

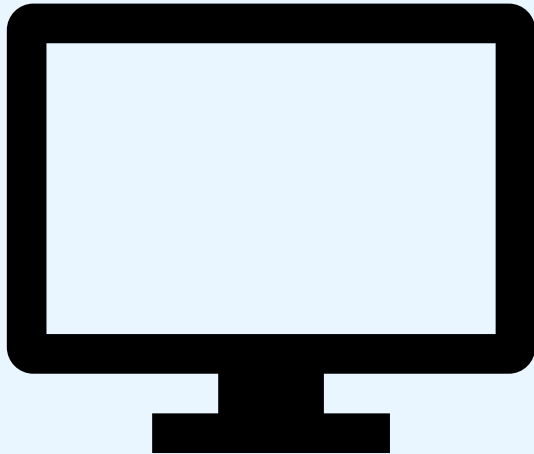
Service Provider Webinar

Individualized Funding

January 14th, 2025

Welcome!

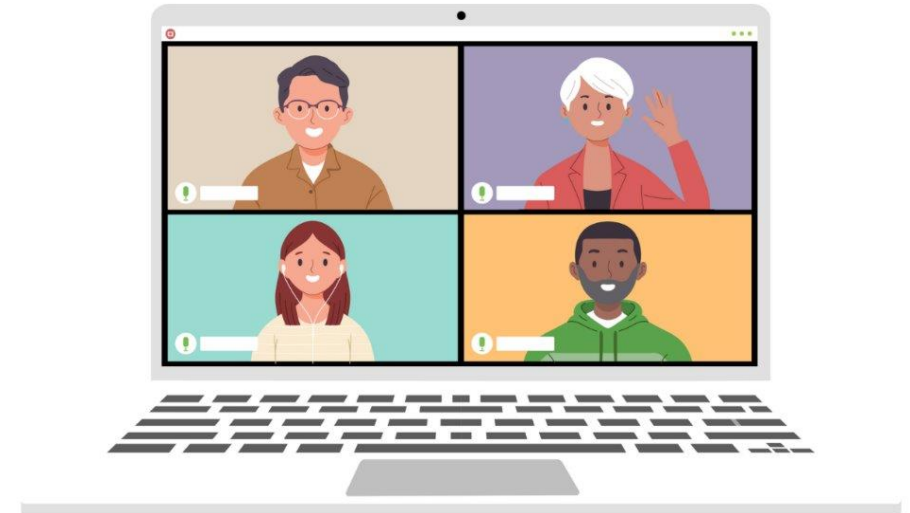
Welcome to the first Service Provider Webinar of 2025! Last month, we held a series of webinars on Individualized Funding (IF). Today, we will be **following up on individualized funding questions and sharing information on funding band amounts.**



- We understand that you may have questions about the content we are sharing – at the **end of the session today, we will have a Q&A period** where you can ask questions.
- Throughout the presentation, please type your questions in the chat or save them for the end.
- **Following the presentation, we will share a link to a question submission form** where you can submit any outstanding questions – our goal will be to respond to these at the next webinar or via a FAQ.

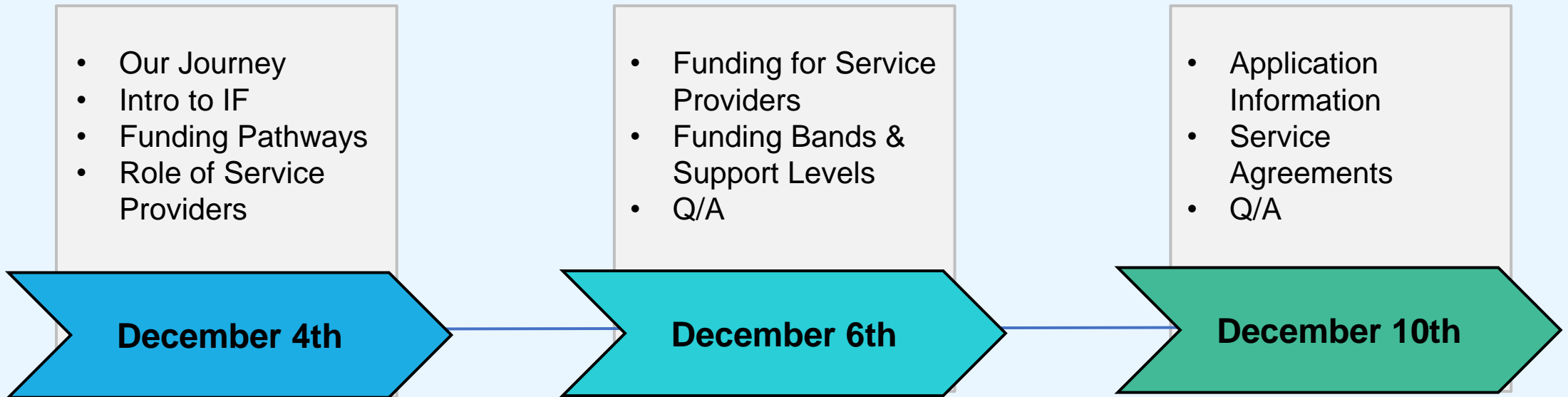
Agenda

- 1 Introduction
- 2 Individualized Funding Follow-Up
- 3 Funding Band Information
- 4 Good News Story
- 5 Q&A Session & Closing



Individualized Funding Follow-Up

In early December, multiple sessions were held to explain individualized funding. They covered the following:



Prior to the break, the **application form and FAQ** were shared via email, as well as a Vimeo link to recordings of all the service provider webinars to date.

Questions | Responses

Below are some questions that have come in since our sessions in December.



Should there be expenses pertaining to property damage (including furniture) as a result of behaviour? How will these be covered, through IF or Special Needs?

Expenses pertaining to property damage to furniture as a result of behavior will be resolved on a case-by-case basis, likely through Special Needs funding depending on the situation.



In the SPMIF application form, there is a question around 24/7 "emergency" response. Can you please clarify what would be seen as an IF emergency in the SPMIF context ? And will Service Providers be managing IF have a "float" or "emergency reserve".

This refers to providing 24 hour on-call response service that is available to participants supported by IF in the event of an emergency (similar to current ILS requirement)

Service Providers are going to be holding the participants' funds in trust. They will not have a float or emergency reserve.



What happens if a caregiver agency doesn't want to be an IF manager/provider, i.e. just wishes to deliver support services as per point b. in the background?

There is no requirement that an organization providing services has to manage the participant's individualized funding.



What is the funding for internal administration operations? How does this all work?

DSP Providers will receive an administrative fee equal to 15% of the value of the services they deliver to the participant.

Administrative Funding for Service Provider

- At the webinars held in December, we discussed the **additional 15% of administrative funding that DSP Service Providers would receive on the amount participants direct to them for supports delivered.**
- This means the following:
 - The admin fees will be **calculated and paid based on the total cost of supports delivered by the DSP Service Provider** to the individual.
 - The admin fee is not paid out of the individual's supports budget – it is an additional amount provided to cover the admin costs.

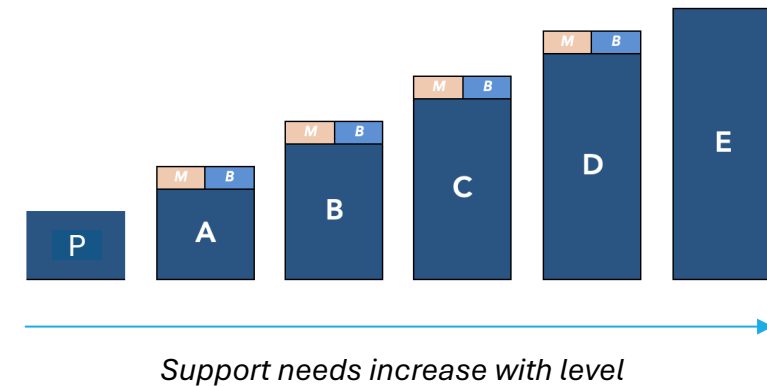
For example, if a participant pays \$1,000 from their direct support hours to a DSP Service Provider, that organization would receive an additional \$150 to cover administrative costs.

- This fee is intended to **cover the cost of administering a participant's funding** when they receive services from a Service Provider.
 - This **includes all non-direct support costs (outside of food and housing costs)** that are currently funded through multiple line items in per diems (i.e., management, supervision, etc.)
 - Admin fees are intended to **cover salaries and expenses for support and leadership positions** as well (e.g., directors, payroll, recruitment, office space, etc.)

Individualized Funding – Refresher

As part of the new Individualized Funding policy, the new **Support Level Framework** will replace the existing **Level of Support Framework**.

- Data from the new assessment (interRAI) will be used to place individuals in a Support Level based on predicted intensity of supports needed.
- Level P can receive planning supports only, while Level E would be considered “extraordinary cases” often requiring collaboration across departments and systems.
- Each level will be associated with a funding cap and plans which have costs below the cap can be approved by the EFAC.
- Spending within the level is governed by the Allowable Usage Framework and the individual’s plan.



This framework’s development was informed by a study conducted from late 2020 to September 2022, involving 800 randomly selected individuals.

Methodology for Determining Funding Band Amounts

To determine funding bands, a mixed quantitative and qualitative methodology was used:

1. Historical Data Analysis

- Historical payment data for DSP participants was analyzed to understand spending patterns based on individual's Support Level.
- The analysis was then used to predict what each individual might spend based on parameters in the new individualized funding policy.
- Initial funding caps were set based on historical data, program usage and funding.

2. Case Study Analysis

- Initial funding caps set by the historical data analysis were then validated by developing case studies using 50 DSP participants.
- DSP staff created sample budgets for each individual based on their anticipated support needs under Individualized Funding.
- Final funding caps set by the historical data analysis were then adjusted based on the results of the case studies.

Approach Using Historical Payments

Beginning with Historical Payments:

We reviewed the historical payment records of DSP participants in the PoE (Pocket of Excellence pilot) who received at least 12 support needs payments from November 2022, to October 31st.

- Analysis was conducted using payments made to individuals in individualized funding programs (ILS and Flex), AFS, and residential programs, excluding RRCs, ARCs, RCFs.
- Group Homes and Developmental Residences were included because the smaller occupancy leads to a better correlation between the funding attached to a participant and their individual support needs, as confirmed by statistical analysis.
- RRCs, ARCs, and RCFs were excluded because the larger occupancy and per diem approach eliminates any correlation between the funding attached to a participant and their individual support needs.

A regression analysis was conducted to model historical payments.

Approach Using Case Studies

Methods

Care Coordinators were asked to review 50 cases across Support Levels P to E and estimate the number of support hours the individual would require for ADL/IADL supports, behavioral supports, and medical/other specialist supports.

- Staff used ICM/CCM case notes, interRAI assessments, and spoke with Care Coordinators to provide estimates.
- Workshops were held to review support needs and align on application of the new IF policy to individual situations.
- Support needs/hours estimates were then used to calculate individual budgets for each case reviewed.

Case Study Analysis

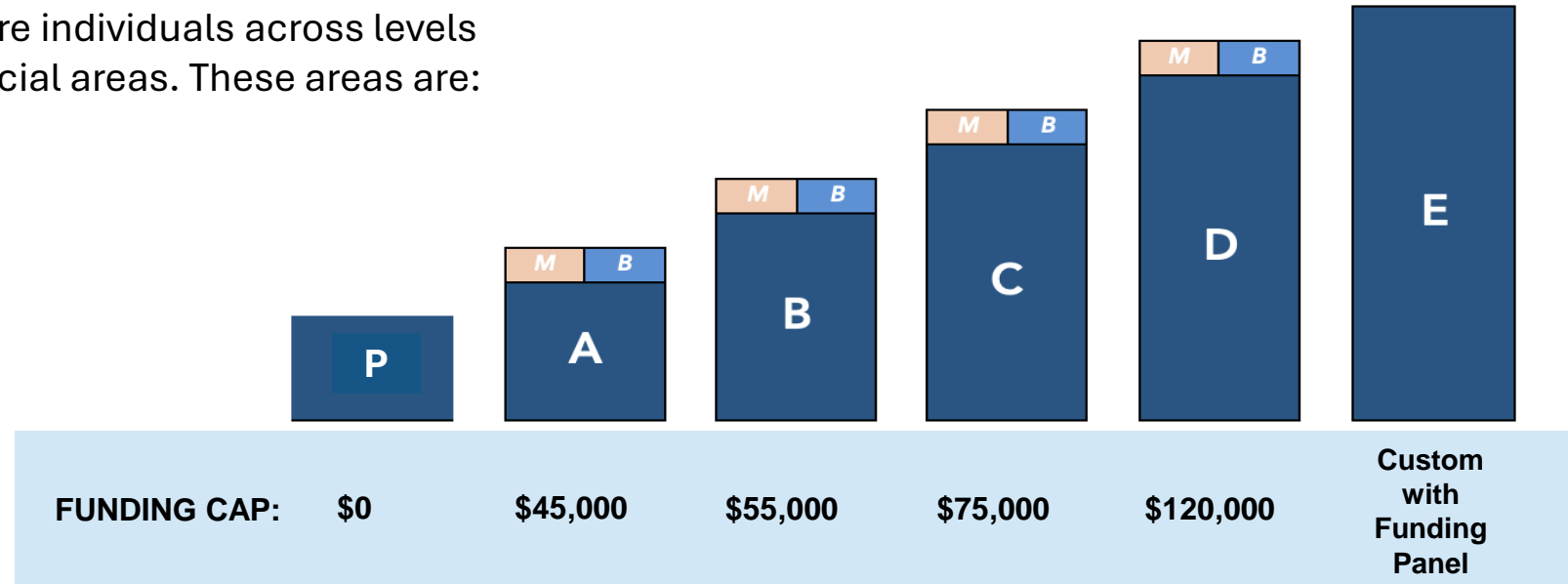
The objective of this review was to validate and iterate on the funding bands initially set by the **historical data analysis**. The analysis is intended to:

- Compare the results of the historical analysis to staff estimates for support needs by Support Level
- Provide recommendations on adjustments to the initial bands based on the historical analysis

Support Level	Cases Reviewed
P	2
A	11
B	9
C	11
D	9
E	8
Total	50

Funding Band Amounts

- **Select Support Needs (SSN)** are where individuals across levels A-D might require extra support in special areas. These areas are:
 - **Medical Amount: \$20,000**
to be spent on supports such as nursing services. This amount can be spent on medical supports identified in a support plan only.
 - **Behavioral Amount: \$40,000**
to be spent on supports such as additional staff to support behavior escalations.



Each Support Level is associated with a **funding cap** (e.g., \$45k per year for Support Level A), representing the **maximum** funding level that individual can access (without a policy exception).

Supports funding can be used to purchase services, supports and other items under the **Allowable Usage Framework**. This includes direct support hours, day programming, and costs associated with community inclusion.

- The Supports portion of an individual's funding increases with their Support Level.

Funding Band Amounts

Funding Caps

Support Level	Funding Cap for General Support Needs	Behavioral Amount (additional)	Medical Amount (additional)
P	\$0	\$0	\$0
A	\$45,000	\$40,000	\$20,000
B	\$55,000	\$40,000	\$20,000
C	\$75,000	\$40,000	\$20,000
D	\$120,000	\$40,000	\$20,000
E	Custom w/ Funding Panel		

- Individuals who receive more than **\$75,000** per year in supports funding allocation will be **required to use the IF backbone if self-managing**. Individuals who choose the Service Provider managed pathway will not be required to use the IF backbone.

Key Policy Components – Supports Funding (not basics)

1. Annual Bank

- Supports budget will be based on monthly needs, but participants will have the flexibility to move their funding between months if they stay within their total annual funding each fiscal.

2. Allowable Usage

- Funding can be used for any support that meets a disability related need and is part of an individual's support plan
- The IF Policy will only specify what supports funding can not be spent on (following the NZ model).
 - This includes items such as those funded through basics budget or special needs, services that are funded by another department, charitable donations, recreational substances, or increasing personal income or assets.

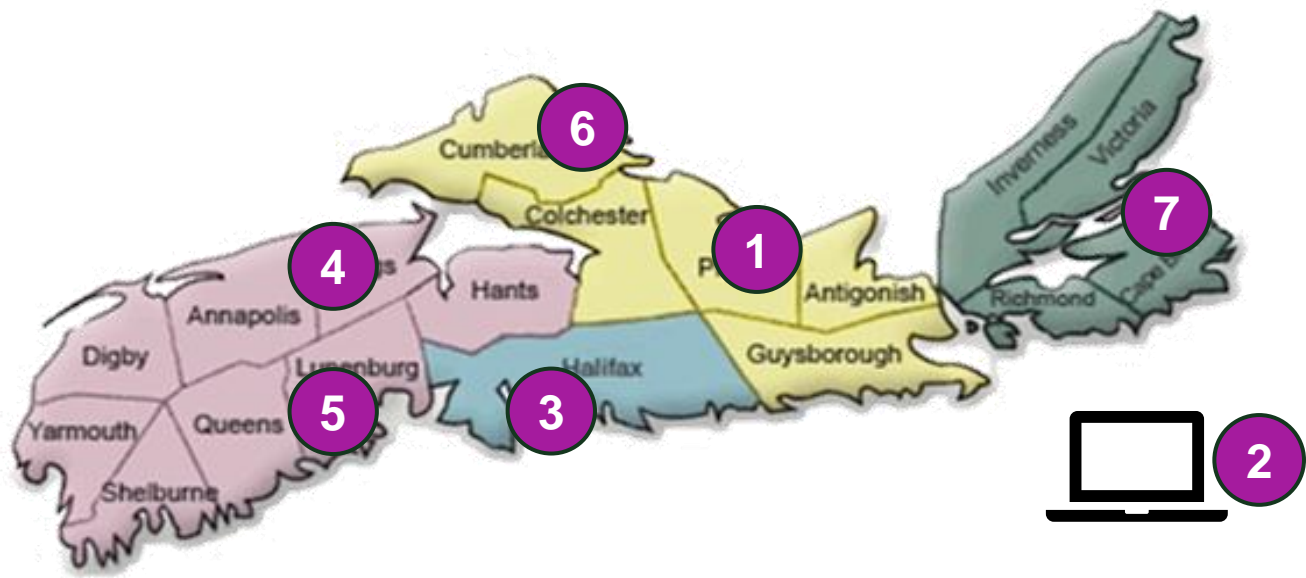
3. Reporting and Accountability

- The use of supports funding must be reported on monthly (provider managed) or quarterly (self-managed) for anyone receiving more than \$9,000 per year.
- Any irregular uses will be flagged for follow-up by DSP staff.
- Participants must keep records or receipts and use a separate bank account for their IF.
- Anyone whose support funding exceeds the maximum for Support Level C (\$75,000) must use a service provider or the IF Backbone to manage their funding.



Good News Story: Family Closure Session

In collaboration with Inclusion Nova Scotia, DSP hosted one virtual and six in-person **family sessions** to share information on upcoming Remedy closure timelines and new supports for persons with disabilities leaving institutions. Over 100 family members of DSP participants currently living in institutional settings were able to attend and discuss the transition to community living.



Session #	Location:	# Attendees:
1	New Glasgow	15~
2	Virtual	25~
3	Dartmouth	25~
4	Berwick	20~
5	Bridgewater	15~
6	Pugwash	5~
7	Sydney	7~

Key Takeaways

- Family members were introduced to their Regional Closure Specialist.
- Family members asked similar questions to the spring DSP Sector Engagements.
- Family members who had attended a spring engagement session appeared more receptive to Remedy changes than previously noted.
- Recommendation for future session communications go to families directly from DSP/Care Coordinators.

Feedback & Questions



**Thoughts?
Questions?**

- Please **type your questions in the chat** and our moderator will read your question aloud.
- If we are not able to get to your question today, please submit it through our question submission form.
- This will be linked in the chat at the end of this meeting – our goal will be to respond to these at the next webinar or via FAQ.

Thank you!