchasing products or services that are not included in the individualized plan or typically not associated with the Home Care Program (e.g., food allowances) (Ministry of Health, 2023b). <p>A service user/representative must secure advanced written approval from the Saskatchewan Health Authority should they desire to utilize their funding to purchase essential services outside of Saskatchewan.</p>	<p>monitoring performance, and terminating workers</p> <ul style="list-style-type: none"> • maintaining financial bookkeeping and reporting requirements; <ul style="list-style-type: none"> ○ submitting monthly time sheets and quarterly financial reports with monthly banking statements ○ making deductions such as Income Tax, Canada Pension, and other benefits • upholding legal duties applying for coverage under <i>The Workers' Compensation Act</i> and abiding by relevant legislation such as <i>The Saskatchewan Employment Act</i>; and, developing an alternative care plan that is not dependent

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
				on the Home Care Program (Ministry of Health, 2023b).
Quebec	<p>1. L'allocation Directe – Chèque Emploi-Service (Direct allowance — employment-service cheque) (All ages)</p> <p>According to the results of the needs assessment, the CLSC will allocate hours of service along with an associated funding amount designated to pay for the services.</p> <p>The average monthly funding has been reported as \$503 (Kelly et al., 2020).</p>	<p>The service user's care is self-directed and -managed and their funding is individualized as it is determined by the service user's needs assessment. However, funding is only distributed by the CTCES, therefore, funding is never directly deposited to the service user.</p>	<p>Funding may be used to purchase personal assistance (e.g., bathing, dressing, eating, and transfers) and housekeeping services (e.g., meal preparation, laundry, and errands) (MSSS, 2009).</p> <p>Service users are permitted to hire a friend, neighbor, or a home care agency. Family members may be employed as service providers upon approval from the CLSC; however, the program was designed with family member burnout in mind, so service users are encouraged to seek employees elsewhere prior to pursuing this option (Government of Quebec, 2022).</p> <p>In the event that a service user experiences difficulty securing a service provider, the CLSC is required to provide a temporary service provider.</p>	<p>Given the role of the CTCES, service users are primarily responsible for managing administrative tasks and directing their care. These responsibilities include:</p> <ul style="list-style-type: none"> • selecting and hiring their service provider; • scheduling service providers; • tracking and submitting the service provider's hours to the CTCES on a biweekly basis; • submitting information regarding vacation pay, leave of absence, termination, or employment record; • directing the service provider on the type of care required

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
				according to the intervention plan; and, notifying the CLSC of circumstantial changes that impact services (e.g., travel, hospitalization, and moving) (MSSS, 2009).
	<p>2. Supplément Pour Enfant Handicap (Supplement for Handicapped Children) and Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels (Supplement for Handicapped Children Requiring Exceptional Care) (18 years old and below)</p> <p>1. Supplément Pour Enfant Handicap</p> <p>This program operates with a fixed funding rate of \$229 per month (Retraite Quebec, n.d.-e).</p> <p>2. Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels</p> <p>Funding is categorized into tiers which are dependent on the severity of impairment.</p>	<p>Funding is self-directed and self-managed. Payments are included within the Family Allowance payments which occur four times a year (January, April, July, October). Payments are disbursed through direct deposit.</p>	<p>Funding aims to support expenses associated with the care and education of the service user. As of recent years, parents are now permitted to pay themselves if they were required to stop work in order to care for the service user (S. Ragot, personal communication, January 19, 2024).</p>	No information found.

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>Service users in Tier 1 receive \$1,158 per month (\$13, 896 annually) whereas those in Tier 2 receive \$770 per month (\$9,240 annually) (Retraite Quebec, n.d.-a).</p> <p>Both programs grant retroactive payments up to 11 months before the application was received.</p>			
Yukon	<p>1. Children's Disability Services (19 years old and under)</p> <p>After approval, funding may take 4 to 6 weeks to be disbursed. No information found regarding funding levels.</p>	No information found.	<p>Eligible services include:</p> <ul style="list-style-type: none"> • an inclusion worker; • respite care for families; • a behaviour consultant and applied behaviour analysis therapy; • occupational therapy and physical therapy; and, • speech-language pathology (Department of Health and Social Services, n.d.). 	No information found.
Ontario	<p>1. Special Services at Home (SSAH) Funding (18 years old and under)</p> <p>SSAH staff determine funding levels according to the needs-based assessment of the information provided in the application. Funding level is reflective of the type and complexity of supports and services, existing natural</p>	<p>This program utilizes a reimbursement model, and service users/their representatives may choose to have funds dispersed one of two ways:</p> <p>1) Self-administration: the service user/representative manages funding thereby maximizing</p>	<p>Funding may be used to purchase a wide variety of supports and services, including:</p> <ul style="list-style-type: none"> • mainstream and/or specialized camp and recreational programs; • advertising for recruitment of a special services worker; • special services/support worker to provide respite and/or personal development; 	<p>When service users/their representatives select the self-administered funding option, their administrative duties include:</p> <ul style="list-style-type: none"> • hiring and contracting services; • financial bookkeeping as well as maintaining program and reporting requirements

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	supports, and funding availability, given that this program is operates within a fixed allocation (MCCSS, 2024e). No information found on updated funding levels.	<p>their control over services and their use of funds.</p> <p>2) Agency-administration: an agency assumes administrative responsibility over the funds. However, some agencies may charge an administrative fee, which is deducted from the service user's funding.</p> <p>The option to combine funds with another family or families for joint service purchases is permitted, given that the same administration and accountability stipulations are followed.</p> <p>In exceptional circumstances, the ministry will work with the service user/their representative to an alternative method for funding disbursement.</p>	<ul style="list-style-type: none"> travel costs associated with transporting service user for the worker; basic supplies to implement a program; membership fees for special needs associations; 1:1 support worker at camp or recreational program; training for a family member or worker that enhances the understanding of the child with a disability's needs; extraordinary cost of childcare (for children aged 12 and above); nursing for medically fragile children; routine household maintenance; gym membership fees; and, daycare/nursery school as respite or if recommended for socialization (MCCSS, 2024d). <p>Ineligible supports include:</p> <ul style="list-style-type: none"> tutoring and academic programs; camp fees for siblings; basic care and necessities; one-time admission costs; regular child care fees for children under 12 years old; fees and tuition costs for education and employment; 	<ul style="list-style-type: none"> i.e., submitting invoices, providing proof of expenses for reimbursement, fulfilling progress reports, reporting changes in circumstances, and retaining records for seven years following legal duties i.e., securing liability coverage and meeting human resource obligations (MCCSS, 2024a).

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
			<ul style="list-style-type: none"> • assistive devices, specialized equipment, home modifications; • dental services; • 1:1 support in a school setting; • professional services, such as ABA, speech therapy, and occupational therapy; • sports equipment; and, • electronics (MCCSS, 2024d). <p>Funding may be used to pay friends, neighbours, and family members (as long as the family member is not a primary caregiver and under 18 years old) (MCCSS, 2024a).</p> <p>Under special circumstances may a service user access services outside of Ontario, upon approval. Specifically, if a service is more economical and accessible outside of Ontario, then the service users/their representatives may submit documentation from a professional recommending said service and await approval by the Ministry Regional Office Director.</p>	
	<p>2. Passport Funding (18 years old +)</p> <p>Upon approval for MCCSS and DSO supports and services, service users may pursue an annual, fixed passport funding</p>	This program is structured as a reimbursement model, and service users may choose between	<p>Passport funding encompasses a wide variety of disability supports. Eligible supports include:</p> <ul style="list-style-type: none"> • community participation supports and/or supplies; • activities of daily living; 	When service users select the self-administer service option, the assume the following care management and administrative responsibilities:

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>amount of \$5,500 (MCCSS, 2023e).</p> <p>In the case that a service user applies for increased funding, a systematic, automated process calculates a score using the information submitted in the application. This score, reflecting the service user's level of need, is then compared against a funding table to determine an appropriate funding level. Up to \$44,275 annually may be allocated, depending on the assessed level of need (MCCSS, 2023e).</p>	<p>three options of funding disbursement:</p> <ol style="list-style-type: none"> 1) Self-Administer Service Option: service users and/or their PMF direct their services and manage administration tasks related to funding, reimbursement, and employing service providers; 2) Transfer Payment Recipient (TPR) Service Option: service users select a ministry-funded service provided who will personally submit invoices and receive payments, resulting in limited administration duties and added stressors (e.g., paying upfront for services) for the service provider; or, 3) Broker Service Option: service users may designate a person, agency, or organization to assist 	<ul style="list-style-type: none"> • employment supports; • caregiver respite; • support worker hours and expenses; • transportation to and from admissible activities; • person-directed planning (up to \$2500 annually); • administrative supports for passport funding (up to 10%); • employer costs associated with self-administer service option (e.g., Canada Pension Plan and Employment Insurance); • fitness, recreational, sports, or activity related classes, memberships, and fees; • hunting and fishing permits or licenses; • educational courses and activities (not OSAP associated); • day/summer camps; and, • admission to museums, cultural attractions, and/or ticketed, live events (MCCSS, 2023f). <p>Indirect respite services and supports for up to six months may be granted for extenuating circumstances.</p> <p>Not only can service users select from a range of professional service providers but they may also pay friends, neighbors,</p>	<ul style="list-style-type: none"> • hiring, contracting, directing, and monitoring services and supports; • legal duties associated with directly employing service providers (e.g., following Canada Revenue Agency rules); and, • financial bookkeeping and submitting expenses (MCCSS, 2023f).

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
		with budgeting, submitting invoices, and recruitment and scheduling of service providers. Brokers are not permitted to provide services eligible under passport funding (MCCSS, 2023f).	and family members. Family members who are not permitted to be paid are the service user's designated PMF, primary caregivers, the caregiver's spouse, parent(s) and stepparents, family members under 18 years old, and if the person is receiving financial compensation from the MCCSS to provide supports to the service user.	
	<p>3. Self-Managed Attendant Services in Ontario: Direct Funding Program (16 years old +)</p> <p>During the selection panel meeting, the amount of service and the associated funding is individually negotiated according to requested service and budget put forth by the service user in their application.</p> <p>Currently, the maximum of hours a service user can be granted totals 7 hours per day (CILT, n.d.-a).</p>	This program only provides a self-managed option. Funds are disbursed monthly.	<p>Funds may be used to purchase attendant services designed to support activities of daily living, such as:</p> <ul style="list-style-type: none"> • bathing and washing • personal grooming and hygiene • dressing/undressing • transferring and positioning (CILT, n.d.-b) <p>A portion of the funding may be used for liability insurance in addition to services which assist with payroll and bookkeeping.</p> <p>Immediate family members (i.e., parents, children, siblings, spouses or the equivalent) are not permitted to be hired nor may they assist with the management of DF.</p>	<p>Service users assume the following care management, financial, and administrative responsibilities:</p> <ul style="list-style-type: none"> • hiring, contracting, training, directing, supervising, and dismissing attendant services; • legal duties associated with directly employing service providers (e.g., applying for a business number under Revenue Canada, following Canada Revenue Agency rules, plus upholding occupational health

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
				<p>and safety standards and provincial legislation such as the Employment Standards Act); and,</p> <ul style="list-style-type: none"> financial bookkeeping, submitting quarterly financial reports and Workplace Safety and Insurance Board remittances, as well as calculate payroll deductions and prepare year-end payroll documents (T4s) (CILT, n.d.-b).
	<p>4. Family-Managed Home Care: Self-Directed Care (all ages)</p> <p>Service rates are fixed province-wide and the maximum rates are categorized by service provider type (i.e., HCCSS staff, independent contractors, service providers without a HCCSS contract). Allocated funding amounts are designed to cover the maximum compensation rate associated with the specific service provider type (LIHN, n.d.).</p>	Funding is self-managed either by the service user or their SDM.	<p>Eligible services under this program include:</p> <ul style="list-style-type: none"> health care professionals <ul style="list-style-type: none"> e.g., nursing, physiotherapy, occupational therapy, speech-language pathology, social work, and nutritionals personal support services that support daily living activities <ul style="list-style-type: none"> e.g., washing, eating, and dressing homemaking services <ul style="list-style-type: none"> e.g., cleaning, banking, laundry, and childcare (Ministry of Health, 2023a) 	<p>Service users assume the following care management, financial, and administrative responsibilities:</p> <ul style="list-style-type: none"> understanding the nature of the disability and the required services to support the service user understand and fulfill employer responsibilities hiring, contracting, training, scheduling, and supervising

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>Service users are also granted a certain number of hours for service.</p> <p>Care Coordinators are authorized to allocate up to 21 hours per week; however, if necessary, additional hours beyond this limit may be approved by higher management within HCCSS (Guardian Home Care Toronto, n.d.)</p>		<p>With pre-approval, funds may be permitted to cover certain expenses made by the service users/their SDM (Home and Community Care Support Services, 2022).</p> <p>Under certain circumstances, service users may be permitted to access some services through the Family-Managed Home Care Program in addition to traditional home care services provided by HCCSS (LIHN, n.d.).</p> <p>Immediate family and individuals who reside in the same household are not permitted to be paid for services.</p> <p>Service providers may belong to an agency, operate as an independent contractor, or may be an individual from the service user's life; however, all service providers must:</p> <ul style="list-style-type: none"> • be at least 18 years old; • be in good standing with their regulatory college (in the case of a professional service); • maintain the required amount of liability and abuse liability insurance; • have a valid CPR certificate; • be capable of providing the service; and, pass a police 	<p>multiple service providers; and,</p> <ul style="list-style-type: none"> • opening a bank account specifically for SDC self-directed care, securing insurance, paying service providers, calculating tax deductions, financial bookkeeping, and submitting HCCSS reporting requirements (CHEO, n.d.) <p>All SDMs must sign a legal agreement with the HCCSS.</p>

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
			vulnerable sector check (LIHN, n.d.).	
	<p>Ontario Autism Program (OAP) (18 years old and under)</p> <p>1) Childhood Budgets: funding is dependent on the service user's age. Service users under six years old were eligible to receive \$20,000 while service users six years old and older were eligible for \$5,000 (MCCSS, 2023c).</p> <p>2) Interim One-Time Funding: funding is dependent on the service user's age. Service users under six years old were eligible to receive \$22,000 while service users six years old and older were eligible for \$5,500 (MCCSS, 2024f). This funding may be renewed one time, permitting two Interim</p>	<p>All programs are self-managed by the service user/their representative(s).</p> <p>Funding may be disbursed in a one-time payment with the full funding amount or it may be received in installments. For Core Clinical Services, service users who are allocated funding more than \$25,000 annually automatically receive their funding in installments, with up to a maximum of \$25,000 per installment (MCCSS, 2023d).</p>	<p>Eligible services and supports that may be purchased with Childhood Budgets and Interim One-Time Funding include:</p> <ul style="list-style-type: none"> evidence-based behavioural services; <ul style="list-style-type: none"> e.g., a behavioural assessment, Applied Behavioural Analysis, and professional consultations additional autism services and supports; <ul style="list-style-type: none"> e.g., curriculum-based interventions, life skills and social skills training programs, employment supports, parent and caregiver coaching and training, specialized autism school and services, and fees to access a certified service dog other therapies and specialized services; <ul style="list-style-type: none"> e.g., speech and language therapy, occupational therapy, and physiotherapy 	<p>For all OAP programs, service users/their representatives are responsible for selecting service providers and eligible supports in addition to submitting expense forms and additional required documentation related to expenses. If receiving installment payments, expense forms must be submitted prior to receiving the next installment (MCCSS, 2023d).</p>

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<p>One-Time Funding Payments in total. Funding must be spent within 18 months.</p> <p>3) Core Clinical Services: funding is based on the service user's age in addition to the intensity of their needs, as determined by the needs-based assessment and other factors, such as the service user's developmental and life stages in addition to co-existing health and environmental factors. The categorization of funding is as follows:</p> <ul style="list-style-type: none"> • Three years old and under <ul style="list-style-type: none"> ○ Limited/moderate intensity of needs = \$10,900 ○ Extensive intensity of needs = \$65,000 • Four to nine years old <ul style="list-style-type: none"> ○ Limited = \$8,900 ○ Moderate = \$24,500 		<ul style="list-style-type: none"> • respite services; <ul style="list-style-type: none"> ○ e.g., public and private agencies with personal support workers, family members, neighbors, and friends • fees for community recreational activities and classes, cultural activities and programs and camp programs; • family service planning and support; <ul style="list-style-type: none"> ○ e.g., interpretation and translation with eligible services and supports (such as in meetings or for written materials), individualized family service planning and support (up to 10%), and administrative employer costs (such as Canada Pension Plan contributions and Insurance Board premiums) • travel costs associated with access a service provider or autism-specific training for caregivers or service providers; <ul style="list-style-type: none"> ○ up to 10% of funding may be designated if travelling less than 100 kilometers one-way ○ up to 20% of funding if traveling more than 100 kilometers one-way 	

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
	<ul style="list-style-type: none"> ○ Moderate+ = \$36,800 ○ Extensive = \$65,000 • 10 to 14 years old <ul style="list-style-type: none"> ○ Limited = \$7,600 ○ Moderate = \$18,800 ○ Extensive = \$41,400 • 15 to 17 years old <ul style="list-style-type: none"> ○ Limited = \$6,600 ○ Moderate = \$18,300 ○ Extensive = \$31,900 (MCCSS, 2023d).		<ul style="list-style-type: none"> • technology; <ul style="list-style-type: none"> ○ every two years, one of the following may be purchase: desktop computer, laptop computer, touch-screen tablet, smart phone, web conferencing camera, GPS tracking device, laminator, printer, keyboard ○ computer software or applications to support child's development • equipment and materials related to eligible services and supports; • therapy and sensory items; • play-based learning materials and craft supplies; and, • sporting, recreational and playground equipment (MCCSS, 2022). <p>Eligible services under Core Clinical Services include:</p> <ul style="list-style-type: none"> • applied behaviour analysis; • speech-language pathology; • occupational therapy; • mental health services, including counselling and/or psychotherapy; • technology, program materials and/or therapy equipment at the recommendation of a regulated 	

Jurisdiction	Funding (how is funding calculated, and how much?)	Type of funding	Scope of funded supports	Responsibilities of IF participants
			professional or Board Certified Behaviour Analyst (BCBA); and, <ul style="list-style-type: none"> travel expenses related to accessing services (MCCSS, 2023d). 	

Table 4: Processes for applying, planning, and review

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
Alberta	<p>1. Individualized Funding – Persons with Developmental Disabilities (PDD) Program (Adults)</p> <p>The application process involves two steps:</p> <ol style="list-style-type: none"> 1. Applying to the PDD program: The first step in the application process is for the Individual and/or their guardian (if designated) to apply for the PDD program (application available online). 2. Eligibility Determination: Delivery staff will review the completed application form and contact the Individual and/or their supporter, co-decision maker or guardian to confirm the Individual's intention to apply for the PDD program. If confirmed, delivery staff will review the documentation provided by the Individual and 	<p>The Service Design and Planning Process includes the following steps:</p> <ol style="list-style-type: none"> 1. Determination of the individual's vision and outcomes PDD Program Purpose (program goals and outcomes) are discussed. 2. Support needs in relation to vision and outcomes, including urgency of need are identified. 3. Strategies and resources to address support needs, including information, referral and advocacy are identified. 4. The PDD Outcome Plan is completed. 5. Costs are identified. 6. Individual is notified of when PDD Services begin 7. Individual Support Plan (Service Providers) created 	<p>Family Managed Services (FMS): The Individual, their family or a person close to the individual manages the delivery of services. Regional staff will provide the individual/family with information on FMS and link them to available resources and services.</p> <p>Community Service Provider: The community service provider develops an Individual Support Plan in collaboration with the individual/guardian and their support team (i.e., the individual, the individual's parents/family members, PDD regional staff, the service provider(s), support staff, and any other relevant stakeholders).</p> <p>The individual's case manager is responsible for ensuring the services described in the Individual Support Plan occur as planned and that they continue to support the individual's outcomes as identified in the PDD Outcome Plan.</p>	<p>PDD staff meets with the family and individual at least annually to review changing needs and circumstances, the services being provided, and progress towards the identified goals and outcomes.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	connect with the Individual to complete the Adaptive Skills Inventory. Delivery staff may request other relevant documentation if required. Once the Individual is determined to be eligible for the PDD program, delivery staff will contact the Individual and/or their supporter, co-decision maker or guardian to schedule a time to begin the planning process.	8. Ongoing monitoring		
	<p>2. Self-Managed Care – Home Care Program (Adults/Children)</p> <p>Funding is accessed through the regional health authority Home Care Program. The individual must be eligible for Home Care prior to applying for Self-Managed Care option.</p>	<p>The client, delegate, or sponsor develops the Care Plan in collaboration with the Integrated Home Care Case Manager through strategies such as:</p> <ul style="list-style-type: none"> • Discussing client's assessed health service needs and priorities; • Promoting client active Self-Management; • Clarifying what services can and cannot be provided using Self-Managed Care funding; 	<p>Home care case managers assist Individuals and families in understanding their responsibilities, and health authorities offer educational sessions to new clients.</p> <p>The health authorities offer educational sessions to new clients.</p>	<p>Assessments are reviewed on a regular basis. Individuals may request a reassessment if needs and/or living circumstances change.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
		<ul style="list-style-type: none"> Recommend, connect to, and problem-solve with other providers and/or services to address client's needs (such as physician, other Community Services, Informal Care Givers). 		
	3. The Family Support for Children with Disabilities (FSCD) Program (Children) To enroll in the program, families initiate the process by completing an online FSCD application.	The FSCD worker collaborates with the family to identify the child and family's needs using the Family/Child Assessment of Needs (FCAON). An Individualized Family Support Plan is then created by the FSCD worker and the family, outlining the child and family's needs and goals. The services provided are documented in an FSCD Agreement, which is signed by the family (Government of Alberta, 2022).	Support is provided by the FSCD worker.	While the FSCD Agreement term may be up to three-years, staff meet with the family at least annually for the reassessment of needs and support planning.

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
British Columbia	<p>1. Individualized Funding – Community Living BC (CLBC) (Adults)</p> <p>Individuals apply at their local CLBC office to determine program eligibility and funding amount; determined based on the Guide to Support Allocation (GSA) assessment instrument. Individuals are responsible for providing documentation, information, and other evidence necessary to determine eligibility and funding amount.</p>	<p>Eligible individuals and their families/support networks create a Personal Summary containing information about their support requirements supported by CLBC (Community Living British Columbia, 2021).</p> <p>When a Direct Funding request is approved and funds are available, analysts work with facilitators, individuals and their families and/or support networks to complete a direct funding agreement, which details the type(s) and amount of services that will be purchased, the goals for the supports and services, how and when the supports and services will be delivered, the timing and amount of the payments, and the agent's reporting and accountability responsibilities.</p>	<p>Facilitators support and guide individuals and their families throughout the planning process.</p> <p>Individuals and families may receive additional support and resources from The Family Support Institute (Family Resource Network) and Vela Microboard Society (CLBC funded).</p>	<p>The individual may update or change their Personal Summary and plan at any time.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>2. Choices for Supports in Independent Living (CSIL) (Adults)</p> <p>The individual must be assessed by their regional health authority Home Support Services. A financial assessment is completed to assess whether a client rate is applicable.</p>	<p>The CSIL case manager orients the individual to roles and responsibilities of an employer. A CSIL agreement outlining the assessment of needs, hours, approved expenditures and monthly funding amount is created and signed.</p>	<p>The individual is assigned a case manager who is available for support.</p> <p>The Individualized Funding Resource Centre (IFRC) Society was developed to help people succeed on the Choices in Support for Independent Living (CSIL) Program and other individualized funding programs in British Columbia.</p>	<p>Health authorities or a CSIL employer can initiate changes to the CSIL agreement related to the changing service needs of the client. All amendments must be in writing and signed by the health authority and CSIL employer.</p>
	<p>3. Direct Autism Funding (MCFD) (Children)</p> <p>The family meets with a Children and Youth with Support Needs (CYSN) worker at local CYSN MCFD office. The child's family must provide diagnosis or confirmation of diagnosis form, proof of child's age, BC Card, and completed application form. Eligibility is confirmed by The Autism Funding Branch (AFB).</p>	<p>There is no planning upon approval. For families eligible for direct funding, once approved by the AFB, the full amount is paid to the parent at the start of the first funding period.</p>	<p>CYSN Worker meets with family to support navigation of application process, describe the autism programs, and discuss additional planning and support services available through MCFD.</p>	<p>Not applicable.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>4. At Home Program (MCFD) (Children)</p> <p>The At Home Program application is to be completed by the child's family and doctor. The application is sent to the local At Home Program regional office.</p>	<p>At Home Program staff conduct in-home functional assessment of the child's activities of daily living. Information from other health care providers may also be included in assessment. The assessment and application are reviewed by regional committee who determine eligibility and scope of approved funding.</p>	<p>Ongoing support is provided by CYSN social worker.</p>	<p>Not applicable.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>5. Individual Funding – CKNW Kids’ Fund (Children)</p> <p>The online grant application is completed by the parent/guardian of the child. In addition to the completed application, the family must send a letter of introduction from a parent regarding the family situation and need for funding assistance, letter of support from a professional, indicating the need for the specific request, most recent Notice of Assessment from Revenue Canada, and a current record of monthly income and expenses.</p>	<p>Families are advised upon approval of funding. There is no additional planning step following grant approval.</p>	<p>None.</p>	<p>Not applicable.</p>
Manitoba	<p>1. In the Company of Friends (Adults)</p> <p>Applications are made through Community Living disABILITY Services.</p>	<p>Planning is done by the individual and their Support Network.</p>	<p>LIFE staff support applicants with developing Support Networks in order to help complete the application for funding, to assist with maintaining records, and managing funding and care needs (Spalding et al., 2006).</p>	<p>The status of the budgets of funded individuals are reviewed by project staff on a quarterly basis to ensure consistency with approved individual plans, for cost-sharing purposes, and to ensure the presence of an audit trail.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	2. Manitoba Self and Family Managed Care Program Individuals need to be a client of the WHRA Home Care Program. Applications to SFMC are made through the individual's Case Coordinator.	Each Individual/Manager develops an individual budget, utilizing funds in accordance with the contract.	Individuals are supported by a Home Care Case Coordinator.	Individuals are reassessed annually, or as requested by the client or family member when there is a change in health that may require more assistance. The Home Care Program has a review/appeal process if an Individual disagrees with the assessment.
	3. Children's disABILITY Services (CDS) – Self-Managed Services (Children) Referrals to the program may be made by parents/guardians or a third party (with the family's consent). Referrals are made using the CDS Referral and Intake Application form and require an accompanying written diagnosis from a qualified professional.	A Community Services Worker (CSW) determine families' respite needs. Respite plans are developed using a family-centered approach in partnership with families, department staff and respite providers to meet the needs of the family.	Respite plans are created with a CSW, who is available for support ongoing.	Respite plans are reviewed regularly.
New Brunswick	1. Self-Managed Disability Support Program (DSP) (Adults) Individuals apply to the program by contacting the social development office and	Clients who opt for the self-managed model meet with the department to develop a case plan through determining their strengths and unmet needs.	The application and information gathering process can be completed by the individual, with support from a staff member from the social development office as needed, or by an 'independent facilitator,' an individual who acts as an advisor and helps clients develop a long-term care plan.	If the individual does not agree with the decisions made by the department staff concerning eligibility, financial contribution or the support plan, an Administrative Review may be requested.

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	filling out an application (in person or online)			
	<p>2. Family Support for Children with Disabilities (FSCD) (Children)</p> <p>Families apply at their regional Social Development office. Families who meet the pre-assessment criteria meet with a social worker to complete the application process. Families must submit a letter of support from a professional indicating the child's limited ability to function in normal daily living, and participate in a financial assessment to determine the applicability of a family financial contribution towards services (Government of New Brunswick, 2021).</p>	<p>The planning process includes providing information about the child, the family's strengths, unmet needs, and the names of professionals and organizations providing services to the child and family culminating in a Family Support Plan.</p>	<p>Families are connected with a social worker who is available to provide support during and following the planning process.</p>	<p>Supports and services provided are reviewed on an annual basis.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
Newfoundland & Labrador	1. Self-Managed Home Support Services (Adults) Individuals must be receiving services through RIHA Home Care. Applications for self-managed care can be made through the RIHA.	An individual Support Plan is collaboratively developed with the individual, their support network, and relevant service providers. It is based on clinical assessment outcomes and the client's goals. The case manager needs program coordinator approval before implementing the plan. If service provision is needed, the case manager, client, and service provider jointly develop a Service Provider Plan.	Case managers assist Individuals and families in understanding their responsibilities.	The case manager monitors the Support Plan and services to assess their effectiveness, with a minimum of quarterly client contacts, including two in-person meetings per year. The Support Plan is updated within seven days of a confirmed significant change. Reviews occur every six months for high-risk or complex cases and every twelve months for low to moderate risk cases.
	2. Special Child Welfare Allowance (Children) Families are expected to access generic programs available for all children before applying for funding through this program. To apply, families contact their regional health authority and complete an initial application form. Families must also submit documentation from a qualified	A social worker collaborates with the child's family to create an Individual Support Service plan and determine the scope of eligible supports, services, and equipment.	Families are supported by a SCWA program social worker.	A SCWA may be approved for a maximum of twelve months. Allowances are reviewed prior to their expiry date or at a minimum of every twelve months. If the family's financial circumstances change prior to the formal review date, financial assessment is re-administered and eligibility is re-established.

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	professional verifying the child's disability and needs.			
Northwest Territories	<p>1. Paid Family/Community Caregiver (Pilot Project/Adults)</p> <p>Individuals apply at their local Home and Community Care service. Referrals can also be made by contacting Home and Community Care. A Home and Community Care worker meets with all referred clients to assess needs and determine their acceptance into the pilot.</p>	An individualized care plan is created by the program nurse. The care plan assists the pilot coordinator and community organization in determining the number of hours and services provided by the caregiver.	Planning is supported by the home care nurse and pilot coordinator. The community organization is responsible for the provision of services.	The pilot project runs for two years. The nurse checks in with the individual throughout the pilot period to ensure the participants needs are being met.

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
Nova Scotia	1. Disability Support Program (DSP) – Flex Individualized Funding (Adults) Individuals apply at their local Department of Community Services Office.	Funding payments are determined, in consultation with an applicant/participant and their family/personal support network.	Participant and family/caregiver are supported by the DSP Care Coordinator. Flex Independent participants are required to have sufficient personal support networks in their Flex Independent Proposal to be found eligible. Personal support networks can be made up of family and/or other support networks.	Flex Living with Family: Support needs and eligibility reviewed by the Care Coordinator at a minimum of every two years, or when there are any changes in their circumstances. Flex Independent: Support needs and eligibility reviewed by the Care Coordinator within three months, and again within six months of their initial eligibility. They will subsequently have their support needs reviewed at minimum annually, or when there are any changes in their circumstances
	2. DSP – Independent Living Support (ILS) (Adults) Individuals apply at their local Department of Community Services Office.	A support plan is completed by the Care Coordinator, the ILS participant, and other persons of their choosing (e.g., family, members of their support network).	The participant is supported by their support network and Care Coordinator. The participant chooses a service provider, who manages funding and supports.	The Care Coordinator is responsible for reviewing the participants funding and support needs at a minimum annually.

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	3. Self-Managed Care Program (Adults) Individuals apply through their DHA Home Care Program.	A Care Plan is completed by the client, in conjunction with the Continuing Care Coordinator, identifying the client's assessed needs, support services being requested, and the anticipated health outcomes of the provision of those services.	Clients are assigned a case manager who is available to provide orientation to financial reporting requirements, the client's obligations as an employer, relevant contact information and any other program requirements	After the initial assessment, a thorough review or reassessment of every client is conducted at least once annually, to ensure the changing needs of the client are appropriately met. Additional case reviews or reassessments are conducted if the condition or situation of the client changes.
	4. Direct Family Support for Children (DFSC) (Children) Individuals apply at their local Department of Community Services Office.	Funding is determined by The Care Coordinator and indicated in the Special Needs Agreement, which is signed by the family.	The Care Coordinator provides information related to finding respite providers to families participating in the DFSC Program when families indicate they are not able to locate their own.	The Care Coordinator reviews the child's circumstances annually, or when circumstances warrant, to determine ongoing eligibility for the DFSC Program. The review involves the child, their family, and significant others, such as medical and clinical support teams, as appropriate. For those receiving enhanced funding, the first review of a child's and family circumstances will be conducted within 3 months of the family receiving funding. Subsequent reviews will

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
				be conducted semi-annually or as the child's needs or the family's circumstances change.
Prince Edward Island	<p>1. AccessAbility Supports (AAS) (65 years old and under)</p> <p>The application process involves three steps:</p> <ol style="list-style-type: none"> 1. Evidence of eligibility: Individuals are required to submit documentation to verify their eligibility for AAS. 2. Intake appointment and Assessment: Once eligibility documentation is approved, individuals will meet with a Supports Coordinator for an intake appointment in addition to partaking in the Capability Assessment and Support Needs Assessment. 3. Determining level of support needs: Based on the results of the assessments, the Supports Coordinator will determine the level of 	<p>In collaboration, the Supports Coordinator and the individual and/or their representative (if applicable) will develop an actionable support plan to address the individual's unmet needs and goals. The support plan will identify both natural and unfunded supports that may meet one or more unmet needs, and allocate funding for government and community services and supports that may satisfy additional unmet needs.</p> <p>The support plan will specify details relevant to the following categories:</p> <ul style="list-style-type: none"> • Funding category; • Area of support; • Strategy; • Expected outcome; 	<p>AAS supports coordinators are available for case management support. Notably, service users are assigned to, and therefore, can access the same supports coordinator.</p> <p>The Department has partnerships with community agencies, such as Community Living, thus service users may be referred to these agencies who will further enhance the success of the support plan (e.g., connect service users with service providers) (M. MacDonald-Pickering, personal communication, March 1, 2024).</p> <p>Service users are permitted \$200/month to purchase support coordination from any professional/non-professional individual who is not considered their natural support (M. MacDonald-Pickering, personal communication, March 1, 2024).</p>	<p>The Supports Coordinator is responsible for documenting the support plan and providing a finalized copy to the individual within 45 days. If the individual and/or their representative wish to request a change to the plan, they may share their concern with the Supports Coordinator who will then review and update the support plan, if required.</p> <p>A review will be conducted annually. Reviews may also be requested by the individual/their representative or at the discretion of the Department. Reviews are intended to:</p> <ul style="list-style-type: none"> • Assess factors related to eligibility;

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>support required and the associated maximum monthly funding level. Individuals may request an amendment in order to include additional information and documentation, if they believe relevant information was not captured by the assessments. This could result in a change to the maximum monthly funding level, however, this is not guaranteed.</p>	<ul style="list-style-type: none"> • Who is responsible; • Funded amount; • Record of support; and, • Program name. 		<ul style="list-style-type: none"> • Review previous assessments and reassess if required; • Evaluate the applicant contribution level and any changes to the individual's circumstances • Review the support plan and relevant documentation, and update the support plan, if applicable. <p>Unused funds are typically not carried over to the next fiscal year. Under certain circumstances for respite-related services, funds unused funds may be carried over with approval from the Department (M. MacDonald-Pickering, personal communication, March 1, 2024).</p> <p>Service users may call the Department directly to speak to a manager, Supervisor or Director, or they may speak directly to an elected official. If</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
				pursing an official appeal, service users are permitted 30 days to appeal a formalized decision made by the Department. The appeal process consists of the service user presenting their case to an appeal board of individuals who are removed from the Department. A decision will be rendered in 15 days (M. MacDonald-Pickering, personal communication, March 1, 2024).

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>2. School-Age Autism Funding (18 years old and under)</p> <p>The service user must be eligible for AAS prior to applying for school-age autism funding. Once accepted into AAS, the service user/their representative can inform the Supports Coordinator of their interest in the school-age autism funding. The service user's funding approval is granted once the Supports Coordinator confirms eligibility through the provided documentation.</p>	<p>In modifying the AAS Collaborative Support Plan, the service user/representative consults with the Supports Coordinator on how to utilize the school-age autism funding. Specific details regarding the chosen tutor/aide/agency, care and support expectations, and wage rate must be outlined and agreed upon.</p>	<p>Service users may access the same Supports Coordinator for both AAS and School-Age Autism Funding who assists with integrating school-age autism funding into the service user's AAS Collaborative Support Plan. However, the Supports Coordinator and the Department does not offer service provider recommendations.</p>	<p>Reviews occur on an annual basis.</p> <p>Reviews occur before the end of the fiscal year. During this meeting, the Department will address unused funds with service users/their representatives, so that if the service user/representative desire to purchase services or supports, they may do so before the end of the fiscal year M. MacDonald-Pickering, personal communication, March 1, 2024).</p>
Saskatchewan	<p>1. Autism Spectrum Disorder Individualized Funding (ASD-IF) (Under 12 years old)</p> <p>Representatives apply on behalf of the child through an application process. Completed applications must include documentation evidencing the child's eligibility, and may be submitted online, emailed, or mailed.</p>	<p>Representatives assume the responsibility of planning and purchasing eligible services and supports that are most suitable and effective for their child.</p>	<p>Representatives may connect with an ASD Consultant in their community who may help determine suitable services and supports for the child. However, representatives appear to still undertake chief responsibility of planning and purchasing eligible services and supports.</p>	<p>Representatives must submit a renewal application each year their child is eligible to receive subsequent benefit payments; this includes verification of recipient's Saskatchewan residence, along with a review of all expense claims submitted for their current funding year (D. Kenney, personal communication, January 15, 2024).</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>Once a decision has been made regarding the application outcome, representatives are notified in writing. If applicants are accepted, the annual funding amount will be shared. If the Ministry of Social Services requires additional information to decide, representatives are granted 30 days to provide requested information; if uncompleted within the time period, a new application must be submitted.</p> <p>The Ministry of Social Services may review applications from new or returning applicants pursuing retroactive or exceptional benefit payments. Circumstances in which this may apply include applications for children who recently turned 12 and delayed applications due to unforeseen circumstances. However, delayed applications pertaining to wait times for a diagnosis of ASD are excluded from consideration.</p>			<p>Unspent funds and misuse of funds are subtracted from funding level allocated for the following year.</p> <p>If a representative would like the Ministry of Social Services to review a decision regarding ineligible expenses, representatives are granted 30 days from receiving the written notice to request a review.</p>
	2. Community Living Service Delivery: Self-Directed Funding (CLSD: SDF) (18 years old +)	While waiting for approval by the CLSD, the individual will complete two steps:	Given the program structure, it is required for service users to select either a representative and/or a circle of support or personal support board to	The SDF contract must be reviewed and signed annually. During this time, adjustments to the

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>The application process involves five main steps:</p> <ol style="list-style-type: none"> 1) To initiate the application process, an initial request for service must be made, which involves a referral from the individual or anyone who has the consent by the individual (e.g., a family member). To make a referral, one must connect with the CLSD office in their community via phone or written contact. 2) Individuals/representatives must submit the appropriate assessment documentation for the CLSD to determine eligibility. 3) Once accepted to receive CLSD services, individuals must share their interest in the SDF program with their CLSD case manager. 4) An orientation meeting, between the CLSD case manager, a staff member from Inclusion Saskatchewan, the individual and their representative(s), will take 	<ol style="list-style-type: none"> 1) The individual, with the help of their representative(s), will develop an SDF support plan, highlighting specifics about the support that the individual requires on a daily/weekly basis and identifying who will be responsible for providing said support. 2) The individual and their representative(s), with the option to request assistance from the CLSD case manager and staff member from Inclusion Saskatchewan, will create a preliminary budget reflecting the individual's needs. <p>When developing these documents, the individual and their representative(s) are encouraged to account for existing, natural and/or creative supports and funding options other than SDF.</p>	<p>assist with the implementation and management of SDF responsibilities.</p> <p>Inclusion Saskatchewan is automatically involved with the orientation meeting; however, support to assist with other SDF processes are also available upon request. For example, to help with and strengthen SDF planning, Inclusion Saskatchewan can provide staff who are trained in person-centred planning (Ministry of Social Services, n.d.-c).</p> <p>Additionally, the SDF Guidebook provided by the CLSD offers links to multiple person-centred planning resources as well as informational resources to guide an individual's circle of support.</p> <p>An CLSD coordinator of community services is also available to support the SDF contract process and address questions regarding the SDF funding. However, it is important to note that the questions and assistance concerning the management of services and support is beyond the purview of CLSD staff, rather the individual assumes this responsibility.</p>	<p>contract and funding levels may be discussed.</p> <p>The CLSD will hold regular meetings with the individual and their representative in order to evaluate whether the SDF contract is being upheld by the individual as well as meeting the needs of the individual. Should the service user/their representative experience difficulties with the responsibilities of this program (i.e., administration and management tasks), they are encouraged to connect with their CLSD case manager.</p> <p>Clients have the option of appealing their funding decisions, and are encouraged to initially speak to Community Living's supervisor then manager and regional director (C. Valuck, personal communication, January 8, 2024). However, in the event of</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>place. This meeting serves as an opportunity to discuss the possibilities of the individual's SDF plan in addition to the responsibilities and additional support related to the management of SDF.</p> <p>5) The individual will complete the Expression of Interest (EOI) document, which presents their rationale for why SDF is a suitable option for them. The individual will also provide a brief overview of their SDF plan, outlining the type of support (i.e., residential/community) they require. The EOI is submitted to the CLSD case manager who will hold a meeting with the individual to review and adjust the EOI as needed. A staff member from Inclusion Saskatchewan may attend this meeting, upon request by the individual. Following the EOI review meeting, the EOI is submitted to the</p>	<p>Upon approval, the individual will follow two more steps:</p> <p>1) After they are notified of their approval, the individual can finalize their SDF plan in accordance to the allocated funding level.</p> <p>2) Once the SDF plan is finalized, CLSD, the individual, and their representative(s) will deliberate over a contract detailing the SDF agreement. When the contract is satisfied and signed, funding payments are initiated and the individual and/or their representative(s) may purchase services and supports according to the SDF plan.</p>		<p>worker and quality of service complaints, service users/their representatives are responsible for handling these issues by themselves (Kelly et al., 2020).</p> <p>In the event of unspent funds, the individual/representative must inform the CLSD case manager. Should the individual desire to use the unspent funds in the following funding year, the individual is required to submit a plan outlining how the funds will be utilized, subject to approval by the CLSD.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	CLSD for funding consideration.			
	<p>3. Home Care Program: Individualized Funding (IF) (All ages)</p> <p>To apply for IF, service users/their representative must follow three steps:</p> <ol style="list-style-type: none"> 1) Connect with the Saskatchewan Health Authority Home Care Program in their community. 2) Once assessed by Home Care assessor coordinator, the application process is explained, and should the client move forward with the IF option, they are provided with an application package (L. Anderson, personal communication, January 9, 2024). 3) Together, a staff member of the Health Authority and the service user will complete a needs-based assessment to determine the service user's level of 	<p>The planning process involves a staff member of the Health Authority and the service user/representative producing an individualized plan.</p> <p>The contract, or Agreement, between the service user/representative and the Health Authority will also outline the amount of funding allocated to the service user and the types of eligible services that may be purchased.</p>	<p>A monthly administrative allowance and annual workers compensation insurance premium is included within the funding level.</p> <p>No other information found regarding additional supports in place.</p>	<p>An annual needs review is mandatory and must be completed thirty days in advance to the expiry of the Agreement. During the needs review, an evaluation of eligibility will occur and adjustments will be made to a revised Agreement should the service user continue to receive IF. If deemed necessary, needs reviews may occur on a more frequent basis.</p> <p>In the first year of the Agreement, a mandatory financial review will be completed. To maintain accountability, the Health Authority reserves the right to employ a random financial review as well.</p> <p>Unused funds that exceed one month's payment will be returned quarterly to the Health Authority.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	need and the types of services they require.			Recommendations for changes and improvements along with concerns and complaints may be taken up with the Saskatchewan Health Authority Client Concerns Office (L. Anderson, personal communication, January 9, 2024). Service users also hold the right to appeal decisions made by Saskatchewan Health Authority staff. An appeal process is established.
Quebec	<p>1. L'allocation Directe – Chèque Emploi-Service (Direct allowance — employment-service cheque) (All ages)</p> <p>Service users/their representatives must contact their local CLSC to initiate the application process. Following initial contact, a CLSC staff member will employ a needs assessment.</p>	<p>The CLSC will develop an intervention plan that is reflective of the service user's needs, care preferences, ability to manage services, and the service user's existing resources.</p> <p>Service user's must direct their care according to the intervention plan.</p>	<p>Local non-profits may be available to assist service users in navigating these programs; however, it appears this pathway does not have an established structure and these types of services are highly variable based on region (S. Ragot, personal communication, January 19, 2024).</p> <p>If a service user experiences difficulty securing a service provider, the CLSC is required to provide a temporary service provider.</p>	<p>The intervention plan undergoes an annual review, at the very least. During this review, adjustments to the plan may be implemented to better align with the service user's needs.</p> <p>In the event of circumstantial changes (e.g., worsened health), service users are responsible for notifying the CLSC for reassessment.</p> <p>The CLSC is required to regularly consult with</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
				service users to ensure they are receiving appropriate services, and if necessary, explore alternative solutions.
	<p>2. Supplément Pour Enfant Handicap (Supplement for Handicapped Children) and Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels (Supplement for Handicapped Children Requiring Exceptional Care) (18 years old and below)</p> <p>Parents must submit completed application to Retraite Québec.</p> <p>Once Retraite Québec receives the application, the parent's Family Allowance file is assessed to confirm general eligibility; if the parent is applying to Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels then</p>	<p>These programs do not appear to provide formal planning support.</p>	<p>Local non-profits may be available to assist service users in navigating these programs; however, it appears this pathway does not have an established structure and services are highly variable based on region (S. Ragot, personal communication, January 19, 2024).</p>	<p>No information found.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>examination for Supplément Pour Enfant Handicap is completed as well.</p> <p>Next, the application is reviewed by the Retraite Québec team of health professionals to further determine eligibility. A notice of decision may take up to 120 days once the Parent and Professional sections are submitted.</p>			
Yukon	<p>1. Children's Disability Services (19 years old and under)</p> <p>Service users and/or their representatives (i.e., family members) may apply through a self-referral; alternatively, someone who works with the service user (e.g., a teacher or doctor) may refer with the service user/their representatives' permission. To apply, one must call the Children's Disability Services office.</p> <p>After proving basic the eligibility criteria, a social worker will schedule a 1-hr meeting with the service user</p>	The social worker is available to assist the service user and their family in accessing services and supports.	No information found.	<p>If the service user is deemed ineligible, they may reapply through a referral from a professional (e.g., teacher or doctor).</p> <p>No other information found.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	and their family to discuss the service user's needs and potential services and supports.			
Ontario	<p>1. Special Services at Home (SSAH) Funding (18 years old and under)</p> <p>Applying to SSAH involves one main step— completing the comprehensive application. The sections of the application cover various realms of the applicant and family's life: family caregiver, individual and family update, requests for service, description of strengths, interests and support provided, the family's situation, the family's support networks, and paid services and supports (MCCSS, 2024g). Applications may be submitted to the service user's regional MCCSS office via an online application or written application. Online applications allocate 90 days for the service user/their representative to complete and submit the application.</p>	<p>Formal planning processes between SSAH staff and the service user/their representative do not occur. Service users/their representatives are required to create a detailed plan for the purpose of the application. Upon reviewing the application, SSAH staff identify the type of supports and services required.</p>	<p>Assistance to complete the application may be provided by a community agency; however, the family is still encouraged to develop and implement the service and support plan.</p> <p>Funds may be used to support advertising for recruitment of a special services worker.</p> <p>Agency-Administrated model allows for support with administrative and management responsibilities.</p>	<p>The service user/their representative has the right to request a review of the decision if the application has been denied. This review process consists of two phases, the first involving a review by the Director of the regional MCCSS office and the second involving a review by the Assistant Deputy Minister of the Community and developmental Services Division.</p> <p>SSAH staff monitor funds in order to track accountability. Should SSAH staff have concerns regarding the management of funds (e.g., underutilization of funds or misuse of funds), they will contact the family.</p> <p>If the service user relocates to a different</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	Once SSAH staff receive the application, the service user/their representative will receive a letter of acknowledgment. When the SSAH has finalized their decision, service users/their representative will receive another written letter indicating approval or denial of the application.			region of Ontario, their original MCCSS office will continue to disburse funds until the end of the fiscal year; subsequently, the new MCCSS office will commence fund disbursement the following fiscal year.
	<p>2. Passport Funding (18 years old +)</p> <p>Applying to passport funding involves two phases, each with a few steps to follow.</p> <p>1) Apply to the DSO</p> <p>1.1 Service users may apply to the DSO through an online application or by calling their local DSO office. Appropriate documentation must be submitted for the DSO office to confirm eligibility.</p> <p>1.2 Once eligibility is confirmed, service users will book two, 3-hour meetings with their local DSO assessor in which they complete an</p>	<p>Following the completion of the application with the DSO assessor, the DSO assessor will direct service users to local, accessible services.</p> <p>There are no formal planning processes specific to passport funding, but the passport agency is available to provide information and resources to assist with developing an annual budget. Service users may purchase planning support services; however, this is separate from the passport agency, DSO, and MCCSS services.</p>	<p>As previously mentioned, service users may use a portion of their funding to purchase services that assist with the implementation and management of IF.</p> <p>Given the structure of the program, service users may select a PMF to assist with implementation and management responsibilities. They may also select the Transfer Payment Recipient (TPR) Service Option or Broker Service Option to ease implementation and limit administrative tasks.</p>	<p>Decisions made by the program are conclusive and not subject to further review or appeal.</p> <p>Unused funds are not permitted to be carried over to the next fiscal year.</p> <p>The passport agency does not assume responsibility for the quality of purchased services; thus, concerns regarding quality of care must be directed to the service providers.</p> <p>In the case that a service provider experiences a change in circumstance that may influence their funding level, they must</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>application to identify the level of support required. The presence of two individuals who can assist the service user throughout these meetings is required (e.g., family member, friend, or teacher).</p> <p>2) Apply to passport funding</p> <p>2.1 Service users can contact their local DSO and request a referral to the passport program.</p> <p>2.2 Service users will be transferred to their local passport agency to confirm eligibility and begin processes to set up their passport funding (i.e., selecting a PMF and service option along with fulfilling necessary contracts and forms).</p> <p>2.3 If the service user desires increased funding, they pursue the Preapproval Process of Extenuating Circumstances. This process involves submitting a Pre-approval request with the</p>			<p>connect with their local DSO for reassessment.</p> <p>Passport funding is continuous and transferable in the event that a service user relocates to a different area within Ontario.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	assistance of their local passport agency and fulfilling a needs-based assessment.			
	<p>3. Self-Managed Attendant Services in Ontario: Direct Funding Program (16 years old +)</p> <p>The application process features three steps:</p> <ol style="list-style-type: none"> 1) The service user completes and mails their application to the DF program at CILT. A DF staff member from the service user's local ILRC will connect with them to set up an DF interview once the service user reaches the top of the wait list. The current waiting period is approximately one year or less (CILT, n.d.-c). 2) The service user is encouraged to prepare for this 2-hour interview using the resources provided by their local ILRC. 3) Once it is time for their DF interview, the service user will meet with the selection 	<p>Due to the requirements of the application and selection panel interview, planning processes appear to be undertaken by the service user prior to being accepted. However, discussions regarding the service users plan will take place during the interview.</p>	<p>Once approved, service users will be given two comprehensive resource and training manuals to guide the processes required to initiate DF, such as hiring attendants and managing employer responsibilities.</p> <p>The DF resource staff at the service users' local ILRC are available to support in various ways. For instance, staff are able to provide information regarding the application process, orientation, and general disability knowledge, assist service users to complete their application through offering physical assistance accommodation, and foster opportunities for peer networking by connecting service users with existing DF participants (CILT, n.d.-b).</p> <p>In the event that a service user requires assistance in training their attendants, complimentary, special training is available. Local ILRC will provide information relating to accessing these services.</p>	<p>DF is designed as a life-long program, and service users will continue to receive funding as long as they maintain the eligibility criteria and uphold the signed agreement.</p> <p>If service users experience a change in circumstances and require increased funding, they are permitted to request a change in budget.</p> <p>In the case of relocation, DF funds are portable within Ontario.</p> <p>Should a service user proceed with a complaint and/or an appeal, they can pursue three avenues. The first being an informal review process in which the service user requests in writing that a senior manager at CILT reviews</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>panel at their local ILRC. Service users should be ready to explain the details of their application and reasons for applying to DF in addition to answering questions regarding previous work/volunteer positions, their budget, and how they will handle employer responsibilities.</p> <p>Upon approval, service users will sign a standard agreement.</p>			<p>the dispute and negotiates a resolution with the service user. The next avenue involves the formal complaint and review procedure which entails submitting the Complaint to the DF manager at CILT who will then send their decision, along with additional information related to the Complaint, to a Reviewer. The Reviewer holds the power to affirm or rescind the decision of CILT, and they may provide their own alternative decision. The final avenue consists of the service user appealing to the Health Services Appeal and Review Board (HSARB) in the event that the Reviewer's decision affirms the decision made by CILT or if the service user has yet to receive notice of the Reviewer's decision within 60 days of the CILT receiving the complaint (CILT, 2022).</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>4. Family-Managed Home Care: Self-Directed Care (all ages)</p> <p>To initiate the application process, service users or their SDM must call the local HCCSS organization who will then assign a Care Coordinator to the case.</p> <p>As part of the intake and eligibility determination process, the Care Coordinator will assess the service user's needs, which will involve a needs-based assessment and, potentially, a visit to the service user's home. Additionally, a Care Coordinator will assess all SDMs in order to confirm their capability of assuming the responsibilities of this role.</p> <p>If deemed eligible, the service user continues to the planning phase.</p>	<p>Jointly, the Care Coordinator, the service user, and anyone who the service user chooses to involve (i.e., SDM, family member, friend, etc) will develop a Plan of Service. This plan is individualized, not only in terms of the service users' needs but also with regard to their ethnic, spiritual, linguistic, familial, and cultural factors. It also outlines the allotted number of service hours and identifies eligible services and supports.</p>	<p>A Care Coordinator serves as the main point of contact, supporting the service user and their family throughout all phases of the program and overseeing the quality of care and whether the program fulfills the service user's needs.</p> <p>No other information found regarding additional supports.</p>	<p>As part of the Agreement, service users must be reassessed regularly by the Care Coordinator.</p> <p>If the service user experiences a change to their circumstance which impacts their level of need, they/their SDM can request a reassessment and modifications to their plan of service will be made accordingly.</p> <p>Service users retain the right to opt out of the program by providing a minimum 15-day notice, and instead, they are allowed to transition to the traditional home service structure.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>5. Ontario Autism Program (18 years old and under)</p> <p>1) Childhood Budget</p> <p>1.1 After service users were registered with OAP, they received a letter to apply for the Childhood Budget through an online application process. They were required to apply within 18 months of receiving the letter.</p> <p>1.2 Applications were reviewed by the MCCSS.</p> <p>2) Interim One-Time Funding</p> <p>2.1 After service users were registered with OAP and/or receiving the Childhood Budget, they were sent an invitation letter to apply through an online application process.</p> <p>2.2 Applications were reviewed by the MCCSS. The application review and process period were reported as long as four to six weeks; however, once approved, funding was received within 10 days.</p>	<p>There are no formal planning processes to support the Childhood Budget and Interim One-Time Funding, thus service users/their representatives undertake this task.</p> <p>Within Core Clinical Services, the Care Coordinator is available to assist in selecting services and supports best suited for the service user. Additionally, Care Coordinators may provide support in information and resource navigation in addition to collaborating in the development and achievement of goals, strengths, and necessary support across 10 key domains: communication, social interaction, play and leisure, activities of daily living, motor skills, cognitive skills, sensory system, interfering behaviours, mental health, and adaptability and resilience (MCCSS, 2023d).</p>	<p>A Care Coordinator is available to support assessment, planning, and funding processes.</p> <p>A modern family portal is accessible to families which aims to support families in knowledge about the services they may access, assist with managing their accounts (e.g., tracking expenses), and acting as a line of communication between families and Care Coordinators (AccessOAP, n.d.).</p> <p>An OAP provider list is also available and promoted by AccessOAP.</p>	<p>The Core Clinical Services program requires an annual needs-based assessment.</p> <p>No other information found.</p>

Jurisdiction	Applying	Planning	Support to implement IF plan	Review of IF plan
	<p>3) Core Clinical Services</p> <p>3.1 Service users register for OAP through AccessOAP. Service users/their representatives may apply through an online account with AccessOAP, alternatively, they may mail their application form or phone AccessOAP. Documentation proving the service user's diagnosis, age, and Ontario residence must be submitted.</p> <p>3.2 Once the service user/their representative receive the invitation letter, a Care Coordinator will employ a needs-based assessment, i.e., the determination of needs process.</p> <p>3.3 Funding levels are determined.</p>			

Table 5: General

Jurisdiction	How long has IF been offered?	Number of individuals receiving IF? Annually or to date	Have there been any evaluations or review of IF?
Alberta	1. Individualized Funding – Persons with Developmental Disabilities (PDD) Program (Adults) Individualized Funding through PDD was established in 1989. The Family Managed Services program was implemented in 2006 (Sonpal-Valias 2016).	The Family Managed Services program served approximately 4,500 clients in 2017 (Kelly et al., 2020).	Views of the Persons with Developmental Disabilities (PDD) program: Successes, Challenges and Opportunities (Government of Alberta, 2019). Persons with Developmental Disabilities Program Review (Government of Alberta, 2018).
	2. Self-Managed Care – Home Care Program (Adults/Children) Self-Managed Care was introduced in 1991.	Self-Managed Care represented about 1.3% of all home care users in 2018. The program served 1,700 clients in 2020 (Kelly et al., 2020).	No information found.
	3. The Family Support for Children with Disabilities (FSCD) Program (Children) The FSCD Program was established in 2004.	FSCD served 15,213 clients as of 2022 (Government of Canada, 2024).	Views of the Family Support for Children with Disabilities (FSCD) program: strengths, challenges and opportunities for improvement (Government of Alberta, 2021). Family Support for Children with Disabilities (Auditor General of Alberta, 2022).
British Columbia	1. Individualized Funding – Community Living BC (CLBC) (Adults) The CLBC Individualized Funding program was introduced in 2007.	In 2016 the program served a total of 3,028 adults over the age of 18, including 2,800 clients living with developmental disabilities (diagnosed prior to the age of 18) and 228 individuals with a diagnosis	The Community Living British Columbia (CLBC) Individualized Funding Review 2013-14 (“the Review”), was embarked upon to develop options for increasing Individualized Funding (“IF”) uptake

Jurisdiction	How long has IF been offered?	Number of individuals receiving IF? Annually or to date	Have there been any evaluations or review of IF?
		of Fetal Alcohol Spectrum Disorder or Autism Spectrum Disorder (Kelly et al., 2020).	across the province. The starting point was to investigate the uptake of Individualized Funding ("IF") through Host Agencies in one CLBC region in early 2013. Learnings from further exploration into this resulted in an interest in better understanding what impacts uptake levels in CLBC regions across the province. The Review involves three Phases: Research, Solution Co-creation, and Implementation of Solutions.
	2. Choices for Supports in Independent Living (CSIL) (Adults) CSIL was introduced in 1994.	The number of individuals receiving IF over \$6,000 in 2019 was 1,152 (not including respite) (annual service report, 2018/2019).	Choice in Supports for Independent Living (CSIL) Program Review (British Columbia Ministry of Health, 2008).
	3. Direct Autism Funding (MCFD) (Children) No information found.	27, 382 families received funding in 2023. 23, 688 (ages 6-18) and 3, 694 (under 6) (Government of British Columbia, 2023).	No information found.
	4. At Home Program (MCFD) (Children) No information found.	5,108 families received At Home medical benefits and 2,104 families received At Home respite benefits in 2023 (Government of British Columbia, 2023).	No information found.

Jurisdiction	How long has IF been offered?	Number of individuals receiving IF? Annually or to date	Have there been any evaluations or review of IF?
	5. Individual Funding – CKNW Kids' Fund (Children) Established in 1945.	Over 546 children were provided with funding in 2022 (\$1,336,292 total) (CKNW Kids' Fund, 2022).	No information found.
Manitoba	1. In the Company of Friends (Adults) A pilot program started in 1993. The program has been permanent since 1997.	65 participants as of 2017.	A Global Evaluation of In the Company of Friends (ICOF) Model of Funding (Kaplan Research Associates Inc, 2021).
	2. Manitoba Self and Family Managed Care Program The program was established in 1994.	As of 2020, there were 980 participants (Dansereau et al., 2022).	No information found.
	3. Children's disABILITY Services (CDS) – Self-Managed Services (Children) No information found.	No information found.	No information found.
New Brunswick	1. Self-Managed Disability Support Program (DSP) (Adults) No information found.	No information found.	No information found.
	2. Family Support for Children with Disabilities (FSCD) (Children) No information found.	No information found.	No information found.

Jurisdiction	How long has IF been offered?	Number of individuals receiving IF? Annually or to date	Have there been any evaluations or review of IF?
Newfoundland & Labrador	1. Self-Managed Home Support Services (Adults) The program was established in 1998.	As of 2020, there were 3,680 participants.	Improving Oversight of Self-Managed Care. Department of Health and Community Services (Deloitte, 2018).
	2. Special Child Welfare Allowance (Children) No information found.	Overall expenditures for SCWA were \$4.6M for 260 clients in 2020 (Deloitte, 2020).	No information found.
Northwest Territories	1. Paid Family/Community Caregiver (Pilot Project/Adults) The pilot project started in 2020.	No information found.	No information found.
Nova Scotia	1. Disability Support Program (DSP) – Flex Individualized Funding (Adults) The program was established in 2016.	No information found.	No information found.
	2. DSP – Independent Living Support (ILS) (Adults) The program was established in 2006.	433 participants (2022).	No information found.
	3. Self-Managed Care Program (Adults) Established in 2005.	No information found.	No information found.

Jurisdiction	How long has IF been offered?	Number of individuals receiving IF? Annually or to date	Have there been any evaluations or review of IF?
	4. Direct Family Support for Children (DFSC) (Children) No information found.	No information found.	No information found.
Prince Edward Island	1. AccessAbility Supports (AAS) (Children-Adults) The AAS program is a revamped version of PEI's former program, Disability Supports Program. AAS policies came into effect starting July 16, 2018 (Department of Social Development and Seniors, 2018).	As of December 2023, there were 2511 active files (i.e., participants receiving funding) and approximately 2900 open files (i.e., participants connected with the program and in the process of figuring out their funding); these numbers are growing by approximately 30 participants per month (M. MacDonald-Pickering, personal communication, March 1, 2024)	<i>Auditor General Prince Edward Island: Report to the Legislative Assembly 2020 (MacAdam, 2020).</i> As the program has approached five years since implementation, the Minister has mandated a full-program review which will take place over this coming year (M. MacDonald-Pickering, personal communication, March 1, 2024). Results from this review are expected to inform future directions of the program. The Department utilizes client surveys and holds open houses to connect with service users and the community (M. MacDonald-Pickering, personal communication, March 1, 2024).
	2. School-Age Autism Funding No information found.	In 2022-2023, this program supported 205 participants, and this number continues to grow by approximately 15 per year (M. MacDonald-Pickering, personal communication, March 1, 2024).	The School-Age Autism Funding will be reviewed under the AAS full-program review (M. MacDonald-Pickering, personal communication, March 1, 2024).

Jurisdiction	How long has IF been offered?	Number of individuals receiving IF? Annually or to date	Have there been any evaluations or review of IF?
Saskatchewan	1. Autism Spectrum Disorder Individualized Funding (ASD-IF) (Children) The ASD-IF program was introduced in 2018 (D. Kenney, personal communication, January 15, 2024).	Since 2018, over 3200 children have been eligible to receive ASD-IF benefits (D. Kenney, personal communication, January 15, 2024).	The Ministry of Social Services conducts periodic operational reviews to ensure client needs are being met (D. Kenney, personal communication, January 15, 2024).
	2. Community Living Service Delivery: Self-Directed Funding (CLSD: SDF) (18+) The self-directed funding option was implemented province-wide as of April 1, 2017 (Media Relations, 2016).	22 individuals currently receiving IF (C. Valuck, personal communication, January 9, 2024).	No information found.
	3. Home Care Program: Individualized Funding (IF) (Children-Adults) This program started in 2002 in effort to support individuals with physical disabilities (Kelly et al., 2020).	As of January 2024, there were 135 service users accessing Individualized Funding (IF) across the SHA. Service users ages ranged from two to 88 years of age, with an average of 38 years old, and the service users who typically utilize IF are younger, disabled clients requiring long-term supportive care with needs that are more complex in nature (L. Anderson, personal communication, January 9, 2024).	In 2019/20, a general policy review of Policy 13.1 Individualized Funding was completed (L. Anderson, personal communication, January 9, 2024). In the recent year, the role of a provincial Individualized Funding Coordinator was established standardize the practices across the entire Saskatchewan Health Authority, as the former 12 Regional Health Authorities managed the IF program independently (L. Anderson, personal communication, January 9, 2024).

Jurisdiction	How long has IF been offered?	Number of individuals receiving IF? Annually or to date	Have there been any evaluations or review of IF?
Quebec	<p>1. L'allocation Directe – Chèque Emploi-Service (Direct allowance —employment-service cheque) (Children-Adults)</p> <p>The L'allocation Directe program started in 1978, however, in 1998 the program was reformed, including a name change to Chèque Emploi-Service (Kelly et al., 2020).</p>	<p>As of 2020, the program represented 10,219 participants, making up 7.8% of all provincial home care users (Kelly et al., 2020).</p> <p>No updated information found.</p>	No information found.
	<p>2. Supplément Pour Enfant Handicap (Supplement for Handicapped Children) and Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels (Supplement for Handicapped Children Requiring Exceptional Care) (18 years old and below)</p> <p>Supplément Pour Enfant Handicap was established in 2005 (Carbonneau, 2012) while Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels was introduced 2016 (Retraite Quebec, n.d.-d).</p>	No information found.	No information found.
Yukon	<p>2. Children's Disability Services (19 years old and under)</p> <p>No information found.</p>	No information found.	No information found.
Ontario	<p>1. Special Services at Home (SSAH) Funding (18 years old and under)</p> <p>SSAH began in 1982 as a response to the deinstitutionalization movements (IFCO, 2021).</p>	At the start of 2020-21, the Ontario government committed to spending \$70.3 million over three years, which was suspected to support 6,800 service users (Pooran Law, 2020).	No information found.

Jurisdiction	How long has IF been offered?	Number of individuals receiving IF? Annually or to date	Have there been any evaluations or review of IF?
		No updated or additional information found.	
	2. Passport Funding (18 years old +) Passport funding was initiated in 2005 (Kelly et al., 2020).	As of 2021, the program served over 52,000 individuals, with a commitment to increase this number by 28,000 over three years (MCCSS, 2023a). No updated information found.	<i>Journey to Belonging: Choice and Inclusion</i> (MCCSS, 2023a).
	3. Self-Managed Attendant Services in Ontario: Direct Funding Program (16 years old +) Started as a pilot project in 1994. Established as a permanent provincial program in 1998 (Kelly et al., 2020).	Nearly 700 service users have accessed this program (CILT, n.d.-d).	No information found.
	4. Family-Managed Home Care: Self-Directed Care (all ages) This program was introduced in 2018 (Amaral et al., 2019).	No information found.	No information found.
	5. Ontario Autism Program (18 years old and under) The Childhood Budget was introduced 2019. However, the program was quickly phased out with the Interim One-Time Funding being announced at the end of	As of March 2023, over 12,000 service users were registered with Core Clinical Services and nearly 6,400 had received their funding level (Jones, 2023).	<i>Recommendations for a new needs-based Ontario Autism Program: The Ontario Autism Program Advisory Panel Report</i> (Spolestra & Bountrogianni. 2019).

Jurisdiction	How long has IF been offered?	Number of individuals receiving IF? Annually or to date	Have there been any evaluations or review of IF?
	2019 and the Core Clinical Services program was rolled-out in March 2021 (FAO, 2020).	In 2019, 3,983 children received Childhood Budgets (Ontario Autism Coalition, 2020).	

Jurisdictional Review by Province and Territory

Alberta

1. Individualized Funding – Persons with Developmental Disabilities (PDD) Program (**Adults, 18 years old and above**)

Introduced in 1989, the Person with Developmental Disabilities (PDD) Program offers two paths for individualized funding: Family Managed Services (FMS) and the Community Service Provider option. The FMS program served approximately 4,500 clients in 2017 (Kelly et al., 2020). With FMS, the individual, their family, or a person close to them oversees the coordination of services. This involves either directly hiring staff or accessing support through a service provider approved by PDD. Conversely, the Community Service Provider option operates through direct contracts between the PDD Program and approved providers, who then coordinate service delivery. Under this model, an Individual Support Plan is crafted jointly by the community service provider, the individual or guardian, and their support team, including family, PDD regional staff, service providers, and any other relevant stakeholders.

The program is funded and regulated by Alberta's Ministry of Seniors, Community and Social Services, and is administered through local disability services offices. Before individuals can apply for either FMS or Community Service Provider funding options, they must meet the eligibility criteria set by PDD: individuals need to be (1) at least 18-years-old; (2) a Canadian citizen or permanent resident; and (3) have a significant limitation in intellectual capacity(evidenced by an IQ score of 70 or below), including a significant limitation in adaptive skills, requiring assistance with daily activities. These limitations must have been

identified before the individual reached 18 years of age.

To apply, the individual concerned or their appointed guardian is required to submit an online application to the PDD program. The program's delivery staff review the form and reach out to either the individual or their supporter, co-decision maker, or guardian to verify their intent to apply for the PDD program. Subsequently, the delivery staff reviews the documentation provided by the applicant. This review process includes conducting an Adaptive Skills Inventory with the individual to assess their needs. Delivery staff may request other relevant documentation if required. Once the individual is determined to be eligible for the PDD program, delivery staff will contact the individual and/or their supporter, co-decision maker or guardian to schedule a time to begin the planning process.

The Service Design and Planning Process unfolds through several key steps. First, the individual's vision and desired outcomes must be determined, and their support needs along with the urgency of these needs are identified. Next, strategies and resources to address these needs, including information, referral, and advocacy, are pinpointed. The completed PDD Outcome Plan outlines the associated costs. The individual is notified of the commencement of PDD Services. An Individual Support Plan is created for those opting for service providers, and the process concludes with ongoing monitoring to ensure the services meet the individual's evolving needs effectively. The individual's case manager is responsible for ensuring the services described in the Individual Support Plan occur as planned and that they continue to support the individual's outcomes as identified in the PDD Outcome Plan. PDD staff meets with the family and individual at least annually to review changing needs and circumstances, provided services, and progress towards the identified goals and

outcomes.

There is no set maximum funding amount; instead, allocations are tailored through individual service plans. When a funds administrator is needed, the individual can receive an additional 12% of their allowance for administrative tasks. Funding can be allocated towards four types of services:

- Home living support
- Employment support
- Community access support
- Specialized community support

While family members are not permitted to provide personal support, they can serve as fund administrators. The PDD Program restricts hiring family members as service providers, except under exceptional circumstances and with approval from the Disability Services Director. Regardless of their relation to the individual, the FMS Administrator cannot receive compensation for providing support services. Fund administrators are mandated to complete training on employment standards, abuse protocols, and payroll management. Their responsibilities include planning, hiring and monitoring staff, managing payroll, and maintaining records. They must also ensure that workers receive training on abuse protocols and any necessary specialized instruction. Hiring relatives of the client as service providers is prohibited, including extended family members. Should funds not be utilized as specified in the Agreement, the unspent portion must be returned to the ministry within thirty days of notification. An annual review will take place between the PDD staff, the family, and individual. This review offers an opportunity to discuss changing needs and circumstances, the services

being provided, and progress towards the identified goals and outcomes.¹

2. Self-Managed Care – Home Care Program (Adults/Children, all ages)

Introduced in 1991 and funded and regulated by Alberta's Ministry of Health, Self-Managed Care is a program that allows individuals to take direct control of their home care services. It is administered through the regional health authorities. As of 2018, Self-Managed Care constituted approximately 1.3% of all home care users, serving 1,700 clients in 2020 (Kelly et al., 2020). The program provides funding directly to individuals from Home Care in three distinct arrangements. In the client-managed approach, individuals receive funds directly into their bank account. They are responsible for hiring, training, and managing their care provider and assuming all employer payroll responsibilities within Alberta. Alternatively, in the delegate-managed model, a family member or friend can act as the individual's delegate, handling payroll responsibilities, while the individual maintains control over all other aspects of their care management. Lastly, in the sponsor-managed option, the individual's legal guardian takes on payroll responsibilities and aids in directing the care.

Eligibility for Self-Managed Care requires individuals to be current Home Care clients with long-term care needs exceeding ninety days. They must need support with personal hygiene or assistance with daily living activities and have in-home support needs that are feasible within this option. Candidates must also have a stable health status or care requirements and a living environment deemed suitable by an Environmental Risk Assessment. Regional health authority staff assess eligibility and care needs.

¹ For additional information on the policies and the IF components associated with this program, refer to Table 1; for support to implement IF plan, refer to Table 4; for previous program evaluations, refer to Table 5.

For client-managed care, individuals must show a willingness and capability, as deemed by Integrated Home Care, to handle the responsibilities of employing their own caregiver and adhering to self-managed care requirements. For delegate managed care, in addition to the above, clients must have an Enduring Power of Attorney or a Trustee and provide the relevant documentation to Integrated Home Care. For Sponsor Managed Care, eligibility extends to clients who, in addition to meeting the Self-Managed Care criteria, are dependent adults under the Alberta Guardianship or Trusteeship Act or have an Enacted Personal Directive. They must have a Trustee or an Enduring Power of Attorney and provide the necessary documentation to Integrated Home Care or be a minor. The determination of needs involves completing the Self-Managed Care Assessment and InterRAI instrument, with a financial assessment conducted for fee determination.

Funding is accessed through the regional health authority Home Care Program. The individual must be eligible for Home Care prior to applying for Self-Managed Care option. The development of the Care Plan involves a collaborative effort between the client, their delegate or sponsor, and the Integrated Home Care Case Manager. This process includes:

- discussing the client's assessed health service needs and priorities
- encouraging active self-management by the client
- clarifying the scope of services that can be funded through Self-Managed Care
- making recommendations or facilitating connections with other providers and services, such as physicians, other community services, and informal caregivers, to address the client's needs.

Home care case managers assist individuals and families in understanding their responsibilities, and health authorities offer educational sessions to new clients. Assessments

are reviewed on a regular basis, and individuals may request a reassessment if needs and/or living circumstances change.

Integrated Home Care assesses service and funding needs based on unmet requirements using Home Care tools guided by current legislation and Home Care Service Guidelines. Service levels are determined by case managers or occupational therapists utilizing a Support Service Planning Tool (Alberta Health Services, 2014). Maximum funding amounts differ by region. In 2020, the average monthly funding for participants was \$3,277 (Kelly et al., 2020). Funds from the Self-Managed Care program are allocated for personal care, home support services, and respite care. It is important to note that professional services such as nursing, social work, or therapy cannot be financed with these funds but may be coordinated by the home care case manager as required. While family caregivers are not typically compensated for case management or professional health services, they can seek and possibly obtain a funding exception to be paid for delivering personal care. These exceptions are evaluated individually and intended as temporary measures. The individual, delegate, or sponsor assumes the responsibilities of an employer in Alberta. The individual or a legal representative may hire workers and act as a direct employer, contract with an agency, or a combination. Managers must maintain and keep all records as outlined in the Self-Managed Care Agreement. Unused funds are to be paid to Alberta Health Services

alongside a semi-annual financial report.²

² For additional information on the operational policy and the IF components associated with the program, refer to Table 1; for the three care arrangements (client-managed care, delegate managed care, and sponsor managed care), refer to Table 2.

3. The Family Support for Children with Disabilities (FSCD) Program (Children, under 18 years old)

Established in 2004, Alberta's Family Support for Children with Disabilities (FSCD) Program provides financial reimbursement to qualifying families with children with disabilities. FSCD served 15,213 clients as of 2022 (Government of Canada, 2024). The reimbursement is determined based on the assessed needs of each child and family. FSCD is funded and overseen by the Ministry of Community and Social Services and administered through local FSCD offices. Families are eligible for the program if they have a child who (1) is under the age of 18; (2) resides in Alberta; and (3) meets the criteria for disability as defined by the FSCD Act. Families are required to provide documentation confirming that the child has a disability or is awaiting a diagnosis (Government of Alberta, 2022).

Families meeting the eligibility criteria for the FSCD qualify for Family Support Services, including respite, counselling, medical appointment-related costs (i.e., parking, mileage, accommodation, sibling care), and an annual allocation of up to \$400 for clothing and footwear. To qualify for Child Focused Services, an additional needs-based assessment is required, indicating that the child is significantly limited in activities of daily living. Beyond the services offered under Family Support Services, Child Focused Services may include:

- Funding for respite services
- Child care supports
- Aide supports
- Health-related supports
- Specialized supports
- Out-of-home living arrangements (Government of Alberta, 2022).

The FSCD worker collaborates with the family to identify the child and family's needs using the Family/Child Assessment of Needs (FCAON). An Individualized Family Support Plan is then created by the FSCD worker and the family, outlining the child and family's needs and goals. The services provided are documented in an FSCD Agreement, which is signed by the family. While the FSCD Agreement term may be up to three-years, staff meet with the family at least annually for the reassessment of needs and support planning. The program prohibits parents from receiving funding for the provision of respite. However, if appropriate, another adult family member can provide services. The family is required to spend funds per the terms of the FSCD agreement, adhere to relevant employment standards, and submit documentation of costs incurred when requested (Government of Alberta, 2022).³

British Columbia

1. Individualized Funding – Community Living BC (CLBC) (Adults, 18 years old and above)

Introduced in 2007, the Community Living British Columbia (CLBC) Individualized Funding program is administered and funded by CLBC, a Crown agency operating under the Ministry of Social Development and Poverty Reduction (MSDPR). The program's regulations are outlined in The Community Living Authority Act and Community Living Authority Regulation. As of 2016, the program supported 3,028 adults over 18, including 2,800 with developmental disabilities diagnosed before 18, and 228 diagnosed with Fetal Alcohol Spectrum Disorder or Autism Spectrum Disorder. CLBC Individualized Funding offers self-

³ For additional information on the policies and the IF components associated with this program, refer to Table 1; for FSCD disability criteria, refer to Table 2; for previous program evaluations, refer to Table 5.

directed payments, providing an alternative or supplement to contracted services through two payment options. The Direct Funding option allows individuals or their agents to directly receive funds from CLBC for purchasing agreed-upon supports and services. Additionally, individuals may form a microboard, a legally incorporated group of at least five people, to assist in managing funds and services. The Host Agency Funding option enables individuals or their agents to work with a CLBC-approved Host Agency, which administers the funds and arranges the delivery of individualized services and supports as agreed upon by all parties involved.

The program serves residents of British Columbia aged 19 and older who have developmental disabilities (DD), significant limitations in adaptive functioning, or diagnoses of Fetal Alcohol Spectrum Disorder (FASD) or Autism Spectrum Disorder (ASD). Eligibility for this program is open to anyone who qualifies for CLBC services. Individuals apply at their local CLBC office to determine program eligibility and funding amount. Individuals are responsible for providing documentation, information, and other evidence necessary to determine eligibility and funding amount. Eligible individuals and their families/support networks create a Personal Summary containing information about their support requirements supported by CLBC (Community Living British Columbia, 2021).

For the Direct Funding option, individuals or their selected representatives must demonstrate the capability to manage the duties associated with being an agent. Specifically, for Direct Funding allocations exceeding \$6,000 annually, an agent is required to prove (1) their ability to arrange and manage individual supports and services effectively; (2) their verified financial eligibility, including a credit check for amounts over \$25,000; and (3) their

ability to provide legal documentation. The latter may refer to a Representation Agreement, providing an agent to act on an individual's behalf. The Host Agency funding option becomes available for funds exceeding \$6,600 annually and offers a managed approach to service provision. Eligibility assessments are grounded in the criteria outlined by the Community Living Authority Act and Community Living Authority Regulation. CLBC reviews documents to ensure a thorough evaluation of both needs and means.

Responsibilities for agents managing direct funding include:

- arranging and overseeing support
- conducting criminal record checks
- managing finances
- representing the individual's interests
- financial reports (monthly for directing funding over \$10,000 annually, or every six months for funding of \$10,000 or less annually)
- maintaining a contractual relationship with CLBC.

When a Direct Funding request is approved and funds are available, analysts work with facilitators, individuals and their families and/or support networks to complete a direct funding agreement, which details the following:

- the type(s) and amount of services that will be purchased
- the goals for the supports and services
- how and when the supports and services will be delivered
- the timing and amount of the payments
- the agent's reporting and accountability responsibilities.

Facilitators support and guide individuals and their families throughout the planning process.

Individuals and families may receive additional support and resources from The Family Support Institute (Family Resource Network) and Vela Microboard Society (CLBC funded).

The individual may update or change their Personal Summary and plan at any time. A CLBC

quality service analyst reviews the IF application to assess the necessary support level. CLBC determines the allocation of IF based on the individual's disability-related needs, estimated support costs, and available financial resources. The Guide to Support Allocation (GSA) tool and the Request for Service Priority Tool are employed to ensure a fair and comprehensive evaluation. The scope and scale of supports and services provided through IF are designed to be consistent with those offered to individuals with similar disability-related needs. Funding is not allocated for services under the purview of other governmental bodies or programs, including health services or income assistance. As of 2017, the average monthly funding through IF was reported to be \$2,800.

IF is flexible, allowing for the purchase of support across various program areas, including support for living independently at home, participating in community activities, and enhancing individual and family well-being. Additionally, funding can cover costs related to support workers joining in activities and administrative expenses associated with hiring personnel. While immediate family members are generally not compensated for providing services, exceptions exist for other family members when there is a demonstrated need for CLBC-funded support.⁴

2. Choices for Supports in Independent Living (CSIL) (Adults, 19 years old and above)

The Choices for Supports in Independent Living (CSIL) program, was introduced in 1994. The program is funded by the Ministry of Health and is delivered through Regional

⁴ For additional information on the policies and the IF components associated with this program, refer to Table 1; for financial reporting and banking requirements, refer to Table 3.

Health Authorities. The program provides direct funding to adults with physical and/or developmental disabilities. In 2019, 1,152 individuals received IF exceeding \$6,000. CSIL is structured around two "phases". Phase One is for individuals who are mentally capable of self-managing their care. Individuals receive funds directly from CSIL and are responsible for the hiring and training of personal attendants. Phase Two is for individuals who cannot manage their own care. Individuals receiving Phase 2 support must form a support group (i.e., microboard) to receive funds on behalf of the individual and to manage their care. The individual may also have a CSIL representative manage their care.

This program serves residents of British Columbia who are 19 years of age or older with significant physical care needs and a physical disability (British Columbia Ministry of Health, 2018). Individuals must meet the general eligibility requirements for Home and Community Care Services, as well as requirement specific to CSIL. Regional health authorities determine eligibility for CSIL and the funding required to meet the client's needs. Eligibility is determined based on an individual assessment for requiring home support services within their care plan. The assessed needs should be achievable within the scope of CSIL and the available resources. Individuals need to have an interRAI HC ADL Long Form score of six or greater and a MAPLe score of three or greater, and have expressed a desire for CSIL service. In turn, they must consent to pay the assessed client rate (deducted from the monthly CSIL funding amount and paid out of pocket by the individual); and they must be capable of safely coordinating and managing CSIL services, either independently or with the assistance of a client support group or a CSIL representative acting as an employer. In exceptional cases, health authorities have the discretion to approve CSIL for clients who do

not strictly meet these criteria, guided by the CSIL Eligibility Exception Criteria Guidelines. Individual needs are assessed by regional health authority Home Support Services. CSIL clients undergo a financial assessment to establish the amount they must pay for their home support services.

To apply, the individual must be assessed by their regional health authority Home Support Services. A financial assessment is completed to assess whether a client rate is applicable. Should the annual income of the individual or their spouse exceed the predetermined threshold, they are required to contribute to their home support services through a payment referred to as the client rate. Approximately 70% of CSIL clients do not incur this client rate. The CSIL case manager orients the individual to roles and responsibilities of an employer. A CSIL agreement outlining the assessment of needs, hours, approved expenditures and monthly funding amount is created and signed. The individual is assigned a case manager who is available for support. The Individualized Funding Resource Centre (IFRC) Society, an independent non-profit, was developed to help people succeed on the Choices in Support for Independent Living (CSIL) Program and other individualized funding programs in British Columbia. Health authorities or a CSIL employer can initiate changes to the CSIL agreement related to the changing service needs of the client. All amendments must be in writing and signed by the health authority and CSIL employer.

Funding amounts are determined by the individual's case manager, with the regional health authorities directly transferring funds to individuals or their agents based on the established CSIL agreement. As of 2022, the hourly rate for funds is set at \$33.40. The allocated funds are specifically for compensating care providers and do not extend to the

purchase of equipment or supplies. Beyond care provider wages, the funding encompasses statutory benefits, payroll deductions, and benefits for care providers hired by the client. Administrative costs such as accounting, bookkeeping, advertising, office supplies, training, and scheduling are also covered. The client's care plan outlines the services that funding can support, including expenses related to the employment of care providers and the mandatory reporting of fund usage. Payment to an immediate family member for care provision is generally prohibited unless an exception is granted by the health authority. The CSIL employer, whether an individual or a client support group, is responsible for the management of services, including hiring, scheduling, supervising care providers, and ensuring compliance with legal and regulatory obligations. This includes reporting any changes in the client's situation, submitting monthly financial reports with receipts within 45 days of each month's end, and adhering to tax responsibilities as applicable. Health authorities allow a CSIL employer to maintain up to one month's surplus funds, with a 30-day notice required before reclaiming any surplus. Upon the CSIL agreement's termination, any unspent funds in the CSIL bank account must be returned to the health authority. Depending on income, a daily charge for home support services may apply, although approximately 70% of clients are not subject to this rate.⁵

3. Direct Autism Funding (MCFD) (Children, 18 years old and under)

Direct Autism Funding provides directing funding to the parent/legal guardian of a child

⁵ For additional information on the policies and the IF components associated with this program, refer to Table 1; for previous program evaluations, refer to Table 5.

eligible for funding. The parent chooses eligible autism intervention services that best suit their child's needs, and the parent is responsible for paying service providers for those services. The program is funded by the Ministry of Children and Family Development (MCFD), managed through the Autism Funding Branch (AFB) and is accessible via local Children and Youth with Support Needs (CYSN) offices under the MCFD. In 2023, the program successfully distributed funding to 27,382 families across British Columbia, with 23,688 of those families having children aged 6-18 and 3,694 families with children under the age of 6 (Government of British Columbia, 2023).

To apply, the family meets with a CYSNworker at local CYSN MCFD office. The child's family must:

- provide a diagnosis or the confirmation of diagnosis form
- provide proof of child's age
- provide a BC Card
- submit a completed application form.

Application and supporting documents are reviewed by CYSN Worker and AFB. Direct funding is available to families with a child over 12 years of age. If a family has more than one child with ASD, they are also eligible to receive direct funding for younger siblings (between the ages of 6-12). To qualify for Direct Payment, there are additional eligibility criteria that must be met. The parent or legal guardian responsible for signing the Direct Payment Agreement must have a track record of successfully managing Invoice Payment for a minimum duration of two full years, equivalent to 24 months. Furthermore, the signatory is required to have adhered to all their obligations under any prior Autism Funding Agreements

with the MCFD. The program does not apply a means test or needs-based assessment.

Eligibility is confirmed by AFB. Children under the age of six are eligible to receive up to \$22,000 per year. Families with children who are six to eighteen years old are eligible to receive \$6,000 per year. If eligible for direct payment and approved by the AFB, \$6,000 is paid to the parent at the start of the first funding period. There is no planning upon approval. For families eligible for direct funding, once approved by the AFB, the full amount is paid to the parent at the start of the first funding period. The CYSN Worker meets with family to support navigation of application process, describe the autism programs, and discuss additional planning and support services available through MCFD.

Funding may be used for a wide array of services and supports, including:

- Therapeutic services (e.g., counsellors, occupational therapists, and physical therapists)
- Life skills and social skills programs
- Out-of-school learning support
- Specialized therapeutic activities.

Professionals must be listed on the Registry of Autism Service Providers (RASP). A small portion of funds may also be used for administrative costs. Parents are responsible for the coordination and management of funded services and meeting all necessary employer obligations. Funding must be accounted for at the end of each funding period. Unspent funds are counted as part of the new funding period's total amount (Government of British Columbia, 2021).⁶

⁶ For additional information on the policies and the IF components associated with this program, refer to Table 1; for banking requirements, refer to Table 3.

4. At Home Program (MCFD) (Children, 17 or 18 years old and under, depending on service type)

The At Home Program provides funding for respite services and medical items and services. A child may be eligible for both respite and medical benefits or one benefit. The At Home Program is funded by MCFD and administered through regional At Home Program offices. This program supports residents of British Columbia who are 17 years old or younger (for medical benefits) or 18 years old or younger (for respite benefits) with a disability. Children must be living at home and have been assessed as dependent in at least three of four functional activities of daily living (eating, dressing, toileting and washing). In 2023, 5,108 families received At Home medical benefits and 2,104 families received At Home respite benefits (Government of British Columbia, 2023).

To apply, the child's family and doctor complete an At Home Program application . The application is sent to the local At Home Program regional office. At Home Program staff conduct an in-home functional assessment of the child's activities of daily living to determine eligibility. Information from other health care providers may also be included in the assessment. The assessment and application are reviewed by regional committee who determine eligibility. Children who are dependent in all four functional activities of daily living are eligible for both respite benefits and medical benefits. Children who are dependent in three out of four functional activities of daily living are eligible for either Respite Benefits or Medical Benefits. Respite funding is \$4,135.56 per year. Funds for Respite Benefits are provided directly to the family. For the Medical Benefits, direct funding is only available for the purchase of incontinence supplies. Direct funding for incontinence supplies is provided to

families every three months and is calculated based on the child's age and weight. This financial assistance is designed to offset the expenses associated with incontinence supplies for children three and older, although it may not fully cover the entire cost.

Families receiving respite benefits may choose the type of respite services that best suit their needs – either in their home or at another location. The program does not cover services that are provided by a parent of the child or any other MCFD program. Those receiving medical benefits receive range of medical items provided by the At Home Program. Most medical benefits require pre-approval and are available from or paid for directly by the program. Families are responsible for arranging respite, paying service providers, and managing their respite budget (Government of British Columbia, 2023). Ongoing support is provided by CYSN social workers.⁷

5. Individual Funding – CKNW Kids' Fund (Children, under 19 years old)

The CKNW Kids' Fund was established in 1945, and provides grants for a wide array of services, supports, and equipment. Individual grants are administered through the registered charity, CKNW Kids' Fund. The program is funded by charitable donations made by organizations and individuals. Over 546 children were provided with funding in 2022 (\$1,336,292 total) (CKNW Kids' Fund, 2022).

This program provides grant funding to families with children under the age of 19 and living in British Columbia. There are no disability specific eligibility requirements. Eligibility is determined based on children's assessed needs supported by a professional in health, social,

⁷ For additional information on the policies and the IF components associated with this program, refer to Table 1.

or educational fields. Additionally, they must lack access to necessary services due to ineligibility for government-funded programs, long wait lists, depleted alternative financial resources, or failure to meet government criteria fully. The children must come from financially at-risk families (CKNW Kids' Fund, 2023).

To apply, an online grant application is completed by the child's parent/guardian. In addition to the completed application, the family must provide:

- a letter of introduction regarding the family situation and need for funding assistance
- a letter of support from a professional, indicating the need for the specific request
- a most recent Notice of Assessment from Revenue Canada
- a current record of monthly income and expenses.

CKNW Kids' Fund staff review the application and supplemental documents to determine eligibility. Families are advised upon approval. Grants are available for therapies, tutoring, bursaries, and equipment. Maximum amounts per year are as follows: Therapies (maximum \$2,500), Tutoring (maximum \$1,800), Bursaries (Maximum \$1,500), and Equipment (maximum \$5,000). Services/purchases of equipment paid by the family are reimbursed by the program upon receiving an invoice or proof of purchase. When the family no longer requires equipment purchased with funding, it is requested that the item(s) be made available to others with similar needs (CKNW Kids' Fund, 2023). Funding requests are accepted three consecutive years with an updated application each year.⁸

⁸ For additional information on the policies and the IF components associated with this program, refer to Table 1.

Manitoba

1. In the Company of Friends- Non-Profit Organization (Adults, 18 years old and above)

Innovative Life Options Inc. (LIFE) is a province-wide non-profit organization that facilitates In the Company of Friends (ICOF). Since the pilot program in 1993, the program has been permanent since 1997. Through this program, IF is provided to persons with intellectual disabilities. The individual receives funding directly from the Province of Manitoba, and with the help of a Support Network. The ICOF Support Network consists of 4-6 people: a diverse group of unpaid people chosen by each individual. These individuals hire and supervise people to provide services. Persons with intellectual disabilities with help from their Support Networks decide how to spend funds. LIFE/ICOF project staff provide resources and supports to individuals and their Support Networks. In 2017, the program had 65 participants.

Eligibility is based on the criteria set out by the Community Living disABILITY Services (CLdS). To be eligible the individual must be 18 years or older and either a Canadian citizen or a permanent resident residing in Manitoba. The program targets those with significant intellectual impairments and adaptive behaviour challenges that were present before reaching 18 years of age. Eligible individuals should need assistance with personal and/or health care or managing their property. CLdS uses a needs-based test. Additionally, for individuals with registered treaty status in Manitoba, eligibility requires having an established permanent residence off-reserve in Manitoba before any referral or request for services is made.

Applications are made through Community Living disABILITY Services. Planning is done by the individual and their Support Network. LIFE staff support applicants with developing Support Networks to help complete the application for funding, to assist with

maintaining records, and to manage funding and care needs (Spalding et al., 2006). The status of the budgets for funded individuals are reviewed by LIFE staff on a quarterly basis to ensure consistency with approved individual plans, for cost-sharing purposes, and to ensure the presence of an audit trail.

Individuals receive direct funding that is individualized and self-managed. Funding covers the five areas.

1) Financial and administrative costs, such as:

- Staff activity expenses
- Bank fees
- Accounting and payroll services
- Advertising
- Expenses related to trainings and meetings.

2) Health-related funding includes:

- Insurance
- Medication
- Medical supplies
- Dental care
- Environmental aids
- Health-related travel costs.

3) Housing assistance includes:

- Rent
- Utilities
- Content insurance.

4) Daily living expenses include:

- Groceries
- Household and first aid supplies

- Laundry services
- Personal travel costs.

5) Staff wages and related costs

The average per diem to cover the five allocated budget areas is \$355.36. Per diems range from \$70.30 to \$724.04 (Kaplan, 2021).

The individual and their chosen Support Network assume all employer responsibilities.

Members of the Support Network assume different responsibilities, including:

- Financial management
- Social network communication lead
- Community connector
- Reciprocity support.

One member of the Support Network is designated to assume the responsibilities of an employer and submit quarterly reports.⁹

2. Manitoba Self and Family Managed Care Program (Children/Adults, all ages)

The Manitoba Self and Family Managed Care Program was established in 1994 and in 2020, there were 980 participants (Dansereau et al., 2022). The program is funded by Manitoba Health, Seniors and Active Living and administered through the regional health authorities. Individuals opting for self/family managed care are fully responsible for designing

⁹ For additional information on the policies and the IF components associated with this program, refer to Table 1; for eligibility determination details, refer to Table 2; for previous program evaluations, refer to Table 5.

a support system of personal assistants to meet their needs that would otherwise be handled directly by the Home Care Program. To be eligible for this program, the individual must:

- be a resident of Manitoba
- be registered with Manitoba Health
- require health services or assistance with the activities of daily living
- require service to remain safely in their homes
- require more assistance than is available from existing supports and community resources

The Self and Family Managed Care program is an option for consumers who have been receiving the Home Care Program services for at least one year (Government of Canada, 2006).

Applications are reviewed by regional health authority Home Care Program staff, and approval is contingent on meeting eligibility criteria. A case manager from the regional health authority assesses individuals using a standardized assessment tool to determine the eligible number of hours the applicant can receive support. Since the Self-Managed Home Care Program in Manitoba is run in conjunction with the Home Care Program, the assessment process and the amount of funding per hour is the same whether consumers receive home care or self-manage their home care. Assessment of need and determination of approved units of service (hours) is conducted by Home Care Program Staff. In 2018, the average monthly funding per person was approximately \$3,800 (Kelly et al., 2020). However, individual amounts vary significantly based on assessed needs, specifically hours allocated for household maintenance (funded at \$13.58 per hour) and personal care (funded at \$19.81 per hour). In addition to meeting household maintenance and personal care needs, funding

also covers worker transportation, worker recruitment, training, and administration costs.

Each individual/designated family member develops an individual budget, utilizing funds in accordance with the contract. Individuals are supported by a Home Care Case Coordinator. Additionally, the Independent Living Resource Centre (ILRC), funded by the Manitoba Government, is available to educate and assist self-managers and families in managing funds and recruiting and training staff (Government of Manitoba 2009). Individuals are reassessed annually, or as requested by the client or family member when there is a change in health that may require more assistance. The individual/designated family member accepts full responsibility for meeting their personal care and household maintenance needs by coordinating, managing, and directing those non-professional services. The individual or designated family member is responsible for securing staff and all employment related duties. These duties include (1) ensuring employees are suitably qualified and trained negotiating the terms and conditions of employment; (2) paying salaries along with required benefits and deductions; and (3) obtaining Employer Liability Insurance.¹⁰

3. Children's disABILITY Services (CDS) – Self-Managed Services (Children, under 18 years old)

Administered by the Department of Families, Manitoba's Children's disABILITY Services (CDS) program provides supports to families for caring for disabled children at home in their communities. To be eligible, a child must be (1) under 18 years of age; (2) residing in Manitoba with their birth, adoptive, or extended family; and (3) have a diagnosis of intellectual

¹⁰ For additional information on the policies and the IF components associated with this program, refer to Table 1; for banking requirements, refer to Table 3; for annual or requested reassessment details and appeals, refer to Table 4.

disability, developmental delay, autism spectrum disorder, lifelong physical disability, or a high probability of developmental delay due to a pre-existing condition (Government of Manitoba, 2021). To determine eligibility, CDS staff review completed intake applications and documentation of a written diagnosis provided by a qualified professional.

Among the services offered, CDS provides funding for respite for families to have a break from the additional disability related demands of parenting a disabled child not met by available formal and informal supports (Government of Manitoba, 2019). The amount of respite offered is based on the individual assessed disability-related needs of the child and family. CDS provides direct funding to the family based on their assessed needs and approved respite plans. An assessment is conducted by a community services worker (CSW) who determines the families' respite needs using the Family/Child Assessment of Needs (FCAON). Funding is exclusively allocated to compensate the respite worker for their services. A plan is developed in partnership with families, department staff, and respite providers to meet the needs of the family. The CSW is available for ongoing support.

In addition to the options of department-managed respite and the use of agencies, families may choose to self-manage respite services. With this option, families are responsible for recruiting respite providers, establishing a service schedule, and managing funds. Families are required to submit invoices, a respite care time sheet, and all supporting documentation to CDS to demonstrate that respite service were received. Respite plans are

reviewed regularly.¹¹

New Brunswick

1. Self-Managed Disability Support Program (DSP) (Adults, 18 to 64 years old)

The Self-Managed Disability Support Program (DSP) is funded and governed by the Department of Social Development, and administered through Social Development Regional Offices. The program features a two-pronged service delivery model that allows individuals to either self-manage their case plan or request the support of a social worker. Those choosing the self-managed model will first meet with the DSP staff to identify strengths and unmet needs and establish a case plan. Subsequently, individuals will autonomously manage services to address their needs. For those opting for ongoing support from a social worker, the process involves (1) meeting with the social worker to identify strengths and needs, (2) developing a case plan, and (3) receiving continuous contact, advocacy, and support.

To be eligible for this program, the individual must:

- be a resident of New Brunswick
- fall within the age range of 18 to 64 years
- have a long-term disability (excluding conditions that do not result in long-term disability or services related to drug, alcohol, nicotine, or gambling addictions)
- require disability related supports to address unmet needs, establish or maintain a living arrangement in the community, enhance the capacity of natural support networks for community support, and facilitate participation in community activities.

¹¹ For additional information on the policies and the IF components associated with this program, refer to Table 1; for respite eligibility details, refer to Table 3; for referral details, refer to Table 4

The eligibility for support is assessed by the DSP social worker, who takes into account multiple factors. Firstly, there must be a clear demonstration of need: an individual is required to show a significant need for supports and services due to a long-term disability that severely restricts their ability to carry out regular daily activities. This includes showcasing an "unmet need" for assistance in areas such as personal care, achieving greater independence, or enhancing community involvement, which could also extend to family relief or respite. In addition to demonstrating a need for support, individuals must also demonstrate a financial need for assistance. The application process includes a thorough financial assessment, focusing on the individual's net income to determine their eligibility for funding. Specifically, for adults with disabilities who live with their parents, the financial assessment considers only the income of the adult child (New Brunswick Association for Community Living, 2010).

Individuals apply to the program by contacting the Social Development office and filling out an application (in person or online). The application and information gathering process can be completed by the individual, with support from a staff member from the social development office as needed, or by an 'independent facilitator,' an individual who acts as an advisor and helps clients develop a long-term care plan.

Clients choosing the self-managed model meet with the department to collaboratively develop an individualized support plan by identifying their strengths and unmet needs (Kelly et al., 2020). Funding amounts are individualized and based on the individual's specific needs as identified in the support plan. A support plan may include the following disability supports:

- Home support workers;
- Respite services;
- Personal supports both within and outside the home;

- Assistance for community involvement and participation;
- Training in personal living skills;
- Disability-specific transportation supports;
- Technical supports;
- Assistive devices not covered under other programs; and,
- Services provided in residential facilities.

The individual manages services outlined in support plan. Payments can be made directly to the person or to a trustee on their behalf. Payments can also be made to a service provider chosen by the individual (New Brunswick Association for Community Living, 2010).¹²

2. Family Support for Children with Disabilities (FSCD) (Children, under 19 years old)

The Family Supports for Children with Disabilities (FSCD) program in New Brunswick provides families with social work support and financial resources. This assistance is designed to help families meet the unique developmental needs of their disabled children. The program is funded by the Department of Social Development and administered through the regional Social Development offices. To qualify for FSCD, families must have identified unmet needs as a result of raising a disabled child. Eligibility criteria include having a child who (1) is under the age of 19 who is a resident of New Brunswick; (2) possesses a New Brunswick Medicare card; and (3) has a severe disability (Government of New Brunswick, n.d.). The program defines disability as a lifelong physical, sensory, cognitive or neurological condition or impairment which, in interaction with various barriers, significantly limits a child's ability to function in daily living (Government of New Brunswick, 2021). Eligibility for the FSCD

¹² For additional information on the policies and the IF components associated with this program, refer to Table 1; for appeals (i.e., Administrative Review), refer to Table 4.

program is not based on family income or the child having a specific diagnosis. However, families must submit a letter of support from a professional indicating the child's limited ability to function in normal daily living, provide and participate in a financial assessment to determine the applicability of a family financial contribution towards services (Government of New Brunswick, 2021).

Families apply at their regional Social Development office. Families who meet the pre-assessment criteria meet with a social worker to complete the application process. This includes providing information about the child, the family's strengths, unmet needs, and the names of professionals and organizations providing services to the child and family culminating in a Family Support Plan. Some examples of eligible supports include:

- Relief care
- Child care services
- Therapeutically based recreational programs
- Family counselling
- Medical equipment
- Special dietary foods.

Families must access any other relevant supports available to them before FSCD will fund a similar service. This includes insurance coverage, health benefits plan and other government or community programs. FSCD has a two-pronged service delivery model allowing families to self-manage or request social worker support. Families who opt for the self-managed model are responsible for coordinating, managing, and directing the supports identified in their Family Support Plan (Government of New Brunswick, n.d.). FSCD funding is individualized to

meet the family's specific needs; however, funding for services is not provided directly to the family but reimbursed. A review takes place annually.¹³

Newfoundland & Labrador

1. Self-Managed Home Support Services (**Adults, 18 to 64 years old; Seniors, 64 years old and above**)

Self-Managed Home Support Services was established in 1998. The Department of Health and Community Services (DHCS) is responsible for establishing provincial standards and funding. The program is administered through the Regional Integrated Health Authorities (RIHAs). Home support services are self-directed by the individual. Care can be provided by individually employed or agency-provided home support workers, depending on individual preferences and eligibility criteria. As of 2020, there were 3,680 participants.

To be eligible for this program, the individual must: (1) be an adult (18-64) or senior (64+) with a physical or intellectual disability; (2) be able to self-manage or must have a family member or close friend who can manage on their behalf; and (3) reside in their own home (self-contained unit with separate living spaces). Eligibility is determined by a case manager or nurse using an assessment instrument to determine functional need. A financial assessment is completed by the RIHA using provincial financial guidelines. This assessment examines liquid assets, income and living expenses and determines eligibility and whether the individual must contribute toward the cost of the service.

¹³ For additional information on the policies and the IF components associated with this program, refer to Table 1.

As of 2018, the average monthly funding was \$1,500 per client. The amount of funding provided is determined based on the individual's assessed income and financial aid from other social programs offered by the Government of Newfoundland and Labrador. Funds must be managed by clients and/or their families, which is subsidized based on a sliding scale formula; clients are responsible for the cost of the unsubsidized portion of the services recommended in the care plan (Deloitte Inc., 2018).

Individuals must be receiving services through RIHA Home Care to be eligible. Applications for self-managed care can be made through the RIHA. An individual Support Plan is collaboratively developed with the individual, their support network, and relevant service providers. It is based on clinical assessment outcomes and the client's goals. The case manager requires program coordinator approval before implementing the plan. If service provision is needed, the case manager, client, and service provider jointly develop a Service Provider Plan. Case managers assist individuals and families in understanding their responsibilities. The case manager monitors the Support Plan and services to assess their effectiveness, with a minimum of quarterly client contacts, including two in-person meetings per year. The Support Plan is updated within seven days of a confirmed significant change. Reviews occur every six months for high-risk or complex cases and every twelve months for low to moderate risk cases.

The individual can obtain self-directed home support through two models: Approved Home Support Agency (through an approved agency from a list provided by the RIHA) or Individual as Employer, in which the individual is responsible for hiring, training and supervising home support workers. Funds are for hiring a personal care attendant, not for the

purchase of supplies and can include expenses related to bookkeeping.

The services provided through the Home Support Program are based on the assessed need of the individual. These services may include but are not limited to:

- Personal care
- Household management
- Respite
- Behavioural support.

The employment of family members as home support workers is not permitted except in special circumstances as determined by the assessment process. Exceptions are considered in extreme situations where it is clearly demonstrated this is the most suitable choice for the client whose needs would otherwise not be met or not be met with the same level of quality.

Employer responsibilities include maintaining employment records, managing payroll, and handling employee deductions and contributions. Payroll tasks can be managed by the individual or by an appointed administrator/bookkeeper. For those needing help with staffing tasks, a supporting person (i.e., family member), can jointly assume these responsibilities.¹⁴

2. Special Child Welfare Allowance (Children, under 18 years old)

Newfoundland and Labrador's Special Child Welfare Allowance (SCWA) offers financial assistance to families with a child under the age of 18 who has a physical or developmental disability and resides at home. The program is funded by the Department of Health and Community Services and is administered through the regional health authorities.

¹⁴ For additional information on the policies and the IF components associated with this program, refer to Table 1; for previous program evaluations, refer to Table 5.

SCWA is intended to be accessed as a last resort after generic programs have been explored (Government of Newfoundland and Labrador, 2008). Overall expenditures for SCWA were \$4.6M for 260 clients in 2020 (Deloitte, 2020).

In addition to meeting eligibility requirements, the program assesses financial need through a means test. Alongside providing financial documentation, families must also submit documentation from a qualified professional verifying the child's disability and needs. After the initial application review, a social worker conducts a home visit to determine the family's needs. This information is reviewed by the regional health authority to determine the funding amount. Funding amounts are reviewed annually (Government of Newfoundland and Labrador, 2008).

Funds are disbursed directly to families as recurring monthly payments. A social worker collaborates with the child's family to create an Individual Support Service plan and determine the scope of eligible supports, services, and equipment. Eligible purchases include:

- Coverage for medications not covered by a Drug Prescription Program
- Transportation to disability-related medical appointments or recreational activities
- Essential equipment or supplies
- Disposable diapers.

Funding can also be used for the following supports if a clear need is established:

- Home support (supplemental to supervision provided by family)
- Childcare
- Escorts to appointments and activities
- One-on-one support in licensed child care
- Residential short-term respite.

Families are required to provide receipts to indicate that funds were used in accordance with approved supports (Government of Newfoundland and Labrador, 2008).¹⁵

Northwest Territories

1. Paid Family/Community Caregiver Pilot Project (**Adults, age criterion was not specified**)

The Paid Family/Community Caregiver Pilot Project was implemented in 2020. Building on the successful self-managed care models in other jurisdictions, this program is intended to allow individuals to choose (a) caregiver(s) who work with home and community care resources and existing family caregivers to meet those needs that cannot be met by the public system. The pilot project is funded by the Government of the Northwest Territories and is administered by the regional Home and Community Care program in selected pilot communities (Cehchoko, Dettah, N'Dilo, Yellowknife, and Hay River).

Seniors and persons with disabilities who reside in select pilot communities with assessed ongoing care or support needs are eligible. Individuals are admitted to the program based on their level of care needs. The pilot is trialing service delivery to individuals who fall within three groups of care need: individuals who only require supports, individuals with moderate care needs, and those with high care needs (Northwest Territories Health and Social Services Authority, n.d.). Those assessed to have the greatest needs within each category are prioritized for the pilot due to limited spots. Assessments are made by a Home and Community Care worker. Eligibility is determined by a Northwest Territories Health and

¹⁵ For additional information on the policies and the IF components associated with this program, refer to Table 1; for protocol regarding changes in financial circumstances, refer to Table 4.

Social Services Authority (NTHSSA) committee. A needs-based assessment is conducted by the Home and Community Care worker.

Individuals apply at their local Home and Community Care service. Referrals can also be made by contacting Home and Community Care. A Home and Community Care worker meets with all referred clients to assess needs and determine their acceptance into the pilot. An individualized care plan is created by the program nurse. The care plan assists the pilot coordinator and community organization in determining the number of hours and services provided by the caregiver. Planning is supported by the Home Care nurse and pilot coordinator. The community organization is responsible for the provision of services. The pilot project runs for two years. The nurse checks in with the individual throughout the pilot period to ensure the participants needs are being met.

Pilot participants are eligible for up to four hours of home and community support per week. Caregiver wages vary depending on the community, but range from \$20-\$25 per hour. An individualized care plan is created by the Home Care nurse. The care plan assists with directing the pilot coordinator and community organization on how many hours of services is authorized for the paid family community caregiver or hired employee of the organization. Caregivers are employed and paid by the community organization. During the initial phase, caregivers are paid to deliver support services that help individuals remain independent in their homes, such as:

- Grocery shopping
- Snow shoveling
- Wood cutting
- Light housekeeping

- Meal preparation.

Care provided by a professionally regulated health care provider is excluded from this service option. The community-based organization is responsible for hiring, scheduling, and supporting the paid caregiver. Direct payment is not an option for this pilot.¹⁶

Nova Scotia

1. Disability Support Program (DSP) – Flex Individualized Funding (**Adults, 19 years old and above**)

The Disability Support Program's (DSP) Flex Individualized Funding program was established in 2016, and is funded by the Nova Scotia Department of Community Services and administered through local DSP offices. Flex provides individualized funding to participants living at home with their families or who live independently with support from their families or personal support networks. Funding is paid directly to eligible participants or the person acting on their behalf.

The program has two funding options: Flex Living with Family, which offers funding for participants living with their family to purchase supports specific to their disability related needs and goals, and Flex Independent which provides funding to participants who wish to live independently, with the assistance of their family/personal support network and standard community resources. This funding provides a participant with the flexibility to create, self-direct, and manage their individual support plan. In 2022, the Flex at Home program had

¹⁶ For additional information on the policies and the IF components associated with this program, refer to Table 1.

1,866 participants and the Flex Independent option had 60 participants.

To be eligible for the Flex Individualized Funding Program, individuals must:

- be 19 years or older
- hold Canadian citizenship or permanent residency in Nova Scotia
- possess a valid Nova Scotia Health Card
- have a confirmed diagnosis of one or more specific disabilities, including intellectual disability, developmental disability, long term mental illness, physical disability and/or acquired brain injury (based on an individual's functional assessment).

Flex Independent participants must demonstrate sufficient personal support networks in their proposal, which can include family and/or other support networks. Eligibility is determined by the DSP Care Coordinator in consultation with the individual and their family/personal support network. Individuals are required to provide documentation of an eligible diagnosis from a physician, psychologist, or nurse practitioner in addition to collateral information on their activities of daily living (ADLs). A functional assessment is conducted to determine the individual's support level requirements, along with a financial assessment.

The Flex Program offers three tiers of funding to accommodate varying levels of participant need: (1) Foundational Allowance, with a maximum of \$500 per month; (2) Intermediate Funding, offering up to \$2200 per month; and (3) Enhanced Funding, providing a maximum of \$3800 per month. The Care Coordinator calculates an applicant's initial eligibility amount by documenting all costs associated with the services and supports provided to the applicant by the Department of Social Services, documenting the applicant's income, and subtracting the applicant's chargeable income from the total cost of services and supports provided to the applicant by DSP. Funds allocated through the Flex Program may be used to purchase supports that (1) address the participant's disability-related needs and objectives;

(2) encourage the participant's independence, self-reliance, and social participation; and (3) serve as an alternative to or delay the need for placement in a DSP-funded residential support setting. The Flex Program does not compensate a participant's primary caregiver/parents, spouse, or children for providing support. Other family members can be compensated to provide support. Participants are responsible for the following tasks:

- managing their funding according to their approved support plan
- arranging their own support services
- ensuring the quality of these supports
- handling payments while adhering to relevant tax, labour, and legal requirements.

For Flex Living with Family, support needs and eligibility are reviewed by the Care Coordinator at a minimum of every two years, or when there are any changes in circumstances. For Flex Independent, support needs and eligibility are reviewed within three months, and again within six months of their initial eligibility. They will subsequently have their support needs reviewed at minimum annually, or when there are any changes in their circumstances.¹⁷

2. Disability Support Program (DSP) – Independent Living Support (ILS) (Adults, 19 years old and above)

DSP's Independent Living Support Program (ILS), established in 2006, is a community-based option for participants who are semi-independent and require support to live on their own. ILS provides funding for basic needs, hours of support services from a Service Provider (max 31 hours/week), and special needs. The program is funded by the

¹⁷ For additional information on the policies and the IF components associated with this program, refer to Table 1.

Nova Scotia Department of Community Services and is administered through local DSP offices. In 2022, the program had 433 participants.

To be eligible, individuals must be 19 years or older, a Canadian citizen or permanent resident residing in Nova Scotia, and possess a valid Nova Scotia Health Card. Individuals must also have a confirmed diagnosis of one or more of the following disabilities:

- Intellectual Disability
- Developmental Disability
- Long-term Mental Illness
- Physical Disability
- Acquired Brain Injury (based on the individual's functional assessment).

Additionally, individuals must be capable of:

- being alone at home and in the community
- independently evacuating during emergencies
- accessing crisis support or emergency response systems
- managing medication and personal safety risks either independently or with support
- communicating their needs and preferences
- participating in decision-making processes and individual assessment and support planning.

A functional and financial assessment determines the individual's support level requirements. Individuals apply at their local Department of Community Services Office. A support plan is completed by the Care Coordinator, the ILS participant, and other persons of their choosing (e.g., family, members of their support network). The participant chooses a service provider, who manages funding and supports. The Care Coordinator is responsible for reviewing the participants funding and support needs at a minimum annually.

Funding amounts are based on the participant's assessed support needs, goals, abilities, and resources. There are three support funding options to accommodate varying

levels of need. The Preventative option is designed for individuals who need minimal support to maintain independence in their own homes, offering up to 12 hours of monthly support with the possibility of an additional 90 hours annually for intermittent needs. The Standard option caters to those requiring consistent skill development and weekly assistance with daily living activities, providing up to 90 hours of monthly support. For individuals with greater ongoing support needs, the Supplemental option provides more extensive assistance, adding an extra 10 hours per week on top of the Standard option, or up to \$1000 per month in other supports, to ensure independent living.

A chosen and approved ILS Service Provider delivers the funding hours of support services to participants. The nature of the support and the number of hours of support a participant receives is based on their assessed support needs, goals, abilities and resources. The chosen Service Provider is accountable for the support services and reporting services set out in the Service Agreement, such as:

- employee training
- development and implementation of staffing policies
- maintaining staffing schedules
- evaluations, inspections, and audits by the Minister.

Participants are entitled and encouraged to participate in the management of their own finances to the greatest extent of their ability.¹⁸

3. Self-Managed Care Program (Adults, 19 years old and above)

The Self-Managed Care Program was established in 2005. District Health Authorities

¹⁸ For additional information on the policies and the IF components associated with this program, refer to Table 1.

administer and deliver self-managed care services with funding from the Nova Scotia Department of Health and Wellness. Self-managed care funding is provided to clients who directly employ care providers for the purpose of meeting their assessed needs, as outlined in their approved care plan.

To be eligible, applicants must fulfill criteria as outlined by Nova Scotia's health care provisions. They must be eligible under the Nova Scotia Health Insurance Plan, which includes having a valid Nova Scotia Health Card or being in the process of obtaining permanent residency and applying for coverage. Applicants must be 19 years of age or older and have a chronic condition that is medically stable, with care needs that are expected to extend beyond 90 days, suggesting a long-term requirement for self-managed care services. Applicants must require physical assistance due to a functional disability and be willing to engage in creating a care plan aimed at self-management. Applicants must be mentally capable of making informed decisions regarding their care, as determined by a Care Coordinator. They must also demonstrate the following: (1) the ability to coordinate and manage support services effectively; (2) competence in providing direction to a care manager, have support needs which align with the allowable monthly service cost limit; and (3) do not have access to alternative funding sources for the required support services, including government-funded programs or services already purchased in their living arrangements. Assessments are conducted using standard assessment tools and are approved by the Nova Scotia Department of Health and Wellness. The applicant's net family income and family size are calculated for client fee determination.

Funding for support services outlined in the approved care plan is disbursed directly to the individual or care manager. The monthly service maximum is \$3780.29, equivalent to 205 hours per month. The funding rate for self-managed care services is \$18.36 per hour. It is important to note that this rate is not an hourly wage for care providers but rather a comprehensive rate covering all applicable self-managed care expenses. Funds may be used for (1) hiring care providers as employees; (2) delivering support services outlined in the client's approved care plan; and (3) providing personal care services in authorized settings. Self-managed care funding also covers various costs such as:

- Wages for care providers
- Payroll deductions
- Benefits
- Workers Compensation premiums
- Administrative service costs (e.g., payroll, scheduling)
- Bookkeeping fees up to a maximum of \$100 per month.

Family members of a Self-Managed Care Program client are generally not eligible to be hired as care providers, though exceptions may be granted temporarily. Individuals apply through their District Health Authority (DHA) Home Care Program. A Care Plan is completed by the client, in conjunction with the Continuing Care Coordinator. This plan identifies the client's assessed needs, requested support services, and the anticipated health outcomes of the service provisions. Clients are assigned a case manager who is available to provide orientation to financial reporting requirements, the client's obligations as an employer, relevant contact information, and any other program requirements. After the initial assessment, a thorough review or reassessment of every client is conducted at least once annually, to ensure the changing needs of the client are appropriately met. Additional case

reviews or reassessments are conducted if the condition or situation of the client changes.

Individuals must only use funds for approved support services. Individuals are responsible for ensuring hired care providers possess the necessary qualifications, and to oversee the quality of care provided, reporting on outcomes as needed. Individuals are responsible for employing providers as statutory employees, which includes managing recruitment, training, and supervision. Additionally, clients need to maintain a separate bank account for their funds, keeping detailed records of all transactions. Clients must also register with the Workers' Compensation Board and adhere to all relevant tax and regulatory obligations. The program mandates the submission of quarterly financial reports and expects clients to cooperate with any audits to verify compliance. Clients are to accept case management services offered by the DHA, and they must notify the authority of any changes in their service needs in a timely manner. If a client opts to appoint a care manager, the DHA should be informed accordingly. Client's must acknowledge and accept the risks and liabilities associated with the Self-Managed Care Program.¹⁹

4. Direct Family Support for Children (DFSC) (Children, under 19 years old)

Nova Scotia's Direct Family Support for Children (DFSC) is administered by regional Disability Support Program (DSP) offices, funded by the Department of Community Services. The program aims to facilitate and enhance the care of disabled children within their family environments. DFSC offers direct funding to families with a child under the age of 19 residing

¹⁹ For additional information on the policies and the IF components associated with this program, refer to Table 1.

at home and diagnosed with a mild or moderate intellectual developmental disability (with significant behavioural challenge documented within the last two years), a severe intellectual developmental disability, or significant physical disability (with functional limitations severely limiting the ability to perform activities of daily living). Eligibility is further determined by a financial assessment that considers the family's size and annual net income. Families are deemed ineligible for DFSC if they fall under one of the following categories:

- the child is under the care of the Minister
- the family is currently receiving services through the Subsidized Adoption Program
- the child and family qualify for funding through Indigenous and Northern Affairs Canada
- the child's needs align with the admission criteria for the category of Department of Health and Wellness licensed nursing home (Nova Scotia Department of Community Services, 2023).

DFSC provides funding for respite and special needs related to the child's disability, such as:

- Personal care supplies
- Transportation
- Medical equipment
- Medication
- Child care.

A family member may only be paid to provide temporary respite services in exceptional circumstances. The funding amount is determined through a financial and functional assessment conducted by the DSP Care Coordinator. Funding amounts are tailored to individual circumstances and capped at \$2,400 a month. For families with a child whose needs surpass DFSC support, there is an Enhanced Family Support for Children (EFSC) option, offering additional funding up to a maximum of \$4,000 per month. This funding can be utilized for hiring additional specialized support workers. For both programs, families are

required to make a monthly contribution, which is determined on a sliding scale based on their net income. Families receiving funding greater than \$500 per month are required to provide receipts. Families with funding surpassing \$500 per month can save a portion of their monthly funding for later use (Nova Scotia Department of Community Services, 2023). The Care Coordinator reviews the child's circumstances annually, or when circumstances warrant, to determine ongoing eligibility for the DFSC Program. For those receiving enhanced funding, the first review of a child's and family circumstances will be conducted within 3 months of the family receiving funding. Subsequent reviews will be conducted semi-annually or as the child's needs or the family's circumstances change.²⁰

Prince Edward Island

1. AccessAbility Supports (AAS) (Children and adults under 65 years old)

Prince Edward Island's AccessAbility Supports (AAS) is an all-encompassing program that aims to provide personalized support for service users under 65 years old and with any type of disability. Funded and delivered by the Department of Social Development and Seniors, the goal of this program is to facilitate access to resources that empower the citizenship of service users within their community, supporting them in actualizing their full capability. This program replaced the former Disability Support Program, with AAS policies coming into effect in 2018. As of December 2023, there were 2511 active participants receiving funding and approximately 2900 participants connected with the program and in the

²⁰ For additional information on the policies and the IF components associated with this program, refer to Table 1; for support to implement plan and personnel involved in the review process, refer to Table 4.

process of figuring out their funding. These numbers are growing by approximately 30 participants per month (M. MacDonald-Pickering, personal communication, March 1, 2024).

To apply for the program, the eligibility protocol requires the service user to: (1) meet the age and disability criteria; (2) provide documentation made by a medical practitioner that verifies the service user's disability; and (3) prove permanent Canadian residency status, residency status of Prince Edward Island, and a provincial health number (Department of Social Development and Seniors, 2021a). Applicants are ineligible if they are:

- individuals in temporary or permanent care of the Director of Child Protection
- individuals sentenced to a correctional facility
- individuals who are hospitalized for more than 30 consecutive days
- residents of a long-term care or community care facility (Department of Social Development and Seniors, 2021a).

To initiate the application process, a Supports Coordinator conducts an intake appointment with the service user. The Supports Coordinator administers two needs-based assessments— a Capability Assessment and a Support Needs Assessment— to identify the applicant's unmet need and the level of impact on their daily living activities (Department of Social Development and Seniors, 2021b). Alongside these assessments and intake, a means test is employed to identify whether an applicant cost contribution is necessary. The applicant contribution adheres to a fixed percentage of the service user and their potential co-applicant's annual income along with the annual income threshold of the service user (i.e., the service user's family size). The percentage of the applicant contribution ranges from 10%, starting at an annual income of \$2,000 to \$3,999, to 39% for those whose annual income ranges from \$90,000 to \$99,999; individuals whose annual income is \$100,000 or over must

pay 100% for their disability services (Department of Social Development and Seniors, 2021c). The aforementioned assessments not only determine program eligibility but also the type of supports and the level of funding allocated to the applicant. In the event that a service user and/or their representative believe the assessment did not capture critical information, and therefore, is not reflected within the funding level, they may request an amendment and include relevant documentation to support their argument. However, this does not guarantee an adjustment in the funding level.

The Supports Coordinator, along with the service user and/or their representative, construct an AAS Collaborative Support Plan, outlining the allocated funding level in addition to support details, such as areas of support and who may be responsible for providing support for an unmet need. Funding levels are calculated using the monthly cost of supports identified within the support plan, the maximum monthly funding identified by the needs-based assessments, and the percentage of the applicant contribution. Funding is typically received monthly, and the amount ranges according to the level of assessed need, with Level 2 receiving \$400, whereas the final level, Level 11, receives \$4,000. Each level increases by \$400 increments (Legislative Counsel Office, 2021). The scope of funded supports falls under 8 categories:

- Personal supports (e.g., personal care and life skills development)
- Housing supports (e.g., supervision within a residential setting)
- Community supports (e.g., peer and community participant support)
- Caregiver supports (e.g., respite)
- Employment and vocational supports (e.g., vocational counseling and job search assistance)
- Technical aids and assistive devices
- Home modifications (up to \$10,000 every 10 years)

- Vehicle modifications (up to \$6,000 every six years) (Department of Social Development and Seniors, 2024; Legislative Counsel Office, 2021).

Some examples of ineligible services and supports include:

- Childcare
- Counseling or therapies
- Medical-related services and medications
- Basic goods (e.g., clothing and food) (Legislative Counsel Office, 2021).

Notably, AAS funding is not intended to replace the service user's natural supports but rather to supplement support through government and community-based services. Unused funds are typically not carried over to the next fiscal year. Under certain circumstances for respite-related services, unused funds may be carried over with approval from the Department (M. MacDonald-Pickering, personal communication, March 1, 2024).

Service users may choose to self-direct and manage their funding and support plan by themselves or with a representative chosen by the service user (e.g., family member, spouse, etc.). Alternatively, the service user may utilize a third-party model that provides supports in the form of goods or services to the service user. There are also additional supports that may aid implementation. For example, the same AAS Supports Coordinator is available to deliver case management support. The program can also refer service users to non-government community agencies, such as Community Living, to further enhance the success of the support plan (M. MacDonald-Pickering, personal communication, March 1, 2024).

Furthermore, service users are permitted \$200/month to purchase support coordination from any professional/non-professional individual who is not considered their natural support (M. MacDonald-Pickering, personal communication, March 1, 2024).

When self-directing and managing, service users and/or their representative are responsible for administrative and financial duties which include: (1) finding and purchasing services and supports; (2) maintaining records, receipts, and other documentation required by the Department; and (3) notifying the Department of any change in circumstances (Legislative Counsel Office, 2021). Service users and/or their representative must participate in annual reviews that seek to assess (1) the service user's program eligibility, (2) evaluate their applicant contribution level and any changing circumstances, and (3) review the support plan to determine if adjustments are required. Reviews may be requested by the individual and/or their representative as well as at the discretion of the Department.²¹

2. School-Age Autism Funding (**Children, under 18 years old**)

School-Age Autism Funding supports children with autism by increasing access to personnel who can provide tutoring and/or community-based supports outside of school hours. Similar to the AccessAbility Supports (AAS) program, School-Age Autism Funding is funded and delivered by the Department of Social Development and Seniors. Notably, service users may simultaneously access both AAS and School-Age Autism Funding. In 2022-2023, this program supported 205 participants, and this number continues to grow by approximately 15 per year (M. MacDonald-Pickering, personal communication, March 1, 2024).

Eligibility for this program is dependent on the service user's acceptance into AAS. Once enrolled within AAS, the service user/their representative can inform the Supports

²¹ For additional information on the policies and the IF components associated with this program, refer to Table 1; for details on the appeal process, refer to Table 4; for previous program evaluations, refer to Table 5.

Coordinator of their interest in the School-Age Autism Funding. To ease processes, service users have access to the same Supports Coordinator for both AAS and School-Age Autism Funding. The service user must also submit formal documentation that proves the School-Age Autism Funding eligibility criteria. Documentation must confirm that the service user:

- is under 18 years old
- resides within the province of PEI
- has a formal diagnosis of Autism Spectrum Disorder;
- is enrolled in public or private school or registered as being home schooled;
- is an applicant of AAS
- requires support to access community-based activities, tutoring to bolster skills, or have had a recommendation for a therapeutic activity by a consulting professional
- is willing, or has a willing representative, to develop a plan with the Supports Coordinator
- has a willing representative or designated Agency to implement the agreed upon payment plan and schedule (Department of Social Development and Seniors, 2021d).

The Supports Coordinator will verify the service user's documentation and determine eligibility. Needs-based assessments are conducted upon initial application to AAS; however, no additional assessments are required for School-Age Autism Funding.

The following steps consist of the Supports Coordinator assisting with the integration of School-Age Autism Funding into the service user's AAS Collaborative Support Plan. In modifying the AAS Collaborative Support Plan, the service user/representative consults with the Supports Coordinator on how to utilize the School-Age Autism Funding. Specific details regarding the chosen tutor/aide/agency, care and support expectations, and wage rate must be outlined and agreed upon. It is important to note that the Supports Coordinator and the Department do not offer service provider recommendations.

Funding allocation operates with a fixed rate, with the recent 2021-2022 funding level capped at \$6,600 per year (Department of Social Development and Seniors, 2021d). The type of personnel and services that are eligible include: one-to-one tutor in the home or with an approved agency, or a one-to-one aide for access to PEI-based community activities that support the child's peer relationships and inclusion (e.g., after school support, summer camp, or organized sports). Additionally, funding may be used for costs related to therapeutic activities provided by a recognized non-government agency following the recommendation by a consulting professional (e.g., music therapy or executive functioning coaching) (Department of Social Development and Seniors, 2021d). The service user's immediate family (i.e., parent, sibling, or an individual living in their home) are not permitted to become a tutor/aide. If another therapeutic activity, service, or support is recommended by a consulting professional, service users/their representatives may seek authorization to use funds to purchase said service/support.

Service users may choose between two funding model options: non-government agency managed or self-managed. The non-government agency managed option permits funds to be deposited directly to non-government agencies. If service users/their representatives decide to self-manage, they assume the responsibility of administrative and financial tasks. Under the self-management option, the service user/their representative accept the following responsibilities:

- providing documentation proving the service user's eligibility and any therapeutic recommendations made by a professional
- developing a Collaborative Support Plan with the help of a Supports Coordinator
- selecting, organizing and guiding support personnel

- managing funds and payroll responsibilities (i.e., invoice submissions and notifying any changes in circumstances which impact payment)
- covering additional costs that exceed the allocated funding amount (Department of Social Development and Seniors, 2021d).

Reviews occur on an annual basis and take place before the end of the fiscal year. During review, the Department addresses unused funds with the service users/their representatives so that if the service user/representative desire to purchase services or supports, they may do so before the end of the fiscal year (M. MacDonald-Pickering, personal communication, March 1, 2024).²²

Saskatchewan

1. Autism Spectrum Disorder Individualized Funding (ASD-IF) (Children, under 12 years old)

Autism Spectrum Disorder Individualized Funding (ASD-IF) supports children with diagnosed autism and their families. Representatives of the service user may be a parent, guardian, persons of sufficient interest, or other (e.g., a caregiver who is not a legal guardian). Families select and purchase evidence-based therapeutic services and supports that best align with their child's needs and goals. The ASD-IF program was introduced in 2018, and since then, over 3200 children have been eligible to receive ASD-IF benefits (D. Kenney, personal communication, January 15, 2024). The Ministry of Health and the Ministry of Social Services jointly fund, administer, and deliver this program.

²² For additional information on the policies and the IF components associated with this program, refer to Table 1; for previous program evaluations, refer to Table 5.

To apply, the child's representative must submit an application and provide specific documentation to prove eligibility, such as proof of Saskatchewan residency and verification of the child's ASD diagnosis by a qualified specialist (Ministry of Social Services, 2022). Additional documentation may be required to verify guardianships. To be accepted into the program, children must meet the following eligibility criteria:

- a resident of Saskatchewan and has a valid Saskatchewan Health Services Number
- under twelve years old
- diagnosed with Autism Spectrum Disorder (ASD)
- not ordinarily a resident on a reserve as defined in the *Indian Act* (Ministry of Social Services, 2022).

Notably, children are ineligible when in the care of the Minister of Social Services.

If approved, funding will be allocated based on the child's age; children under 6 years old may receive up to \$8,000 annually, and children 6 to 11 years old may receive up to \$6,000 (Ministry of Social Services, 2022). This process does not include a needs-based assessment as it relies on a fixed-rate model. Annual funding amounts for each following year are determined by the monetary amount of verified expenses from the preceding year along with the funding level based on the child's age. To obtain the maximum funding each renewal year, all funds must be spent from the previous year; accordingly, unspent funds, as well as ineligible expenses, will be subtracted from the subsequent renewal payment. Eligible services include, but are not limited to:

- Regulated therapeutic programs and camps;
- Therapeutic services (e.g., occupational therapists and speech-language pathologists);
- Therapeutic schools and early learning services;

- Sports/recreational fees;
- Activities and equipment;
- Electronic equipment;
- Therapeutic equipment;
- Safety-related purchases;
- Respite services;
- Swimming lessons;
- Attendant support;
- Family and caregiver ASD-specific training and education materials; and,
- Travel costs to access services (Ministry of Social Services, 2022).

Family members (other than those who are serving as ASD-IF representatives) are permitted to be paid for respite services. Ineligible services and expenses include, but are not limited to:

- Basic needs
- First Aid/CPR training
- Naturopathic services
- Vacations or tickets/trips to entertainment events
- Medical services and equipment
- Travel to access non-intervention services
- Household items
- Property-related and vehicle-related purchases/renovations/modifications
- Therapy animals (Ministry of Social Services, 2022).

This program only offers a self-directed option in which the child's representatives undertake the ASD-IF administrative and management responsibilities. To maintain ASD-IF, representatives must uphold the rules as well as the administration and financial responsibilities related to the funding contract. These responsibilities include:

- maintaining and reviewing the child's intervention plan
- purchasing services from the Autism Service Provider Registry
- tracking and submitting proof of expenses annually to the Ministry of Social Services, including receipts, purchased items, mileage, and invoice forms

- reporting changes in circumstances that impact the child's eligibility via the official ASD-IF Change of Circumstance form
- submitting an annual review application to verify eligibility and assess expenses, which directs renewed funding payments (Ministry of Social Services, 2022).

Although representatives assume the responsibility of planning and purchasing services and supports, ASD-IF Consultants are available to assist in determining suitable services and supports for the child.²³

Community Living Service Delivery: Self-Directed Funding (CLSD: SDF) (Adults, 18 years old and above)

The Community Living Service Delivery (CLSD) program offers a self-directed funding (SDF) option designed to assist individuals with intellectual disabilities in choosing and accessing community-based services that best support them to live as independently as possible. The SDF option of the CLSD was implemented province-wide as of April 1, 2017 (Media Relations, 2016), and at the time of this review, 22 service users were receiving this funding (C. Valuck, personal communication, January 9, 2024). This program is funded by the Ministry of Social Services and administered by the CLSD branch of this Ministry.

In order to apply for this program, an initial request for service must be made through a referral with the CLSD office. The referral may be made by the service user or anyone whom the service user has consented to. Eligibility criteria require service users to:

- be 18 years old and above
- be a resident of Saskatchewan
- have a diagnosis of an intellectual disability with an onset before age 18

²³ For additional information on the policies and the IF components associated with this program, refer to Table 1; for eligibility decision-making process and protocol, refer to Table 4; for reviewing an ineligible expense decision, refer to Table 4; for previous program evaluations, refer to Table 5.

- obtain a representative(s) (family, friend, etc.) to assist in executing the SDF plan (Ministry of Social Services, 2021).

In addition to meeting this eligibility criteria, service users are required to provide the following documentation:

- a diagnosis of an intellectual disability with the onset occurring prior to the service user's 18th birthday
- a summary of the individual's history and previous testing
- a description of the individual's adaptive behaviour, developmental skills, and cognitive functioning
- licensure information of the person making the diagnosis and report (Ministry of Social Services, 2021).

Once accepted into the CLSD program, the service user is assigned a CLSD case manager with whom they can discuss the option of SDF. Eligibility for CLSD services and the SDF program is determined by the urgency and priority of needs (Ministry of Social Services, n.d.-a) along with other factors, such as the availability of existing services, environmental fit, and personal outcomes (Ministry of Social Services, n.d.-b).

If the service user pursues SDF, an orientation meeting takes place between the applicant, their chosen representative(s), the CLSD case manager, and a staff member of Inclusion Saskatchewan. This program specifically requires the service user to select a representative who will assist with the responsibilities of an SDF contract and serve as an advocate when developing a support plan that meets the needs and goals of the individual. A representative may be a trusted person from the service user's life, such as a family member, friend, neighbor, or co-worker. Additionally, service users may also select the options of a circle of support and/or a personal support board. These options are not required but

encouraged to bolster an individual's support system, as they are set up to support person-centered planning along with the administrative processes and long-term responsibilities of SDF. Similar to the representative, a circle of support may be composed of anyone who knows the individual well and cares about them (e.g., family members, neighbors, community members, mentors, etc.). Alternatively, a personal support board can be chosen, which entails a small group of people who may opt to formalize their legal recognition by becoming incorporated as a non-profit organization. However, gaining legal recognition is not mandatory.

An CLSD case manager supports the service user throughout the entire planning process. Should the service user and their representatives require more support, they may request more involvement from the case manager. During the orientation meeting, all parties discuss possibilities that may come with an SDF plan along with the responsibilities and additional support required to manage this option. Ultimately, this meeting aims to determine if SDF is an ideal fit. The service user is asked to submit an Expression of Interest (EOI) document, which identifies the reasons for pursuing SDF along with the type and the amount of care required by the service user. The EOI is submitted to the CLSD case manager who will hold a meeting with the individual to review and adjust the EOI as needed. A staff member from Inclusion Saskatchewan may attend this meeting upon request by the individual. Following the EOI review meeting, the EOI is submitted to the CLSD for funding consideration.

Two types of needs-based assessments, the Daily Living Support Assessments (DLSA) and the Day Program Support Assessments (DPSA), are completed by the CLSD

staff. Eligible funding amounts are determined by these assessments. The funding level for residential supports is calculated using DLSA scores, whereas DPSA scores dictate the funding level of community inclusion and day program supports. While waiting for approval by the CLSD, the service user and their representative(s) will develop an SDF support plan, highlighting specifics about the support that the individual requires on a daily/weekly basis and identifying who will be responsible for providing said support. A preliminary budget must also be generated. Service users are provided with the option to request assistance from the CLSD case manager and/or staff member from Inclusion Saskatchewan to complete a budget. These two documents must take into account existing, natural, and/or creative supports and funding options other than SDF.

Next steps involve the CLSD, the service user, and their representative(s) deliberating over an SDF contract, and once the contract is satisfied and signed, funding is provided to the service user. As of 2017, the average monthly funding was reported as \$6,250 per service user (Kelly et al., 2020). Service users may use SDF funding to hire their own staff that assist with housing/residential support, community inclusion supports, and day programming, or a combination of both (Ministry of Social Services, n.d.-b). It is encouraged to hire outside the individual's circle of support (C. Valuck, personal communication, January 9, 2024). If there are unspent funds, the service user/representative must notify the CLSD case manager. If they wish to utilize the unspent funds during the following funding year, the service user/representative must submit a plan detailing how the unspent funds will be allocated, upon approval by the CLSD.

The SDF program only offers a self-directed funding option, entailing that an individual/their representative assume all responsibility for the management and administration of the SDF contract. A portion of the SDF budget can be allocated to pay for professional services that assist with administrative responsibilities, such as an accountant or a community-based organization. The CLSD promotes the use of additional sources of support, such as the involvement of Inclusion Saskatchewan staff and an CLSD coordinator.

To maintain program eligibility, the service user and their representative must (1) uphold the SDF contract; (2) manage financial bookkeeping and reporting requirements (e.g., payroll, expenses, and submitting an annual financial report); and (3) follow stipulations of the SDF plan (e.g., operating as an employer vs. contractor and abiding by Canada Revenue Agency rules) (Ministry of Social Services, n.d.-b). The SDF contract is reviewed and signed annually, and this serves as an opportunity to discuss the contract and funding levels and make adjustments as needed. Additionally, the CLSD will hold regular meetings with the individual and their representative to evaluate whether the SDF contract is being upheld by the individual in addition to meeting the needs of the individual. Should the service user/their representative experience difficulties with the responsibilities of this program (i.e., administration and management tasks), they are encouraged to connect with their CLSD case manager.²⁴

²⁴ For additional information on the policies and the IF components associated with this program, refer to Table 1; for support to implement plan, refer to Table 4; for complaint and appeal processes, refer to Table 4.

3. Home Care Program: Individualized Funding (IF) (Children/Adults, all ages)

Saskatchewan's Home Care Program: IF program was initiated in 2002 in an effort to support individuals with physical disabilities (Kelly et al., 2020). Presently, this program is designed for individuals with short and long-term illnesses or disabilities and supports their needs to live at home as independently as possible. To increase service users' choice and control over their home support services, an individualized funding option is offered. This program is funded by the Ministry of Health, administered by the Health Authority, and delivered through local Saskatchewan Health Authority Home Care Programs. As of January 2024, there were 135 service users accessing IF across the Saskatchewan Health Authority (SHA). Service users' ages ranged from two to 88 years, with an average of 38 years old; typically, the service users who utilize IF are younger disabled clients requiring long-term supportive care with complex support needs (L. Anderson, personal communication, January 9, 2024).

The service user must first access home care support services, which requires them to connect with the Saskatchewan Health Authority Home Care Program in their community. To evaluate eligibility, service users must provide evidence that they (1) have a valid Saskatchewan Health Services card; (2) are in the process of finalizing permanent residence in Saskatchewan and have applied for a Saskatchewan Health services card; or (3) are a resident of Manitoba or Alberta, where contractual arrangements have been established (Ministry of Health, 2023b). Eligibility criteria for the IF option require the service user to:

- be dependent on long-term supportive services for a minimum of 6-12 months
- have relatively stable supportive service needs
- demonstrate willingness and capability to carry out responsibilities related to IF, or have a representative (e.g., guardian) willing to assume IF responsibilities
- have no association with a third party that supplements the cost of services

- be accepted for employer coverage under The Worker's Compensation Act (Ministry of Health, 2023b).

Children may access this program as long as their representative (i.e., parent/guardian) assumes the responsibilities and meets specific criteria associated with IF management.

Once assessed by a Home Care assessor coordinator, the application process is explained, and should the client express interest in the IF option, they are provided with an application package (L. Anderson, personal communication, January 9, 2024). Next, service users, their representative (if applicable), work collaboratively with a staff member of the Saskatchewan Health Authority to complete a needs-based assessment. All new applicants are reviewed by a provincial steering committee to determine eligibility (L. Anderson, personal communication, January 9, 2024). In addition to meeting the eligibility criteria, service users' acceptance into the Home Care Program is determined by the priority of assessed need and level of risk.

The monthly funding level is determined by the results of the needs-based assessment. The funding level is calculated at a per unit of service rate (hourly). A monthly administrative allowance and annual workers' compensation insurance premium are included within the funding level. The maximum monthly funding for 2023-2024 was reported as \$8,269, with an administration allowance of \$55.60 (Ministry of Health, 2023b). Jointly, a staff member of the Health Authority and the service user/representative will produce an individualized plan, which will inform the official Agreement that outlines the amount of funding allocated and the types of eligible services that may be purchased.

Whether service users and their representatives utilize private agencies or hire an individual contracting private service, they may purchase personal care, home management, and other supportive services outlined by the individualized plan. However, family members (related directly or by marriage and/or common law), health authority employees, and professional health services (e.g., registered nurses or therapists) are not permitted to be hired. Additional ineligible purchases include: (1) paying for care associated with the residence in which the service user lives (e.g., group home); (2) paying for costs acquired through hospital or long-term care services; and (3) purchasing products or services that are not included in the individualized plan or typically not associated with the Home Care Program (Ministry of Health, 2023b). Should a service user pursue purchasing an essential service outside of Saskatchewan, they must first secure written approval from the Saskatchewan Health Authority. As for unused funds, if such funds exceed one month's payment, they will be returned quarterly to the Health Authority.

The primary method of funding is self-directed, as the service user/their representative manages and directs the funds, services, and purchases. If a group of service users who live together wish to utilize IF as a collective group, they may pursue Collective Funding, which aims to streamline the service users' care plan along with management, funding, and accounting processes. In selecting the option of IF, service users and their representatives assume the following responsibilities:

- managing administrative tasks (i.e., hiring, negotiating contracts of service, training, scheduling, monitoring performance, and terminating staff)
- maintaining financial bookkeeping and reporting requirements (i.e., submitting monthly payroll, making deductions such as Income Tax and Canada Pension, and submitting a quarterly financial report)

- upholding legal duties (e.g., applying for coverage under The Workers' Compensation Act and abiding by relevant legislation such as The Saskatchewan Employment Act)
- paying for home care fees that exceed the funding level
- developing an alternative care plan that is not dependent on the Home Care Program (Ministry of Health, 2023b).

An annual needs review is required to renew funding. During this review, an evaluation of eligibility occurs and adjustments can be made to a revised Agreement should the service user continue to receive IF. If deemed necessary, needs reviews may occur on a more frequent basis. Additionally, in the first year of the Agreement, a mandatory financial review will be completed.²⁵

Quebec

1. L'allocation Directe – Chèque Emploi-Service Service (Direct Allowance— Employment-Service Cheque) (Children/Adults, all ages)

The L'allocation Directe program started in 1978. In 1998, the program was reformed, including a name change to Chèque Emploi-Service (Kelly et al., 2020). L'allocation Directe – Chèque Emploi-Service (Direct Allowance/Employment-Service Check) supports service users who have a wide variety of disabilities and support needs. This program provides the opportunity for service users and their representatives to employ and direct their own care and home support service providers, strengthening service users' choice and control. As of

²⁵ For additional information on the policies and the IF components associated with this program, refer to Table 1; for banking requirements, refer to Table 3; for complaint and recommendation protocols, refer to Table 4; for previous program evaluations, refer to Table 5.

2020, the program represented 10,219 participants, making up 7.8% of all provincial home care users (Kelly et al., 2020).

The program is funded by the Ministère de la Santé et des Services Sociaux (Ministry of Health and Social Services) and is administered through the Mission Centre Local de Services Communautaires (Local Community Service Center, CLSC) along with Le Centre de Traitement du Chèque Emploi-Service (Service Employment Paycheque Processing Center, CTCES). The CLSC assumes a central role in program delivery. CLSC oversees the application and assessment procedures, establishes intervention plans and allocates funding, educates service users on their responsibilities, and conducts annual reviews and adjusts service users' plans as required (MSSS, 2009). The CTCES is responsible for the financial management of the program. Notably, funding is never handled by the service user but rather flows from the CTCES to the service provider. This means CTCES is accountable for tracking payroll, depositing Chèque Emploi-Service (an employment-service check) to service providers, and preparing government documentation (Government of Quebec, 2022; MSSS, 2009).

Service users or their representatives must contact their local CLSC to initiate the application process. Individuals of all ages may be eligible if they meet the following criteria: (1) have a stable state of health; (2) require long-term services; and (3) are capable of undertaking the responsibilities associated with the management of service providers, alone or with the help of a friend or family member (MSSS, 2009). CLSC staff will conduct a needs-based assessment to not only assess program eligibility but the results also inform the intervention plan and allocated funding amount designated to pay for the services (MSSS,

2009). The intervention plan and the allocated funding amount will also reflect the service user's care preferences, their ability to manage their care, along with other external resources (e.g., support from their family and community) (MSSS, 2009).

As of 2020, the average monthly funding was reported to be \$503 (Kelly et al., 2020). Eligible supports include personal assistance (e.g., bathing, dressing, eating, and transfers) and housekeeping services (e.g., meal preparation, laundry, and errands) (MSSS, 2009). Service users may hire a friend, neighbour, or a home care agency to provide services. Family members may be permitted as service providers with approval from the CLSC. However, since the program was designed to alleviate family caregiver burnout, service users are encouraged to seek employees elsewhere prior to pursuing this option (Government of Quebec, 2022). In the case that service users are unable to secure a service provider, the CLSC provides a temporary service provider (MSSS, 2009). Once a service provider is secured, the CLSC registers the service user and their provider with the CTCES and initiates fund disbursement.

The service user's care is self-directed and self-managed. However, considering the role of CTCES, funds are never directly deposited to the service user. Thus, service users are primarily responsible for managing administrative tasks and directing their care. These responsibilities includes:

- selecting and hiring their service provider
- scheduling service providers
- tracking and submitting the service provider's hours to the CTCES on a biweekly basis
- submitting information regarding vacation pay, leave of absence, termination, or employment record

- directing the service provider on the type of care required according to the intervention plan
- notifying the CLSC of circumstantial changes that impact services (e.g., travel, hospitalization, and moving) (MSSS, 2009).

Local non-profits may be available to assist service users in navigating this program;

however, it appears this pathway does not have an established structure and this assistance is highly variable based on region (S. Ragot, personal communication, January 19, 2024).

The intervention plan undergoes at least one annual review between the CLSC and the service user, during which adjustments to the plan can be implemented to better align with the service user's needs. The CLSC is required to regularly consult with service users to ensure they are receiving appropriate services, and if necessary, explore alternative solutions.

However, in the event of circumstantial changes (e.g., worsened health), service users hold the responsibility of notifying the CLSC for reassessment.²⁶

2. Supplément Pour Enfant Handicap (Supplement for Handicapped Children) and Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels (Supplement for Handicapped Children Requiring Exceptional Care) **(Children, under 18 years old)**

The Supplément Pour Enfant Handicap (Supplement for Handicapped Children) and the Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels (Supplement for Handicapped Children Requiring Exceptional Care) are two programs designed to provide financial assistance to support families who have children with disabilities that lead to considerable impact on their daily living activities. Supplément Pour Enfant Handicap was

²⁶ For additional information on the IF components associated with this program, refer to Table 1.

established in 2005 while Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels was introduced in 2016. These programs are administered by Retraite Quebec.

To apply to these programs, representatives must submit completed applications to Retraite Québec. Applications for both programs are reviewed by Retraite Québec's team of health professionals, and approval is dependent on meeting the eligibility criteria. To be eligible for Supplément Pour Enfant Handicap, families must: (1) be receiving Family Allowance for a child; and (2) supporting a child under 18 years old who has a physical impairment or a mental function disability that markedly impacts their ability to fulfill daily living activities (Retraite Quebec, n.d.-a). Families are eligible for Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels if they are: (1) receiving Family Allowance for a child; (2) receiving Supplément Pour Enfant Handicap; and (3) are supporting a child under 18 years old who either has a physical impairment or a mental function disability that inhibit them from fulfilling daily living activities, or a child who requires complex medical care at home in which the responsibility for administering this care rests on the parents (Retraite Quebec, n.d.-b). Both programs require that the service user's condition must be expected to last for at least one year.

Both application processes mandate the submission of (1) an Educational Achievement Report (if the child attends daycare or school); (2) consent to a Release of Medical, Psychosocial, and Education-Related Information; and (3) documents pertaining to the specific type of disability/impairment (e.g., assessment by a specific type professional or prescription lists) (Retraite Quebec, n.d.-c). For the Supplément Pour Enfant Handicap application, a section must be completed by the parent as well as a section is to be completed

by a professional who has assessed and/or worked with the service user. The professional section involves an assessment of the service user's disability/condition in addition to a section which they can speak to the impacts on daily functioning. Notably, a diagnosis alone is insufficient for granting approval, but rather the application must demonstrate the severity of impairment on the service user's daily living activities. Other factors, such as whether the service user's environment promote or hinder daily living activities, are considered in conjunction to daily impairments due to disability (Retraite Quebec, n.d.-b). Eligibility determination criteria that are specific to Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels revolve around the severity of the disability. Severity may be deemed as a "serious limitation", meaning that the service user always or nearly always has considerable difficulty fulfilling daily living activities, or a "absolute limitation" which refers to absolute incapability or extreme difficulty completing daily living activities (Retraite Quebec, n.d.-a). In order to evaluate severity, this application features a needs-based assessment. Considering that both programs contain the prerequisite that the family must receive Family Allowance, a means test is also included as this is necessary to obtain Family Allowance.

Upon approval, Supplément Pour Enfant Handicap allocates a fixed funding rate of \$229 per month (Retraite Quebec, n.d.-d). However, funding levels for Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels are categorized into two tiers, depending on the severity of impairment. Service users in Tier 1 receive \$1,158 per month (\$13, 896 annually) whereas those in Tier 2 receive \$770 per month (\$9,240 annually) (Retraite Quebec, n.d.-a). Both programs grant retroactive payments up to 11 months before the application was received. The purpose of this funding serves to support expenses

associated with the care and education of the service user. As of recent years, parents are now permitted to pay themselves if they were required to stop work to care for the service user (S. Ragot, personal communication, January 19, 2024). These programs do not appear to provide formal planning support.

Funding is self-directed and self-managed. Local non-profits may be available to assist service users in navigating these programs; however, it appears this pathway does not have an established structure and services are highly variable based on region (S. Ragot, personal communication, January 19, 2024).²⁷

Yukon

1. Children's Disability Services (**Children, under 19 years old**)

Yukon's Children's Disability Services facilitates access to supports and services that enhance the inclusion of children with disabilities within their community. This program operates under the Department of Health and Social Services and is delivered by Children's Disability Services. The program is available to children who are (1) under 19 years old, (2) Yukon residents, and (3) have a disability of any category that results in significant restrictions to their daily living activities (DLAs) (Department of Health and Social Services, n.d.). This program does not require a formal diagnosis to meet program eligibility, thus allowing for increased accessibility.

²⁷ For additional information on the IF components associated with this program, refer to Table 1; for payment disbursement and schedule, refer to Table 3; for Notice of Decision details, refer to Table 4.

To apply, service users and/or their representatives (i.e., family members) may self-refer. Alternatively, someone who works with the service user (e.g., a teacher or doctor) may refer with the service user/their representatives' permission. To initiate this process, one must call the Children's Disability Services office. The application process requires basic information to be submitted, including documentation identifying the following information:

- the service user's full name
- date of birth
- type of disability (if known)
- caregiver names
- relevant reports (e.g., a needs-based assessment completed by a professional) (Department of Health and Social Services, n.d.).

Determining program eligibility consists of two primary features: a report or needs-based assessment outlining how the service user's daily living activities are impacted by the disability, and the service user and the family must meet with a social worker.

After verifying the basic eligibility criteria, a social worker will schedule an 1-hour meeting with the service user and their family to discuss the service user's needs, potential services and supports offered through the program, and/or alternative resources. The social worker will also review administrative formalities, such as consent and confidentiality forms. After approval, funding may take four to six weeks to be disbursed.

If granted program eligibility, service users may access funding to purchase services and supports that enhance the individual development and community participation of children with disabilities. Eligible services include:

- Inclusion worker
- Respite care
- Behavioural consultant and Applied Behaviour Analysis therapy

- Occupational therapy and physical therapy
- Speech-Language Pathology (Department of Health and Social Services, n.d.).

The social worker is available to assist the service user and their family in accessing these services and supports. If the service user is deemed ineligible, they may reapply through a referral from a professional (e.g., teacher or doctor).²⁸

Ontario

1. Special Services at Home Funding (Children, under 18 years old)

The Special Services at Home (SSAH) Funding began in 1982 as a response to the deinstitutionalization movements (IFCO, 2021). SSAH assists families in purchasing services that best support their child with a developmental and/or physical disability. This program is funded by the Ministry of Children, Community, and Social Services (MCCSS) and delivered by the MCCSS regional offices. At the start of 2020-21, the Ontario government committed to spending \$70.3 million over three years, which was expected to support 6,800 service users (Pooran Law, 2020).

To qualify for support, applicants must (1) be a child under 18 years of age with a developmental and/or physical disability; (2) reside in Ontario; and (3) either live at home and require support beyond the capacity of the family, or live outside of their family home but do not receive support from residential services (MCCSS, 2024g). Applying to SSAH involves

²⁸ No information was found regarding service user's responsibilities, additional supports, review processes, and program reviews or evaluations.

one main step— completing the comprehensive application. The sections of the application cover various realms of the applicant and family's life, including:

- family caregiver
- individual and family update
- requests for service
- description of strengths
- interests and support provided
- the family's situation
- the family's support networks
- paid services and supports (MCCSS, 2024b).

In addition to completing the application, written documentation proving the service user's residency, age, and their disability must be submitted.

Regional offices undertake reviewing applications for the SSAH program. Applications are assessed by SSAH staff using a needs-based assessment. Eligibility is determined by the following factors:

- the supports described in the application
- family coping requirements
- the complexity of required supports
- existing community supports and services
- support networks of the service user
- availability of funds (MCCSS, 2024g).

SSAH staff also determine funding levels according to the needs-based assessment of the information provided in the application. A service user's allocated funding level is reflective of (1) the type and complexity of supports and services, (2) existing natural supports, as well as (3) funding availability, given that this program operates within a fixed allocation (MCCSS, 2024e).

Formal planning support between SSAH staff and the service user/their representative does not appear to be included within the program structure, as service users/their representatives are required to create a detailed plan for the purpose of the application. Upon reviewing the application, SSAH staff identify the type of supports and services required by the service user. Funding may be used to purchase a wide variety of support and services that aid the development of the child and/or assist with primary caregiver relief. Eligible supports and services include:

- Mainstream and/or specialized camp and recreational programs
- Advertising for recruitment of a special services worker
- Special services/support worker to provide respite and/or personal development
- Travel costs associated with transporting service user for the worker
- Basic supplies to implement a program
- Membership fees for special needs associations
- 1:1 support worker at camp or recreational program
- Training for a family member or worker that enhances the understanding of the child with a disability's needs
- Extraordinary cost of childcare (for children aged 12 and above)
- Nursing for medically fragile children
- Routine household maintenance
- Gym membership fees
- Daycare/nursery school as respite or if recommended for socialization (MCCSS, 2024d).

Ineligible supports include:

- Tutoring and academic programs
- Camp fees for siblings
- Basic care and necessities
- One-time admission costs
- Regular child care fees for children under 12 years old
- Fees and tuition costs for education and employment
- Assistive devices, specialized equipment, and home modifications

- Dental services
- 1:1 support in a school setting
- Professional services, such as applied behavioural analysis
- Sports equipment
- Electronics (MCCSS, 2024d).

Workers may be contracted individually, through an agency, or non-primary caregiver family members who are at least 18 years old, neighbours, and friends may be hired as well (MCCSS, 2024a). A service user, under special circumstances, may access services outside of Ontario. Specifically, if a service is more economical and accessible outside of Ontario, then the service users/their representatives may submit documentation from a professional recommending said service and await approval by the Ministry Regional Office Director.

This program offers two primary funding model options: self-administration and agency-administration. Self-administration refers to when the service user/representative manages funding, thereby maximizing their control over services and their use of funds. Alternatively, agency-administration involves an agency assuming responsibility over the funds, allowing for administrative and management support. However, some agencies may charge an administrative fee, which is deducted from the service user's funding. The option to combine funds with another family or families for joint service purchases is also permitted if the same administration and accountability stipulations are followed. In exceptional circumstances, the ministry will work with the service user/their representative to find an alternative method for funding disbursement.

If the service user/representative selects the self-administered funding option, they must fulfill the following responsibilities: (1) hiring and contracting services; (2) managing

financial bookkeeping and reporting requirements (i.e., submitting invoices, providing proof of expenses for reimbursement, completing progress reports, reporting circumstantial changes, and retaining records for seven years); and (3) following legal duties (i.e., securing liability coverage and meeting human resource obligations) (MCCSS, 2024a). To aid the hiring process, funds may be used to support advertising for recruitment of a special services worker. In terms of additional SSAH and MCCSS responsibilities, SSAH staff monitor funds to track accountability. If concerns regarding the management of funds arise (e.g., underutilization of funds or misuse of funds), SSAH will contact the family.²⁹

2. Passport Funding (Adults, 18 years old and above)

Ontario's Passport Funding was initiated in 2005 (Kelly et al., 2020). This program is designed to enhance community integration for individuals with developmental disabilities and to provide families/caregivers opportunities for respite. This program is funded by the Ministry of Children, Community, and Social Services (MCCSS) and administered and delivered by Developmental Services Ontario (DSO). As of 2021, the program served over 52,000 individuals, with a commitment to increase this number by 28,000 over three years (MCCSS, 2023a).

Applying for Passport funding begins with an application to DSO. Written documentation is required to confirm that the applicant (1) is 18 years or older, (2) resides in Ontario, and (3) has a developmental disability as identified by a psychological assessment

²⁹ For additional information on the policies and the IF components associated with this program, refer to Table 1; for the application process, refer to Table 4; for support to implement plan, refer to Table 4; for the appeal process, refer to Table 4

(MCCSS, 2023e). Upon confirmation of DSO eligibility, a service user will schedule two 3-hour meetings with their local DSO assessor to determine the level of support required. It is necessary to have two individuals who can assist the service user throughout these meetings (e.g., family member, friend, or teacher). Once eligible for DSO-funded developmental services and supports, service users are automatically eligible for Passport Funding. To access this program, service users can contact their local DSO to request a referral to the Passport Program, and they will be transferred to their local passport agency to begin the process required for Passport Funding.

Service users will receive a fixed rate of \$5,500 annually without a needs-based test (MCCSS, 2023e). However, if service users require more funding, they can submit a pre-approval request with an Extenuating Circumstance. This process includes an additional application and the completion of a needs-based assessment. Eligibility approval is determined by the following factors:

- the service user's assessed need
- the priority level and risk factors
- the type and amount of service required
- existing supports
- availability of government resources (MCCSS, 2023f).

To calculate appropriate funding levels, a systematic, automated process calculates a score using the information from the application and needs-based assessment, and scores are then matched according to a funding table. Up to \$44,275 annually may be allocated, depending on the assessed level of need (MCCSS, 2023e).

Once funding allocation is confirmed, the service user selects a Person Managing Funds (PMF) who assumes the responsibility of fund management. Service users may designate themselves, or they may choose a family member or friend as their PMF. However, they cannot select their service provider(s). Following this decision, the service user/PMF chooses a funding model option. This program offers three options: Self-Administer Service Option, Transfer Payment Recipient Service Option (TPR), or Broker Service Option. The Self-Administer Service Option requires service users and/or their PMF to direct their services and manage administrative tasks related to funding, reimbursement, and employing service providers. To ease the administrative and management duties of service users/PMFs, the TPR Service Option allows service users to select a ministry-funded service, and this service will submit invoices and receive payments. Alternatively, the Broker Service Option permits service users to designate a person, agency, or organization who assists with budgeting, submitting invoices, and the recruitment and scheduling of service providers (MCCSS, 2023f).

There are no formal planning processes specific to Passport Funding, but the passport agency is available to provide information and resources to assist with developing an annual budget. Service users may purchase planning support services; however, this is separate from the passport agency, DSO, and MCCSS services. Service users may choose from a variety of support and services, including:

- Community participation supports and/or supplies
- Activities of daily living
- Employment supports
- Caregiver respite
- Support worker hours and expenses
- Transportation to and from admissible activities

- Person-directed planning (up to \$2500 annually)
- Administrative supports for Passport Funding (up to 10%)
- Employer costs associated with self-administer service option (e.g., Canada Pension Plan and Employment Insurance)
- Fitness, recreational, sports, or activity related classes, memberships, and fees
- Hunting and fishing permits or licenses
- Educational courses and activities (not OSAP associated)
- Day/summer camps
- Admission to museums, cultural attractions, and/or ticketed, live events (MCCSS, 2023f).

A portion of the funding (10%) may also be utilized for administrative management services and employer costs. Non-professional providers may be hired, including family members who do not reside with the service provider, friends, and neighbors (MCCSS, 2023f). However, family members who are not permitted to be paid include the service user's designated PMF, primary caregivers, the caregiver's spouse, parent(s) and stepparents, family members under 18 years old, and if the person is receiving financial compensation from the MCCSS to provide supports to the service user. However, indirect respite services and supports for up to six months may be granted under extenuating circumstances. With regard to unspent funds, funds are not permitted to be carried over to the next fiscal year.

Service users must uphold administrative, financial, and legal duties associated with IF schemes; however, some of these responsibilities may vary depending on the chosen service option. Funds are directly deposited or mailed when reimbursement claims are submitted; the party who submits claims and receives funding differs depending on the chosen service option. When service users select the Self-Administer Service Option, they assume the following responsibilities: (1) fulfilling care management and administrative tasks (i.e., hiring,

contracting, directing, and monitoring services and supports); (2) following legal duties associated with directly employing service providers (e.g., following Canada Revenue Agency rules); and, (3) completing financial bookkeeping and submitting expenses (MCCSS, 2023f). In the case that a service provider experiences a change in circumstance that may influence their funding level, they must connect with their local DSO for reassessment.³⁰

3. Self-Managed Attendant Services in Ontario: Direct Funding Program (Adults, 16 years old and above)

The Self-Managed Attendant Services in Ontario Direct Funding (DF) Program is one of the longest-standing IF programs in Ontario. It started as a pilot project in 1994 and was established as a permanent provincial program in 1998 (Kelly et al., 2020). This program promotes the notion that service users with physical disabilities are employers. It is designed for service users to undertake the role of an employer, thereby increasing their control in managing their care and attendants (i.e., support worker). This program is funded by Ontario's Ministry of Health and Long-Term Care through the Toronto Central Local Health Integration Network, but it is administered by the Centre for Independent Living Toronto (CILT) alongside the Ontario Network of Independent Living Centres (ONILC). Nearly 700 service users have accessed this program (CILT, n.d.-d).

Eligibility criteria require that the service user is:

- at least 16 years old

³⁰ For additional information on the policies and the IF components associated with this program, refer to Table 1; for complaints and appeals, refer to Table 4; for portable fund details, refer to Table 4; for previous program evaluations, refer to Table 5.

- an Ontario resident
- has a physical disability that generates a need for attendant services
- capable of completing a written application in their own words
- capable of proceeding with the application process, managing the responsibilities associated with DF, as well as prepared to undertake the risks that may come with managing one's own care (CILT, n.d.-d).

Eligibility is determined through the Direct Funding Interview, in which the service user meets with a selection panel to discuss their application at length. After the interview, the selection panel will determine whether the service user meets the eligibility criteria in its entirety.

The first step in the application process involves completing a brief self-assessment of the service user's needs and identifying which activities of daily living are required. The latter includes an assessment of how many hours of support (including a weekly, 24-hour schedule), along with services and support the applicant currently has access to. Once the application is submitted to the DF program at CILT and the service user reaches the top of the waitlist, a DF staff member from the service user's local ILRC will connect with them to organize an in-person interview with a selection panel. The selection panel consists of a representative from the local ILRC, a representative from the CILT, and a consumer of attendant services from the applicant's region. This thorough interview is intended for all parties to review the application, determine eligibility approval, and establish a budget according to the allocated funding amount. The current waiting period for an interview is approximately one year or less (CILT, n.d.-c). The service user is encouraged to prepare for this two-hour interview using the resources provided by their local ILRC. Service users should expect to explain the details of their application and reasons for applying to DF in addition to

answering questions regarding previous work/volunteer positions, their budget, and how they will handle employer responsibilities.

Due to the requirements of the application and selection panel interview, planning processes appear to be undertaken by the service user prior to being accepted. However, discussions regarding the service user's plan will take place during the interview. The amount of service and the associated funding is individually negotiated according to requested service and budget put forth by the service user in their application. However, the maximum funded service hours is currently 7 hours per day (CILT, n.d.-a). Upon program approval from the selection panel, service users will sign a standard agreement. Funds are then dispersed monthly to service users so that they may purchase attendant services, which include:

- Bathing and washing
- Personal grooming and hygiene
- Dressing/undressing
- Transferring and positioning (CILT, n.d.-b).

A portion of the funding may also be used for liability insurance in addition to services which assist with payroll and bookkeeping. Immediate family members (i.e., parents, children, siblings, spouses or the equivalent) are not permitted to be hired nor may they assist with the management of DF.

This program only provides a self-managed option, yet the distinctive feature of this particular program is that service users must possess the ability to self-direct and manage by themselves. Service users assume the following care management, administrative, and financial responsibilities:

- hiring, contracting, and dismissing attendants

- training, directing, and supervising attendant services
- upholding legal duties associated with directly employing service providers (e.g., applying for a business number under Revenue Canada; following Canada Revenue Agency rules; and upholding occupational health and safety standards and provincial legislation such as the Employment Standards Act)
- financial bookkeeping (e.g., submitting quarterly financial reports and Workplace Safety and Insurance Board remittances, calculating payroll deductions, and preparing year-end payroll documents, such as T4s) (CILT, n.d.-b).

Despite service users assuming primary responsibility, the program embeds various supports to assist with implementation. For example, service users will be given two comprehensive resource and training manuals to guide the processes required to initiate DF, such as hiring attendants and managing employer responsibilities. The DF resource staff at the service users' local ILRC are also available to support, such as assisting with information navigation and fostering opportunities for peer networking with DF participants (CILT, n.d.-b). In the event that a service user requires assistance in training their attendants, special training is available through the local ILRC.

This program is designed as a lifelong program, and service users will continue to receive funding as long as they maintain the eligibility criteria and uphold the signed agreement. If service users experience a change in circumstances and require increased funding, they are permitted to request a change in budget.³¹

³¹ For additional information on the policies and the IF components associated with this program, refer to Table 1; for detailed eligibility criteria, refer to Table 2; for supports to implement plan, refer to Table 4; for complaints and appeals, refer to Table 4; for portable funds, refer to Table 4.

4. Family-Managed Home Care: Self-Directed Care (Children/Adults, all ages)

Ontario's Family-Managed Home Care provides a self-directed option to allow service users and their families a higher degree of choice and flexibility when selecting and managing services that support the health needs and daily living activities of the service user. This program was introduced in 2018 (Amaral et al., 2019), and it is funded by the Ministry of Health and administered through Home and Community Care Support Services (HCCSS) organizations. It is intended for children with complex medical needs, home-schooled children with qualifying health care needs, adults with an acquired brain injury, and individuals in extraordinary circumstances (Ministry of Health, 2023a). A substitute decision-maker (SDM) may operate on behalf of the service user. This role may be fulfilled by a parent or legal guardian, and for service users over 18, an SDM may be a Power of Attorney or Guardian of Property.

To initiate the application process, service users or their SDM must call the local HCCSS organization, which will then assign a Care Coordinator to the case. A Care Coordinator serves as the main point of contact, supporting the service user and their family throughout all phases of the program. Eligibility is determined through meeting the general eligibility criteria in addition to the results of the needs-based assessment. Service users applying under an extraordinary circumstance must not only meet the general criteria and possess stable care needs that cannot be addressed through conventional services but other factors are also taken into account to determine eligibility. These factors include:

- the nature, frequency, and intensity of care required
- unique scheduling issues
- language or communication barriers

- cultural considerations
- lack of HCCSS contracted service providers
- rural or remote location of care (Home and Community Care Support Services, n.d.).

As part of the intake and eligibility determination process, the Care Coordinator will assess the service user's needs, which will involve a needs-based assessment and, potentially, a visit to the service user's home. Additionally, a Care Coordinator will assess all SDMs to confirm their capability of assuming the responsibilities of this role.

If deemed eligible, the service user continues to the planning phase. Jointly, the Care Coordinator, the service user, and anyone whom the service user chooses to involve (i.e., SDM, family member, friend, etc.) will develop a Plan of Service. This plan is individualized not only in terms of the service users' needs but also with regard to their ethnic, spiritual, linguistic, familial, and cultural factors. It also outlines the allotted number of service hours and identifies eligible services and supports. Care Coordinators are authorized to allocate up to 21 hours per week; however, if necessary, additional hours beyond this limit may be approved by higher management within HCCSS (Guardian Home Care Toronto, n.d.). Service rates are fixed province-wide, and the maximum rates are categorized by service provider type (i.e., HCCSS staff, independent contractors, service providers without an HCCSS contract). Allocated funding amounts are designed to cover the maximum compensation rate associated with the specific service provider type (LIHN, n.d.). Eligible services include:

- Health care professionals (e.g., nursing, physiotherapy, occupational therapy, speech-language pathology, social work, and nutritionists)
- Personal support services (e.g., washing, dressing, and eating)

- Homemaking services to meet ADLs (e.g., cleaning, banking, laundry, and caring for children) (Ministry of Health, 2023a).

With pre-approval from the HCCSS, funds may be permitted to cover certain expenses (Home and Community Care Support Services, 2022). Immediate family and individuals who reside in the same household are not permitted to be paid for services. Service providers may belong to an agency, operate as an independent contractor, or may be an individual from the service user's life.

Funding is self-managed either by the service user or their SDM. While this program is typically self-directed, there may be instances where the HCCSS provides a combination of the Family Managed Home Care Program and traditional home care (LIHN, n.d.). Service users and SDMs assume the following care management, financial, and administrative responsibilities:

- understanding the nature of the disability and the required services to support the service user
- understanding and fulfilling employer responsibilities
- hiring, contracting, training, scheduling, and supervising multiple service providers
- opening a bank account specifically for SDC self-directed care
- securing insurance
- paying service providers, calculating tax deductions, financial bookkeeping, and submitting HCCSS reporting requirements (CHEO, n.d.).

As part of the agreement, service users must be reassessed regularly by the Care Coordinator. If the service user experiences a change in their circumstance that impacts their

level of need, they or their SDM can request a reassessment, and modifications to their plan of service will be made accordingly.³²

5. Ontario Autism Program: Core Clinical Services, Childhood Budget, and Interim One-Time Funding **(Children, under 18 years old)**

The Ontario Autism Program (OAP) supports children diagnosed with autism and their families by helping to facilitate the purchasing of services and supports that bolster the development of the service user, in addition to aiding families in caring for the service user. OAP is funded and administered through the Ministry of Children, Community, and Social Services (MCCSS). However, AccessOAP, an independent intake organization, also supports the administration and delivery of OAP.

Over the past few years, OAP has encompassed three funding pathways, two of which are in provision for service users who were registered with OAP prior to April 2021, while the other pathway is intended for those registered after April 2021. The former pathways for previous service users include the Childhood Budget and Interim One-Time Funding; however, these programs have been slowly phased out. Once the contracts of these two former programs end, service users can transition to the new OAP programs. Currently, OAP offers multiple programs, but the program of focus for this jurisdictional review is the Core Clinical Services.

³² For additional information on the policies and the IF components associated with this program, refer to Table 1; for service provider requirements, refer to Table 3; for protocol to opt out of program, refer to Table 4.

The Childhood Budget was introduced in 2019. However, this program was gradually replaced, as the Interim One-Time Funding was announced at the end of 2019 and the Core Clinical Services program was rolled out in March 2021. In 2019, 3,983 children received Childhood Budgets (Ontario Autism Coalition, 2020). As of March 2023, over 12,000 service users were registered with Core Clinical Services and nearly 6,400 had received their funding level (Jones, 2023). No participant data was found for Interim One-Time Funding.

To be eligible for any of the three programs, service users must (1) be under 18 years old; (2) reside in Ontario; and (3) provide professional documentation verifying their diagnosis of autism (MCCSS, 2023b). Service users who were registered with OAP prior to April 2021 were offered the Childhood Budget via an invitation letter and were required to apply within 18 months of receiving the letter (MCCSS, 2023c). Alternatively, service users were also offered the choice to join the Interim One-Time Funding via an invitation letter, and their registration forms were required to be submitted before March 31, 2021 (MCCSS, 2024f). Applications for both programs were reviewed by the MCCSS.

To access Core Clinical Services, service users must complete an application through AccessOAP. Once their basic eligibility is verified, AccessOAP will send an invite to the service user/their representative when they are permitted to enter the program. Invitations are issued in the order that the service user has registered with OAP. Following this, the service user/their representative will meet with a Care Coordinator who will employ a needs-based assessment, which is referred to as the determination of needs process.

The Childhood Budget and Interim One-Time Funding are dependent on a fixed funding rate based on the service user's age. The Childhood Budget allocates \$20,000 for

children under six years old and \$5,000 for those aged six and older (MCCSS, 2023c), whereas the Interim One-Time Funding allocated \$22,000 for service users under six years old and \$5,500 for services users older than six years old (MCCSS, 2024f). This funding was permitted to be renewed one time, thereby allowing two Interim One-Time Funding Payments in total. Funding had to be spent within 18 months.

Diverting from the fixed funding rates based purely on age, the Core Clinical Services not only takes into account the service user's age but also considers the intensity of their needs. This evaluation requires a Care Coordinator to administer a needs-based assessment along with considering other factors, such as the service user's developmental and life stages in addition to co-existing health and environmental factors (MCCSS, 2023d). The service user's age and intensity of need (i.e., limited, moderate, or extensive intensity of need) are matched with an allocated funding amount. For example, service users who are three years old and under with a limited or moderate intensity of needs are allocated \$10,900 whereas their counterparts with extensive intensity of needs are allocated \$65,000. Service users who are 15 to 17 years old with limited intensity of needs are allocated \$6,600, those designated with moderate are allocated \$18,300, and those with an extensive intensity of need are allocated \$31,900 (MCCSS, 2023d).

There are no formal planning processes to support the Childhood Budget and Interim One-Time Funding, thus service users/their representatives undertake this task on their own. Within Core Clinical Services, the Care Coordinator is available to assist in selecting services and supports best suited for the service user. Additionally, Care Coordinators may provide

support in information and resource navigation in addition to collaborating in the development and achievement of goals, strengths, and necessary support across 10 key domains:

- Communication
- Social interaction
- Play and leisure
- Activities of daily living
- Motor skills
- Cognitive skills
- Sensory system
- Interfering behaviors
- Mental health
- Adaptability and resilience (MCCSS, 2023d).

In addition to the Care Coordinator, families may access an AccessOAP provider list.

Under the Childhood Budget and Interim One-Time Funding, service users and their representatives were permitted to choose from an expansive list of eligible services and supports, including but not limited to:

- Evidence-based behavioural services (e.g., Applied Behavioural Analysis)
- Additional autism services and supports (e.g., curriculum-based interventions, life skills and social skills training, and employment supports)
- Other therapies and specialized services (e.g., speech and language therapy and occupational therapy)
- Respite services (e.g., support workers from public and private agencies or family members and friends)
- Fees for community recreational activities and classes or cultural activities or camp programs
- Family service planning and support (e.g., interpretation services, individualized planning support, and administrative employer costs)
- Travel costs associated with access a service provider or autism-specific training for caregivers or service providers
- Technology purchases every two years (e.g., computer, smart phone, and GPS tracking device) (MCCSS, 2022).

Eligible services under Core Clinical Services include:

- Applied Behaviour Analysis
- Speech-Language Pathology
- Occupational Therapy
- Mental health services, including counselling and/or psychotherapy
- Technology, program materials and/or therapy equipment at the recommendation of a regulated professional or Board Certified Behaviour Analyst (BCBA)
- Travel expenses related to accessing services (MCCSS, 2023d).

All programs are self-managed by the service user/their representative(s). For all OAP programs, service users/their representatives are responsible for selecting service providers and eligible supports in addition to submitting expense forms and additional required documentation related to expenses. Only the Core Clinical Services program requires an annual needs-based assessment.³³

Summary

Nature of Individualized Funding

This report found that eleven of Canada's thirteen provinces and territories offer some form of IF for individuals with disabilities. The current jurisdictional review did not identify any established disability-related IF programs in Nunavut or the Northwest Territories – although, in 2020, a pilot program inspired by successful self-managed care models in other Canadian jurisdictions was initiated in the Northwest Territories (Northwest Territories and Social

³³ For additional information on the policies and the IF components associated with this program, refer to Table 1; for more eligible services and supports, refer to Table 3; for Core Clinical Services funding levels, refer to Table 3; for fund disbursement and installments, refer to Table 3; for supports to implement plan, refer to Table 4; for previous program evaluations, refer to Table 5.

Services Authority, n.d.). The majority of IF programs in Canada are funded and overseen by Government ministries (e.g., the Ministry of Seniors, Community and Social Services, Ministry of Health, Ministry of Social Development, Ministry of Children and Family Development, Department of Social Development). However, in a few instances, government funding is administered by non-profit organizations.

This review found that most jurisdictions across Canada have at least one IF program catering to adults and children/adolescents with disabilities. However, no child-specific program was identified in the Northwest Territories. Conversely, while the Yukon has an IF program for children and adolescents with disabilities, no similar program was found for individuals over the age of 19.

The models of IF within each province and territory are diverse, including self-directed/managed care models where individuals and/or their families/chosen delegate manage funding to (1) customize services to their individual needs; (2) flexible service delivery options that give individuals the option to use their funds for a range of services including hiring personnel, accessing therapeutic services or procuring necessary equipment; and (3) models that incorporated support networks and microboards designed to assist those who might be unable to manage their care independently. For IF programs for individuals with developmental disabilities, it was common for programs across jurisdictions to have individual/family-managed options and a community service provider (or host agency) option for individuals/families who preferred the support of an agency in managing services.

While elements of IF could be identified within programs across jurisdictions, each program's specific features reveal a diversity of interpretations and approaches in employing

IF components. There are notable differences in the administration of these programs, particularly in terms of funding amounts, flexibility in services, and permitting family members to be paid for provided support. While some programs offer highly individualized funding amounts with no fixed maximum, others impose regional maximums or have specific caps. The flexibility in how funds are utilized also varies, with some programs allowing a wide range of services and supports, and others having more defined eligible services. Additionally, the degree of administrative and management support provided to individuals and families varies widely across programs, influencing the ease with which plans can be implemented and managed.

Eligibility

All provinces and territories have similar eligibility processes and criteria, with most programs focusing on factors such as age, provincial residency, and disability criteria. However, across all provinces and territories, age requirements vary, with criteria depending on the targeted population and the age range differing within age groups.

For instance, several programs within Alberta, Manitoba, Newfoundland & Labrador, Prince Edward Island, Quebec, and Ontario identify children as under the age of 18. Saskatchewan's Autism Spectrum Disorder Individualized Funding offers funding for children up to 12 years old, while programs in New Brunswick, Nova Scotia, and Yukon serve children under 19 years old. In British Columbia, in-province variation is demonstrated, as the age criterion ranges from service users under 17 to 19 years old, in addition to those over the age of 12 years old.

Similarly, for adult programs, Alberta, Manitoba, Saskatchewan, and Ontario set the age limit at 18 years old and above, while British Columbia and Nova Scotia require 19 years old and above. Uniquely, Ontario's Self-Managed Attendant Services in Ontario: Direct Funding Program operates with an age criterion of 16 years old and above. The pilot project, Paid Family/Community Caregiver, taking place in the Northwest Territories, is designed for adults; however, this review did not find a specific age criterion.

Five provinces— Alberta, Manitoba, Saskatchewan, Quebec, and Ontario— offer programs for all ages. Conversely, three provinces have programs with distinct age limits. Both New Brunswick and Newfoundland & Labrador offer programs to service users between 18 and 64 years old. Similarly, Prince Edward Island's AccessAbility program supports all service users who are 65 years old and under. Notably, Newfoundland & Labrador's Self-Managed Home Support Services is specifically designed for older adults who are 64 years old and above.

Each province establishes its own disability criteria for every program, often ranging in disability type, onset, and intensity of needs. In most provinces, applicants are required to provide written documentation completed by a professional to verify their diagnosis. However, Alberta's Family Support for Children with Disabilities Program and Yukon's Children's Disability Services show more leniency with disability criteria, allowing applicants to apply without a finalized diagnosis. It is important to note that Alberta's program requires families to submit documentation verifying they are awaiting a diagnosis, while in the Yukon, an applicant may apply and complete most program processes without a professional report or assessment, but eventually, documentation highlighting the service user's needs is required.

Nearly half of the provinces offer programs in which service users' eligibility is associated with a different service, requiring them to first register with another program to be eligible for the IF program. This is most common for homecare IF programs, with British Columbia, Manitoba, and Saskatchewan having IF programs connected to traditional home care services. Another form of this eligibility criterion is seen in Prince Edward Island, where service users pursuing School-Age Autism Funding must first register with the province's all-encompassing IF program, AccessAbility Supports. Similarly, Ontario's Passport Funding program and Core Clinical Services program mandate that service users register with larger umbrella services, the DSO and OAP, for referrals to the IF programs. Additionally, two of Quebec's programs—Supplément Pour Enfant Handicap and Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels—specify that service users/families must receive Family Allowance. Furthermore, to apply to the Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels, service users/families must be eligible for Supplément Pour Enfant Handicap as well.

Some provinces also indicate certain circumstances that lead to service user ineligibility. For example, Prince Edward Island's AccessAbility Supports criteria highlight conditions related to hospitalization and the correctional system, while two of Nova Scotia's programs—Direct Family Support for Children and Self-Managed Care Program—emphasize eligibility limitations due to accessing other services and sources of funding. Both of these provinces also have parameters regarding children who are under the care of Child Protection/the Ministry. In the same fashion, Manitoba and Saskatchewan also set ineligibility criteria based on whether a service user is a resident of a Reserve.

Most provinces and territories allow service users the option to self-manage or for a representative (e.g., family member, partner, friend) to assist with the processes and responsibilities of IF. However, a couple of provinces have stipulations concerning support networks. Nova Scotia's Disability Support Program— Flex Individualized Funding requires a service user to demonstrate a sufficient personal support network, whereas Saskatchewan's Community Living Service Delivery: Self-Directed Funding mandates that a service user secure a representative and/or a Circle of Support or a Support Board to assist with the application and planning processes in addition to administrative and financial tasks associated with direct funding.

On the contrary, other provinces and programs specify criteria relating to service users upholding a specific level of independence. Nova Scotia's DSP – Independent Living Support Program and the Self-Managed Care Program state that service users must be capable of living in various independent ways and have the capacity to take part in the processes of the program. Likewise, Ontario's Self-Managed Attendant Services in Ontario: Direct Funding Program insists that service users must be self-sufficient in managing the program requirements.

One of the most common components of IF programs is a needs-based assessment. All provinces and territories have IF programs that utilize this component. However, the implementation of a needs-based assessment varies depending on (1) who conducts them, (2) when they are administered in the IF process, and (3) whether they are accompanied by a means test. All provinces and territories, except for Yukon, offer at least one program in which

a needs-based assessment is completed by program staff.³⁴ However, some provinces and programs incorporate a needs-based assessment through the application, thus requiring either the service user/their representative and/or a professional to complete it. These provinces and programs include Manitoba (Self and Family Managed Care Program), Quebec (Supplément Pour Enfant Handicap and Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels), Yukon (Children's Disability Services), and Ontario (Special Services at Home Funding and Self-Managed Attendant Services in Ontario: Direct Funding Program). Five provinces—British Columbia, New Brunswick, Newfoundland & Labrador, Nova Scotia, and Prince Edward Island—utilize a means test in addition to a needs-based test. Typically, a means test is employed to evaluate whether the service user meets a financial need or to determine their level of financial contribution to their service plan.

Nonetheless, some provinces have programs that do not require a needs-based assessment to inform allocated funding levels, including British Columbia, Prince Edward Island, Saskatchewan, and Ontario. The majority of the programs without this assessment are autism funding programs, and it appears that many rely on diagnostic documentation rather than a needs-based assessment to access a fixed funding rate. Ontario's Passport Funding program, designed for service users with any developmental disability, also operates with a similar structure unless the service user desires to increase their funding level beyond the automatic fixed rate. Although British Columbia's Individual Funding—CKNW Kids' Fund—does not require a needs-based assessment, per se, it stands apart from the rest of the

³⁴ At time of writing, it was not confirmed whether a program exists in the Yukon.

programs as it requires the family to submit a letter of expressed need in addition to a letter of support from a professional.

Regarding eligibility determination, all provinces determine program acceptance based on the service user meeting the standard eligibility criteria. However, most provinces and territories with IF programs, except for Alberta and Prince Edward Island, have at least one to three programs that consider an assessment of need as a factor for initial program eligibility. Evaluating beyond merely an assessment of need, four provinces— British Columbia (Individual Funding – CKNW Kids’ Fund), New Brunswick (Self-Managed Disability Support Program), Saskatchewan (Community Living Service Delivery: Self-Directed Funding and Home Care Program: Individualized Funding), and Ontario (Family-Managed Home Care: Self-Directed Care)— state that their programs considers factors such as urgency, priority of needs, and risk when determining program eligibility.

Funding

Across jurisdictional programs, a broad spectrum of methods are employed to calculate funding amounts for services to support individuals with disabilities. The diversity of programs reviewed makes funding comparisons challenging. However, a fundamental similarity among most programs is the use of needs-based assessments in establishing funding levels. These assessments are frequently paired with person-centred planning processes. These processes typically involve the collaborative development of service plans, incorporating input from the individual, their family or support persons (including microboards), program staff, and other pertinent professionals to tailor service plans to reflect

the individual's goals and needs. Additionally, monitoring and review mechanisms are often implemented to evaluate the impact and efficacy of both the allocated funding and the implemented plans.

The actual amount of financial contribution and the method used for its calculation display significant variability across provinces, influenced by factors including program scope and available funding, the assessed needs of the individual, and geographical location. Financial assessments are frequently conducted alongside needs assessments to determine eligibility and the funding amount and, in some cases, the fees paid by the individual or family. While funding amounts in programs for individuals with developmental disabilities are generally individualized, many programs have associated maximum limits. However, several programs (e.g., British Columbia's CLBC Individualized Funding Program) offer greater flexibility in the scope of support provided.

Funding implementation varies widely across programs. While some programs allocate funds directly to individuals or their families, enabling them to independently hire service providers and acquire eligible supports, other programs adopt a reimbursement model. This latter approach involves compensating families after they have incurred expenses for eligible services or equipment outlined in their agreement. Notably, the strategy of reimbursement, as opposed to providing direct funding, is more frequently employed in IF for children and families.

Despite sharing common goals of enhancing independence, well-being, and community participation, the thirty-three identified programs varied widely with respect to the eligible use of funds. The scope of funded supports includes a wide range of services, from

personal care and home support, employment assistance, community engagement, specialized therapies, respite, and specialized equipment. However, most programs have specific restrictions on fund usage. This was particularly consistent among self-managed Home Care Programs, which serve as alternatives to home care services managed and administered by the regional health authority. It is common for self-managed IF programs to allow funds to be used for direct service costs and associated expenses, such as bookkeeping, transportation to activities, and emergency or backup services through agencies.

A common restriction across many programs is the limitation on paying family members for personal support, with exceptions often noted as being possible under extraordinary circumstances and upon approval from the overseeing authority. Several programs, such as Saskatchewan's Autism Spectrum Disorder Individualized Funding and Quebec's L'allocation Directe – Chèque Emploi-Service, permit family members to be hired for support services.

Individuals, families, and delegates across jurisdictions who opt for self-directed or self-managed support frequently assume responsibilities akin to those of an employer within their specific jurisdiction. This includes a broad range of duties from hiring staff and payroll management to ensuring compliance with employment standards, detailed record-keeping, financial reporting, and sometimes establishing a separate bank account specifically for the management of funds.

Processes for Applying, Planning, Supports and Review

Application

All provinces and territories have programs that involve an initial application process. Typically, the applications require service users or their representatives to provide basic information and supplementary documentation. However, as previously mentioned, the type of information and documentation can vary depending on the program. Moreover, provinces have showcased additional application features that exceed a standard application.

Eight provinces and territories, apart from Nova Scotia, Manitoba, Alberta, and Newfoundland & Labrador, offer programs that incorporate a meeting with program staff (e.g., Supports Coordinators, case managers, or social workers). Of the 12 programs with this feature, the intent of these meetings may slightly differ, as some may serve as a general intake meeting while others seek to complete a needs-based assessment. No matter the purpose of the meeting, service users or their representatives are directly connected with program staff. Additionally, one program from Ontario stands out from the rest, the Self-Managed Attendant Services in Ontario: Direct Funding Program, for it involves a formal two-hour interview in which the service user meets with a selection panel and discusses the details of their application.

Other application features include a referral process and involvement from external services or professionals. Four provinces— Manitoba, Northwest Territories, Saskatchewan, and Yukon— noted a referral to initiate the application process. These provinces highlight that

referrals may be made by service users, representatives (e.g., parents/guardians), or another third party (e.g., teacher or doctor) with the service users' consent. As previously mentioned, eligibility for certain programs can be connected to another associated service, such as home care services, and this often impacts the application process as well. The six provinces with this feature (Alberta, British Columbia, Manitoba, Prince Edward Island, Saskatchewan, and Ontario) typically entail that service users register with the associated service; subsequently, a referral or an application will be submitted by program staff on the service user's behalf. Lastly, New Brunswick (Family Support for Children with Disabilities program), Quebec (Supplément Pour Enfant Handicap), and British Columbia (CKNW Kids' Fund) request a letter of support or a section of the application to be completed by an external professional.

Planning

Person-centred planning (PCP) is often regarded as a critical component of IF models, as it supports tailoring funds and purchases to fit the unique needs of service users. Of the 12 provinces and territories that offer IF programs, all of them have at least one program, but often two to three programs, that incorporate structures to facilitate PCP. Planning structures most commonly consist of program staff (i.e., Supports Coordinators, case managers, or social workers) who are available to support planning processes through collaboration and guidance. Support may take various forms, but for most programs, program staff assume the responsibility of generating a service plan with the service user and/or their representative. Some provinces, such as Alberta, Manitoba, Newfoundland & Labrador, Quebec, Yukon, and

Prince Edward Island, have programs that offer additional support with referrals, advocacy, and connecting service users with service providers.

Although provinces and territories provide multiple programs with planning structures in place, some provincial programs lack these structures. These provinces and their associated programs include British Columbia (Individual Funding – CKNW Kids’ Fund); Manitoba (In the Company of Friends and Manitoba Self and Family Managed Care Program); Saskatchewan (Autism Spectrum Disorder- Individualized Funding); Quebec (Supplément Pour Enfant Handicap and Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels); and Ontario (Childhood Budget and Interim One-Time Funding). Nevertheless, a few programs that lack programmatic planning structure stand apart from the aforementioned provinces and programs. This includes British Columbia’s Direct Autism Funding program, Ontario’s Passport Funding program, and Nova Scotia’s Direct Family Support for Children program. Although PCP may not be offered within these programs, each program incorporates resource navigation support. As such, these programs provide information and/or funding regarding external resources and service providers that can assist with planning. Therefore, service users are offered at least some form of planning support, despite the program itself having limited planning structures.

Supports

All provinces and territories have various types of support in place to supplement the implementation of service users’ plans and funding. Some of these supports are integrated directly into the program structure, while others are more external. As mentioned above, all

provinces and territories have programs that integrate staff designated to support service users and their representatives throughout the program processes. However, in addition to this support, three provinces (British Columbia, Saskatchewan, and Ontario) and one territory (Northwest Territories) have programs that also highlight direct partnerships with community organizations. Although not publicly listed, confirmation was also received that Prince Edward Island's AccessAbility Supports program maintains partnerships with non-government organizations, such as Community Living, and will refer service users to these organizations. Furthermore, this jurisdictional review gathered information regarding community organization support in relation to Quebec's programs and Ontario's Special Services at Home program; however, the specific organizational partnerships were not disclosed. Community organizations across the jurisdictions assume different responsibilities, ranging from involvement with program application and planning processes to providing resources that may aid in smoother implementation, such as employer training and connecting with service providers.

When resources that assist with system navigation and administrative tasks are shared with service users and their representatives, feelings of stress related to administrative burden may decrease. Three provinces— Ontario, British Columbia, and Saskatchewan— each have one program that supplies a service provider list, allowing service users and their representatives to navigate available services more readily. Additionally, Alberta, Saskatchewan, and Ontario offer some programs that encompass supplementary resources for service users and their representatives, such as educational sessions, resources on person-centred planning, training manuals to guide initiating their funding/plan, and an online

family portal. With regard to eligible use of funds, seven provinces have programs that permit a portion of the service user's allocated funds to be utilized towards services and supports that facilitate implementation. For instance, services and supports may consist of bookkeeping, advertisement for service workers, or a planning coordinator. These seven provinces include Saskatchewan, Ontario, British Columbia, Manitoba, Newfoundland & Labrador, Prince Edward Island, and Nova Scotia.

Review

This jurisdictional review found information concerning review processes for nearly all provinces and territories, apart from Yukon as no information was found. Review processes may be categorized into four groups:

1. programs that employ regular reviews (e.g., quarterly or annually); however, there was no clear indication of adjustments being made to the service plan or the allocated funds to meet unmet needs
2. programs that employ regular reviews and contain the possibility to adjust the service plan or the allocated funds to meet needs
3. programs that permit service users to request a review or reassessment
4. programs that only permit health authorities or program staff to request adjustment to the service plan or funding level.

The provinces that constitute category one include Alberta (Self-Managed Care – Home Care Program), Manitoba (In the Company of Friends and Children's disABILITY Services (CDS) – Self-Managed Services), Prince Edward Island (School-Age Autism Funding), and Saskatchewan (Autism Spectrum Disorder– Individualized Funding). However, despite having programs within Category One, these four provinces also have programs belonging to Category Two. With the exception of British Columbia and Yukon (as no

information was found), the remaining nine provinces and one territory fall within Category Two, highlighting that most provinces provide programs designed with person-centred principles. In addition to adjusting service plans or allocated funds to meet service users' needs, some programs also permit service users and/or their representatives to request a review or a reassessment if their needs go unmet or if they experience circumstantial changes that impact their service plan or allocated funds. Eight provinces offer this option (i.e., Category Three), including Alberta, British Columbia, Manitoba, Newfoundland & Labrador, Nova Scotia, Prince Edward Island, Quebec, and Ontario. Lastly, only one province and its program, British Columbia's CSIL program, fits the profile of category four.

Additional components that may be related to review processes are monitoring practices, appeals processes, and procedures for unspent funds. This jurisdictional review analyzed monitoring practices from the perspective of underutilization. In addition to underutilization, it considered a "fit for purpose" approach, meaning that some service users, compared to their counterparts, receive a higher degree of monitoring. Distinctions in monitoring under "fit for purpose" may be due to the complexity of individual contexts or program structure.

Four provinces specified criteria for monitoring practices. Ontario's Special Services at Home Funding is the only program that emphasizes monitoring for underutilization to detect service users who may require further assistance to successfully implement their service plan. The Self-Managed Home Support Services in Newfoundland & Labrador is also unique in its approach, as it is the only program to differentiate between high-risk/complex cases and

those considered low to moderate risk. Nova Scotia's Direct Family Support for Children and Disability Support Program– Flex Individualized Funding, along with Saskatchewan's Home Care Program: Individualized Funding, discussed monitoring practices related to time spent in the program. These programs tended to implement higher monitoring practices within the first few months to the first year of service users receiving funding.

Appeal processes may be considered important to examine as they can strengthen program fairness and accountability, in addition to amplifying the voice of the service user. This review found information on appeal processes in five of the 12 provinces and territories with IF, including Manitoba, New Brunswick, Saskatchewan, Ontario, and Prince Edward Island. However, it is important to acknowledge that programs within other provinces and territories may have appeal processes, but this information may remain undisclosed to anyone other than staff and service users.

Finally, this jurisdictional review searched for procedures on unspent funds, as this also serves as an additional indicator of flexible utilization of funds. Provinces and programs that permit the use of unspent funds were few and far between, with only Saskatchewan's Community Living Service Delivery: Self-Directed Funding program and British Columbia's Direct Autism Funding (MCFD) offering flexible unspent funds policies. Another program from Saskatchewan, Home Care Program: Individualized Funding, provides partial flexibility, allowing service users to use unspent funds that do not exceed one month's payment. Similarly, Prince Edward Island's AccessAbility Supports may allow for respite funds to carry over under certain circumstances; however, typically unspent funds will be returned to the

Department. Provinces and programs with explicit policies averting the use of unspent funds included Saskatchewan's Autism Spectrum Disorder Individualized Funding, Ontario's Passport Funding program, and Alberta's Individualized Funding – Persons with Developmental Disabilities (PDD) Program and Self-Managed Care– Home Care Program. Other provinces and their associated programs did not state procedures regarding unspent funds.

It is important to acknowledge that no information related to review processes was found for the following provinces and programs: British Columbia (Direct Autism Funding (MCFD), At Home Program (MCFD), Individual Funding – CKNW Kids' Fund); Quebec (Supplément Pour Enfant Handicap and Supplément Pour Enfant Handicapé Nécessitant Des Soins Exceptionnels); and Yukon (Children's Disability Services).

General

This section covers general information about each program, specifically when the program was introduced, the number of participants it serves, and previous program evaluations. It should be noted that this jurisdictional review did not retrieve information for every program, thus limiting a robust appraisal.

The earliest program originates from British Columbia, as the Individual Funding– CKNW Kids' Fund was established in 1945. Across most provinces, the majority of the programs were established from approximately 1978 to 2007. However, some programs for example, Prince Edward Island's AccessAbility Supports, have replaced former IF programs in recent years. In the last decade, eight programs have come into effect between 2016 and

2021. Notably, both Ontario and Saskatchewan have introduced two new IF programs in the past six years.

The number of participants each program services drastically differs, with Saskatchewan's Community Living Service Delivery: Self-Directed Funding serving 22 participants (C. Valuck, personal communication, January 9, 2024) while Ontario's Passport, as of 2021, has supported over 52,000 individuals and is committed to increasing this number by 28,000 by 2024 (MCCSS, 2023a).

Only 10 program evaluations were located for seven provinces (Alberta, British Columbia, Manitoba, Newfoundland & Labrador, Prince Edward Island, Saskatchewan, and Ontario), thereby restricting a comprehensive reflection and comparison of program success, challenges, and recommendations across jurisdictions.

Conclusion

This jurisdictional review offers a current overview of IF policy and programs within Canada. Having identified 33 individualized funding programs across 12 jurisdictions that align with the criteria for this jurisdictional review, it can be inferred that Canada offers a variety of individual funding models, with both similarities and diversity within designs. This review intended to provide an objective snapshot of each jurisdiction by focusing on the nature of IF programs. Thus, it did not seek to evaluate, critique, nor generate a comparative analysis of the quality of IF programs within each province and territory. Despite meticulous efforts to collect extensive data from both public and private sources, this review acknowledges the possibility that not all relevant information was identified or uncovered

during research. Consequently, the accuracy of information may be compromised and the full scope of jurisdictions and their programs may not have been captured. Furthermore, jurisdictions and programs are likely to experience programmatic changes as they continue to evolve and adapt to their ever-changing contexts. As such, this jurisdictional review only offers an archive of the jurisdictional landscape at the discrete timeline that the review took place, October 2023 to February 2024. Irrespective of these limitations, this jurisdictional review seeks to produce a thorough understanding of the structure and implementation of IF programs within each jurisdiction. By utilizing the information gathered from this jurisdictional review coupled with the synthesis presented in the scoping review, a comprehensive analysis of individualized funding can be drawn at both national and international levels.

References

- AccessOAP. (n.d.). FAQs. Government of Ontario. <https://www.accessoap.ca/faqs/>
- Alberta Health Services. (2014). *Self-Managed Care: A Guide for Clients and Managers*. Retrieved from https://ahssmc.ca/wpcontent/uploads/2019/02/orientation_binder.pdf
- Amaral, E., Jamieson, M., BIE, Reed, A.C., Cameron, J. (2019). *The implications of self-directed home care in Ontario: A case study on gotcare services*. Reach Alliance. <https://reachalliance.org/case-study/the-implications-of-self-directed-home-care-in-ontario-a-case-study-on-gotcare-services/>
- Auditor General of Alberta (2022). *Alberta Community Services and Social Services: Family Support for Children with Disabilities*.
- Bartnik, E., & Stainton, T. (2023). *Human Rights Review and Remedy for the Findings of Systemic Discrimination Against Nova Scotians with Disabilities*. Retrieved from <https://novascotia.ca/coms/disabilities/human-rights-remedy-dsp-finalreport.pdf>
- Carbonneau, D. (2012). *Le Soutien aux enfants: évolution de 2005 à 2012*. Régie des rentes du Québec. <https://collections.banq.qc.ca/ark:/52327/bs2268262>

Central Local Health Integration Network (LIHN). (n.d.). *Family-managed home care.*

<https://yssn.ca/wp-content/uploads/2021/11/Central-LHIN-FMHC-fact-Sheet.pdf>

Centre for Independent Living in Toronto (CILT). (2022, October 27). *Protocol for decisions, disputes and complaints about self-managed attendant services - direct funding*

program. https://www.dfontario.ca/df_public/DF_Appeals_Complaints_Policy_2023.pdf

Centre for Independent Living in Toronto (CILT). (n.d.-a). *General FAQs.*

<https://www.dfontario.ca/info/general-faqs.html>

Centre for Independent Living in Toronto (CILT). (n.d.-b). *General information.*

<https://www.dfontario.ca/info/general-information.html>

Centre for Independent Living in Toronto (CILT). (n.d.-c). *The Direct funding interview.*

<https://www.dfontario.ca/interview/what-to-expect.html>

Centre for Independent Living in Toronto (CILT). (n.d.-d). *Self-Assessment.*

<https://www.dfontario.ca/application/self-assessment.html>

CHEO. (n.d.). *Family-Managed Home Care- Client and Family Fact Sheet.*

https://www.cheo.on.ca/en/clinics-services-programs/resources/Documents/PHCC/Family-Managed-Home-Care_Client-and-Family-Fact-Sheet_English.pdf

Community Living British Columbia. (2021). *Support and Planning Policy.*

Community Living British Columbia. (2022). *Policy Framework Policy.*

Community Living British Columbia. (2023a). *Individualized Funding Policy*.

Community Living British Columbia. (2023b). *Direct Funding Policy*.

Community Living British Columbia. (2023c). *Host Agency Funding Policy*.

Community Living British Columbia. (2023d). *Supports Funded by Community Living BC*.

Deloitte. (2018). *Improving Oversight of Self-Managed Care*. Retrieved from

<https://www.gov.nl.ca/hcs/files/Improving-Oversight-of-Self-Managed-Care-AnIntegratedApproach-vF.pdf>

Department of Health and Social Services. (n.d.). Find supports for your child with a disability.

Government of Yukon. <https://yukon.ca/en/health-and-wellness/babies-and-childrens-health/find-supports-your-child-disability>

Department of Social Development and Seniors. (2021a). *AccessAbility Supports: Eligibility (Policy no. 1.1)*. Government of Prince Edward Island.

https://www.princeedwardisland.ca/sites/default/files/publications/1.1_eligibility.pdf

Department of Social Development and Seniors. (2021b). *AccessAbility Supports: Clinical Assessments (Policy no. 1.2)*. Government of Prince Edward Island.

https://www.princeedwardisland.ca/sites/default/files/publications/1.2_clinical_assessments_final_002.pdf

Department of Social Development and Seniors. (2021c). *AccessAbility Supports: Applicant Contribution (Policy no. 1.5)* Government of Prince Edward Island.

https://www.princeedwardisland.ca/sites/default/files/publications/1.5_applicant_contribution_003.pdf

Department of Social Development and Seniors. (2021d). *School Age Autism Funding Guidelines*. Government of Prince Edward Island.

<https://www.princeedwardisland.ca/en/publication/school-age-autism-funding-guidelines>

Department of Social Development and Seniors. (2024, January 19). *AccessAbility supports policies*. Government of Prince Edward Island.

<https://www.princeedwardisland.ca/en/information/social-development-and-seniors/accessability-supports-policies>

Financial Accountability Office of Ontario. (2020). *Autism services: A financial review of autism services and program design considerations for the New Ontario Autism Program*. [https://www.fao-on.org/web/default/files/publications/FA1901%20Autism/AutismServices-EN.pdf](https://www.fao.on.org/web/default/files/publications/FA1901%20Autism/AutismServices-EN.pdf)

Government of Alberta. (2015). *Community Service Provider*. Retrieved from <https://manuals.alberta.ca/pdd-policy-manual/service-delivery/communityserviceprovider/>

Government of Alberta. (2018). *Persons with Developmental Disabilities: Program Review*.

Government of Alberta. (2022). *Family Managed Services*. Retrieved from <https://manuals.alberta.ca/pdd-policy-manual/service-delivery/family-managedservices/>

Government of Alberta (2022). *Family Support for Children with Disabilities: Policy and Procedures Manual*.

Government of British Columbia. (2018). *Home and Community Care Policy Manual*. Ministry of Health.

Government of British Columbia. (2021). *A Parent's Handbook: Your Guide to Autism Programs*. Ministry of Children and Family Development.

Government of British Columbia. (2023). *At Home Program Guide: For Health Care Professionals and Families*. Ministry of Children and Family Development.

Government of British Columbia. (2023). *Case data and trends*. Ministry of Children and Family Development. <https://mcfcd.gov.bc.ca/reporting/services/children-andyouth-with-supportneeds/case-data-and-trends>

Government of Canada. (2024). *Client numbers*. Retrieved from <https://ouvert.canada.ca/data/dataset/9e929ab7-2a56-494b-8eefbd75ee9c0341/resource/54afc7c6-277e-42c5-9b17-aac96737cf2f>

Government of Manitoba (2019). *Community Living disability Services: General Overview*. Department of Families.

Government of Manitoba (2009). *Self/Family Managed Care for Adults with Disabilities and Seniors Eligible for Home Care: Information Guide*. Manitoba Health.

Government of Manitoba (2019). *Children's disABILITY Services Respite Policy*. Department of Families. Retrieved from <https://www.gov.mb.ca/fs/cds/pubs/respice.pdf>

Government of Manitoba (2021). *Children's disABILITY Services Eligibility Policy*. Department of Families. Retrieved from <https://www.manitoba.ca/fs/cds/pubs/eligibility.pdf>

Government of New Brunswick. (n.d.). *Disability Support Program*. Department of Social Development. Retrieved from https://www2.gnb.ca/content/gnb/en/services/services_renderer.200972.Disability_Support_Program.html

Government of New Brunswick. (n.d.). *Family supports for children with disabilities*. https://www2.gnb.ca/content/gnb/en/services/services_renderer.10195.Family_support_for_Children_with_Disabilities_.html

Government of New Brunswick. (2021). *Family Supports for Children with Disabilities* [Brochure]. <https://www2.gnb.ca/content/dam/gnb/Departments/sds/pdf/Disabilities/FamilySupportsForChildrenWithDisabilities.pdf>

Government of Newfoundland and Labrador. (2005). *Provincial Home Support Program Operational Standards*. Department of Health and Community Services. Retrieved from <https://www.gov.nl.ca/hcs/files/publications-home-supportmanual.pdf>

Government of Newfoundland and Labrador. (2008). *Provincial Special Child Welfare Allowance Program Operational Standards*. Department of Health and Community Services. Retrieved from <https://www.gov.nl.ca/hcs/files/publicationsoperational-standardsscwa.pdf>

Government of Nova Scotia. (2013). *Self-managed Support-Care Services Policy*.

Department of Health and Wellness. Retrieved from

<https://novascotia.ca/dhw/ccs/policies/Self-ManagedCare-Policy.pdf>.

Government of Nova Scotia. (2020). *Independent Living Support Policy*. Department of

Community Services. Retrieved from

https://novascotia.ca/coms/disabilities/documents/ILS_Policy.pdf

Government of Nova Scotia. (2023). *Disability Support Program Policy*. Department of

Community Services. Retrieved from

https://novascotia.ca/coms/disabilities/documents/Disability_Support_Program_policie.pdf.

Government of Nova Scotia. (2024). *Direct Family Support for Children Program Policy*.

Department of Community Services. Retrieved from

<https://novascotia.ca/coms/disabilities/documents/direct-and-enhancedfamily-support.pdf>

Government of Quebec. (2022, May 26). *Employment-service check to facilitate access to*

home support services. <https://www.quebec.ca/famille-et-soutien-aux-personnes/inaptitude-perte-autonomie/services-soutien-domicile>

Guardian Home Care Toronto. (n.d.). *Family-managed Home Care Program from the*

HCCSS. <https://guardianhomecaretoronto.com/family-managed-home-care/>

Home and Community Care Support Services. (n.d.). *Family-managed home care*.

Government of Ontario. <https://healthcareathome.ca/home-care/family-managed-home-care/>

Individualized Funding Coalition for Ontario (IFCO). (2021, May 5). *A walk through some history* [PDF]. WordPress.

<https://individualizedfunding.files.wordpress.com/2021/06/ifco-walk-thru-history-may-5-2021part-1final.pdf>

Jones, A. (2023, July 26). *Most kids with autism won't get core therapy funding soon: Ontario ministry document*. CBC. <https://www.cbc.ca/news/canada/toronto/ontario-autism-core-services-shortage-1.6918078>

Kaplan, G. & Kaplan, J. (2021). *A Global Evaluation of In the Company of Friends (ICOF) Model of Funding*.

Kelly, C., Dansereau, L., Balkaran, K., Tingey, E., Aubrecht, K., Hande, M.J., & Williams, A. (2020). *Directly-Funded Care Programs in Canada*. Centre on Aging, University of Manitoba, Winnipeg, Manitoba. <https://doi.org/10.34991/847b-5q61>

Legislative Counsel Office. (2021, September 4). *Supports for persons with disabilities act general regulations*. Government of Prince Edward Island.

https://www.princeedwardisland.ca/sites/default/files/legislation/s09-2-supports_for_persons_with_disabilities_act_general_regulations.pdf

MacAdam, B., J. (2020, March 10). *Auditor general Prince Edward Island: Report to the legislative assembly 2020*. Legislative Assembly of Prince Edward Island.

<https://www.assembly.pe.ca/sites/www.assembly.pe.ca/files/2020-AG-ar.pdf>

Media Relations. (2016, September 21). *Self-directed funding demonstration project a success*. Government of Saskatchewan.

<https://www.saskatchewan.ca/government/news-and-media/2016/september/21/self-directed-funding>

Ministère de la Santé et des Services sociaux (MSSS). (2009). *If you are receiving assistance: home care services and the service employment paycheque*. Government of Quebec. <https://publications.msss.gouv.qc.ca/msss/fichiers/2008/08-513-02A.pdf>

Ministry of Children, Community and Social Services (MCCSS). (2022). Ontario Autism Program: Eligible and ineligible expenses for childhood budgets and interim one-time funding. Government of Ontario. <https://www.ontario.ca/page/ontario-autism-program-eligible-and-ineligible-expenses-childhood-budgets-and-interim-one-time>

Ministry of Children, Community and Social Services. (2023a). *Journey to Belonging: Choice and Inclusion*. Government of Ontario. https://www.ontario.ca/page/journey-belonging-choice-and-inclusion?utm_source=cambridgetoday.ca&utm_campaign=cambridgetoday.ca%3A%20outbound&utm_medium=referral

Ministry of Children, Community and Social Services (MCCSS). (2023b). *Ontario autism program*. Government of Ontario. <https://www.ontario.ca/page/ontario-autism-program>

Ministry of Children, Community and Social Services (MCCSS). (2023c). *Ontario autism program: Childhood budgets*. Government of Ontario. <https://www.ontario.ca/page/ontario-autism-program-childhood-budgets>

Ministry of Children, Community and Social Services (MCCSS). (2023d). *Ontario autism program: guidelines for core clinical services and supports*. Government of Ontario. <https://www.ontario.ca/page/ontario-autism-program-guidelines-core-clinical-services-and-supports>

Ministry of Children, Community and Social Services (MCCSS). (2023e). *Passport program for adults with a developmental disability*. Government of Ontario. <https://www.ontario.ca/page/passport-program-adults-developmental-disability>

Ministry of Children, Community and Social Services (MCCSS). (2023f). *Passport program guidelines for adults with a developmental disability and their caregivers*. Government of Ontario. <https://files.ontario.ca/mccss-passport-guidelines-april-2023-en-2023-03-06.pdf>

Ministry of Children, Community and Social Services (MCCSS). (2024a). *Administration of funding*. Government of Ontario. <https://www.ontario.ca/document/special-services-home-program-guidelines/administration-funding>

Ministry of Children, Community and Social Services (MCCSS). (2024b). *Application process*.

Government of Ontario. <https://www.ontario.ca/document/special-services-home-program-guidelines/application-process>

Ministry of Children, Community and Social Services (MCCSS). (2024c). *Eligibility*.

Government of Ontario. <https://www.ontario.ca/page/special-services-home#section-0>

Ministry of Children, Community and Social Services (MCCSS). (2024d). *Eligible and*

ineligible supports. Government of Ontario. <https://www.ontario.ca/document/special-services-home-program-guidelines/eligible-and-ineligible-supports>

Ministry of Children, Community and Social Services (MCCSS). (2024e). *Decision-making*

and funding. Government of Ontario. <https://www.ontario.ca/document/special-services-home-program-guidelines/decision-making-and-funding>

Ministry of Children, Community and Social Services (MCCSS). (2024f). *Ontario Autism*

Program: interim one-time funding. Government of Ontario.

<https://www.ontario.ca/page/ontario-autism-program-interim-one-time-funding>

Ministry of Children, Community and Social Services (MCCSS). (2024g). *Special services at*

home. Government of Ontario. <https://www.ontario.ca/page/special-services-home#section-0>

Ministry of Health. (2023a). *Home and community care*. Government of Ontario.

<https://www.ontario.ca/page/home-community-care#section-0>

Ministry of Health. (2023b). *Home Care Policy Manual*. Government of Saskatchewan.

<https://publications.saskatchewan.ca/#/products/22841>

Ministry of Social Services. (2021). *CLSD Eligibility Protocol*. Government of Saskatchewan.

<https://publications.saskatchewan.ca/#/products/112262>

Ministry of Social Services. (2022). *Autism Spectrum Disorder - Individualized Funding (ASD-IF): Policy Manual*. Government of Saskatchewan.

<https://www.saskatchewan.ca/residents/health/accessing-health-care-services/health-services-for-people-with-disabilities/autism-services#:~:text=1.,11%20with%20an%20ASD%20diagnosis>

Ministry of Social Services. (2023). *Autism Spectrum Disorder Individualized Funding (ASD-IF): List of Eligible Services and Expenses*. Government of Saskatchewan.

<https://www.saskatchewan.ca/residents/health/accessing-health-care-services/health-services-for-people-with-disabilities/autism-services#individualized-funding>

Ministry of Social Services. (n.d.-a). *Housing and support for people with intellectual disabilities*. Government of Saskatchewan.

<https://www.saskatchewan.ca/residents/family-and-social-support/people-with-disabilities/housing-and-support-for-people-with-intellectual-disabilities>

Ministry of Social Services. (n.d.-b). *Self-Directed Funding Guidebook*. Government of Saskatchewan. <https://publications.saskatchewan.ca/#/products/113591>

Northwest Territories Health and Social Services Authority. (n.d.). Paid Family/Community Caregiver Pilot Project: Questions & Answers. Health and Social Services Authority. Retrieved from

https://www.nthssa.ca/sites/nthssa/files/resources/pfccp_public_faq_final_1.pdf

Northwest Territories Health and Social Services Authority. (n.d.). *Paid Family/Community Caregiver Pilot Project* [website]. <https://www.nthssa.ca/en/services/paid-familycommunity-caregiverpilot-project>

Ontario Autism Coalition. (2020). Ontario Autism Program Pre-Budget Consultation 2020. https://ontarioautismcoalition.com/wp-content/uploads/2020/01/Budget-consultation_final.pdf

Pooran Law. (2020, November 9). *Ontario's 2020 budget: Highlights for people with disabilities and for the development services sector*. <https://pooranlaw.com/ontarios-2020-budget-highlights-for-people-with-disabilities-and-for-the-development-services-sector/>

Retraite Quebec. (n.d.-a). Application for the Supplement for Handicapped Children Requiring Exceptional Care. Government of Quebec. https://www.rrq.gouv.qc.ca/en/enfants/enfant_handicape/seh-necessitant-soins-exceptionnels/Pages/seh-necessitant-soins-exceptionnels.aspx

Retraite Quebec. (n.d.-b). *Financial assistance for disabled children*. Government of Quebec.

https://www.retraitequebec.gouv.qc.ca/fr/professionnel_sante/supplement_enfant_handicape/Pages/supplement_enfant_handicape.aspx

Retraite Quebec. (n.d.-c). *Forms for handicapped children*. Government of Quebec.

https://www.rrq.gouv.qc.ca/en/services/formulaires/soutien_aux_enfants/supplement_enfant_handicape/Pages/supplement_enfant_handicape.aspx

Retraite Quebec. (n.d.-d). *New supplement for handicapped children with exceptional care needs*. Government of Quebec.

https://www.finances.gouv.qc.ca/documents/bulletins/en/BULEN_2016-6-a-b.pdf

Retraite Quebec. (n.d.-e). *Supplement for disabled children*. Government of Quebec.

https://www.rrq.gouv.qc.ca/fr/enfants/enfant_handicape/supplement-enfant-handicape/Pages/admissibilite.aspx

Spalding, K., Watkins, J., Williams, A. (2006). *Self-Managed Care Programs in Canada: A Report to Health Canada*.