



# Disability Support Program

## Year 4 & 5 Remedy Modelling

April 2026



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# Overview

## Context

→ As DSP enters Year 4 of the Remedy, modelling is required to assess the feasibility of transitioning staff and caseloads into the new system while continuing to meet Remedy targets.

## Overview and Purpose

→ The modelling examines how staffing transitions and hiring can support a phased shift from Care Coordinator (CC)-led service delivery to Intensive Planning and Support Coordinator (IPSC)- and Local Area Coordinator (LAC)-led models over Years 4 and 5.

## What we are trying to confirm

→ All Remedy-Priority cases can be assigned to an IPSC, with sufficient staffing to support projected caseloads.





Modelling for Years 4 and 5 is informed by a combination of **staffing data**, **caseload data**, and **validated administrative and planning sources**.

## Hiring to Date Summary:

- Regional breakdown of IPSCs and LACs hired to date provided by Regional Hub Managers
- Summary of EFACs hired to date provided by EFAC Manager

*Validated with Regional Hub Managers and EFAC Manager*

## Total Available Positions

- Remaining positions available to system was derived and validated using DSP Organizational Chart data

*Validated with Linda Jensen*

## Current IPSC, LAC and CC Cases in the System:

- Current IPSC and LAC cases by region informed through CCM data
- Current CC cases by region informed through ICM data provided via data request
  - Active IPSC/LAC caseload numbers were removed from ICM data to get core CC caseload

*Validated with Sherry Green*

## Service Request List (SRL) Data:

- Provided via data request

## Repurposed Data:

- Past projections on IPSC cases by region and institution were used to inform who will need to be transitioned to an IPSC in Years 4 and 5. This was used in combination with the data on current IPSC cases to determine IPSC case transitions in Year 4 and 5.
  - In addition, revisions were made to these projections using updated information (e.g., GH/DR info)

# Modelling Goals & Assumptions



## Modelling Goal

- To confirm if all Remedy–Priority cases can be assigned to an IPSC by the end of Year 5.

## Assumptions

- Sufficient CCs will remain in the current system after Year 5 to support DFSC, and non-Remedy cases at a sustainable level.
- Individuals in ARC/RRCs, RCFs, and GH/DRs are considered “Remedy Priority Cases” for IPSCs and are assumed to be transitioned to IPSCs first.
- It is assumed that the number of cases in the program will grow by 4% annually in Year 4 and Year 5.
- IPSCs are assumed to have a caseload capacity of 20 cases per IPSC.
- LACs are assumed to have a caseload capacity of 50 cases per LAC.
- By the end of Year 5, there will be a total staffing compliment of 179 (informed by DSP Organizational Chart Data), allowing flexibility in IPSCs and LAC hiring.
- It is assumed that 40% of cases require ongoing IPSC support, while 60% will transition to LAC support after 1–2 years.

# Current System Breakdown

# Current System Cases



In today's current system there are a **total of 6,155 active cases**. **4,971 of these cases are supported by CCs**, **428 are supported by IPSCs** (269 being Remedy Priority Cases, 159 being Non-Remedy Cases), and the remaining **756 are supported by LACs**.

By the end of Year 5, **all Remedy Priority Cases must be assigned an IPSC**. Furthermore, we are assuming a **caseload growth of 4% annually**.

## Current Cases Supported by Role:

Case Type	Active Cases
CC Adult Cases	4,971
IPSC Cases	428
IPSC Remedy Priority Cases	269
IPSC Non-Remedy Cases	159
LAC Cases	756
<b>Total Adult Cases</b>	<b>6,155</b>
<b>CC DFSC Cases</b>	<b>872</b>

**Note:**  
Individuals in ARC/RRCs, RCFs, and GH/DRs are considered Remedy Priority IPSC cases. These cases will take priority over Non-Remedy Cases in the new system.

# Year 4 & 5 Projections





- This modelling **assesses how DSP can transition** from the current CC-led model to an IPSC- and LAC-led service delivery model over Years 4 and 5 of the Remedy.
- This analysis integrates **current staffing, current caseloads**, and **projected program growth** to test whether sufficient capacity exists to support all Remedy-Priority cases in the new system.
- Scenarios model the **phased transition of cases, CC role changes**, and **targeted hiring** to align staffing capacity with projected demand.
- The modelling is used to determine **whether planned staffing levels are sufficient**, and to identify where risks or constraints may emerge under different caseload assumptions.

# Year 4 & 5 Case Projections



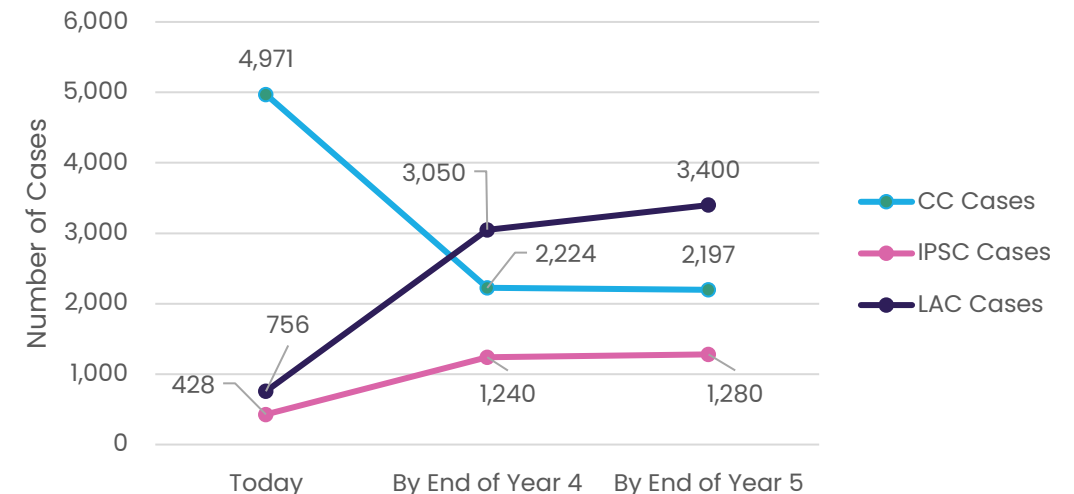
To transition CC-supported cases to IPSCs or LACs, a phased caseload transition is required across Years 4 and 5.

This approach transitions 2,747 CC cases to IPSC and LACs in Year 4, and another 27 cases in Year 5, ensuring sufficient IPSC and LAC capacity (assuming 4% annual growth) to support all projected cases.

CC transitions to new system roles, and new hires have been modelled so that there is sufficient capacity to support all LAC and Remedy Priority IPSC Cases projected to be active in Years 4 and 5.

Case Type	Active Cases Today	Active Cases by End of Year 4	Active Cases by End of Year 5
Adult CC Cases	4,971	2,224	2,197
IPSC Cases	428	1,240	1,280
IPSC Remedy Priority Cases	269	1,106	986
IPSC Non-Remedy Cases	159	134	294
LAC Cases	756	3,050	3,400
<b>Total Cases</b>	<b>6,155</b>	<b>6,514</b>	<b>6,877</b>

Cases in Current System vs New System by Role



# Staffing Overview



To meet projected Year 4 and 5 caseloads in the new system, staffing must shift from CC roles to IPSC and LAC roles. This includes **transitioning CCs to new system roles** and **hiring additional staff**.

By the end of Year 5, IPSC staffing should increase from 27 to 64, and LAC staffing from 49 to 68. This will bring the overall staffing compliment to 179 by the end of Year 5 to ensuring sufficient capacity to support projected cases.

Role	Staff Today	Staff by End of Year 4	Staff by End of Year 5
CCs	53	30	27
IPSCs	42	62	64
LACs	55	64	68
EFACs	19	20	20
Total	169	176	179

# IPSC Caseload Considerations



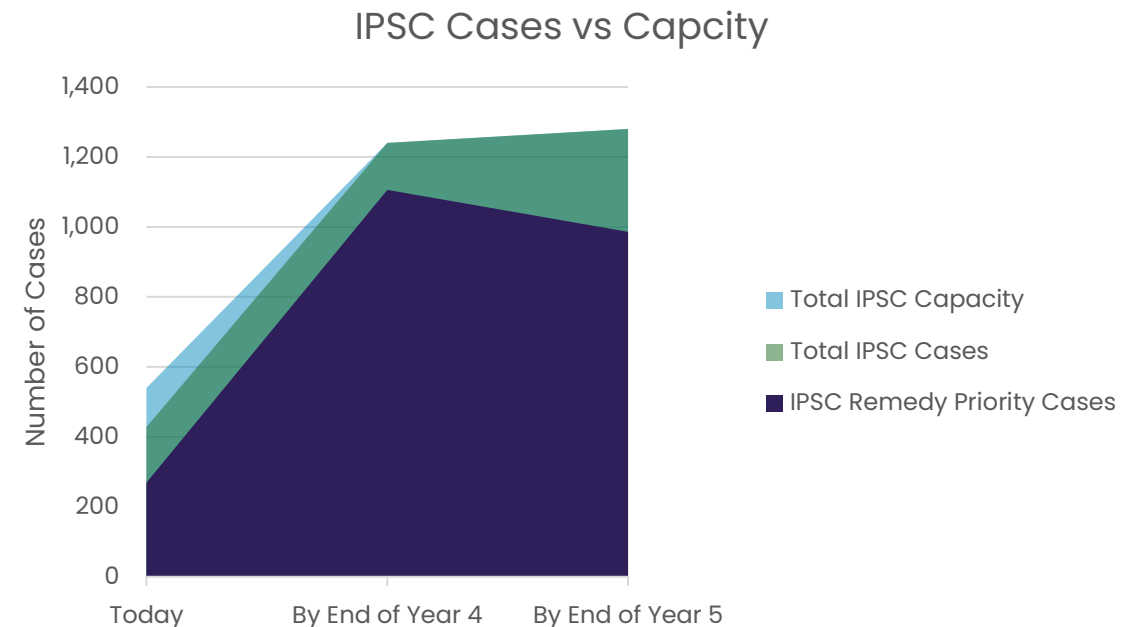
This slide shows projected **IPSC caseloads in Years 4 and 5**, with a **specific focus on Remedy Priority cases**, alongside IPSC caseload capacity based on projected staffing levels.

**Assuming a caseload of 20 cases per IPSC**, total IPSC capacity will increase from 540 today to 1,240 by the end of Year 4 and 1,280 by the end of Year 5 as IPSC staffing increases.

As shown in the table and graph, **projected IPSC capacity exceeds Remedy Priority caseloads in both years**, demonstrating that the planned IPSC staffing levels provide sufficient capacity to support all Remedy Priority cases in the new system.

Metric	Today	By End of Year 4	By End of Year 5
<b>IPSC Remedy Priority Cases</b>	<b>269</b>	<b>1,106</b>	<b>986</b>
IPSC Non-Remedy	159	134	294
Total IPSC Cases	428	1,240	1,280
<b>IPSC Capacity</b>	<b>540</b>	<b>1,240</b>	<b>1,280</b>
IPSCs	27	62	64
Cases per IPSC	20	20	20

**Note:** To ensure all 837 Year 4 Remedy-Priority transition cases are supported, IPSCs will be required to take on ~ 1.6 cases per month, assuming new IPSCs will work at least half of Year 4.



# LAC Caseload Considerations



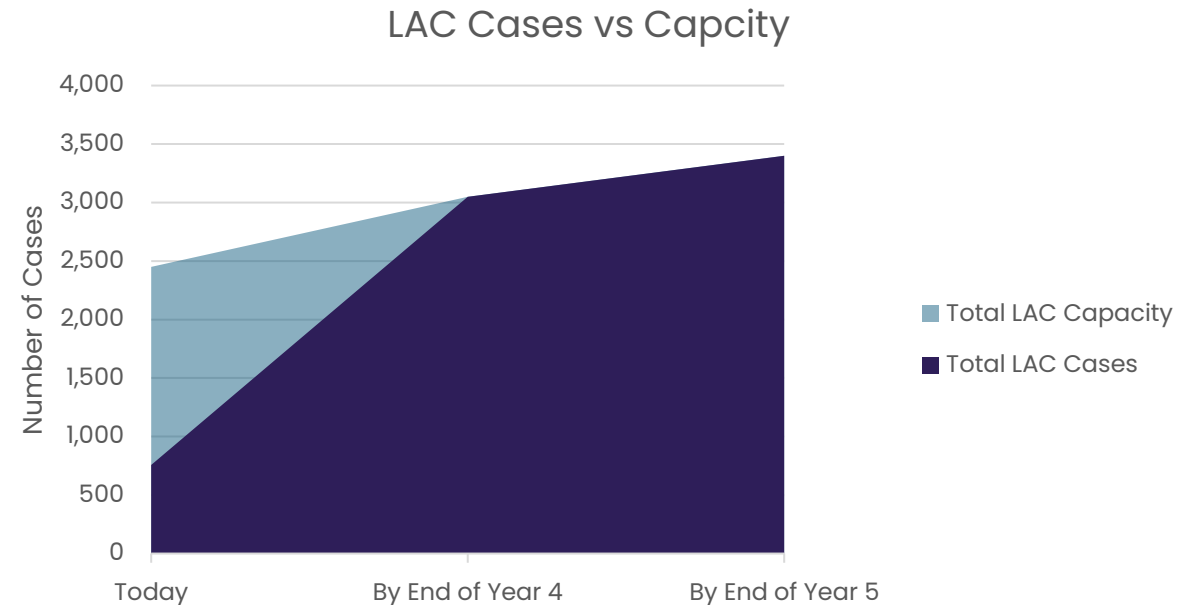
This slide shows projected **LAC caseloads in Years 4 and 5 compared with estimated LAC capacity**, based on projected staffing levels and an **assumed caseload of 50 cases per LAC**.

As CC-supported cases are transitioned into the new system, total LAC cases increase from 756 today to approximately 3,050 by the end of Year 4 and 3,400 by the end of Year 5.

As shown in the table and graph, **projected LAC capacity meets projected LAC caseloads in both years.**

Metric	Today	By End of Year 4	By End of Year 5
Total LAC Cases	756	3,050	3,400
LAC Capacity	2,450	3,050	3,400
LACs	49	61	68
Cases per LAC	50	50	50

**Note:** To ensure all 2,294 Year 4 LAC transition cases are supported, LACs will be required to take on ~ 3.5 cases per month, assuming new LACs will work at least half of Year 4.



# Summary



- Under the stated assumptions, the modelling shows **sufficient IPSC capacity to support all Remedy–Priority cases by the end of Year 5**. Projected IPSC staffing levels align with Remedy–Priority caseload demand across Years 4 and 5.
- **Capacity constraints remain for non–Remedy IPSC cases and overall LAC demand** under base caseload assumptions, particularly in Year 4.
- **Care Coordinators remaining in the current system will continue to support non–Remedy cases that have not yet transitioned**, alongside **existing DFSC cases**, resulting in higher CC caseloads during the transition period.
- Overall system capacity improves over time as staffing transitions and hiring are realized; however, **trade-offs between caseload assumptions and role capacity persist throughout Year 4 and into Year 5**.