AccessAbility Supports Program Review

Final Report 2025

Prepared By:

DAVIS PIER

27 June 2025

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Government of Prince Edward Island
Delivered electronically via e-mail: slcole@ihis.org

Dear Ms. Cole:

Please find enclosed our comprehensive report on the AccessAbility Supports Program Review, conducted from May 2024 to May 2025.

We are very grateful for the opportunity to support Islanders living with disabilities. Our sincere appreciation to you and your staff for your strong collaboration and leadership over the past year.

Please do not hesitate to reach out with any questions you may have – or any further support you may need.

Sincerely,

Devon Gillis

Partner
Davis Pier Consulting

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Executive Summary

The AccessAbility Supports (AAS) Program is a key component of the array of services and supports available to Islanders with disabilities. Operating as an individualized funding model, the program provides flexibility to clients, their families, and support networks to get the supports they need to reach their full potential. The program provides funding to clients based on a comprehensive functional assessment in order to support them to obtain the supports needed to experience full and meaningful citizenship and participation in society. AccessAbility Supports Coordinators work closely with clients to assist them to manage the funding afforded to them, with a view to supporting them in their unique needs.

The AAS Program is meant to provide clients with access to supports not offered by the Government of Prince Edward Island through other departments and involves funding for both disability-specific supports as well as a form of income support, similar to practice in most other Canadian jurisdictions. In 2018, legislation governing the program was amended to expand the variety of diagnoses and substantial impairments for which the program provides support. Seven years on, this review has identified several opportunities to further strengthen the program and ensure it is meeting clients' needs as best as possible.

These recommendations were developed through extensive research alongside **in-depth client, service delivery partner, and community engagements**. The project team held four in-person community engagement sessions and two virtual engagement sessions, fostering direct conversations with 121 Islanders. The review also included 26 sessions with core-funded service delivery partners, received 270 responses to the review's public survey, and held 14 sessions with frontline staff and other government departments. The insights generated during these engagements – and others – have supported the development of this comprehensive suite of recommendations.

Application, eligibility, and assessment processes can be clarified and streamlined by key changes that include screening tools, clarifying the use of documents such as the Health Report, expanding the role of SDS assessors, and ensuring adequate assessment capacity within SDS. During the review, several

administrative inefficiencies were identified - such as the use of a committee to determine client eligibility for AAS. These inefficiencies can be addressed by deploying resources such as assessors more efficiently, including redesigning their role in eligibility determination for the program.

The AAS program currently supports both children and adults using the same set of policies, processes and tools. There is a substantial opportunity to offer more tailored supports by **splitting AAS into separate Child & Adult streams**, offering more personalized supports relative to the needs of Islanders with disabilities across various stages of life. The review identified further opportunities for increased efficiency and an improved client experience, such as making **portions of funding self-directed**, improving client agency and autonomy. . Finally, SDS should **increase the monthly respite funding cap** and seek opportunities to better collaborate across Departments to meet the needs of clients with complex support needs.

Given the mandate of the program and case management pressures, AAS does not presently support service coordination and planning support for ineligible individuals. Expanding the AAS program to include a **planning-only support option** for ineligible individuals with a disability would expand the program's reach and assist Islanders in identifying natural and community-based supports that can help them achieve full citizenship in society.

To better support program fidelity is recommended that SDS **review the sensitivity of the PEI InterRAI algorithm**. During the review, the project team noticed patterns in assessed support levels that suggest that the algorithm is not sufficiently capturing client needs: over-assessing support needs some while under-assessing others. A review of the algorithm is needed to ensure clients are receiving support appropriate to their functional ability and support needs.

The **funding ceilings** and structure associated with the program is generally appropriate to meet clients' needs but **could benefit from clarity and simplification.** There is an imperative for clearer communication of admissible and inadmissible expenses, and the Department could support this by making available lists of inadmissible expenses. Some clarity is also needed regarding which expenses should be paid from AAS files, as opposed to the residential services budget, for clients attending day programming: clients should only cover the costs associated with direct support needs.

Back-office process efficiencies can be realized by simplifying expense coding for staff. In addition, there is a need to recognize the complexities of family life by updating income thresholds and **simplifying the client contribution schedule.** In addition, it is recommended that SDS **exempt spousal income** from AAS client contributions, prioritizing individual agency and aligning with calls from advocates against gender-based violence. Recognizing the difficulty of finding qualified respite providers in Prince Edward Island, members of extended families should be eligible for respite payment.

Following the implementation of recommendations contained in this report, the project team recommends a **focused review of funding ceilings**. The goal of this focused review should be to right-size client expenditures such that 80% of clients should be able to have their needs met within funded ceilings, while recognizing that there will always be clients with specific or unique needs that require a more individualized approach.

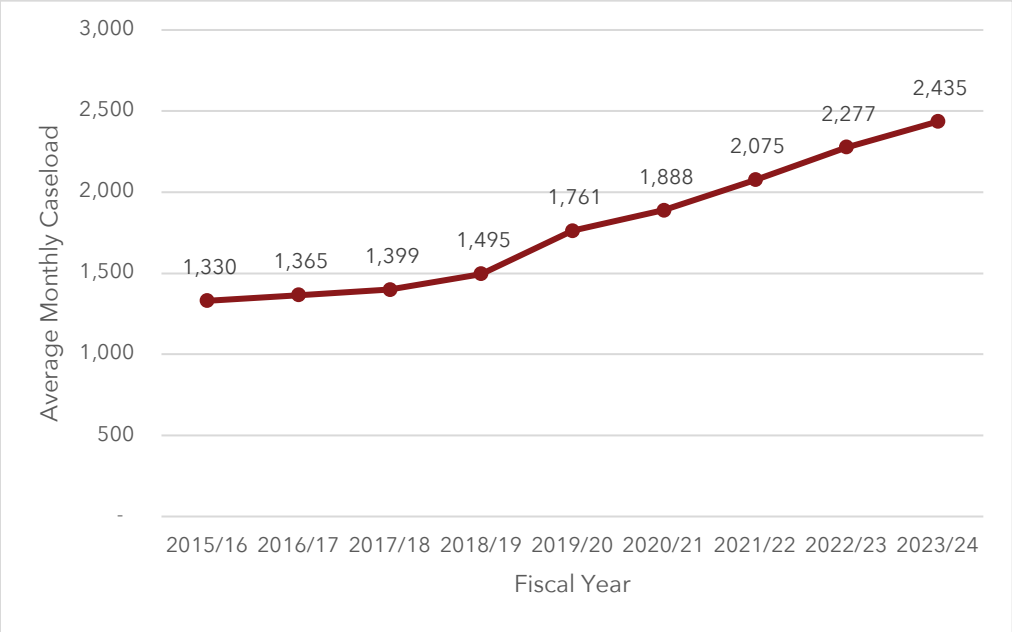
Taken in sum, this suite of recommendations will help build on a strong program of individualized funding to support Islanders living with disabilities. They will align the program with clients' needs, better support clients and families, and ensure that the program can be delivered with administrative efficiency.

Introduction & Overview

The AccessAbility Supports (AAS) Program supports over 2,500 Islanders living with substantial physical, intellectual, sensory, neurological, or mental impairments that result in a substantial restriction in the person's ability to function in their home, community, or workplace. Although many Islanders live with disabilities, the AAS Program is designed to provide support for those with permanent impairments that significantly affect their ability to navigate the activities of daily life. The program provides up to $4,000 per month, based on a functional assessment, for clients to pay for the costs of supports to allow them to live a fulfilling life in community. The program also provides financial support to clients who require assistance with paying for basic needs (shelter, food, etc.) through Assured Income, which provides supports roughly equivalent to Social Assistance.

Within the AccessAbility Program, approximately 75% of persons supported are adults, and 25% children. The program has an annual operating budget of approximately $37M (FY 2024-2025). AAS has experienced significant growth with 63% growth in the number of clients supported since 2018/2019 and an average additional client enrolment figure of 188 per year (see Figure 1). Specifically, the 2018 expansion in eligibility criteria has resulted in an increase in clients reporting medical and mental health diagnoses. An increasing number of children are also enrolling with the program for supports.

Figure 1: AAS Average Monthly Caseload by Fiscal Year



In 2023, the Minister of Social Development and Seniors received a mandate from the Premier of Prince Edward Island to "conduct a review of the Access Ability Supports program to determine if it is supporting Islanders living with disabilities to access the supports they need to reach their full potential". In March 2024, Davis Pier Consulting – a leading Atlantic Canadian public sector consulting firm with specific expertise in disability supports – was engaged to conduct this review. Along with the review of AccessAbility Supports, the project team also conducted a review of the Residential Services Program. Detail related to the Residential Services Program Review may be found in its companion report.

During project initiation, the Province identified a number of key challenges with the AccessAbility Support Program. These challenges included administrative burden associated with the program, challenges associated with funding ceilings, a lack of clear policies and procedures, increased requests & complexity associated with sensory items, technical aids, and assistive devices, and challenges with the ability to manage cases due to high workloads and client complexity. In order to address the Province's needs, the review team split the key areas into four workstreams:

- Client Experience
- Application and Eligibility
- Assessment and Re-Assessment
- Funding Ceilings

Throughout the review process, the interdependencies between application, eligibility, and assessment processes led to these workstreams being combined. As a result, the report provides recommendations for those two workstreams as one item in this report.

This report is structured with action in mind: it begins each section with an overview of the work and methodology, before proceeding directly into recommendations. Each recommendation provides context and rationale. This section is followed by detailed implementation considerations, with the proviso that deeper planning and further scoping will be required during implementation. Direct implementation costs (e.g., staffing) are estimated in this section, along with estimated timelines for implementation.

Specific client experience insights were provided to the Province through a detailed What We Heard report delivered in Fall 2024. A summary of findings can be found at Appendix A. Other client insights are embedded in recommendations.

This report should be read jointly with the Residential Services Program Review Report in order to obtain a fulsome view of the work and recommendations. Finally, this report provides an overview of legislative & regulatory implications along with a crosswalk to relevant recommendations in the Residential Services Report.

Broadly, the AAS Program is supporting thousands of Islanders to live an enriching life. However, there are opportunities to better meet clients' needs, improve the client experience, reduce administrative burden, improve efficiency, and ensure that the Province's investment in the program is leading to the intended outcome of helping people to reach their full potential.

Summary of Recommendations

Application, Eligibility, and Assessment Processes

Recommendation 1.0: Clarify and optimize the screening, application, and eligibility processes

- 1.1: Create orientation materials and service standards
    - 1.1.1: Standardize screening process
    - 1.1.2: Enhance digital accessibility
    - 1.1.3: Ensure information is readily accessible
- 1.2: Optimize Assessor bookings
- 1.3: Assess and revise the use of the Health Report
    - 1.3.1: Clarify the purpose of the Health Report
    - 1.3.2: Review and revise form questions
    - 1.3.3: Add a disclosure statement
- 1.4: Develop guidance materials on eligibility
- 1.5: Enhance data collection and monitoring
- 1.6: Explore a singular application system for Social Programs
- 1.7: Establish clear timelines and updates on application status
- 1.8: Implement a screener tool for eligibility
- 1.9: Create a planning support option for ineligible individuals

Recommendation 2.0: Optimize the assessment and re-assessment process to meet clients' needs

- 2.1: Expand the role of the Assessor
    - 2.1.1: Increase Assessor capacity by County
- 2.2: Review and update the sensitivity of the InterRAI PEI-specific algorithm
- 2.3: Revise the re-assessment schedule

    - 2.3.1: Conduct re-assessments based on developmental milestones
    - 2.3.2: Conduct re-assessments based on anticipated length and progression of disability
    - 2.3.3: Revise re-assessment schedule to include annual check-ins
- 2.4: Implement digital tools and automation

Recommendation 3.0: **Re-evaluate the structure of the program and pursue sector alignment**

- 3.1: Establish a cross-provincial working group
- 3.2: Implement complex case conferences
- 3.3: Separate the AAS Program into separate children and adult streams
    - 3.3.1: Revise funding assessment & funding levels for children
    - 3.3.2: Improve communication of annualized funding amounts
    - 3.3.3: Establish family-directed funding
    - 3.3.4: Establish transition planning for children

AAS Funding & Category Structure

Recommendation 1.0: **Revise client funding ceilings and address consistent program pressures**

- 1.1: Implement a revised Core Funding Model to alleviate day programming pressures on AAS funding (per the Residential Services Program Review)
    - 1.1.1: Create a tool to streamline the calculation of day programming from individual client files
    - 1.1.2: Review and assess funding ceilings

Recommendation 2.0: **Clarify funding categories and enhance respite access**

- 2.1: Enhance communications about existing funding categories

- 2.2: Streamline expense coding and update AAS expense reference guide
- 2.3: Increase the respite funding cap
- 2.4: Clarify policy for respite funding to permit family-provided respite
- 2.5: Consider establishing self-directed funding for adults

Recommendation 3.0: Simplify and clarify client contributions

- 3.1: Remove spousal income from client contribution calculations
- 3.2: Update income thresholds and simplify the client contribution schedule

Client Experience

Introduction and Overview

As part of the AccessAbility Supports and Residential Services Program Reviews, the project team conducted extensive engagements across the Province. The objective was to better understand how programs are meeting the needs of diverse audiences – clients, support networks, families, community partners, and departmental staff.

During a review of this size and scope, community and client engagement is critical to identifying opportunities for improvement and – importantly – better understanding how persons served experience programs meant to meet their needs.

Review engagements prioritized the voices of clients, their families, and their support networks. These audiences were the specific focus of six community engagement sessions held in Fall 2024. The sessions were informed by advanced engagement with Non-Governmental Organizations dedicated to serving persons with disabilities (e.g., Association for Community Living, Autism Society, Reach Foundation, Camp Gencheff, and many more).

In addition, the review team launched a public online survey meant to provide an opportunity for feedback from those who prefer to provide feedback at their own piece.

Methodology

The design of engagement sessions, informed by feedback from service delivery partners, included attention to:

- **Plain Language and Transparency:** All communications and materials aimed to use straightforward language. Attendees were informed that their opinions would be valued, and there was a clear expression of how their feedback would inform this report.
- **Timing and Location:** In response to feedback, in-person sessions were scheduled for the evenings to accommodate work and school schedules, and the project team designed four sessions across the Province to minimize travel barriers. Secure and familiar environments were used,

such as schools and service delivery partner locations, to improve comfort. Along with the four in-person sessions, participants were offered two virtual options – one in English, and one in French – for those who preferred to offer their feedback through an online channel.

- **Advertising:** Information about planned sessions was shared widely on various platforms, including the review website, social media channels (Facebook, X, YouTube), and in traditional media (Saltwire/The Guardian, Saturday Night Hoedown). A communications package was also provided to service delivery partners to support them in communicating the opportunity to their communities.

In-person sessions offered a variety of ways to contribute, including facilitated table conversations, written placemats, and open space for group or 1:1 conversations following group sessions. Each venue included a low-sensory wellness room for anyone needing a quiet break. In addition refreshments were provided and fidget tools were provided at each table.

Over the course of four sessions in Montague, Summerside, Elmsdale, and Charlottetown – along with virtual sessions in both English and French – the review team engaged with a total of 121 people. Feedback on sessions was particularly positive, with participants responding that they felt heard. One extremely positive and unexpected opportunity provided through the in-person sessions was the spontaneous sharing of information and support among and between participants; people helped one another with questions, shared experiences, and exchanged contact information. This unexpected activity informed a number of recommendations throughout the two reports to provide greater opportunities for connections within the community.

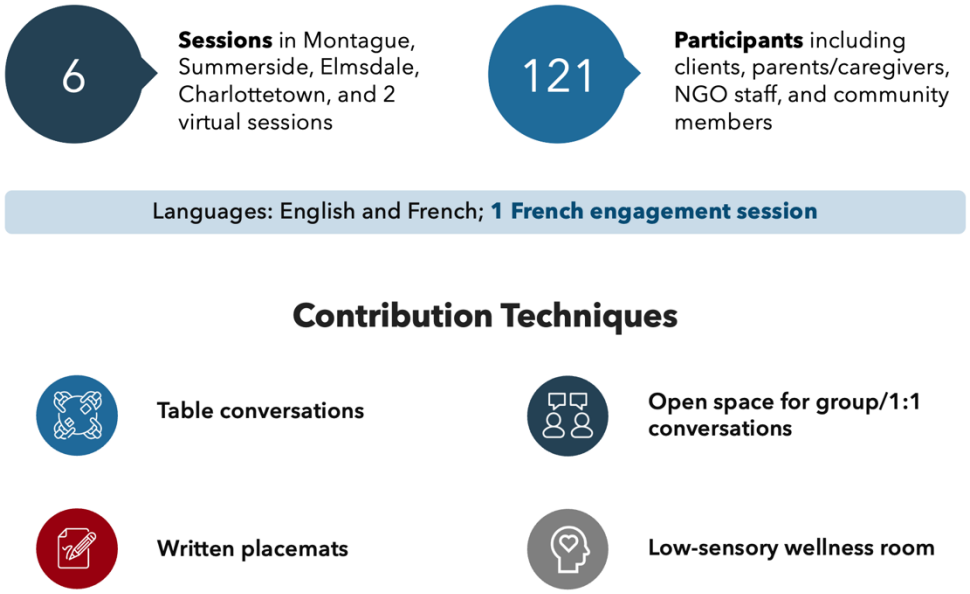


Figure 2: Engagement Sessions and Contribution Techniques

Alongside in-person engagements, a public survey was made available from September to December 2024. The survey contained questions about both programs. Specific question sets were developed for clients, support networks/families/referring professionals, members of the disability services workforce, and members of the general public. For clients and families and as part of the AccessAbility Supports Program Review, key questions centered around:

- The application process
- Funding categories and eligible expenses
- Experiences with staff

In order to inform the work of the Residential Services Program Review, key questions centered around:

- Types of preferred living arrangements
- The experience of seeking a living arrangement
- How wait lists should be handled
- How oversight should be performed in residential living arrangements

In all, 270 people participated in the public survey. Of these:

- 75 were persons living with a disability
- 113 were member of a client's support network or were referring professionals
- 53 worked in the disability services sector
- 29 were interested members of the public

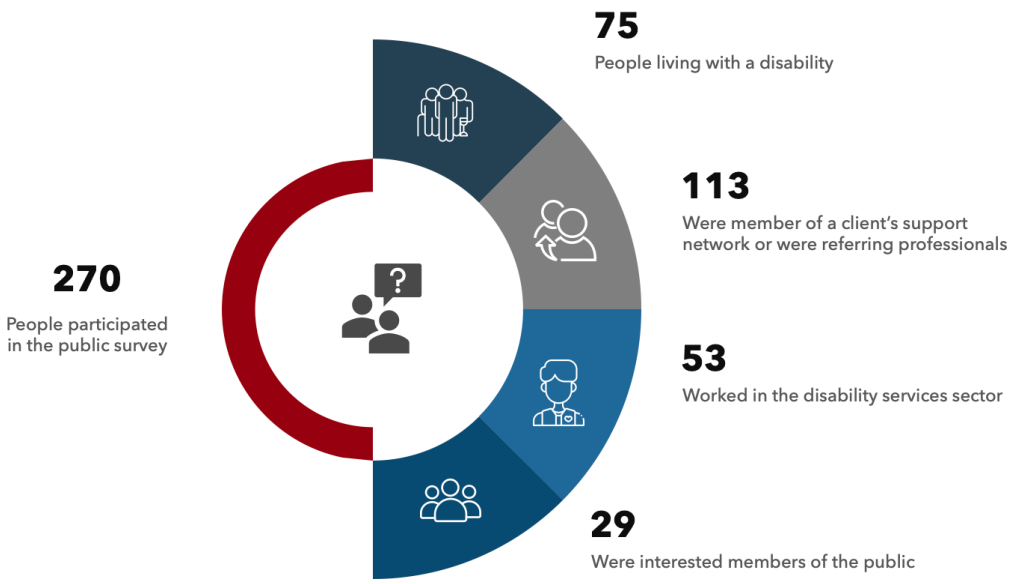


Figure 3: Public Survey Participation Overview

Finally, as part of the targeted Associate Families review, confidential engagement sessions were held with six people directly engaged with the program.

Insights

In general, the insights generated across these engagement opportunities have been integrated into relevant recommendations throughout both this report and the Residential Services Program Review report.

As part of the community engagement sessions, a number of key themes emerged including:

- The need for greater awareness and access to information on the part of clients and families
- Inconsistent experiences with the program, including variability among relationships with AAS Support Coordinators, as well as difficulty coordinating supports cross departments
- Difficulties associated with the application and assessment process, including obtaining medical documentation and long wait times for assessments
- Difficulty navigating the various AAS funding streams, along with a need for more flexible and responsive funding structures
- Respite – both finding it and paying for it – was highlighted as a challenge
- A need for better transition support into residential service offerings, along with the need to ensure quality and consistency in residential service offerings.

Alongside these insights, engagement participants highlighted an understanding that SDS and the AAS Program is there to support them. Feedback was constructive and aimed at improving services, while also being appreciative of the support offered.

A record of 'What We Heard' through the in-person sessions is available at Appendix A.

As part of the public survey, a number of key themes emerged including:

- Respondents generally indicated that they found the application and eligibility process difficult, aligned with community engagement session feedback
- Respondents indicated that funding was often insufficient to cover the cost of supports
- AAS Support Coordinators were generally rated as helpful and easy to reach, but lacked in knowledge about the program or how to navigate it
- Wait times for residential service offerings are generally seen as long, with mismatches in the level of support needed and offered
- Respondents generally indicated that people with higher needs should

be prioritized on residential wait lists, with most indicating the need for a more cohesive and centralized approach to wait lists

- Most respondents indicated a need for some form of third-party (Government or other) oversight over residential settings

Among those who work in the sector, respondents indicated they work in the sector to make a difference in people's lives and because they wish to support Islanders living with disabilities. Burnout from high workload, lower pay, and less attractive benefits were cited as barriers to working in the sector. Respondents indicated the need for higher pay, measures to reduce burnout, and opportunities for professional development as strategies to improve retention and recruitment in the sector.

Information gleaned through the public survey, as well as the community engagement sessions, was core to developing the two reviews' recommendations. Additional information is incorporated into recommendation narratives where appropriate.

Application, Eligibility, and Assessment Processes

Introduction

At present, admission to the AccessAbility Supports Program is governed by a comprehensive screening, eligibility, and assessment process. People in need of supports are subject to an initial phone screening and subsequent determination of eligibility based on a review of their application and health report, followed by a functional assessment by SDS clinical staff to determine the amount of funded supports a person requires to meet their needs.

In addition, clients accepted to the program are subject to a re-assessment schedule prescribed by the *Supports for Persons with Disabilities General Regulations*. These re-assessments confirm increases or decreases in functional ability over time, ensuring AAS provides funded supports that are appropriate to clients' specific needs.

Overview & Methodology

The scope of the review included a review of existing eligibility criteria and the role of the eligibility committee. This included reviews of forms to support eligibility criteria, such as the Health Report and the Children's Disability Specific Information Form. The scope also included a review of current processes and procedures for assessment and re-assessment, with consideration of an appropriate re-assessment frequency.

Review methods involved a comprehensive jurisdictional scan of approaches in other provinces, which looked at common elements of disability support program such as policy documents, screening processes, application forms, health reports, eligibility decisions, as well as assessment and re-assessment processes. This included a combination of virtual interviews, written responses, and desktop research.

The project team also conducted a best practice review based on information collected to identify promising practices for Prince Edward Island; this also included one on one interviews with other provinces to collect more granular information on the inner workings of similar programs.

Finally, information was combined with the results of extensive engagements to

identify opportunities for the AccessAbility Supports Program to better support persons living with disabilities, simplify the application and assessment process, and minimize administrative burden.

Recommendations

Based on the findings identified through the methods outlined above, the review proposes three recommendations, supported by 29 sub-recommendations. All recommendations can be completed within the short-/medium-term (1 – 3 years).

Recommendation 1.0: Clarify and optimize the screening, application, and eligibility processes

1.1: Create orientation materials and service standards

Clients applying for support through the AccessAbility Supports Program would benefit from clarity on the program's role within the ecosystem of other public services. Considering there are many groups that can be involved in disseminating information about the program to clients, such as third-party advocacy organizations, there is an increased risk of misconceptions about the program when there is a lack of clarity into its processes. Evidence of these misconceptions was reinforced during community engagements, where clients indicated confusion about the support services and funding available across different departments and which would best meet their needs. For clients, support networks, and groups who support clients in the application, eligibility, and assessment process, plain language orientation materials that provide visibility into the process along with the scope of AAS are crucial in aligning client expectations with the program's mandate, thus improving their experience with AAS.

The Department should also consider introducing clear service standard timelines across each stage of the application, eligibility, and assessment process. Considering the lack of standardization in areas such as response time for SDS staff, transparent service standards would serve as an accountability mechanism that leads to less redundant inquiries for staff to manage and a better experience to the client.

Moving forward, the program should develop a plain language orientation package, available publicly to prospective clients, staff, and third-party groups, which outlines the high-level overview of the application, eligibility, and assessment process along with the types of support available through AAS. The orientation package could clarify the role of other avenues of support that often work in tandem to SDS services, such as the health and education services. This material should be available in various formats that are accessible persons with a diversity of communication abilities. This orientation package should be prototyped and tested with clients and families to obtain real-world feedback and ensure that it meets the needs of Islanders.

The review team heard from families and third-party organizations that the lack of orientation material made it difficult to understand the AAS application and eligibility process, thereby reducing their ability to provide guidance and support to the applicant.

The development of clear service standards will help reduce unnecessary status enquiries, while also providing SDS staff with a mechanism through which to triage inquiries and support the alignment of client expectations.

Implementation Considerations

Creating new orientation materials & establishing service standards is a quick win that the Department can accomplish in approximately two months of focused work. This time is inclusive of engagement with staff to identify and compile common questions along with answers, develop documentation, establish reasonable expected timelines, and compile information into a cohesive orientation package for individuals proceeding through the AAS process. Materials should be tested with the intended audience before a Provincial launch.

1.1.1: Standardize screening process

The Department should standardize documents provided during the screening process to ensure all clients have clear expectations for the program and next steps in the application pathway. Suggested materials to standardize in the screening process include an overview of the application steps, frequently asked questions, and other guidance documents. This initiative is expected to reduce

the cognitive load for overwhelmed families and improve familiarity with the program, thereby reducing the number of questions posed to SDS by clients and families as they progress through the process. Standardizing the screening process could also entail adding a dedicated Screener for the AAS program, which would support consistency and increase overall understanding of the program before moving on to the eligibility phase.

Implementation Considerations

This recommendation can be completed in three months, inclusive of time to review existing screening and post-screening materials, gather input from staff on common client questions and points of confusion, and draft standardized documents. The finalized documents will outline program expectations clearly for the benefit of clients and inform the training material for an AAS Screener role, which could be transitioned internally from the existing Screening team.

1.1.2: Enhance digital accessibility

The Department should leverage digital tools to enhance the accessibility of the AccessAbility Supports Program website. This could include measures such as creating a Frequently Asked Questions (FAQ) webpage, available in multiple languages, as well as initiatives such as digital breadcrumbs, which display where a user is in a process or in relation to the broader website, supporting the ease of navigation and overall user experience. There is an opportunity to better leverage the website to improve awareness of and familiarity with the program, supporting better client knowledge and reducing the number of questions posed to the Department.

Implementation Considerations

This recommendation can be completed in four months, inclusive of time to identify high-impact website improvements, engage with IT staff, and develop new content such as a multilingual FAQ page and breadcrumb navigation tools. The Department should prioritize enhancements that support ease of use and clarity for clients, particularly those new to the program, and ensure that updates are tested for accessibility compliance before being launched. The Department should also test the accessibility improvements with end-users to inform a human-centered design approach, ensuring revisions meet the needs of clients and families.

1.1.3: Ensure information is readily accessible

The Department should ensure that throughout the screening, application, and assessment process, information on next steps is readily available and proactively communicated to the applicant. This can help manage anxieties associated with a lack of clarity or insight into what is involved in the next steps of the process. This can be especially pertinent for areas of the process that involve communicating the implications of their disability, which can often be a negative experience for the client. For instance, when the assessment is completed, the Department can include within its communication to the client the next steps and expected timelines for the Intake appointment (see Rec. 1.1). Efforts to make information more accessible should use human-centered design approaches to test prototypes and gather feedback from real-world users or target audiences.

Implementation Considerations

This recommendation can be completed in three months, inclusive of time to map key communication points in the screening and application process, develop standardized messaging on next steps and expected timelines, and integrate this information into existing communication templates. The Department should also engage both staff and clients to ensure the messaging is clear, actionable, and aligned with broader service standards and program communications.

1.2: Optimize Assessor bookings

To streamline the screening, application, and eligibility process, the Department should identify strategies to improve efficiencies in the assessment process. This could include, for instance, increasing the use of virtual assessments where possible. The Department could re-orient to a 'virtual-default' model of assessment, while still offering applicants the option for an in-person assessment when requested. Minor process changes which showcase more efficient options can have a significant impact, while still preserving more time and labour-intensive options for those who prefer or need them. Virtual screenings, for instance, eliminate travel time which can sometimes take up to 50% of an Assessor's capacity in a week. Increasing virtual assessments would also increase the number of applicants Assessors can assess within a given business day, thereby reducing wait times and freeing up Assessor capacity for re-assessments, which often need to be de-prioritized given the high volume of

initial assessments and process inefficiencies.

Implementation Considerations

This recommendation can be completed in three to four months, inclusive of time to conduct any needed change management with assessors and clients, and to develop updated procedures and guidance for a 'virtual-first' model. The short timeline for implementation assumes that many or most assessors will be familiar with this practice during the COVID-19 pandemic. In addition, clear language should be enshrined within other info sources (see Rec. 1.1, 1.1.1, and 1.1.3) to support clarity on the part of clients and their ongoing ability to request in-person assessments where needed or desired.

1.3: Assess and revise the use of the Health Report

The Department should conduct a review of the Health Report to ensure that it accurately reflect its intended purpose in determining eligibility for the AccessAbility Supports Program. Specifically, it should be made clear that the Health Report is a supportive document, rather than a document which constitutes automatic entry to the program. As the AccessAbility Supports Program is designed to support persons living with disabilities who face substantial restriction in their daily life, completion of the Health Report on its own is an input – rather than definitive – to the broader eligibility review process.

Implementation Considerations

This recommendation can be completed in three months, inclusive of time to review the current Health Report form and related guidance with staff, develop a shared understanding of its intended role within the broader eligibility process, and revise language to reduce misinterpretation. The Department should use human-centered design approaches to work with staff and health professionals to ensure the updated Health Report communicates its purpose as a supporting document and update internal and external materials to reinforce this messaging.

This three-month timeline is inclusive of Recommendations 1.3.1, 1.3.2, and 1.3.3.

1.3.1: Clarify the purpose of the Health Report

The Department should add language to the Health Report specifically clarifying how the information it contains is used within the broader application and

eligibility process. In particular, the language should specify that the documentation is to confirm information about the applicant's diagnosis and/or disability and does not constitute automatic entry to the program. This language may also support healthcare practitioners to ensure accuracy in completing the Health Report, since the Health Report will be viewed as one input of a more comprehensive eligibility determination process.

Implementation Considerations

This recommendation can be completed in three months, inclusive of time to draft clear language for the Health Report that explains its role as a supporting document within the overall eligibility process. The revised language should emphasize that the Health Report confirms diagnostic information but does not determine eligibility on its own, helping to guide both applicants and healthcare practitioners in understanding its purpose.

1.3.2: Review and revise form questions

The Department should revise the Health Report to align with eligibility criteria and remove unnecessary questions. For instance, questions related to employment may not be necessary, and information related to the Instrumental Activities of Daily Living may be addressed during the formal program Assessment. A clearer delineation should be made in the Health Form with respect to the information required to inform eligibility and assessment, in contrast to information that can be collected during the assessment, limiting the administrative burden placed on healthcare practitioners charged with completing the form on patients' behalf. Best practice reflects collecting only the personal health information needed to support a specific purpose; to align with best practice, unnecessary health information should not be collected via this form.

Implementation Considerations

This recommendation can be completed in three months, inclusive of time to review the current Health Report against program eligibility criteria, identify questions that are redundant or better addressed during the formal assessment, and revise the form accordingly. The Department should engage healthcare practitioners and assessment staff using human-centered design principles to ensure the revised form strikes the right balance between necessary information and administrative burden.

1.3.3: Add a disclosure statement

The Department should revise the Health Report to introduce a disclosure statement on the Health Report (as well as application materials) that completion of the Health Report, or a recommendation from a healthcare practitioner, does not guarantee eligibility for the program, and that eligibility for the program will be assessed based on AAS criteria by SDS staff. This approach will clarify the program's authority to make decisions about eligibility, rather than continuing the view that the Health Report is definitive to the question of eligibility for the program. As with other sub-recommendations, this addition can support greater clarity on the intent of the program as well as manage expectations on the part of applications for support.

Implementation Considerations

This recommendation can be completed in three months, inclusive of time to draft and incorporate a clear disclosure statement into the Health Report that outlines how the information provided will be used, who will have access to it, and how privacy will be protected. The Department should review the language with its legal and privacy staff to ensure alignment with legislative requirements (e.g., Privacy Act).

1.4: Develop guidance materials on eligibility

The Department should develop consistent guidance materials, including an eligibility tool or framework, to guide AAS staff in making consistent, logical, and defensible decisions regarding eligibility. These materials would ensure consistency in decisions across prospective applicants by basing decisions on objective criteria – reducing the ambiguity inherent in interpreting the meaning of 'disability'. In addition, eligibility guidance materials would support transparency in the decision-making process, if released publicly (potentially as an edited public-facing version).

Implementation Considerations

This recommendation can be completed in three months, inclusive of time to review current eligibility decision-making practices, identify areas of ambiguity, and develop internal guidance materials such as an eligibility framework or decision-making tool. The Department should engage staff to ensure the tool reflects real-world scenarios and aligns with policy intent, while also preparing a version of the guidance that can be shared publicly to promote transparency

and build trust in the process.

1.5: Enhance data collection and monitoring

The Department should begin collecting data to consistently track and monitor applications and inquiries regarding the program. This data collection could include applicant background as well as other information needed to support and inform future policy changes to the program. For instance, tracking applications related to non-permanent residents could inform a conversation about expanding eligibility to newcomers not yet holding Permanent Resident status. As it stands, there is insufficient data to indicate the demand for these types of supports. More broadly, the Department requires a more comprehensive data set to understand the scale of demand, identify gaps, and measure the impact of program and policy changes over time.

Implementations Considerations

This recommendation can be completed in three months, inclusive of time to identify key data points needed to inform program planning, update application and enquiry tracking processes, and establish a system for consistent data entry and monitoring. The Department should prioritize collecting data related to applicant background and common enquiry themes, enabling more informed decision-making and laying the foundation for evaluating demand, equity gaps, and the impact of future policy changes. The Department will need to determine the appropriate information system functionality to be leveraged to capture the data.

1.6: Explore a singular application system for Social Programs

The Department should explore the potential for a single application process for both the AccessAbility Supports Program and the Social Assistance Program. In the past, many clients who have applied for AAS have been redirected to Social Assistance given immediate financial need which AAS cannot meet until the application and assessment process concludes. Consolidating the application for both programs into one would allow applicants to be seamlessly directed to the most appropriate application process. This would then allow the connection for an applicant to the Social Assistance Program to receive immediate financial assistance, with them being rolled over to AAS once the necessary steps have been completed for the AAS application, eligibility, and assessment process.

It is also important to note that the AccessAbility Supports Program is currently transitioning CRM programs which will enable additional capabilities and efficiencies and reduce administrative burden on clients and staff. This recommendation for a single window application system could be explored in this process.

In addition, in line with other recommendations, building items like service standards, clarifying statements, and views of the overall process for both programs into the single application package can help manage applicant uncertainty by providing a clear and consistent process overview. Any efforts to create a single window application system should include user testing using human-centred design approaches.

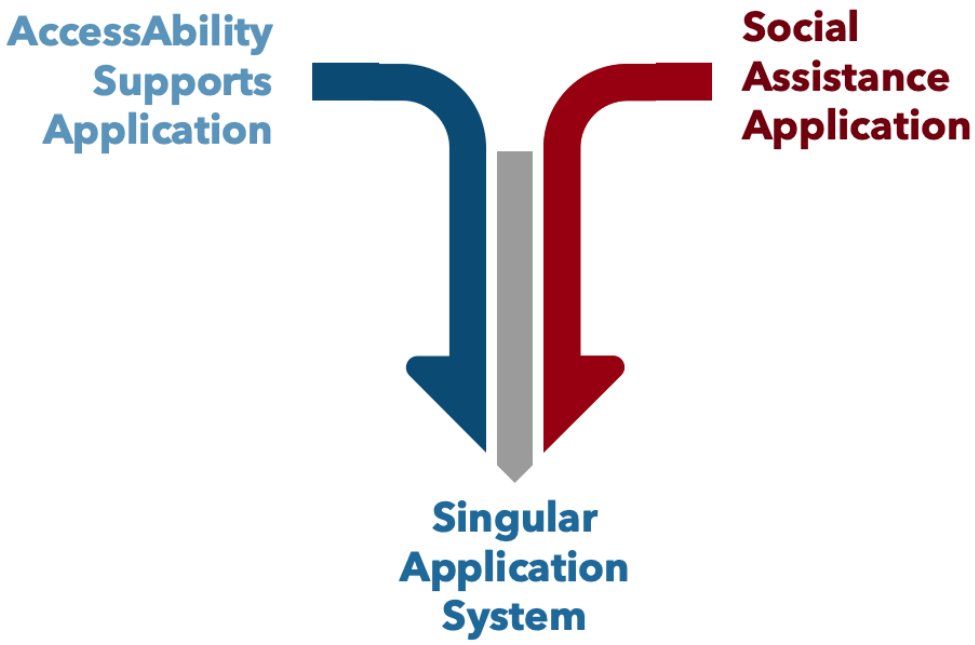


Figure 4: A Single Window Application System

Implementation Considerations

This recommendation can be completed in twelve months, inclusive of time to conduct a feasibility review, engage relevant program areas, and explore process and system changes required to support a single window application for the AccessAbility Supports and Social Assistance Programs. This time is also inclusive of a six month technical design and implementation period to formally

create the new system. The Department should map shared and distinct eligibility criteria, identify opportunities for aligned intake processes, and consider how to integrate clear service standards and process overviews into a unified application package. Early engagement with front-line staff and IT teams will be critical to identify technical requirements and ensure a streamlined applicant experience. Additional internal resources may be required based on the approach taken to develop the single window system. The new application system should be tested with clients and families through a human-centered design lens to ensure it works well to meet their needs.

1.7: Establish clear timelines and updates on application status

In line with Recommendation 1.1, the Department should establish clear timelines for expected or anticipated wait times for various stages in the application, assessment, and eligibility process. These clear timelines, based on experience and, potentially, data (see Rec. 1.5), should assist applicants and their families to manage expectations, providing clarity on when the next stage will occur. Given the level of stress that applicants and families can experience in applying for support, any measures aimed at clarity will support the client experience and reduce the administrative burden that comes with repeat inquiries.

Implementation Considerations

This recommendation can be completed in one to two months, inclusive of time to review average wait times across application, assessment, and eligibility stages, and to establish clear, experience-based timelines. The Department can incorporate this information into existing communication materials and orientation resources to proactively manage expectations and reduce applicant uncertainty throughout the process.

1.8: Implement a screener tool for eligibility

The Department should consider options for implementing a screener tool, which can collect and support the interpretation of key information related to a person's disability and functional abilities, with the goal of providing an initial program eligibility triage. In current state, screening and assessment require substantial time to complete and the Department has a backlog of clients for whom assessments are pending. A screening tool implemented at the front-end of the program application process could reduce the need to conduct full

assessments of applicants, unless indicated by the tool. As such, this tool could support earlier access to support for clients, while allowing Assessors to focus on the assessments requiring their expertise.

During the review, determining eligibility and an applicant's level of functional impairment was often noted as a challenge in determining if an individual is eligible for the program. Through the use of a screening tool, eligibility could be determined more quickly. Depending on the implementation approach, some access to planning supports could be granted based on the tool, with the level of support confirmed via full assessment where needed.

Implementation Considerations

This recommendation can be completed in three to four months, inclusive of time to identify key information needed to support preliminary eligibility decisions and assess options for tool adaptation or development. Final implementation may require additional time, depending on the technology solution needed to administer the screener. Interim options may be considered in this case. The Department should engage with staff and clients to ensure the tool is user-friendly, aligns with program criteria, and can effectively triage applicants—streamlining the assessment process and reducing delays for those with clear eligibility indicators. Some funding may be required if an existing tool is selected or adapted, to cover the costs of licensing.

1.9: Create a planning support option for ineligible individuals

The Department should implement a planning-only support option for individuals who self-identify as having a disability, but who are not eligible for funding through AccessAbility. This will ensure that anyone deemed ineligible through either the recommended screener, or following determination by a SDS Assessor, can still have access to planning support within their community. This model of providing planning-only supports is a best-practice from other jurisdictions that is delivered through roles such as Navigators, Planners, and other titles that share common functions. Natural supports exist today in communities, either through existing government programs, community groups, businesses, volunteer organizations or individual citizens. They are an essential component to living an inclusive life in community, but making connections to these opportunities can often be difficult for persons with disabilities. A planning-only support role can build awareness of these options, connect interested persons to existing capacity that aligns with their needs, and

be a source of expertise that can support the development of capacity within communities.

An emerging approach for this support option is Local Area Coordination. A formalized approach to building community capacity and planning for life in the community alongside persons with disabilities has been implemented and evaluated in international jurisdictions, including Australia, the UK, and Singapore. This model is currently being implemented in Nova Scotia, the first Canadian province to do so, providing SDS with the opportunity to learn from the Nova Scotia experience and tailor the approach to the unique needs of Islanders.

Implementation Considerations

This recommendation can be completed in six to eight months. A key enabler will be the approval of funding and FTEs to allow SDS to hire Planners or Local Area Coordinators (LACs). To implement this support, SDS would need to develop a framework of practice for the roles, based on the international and regional body of evidence. If hired internal to SDS, job descriptions and classification would be required prior to recruitment and hiring. The Planners would require some form of digital tool to track where community capacity exists and to document support plans with individuals. SDS would also need to develop referral pathways from the AccessAbility program to this service.

Recommendation 2.0: Optimize the assessment and re-assessment process to better meet clients' needs

2.1: Expand the role of the Assessor

The Department should expand the role of the Assessor to include making the preliminary eligibility decision regarding a potential client's eligibility for the program (the preliminary eligibility decision could be guided by the Screener Tool noted in Rec. 1.8). In the event an individual is deemed preliminarily eligible, they would then proceed to a full assessment to determine the appropriate level of funding relative to their specific needs. The approach will allow Assessors to use the information gathered during the preliminary determination in the subsequent assessment, supporting a more seamless process and providing continuity for families and clients.

This approach would also eliminate the need for an eligibility committee to make the eligibility determination for applicants, significantly streamlining the

overall application process and improving efficiency for the department.

Implementation Considerations

This recommendation can be completed in six months, inclusive of time to revise policies and procedures to formally expand the Assessor's role, develop training and guidance materials to support preliminary eligibility determinations, and align this work with the design and implementation of the Screener Tool (see Rec. 1.8). The Department should also update workflows to ensure information gathered during the preliminary decision informs the full assessment, eliminating duplication and enabling a more efficient, client-centered process.

2.1.1: Increase Assessor capacity by County

The Department should ensure at least one Assessor is active per county to reduce travel time for in-person assessments. This will require hiring additional Assessor(s). By ensuring that assessors are available in each county, travel time can be minimized, enabling assessors to focus more on conducting assessments and reducing the backlog.

In addition, locally-based assessors are more likely to understand the unique needs of their respective communities, fostering a more personalized service experience. Finally, distributing work more evenly across counties – and reducing travel time – can assist with limiting staff burnout and stress.

The review team heard from Assessors that the high volume of travel across counties limited their ability to complete enough assessments per week to keep pace with the AAS Program's assessment volumes.

Implementation Considerations

This recommendation can be completed in four to six months, inclusive of time to identify any coverage gaps by county and plan for targeted recruitment or reassignment to ensure at least one Assessor is active in each region. The Department should also review workload data and travel patterns to inform deployment, aiming to reduce travel time, support more localized service delivery, and promote staff wellbeing through a more balanced distribution of work.

Aligned with this recommendation, SDS will need to hire additional assessors to

address any existing gaps in county coverage in PEI. Assuming a salary of $90,000 per year (Level 18 – 19 UPSE Classification) with 30% overhead (benefits, office space, materials), each full time resource hired costs $117,000 per year. Existing costs associated with travel reimbursement may result in some savings, based on both reduced travel distances and a move to a virtual-first approach (see Rec. 1.2).

2.2: Review and update the sensitivity of the InterRAI PEI-specific algorithm

The Department should work closely with Assessors and Support Coordinators to review and improve the sensitivity of the InterRAI PEI-specific algorithm in determining support needs across the diverse population of persons receiving or seeking support from the AAS Program. The review noted several patterns in funding levels, including often higher funding levels for children aged 4-11 years compared to those aged 12-17, and consistent funding levels for clients in community care facilities, long-term care, and residential care settings. The review observed patterns indicating that persons with physical disabilities are often assessed at higher funding levels ($1,906) in contrast to those with mental health conditions ($1,288). There is a concern that these patterns demonstrate that the PEI-specific algorithm may not be sensitive enough to reflect the diverse disability-related supports needs.

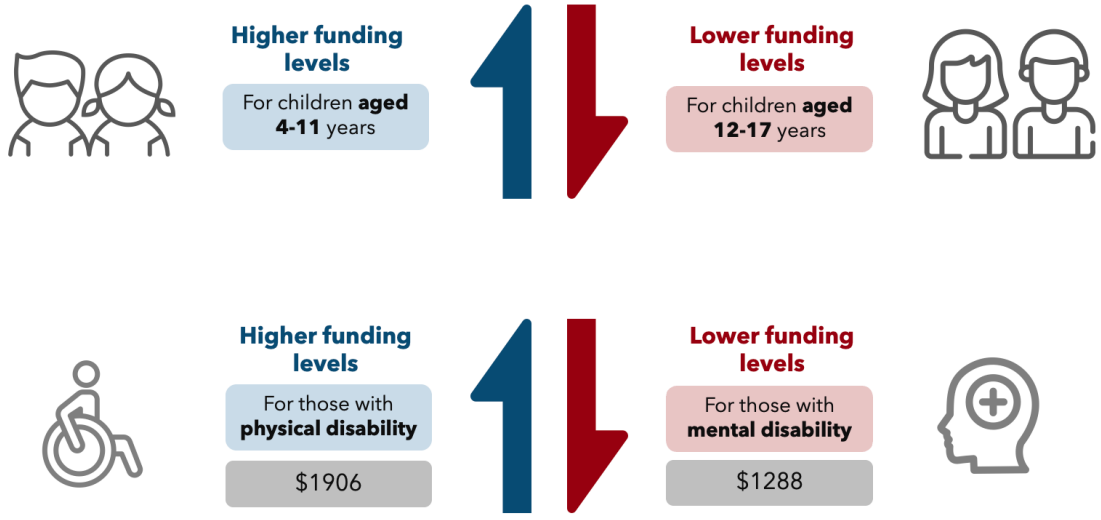


Figure 5: Patterns Observed in Funding Levels Across Age Groups and Disability Types

Working with Assessors and Support Coordinators would enable the Department to refine the sensitivity of the funding levels will help ensure accurate and context-specific funding decisions, that address clients' unique needs, are made. Once a new algorithm is drafted, the Department should enable the work to update and implement the change in the system, followed by rigorous testing to ensure it accurately reflects varied support needs across a range of disability related needs. This will support greater equity in resource distribution, ensuring that funding levels align with clients' needs.

Careful consideration should be given to the use of 'capacity' scores when assessing the Instrumental Activities of Daily Living (IADLs). At present, capacity scores are used and reflect a person's potential – rather than actual – abilities. - This distinction is important, as using 'capacity' for someone with a severe mental health disability or condition may inadvertently judge them to have a higher level of functional ability than is actually present. For instance, a person with a mental health condition may have the 'capacity' to undertake grocery shopping, but this may be very difficult with their condition; they may require supports to do so. More carefully considering the use of 'capacity' scores may assist the program in ensuring it treats persons living with mental health conditions more equitably relative to their support needs.

Implementation Considerations

This recommendation can be completed in eight months, inclusive of time to engage Assessors and Support Coordinators to review and revise the algorithm, test revised options and select a final version for implementation into Momentum. The Department should analyze existing patterns and equity concerns—such as those related to age, disability type, and living situation—and collaboratively refine the algorithm to better capture the full spectrum of support needs. Consideration may be given to the use of 'capacity' scores within IADL assessments to ensure they reflect real-world functional limitations, particularly for individuals with mental health conditions.

The project team estimates professional services costs to engage Momentum in the range of $80,000.

2.3: Revise the re-assessment schedule

The Department should revise the re-assessment schedule to embrace a risk-based framework to selectively carry out re-assessments, ensuring resources are

directed where they are most needed and will have the highest impact. High caseloads and the need to prioritize initial assessments for new AAS clients make it difficult to complete re-assessments, even where required by regulation. During the review, the project team also detected cases where individuals have experienced improvements in their disabilities, no longer meeting eligibility criteria, but remain attached to the program. The revision to the re-assessment schedule should align with the below sub-recommendations. Nothing in this recommendation would eliminate clients' ability to request re-assessments where needed (i.e. change in support needs or life circumstances).

Implementation Considerations

This recommendation can be completed in sixteen months, inclusive of time to develop a risk-based framework for re-assessments, define criteria for prioritizing re-assessment based on factors like time since last assessment and potential change in condition, revise procedures accordingly, and amend regulations. Staff should be educated on the new approach, and system updates may be required to support tracking and scheduling.

Amendments to the *Support for Persons with Disabilities General Regulations* will be required to implement recommendation 2.3, along with recommendations 2.3.1 through 2.3.3. Further detail is available in the legislative & regulatory implications section.

Implementation for Recommendation 2.3 is contingent on the below sub-recommendations.

2.3.1: Conduct re-assessments based on developmental milestones

The Department should consider basing re-assessment timelines for children on key developmental milestones. This could include scheduling assessments for ages 1, 4, 8, and 12 (approximately), a minor change to the current re-assessment schedule to align more closely with key milestones in children's lives. Given the pace of development in childhood, a re-assessment process based on key milestones can support a more evidence-based approach that ensures re-assessments align with development milestones as opposed to solely aligning with regulatory requirements.

Implementation Considerations

This recommendation can be completed in sixteen months, inclusive of time to define key developmental milestones (e.g., ages 1, 4, 8, 12), align these with re-

assessment scheduling protocols, update internal processes and documentation, and amend regulations. The Department should also ensure system changes allow for automatic scheduling prompts based on a child's age.

2.3.2: Conduct re-assessments based on anticipated length and progression of disability

The Department should base re-assessment timelines on the anticipated expected courses of progression. For instance, clients with long-term disabilities with minimal progression in a stable and supportive environment will likely require fewer re-assessments than those clients with disabilities with expected progressive needs and living on their own.

Implementation Considerations

This recommendation can be completed in sixteen months, inclusive of time to establish criteria for annual check-ins and full re-assessments based on disability type, expected progression, and living environment. This timeline also includes the time required to advance regulatory amendments. Processes should be updated to schedule annual contact with clients and flag higher-risk cases for more detailed follow-up.

2.3.3: Revise re-assessment schedule to include annual check-ins

As part of moving to a more risk-based approach to conducting re-assessments, annual check-ins with clients should be arranged to identify the potential for significant changes (e.g., housing, health status, etc.) in a client's circumstances that may signal the need for a re-assessment. This approach would facilitate re-assessments for clients where change in circumstances signal a longer-term change in impairment which necessitates a complete re-assessment to ensure clients are receiving the support they require. Circumstances which are time-limited or pose only short-term changes in functional ability would not necessarily trigger re-assessments, based on policy to be developed by the Department.

Implementation Considerations

This recommendation can be completed in sixteen months, inclusive of the time needed to establish criteria for triggering full re-assessments, accompanied by program policy, and to develop forms/reporting mechanisms to support annual check-ins. This timeline is also inclusive of other recommendations to be implemented in alignment with recommendation 2.3.

2.4: Implement digital tools and automation

The Department should implement digital tools and automation, where possible, to support administrative processes. For instance, using software that integrates or auto-fills recurring fields across different phases of the screening, application, eligibility, and assessment processes for the same client. Manual data entry can delay the assessment process, and digital tools can help streamline these workflows and reduce the administrative burden placed on assessors, whose efforts and focus should be elsewhere. In addition, there is substantial redundancy in data collection between various phases in the process for a single client, which imposes administrative burden not only on the assessor – but also on the client. Auto-filling recurring fields with basic information can streamline the process for both parties, reducing the time required to complete forms and promoting a better client experience.

The Department should consider the above factors in the design and deployment of its new database and case management system. In the interim, digital tools such as fillable PDFs and web forms can help improve the client experience and simplifying data management and record-keeping.

Implementation Considerations

The project team estimates that interim digital tools such as fillable PDFs and web forms can be completed in four months, inclusive of time to identify appropriate documentation or process changes to be adapted, develop the tools and processes, and to manage a transition period to using new tools.

As it works to procure and/or develop a new case management system, the Department should identify key administrative processes for automation, select or configure digital tools to auto-fill recurring client information, and pilot the tools with staff. The interim tools can be adapted to work with the new system. Necessary updates to workflows and staff training should also be completed to support implementation. As the Department already has plans to procure and/or develop a new case management system, there are minimal additional costs to consider.

Recommendation 3.0: Re-evaluate the structure of the program and pursue sector alignment

The review revealed that the AAS Program is increasingly becoming a 'catch-all' form of support for persons living with disabilities; this is especially true with children. Service gaps in other departments – for example, Education, are creating additional pressure on the AAS Program to fill these gaps and ensure people receive the supports they need.

3.1: Establish a cross-provincial working group

The Department should establish a cross-provincial working group consisting of key actors and decision-makers across both departments and community partners (e.g., Education, Health, SDS, EDSA, etc.) to identify and address support and service gaps for individuals living with disabilities. The group will work to align on clear mandates, clarify their role and the role of others, and create a shared understanding of their responsibilities.

The working group should be sponsored and supported by Executive Council Office to ensure effective government-wide collaboration on the program to meet the needs of Islanders with disabilities.

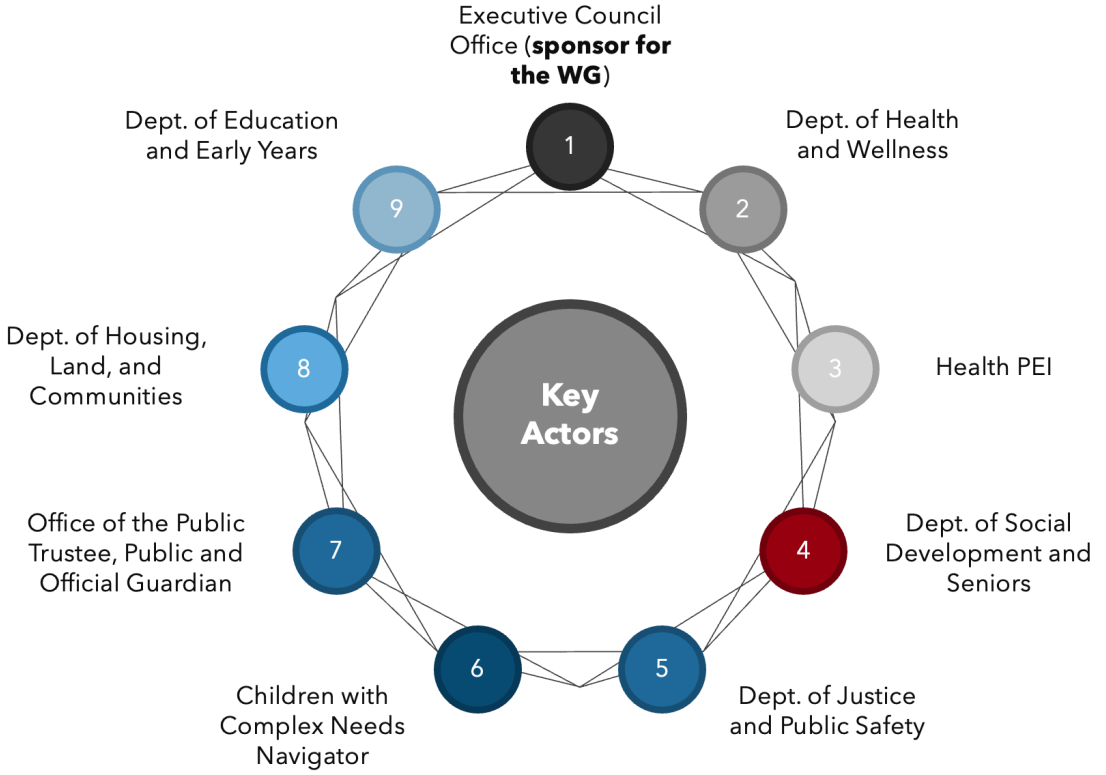


Figure 6: Key Working Group Actors

A formal venue can help clarify roles and responsibilities, coordinate efforts, and ensure that clients are directed to appropriate services delivered by the right departments. This approach will help reduce the strain on the AAS Program and ensure partners are playing their specific roles, enhancing overall service delivery for people living with disabilities.

Implementation Considerations

The working group can be initiated within six months, inclusive of time to identify and invite representatives from relevant departments and community partners, draft terms of reference, and convene an initial meeting. The working group should establish a regular meeting schedule, shared objectives, and clear communication protocols to support ongoing collaboration. Consideration should be given to the seniority of the working group members and how Deputy Ministers from member departments can ensure accountability and strategic guidance.

3.2: Implement complex case conferences

The Department should establish complex case conferences for individuals with complex support needs to ensure all members of their support network are involved to deliver coordinated services and supports.

These complex case conferences will ensure timely, comprehensive support for individuals with complex needs, reducing service and support gaps and fostering a more integrated, person-directed system. This may involve including other system partners such as Education, Health, community partners, or others as required to ensure success in meeting a person's individual needs. This approach may be particularly helpful for individuals living in residential services where integrated supports are key to ensuring the sustainability of a residential living arrangement. Overall, a more integrated approach will better support individuals with complex disabilities that require multiple supports across departments.

Implementation Considerations

This recommendation can be completed in three months, inclusive of time to define eligibility criteria for Complex Case Conferences, establish procedures for initiating and coordinating meetings, and identify necessary system partners. It will be important to work closely with existing navigator programs and systems in the sector, such as the Children with Complex Needs Navigation Program and

the Senior Navigators. Staff should be trained on referral processes, and a prototype of the model should be completed to refine the approach before broader rollout. Feedback from the prototype can be gathered and incorporated into the framework and the guidance for the final design.

3.3: Separate the AAS Program into children and adult streams

The Department should separate the AAS Program into distinct children's (under 18) and adult (18+) streams, each with specific policies tailored to their needs. Children and adults have very distinct needs, and Prince Edward Island's AAS Program inconsistent with other jurisdictions in the country, the majority of which separate their programs into distinct programs or streams to meet the differing needs of children and adults.

Separating these streams will allow for more targeted, age-appropriate support, improving service delivery and outcomes for both groups. In addition, separating the streams can allow for clearer policies and procedures tailored to the target populations of the two streams, adding flexibility for the program from an administrative and policy perspective.

Key instances where policies or approaches may need to be different are outlined in the following sub-recommendations. In addition, Recommendations 2.3 and 2.3.1 address a revised assessment schedule which should be considered for children.

Implementation Considerations

This recommendation can be completed in 12 months, inclusive of time to design and implement distinct child and adult streams within the AAS Program, each with tailored policies, eligibility criteria, and service approaches. The Department should begin by reviewing current practices, identifying key areas where needs and supports differ by age group, and engaging staff and stakeholders to co-develop stream-specific procedures. This work will also involve updating internal systems, training staff, and communicating changes clearly to clients and partners.

This twelve-month implementation period is inclusive of the 5 sub-recommendations below.

3.3.1: Revise funding assessment & funding levels for children

The Department should revise the funding assessment tool to better reflect

children's unique needs, including redesigning funding levels for children. Adjustments to funding levels should account for frequent equipment modifications, growth-related needs, and developmental supports like summer camps, ensuring adequate resources for their well-being. During the review, the project team observed that children in the 4 – 11 age group are often assessed at a $2,000 funding level, while children ages 12 – 18 are assessed at lower levels. This suggests that the algorithm may not be reflective of actual needs (see Rec. 2.2), and revised funding levels in concert with a review of the PEI algorithm should address this issue. In addition, re-evaluating funding levels should also ensure that children's distinct needs are reflected in appropriate funding levels relative to the expected support needs of children.

Disparities in funding across age groups and observed issues with the algorithm also raised questions about the options available to children (and adults) for shorter-term or one-time needs. To support meeting client needs faster, the Department should consider streaming clients via the screener tool (Rec. 1.8) and planning support (Rec. 1.9) to programs other than AAS to meet client-specific needs (e.g., one-time hearing aid request).

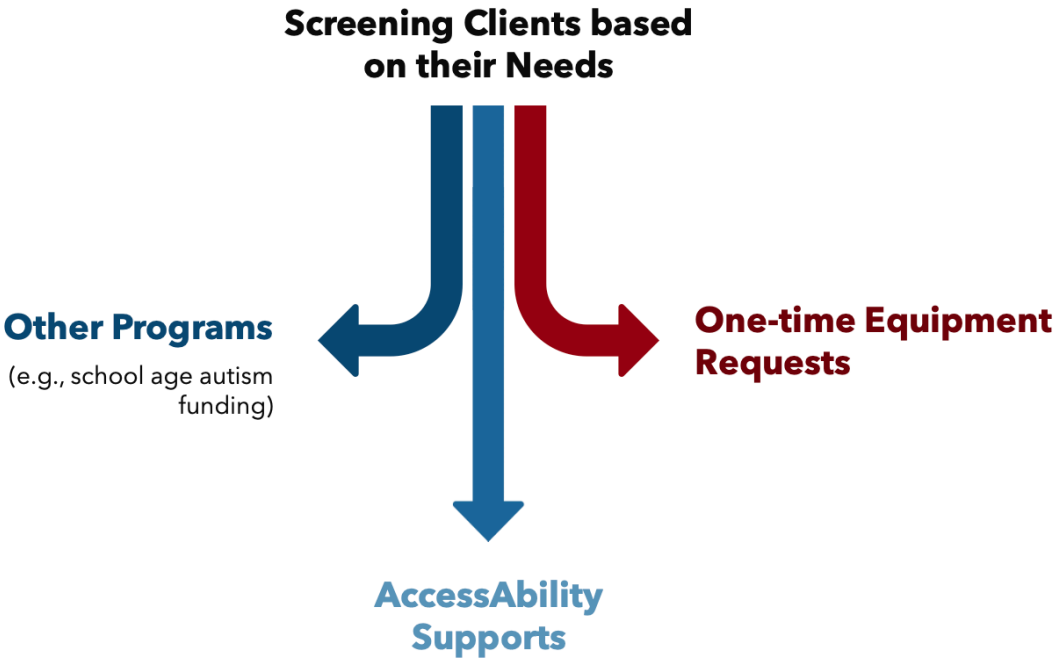


Figure 7: Options for Client Support

Implementation Considerations

This recommendation can be completed in fifteen months, inclusive of time to review the current funding assessment tool and confirm observed patterns in funding outcomes for children across age groups, as well as to develop approaches for working across potential funding sources and/or programs to meet clients' needs in a timely fashion. The Department should work with relevant community partners to revise funding levels and assessment criteria to better reflect children's developmental needs, growth-related expenses, and access to age-appropriate supports such as equipment and recreational programming. The planning support role outlined in Recommendation 1.9 could support the navigation of other programs. These changes should align with broader efforts to enhance the sensitivity of the funding algorithm (see Rec. 2.2) and ensure children receive equitable and adequate support.

Amendments to the *Support for Persons with Disabilities General Regulations* will be required to implement recommendation 3.3.1. The bulk of implementation time (12 months) is estimated to support alignment with the regulatory amendments proposed elsewhere (see Rec. 2.3 and sub-recommendations). Further detail is available in the legislative & regulatory implications section.

3.3.2: Improve communication of annualized funding amounts

The Department should consider improving communication with families about the option to use their funding as an annual allotment, rather than being limited to monthly amounts. During the review, the project team heard that families often face higher expenses during common times such as summer or during March break. Using the annualized funding approach would allow families to roll forward funding throughout the year or borrow from future months to use during peak times when their child's needs are higher. While AAS already allows funds in some funding categories to be annualized over the course of the year, it's not clear that all families are aware of this option. Formalizing this approach and improving communications would clarify for families the flexibility they have with the program, ensuring an equitable experience. Along with formalizing this approach and improving communications to clients, AAS Support Coordinators should be trained on how to coach families to manage an annualized allocation – for instance, how to avoid running out of funding too early.

Implementation Considerations

This recommendation can be completed in three months, inclusive of time to formalize approach on annualized funding, update program guidelines, and communicate and facilitate change with both families and Support Coordinators. Support Coordinators should receive training on how to guide families in managing their allocations across high-need periods such as summer or school breaks. The Department should develop materials to communicate this option for families and members of the public.

3.3.3: Establish family-directed funding

The Department should establish a family-directed funding policy, whereby the first $200 in a client's available funding, regardless of the total monthly funding cap, is self-directed. In practice, this means that the family can direct their funding where needed each month and only needs to provide receipts when required by way of an audit. While families would still need to keep receipts, this approach would reduce the administrative burden associated with monthly accounting and reporting.

Reporting on – and approving – receipts for minor expenses is not a value-add use of staff or family time. Supporting families to use the first $200 as family-directed funding will reduce unnecessary administrative burden and allow families to purchase supports that best meet the needs of their child. This approach would continue to maintain accountability and documentation requirements for larger purchases, as well as supports purchased over and above the initial $200.

The review team heard from families that the reporting process for smaller items (e.g., specialized toothbrushes) can be administratively burdensome on families, as well as AAS Staff.

Implementation Considerations

This recommendation can be completed in three months, inclusive of time to develop and approve the family-directed funding policy, revise documentation and program guidelines, and configure systems to reflect the self-directed $200 portion. Staff should be trained on new procedures, and families provided with

clear instructions on record-keeping and audit requirements.

3.3.4: Formalize transition planning for children

The Department should engage in focused, proactive transition planning for children in the 12 – 18 age range. This would involve initiating a transition process in partnership with Education to prepare children for the shift from the education system to adult support services – for example, through Complex Case Conferences (see Rec. 3.2). More broadly, this transition planning process should prioritize a seamless continuation of support as they move into adulthood.

The shift from school-aged supports to adult support services can be substantial. As it stands, the shift can be disjointed, leading to gaps in support for the needs of young adults with disabilities. Where needed, this shift could also involve advanced planning for enrolment in day programming or – where desired – advanced planning for a move into residential services (e.g., Group Home; Associate Families Program) where sufficient time for planning and matching is key to ensuring a successful living arrangement.

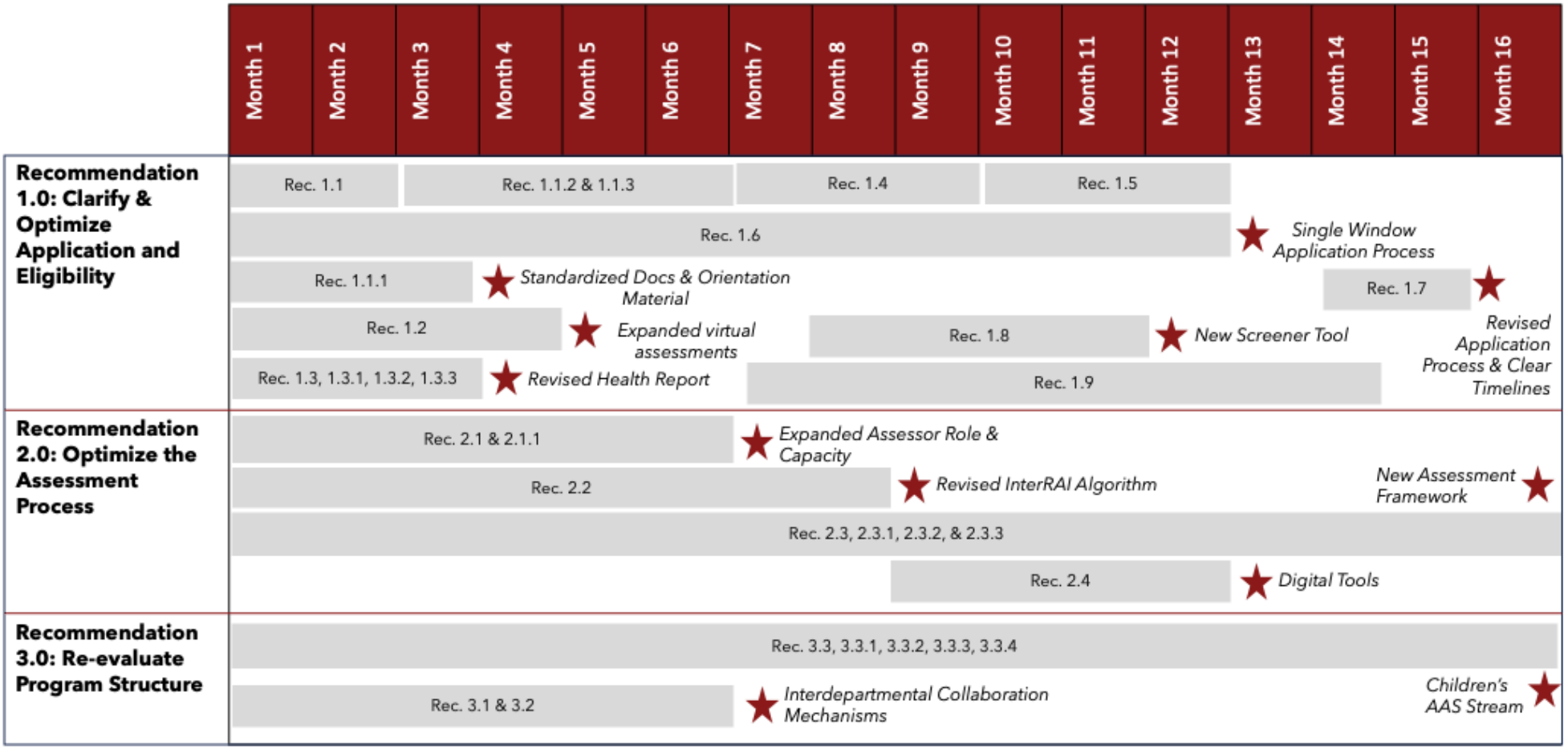
While some AAS Support Coordinators do currently engage in transition planning for clients, the practice is inconsistent, meaning that some children and families are being left behind. Formalizing transition planning and the role of AAS Support Coordinators in this process can address other issues identified in this report (e.g., factors influencing the need for reassessment) and broader client concerns, such as a lack of clarity on financial resources and connections to programming.

Implementation Considerations

This recommendation can be completed in six months, inclusive of time to develop a transition planning framework for youth aged 12–18, identify key touchpoints for initiating planning (e.g., age 14 or 16), and coordinate with Education and other system partners. The Department should integrate transition planning into Complex Case Conferences where appropriate, and update procedures to include advance planning for day programming and residential options where applicable. Staff should be trained to support families through the transition process. The provincial working group (Rec. 3.1) could provide accountability for transition processes, including requiring and receiving updates on progress and ongoing transition planning activities.

Implementation

Figure 8: Implementation Gantt - Application, Eligibility, and Assessment



Implementation Assumptions

For planning purposes, it is assumed that the Province will dedicate near full-time resources (estimated 2 FTEs) to implementing these three sets of recommendations. The draw on internal resources can be reduced through professional services support. As indicated earlier, the project team estimates an additional 3 FTEs, ongoing, to support functional assessments.

For planning purposes, it is also assumed that there will be minimal roadblocks to accessing funds for recommendations which may require it – for instance, funding to contract Momentum to update the algorithm. Timelines may be impacted by (a) a lack of time; (b) internal staff resistance; (c) a lack of resources where funds are needed.

AAS Funding & Category Structure

Introduction

This component of the review focused on AAS funding ceilings, category structure of how AAS funding is provided to individuals and how it can be used by clients. As discussed, individuals in need of supports are subject to an initial screening, eligibility determination, and a functional assessment by clinical staff to determine the amount of funded supports a person is eligible for, which is also known as an individual's funding ceiling.

These supports can be used towards a variety of supports that are categorized into five different categories:

1. Personal Supports
2. Housing Supports
3. Community Supports
4. Caregiver Supports
5. Financial Supports (covered by Assured Income)

These categories are designed to help individuals understand what supports they can purchase with their AAS funding.

During eligibility process, there is also a financial component, where individuals' earned income is compared to income thresholds to determine if they are eligible for assured income, and to determine if they are required to contribute any of their own earnings towards the cost of their supports.

This workstream reviews the funding ceilings, funding categories, and client contributions in more detail.

Overview & Methodology

Each of the three key areas of review in this section followed a similar approach and methodology.

Jurisdictional research was completed to understand how PEI's current practices align with other jurisdictions. This was primarily completed through desk research to compare appropriate dollar amounts and admissible expenses within various funding categories.

This research was supplemented with extensive data analysis to gain a deeper understanding of how funding ceilings are currently being utilized, the types of expenses that are mostly commonly requested, and the current state of client contribution requirements across the AAS clientele. Financial impacts for various options were evaluated to support the development of recommendations related to these areas of review.

Recommendations

Based on the work outlined above, this workstream contains three recommendations, supported by a further 10 sub-recommendations. Recommendations are slated for completion in the short-term (1 – 3 years) unless otherwise noted.

Recommendation 1.0: Revise client funding ceilings and address consistent program pressures

Recommendation 1.1: Implement a revised core funding model to alleviate day programming pressures on AAS funding (per the Residential Services Program Review)

The Department should implement the revised core funding model for residential services delivery partners (see Residential Services Program Review Report), in order to support clients to only pay the costs associated with direct staffing support during day programming. The analysis found that clients accessing day programming regularly exceed their AAS funding ceilings – 46% of clients attending day programming face costs above their monthly funding ceiling, with the average percentage of the funding allocation used sitting at 106%. In contrast, clients not attending day programming spend an average of 65% of their funding ceiling, with only 20% spending above their funding ceiling.

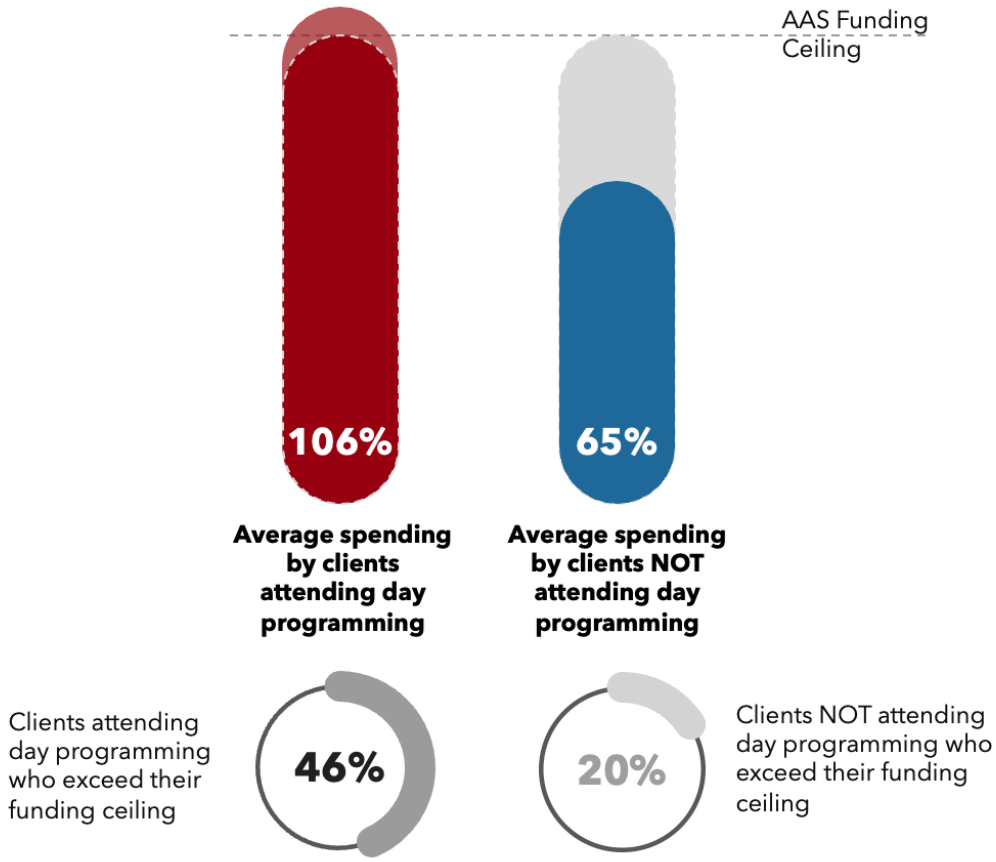


Figure 9: Disparities in Client Spending by Activity

In order to bring utilization in line with funding allocations, clients should only be responsible to pay for the direct staffing costs associated with day programming from their AAS allocation. Other costs associated with day programming (e.g., physical infrastructure costs, utilities, supervision) should be incorporated into service delivery partner funding models through either base or top-up amounts. Recommendations relating to the service delivery partner funding model are included in the Residential Services Program Review Report.

Implementation Considerations

The timeline for implementing this recommendation is included in the Residential Services Program Review Report, including the estimated cost associated with the implementation of the model.

1.1.1: Create a tool to streamline the calculation of day programming from individual client files

The Department should create a tool to streamline and simplify the calculation

of day programming costs from individual client files and reduce the administrative work and negotiations between AAS staff, service delivery partners, and families that exists today. Using standardized wages and relief rates, to tool can calculate appropriate per hour support costs. The tool should include formulas for blended rates for day programming based on time spent in programs with different staffing ratios. Day programming costs to clients should be directly tied to the supports they need or request, whether that is 1:1 supports or group programming.

Implementation Considerations

This recommendation can be implemented in two to three months, inclusive of the time needed to identify and segment the costs of day programming from clients' AAS files as well as to identify costs funded through core service delivery partner allocations, identify the form of the tool (e.g., Excel worksheet; web-based application; integrated within other AAS tools), and develop the tool. The tool should capture the diversity of supports that a day programming client may need to support their participation (e.g., 1:1 staffing; group programming; level of community participation). It should be prototyped and tested with SDS staff before full implementation.

1.1.2: Review and assess funding ceilings (Timeline: 3 – 5 years)

The Department should review and re-assess funding ceilings following the introduction of the new service delivery partner funding model, changes to the assessment algorithm, and the introduction of a children's stream. Analysis conducted during the review found that generally speaking, clients not in day programming were not using the full extent of their available funding, with an average of 64% of the funding ceiling used. 20% of clients not attending day programming did spend in excess of their funding ceiling. Analysis also indicates that despite children having higher funding ceilings on average in comparison to adults ($1,782 and $1,692 respectively), children spent less of their monthly funding ceiling than adults did ($583 and $1,233 respectively).

In general, there will always be a portion of clientele who must spend over their stated funding ceiling. However, the goal is to ensure that the majority of clients have funding available in an amount that meets their specific needs. Analysis following substantial program modifications – revisions to the service delivery partner funding model, changes to the assessment algorithm, and the introduction of a children's stream – can build on the analysis conducted as part

of the work to determine whether modifications to funding ceilings are needed.

Implementation Considerations

This work can be undertaken in approximately six months, inclusive of the time needed to conduct new data analysis on client files to determine revised proportions and flows of funding, benchmark against additional Provinces, conduct engagement with clients and families, and introduce any new funding ceilings, if required. Consideration should be given to the change management and communications elements needed to facilitate a successful roll-out, including the potential for direct-to-client mailers or outreach from AAS Support Coordinators, as well as the need for updated staff manuals and policies.

Modifying funding ceilings to implement recommendation 1.1.2 will require amendments to the *Support for Persons with Disabilities General Regulations*. Further detail is available in the legislative & regulatory implications section.

Recommendation 2.0: Clarify funding categories & enhance respite access

2.1: Enhance communications about existing funding categories

The Department should strengthen clarity and communications around the existing funding categories under the AAS Program. In general, the review found that the existing funding categories were sufficient to capture the diversity of client needs. However, feedback from engagements indicated that clients don't find that funding categories always resonate with their experiences, leading to confusion when comparing the types of supports across clients and families. In addition, there is an opportunity to better align communications around funding categories with program goals and more person-directed language.

Inconsistencies in communicating expenses which are admissible and inadmissible can adversely impact the client experience. There is an opportunity for the Department to be clearer about inadmissible expenses to support clients in understanding which supports are not fundable under the program. In addition, clarity on inadmissible expenses would limit inconsistencies in the types of supports funded through the program for clients served by different AAS Support Coordinators.

Implementation Considerations

This recommendation can be implemented in approximately three months of

work, inclusive of the time needed to develop new public-facing documents clarifying the five funding categories, as well as to develop internal guidance for staff. This time is also inclusive of the time needed to review records of admissible and inadmissible expenses over time to craft a new list of inadmissible expenses for each category, which can help clarify both publicly and internally the eligibility of common and uncommon expenses within the program. A new software solution for client management and expense tracking can also incorporate eligible and ineligible expenses identified through a review of records to enhance consistency of experience for clients when advancing proposals for new expenses.

2.2: Streamline Expense Coding and Update AAS Expense Reference Guide

The Department should identify opportunities to streamline expense coding and provide stronger internal guidance for staff on how expenses should be coded within Departmental information systems. At present, the Department has more than 80 expense codes for AAS expenses but only four categories of funding supports. In some cases, expense codes are highly-specific while in others, expense codes could reasonably fall within more than one category of funding supports. Staff reported that coding expenses was frustrating, overwhelming, and confusing, resulting in inconsistent application of the codes. In addition, the inconsistency in expense coding makes it difficult to apply and enforce maximums on certain types of expenses – for instance, sensory items. SDS recently introduced a $600 annual maximum on sensory items, but without clarity on how sensory items should be coded, it is not clear how this maximum can be enforced on client files.

The review revealed an administrative challenge due to the number of expense codes and varying level of specificity that makes it difficult to ensure consistent codes are used for expense tracking.

As expense codes are streamlined, the Department can also update its internal guidance for staff to ensure alignment in the overall approach. Stronger guidance for staff, paired with a streamlined expense coding process, should simplify tracking client expenses and allow SDS to more easily monitor and enforce category- or supports-specific maximums.

Implementation Considerations

This recommendation can be implemented in approximately six months, inclusive of the time needed to conduct an in-depth review of existing expense codes, identify areas of commonality and/or duplication, and create new expense codes. This time is also inclusive of substantial efforts needed to modify back-office systems as well as to conduct change management and updated training with AAS staff. In addition, once expense codes are updated, this time includes the work necessary to update the AAS Expense Reference Guide and work with staff to transition existing processes to adapt to the new expense coding approach.

2.3: Increase the respite funding cap

The Department should increase its monthly respite funding cap from $430 to $520 per month, reflecting increases in the consumer price index since the last respite funding increase.

During engagements, families reported that the existing funding cap of $430 is often insufficient to cover the actual costs of respite care in Prince Edward Island. Families frequently request additional funding to bridge the gap, which is a signal that the current funding cap is not appropriate to meet the needs of clients and families. Increasing the respite cap will help caregivers manage rising costs, ensuring that funding remains adequate to meet the needs of persons served.

The analysis shows a 21% increase in the consumer price index since 2018, leading to a proposed cap of $520 per month.

Implementation Considerations

This recommendation can be implemented in three months of work, inclusive of the time needed to modify internal systems, staff guidance, and internal policies. The bulk of time for implementation is dedicated to two elements – securing approval from Treasury Board and/or Executive Council as required, as well as communicating the new respite cap to clients, families, and the general public.

Based on the project team's analysis, the costs associated with increasing the respite cap to $520 per month are **$303,216** for children and **$178,894** for adults at steady state, for a total cost of **$481,070**. Note that this costing relies on key assumptions, including:

- Claims at or below the existing $430 cap were calculated using the same percentage of the cap (e.g., someone who claimed 90% of the $430 cap would claim 90% of the $520 cap);
- Claims between $430 and the new cap were calculated using the new cap amount; and
- Claims above the new $520 cap kept the same claim amount.

These cost estimates reflect the most conservative estimate of cost impacts – that is, they reflect the most expensive potential change. Actual costs are generally expected to be lower.

2.4: Clarify policy for respite funding to permit family-provided respite

The Department should revise Policy 2.4 (Caregiver Supports) to confirm and clarify that respite provided by family members not living with the client may be compensated to provide respite for the client.

During engagements, clients and families reported significant difficulty finding respite care providers in the community, resulting in individuals being unable to use respite funding solely due to the lack of providers. While the program does currently allow family-provided respite in some circumstances, clarifying this will enhance families' opportunity to take advantage of much-needed respite supports.

Implementation Considerations

This recommendation can be implemented in one to two months of work, inclusive of the time needed to modify policy documents as well as to communicate the change to families.

Expected costs are highly sensitive to any increases in uptake. For this analysis, uptake from this policy change assumed families would now be able to access enough respite care to reach their maximum respite funding. This was done to provide conservative cost estimates.

Based on the project team's analysis, a 10% increase in respite uptake due to this change poses a cost of approximately **$92,500** per year. A 50% increase in uptake produces an increase of $462,459 annually, while a doubling of uptake (100%) produces an increase in cost of $924,918. These figures compare to a 2024 respite cost to the Department of $2,681,923.

2.5: Consider establishing self-directed funding for adults

Similar to recommendation 3.3.4 in the Application, Eligibility, and Assessment Processes workstream, the Department should consider establishing a self-directed funding policy, a portion of a client's available funding is self-directed. As mentioned, this would mean that individuals can direct their funding each month where needed to support their unique disability related needs and only need to provide receipts where required by way of an audit. While receipts would still need to be kept, this approach would reduce the administrative burden on both individuals and AAS associated with monthly accounting and reporting.

Administering receipts for low-cost or recurrent is not a value-add activity for clients or the Department. Supporting individuals to use a portion of their funding as family-directed funding will reduce this unnecessary administrative burden and allow them to purchase supports that best meet their needs. This approach would continue to maintain accountability and documentation requirements for larger purchases, and supports purchased over and above the initial self-directed amount.

Implementation Considerations

This recommendation could be completed in three months, inclusive of time to develop and approve the self-directed funding policy (including how much should be self-directed), revise documentation and program guidelines, and configure systems to reflect the self-directed portion. Staff should be trained in new procedures, and families provided with clear instructions on record-keeping and audit requirements.

The Department could consider implementing a supported self-direction of funding as part of the implementation of this recommendation. Offering supported self-direction of funding can empower adults who can and want to manage their own supports, while also ensuring those who may need help have access to trusted assistance to manage their funds effectively.

For costing purposes, the project team modelled a self-directed $200 monthly portion. Based on the project team's analysis of AAS expense data, implementing a self-directed $200 monthly portion of funding could cost SDS **$915,569** per year. This is based on the assumption that AAS adult clients will spend a minimum of $200 every month, if there is room in their funding ceiling (acknowledging that some clients amortize larger expenses across multiple

months to fit in their annual funding limits).

Recommendation 3.0: Simplify and clarify client contributions

3.1: Remove spousal income from client contribution calculations

The Department should remove consideration of spousal income for the purposes of client contributions. While SDS should maintain cohabitation policies for Assured Income (to align with Social Assistance), spousal income should be removed from client contribution calculations for AAS funding. The result is that clients will be able to better access funded supports, while maintaining the current approach to considering whether Assured Income should or will be provided.

AAS clients expressed that contributions tied to partner income limited opportunities to live with long-term partners or spouses without losing access to necessary supports.

Engagements and research found that some clients live apart from their spouse in order to qualify for program supports – separating them from elements of their support network and diminishing their quality of life. At present, 57 clients have spouses whose income requires them to pay client contributions that they would not otherwise pay if spousal income was not considered. Additionally, anecdotal reports from staff indicate around 50 people per year choose not to enter service after learning about the client contributions they would be required to pay.

Removing spousal contributions would also align with advocacy from organizations working on gender-based violence initiatives by affording clients greater financial autonomy. It will also reduce the risk of clients losing disability-related supports based solely on their partner's income, fostering a program that recognizes individual circumstances and affords clients agency as individuals.

Implementation Considerations

This recommendation requires approximately six months to implement, inclusive of the time required to amend legislation and regulations (see legislative & regulatory implications), seek Treasury Board and/or Executive Council approval, revise program policies, modify forms, and communicate the

change both publicly and to clients and their families.

Based on the project team's analysis, this policy change will result in a cost to SDS of **$278,380** per year based on current clients. It is estimated that about 50 AAS applicants per year choose not to enter service due to client contributions. If these clients were to receive services because of client contribution reductions, the project team estimates an additional cost of **$654,198** based on average spend data for AAS clients not receiving residential services.

This is a conservative cost estimate which assumes that each client takes advantage of their full funding ceiling – which is not the usual scenario in most client cases. This cost estimate does not include any additional costing associated with applicants who opt out during the screening process or at other earlier points of the application process.

3.2: Update income thresholds and simplify the client contribution schedule

The Department should update income thresholds and simplify the client contribution schedule, in line with the Market Basket Measure.

The Market Basket Measure is a recognized measure of poverty in Canada, which scales with family size – recognizing diversity in family arrangements and the costs associated with managing households of various sizes. At present, the client contribution schedule starts when clients' income is $2,000 over the income threshold. The percent contribution remains the same until the client's income reaches $32,000 over the income threshold where the percent contribution begins to increase by 0.5% at each increment of $2,000 over the income threshold. The number of steps, and varying impact on the required percent contribution, make the client contribution schedule unnecessarily complex, resulting in client confusion. This level of granularity is unnecessary.

Moving forward, SDS should simplify the contribution schedule by establishing ten categories, each with a dedicated percentage contribution to costs. These ten categories represent the client's income over and above the relevant Market Basket Measure for their household size and are depicted in Table 1.

For example, consider a single individual who earned $65,000 in net income (line 236 of the Canada Revenue Agency's Notice of Assessment) in the most recent reporting period. That amount would be compared to the Market Basket Measure amount for a household size of one. As of 2022 data, the Market Basket Measure for a single individual was $22,253. This individual's income was

$42,747 over the threshold, which would require the individual to contribute 12.5% towards their eligible expenses, per Table 1.

Table 1: Simplified Client Contribution Schedule

Amount over Threshold	Percent Contribution
$ -	0.0%
$10,000	10.0%
$20,000	10.0%
$30,000	10.0%
$40,000	12.5%
$50,000	15.0%
$60,000	17.5%
$70,000	20.0%
$80,000	25.0%
$90,000	30.0%
$100,000	100.0%

As the Market Basket Measure is updated consistently by Statistics Canada, linking client contributions to the Market Basket Measure also has the effect of ensuring that the threshold for making contributions increases over time as household incomes increase, reflecting inflation.

In addition to the client contribution schedule, there is a separate schedule used for client contributions for technical aids and assistive devices. SDS should ensure any simplification of client contribution schedules are made across both schedules for consistency and ease of communication to clients. SDS should review these thresholds annually to update the contribution schedule in line with revisions to the Market Basket Measure.

Implementation Considerations

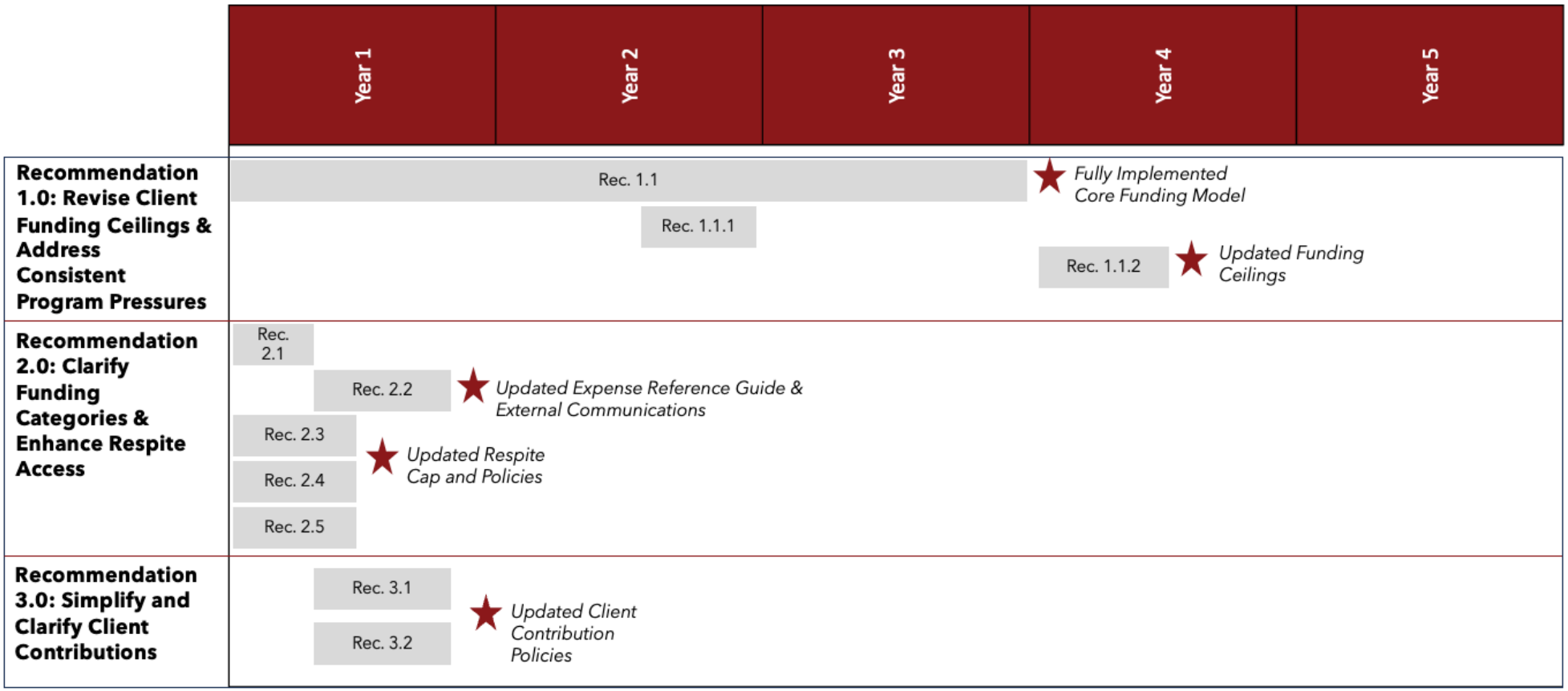
This recommendation requires approximately six months to implement,

inclusive of the time required to amend regulations (see legislative & regulatory implications), seek Treasury Board and/or Executive Council approval, revise program policies, modify any forms, and communicate the change both publicly and to clients and their families. This timeline can be aligned with the work to implement Rec. 3.1.

Based on the project team's analysis, aligning with the Market Basket Measure for income thresholds and simplifying the Client Contribution Schedule will result in a cost to SDS of **$205,130**. When including the costs associated with removing the spousal income contribution and additional eligible applicants joining the caseload, the total cost to SDS at steady state amounts to **$1,059,745**. This reflects a direct cost savings for clients and their families.

Implementation

Figure 10: Implementation Gantt - Funding and Category Structure



Implementation Assumptions

For planning purposes, it is estimated that the Province should dedicate one half-time resource (estimated 0.5 FTEs) to implementing recommendations 2 and 3 in the first year. While the implementation details for the revised core funding model can be found in the Residential Services Program Review Report, it is estimated that Province should dedicate one half-time resource (estimated 0.5 FTEs) to implement recommendations 1.1.1 and 1.1.2 following the implementation of the revised Core Funding Model. The draw on internal resources can be reduced through professional services support.

Additional funding will be required to implement recommendations 2.3, 2.4, 3.1 and 3.2. The cost analysis for these recommendations was based on 2024 AAS expense data, AAS caseload data and 2022 Market Basket Measure data.

Legislative & Regulatory Implications

Table 2 below indicates any legislative (*Support for Persons with Disabilities Act*) and regulatory (*Support for Persons with Disabilities Act General Regulations*) implications stemming from the recommendations contained in this report.

While in general implications are only provided for Recommendations which have either legislative or regulatory implications, this report does provide commentary on recommendations where there are no implications but where questions could reasonably arise.

Table 2: Legislative and Regulatory Implications

Recommendation	Legislative Implications	Regulatory Implications	Comments
Application, Eligibility, and Assessment 2.3 Revise the Re-Assessment Schedule 2.3.1 Conduct Re-Assessments based on Developmental Milestones 2.3.2 Conduct Re-Assessments based on Anticipated Length and Progression of Disability 2.3.3 Revise Re-Assessment Schedule to Include Annual Check-Ins	No	Yes	The program's enabling legislation has sufficient scope to implement these recommendations without amendment. Schedule D of the regulations will require amendment based on these recommendations. In general, the Department may wish to remove Schedule D and establish the re-assessment approach in Departmental Policy to provide additional flexibility and further detail the approach without necessitating regulatory amendments should the approach change. S. 24 of the regulations already requires the

			Director to perform an annual review. Some amendment to this section may be warranted to operationalize Rec. 2.3.3 to clarify that this annual review includes consideration of material changes in the supports required by a client. The approach could also be covered under S. 24(2)(a) and further elaborated in policy for greater flexibility.
Application, Eligibility, and Assessment 3.3 Separate the AAS Program into Separate Child and Adult Streams	No	No	Although there are references to policy differences for children & adults with respect to the AAS Program, there are no specific amendments required. While it appears that the Legislature intended to create a single AAS Program, streaming clients differently based on age is permissible based on the manner in which the legislative framework is constructed.
Application, Eligibility, and Assessment 3.3.1 Revise Funding Assessment & Funding Levels for Children	No	Yes	Amendments to the funding amounts for children would require an amendment or addition to Schedule A of the regulations, which matches support levels to maximum monthly funding.

AAS Funding & Category Structure 1.1.2 Review and Assess Funding Ceilings	No	Yes	Amendments to the maximum funding ceilings for each support level would require amendments to Schedule A of the regulations.
AAS Funding & Category Structure 3.1 Remove Spousal Income from Client Contribution Calculations 3.2 Update Income Thresholds and Simplify the Client Contribution Schedule	Potential	Yes	The removal of spousal income from client contributions will require regulatory amendments, with particular attention to S. 12 (Eligibility), S. 17 (Income of recipient), S. 30 (Applicant not eligible), and S. 35 (Calculation of financial resources). Other supportive amendments to the regulations may be required, dependent on whether the Department still wishes to receive information about spousal income (while still not considering if for the purposes of eligibility) – for instance, Sections 33 – 38, S. 55 (Conditions of receipt), and S. 58 (Director may suspend or cancel assured income). Language around spouses is enshrined broadly throughout the Regulations; specific scope of amendments will depend on further detail identified during implementation. Depending on the scope of implementation, and whether spousal

			income is still requested for information, an amendment to S. 12(4) of the legislation may be required to eliminate the requirement for spousal income verification. However, this section provides discretionary authority to the Director to refuse to provide assistance, offering flexibility in implementation. Implementing recommendation 3.2 requires relatively simple revisions to the regulations – specifically, Schedule B for both Table 1 (Annual Income Thresholds) and Table 2 (Applicant Contribution) to account for revised income thresholds and contribution percentages.

Crosswalk: Links to the Residential Services Program Review

The AccessAbility Supports Program Review and the Residential Services Program Review are interrelated, given that both programs serve the same clients. Table 3 identifies recommendations from this report that have links to recommendations in the Residential Services Program Review Report.

Table 3: Report Crosswalk Table

AccessAbility Supports Program Review – Recommendation/Implication	Residential Services Program Review – Recommendation/Implication	Commentary / Discussion
AAS Funding & Category Structure 2.3: Increase the respite funding cap	Associate Families 5.3: Increase compensation for Associate Families Hosts 3.3: Ensure hosts receive the full respite entitlement, regardless of clients' funding ceilings	Increasing the respite funding will increase available respite for Associate Families Hosts and increase the cost of the proposed compensation structure.
AAS Funding & Category Structure 1.1: Implement a revised core funding model to alleviate day programming pressures on AAS funding (per the Residential Services Program Review)	Core Funding Model 1.2: Implement the day programming top-up for when providers exceed base-funded capacity	Limiting the amount charged to AAS clients to solely that which relates to direct support staffing costs, while ensuring other overhead costs are incorporated into service delivery partner funding models, will reduce pressure on AAS client files.

Appendix

Appendix A: What We Heard Summary

A summary of observations uncovered through public engagements conducted in support of this review is available on the following pages.

WHAT WE HEARD

Fall 2024 Community Engagements Summary

AccessAbility Supports and Residential Services Review

About the review

The AccessAbility Supports (AAS) and Residential Services Programs are being reviewed to determine whether they are helping Islanders living with disabilities access the support they need to reach their full potential.

The AAS review focuses on the client experience, application and eligibility decisions, assessments, and funding. The Residential Services review includes a focus on residential funding models, supporting NGO partners, managing waitlists, inspections, monitoring, and Associate Families.

The engagements so far

More than 100 Islanders participated in Community Engagement Sessions in Montague, Summerside, Elmsdale, and Charlottetown in early October 2024, in addition to over 20 Islanders participating in our virtual engagement sessions. We are grateful for their time and insight.

These sessions focused on **client experience**, **application, eligibility, and assessments**, **funding**, and **residential options**. The insights from these sessions are organized in themes highlighted in the next pages of this report.

Next steps

All of the feedback from the engagement sessions will be used to guide the considerations in the review of AAS and Residential Services programs.

Client engagements provide crucial input in the review and will be integrated with additional research to inform the final report and recommendations, which will be released in Spring 2025.

> *Navigating the system is complex for people who don't have a lot of spare time.*

> *I struggled to access the program and understand what is covered.*

> *We shouldn't be trying to fit our lives into boxes.*

> *People want to live in community with great neighbours.*

If you have questions or concerns, contact us:
AASResidentialReview@gov.pe.ca

EMERGING THEMES:

A summary of what we heard in the community engagements

Program Experience

Staff and Program Administration

Many families and clients indicated that satisfaction with the program can be heavily dependent on support worker relationships. There was a mix of positive and negative feedback on staff interactions, including reports of effective advocacy and resource suggestions, high turnover, inconsistent instructions, and delayed communication. Many participants also felt that the AAS program primarily focused on funding management rather than comprehensive planning and cited a need identified for improved staff training, especially for the support of clients with complex needs.

Awareness and Access to Information

The feedback collected in the sessions highlighted the need for improved awareness of available services and funding within the program, as many families rely heavily on local NGOs for information and guidance on available resources. There was also a strong demand from participants for centralized, accessible program information and regular information sessions.

> *If I didn't talk to other parents, I wouldn't know what funding is available for my child.*

Inter-departmental Coordination

Many participants cited gaps in communication between departments and system-wide staffing shortages affecting their experience with AAS and said their families were often forced to act as "go-betweens" across departments. Many also discussed the challenge of transitioning from school-age to adult services at age 18.

Ideas for the Future

What changes could AAS and Residential Services consider?

- Developing comprehensive, accessible service information
- Enhancing staff training and retention strategies
- Considering separate program stream for youth under 18

EMERGING THEMES:

A summary of what we heard in the community engagements

Applications, Eligibility, and Assessment

Assessment Processes

Across the engagement sessions, clients said there were mixed experiences with the application process. Many experienced long wait times due to Assessor shortages, with many also feeling that standardized assessment criteria failed to capture their complex, non-physical needs. Other concerns that were brought up during the engagements were focused on the barriers to accessing proper medical documentation, challenges with unclear questions and scales in the Health Report, and confusion around how the assessment captures their abilities and accompanying level of support.

Intake and Onboarding Experiences

A portion of clients found the intake process straightforward and easy to follow, but others did not, suggesting inconsistencies in how information is communicated. Experiences shared about the onboarding process were mixed. Many participants found the process straightforward and appreciated the supportive staff, but delays in the process were a common concern, with some clients facing onboarding periods that lasted several months.

Transparency and Communication

Several participants felt unsure about the assessments and re-assessment process. In some cases, participants found it challenging to understand their eligibility status or the reasons behind decisions. We heard that this uncertainty and lack of clarity around expecatations creates additional stress.

> *I'm not clear on when re-assessments should occur.*

Ideas for the Future

What changes could AAS and Residential Services consider?

- Streamlining the onboarding process
- Improving transparency around assessment decisions
- Creating user-friendly guides for navigation

EMERGING THEMES:

A summary of what we heard in the community engagements

Funding and Programs

Awareness and Funding Amounts

Many families shared that they struggle to navigate AAS funding, citing challenges in understanding the supports available. Several family members of clients reported limited contact with Support Coordinators and expressed confusion about funding coverage. They also voiced concerns about the rising cost of living and the need for increased funding to cover necessities. Much of the feedback said that funding does not adequately cover clients' holistic wellbeing.

Flexibility and Funding Restrictions

Families consistently emphasized the need for more flexible funding to better meet their diverse needs. The lack of flexibility was often seen as burdensome and “out of touch” with individual circumstances. Another area of concern was the spousal contribution requirement, which was viewed as a restrictive barrier to supports and also deterred clients from pursuing relationships. Additionally, most families felt that accessing mental health services, therapies, medications, through other departments was challenging.

Administrative Processes

Many clients cited a need for funding transparency, due to feeling uninformed about what services were covered. Participants also raised significant concerns about delays in approvals and reimbursements. The delays led to concerns about losing respite workers due to not being able to pay out of pocket while waiting for the funding to arrive.

Support for Caregivers and Respite Services

During the sessions, many caregivers expressed that their mental health is deeply impacted by the demands of caregiving and navigating burdensome AAS processes. They said there is an urgent need for more support and finding qualified respite workers.

Ideas for the Future

What changes could AAS and Residential Services consider?

- Broadening support options
- Creating more flexibility in funding categories
- Simplifying approval and reimbursement processes

EMERGING THEMES:

A summary of what we heard in the community engagements

Residential Options

Transitions to Residential Care

Participants emphasized the importance of residential options that foster a sense of community. They also expressed the importance of personalized and well-planned transitions into residential settings, starting with proactive succession planning. Many caregivers/parents indicated there is no plan in place if there was a sudden change in circumstances or if they were no longer able to care for their loved one.

Quality and Consistency

Many clients shared positive opinions on residential programs, while emphasizing the need for consistent and high-quality care. Some expressed concerns about limited oversight and concerns about staff turnover and the impact on care quality were also widely shared. They also noted a need for more 1 on 1 support time, as current staffing levels can leave employees stretched too thin to provide individualized care. Participants suggested that additional training could further strengthen the quality of care provided in residential services.

> *Residential options could be better supported with more 1 on 1 time. Staff are too busy.*

Housing Accessibility

Participants highlighted significant housing availability and affordability challenges, noting that systemic issues like rising rent costs create additional barriers for individuals with accessibility needs. Many reported long wait times for residential placements and a shortage of accessible housing, in addition to reporting a lack of clarity about the steps to secure residential support, which has led to missed opportunities and delays in receiving living assistance.

Ideas for the Future

What changes could AAS and Residential Services consider?

- Implementing regular residential care inspections
- Enhancing transition support processes
- Clarifying housing option information