



USS Provider

2025/2026

Application

Disability Support Program

Application for Service Providers seeking to offer Urgent Staffing Support (USS) services

Opportunity: The Department of Opportunities and Social Development is seeking qualified Approved Disability Support Program (DSP) Service Providers to offer Urgent Staffing Support services. This involves preparing a readily available back-up staffing system to respond to urgent staffing support requests from self-managing IF participants whose regular staff are unexpectedly unavailable.

Background: Individualized Funding (IF) is a service model through which funds are provided directly to participants to employ, contract, purchase support services, and/or items in alignment with their assessment and individual support plan. Participants may choose to self-manage or have all (or part) of their funding allocated to a DSP Provider of their choice.

Urgent Staffing Support (USS) is a service model accessible to self-managed Individualized Funded (IF) DSP participants. USS provides a 24/7 on-call staffing response to unexpected situations where a DSP participant's regular support network is unavailable (i.e. support worker, family, friends, etc.). USS does not involve medical intervention but provides other disability-related supports, such as physical assistance or supports for activities of daily living. The frontline USS Service Provider staff will provide the requested support; the Participant will be invoiced and pay for the service with their Individualized Funding.

About This Application: We are requesting details about your organization's capacity to provide USS services for DSP participants in alignment with The Human Rights Remedy (section 2.8).

- This application can be completed by all Service Providers wishing to be considered for provision of USS services.
- If your organization has already submitted the SP IF Management Application (2024) form, you are required to answer only the questions marked with an asterisk (*). However, you are welcome to complete the full application.
- **If you have not completed** the IF-Managing Service Provider Application Form, **you must answer ALL questions** in the application.
- If you are not an Approved DSP Service Provider, please provide three unique references to confirm your organizations' capacity to meet the requirements.

Please open this document in Adobe and use the text box to enter and scroll through the text. You can attach additional pages with your application if you require more space for responses. Please avoid printing and filling it out by hand, as it may be difficult to read.

Whenever possible, please use examples and scenarios when answering questions.

Submission Requirements: Please email the completed application as a PDF document to DSP@novascotia.ca by the due date.

Applications are due by April 20th, 2026, at 5 PM Atlantic Standard Time

For inquiries, please reach out to DSP@novascotia.ca.

Application Form

Part A: Organizational Information (Mandatory)

This section requires basic information about your organization.

1. Organization name*:
2. Organization address*:
3. Name of contact person*:
4. Position title*:
5. Phone number*:
6. E-mail address*:
7. Please provide a brief organizational overview

8. What kinds of services do you currently provide to persons with disabilities (check all that apply)?
 - ☐ Adult Residential Centre / Regional Rehabilitation Centre
 - ☐ Residential Care Facility
 - ☐ Small Option Home
 - ☐ Group Home
 - ☐ Adult Service Centre
 - ☐ Independent Living Support / Independent Living Supports +
 - ☐ Shared Services
 - ☐ Employment / Vocational Training
 - ☐ Social Enterprise
 - ☐ Day Programming/Community Inclusion
 - ☐ Community-Based Supports
 - ☐ Other (please specify):

Part B: Eligibility

This section seeks information on your organizational capabilities to determine if service requirements can be adequately met.

Mandatory Qualifications

- 9.** Have you been approved as a DSP Service Provider for Individualized Funding?

☐ Yes
☐ No

- 10.** Describe your experience in providing disability support services and the number of years your organization has been involved? *

- 11.** Does your organization meet the Workers Compensation Board coverage and standards? *

☐ Yes
☐ No

- 12.** Does your organization have experience providing 24/7 services? *

☐ Yes
☐ No

If not, please explain how you plan to:

- 13.** Do your staff have Criminal Record Checks (required for USS support staff)? *

☐ Yes
☐ No

- 14.** Do your staff have Vulnerable Sector Checks (required for USS support staff)? *

☐ Yes
☐ No

- 15.** Does your staff meet all seven core competencies? (Tick to confirm) *

☐ Fire and Life Safety
☐ Basic Principles and Practices of Personal Care
☐ Medication Awareness
☐ Individual Program Planning

- ☐ Positive Principles and Practices of Non-Aversive Behaviour Change
- ☐ Crisis Intervention
- ☐ Standard First Aid & CPR

If there are core competencies you cannot meet, please list them and describe how you plan to meet them:

Part C: Organizational Philosophy

This section seeks information regarding your organization's philosophy and how it has adopted a human rights-oriented approach that aligns with the Remedy's Philosophy and Support for Participant growth as we transform Nova Scotia's disability supports.

- 16.** Describe how your organization is (or is **adapting** to be) consistent with the Remedy and a human rights-based approach. **(25 points)**

[/25]

- 17.** Describe how your organization ensures continuous improvement, professional growth, and the adoption of leading practices. **(15 points)**

[/15]

- 18.** Describe how your organization will **affirm** Participants' human rights and align with the Remedy in delivering USS services. **(20 points)**

[/20]

19. Describe your organization's approach to complementing the Participant's natural supports and facilitating their inclusion in community. **(9 points)**

[/9]

20. How will you ensure that participants requesting USS receive culturally appropriate support (e.g., language)? **(6 points)**

[/6]

21. Describe how your organization's practices are trauma-informed and account for various traumas that Participants may have experienced in their lives. **(7 points)**

[/7]

22. Describe how your organization will ensure that supports and services are equitable and responsive to the needs of underrepresented and underserved communities, including but not limited to Mi'kmaw and Persons of Indigenous Descent, African Nova Scotians and Persons of African Descent, 2SLGBTQIA+ Community, Gender Communities, Newcomers, Immigrants and Refugees, Faith-based Communities, and Persons with Disabilities. **(9 points)**

[/9]

Part D: USS Management and Supports Provision

This section seeks information regarding your organizational capabilities to provide USS services.

Coverage

23. Identify which region(s) you are seeking to provide coverage in: *

- ☐ Central
- ☐ Northern
- ☐ Eastern
- ☐ Western

24. USS Service Providers will be required to have a single easy-to-call phone number for self-managing IF participants to streamline intake, triage, and scheduling. Please describe how your organization plans to act as a coordinating agency and deliver USS across your region. * **(15 points)**

[/15]

25. How do you propose to cover and ensure the uninterrupted provision of the USS service for your region? * **(10 points)**

[/10]

26. Identify the supports your organization will be able to provide to Participants requesting USS: *

- ☐ Activities of Daily Living
- ☐ Instrumental Activities of Daily Living (e.g., Food Preparation and Communication)
- ☐ Relationship-Building
- ☐ Health Maintenance & Promotion
- ☐ Supported Decision-Making

- ☐ Behavioural Supports & Interventions
- ☐ Community Participation (e.g. Day Programming, Vocational Training)
- ☐ Overnight Support
- ☐ Other (please specify):

27. If applicable, outline any specific services your organization is not able to provide at this time? *

Staffing Plan

28. Describe your organization's available infrastructure and staffing capacity to deliver USS, including any HR systems or tracking processes your organization may use. * **(10 points)**

[/10]

29. What are your organization's current baseline training and workforce safety requirements? (i.e., similar to training of any other staff deployed to support someone in their home). You are welcome to comment on other training or core competencies that your staff has that is relevant to USS. * **(8 points)**

[/8]

30. Does your staff undergo non-violent intervention training? *

- ☐ Yes
- ☐ No

If yes, please detail:

31. Explain how your organization ensures staff have the appropriate skills to respond to Participants' unique needs and preferences. * **(6 points)**

[/6]

32. How would your organization respond if a staff member arrives to support a USS participant and is unfamiliar with their situation? Please describe how the staff should respond and what steps your organization would take to ensure they still receive appropriate support. * **(5 points)**

[/5]

33. Does your organization have transportation services for USS staff travel? *

☐ Yes (please detail):

☐ No

34. Describe your plan for how your organization will triage requests for USS, while meeting the needs of participants and prioritizing availability and response time commitments (e.g., decision-making tools) * **(10 points)**

[/10]

Risk Management

35. Does your organization have general liabilities insurance? *

☐ Yes

☐ No

36. What staff or participant risks do you identify, what are your mitigation strategies, and what policies or procedures do you have to support staff? * (5 points)

[/5]

Anticipated Service Costs

37. Demonstrate how much you would bill a participant who receives USS services by responding to the scenario below. **This is not a cost proposal**, but rather an exercise to help DSP better understand how prospective USS Service Providers would structure their billing rates for USS. Some costs you may want to consider are base hourly wage, relief rate, benefits rate, on-call rate, and travel. *

Provided Scenario: Amy is an RRW who works for your organization. While on-call at her home, Amy receives a USS request from a participant at 2:00am. Amy travels 80km from her home to the participant, taking one hour. Once at the participant's home, Amy takes two hours to deliver the service. Once finished, Amy travels 80km back home, taking her one hour. She returns home at 6:00am.

Cost Components	Estimated Cost (\$ CAD)
Total Charge to Participant	\$

[/5]

Part E: References & Additional Comments

38. Provide three references who are familiar with your organization's philosophy and activities.

Name: Relationship:

Address: Phone:

E-mail:

Name: Relationship:

Address: Phone:

E-mail:

Name: Relationship:

Address: Phone:

E-mail:

39. Please provide any additional comments you would like the evaluation committee to consider.

Part F: Certification

I certify the organization's ability and willingness to meet the following **mandatory** criteria:

☐ Conduct Criminal Record Checks/Vulnerable Sector Checks for all staff

☐ Sign a service agreement with DSP.

- ☐ Comply with all reporting requirements.
- ☐ Participate in USS management evaluations & audits as required.
- ☐ Ensure staff performing financial management activities are qualified to do so.
- ☐ Ensure staff engaged in providing supports to Participants are qualified to do so and have the core competencies identified by DSP.
- ☐ Maintain communication with Participants to ensure supports align with Participant needs and direction.
- ☐ Ensure that both USS management services and supports are offered in a manner that affirms Participants' rights and aligns with the Remedy Shared Values.
- ☐ I acknowledge an interview will be required as part of the application process.
- ☐ I certify that the information provided in this application is true and accurate.
- ☐ I acknowledge that the Province of Nova Scotia/OSD reserves the right to implement accountability measures to ensure compliance with applicable standards and regulations. Such measures may include, but are not limited to, accreditation, audits, or performance reviews.
- ☐ I acknowledge that by submitting my application, I may be subject to verification regarding the use of artificial intelligence (AI) in its creation. I understand that the Department reserves the right to review my application to confirm whether AI tools were utilized and may request additional information or clarification if necessary.