

APPENDIX A - YEAR 1: February 2023 – June 2023
Status and Compliance

Item	Status/Notes	Supporting Documentation	Confidential Documents
1. Review Report recommendations regarding the establishment of <i>Social Assistance Act</i> (Disability Supports Program - DSP) fit for purpose governance functions, including regional leadership, first voice consultation and co-production.	EXACT COMPLIANCE <ul style="list-style-type: none"> Recommendations were reviewed and led to development of portfolio of projects to implement the Remedy. DSP’s Advisory Committee, which is made up of 50% first voice, continues to advise on Remedy implementation. 	<ul style="list-style-type: none"> 91 - Remedy Project Portfolio Design 74 - DSP Advisory Committee Terms of Reference and meeting schedule 	
2. Update DSP client projection model using baseline numbers and provide assumptions, and outputs of the model.	EXACT COMPLIANCE <ul style="list-style-type: none"> Projection model completed and used in Remedy multi-year costing to determine impact of program growth and transition to individualized funding 	<ul style="list-style-type: none"> 87- DSP Projection Model Summary Document 	
3. Commence efforts (including communications and change management plan) to transfer DCS <i>Social Assistance Act</i> DSP Intake function and Care Coordination staff to the Disability Supports Program.	EXACT COMPLIANCE <ul style="list-style-type: none"> Intake transfer completed effective 02 April 2024. The function of “intake” or the entry point for new applicants has been shifted from a centralized model that included applicants for ESIA to a function solely for applicants to DSP. This ensures that applicants are speaking with someone who is knowledgeable about DSP early on in their application and receiving appropriate support and information. This interim intake process will change once the new roles (LAC, IPSC, EFAC) are in place. Future state organizational structure designed, includes some additional leadership positions (Executive Director DSP Service Delivery, Director Regional Hubs, Director DSP Service Delivery) required for successful transfer of the Care Coordination staff. The transfer of Care Coordination staff is planned to be completed by 01 August 2024. 	<ul style="list-style-type: none"> 5 - Announcement of changes to intake 6 - Intake Update 7 – DSP Interim Intake What’s Changing 8 - Future state organizational chart 31 May 2024 	
4. Establish a Remedy Secretariat including a Project Management and Implementation Team:	EXACT COMPLIANCE <ul style="list-style-type: none"> Remedy Secretariat being led by DCS Corporate Project Office (EPDU) responsible for DSP, with DSP ED as Executive Sponsor and DSP Advisory Committee in place. Internal change management and communications program in-place. 	<ul style="list-style-type: none"> 91 - Remedy Project Portfolio Design 84- 2024-25 DSP FTE and Budget approvals 	DRAFT¹ <ul style="list-style-type: none"> 96 – CONFIDENTIAL External Communications Plan DRAFT

¹Draft documents are considered “advice” until finalized, and s.14 of FOIPOP applies.

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a) DCS/DSP to align current Transformation Work Plan and budget to the agreed Remedy b) Progressively design and build a new Remedy Secretariat/Project management and Implementation Team to progress urgent tasks such as a Communications Plan and a Change Management Plan; c) Progress any new staff recruitments as a priority.	<ul style="list-style-type: none"> External communications strategy being finalized, supporting content is in development. Budget approval received for the required financial and human resources to implement the Remedy. Five EPDU Project Managers recruited and in-place to support Remedy projects. 	<ul style="list-style-type: none"> 92 - Internal Change Management Approach 96 – CONFIDENTIAL External Communications Plan DRAFT 	
5. Approve and implement intensive technical support and program design: a) Identify early potential external technical resources that will be required for leadership development, cultural change, development of new programs (including Fidelity Requirements for new Local Area Coordination and Intensive Planning and Support Coordination staff) and more detailed Project Implementation Plans. b) Hold intensive technical support /program design session in May 2023	EXACT COMPLIANCE <ul style="list-style-type: none"> Intensive workshops completed with 50+ participants in early May 2023. Post-workshop technical reports completed by identified experts and provided to participants, including plain language summary developed with People First Nova Scotia Technical resources engaged and currently available for Local Area Coordination, IPSC/Facility Closure, Individualized Funding, Assessment, Allied Health Supports and Mental Health Supports including: Eddie Bartnik, Tim Stainton, Ralph Broad, Lynn Martin, Sue Petten, Angus Buchanan , Lorna Sullivan 	<ul style="list-style-type: none"> 93 – Remedy Implementation Workshop Agendas 79 – Expert Bios 	
6. Approve and implement a government wide data collection mechanism to track and update baseline data as required in a timely and consistent manner as required and to provide data updates twice yearly.	EXACT COMPLIANCE <ul style="list-style-type: none"> Remedy dashboard developed by DCS Data, Analytics and Insights team for semi-annual reporting 	<ul style="list-style-type: none"> 94- DSP Dashboard Screenshot 	
7. Develop written policy and process to ensure no new congregate or institutional facilities are established for persons with disabilities.	EXACT COMPLIANCE	<ul style="list-style-type: none"> 95 - No new congregate facilities policy 	
8. Take immediate actions to address any staff ceilings or other barriers to early recruitment of necessary staff – for	EXACT COMPLIANCE <ul style="list-style-type: none"> Budget approval received for the required financial and human resources to implement the Remedy. 	<ul style="list-style-type: none"> 8 Future state organizational chart 31 May 2024 	DRAFT

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<p>example to do the early policy and program work required.</p>	<ul style="list-style-type: none"> • Future state organizational structure designed, includes some additional leadership positions (Executive Director DSP Service Delivery, Director Regional Hubs, Director DSP Service Delivery) required for successful delivery of the Remedy but not identified in the Remedy. The creation of, and recruitment for, these positions was required to support implementation of Local Area Coordination and has been completed. • Job Descriptions and Classifications created and approved for Regional Hubs Managers, LAC & IPSC Team Leads, LAC, IPSC, EFACs • Policy and practice framework established in draft for LAC and IPSC 	<ul style="list-style-type: none"> • 10 – Timeline to Establish Regional Hubs • 11 - LAC Job Description • 12 – CONFIDENTIAL LAC Practice Framework DRAFT • 13 - LAC Fidelity Checklist • 14 - IPSC Job Description • 15 - CONFIDENTIAL IPSC Practice Framework DRAFT • 16 - IPSC Fidelity Checklist • 18 - EFAC Job Description • 19 - EFAC Fidelity Checklist • 20 - Regional Hub Manager Job Description • 21 - Regional Hub Manager Job Posting • 22 - Team Lead Job Description • 23 - Team Lead Job Posting 	<ul style="list-style-type: none"> • 12 – CONFIDENTIAL LAC Practice Framework DRAFT • 15 - CONFIDENTIAL IPSC Practice Framework DRAFT
<p>9. Develop and plan implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC).</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • See item #8 		
<p>10. Commence priority new services such as the Emergency Response team to avoid new institutional admissions and support</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Design work commenced; strategy development underway. • Scoping workshops held with the Technical Report authors and DSP staff in November 2023. As a result, a shift in approach and messaging moving 		

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<p>persons with disabilities in their community of choice.</p> <p>a) In particular, the Emergency Response team is required to enable a set date for firm prohibition on admission to institutions and LTC facilities.</p>	<p>away from “emergency response” which suggests replicating existing emergency response services that already exist in the community, and instead focus on removing barriers to program participants accessing those existing services and strengthening strategies to prevent crisis.</p> <ul style="list-style-type: none"> • As a result, the initiative has been renamed to Crisis Prevention and Community Response Strategy. The focus will be on helping people develop plans for when a crisis may happen and to support our community emergency response services to provide effective service to persons with disabilities. • Engagement with existing service providers underway 		
<p>11. DCS/DSP to continue with urgent new services that are aligned with the Remedy such as:</p> <p>a) Institutional closure</p> <p>b) development of urgent new services that are aligned with the Remedy such as Shared Services, and new ILS places.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Regional Closure Strategy identifying facility priority, timelines and capacity building developed and communicated to ARC/RRC participants, organizations, staff via on site sessions led by ED DSP. RCF sessions in progress being led by Provincial Closure Lead. • There has also been an increase of 304 (70.2%) participants in the Independent Living Support Program (ILS) from the baseline. • Over 100 individuals identified as eligible for Shared Services were sent letters about moving to community. As of May 8, 2024, 45 responses had been received: <ul style="list-style-type: none"> ○ 15 interested in moving during the first (current) phase. ○ 11 interested in moving during the second or third phase. ○ 10 not interested in moving. • 9 withdrew their consideration for a variety of reasons including a change in living circumstances, reluctance to change, and positive adjustment to the LTC living arrangement. 	<ul style="list-style-type: none"> • 30 - Facility Closure Strategy ARC-RRC • 31 - Facility Transition Strategy RCF • 48 - Shared Services Expansion Presentation September 2023 	
<p>12. Appoint a Clinical Lead to lead the planning and development of the Multi-disciplinary Allied Health teams and inter agency development work.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Position appointed (now called Director of Allied Health Support), design and planning work has commenced 	<ul style="list-style-type: none"> • 75 - Announcement Director Allied Health Support 	
<p>13. Establish “no new admissions” policy once Emergency response capability in place.</p>	<p>EXACT COMPLIANCE</p> <p>No New Admission Policy established, effective date:</p> <ul style="list-style-type: none"> • 01 January 2025 ARC, RRC, RCF • 01 January 2026 Group Homes and Developmental Residences 	<p>45 - No new admissions policy changes with schedule</p>	

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	<ul style="list-style-type: none"> The policy is going into effect January 1, 2025, for ARC, RRC and RCF to ensure the resources required for successful implementation are in place. 		
<p>14. Harbourside closure completed and relocation of all those people who resided at Harbourside to their community of choice.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> The closure of Harbourside Lodge is complete. As part of this project 40 new spaces were created in 10 new Small Option Homes. The 22 individuals residing at Harbourside ARC have moved to community and 18 other participants from other ARC/RRC also transitioned to community living in the 10 new small option homes. One participant has returned to a facility because of a lack of a primary care provider, which occurred in rural Nova Scotia. 		
<p>15. Commence work to remove waitlist for eligible applicants by establishing a human rights compliant client pathway that ensures timely access to accommodative assistance. For the purposes of this Interim Settlement Agreement, “accommodative assistance” means social assistance, including supports and services, that meet the different needs of persons with disabilities.</p> <p>a) This to include such elements as alignment with an enhanced DSP Intake and triage function, referrals to LAC/IPSC/Care Coordination/Emergency Response Team/other services and supports such as health and housing.</p> <p>b) The pathway to also identify where additional support may be provided to streamline DSP eligibility determination.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> 10.2% decrease in Service Request List over baseline Initiatives underway to support pathway to timely access to accommodative assistance include: <ul style="list-style-type: none"> Introduction of Interim Intake process to clear DSP Intake backlog Establishment of ESIA Disability supplement Implementation of ILS+ 13.5 additional Care Coordinator FTEs to address backlog A more collaborative approach to assessing eligibility for persons with complex medical needs is being developed. 	<ul style="list-style-type: none"> Appendix B Remedy Metric Report 5 - Announcement of changes to intake 6 - Intake Update 7 – DSP Interim Intake What’s Changing 68 - ILS+ Policy 70 - Notice of Disability Supplement 	

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<p>16. Approve and implement eligibility and key DSP policy review and update, including rescinding Eligibility policy sections 9.3 and 9.4.</p> <p>a) Scope review of Licensing and standards.</p> <p>b) Review and address situation of individuals previously denied.</p>	<p>EXACT COMPLIANCE – Rescind 9.3 & 9.4</p> <ul style="list-style-type: none"> Removal of 9.3 and 9.4 complete. <p>EXACT COMPLIANCE - Review of Licensing</p> <p>A review has been completed of the Homes for Special Care Act as it relates to Licensing in relation to the requirements of the Remedy. It was prepared by Legal Counsel and subject to client privilege.</p> <p>SUBSTANTIAL PROGRESS – Review of Standards</p> <ul style="list-style-type: none"> It became clear that reviewing “standards” could not happen until the future state programs are designed to ensure alignment. Review of existing standards and design of a new safeguarding framework including new standards, has been included in the scope of the “Community-Based Supports and Services” Project to be completed in summer 2024. <p>SUBSTANTIAL PROGRESS – Review and address situation of individuals previously denied</p> <ul style="list-style-type: none"> Review of individuals previously denied completed and plan to address identified and in progress 	<ul style="list-style-type: none"> 46 - DSP Eligibility Policy Changes 67 - Community Supports and Services Project Charter 71-CONFIDENTIAL Status of 8 individuals previously denied DSP 	<p>PERSONAL²</p> <p>71-CONFIDENTIAL Status of 8 individuals previously denied DSP</p>
<p>17. Support Adult Capacity and Decision-making Act (ACDMA) review process by linking DSP to the review. Focus should be on using the presumption of capacity in NS law and on the practice of Supported Decision Making.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> DSP was part of a multi-department working group that led the review of the ACDMA and which is working to address the recommendations. 	<ul style="list-style-type: none"> 97 – Report on the Review of the Adult Capacity and Decision-Making Act 	
<p>18. Province to conduct early research into Individualised Funding (IF) backbone systems and connections to possible technical support.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> Research completed to support ongoing development of RFP for IF backbone service 	<ul style="list-style-type: none"> 98 – IF Backbone JScan 	

² This document contains significant personal information. Personal information is protected by s.20 of FOIPOP.

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<p>19. Coordinate Seniors and Long-Term Care (SLTC) and DSP to work collaboratively on the development of consistent structures for Individualised Funding (IF) programs.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • SLTC is co-sponsoring the Individualized Funding Backbone Service. They are partners in the design and procurement of this service 	<ul style="list-style-type: none"> • 66 – CONFIDENTIAL Request for Proposals Individualized Funding Service and IT Application DRAFT 	<p>DRAFT</p> <ul style="list-style-type: none"> • 66 – CONFIDENTIAL Request for Proposals Individualized Funding Service and IT Application DRAFT
<p>20. Review and align current DSP work on developing enhanced supports for children. New efforts should be consistent and complementary to efforts outlined in this report. Respite options could focus on Homeshare approach that fosters relationships and networks as the child grows.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Work completed to align DSP CY portfolio with Remedy portfolio of projects 		
<p>21. Establish a working group (DSP, IWK, Office of Addictions and Mental Health, Nova Scotia Health - NSH) to develop shared purpose and language on mandates, connection to the current process of development of a universal mental health and addictions system, partnering in case coordination between DSP and NSH for Complex Cases, and address outstanding eligibility issues.</p>	<p>COMPLIANCE IN SUBSTANCE</p> <ul style="list-style-type: none"> • A formal working group was not established, but many initiatives are none the less underway to developed shared purpose and language on mandates and partnering on complex cases • Remedy Roundtable re-established with representation from NSH, DHW and OMAH • Joint planning with OMAH, DHW, IWK and NSH to support Remedy recommendations including day long workshop in July 2023 • Joint procurement process with DHW/OAMH for Gap Analysis of existing mental health and primary health care supports for persons with disabilities. • Working group for Clinical Director job description included OAMH/NSH participation • DSP participating in Access and Flow Committee with DHW, SLTC, NSH, OAMH to facilitate and problem solve transition out of hospital for DSP participants 	<p>77 – Statement of Work Gap Analysis DHW OAMH</p>	