

# Shared Services Expansion

DSP & NSH

Care Coordinator Session

September 13, 2023



# Agenda

- **Introductions**
- **Shared Services Overview**
- **Who are the participants who will be assessed**
- **Role of the Care Coordinators**
- **Joint assessments**
- **Who is working with who**
- **Q&A**

# Introductions

**Thank you for being here. We'd love to know...**

1. Your name
2. Role
3. What are you looking forward to in your role with Shared Services?



# Overview

# What Is Shared Services?

Shared Services combines supports from the Independent Living Support program and the Home Care program to support individuals who traditionally do not meet the criteria for the Disability Support Program (DSP) because of their care and support needs but are not age-appropriate to be supported in a LTC facility.

By combining supports from these two programs, people with physical disabilities can live with supports in a community of their choosing. This could mean, for example, sharing an apartment with a roommate or living on their own.

**The end goal is to increase social inclusion, participant choice, and independence.**

## Disability rights activist Vicky Levack to move into new home this month

BY JENNIFER HENDERSON NOVEMBER 3, 2022



Vicky Levack (left) and Kariellen Graham, members of the Disability Rights Coalition. Photo: Jennifer Henderson

Vicky Levack will move to an apartment later this month after living in a nursing home for 10 years. Levack, 31, a writer and activist who has cerebral palsy, has been a strong advocate for the inclusion of people with disabilities.

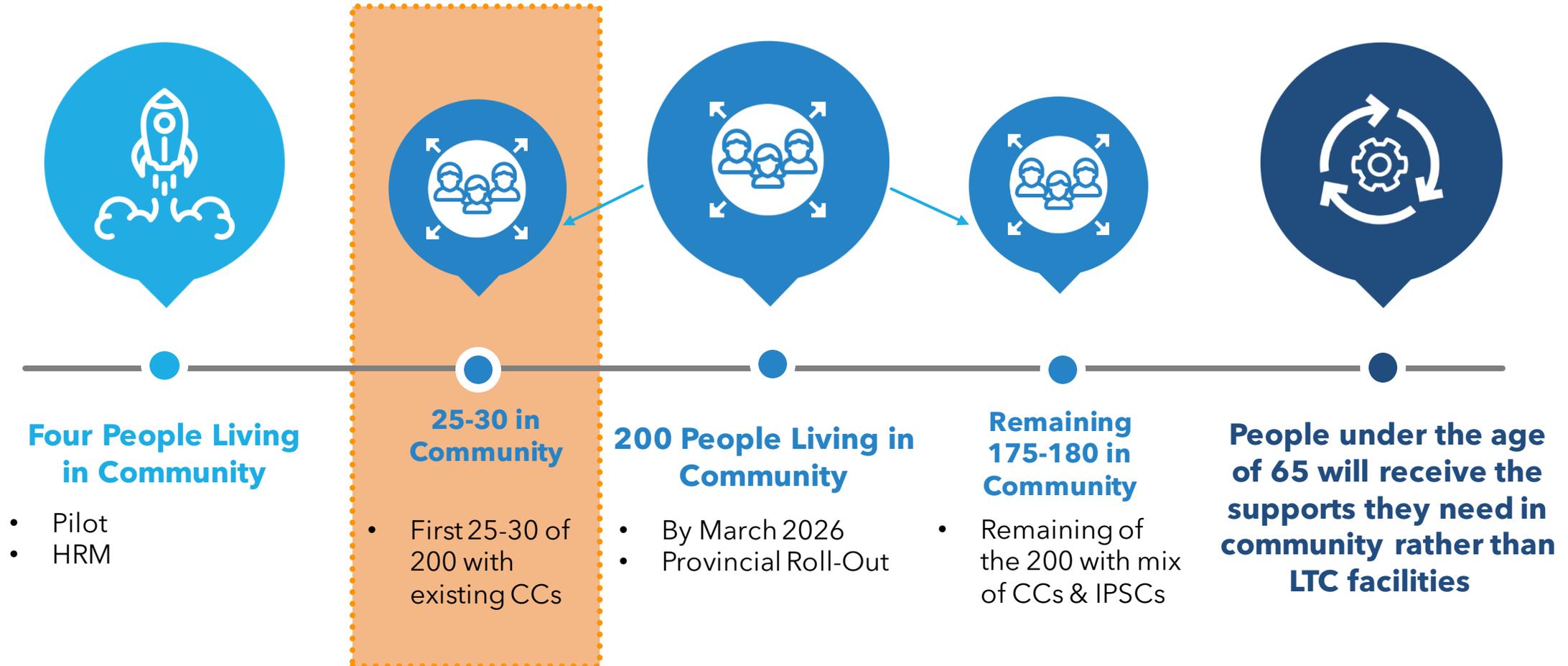
Search ...

Although Levack needs someone to provide 24/7 assistance, she is not unwell and has fought hard to convince the government she and many other young adults should be moved out of institutions.



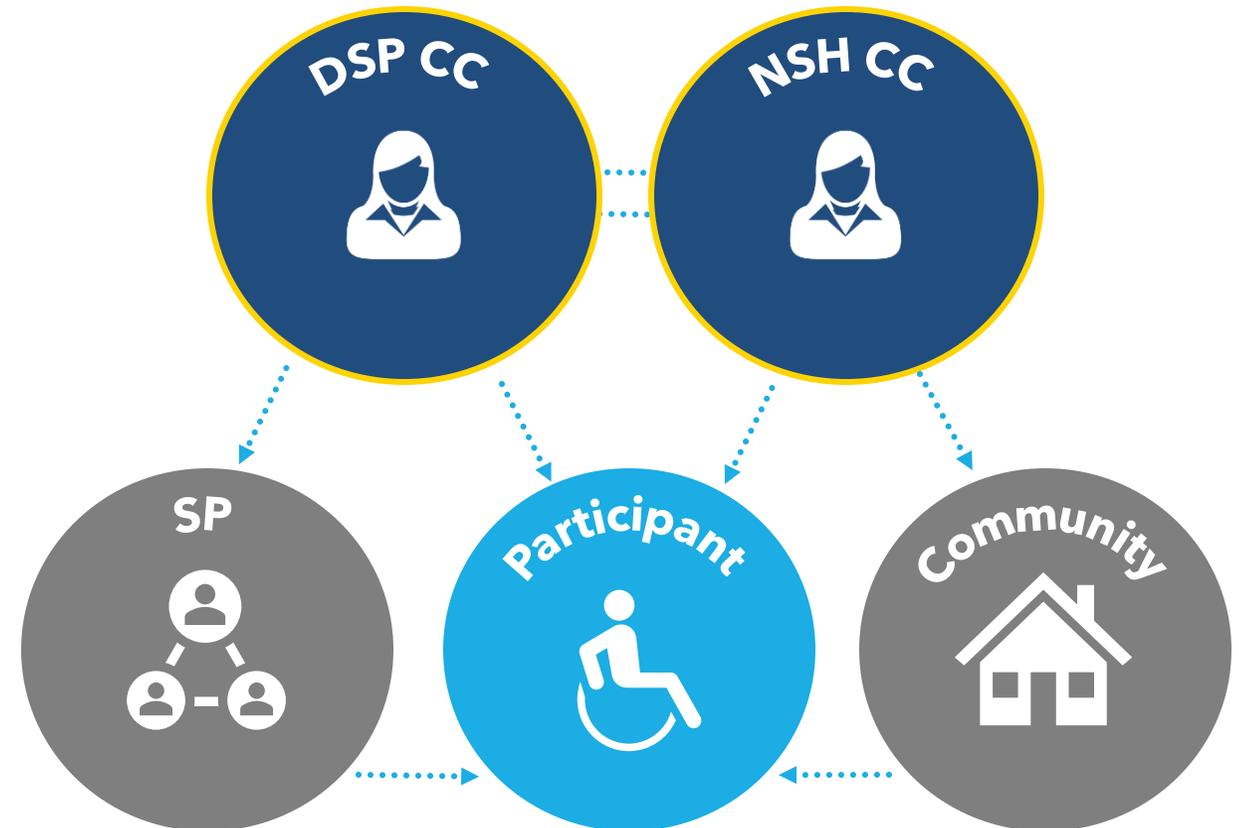
"It's basically like a tiny hospital," Levack said about Arborstone Enhanced Care. "I didn't fit the rules and I won't be going back to visit. Moving to an apartment on the

# Our Journey



# Shared Services Model

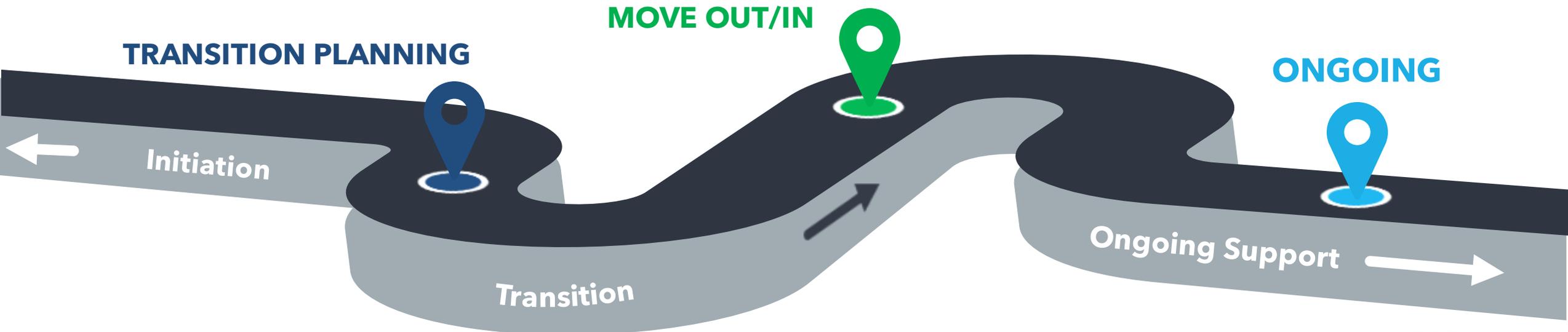
- Program participants will each be assigned two Care Coordinators: one from DSP and the other from NSH.
- An approved DSP Service Provider will aid in the transition to the new Shared Services Program. They will then provide ongoing social supports akin to the ILS Program.



# Care Coordinator Responsibilities

CCs support the participant through the phases of transition planning, moving out of facility and into community, then providing ongoing support. These phases entail the following primary responsibilities:

- Joint assessment with corresponding Care Coordinator
- Managing referrals to Service Providers
- Transition planning with the participant while collaborating with relevant facility staff and the Service Provider to ensure successful transition and moving support
- Ongoing touchpoints with the participant to support their adaptation to community living



# Who are the Participants?

**The current phase is focused on individuals between 19-65 years with severe physical disabilities whose primary needs are home care and nursing supports and who are:**

- Living in LTC facilities
- Waiting for placement in LTC or whose only option is LTC
- In hospital
- Living in ARCs and RRCs

**Note:** *Shared Services is for candidates whose needs are compatible with living in community and not requiring 1:1, 24/7 support.*

There are **15 participants** who would like to move into community as soon as possible. Below is a **breakdown of their current locations:**



# Joint Assessments

Shared Services requires both DSP CCs and NSH CCs to conduct assessments to determine the supports someone may need and to determine if community living is a viable option for them.

In addition, during that joint assessment, CCs are expected to ask about the following to assist in the coordination between participants and Service Providers:

- Can you confirm timelines and community from the indication of interest are still relevant?
- What are your living arrangement preferences (i.e., are you open to living with roommates)?  
*Do your best to understand how flexible their preferences are and what are non-negotiable boundaries.*

## **The benefits of joint assessment:**

- ✓ Person-centered approach
- ✓ Saves time for the participants and Care Coordinators
- ✓ Creates a working relationship between Care Coordinators
- ✓ Means for potential collaboration



# Who is working with who

Participant by Current Location	NSH Care Coordinator	DSP Care Coordinator
Participant #1 - Victoria General (Central)	Margot Fulton-Robar	Renee Lockhart
Participant #2 - Camp Hill (Central)	Jessica Gilmore	Renee Lockhart
Participant #3 - Arbourstone (Central)	Jessica Gilmore	Renee Lockhart
Participant #4 - Parkstone (Central)	Jessica Gilmore	Andrea Rudolph-Naus
Participant #5 - Parkstone (Central)	Jessica Gilmore	Andrea Rudolph-Naus
Participant #6 - Dartmouth Community Residence (Central)	Christina Darrigan-Skinner	Renee Lockhart
Participant #7 - Victoria General (Central)	Christy Hunt	Renee Lockhart
Participant #8 - Windsor Elms (Northern)	Robyn Denton	Sondra McBride
Participant #9 - Nova Scotia Rehabilitation (Central)	Tammy Jeffers	Renee Lockhart
Participant #10 - Seaview Manor (Eastern)	Cheryl Talbot	Denise Currie-Monson
Participant #11 - Saint Martha's (Eastern)	Cheryl Talbot	Denise Currie-Monson
Participant #12 - Cumberland Regional (Northern)	Lise McGillis	Greg Taylor
Participant #13 - Vimy Court (Northern)	Karen MacAuley	Greg Taylor
Participant #14 - Tideview Terrace (Western)	Megan Kerr	Miranda Acker
Participant #15 - Glasgow Hall (Central)	<b>TBD by NSH</b>	Denise Currie-Monson

# Process

# 1. Schedule Assessment

**1.1** You will receive an email from SLTC Senior Policy Analyst (Lucy G.) providing the following information from your assigned cases:

1. Name | Email | Phone Number | Preferred communication method | UID

**1.2** Use the contact information provided to schedule in-person assessment meeting(s) with the candidate. *Depending on the availability of participants, one or more assessment sessions may need to be scheduled.*

# 2. Conduct Assessment

**2.1 First of all, NSH CC collects informed consent** from the candidate to share personal information (PI) and personal health information (PHI) with DCS/DSP and the DSP service provider. *Potential participants can choose to sign the consent to share information if they want to continue with the process.*

**2.2.** The NSH CC completes the RAI-HC assessment and DSP CC completes the DSP Individual Assessment and Support Plan. *Use your regular systems (SEAscape and ICM/CCM).*

## Your Consent to Conduct an Assessment

By completing this form, I ..... consent to the individuals identified below to meet with me and to complete an initial assessment to be considered for Shared Services.

- \_\_\_\_\_ Nova Scotia Health Care Coordinator
- \_\_\_\_\_ Disability Support Program Care Coordinator

All shared information will be held in confidence.

## Your Consent for Information Sharing (for the Assessment and if you become a Shared Services Participant)

By completing this form, I ..... consent to the Department of Community Services, the Department of Seniors and Long-Term Care, Nova Scotia Health, and Disability Support Program Service Providers in collaboration with each other, to collect, use, and share my relevant personal and health information for the specific purposes of Shared Services.

- I understand the sharing of my personal information will be undertaken with the highest respect for my privacy and in accordance with applicable privacy law.
  - My personal health information is protected under the Personal Health Information Act (PHIA)
  - My personal information is protected under the Freedom of Information and Protection of Privacy Act (FOIPOP)
- I understand it is necessary to obtain and share information among these agencies and organizations as well as their staff to work with me to:
  - Assess my initial and ongoing needs and eligibility.
  - Create a care plan.
  - Coordinate and provide Shared Services and other Disability Support Program supports and services for me.
  - Ensure the delivery of residential and community supports and services on my behalf.
  - Explore if my needs and the outcomes of Shared Services are being met.

## 3. Debrief

**3.1** Together, determine if the candidate's care and support needs can be met by Shared Services.

- Verbally share information about your assessments, but do NOT share copies of the assessments.
- Note taking is encouraged. If notes are taken, add the case notes to ICM and/or SEAScape.
- If you have any questions, please connect with SLTC Senior Policy Analyst (Lucy G.) or send us an email at [replysharedservices@novascotia.ca](mailto:replysharedservices@novascotia.ca)

# Referrals & Communicating Next Steps

## **Step 4: Referring to a Service Provider**

- *Details yet to be determined by impending feedback from Service Providers who are interested in participating in the Shared Services program.*

## **Step 5: Communicating next steps with the participant**

- *Details will be determined based on the Service Provider feedback*

*Further details on these steps will be provided after the development of our updated Service Agreements. We will let you know as soon as agreements are ready, and referrals can take place.*

**How can you be best supported  
through this process?**

The Project Team is here to help!

**Questions?**