



<i>Act/Regulations</i> <i>Supports for Persons with</i> <i>Disabilities Act Gen. Reg. 6, 12</i>	Program	AccessAbility Supports	
	Subject	Eligibility	Policy # 1.1
Effective Date: March 26, 2019		Authorized by:	
Revised Date: November 1, 2021		Deputy Minister David Keedwell	

1.0 PURPOSE

1.1 To define the eligibility requirements for AccessAbility Supports (AAS).

2.0 DEFINITIONS

2.1 **Activities of Daily Living (ADLs):** a series of self-care activities necessary for independent living at home or in the community. ADLs are performed daily and must be accomplished every day for an individual to thrive.

2.2 **Applicant:** a person with a disability by whom or on whose behalf an application is made for supports or Assured Income (AI).

2.3 **Assured Income (AI):** a component of AccessAbility Supports (AAS) that provides monthly financial supports to eligible applicants with disabilities to use towards securing basic needs.

2.4 **Capability Assessment:** a systemic process for determining strengths and identifying potential support needs for applicants with a disability.

2.5 **Instrumental Activities of Daily Living (IADLs):** activities that are related to independent living and require more complex thinking and organizational skills. IADLs also reflect on a person’s ability to live independently and thrive but are not necessarily required daily.

2.6 **Permanent Residency Status:** a status granting someone who is not a Canadian citizen the right to live and work in Canada without any time limits on length of stay. Permanent residents have the right to get most social benefits that Canadian citizens receive, including health care coverage, have the right to live, work or study anywhere in Canada; have the right to apply for Canadian citizenship; and have the right to protection under Canadian law and the Canadian Charter of Rights and Freedoms.

- 2.7 **Person with a disability:** a person with a substantial physical, intellectual, sensory, neurological, or mental impairment that is continuous or recurrent, and is expected to last for at least one year. The direct and cumulative effect of the impairment on the person's ability to attend to personal care, function in the community, or function in a workplace results in a substantial restriction in one or more of these activities of daily living.
- 2.8 **Recipient:** a person with a disability to or for whom supports are provided and includes a person whose supports, or assured income have been suspended but not cancelled.
- 2.9 **Resident of Prince Edward Island:** a person who is legally entitled to remain in Canada and maintain a primary residence on Prince Edward Island. Students who are ordinarily residents outside Prince Edward Island are considered non-residents.
- 2.10 **Supports:** goods, services or funds to assist a person with a disability to alleviate restrictions in the person's ability to function in the person's home, the community or a workplace that are attributable to the person's disability.
- 2.11 **Supports Coordinator:** a staff member that provides direction and case management support in delivering a range of social benefits and services to applicants eligible for AAS.
- 2.12 **Substantial Impairment:** the ability or inability of an individual to independently perform ADLs and IADLs as determined by the completion of a capability assessment.

3.0 POLICY STATEMENTS

- 3.1 For the purposes of this policy, use of the word applicant is inclusive of recipient.
- 3.2 AAS provides funding for disability related supports, including AI, to meet the basic needs of applicants with a disability.
- 3.3 An applicant can apply for AAS if the applicant:
- is lawfully entitled to remain in Canada with permanent residency status;
 - is a resident of Prince Edward Island with a provincial health number;
 - is under 65 years of age on the day an application for AAS is submitted; and
 - is a person with a disability diagnosed by a medical practitioner.
- 3.4 In addition to the above criteria, an applicant must provide sufficient documentation to demonstrate that they meet the definition of a person with a disability as well as

participate in an assessment(s) required by the program that confirms the degree of disability and the level of unmet needs.

3.5 Applicants must satisfy the criteria as per sections 3.3 and 3.4 before an eligibility determination can be made.

3.6 Applicants may not be eligible for support when:

- in temporary or permanent care of the Director of Child Protection;
- sentenced to a correctional facility;
- is hospitalized for more than 30 consecutive days; or
- is a resident of a long-term care or community care facility.

3.7 Applicants must continue to meet the eligibility criteria. Eligibility will be reviewed upon application and at minimum once every 12 months or when a change in circumstances occurs.

3.8 Applicants who are not eligible for AAS will be provided notification of and the reason(s) of ineligibility in writing.

4.0 PROCEDURE STATEMENTS

4.1 Applicants must be informed that personal information collected under Section 31(c) of Prince Edward Island's *Freedom of Information and Protection of Privacy Act (FOIPP)* and is used for the purpose of the administration of AAS.

4.2 Applicants are responsible to provide documentation, information, and other evidence necessary to ensure the Department can accurately assess the applicant's eligibility for AAS. Documentation may include, but is not limited to:

- Medical documentation of a diagnosed impairment from a medical practitioner;
- Educational, psychological, or social assessments;
- Evidence that the diagnosed impairment causes substantial restrictions to the applicant's ADLs and IADLs; or
- Social Programs Health Report (attached).

4.3 Where an applicant's documentation in section 4.2 has been satisfied, applicants will be required to participate in an assessment approved by the Department that is relevant to their disability and/or disability related needs to finalize eligibility.

4.4 Eligible applicants will be scheduled to meet with a Supports Coordinator to complete an intake appointment.

- 4.5 Where an applicant has open service, applicants are responsible to provide requested documentation at the time of review and to advise the department of changes that may affect their eligibility as soon as they are aware of these changes to ensure the Supports Coordinator can accurately assess on-going eligibility for AAS.

5.0 REFERENCES

- 5.1 AAS Policy Section 3 Assured Income
5.2 AAS Policy 1.2 Assessments

5.0 ATTACHMENT

- 5.1 Social Programs Health Report

HISTORY:

November 1, 2021: Editorial, content, and format changes. Policy and procedure statements have been expanded.

SECTION 1: APPLICANT INFORMATION	
Applicant Name: <Insert First Name><Insert Applicant Last Name>	Provincial Health No.: <Insert PHN>
Address: <Insert Residence Address>	Date of Birth: <Insert Applicant DOB>
Email Address:	Telephone Number:
SECTION 2: AUTHORITY TO RELEASE INFORMATION (to be completed by the Applicant)	
<i>As requested in this form, I consent to the health care practitioner, indicated below, to disclose personal health information about me, to the Department, pursuant to the Health Information Act, and for the purposes of assisting the Department to assess program eligibility, employability and support planning.</i>	
Date: _____	Signature: _____
SECTION 3: MEDICAL ASSESSMENT (to be completed by a Health Care Practitioner)	
<i>All questions must be answered completely to determine how the medical condition(s) may affect employability.</i>	
Medical Condition(s)	Date of Onset (YYYY MM DD)
Primary Medical Condition(s): _____	_____
Secondary Medical Condition(s): _____	_____
Tertiary Medical Condition(s): _____	_____
How would you describe the overall medical condition?	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Expected duration of medical condition(s):	
<input type="checkbox"/> 1-6 mths <input type="checkbox"/> 6-12mths <input type="checkbox"/> 12-18 mths <input type="checkbox"/> 18-24 mths <input type="checkbox"/> 2-4 yrs <input type="checkbox"/> 5+ yrs	
Is this person capable of working given the medical status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional comments: _____	

If 'No', please complete SECTION 4: EMPLOYABILITY	
SECTION 4: EMPLOYABILITY (to be completed by a Health Care Practitioner)	
<i>All questions must be answered completely to determine how the medical condition(s) may affect employability.</i>	
How long do you anticipate the applicant to be exempt from the workforce?	_____
Do you expect the applicant to return to the workforce following treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do you anticipate any restriction on the type of work they may do?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please describe:	
If the applicant is employable, work may be: (Please check all that apply)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Do you consider this person to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>A person with a disability means a person who has a substantial physical, intellectual, sensory, neurological or mental impairment that is continuous or recurrent, is expected to last for at least one year and has a direct and cumulative effect which results in a substantial restriction in the person's ability to function in his or her home, the community or a workplace.</i>	

If 'Yes', please complete SECTION 5: Disability Assessment	
SECTION 5: DISABILITY ASSESSMENT (to be completed by a Health Care Practitioner)	
<i>All questions must be answered completely and may be used in combination with an assessment to confirm eligibility.</i>	
Primary Disability:	<input type="checkbox"/> Intellectual <input type="checkbox"/> Medical <input type="checkbox"/> Mental <input type="checkbox"/> Neurological <input type="checkbox"/> Physical <input type="checkbox"/> Sensory
<i>(Check all that apply)</i>	
Disability Diagnosis:	_____
Date of last clinical assessment:	_____

IMPAIRMENT is the loss of use or derangement of any body part, system, or function.		
In your professional opinion, does the diagnosis cause impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the impairment lasted, or is expected to last, for at least one year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the impairment continuous and/or constant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the impairment considered recurrent, intermittent, and/or episodic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the impairment considered temporary or permanent?	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent
Are supports needed to help the individual achieve full citizenship including social inclusion and economic participation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RESTRICTION(S) is the limitation to the activities of daily living arising directly or indirectly from the impairment.			
CLASS 1 (0 - 24%)	CLASS 2 (25 - 49%)	CLASS 3 (50 - 74%)	CLASS 4 (75+%)
Within normal limits or N/A Does not prevent the performance of any activity	Mild or slight limitations. May result in slightly longer time requirements to complete the task or mild exacerbation of pain. Accommodation may be required to complete task.	Medium or moderate limitations. Requires considerably longer time to complete the task and may on some occasions be unable to complete the task with or without accommodations and with or without moderate pain.	Severe or complete limitations on most occasions to completion of the task.

How do the effects of the impairment (even with therapy and use of appropriate devices and medications) restrict the client's ADLs and IADLs? *(Complete the chart below using the CLASS score from above. Please refer to page 3 for ADL & IADL descriptions)*

<p>Activities of Daily Living (ADLs): A series of self-care activities necessary for independent living at home or in the community. ADLs are performed daily and must be accomplished every day for an individual to thrive.</p>	<p>Instrumental Activities of Daily Living (IADLs): Activities that are related to independent living and require more complex thinking and organizational skills. IADLs also reflect on a person's ability to live independently and thrive but are not always necessarily required daily.</p> <p>NOTE: Restrictions are caused by the impairment and a lack of financial resources should not be considered when determining the impact.</p>		
Bathing	1 2 3 4	Shopping	1 2 3 4
Dressing	1 2 3 4	Cooking	1 2 3 4
Grooming	1 2 3 4	Managing medications	1 2 3 4
Toileting	1 2 3 4	Housework/Laundry	1 2 3 4
Walking	1 2 3 4	Managing finances	1 2 3 4
Eating	1 2 3 4	Driving or using public trans.	1 2 3 4
Transferring to bed/chair	1 2 3 4	Telephone/look up numbers	1 2 3 4

**DEPARTMENT OF
SOCIAL DEVELOPMENT & HOUSING
SOCIAL PROGRAMS**

HEALTH REPORT

Is the primary need for the condition medical care or health services to treat/manage condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there medical treatments/options available to help alleviate the individual's impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If 'Yes', have all medical treatments/options been exhausted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If 'No', please provide further details as to why:			
Have other medical disciplines/specialists been consulted in relation to any of the diagnosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If 'Yes', please list medical disciplines/specialists consulted or provide copies of the medical reports/consultations/notes.</i>			
SECTION 6: CERTIFICATION (to be completed by a Health Care Practitioner)			
Please select your occupation:	<input type="checkbox"/> MD	<input type="checkbox"/> NP	<input type="checkbox"/> Specialty
I have been the patient's medical practitioner for:	<input type="checkbox"/> 6 months or more	<input type="checkbox"/> Less than 6 months	
If less than 6 months have you reviewed previous medical records:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
_____	_____	_____	_____
Health Care Practitioner	Signature	Registration Number	Date

APPENDIX A – Definitions

Activities of daily living (ADLs)

A series of self-care activities necessary for independent living at home or in the community. ADLs are performed daily and must be accomplished every day for an individual to thrive.

- Bathing** - A person's overall ability to wash one's body parts in the bath or shower.
- Dressing** - A person's ability to make appropriate clothing decisions and physically dress and undress ones upper and lower body. This includes making appropriate clothing decisions for different occasions and weather (i.e. clean, weather appropriate clothing).
- Grooming** - A person's ability to manage their own personal appearance and hygiene including grooming nails, teeth, facial hair, combing hair, washing face and hands and overall cleanliness.
- Toileting** - A person's mental and physical ability to use the restroom. This includes how one cleans self after toilet use or incontinence episode(s), changes pad, manages ostomy or catheter and adjusts clothes.
- Walking** - A person's ability to walk independently.
- Eating** - Whether one can feed themselves or requires assistance (though not the capability to prepare the food). This includes intake of nourishment by other means (e.g. tube feeding).
- Transferring** - A person's ability to change from one position to the other. This includes the extent to which the person can stand from a sitting position as well as transferring as it pertains to bed, shower, bath, toilet use and their ability to ambulate from one location to another (locomotion).

Instrumental activities of daily living (IADLs)

Activities that are related to independent living and require more complex thinking and organizational skills. IADLs also reflect on a person's ability to live independently and thrive but are not necessarily required daily.

NOTE: Restrictions are caused by the impairment and a lack of financial resources should not be considered when determining the impact.

- Shopping** – A person's ability to go around or procure their grocery, pharmacy and household needs without help. This includes the ability to make appropriate food and clothing purchase decisions.
- Meal prep/cooking** – A person's ability to plan and prepare meals. This includes meal prepping, cooking, clean up, storage, and the ability to safely use kitchen equipment and utensils.
- Managing medications** – A person's ability to take medication on time and in the right dosages. This also includes opening bottles, taking any injections and applying ointments.
- Completing housework/laundry** – A person's ability to clean ones living space, belongings or dishes as well as remove trash and clutter. This also includes using household appliances such as a washer, dryer or vacuum cleaner.
- Managing finances** – A person's ability to manage and pay bills and monitor account balances. This also includes paying bills on time, operating within a budget, the ability to make payments/transactions (either in person or electronically), and avoiding scams.
- Driving/Public Transportation** – A person's ability to drive oneself or to arrange rides. This also includes the ability to use and navigate public transportation.
- Use of Phone** – A person's ability to use and manage household phone(s) to communicate, schedule appointments and remain in contact with others, including the ability to look up phone numbers. This includes using a regular phone or mobile phone.

A person's level of independence is based on whether someone can perform these activities on their own or they need help from a family caregiver. When reflecting on the ADLs and IADLs of your patient consider the degree to which their impairment(s) cause restrictions (CLASS 1 – 0-24%, CLASS 2 – 25-49%, CLASS 3 – 50-74%, CLASS 4 – 75+%).

PLEASE RETURN COMPLETED FORM TO:

EMAIL: Please scan completed & signed copy with Subject Heading of "Health Report" to socialprograms@gov.pe.ca.

MAIL OR FAX: Please forward the completed & signed copy to the office identified below:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O'Leary	Summerside	Charlottetown	Montague	Souris
P.O. Box 8	120 Heather Moyse Dr.	P.O. Box 2000	P.O. Box 1500	P.O. Box 550
O'Leary, PE	Summerside, PE	Charlottetown, PE	Montague, PE	Souris, PE
COB 1V0	C1N 5P5	C1A 7N8	COA 1R0	COA 2B0
Fax: 902-859-8780	Fax: 902-888-8398	Fax: 902-368-6443	Fax: 902-838-0727	Fax: 902-687-7100