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|---------------------------------------|----------------|------------------------------------|------------------------|
| | Program | AccessAbility Supports | |
| | Subject | General Eligibility | Policy # 1.1 |
| Effective Date: March 26, 2019 | | Authorized by: | |
| Revised Date: | | Deputy Minister Mark Spidel | |

1.0 PURPOSE

1.1 To identify eligibility requirements for applicants applying for AccessAbility Supports (AAS).

2.0 DEFINITIONS

2.1 **Activities of Daily Living (ADLs):** daily self-care activities within an applicant’s place of residence, in outdoor environments, or both.

2.2 **Applicant:** a person who applies for AAS, on whose behalf an application is made, or a person who receives AAS.

2.3 **Instrumental Activities of Daily Living (IADLs):** activities that are related to independent living and require more complex thinking and organizational skills.

2.4 **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.

2.5 **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 his or her 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.

2.6 **Health Care Practitioner:** an individual qualified to provide health care services, has an active license to practice, and has the authority to diagnose medical conditions.

2.7 **Resident of Prince Edward Island:** a person who is legally entitled to remain in Canada and maintains his or her primary residence in Prince Edward Island. Students who are ordinarily residents outside Prince Edward Island are non-residents.

2.7 **Substantial impairment:** the ability or inability of an individual to independently perform ADLs and IADLs as determined by the completion of the capability assessment (refer to Capability Assessment Policy).

3.0 POLICY STATEMENT

- 3.1 An applicant is eligible to apply for AAS if the applicant:
- is a person with a disability, diagnosed by a qualified health care practitioner and able to provide verification of a diagnosis;
 - is a resident of Prince Edward Island;
 - is lawfully entitled to be in or to remain in Canada; with permanent residency status;
 - is under 65 years of age on the day an application for AAS is submitted.
- 3.2 AAS may not be available for any child in the temporary or permanent care of the Director of Child Protection, as it is the responsibility of the Director of Child Protection to meet the needs of children-in-care.
- 3.3 When an applicant is sentenced to a correctional facility or hospitalized for more than 30 consecutive days, services may be reduced or suspended until the time when the applicant is released.
- 3.4 Applicants applying for AAS must also meet any other requirements or conditions set out in the regulations.

4.0 PROCEDURAL STATEMENTS

- 4.1 Applicants applying for AAS will be required to provide copies of the following documentation prior to their scheduled appointment time so that the AAS Coordinator can review in advance:
- Completed Verification of Disability form; or
 - All supporting medical documentation related to a diagnosis, including any educational assessments, psychological tests, and/or social assessments;
 - Canada Revenue Agency Notice of Assessment and any additional financial documentation required.
- 4.2 An AAS Coordinator will meet with the applicant and/or their representative to complete the AAS Needs Assessment, which may include but is not limited to:
- Determining the client's expectations of AAS;
 - Explaining available AAS services and expectations of the AAS Coordinator;
 - Reviewing all medical documentation;
 - If not already done, the AAS Coordinator may request that a Verification of Disability form be completed by a qualified health care practitioner in order to gather additional information related the applicant's disability;
 - The AAS Coordinator may request additional opinion(s) from another health-care practitioner, if they deem it necessary and has the option of requesting medical consultation with the applicant and a health-care practitioner;
 - Reviewing all financial documentation;
 - Partnering with the applicant to determine their unmet needs;
 - Assessing whether a capability assessment is required to determine the need for disability supports and amount thereof (refer to Capability Assessment Policy).

5.0 REFERENCES

Capability Assessment Policy

6.0 ATTACHMENTS

Verification of Disability Form

HISTORY:

**Verification of Disability Form
AccessAbility Supports**

Purpose of this form

AccessAbility Supports (AAS) requires documentation from a qualified health care practitioner who has in-depth knowledge of the applicant and is able to verify the applicant's disability. Information on this form will be used to assess an applicant's eligibility for AccessAbility Supports. Documentation should be as complete as possible in order to facilitate the process of securing supports for the applicant where applicable.

To be completed by applicant

Applicant Name: _____ Date of Birth: ____/____/____

Provincial Health Number _____

I authorize the practitioner named in this form to disclose/share information concerning myself to AccessAbility Supports (AAS) and the PEI Department of Family and Human Services.

I understand that the information will be used to help verify my eligibility for AAS and be used during support planning.

I understand that a capability assessment must be completed by the AAS Assessors to verify the level of my ability and/or impairment related to my disability and that this assessment is what is used to determine if funding is available for me.

I understand that AAS has the right to request updated documentation at any time during my involvement with AAS.

I further understand that this information will remain confidential to AAS and will be securely stored.

I declare that I have read, have had read to me, and understand the above information.

Date: _____ Applicant's Signature: _____

(Valid for one year from date above)

PLEASE NOTE:

AccessAbility Supports requires this form for eligibility purposes only.

A Capability assessment will be completed with applicant to assist in determining their level of ability and/or impairment

**Verification of Disability Form
AccessAbility Supports**

Definitions

A **person with a disability** is defined as someone 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** and the direct and cumulative effect of the impairment on the person's ability to attend to his or her personal care, function in the community, or function in a workplace results in a **substantial restriction in two or more** of these activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs).

Substantial impairment is defined as the inability of an individual to independently perform ADLs and IADLs at least 75% of the time; or has a severe and prolonged marked restriction that results in being unable to do activities or requiring an inordinate amount of time to do the activities.

Information Related to the Disability

1. Primary disability: (check all that apply)

| √ | Disability | General Definition | Examples (not inclusive) |
|---|--------------|---|--|
| | Physical | Limitation in physical functioning, mobility, dexterity, or stamina. | Paraplegia, limb amputation, muscular dystrophy |
| | Intellectual | Problems with general mental abilities that affect intellectual functioning and/or adaptive functioning. | Down syndrome, autism, fragile X syndrome, Fetal Alcohol Spectrum Disorder |
| | Sensory | Problems with the senses; sight, hearing, smell, touch, taste, and spatial awareness. | Deafness, blindness, sensory processing disorder |
| | Neurological | Damage to the nervous system (including the brain and spinal cord) that results in the loss of some bodily or mental functions. | Acquired brain injury, epilepsy, Parkinson's, stroke |
| | Mental | Mental health disorders severe enough to interfere with someone's ability to provide and care for themselves. | Schizophrenia, PTSD, bipolar, anxiety disorder, clinical depression |

2. In your professional opinion, does this constitute a disability (as defined above)?

| Information regarding the disability | Yes | No |
|--|-----|----|
| The impairment is continuous or recurrent . | | |
| The impairment has lasted, or is expected to last for at least one year . | | |
| The effects of the impairment, even with therapy and use of appropriate devices and medications, cause the individual to be substantially or markedly restricted in 2 or more ADLs and/or IADLs. | | |

3. Is the individual's condition one for which the **primary need** is for medical care or health services to treat or manage the condition? Yes No

4. Known Diagnosis: _____

5. Date of last clinical assessment: _____

6. How long have you been treating this applicant? _____ days/months/years

7. Additional Information: Send any reports that provide additional related information.

Date: _____ Name (Print): _____ Signature: _____

Certificate of Health Care Practitioner

Designation: MD NP Specialty: _____
 Registration Number: _____
 Address: _____
 Phone: _____

Office stamp: