Family Support for Children with Disabilities
Policy and Procedures Manual

August 1, 2004
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August 1, 2004

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MANUAL AMENDMENTS

Amendments to the Family Support for Children with Disabilities Policy and Procedures Manual will be distributed from the Provincial Family Support for Children with Disabilities office. It is a regional responsibility to ensure all FSCD workers are provided with copies of the amendments and are advised of the impact on practice and service delivery. Notification of amendments will also be available on the intranet.

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PREFACE

The *Family Support for Children with Disabilities (FSCD) Act* was proclaimed on August 1, 2004, at which time the FSCD Program came into effect. The Family Support for Children with Disabilities legislation includes both the *FSCD Act* and FSCD Regulation.

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Information in the Manual

This manual contains:

♦ The Family Support for Children with Disabilities (FSCD) Act

♦ A reprint of each section of the Regulation

All 14 sections of the Family Support for Children with Disabilities Regulation are re-printed in this manual. (You can use the Table of Contents to find the page reference for each section of the Regulation.)

Section …

Text that appears in this type of shaded box has been re-printed from the Family Support for Children with Disabilities Regulation.

♦ Explanation of the intent of each section of the Regulation

Following each re-print from the Regulation is an explanation of why that section is important to the care and well-being of children with disabilities and their families.

♦ Policy Statements

Policy statements provide a basis for consistent decision-making and define the method or course of action used to guide and determine present and future decisions.

♦ Procedural Steps

Procedural steps provide an orderly process to implementing policy decisions.

♦ Forms

The appropriate form for each procedure is identified for easy access. Samples can be found in Appendix A. To ensure consistency in each practice use the forms allocated for each procedure.
Family Support for Children with Disabilities Information System (FSCDIS)
At the end of each section of this manual where a particular service is identified, the FSCDIS section identifies the name of that service and the associated text as it appears in the provincial information system. This text will appear in the printed FSCD agreement when that service is included in the agreement.

The specific closure reasons selectable in the information system are also identified in the service delivery procedures file closure section of the manual.

This symbol indicates the end of a section.
Section 2: INTRODUCTION
Background

Historically the Family Support for Children with Disabilities (FSCD) Program was known as Handicapped Children’s Services (HCS) or Resources for Children with Disabilities (RCD). The Program received its authority under Section 106 of the *Child Welfare Act*.

During the Child Welfare Act Review in 2001-02, families of children with disabilities and other key stakeholders stated the unique needs of children with disabilities were not sufficiently addressed within the provisions of the *Child Welfare Act*. The primary themes identified through the Child Welfare Act Review included the need for:

- The Family Support for Children with Disabilities Program to have separate legislation from that of child protection services;
- Enhanced family focused services as well as the opportunity for family’s meaningful involvement in FSCD Program and in determining the support and services that will best meet their needs;
- A coordinated multi-disciplinary approach, including assessment of children’s short and long term support needs;
- Comprehensive joint service planning and enhanced transitional planning;
- Improved access to information regarding government programs and services as well as community resources; and
- An integrated and coordinated service system, including the Ministries of Health, Education and Human Services, to support families and children requiring a range of supports and services.

Human Services developed the *Family Support for Children with Disabilities Act* through extensive consultation with, and participation by, parents of children with disabilities, community stakeholders, advocates, health care professionals, aboriginal representatives and service providers. The result is an Act that recognizes the importance of proactive supports and services for children with disabilities and their families and promotes a family centred approach to the provision of disability-related supports and services.

### Legal Authority

Legal authority for the Family Support for Children with Disabilities Program is provided by the *Family Support for Children with Disabilities Act*.

The *Family Support for Children with Disabilities Act* and Regulation provide an enabling legislation outlining the supports and services that the FSCD Program is able to provide.

### Values of the *FSCD Act*

The Act’s preamble statements set the overall tone for the legislation. The preamble recognizes and endorses the following important values:

- Honour and respect the dignity and equal worth of children with disabilities;
- Recognize and value the ability of families to care for and to promote the development of their children with disabilities;
- Acknowledge the value of family-centred support and services in empowering and preserving families of children with disabilities;
- Recognize that the individual needs of children with disabilities are most effectively met through an integrated and multi-disciplinary approach; and
- Recognize the importance of facilitating the inclusion of children with disabilities in community life.
Purpose of the FSCD Legislation

The purpose of the Family Support for Children with Disabilities legislation, which includes the FSCD Act and Regulation, is to:

- Provide a spectrum of proactive family-centred supports and services to strengthen the family's ability to promote their child's healthy growth and development;
- Build upon the family's strengths and abilities as well as their existing supports and resources to help increase their capacity to promote their child's development;
- Address the unique needs of families in supporting their child with a disability throughout the stages of childhood and as they prepare for becoming an adult;
- Enable families to continue to care for their child in the family home and community;
- Provide integrated and coordinated supports and services to families of children with disabilities; and
- Promote greater consistency in access to required supports and services.

Vision of the FSCD Program

The vision of the Family Support for Children with Disabilities Program is that families have the skills, support and resources required to care for and promote their child's development and participation at home and in their communities. This vision can be accomplished by:

- Focussing on what the child can do instead of how it is accomplished; and
- Making adaptations to support the child’s activity and participation.
Program Principles

Family Support for Children with Disabilities (FSCD) Program is guided by the following principles:

- Recognize and build on the strengths, abilities and resources of the family in caring for their child with a disability.
- Adhere to family-centred practice, recognizing and valuing the unique strengths and abilities as well as the responsibility of families as the primary source of care and support for their child.
- View the needs of the family and their child from a life course perspective and consider the needs of the family and child over the long term.
- Recognize the importance of facilitating the inclusion of children with disabilities in community living.
- Engage in family-centred decision-making and partnerships with parents.
- Respect the cultural and socio-economic diversity of families.
- Provide supports and services in a manner that recognizes the uniqueness of each family.
- Be transparent regarding the supports and services available to families as well as facilitate family’s access to information.
- Support service delivery that is proactive, flexible, sustainable, accessible and responsive.
- Assist with the coordination of services at local, regional and provincial levels.
Family-Centred Supports and Services

Family-centred service delivery is a way of providing service that focuses on ensuring that families are active partners in planning and decision-making regarding supports for their family.

The following are evidence based principles for working with families of children with disabilities identified through research and practice (Dunst, Trevette & Hamby 2007):

1. Focus on the family (not just the child) as the unit of intervention.
2. Family empowerment as the goal of intervention.
3. Identify and build on family strengths to support family functioning.
4. Use of the family’s informal social support network as a primary source of support and resource for meeting family needs.
5. Family identified goals are the targets of intervention.
6. Professional help-giving roles emphasize building family capacity not dependency.
7. Use of promotion rather than treatment models to guide intervention: promoting and supporting family functioning through enhancing their skills.
8. Adoption of perspective where intervention is defined as the provision of support from members of a family’s formal or informal social network that influence family functioning.

The FSCD Program recognizes that families are the primary source of care and support for children and that it is within the context of the family that children develop. Family-centred service delivery reinforces the importance of viewing the family and child as an entire unit and respecting the values, cultural background and unique needs of each family. Family-centred service delivery also involves establishing trust and rapport with families, providing families with information that enables informed decision-making, and provides families alternatives and choices, based on their own strengths and needs.

FSCD supports and services focus on the family having the resources and tools they require in order to promote their child’s activity and participation at home and in the community.
Comply with the Family Support for Children with Disabilities (FSCD) Act, Regulation and policy.

Act in accordance with all other relevant legislation:

- FSCD staff must comply with all of the requirements to report any child protection concerns as legislated in the Child, Youth and Family Enhancement (CYFE) Act;

- FSCD staff will respond to concerns of family violence that may impact the child as described in the Protection Against Family Violence (PAFV) Act by reporting incidents of family violence to Child Intervention Services;

- Information regarding families and children must be collected, used and disclosed in accordance with the FSCD Act and Freedom of Information and Protection of Privacy Act (FOIP) Act. The confidentially requirements of the FOIP Act do not release FSCD workers from their obligation to report to Child Intervention Services when there is evidence of any child protection concerns, as identified in Section 1(2) of the CYFE Act; and

- Children First Act enhances legislation, tools, processes and policies to improve the security, education, health, safety and well-being of children and youth in Alberta (e.g., regarding information sharing requirements in the best interests of the child).

Ensure that families are aware of the options available to them under the FSCD Concerns Resolution Process, including mediation and appeal.
Section 3: COLLECTION, USE AND DISCLOSURE OF CHILD AND FAMILY INFORMATION
Collection, Use and Disclosure of Child and Family Information

Rules and authority for collecting, using and disclosing child and family information comes from the *Family Support for Children with Disabilities Act (FSCD Act)* as well as from the *Freedom of Information and Protection of Privacy (FOIP) Act*.

Whereas the FSCD Act, regulations, and policies indicate what information is required and how and when to gather and use that information, FOIP places legal obligations on Human Services to protect the personal information collected, used, disclosed and handled by the Ministry.

Principles

◊ The *FSCD Act* recognizes that the individual needs of children with disabilities and their families are most effectively met through an integrated and multi-disciplinary approach. Information sharing is encouraged to support integrated service delivery and service planning across Human Services programs.

◊ The following principles provide direction for sharing information related to providing services and supports to children, youth, adults and families.

  • Information is an asset to be managed efficiently and effectively.
  • Information is shared when reasonable and necessary unless specifically prohibited.
  • Client information is shared as appropriate across the Government of Alberta and with external organizations to support effectiveness and efficiency.
  • Accountability for information management is in place and understood by all parties.
  • Risk around sharing information is acknowledged and managed within the human services sector and the culture encourages information sharing while respecting privacy.
• Information is managed transparently by cross-ministry initiatives and relationships.

Collection of Personal Information

♦ FSCD workers may only collect personal information directly related to a child’s condition or impairment as necessary for the delivery of FSCD Program supports and services.

♦ Personal information is to be collected and accessed on a “need to know” basis, related to job responsibilities. Even if the FSCD worker has access to more personal information than is required to carry out his/her job, the worker must exercise judgement in determining if the information is required and, if not, to exclude that information from the FSCD file.

♦ FSCD workers should, wherever possible, collect personal information about a child or family directly from the guardian.

♦ FSCD workers must be able to provide the person providing the information with an explanation that outlines:
  • Why the personal information is required;
  • How the personal information will be used;
  • Options regarding provision of the personal information, and consequences that may result from not being able to determine level or type of supports and services without the necessary information; and
  • If the guardian requires additional information or explanation, the name and contact information of the appropriate person who can answer the guardian’s questions about the collection of personal information by the FSCD Program.

♦ Prior to collecting any personal information from the guardian at intake and during the assessment of needs process the FSCD worker will (see FOIP Act):

1) Inform the guardian that any information that they provide will be:
   o Collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act;
   o Managed in accordance with the FOIP Act;
Use of Personal Information

♦ The phrase “use of personal information” refers to using information to accomplish the program purposes for which it was collected. For example, personal information might be used to administer a program, to determine eligibility, provide a service as identified in the FSCD Regulation and coordinate services with other Government of Alberta programs.

♦ Personal information is to be collected and accessed on a “need to know” basis, related to job responsibilities. This appropriate use practice applies even if the FSCD worker has access to more personal information than is required to carry out his/her job.
Disclosure of Personal Information

♦ When the FSCD worker receives a request to release personal information or documentation, the worker must determine:

- Who is making the request (the FSCD worker should make reasonable attempts to verify the identity of the requester);
- What information is being requested;
- The purpose of the request; and
- If the guardian’s consent to share information is necessary or if the information can be shared without consent.

♦ If there is any doubt about whether or not to release information, the FSCD worker should consult with their Supervisor and/or the Information and Privacy Office, FOIP, at 780-427-2805 (toll-free by first dialling 310-0000) to consult who has the authority to make the decision to release the information.

♦ FSCD workers must document on the child's FSCD file any personal information they release including:

- the date of the disclosure;
- what information was disclosed (including the name of the document if a document was shared);
- to whom it was disclosed;
- the purpose for the disclosure; and
- who authorized the disclosure.

NOTE: Reference to the relevant section of the FOIP or Children First acts may also be recorded on file particularly if the reason for disclosure is relevant to section 4(2) of the Children First Act regarding disclosure in the best interests of the child.

♦ When sharing documents, the original document must be retained on the child's FSCD file.

♦ The FSCD worker may only disclose the personal information that is necessary for the authorized purpose.
The following are some specific examples where the FSCD worker may be asked to identify the need to share information:

**Disclosing personal information to the child’s guardian(s):**

- If the guardian (including a guardian not named on the child’s FSCD Agreement) requests documentation from their child’s FSCD file, provide the documents unless the documents:
  - contain sensitive information (e.g., allegations of fraud or abuse); or
  - contain personal information about a third party.
- If a guardian requests documents that include sensitive or third party information, or if the guardian requests the full contents of a large file, the FSCD worker will refer the guardian to the Information and Privacy Office, FOIP at 780-427-2805 (toll-free by first dialling 310-0000).

**Disclosing information to a guardian of the child not named in the child’s FSCD Agreement:**

- If a child has more than one guardian, each guardian has all the powers, rights and responsibilities of guardianship, regardless of who the child resides with, unless a court order states otherwise.
- One of the rights of guardianship set out in the *Family Law Act* is the right to receive health, education, or other information that may significantly affect the child.
- Unless the applicant guardian provides a restraining order or other valid court order denying access, FSCD workers will:
  - make reasonable attempts to advise any other guardians of a child that the child has an FSCD Agreement; and
  - provide information about the child’s FSCD Agreement to other guardians upon request.
- Under Section 4 of the *Children First Act* (CFA), FSCD workers will also share information about the child with other guardians where it is in the best interest of the child.

**NOTE:** The CFA goes on to say, unless the child has expressly requested that the information not be shared with the guardian.
Disclosing personal information to a Third Party (e.g., health, service provider, school, etc.):

- The FSCD worker requires the guardian’s written consent (see Consent to Release Information FSCD3592) to share the child’s or family’s personal information to a third party, except under the following conditions (see FOIP Act):
  - To report a child who might need intervention under the Child, Youth and Family Enhancement Act;
  - If disclosure is necessary to avert or minimize a risk of harm to the health or safety of a minor;
  - If required by law (e.g., as a part of a criminal or child welfare investigation, by Order of the Court, a fraud investigator, or FOIP officer for the purpose of processing a formal access request);
  - For the use in a proceeding before a court or quasi-judicial body to which the Government of Alberta or a public body is a part (e.g., Appeals Secretariat);
  - Used for the purposes of enabling or planning for the provision of services or benefits to a child, when working with “service providers” as defined in the Children First Act;
  - If required by other FSCD Program staff including the MDT Co-ordinator in order for them to perform their duties;
  - If required by other Human Services program staff in order to perform their duties (e.g., Child Intervention, Persons with Developmental Disabilities, etc.);
  - If required to support the coordination of services and service planning between FSCD and other Human Services programs; and
  - If necessary for the delivery of integrated services such as the PUF/FSCD common approach and transition planning for adulthood.

Disclosing information about a communicable disease (e.g. HIV, Hepatitis C):

- Under the FOIP Act and the Personal Information Protection Act (PIPA), should the FSCD worker become aware of the diagnosis of a
communicable disease such as HIV infection, the right to privacy of the child and guardian must be respected.

- The FSCD worker will refer the guardian to Alberta Employment Standards and Alberta Occupational Health and Safety for specific information and advice regarding their employer responsibilities, relevant occupational health and safety standards as well as any other employer obligations regarding the risk of exposure to a communicable disease and transmission prevention (including routine practices).

- The FSCD worker will encourage the guardian to disclose relevant information, as necessary and as is reasonable, to service providers working directly with the child.

- If a guardian refuses to disclose information about their child’s communicable disease to service providers and there are specific concerns about the service provider being at risk of exposure, the FSCD worker will consult with their Supervisor. The worker and Supervisor will determine the need for consultation with Legal Services on a case by case basis.

**NOTE:** All service providers working directly with clients should be aware and reminded of the importance of following routine practices to protect their health and the health of the clients they work with. Information about routine practices and precautions is available on the Government of Alberta website or by calling toll free:

- Alberta Employment Standards 1-877-427-3731
- Alberta Occupational Health and Safety 1-866-415-8690

**Employee Responsibility to Protect Personal Information**

- Given the need to handle personal information, FSCD workers must:
  - Access personal information only on a “need to know” basis, as related to their job responsibilities; and
  - Be aware of requirements for protecting personal information.
Penalties for Breach of Confidentiality

♦ Human Services is committed to the appropriate management of personal information. Inappropriate collection and use may result in disciplinary action, up to and including termination of employment.

♦ Under Section 92 of the FOIP Act, persons who wilfully collect, use or disclose personal information, in contravention of the FOIP Act, are guilty of an offence and liable to a fine of not more than $10,000.

FORMS AND RESOURCES:

♦ Contact Notes (FSCD0072)

♦ Consent to Release Information (FSCD3592) - see Appendix A

♦ Freedom of Information and Protection of Privacy Act

♦ Children First Act

♦ Alberta’s Information Sharing Strategy website

♦ Information and Privacy Office, Human Services, 780-427-2805, toll-free by first dialling 310-0000.
Section 4: LEGISLATION
Preamble
WHEREAS the people of Alberta honour and respect the dignity and equal worth of children with disabilities;
WHEREAS the Legislature of Alberta recognizes and values the ability of families to care for and to promote the development of children with disabilities;

WHEREAS the Legislature of Alberta acknowledges the value of family-centred support and services in empowering and preserving families of children with disabilities;

WHEREAS the Legislature of Alberta recognizes that the individual needs of children with disabilities are most effectively met through an integrated and multi-disciplinary approach; and

WHEREAS the Legislature of Alberta recognizes the importance of facilitating the inclusion of children with disabilities in community life:

THEREFORE HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1 In this Act,

(a) “agreement” means, except in clause (e)(ii), an agreement entered into under section 3 or 4;

(b) “director” means the director designated by the Minister pursuant to section 2;

(c) “disability” means a chronic developmental, physical, sensory, mental or neurological condition or impairment but does not include a condition for which the primary need is for medical care or health services to treat or manage the condition unless it is a chronic condition that significantly limits a child’s ability to function in normal daily living;

(d) “child” means an individual under the age of 18 years;

(e) “guardian” means

(i) a person who is or is appointed a guardian of the child under Part 2 of the Family Law Act, or
Director

2(1) The Minister may designate an employee of the Government under the administration of the Minister as the director for the purposes of this Act.

(2) The director may delegate any powers and duties of the director, including the power to subdelegate, to any person employed or assisting in the administration of this Act.

Decision-making criteria

2.1 When making a decision under this Act the director must consider the criteria for making a decision provided for in the regulations.

Family support services

3 (1) If a medical diagnosis, in a format satisfactory to the director, of a child’s condition or impairment indicates that the child has a disability, the director may

(a) assist the child’s guardian in

   (i) identifying, obtaining and co-ordinating services and supports available in the community and from the municipality and the governments of Alberta and Canada,

   (ii) obtaining information concerning the child’s disability, and

   (iii) advocating on behalf of the child and the guardian, and

(b) enter into an agreement with the child’s guardian, in a form satisfactory to the director, with respect to the provision of family support services to the guardian.

(2) An agreement under subsection (1) must include, in accordance with the regulations, terms prescribing the nature and amount of services to be provided by the director.
Child-focused services

4(1) If

(a) a medical diagnosis, in a format satisfactory to the director, of a child’s condition or impairment indicates that the child has a disability, and

(b) an assessment of the child, completed in a manner satisfactory to the director, indicates that the disability significantly limits the child’s ability to function in normal daily living,

the director and the child’s guardian may enter into an agreement, in a form provided for in the regulations, with respect to the provision of child-focused services.

(2) In determining the terms of an agreement under subsection (1), the director and the guardian

(a) must have regard to the assessment referred to in subsection (1)(b), and

(b) may consult with experts in disabilities and persons who have knowledge of the child’s functional abilities.

(3) An agreement under subsection (1) must include, in accordance with the regulations,

(a) a child-focused services plan setting out the services required to meet the needs of the child, and

(b) terms prescribing

   (i) the nature and amount of services to be provided by the director, and

   (ii) the responsibilities of the guardian with respect to the services set out in the child-focused services plan.

Eligible children

4.1 Only a child who is a Canadian citizen or a permanent resident within the meaning of the Immigration and Refugee Protection Act (Canada) and who is ordinarily resident in Alberta is eligible to be the subject of an agreement.
Minor guardians

4.2 Notwithstanding a guardian’s minority, a guardian who is a minor may enter into an agreement with the director with respect to the guardian’s child.

Termination and recovery

5(1) If in the opinion of the director a guardian contravenes an agreement under section 3 or 4, the director may cancel the agreement on 30 days’ written notice to the guardian.

(2) If, pursuant to an agreement under section 3 or 4, the director has paid for services to a guardian or to a person on behalf of the guardian in excess of the amount set out in the agreement, the excess may be recovered by the director as a debt due the Crown.

Mediation

6(1) The director and a guardian may enter into mediation with respect to any decision made by the director under this Act.

(2) No action may be brought against a person who conducts a mediation under this section for any act done or omitted to be done with respect to the mediation unless it is proved that the person acted maliciously and without reasonable and probable cause.

Appeal

7(1) A guardian may appeal a decision of a director made under section 3(1)(b), 4 or 5(1) to an appeal committee established under section 8.

(2) An appeal under subsection (1) must be commenced by serving a notice of appeal, in the form provided for in the regulations, on the director within 45 days of the date on which the guardian has been notified of the decision that is the subject of the appeal.

(3) A director must, within 10 days of receiving a notice under subsection (2), deliver it to a chair of an appeal committee.

(4) Despite subsection (2), if the director and the guardian have entered into mediation pursuant to section 6, the time for commencing an appeal is suspended until the conclusion or abandonment of the mediation.
**Appeal committee**

8(1) The Minister may establish one or more appeal committees each consisting of not fewer than 3 nor more than 7 persons appointed by the Minister.

(2) A person may be appointed as a member of an appeal committee for a term prescribed by the Minister and may be reappointed, but may not serve as a member for more than 7 consecutive years.

(3) The Minister may

(a) designate the chair, vice-chair and secretary of an appeal committee,

(b) prescribe the number of members of an appeal committee that constitutes a quorum, and

(c) authorize and provide for the payment of the remuneration and expenses of the members of an appeal committee in accordance with any applicable regulations under the *Alberta Public Agencies Governance Act*.

2003 cF-5.3 s8; 2011 c13 s4; 2009 cA-31.5 s41

**Decision-making criteria**

8.1 When making a decision under this Act an appeal committee must consider the criteria for making a decision provided for in the regulations.

2004 c6 s6

**Appeal committee powers**

9(1) The *Administrative Procedures Act* applies to the proceedings of an appeal committee.

(2) An appellant may be represented at a hearing of an appeal by a lawyer or by any other person.

(3) An appeal committee

(a) may confirm, vary or rescind the decision of the director under appeal, and

(b) must notify the appellant and the director, in writing, of its decision.
Regulations

10 The Minister may make regulations

(a) respecting forms;

(b) respecting contents of agreements under sections 3 and 4;

(c) respecting the nature and amount of family support services and child-focused services that may be provided by a director under the terms of an agreement;

(d) respecting the standards for services to be provided pursuant to agreements under sections 3 and 4;

(e) respecting the criteria to be considered when making a decision under this Act.

2003 cF-5.3 s10; 2004 c6 s7

Transitional

11(1) On the coming into force of this Act, an existing agreement under section 106 of the Child Welfare Act continues until the agreement expires or an agreement is entered into under this Act.

(2) On the coming into force of this Act, an appeal from a decision of a director respecting a matter under section 106 of the Child Welfare Act that has been commenced under section 120 of that Act but has not been disposed of by an Appeal Panel continues under that Act as if this Act had not come into force.

12 and 13  (These sections amend other Acts; the amendments have been incorporated into those Acts.)

Coming into force

14 This Act comes into force on Proclamation.

(NOTE: Proclaimed in force August 1, 2004.)
Family Support for Children with Disabilities Regulation

Family Support for Children with Disabilities Act

FAMILY SUPPORT FOR CHILDREN WITH DISABILITIES REGULATION

Alberta Regulation 140/2004

With amendments up to and including Alberta Regulation 106/2014

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Schedule

Definitions
1 In this Regulation,

(a) repealed AR 315/2006 s2;

(b) “day care facility” means day care facility as defined in the Day Care Regulation (AR 180/2000);
(c) “family day home” means a person’s residence where that person provides care and supervision to preschool children pursuant to a contract with an agency that has a contract with a Child and Family Services Authority to administer a family child care service;

(c.1) “parent” includes a person who is standing in place of a parent as described in section 48(1) of the Family Law Act or a guardian;

(d) “prescription drug” means a drug that is on the Alberta Health Drug Benefit List approved by the Minister of Health;

(e) “public transport” means public disability transportation, a taxi, a rented car, a train or a commercial bus or plane;

(f) “relative” means a person who is a child’s parent, grandparent, aunt, uncle, first cousin or sibling.

AR 140/2004 s1;315/2006;170/2012

**Matters to be considered**

2 When making a decision under the Act, the director and an appeal committee must consider the following:

(a) the responsibilities a guardian normally has in raising a child;

(b) the impact the child’s disability has on the family;

(c) the strengths and abilities of family members to care for the child;

(d) the physical and emotional well-being of the guardians and others living in the same home as the child;

(e) the severity of the child’s disability;

(f) the child’s developmental stage relevant to age-appropriate functioning;

(g) the family’s composition;

(h) the needs of the child’s siblings;

(i) the cultural values and beliefs of the guardians;

(j) the needs of the family in caring for the child during scheduled school breaks and school holidays;
(k) the child’s and family’s involvement in community programs and activities;
(l) the availability of persons other than the child’s guardians to provide support and assistance in caring for the child;
(m) the availability and accessibility of appropriate programs, services and other resources within the community where the child lives;
(n) the geographic location of the child’s home community;
(o) any other relevant matter.

Service provider restrictions
2.1 (1) Subject to subsections (2) and (3), services referred to under section 3 or 4 must be provided by an adult who is not a relative.

(2) An adult relative, except for a parent, may provide respite services under sections 3(h) and 4(1)(a) if that relative, in the opinion of the director, is the most appropriate caregiver.

(3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:

(a) respite services under sections 3(h) and 4(1)(a)(i); (b) homemaker services under section 4(1)(c);

(c) child care services for a child 13 years or more under section 4(1)(e)(ii);

(d) community aide services under section 4(1)(h).

AR 315/2006 s3

Family support services
3 An agreement under section 3 of the Act between the director and a child’s guardian must be in Form 1 in the Schedule and may provide for the following family support services:

(a) up to 20 hours annually of individual and family counselling to assist the family in caring for the child;
(b) if the child has extraordinary need for clothing and footwear directly related to the child’s disability, up to $400 annually;

(c) for travel in Alberta to a child’s medical or rehabilitation appointments or for hospitalization, directly related to the child’s disability,

   (i) $0.12 for each kilometre or, if public transport is used, the cost of the most cost-effective and appropriate means of public transport for the child and one adult accompanying the child, and

   (ii) up to $10 daily for parking;

(d) for travel in Alberta to a child’s medical or rehabilitation appointments or for hospitalization, directly related to the child’s disability, if attending the appointments requires that the child be out of the home for at least 8 hours but not overnight,

   (i) up to $5 daily for meals for the child and up to $8 daily for meals for an adult accompanying the child, and

   (ii) family support services described in clause (c);

(e) for travel in Alberta to a child’s medical or rehabilitation appointments or for hospitalization, directly related to the child’s disability, if in the opinion of a director overnight accommodation is required,

   (i) up to $85 daily for hotel accommodation,

   (ii) up to $10 daily for meals for the child unless the child is in hospital or in a facility where accommodation includes meals and up to $15 daily for meals for an adult accompanying the child or up to $100 weekly for the purchase of groceries for food preparation for the child and the adult,

   (iii) if in the opinion of the director a 2nd person must accompany the child, up to $15 daily for meals for the 2nd person or an additional $50 weekly for groceries for food preparation for the 2nd person and,
if the adult, person and child are using public transport, the cost of the most cost-effective appropriate means of public transport, and

(iv) family support services described in clause (c);

(f) the cost of caring for the siblings of the child if the care is necessary to enable the adult who usually cares for the siblings to accompany the child to medical or rehabilitation appointments or hospitalizations directly related to the child’s disability;

(g) if the child attends medical or rehabilitation appointments or hospitalizations outside Alberta directly related to the child’s disability that are funded by the Minister of Health, family support services described in clauses (e) and (f) may be provided;

(h) up to 240 hours annually of care for the child, for the purpose of providing temporary respite to the guardian.

Child-focused services

4(1) An agreement under section 4 of the Act between the director and a child’s guardian must be in Form 1 in the Schedule and may provide for the following child-focused services:

(a) the following respite service based on the child’s need for care related to the disability and the guardian’s need for respite:

(i) short-term hourly care for the child;

(ii) if an extended period of respite services are needed, up to 30 24-hour days of care annually for the child;

(iii) if more respite services are needed to maintain the guardian’s home as the child’s primary residence, additional 24-hour days annually of care for the child outside the child’s home;

(b) if respite services are provided under clause (a)(ii) and (iii) and public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport for the
child and one adult to accompany the child to and from the child’s home to the place where the respite services are provided;

(c) in order to assist in completing routine house cleaning and laundry that are impeded by the intensive care needs of the child directly related to the child’s disability, up to 12 hours monthly of homemaker services;

(d) up to 50 hours weekly of care for the child in the home, sibling care and assistance to the family with household daily tasks if in the opinion of the director that because of the child’s various complex needs this is the most appropriate and cost-effective way to provide for the child’s and family’s needs;

(e) while the guardian is at work, at school or attending training sessions, the following child-focused services:

   (i) if the child is less than 13 years of age, the portion of child care costs directly related to the child’s disability that are over and above the normal costs of child care;

   (ii) if the child is 13 years of age or more, the costs of child care required because of the child’s disability;

   (iii) the cost of an aide, if required, for the child attending a day care facility or an out-of-school program if the aide is needed because of the child’s disability to ensure the safety and supervision of the child and to have the child included in activities;

   (iv) the cost for additional space in a family day home, if additional space is needed because of the child’s disability to ensure the safety and supervision of the child and to have the child included in activities;

(f) the cost of up to 4 hours for each weekday to a maximum of 20 hours weekly for child care in a day care facility and for an aide to assist the child in the day care facility, if the child is to attend a day care facility not because the guardian is at work, at school or attending training sessions but because
(i) a physician has identified the need for the child to attend a day care facility to enhance the child’s development,

(ii) the child’s program plan satisfactory to the director identifies the need for the child to attend a day care facility,

(iii) the child meets eligibility criteria for and is awaiting the commencement of preschool programming from the Department of Education, and

(iv) the child requires services and has delays related to at least 2 areas of the child’s development;

(g) up to 4 hours daily for an aide to assist with the child’s personal hygiene and other daily personal care activities if

(i) the child is dependent on an adult to meet the child’s personal hygiene and other daily personal care activities needs, and

(ii) the child’s ability to meet the child’s needs is not appropriate to the age of the child;

(h) up to 144 hours annually for an aide to assist the child in participating in community programs and activities if the child’s disability prevents the child from participating without the assistance of another person;

(i) up to 10 hours weekly for a maximum of 6 months, or more months if a review, satisfactory to the director, states that more is needed, for an aide

(i) to assist the child in behaviour management and to assist the child’s guardian to manage the child’s behaviour if the child’s behavior

(A) is unsafe for the child and others or significantly limits the child’s ability to carry out activities of normal daily living,

(B) the assistance of an aide is likely to achieve measurable improvement in the child’s behaviour or sustain a level of
behaviour or prevent a regression in the child’s behaviour or increased dependency in the child’s behaviour and is not for the purpose of assisting the child’s educational or academic development, and

(C) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,

(ii) to assist the child and to teach the child’s guardian to assist the child to reach a developmental goal if

(A) the child has a developmental deficiency that significantly limits the child’s ability to carry out activities of normal daily living,

(B) the assistance is likely to achieve measurable improvement in the child’s development or sustain a level of development or prevent a regression or increased dependency in the child’s development and is not for the purpose of assisting the child’s educational or academic development, and

(C) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,

or

(iii) to assist the child for reasons referred to in subclauses (i) and (ii);

(j) the following health-related services if they are directly related to the child’s disability:

(i) the costs of dental and orthodontic treatment if it is recommended by the dental review committee established by the Alberta Dental Service Corporation
(A) for the portion of costs exceeding the costs covered by the
guardian’s dental insurance or benefit plan, or

(B) if the guardian does not have dental insurance or a benefit
plan for dental care, the costs exceeding $250 annually;

(ii) if the guardian has a health services insurance or benefit plan,

(A) up to 30% of the cost of prescription drugs or drugs that
are approved by the health services insurance or benefit plan, if
the plan does not cover 100% of the cost, or

(B) the cost to the guardian of an additional health services
insurance or benefit plan premium, if the cost of the prescription
drugs the guardian would have to pay under paragraph (A)
exceeds the cost of the premium of the additional insurance or
plan;

(iii) if a guardian does not have a health services insurance or
benefit plan to cover prescription drugs and

(A) if the guardian applies for coverage by such insurance or
plan, the cost of prescription drugs for the lesser of 4 months or
until the insurance or plan takes effect, or

(B) if the full cost of the prescription drugs is less than the cost
to the guardian to purchase such insurance or plan, the cost of
the prescription drugs;

(iv) the amount by which formula prescribed or ordered by a
physician in consultation with a registered dietitian or registered
nutritionist or ordered by a registered dietitian or registered
nutritionist exceeds the usual cost of formula for a child that age;

(v) the amount by which food prescribed or ordered by a
physician, registered dietitian or registered nutritionist exceeds the
usual cost of food for a child that age if the prescribed or ordered
food is not vitamins but is part of an accepted, non-experimental
nutritional regime to effectively manage an identified condition or
dietary need of the child;
(k) the cost of medical benefits directly related to the child’s disability and, if the child has a sibling who is subject to an agreement under this subsection, the child’s sibling’s disability that is in excess of 2% of the aggregate net income reported on line 236 of the previous year’s income tax return by the child’s parents if, subject to subsection (4),

(i) the medical benefit is life sustaining or it would be debilitating if the child did not receive the medical benefit,

(ii) another program or source does not provide the same or similar benefit in whole or in part regardless of whether the child is eligible to receive it,

(iii) the use of the medical benefit is based on established rehabilitation practices, strategies and approaches that are reasonable and demonstrated to be effective, and

(iv) the medical benefit is available in Alberta;

(l) if a child’s condition related to the child’s disability requires emergency transportation by ambulance and the guardian does not have a health care insurance or benefit plan to cover ambulance services and the guardian applies for coverage under such an insurance or plan, the cost of ambulance services for the lesser of 4 months or until the insurance or plan takes effect;

(m) if a child has a severe disability resulting in significant limitations and service needs in 2 or more of the following areas:

(i) behaviour;

(ii) communication and socialization skills;

(iii) cognitive abilities;

(iv) physical and motor development;

(v) self-help skills and adaptive functioning;

and if
(vi) the level and complexity of the child's needs require an array of integrated and coordinated services, including one or more specialized services,

(vii) a multi-disciplinary team has completed an assessment that identifies that the child has a critical need for a specialized service and recommends to the director that a specialized service be provided,

(viii) an individualized plan, satisfactory to the director, has been developed to coordinate and direct the delivery of services, including a specialized service,

(ix) the proposed specialized service is likely, in the opinion of a multi-disciplinary team, to achieve measurable improvement in a reasonable and predictable period of time or to sustain or to prevent a regression or dependency in the child's activities of normal daily living,

(x) the proposed specialized service is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and demonstrated to be effective, and

(xi) other available programs and services are not appropriate or are insufficient to meet the child's needs,

one or more specialized services for the child and consultation services for the child's guardian with respect to the specialized services, but with respect to areas referred to in subclauses (i) to (v) specialized services may not be provided for the purpose of assisting the child’s education or academic development;

(n) care of the child in a residence other than the guardian’s home if the needs of the child cannot be met in the guardian’s home;

(o) if care is provided to a child in a residence under clause (n), the cost of transportation at $0.12 for each kilometre or if public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport
(i) for the child and one adult to accompany the child to and from the guardian’s home to the residence,

(ii) for the guardian to visit the child in the residence, and

(iii) for the child to visit the guardian in the guardian’s home.

(2) In subsection (1)(m),

(a) “activities of normal daily living” include, but are not limited to, in an age-appropriate manner,

(i) communication and interaction,

(ii) feeding, bathing, dressing and toileting, and

(iii) understanding and decision-making;

(b) “severe disability” means a condition or impairment that

(i) results in a major loss of the child’s functional ability or capacity to engage in the activities of normal daily living, and

(ii) requires the guardian and other caregivers to provide continual and ongoing supervision, assistance and support in the activities of normal daily living to ensure the child’s safety or to facilitate the child’s participation at home and in the community.

(3) In subsection (1)(k), “medical benefits” means

(a) a medical supply, or

(b) if approved under section 4.1, a drug as prescribed by a physician and as recorded by a pharmacist.

(4) In subsection (1)(k), a parent’s income is included in the calculation of the aggregate net income where
(a) the child resides on a consistent or regular basis with the parent, or

(b) the child would consistently or regularly reside with the parent if the child’s needs could be met in the parent’s home.

Extraordinary drug approvals

4.1(1) A director may approve a drug as a medical benefit for the purpose of section 4(1)(k) if

(a) the drug is not a prescription drug or the drug is a prescription drug that is not indicated in the Alberta Health Drug Benefit List for use in treatment of the child,

(b) none of the prescription drugs indicated in the Alberta Health Drug Benefit List for use in the treatment of the child were effective to treat the child,

(c) the drug has already been prescribed by a physician to treat the child and the medical evidence is that it was an effective treatment, and

(d) the drug is approved under the Food and Drug Act (Canada) for sale or distribution in Canada.

(2) A director, in deciding to approve a drug, may take into account a recommendation by the Common Drug Review Committee.

Term of agreement

5 An agreement under section 3 or 4 of the Act

(a) must have a term of not more than one year, and

(b) may be amended at any time with the consent of the director and the guardian who is a party to the agreement and the amendment may, subject to clause (a), extend the term of the agreement.
Services delivery
6(1) Agreements under sections 3 and 4 of the Act may provide for services in the manner that the director considers to be the most cost-effective and appropriate.

(2) Before receiving services pursuant to an agreement under section 3 or 4 of the Act, a guardian must use services on behalf of the child readily available from dental insurance, health services insurance and benefit plans and apply for assistance under other dental insurance, health services insurance and benefit plans and Government and community programs, if in the opinion of the director those programs would be equivalent to the services provided under an agreement under section 3 or 4 of the Act and the child is eligible under those programs.

Appeal notice
7 A notice of appeal must be in Form 2 in the Schedule.

Expire
8 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be repassed in its present or an amended form following a review, this Regulation expires on June 30, 2019.

Coming into force
9 This Regulation comes into force on the coming into force of the Family Support for Children with Disabilities Act.
Schedule
Form 1
Family Support for Children with Disabilities Agreement

IN RESPECT of the child

Child’s Name (last name) (first) (middle) Date of birth (yy/mm/dd) Child’s I.D. No.

who resides at ___________________________ (child’s address) ___________________________

AND IN ACCORDANCE WITH the Family Support for Children with Disabilities Act, THIS AGREEMENT IS MADE BETWEEN the legal guardian (called “the guardian”) ___________________________ ___________________________

and a director or authorized delegate (called “the director”).

The guardian and the director agree as follows:

1 The director will provide the following:

2 The guardian is responsible for

   (a) all costs normally associated with providing everyday care for the child;

   (b) accessing Alberta Health Care Insurance and any other health services insurance or benefit plans available to the guardian including dental benefit;

   (c) hiring, employing and supervising any service providers needed to assist in caring for the child and complying with all relevant employment standards and Canada Revenue Agency requirements.

3(1) Where litigation may result from the child’s disabilities, the guardian agrees to notify the director of any legal action planned or commenced, including settlement discussions and the filing of court documents. The director may then ensure that the costs of future services for the child, which would have been payable under any future Family Support for Children with Disabilities Agreements, are included and sought in the legal action.

   (2) If as a result of the child’s disabilities, the guardian has already received damages or compensation from any source, including a legal action, prior to signing this Agreement, the guardian agrees to inform the director of the amounts and the nature of the damages or compensation received.
(3) Where compensation or damages as a result of the child’s disabilities are received by the guardian or the child during the term of this Agreement, the guardian agrees to renegotiate this Agreement so that any amounts currently paid for under this Agreement for which the family or the child received damages or compensation are no longer funded by the Ministry of Human Services.

[Choose clause 4 only when the child is maintained financially by the director.]

4 The guardian acknowledges that where the director is paying for the maintenance of the child who lives in a residence other than the guardian’s residence, the Canada Child Tax Benefit will not be paid to the guardian.

5 The guardian agrees to spend the funds provided under this Agreement strictly in accordance with the terms of this Agreement, and the guardian understands and agrees that the guardian is responsible for paying for any services provided to the child that exceed the costs as agreed by the director under this Agreement.

6 The guardian understands that the misuse of funds or the giving of false, misleading or inaccurate information in order to obtain services from the director may result in a civil action or criminal charges.

7 The guardian understands that the guardian has the right to appeal to the Family Support for Children with Disabilities Appeal Committee a decision of the director respecting the provision of services under this Agreement or termination of this Agreement within 45 days of being notified of the director’s decision.

8 This Agreement is effective from (yy/mm/dd) to (yy/mm/dd) unless cancelled by the director or by the guardian.

9 This Agreement revokes previous Handicapped Children’s Services Agreements made under the Child Welfare Act and previous Family Support for Children with Disabilities Agreements and Addenda to Agreements, if any, signed by the guardian and a director respecting the child.

10 This Agreement or any of its terms may be amended or varied in writing with the consent of both the guardian and the director.

Agreed to and signed by:

______________________________  ________________________________
(guardian)  (yy/mm/dd)

______________________________  ________________________________
(guardian)  (yy/mm/dd)

______________________________  ________________________________
(director’s delegate)  (yy/mm/dd)
Form 2

Notice of Appeal to the Appeal Committee

1. I am a Parent/Guardian of the Child named (child’s name) born (yy/mm/dd).

   My name is ________________________________ (name)______________________________

   My address is ________________________________ (address)______________________________

   My telephone numbers are:
   (home telephone no.) ____________________________ (cellular phone no.)
   (work telephone no.) ____________________________ (other)

2. I understand that I must return this Notice of Appeal to the director or the director’s delegate within 45 days of being notified of the decision I am appealing.

   ________________________________

3. Notice

   I have been affected by a decision of the director made under section 3(1)(b), 4 or 5(1) of the Family Support for Children with Disabilities Act.

   I was notified of the decision on (yy/mm/dd).

   I participated in a review of the director’s decision
   _____ Yes _____ No

   → If yes, date of review (yy/mm/dd)__________________________

   I participated in mediation
   _____ Yes _____ No

   → If yes, date of mediation (yy/mm/dd)__________________________

   The decision I am appealing is ________________________________

   ________________________________

   (Signature of person appealing)__________ (yy/mm/dd)

Summary of Supports and Services Provided Under the FSCD Act (Chart)

The FSCD Program provides funding for supports and services for children with disabilities and their families. The following chart outlines the supports and services provided.
Family Support for Children with Disabilities Act

FAMILY SUPPORT SERVICES – based on the needs of the family (available to families of a child with a confirmed diagnosis or while awaiting diagnosis)

INFORMATION, REFERRAL AND ADVOCACY SERVICES
- Assistance with obtaining and coordinating supports and services
- Information for parents concerning the child's disability and available services and resources
- Advocacy as well as referral to advocacy supports
- Transitional planning

RELATED SUPPORTS
- Family and individual counselling up to 20 hrs annually
- Disability related clothing and footwear up to $400 annually

MEDICAL APPOINTMENTS/HOSPITALIZATIONS
- Mileage @ 12¢/km for medical appointment/rehabilitation or the most economical and appropriate alternative when the guardian does not have access to a vehicle and parking to a maximum of $10/day and sibling care when required in order for an adult to accompany child to medical appointment/rehabilitation and day trips over 8 hrs for medical appointment/rehabilitation:
  - meals for adult up to $8/day
  - meals for child up to $5/day
  OR
  - If overnight accommodation is required in the opinion of the Director:
    - up to $85/night for accommodations
    - costs for meals/day: $15 for 1 adult and $10 for the child (if the child is not in hospital or other medical accommodations)
    - up to $100/wk for groceries for 1 adult and the child
    - additional meals @ $15/day or grocery costs @ $50/wk for a second adult as well as transportation costs if required

FAMILY SUPPORT RESPITE SUPPORT
- In or out of home respite up to 240 hrs annually (based on 20 hrs/mth)

CHILD FOCUSED SERVICES – based on the needs of the child

CHILD FOCUSED SERVICES
- In or out of home short-term hourly respite based on the needs of the child and family
- 24-hour (in or out of home) respite to a maximum of 30 days/year based on needs of child and family
- Additional 24-hour (out of home) respite where required to maintain the child in guardian's residence
- Costs for public transportation when the guardian does not have access to a vehicle for transportation to/from 24-hour out of home respite
- Homemaking services for routine housekeeping and laundry services up to 12 hrs/mth

CHILD CARE SUPPORTS
- Extraordinary portion of work related child care costs for children up to age 13
- Work related child care costs for children age 13 and older
- Aide in day care for work related child care
- Costs of additional space in a family day home for work related child care
- Specialized aide services and day care costs for up to a max of 4 hrs/weekday to a maximum of 20 hrs/wk for children who require day care for developmental purposes awaiting commencement of preschool programming

FAMILY SUPPORT RESpite SUPPORT
- Costs for mileage, parking, sibling care and meals for out of province medical care as approved by Health and Wellness

LEGEND:
Type of Assessment or Information Required:
- Assessment is based on discussion and additional information provided by the family
- Additional information from the parent, a professional or a service provider knowledgeable about the child, may be required to help determine need and level of service
- Multidisciplinary assessment information (including only those disciplines and information, which are relevant to the child and their needs) is required to determine the nature and level of needs, appropriate supports and to develop a service plan
- "Service provider" refers to any agency or private individual who provides a service.

NB: Details of supports and services in Regulation.
### Family Support for Children with Disabilities Act

**FAMILY SUPPORT SERVICES** – based on the needs of the family (available to families of a child with a confirmed diagnosis or while awaiting diagnosis)

**CHILD FOCUSED SERVICES** – based on the needs of the child (available to children with a confirmed diagnosis and accompanying assessment information)

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### AIDE SUPPORTS
- Personal care and hygiene supports for up to 4 hrs/day
- Community support for a maximum 144 hrs annually (based on 12 hrs/mth)

### HEALTH RELATED SUPPORTS
- Portion of disability related dental/orthodontic treatment not covered by guardian's insurance as approved by the Dental Review Committee
  - guardians are responsible for the first $250/yr in lieu of having a dental insurance plan
- Funding for prescription drugs
  1. up to 30% of drug costs, or
  2. a second insurance plan if the cost of drugs in 1) exceeds the cost of second plan
  3. interim prescription drugs pending application for insurance coverage for up to 4 mths
  4. the full costs of the prescription drugs if less than the cost of the guardian's insurance plan
- Ambulance costs while awaiting application for insurance coverage (up to 4 mths)
- Prescription formula costs
- Medically prescribed specialized diet costs
- Medical benefits required to sustain life or when it would be debilitating if the benefit was not received and the benefit:
  - is available in Alberta;
  - is based on established rehabilitation practices, strategies and approaches;
  - would result in significant financial hardship; and
  - is not provided in whole or in part by another program

### SPECIALIZED SERVICES FOR CHILDREN WITH SEVERE DISABILITIES
- when in the opinion of the Director, a multidisciplinary assessment is needed
- the child has a severe disability, resulting in a critical need for an array of specialized services to address their significant support needs and limitations in 2 or more areas, including:
  - behaviour
  - cognitive abilities
  - communication and socialization skills
  - physical and motor development
  - self-help and adaptive functioning skills
- and if
  - the level and complexity of the child's needs require an array of integrated and coordinated specialized services
  - a multidisciplinary team has completed an assessment that identifies a critical need for, and recommends, specialized services to the Director
  - an Individualized Family Support Plan, satisfactory to the Director, has been developed to coordinate and direct the delivery of specialized services
  - the specialized services are likely to achieve measurable improvements in a reasonable and predictable period of time, or sustain a level or prevent a regression or increased dependency
  - the specialized services are based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and demonstrated to be effective
  - other available supports and services are not appropriate or sufficient to address the child's needs
  - services may include any combination of the following:
    - behavioural support
    - cognitive, except for educational purposes
    - communication and social skill support
    - physical and motor development support
    - self-help and adaptive functioning support
    - access to consultation for guardians as related to and in conjunction with the specialized services provided

### OUT OF HOME LIVING ARRANGEMENT
- To support a child to live in a setting outside of the family home
- Transportation to and from home living arrangement @ 12¢/km or the most economical alternative when the guardian does not have access to a vehicle

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**Health Related Supports**
- Prescription formula costs
  - Portion of disability related dental/orthodontic treatment not covered by guardian's insurance as approved by the Dental Review Committee
  - guardians are responsible for the first $250/yr in lieu of having a dental insurance plan
- Funding for prescription drugs
  - up to 30% of drug costs, or
  - a second insurance plan if the cost of drugs in 1) exceeds the cost of second plan
  - interim prescription drugs pending application for insurance coverage for up to 4 mths
  - the full costs of the prescription drugs if less than the cost of the guardian's insurance plan

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**Medical Benefits Required to Sustain Life**
- when in the opinion of the Director, a multidisciplinary assessment is needed
- the child has a severe disability, resulting in a critical need for an array of specialized services to address their significant support needs and limitations in 2 or more areas, including:
  - behaviour
  - cognitive abilities
  - communication and socialization skills
  - physical and motor development
  - self-help and adaptive functioning skills
- and if
  - the level and complexity of the child's needs require an array of integrated and coordinated specialized services
  - a multidisciplinary team has completed an assessment that identifies a critical need for, and recommends, specialized services to the Director
  - an Individualized Family Support Plan, satisfactory to the Director, has been developed to coordinate and direct the delivery of specialized services
  - the specialized services are likely to achieve measurable improvements in a reasonable and predictable period of time, or sustain a level or prevent a regression or increased dependency
  - the specialized services are based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and demonstrated to be effective
  - other available supports and services are not appropriate or sufficient to address the child's needs
  - services may include any combination of the following:
    - behavioural support
    - cognitive, except for educational purposes
    - communication and social skill support
    - physical and motor development support
    - self-help and adaptive functioning support
    - access to consultation for guardians as related to and in conjunction with the specialized services provided

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**Transportation to and from Home Living Arrangement**
- @ 12¢/km or the most economical alternative when the guardian does not have access to a vehicle
Section 5: PROGRAM ELIGIBILITY
Eligibility for FSCD Program

All of the following criteria must be met for the guardian and their child to be eligible for the FSCD Program:

1. **Age:** The child with a disability must be under the age of 18 years;

2. **Guardianship:** The guardian must maintain full guardianship responsibilities for the child, regardless of whether the child resides in or out of the family home;

3. **Residency:** The child must be a Canadian citizen or permanent resident, within the meaning of the *Immigration and Refugee Protection Act* Canada, and ordinarily reside in Alberta; and
   - Proof of Canadian citizenship or permanent residency may be validated by the child’s:
     - Birth Certificate;
     - Record of Live Birth;
     - Passport;
     - Canadian Citizenship or Permanent Resident card;
     - IMM5292 Confirmation of Permanent Residency; or
     - IMM1000 Record of Landing

4. **Disability:** The child must have a disability as defined by the *FSCD Act*: "chronic developmental, physical, sensory, mental or neurological condition or impairment that does not include a condition for which the primary need is for medical care or health services to treat or manage the condition, unless it is a chronic condition that significantly limits a child's ability to function in normal daily living".
   - Determining whether or not a child is considered to have a disability as defined in the *FSCD Act* is based on documentation provided by the child’s guardian.
   - The guardian must provide documentation from a physician or other relevant health care professional regarding the child’s diagnosis or, if
awaiting a diagnosis, information about the condition or impairment indicating that the child may have a disability.

- The documentation must be in a format satisfactory to the FSCD worker and include:
  - the child’s name and date of birth;
  - the child’s diagnosis;
  - date when the child was diagnosed;
  - name of the physician or other health professional who diagnosed the child;
  - information about the diagnosis and its impact on the child’s functioning; and
  - where applicable, if the diagnosis is expected to have long term or lifelong implications; or
  - if the child is in the process of being diagnosed (awaiting a diagnosis), information about the provisional diagnosis or the condition or impairment that indicates the child may have a disability.

- The documentation should be as current as possible. If the child was diagnosed more than two years ago, any documentation available from when the original diagnosis was made should be provided, as well as any recent information from the health professionals involved with the child’s ongoing care.

- The FSCD worker may request additional information to clarify the child’s diagnosis in order to determine if the child has a disability as defined in the FSCD Act and to determine eligibility for the FSCD Program.

**NOTE:** The FSCD Program is not responsible for costs associated with obtaining medical letters or assessment reports.

- For the purposes of the **FSCD Act**, a health care professional refers to a person who is registered or licensed with his/her professional association and is able to make diagnoses relevant to their scope of practice, including:
  - Physician (pediatrician, general practitioner, psychiatrist)
  - Clinical Social Worker (MSW, with advanced training)
Psychologist
Physical Therapist
Occupational Therapist
Speech and Language Pathologist
Audiologist.

NOTE: Medical documentation that is clearly dictated by or written on behalf of a physician or other relevant health professional may be accepted.

Eligibility for the FSCD Program must be determined prior to the FSCD worker initiating the assessment of needs process or assessing the need for an FSCD service.

Note: Decision-making regarding eligibility for the FSCD Program is distinct from assessing the need for FSCD services or determining whether a child meets the specific criteria outlined in Regulation related to the provision of an FSCD service.

If a guardian is requesting Information, Referral and Advocacy Services only, and eligibility has not yet been determined, or the child and family are not eligible, for the FSCD Program the FSCD worker will open the file under “Referral Only”.

When a Child Intervention Services (CIS) or Supports for Permanency (SFP) worker informs the FSCD worker that they are supporting a family in applying to the FSCD Program, or when a family informs the FSCD worker that their CIS or SFP worker has referred them to the FSCD program, the FSCD, CIS and/or SFP workers will share information and engage in joint planning to support the family and coordinate services (see Section 8: Application Process).

Family Support and Child Focused Service considerations relevant to Program eligibility:

Family Support Services while awaiting a diagnosis:

- While the guardian is awaiting a diagnosis for their child, Family Support Services may be provided for up to two years.
NOTE: Child Focused Services cannot be provided while awaiting a diagnosis.

- When a confirmed diagnosis is made, the FSCD worker must obtain written documentation regarding the diagnosis, confirm eligibility for the Program and update the child's file information based on the new medical information.

♦ If after two years, the child does not have a confirmed diagnosis they are no longer eligible for the FSCD Program.

NOTE: The FSCD Program recognizes that a child may have more than one diagnosis and that they may receive additional diagnoses over time. If a child has a confirmed diagnosis and is awaiting confirmation of another diagnosis, eligibility is based on their confirmed diagnosis.

♦ Child Focused Services:

- Beyond determining that the guardian and child are eligible for the FSCD Program, the FSCD worker must also determine through the assessment of needs process that the child’s disability significantly limits their ability to function in normal daily living in order to provide Child Focused Services.

- The information required in order to determine that a child has significant limitations and assess the need for Child Focused Services varies with the severity and complexity of the child's disability and with the level and type of services requested by the family.

- The FSCD worker may request that the guardian provide additional information from the child’s physician, other relevant health care professionals, the child’s school or others involved with the child, in order to clarify the impact of the diagnosis on the child's functioning.
Section 6: INFORMATION, REFERRAL AND ADVOCACY SERVICES
Information, Referral and Advocacy Services

INTENT

♦ To provide information about the FSCD Program.

♦ To share information about disability-related programs, services and resources with guardians as well as other individuals seeking assistance.

♦ To assist guardians to identify and access supports, services, and resources, including natural supports within their family and community relevant to their family’s and child’s needs.

POLICY

♦ If a guardian or other individual contacts the FSCD Program by telephone requesting information and referral services, the FSCD worker will:

  • Return telephone call within two working days;
  • Confirm if the caller already has an open FSCD file and, if so, refer the caller to their FSCD worker;
  • Provide information about the FSCD Program;
  • Refer to the Human Services website as another resource for information about the FSCD Program;
  • Provide information about relevant federal or provincial programs and services, local community programs or supports and other resources;
  • Make appropriate referrals; and
  • Provide follow-up to facilitate referrals as required.

♦ If a guardian wants to apply to the FSCD Program, the FSCD worker will refer the guardian to the Human Services website at www.humanservices.alberta.ca/disabilities to access the FSCD Application form or mail the application form and accompanying information to the guardian upon request (see Application Process policy section).
At the time of application and intake, during the initial and subsequent assessment of needs, or anytime a family or child’s circumstances change, the FSCD worker will assist guardians to identify other disability-related programs, services, supports and resources relevant to their needs.

Relevant programs and services may include:

- Natural supports;
- Advocacy organizations or disability organizations;
- Parent support groups;
- Tax programs or benefits;

The Child Disability Benefit (CDB) a tax-free benefit for families who care for a child under age 18 with a severe and prolonged impairment in physical or mental functions. More information about the CDB and other federal benefit programs is available on the Canada Revenue Agency Website at [http://www.cra-arc.gc.ca/bnfts/dsblty-eng.html](http://www.cra-arc.gc.ca/bnfts/dsblty-eng.html) or by calling 1-800-387-1193

- Health insurance or benefit plans;
- Other provincial government programs and services;
- Community programs and supports;
- Local resources;
- Service clubs; and
- Other relevant supports and resources.

FSCD workers will assist guardians to follow-up with other programs, services, supports or resources and/or coordinate services as needed.

**PROCEDURE**

(1) Provide simple and clear information about the FSCD Program.

(2) If a guardian wants to apply to the FSCD Program, discuss the family’s situation in enough detail to establish if the FSCD Program may be relevant.
(3) Explain the FSCD application process (see Application Process policy section) including how to access the FSCD Application form on the Human Services website; how to complete the application form; and next steps.

(4) Provide relevant information about other programs, services and resources including key contacts, websites and telephone numbers as required.

(5) Provide support, as required, to facilitate a referral and/or coordinate access to programs, services or resources referred to.
Section 7: OVERARCHING POLICIES AND CONSIDERATIONS
Matters to be Considered

Regulation

2 When making a decision under the Act, the director and an appeal committee must consider the following:

(a) the responsibilities a guardian normally has in raising a child;
(b) the impact the child’s disability has on the family;
(c) the strengths and abilities of family members to care for the child;
(d) the physical and emotional well-being of the guardians and others living in the same home as the child;
(e) the severity of the child’s disability;
(f) the child’s developmental stage, relevant to age-appropriate functioning;
(g) the family’s composition;
(h) the needs of the child’s siblings;
(i) the cultural values and beliefs of the guardians;
(j) the needs of the family in caring for the child during scheduled school breaks and school holidays;
(k) the child and family’s involvement in community programs and activities;
(l) the availability of persons, other than the child’s guardians, to provide support and assistance in caring for the child;
(m) the availability and accessibility of appropriate programs, services and other resources within the community where the child lives;
(n) the geographic location of the child’s home community;
(o) any other relevant matter.
INTENT
♦ The “Matters to be Considered” emphasize the need to view the child within the context of their family and their family’s strengths, abilities and needs.
♦ The Matters to be Considered highlight the need to consider the uniqueness of each family situation.
♦ Each of the considerations are of equal importance, no one consideration is of greater significance than another.

POLICY
♦ FSCD supports and services build on the family’s natural sources of support, including extended family and friends, as well as the programs and/or resources that the family already has access to.
♦ Supports and services should be flexible, individualized, and designed to meet the family needs.
♦ The “Matters to be Considered” are intended to:
  • Recognize the strengths and abilities of families;
  • Acknowledge the family’s natural supports and existing resources;
  • Recognize the various supports and services that play a role in addressing family needs;
  • Acknowledge normal parental responsibilities including the typical costs and care demands associated with raising a child;
  • Recognize the unique needs and circumstances of families;
  • Acknowledge the impact that a child’s disability can have on a family; and
  • Promote family centered practice and individualized assessment of needs.

PROCEDURE
(1) Explore the “Matters to be Considered” with the guardian in relationship to their circumstances and needs.
Cost-Effective and Appropriate Services

REGULATION

Services delivery
6 (1) Agreements under sections 3 and 4 of the Act may provide for services in the manner that the director considers to be the most cost-effective and appropriate.

INTENT

♦ To enhance the family’s ability to support their child’s development and address their disability-related needs in the most cost-effective manner.
♦ To build on the family's strengths, abilities and natural support networks.
♦ To promote positive outcomes for the family and the child.
♦ To allocate FSCD resources in a responsible manner.

POLICY

♦ The FSCD worker and the guardian will consider the most cost-effective and appropriate service available to address any identified service need.
♦ The most cost-effective service option will be provided if it is appropriate to meet the family's and child's need.

PROCEDURE

(1) In determining the most cost-effective and appropriate service or manner of service delivery, the FSCD worker will consider:
   • The identified need;
   • The services or service provider options available to address the identified need;
• The matters to be considered;
• How the service will address the identified need; and
• Community standards, regional rates and local resources.

(2) If required, and with a guardian's consent, other relevant professionals may be consulted regarding the most appropriate service.
Accessing Other Available Supports and Services

**Regulation**

<table>
<thead>
<tr>
<th>Services delivery</th>
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<tr>
<td>6 (2) Before receiving services pursuant to an agreement under section 3 or 4 of the Act, a parent must use services on behalf of the child readily available from dental insurance, health services insurance and benefit plans and apply for assistance under other dental insurance, health services insurance and benefit plans and Government and community programs, if in the opinion of the director those programs would be equivalent to the services provided under an agreement under section 3 or 4 of the Act and the child is eligible under those programs.</td>
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**INTENT**

- To recognize the family’s strengths and abilities and build upon supports, services and resources already available to them.
  - FSCD supports and services are not intended to replace or supersede the guardian’s typical responsibilities or costs associated with raising a child.
- To coordinate FSCD supports and services with other available services or resources.
- To prevent duplication of services or resource utilization.

**POLICY**

- Prior to receiving FSCD supports and services, guardians must first utilize other applicable government, community programs and services, health benefit or health insurance plans as well as any natural support that they already have available to them to help address the identified service or support need.
Where another government program or service is available to the family, the FSCD worker will work together with that program or service to co-ordinate and plan for the provision of services between programs.

Where another government or community program or service, health insurance or benefit plan may provide a support, service, benefit or funding relevant to the guardian’s identified need, confirmation is required to verify that:

- the support, service, benefit or funding that is available to the guardian has been fully utilized; or
- that the support, service, benefit or funding is not available to the guardian and has been formally denied; and
- that available appeal or review mechanisms relevant to the program, service, insurance or benefit plan have been utilized;

before a similar FSCD service can be provided.

**PROCEDURE**

1. The FSCD worker and the guardian will identify the current and existing supports, services or health benefit/insurance plans that the family may be accessing in order to meet the child’s identified needs.

2. The FSCD worker and the guardian discuss the availability of all other supports and services that the family and child may have access to.

3. The FSCD worker advises the guardian of their need to:
   - Apply to all other available supports and services prior to requesting funding for a similar service from the FSCD Program;
   - Provide documentation to the FSCD worker to demonstrate that relevant support and services have been utilized fully or where applicable, verification that a particular support or service has been denied, including whether the service or benefit would be covered under other circumstances, or in the case of a health benefit or health insurance plan that coverage has been denied; and
   - Apply to any “special consideration” or “appeal” process that may exist for a relevant program, service or benefit plan if it may result in access to a service or coverage.
(4) The FSCD worker will assist the guardian to apply for other programs and services as needed, and with the guardian’s written consent, may contact the other programs or benefit providers to help determine if a support, service or benefit may be available to them.

(5) The FSCD worker, supervisor or manager, as appropriate, will work together with other government programs and services to co-ordinate service provision for common families/clients.
Guardian's Responsibilities

- The FSCD Program is a voluntary program accessed by guardians. Guardians choose whether or not to access the services offered by the FSCD Program. Guardians are responsible:

  - For all costs, care demands and decision-making typically associated with raising a child;
  - To provide necessary information and documentation as required by the FSCD Program in order to inform decision-making about FSCD Program eligibility and service provision;
  - To contact the FSCD Program when there is a change in child or family circumstance that may affect the FSCD services needed or provided;
  - To spend funds provided by FSCD, in accordance with the terms of the FSCD Agreement;
  - To comply with relevant employment standards, as per Canada Revenue Agency and Alberta Labour Standards requirements when hiring private individuals to provide services; and
  - To submit required receipts, invoices or other documentation regarding the services used and costs incurred.
Section 8: SERVICE DELIVERY PROCEDURES
Application Process

**INTENT**

♦ To provide a clear and consistent application and intake process.

**POLICY**

♦ The FSCD Application process involves:
  - Supporting guardians to access and, where necessary, assisting them to complete the FSCD Application form;
  - Completing the FSCDIS Intake and opening a child's file;
  - Reviewing the application and documentation submitted by the guardian and determining eligibility for the FSCD Program;
  - Providing information, referral and advocacy supports to all applicants, regardless of eligibility for the FSCD program;
  - Appointing an FSCD worker for eligible guardians and their children; and
  - Closing a child's file if the guardian and child are not eligible for the FSCD Program.

♦ The FSCD worker will return phone calls regarding the Application process within two working days.

♦ The FSCD Application form is available on the Human Services website at [www.humanservices.alberta.ca/disabilities](http://www.humanservices.alberta.ca/disabilities)

♦ Upon request, the FSCD Application package (see Appendix P) will be mailed to the guardian within two working days of the request.

♦ An Exceptional Consideration Authorization request may be completed if appropriate (see Policy "Exceptional Consideration Authorization for New or Reopened files").

♦ If the guardian already has a child receiving FSCD services and is applying on behalf of another of their children, the guardian must submit an
FSCD Application form (see Appendix A) along with medical documentation for the child who does not currently have an FSCD file.

♦ If the guardian had a file for their child that has closed within the past 90 calendar days, they do not need to resubmit a new FSCD Application form.

♦ The guardian is not required to complete a new FSCD Application form if they are moving within the province (see Appendix D, Interregional Transfer Protocols).

♦ The FSCD worker will contact the guardian, within two working days of receiving an FSCD Application
  - FSCD Applications are reviewed and responded to in the order they are received

♦ A completed FSCD Application form must include relevant medical letters/information.

♦ All documentation including medical documentation about a child received prior to the guardian submitting an FSCD Application must be immediately returned (if sent by mail) or destroyed (if sent in person, by e-mail or fax), and the sender notified (if possible) that:
  - the information was received;
  - FSCD is not authorized to collect this information if there has been no Application submitted regarding the child; and
  - the document should be submitted by the guardian with their FSCD Application if they choose to apply to the program.

♦ Incomplete FSCD Applications will be held for 90 days. If complete information is not provided or the FSCD worker is unable to contact the guardian the file will be closed.

♦ If the guardian and their child are eligible for the FSCD Program, the FSCD worker will advise the guardian and explain next steps.

♦ If the family has Child Intervention Services (CIS) or Supports for Permanency (SFP) involvement the FSCD and CIS/SFP workers share relevant information between programs about the child and family and the
disability-related needs (see Appendix O, Program Coordination Protocol between CIS and FSCD).

- If the child is identified as being First Nations or Métis, the FSCD worker must complete the Verification of On/Off Reserve Status – For Funding Purposes form (see Appendix A) within 30 working days of the FSCDIS Intake date for full process to be completed.

  NOTE: The "Intake Date" is the date that the FSCDIS Intake is completed, saved and an FSCD file number is assigned.

- If the guardian and their child are not eligible for the FSCD Program, the FSCD worker will advise the guardian and provide rationale for the FSCD decision.

- Eligibility determination must be followed up in writing to the guardian by the FSCD worker.

- The FSCD worker will explain the concerns resolution options available to the guardian (see Section 11: Concerns Resolution).

- The FSCD worker will provide information and referral to appropriate resources. Even if the guardian and child are not be eligible for the FSCD program, FSCD may keep the file open, under “referral only” to allow for information, referral, and advocacy even though an FSCD Agreement is not being negotiated (see Section 6, Information, Referral and Advocacy Services).

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**Essential Program Standards**

For new Family Support for Children with Disabilities (FSCD) files, the assessment of needs process is initiated within 15 working days of Intake date.

For all Active Agreements, there is sufficient information on file to determine eligibility.

An On/Off Reserve Verification form (FSCD3594) is completed for children of First Nations and Métis origin.

For new families, FSCD Agreements are in Approved Agreement status within 20 working days of Family/Child Assessment of Needs (FCAON) completion date.
PROCEDURE

Support Application to the FSCD Program

The FSCD worker will:

(1) Provide information about the FSCD Program and the Application process.

(2) Refer the guardian to the Human Services website to access the FSCD Application form or mail an FSCD Application package (see Appendix P) to the guardian as required.

(3) Assist the guardian to complete the FSCD Application form as required.

When an FSCD Application form is received:

The FSCD worker will:

(1) Stamp the application with date of receipt. This is the "First Contact Date".

(2) Search FSCDIS to determine if an FSCD file already exists for the child.
   • If no previous file exists, create a new FSCDIS Intake, enter the information in FSCDIS and save the Intake as draft.
   • If an open file exists contact the identified FSCD worker to determine the reason for the application and appropriate follow-up;
   • If a closed file exists reopen the file.

(3) Review the FSCD Application form and attached medical letters/information to determine if documentation is complete and sufficient to determine eligibility.

(4) Contact the guardian to:
   • Provide information about the FSCD Program and the range of supports and services the program provides;
   • Identify any additional information that is needed and make arrangements to receive the information;
   • Make reasonable attempts to obtain the names and contact information for any other guardians of the child if not already identified on the application; and
   • Provide relevant information and referral for other programs, services and resources.
(5) Gather additional information necessary to complete the FSCDIS Intake and determine eligibility for the Program. The FSCD worker will:

- Explain to the guardian how the information they provide will be used and when it will be shared (see Section 3, Collection, Use and Disclosure of Child and Family Information).
- Provide the guardian with their telephone number and encourage them to call if they have further questions about the collection of information or how the information is used.

(6) Determine eligibility for the FSCD Program (see Section 5, Program Eligibility).

If unable to contact the guardian within 90 days of receipt of their application, the FSCD worker will:

1. Complete the FSCDIS Intake using "missing" and "today’s date" as defaults for missing mandatory text and date based fields respectively;
2. Save the completed Intake in FSCDIS; and
3. Close the file.

If the guardian already has an open FSCD file and is applying on behalf of another of their children, the family's current FSCD worker will:

1. Receive their completed application form and medical information;
2. Complete the FSCDIS Intake;
3. Determine eligibility relevant to the new child; and
4. If eligible, co-ordinate the children's FSCD files to align the timelines for the next assessment of needs process and FSCD Agreements for all children in the family.

If reopening a file that has been closed for less than 90 calendar days, the FSCD worker (the previous FSCD worker where applicable) will:

1. Speak to the guardian to gather updated information necessary to reopen the file by adding an Intake to the closed FSCD file; and
2. Determine eligibility for the Program.
If the guardian and their child are eligible for the FSCD Program, the FSCD worker will:

(1) Advise the guardian that their child is eligible for the FSCD Program;
(2) Explain the next steps, including the assessment of needs process;
(3) Inform the guardian that they will need to show the FSCD worker one of the following documents to confirm their child’s Canadian Citizenship or residency status when they meet to complete the assessment of needs process:
   - Birth Certificate
   - Record of Live Birth
   - Passport
   - Citizenship Card
   - Permanent Resident Card
   - IMM1000 Record of Landing, or
   - IMM5292 Confirmation of Permanent residency; and
(4) Complete a Verification of On/Off Reserve Status form as required.
(5) Print the completed FSCDIS Intake form and place on the child’s file.

If the guardian and their child are not eligible for the FSCD Program, the FSCD worker will:

(1) Advise the guardian they are not eligible for the FSCD Program and provide the rationale for the decision verbally and in writing;
(2) Advise the guardian of the concerns resolution options (see Section 12, Concerns Resolution);
(3) Save the completed Intake on FSCDIS and inform the guardian that their application information will be retained on file;
(4) Provide information and referral to other appropriate supports, services or programs;
(5) Close the FSCD file; and
(6) Encourage the guardian to call back if they want to reapply at a later date should new information become available or their circumstances change.
FORMS
♦ FSCD Application Form (FSCD3597)
♦ FSCDIS Intake (FSCD2019)
♦ Verification of On/Off Reserve Status For Funding Purposes (FSCD3594)
♦ Exceptional Consideration Authorization Form

REFERENCES
♦ Application Package (Appendix P)
♦ Exceptional Consideration Authorization (Policy Section 8)
♦ Verification of On/Off Reserve (Policy Section 8)
Verification of On/Off Reserve

INTENT

♦ On/off reserve verification is used to determine financial responsibility for the cost of services provided to the child and family. Either FSCD or Aboriginal Affairs and Northern Development Canada (AANDC) may be responsible for the cost of some of the services FSCD provides depending on the child’s confirmed on/off reserve status.

♦ The Verification of On/Off Reserve Status form (FSCD3594) is approved by and for the purposes of AANDC. The questions are used to confirm whether or not a child is considered by AANDC to be “ordinarily a resident” on reserve and to determine AANDC’s responsibility for service costs. The questions asked to determine a child’s on/off reserve status are used by all relevant Human Services programs.

♦ Any financial cost recovery is coordinated internally by corporate services under the Canada/Alberta Arrangement for the Funding and Administration of Social Services and is directed to Human Services Corporate Finance.

♦ The criteria used to determine “ordinarily a resident” and the list of “specified communities” is defined in the Canada/Alberta Arrangement for the Funding and Administration of Social Services (Definition and Explanatory Notes).

POLICY

♦ The FSCD worker will complete the Verification of On/Off Reserve Status form (FSCD3594) for all children who:

  • are of Aboriginal descent (regardless of where they live); and/or
  • are living on a reserve or a “specified” community (listed on the back page of Verification of On/Off Reserve Status form).

♦ If the child is not included in one or more of the above, the Verification of On/Off Reserve Status form does not need to be completed.
♦ The Verification of On/Off Reserve Status form (FSCD3594) must be completed within **30 working days** of intake or after reopening a closed file.

**NOTE:** On/Off Reserve Status is based on the residency of the child’s parent/guardian or the caregiver looking after the child at the time the FSCD file is opened.

**NOTE:** If the child is residing with a caregiver who does not have guardianship of the child, the FSCD Program may still enter into an Agreement with the child’s parent/guardian.

♦ When the FSCD worker identifies a child’s status as **OFF reserve**, based on the Verification of On/Off Reserve Status form, no follow up is required and the completed form will be retained on the child’s FSCD file.

♦ When the FSCD worker identifies a child’s status as **ON reserve**, based on the Verification of On/Off Reserve Status form, the form will be sent to the Verification Officer and a copy retained on the child’s FSCD file.

♦ The Verification Officer will review the Verification of On/Off Reserve Status form and send it to AANDC to ensure that costs can be recovered in the appropriate circumstances.

♦ File transfers that occur between regions will **not** require a new Verification of On/Off Reserve Status form to be completed if services are provided on a continuous basis.

♦ The Verification of On/Off Reserve Status form will need to be redone after a closed file has been reopened and there has been a lapse in services.

♦ The determination that a child is ordinarily a resident on reserve does not impact the child’s FSCD Agreement or the way that invoices are processed in FSCDIS.

♦ If the child is under the care of the Director and the Delegated First Nations Agency (DFNA) has assumed guardianship responsibilities for the child, the child would not be eligible for the FSCD Program other than in the context of information, referral and consultation with the DFNA for service planning.
Essential Program Standards
An On/Off Reserve Verification form (FSCD3594) is completed for children of First Nations origin.

PROCEDURE
To determine if a child is ON or OFF reserve, complete the following steps:

(1) The FSCD worker determines whether the child is:
   • of Aboriginal descent (regardless of where they live) and/or
   • living on a reserve or a “Specified” community (listed on the back of Verification of On/Off Reserve Status form FSCD3594)

(2) If the child is included in either of the above, the FSCD worker completes the Verification of On/Off Reserve Status form (FSCD3594).
   • If the answer is “no” to all four questions on the form, the child is considered to be ordinarily “off reserve”. Sign the form and file in section 6 of the child’s file. Do not send it to the Verification Officer.
   • If the answer is “yes” to any of the four questions, the child is considered ordinarily “on reserve” and the verification form is sent to the Verification Officer for review and confirmation.
     ➢ Send the completed form to the designated Verification Officer.

       Verification Officer
       Child and Family Services Division
       Human Services
       9940 – 106 Street
       Edmonton, Alberta  T5K 2N2
       FAX:  780-422-5415

(3) The FSCD worker retains a copy of the form on the child’s file when the form is sent to the Verification Officer.

(4) The Verification Officer reviews the form to ensure that all information has been provided to determine the child’s on/off reserve status. The Verification Officer may contact the FSCD worker to gather additional information, as required.
(5) The Verification Officer sends the form to AANDC to confirm on reserve status and financial responsibility.

(6) When the Verification Officer receives confirmation of the child’s on/off reserve status from AANDC, a copy of the signed form will be forwarded to the FSCD worker for the child’s FSCD file (see Section 6).

(7) The FSCD worker reviews the First Nations Information Section in the Child Details of FSCDIS and updates the information to reflect the child’s status as verified by AANDC, if required.

(8) The Verification Officer provides the FSCD Branch with a list of completed Verification of On/Off Reserve Status forms quarterly for standards monitoring purposes.

FORMS

♦ Verification of On/Off Reserve Status (FSCD3594)

FSCDIS

♦ Complete the First Nations Information section on the child’s electronic file.
Family/Child Assessment/Reassessment of Needs

**INTENT**

♦ To gather, analyze and synthesize relevant information to develop an understanding of the family and their child’s unique needs and circumstances in order to make well-reasoned decisions regarding the services and supports that will be most beneficial for a family and child.

♦ In the context of the FSCD Program, the term "assessment" is used to refer to the program’s assessment of needs process for gathering information, developing understanding and service planning, not a medical or clinical assessment (see Section 14, Glossary).

**POLICY**

♦ The assessment of needs process must be initiated:
  - within 15 working days of a completed Intake for all new families if the child is determined to be eligible for the FSCD Program;
  - minimally once per year to support decision making about ongoing supports and services;
  - at least 60 calendar days prior to the expiry of an existing FSCD Agreement; and
  - during the period of assistance for a current FSCD Agreement if there is significant change in the family’s and/or child’s needs or circumstances (see Section 8, Ongoing FSCD Support to Families).

♦ If the guardian is receiving FSCD services for more than one child with a disability, the same FSCD worker will work with the guardian for all their children and complete the assessment of needs process, considering the family information and that which is specific to each individual child.
♦ FSCD workers will support the guardian, as required, during the assessment of needs process to:
   • complete forms;
   • arrange for someone to assist with interpreting, if required; and
   • access required information and/or supporting documentation.

♦ The assessment of needs process must be completed annually and requires the completion of:
   • the Family/Child Assessment of Needs (FCAON); and
   • an Individualized Family Support Plan (IFSP).

♦ The **Family/Child Assessment of Needs (FCAON)** (see Appendix A) is completed for the initial assessment of needs and annually thereafter.
   • To complete the FCAON form, a face-to-face meeting with the guardian and child is required. If a face-to-face meeting is not practical or possible due to the urgency of the family’s need for support, remote location or access issues, the FSCD worker may use other means (e.g. telephone or teleconferencing) to complete the assessment of needs. However, a face-to-face meeting must occur as soon as circumstances allow.

♦ **An Individualized Family Support Plan (IFSP), an IFSP – Out of Home or a Transition to Adulthood Plan (TAP)** is part of the assessment of needs process.
   • The IFSP must be agreed to and signed by the guardian and FSCD worker.
   • Only one IFSP is required for the family even if more than one child in the family has an FSCD Agreement. The IFSP is the "family's" plan.
   • An IFSP – Out of Home is used instead of the IFSP when FSCD is supporting a child in an out of home placement (see Section 10, Out of Home Placement).
   • A Transition to Adulthood Plan (TAP) is used instead of the IFSP for youth 16 years of age or older (see Section 11, Transition Planning).

NOTE: An IFSP is required for all families regardless of what FSCD services will be provided.
An IFSP will include:

- a summary of the child and family’s issues/concerns based on information that has been gathered;
- the guardian’s priorities and goals that strengthen their ability to promote their child’s healthy growth and development within the context of their family and community; and
- tasks, signs of achievement, responsibilities and timeframes that address the goals and are agreed to by the guardian and FSCD worker.

During the assessment of needs process an FSCD worker may request additional or updated information and/or documentation to help understand the diagnosis or the impact of the disability on the child’s ability to participate in activities of daily living.

The FSCD Program is not responsible for costs associated with obtaining clinical or medical assessments, assessment reports or medical letters.

When further expertise is required to understand the family and child’s need for specialized services, the assessment of needs process may include consultation with the FSCD Multi-Disciplinary Team (MDT) or other relevant professionals (see Section 10, Specialized Services for Children with Severe Disabilities).

The guardian’s written consent [Consent to Release Information (FSCD3592)] is required to obtain, discuss or exchange the family’s or child’s information with a third party (see Section 3, Collection, Use and Disclosure of Child and Family Information).

During the assessment of needs process, the FSCD worker may arrange a planning meeting with the guardian’s consent and involvement) to bring together the guardian and other relevant persons or professionals having knowledge of the child’s and family’s needs, to discuss support and service planning or service coordination issues.

During the assessment of needs process, if the FSCD worker becomes aware that the family has involvement from Child Intervention Services (CIS) or Supports for Permanency (SFP), the FSCD worker will share information with the CIS or SFP worker to initiate joint planning and support.
During the assessment of needs process, if the FSCD worker becomes aware that the family has a need for CIS services, the FSCD worker will adhere to Section 4 of the Child, Youth and Family Enhancement Act and will report the matter to the appropriate CIS office.

The FSCD worker will report any potential child protection concerns to CIS immediately and provide any relevant information (see Appendix O, Program Coordination between CIS and FSCD).

At any time throughout the assessment of needs process, the FSCD worker will consult with their supervisor if:

- a policy issue has been raised and the FSCD worker requires further clarification or direction on the matter;
- child protection concerns have been identified;
- the FSCD worker is unable to proceed with support and service planning because of concerns or discrepancy regarding the information gathered during the assessment of needs process;
- the guardian has not provided all requested information, e.g. verification that other supports and services, appropriate and available to their child and family, have been accessed;
- the potential need for child care supports has been identified or requested by the guardian;
- the potential need for specialized services has been identified or requested by the guardian; and/or
- the guardian has requested an out-of-home placement.

The FSCD worker will advise the guardian of the collection, use and disclosure of information during the assessment of needs process (see Section 3, Collection, Use and Disclosure of Child and Family Information).

The FSCD worker will advise the guardian of the FSCD Program’s concerns resolution process during the assessment of needs process (see Section 12, Concerns Resolution).
Essential Program Standards

For new FSCD files, the assessment of needs process is initiated within 15 working days of the Intake.

For ongoing FSCD files, the assessment of needs process is initiated at least 60 calendar days prior to the expiry date of the existing FSCD Agreement.

For all active FSCD Agreements, there is sufficient information on file to determine eligibility.

For all Active Agreements where a Family/Child Assessment of Needs (FCAON) was required, a face-to-face meeting with the parent/guardian occurred.

An On/Off Reserve Verification form (FSCD3594) is completed for children of First Nations origin.

For youth 16 years of age or older, a Transition to Adulthood Plan (TAP) is on file relating to the current FSCD Agreement.

Renewed FSCD Agreements are in approved status prior to the end date of the previous Agreement.

PROCEDURE

New Families

(1) Prior to contacting the guardian regarding the initial assessment of needs process, the FSCD worker reviews the completed application, Intake information and all medical documentation the guardian has submitted as well as any other information that will help them prepare for a meeting with the guardian (e.g. information about a rare diagnosis).

(2) The FSCD worker contacts the guardian within 15 working days of the Intake date to:

- review and clarify information provided through the FSCD Application form and intake process;
- provide information regarding the FSCD Program and the assessment of needs process;
• explain how information that the guardian provides to the Program will be used (see Section 3, Collection, Use and Disclosure of Child and Family Information);

• schedule a face to face meeting and advise the guardian that, at the meeting, they will need to show documentation confirming that their child is a Canadian citizen or permanent resident (see Section 5, Program Eligibility policy);

• ascertain if the guardian requires support to complete the assessment of needs process and to determine appropriate assistance when necessary (e.g. a family member, friend or community agency may assist in interpreting or be designated as an FSCD contact), and

• provide the guardian with information about relevant community supports, programs or services that may be helpful to the family.

NOTE: The FSCD Program does not pay for interpreter services, however, will assist the guardian in accessing an interpreter through other programs, services or resources in the community as appropriate.

Families Currently Receiving FSCD Services

(1) The FSCD worker, no less than 60 calendar days prior to the expiry of the families current FSCD Agreement:

• reviews the previous FCAON, IFSP, service provider plans, MDT recommendations, contact notes and the invoices the guardian has submitted for services provided in the previous year (as applicable);

• reviews any new information or documentation that has been submitted (e.g. new service provider plans); and

• considers ongoing eligibility for the Program and determines if additional information is required to confirm eligibility.

(2) The FSCD worker contacts the guardian, as required, to:

• confirm or discuss ongoing eligibility for the Program; and

• discuss the assessment of needs process.
Completing the Family/Child Assessment of Needs (FCAON)

♦ Throughout the FSCD assessment of needs process there must be a logical flow. Information is gathered through interviewing, observing and through documentation provided by the guardian, service provider or health professional. The information is analyzed and utilized to:
  - confirm ongoing eligibility for the FSCD Program;
  - understand the family and child’s disability-related needs;
  - assist the guardian to develop goals and strategies that enhance their ability to care for their child;
  - determine natural supports as well as community supports and services that the family may be able to utilize to assist them in achieving their goals; and
  - determine FSCD supports and services.

♦ The FCAON form has two parts:
  - Part I: Child Disability Related Care Needs
  - Part II: Child and Family Support and Service Planning

♦ If the child is not present at the face-to-face meeting with the guardian, the FSCD worker will arrange to meet with the child within a reasonable time frame following that meeting in order to complete the formal assessment of needs process.

Part I: Child Disability-Related Care Needs

(1) The FSCD worker meets with the guardian to complete Part 1 and 2 of the FCAON.

(2) During Part 1 of the assessment of needs process the FSCD worker:
  - discusses the family’s future goals and vision for their child
  - discusses with the guardian the child’s exceptional care needs and the impact of the child’s disability on the family
  - may utilize the Potential Focus of Family Support for Children with Disabilities Involvement Relevant to Age (see Appendix Q), the Child/Family Support Pyramid (see Appendix R), eco mapping,
genograms or a weekly calendar, as appropriate, to assist the guardian and FSCD worker to gain a common understanding of a family's needs and resources; and

• may ask the guardian to provide updated or additional medical or other assessment information, in order to better understand the family or child's needs.

**Part 2: Child and Family Support and Service Planning**

(1) The FSCD worker and guardian:

• explore all relevant natural, family and community supports that may be available to support the family and child;

• obtaining consent where required, consult with other professionals who work with or know the child to better understand the child's disability or the impact of the disability on the child’s activities of daily living;

• review the goals identified on the previous IFSP (where applicable), including barriers to goal attainment;

• review the use of services since the last assessment wherever a previous assessment has been completed;

• analyze the information gathered to come to a common understanding of the family and child's needs in the following areas:
  - extraordinary care the child requires,
  - how the extraordinary care impacts the family,
  - natural supports that may be available/developed,
  - community supports that may be available/developed

• based on the assessed need:
  - complete the IFSP that outlines the family's vision, goals, tasks and anticipated outcomes; and
  - determine FSCD supports and services, and
  - if specialized services are being considered, the FSCD worker consults with the supervisor and MDT Co-ordinator as required (see section 10, Specialized Services for Children with Severe Disabilities).
Completing an IFSP

(1) After analyzing all relevant information gathered through the assessment of needs process, the FSCD worker and guardian identify the assessed needs.

(2) The guardian clarifies their concerns and identifies their priorities related to enhancing their child’s development within the context of their family, community and other natural environments.

- **Concerns**: problems a guardian identifies regarding:
  - their child’s disability-related care;
  - their child’s ability to function in activities of daily living; and
  - impact of their child’s disability on other family members.

- **Priorities**: The concerns that are identified by the family as most critical and most likely to be influenced by changes within their family, social or community environment such as:
  - access to natural supports that may be developed to assist the family and child; and
  - community resources the family are not currently utilizing.

**NOTE**: The IFSP is a "family" plan. If the guardian has more than one child with an FSCD Agreement, only one IFSP for the family is created. A copy of the IFSP is placed on each child’s FSCD file.

(3) The FSCD worker assists the guardian to identify a vision for the future and goals that when attained, will create positive change in areas that have been identified as a priority for their family.

- **Goals**: What the family wants the situation to be like in the future. Based on the current situation, goals:
  - are meaningful and realistic;
  - are measureable and observable;
  - can be accomplished within one year; and
  - do not describe a service.
• Goals reflect the priorities of the guardian and are unique to each family and child’s needs. Goals commonly focus on family priorities related to:
  ➢ accessing information and resources relevant to a child’s disability;
  ➢ planning for a child in a manner that will take full advantage of a child’s abilities and strengths;
  ➢ accessing and coordinating available supports and services;
  ➢ managing a child's challenging behaviour;
  ➢ promoting a child’s development, functional abilities and participation in daily activities.
  ➢ enhancing the coping, problem solving or advocacy skills of the family;
  ➢ strengthening natural support systems; and
  ➢ increasing family/child participation in community.

(4) The FSCD worker and the guardian identify tasks, person responsible, timelines and signs of achievement that support the identified goals.

• Tasks: Activities directed towards achieving a specific goal. Several tasks may be assigned to achieve one goal.

• Person Responsible: Identifies who is responsible for the tasks outlined in the plan.

• Signs of Achievement: Identifies what will signify to the guardian that the goal has been attained.

(5) For youth age 14 to 16 years, the IFSP should focus on activities to prepare for transition planning. For youth age 16 years or older, a Transition to Adulthood Plan (TAP) is completed during the integrated transition planning meetings and is used instead of the IFSP (see Section 11, Transition Planning).

(6) When FSCD is supporting a child in an out of home placement the IFSP - Out of Home form is used instead of the IFSP (see Section 10, Out of Home Placement).

(7) Both the guardian and FSCD worker sign the completed IFSP.
Determining Appropriate Supports and Services

(1) After all relevant information is gathered and the IFSP has been completed, the FSCD worker and the guardian discuss the type of information, support or other services they require to:

- increase their capacity to address their child’s unique disability-related needs;
- lessen the impact of the child’s disability-related care needs on members of the family;
- increase their ability to build natural and community supports that will promote resiliency for the child and family; and
- enable them to continue caring for their child in the family home.

(2) The FSCD worker and the guardian discuss all natural supports as well as other programs, services and resources that are available to support the family (see Sections 6 and 7) relevant to the needs and priorities they have identified.

(3) The FSCD worker provides information about the range of services that are available through the FSCD Program and determines with the guardian the type and amount of FSCD support and services to be provided to address the family’s individual needs and help them to achieve the identified goals.

(4) The FSCD worker advises the guardian that FSCD services to be provided will be documented in an FSCD Agreement and that:

- they will receive the Agreement in the mail;
- they need to review the Agreement, sign and return it;
- if they have any questions prior to signing the Agreement they can contact the FSCD worker for clarification;
- they cannot access any services prior to the FSCD Agreement being approved by a supervisor or manager;
- FSCD will not pay for any services until the guardian signs the FSCD Agreement and it is returned to the FSCD office;
- they can only use services as identified in the FSCD Agreement and they are responsible for the cost of any services they use exceeding what is identified in the FSCD Agreement; and
• they are responsible for all costs normally associated with caring for their child, for accessing other programs and services, as well as for potential employer responsibilities (see Appendix G: Employee-Employer Relationship).

(5) Advise the guardian of final decisions relating to service provision (see Section 8, Decision Policy).

(6) Advise the guardian of the concerns resolution options that are available if they do not agree with a decision (see Section 12, Concerns Resolution).

(7) Provide the guardian with an information package that includes contact information and information regarding the FSCD Program reimbursement process.

(8) Update the child’s information in the FSCDIS file, including:
  • child’s diagnosis/disability information;
  • family’s address or other demographic information;
  • guardian information (i.e. change of work phone number, marital status); and
  • status of other family members (i.e. birth of a sibling, new parental status).

(9) Complete the FSCD Agreement (see Section 8, FSCD Agreement).

FORMS

♦ Family/Child Assessment of Needs
  Part 1 – Child Disability Related Care Needs (FSCD3601)
  Part 2 – Child and Family Support and Service Planning (FSCD3602)

♦ Individualized Family Support Plan (FSCD3593)

♦ Contact Notes (FSCD0072)

♦ Consent to Release Information (FSCD3592)

♦ Verification of On/Off Reserve Status (FSCD3594)
Planning for Change

- The FSCD Program recognizes that changes or the passage from one stage to another is a natural part of life.

- Examples of some life changes that all families may experience include:
  - a change in family composition (e.g. a new baby, marital status);
  - children starting school or changing schools;
  - relocating to a new home or city;
  - a change in family income or employment;
  - the shifting relationship between parents and children as they become teenagers and strive for more independence;
  - caring for an elderly or ill family member; and
  - when a child turns 18 years of age and, in Alberta, becomes a legal adult.

- Changes can be an exciting time of growth and opportunity and some changes, whether anticipated or unplanned, can be stressful or frightening.

- All children and families experience life changes however, children with disabilities and their families may experience some unique challenges including when:
  - a child is admitted to the hospital or receives a new diagnosis;
  - family members need to learn about and adapt to new or different care needs for their child;
  - a child reaches a developmental goal and new goals are identified;
  - a child becomes aware of his or her own limitations and differences;
  - the family starts working with a new service provider;
  - there is a change in need or type of services the family requires or receives; and
  - parents begin thinking about their child becoming an adult and the supports their child may need to help them achieve their goals.
♦ For a child with a disability, planning for life changes may be complex and require more time and proactive planning to ensure a smooth transition.

♦ Adapting to change and making a transition is more likely to be successful if families have a vision for the future and the information required to plan ahead and make decisions.

♦ The transition to adulthood is a significant change in all children’s lives. While all parents think about how to support their child’s transition to adulthood, the transition for children with disabilities often requires more intentional planning.

**INTENT**

♦ To ensure families have the information they need to start planning early and make informed choices and decisions about the future.

♦ To support families in talking with their child about hopes, dreams, and their vision for the future and to identify supports that promotes the greatest level of independence and participation in the community.

♦ To promote a life course perspective in planning for children with disabilities.

♦ To consider goals for the future, needs and anticipated changes when providing information and planning supports and services for families.

♦ To consider how supports align with the child and family’s more immediate and longer term plans.

♦ To support and engage both the child and family in decision making and transition planning, including during the transition to adulthood.

**POLICY**

♦ The FSCD worker will provide information and referral to other relevant programs or resources and assist the family as needed to connect with or coordinate services (see Section 6, Information, Referral and Advocacy Services).

♦ During the Assessment of Needs process or in providing ongoing support to the family, the FSCD worker will work together with the guardian to identify
and plan for anticipated and unanticipated changes that may affect their family (see Section 8, Assessment/Reassessment of Needs and Ongoing Support to Families).

♦ Where coordination and integration of supports and services is required the FSCD worker may coordinate a transition to adulthood planning meeting to bring together the family and relevant professionals or other persons who are knowledgeable about the child and family’s needs to plan and coordinate the provision of services between programs.

♦ Where another government program or service is available to the guardian or child, the FSCD worker will share necessary information to support service planning and work together with that program or service to coordinate the provision of services between programs (see Section 3, Collection, Use and Disclosure of Child and Family Information).

NOTE: For information about Alberta's Information Sharing Strategy please refer to the website at humanservices.alberta.ca/infosharing.

♦ When there is a change in the nature or level of services the family is receiving or an anticipated change in the types of supports and services that will be available to a family in the future, the FSCD worker will work together with the guardian to plan ahead for the transition. Examples of changes may include:

- The family moving to another area of the province (see Appendix D, Interregional Transfer Protocols);
- The transition from attending an after school care program to planning for other work-related child care arrangements after the age of 13 years old (see Section 10, Child Care Support for Children Age 13 Years and Older);
- Significant changes in the nature or level of services must be considered and planned for accordingly, e.g. the transition from Specialized Services to other supports (see Section 10 Specialized Services);
- If an out of home placement is being considered, the FSCD worker will explore the child’s potential eligibility for adult programs and ensure appropriate supports are sustainable into adulthood, if necessary (see Section 10, Out of Home Placement);
If a child is currently living in an out of home placement that will not be supported by an adult program, the FSCD worker will work together with the guardian and relevant adult programs to identify options and start planning early for transition to home, community or another living arrangement as an adult;

A child returning home after being in temporary care under the Child, Youth and Family Enhancement Act (see Appendix O, Program Coordination Protocol between CIS and FSCD).

Other relevant changes.

♦ FSCD supports and services provided will promote the guardian’s ability to plan ahead and support their child and family to successfully transition through life changes.

♦ The FSCD worker will begin to share information with the guardian about the transition to adulthood and considerations for adult services in a timely manner relevant to the circumstances, starting as early as when the child is age 9 years (see Appendix B, Integrated Transition Planning Tools).

♦ Prior to the child’s 16th birthday, the FSCD worker will begin sharing more detailed information about the integrated transition planning process that will start when the child is 16 years old.

NOTE: If the annual assessment/reassessment of needs process is scheduled to occur shortly before the child’s 16th birthday, the FSCD worker will initiate transition to adulthood planning early, rather than wait until the next annual assessment of needs.

PROCEDURE

(1) The FSCD worker and guardian discuss:

- the guardian and child’s vision for the future;
- anticipated or unplanned changes that may impact the family;
- the guardian’s priorities relevant to anticipated changes;
- strategies to enhance the family’s capacity to respond to changes;
- the family, friends and other natural supports that may be available to support the guardian and child in transitioning through times of change;
• the information and support needed to help the guardian and child plan and prepare for life changes, particularly the transition to adulthood;
• how FSCD supports and services can assist the guardian and child in preparing for and making successful transitions; and
• considerations relevant to the transition to adulthood, including the availability of adult programs and opportunities to promote the child’s greatest level of independence and participation as an adult.

(2) The FSCD worker provides information and referral supports and works together with other government programs, as needed, to coordinate the provision of services that support the family in planning for changes and making successful transitions.

(3) Before a child turns 16 years old, the FSCD worker provides the guardian with information about transition planning for adulthood and the integrated transition planning process that will start when the child is 16 years old.

(4) If the annual assessment/reassessment of needs is scheduled to occur shortly before the child’s 16th birthday, the FSCD worker will initiate transition to adulthood planning early.

FORMS
♦ Family/Child Assessment of Needs
   Part 1 – Child Disability Related Care Needs (FSCD3601)
   Part 2 – Child and Family Support and Service Planning (FSCD3602)
♦ Individualized Family Support Plan (FSCD3593)
♦ FSCD Agreement (FSCD1621)

TOOLS AND REFERENCES
♦ Information, Referral and Advocacy Services (Section 6)
♦ Assessment/Reassessment of Needs and Ongoing Support to Families (Section 8)
♦ Child Care Support for Children Age 13 Years and Older (Section 10)
♦ Specialized Services (Section 10)
♦ Out of Home Placement (Section 10)
♦ Integrated Transition Planning (Section 11)
♦ Transition to Adulthood Pathway (Appendix B)
♦ Transition to Adulthood - Record Keeping Checklist (FSCD0007)
♦ Program Coordination Protocol between CIS and FSCD (Appendix O)
♦ Potential Focus of Family Support For Children With Disabilities Involvement Relevant to Age - Developmental Guidelines (Appendix Q)
Ongoing FSCD Support to Families

INTENT

♦ To assist guardians to access supports, services and resources that will address their family’s and child’s identified needs.

♦ To assist guardians in enhancing their natural support system and their family's capacity to address their child's disability-related needs.

♦ To assist guardians in coordinating FSCD supports and services with other supports and services that the family may be receiving or have access to.

♦ To provide support in response to the family’s and child’s changing circumstances or needs.

POLICY

♦ The FSCD worker will assist the guardian to identify, explore and access other programs, services or resources available to them (see Sections 6 and 7).

♦ The FSCD worker will work together with other government programs to co-ordinate and plan supports and services between programs for common clients.

♦ Where FSCD and Child Intervention Services (CIS), including Support for Permanency (SFP), jointly serve a child with a disability and their family, the FSCD and the CIS/SFP workers will work together to ensure supports and services are provided in the least intrusive manner, from the most appropriate program, or the coordinated support of both programs (see Appendix O, Program Coordination Protocol between CIS and FSCD).

♦ If the child’s primary need for support is with Child Intervention Services (CIS), the FSCD worker will still facilitate joint consultative case planning between CIS and FSCD that goes beyond information sharing and program needs, but identifies processes for collaboration, clarifies responsibilities in
each program area, and ensures the needs of the child and family are being met with an integrated and effective response from both programs.

♦ The FSCD worker will work with the guardian, their service providers and other professionals involved with the child to coordinate supports and services that are outside of the guardian's FSCD Agreement as well as those that are provided in their FSCD Agreement.

♦ The FSCD worker will assist the guardian to identify options and find service providers relevant to the services identified in their FSCD Agreement.

♦ The FSCD worker will follow up with tasks identified and agreed to in the IFSP, where applicable.

♦ The FSCD worker will review and approve the Service Provider’s Program Plan (FSCD0467) minimally every six months or more often if required (see Section 10, Behavioural Support and Developmental Support).

♦ When specialized services are being provided, the FSCD worker will monitor the service use, and monitor and review updates to the Individualized Service Plan minimally once per year (see Section 10, Specialized Services).

♦ The FSCD worker will monitor and review out of home placements according to the timelines and terms indicated in the IFSP – Out of Home or minimally once per year (see Section 10, Out of Home Placement).

♦ The FSCD worker will assist the guardian to gather documentation and prepare for an MDT where applicable (see Section 10, Specialized Services).

♦ The FSCD worker will assist the guardian with planning for transitions, in particular with the transition to adult services (see Section 11, Transition Planning).

♦ The FSCD worker will work together with the guardian to resolve any concerns as they arise as well as advise the guardian and support them in accessing their Concerns Resolution options.

♦ The FSCD worker will work with the guardian to address changing needs as they arise during the period of assistance for an existing FSCD Agreement. The following changes may impact the family’s support, services or service
coordination needs or the goals and priorities identified in their current Individualized Family Support Plan (IFSP):

- a new diagnosis;
- new medical care needs, hospitalization or a new treatment regime;
- new or emerging behavioural challenges;
- changes in the support and services that the family or child are receiving from other resources, including at school, where applicable;
- changes to the family composition or who else is living in the family home;
- new living arrangements for the child or family; or
- if the family has moved within the province to a new region (see Appendix D, Interregional Transfer Protocols).

If there is a request for changes in FSCD support and services based on significant changes in the child’s needs or family circumstances, the FSCD worker may determine there is a need to initiate the assessment of needs process. The completion of the FCAON may be required to develop an understanding about the family's changing needs. The IFSP may need to be revised or a new IFSP may need to be developed.

If the changes are not significant the FSCD worker may gather the applicable information or documentation as needed and document the updated assessment of needs information in contact notes.

The IFSP will be reviewed and updated or revised during the course of an FSCD Agreement if the guardian’s goals or priorities change.

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**Essential Program Standards**

New Family Support for Children with Disabilities (FSCD) Agreements are in Approved Agreement status within 20 working days of Family/Child Assessment of Needs (FCAON) completion date.

Renewed FSCD Agreements are in Approved Agreement status prior to the end date of the previous Agreement.

For families receiving *Child Focused Services*, an Individualized Family Support Plan (FSCD3593) is on file.
For children receiving **Behavioural or Developmental Aide Support**, the rationale and behavioural or developmental need are documented on file.

For families and children receiving **Specialized Services** for the first time, there are MDT recommendations on file from the FSCD MDT, or from Children’s Hospital Early Childhood Development Team (ECDT) Calgary or Glenrose Rehabilitation Hospital Preschool Assessment Edmonton.

For families and children receiving ongoing **Specialized Services**, there is an Individualized Service Plan (ISP) on file related to the current Agreement.

For children residing in an **Out-of-Home Living Arrangement**, there is a completed Out of Home Service Plan (FSCD3562) on file related to the current Agreement.

For youth 16 years of age or older, a **Transition to Adulthood Plan (TAP)** is on file relating to the current FSCD Agreement.

**PROCEDURE**

(1) Upon receiving a call from the guardian, an FSCD worker discusses and clarifies with the guardian the type and scope of assistance required and as needed:

- provides information and referral;
- gathers information relevant to the family’s changing circumstances and needs;
- completes the FCAON, if required;
- makes appropriate changes to the Individualized Family Support Plan, when necessary;
- identifies if additional or different supports or services are required;
- documents the call and follow up on a contact note;
- completes an addendum to the family’s FSCD Agreement where applicable; and
- updates FSCDIS with any relevant changes.

(2) When a family’s or child’s circumstances have changed significantly and the previous FCAON does not provide the relevant or required information to determine appropriate supports and services, a new FCAON and IFSP may be completed or the existing FCAON and IFSP updated.
(3) The FSCD worker will arrange a transition planning meeting (with the guardian’s consent and involvement) to bring together the guardian and other relevant persons or professionals and, where applicable, other government programs and services that are working with the child and family to discuss support and coordination issues.

**FORMS**

- Consent to Release Information (FSCD3592)
- Contact Notes (FSCD0072)
- Service Provider’s Program Plan (FSCD0467)
- Family/Child Assessment of Needs
  - Part 1 – Child Disability Related Care Needs (FSCD3601)
  - Part 2 – Child and Family Support and Service Planning (FSCD3602)
- Individualized Family Support Plan (FSCD3593)
Service Approval - New or Reopened File

**INTENT**

♦ To ensure that appropriate approval is obtained for FSCD Agreements on new or reopened FSCD files prior to families accessing the services included in the Agreement.

**POLICY**

♦ This policy applies only to new intakes or reopened files.

♦ The Service Approval policy does not apply to files in transition between regions.

♦ All services must be included in an FSCD Agreement and approved by a manager/supervisor prior to families accessing the services.

♦ Manager/supervisor approval is based on:
  • Documentation validating eligibility;
  • Assessment information validating the need for services;
  • Compliance with the legislation and policies;
  • Adherence to Essential Program Standards; and
  • A review of the draft Agreement.

♦ The FSCD Agreement and the services it provides are approved when the manager/supervisor completes the approval function in FSCDIS.

♦ Verbal approval does not constitute approval of the Agreement and services therein.

♦ FSCD workers must advise parents of the approval process, including timelines.

♦ The FSCD worker and manager/supervisor must ensure the FSCD Agreement is approved in a timely manner.
The start date of the Agreement is the date that the Agreement is approved by the manager/supervisor or, if specified, a future start date.

The start date of an FSCD Agreement for a new or reopened file may precede manager/supervisor approval only if:

(i) A service was awarded by appeal. The start date for services awarded by appeal is the date specified in the decision, or if no start date is specified, the date of the appeal decision.

(ii) A manager/supervisor authorizes specific medical management services to start immediately, prior to the usual approval policy to address an urgent need (see Exceptional Consideration Authorization policy).

The start date of a service cannot precede the FSCD Agreement start date.

Families may begin using FSCD services on the date that a manager/supervisor approves the Agreement (the start date), or a future date if specified.

Families may be reimbursed for services only after:

- they have signed and returned their child’s FSCD Agreement;
- the Agreement has been signed by an Expenditure Officer; and
- the Agreement has been activated in FSCDIS.

**Essential Program Standards**

New Family Support for Children with Disabilities (FSCD) Agreements are in Approved Agreement status within 20 working days of Family/Child Assessment of Needs (FCAON) completion date.

**PROCEDURE**

1. The FSCD worker forwards the following to the manager/supervisor:

   - Relevant Information to validate the child’s eligibility for the Program;
   - Individualized Family Support Plan (IFSP);
   - A completed Family/Child Assessment of Needs form that supports the need for services;
• Relevant documentation to validate the services included in the draft Agreement; and
• The draft Agreement in FSCDIS.

(2) The FSCD worker ensures that the start dates for the Agreement allows time for manager/supervisor approval.

(3) The manager/supervisor approves the Agreement by completing the "approved" function in FSCDIS.

(4) If the manager/supervisor does not approve the Agreement, the draft Agreement is returned to the FSCD worker for the necessary revisions.
Exceptional Consideration Authorization for New or Reopened Files

INTENT
♦ To ensure managerial/supervisory authorization for some specific services related to a child’s hospitalization in urgent/unanticipated and rare circumstances outside of the Service Approval policy

POLICY
♦ This policy applies only to new intakes or reopened files
♦ Exceptional Consideration Authorization is a process by which a manager/supervisor approves, in writing, a service(s) in advance of a completed assessment of needs and draft Agreement (see Approval of Service policy).
♦ The following services may be authorized by Exceptional Consideration:
  • Mileage or public transportation
  • Parking
  • Day Trips over eight hours
  • Meals and accommodation
  • Sibling Care
♦ All of the following criteria must be met in order to request and authorize an Exceptional Consideration:
  • Eligibility for the program must be determined or there must be sufficient information gathered to determine eligibility on an interim basis pending a more thorough assessment of needs;
  • The need for a service(s) is directly related to child’s disability;
  • No other resource is available to meet the immediate service need;
  • Child is hospitalized outside of their regional area;
• Inpatient hospital stay of two or more consecutive days is required;
• Overnight accommodation required; and
• The need for service(s) is urgent and the family's circumstances are such that it would not be appropriate to wait for the completion of a thorough assessment of needs and draft Agreement as per the service approval policy.

♦ The start date of services provided by Exceptional Consideration Authorization can be up to five days preceding the Intake date.

NOTE: The "Intake Date" is the date that the FSCDIS Intake is completed, saved and an FSCD file number is assigned.

♦ The end date of services provided by Exceptional Consideration Authorization can be up to 30 days after the Intake date.

♦ Exceptional Consideration is requested through the use of an Exceptional Consideration Authorization Form.

♦ A manager/supervisor must sign the Exceptional Consideration Authorization form and the original kept on file.

♦ A copy of the Exceptional Consideration Authorization form, signed by the manager/supervisor, is sent to the parent for their signature.

♦ The parents are informed that the Exceptional Consideration Authorization form, signed by them, is to be returned to the FSCD office.

♦ The Exceptional Consideration Authorization form, signed by the manager/supervisor and the parent is placed on the child's file.

♦ All services authorized as an exceptional consideration must be included in an FSCD Agreement.

♦ A subclause must be included in the Agreement identifying that the service was provided by exceptional consideration.

♦ If continued eligibility is not confirmed at the assessment of needs, the Agreement would cover only the time period of Exceptional Consideration Authorization.
Families may be reimbursed for services only after:
- they have signed and returned their child’s FSCD Agreement;
- the Agreement has been signed by an Expenditure Officer; and
- the Agreement has been activated in FSCDIS.

**PROCEDURE**

1. An FSCD Intake is completed and initial information indicates interim eligibility for the program.
2. The parent expresses a service need.
3. The FSCD worker considers if the service need is urgent and needed in advance of completing assessment of needs and draft FSCD Agreement.
4. The FSCD worker checks to ensure the request meets the Exceptional Consideration criteria.
5. The FSCD worker completes an Exceptional Consideration Authorization form and submits it to a manager/supervisor.
6. If the Exceptional Consideration is not authorized, the FSCD worker discusses other options of support with the parents.
7. If the Exceptional Consideration is authorized, the FSCD worker forwards a copy of the Exceptional Consideration Authorization form to the parents for their signature.
8. The worker notifies the parent regarding whether the services requested through Exceptional Consideration were authorized and the start date for the services.
9. The Exceptional Consideration Authorization Form, signed by the manager/supervisor, is placed on the child’s file.
10. A copy of the Exceptional Consideration Authorization Form, signed by the manager/supervisor, is sent to the parent for signature.
11. A copy of the Exceptional Consideration Authorization Form, signed by the manager/supervisor and the parent is placed on the child’s file.
(12) The FSCD worker coordinates a time/date to complete a thorough assessment of needs with the family.

(13) Any services authorized by Exceptional Consideration are included in an FSCD Agreement with a subclause identifying that they were provided as an Exceptional Consideration.

(14) Families may be reimbursed for services only after:
   - they have signed and returned their child’s Agreement;
   - the Agreement has been signed by an Expenditure Officer; and
   - the Agreement has been activated in FSCDIS.

FORMS

♦ Exceptional Consideration Authorization Form
FSCD Agreement

Regulation

3 An agreement under section 3 of the Act between the Director and a child’s guardian must be in Form 1 in the Schedule and may provide for the following family support services:

Term of agreement
5 An agreement under section 3 or 4 of the Act
   (a) must have a term of not more than one year, and
   (b) may be amended at any time with the consent of the Director and the guardian who is a party to the agreement and the amendment may, subject to clause (a), extend the term of the agreement.

INTENT
♦ A legal document that details both the guardian and the FSCD Program responsibilities.

♦ To document the agreed upon FSCD services and terms for funding.

POLICY
♦ The period of assistance for an FSCD Agreement cannot exceed one year.

♦ The FSCD Program may enter into successive FSCD Agreements with a guardian based on the guardian and child’s continued eligibility for the FSCD Program, and their individually assessed need for FSCD services.

♦ For new families, FSCD Agreements are to be in “Approved Agreement” status, meaning that the Agreement is sent to the family for signature within 20 working days of the date that the Family/Child Assessment of Needs (FCAON) is completed.
♦ When Child Focused Services are included in an Agreement, an Individualized Family Support Plan must be on file.

♦ When services provided by Exceptional Consideration Authorization are included in an Agreement there must be an Exceptional Consideration Authorization form signed by an FSCD manager/supervisor and guardian on file.

♦ When behavioural or developmental services are included in an FSCD Agreement:
  • the rationale and behavioural or developmental need must be documented on file;
  • a Service Provider's Program Plan is required; and
  • the goals identified in the Service Provider’s Program Plan must be consistent with the child’s assessed needs.

♦ When an out of home placement is included in an FSCD Agreement, a completed Out of Home Placement Request form and an IFSP – Out of Home form must be on file and related to the current FSCD Agreement.

♦ FSCD Agreements must be signed by both the guardian and the Expenditure Officer and be moved to active status in FSCDIS before services can commence and invoices paid.

♦ A copy of the signed FSCD Agreement must be on the child’s FSCD file.

♦ A copy of the signed FSCD Agreement is provided to the guardian.

♦ Reasonable attempts are made to notify any other guardians not named on the child’s FSCD Agreement that the child has an FSCD Agreement.
  • Information about the Agreement will be shared with other guardians upon request.
  • see Section 3 Collection Use and Disclosure of Child and Family Information.

♦ Where continued services are to be provided, a new FSCD Agreement is to be in “Approved Agreement” status prior to the end date of the current FSCD Agreement.
Essential Program Standards

New Family Support for Children with Disabilities (FSCD) Agreements are in approved Agreement status within 20 working days of Family/Child Assessment of Needs (FCAON) completion date.

Renewed FSCD Agreements are in approved Agreement status prior to the end date of the previous Agreement.

For ongoing FSCD files, the assessment of needs process is initiated at least 60 calendar days prior to the expiry date of the existing Agreement.

For all active Agreements, there is sufficient information on file to determine eligibility.

For families receiving Child Focused Services, an Individualized Family Support Plan (FSCD3593) is on file.

For children receiving Behavioural or Developmental Aide Support, the rationale and behavioural or developmental need are documented on file.

For families and children receiving Specialized Services for the first time, there are MDT recommendations on file from the FSCD MDT, or from Children's Hospital Early Childhood Development Team (ECDT) Calgary or Glenrose Rehabilitation Hospital Preschool Assessment Edmonton.

For families and children receiving ongoing Specialized Services, there is an Individualized Service Plan (ISP) on file related to the current Agreement.

For children residing in an Out-of-Home Living Arrangement, there is a completed Out of Home Service Plan (FSCD3562) on file related to the current Agreement.

An On/Off Reserve Verification form is completed for children of First Nations origin.

For youth 16 years of age or older, a Transition to Adulthood Plan (TAP) is on file relating to the current FSCD Agreement.

PROCEDURE

(1) The FSCD worker prepares the Family Support for Children with Disabilities Agreement (see form in Appendix A) based on the individual needs identified through the assessment of needs process and the goals identified in the completed Individualized Family Support Plan or
Transition to Adulthood Plan where applicable and any services authorized by Exceptional Consideration.

(2) The FSCD worker forwards the draft FSCD Agreement and supporting documentation to the FSCD supervisor for approval.

(3) The FSCD supervisor reviews the information obtained through the assessment of needs process, Individualized Family Support Plan, the Out of Home Service Plan or Transition to Adulthood Plan (where applicable) and the draft FSCD Agreement before approving the draft Agreement.

(4) If the FSCD supervisor does not approve the FSCD Agreement, it is returned to the FSCD worker.

(5) The FSCD worker makes required changes to the Agreement and resubmits the draft Agreement and other documentation to the FSCD supervisor.

(6) The FSCD Agreement is approved on the FSCDIS system by the FSCD supervisor.

(7) When approved by the FSCD supervisor, the FSCD Agreement is sent to the guardian, via mail, hand delivery, pick up or by fax where necessary for the guardian’s review and signature.

(8) The FSCD Worker reminds the guardian that any other known guardians of the child not named on the FSCD Agreement will be informed that the child has an FSCD Agreement and provided with information regarding the FSCD Agreement upon request.

(9) When the guardian returns the signed Agreement to the FSCD Program, the Expenditure Officer reviews and signs the Agreement.

(10) The Agreement is activated on the FSCDIS system only after both the guardian and Expenditure Officer have signed it.

(11) A copy of the signed and active FSCD Agreement is provided to the guardian and the master copy of the Agreement is placed on the child’s FSCD file.
FORMS

♦ Family Support for Children with Disabilities Agreement (FSCD1621)
Amendment to the FSCD Agreement

Regulation

Term of agreement
5 An agreement under section 3 or 4 of the Act
   (a) must have a term of not more than one year, and
   (b) may be amended at any time with the consent of the director and the guardian who is a party to the agreement and the amendment may, subject to clause (a), extend the term of the agreement.

INTENT

♦ An amendment allows for changes to be made regarding FSCD services or funding included in an existing FSCD Agreement.

POLICY

♦ An amendment to an existing FSCD Agreement is completed through the use of a Family Support for Children with Disabilities Amendment Agreement (see form in Appendix A).

♦ Services may be added to or removed from an FSCD Agreement or the Agreement terminated prior to the stated end date by amending the Agreement and obtaining the guardian's and Expenditure Officer's signatures.

♦ Either a guardian or the FSCD worker may identify the need for an amendment to the FSCD Agreement.

♦ More than one amendment can be made to an FSCD Agreement if necessary.

♦ Services added or changed by the amendment must be consistent with (cannot exceed) the existing Agreement's start and end dates.
Significant changes to the services in an FSCD Agreement may require that the Agreement be terminated and a new Agreement completed rather than changing the Agreement by an amendment.

A copy of the signed amendment is placed on the child's file.

A copy of the signed amendment is provided to the guardian.

When Child Focused Services are added to an FSCD Agreement by amendment, an Individualized Family Support Plan must be on file.

When developmental or behavioural services are added to an FSCD Agreement by amendment, the rational and behavioural or developmental need must be documented on file, and a Service Provider's Program Plan is required.

When specialized services are added to an Agreement by amendment and it is the first time the family is receiving specialized services, Multi-Disciplinary Team recommendations must be on file.

When out of home placement services are added to an Agreement by amendment, a completed Out of Home Placement Request form and an IFSP – Out of Home form must be on file and related to the current FSCD Agreement.

**Essential Program Standards**

For all Active Agreements, there is sufficient information on file to determine eligibility.

For families receiving **Child Focused Services**, an Individualized Family Support Plan (FSCD3593) is on file.

For children receiving **Behavioural or Developmental Aide Support**, the rationale and behavioural or developmental need are documented on file.

For families and children receiving **Specialized Services** for the first time, there are MDT recommendations on file from the FSCD MDT, or from Children’s Hospital Early Childhood Development Team (ECDT) Calgary or Glenrose Rehabilitation Hospital Preschool Assessment Edmonton.
For families and children receiving ongoing **Specialized Services**, there is an Individualized Service Plan (ISP) on file related to the current Agreement.

For children residing in an **Out-of-Home Living Arrangement**, there is a completed Out of Home Service Plan (FSCD3562) on file related to the current Agreement.

For youth 16 years of age or older, a **Transition to Adulthood Plan (TAP)** is on file relating to the current FSCD Agreement.

**PROCEDURE**

(1) The FSCD worker and guardian identify changing needs that require an amendment to the family's existing FSCD Agreement.

(2) The FSCD supervisor reviews the Family/Child Assessment of Needs (FCAON) form, the Family Support for Children with Disabilities Amendment Agreement and supporting documentation, before approving the draft amendment.

(3) If the FSCD supervisor does not approve the amendment, it is returned to the FSCD worker.

(4) The FSCD worker makes required changes to the amendment and resubmits it along with the necessary supporting documentation to the FSCD supervisor.

(5) If the FSCD supervisor approved the amendment, it is sent to the guardian, via mail, hand delivery, pick up or by fax where necessary for the guardian’s review and signature.

(6) When the guardian returns the signed amendment to their FSCD worker, the Expenditure Officer reviews and signs the amendment and the amendment is activated on the FSCDIS system.

(7) A copy of the signed and active Family Support for Children with Disabilities Amendment Agreement is provided to the guardian and a copy of the amendment is placed on the child’s FSCD file.

**FORMS**

♦ FSCD Amendment Agreement (FSCD3597)
Reimbursement for Services

INTENT
♦ To provide timely reimbursement for supports and services, as set out in the FSCD Agreement.

POLICY
♦ An active, or previously active, FSCD Agreement or Addendum is required in order for guardians to be reimbursed for services or for invoices to be paid.

NOTE: An FSCD Agreement or Addendum is considered active when it is signed by both the guardian and a Regional staff with delegated signing authority as well as activated in FSCDIS.

♦ The FSCD Program will reimburse guardians for services and costs incurred during the specified periods of assistance as outlined in their active FSCD Agreement or Addendum.

♦ The FSCD Program requires guardians to submit expenses either manually on the Statement of Expense (SOE) form or electronically through the Online Claims Reimbursement (OCR) portal (https://ocr.humanservices.alberta.ca).

♦ The FSCD Program does not require receipts to be sent in with the invoice for either the SOE form or electronic invoices.

♦ Guardians are responsible for keeping original receipts and records for ten (10) years for all expenses submitted. This includes the SOE, the invoice generated by the OCR portal, all Record of Services Provided (ROSP) forms and itemized receipts.

♦ Guardians must provide all original receipts and other supporting documentation related to expenses upon request.

♦ For any services that are provided by a private care provider or an agency privately hired by the guardian, a Record of Services Provided (ROSP) form is required for verification of hours and services provided. Privately hired service providers are required to sign the ROSP form.
♦ Payments are to be released within 30 calendar days of receipt of the invoice.

♦ The FSCD Program will not make direct payment on behalf of the guardian to a private person who is hired by the guardian to provide services.

♦ The FSCD Program may make arrangement upon request of the guardian to pay an agency service provider directly on the guardian's behalf. Guardians must validate that services have been received prior to payment of invoices submitted by a service provider agency.

♦ Where the FSCD Program has agreed to pay an agency service provider on the guardian's behalf, this administrative arrangement must be documented as follows in the FSCD Agreement/Addendum using the following subclause:

“The guardian acknowledges their responsibility as the employer of their chosen service provider. The director, upon request of the guardian, agrees to provide payment directly to the service provider chosen by the Guardian, solely for the purposes of administrative ease and efficiency. Confirmation that the service has been received must be provided to the director by the guardian prior to payment.”

♦ This subclause must be added to each service for which this administrative arrangement has been agreed to.

**Essential Program Standards**

Payments are released within 30 calendar days of receipt of invoices by the FSCD Program.

**PROCEDURE**

(1) The FSCD worker will provide the guardian with instructions for reimbursement. This includes giving the appropriate forms and information on how to access the OCR portal as well as information about direct deposit services.

(2) Guardians will retain a complete record for all submitted expenses for a period of ten (10) years. This record must include original copies of:
   - invoices, either the SOE form or the form generated by OCR;
   - all receipts; and
   - the completed ROSP forms, where required.
(3) The FSCD worker will advise the guardian of:

- their need to submit their expenses in a timely manner,
- their obligation to provide receipts or other validation and supporting documentation relevant to the services, upon request. This may include detailed records, itemized receipts and completed ROSP forms, and
- their employer/employee responsibilities.

Note: If issues arise with a service provider and their employee/employer relationship with the family, the service provider should be referred to the Alberta Employment Standards office.

**FORMS**

- FSCD Agreement
- FSCD Amendment Agreement
- Statement of Expenses (FSCD1845)
- Record of Services Provided (FSCD0003)
**File Closure/Transfer**

**INTENT**
- To detail and confirm the process required to formally close a child’s FSCD file.
- To detail and confirm the process required to transfer a child's FSCD file to another region.

**POLICY**
- FSCD workers will identify and explain to families the reason for file closure to the guardian.
- File Closure Reasons:
  - Child Deceased
  - Child Age 18
  - Whereabouts of Family Unknown or No Follow-up by Parent/Guardian
  - Family Left Provincial Jurisdiction
  - Required Supports and Services Provided Elsewhere
  - Supports and Services No Longer Required
  - Child in Care of Child Intervention Services under a TGO or PGO Exceeding 30 Days
  - Request for Services Withdrawn
  - Information and Referral Services Provided – No Other Services Are Required or Appropriate
  - No Follow-up by Parent/Guardian
  - File Transferred to Another region
  - No Confirmed Diagnosis or Medical Documentation Provided
• Legal Termination of Agreement
• Not Eligible as per Definition of Disability
• Not Eligible Based on Canadian Citizen or Permanent Resident Requirement
• Not Eligible – Caregiver does not have Guardianship Status and Guardian not available to enter into an Agreement

♦ FSCD workers will inform families that they may reapply to the FSCD Program if their family or child's circumstances change.

♦ Confirmation of file closure must be provided to the family in writing except when the child is deceased.

♦ Where a file closure is justified and the family is unavailable, successive attempts to contact the family will be made and documented including phone calls and letters. Sufficient time is to be allowed for the family to respond before the file is closed.

   • A child’s file may be closed after 30 calendar days from the date of a letter advising of the file closure.

♦ When a child that is involved with Child Intervention Services is no longer eligible for the FSCD program, FSCD may keep the file open, under “referral only” to allow for information, referral, and advocacy even though an FSCD Agreement is not being negotiated (see Section 6 Information, Referral and Advocacy, and Appendix O: Program Coordination Protocol between CIS and FSCD).

♦ If the child’s primary need for support is with Child Intervention Services (CIS), the FSCD worker will still facilitate joint consultative case planning between CIS and FSCD that goes beyond information sharing and program needs, but identifies processes for collaboration, clarifies responsibilities in each program area, and ensures the needs of the child and family are being met with an integrated and effective response from both programs.

PROCEDURE

(1) The FSCD worker will notify the family of the file closure and provide rationale as to why the file is being closed.
(2) A file may be closed due to a variety of reasons, as outlined below.

- **Death of a Child**
  If the reason for file closure is due to the death of a child, the response varies with the situation. The FSCD worker or program representative should personally contact the family to offer their condolences and connect the family to appropriate community supports.

  *FSCDIS Closure Reason: Child Deceased*

- **Child Turning 18 Years of Age**
  Three to six months prior to the child’s 18\textsuperscript{th} birthday, arrange a meeting with the family to discuss the upcoming termination of supports and services and to help the family with any unresolved issues around transition planning (see Transition to Adulthood in Section 11). Work with guardians to explore other natural advocates available and invite them to call you at a later date. Document the meeting on a Contact Note. One month prior to the child’s 18\textsuperscript{th} birthday, send out a letter stating eligibility ends as of the specified date (one calendar day prior to the child’s 18\textsuperscript{th} birthday).

  *FSCDIS Closure Reason: Child Age 18*

- **Lack of Contact with Guardians**
  If you cannot locate the guardian, establish when contact was last made and confirm whether the guardians are still accessing supports and services. Make several attempts to contact the family (e.g. first by telephone, then by letter). The initial letter should instruct the guardian to contact the FSCD Program within thirty days or the file will close. If there is no response within the allotted thirty-day period, close the file. The total time for this full process is approximately two to three months.

  *FSCDIS Closure Reason: Whereabouts of Family Unknown or No Follow-up by Guardian*
• **Out of Province Move**
   When the child moves out of Alberta, the FSCD worker explains to the family that the file will be closed (if the FSCD worker knows in advance). Ensure the family has the relevant contact information for where they are going and make sure the family has access to copies of documents, such as the Family/Child Assessment of needs form, Individualized Family Support Plan or FSCD Agreement. Identify and resolve any outstanding issues (e.g. ensuring the family’s invoicing is complete).

   *FSCDIS Closure Reason: Family Left Provincial Jurisdiction*

• **Transfer to Another Program**
   A transfer to another program usually arises from support and service/transition planning and is most likely identified during the assessment of needs process. It is important to apply existing and relevant protocols, where applicable.

   *FSCDIS Closure Reason: Required Supports and Services Provided Elsewhere*

• **Services No Longer Required**
   The file may be closed when the required information and/or referral services have been provided and no additional supports and services are required or when the file is transferred to Child Intervention Services.

   *FSCDIS Closure Reason: Supports and Services No Longer Required*

• **Child Has Attained Goals**
   During the assessment of needs process, the family and FSCD worker may determine the family and child have successfully achieved their goals and no longer require supports or services.

   *FSCDIS Closure Reason: Supports and Services No Longer Required*
• **Temporary Guardianship Order/Permanent Guardianship Order**
  When the child is in the care of Children Intervention Services (CIS), under a Temporary Guardianship Order (TGO) or Permanent Guardianship Order (PGO), for a period exceeding 30 days, in consultation with the CIS program the FSCD file may be closed (see Appendix O, Program Coordination Protocol between CIS and FSCD)

  *FSCDIS Closure Reason: Child in Care of Child Intervention Services under a TGO or PGO Exceeding 30 Days*

Note: When a child that is involved with Child Intervention Services is no longer eligible for the FSCD program, it may be appropriate to keep the FSCD file open, under “referral only” to allow for consultation, information, referral and advocacy support, even though an FSCD Agreement is not being negotiated.

• **Guardian Request**
  Determine the reason for the request and attach a Contact Note that outlines the reason the request was made. Send the guardian a letter that confirms the request for closure and advises the file will be closed in thirty days, unless the request is withdrawn.

  *FSCDIS Closure Reason: Request for Services Withdrawn*

• **Only Requesting Information, Referral or Advocacy Supports**
  Some families may not require specific FSCD services. After appropriate information, referral or advocacy supports have been provided their file may be closed.

  *FSCDIS Closure Reason: Information and Referral Services Provided – No Other Services Are Required or Appropriate*

• **Family Moves to Another Region**
  Refer to Interregional Transfer Protocol.

  *FSCDIS Closure Reason: File Transferred to Another Region*
• **No Confirmed Diagnosis Received or Medical Documentation Provided**
  Families with children awaiting diagnosis are eligible for supports for up to two years. If a diagnosis is not received or written medical documentation of a diagnosis is not provided within the two-year period, contact the family to discuss the need to close the file. It is important to provide information and referral services to assist the family with any ongoing needs if the FSCD file is to be closed.

  *FSCDIS Closure Reason: No Confirmed Diagnosis or Medical Documentation Provided*

• **Legal Termination**
  Files may be closed due to a legal termination of the Agreement, under Section 5(1) of the *FSCD Act*.

  *FSCDIS Closure Reason: Legal Termination of Agreement*

• **Not Eligible for the FSCD Program based on Definition of Disability**
  A file may be closed when it has been determined that the child does not have, or no longer has, a disability or condition or impairment that may lead to a disability. In order to be eligible for the FSCD Program the child must meet the definition of disability established in the *FSCD Act*.

  *FSCDIS Closure Reason: Not Eligible as per Definition of Disability*

• **Not Eligible for the FSCD Program based on Citizenship or Residency**
  A file may be closed when it has been determined that the child is not a Canadian citizen or a permanent resident within the meaning of the *Immigration and Refugee Act*. The child must also reside in Alberta at the time an FSCD Agreement is negotiated and for the period of the Agreement. Residency criteria must be met in order for the child to be eligible for the FSCD Program.

  *FSCDIS Closure Reason: Not Eligible Based on Canadian Citizen or Permanent Resident Requirement*
• **Not Eligible for the FSCD Program based on Guardianship**
  Guardianship criteria must be met in order for the child to be eligible for the FSCD Program. The file may be closed if the private guardian for the child is not available to enter into an FSCD Agreement, or does not maintain full guardianship responsibilities for the child.

  *FSCDIS Closure Reason: Not Eligible – Caregiver does not have Guardianship Status and Guardian not available to enter into an Agreement*

(3) If a file is being closed either on or prior to the end date of the FSCD Agreement, take the following steps:

- Discuss file closure and rationale for closure with the guardian.
- Provide appropriate information and referral supports to assist the family with the transition from the FSCD Program to other programs, community supports or resources as required.
- Complete steps appropriate to the reason for closure (see “Reasons for Closure” on the preceding pages).
- Complete file closure process in FSCDIS including the closing summary and appropriate closure reason.
- Obtain supervisory approval for the file closure.
- Send the family a letter confirming the file closure and reason for closure.

(4) Where a file is being transferred between regions, follow the procedures set out in Interregional Transfer Protocol.

(5) Where a file is being closed because the child is in care of Child Intervention Services (see Appendix O, Program Coordination Protocol between CIS and FSCD).

(6) Document in FSCDIS under File Closure/Transfer the reasons for the closure/transfer and provide summary information particularly if the file is being transferred to another region.
FORMS

- Contact Notes (FSCD0072 on FSCDIS)
- Closing Summary (on FSCDIS)
Advising Guardian of Decisions

**Act**

**Decision-making criteria**

2.1 When making a decision under this Act the director must consider the criteria for making a decision provided for in the regulations.

**INTENT**

♦ To ensure that decisions are clearly communicated with the guardian.

♦ To ensure that the guardian understands when a decision has been made to deny eligibility for the FSCD Program, to deny the provision of a service or to cancel an FSCD Agreement.

♦ To ensure that the guardian is aware of the next steps and concerns resolution options if they do not agree with a decision.

**POLICY**

♦ Decisions include any final decision made under the authority of the FSCD Act and Regulation regarding program eligibility, the provision of a service including the nature and level of service, or the cancellation of an FSCD Agreement.

♦ Decisions must be made and communicated with the guardian in a timely manner.

  • where despite all reasonable efforts to support the guardian in gathering the necessary information or consent to consult with experts or others who have knowledge of the family/child's needs there is insufficient information to support eligibility for the program or the need for a requested service, a final decision must be made within a reasonable timeframe based on the information that has been received.
NOTE: Refer to specific timelines for decision making relevant to specialized services.

♦ The FSCD worker must advise a guardian, both verbally and in writing when a final decision has been made to deny eligibility for the FSCD Program, to deny the provision of a service or when an FSCD Agreement is cancelled.

  • Upon the guardian’s request, the FSCD worker will provide a written decision letter regarding any other decision made.

♦ The verbal decision must be followed up in writing within seven (7) calendar days.

♦ The FSCD worker must explain and provide rationale for the decision as well as advise the guardian of their concerns resolution options (see Concerns Resolution Section 12).

♦ When advising the guardian of more than one decision, the written notification will clearly identify and provide rationale for each of the decisions being communicated.

♦ The date of the written notification of decision is used to establish the timelines for submitting a Notice of Appeal (see Concerns Resolution – Appeals policy Section 12).

♦ For specialized services, decisions at each of the five key decision-making points within the specialized service decision-making process must be communicated with the guardian verbally and, where a decision is made not to provide specialized services, in writing to the guardian (see Specialized Services for Children with Severe Disabilities, Section 10-76).

PROCEDURE

(1) When a final decision has been made denying eligibility for the FSCD Program, denying the provision or level of an FSCD service or an FSCD Agreement has been cancelled, the FSCD worker will:

  • contact the guardian to advise of the decision and/or arrange a time to meet to discuss the decision;
  • explain and provide rationale for the decision;
• advise the guardian that if they do not agree with the decision or the explanation provided, they can discuss their concerns with a Supervisor and/or Manager;
• advise the guardian of the FSCD concerns resolution options available to them if they disagree with the decision;
• provide the guardian with the necessary forms to access a Review of FSCD Program Decision or to initiate an Appeal (see Concerns Resolution polices, Section 12); and
• send a written notice of the decision to the guardian within seven (7) calendar days of verbally communicating the decision to the guardian.

(2) The written notification of the decision to the guardian (see Sample Decision Letter, Appendix A-46) will:
• clarify the decision they are being advised of;
• provide rationale for the decision;
• outline the concerns resolution options;
• advise the guardian that the date of the letter initiates the timelines for submission of a Notice of Appeal (see Concerns Resolution policy, Section 12);
• clarify how to obtain the necessary forms to access a Review of FSCD Program Decision or Appeal if the same have not already been provided; and
• advise the guardian who to contact to further discuss their concerns or the concerns resolution options available to them.
Section 9: FAMILY SUPPORT SERVICES
Family Support Services

Regulation

4 (1) An agreement under section 3 of the Act between the director and a child’s guardian must be in Form 1 in the Schedule and may provide for the following family support services:

The FSCD Program provides information, referral and advocacy supports as well as specific family support services to families with children with disabilities who meet program eligibility criteria based on their unique needs and circumstances. Family Support Services are intended to support families with the extraordinary demands of caring for a child with a disability.

Family support services include:

- Individual and family counselling
- Clothing and footwear
- An array of medical appointment supports
- Out-of-province medical appointment supports
- Respite supports.
Counselling

Regulation

3 (a) up to 20 hours annually of individual and family counselling to assist the family in caring for the child;

INTENT

♦ Counselling is intended to support families well-being and strengthen their ability to care for and face the challenges of their child's disability or obtain understanding and resolution where appropriate.

♦ There may be times in a child’s life or circumstances for the family where counselling services may be beneficial (e.g. initial diagnosis, delayed developmental milestones, educational transitions and the transition to adulthood).

POLICY

♦ The FSCD Program may provide assistance with the cost of a maximum of up to 20 hours per year of individual and/or family counselling (including time spent writing reports) from a licensed or registered provider under the Health Professions Act to support the family's well-being.

♦ Parents are responsible for costs associated with psychological testing.

PROCEDURE

(1) Parents are expected to access counselling services or coverage from other available programs, such as Mental Health Services, benefit plans, Blue Cross, private health insurance or employee plans, before accessing this service where such services or coverage are available to them.

(2) Where alternative counselling services or coverage are not available or have been exhausted, the FSCD Program will help families access
counselling services of their choice from a licensed or registered health care provider under the Health Professions Act.

(3) The FSCD worker and the parents collaboratively identify the number of hours of individual or family counselling required to meet the family’s needs.

(4) Parents must submit expenses for reimbursement.

(5) Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services) Receipts require the provider’s license/registration number.

FSCDIS
FAMILY SUPPORT SERVICES
Related Supports
Family or Individual Counselling

- Assistance with the cost of family or individual counselling, not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
Clothing and Footwear

**Regulation**

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<td>3 (b)</td>
<td>if the child has extraordinary need for clothing and footwear directly related to the child’s disability, up to $400 annually;</td>
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**INTENT**

♦ Assistance with clothing and footwear is intended to assist parents with some of the extraordinary costs associated with clothing and footwear for a child with a disability.

**POLICY**

The FSCD Program may provide assistance with the cost of extraordinary clothing and footwear needs that are directly related to a child's disability up to a maximum of $400 per year.

Parents remain responsible for their child’s typical clothing and footwear expenses.

Assistance with extraordinary clothing and footwear costs may be considered when, as a result if the child’s disability, there is:

- Excessive wear and tear on clothing or footwear (e.g. due to braces, crawling)
- A need for specialized footwear to accommodate the disability
- Excessive or continual soiling of undergarments, pants or shorts for children over the age of three years
- Tearing of clothing, as the result of behavioural issues (e.g. ripping or biting)
- Excessive drooling and damage to clothing that results from a documented medical condition
- A need for specialized clothing adaptation or alteration, as a result of a medical condition (e.g. scoliosis, cerebral palsy)
• Additional clothing requirements where the child’s weight substantially varies over a short period of time (e.g. weight gain from medication)

• A need for other extraordinary clothing and/or footwear that are directly related to the child’s disability, not listed above.

PROCEDURE

(1) The FSCD worker and parents collaborate to identify the extraordinary clothing and footwear needs, such as the number and approximate cost of each item required, based on typical clothing or footwear costs.

(2) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

(3) Clothing items and footwear submitted for reimbursement must be clearly marked on the receipt.

FSCDIS

FAMILY SUPPORT SERVICES

Related Supports

Clothing and Footwear

• Assistance with the cost of extraordinary disability-related clothing and footwear needs, not to exceed $____ per ____ per ____. For the period __________ to __________.
Medical Appointment Supports

POLICY

The costs associated with attending disability-related medical appointments can have an extraordinary financial impact on families of children with disabilities. The Director may enter into an Agreement to assist families with some of the extraordinary costs related to disability-related medical or rehabilitation appointments or hospitalization, including:

- Mileage and public transportation
- Parking
- Day trips, over eight hours in duration
- Meals and accommodation
- Sibling care
- Out-of-province medical appointments.
Mileage and Public Transportation

Regulation

3 (c) for travel in Alberta to a child’s medical or rehabilitation appointments or for hospitalization, directly related to the child’s disability,

(i) $0.12 for each kilometre or, if public transport is used, the cost of the most cost-effective and appropriate means of public transport for the child and one adult accompanying the child, and

INTENT

♦ The FSCD Program acknowledges that transportation costs may be significant when a child has many medical appointments related to their disability. Assistance with disability-related transportation costs are intended to help offset the costs of transporting a child and parent to and from medical or rehabilitation appointments, hospital stays or other medical, rehabilitation or treatment facilities the child needs to attend.

POLICY

♦ The FSCD Program may assist parents with a maximum of 12¢ per kilometre for travel directly related to the child’s disability to and from medical or rehabilitation appointments or hospitalization.

♦ Assistance with mileage costs may be provided where the parent's vehicle is used for transportation or where the parent is required to reimburse a family member or friend for the use of their private vehicle.

♦ Where parents who do not have access to a vehicle, assistance with the cost of public transportation may be provided.

♦ Parents continue to be responsible for transportation to and from medical appointments not related to a child’s disability.
PROCEDURE

(1) Parents identify, to the best of their ability, the number of medical or rehabilitation appointments or hospitalizations anticipated or scheduled for their child in the coming agreement period and the distance (kilometres) per appointment.

(2) The FSCD worker and parents collaborate to calculate the number of kilometres parents will travel to medical or rehabilitation appointments and/or for hospitalization over the agreement period.

(3) Parents record and keep an ongoing record of the mileage to and from disability-related medical or rehabilitation appointments, the time and date of the appointments, kilometre totals and the name of the health care provider with whom the child has the appointment.

(4) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request (see Section 8, Reimbursement for Services).

FSCDIS
FAMILY SUPPORT SERVICES

Medical Appointment Supports

Mileage
- Assistance with the cost of mileage to attend disability-related medical or rehabilitation appointments, not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Public Transportation
- Assistance with the cost of public transportation (other than the parent's own private vehicle) to attend disability-related medical or rehabilitation appointments, not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
Parking

Regulation

3 (c) for travel in Alberta to a child’s medical or rehabilitation appointments or for hospitalization, directly related to the child’s disability,
(ii) up to $10 daily for parking;

INTENT
♦ Assistance with parking costs is intended to assist parents with the cost of parking, during disability-related medical or rehabilitation appointments, visits/stays while a child is hospitalized and/or visits while a child is attending a medical treatment or assessment program full-time.

POLICY
♦ When parents use a private vehicle to transport their child with a disability to a disability-related medical or rehabilitation appointment, the FSCD Program may assist with the cost of parking up to $10 a day.
♦ Assistance with parking fees may be considered when the parent is visiting or staying with a child during a hospital stay, taking a child to an appointment at a medical facility and/or when there are parking costs associated with parents visiting a child who is an inpatient at a medical treatment or rehabilitation program.

PROCEDURE
(1) The FSCD worker and parents collaboratively identify the number of parking trips associated with medical or rehabilitation appointments for a child, visiting or staying with a child when the child is hospitalized and/or when the child is undergoing rehabilitation, assessment or treatment at a medical facility.
(2) Parents are expected to keep a record of the medical or rehabilitation appointments.
(3) Parking will be reimbursed at the most economical hourly, daily, weekly or monthly rate for the medical care facility and cannot exceed the cumulative daily maximum of $10 per day.

(4) Parents are responsible for parking costs for medical appointments not related to the child’s disability (e.g. routine dental appointments, regular ophthalmologists or audiologist appointments).

(5) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

FSCDIS
FAMILY SUPPORT SERVICES

Medical Appointment Supports

Parking
- Assistance with the cost of parking while attending disability-related medical or rehabilitation appointments, not to exceed $____ per ____ per _____. For the period ____ to ____.
Day Trips Over Eight Hours

Regulation

3 (d) for travel in Alberta to a child’s medical or rehabilitation appointments or for hospitalization, directly related to the child’s disability, if attending the appointments requires that the child be out of the home for at least 8 hours but not overnight,

(i) up to $5 daily for meals for the child and up to $8 daily for meals for an adult accompanying the child and

(ii) family support services described in clause (c);

INTENT

♦ This service is intended to assist parents with the extraordinary costs of mileage or public transportation, parking and meals for medical appointments where the appointment requires that the child and parent be away from home for a period of longer than eight hours including travel time.

POLICY

♦ FSCD may assist the parent with the cost of meals, parking, and transportation (up to the maximum amounts specified in regulation) when the child is required to attend a medical or rehabilitation appointment that requires the child and parent to be out of the home for more than eight consecutive hours (including travel time).

PROCEDURE

(1) The FSCD worker and parents collaborate identify the number of day trips over 8 hours scheduled or anticipated on the coming agreement period and the transportation and meal needs during the day trips.

(2) Refer to policy section regarding transportation and parking under Medical Appointments Supports.
(3) The FSCD worker together with the parent may also identify sibling care needs. (see Section 9, Sibling Care)

(4) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

FSCDIS

FAMILY SUPPORT SERVICES

Medical Appointment Supports

Day Trips Over Eight Hours

Meals: Adult
- Assistance with the cost of meals, as required for one adult accompanying the child to disability-related medical or rehabilitation appointments exceeding 8 hours, not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Child
- Assistance with the cost of meals, as required for a child attending disability-related outpatient medical or rehabilitation appointments exceeding 8 hours, not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
Meals and Accommodation

Regulation

3  (e)  for travel in Alberta to a child’s medical or rehabilitation appointments or for hospitalization, directly related to the child’s disability, if in the opinion of a director overnight accommodation is required,

   (i)  up to $85 daily for hotel accommodation,

   (ii) up to $10 daily for meals for the child unless the child is in hospital or in a facility where accommodation includes meals and up to $15 daily for meals for an adult accompanying the child or up to $100 weekly for the purchase of groceries for food preparation for the child and the adult,

   (iii) if in the opinion of the director a 2nd person must accompany the child, up to $15 daily for meals for the 2nd person or an additional $50 weekly for groceries for food preparation for the 2nd person and, if the adult, person and child are using public transport, the cost of the most cost-effective appropriate means of public transport and

   (iv) family support services described in clause (c);

INTENT

♦ Assistance with the cost of meals and accommodation is intended to assist parents with the extraordinary costs of overnight accommodation and meals, when a child’s medical or rehabilitation appointments are scheduled away from his/her home community or when a child is hospitalized outside his/her home community.

♦ The FSCD Program recognizes that overnight accommodation and meals may be required where the:

   • Family has to travel a distance to access disability related medical services and cannot reasonably return home in the same day
   • Child is required to stay overnight or attend appointments on consecutive days
• Child's appointment is very early or late in the day making it unreasonable to travel to the appointment or home on the same day, or
• Use of public transportation necessitates an overnight stay.

**POLICY**

♦ The FSCD Program may assist with the cost of accommodations for up to $85 a night, including service charges and taxes, for overnight accommodations as required when a child with a disability and parent are required to attend a medical or rehabilitation appointment or the child is hospitalized due to his/her disability.

♦ FSCD workers will discuss and explore cost effective and appropriate accommodation options with the family such as Ronald McDonald House.

♦ The FSCD Program may pay up to $10 a day for meals for a child (unless the child is in hospital or in a facility where all of their meals are provided), up to $15 a day for meals for an adult accompanying the child or up to $100 a week to purchase groceries for the child and the adult.

♦ Based on a discussion with the parents and the needs identified, the Director may assist with the costs for a second person required to accompany the child. The FSCD Program may also provide up to $15 a day for meals for a second person or an additional $50 a week to purchase groceries as well as the costs of public transportation where required when the child and adult accompanying the child are using public transportation.

♦ Assistance with the costs of mileage or public transportation and parking may also be provided. (see Section 9, Medical Appointments Support)

**PROCEDURE**

(1) The Director must approve meals and accommodation in advance of the trip to attend a disability-related medical appointment (unless the trip is made under emergency and short notice circumstances).
(2) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

FSCDIS

FAMILY SUPPORT SERVICES

Medical Appointment Supports

Accommodation

- Assistance with the cost of overnight accommodations, as required to attend disability-related medical or rehabilitation appointments, not to exceed $____ (rate) per ____ (unit) per ____ (quantity). For the period ____ (start date) to ____ (end date).

Meals: Adult

- Assistance with the cost of meals, as required for one adult, accompanying the child to disability-related medical or rehabilitation appointments, not to exceed $____ (rate) per ____ (unit) per ____ (quantity). For the period ____ (start date) to ____ (end date).

Meals: Child

- Assistance with the cost of meals, as required for a child attending disability-related outpatient medical or rehabilitation appointments, not to exceed $____ (rate) per ____ (unit) per ____ (quantity). For the period ____ (start date) to ____ (end date).

Groceries: Adult and Child

- Assistance with the cost of groceries, as required for the child and one accompanying adult while attending disability-related medical or rehabilitative appointments, not to exceed $____ (rate) per ____ (unit) per ____ (quantity). For the period ____ (start date) to ____ (end date).
Meals: Additional Person

- Assistance with the cost of meals, as required for one additional person to attend disability-related medical or rehabilitative appointments, not to exceed $\_ (rate)\_ per \_ (unit)\_ per \_ (quantity)\_. For the period \_ (start date)\_ to \_ (end date)\_.

Groceries: Additional Person

- Assistance with the cost of groceries, as required for one additional person to attend disability-related medical or rehabilitation appointments, not to exceed $\_ (rate)\_ per \_ (unit)\_ per \_ (quantity)\_. For the period \_ (start date)\_ to \_ (end date)\_.

Sibling Care

**Regulation**

3 (f) the cost of caring for the siblings of the child if the care is necessary to enable the adult who usually cares for the siblings to accompany the child to medical or rehabilitation appointments or hospitalizations directly related to the child’s disability;

**INTENT**

♦ Sibling care can simplify disability-related appointments for parents, enabling parents to attend an appointment with their child with a disability without having to take all of their children along to the appointment.

♦ Parents with more than one child may require assistance with the cost of child care for their other child(ren) when they are required to attend appointments with their child who has a disability and cannot take their other children along or another parent or family member is not available to take care of the child(ren).

**POLICY**

♦ FSCD may assist with parent's cost to access short-term/hourly child care for siblings of children with disabilities, when a child with a disability has a medical appointment, is hospitalized or when the parent is visiting a child in a medical facility where the child has been admitted for assessment, treatment or rehabilitation.

**PROCEDURE**

(1) FSCD worker and parents work together collaboratively to identify the need for child care for siblings based on scheduled or anticipated medical or rehabilitation appointments or hospitalizations.

(2) FSCD worker and parents calculate the number of appointments, the number of visits and the approximate time required for each appointment for which sibling care is required.
(3) The FSCD worker and parent collaboratively determine the appropriate rate of pay for sibling care based on the family’s circumstances and community standards for child care. (Community standards refers to the typical costs of child care in a community and may vary depending on the type of child care or service provider).

(4) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

(5) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

**FORMS**

- Record of Services Provided (FSCD0003)

**FSCDIS**

**FAMILY SUPPORT SERVICES**

**Medical Appointment Supports**

**Sibling Care**

- Assistance with the cost of sibling care, while attending disability-related medical or rehabilitation appointments, not to exceed $ _ (rate) _ per _ (unit) _ per _ (quantity) _. For the period _ (start date) _ to _ (end date) _.
Out-of-Provinc Medical Appointments

Regulation

3 (g) if the child attends medical or rehabilitation appointments or hospitalizations outside Alberta directly related to the child’s disability that are funded by the Minister of Health, family support services described in clauses (e) and (f) may be provided;

INTENT

♦ Out-of-province medical appointments supports are intended to provide support that enables parents to accompany their child to medical treatment outside the province authorized also by Alberta Health. Assistance with the costs of meals, accommodation, sibling care, parking and mileage or transportation may be provided. Alberta Health provides the cost associated with travel out of province and a medical escort where required.

POLICY

♦ When the child is required to receive medical care outside the province that has been approved, in writing by Alberta Health, the FSCD Program may assist with associated costs where no other coverage is available, including:

- Overnight accommodation, up to $85 a night, including service charges and taxes
- Parking, up to $10 daily
- Sibling care
- Meals, up to $10 a day for the child (unless the child is in hospital or in a facility where accommodation includes meals), $15 a day for one adult or up to $100 a week to purchase groceries for one adult and the child.
• Meals for a second person, up to $15 a day or up to an additional $50 a week to purchase groceries, when an additional person must accompany the parent and child.

♦ Refer to the policy sections specific to each of these individual services.

♦ FSCD Program will not fund supports or services for out-of-province medical treatment or intervention that has not been approved by Alberta Health.

♦ Parents are responsible for any costs exceeding regulated amounts and services funded in the agreement.

**PROCEDURE**

(1) FSCD worker and parents identify the need for services to support the child and parent during out-of-province medical trips, approved by Alberta Health.

(2) Alberta Health funds the cost of transportation to and from approved medical treatment, outside Alberta, for the child and one accompanying parent.

(3) Funding for out-of-province medical trips should be pre-approved, except in the case of emergency medical evacuation.

(4) FSCD worker may use discretion to assist with out-of-province supports that were not pre-approved.

(5) Exchange rates are calculated at the prevailing Canadian dollar rates.

(6) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)
Out-of-Province Medical Care

Mileage
- Assistance with the cost of mileage between the accommodation and medical facility, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed $\text{(rate)}$ per $\text{(unit)}$ per $\text{(quantity)}$. For the period $\text{(start date)}$ to $\text{(end date)}$.

Public Transportation
- Assistance with the cost of public transportation (other than the parent's private vehicle) between the accommodation and medical facility, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed $\text{(rate)}$ per $\text{(unit)}$ per $\text{(quantity)}$. For the period $\text{(start date)}$ to $\text{(end date)}$.

Accommodations
- Assistance with the cost of overnight accommodations, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed $\text{(rate)}$ per $\text{(unit)}$ per $\text{(quantity)}$. For the period $\text{(start date)}$ to $\text{(end date)}$.

Meals: Adult
- Assistance with the cost of meals for one adult, accompanying the child, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed $\text{(rate)}$ per $\text{(unit)}$ per $\text{(quantity)}$. For the period $\text{(start date)}$ to $\text{(end date)}$.

Meals: Child
- Assistance with the cost of meals for a child while accessing disability-related out-patient out-of-province medical care approved by Alberta Health, not to exceed $\text{(rate)}$ per $\text{(unit)}$ per $\text{(quantity)}$. For the period $\text{(start date)}$ to $\text{(end date)}$. 
Groceries: Adult and Child

- Assistance with the cost of groceries for the child and one accompanying adult, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed $\_\_ (rate) per \_\_ (unit) per \_\_ (quantity). For the period \_\_ (start date) to \_\_ (end date).

Meals: Additional Person

- Assistance with the cost of meals for one additional person, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed $\_\_ (rate) per \_\_ (unit) per \_\_ (quantity). For the period \_\_ (start date) to \_\_ (end date).

Groceries: Additional Person

- Assistance with the cost of groceries for one additional person, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed $\_\_ (rate) per \_\_ (unit) per \_\_ (quantity). For the period \_\_ (start date) to \_\_ (end date).

Parking

- Assistance with the cost of parking, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed $\_\_ (rate) per \_\_ (unit) per \_\_ (quantity). For the period \_\_ (start date) to \_\_ (end date).

Sibling Care

- Assistance with the cost of sibling care, while accessing out-of-province disability-related medical care approved by Alberta Health, not to exceed $\_\_ (rate) per \_\_ (unit) per \_\_ (quantity). For the period \_\_ (start date) to \_\_ (end date).
Family Support Respite

Regulation

3 (h) up to 240 hours annually of care for the child, for the purpose of providing temporary respite to the guardian by an adult who is not the child’s adult relative unless in the opinion of the director such a relative is the most appropriate caregiver but the person providing respite under this clause is not the child’s parent.

As per section

2.1 (3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:
   (a) respite services under sections 3(h) and 4(1)(a)(i);

INTENT

♦ Respite is defined, for the purposes of the FSCD Program, as temporarily relieving parents from the full care and supervision demands of their child with a disability.

♦ While the responsibility of raising a child is demanding for any parent, the extent to which the child’s disability creates additional or extraordinary demands on the parent’s time and effort (physical and emotional) may constitute the need for FSCD respite supports.

♦ Respite supports are intended to help strengthen the family’s ability to care for their child in the family home.

♦ Respite support should build on the family’s natural supports including family and community networks.

♦ The importance of extended family involvement in the life of a child is recognized by the FSCD Program and valued as part of the family’s natural support system.

♦ Respite supports are not intended to replace the family’s natural support network or normative parental responsibilities.
Respite should be flexible and responsive to the individual needs of families and respect family choices.

By temporarily relieving parents of the full care demands for their child, respite support provides families with an opportunity to address other needs such as completing errands, attending to housework, spending time with their other children or taking some time for self-care.

**POLICY**

- FSCD may provide respite supports for up to 240 hours annually, based on but not limited to 20 hours a month as Family Support.

- The type, amount and duration of respite support a family receives is based on assessment of the extraordinary care and supervision demands of the child with a disability, as well as the strengths, abilities and identified needs of the family.

- Respite may be provided in the family home or in the respite provider's home or in the community.

- If the respite provider is taking the child into the community with the parent’s consent, the parent is responsible for any costs associated with community activities.

- Respite may be provided by:
  - a private person,
  - a community agency that provides respite services, or in unique circumstances
  - an adult relative.

- A parent/guardian may choose to hire a 16 or 17 year old individual who is not a relative to provide short term hourly respite under Family Support Services.

- In unique circumstances when an adult relative is the most appropriate respite support provider an adult relative may be reimbursed for respite supports.

- Relatives that provide respite must be 18 years of age or older.
Some examples of when a relative may be considered to be the most appropriate respite provider are where:

- the child reacts negatively to people he/she is not familiar with,
- there is no other consistent care provider available in the community, or
- family's language/communication or cultural needs limit the availability of respite providers able to communicate with the child and/or family.

Respite providers may have a variety of training and experience. The respite provider's qualifications and skill level must be consistent with the child’s level of care requirements. Rates of pay should be reflective of the respite provider's qualifications, skill level and community standards.

A respite provider with qualifications warranting a higher level of pay can only be paid a rate in keeping with the level of care required to meet the child's needs.

Nursing level of care (Registered Nurse or Licensed Practical Nurse) is provided by the regional health authorities. The FSCD Program cannot provide nursing level of care.

FSCD does not provide funding for parents to act as respite service providers for their child.

Respite support is not available to address work, training or education-related child care needs. (Refer to Child Care Supports)

Respite support may be provided in unique circumstances, where a child would ordinarily be attending or participating in an educational program or child care for work-related purposes, but is unable to attend on a short term basis due to their disability.

In assessing respite needs, consideration must be given to the family's natural respite opportunities including when their child is attending an early intervention program, preschool or school; day care, out-of-school care or other work-related child care arrangements; or participating in community activities.

If the child with a disability meets the criteria for Child Focused Services, additional respite services (over and above Family Support Respite) may be provided under Child Focused Services based on assessed need.
PROCEDURE

(1) FSCD worker and parents work together collaboratively to determine the number of hours of respite, based on the assessed needs of the child, that would meet the family’s need (up to a maximum of 240 hours per year under Family Support).

(2) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

(3) For services that are provided by a private care provider or an agency hired by the guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

♦ Record of Services Provided (FSCD0003)

FSCDIS

FAMILY SUPPORT SERVICES

Respite Services

FSS - In or Out-of-home Respite

• Assistance with the cost of in-home or out-of-home respite services, not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
Section 10: CHILD FOCUSED SERVICES
Child Focused Services

Regulation

4 (1) An agreement under section 4 of the Act between the director and a child’s guardian must be in Form 1 in the Schedule and may provide for the following child focused services:

<table>
<thead>
<tr>
<th>INTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Child Focused Services build on the foundation of support created through the provision of Family Support Services to support children with disabilities and assist their families in helping them to reach their full potential. In addition to family support respite, a spectrum of child focused respite supports is available.</td>
</tr>
<tr>
<td>♦ Where information provided by the family and other relevant assessment information indicates that the disability <strong>significantly limits the child's ability to function in normal daily living</strong>, the Director may provide one or more of the following Child Focused Services, in addition to Family Support Services:</td>
</tr>
<tr>
<td>• Respite services</td>
</tr>
<tr>
<td>• Child care supports</td>
</tr>
<tr>
<td>• Aide supports</td>
</tr>
<tr>
<td>• Health-related supports</td>
</tr>
<tr>
<td>• Specialized supports for children with severe disabilities</td>
</tr>
<tr>
<td>• Out-of-Home Living Arrangements.</td>
</tr>
<tr>
<td>• The type of assessment information required will vary with the severity and complexity of each child's disability and with the type and level of services required. Assessment information for less intensive services, such as child care support, may simply require additional information from the parents, the child care provider, or a service provider who knows the child. More intensive services, such as specialized services for children with severe disabilities, will require a more in-depth assessment information and review of the child’s needs.</td>
</tr>
</tbody>
</table>
POLICY

♦ A child must have a confirmed medical diagnosis in order to be considered for Child Focused Services.

♦ Child Focused Services cannot be provided to children who are awaiting a diagnosis.

♦ Medical and other assessment information must indicate that the child is significantly limited in activities of daily living.

♦ An Individualized Family Support Plan (FSCD3593) must be completed for all children and their families receiving Child Focused Services.

Essential Program Standards
For families receiving Child Focused Services, an Individualized Family Support Plan (FSCD3593) is on file.
Child Focused Respite Services

Regulation

4 (1) (a) the following respite service based on the child’s need for care related to the disability and the guardian’s need for respite:

(i) short-term hourly care for the child by an individual age 16 and over who is not the child’s adult relative unless in the opinion of the director such a relative is the most appropriate caregiver but the person providing respite under this subclause is not the child’s parent;

(ii) if an extended period of respite services is needed, up to 30 24-hour days of care annually for the child by an adult who is not the child’s adult relative unless in the opinion of the director such a relative is the most appropriate caregiver but the person providing respite under this subclause is not the child’s parent;

(iii) if more respite services are needed to maintain the guardian’s home as the child’s primary residence, additional 24-hour days annually of care for the child outside the child’s home by an adult who is not the child’s adult relative unless in the opinion of the director such a relative is the most appropriate caregiver but the person providing respite under this subclause is not the child’s parent;

As per section

2.1 (3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:

(a) respite services under sections 3(h) and 4(1)(a)(i);
INTENT

♦ Respite services are intended to temporarily relieve guardians from the full care and supervision demands for their child.

♦ While the responsibility of raising a child is demanding for any parent/guardian, the extent to which the child’s disability creates additional or extraordinary demands on the guardian’s time and effort (physical and emotional) may constitute the need for FSCD respite services.

♦ Respite services are intended to help strengthen the guardian’s ability to care for their child in the family home.

♦ Respite services are intended to build on the family’s natural supports including family and community networks.
  - The importance of extended family involvement in the life of a child is recognized by the FSCD Program and valued as part of the family’s natural support system.
  - Respite services are not intended to replace the family’s natural support network or normative parental responsibilities.

♦ Respite should be flexible and responsive to the individual needs of the guardian and respect family choices.

♦ Extended respite services are intended to provide guardians with additional 24-hour breaks from the full care demands of their child where required in order to maintain the family home as the child’s primary residence.
  - Extended respite services are not intended to address out of home placement needs.

POLICY

♦ Child Focused service provision, including respite services, requires that the child have significant limitations in their ability to function in normal daily living.

♦ Child Focused respite services are provided where the child has significant limitation and where there is in an individually assessed need for additional respite services over and above the maximum 240 hours that may be provided under Family Support respite services.
The nature, amount and duration of respite services a family receives is based on the extraordinary care and supervision demands for their child, as well as the strengths, abilities and needs of the family.

In assessing respite needs, consideration must be given to the family's natural respite opportunities including when their child is attending an early intervention program, preschool or school; day care, out-of-school care or other work-related child care arrangements; or participating in community activities.

Extended 24-hour out of home respite services must not replace the family home as the child's primary residence.

Respite may be provided in the family home, in the respite provider's home or in the community.

If the respite provider is taking the child into the community with the guardian’s consent, the guardian is responsible for any costs associated with community activities.

Respite services may be provided by:

- a private person;
- an agency;
- a 16 or 17 year old individual who is not a relative if the need is for short term hourly respite; or
  
  NOTE: 16 and 17 year olds cannot provide 24-hour respite services.
- an adult relative where deemed to be the most appropriate caregiver.

Some examples of when a relative may be considered to be the most appropriate respite provider are where:

- the child reacts negatively to people he/she is not familiar with;
- there is no other consistent care provider available in the community; or
- family's language/communication or cultural needs limit the availability of respite providers able to communicate with the family and child.
♦ The FSCD Program does not provide funding for parents to act as respite service providers for their child.

♦ Respite providers may have a variety of training and experience. The respite provider’s skill level and corresponding rate of pay should be consistent with the child’s level of care requirements.

♦ A respite provider with other qualifications (e.g., a nursing background) is paid in relation to the service they are providing, not their profession or qualifications.

♦ The FSCD Program will not provide nursing level of care including Registered Nurse or Licensed Practical Nurse.

♦ Respite services are not available to address work or educational related child care needs. (see Section 10, Child Care Supports)

♦ In unique circumstances, respite services may be provided during time when a child would ordinarily be participating in an educational program or attending child care for work-related purposes. In these circumstances:
  
  • the reason for the child's inability to attend or participate must be directly related to their disability;
  • the child's care and supervision needs impact the guardian's ability to attend work/training/school or result in extraordinary care demands such that the family requires respite services; and
  • respite is short-term response pending the coordination of an education program. (Respite Services are not intended to address care needs related to the ability to the school division to provide an appropriate program for a child.)

♦ Within the context of Child Focused Services, respite services may be provided to assist guardians with the extraordinary portion of the costs for specialized camps if it is the most cost-effective and appropriate form of respite.
  
  • The extraordinary portion of the cost for a specialized camp is based on the portion of the cost that exceeds the typical costs of non-specialized camps within the community standards.
NOTE: Children participating in non-specialized camps or other community activities who require support in order to participate may receive community aide supports. (see Section 10, Community Supports)

♦ Assistance with the extraordinary portion of the costs for a specialized camp cannot be provided in conjunction with community support aide services to attend the specialized camp.

PROCEDURE

(1) The FSCD worker and the guardian work together to determine the type and level of Child Focused respite services based on the family’s and child’s individually assessed needs.

NOTE: The first 240 hours of short-term hourly respite is provided under Family Support.

(2) Calculate the most cost-effective and appropriate rate for respite and identify the payment schedule (hourly, daily, weekly, monthly) based on the individually assessed needs of the family and child, as well as the community standards.

NOTE: Community standards refer to the typical costs of child care in a community and may vary depending on the type of child care and service provider.

(3) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

(4) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.
FORMS
♦ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Respite Services

Short-term/Hourly In or Out-of-home Respite
• Assistance with the cost of in-home or out-of-home respite services, not to exceed $____(rate)____ per ____ (unit)____ per ____ (quantity)____. For the period ____ (start date)____ to ____ (end date)____.

24-hour In-home or Out-of-home Respite
• Assistance with the cost of in-home or out-of-home respite services for 24-hour periods, not to exceed $____(rate)____ per ____ (unit)____ per ____ (quantity)____. For the period ____ (start date)____ to ____ (end date)____.

Extended Respite Services – Host Home
• Assistance with the cost of extended respite services for 24-hour periods or more, not to exceed $____(rate)____ per ____ (unit)____ per ____ (quantity)____. For the period ____ (start date)____ to ____ (end date)____.

Extended Respite Services – Foster Home
• Assistance with the cost of extended respite services for 24-hour periods or more, not to exceed $____(rate)____ per ____ (unit)____ per ____ (quantity)____. For the period ____ (start date)____ to ____ (end date)____.

Extended Respite Services – Group Home
• Assistance with the cost of extended respite services for 24-hour periods or more, not to exceed $____(rate)____ per ____ (unit)____ per ____ (quantity)____. For the period ____ (start date)____ to ____ (end date)____.
Extended Respite Services – Residential Facility

- Assistance with the cost of extended respite services for 24-hour periods or more, not to exceed \$ (rate) \text{ per } (unit) \text{ per } (quantity). For the period (start date) to (end date).

Public Transportation

- Assistance with the cost of public transportation (other than the parent’s own private vehicle) to transport the child to and from 24-hour or specialized out-of-home respite services, not to exceed \$ (rate) \text{ per } (unit) \text{ per } (quantity). For the period (start date) to (end date).

Specialized Camp

- Assistance with the extraordinary portion of the cost of a specialized camp, not to exceed \$ (rate) \text{ per } (unit) \text{ per } (quantity). For the period (start date) to (end date).
Public Transportation to/from Out-of-Home Respite

Regulation

4 (1) (b) if respite services are provided under clause (a)(ii) and (iii) and public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport for the child and one adult to accompany the child to and from the child’s home to the place where the respite services are provided;

INTENT

♦ Travel is reimbursed in order to facilitate the family’s use of and access to out-of-home respite services, where public transportation is the family's only means of travel.

♦ Travel to and from 24-hour out-of-home respite or extended respite services can be an extraordinary cost, especially when public transportation is required.

POLICY

♦ The FSCD Program may provide assistance with the most economical and appropriate cost of public transportation to and from 24-hour out-of-home respite or specialized respite services.

PROCEDURE

(1) The FSCD worker and parents collaboratively determine the expected number of trips to and from the out-of-home or extended respite provider’s residence.

(2) The FSCD worker and parents identify the most appropriate and economical public transportation option.
(3) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

FSCDIS

CHILD FOCUSED SERVICES

Public Transportation

- Assistance with the cost of public transportation (other than the parent's private vehicle) to transport the child to and from 24-hour or extended out-of-home respite services, not to exceed $ \( \text{(rate)} \) per \( \text{(unit)} \) per \( \text{(quantity)} \). For the period \( \text{(start date)} \) to \( \text{(end date)} \).
Homemaker Services

Regulation

4 (1) (c) in order to assist in completing routine house cleaning and laundry that are impeded by the intensive care needs of the child directly related to the child’s disability, up to 12 hours monthly of homemaker services;

As per section

2.1 (3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:

(b) homemaker services under section 4(1)(c);

INTENT

Homemaker services are intended to assist parents who are not able to complete routine homemaking chores due to the extraordinary demands on their time in order to meet their child's disability related care needs.

Homemaker services may also be provided to assist parents where their child's disability results in extraordinary household cleaning and laundry.

Some examples of when a child's disability may limit a parent's ability to complete routine house cleaning and laundry or results in additional and extraordinary household cleaning and laundry may include:

- Medically fragile children with complex care needs requiring high levels of parental care on an ongoing basis
- Significant behavioural needs requiring ongoing safety and supervision support (i.e. spitting, smearing, throwing things or other destructive behaviour)
- Significant developmental needs requiring ongoing parental support (i.e. excessive drooling, incontinence or feeding needs).

Homemaker services are intended to help parents maintain basic cleanliness standards within the family home when their ability to do so is impacted by their child's disability.
Homemaker services are not intended to relieve the parent of normative household tasks or home maintenance.

In this section, the term “Homemaker Services” may be used interchangeably with “Housekeeping Services”.

The need for homemaker services are NOT influenced by factors, such as:

- Size of the home
- Location of the home (urban/rural)
- Number of children in the home
- Individual cleanliness expectations
- Indoor pets
- Home schooling responsibilities
- At home business.

**POLICY**

- The FSCD Program may provide assistance with the cost of homemaker services to assist with routine household cleaning and laundry for a maximum of up to 12 hours per month.

- Homemaker services are provided based on an assessed need that is directly related to a child's disability.

- Homemaker services may be provided for a short period of time to assist during a crisis situation or for the full agreement period where there is an assessed need for ongoing support.

- The homemaker must be 16 years of age or older.

- The homemaker cannot be a relative of the child.
PROCEDURE

(1) The FSCD worker and parents collaboratively identify the number of hours of homemaker service required, based on the extraordinary care demands directly related to the child's disability.

(2) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

(3) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

♦ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Respite Services

Housekeeping Services

• Assistance with the cost of extraordinary disability-related housekeeping services, not to exceed $(rate) per (unit) per (quantity). For the period (start date) to (end date).
Domestic Child Care Services

Regulation

4 (1) (d) up to 50 hours weekly of care for the child in the home, sibling care and assistance to the family with household daily tasks if in the opinion of the director that because of the child’s various complex needs this is the most appropriate and cost-effective way to provide for the child’s and family’s needs;

INTENT

♦ The intent of domestic child care service is to help the family incorporate and coordinate the child’s care needs into one position. This service makes scheduling and coordination for support and service provision easier, provides the child with one consistent caregiver and simplifies on-going communication and coordination between the family and one consistent caregiver. A consistent caregiver is also better able to learn the child’s communication strategies, interact with the parents, and so forth.

♦ Domestic child care services are provided only where this service arrangement is the most appropriate for the family in terms of meeting their needs and the most cost-effective service option to address the family's needs.

POLICY

♦ The FSCD Program may provide assistance with the cost of domestic child care services to replace multiple other FSCD services where scheduling services is a complicated process and where it is difficult for the child to adjust to several different care providers. It can be more cost-effective and supportive to provide a family with in-home support from one individual rather than contracting separate service providers. This service may also be used when the child’s physician documents that the child, due to physical health challenges, cannot attend a day care or day home. Guardians will still, in these circumstances, be responsible to cover their portion of parental work related child care costs.
The domestic child care service may incorporate the following FSCD services:

- In-home respite
- Extraordinary child care costs under 13 years old
- Child care over age 13
- Homemaker services
- Sibling care
- Personal care supports

The FSCD Program:

- Does not fund typical domestic services recruitment costs.
- Does not sponsor or confirm employment for families who wish to bring foreign or non-Canadian family members or other persons into Canada to work as domestics.
- Has no obligation to either the employer or the employee to continue employment for a foreign domestic worker after he/she has been sponsored by the guardian or others, and/or commenced employment in Canada.

PROCEDURE

(1) The FSCD worker completes an assessment of needs, in collaboration with the guardians.

(2) The FSCD worker and guardians look at identified needs to determine what duties the domestic child care provider might be able to provide.

(3) Families are not eligible for additional reimbursement for services that are outlined under the domestic child care service duties (e.g. if the domestic child care service is to provide all work-related child care, the guardian cannot submit invoices for other care providers to provide work-related child care).

(4) Domestic child care service is provided as a salaried position. Reimbursement covers all relevant benefit costs, including Canada.

(5) Guardians are responsible for their typical work-related child care costs in circumstances where part of the domestic child care service is work-related child care including out-of-school care. The guardians' work-related child care costs are deducted from the monthly amount provided for the domestic child care service and the guardians pay the portion of the domestic child care service associated with their work related child care.

(6) In circumstances where the domestic child care service provides care for siblings of children with disabilities, the FSCD Program deducts the normal cost of day care or out-of-school care for siblings without disabilities from the monthly amount paid to the domestic child care service. Guardians pay for child care costs for siblings for whom the domestic service is used (e.g. if there are two siblings who require out-of-school care and this service is provided by the domestic hired to provide service for the child with a disability, the guardians must pay the work-related child care costs).

(7) Domestic child care service responsibilities are determined and documented between the family, the FSCD worker, the domestic child care service and the agency.

(8) Hourly payment for services provided by the domestic child care service, not related to the needs of children with disabilities, is the responsibility of the guardians.

(9) Human Services is not responsible for the cost of training domestic child care workers to the skill set (e.g. English as a Second Language, Personal Care Attendant training or other specialized training) required by the child.

(10) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

(11) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.
FORMS

♦ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Respite Services

Domestic Child Care

• Assistance with the cost of domestic child care services, not to exceed $__ (rate) per __ (unit) per __ (quantity)__. For the period __ (start date)__ to __ (end date)__.
Child Care Supports

Parents of children with disabilities are often faced with child care costs other parents do not have. Extraordinary care and supervision needs, related to a child's disability, add to the amount parents typically pay for child care services.

The FSCD Program may provide extraordinary care and supervision, under the following categories:

- Assistance with child care costs for children, under the age of 13 years
- Care and supervision for children 13 years of age and older
- Aide to assist the child in a child care facility
- An additional space in a family day home
- An aide in day care, for developmental purposes.

Under the FSCD Regulation, child care services may be offered on the basis of individual need, as determined through an assessment of the child's needs.
Child Care Supports — Children Under 13 Years

Regulation

4 (1) (e) while the guardian is at work, at school or attending training sessions, the following child focused services:

(i) if the child is less than 13 years of age, the portion of child care costs directly related to the child’s disability that are over and above the normal costs of child care;

INTENT

♦ Children under the age of 13 years typically require child care where their parents are working or attending training. The FSCD Program recognizes that in some instances, children with disabilities may have needs that surpass what is necessary for a child without a disability, resulting in extraordinary child care costs.

♦ The intent of child care supports for children under 13 years of age is to ensure that parents of children with disabilities have access to child care or out-of-school care at a similar cost as parents of children without disabilities.

POLICY

♦ FSCD may provide assistance with the extraordinary cost of child care or out-of-school care that exceeds normal parental child care expenses for a child of the same age without a disability, based on assessed need. Child care can happen in the family home or in the community.

PROCEDURE

(1) The FSCD worker and parents collaboratively identify the need for child care funding, where the cost of child care for a child with a disability exceeds the cost of child care for a child of similar age who does not have a disability.
(2) The FSCD worker verifies, by telephone, contact note or through written documentation, the cost of child care or out-of-school care for a child with a disability and deducts the typical cost of child care for a child of similar age without a disability from the total.

(3) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

(4) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

♦ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Extraordinary Child Care (Under 13 Years Old)

• Assistance with the cost of extraordinary child care for a child age 13 years or younger, not to exceed $  (rate)  per  (unit)  per  (quantity)  . For the period  (start date)  to  (end date)  .
Child Care Supports for Children Age 13 Years and Older

Regulation

4 (1) (e) while the parent is at work, at school or attending training sessions, the following child focused services:
(ii) if the child is 13 years of age or more, the costs of child care required because of the child’s disability;

As per section

2.1 (3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:
(c) child care services for a child 13 years or more under section 4(1)(e)(ii);

INTENT
♦ The intent of child care supports for children 13 years of age and older is to ensure that parents of children with disabilities have the support they require to be able to work or attend training.

♦ The FSCD Program recognizes that most work related child care for children 13 years of age or older is extraordinary. Typically children 13 years of age or older are in school full time, do not require care for short periods of time and become increasing more independent with age.

POLICY
♦ FSCD may assist with the cost of work-related child care or out-of-school care for children age 13 years or older during:
  • the regular school year,
  • the scheduled summer school break, as well as
  • evenings and weekends based on the parent's work, school or training schedule.

♦ FSCD work-related child care for children 13 years of age or older does not replace parental responsibility to provide for appropriate child care
arrangements when they are required to be away from home overnight or for 24 hour periods.

♦ If the need for overnight or 24 hour child care is directly related to the child's disability and if not for the disability no overnight or 24 hour child care arrangements would be required, the FSCD Program may provide child care support.

♦ Child care for children age 13 years and older may be provided in the family home or in the community.

♦ The child care provider must be 16 years of age or older.

♦ The child care provider cannot be a relative of the child.

PROCEDURE

(1) The FSCD worker and parents collaboratively identify the family’s need for child care for children with disabilities who are age 13 years and older.

(2) Parents provide the FSCD worker with information regarding the hours and/or days of child care required based on their work, school or training schedule.

(3) The FSCD Program may request written documentation verifying employment hours.

(4) The FSCD worker and parent work together to identify the most cost effective and appropriate child care arrangement.

(5) The FSCD worker and parent negotiate a rate of pay based on the service provider arrangements and community standards.

(6) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

(7) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.
FORMS

♦ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Extraordinary Child Care (13 Years +)

• Assistance with the cost of extraordinary child care for a child age 13 years or older, not to exceed $\_ (rate)\_ per \_ (unit)\_ per \_ (quantity)\_. For the period \_ (start date)\_ to \_ (end date)\_.
Aide in Child Care Facility

Regulation

4 (1) (e) while the guardian is at work, at school or attending training sessions, the following child focused services:

(iii) the cost of an aide, if required, for the child attending a day care facility or an out-of-school program if the aide is needed because of the child’s disability to ensure the safety and supervision of the child and to have the child included in activities;

INTENT

♦ The intent of this service is to ensure children with disabilities are included in day care facilities and out-of-school care programs. The FSCD Program provides additional support for the extra safety and supervision needs of the child with a disability, thus providing parents with the same options for child care as parents of children who do not have additional safety and supervision needs.

♦ Aide supports should be provided in the most natural and least intrusive manner. An example may be an aide that coordinates supports to more than one child in the child care facility.

POLICY

♦ The FSCD Program may assist with the cost of an aide in day care or out-of-school care to ensure the safety and supervision or inclusion of children with disabilities when parents are working or attending educational or training programs.

♦ Aide services will not be provided if the child is eligible to receive the same service from another government department, such as Alberta Education or Alberta Health.
PROCEDURE

(1) The FSCD worker collaborates with the parents to identify the need for an aide in day care or out-of-school care.

(2) A Service Provider's Program Plan (FSCD0467) is developed by the service provider and the parents, in consultation with the aide, and submitted to the FSCD Program. The plan must identify the extraordinary care, supervision and assistance required to ensure the safety of the child and the child’s inclusion in day care programs.

(3) The FSCD worker reviews and monitors the Service Provider's Program Plan (FSCD0467) and, in discussion with the parents, determines the hours of aide time required.

(4) Rate of pay for the aide is based on the specific skill set required to meet the needs of the child.

(5) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

(6) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

♦ Service Provider's Program Plan (FSCD0467)
♦ Record of Services Provided (FSCD0003)
FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Aide in Day Care or Child Care Facility

- Assistance with the cost of an aide in day care or other child care facility, as required for the child’s safety, supervision and inclusion, not to exceed $\_ (rate) per \_ (unit) per \_ (quantity). For the period \_ (start date) to \_ (end date).
Additional Space in a Family Day Home

Regulation

4 (1) (e) while the guardian is at work, at school or attending training sessions, the following child focused services:

(iv) the cost for additional space in a family day home, if additional space is needed because of the child’s disability to ensure the safety and supervision of the child and to have the child included in activities;

INTENT

♦ The intent is to ensure the family day home service provider has adequate time, through the funding of additional space, to ensure the safety and supervision of the child and to make sure the child’s inclusion, personal care needs and medical requirements are met.

♦ It is recognized that some communities do not have child care facilities such as day care, and that a family day home may be the most appropriate child care support for a child with a disability.

POLICY

♦ The FSCD Program may provide assistance with the cost of additional space in a family day home when the child with a disability has safety and supervision needs and/or personal or medical care needs that require the additional time and attention of the family day home service provider.

PROCEDURE

(1) The FSCD worker and parents identify the need for additional space in a family day home on the basis of:

• Safety, supervision and support needs
• Inclusion in activities or programming at the family day home
• Documented medical concerns that indicate the child cannot attend a child care facility.

(2) Parents identify the selected family day home and provide validation from the family day home, regarding the monthly fee.

(3) The family day home service provider validates the need for additional space in order to provide required safety and supervision to meet the medical needs of the child (e.g. child has limited mobility and, in order to be included, the care provider must make physical adaptations to the environment, such as repositioning the child).

(4) The family day home service provider declares that additional space has been allocated for the child with a disability.

(5) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Additional Space in a Day Home

• Assistance with the cost of additional space in a day home, as required for the child’s safety, supervision and inclusion, not to exceed $\_ (rate)\_ per (unit)\_ per (quantity)\_. For the period (start date)\_ to (end date)\_.

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Aide in Day Care for Developmental Purposes

Regulation

4 (1) (f) the cost of up to 4 hours for each weekday to a maximum of 20 hours weekly for child care in a day care facility and for an aide to assist the child in the day care facility, if the child is to attend a day care facility not because the guardian is at work, at school or attending training sessions but because:

(i) a physician has identified the need for the child to attend a day care facility to enhance the child’s development,

(ii) the child’s program plan satisfactory to the director identifies the need for the child to attend a day care facility,

(iii) the child meets eligibility criteria for and is awaiting the commencement of preschool programming from the Department of Education, and

(iv) the child requires services and has delays related to at least 2 areas of the child’s development;

INTENT

♦ This benefit is not intended for families who are working or attending school and require work related child care. Typically the child would have remained at home with the parent, however, due to their complex needs the child requires early additional developmental assistance.

♦ The aide in day care for developmental purposes is intended to provide preschool children with experiences and activities that will enhance their development, as recommended by the child’s physician.

♦ The service is intended for preschool children who meet the eligibility criteria and are awaiting the commencement of preschool.

♦ Preschool children may require developmental assistance while in a day care facility. The FSCD Program may provide assistance when it has been recommended that a child attend a day care facility for the purpose of enhancing development and an aide is required to assist with the child's care.
Aide services may be shared among children in a day care setting to allow inclusion.

Where inclusive child care funding is available, the appropriate programs will be based on the needs of the child.

**POLICY**

- The FSCD Program may assist with the cost an aide in a day care to support the child’s development for up to four hours per weekday, to a maximum of 20 hours per week, while the child is waiting to start an early intervention program through Alberta Education.

- The FSCD Program may also assist with the part-time day care fees for up to four hours per week day, to a maximum of 20 hours per week where required to support the child’s development.

- Aide support and day care fees for developmental purposes are not available where the child care is required for work related purposes.

**PROCEDURE**

1. The FSCD worker and parents work collaboratively to determine whether an aide in day care is required for developmental purposes while awaiting appropriate early childhood services.

2. Parents forward the physician’s letter, indicating the need for the child to attend a day care facility for developmental reasons, to the FSCD worker.

3. FSCD worker contacts the day care facility with the parent’s consent to discuss the expectations of the aide in supporting the child.

4. The day care and parents, in consultation with the aide, develop a Service Provider’s Program Plan and give a copy to the FSCD worker. FSCD worker and service provider collaborate to monitor the program plan.

5. Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)
(6) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

**FORMS**

- Service Provider’s Program Plan (FSCD0467)
- Record of Services Provided (FSCD0003)

**FSCDIS**

**CHILD FOCUSED SERVICES**

**Child Care Supports**

**Developmental Day Care – Aide Services**

- Assistance with the cost of an aide in day care or other child care facility, as required for developmental purposes, not to exceed \( \text{(rate)} \) per \( \text{(unit)} \) per \( \text{(quantity)} \). For the period \( \text{(start date)} \) to \( \text{(end date)} \).

**Developmental Day Care – Day Care Costs**

- Assistance with the cost of day care or other child care facility fees, where the child’s attendance is required for developmental purposes, not to exceed \( \text{(rate)} \) per \( \text{(unit)} \) per \( \text{(quantity)} \). For the period \( \text{(start date)} \) to \( \text{(end date)} \).
Aide Supports

♦ Aide supports are intended to assist parents in addressing and managing their child’s needs and/or to generalize skills and strategies across the child’s natural environments. Specific approaches may be required to promote a child’s development or address behavioural issues, as they relate to the child’s assessed needs. The specific developmental or behavioural approaches will be goal and outcome focused and support parents in carrying out strategies.

♦ Aide supports will be provided, based on the individual and assessed needs of the child, in the following areas:
  - Personal care supports
  - Community supports
  - Behavioural supports
  - Developmental supports.

♦ Aide supports are not intended for the purpose of tutoring, academic support, assistance in a school program or lunchtime supervision at school.

♦ Aide support does not address the need for nursing level of care.

♦ If nursing level of care (Registered Nurse or Licensed Practical Nurse) is required the Regional Health Authority should be contacted.
Personal Care Supports

Regulation

4 (1) (g) up to 4 hours daily for an aide to assist with the child’s personal hygiene and other daily personal care activities if

(i) the child is dependent on an adult to meet the child’s personal hygiene and other daily personal care activities needs, and

(ii) the child’s ability to meet the child’s needs is not appropriate to the age of the child;

INTENT

♦ The intent of personal care support is to provide supports to assist a child with a disability with self-care, if applicable, and/or to assist with eating, bathing, washing and taking care of other personal hygiene needs. Where the child is totally or partially dependent upon an adult to provide personal care services.

POLICY

♦ The FSCD Program may provide personal care supports for up to four hours a day, to assist with the following:

- Eat
- Bathe
- Groom
- Perform medical elimination procedures (e.g. catheterization)
- Reposition
- Lift, as an individual or as a second person, when the child requires this
- Perform other routines associated with personal care.

♦ The level and skill set of the personal care support provider needs to be appropriate to the child’s level of individual needs. A child requiring personal care assistance with tasks such as bathing and grooming may not require that the provider have a specialized skill set. If for example, a child requires care involving administration of medication, catherization or the child has
behavioural challenges, a personal care provider may require a higher skill set.

**PROCEDURE**

1. The FSCD worker, parents and the Regional Health Authority collaboratively identify the need for a personal care aide.
2. Parents outline the specific needs the child has on a daily basis.
3. Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)
4. For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

**FORMS**

- Record of Services Provided (FSCD0003)

**FSCDIS**

**CHILD FOCUSED SERVICES**

**Aide Supports**

**Personal Care Support**

- Assistance with the cost of personal care support, not to exceed $\frac{(rate)}{(unit)}\ per \frac{(quantity)}{(unit)}\ per \frac{(start date)}{(end date)}

Community Support

Regulation

4 (1) (h) up to 144 hours annually for an aide to assist the child in participating in community programs and activities if the child’s disability prevents the child from participating without the assistance of another person;

As per section

2.1 (3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:

(d) community aide services under section 4(1)(h).

INTENT

♦ It is important that children with disabilities play an active part in their communities and be included in community activities.

♦ The intent of community support aide is to ensure that children with disabilities, who experience limitations in their ability to participate, have the aide support they need in order to participate in recreational, social or community activities.

♦ Community support is not intended to replace parent responsibility to provide and participate in community, recreational or leisure activities for their child/youth.

POLICY

♦ The FSCD Program may provide community support for up to a maximum of 144 hours annually, based on but not limited to 12 hours per month.

♦ The number of hours of community support provided reflects the individually assessed needs of the child/youth and the community activities for which they require support.

♦ Community support is provided to facilitate a child/youth’s participation in community activities where they would not otherwise be able to participate due to their disability.
A community support aide is provided to facilitate a child's participation in activities in which parental support or adult participation would typically not be expected.

The skill set of the community support service provider needs to be appropriate to the child's individual needs.

The community support aide must be 16 years of age or older.

The community support aide cannot be a relative to the child.

Community support cannot be provided for the purposes of support and supervision in educational activities that take place during regular school hours (e.g. school field trips, lunch time, recess).

Community support cannot be provided to assist a child in attending a specialized camp in conjunction with FSCD assistance with the extraordinary portion of the costs for a specialized camp under Child Focused Respite Services. (Refer to Section 10 - Child Focused Respite Services).

**PROCEDURE**

(1) Parents and the FSCD worker discuss community activities for which the child/youth needs support in order to participate.

(2) Parents and the FSCD worker identify the nature and level of community support required.

(3) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

(4) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.
FSCDIS

CHILD FOCUSED SERVICES

Aide Supports

Community Support

- Assistance with the cost of community support, not to exceed $(rate) per (unit) per (quantity). For the period (start date) to (end date).
Behavioural Support

Regulation

4 (1) (i) up to 10 hours weekly for a maximum of 6 months, or more months if a review, satisfactory to the director, states that more is needed, for an aide

(i) to assist the child in behaviour management and to assist the child’s guardian to manage the child’s behaviour if the child’s behaviour

(A) is unsafe for the child and others or significantly limits the child’s ability to carry out activities of normal daily living,

(B) the assistance of an aide is likely to achieve measurable improvement in the child’s behaviour or sustain a level of behaviour or prevent a regression in the child’s behaviour or increased dependency in the child’s behaviour and is not for the purpose of assisting the child’s educational or academic development, and

(C) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,

INTENT

♦ The intent is to help parents address specific behaviours exhibited by the child and to increase or reinforce parents’ skills and strategies in managing the child’s behaviour. The level and intensity of service will be based on developmentally appropriate intervention time and the child’s individual needs.

♦ The goal is to help parents learn strategies to manage their child's behaviours.
POLICY

♦ The FSCD Program may provide up to 10 hours a week of behavioural support and/or developmental support, for a maximum of six months or more if a review indicates additional time is required. This support is intended to help the child manage his/her behaviour and to teach the parents strategies to manage the child’s behaviour as well as to reinforce positive behavioural changes in the child. The service, which is based on assessed need, will be reviewed every six months. Every child receiving this service will have an Individualized Family Support Plan (FSCD3593).

♦ Behavioural and developmental supports may be provided concurrently, however, the combination of these supports must not exceed up to ten hours per week, for a maximum of six months or more if required.

♦ For all behavioural aide supports, the need and rationale for providing the service must be documented on file, in the Family/Child Assessment of Needs forms (FSCD3601 and FSCD3602), contact notes, medical or other supporting assessment documentation.

♦ A Service Provider’s Program Plan is required for all behavioural aide supports.

♦ The Service Provider’s Program Plan must be developed and supervised by a clinical supervisor.

♦ The goals identified in the Service Provider’s Program Plan are to be consistent with the child’s assessed behavioural needs.

♦ Aide services are intended to teach and support the parent(s) to manage their child’s needs and to generalize the skills and strategies across the child’s natural environments. The aide will work with parents to develop specific approaches and/or programs to promote the child’s development, based on the assessed needs of the child.

Essential Program Standards

For children receiving *Behavioural or Developmental Aide Support*, the rationale and behavioural or developmental need are documented on file.
PROCEDURE

(1) The FSCD worker and parents collaboratively discuss the child's need for behavioural support, based on assessed need.

(2) Parents and the FSCD worker discuss the behaviour(s) that are creating challenges for the parents and establish goals and outcomes with the service provider based on the child's assessed needs.

(3) The FSCD worker requests documentation from the child’s school, day care, out-of-school program, physician, therapists, and so forth, if required to support the need.

(4) The Service Provider’s Program Plan is developed and monitored by the clinical supervisor.

(5) A Service Provider's Program Plan (FSCD0467) outlining goals and objectives, expected results and expectations for parental involvement is submitted to the FSCD Program and placed on the child’s file.

(6) The aide's training or skills set must be appropriate to the needs of the child.

(7) The Service Provider's Program Plan (FSCD0467) is incorporated into the Individualized Family Support Plan (FSCD3593), signed by the behavioural aide, the clinical supervisor and the parents, and placed on file. A copy is provided to the parent.

(8) A final Service Provider’s Program Plan (FSCD0467) update is submitted to the FSCD worker when goals and objectives are achieved.

(9) Behavioural support may be provided for up to six months, at which time the Service Provider's Program Plan (FSCD0467) is reviewed by the parents, FSCD worker, clinical supervisor, and behavioural aide. Behavioural support may be provided beyond six months when a continued need or new goal is identified.

(10) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services).
(11) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

**FORMS**

- Service Provider’s Program Plan (FSCD0467)
- Record of Services Provided (FSCD0003)

**FSCDIS**

**CHILD FOCUSED SERVICES**

**Aide Supports**

**Behavioural Support**

- Assistance with the cost of behavioural support, not to exceed $\_\_\_ (rate) per \_\_\_ (unit) per \_\_\_ (quantity). For the period \_\_\_ (start date) to \_\_\_ (end date).

**Behavioural and/or Developmental Support**

- Assistance with the cost of behavioural and developmental support, not to exceed $\_\_\_ (rate) per \_\_\_ (unit) per \_\_\_ (quantity). For the period \_\_\_ (start date) to \_\_\_ (end date).
Developmental Support

Regulation

4 (1) (i) up to 10 hours weekly for a maximum of 6 months or more months if a review, satisfactory to the director, states that more is needed, for an aide

(ii) to assist the child and to teach the child’s guardian to assist the child to reach a developmental goal if

(A) the child has a developmental deficiency that significantly limits the child’s ability to carry out activities of normal daily living,

(B) the assistance is likely to achieve measurable improvement in the child’s development or sustain a level of development or prevent a regression or increased dependency in the child’s development and is not for the purpose of assisting the child’s educational or academic development and

(C) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,

or

(iii) to assist the child for reasons referred to in subclauses (i) and (ii);

**INTENT**

♦ The intent of this service is to support parents in developing skills and strategies that support their child’s development in relation to the child's assessed needs.

♦ An aide helps to sustain or improve the child's level of ability and to prevent regression or a greater degree of dependence.
POLICY

♦ FSCD may provide up to 10 hours a week of developmental and/or behavioural aide support when the child has an identified developmental delay that significantly limits his/her ability to engage in activities of normal daily living.

♦ Behavioural and developmental supports may be provided concurrently; however, the combination of these supports must not exceed up to ten hours per week, for six months or more if a review indicates further aide support is required.

♦ For all developmental aide supports, the need and rationale for providing the service must be documented on file, in the Family/Child Assessment of Needs form (FSCD3601 and FSCD 3602), contact notes, medical or other supporting assessment documentation.

♦ A Service Provider’s Program Plan is required for all developmental aide supports.

♦ The goals identified in the Service Provider’s Program Plan are to be consistent with the child’s assessed developmental needs.

♦ The Service Provider’s Program Plan must be developed and monitored by a clinical supervisor. The clinical supervisor will work with the aide and family to develop specific approaches and/or programs to promote the child’s development, based on the assessed needs of the child.

♦ Aide services are intended to teach and support the parent(s) to manage their child’s needs and to generalize skills and strategies across the child’s natural environments.

♦ A developmental aide is not to be used for remedial or educational purposes. A developmental aide may work with a child on gross or fine motor skills, language/communication, cognitive skills and/or social skills.

♦ Aide services will not provide services in an educational setting such as the classroom, recess and lunch-time.
Essential Program Standards

For children receiving *Behavioural or Developmental Aide Support*, the rationale and behavioural or developmental need are documented on file.

**PROCEDURE**

1. The FSCD worker and parents collaboratively discuss the child's need for a developmental aide, based on assessed need.

2. Parents, in partnership with the FSCD worker and clinical supervisor establish goals and outcomes, based on the child's assessed needs.

3. The aide's training or skills set must be appropriate to the needs of the child.

4. The aide submits a Service Provider's Program Plan (FSCD0467) that includes transition to natural supports and expectations for parental involvement to the FSCD Program.

5. The Service Provider's Program Plan (FSCD0467) is signed by the aide, the clinical coordinator of the service provider and the parents, and placed on file. A copy is provided to the parents.

6. The FSCD worker reviews the Service Provider's Program Plan (FSCD0467) and the documentation on progress submitted by the developmental aide every six months and places the information on file.

7. The Service Provider's Program Plan is monitored by the FSCD worker and the clinical coordinator.

8. The developmental aide submits a six (6) month Service Provider's Program Plan (FSCD0467) update (signed by the parents) outlining parental involvement to the FSCD worker.

9. A developmental aide may be provided beyond six months when continued need or a new goal is identified.
(10) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

(11) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

**FORMS**

- Service Provider's Program Plan (FSCD0467)
- Record of Services Provided (FSCD0003)

**FSCDIS**

**CHILD FOCUSED SERVICES**

**Aide Supports**

- Developmental Support
  - Assistance with the cost of developmental support, not to exceed $\_\_ (rate) per \_\_ (unit) per \_\_ (quantity). For the period \_\_ (start date) to \_\_ (end date).

- Behavioural and/or Developmental Support
  - Assistance with the cost of behavioural and developmental support, not to exceed $\_\_ (rate) per \_\_ (unit) per \_\_ (quantity). For the period \_\_ (start date) to \_\_ (end date).
Health-Related Supports

Prescriptions, emergency ambulance transportation, special dietary or nutritional and/or dental needs are not always fully covered by health and dental plans or while awaiting application for health insurance coverage. Families of children with disabilities often have to pay for these expenses. Human Services may provide health-related supports to help reduce the financial impact of disability-related costs and to ensure children receive the prescription, dietary, nutritional and/or dental services they need.

Families are responsible for costs typically associated with providing and caring for a child including Alberta Health Care coverage, Blue Cross or equivalent insurance coverage. Parents must make use of any benefits or insurance plans, including the Alberta Child Health Benefit and employee or other private plans before they access services under the Family Support for Children with Disabilities Act.

Where the assessed need is related directly to a child’s disability, the FSCD Program may provide assistance with the following health-related expenses:

- Dental care and orthodontic treatment
- Assistance with prescription drug costs
- Interim ambulance coverage.
- Medically-prescribed formula
- Special diet
- Medical benefit.

All health-related supports provided under the regulations will be offered, on the basis of individual need, as determined through an assessment of a child’s needs.
Dental and Orthodontic Treatment Assistance

Regulation

4 (1) (j) the following health-related services if they are directly related to the child’s disability:

(i) the costs of dental and orthodontic treatment if it is recommended by the dental review committee established by the Alberta Dental Service Corporation

(A) for the portion of costs exceeding the costs covered by the guardian’s dental insurance or benefit plan, or

(B) if the guardian does not have dental insurance or a benefit plan for dental care, the costs exceeding $250 annually;

INTENT

♦ To assist the guardian with some of the extraordinary costs of disability related dental and orthodontic treatment.

♦ FSCD uses the services of the Alberta Dental Services Corporation’s (ADSC) dental review committee to determine what dental and orthodontic treatment is disability related.

♦ The ADSC is under contract with FSCD and several other Human Services programs to administer funds for dental services on our behalf.

♦ The ADSC decides if dental and orthodontic treatment requested is disability related.

♦ Alberta Health and the Alberta Dental Association and College (ADAC), who represent dentists in the province, have agreed through a Memorandum of Understanding (Schedule D) on how to determine what is disability related and the rates that will be paid for procedures that are disability related.
POLICY

♦ FSCD will assist with a portion of the dental and orthodontic treatment costs if:
  - the need for the treatment is directly related to the child’s disability;
  - the treatment has been recommended by the dental review committee; and
  - the disability related costs exceed what is covered by the guardian’s dental insurance plan or if the guardian does not have a dental insurance or benefit plan, the costs exceeding $250.00 per twelve month period.

♦ FSCD cannot pay for treatment occurring beyond the child’s 18th birthday, even if the treatment was initiated prior to the child turning 18.

♦ All requests for dental and orthodontic treatment must be submitted to the ADSC dental review committee.

♦ If a guardian does not agree with the decision about their request for disability related dental and orthodontic treatment assistance they may pursue the Concerns Resolution options available. (See Section 12: Concerns Resolution)

♦ FSCD cannot pay for fees that exceed the fees in the Memorandum of Understanding (Schedule D) because they are considered normal parental costs for dental and orthodontic treatment.

PROCEDURE

(1) The FSCD worker and the guardian will discuss the need for the dental and orthodontic treatment and whether the guardian has access to another source of funding, (e.g. Health Benefit Plans, Health Spending Accounts or any other program that may assist with the treatment costs).

(2) The FSCD worker will explain the decision making process and requirements for dental and orthodontic treatment assistance to the guardian as outlined in Steps (3) through (11).
(3) The FSCD worker will include the child’s FSCD identification number on “Step 1” of the “Request for Dental and Orthodontic Treatment Assistance” form (FSCD0056), and sign and date the form. The FSCD worker will give the form to the guardian.

(4) The guardian completes “Step 2” of the “Request for Dental and Orthodontic Treatment Assistance” form (FSCD0056), including information about any Health Benefit Plan or Health Spending Account available to assist with treatment costs.

(5) The guardian takes the form to their dental and orthodontic treatment provider when their child requires treatment.

(6) The guardian notifies their dental and orthodontic treatment provider that all information describing how the treatment is disability related must be completed on the form to be considered for FSCD funding.

(7) If the treatment is disability related, the dental and orthodontic treatment provider completes “Step 3” on the “Request for Dental and Orthodontic Treatment Assistance” form (FSCD0056) and sends the form, treatment plan and any other supporting documentation to the dental review committee (ADSC contact information is provided on the form).

**Note:** The dental and orthodontic treatment provider will advise the guardian if the dental and orthodontic treatment required is not disability related.

(8) In accordance with Schedule D of the Memorandum of Understanding between Alberta Health and the Alberta Dental Association and College (ADAC) the dental review committee will:

- Decide if the request is disability related;
- Send the dental and orthodontic treatment provider a response regarding the request;
- Indicate the specific procedures and costs in the request that can be funded through the FSCD program; and
- Contact the dental and orthodontic treatment provider to request additional information or clarification if needed.
(9) The dental and orthodontic treatment provider will advise the guardian of disability related dental and orthodontic treatment that can be funded through the FSCD program.

(10) The dental and orthodontic treatment provider will forward an invoice to the ADSC for the specific procedures that can be funded through the FSCD Program as decided by the ADSC dental review committee.

(11) The ADSC will issue payment directly to the dental and orthodontic treatment provider according to the fees outlined in Schedule D of the Memorandum of Understanding between Alberta Health and ADAC.

(12) The ADSC will notify the FSCD Branch of the approved disability related dental and orthodontic treatment. The FSCD Branch will inform the FSCD worker of the ADSC decision for the child’s file.

(13) The FSCD worker will enter Health Related Supports, Dental/Orthodontic Treatment in the guardian’s agreement at $0 and include the relevant subclause. This service may carry over agreement periods and will be included in any relevant agreements at $0.

(14) If the guardian does not agree with the decision about their request for disability related dental and orthodontic treatment assistance they may contact their FSCD worker.

(15) The FSCD worker will explain the Concerns Resolution options available to the guardian and notify the FSCD Branch.

(16) If a decision is made to modify the ADSC decision through the Concerns Resolution process the FSCD worker will enter Health Related Supports, Dental/Orthodontic Treatment in the guardian’s agreement not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
Section 10-54 JANUARY 2016

**FORM**

- Request for Dental and Orthodontic Treatment Assistance (FSCD0056)

**FSCDIS**

**CHILD FOCUSED SERVICES**

**Health Related Supports**

**Dental/Orthodontic Treatment**

- Assistance with the cost of extraordinary disability-related dental/orthodontic services, as decided by the Dental Review Committee, will be paid directly to the dental and orthodontic treatment provider by the Alberta Dental Service Corporation on behalf of the FSCD program. $0 per year per 1.0. For the period (start date) to (end date).
Prescription Drugs

Regulation

4 (1) (j) the following health-related services if they are directly related to the child’s disability:

(ii) if the guardian has a health services insurance or benefit plan,
   (A) up to 30% of the cost of prescription drugs or drugs that are approved by the health services insurance or benefit plan if the guardian’s plan does not cover 100% of the cost, or
   (B) the cost to the guardian of an additional health services insurance or benefit plan premium, if the cost of the prescription drugs the guardian would have to pay under paragraph (A) exceeds the cost of the premium of the additional insurance or plan;

(iii) if a guardian does not have a health services insurance or benefit plan to cover prescription drugs and
   (A) if the guardian applies for coverage by such insurance or plan, the cost of prescription drugs for the lesser of 4 months or until the insurance or plan takes effect, or
   (B) if the full cost of the prescription drugs is less than the cost to the guardian to purchase such insurance or plan, the cost of the prescription drugs;

INTENT

♦ Families of children with disabilities often face the high cost of individual drugs or ongoing multiple prescription drug costs. The intent is to provide assistance with the cost of prescription drugs related to the child’s disability, to ensure the child receives the drugs he/she needs.
POLICY

♦ The FSCD Program may assist with up to 30% of the cost of a prescription drug that is directly related to the child’s disability, where the drug is on Alberta Health’s approved prescription drug list or is approved for coverage under the parent’s private insurance or benefit plan and where the parents insurance or benefit plan(s) does not cover 100% of the cost.

♦ Alternatively, FSCD may pay for the cost of an additional insurance or benefit plan when the balance of the cost over and above that which is covered by the parents insurance or benefit plan(s) is more than the cost of the premium for a second plan.

♦ Where the parent has applied for and is awaiting health insurance coverage, the FSCD Program may assist with the full cost of the prescription drug for up to four months.

♦ Where the full cost of the prescription drug is less than the cost of an insurance plan, the FSCD Program may assist with the full cost of the prescription drug.

PROCEDURE

(1) The FSCD worker and parents review the child’s medication needs, detailing the name, dosage and cost of the drug as well as the reason the drug is prescribed for the disability.

(2) Parents provide the FSCD worker with information regarding their private insurance coverage. Assistance with the guardian's cost for prescription drugs is determined on the basis of one of the following options:

- Up to 30% of drug costs
- If a second plan is less than 30% of the costs of the drugs, the cost of the second plan
- Interim prescription drug costs, pending approval of coverage for up to four months (e.g. Blue Cross)
- The full cost of the prescription drugs is less than the cost of the parent's premium.
(3) The FSCD Program requests confirmation from parents, regarding the percentage of coverage provided by their insurance plan.

(4) Drug costs may be included in the original FSCD Agreement or Addendum.

(5) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

(6) The FSCD Program is not responsible for outstanding balances on insurance policies.

(7) The prescription drugs must be:
   - On Health Canada’s approved drug list
   - On Alberta Health’s drug list
   - Directly related to the disability.
   
   Where the drug is not on Alberta Health’s drug list, contact the Provincial FSCD office or refer to the Medical Benefit Policy under the Health – Related Supports Section.

FSCDIS

CHILD FOCUSED SERVICES

Health Related Supports

Prescription Drugs

- Assistance with the cost of up to 30% of extraordinary costs related to disability-related prescription drugs that exceed the portion covered by a health insurance plan(s), not to exceed $__(rate)__ per __(unit)__ per __(quantity)__.

For the period __(start date)__ to __(end date)__.
Interim Prescription Drug Costs

- Assistance with the cost of extraordinary disability-related prescription drugs, for up to four months, while the family is awaiting approval for a health insurance plan(s), not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Full Prescription Drug Costs

- Assistance with the full cost of extraordinary disability-related prescription drugs, where the full cost of the drug is less than the cost of the health insurance premium, not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Purchase of a Second Health Insurance Plan

- Assistance with the purchase of a second health insurance plan, where the cost of the health insurance premium is less than up to 30% of the disability-related prescription drug cost, after the coverage provided by the family’s first health insurance plan, not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
### Prescribed Formula

#### Regulation

4 (1) (j) the following health-related services if they are directly related to the child’s disability:

(iv) the amount by which formula prescribed or ordered by a physician in consultation with a registered dietician or registered nutritionist or ordered by a registered dietician or registered nutritionist exceeds the usual cost of formula for a child that age;

#### INTENT

♦ The intent is to help parents with the cost of medically-prescribed formula that their child requires as a direct result of his/her disability.

#### POLICY

♦ FSCD may assist with the cost of prescribed formula related to the child’s disability when the total cost exceeds the normative cost for feeding a child of the same age. The child’s physician in consultation with or ordered by a registered dietician or registered nutritionist must forward documentation, outlining the need for formula, the name of the formula, the amount of formula required and the feeding schedule, to the FSCD Program.

#### PROCEDURE

1. The FSCD worker and parents collaboratively discuss the child's need for medically-prescribed formula.

2. The parents forward the documentation from the physician and dietician, outlining the need for the formula, to the FSCD worker.

3. The registered dietician or registered nutritionist outlines the cost of the formula.
(4) The FSCD worker calculates the additional cost for feeding the child by deducting the typical cost of feeding a child of the same age without a disability from the cost of the prescribed formula.

The average cost to feed a child per month is:

- 0 to 6 years - $75
- 7 years to 12 years - $118
- 13 years to 17 years - $153.

(5) Parents inform the FSCD Program when the child’s nutritional needs change.

(6) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

FSCDIS

CHILD FOCUSED SERVICES

Health Related Supports

Prescription Formula

- Assistance with the cost of extraordinary disability-related prescription formula, not to exceed $__ (rate) per __ (unit) per __ (quantity). For the period __ (start date) to __ (end date).
## Special Diet

### Regulation

<table>
<thead>
<tr>
<th>4 (1) (j)</th>
<th>the following health-related services if they are directly related to the child’s disability:</th>
</tr>
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<tbody>
<tr>
<td>(v)</td>
<td>the amount by which food prescribed or ordered by a physician, registered dietician or registered nutritionist exceeds the usual cost of food for a child that age if the prescribed or ordered food is not vitamins but is part of an accepted, non-experimental nutritional regime to effectively manage an identified condition or dietary need of the child;</td>
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### INTENT

- This is intended to help families with costs associated with medically-prescribed special diets, related to the child’s disability, that exceed normal nutritional expenses. Only food items are covered.

- When a specialized dietary item is prescribed by a physician, registered dietician or registered nutritionist, the FSCD Program may provide assistance with the cost of medically-prescribed special diets that exceed normal nutritional expenses.

### POLICY

- The FSCD Program may assist with the cost of a medically prescribed special diet directly related to the child’s disability when a physician, registered dietician or registered nutritionist determines special dietary item(s) would benefit a child by managing an identified condition and the cost of the diet exceeds normal nutritional expenses. The dietary items must be proven to be part of an effective nutritional regime.
PROCEDURE

(1) The FSCD worker and parents discuss the child’s need for a prescribed special diet. Parents forward the letter from the physician, registered dietician or registered nutritionist to the FSCD Program outlining the need for a special diet.

(2) The letter should outline special dietary items, estimated cost of required items, nutritional component of items and total monthly cost of all medically-prescribed special dietary items.

(3) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services).

FSCD DIS

CHILD FOCUSED SERVICES

Health Related Supports

Medically-Prescribed Special Diet
Assistance with the cost of extraordinary disability-related medically-prescribed special diet, not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
Medical Benefits

Regulation

4 (1) (k) the cost of medical benefits directly related to the child’s disability and, if the child has a sibling who is subject to an agreement under this subsection, the child’s sibling’s disability that is in excess of 2% of the aggregate net income reported on line 236 of the previous year’s income tax return by the child’s parents if, subject to subsection (4),

(i) the medical benefit is life sustaining or it would be debilitating if the child did not receive the medical benefit,

(ii) another program or source does not provide the same or similar benefit in whole or in part regardless of whether the child is eligible to receive it,

(iii) the use of the medical benefit is based on established rehabilitation practices, strategies and approaches that are reasonable and demonstrated to be effective, and

(iv) the medical benefit is available in Alberta;

4 (3) In subsection (1)(k), “medical benefits” means

(a) a medical supply, or

(b) if approved under section 4.1, a drug as prescribed by a physician and as recorded by a pharmacist.

4 (4) In subsection (1)(k), a parent’s income is included in the calculation of the aggregate net income where

(a) the child resides on a consistent or regular basis with the parent, or

(b) the child would consistently or regularly reside with the parent if the child’s needs could be met in the parent’s home.

Extraordinary drug approvals

4.1 (1) A director may approve a drug as a medical benefit for the purpose of section 4(1)(k) if

(a) the drug is not a prescription drug or the drug is a prescription drug that is not indicated in the Alberta Health Drug Benefit List for use in treatment of the child,
(b) none of the prescription drugs indicated in the Alberta Health Drug Benefit List for use in the treatment of the child were effective to treat the child,
(c) the drug has already been prescribed by a physician to treat the child and the medical evidence is that it was an effective treatment, and
(d) the drug is approved under the *Food and Drug Act* (Canada) for sale or distribution in Canada.

(2) A director, in deciding to approve a drug, may take into account a recommendation by the Common Drug Review Committee.

**INTENT**

- To assist families with the cost of medical benefits not otherwise funded when the cost creates a significant financial hardship for the family.

**POLICY**

- The need for the medical benefit must be directly related to the child's disability.
- A medical benefit request must be submitted to the Provincial FSCD Program for recommendations and approved by the Regional Director or designate before a medical benefit is provided.
- All of the criteria identified in the regulation for medical benefits must be met in order for a medical benefit to be provided.
- The cost of the medical benefit must create a significant financial hardship for the family as defined in regulation. Financial hardship alone is insufficient to support the provision of a medical benefit.
- The need for a medical benefit is assessed based on current medical information and documentation supporting the need as per the criteria in the Regulation.
- A medical benefit recommendation cannot exceed 12 consecutive months. If the need for the medical benefit exceeds 12 months, a new medical benefit request is required along with confirmation of significant financial hardship.
based on the parents' most recent income information and updated supporting documentation regarding the continued need as appropriate and required.

♦ If the need and timeframe of a recommended and approved medical benefit request crosses FSCD agreements, a new medical benefit request is not required prior to completing a renewed FSCD agreement. The medical benefit may be carried over to the renewed FSCD agreement with service end date aligning with the expiry date for the recommendation of the medical benefit.

♦ A medical benefit is considered to create a significant financial hardship when the cost of the requested medical benefit exceeds 2% of parents' net annual income.

• Net annual income is the combined net income of the parents, as reported on line 236 of the parents' most recent T1 Income Tax Returns filed.

• Net annual income is based on the taxation year immediately prior to the medical benefit request.

• Parents are required to provide information from line 236 on their most recent Income Tax returns. A parent must have filed an Income Tax return for the most recent taxation year in order to determine significant financial hardship. Without this information, a medical benefit request cannot be completed.

• FSCD workers must see a copy of the parents Income Tax Form in order to verify the net income amount to be used on the Medical Benefit Form.

• If a copy of the parent's income tax form is mailed or faxed into the FSCD office, the copy must be securely disposed of or returned to the parent by registered mail and action documented in child's file.

• The calculation of the medical benefit cost exceeding 2% of the parents' net annual income is based on the total cost of the medical benefit for the timeframe it is requested, up to a maximum of 12 months.

• For a medical benefit that is not required for a full 12 month period, the total cost for the number of months that the benefit is needed is
calculated and this amount is used for the significant financial hardship calculation.

♦ Use the Significant Financial Hardship form to calculate the portion of the medical benefit cost that may be provided by FSCD.

♦ Parents are responsible to pay the costs for the medical benefit up to 2% of their net annual income.

♦ The FSCD Program may provide the portion of the cost of the medical benefit that exceeds 2% of the parents' net annual income.

♦ When a family requests more than one medical benefit for their child, the combined costs of the medical benefits will be taken into consideration to assess significant financial hardship and the calculation of the portion of the cost exceeding 2%.

♦ When a family has more than one child who has an FSCD agreement for whom medical benefits are requested, the total cost of the children’s medical benefits will be taken into consideration to assess significant financial hardship and to determine the portion of the cost exceeding 2%.

♦ If a medical benefit previously requested did not meet significant financial hardship criteria, and additional medical benefits are requested at a later date, the concurrent cost of both the previous and additional medical benefits may be taken into consideration when assessing significant financial hardship.

NOTE: If approved, a new medical benefit request cannot be backdated to provide for the cost of the original requested items if the original request did not meet significant financial hardship.

♦ Expenses that a family has already incurred for medical benefits or other disability related expenses cannot be considered in the determination of significant financial hardship or cumulatively with a subsequent medical benefit request, even though the collective timeframe of both requests may be twelve months or less.

• Medical benefits are not recalculated based on a change in the parents' income or employment circumstances during the time frame of a medical benefit that has already been recommended and approved.
A recalculation of significant financial hardship for an existing medical benefit service may occur if:

- line 236 of the families' income tax information for the most recent taxation year demonstrates the family net annual income decreased to the extent it would have a substantial impact on the significant financial hardship determination; and
- there is six months or more remaining in the timeframe for a medical benefit that has already been recommended and approved.

Additional medical benefits requested during the timeframe of an already approved medical benefit (either for the child who is currently receiving medical benefits or for the addition of medical benefits for another child in the family who has an FSCD agreement) will necessitate the submission of a new medical benefit request. Significant financial hardship will be reassessed and the portion of the medical benefit costs exceeding 2% of the parents' net annual income will be recalculated given the additional medical benefits requested.

The need for the medical benefit must be based on the medical supply or drug being life-sustaining for the child or there must be documentation identifying that the absence of the medical benefit would have a debilitating affect on the child.

A medical benefit may only be provided if no other source of funding for the medical benefit is available, either in whole or in part, to assist the family with the costs. The amount required as a parental cost share or contribution for another program or service cannot be included in the costs of a medical benefit being requested from FSCD.

All other programs, services, insurance plans, etc. that may provide the same or similar benefit must be explored prior to submitting a medical benefit request.

If a parents' health insurance benefit plan has denied funding for the requested medical benefit, the parent must provide documentation verifying the denial of the medical benefit.

If the child/family did not meet the eligibility criteria for another program that is intended to provide the same or similar medical benefit, the FSCD Program
does not supersede the eligibility criteria of the other program by providing the medical benefit.

♦ Information must be provided to validate that all drugs requested under medical benefits are:
  • prescribed by a physician and recorded (processed, dispensed and filed) by a pharmacist.
  • not listed on the Alberta Health Drug Benefit List or are on the list but not for the prescribed use,
  • approved by Health Canada, and
  • available for sale and distribution in Canada.

♦ All drugs requested under medical benefits are:
  • prescribed by a physician and recorded by a pharmacist,
  • not listed on the Alberta Health Drug Benefit List or on the list but not for the prescribed use,
  • approved by Health Canada, and
  • available for sale and distribution in Canada.

♦ If a drug is prescribed that is not on the Drug Benefit List or not covered for its intended use, the requested drugs must have already been used by the child and proven effective for the child as documented by the physician.

♦ Documentation must be obtained from a physician or health care professional confirming the drug being requested is not being used in experimental and/or drug trials. Drugs being used in experimental and/or drug trials cannot be provided as a medical benefit.

♦ Drugs that are available from a physician or through a hospital by way of the Special Access Program through Health Canada cannot be provided as a medical benefit.

♦ Drugs that may be covered through Special Authorization (a physician’s request to Alberta Health for the drug to be covered by a provincial drug plan or insurer) cannot be provided as a medical benefit. If Special Authorization for the drug has been denied, it may be considered for a medical benefit request.
♦ Homeopathic/alternative drugs or herbal remedies will not be provided as a medical benefit.

♦ Drugs that do not have a Drug Identification Number (DIN) cannot be provided as a medical benefit. (A DIN is provided by Health Canada.)

♦ Where a physician has prescribed a combination of drugs that do not independently have a DIN but in combination are assigned a DIN, the medical benefit may be requested.

♦ Parents are responsible, upon request, to provide documentation and verification from applicable physicians, health professionals or funding resources that support the need for the medical benefit and describes how the medical benefit meets the criteria established in the Regulation for the provision of a medical benefit.

♦ Supporting documentation validating that medical benefit meets all of the criteria in the Regulation must be included with the medical benefit request.

**PROCEDURE**

(1) The FSCD worker and parents discuss the child’s need for medical benefits, as outlined in the Regulation.

(2) The FSCD worker and family will explore any other programs or services that provide the medical benefit. The family will be provided with information and referral to other resources as appropriate.

(3) Prior to completing the Medical Benefit Request Form, the FSCD worker must determine significant financial hardship using the Significant Financial Hardship Calculation form. Significant financial hardship cannot be determined without information from line 236 of the most recent T1 Income Tax Return. Appendix A-34 contains a sample of the Determining Significant Financial Hardship Calculation form.

How to complete the FSCD Medical Benefits Significant Financial Hardship form:

To complete this form electronically, open the form in Microsoft Excel, and enter the following information:
Step 1:
   a. Enter the amount(s) reflected on Line 236 of the parent’s previous year’s income tax statement in the green box provided. (If more than one parent (as defined in the Regulation), enter the information from line 236 for each parent in the green boxes provided. Press the “Enter” key.

   b. The total will automatically calculate, and the parent(s) net annual income will appear in the green “Total” box at the bottom of step 1.

Step 2: Will automatically calculate 2% of the Annual Family Net Income based on the information entered in Step 1.

Step 3:
   a. Enter the cost of the medical benefit in the green box(es) provided. (A group of supplies such as Broviac, IVAD or Ostomies may be entered as one medical benefit cost.) Press the “Enter” key after entering each medical benefit.

   b. The total monthly cost of all medical benefits being requested will be automatically calculated, and a total will appear in the green box at the bottom of Step 3.

Step 4:
   a. Enter the number of months that the medical benefit will be requested in the green box provided, across from the number (4).

Steps 5, 6 and 7: will be automatically calculated based on the information entered in Steps 1, 3, and 4.

If the result in Step 6 is a negative number, the family does not meet the significant financial hardship criteria for the medical benefits in this request.

Refer to Appendix A for an example of the FSCD Medical Benefits Significant Financial Hardship Form.

(4) If the family does not meet the criteria for significant financial hardship, a Medical Benefit Request form is not completed or submitted.
If the criteria for significant financial hardship is met, the FSCD worker will proceed to complete a Medical Benefit Request Form. Appendix A-35 contains a sample of the Medical Benefit Request Form.

The FSCD worker gathers the necessary information and documentation from the family to assess if the medical benefit meets all of the criteria set out in the regulation.

Parents must provide documentation from the child’s physician or health care professional providing information regarding the need for the medical benefit as it relates to the child’s disability and the criteria set out in the regulation.

Parents must provide information regarding the denial of coverage or partial funding by private insurers or other programs and resources that may be available to the parent to assist with the costs of the requested medical benefit.

Details of the medical benefit need should include:

**Medical supplies:**
- Health care professional’s name and date the health care professional requested the supply
- Specific supply being requested
- Quantity of each specific item
- A group or list of supplies such as for Broviac, IVAD or Ostomies supplies totalled and requested as one cost
- Total cost of items required
- Time period for which items are required

**Prescription drugs**
- Prescribing doctor’s name and date of prescription
- Name of drug being prescribed
- Prescribed dosage
- Cost of drug – pharmacy letter confirming the cost of the drug pertaining to the dosage and quantity identified by the physician.
• Confirmation that the drug is on the Alberta Health Drug Benefit List but not approved for the prescribed use
• Time period for which the drug(s) is required.
• List of drugs on the Drug Benefit List that have been trialled for the child and their effectiveness
• Length of time the child has been using the requested drug and the effectiveness of the drug.
• Outcome of the physician's Special Authorization Application

(10) When the Medical Benefit Request form has been completed and the required documentation collected, the Medical Benefit Request form is forwarded to the Provincial FSCD Program for review and recommendations.

NOTE: The Medical Benefit Request form is an internal FSCD document that supports an internal review process. Parents should not be asked to complete this form.

Medical Benefit Request Forms with incomplete information will be returned.

(11) The Significant Financial Hardship Calculation form must be submitted along with the medical benefit request and other supporting documentation.

(12) The Provincial FSCD Program reviews the medical benefit request to ensure criteria for significant financial hardship is met and that all other criteria in the Regulation are met. The Provincial FSCD Program may:

• consult with relevant medical professionals such as physicians, pharmacists, occupational therapists, physical therapists, speech therapists,
• request additional information or supporting documentation from the submitting region, and
• consult with other government programs regarding the provision of the medical benefit.
The Medical Benefit Request form is returned to the Regional Director or designate of the submitting region with recommendations and rationale for the recommendation relevant to the provision of the medical benefit.

The requesting Regional Director makes the final decision regarding the provision of the medical benefit.

The region informs the Provincial FSCD Program when a Regional Director's decision regarding the provision of a medical benefit differs from the Provincial FSCD Program's recommendation.

The FSCD worker informs the family of the decision regarding the medical benefit request including the timeframe for the recommendations.

If the timeframe of the recommended medical benefit extends beyond the current agreement date, the recommended medical benefit if approved may be carried forward to the next agreement so long as the service end date aligns with the end date of the medical benefit timeframe as per the recommendations.

If the monthly cost, quantity or timeframe (so long as it does not exceed twelve months) changes after a medical benefit is recommended, the FSCD worker will complete the change notification section on the Medical Benefit Request form and submit it to the Provincial FSCD Program. An addendum to the agreement may be provided without further recommendation on the same medical benefit being requested.

If a family requests continued support for a medical benefit at the time of reassessment, the procedural steps are the same as for a new request. The ongoing need for a medical benefit and the determination of significant financial hardship must be reassessed within 12 months of the prior medical benefit request and recommendations.

If additional medical benefits are requested for a child already receiving a medical benefit or a medical benefit request for a sibling child is received, significant financial hardship is reassessed and the portion of the total costs exceeding 2% of the parents’ net annual income is recalculated. A new medical benefit request must be completed and submitted for review and recommendations.
(21) Significant financial hardship and the portion of the cost of the medical benefit provided may be recalculated at the families request when new income tax information becomes available during the timeframe of a recommended medical benefit request.

(22) A copy of the Medical Benefit Request form with recommendation and Regional Director approval or denial is placed on the child's file in Section 4.

(23) Funding for approved medical benefit is included in the child's agreement or provided by an addendum.

(24) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

FORMS

♦ Determining Significant Financial Hardship Calculation form

♦ Medical Benefit Request form

FSCDIS

CHILD FOCUSED SERVICES

Medical Benefits

Prescription Drug Costs Not Covered by a Health Plan

• Assistance with drug costs, not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Medical Supplies

• Assistance with the cost of medical supplies, not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
Ambulance

Regulation

4 (1) (I) if a child’s condition related to their disability requires emergency transportation by ambulance and the guardian does not have a health care insurance or benefit plan to cover ambulance services and the guardian applies for coverage under such an insurance or plan, the cost of ambulance services for the lesser of 4 months or until the insurance or plan takes effect.

INTENT

♦ The intent is to assist parents with the cost of emergency ambulance transportation that is directly related to their child’s disability if they do not have insurance coverage or are awaiting approval of their application for insurance coverage, for a maximum of four months.

POLICY

♦ The FSCD Program may assist with the cost of emergency ambulance transportation, when the ambulance trip is directly related to the child’s disability and the parents do not have an insurance plan that covers the cost.

♦ Parents are expected to purchase an insurance plan as soon as possible after request for reimbursement of an ambulance trip. The FSCD Program may assist with the cost of ambulance trips for up to a maximum of four months after the original ambulance trip.

♦ Any subsequent ambulance costs incurred after the four month timeframe are the parents’ responsibility.

♦ This support is for emergency trips only; Inter-hospital transfers are not funded through FSCD.
PROCEDURE

(1) Parents inform the FSCD Program of the emergency ambulance trip including time, date and reason for ambulance use.

(2) The FSCD worker approves the funding request for the emergency ambulance trip.

(3) Parents may be required to provide documentation about their insurance plan’s coverage (or lack of) for ambulance trips.

(4) If the ambulance trip is funded through the FSCD Program and the parents do not have an insurance plan, the FSCD worker advises the parents to obtain insurance that covers ambulance trips.

(5) If the ambulance trip is not funded through the FSCD Program, the FSCD worker informs the parents, verbally and in writing, of the reasons for the decision.

(6) Parents may be required to provide documentation regarding the need for the emergency ambulance use, as related to the child’s disability.

(7) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

FSCDIS

CHILD FOCUSED SERVICES

Health Related Supports

Ambulance

- Assistance with the cost of disability-related ambulance services, not to exceed $\text{(rate)}\ per \text{(unit)}\ per \text{(quantity)}\. For the period \text{(start date)}\ to \text{(end date)}\.
Specialized Services for Children with Severe Disabilities

**Regulation**

4 (1) (m) if a child has a severe disability resulting in significant limitations and service needs in 2 or more of the following areas:

(i) behaviour;

(ii) communication and socialization skills;

(iii) cognitive abilities;

(iv) physical and motor development;

(v) self-help skills and adaptive functioning;

and if

(vi) the level and complexity of the child’s needs require an array of integrated and coordinated services, including one or more specialized services,

(vii) a multidisciplinary team has completed an assessment that identifies that the child has a critical need for a specialized service and recommends to the director that a specialized service be provided,

(viii) an individualized plan, satisfactory to the director, has been developed to coordinate and direct the delivery of services, including a specialized service,

(ix) the proposed specialized service is likely, in the opinion of a multidisciplinary team, to achieve measurable improvement in a reasonable and predictable period of time or to sustain or to prevent a regression or dependency in the child’s activities of normal daily living,

(x) the proposed specialized service is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and demonstrated to be effective and
(xi) other available programs and services are not appropriate or are insufficient to meet the child’s needs,

one or more specialized services for the child and consultation services for the child’s guardian with respect to the specialized services, but with respect to areas referred to in subclauses (i) to (v) specialized services may not be provided for the purpose of assisting the child’s education or academic development;

4 (2) In subsection (1)(m),

(a) “activities of normal daily living” include, but are not limited to, in an age-appropriate manner,

(i) communication and interaction,

(ii) feeding, bathing, dressing and toileting, and

(iii) understanding and decision-making;

(b) “severe disability” means a condition or impairment that

(i) results in a major loss of the child’s functional ability or capacity to engage in the activities of normal daily living, and

(ii) requires the parent and other caregivers to provide continual and ongoing supervision, assistance and support in the activities of normal daily living to ensure the child’s safety or to facilitate the child’s participation at home and in the community.

INTENT

♦ Specialized services are intended for families whose child has a severe disability resulting in critical service needs that can not be fully met by other programs and services or other less intrusive FSCD supports and services.

  • Specialized services are provided based on the individual needs of the guardian and their child and not on a child’s age or diagnosis.

♦ The term severe disability is referring to the child’s limited ability to function in activities of normal daily living combined with the need for continual and ongoing supervision and support to ensure their safety and participation in these activities.
Specialized services involve consultation to the guardian and are intended to support them in acquiring specific skills and learning strategies to help promote their child's participation in activities of normal daily living.

FSCD recognizes the family as the primary source of care and support for a child and respects and values a family's ability to care for and promote their child's development. As such, guardians are involved in developing and implementing their Individualized Service Plan and through specialized services learn skills and strategies that help strengthen their ability to care for their child. This is accomplished through providing specialized services that:

- address critical areas of need related to a child's ability to function in activities of normal daily living;
- complement other programs, supports and services that the guardian and child have access to including the supports and services provided through the child's educational program and/or other FSCD services;
- provide integrated supports that are individualized to address the unique need of the guardian and child and are coordinated with other supports and services that the guardian and child are receiving;
- build upon the guardian's strengths, abilities and resources to promote their child's functional abilities and participation in activities of normal daily living;
- provide the guardian with support, service and consultation from the following health professionals under the Health Professions Act relevant to the child’s areas of need: speech-language pathologists, occupational therapists, physical therapists and psychologists; and
- address the guardian's priorities and assist them to achieve goals related to their child's ability to participate in activities of normal daily living.

Specialized services are coordinated and delivered through a specialized services team, which may include: health professionals, non-health professionals and aides based on the guardian's and child's individual needs and circumstances. All team members must have specific training and experience working with families of children with severe disabilities.
POLICY AND PROCEDURE

SPECIALIZED SERVICES DECISION-MAKING PROCESS

The following chart outlines the decision-making process and key decision points regarding the provision of specialized services.

1. FSCD worker shares information about the program and services, including specialized services.

2. Guardian, service provider and/or FSCD worker identify a potential need for specialized services, either an initial request or a request for continued services.

3. FSCD worker consults with their supervisor about all requests for specialized services.

4. FSCD worker advises guardian of the information and documentation requirements (including timelines) and assists to gather documentation as needed.

Decision point #1: Does the information and documentation provided support the request and potential need for specialized services?
FSCD worker and supervisor review information and documentation to determine if it supports the request for specialized services (may consult with the MDT Co-ordinator).

YES

Decision point #2: Are MDT recommendations required?
FSCD worker must consult with their supervisor and the MDT Co-ordinator in making a decision about whether or not MDT recommendations are required.

YES

Decision point #3: What type of MDT is required?
FSCD worker and supervisor must consult with the MDT Co-ordinator in making a decision about what type of MDT is required.

MDT meeting and recommendations about specialized services provided.

Copy of MDT recommendations provided to and discussed with guardian.

Decision point #4: Will specialized services be provided?
Decision about providing specialized services.

YES

Decision point #5: Approve ISP

NO

If the guardian is not satisfied with decision, work with the guardian to resolve the concern and advise of concerns resolution options.
Decision-making and communication requirements regarding the specialized services decision-making process:

♦ The FSCD worker, in consultation with their supervisor and the MDT Co-ordinator, makes all decisions related to the provision of specialized services including whether consultation with the Multi-Disciplinary Team (MDT) is required.

♦ The FSCD worker documents the decision made relevant to the specialized services decision making process on the Specialized Services: Record of Key Decision Points Form (see Specialized Services: Record of Key Decision Points, Appendix A).

♦ The FSCD worker verbally advises the guardian of the decisions made at each of the key decision points in the decision-making process.

♦ Decisions must be made and communicated to the guardian within the specified timeframes for decision–making noted with in policy.

♦ If a decision is made not to provide specialized services or the guardian is not satisfied with a decision about the nature or level of specialized services (decision point #4), the decision must be communicated to the guardian both verbally and in writing (see Advising Guardian of Decisions, Section 8).

**NOTE:** Where more than one of the five key decisions within the specialized services decision–making process has been made concurrently or in close succession, the written communication may include all of the relevant decisions in the same letter to the guardian.

♦ If the guardian is not satisfied with any of the decisions made within the specialized services decision–making process, the FSCD worker will:
  • work together with the guardian to resolve their concerns;
  • explore other support and service options to address needs;
  • clarify and communicate the decision in writing;
  • provide rationale for the decision; and
  • ensure that the guardian is aware of their concerns resolution options.

(See Concerns Resolution policy Section 12.)
Identifying the potential need for specialized service including a new/initial request or a request for continued services:

♦ The FSCD worker provides information about the FSCD Program and services, including specialized requirements; and explains the decision-making process regarding specialized services.

♦ A potential need for specialized services, initial or continued, may be identified by the guardian, a service provider or the FSCD worker during the initial or annual assessment of needs, or at any time there is a change in the family’s and child’s needs that may indicate the need for specialized services.

♦ FSCD workers must discuss all requests for specialized services with their supervisor within 10 working days of the request or identification of a potential need.

Information gathering and documentation requirements:

♦ The FSCD worker will:

  • advise the guardian of the information and documentation requirements, provide a copy of the documentation checklist for parents and explain what information is needed and why (see, Specialized Services Documentation – Parent Checklist, Appendix A);
  • establish relevant timelines for providing information with the guardian;
  • discuss the continued need for specialized services with the guardian who is currently receiving specialized services at least 90 calendar days prior to the expiration of current specialized services in their FSCD Agreement; and
  • assist the guardian, as needed, to gather the necessary information.

♦ Copies of the following information and documentation are required for **both initial request and request to continue** specialized services:

  • **Child’s recent medical information (within the past 5 years), including:**
    - letters or reports from the child’s physician or other health professionals regarding their diagnosis;
- letters or reports from physicians or other health professionals involved with the child’s ongoing care and follow-up (e.g. feeding clinic results, hearing and vision test results, medication trials, etc.); and
- assessments or progress reports completed by relevant health professionals (e.g., speech and language or physical therapy, assessments).

- **Information from the child’s school program**, including the child’s current Individualized Program Plans (IPP) as well as the previous years IPP (where applicable).

- **If the request is for continued specialized services**, the following documentation is also required:
  - the updated Individualized Service Plan (ISP) for the current year as well as the ISP from the previous year (where applicable);
  - the proposed ISP for the services being requested; and
  - assessment or progress summaries from the health professionals on the family’s specialized services team.

- Only copies of existing reports or assessments are required. If the guardian does not have some of the reports or assessments identified (e.g., the child has not had a recent speech assessment) there is no expectation that they have an assessment completed for the purpose of meeting the above documentation requirements.

- For initial requests for specialized services, an ISP is not required until after specialized services have been approved and commenced. The FSCD worker cannot direct or pay for the guardian to work with a service provider for the purposes of developing an Individualized Service Plan in preparation for an initial MDT.

**Reviewing the information and documentation provided:**

- The FSCD worker and their supervisor review all of the information and documentation provided and may consult with the Multi-Disciplinary Team Co-ordinator (MDT Co-ordinator) regarding the interpretation of the information or documentation provided.
♦ If all required and existing documentation has not been provided, the FSCD worker may request additional information.

♦ If the documentation provided is not clear, the FSCD worker may request clarification or seek consultation to help understand the how the information provided supports the request for specialized services.

♦ For all requests for specialized services, the FSCD worker requires sufficient and clear information in order to make decisions about the need for an MDT or the provision of specialized services.
  - An MDT can not be scheduled until clear and sufficient information has been provided; and
  - Specialized services can not be extended while awaiting sufficient information to make a decision about the request for continued specialized services.

♦ If a requested service is unfamiliar or the extent to which it is based on established practice has not been determined, the FSCD worker may consult with experts about the service being requested and may request that the family’s proposed service provider supply a description of the service in adherence with the Guidelines for Demonstrating Effectiveness (see Guidelines for Demonstrating Effectiveness, Appendix N). The description should include the following:
  - The target population;
  - The intended goals/objectives;
  - The approaches or strategies used to achieve goals/objectives;
  - The logic or rationale regarding how the practice leads to intended outcomes; and
  - Research evidence in accordance with the Guidelines for Demonstrating Effectiveness that support the effectiveness of the practice, strategy, or approach.
(DECISION POINT #1) Does the information and documentation provided support the request and potential need for specialized services? The FSCD worker in consultation with their supervisor makes a decision:

- that not all of the existing and necessary documentation has been provided, advises the guardian of what is needed, identifies timelines for when the additional information will be provided and assists the guardian to gather the information or documentation as needed;
- that the information and documentation provided is unclear and that consultation with the guardian, service provider, the MDT Co-ordinator, other relevant experts and/or a member of the MDT is needed in order to help clarify the potential need for specialized services;
- that the information and documentation do not support the need for specialized services and makes a decision not to provide specialized services; or
- that the information and documentation supports the request for specialized services.

If all of the required information, documentation or necessary clarification has not been provided within the agreed upon timeframe, the FSCD worker will advise the guardian that an MDT can not be scheduled (where required) and that specialized services can not be provided.

Determining if MDT recommendations are required:

- The FSCD worker must consult with their supervisor and the MDT Co-ordinator when determining if MDT recommendations are required.

- The FSCD worker, their supervisor and the MDT Co-ordinator will consider all of the information and documentation gathered to support the request for specialized services when determining the need for MDT recommendations.

- MDT recommendations are required for all initial requests for specialized services.

- MDT recommendations may be required for requests to continue specialized services.
♦ **MDT recommendations may not be required if:**
  
  - the FSCD worker has sufficient information and rationale to support the specialized services being requested;
  
  - the previous MDT recommended, and subsequent Individualized Service Plan supported, transitioning from specialized services to another type of service;
  
  - consultation with an expert or an individual MDT member who has the necessary expertise, is sufficient to clarify service needs (with the guardian’s consent); or
  
  - the previous MDT recommendations are still considered relevant (e.g., the family has moved but their specialized services needs have not changed).

♦ **MDT recommendations may be required if:**
  
  - the FSCD worker does not have sufficient rationale to support the services being requested or the continued need for specialized services;
  
  - the previous MDT recommended a follow-up MDT review;
  
  - there have been significant changes in the guardian’s and child’s needs, circumstances or goals since the previous MDT recommendations;
  
  - there is a significant change in the services being requested compared to the services recommended by the previous MDT and/or the services currently being provided, including a major change in the:
    - hours of service being requested;
    - the nature of the services being requested (e.g., the disciplines involved, the type of interventions or the model of service delivery); or
    - the family has changed service providers (consider the rationale for change in service provider, the impact on the delivery of services, the Individualized Service Plan or costs, familiarity with the service provider and their approach);
the Individualized Service Plan does not:

- reflect the guardian’s priorities, illustrate the guardian’s involvement in implementing the plan or indicate how the family will be supported in generalizing the strategies and skills;
- indicate a coordinated and integrated service delivery approach;
- demonstrate an individualized approach based on the guardian’s and child’s strengths and needs;
- reflect established practices; or
- provide information about what goals have been achieved or provide rationale for why goals were not achieved, explain why goals have changed or build upon previous goals and accomplishments.

♦ (DEcision point #2) Are MDT recommendations required? The FSCD worker, must consult with their supervisor and the MDT Co-ordinator when determining if MDT recommendations are required.

♦ If MDT recommendations are not required, the FSCD worker will make a decision regarding the provision of specialized services within 15 working days.

♦ If MDT recommendations are required, the FSCD worker, in consultation with their supervisor and with the MDT Co-ordinator, determines the type of MDT that is most appropriate.

Determining what type of MDT is required:

♦ The FSCD worker must consult with their supervisor and the MDT Co-ordinator when making a decision about what type of MDT is required.

♦ For initial requests only, the FSCD worker in consultation with their supervisor and the MDT Co-ordinator may consider recent multi-disciplinary assessment reports as the MDT recommendations, if the report provides sufficient information and rationale for the FSCD worker to make a decision about the request for specialized services. Only reports from the following clinics will be considered:

- Children’s Hospital Early Childhood Development Team in Calgary; or
• Glenrose Rehabilitation Hospital Preschool Assessment Service in Edmonton.

♦ In all other cases, MDT recommendations come from the FSCD MDT.

♦ There are two types of FSCD MDT meetings:
  • A face to face or video/teleconference meeting, attended by the guardian; advocates/support persons; the service provider; and FSCD worker; or
  • With the guardian’s consent, a paper review, attended by the FSCD worker.

♦ The FSCD worker in consultation with their supervisor and the MDT Co-ordinator, may decide that a paper review is the most appropriate type of MDT if:
  • based on their review of the information and documentation provided by the family, the service provider or other professionals working with the family and child, the family’s need for specialized services is evident and clearly supported;
  • the services being requested and the Individualized Service Plan, where applicable, appear appropriate to address the family’s identified needs and priorities;
  • they have no significant questions or concerns with respect to the requested services or the proposed Individualized Service Plan that they anticipate may result in deciding not to provide specialized services or providing something significantly different than what has been requested; and
  • the parent agrees to this expedited MDT process.

♦ (DECISION POINT #3) What type of MDT is required? The FSCD worker, must consult with their supervisor and the MDT Co-ordinator when making a decision about what type of MDT is required.

♦ If an MDT is needed the FSCD worker:
  • informs the guardian of the need for an MDT and explains the type of MDT that is needed and why;
• completes the MDT Cover Sheet (see Specialized Services – MDT Cover Sheet, Appendix A-41);

NOTE: the MDT Cover Sheet is intended not just for the MDT members review but also as a tool to assist the FSCD worker to prepare for the MDT by clarifying what is being requested and why. FSCD workers complete this form based on information that the guardian has provided and discuss and share the form with the guardian.

• ensures that the guardian is aware of and has copies of all documentation being provided to the MDT;
• obtains the guardian’s written consent to share the information and documentation with the MDT;
• obtains the guardian’s written consent for a paper review and for the FSCD worker to attend and share information on their behalf (where applicable);
• completes the Specialized Services Documentation - FSCD Worker Checklist (see Appendix A-39) and has it signed by their supervisor.
• forwards the information and documentation to the MDT Co-ordinator; and
• consults with the MDT Co-ordinator to ensure that all information and documentation or clarification necessary to schedule the MDT has been provided.

**Essential Program Standards**

For families and children receiving Specialized Services for the first time, there are MDT recommendations on file from the FSCD MDT, or from Children’s Hospital Early Childhood Development Team (ECDT) Calgary or Glenrose Rehabilitation Hospital Preschool Assessment Edmonton.

For families and children receiving ongoing Specialized Services, there is an Individualized Service Plan (ISP) on file related to the current Agreement.
Scheduling a face to face or video/teleconference MDT or a paper review MDT meeting:

♦ The FSCD worker provides the MDT Co-ordinator with all necessary information and documentation as well as the MDT Coversheet, signed consent forms and the completed FSCD Worker Checklist.

♦ The MDT Co-ordinator will schedule the MDT within 10 working days of receiving all necessary information and documentation.

♦ The MDT Co-ordinator discusses scheduling needs (e.g. the guardian’s availability) and other considerations (e.g., video/teleconference options, the appropriate MDT members/health professionals relevant to the child’s areas of need, etc.) with the FSCD worker, schedules the MDT, and advises the FSCD worker of the date, time and location of the MDT meeting.

♦ The MDT Co-ordinator schedules two or more MDT members, relevant to the child’s identified areas of need, to participate in the MDT.

♦ The MDT Co-ordinator ensures that scheduled MDT members are not in a conflict of interest for the review that they are scheduled to participate in (see Multi-Disciplinary Team (MDT) Member Roles and Responsibilities, Appendix J).

Supporting the guardian’s preparation and participation in the face to face or video/teleconference MDT:

♦ The FSCD worker:
  - encourages the guardian to invite their service provider to attend the MDT meeting;
  - advises the guardian that they may ask advocates/support people to attend the MDT with them; and
  - supports the guardian to prepare for the MDT, by:
    - providing information about what to expect at the MDT (e.g., who will be there, what kinds of questions may be asked);
    - clarifying what information may be important to share with the MDT relevant to the request for specialized services (e.g., examples of how the child’s disability impacts the family, the progress being...
made, what the family would like to accomplish through specialized services, what skills or strategies the guardian would like to learn more about in order to support their child); and

- meeting with the guardian and/or service provider, as required, prior to the MDT meeting to provide additional support to prepare for the MDT.

NOTE: All parties must be notified in advance of any additional persons who will be attending the MDT. If the FSCD worker is requesting that other FSCD staff attend to observe the MDT, they must obtain the guardian’s written consent.

Preparing for a paper review MDT:

- The FSCD worker meets with the guardian and/or service provider, as required, prior to the MDT meeting to discuss the guardian’s and child’s needs, the services they are requesting and what information they feel is important for the FSCD worker to share with the MDT.

The MDT Meeting:

- All MDTs are chaired and facilitated by the MDT Co-ordinator. The MDT Co-ordinator provides opening remarks explains the purpose of the meeting and facilitates information sharing and discussion (see Role of the Multi-Disciplinary Team (MDT) Co-ordinator, Appendix K).

- MDTs typically last for about 2 hours; less time may be required for paper review MDTs.

- During the first half hour of the scheduled meeting (longer if required), MDT members review the information and documentation provided to them. Only the MDT members and the MDT Co-ordinator are present for this part of the MDT meeting.

- When the MDT members have finished reviewing the information and documentation, the MDT Co-ordinator facilitates information sharing/discussion about the guardian’s and child’s needs, circumstances, priorities and the services they are requesting.

- Based on the information and documentation provided for their review and any other information provided for their consideration, the MDT members
work collaboratively to formulate the MDT recommendations (see Specialized Services – Multi Disciplinary Team Recommendations, Appendix A-42). Only the MDT members and the MDT Co-ordinator are present for this part of the MDT meeting.

- The MDT Co-ordinator records the recommendations and rationale on the MDT Recommendation form; and
- The MDT members review the recorded MDT recommendations and rationale for accuracy and initial the final document.

The FSCD worker must attend the information sharing/discussing portion of all MDT meetings, including face to face MDTs and paper review MDT meetings to:

- provide information about the guardian’s and child’s needs, circumstances, priorities and the services being requested; and
- for in person MDTs, support the guardian’s participation in the process (e.g., assist the guardian to ensure that the MDT receives all necessary information).

During the face to face, video/teleconference MDT meeting, the guardian; advocates/support persons and service provider(s) also attend the information sharing/discussion portion of the MDT meeting:

- The guardian is provided with an opportunity to share information about their family’s and child’s needs; the support that they are requesting; and, if relevant, the services they currently receive and the progress/benefits observed.
- The service provider is given the opportunity to share information regarding progress with identified goals and the Individualized Service Plan (ISP).
- The MDT members ask questions of the guardian and service provider and there is discussion about the guardian’s and child’s needs; the requested supports and services; the Individualized Service Plan (where applicable); and service planning.
- Before concluding the information sharing/discussion portion of the MDT meeting, the MDT Co-ordinator will confirm that the:
  - MDT members have asked all of their questions and have enough information to make recommendations; and
guardian and service provider have provided all of the information that they wanted to share with the MDT.

Notes and documentation of the MDT meeting:

♦ FSCD workers, the guardian and service provider(s) (as applicable) may take notes during the information sharing/discussion portion of the MDT meeting. Notes taken by the FSCD worker must be kept on the child’s FSCD file.

♦ MDT members may jot down informal reminders about questions to ask or points to consider when developing the MDT recommendations. The written MDT recommendations reflect any information, considered or noted as being important during the MDT meeting. Any reminders that they have jotted down are considered “transitory” and are shredded at the end of the MDT meeting and upon completion of the MDT recommendations.

♦ All copies of the information and documentation package are returned to the FSCD worker or shredded.

♦ The MDT Co-ordinator will keep a copy of the MDT recommendations for their records.

♦ The MDT recommendations constitute the complete record of the MDT meeting. No other documentation or notes are kept by the MDT Co-ordinator or MDT members.

Sharing the MDT recommendations:

♦ The MDT Co-ordinator will mail the original MDT recommendations and email a copy to the FSCD worker within five working days of the MDT.

♦ The MDT Co-ordinator ensures that required information is entered in FSCDIS to support MDT tracking and analysis.

♦ The FSCD worker ensures that the original Specialized Services – Multi_Disciplinary Team Recommendations (see Appendix A-42) are stored on the child’s FSCD file.

♦ The FSCD worker will provide the guardian with a copy of the MDT recommendations, either by mail or in person, within 10 working days of the MDT meeting.
The FSCD worker may consult with the MDT Co-ordinator for clarification regarding the MDT recommendations before or after discussing the MDT recommendations with the guardian.

The FSCD worker will
- review the MDT recommendations with the guardian;
- explain the MDT recommendations; and
- give the guardian an opportunity to respond to the MDT recommendations or provide additional information prior to the FSCD worker making a decision about specialized services.

Decision-making about providing specialized services:

MDT recommendations are only one piece of the information that the FSCD worker considers when making a decision about providing specialized services. The FSCD worker considers all of the information, both verbal and written, provided by:
- the guardian;
- service provider;
- the child’s educational program;
- other professionals working with the family and child;
- clinical assessments and reports;
- consultation with experts including individual MDT members;
- the Individualized Service Plan (ISP);
- the Matters to be Considered; and
- any other information relevant to the family and child’s service needs.

The FSCD worker must make a decision regarding the provision of specialized services and verbally advise the guardian(s) of the decision within 15 working days of:
- deciding that the information does not support the request for specialized services;
- deciding that an MDT is not required; or
- the MDT meeting (regardless of type);
Specialized services are provided when all of the following criteria are met:

- the guardian requires support to strengthen their ability to promote their child’s participation in activities of normal daily living;
- the impact of the diagnosis on the child’s ability to function in activities of normal daily living combined with the demands on the guardian to provide continual and ongoing support and supervision in order to ensure their safety and participation suggests that they have a severe disability;
- the severe disability results in significant limitations and service needs in two or more of the following areas:
  - behaviour;
  - communication and social skills;
  - cognitive abilities;
  - physical and motor development;
  - self-help and adaptive functioning;
- the child’s severe disability is complex, requiring an integrated and coordinated service approach involving health professionals (speech-language pathologists, occupational therapists, physical therapists and psychologists) relevant to the child’s critical areas of need;
- there is an assessed need for specialized services, including:
  - for initial requests for specialized services, Multi-Disciplinary Team (MDT) recommendations identifying a need for specialized services and indicating that the services are likely to have a positive impact for the guardian and child; or
  - for requests to continue specialized services, sufficient information and rationale or MDT recommendations to support the services being requested and indicating that the services are likely to have a positive impact for the guardian and child;
- the specialized services being proposed are consistent with current information about evidence based approaches and best practices (see Guidelines for Demonstrating Effectiveness, Appendix N); and
• an Individualized Service Plan (ISP) clearly lays out how the guardian’s and child’s needs will be addressed.

NOTE: For initial requests for specialized services, an ISP is not required until after specialized services have been approved and commenced.

♦ (DECISION POINT #4) Will specialized services be provided? The FSCD worker makes a decision.

Roles and responsibilities of the specialized services team:

♦ The specialized services team consists of health professionals under the Health Professions Act, non-health professionals and aides based on the guardian’s and child’s individual needs, family circumstances and the nature of the specialized services to be provided. The guardian is also a key member of their specialized services team.

♦ The FSCD worker is not involved in direct service delivery or in the implementation of the Individualized Service Plan, but is considered part of the family’s specialized services team to monitor how the agreed upon services are addressing the family’s need.

♦ The Health professionals involved with the family and child, other than those who are service providers funded through the FSCD Agreement, (e.g., a speech therapist who is working with the child at school or a physical therapist at the hospital or local health clinic) are consulted with and invited to be a part of the family’s specialized services team. Specialized services build upon and are coordinated with these other resources that the family has access to.

♦ The specialized services team works collaboratively to develop the Individualized Service Plan (ISP) based on the guardian’s priorities; the family’s and child’s unique needs and circumstances; the critical areas of need identified and the specialized services being requested or agreed upon.

♦ All team members share responsibility for both the development and implementation of the coordinated and integrated Individualized Service Plan.

♦ One of the health (i.e., SLP, OT, PT or psychologist) or non-health (e.g., behavioural specialists, certified teacher, etc.) professionals on the specialized services team must be identified to serve as the principal contact.
for family, team members and the FSCD worker. This person coordinates the activities of the specialized services team, ensuring that team meetings occur and the ISP is reviewed and updated throughout the year.

NOTE: This team member does not supervise the other members of the specialized services team.

**Review and approve the Individualized Service Plan (ISP):**

♦ The ISP must be signed or, approval provided in writing, by all members of the specialized services team including the guardian.

♦ NOTE: The FSCD worker does not sign the ISP.

♦ A well devised ISP leads to action and increases the likelihood of success. A clear plan is essential for any service designed to produce change. ISPs describe (1) the goals or purpose for providing a service, (2) the steps necessary to achieve the goals and (3) ways of tracking progress towards achieving stated goals.

♦ The ISP should be simple, clear and include a description of the following (see: Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services, Appendix M):
  - The priorities of the family (identification of service need);
  - The goals of the service (what you are trying to accomplish);
  - The objectives (short-term steps) necessary to achieve the goals;
  - The strategies that will be used to achieve the objectives and goals;
  - The roles and responsibilities of all specialized services team members;
  - A plan for monitoring the service and progress; and
  - A plan for integrating *and coordinating* services.

♦ An ISP must be individualized to the needs of the family and child, respond to the guardian’s priorities, reflect an integrated and coordinated service delivery approach and be consistent with the nature of the specialized services approved by the FSCD worker.
♦ For initial requests for specialized services, the FSCD worker must receive the ISP within 90 calendar days of commencement of specialized services.

♦ For requests to continue specialized services, the FSCD worker must receive a copy of the current ISP as well as the new proposed ISP at least 60 calendar days prior to the expiration of the specialized services in the existing FSCD Agreement.

♦ (DECISION POINT #5) Is the ISP satisfactory? The FSCD worker makes a decision:
  - to approve the ISP;
  - to request changes to or clarification of the ISP; or
  - that the ISP is not satisfactory and not to approve the ISP.

♦ When modifications to the ISP are required, the ISP must be revised and provided to the FSCD worker within 30 calendar days.

♦ If a satisfactory Individualized Service Plan is not provided, the FSCD worker may determine that all criteria related to the provision of specialized services have not been met and that specialized services can not be provided or will be discontinued.

**Monitoring the ISP:**

♦ The specialized services team members share responsibility for monitoring the implementation and progress being made on the goals identified in the ISP.

♦ ISPs should be reviewed and updated minimally four times per year. The ISP is a living document that changes over time to reflect the shifting priorities of the family, the child’s developmental stage, transition planning and progress toward goals and objectives.

♦ In addition to scheduled reviews it is expected that the ISP be updated as goals are achieved or modified and that the FSCD worker be made aware of the review and the progress being made or any required changes to the ISP.
♦ Any significant changes to the nature or level of the specialized service or the ISP previously approved must be authorized by the FSCD worker, for example:

- a change in service provider;
- a change in the disciplines or professions involved as members of the family’s specialized services team;
- changes in areas of functioning targeted for intervention;
- an increase in hours of service; or
- other changes that are significantly different from the ISP and type or level of specialized services approved the FSCD worker.

♦ The FSCD worker consults with their supervisor within 10 days of identifying a significant change to the specialized services or ISP from what was previously approved.

♦ The FSCD worker may:

- seek clarification from the MDT Co-ordinator regarding adherence to the original MDT recommendations (where applicable);
- consult an MDT member;
- identify the need for an MDT if changes are substantial;
- amend the guardian's FSCD Agreement as required to reflect approved service changes; or
- treat the change as a request for continued specialized services requiring a decision.

Seek Parent Feedback:

♦ Advise guardians of their opportunity to provide feedback about the decision-making process related to specialized services through the Parent Feedback form (see Specialized Services – Parent Feedback, Appendix A).

♦ Provide guardians a copy of the Parent Feedback form.
Reimbursement:

♦ Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

♦ For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

FORMS

♦ Specialized Services – MDT Coversheet

♦ Consent to Release Information (FSCD3592)

♦ Record of Services Provided (FSCD0003)

♦ Specialized Services Documentation – FSCD Worker Checklist

♦ Specialized Services Documentation – Parent Checklist

♦ Specialized Services – Multi-Disciplinary Team Recommendations

♦ Specialized Services – Parent Feedback

REFERENCES

♦ Guidelines for Demonstrating Effectiveness (see Appendix N)

♦ Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services

♦ MDT Roles and Responsibilities

♦ Role of the MDT Co-ordinator
FSCDIS

CHILD FOCUSED SERVICES

Specialized Support Services for Children with Severe Disabilities

Specialized Services – All Costs (Only use when services are provided through a Block Contract)

- Assistance with the cost of specialized services not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Services to be provided by (name of agency). Service based on an approved Individualized Service Plan (ISP), and inclusive of all costs associated with the provision of Specialized Services. Regulation Section 4(1)(m).

Consultation and Aide Support – All Service Team Costs (Only use when services are provided through a Standing Offer of Agreement)

- Assistance with the cost of a service team to deliver specialized services not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Services to be provided by (name of agency). Service based on an approved Individualized Service Plan (ISP), and inclusive of all direct and indirect time of service team members including service coordination. The amount provided includes the funds required to provide employer portion of employee benefits and deductions as required by law. Regulation Section 4(1)(m).

Speech-Language Pathologist

- Assistance with the cost of a speech-language pathologist to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Professional services not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. Receipts or other validation required. Regulation Section 4(1)(m).
Occupational Therapist

- Assistance with the cost of an occupational therapist to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).

- Professional services not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. Receipts or other validation required. Regulation Section 4(1)(m).

Physical Therapist

- Assistance with the cost of a physical therapist to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).

- Professional services not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. Receipts or other validation required. Regulation Section 4(1)(m).

Psychologist

- Assistance with the cost of a psychologist to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).

- Professional services not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. Receipts or other validation required. Regulation Section 4(1)(m).

Non-Health Professional (please specify)

- Assistance with the cost of a non-health professional to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).

- Assistance with the cost of (specify) to serve as a consulting member of the specialized services team, not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. Receipts or other validation required. Regulation Section 4(1)(m).
of both direct and indirect time for the agreement period. This individual must have specific experience and training working with families of children with severe disabilities (e.g., behavioural specialist; certified teacher; a Master’s degree in Psychology or Educational Psychology). Receipts or other validation required. The amount provided includes the funds required to provide employer portion of employee benefits and deductions as required by law. Regulation Section 4(1)(m).

Aide Support

- Assistance with the cost of an aide to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Assistance with the cost of an aide to work with the parent(s)/family to implement the strategies identified in the Individualized Service Plan (ISP) and document progress towards stated goals, not to exceed (quantity) hours per (unit) inclusive of indirect time for the agreement period. Receipts or other validation required. The amount provided includes the funds required to provide employer portion of employee benefits and deductions as required by law. Regulation Section 4(1)(m).

Administrative Costs (Agencies only)

- Assistance with agency related administration costs associated with the provision of Specialized Services not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Services to be provided by (name of agency). Receipts or other validation required. Regulation Section 4(1)(m).

Service Delivery Support Costs (Contracted agencies only)

- Assistance with agency related costs associated with supporting service team members to deliver specialized services that are not administrative in nature (e.g., aide supervision/training, and travel) not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Services to be provided by (name of contracted service agency). Receipts or other validation required. Regulation Section 4(1)(m).
Exceptional Travel

- Assistance with the extraordinary costs associated with travel required to deliver specialized services in the most cost effective and appropriate way not to exceed \( (\text{quantity}) \) hours per \( (\text{unit}) \) or a rate of $ \( (\text{rate per hour}) \). For the period \( (\text{start date}) \) to \( (\text{end date}) \).

- Services to be provided by (name). Receipts or other validation required. Regulation Section 4(1)(m).

Payroll Services

- Assistance with the cost of payroll services provided by a recognized payroll agency not to exceed $ \( (\text{rate}) \) per \( (\text{unit}) \) per \( (\text{quantity}) \). For the period \( (\text{start date}) \) to \( (\text{end date}) \).

- Payroll services provided by (name of payroll agency e.g., Ceridian) to support the family to manage their financial responsibilities as an employer related to specialized services. Receipts or other validation required. Regulation Section 4(1)(m).
Out of Home Placement

Regulation

4 (1) (n) care of the child in a residence other than the guardian’s home if the needs of the child cannot be met in the guardian’s home;

INTENT

♦ The FSCD Program believes that children are best cared for by their family and in their family home.

♦ The intent of an out of home placement is to provide a temporary home for a child when the child’s guardian is unable to meet their child’s needs in the family home.

♦ Out of home placements may be short or long term arrangements but are not intended to be a permanent placement for a child.

♦ FSCD out of home placement service is not intended to replace or supersede the guardian’s responsibilities for raising their child.

♦ FSCD out of home placement services are not intended or able to respond to emergency or crisis situations.

POLICY

♦ When a guardian requests that the FSCD Program fund an out of home placement for their child the FSCD worker will:
  - discuss with the guardian what services would be needed above and beyond those currently being accessed, to support the child to live in the family home full time.
  - assist the guardian to consider the availability of extended family, friends and community to help the family support the child within the family home.
• assist the guardian to explore and access all other government programs available to support the child within the family home.

• provide FSCD supports and services in coordination with other available community supports and government programs to help the guardian support their child to live in the family home full time.

♦ The FSCD Program may fund an out of home placement if a family is not able to meet their child’s extraordinary disability-related needs in the family home, despite accessing all available supports and services.

♦ The request for funding an FSCD out of home placement can only be initiated by the child’s guardian.

♦ The FSCD worker must consult with a supervisor/manager regarding all guardian requests for out of home placements.

♦ An Out of Home Placement Request form must be completed (see Appendix A-19).

♦ A case conference is held with the guardian to discuss the guardian’s request to have their child live in an out of home placement.

♦ All out of home placement requests must be approved by a supervisor/manager as per the regional approval process.

♦ The FSCD Program and the guardian can propose potential out of home placement options.

♦ The Tip Sheet for Guardians When Choosing an Out of Home Placement will be reviewed and shared with the guardian (Appendix L).

♦ The guardian makes the final decision regarding which of the out of home placement options available best meets the needs of their family and child. An Individualized Family Support Plan (IFSP) – Out of Home must be completed.

♦ The Individualized Family Support Plan (IFSP) - Out of Home (see Appendix A-21) outlines the plan the guardians will follow to facilitate the child’s return to the family home.
♦ The guardian’s signature on the IFSP acknowledges and accepts their responsibilities while their child lives in an out of home placement.

♦ The guardian is responsible to monitor the child’s safety and supervision while the child lives in the out of home placement.

♦ A new IFSP with updated information must be completed at minimal once a year.

♦ When a child lives in an FSCD Out Of Home Placement the guardian retains all guardianship responsibilities, including:
  
  - Maintaining regular contact with the child in the out of home placement and in the family home
  - Including the child in family activities
  - Fostering contact between the child and extended family members
  - Fostering the child’s current established friendships
  - Registering for and participating in the child’s educational program
  - Addressing ongoing health care needs, including medical, dental, assessments and all appointment scheduling as well as accompanying the child to appointments
  - Participating in the child’s behavioural or specialized services programming
  - Monitoring the safety and supervision of their child while the child lives in the out of home placement; including informing the out of home placement of how the guardian will monitor the placement
  - All decision making regarding their child. Guardians may delegate routine and/or daily decision making to the out of home service provider
  - Financial responsibilities for:
    - educational costs such as tuitions, books and materials, school transportation, field trips, extracurricular activities and sports registration fees; and
    - personal care items such as grooming and hygiene products; and
 medical costs including prescription medications, over the counter medication, medical equipment and supplies, health insurance, dental coverage, etc.; and
 clothing and footwear including uniforms, special event clothing, costumes, replacement items; and
 recreation including sports, registration fees, equipment, travel and special events costs; and
 any other cost typically associated with raising a child.

♦ Guardians have the right to remove their child from the out of home placement, at any time.

♦ Guardians must inform the FSCD Program when they remove their child from an out of home placement.

Essential Program Standards
For children residing in an Out-of-Home Living Arrangement, there is a completed Individualized Family Support Plan - Out of Home on file related to the current Agreement.

PROCEDURE

(1) When a guardian requests their child be supported in an out of home placement, the FSCD worker will:

- Confirm that the guardian has accessed all other appropriate supports and services to meet their family’s and child’s needs prior to discussions of out of home placement for the child including:
   Natural family supports
   Community programs
   Other government programs

- Discuss the following with the guardian:
   why the current services the family receives are not meeting the family and child’s needs; and
what services the family would require to support the child to remain living in the family home;

• Discuss the impact an out of home placement has on:
   the child’s relationship with the family
   the child’s relationship with extended family members
   maintaining the child’s established friendships
   the child’s involvement in their education program
   the child’s involvement in spiritual, cultural, recreation activities
   the child’s medical and dental care
   the child’s transportation needs
   planning for adult services for the child

• Outline, clarify and discuss all aspects of the guardian’s responsibilities when their child lives in an out of home placement including:
   Maintaining regular contact with the child in the out of home placement and in the family home
   Including the child in family activities
   Fostering contact between the child and extended family members
   Fostering the child’s current established friendships
   Registering for and participating in the child’s educational program
   Addressing ongoing health care needs, including medical, dental, assessments and all appointment scheduling as well as accompanying the child to appointments
   Participating in the child’s behavioural or specialized services programming
   Monitoring the safety and supervision of their child while the child lives in the out of home placement; including informing the out of home placement of how the guardian will monitor the placement
   All decision making regarding their child. Guardians may delegate routine and/or daily decision making to the out of home service provider
Financial responsibilities for:

- educational costs such as tuitions, books and materials, school transportation, field trips, extracurricular activities and sports registration fees; and
- personal care items such as grooming and hygiene products; and
- medical costs including prescription medications, over the counter medication, medical equipment and supplies, health insurance, dental coverage, etc.; and
- clothing and footwear including uniforms, special event clothing, costumes, replacement items; and
- recreation including sports, registration fees, equipment, travel and special events costs; and
- any other cost typically associated with raising a child.

- Confirm that the guardian has made all reasonable attempts to support the child to remain living in the family home full time
- Discuss and begin filling out the Out of Home Placement Request form with the guardian
- Discuss the guardian's request for an out of home placement with a supervisor/manager and/or seek consultation with others as appropriate
- Coordinate a case conference to discuss the guardian's request for an out of home placement for their child with participants as follows:
  - the guardian
  - extended family members
  - others as requested by guardian
  - professionals involved in the child’s medical treatment, educational program, rehabilitative care and/or specialized programming
  - others as involved in the care and treatment of the child
  - FSCD worker
  - FSCD supervisor, manager or other FSCD staff as appropriate
- Record the recommendations of the Case Conference on the Out of Home Placement Request form
(2) Discuss the outcome of the case conference and any other relevant information with the supervisor/manager and make a decision regarding the guardian’s request for an out of home placement for their child.

(3) Complete the supervisor/manager decision portion of the Out of Home Request Form.

(4) If the out of home placement request is not approved the FSCD worker will discuss other support and service options with the guardian and advise the guardian of the FSCD Concern Resolution Process.

(5) If the request for out of home care is approved by the supervisor/manager as per the regional approval process, the FSCD worker will:

• Inform the family that the out of home care request has been approved;
• Discuss the process of accessing an out of home placement, including:
  ➢ all guardian responsibilities;
  ➢ timelines for finding/developing an out of home placement; and
  ➢ private vs. agency placements;
  ➢ length of time the child is expected to be supported in an out of home placement;
  ➢ the guardian responsibility to monitor the safety and supervision of their child while living in an out of home placement; and

(6) In exploring out of home placement options the FSCD worker will:

• discuss with the guardian any out of home placement options that the guardian may know of;
• discuss with the guardian any out of home placement options that the FSCD Program is aware of; and
• provide the Tip Sheet for Guardians When Choosing an Out of Home Placement (Appendix L) and review the information with the guardian.

(7) When the guardian identifies a potential out of home placement option the FSCD worker will provide contact information on the placement and assist the guardian to arrange a visit.
(8) The FSCD worker will keep the guardian informed regarding the status of placement options.

(9) The FSCD worker will discuss all placement options with a supervisor/manager on an ongoing basis.

(10) When the guardian has identified an out of home placement that meets their family and child’s needs and the placement has been approved by the FSCD Program, the FSCD worker will complete an Individual Family Support Plan (IFSP) – Out of Home with the guardian.

(11) A copy of the IFSP – Out of Home is given to the guardian.

(12) The copy of the IFSP – Out of Home is placed on child’s FSCD file.

(13) The FSCD worker will discuss with the guardian the importance of sharing and discussing the details of the IFSP with their service provider.

(14) The FSCD worker will discuss with the guardian the importance of ensuring that the out of home placement provider and the guardian have a mutual understanding of all aspects of the guardian’s expectations regarding their child’s care while living in the out of home placement.

(15) Funding for the placement is entered in to the child’s FSCD Agreement under the FSCDIS Out of Home code.

(16) Out of Home code text must document the name of placement, the type of placement and the number of days/weeks or months of out of home care the FSCD Program is funding.

(17) The guardian coordinates the child’s move to the placement with the support of the FSCD worker.

(18) Guardians have the right to remove their child from the out of home placement at any time therefore the FSCD worker will inform the guardian that if they remove their child from an out of home placement, they must notify the FSCD Program as soon as possible to discuss the circumstances of the child’s removal.

(19) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)
(20) For services that are provided by a private care provider or an agency hired by the parent/guardian, a completed Record of Services Provided form is required for validation of hours and services provided.

(21) In the event that a guardian removes their child from an out of home placement and chooses not to have their child return to the placement, the FSCD worker will:

- discuss the circumstances of the child's removal from the out of home placement
- revisit the out of home placement options previously explored
- present other service options to the guardian for consideration.

**FORMS**

- Record of Services Provided (FSCD0003)
- Out of Home Placement Request
- Individualized Family Support Plan – Out of Home
- Tip Sheet for Guardians When Choosing an Out of Home Placement

**FSCDIS**

**CHILD FOCUSED SERVICES**

**Out-of-Home Living Arrangements**

**Host Home Residence**

- Assistance with the cost of a host home as the child's primary residence, not to exceed $\_
\_(rate)\_
\_ per \_
\_(unit)\_
\_ per \_
\_(quantity)\_
\_. For the period \_
\_(start date)\_
\_ to \_
\_(end date)\_
\_.

JANUARY 2016
Foster Home
- Assistance with the cost of a foster home as the child's primary residence, not to exceed $\_\_ (rate)\_ per \_\_ (unit)\_ per \_\_ (quantity)\_. For the period \_\_ (start date)\_ to \_\_ (end date)\_.

Group Home
- Assistance with the cost of a group home as the child's primary residence, not to exceed $\_\_ (rate)\_ per \_\_ (unit)\_ per \_\_ (quantity)\_. For the period \_\_ (start date)\_ to \_\_ (end date)\_.

Residential Facility
- Assistance with the cost of a residential facility as the child's primary residence, not to exceed $\_\_ (rate)\_ per \_\_ (unit)\_ per \_\_ (quantity)\_. For the period \_\_ (start date)\_ to \_\_ (end date)\_.

Travel To/From Out of Home Placement

Regulation

4 (1) (o) if care is provided to a child in a residence under clause (n), the cost of transportation at $0.12 for each kilometre or if public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport

(i) for the child and one adult to accompany the child to and from the guardian’s home to the residence,

(ii) for the guardian to visit the child in the residence, and

(iii) for the child to visit the guardian in the guardian’s home.

INTENT

♦ Travel to and from an out of home placement is intended to facilitate the relationships between the family and child when the child resides out of home and transportation costs or access to transportation are a barrier.

POLICY

♦ When the family requires assistance with the costs of mileage or assistance with the cost of public transportation where no other travel options are available, accessible or appropriate, the FSCD Program may assist with the cost of mileage or public transportation:

  • to and from the child’s out of home living arrangement
  • when the child is returning home for a visit with his/her family
  • when the child is returning to his/her out of home living residence after a visit at the family home
  • for guardian to visit their child at the out of home living residence.
PROCEDURE

(1) The FSCD worker may provide funds, through an FSCD Agreement or amendment, to cover the costs of transportation to and from the child’s out of home residence, by the most economical means available, as per the visitation schedule outlined in the Individual Family Support Plan – Out of Home.

(2) Parents will submit expenses for reimbursement. Receipts or other validation are required and must be provided upon request. (see Section 8, Reimbursement for Services)

FORMS

♦ Out of Home Placement Request
♦ Individual Family Support Plan – Out of Home

FSCDIS

CHILD FOCUSED SERVICES

Out-of-Home Living Arrangements

Mileage to Facilitate Visits

- Assistance with the cost of mileage for family visits when a child’s primary residence is out-of-home, not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Public Transportation to Facilitate Visits

- Assistance with the cost of public transportation (other than the parent’s private vehicle) for family visits when a child’s primary residence is out-of-home, not to exceed $ (rate) per (unit) per (quantity). For the period (start date) to (end date).
Section 11: TRANSITION PLANNING
Integrated Transition Planning

Transition to Adulthood (16 to 18½ years old)

♦ The transition from childhood to adulthood can be both exciting and challenging for youth and their families. Considering future employment options, whether or not to take training or post-secondary education, where to live and how they will support themselves are big questions for young people as they prepare for adulthood. For youth with a disability, this transition may present some unique challenges and require extra planning to arrange for the supports and services they will need after age 18.

♦ Transitions are more likely to be successful when planning starts early and the youth and their family play a lead role in the planning and decision making (see Section 8, Planning for Change).

♦ Human Services is committed to supporting youth and their families in planning for the future and coordinating access to programs and services to assist youth in reaching their full potential. FSCD and adult disability programs work together to support youth and their families to plan for adulthood and is referred to as “integrated transition planning”. Integrated transition planning is the expectation for all youth starting at age 16. Together, child and adult programs will proactively arrange for the necessary supports to be in place when the youth turns 18 and plan for service continuity to the greatest extent possible.

♦ While the FSCD Program has lead for transition planning for youth with disabilities, integrated transition planning requires the participation and commitment of other Human Services program areas as well as participation from Education and Health or other relevant partners based on the needs and goals of the youth.

♦ This policy refers to the FSCD worker’s role; however, it is recognized that in some areas of the province a Transition Coordinator or a staff with another position title may take lead for transition planning.
INTENT

♦ To use an integrated approach and a life course perspective when supporting youth and their family in planning for the transition to adulthood.

♦ To ensure that youth and their family receive the information they need to empower them to make informed choices about the supports and services that may be available to them after the age of 18 years.

♦ To help youth and their families experience an accessible, smooth transition from child to adult support services with reduced administrative challenges.

♦ To work together with the youth and their family, adult programs and other key partners to:
  • encourage and support the youth to set educational, vocational, employment and recreational goals for themselves as an adult;
  • empower the youth to take steps towards their goals prior to turning 18 years old;
  • promote the youth’s capacity to achieve their goals;
  • promote the youth's greatest level of independence and participation in their community as an adult;
  • develop a Transition to Adulthood Plan with the youth and their family;
  • identify potential gaps and challenges early and plan for supports that, to greatest extent possible, prevent the youth from experiencing unmet needs after age 18; and
  • arrange for the necessary supports to be in place when the youth turns 18.

POLICY AND PROCEDURE

♦ Starting when the youth is 16 years old, FSCD and other Human Services programs that serve adults with disabilities will work together to support youth and their guardian to proactively plan for the transition to adulthood and adult services.
If the timeframe for the FSCD’s annual assessment of needs process for the youth falls shortly before their 16th birthday, transition to adulthood planning will be initiated before their 16th birthday.

Integrated transition planning will be provided for all youth beginning at age 16.

**Essential Program Standards**

For youth 16 years of age or older, a Transition to Adulthood Plan (TAP) is on file relating to the current FSCD Agreement.

The FSCD worker will use the following tools and resources to support the assessment of needs process and transition planning (see Appendix B: Integrated Transition Planning Tools):

- Part 1 of the Family/Child Assessment of Needs (FCAON) as relevant;
- Part 2 of the FCAON as relevant; the FSCD services to be included in the family’s FSCD Agreement and rationale for services must be completed;
- Transition Planning Questionnaire unless a Supports Intensity Scale (SIS) has already been completed;
- Transition Planning Checklist; and
- the Transition to Adulthood Plan for all youth ages 16 and 17.

**NOTE:** The Transition to Adulthood Plan replaces the FSCD Individualized Family Support Plan (IFSP) when the youth is 16 and 17 years old and a copy of the Transition to Adulthood Plan is kept on the youth’s FSCD file.

The FSCD worker plays a lead role in working with the youth and their family and supporting the transition to adulthood planning. Integrated transition planning, however involves the participation of programs for adults with disabilities and recognizes the need to engage partners from other programs and Ministries as required to assist in planning and coordination of necessary supports and services for a youth as they prepare to transition to adulthood.

Where the family is accessing FSCD and Child Intervention Services (CIS), the FSCD worker will work with the CIS worker to ensure supports and
services are coordinated to provide a seamless transition to adulthood (see Appendix O, Program Coordination Protocol between Child Intervention Services (CIS), including Supports for Permanency (SFP), and FSCD).

♦ Where a child with a disability is receiving CIS and not FSCD services, the FSCD worker may be asked to participate in CIS transition planning process to provide disability-related information and expertise.

♦ The youth and their guardian along with some or all of the following participants make up the youth’s transition planning team depending on the youth’s needs and goals:

  • the FSCD worker;
  • representatives from the adult disability programs:
    ➢ Persons with Developmental Disabilities (PDD),
    ➢ Assured Income for the Severely Handicapped (AISH),
    ➢ Office of the Public Guardian / Trustee (OPGT),
  • Alberta Works Program representatives;
  • representatives from other government or community programs the youth and their family are currently involved with;
  • representatives from CIS, including Supports for Permanency;
  • representatives from Education and/or Alberta Health Services where applicable;
  • service providers, teachers and other people who the youth and their family identify as being important to include in transition planning; and
  • the Transition Coordinator (where applicable).

♦ The composition of the youth’s transition planning team must reflect and promote integrated transition planning and service coordination between FSCD and adult disability programs.

NOTE: Even if a youth will not be eligible for an adult disability program, a representative from that program may still have valuable information to contribute to the youth’s transition planning team and/or plan.

♦ There may be some government or community programs and services that do not need to participate on the youth’s transition team, but with whom the
FSCD worker or adult disability programs may also work with to plan and coordinate supports and services.

◆ The youth’s transition planning team will participate in three transition to adulthood planning meetings (may be referred to as case conferences) when the youth is ages 16, 17 and 18½. The purpose of the planning meetings is to develop, review, and monitor the youth’s Transition to Adulthood Plan.

- If the youth and their transition planning team decide that any of the three required transition to adulthood planning meeting (at age 16, 17 or 18½ years) are not necessary, rationale must be documented on the youth’s FSCD file.
- The youth’s transition planning team may decide which members of the team are required to participate in one or all of the transition to adulthood planning meetings.

◆ Youth and the guardian play a central role in transition to adulthood planning and are lead in decision-making about the plan and the supports they access.

◆ Youth will be included in transition to adulthood planning meetings to the greatest extent possible and supported to participate in transition to adulthood planning to the best of their ability.

◆ The youth’s Transition to Adulthood Plan will:

- reflect the youth’s interests and vision for their future;
- identify and build upon the youth’s strengths and natural support systems;
- promote the youth’s greatest level of independence and inclusion in their community;
- identify and address the youth and their family’s needs during the transition period;
- focus on proactive planning for adulthood and the shift from child to adult services; and
- prepare for the necessary supports and services to be in place when the youth turns 18.
♦ The FSCD worker will ensure a copy of the Transition to Adulthood Plan is provided to the youth and their guardian, all transition planning team members, and a copy is placed on the youth’s FSCD file.

♦ All transition planning team members, including the youth and their guardian, are responsible to monitor and follow through on the activities and commitments identified in the Transition to Adulthood Plan.

♦ Members of the youth’s transition planning team members will support the youth and their guardian as required to follow through on activities identified in the Transition to Adulthood Plan.

♦ The FSCD supports and services provided for 16 and 17 year olds will be in alignment with and support the youth’s Transition to Adulthood Plan as well as promote the youth’s greatest level of independence as they approach age 18.

♦ The FSCD worker and adult disability program staff will work together to proactively identify potential gaps or challenges in the bridging of supports from child to adult services and proactively plan to ensure continuity of services for the youth to the greatest extent possible.

♦ When the Transition to Adulthood Plan involves application for the PDD program, a Supports Intensity Scale (SIS) assessment will be completed prior to the youth turning 17 years old if the youth meets eligibility requirements.

♦ If required, the youth and their guardian will be supported to complete Guardianship/Trusteeship applications and court application which can be completed when a youth turns 17 with the court order coming into effect when the youth turns 18 years of age.

♦ When required, the youth and their guardian will be supported to complete and submit an AISH application when the youth is 17½ years old.

♦ The youth and their guardian will be supported to gather documents, fill out other application forms and submit relevant documents/assessment as required.
♦ If the youth will not be eligible for any of the adult disability programs at age 18, the youth’s transition planning team will work together with the youth and their guardian to identify what other supports or services may be available and proactively plan for the transition from FSCD to continued education, employment, or any other relevant supports in the community.

**NOTE:** If the youth will not be eligible for adult disability programs the need for FSCD supports and services to focus on maximizing the youth’s daily living and independence skills in the years leading up to age 18 is even more important.

♦ The FSCD worker and adult disability program staff will work together and engage other Ministry or community partners as required to plan, identify innovative solutions, and prevent to the greatest extent possible, the youth from entering adulthood without the support he or she needs to be safe, included in community and successful.

♦ At the transition to adulthood planning meetings and throughout the integrated transition planning process, the FSCD worker and adult disability program staff will:
  - facilitate and/or actively participate in transition to adulthood planning meetings;
  - support the youth and their guardian’s participation in transition to adulthood planning;
  - support the youth and their guardian in sharing their vision for the future;
  - provide information regarding the available programs and services, including information about the youth’s eligibility, or ineligibility for the program;
  - provide information about other relevant supports, services or resources;
  - share relevant information and identify opportunities to promote the youth’s functional abilities and greatest degree of independence as an adult; and
  - arrange for services to be in place when the youth turns 18.
Required Steps for Integrated Transition Planning:

When the youth turns 16 years old, the FSCD worker or staff whose role it is to support integrated transition planning (e.g., the Transition Coordinator) will:

♦ Provide the youth and their guardian with information about the integrated transition planning process.

♦ Discuss the youth and guardian’s goals and vision for the future.

♦ Hold the first transition to adulthood planning meeting involving the youth’s transition planning team and create a Transition to Adulthood Plan.

♦ Prior to the transition to adulthood planning meeting:
  • review existing information and gather any additional information required to support integrated transition planning;
  • complete the Transition Planning Questionnaire (as needed);
  • discuss the planning meeting with the youth and their guardian, including:
    ➢ who will attend/participate;
    ➢ team member’s roles (including the guardian's and youth's);
    ➢ location;
    ➢ time lines, etc.; and
    ➢ consider how best to involve the youth and support their participation at the meeting and ensure their voice is heard.

♦ Provide a copy of the Transition to Adulthood Plan to the youth, their guardian and all transition planning team members, and place a copy of the plan on the youth’s FSCD file.

♦ Arrange for the SIS to be completed by the child’s 17th birthday if the application to the PDD program is relevant to the transition plan.

♦ Monitor the Transition to Adulthood Plan and follow-up on agreed upon activities.
When the youth turns 17 years old, the FSCD worker or staff whose role it is to support integrated transition planning (e.g., the Transition Coordinator) will:

- Hold a second transition to adulthood planning meeting involving the youth’s transition planning team to:
  - review progress toward goals as defined in the Transition to Adulthood Plan;
  - review the results of the SIS (when applicable);
  - update the Transition to Adulthood Plan as required; and
  - discuss who will take lead to co-ordinate the final meeting when the youth is 18½ years old.

  NOTE: If the youth is not transitioning to an adult program at age 18, the youth and their guardian may choose to take lead to call the final meeting or may choose not to participate in the last meeting at age 18½.

- Provide a copy of the updated Transition to Adulthood Plan to the youth, their guardian and all transition planning team members, and place a copy of the plan on the youth’s FSCD file.

- Assist the youth and their guardian in making guardianship or trustee application when the child is 17 years old if relevant to the Transition to Adulthood Plan.

- Assist the youth and their guardian to make application to the AISH program by the time the child is 17½ years old if relevant to the Transition to Adulthood Plan.

- Monitor the Transition to Adulthood Plan and follow-up on agreed upon activities.
When the youth turns 18 years old, the FSCD worker or staff whose role it is to support integrated transition planning (e.g., the Transition Coordinator) will:

♦ Ensure completion of the Transition to Adulthood Plan.

♦ Close the youth’s FSCD file.

When the youth turns 18 ½ years old, the FSCD worker or staff whose role it is to support integrated transition planning (e.g., the Transition Coordinator) will:

♦ Hold a third and final transition to adulthood meeting involving the youth’s transition planning team to:
  - review the integrated transition planning process;
  - ensure that supports and services are in place;
  - discuss the successes and challenges of the transition for the youth and their guardian; and
  - provide additional information as required.

Sharing Information for Integrated Transition Planning

♦ Human Services programs will share the necessary information to support integrated transition planning. Consent is not necessary (see Section 3, Collection, Use and Disclosure of Child and Family Information).

♦ The Freedom of Information and Protection of Privacy (FOIP) Act permits disclosure of personal information without prior written consent to another public body if the information is necessary for the purposes of a common or integrated program and services and the performance of the duties of the officer or employee or member to whom the information is disclosed.

♦ The FOIP Act enables a public body to collect and to disclose relevant personal information under specific circumstances.
  - s.40(1)(C) for the purpose for which the information was collected or compiled or for a use consistent with that purpose,
• s.40(1)(h) to an officer or employee of the public body or to a member of the Executive Council, if the information is necessary for the performance of the duties of the officer, employee or member,

• s.40(1)(i) to an officer or employee of a public body or to a member of the Executive Council, if the disclosure is necessary for the delivery of a common or integrated program or service and for the performance of the duties of the officer or employee or member to whom the information is disclosed.

• s.40(1)(l) for the purpose of determining or verifying an individual’s suitability or eligibility for a program or benefit,

♦ The Health Information Act also allows information sharing - HIA s.35(1)(b) to a person who is responsible for providing continuing treatment and care to the individual.

NOTE: For information about Alberta’s Information Sharing Strategy please refer to the website at www.infosharing.alberta.ca.

FORMS
♦ Family/Child Assessment of Needs (as required)
  Part 1 – Child Disability Related Care Needs (FSCD3601)
  Part 2 – Child and Family Support and Service Planning (FSCD3602)

♦ Transition to Adulthood Plan (FSCD0005)

♦ Transition Planning Questionnaire (FSCD0004) (as required)

TOOLS AND REFERENCES
♦ Collection, Use and Disclosure of Child and Family Information (Section 3)
♦ Planning for Change (Section 8)
♦ Transition to Adulthood Pathway (Appendix B)
♦ Transition Planning Checklist (FSCD0006)
♦ Transition Planning Parent Record Keeping Check List (FSCD0007) (Appendix B)

♦ Transition Planning Tip Sheets (Appendix B)
  o For families (FSCD0008)
  o For youth (FSCD0010)
  o For service providers, advocates and other support people (FSCD0009)
  o Key Elements of Integrated Transition Planning for program staff (FSCD0011)
  o Considerations for involving youth in case conferences for program staff (FSCD0012)

♦ Transition Planning - Supporting Youth with Disabilities in Transitioning to Adulthood Brochure (Appendix B)

♦ Transition Planning - Supporting Youth with Disabilities in Transitioning to Adulthood Video (humanservices.alberta.ca/transition)

♦ Potential Focus of Family Support For Children With Disabilities Involvement Relevant to Age - Developmental Guidelines (Appendix Q)

♦ Program Coordination Protocol between Child Intervention Services and FSCD (Appendix O)
Section 12: CONCERNS RESOLUTION
Concerns Resolution

**INTENT**

♦ Persons affected by a decision of the Family Support for Children with Disabilities (FSCD) program or who have a concern regarding the FSCD Program have the right to express their concern and to expect that there is an effective system to hear and resolve their concern.

♦ Concerns are taken seriously and will influence the review and continuous improvement of service delivery practices.

♦ Concerns resolution policies and procedures are an integral part of overall quality assurance.

♦ Neither a guardian nor others assisting them to resolve their concern will be subject to reprisals as a result of voicing a concern.

**POLICY**

♦ Guardians may voice a concern verbally or in writing to their FSCD worker or other FSCD Program staff.

♦ The process for expressing and resolving concerns must be transparent to guardians and other stakeholders.
  
  • Information about concerns resolution and the options available to address concerns are provided to all guardians on an ongoing basis.
  
  • Guardians will be advised of the concerns resolution options available to them when a formal decision is made.

♦ The FSCD worker will ensure that the guardian is fully aware of all of their concerns resolution options, including:
  
  • discussing their concern with their FSCD worker, supervisor or manager;
  
  • requesting a Review of FSCD Program Decision;
  
  • accessing mediation; or
  
  • initiating an appeal.
The FSCD worker will assist the guardian in the process of initiating and seeking resolution to their concerns.

Concerns will be heard and addressed in a consistent, fair and timely manner.

All of the concerns resolution options will be available to a guardian and do not need to be accessed sequentially or individually as a prerequisite to access another of the concerns resolution options.

- Access to a Review of FSCD Program Decision or mediation will not limit or prevent access to an appeal.

Every attempt will be made to ensure that a guardian has the information they require in order to have their concern resolved in a format they understand.

Guardians have the right to support or advocacy in voicing their concerns through any or all of the concerns resolution options.

The FSCD worker must consult with their supervisor regarding a guardian’s concerns.

All reasonable attempts will be made to resolve a concern as soon as possible and, where possible, without the need for the guardian to access more formal concerns resolution options including mediation or appeal.

The FSCD supervisor will support the FSCD worker to:

- clarify the guardian’s concern;
- identify additional information that may be required to clarify the concern;
- determine if there is a need to consult with an FSCD specialist, the Multi-Disciplinary Team (MDT) Coordinator (or the MDT where applicable), a manager or other relevant persons;
- consider options for resolution; and
- identify next steps in working with the guardian to resolve the concern; or
- where the concern is with a decision that has already been made, re-examine the decision-making process or if there is a need to reconsider that decision.

The FSCD supervisor will contact the guardian and, if unable to resolve the following concerns over the telephone, meet with the guardian to discuss:

- a service that was previously provided, is no longer being provided;
• a service being significantly reduced from the previous agreement;
• the child no longer being eligible for the FSCD Program; or
• the FSCD Agreement being terminated.

PROCEDURE

(1) When a guardian voices a concern, the FSCD worker will:
• clarify the concern and/or issues from the guardian's point of view and document same on the child's FSCD file;
• gather information as required to respond to the concern in a timely manner;
• consult with a supervisor and other appropriate person(s) as determined to be necessary and appropriate to assist identifying potential options for resolution;
• make all reasonable attempts to resolve the concern.

(2) Where applicable, the FSCD supervisor will contact and/or meet with the guardian to discuss and resolve their concern.

(3) If after all reasonable attempts to resolve a concern, a resolution satisfactory to the guardian is not achieved, the FSCD worker will:
• explain the other concerns resolutions options;
• ensure the guardian understands their options as well as the timelines to submit a Notice of Appeal;
• provide the relevant Review of FSCD Program Decision and Notice of Appeal forms;
• explain how to complete and submit the forms and assist the guardian with the documentation where required; and
• refer the guardian to the Appeals Secretariat for more information about the appeal process.
Review of an FSCD Program Decision

The Review of an FSCD Program Decision is one of the concerns resolution options available to a guardian. It is intended to provide an opportunity to have a decision made by the FSCD Program reviewed by FSCD managers who were not part of the decision-making process.

The Review of an FSCD Program Decision is not a regulated process as are the mediation and appeal processes. It is an internal administrative review process that is identified in policy.

POLICY

♦ The Request for Review of an FSCD Program Decision form (FSCD3561) (see Appendix A-26) must be submitted within thirty (30) calendar days of the notice of the decision or if an appeal has been filed, at any time up to the appeal hearing.

♦ The form must be submitted to the FSCD office where the child’s file is held.

♦ The Review of an FSCD Program Decision must be completed by at least one program manager who was not involved in the original program decision, and one other uninvolved manager, manager’s designate or FSCD specialist.

♦ The reviewers will consider the decision-making process and information considered in making the decision as well as any additional information provided to them by the guardians, relevant professionals and FSCD staff.

♦ Arrangements will be made for the review so the guardian is able to participate in person where possible or by telephone or video-conference if necessary.
  ♦ Guardians may also submit their information by e-mail where applicable.

♦ The Review of an FSCD Program Decision must be completed within fifteen (15) calendar days of receiving a Request for Review of an FSCD Program Decision Form.
The reviewers can make a decision to uphold, reverse or vary the FSCD Program decision.

The outcome of the review (completed Review of an FSCD Program Decision form (FSCD3561-2) (see Appendix A-27) must be provided to the guardian within ten (10) calendar days of the review date.

The 45 calendar day time limit for submission of a Notice of Appeal is not suspended when a guardian requests a Review of a FSCD Program Decision.

The FSCD worker must advise the guardian of the timeline for submission of a Notice of Appeal.

**PROCEDURE**

(1) When a guardian disagrees with a decision, the FSCD worker advises them of the Review of the FSCD Program Decision as one of their concerns resolution options.

(2) The FSCD worker provides the guardian a Request for Review of an FSCD Decision Form (FSCD3561) and assists the guardian to complete the form if required.

(3) Upon receipt of a completed Request for Review of an FSCD Decision Form, the FSCD worker advises their supervisor / manager of the request. The Request for Review of an FSCD Decision Form is placed on the child’s FSCD file.

(4) The manager or designate arranges for two reviewers to complete the review. The reviewers can be managers, manager's designates or FSCD specialists from within region, the collaboration area, or if required, from another collaboration area.

(5) Arrangements are made for the guardian’s participation in the review.

(6) The outcome of the review is documented on a Review of FSCD Program Decision Form (FSCD3561-2) and placed on the child’s FSCD file.
(7) The FSCD worker advises the guardian of the outcome of the review and provides the guardian a copy of the Review of FSCD Program Decision form.

(8) The FSCD worker takes action as required based on the review decision.

**FORMS**

- Request for Review of a Family Support for Children with Disabilities Program Decision Form (FSCD3561)

- Review of Family Support for Children with Disabilities Program Decision Form (FSCD3561-2)
Mediation

Act

Mediation

6 (1) The director and a guardian may enter into mediation with respect to any decision made by the director under this Act.

(2) No action may be brought against a person who conducts a mediation under this section for any act done or omitted to be done with respect to the mediation unless it is proved that the person acted maliciously and without reasonable and probable cause.

♦ Mediation is one of the concerns resolution options available to a guardian.

♦ Mediation is intended to provide an opportunity to resolve a guardian’s concern or disagreement with a decision in a collaborative and non-adversarial way.

♦ Mediation involves the use of a neutral and objective third party (referred to as a Mediator) who assists the guardian and FSCD worker or other FSCD staff to reach a mutually satisfactory resolution.

♦ Mediation stresses communication and creative problem solving.

♦ The mediator does not make decisions.

POLICY

♦ Mediation is a voluntary process.

♦ The guardian may request mediation with respect to any decision made under the FSCD Act or Regulation.

♦ Arrangements will be made so guardian is able to participate in mediation in person.
  • Where necessary telephone or video-conference participation may be considered.
If the guardian **has submitted** a Notice of Appeal (CS3579) (see Appendix A) regarding the decision that they are requesting mediation on, the **scheduling of the appeal hearing** will be placed on hold pending the conclusion or abandonment of mediation.

If guardian **has not submitted** a Notice of Appeal, the 45 calendar day time limit for submission of a Notice of Appeal is suspended until the conclusion or abandonment of mediation.

The 45 calendar day time limit for submission of a Notice of Appeal resumes the day after the conclusion or abandonment of mediation – the 45 days does not begin anew.

The FSCD worker or other FSCD designate will participate in mediation with the guardian.

The FSCD worker or other FSCD designate will make all reasonable efforts to arrive at an agreeable resolution through mediation.

All mediated resolutions must fall within the scope and parameters of the *FSCD Act* and Regulation.

**PROCEDURE**

1. When a guardian disagrees with a decision, the FSCD worker discusses mediation as one of their concerns resolution options.

2. The guardian notifies their FSCD worker that they want to access mediation.

3. If the guardian **has not submitted** a Notice of Appeal, the FSCD worker:
   - informs the guardian that the 45 calendar day time limit for submitting a Notice of Appeal will be suspended until the conclusion or abandonment of mediation.

4. If the guardian **has submitted** a Notice of Appeal, the FSCD worker:
   - informs the guardian that scheduling of the appeal hearing will be placed on hold pending the conclusion or abandonment of mediation; and
• advises the Appeals Secretariat that the guardian has requested mediation so that the Appeals Secretariat can place the scheduling of an appeal hearing on hold until the date mediation is concluded or abandoned.

(5) The FSCD worker advises their supervisor of the request for mediation.

(6) The FSCD supervisor contacts their regional Child Intervention Program staff to access a Mediator and coordinate mediation.

(7) Arrangements are made for the guardian’s participation in the mediation.

(8) The FSCD worker advises the guardian of their right to have an advocate or other support present at the mediation and provides referral for advocacy supports where required.

(9) The FSCD worker and/or other FSCD designate(s) participates in mediation with the guardian.

(10) Upon completion of mediation the FSCD worker will:

• if a Notice of Appeal was previously submitted, advise the Appeal Secretariat of the date that mediation was completed or abandoned;

• document the outcome of mediation on contact notes, place the notes on the child's FSCD file and take action as required based on the outcome of mediation; and

• advise the guardian of the timelines for submitting a Notice of Appeal if they have not already done so.
## Appeal

### Act

### Appeal

7 (1) A guardian may appeal a decision of a director made under section 3(1)(b), 4 or 5(1) to an appeal committee established under section 8.

(2) An appeal under subsection (1) must be commenced by serving a notice of appeal, in the form provided for in the regulations, on the director within 45 days of the date on which the guardian has been notified of the decision that is the subject of the appeal.

(3) A director must, within 10 days of receiving a notice under subsection (2), deliver it to a chair of an appeal committee.

(4) Despite subsection (2), if the director and the guardian have entered into mediation pursuant to section 6, the time for commencing an appeal is suspended until the conclusion or abandonment of the mediation.

### Appeal committee

8 (1) The Minister may establish one or more appeal committees each consisting of not fewer than 3 nor more than 7 persons appointed by the Minister.

(2) A person may be appointed as a member of an appeal committee for a term prescribed by the Minister and may be reappointed, but may not serve as a member for more than 7 consecutive years.

(3) The Minister may

   (a) designate the chair, vice-chair and secretary of an appeal committee,

   (b) prescribe the number of members of an appeal committee that constitutes a quorum, and

   (c) authorize and provide for the payment of the remuneration and expenses of the members of an appeal committee in accordance with any applicable regulations under the Alberta Public Agencies Governance Act.

### Decision-making criteria

8.1 When making a decision under this Act an appeal committee must consider the criteria for making a decision provided for in the regulations.
Appeal committee powers

9 (1) The Administrative Procedures Act applies to the proceedings of an appeal committee.

(2) An appellant may be represented at a hearing of an appeal by a lawyer or by any other person.

(3) An appeal committee

   (a) may confirm, vary or rescind the decision of the director under appeal, and

   (b) must notify the appellant and the director, in writing, of its decision.

♦ The appeal process is intended to provide an opportunity for guardians to have an FSCD decision reviewed by an independent committee separate from the FSCD Program.

♦ The FSCD Appeal Committee is appointed by the Minister as an “arm’s length” body from the FSCD Program to ensure an objective appeal process.

♦ The FSCD Appeal Committee is bound by the FSCD Act and the Regulations.

♦ Under Section 7 and 9 of the FSCD Act, the FSCD Appeal Committee may confirm, reverse or vary a decision regarding eligibility for the FSCD Program, services, or the cancellation of an agreement.

♦ The FSCD Appeal Committee notifies each party of its decision in a written summary.

**POLICY**

♦ A guardian may appeal any decision made under the authority of the FSCD Act or Regulation including decisions about eligibility for the FSCD Program, the provision of an FSCD service, or cancellation of an FSCD Agreement.

♦ The FSCD worker will support the guardian in initiating and accessing the appeal process.
♦ The FSCD worker will provide general information about appeal and refer the guardian to the Appeals Secretariat for additional information about the appeal process.
  • The FSCD worker will continue to work with the guardian to resolve their concern prior to the appeal hearing.

♦ A guardian has 45 calendar days from the date of the written notification of a decision in which to submit a Notice of Appeal Form (CS3579) (see Appendix A) (see Advising Guardian of Decisions, Section 8).

♦ The completed Notice of Appeal Form must be returned to the FSCD office from which it was issued.

♦ The FSCD worker has 10 working days from the date a completed Notice of Appeal Form is received to forward the Notice of Appeal to the Appeals Secretariat.

♦ If a guardian requests mediation after a Notice of Appeal has been submitted, the FSCD worker must inform the Appeals Secretariat that the guardian has requested mediation.
  • The scheduling of the Appeal hearing will be put on hold until mediation has been completed or is abandoned.

♦ When a concern is resolved to the guardian’s satisfaction, the guardian may withdraw their Notice of Appeal.
  • The guardian must advise the Appeals Secretariat if they choose to withdraw their appeal.

♦ Other agreed upon FSCD services will continue to be provided while a guardian is appealing a decision.

♦ If the guardian has legal representation for the appeal, the FSCD supervisor or manager will contact Family Law to discuss the need to have a lawyer assigned to represent the FSCD Program.

**PROCEDURE**

(1) The guardian submits a completed Notice of Appeal form (CS3579) to their FSCD worker / local FSCD office.
(2) The Notice of Appeal is date stamped indicating the date it was received.

(3) The FSCD worker advises their supervisor/manager of the Notice of Appeal.

(4) The FSCD worker forwards the Notice of Appeal to the Appeals Secretariat within ten (10) working days of its receipt.

(5) The FSCD worker provides the guardian with general information about the appeal process and refers the guardian to the Appeal Secretariat and their website for additional information about the appeal process.

(6) After consultation with both parties, the Appeal Secretariat will schedule an appeal hearing and contact the guardian and FSCD worker or FSCD designate to advise of the date and time for the hearing.

(7) The FSCD worker advises the guardian of their right to have an advocate or other support present at the appeal hearing and provides information and referral for advocacy supports where required.

(8) The regional FSCD Program will consult with Family Law regarding the issue of appeal, possible jurisdictional issues and other relevant legislation concerns.

(9) The FSCD worker notifies the FSCD Supervisor or Manager as to whether guardians will have legal representation at the appeal.
   - Family Law may assign a lawyer to represent the at appeal hearings where appropriate.
   - If a lawyer is required, the FSCD worker provides all relevant documents to the lawyer as soon as possible.

(10) If the guardian requests mediation after a Notice of Appeal has been submitted, the FSCD worker advises the Appeals Secretariat.
   - If the issue of concern is resolved through Mediation, the guardian must inform the Appeals Secretariat as to whether they are withdrawing their appeal.
   - If mediation is abandoned, the FSCD worker informs the Appeals Secretariat of the date that the guardian advised of the decision not to proceed with mediation.
(11) The FSCD worker or FSCD designate submits their appeal submission information to the Appeal Secretariat. (Do not submit original documents to the Appeal Secretariat.) See the Guide to Appeal on the HS website under Appeals.

(12) The FSCD worker and/or other FSCD designate attends the appeal hearing.

(13) The FSCD worker advises the guardian that if they are not satisfied with the process of the appeal hearing, they may choose to contact a lawyer to inquire about further legal remedies or they may contact the Office of the Ombudsman.

(14) The region may identify the need to consult with Legal Services about the potential for a judicial review if there are concerns with the process resulting in an appeal decision.

**FORMS**

♦ Notice of Appeal (CS3579)
Section 13: APPENDICES
# Appendix A: Forms

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<td>Specialized Services Documentation – Parent Checklist</td>
<td>A-57</td>
</tr>
<tr>
<td></td>
<td>Specialized Services – MDT Coversheet</td>
<td>A-58</td>
</tr>
<tr>
<td></td>
<td>Specialized Services Multi-Disciplinary Team Recommendations</td>
<td>A-59</td>
</tr>
<tr>
<td></td>
<td>Specialized Services Parent Feedback</td>
<td>A-60</td>
</tr>
<tr>
<td></td>
<td>Specialized Services Record of Key Decision Points</td>
<td>A-61</td>
</tr>
<tr>
<td>FSCD1845</td>
<td>Statement of Expenses – FSCD (warehouse)</td>
<td>A-62</td>
</tr>
<tr>
<td>FSCD3594</td>
<td>Verification of On/Off Reserve Status For Funding Purposes</td>
<td>A-64</td>
</tr>
</tbody>
</table>
# Application for Family Support for Children with Disabilities

This personal information is being collected under the authority of the Family Support for Children with Disabilities Act, Family Support for Children with Disabilities Regulation, and the Freedom of Information and Protection of Privacy Act and will be used to determine eligibility and to provide services to your child and family. It will be treated in accordance with the privacy protection provisions of Part 2 of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact your Local FSCD office which can be reached toll free at 1-800-665-0000.

To apply to the Family Support for Children with Disabilities (FSCD) program you must be the child’s guardian.

**Application for Family Support for Children with Disabilities**

### Child

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Gender</th>
<th>Date of Birth (yyyy-mm-dd)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>Postal Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Is your child a Canadian citizen or a permanent resident of Canada? [ ] Yes [ ] No

You will be asked to show a copy of your child's Birth Certificate, Record of Live birth, Permanent Resident or Citizenship Card, Passport, Confirmation of Permanent Residency (IRM5290), or Record of Landing (IRMM6000) when you meet with an FSCD worker (do not mail these documents).

Have you and/or your child been involved with the FSCD Program in the past? [ ] Yes [ ] No

Is your child First Nations or Métis? [ ] Yes [ ] No

Have you moved to Alberta in the last 12 months? [ ] Yes [ ] No

- If yes, have you been here [ ] less than 3 months, [ ] 3-6 months, or [ ] 6 months to 1 year?
- Where did you move from?

### Guardian(s)

<table>
<thead>
<tr>
<th>Last Name of Parent/Guardian</th>
<th>First Name of Parent/Guardian</th>
<th>Middle Name</th>
<th>Relationship to child</th>
<th>Gender</th>
<th>Date of Birth (yyyy-mm-dd)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>Postal Code</th>
<th>Alternate Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Others Living in the Home

Please list anyone living in the home besides parent(s) and child listed above (e.g. siblings, extended family, step-parents, step-brothers or step-sisters, foster children, roommates, etc.).

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of Birth (yyyy-mm-dd)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to child</th>
<th>Reside in Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Child’s Disability Information

What is your child’s diagnosis or condition? *(Please attach copies of medical letters)*

Please provide any other information you would like to add about your child’s disability and how it impacts them in their day to day activities.

An FSCD worker will contact you to discuss your application at the daytime phone number you have provided.
FSCD3595 Call Log - FSCD

Call Log

Family Support for Children with Disabilities Program

Date: ______________
Start time of call: ______________
End time of call: ______________

Name of caller: ______________________

Caller is:
☐ parent/guardian  ☐ name of child
☐ health professional
☐ agency, please specify
☐ other, please specify

Name of organization: ______________________

Contact telephone number: ______________________

Call Description:

Outcome of Call (e.g. information provided)

Outcome of Call:

[Table]

<table>
<thead>
<tr>
<th>Name of FSCD Worker</th>
<th>Child's File #</th>
<th>Visit date</th>
<th>Website link</th>
<th>Website name</th>
</tr>
</thead>
</table>

FSCD 3595 (2013/04)
FSCD3592  Consent to Release Information – FSCD
(warehouse)

Consent to Release Information
Family Support for Children with Disabilities Program

The personal information on this form and that you are consenting to release is collected under the authority of the Family Support for Children with Disabilities Act and Section 33(c) of the Freedom of Information and Protection of Privacy (FIPPA) Act. Personal information is managed in accordance with the FIPPA Act and is only disclosed if it is authorized or required by law. Your personal information will be used to provide services to you and your family. If you have any questions about the collection or use of your personal information please contact your Regional FSCD office which can be reached toll free at 310-6000.

My name is ____________________________________________

☐ I am consenting to release my own information to an FSCD worker.

☐ I am consenting to release information about __________________________ child’s name

My relationship to this child is ____________________________________________

☐ I understand that the FSCD worker will use this information only for service planning.

Name of person or agency releasing ____________________________________________

may release information only about ____________________________________________

☐ My consent remains in effect until I cancel in writing or until the expiry of the current agreement which ever comes first.

☐ My consent is voluntary.

☐ I have been provided an explanation of the consent to release information.

________________________________________________________________________

Signature ____________________________________________

Date (yyyy-mm-dd) ____________________________________________

For Office Use Only

<table>
<thead>
<tr>
<th>Name of FSCD worker</th>
<th>Child’s File ID #</th>
<th>Worksite Number</th>
<th>Worksite Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSCD 3592 (2013/03)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Worksite File
# Contact Notes

**Family Supports for Children with Disabilities Program**

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Firstname</th>
<th>Lastname</th>
<th>Email</th>
<th>Phone</th>
<th>Birthdate (yyyy-mm-dd)</th>
<th>Child’s File I.D. #</th>
</tr>
</thead>
</table>

**Subject:**

<table>
<thead>
<tr>
<th>Contact Date (yyyy-mm-dd)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notesite</th>
<th>Signature of FSCD Worker</th>
<th>Signature of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sample Decision Letter

Date

Name of guardian(s)
Address

RE: Decision regarding [identify decision]

Further to our conversation on [date of meeting or telephone call when guardian was verbally advised of the decision], I am writing to confirm that a decision has been made to [clearly identify the decision that has been made].

This decision has been made [based on / for the following reason] [provide rationale for the decision].

Please feel free to contact me if you have any questions, require additional information or would like to further discuss this decision. If you do not agree with the decision please contact me or my supervisor to discuss your concerns. If we are unable to resolve your concerns there are also a number of concerns resolution options available to you, including a Review of FSCD Program Decision, Mediation and Appeal.

Review of FSCD Program Decision: A Review of FSCD Program Decision involves at least one manager who was not involved in the original decision and another uninvolved manager, manager’s designate or FSCD specialist who will review the decision.

➢ Attached is a Request for a Review of an FSCD Program Decision Form. If you decide to request a Review, please complete this form and return it to our FSCD office.

Mediation: Involves meeting with a mediator, who is an objective third party, and FSCD staff to discuss the decision. The role of the mediator is to assist us to resolve the concerns and arrive at a solution that is agreeable to everyone involved.

➢ If you would like to participate in mediation, please let me know and I can follow-up to make arrangements.

Appeal: An Appeal involves meeting with a committee, made up of citizens appointed by the Minister of Human Services, and FSCD staff to discuss the decision. The Appeal Committee will review the decision that has been made and make a decision based on the information you and the FSCD staff provide for their consideration.

➢ Attached is a Notice of Appeal Form. It is important to note that if you plan to file an appeal, you must submit a completed Notice of Appeal Form to our office within 45 calendar days from the date of this letter.
Name of guardian(s)

Addition information about these concerns resolution options can be accessed at (enter FSCD website address here).

These concerns resolution options do not need to be accessed in any specific order and choosing one option does not preclude you from choosing another option. Please be assured that I want to work together with your family to address any concerns that you may have and even if you choose to access any of these concerns resolution options, we can continue to work together to try and resolve your concerns through ongoing discussion.

Signature:_________________________ Signature:_________________________
Staff name:_______________________ Supervisor name:____________________
Telephone:_______________________ Telephone:_______________________
Delegation of Authority – FSCD Manager

Whereas the director designated for the purposes of the Family Support for Children with Disabilities Act (the Act) has delegated to me certain duties and powers under the Act and Regulations, and the authority to sub-delegate those duties and powers;

Optional if Manager rather than the RD is making the delegation:
Whereas the Regional Director of the __Name of Region__ Region, has delegated to me certain duties and powers under the Family Support for Children with Disabilities Act (the Act) and Regulations, and the authority to sub-delegate those duties and powers;

I. __Name of Regional Director__, Director of the __Name of Region__ Region, hereby delegate to __Name of Employee being delegated__, __Title of Employee being delegated__, all the duties and powers of a director under the Act and Regulations with the exception of the director’s duties and powers under the following sections;

1. Sections 4.1(1) and 4.1(2) of the Family Support for Children with Disabilities Regulation.

This delegation is effective __date__ and expires when rescinded or when __Name of Employee being delegated__ ceases to be employed by Alberta Human Services in the capacity of __Title of Employee being delegated__, with the __Name of Region__ Region, whichever should occur first.

Dated this ____ day of __________, 20__.

________________________________________
Regional Director/Manager Name
Title

cc: Delegated Employee
    Personnel File
    Regional Director
    Worksite Manager

JANUARY 2016
Delegation of Authority – FSCD Manager, page 2

Person providing delegation documents and orientation to delegated staff

I. Name of Manager/Supervisor providing orientation acknowledge that I have provided Name of Employee being delegated with:

☐ A copy of his/her Delegation Document dated _______________, and signed by _______________;
☐ An explanation of the powers and duties delegated to him/her as set out in the delegation schedule under the FSCD Policy Manual;

________________________________________  __________________________
Name & Title                        Date

Person Receiving Delegation

I. Name of Employee being delegated acknowledge that:

☐ I have received my Delegation Document with respect to certain duties and powers of the director under the Family Support for Children with Disabilities Act;
☐ I understand that I may exercise the duties and powers delegated to me only in accordance with the Family Support for Children with Disabilities Act, Regulations, and the Policy Manual;
☐ The delegated duties and powers have been explained to me by Name of Manager/Supervisor providing orientation.
☐ My delegation becomes null & void when I am no longer in the position of Title of Employee being delegated, which includes moving to a higher level position, transferring to a different unit, office or region, or leaving the department of Human Services.

________________________________________  __________________________
Name & Title                        Date

cc: Delegated Employee
    Personnel File
    Regional Director
    Worksite Manager
### Delegation Schedule

*Family Support for Children with Disabilities Act & Regulation*

<table>
<thead>
<tr>
<th>Section</th>
<th>Duties and Powers of the Director</th>
<th>Regional Director</th>
<th>Manager</th>
<th>Supervisor</th>
<th>Worker</th>
</tr>
</thead>
</table>
| **Family Support for Children with Disabilities Act**  
*In accordance with section 2.1 of the Act, the criteria provided for in the regulation must be considered when making a decision under the Act.*  

3(1)  
- determine whether a medical diagnosis is in a satisfactory format  

3(1)(a)  
- may assist the guardian in identifying, obtaining and coordinating available services and supports  
- may assist the guardian in obtaining information concerning the child’s disability  
- may assist the guardian in advocating on behalf of the child and the guardian  

3(1)(b)  
- determine whether an agreement with the child’s guardian is in a satisfactory format  
- may enter into an agreement with the child’s guardian with respect to the provision of family support services to the guardian  

4(1)(a)  
- determine whether a medical diagnosis is in a satisfactory format  

4(1)(b)  
- determine whether an assessment of the child is completed in a satisfactory format  

4(1)  
- may enter into an agreement with a child’s guardian with respect to the provision of child-focused services  

4(2)  
- may consult with experts in disabilities and persons who have knowledge of the child’s functional abilities  

4.2  
- may enter into an agreement with a guardian who is a minor with respect to the guardian’s child  

5(1)  
- form an opinion that a guardian has contravened an agreement  
- may cancel the agreement  

5(2)  
- may recover an excess amount that was paid for services as a debt due the Crown  

6(1)  
- may enter into mediation with respect to any decision made under the Act  

7(3)  
- must deliver a notice of an appeal to the chair of an appeal committee within 10 days of receiving the notice
<table>
<thead>
<tr>
<th>Section</th>
<th>Duties and Powers of the Director</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In exercising these powers and duties, refer to and apply the section in its entirety</td>
</tr>
<tr>
<td></td>
<td>Regional Director</td>
</tr>
<tr>
<td>Family Support for Children with Disabilities Regulation</td>
<td></td>
</tr>
<tr>
<td>When making a decision under the Act, Section 2 (Matters to be Considered) of the Regulation must be taken into consideration.</td>
<td></td>
</tr>
<tr>
<td>2.1(2)</td>
<td>form an opinion whether an adult relative is the most appropriate caregiver to provide respite services</td>
</tr>
<tr>
<td>3</td>
<td>determine the nature and amount of family support services provided to a guardian</td>
</tr>
<tr>
<td>3(e)</td>
<td>form an opinion whether overnight accommodation is required for travel in Alberta to a child’s medical or rehabilitation appointments or for hospitalization, directly related to the child’s disability</td>
</tr>
<tr>
<td>3(e)(ii)</td>
<td>form an opinion whether a 2nd person must accompany the child</td>
</tr>
<tr>
<td>4</td>
<td>determine the nature and amount of child-focused services</td>
</tr>
<tr>
<td>4(1)(d)</td>
<td>form an opinion the most appropriate and cost-effective way to provide for the child’s and family’s needs</td>
</tr>
<tr>
<td>4(1)(f)(ii)</td>
<td>be satisfied that the child’s program plan identifies the need for the child to attend a day care facility</td>
</tr>
<tr>
<td>4(1)(i)</td>
<td>be satisfied with a review that an aide is needed for more than 5 months</td>
</tr>
<tr>
<td>4(1)(ii)(C)</td>
<td>form an opinion that the proposed assistance of the aide has been demonstrated to be effective</td>
</tr>
<tr>
<td>4(1)(iii)(C)</td>
<td>form an opinion that the proposed assistance of the aide has been demonstrated to be effective</td>
</tr>
<tr>
<td>4(1)(m)(viii)</td>
<td>be satisfied that an individualized plan has been developed to coordinate and direct the delivery of services, including a specialized service</td>
</tr>
<tr>
<td>4.1(1)</td>
<td>may approve a drug as a medical benefit</td>
</tr>
<tr>
<td>4.1(2)</td>
<td>may, in deciding to approve a drug, take into account a recommendation by the Common Drug Review Committee</td>
</tr>
<tr>
<td>5(b)</td>
<td>consent to amending an agreement including extending the term of an agreement</td>
</tr>
<tr>
<td>6(1)</td>
<td>determine the most cost effective and appropriate services</td>
</tr>
<tr>
<td>6(2)</td>
<td>form an opinion whether services provided by dental insurance, health services insurance and benefit plans are equivalent to the services provided under an agreement</td>
</tr>
</tbody>
</table>
Delegation of Authority – FSCD Supervisor

Whereas the director designated for the purposes of the Family Support for Children with Disabilities Act (the Act) has delegated to me certain duties and powers under the Act and Regulations, and the authority to sub-delegate those duties and powers;

Optional if Manager rather than the RD is making the delegation:
Whereas the Regional Director of the [Name of Region] Region, has delegated to me certain duties and powers under the Family Support for Children with Disabilities Act (the Act) and Regulations, and the authority to sub-delegate those duties and powers;

1. Name of Regional Director, Director of the [Name of Region] Region, hereby delegate to
   Name of Employee being delegated, Title of Employee being delegated, all the duties and powers of a director under the Act and Regulations with the exception of the director’s duties and powers under the following sections;

   1. Section 5(2) of the Family Support for Children with Disabilities Act, and
   2. Sections 4.1(1) and 4.1(2) of the Family Support for Children with Disabilities Regulation.

This delegation is effective [date] and expires when rescinded or when Name of Employee being delegated ceases to be employed by Alberta Human Services in the capacity of Title of Employee being delegated, with the [Name of Region] Region, whichever should occur first.

Dated this [day] day of [month], 20[year]

Regional Director/Manager Name
Title

cc: Delegated Employee
    Personnel File
    Regional Director
    Worksite Manager

Alberta Human Services

Family Support for Children with Disabilities Act

Delegation of Authority
FSCD Supervisor
Delegation of Authority – FSCD Supervisor, page 2

Appendix A-14

Acknowledgement Regarding Delegation of Authority
Family Support for Children with Disabilities Act

**Person providing delegation documents and orientation to delegated staff**

I. Name of Manager/Supervisor providing orientation, acknowledge that I have provided Name of Employee being delegated, with:

- A copy of his/her Delegation Document dated ___________ and signed by __________;
- An explanation of the powers and duties delegated to him/her as set out in the delegation schedule under the FSCD Policy Manual;

Name & Title ___________________________ Date ___________________________

**Person Receiving Delegation**

I. Name of Employee being delegated, acknowledge that:

- I have received my Delegation Document with respect to certain duties and powers of the director under the Family Support for Children with Disabilities Act;
- I understand that I may exercise the duties and powers delegated to me only in accordance with the Family Support for Children with Disabilities Act, Regulations, and the Policy Manual;
- The delegated duties and powers have been explained to me by Name of Manager/Supervisor providing orientation;
- My delegation becomes null & void when I am no longer in the position of Title of Employee being delegated, which includes moving to a higher level position, transferring to a different unit, office or region, or leaving the department of Human Services.

Name & Title ___________________________ Date ___________________________

cc: Delegated Employee
    Personnel File
    Regional Director
    Worksite Manager
### DELEGATION SCHEDULE

*Family Support for Children with Disabilities Act & Regulation*

<table>
<thead>
<tr>
<th>Section</th>
<th>Duties and Powers of the Director</th>
<th>Regional Director</th>
<th>Manager</th>
<th>Supervisor</th>
<th>Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Support for Children with Disabilities Act</strong>&lt;br&gt; <em>In accordance with section 2.1 of the Act, the criteria provided for in the regulation must be considered when making a decision under the Act.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3(1)</td>
<td>determine whether a medical diagnosis is in a satisfactory format</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3(1)(a)</td>
<td>- may assist the guardian in identifying, obtaining and coordinating available services and supports&lt;br&gt;- may assist the guardian in obtaining information concerning the child’s disability&lt;br&gt;- may assist the guardian in advocating on behalf of the child and the guardian</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3(1)(b)</td>
<td>- determine whether an agreement with the child’s guardian is in a satisfactory format&lt;br&gt;- may enter into an agreement with the child’s guardian with respect to the provision of family support services to the guardian</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4(1)(a)</td>
<td>determine whether a medical diagnosis is in a satisfactory format</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4(1)(b)</td>
<td>determine whether an assessment of the child is completed in a satisfactory format</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4(1)</td>
<td>may enter into an agreement with a child’s guardian with respect to the provision of child-focused services</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>4(2)</td>
<td>may consult with experts in disabilities and persons who have knowledge of the child’s functional abilities</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4.2</td>
<td>may enter into an agreement with a guardian who is a minor with respect to the guardian’s child</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5(1)</td>
<td>- form an opinion that a guardian has contravened an agreement&lt;br&gt;- may cancel the agreement</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5(2)</td>
<td>may recover an excess amount that was paid for services as a debt due the Crown</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6(1)</td>
<td>may enter into mediation with respect to any decision made under the Act</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>7(3)</td>
<td>must deliver a notice of an appeal to the chair of an appeal committee within 10 days of receiving the notice</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
### Delegation of Authority – FSCD Supervisor, page 4

<table>
<thead>
<tr>
<th>Section</th>
<th>Duties and Powers of the Director</th>
<th>Regional Director</th>
<th>Manager</th>
<th>Supervisor</th>
<th>Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Support for Children with Disabilities Regulation</strong></td>
<td>In exercising these powers and duties, refer to and apply the section in its entirety</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2.1(2)</td>
<td>form an opinion whether an adult relative is the most appropriate caregiver to provide respite services</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>determine the nature and amount of family support services provided to a guardian</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3(e)</td>
<td>form an opinion whether overnight accommodation is required for travel in Alberta to a child’s medical or rehabilitation appointments or for hospitalization, directly related to the child’s disability</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3(e)(ii)</td>
<td>form an opinion whether a 2nd person must accompany the child</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>determine the nature and amount of child-focused services</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4(1)(d)</td>
<td>form an opinion the most appropriate and cost-effective way to provide for the child’s and family’s needs</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4(1)(f)(ii)</td>
<td>be satisfied that the child’s program plan identifies the need for the child to attend a day care facility</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4(1)(i)</td>
<td>be satisfied with a review that an aide is needed for more than 5 months</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4(1)(ii)(a)(C)</td>
<td>form an opinion that the proposed assistance of the aide has been demonstrated to be effective</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4(1)(ii)(a)(C)</td>
<td>form an opinion that the proposed assistance of the aide has been demonstrated to be effective</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4(1)(m)(viii)</td>
<td>be satisfied that an individualized plan has been developed to coordinate and direct the delivery of services, including a specialized service</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4.1(1)</td>
<td>may approve a drug as a medical benefit</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1(2)</td>
<td>may, in deciding to approve a drug, take into account a recommendation by the Common Drug Review Committee</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5(b)</td>
<td>consent to amending an agreement including extending the term of an agreement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6(1)</td>
<td>determine the most cost effective and appropriate services</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6(2)</td>
<td>form an opinion whether services provided by dental insurance, health services insurance and benefit plans are equivalent to the services provided under an agreement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Delegation of Authority – FSCD Worker

Whereas the director designated for the purposes of the Family Support for Children with Disabilities Act (the Act) has delegated to me certain duties and powers under the Act and Regulations, and the authority to sub-delegate those duties and powers;

Optional if Manager rather than the RD is making the delegation:

Whereas the Regional Director of the [Name of Region] Region, has delegated to me certain duties and powers under the Family Support for Children with Disabilities Act (the Act) and Regulations, and the authority to sub-delegate those duties and powers;

1. [Name of Regional Director], Director of the [Name of Region] Region, hereby delegate to [Name of Employee being delegated], [Title of Employee being delegated], all the duties and powers of a director under the Act and Regulations with the exception of the director’s duties and powers under the following sections;

   1. Sections 5(1) and 5(2) of the Family Support for Children with Disabilities Act, and
   2. Sections 4.1(1) and 4.1(2) of the Family Support for Children with Disabilities Regulation.

This delegation is effective [date] and expires when rescinded or when [Name of Employee being delegated] ceases to be employed by Alberta Human Services in the capacity of [Title of Employee being delegated] with the [Name of Region] Region, whichever should occur first.

Dated this [day] day of [month], 20[___]

[Regional Director/Manager Name]

Title

cc: Delegated Employee
    Personnel File
    Regional Director
    Worksite Manager
Delegation of Authority – FSCD Worker, page 2

Person providing delegation documents and orientation to delegated staff

I. ______ Name of Manager/Supervisor providing orientation ______ acknowledge that I have provided ______ Name of Employee being delegated ______ with:

☐ A copy of his/her Delegation Document dated ______ and signed by ______;

☐ An explanation of the powers and duties delegated to him/her as set out in the delegation schedule under the FSCD Policy Manual;


Name & Title ____________________________ Date ____________

Person Receiving Delegation

I. ______ Name of Employee being delegated ______ acknowledge that:

☐ I have received my Delegation Document with respect to certain duties and powers of the director under the Family Support for Children with Disabilities Act;

☐ I understand that I may exercise the duties and powers delegated to me only in accordance with the Family Support for Children with Disabilities Act, Regulations, and the Policy Manual;

☐ The delegated duties and powers have been explained to me by ______ Name of Manager/Supervisor providing orientation ______.

☐ My delegation becomes null & void when I am no longer in the position of ______ Title of Employee being delegated ______ which includes moving to a higher level position, transferring to a different unit, office or region, or leaving the department of Human Services.

Name & Title ____________________________ Date ____________

cc: Delegated Employee
Personnel File
Regional Director
Worksite Manager

Appendix A-18

JANUARY 2016
# Delegation Schedule

**Family Support for Children with Disabilities Act & Regulation**

<table>
<thead>
<tr>
<th>Section</th>
<th>Duties and Powers of the Director</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In exercising these powers and duties, refer to and apply the section in its entirety</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Duties and Powers of the Director</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Regional Director</strong></td>
</tr>
</tbody>
</table>

**Family Support for Children with Disabilities Act**

*In accordance with section 2.1 of the Act, the criteria provided for in the regulation must be considered when making a decision under the Act.*

1. (3(1)) determine whether a medical diagnosis is in a satisfactory format
   - X X X X

2. (3(1)(a)) • may assist the guardian in identifying, obtaining and coordinating available services and supports
   - X X X X
   • may assist the guardian in obtaining information concerning the child’s disability
   - X X X X
   • may assist the guardian in advocating on behalf of the child and the guardian

3. (3(1)(b)) • determine whether an agreement with the child’s guardian is in a satisfactory format
   - X X X X
   • may enter into an agreement with the child’s guardian with respect to the provision of family support services to the guardian

4. (4(1)(a)) determine whether a medical diagnosis is in a satisfactory format
   - X X X X

5. (4(1)(b)) determine whether an assessment of the child is completed in a satisfactory format
   - X X X X

6. (4(1)) may enter into an agreement with a child’s guardian with respect to the provision of child-focused services
   - X X X X

7. (4(2)) may consult with experts in disabilities and persons who have knowledge of the child’s functional abilities
   - X X X X

8. (4.2) may enter into an agreement with a guardian who is a minor with respect to the guardian’s child
   - X X X X

9. (5(1)) • form an opinion that a guardian has contravened an agreement
   - X X X
   • may cancel the agreement

10. (5(2)) may recover an excess amount that was paid for services as a debt due the Crown
    - X X

11. (6(1)) may enter into mediation with respect to any decision made under the Act
    - X X X X

12. (7(3)) must deliver a notice of an appeal to the chair of an appeal committee within 10 days of receiving the notice
    - X X X X
## Delegation of Authority – FSCD Worker, page 4

<table>
<thead>
<tr>
<th>Section</th>
<th>Duties and Powers of the Director</th>
<th>Regional Director</th>
<th>Manager</th>
<th>Supervisor</th>
<th>Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1(2)</td>
<td>form an opinion whether an adult relative is the most appropriate caregiver to provide respite services</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>determine the nature and amount of family support services provided to a guardian</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3(e)</td>
<td>form an opinion whether overnight accommodation is required for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child’s disability</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3(e)(ii)</td>
<td>form an opinion whether a 2nd person must accompany the child</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>determine the nature and amount of child-focused services</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4(1)(d)</td>
<td>form an opinion the most appropriate and cost-effective way to provide for the child’s and family’s needs</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4(1)(f)(ii)</td>
<td>be satisfied that the child's program plan identifies the need for the child to attend a day care facility</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4(1)(i)</td>
<td>be satisfied with a review that an aide is needed for more than 6 months</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4(1)(i)(C)</td>
<td>form an opinion that the proposed assistance of the aide has been demonstrated to be effective</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<td></td>
<td></td>
</tr>
<tr>
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<td>consent to amending an agreement including extending the term of an agreement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6(1)</td>
<td>determine the most cost effective and appropriate services</td>
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<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6(2)</td>
<td>form an opinion whether services provided by dental insurance, health services insurance and benefit plans are equivalent to the services provided under an agreement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Exceptional Consideration Authorization

Letter of Understanding for Interim Services between the
Family Support for Children with Disabilities (FSCD) Program
and Parent/Guardian Pending Confirmation of
Continued Eligibility for the FSCD Program

Exceptional Consideration Authorization

Child's Name _____________________________
Child's FSCD File ID _____________________________
Region _______ Worker _____________________________
Completed Intake Date _____________________________

☐ up to 5 days back preceding completed intake
☐ up to 30 days forward from completed intake

The following criteria must all be met in order to provide immediate medical management services by Exceptional Consideration:

☐ Eligibility for the program must be determined or there must be sufficient information gathered to determine eligibility on an interim basis pending a more thorough assessment of need;
☐ The need is directly related to child's disability;
☐ No other resource available to meet the immediate need;
☐ Child hospitalized outside of home Regional Health Authority;
☐ Inpatient hospital stay of 2 or more consecutive days;
☐ Overnight accommodation required; and
☐ The need for service(s) is urgent and the family's circumstances are such that it would not be appropriate to wait for the completion of a thorough assessment of need and draft agreement as per the service approval policy.

<table>
<thead>
<tr>
<th>Service</th>
<th>Unit</th>
<th>Rate</th>
<th>Effective Dates</th>
<th>to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mileage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rationale for Request _____________________________

Decision ☐ Approved ☐ Not Approved

Rationale for Decision _____________________________

FSCD Worker Signature _____________________________ Date ______________
Manager/Supervisor Signature _____________________________ Date ______________
Parent Signature _____________________________ Date ______________
Appendix A-22

FSCD3601 Family/Child Assessment of Needs, Part 1 – Child Disability Related Care Needs

This section of the form may be used for three consecutive assessments:

a. Enter initial assessment information under “Year 1” of each section, and any updated information under “Year 2” and “Year 3” consecutively.

b. For open-ended questions, label the information and subsequent updates with the year the information was received (e.g., 2014, 2015).

In order to complete a FSCD Family/Child Assessment of Needs (F/CAN), Support Plan (FS/P), and to determine appropriate FSCD supports, the FSCD worker will complete a separate Part 1 form for all children being assessed for FSCD supports.

Assessment Information

Please indicate if this assessment is:

- Initial Assessment
- Reopen
- Assessment

Child’s Name

Date of last Family/Child Assessment of Need (yyyy-mm-dd):

Date of Support and Service Planning Review (yyyy-mm-dd):

End date of Instrument agreement (yyyy-mm-dd):

Writer’s Name

Assessment Date (yyyy-mm-dd)

Assessment Start Time

Assessment End Time

Location of face-to-face meeting:

Indicate individuals present at face-to-face meeting:

- Child present

If not able to meet with child, please explain.

Location of meeting with child different from above:

Indicate date will meet with the parent(s) (yyyy-mm-dd):

If not able to meet with parent(s) face-to-face, please explain.

Information Update

Has information been updated on FSCD16 (e.g., new diagnosis, family composition, employment, email address etc.)? Yes No

Is Aboriginal information on FSCD16 up to date (including verification)? Yes No

Note any changes to be made on FSCD16 (NOTE: You may bring a copy of the FSCD16 Child Details to confirm or update with the Guardian.)

Diagnostic Information

- Date of Diagnosis

- Name of health professional who provided this diagnosis

- Documentation provided to FSCD

Have there been any changes to the child’s health status in the past 12 months? Yes No

Identify all medical treatment, hospitalizations, assessments that have occurred in the past 12 months: None

Identify any significant medical treatment, hospitalization or medical assessments that are anticipated in the next 12 months: None
Please list all Health Care Professionals involved with the Child’s care.

<table>
<thead>
<tr>
<th>Health Care Professional’s Name</th>
<th>Discipline (Physician, audiologist, speech pathologist)</th>
<th>Telephone Number</th>
<th>Frequency of Appointments</th>
</tr>
</thead>
</table>

Child’s Current Prescribed Medication
List medications prescribed by the physician(s) related to their disability

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Purpose</th>
<th>Over the past 12 months, have you had trouble with it?</th>
<th>How has it impacted the child?</th>
</tr>
</thead>
</table>

Additional Information
Is there additional information FSCD needs to consider? [ ] New Intake  [ ] Renewal

Your Vision
It is helpful to have a vision for your child’s future. Determining long term goals for your child will assist you and the FSCD program to work together to help identify strategies and supports needed to help your child reach their potential. As your child changes from year to year, your vision for your child may also change. For more information about creating a vision for your child, see the FSCD website.
Describe your aspirations and long term goals for your child. Invite your child to share their hopes and dreams.
### Child’s Care

The purpose of this section is to facilitate discussion between a parent and their FSCD worker and to promote a better understanding about the level of care, supervision, and support the child requires from parents and other adults as a result of the child’s disability. This section is divided into four domains: Mobility, Self-Care, Social Functioning, and Behaviour. The first 3 domains are adapted from the Pediatric Evaluation of Disability Inventory (PEDI). No portion of these sections may be reproduced without the permission of the copyright owners. 1. The Caregiver Assistance Scale indicates how much help a caregiver usually gives the child during ordinary daily activities. 2. The Modifications Scale identifies the number of functional activities for which modifications are required. They help identify the degree to which modifications play an important role in the child’s functional performance.

#### MOBILITY DOMAIN

<table>
<thead>
<tr>
<th>Does your child require assistance due to limited mobility?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please circle the appropriate score for Caregiver Assistance and Modification for each item.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child/Toilet Transfers:</th>
<th>Year</th>
<th>Caregiver Scale</th>
<th>Modifications Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>child’s wheelchair, adult-sized chair, adult-sized toilet</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Car Transfers:</th>
<th>Year</th>
<th>Caregiver Scale</th>
<th>Modifications Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>mobility within car, seat belt use, transitions and opening and closing doors</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bed Mobility Transfers:</th>
<th>Year</th>
<th>Caregiver Scale</th>
<th>Modifications Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>getting in and out of bed</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tuck Transfers:</th>
<th>Year</th>
<th>Caregiver Scale</th>
<th>Modifications Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>getting in and out of an adult-sized bed</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indoor Locomotion:</th>
<th>Year</th>
<th>Caregiver Scale</th>
<th>Modifications Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>for feet (3-4 frames); do not include opening doors or carrying objects</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outdoor Locomotion:</th>
<th>Year</th>
<th>Caregiver Scale</th>
<th>Modifications Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 feet (10 car lengths) on level surfaces; focus on physical ability to move outdoors (do not consider compliance on safety issues such as crossing streets)</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stairs:</th>
<th>Year</th>
<th>Caregiver Scale</th>
<th>Modifications Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>climb and descend a full flight of stairs (12-15 steps)</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

**Caregiver Scale**

- 5 = Independent: Caregiver provides no physical assistance or supervision.
- 4 = Supervision/Spotting: Caregiver provides no physical assistance but is present during the activity, but is not needed to be present as a safety precaution, or to provide manual assistance with ambulation, mobility, or transfer equipment.
- 3 = Minimal Assistance: Caregiver provides limited assistance, such as give support or access, and support.
- 2 = Moderate Assistance: Caregiver does less than half of the movement or transfer.
- 1 = Total Assistance: Caregiver does more than half of the movement or transfer; child provides minimal assistance.
- 0 = Maximal Assistance: Caregiver does absence of movement or transfer, child provides no physical assistance.

**Modifications Scale**

- N = No Modifications
- C = Chair/Bed/Locomotion (pass-through only) Modifications (such as chin hook, thumb hand hold, infant car seat, etc., etc.)
- R = Specialized Rehabilitation Equipment (such as assistive devices, supports, braces, etc.)
- E = Environmental Modifications (such as architectural modifications, 3D devices, powered or manual wheelchairs, lift chair, in-floor hoist, footplate etc.)
### SELF CARE DOMAIN

If you do not need assistance with self-care?  

<table>
<thead>
<tr>
<th>Year</th>
<th>Caregiver Score</th>
<th>Modifications Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>1 2 4 3 2 1 0</td>
<td>N C R C R C R</td>
</tr>
<tr>
<td>Year</td>
<td>2 3 4 3 2 1 0</td>
<td>N C R C R C R</td>
</tr>
<tr>
<td>Year</td>
<td>3 4 3 3 2 1 0</td>
<td>N C R C R C R</td>
</tr>
<tr>
<td>Year</td>
<td>4 3 3 3 2 1 0</td>
<td>N C R C R C R</td>
</tr>
</tbody>
</table>

**Eating:**
- Eating and drinking regular meals do not include cutting, steaking, opening containers or serving food from serving dishes.

**Grooming:**
- Brushing teeth, brushing or combing hair and combing forlice.

**Bathing:**
- Washing and drying face and hands, taking a bath or shower; do not include getting in and out of a tub or shower, water preparation or washing back or hair.

**Dressing Upper Body:**
- All indoor clothes, not including back banders, include help putting on or taking off three artifactial limb, do not include getting clothes from closet or drawer.

**Dressing Lower Body:**
- All indoor clothes, include putting on or taking off three artifactial limb, do not include getting clothes from closet or drawer.

**Toileting:**
- Clothes, toilet management or external device use, and hygiene: do not include toilet transfers, monitoring schedule or cleaning of toilet accidents.

**Bladder Management:**
- Control of bladder day and night, clean-up after accidents, monitoring schedule.

**Bowel Management:**
- Control of bowel day and night, clean-up after accidents, monitoring schedule.

**Caregiver Score**
- 5 = Independent: Caregiver provides no physical assistance or supervision.
- 4 = Minimal Assistance: Caregiver provides no physical assistance or supervision, but is needed to monitor, provide verbal directions, or set up self-care equipment or supplies.
- 3 = Minimal Assistance: Caregiver provides very little assistance, such as occasional direction or assistance with the completion of an activity.
- 2 = Moderate Assistance: Caregiver does less than half of the activity, child provides maximal assistance (example: using a cup, but child needs help filling the cup, or using a fork).child provides significant assistance (example: using a comb, but child needs help picking up the comb.)
- 1 = Total Assistance: Caregiver does almost all of the activity, child provides no meaningful assistance.

**Modifications Score**
- 5 = No Modifications
- 4 = Child-oriented (non-specialized) Modifications: Includes modifications such as sled, chair, sliding board, step stool, child-sized comb or tissue, etc.
- 3 = Specialized Rehabilitation Equipment:Includes equipment such as adapted utensils, walkers, belt, small beds, bath, toothbrush, hand, spade, grip, spade, reacher, etc.
- 2 = Child-oriented Modifications: Includes modifications such as suspension, arm sleeves, toilet, dressing, adapted bathroom, permanent grab bars, custom made clothing, etc.

If modifications are utilized, please describe.
### Child’s Behaviour

**Does your child require assistance with behaviour?** □ Yes □ No

If yes, please check off the appropriate score of Caregiver Assistance and Modification for each item:

Based on the last six months do you have concerns regarding your child’s behaviour that:

- is not typical for most children of a similar age, and
- impacts the safety of your child or others, and/or
- impacts the child’s participation in the activities of normal daily living?

**Impact:** Please indicate the level of impact on a scale of 1-5 as follows:

1. Child requires no direction or monitoring under ordinary circumstances.
2. Child needs ongoing support supervision and assistance and pre-planning is required in order for the child to participate in activities.
3. Child needs ongoing support supervision and assistance and pre-planning is required in order for the child to participate in activities.
4. Child needs ongoing support supervision and assistance and pre-planning is required in order for the child to participate in activities.
5. Child is unable to participate in many activities of daily living.

**Frequency:** Please indicate the frequency of problematic behaviour on a scale of 1-5 as follows:

1. Never
2. Occasionally (e.g., monthly)
3. Occasionally (more than several times/week)
4. Regularly (more than several times daily)
5. Constant

<table>
<thead>
<tr>
<th>Behaviours Impacting the Child’s Participation and Caregiver Demands</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Impact</td>
<td>Frequency</td>
<td>Impact</td>
</tr>
<tr>
<td>Temper Tantrums</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaves inappropriately in public (e.g., says embarrassing things, eats others food, hugging, clings to others, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impulsivities, not think before acting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty in attending to tasks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obsessive/compulsive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive issues (refuses to eat, binge eating)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disruptive noises (attention seeking noises, yelling)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty getting to sleep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent night time waking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Behaviours (please describe)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:** Please provide any other pertinent information regarding the behaviour. Describe how long the behaviour has persisted and what strategies have been tried to address the behaviour (e.g., medications, behaviour programs).

### Behaviours Impacting the Safety of Self or Others

<table>
<thead>
<tr>
<th>Behaviours Impacting the Safety of Self or Others</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Impact</td>
<td>Frequency</td>
<td>Impact</td>
</tr>
<tr>
<td>Aggressive to others physically (hitting, spitting)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Destructive to property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abusive to animals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self abusive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engages in inappropriate sexual activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Runs away, whereabouts not known to guardian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illegal activities (theft, vandalism, substance abuse)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:** Please provide any other pertinent information regarding the behaviour. Describe how long the behaviour has persisted and what strategies have been tried to address the behaviour (e.g., medications, behaviour programs).
Describe any concerns in the following areas: Child's anxiety, unfamiliar situations, sensory issues, ability to adjust to changes in routine, ability in managing conflict/dealing, making and maintaining friends.

**Decision Point (to be completed by FSCD worker):**

Remove the following by the eligibility criteria for the FSCD program (see policy section B.1)

- [ ] Yes
- [ ] No

*Note: provide rationale*

If no:

1. Provide Guardian with relevant information.
2. Refer guardian to other supports and services as appropriate.
3. Document in refers section in other matters.

**Education Programs Accessed By Your Child**

**Name of school or program (indicate if child is home schooled):**

Play/seed, PLT, Kindergarten, Grade

**Number of days per week**

**Number of hours per day**

Transportation:

List any extraordinary supports provided (Feds, FM system, etc.)

List any formal assessments that have been completed for educational purposes (e.g., psychological, etc.)

What are your educational goals for your child?

Does your child have a current Individualized Program Plan (IPP) developed by the education program?  

- [ ] Yes
- [ ] No

If yes, please:

- Obtain a copy for child's file if required.  
- Describe the goal areas that are being worked on.

Comments (note school bus issues, school suspensions, child not attending school):

**Other programs your child currently attends (e.g., Early intervention, Headstart, etc.) indicate number of hours and days per week:**

**Work Related Child Care Arrangements**

**Type of Child Care arrangements:**

**Location**

**Number of days per week**

**Number of hours per day**

List any extraordinary supports provided (Feds, FM system, equipment)

Child Care arrangements for school days/holidays:

**Location**

**Number of days (estimated)**

**Number of hours per day**

Comments:

**Are you completing an FCAON for another child in this family?**  

- [ ] Yes
- [ ] No

**If Yes, see FCAON Part 1 for Child:**

Child's Name:  

Child ID #:  

Page 7 of 17
FSCD3602 Family/Child Assessment of Needs, Part 2 – Child and Family Support and Service Planning

Family/Child Assessment of Needs
Part 2 - Child and Family Support and Service Planning

Family Support for Children with Disabilities

This annual interaction is being selected under the authority of the Family Support for Children with Disabilities Act, Family Support for Children with Disabilities Regulation, and the Freedom of Information and Protection of Privacy Act and will be used to determine eligibility and to provide services to your child and family. It will be treated in accordance with the privacy protection provisions of Part 2 of the Freedom of Information and Protection of Privacy Act.

If you have any questions about the collection, contact your Local FSCD office which can be reached toll free at 310-0600.

Completed by FSCD Worker with Guardian

1. Develop a single Individualized Family Support Plan (IFSP) for the family unless there is a Transition to Adulthood Plan completed this year or an Out of Home (OHP) completed.

2. For families with more than one child with a disability who has an FSCD file, please indicate this by checking the appropriate box and completing separate copies of the last two pages for each child.

<table>
<thead>
<tr>
<th>Child(ren)'s Name(s)</th>
</tr>
</thead>
</table>

Family Information

Natural Support: Family, Friends

Family resiliency is often closely related to the support a family has from others. Families may find it difficult to discuss their child's disability with others and to ask for help when needed. FSCD may be able to strategize with a family to find ways of increasing support to your family from others. List others who support your family/child by providing care or showing a genuine interest in your child's well-being, i.e. other siblings, aunts, uncles, grandparents, friends, neighbours.

<table>
<thead>
<tr>
<th>Relationship to Child</th>
<th>Comments (e.g. type of support: emotional, physical)</th>
</tr>
</thead>
</table>

Discuss the potential for individuals that currently have a relationship with your child(ren) to continue to be a part of a network of support for your child(ren) as they grow older. Discuss any barriers that others may experience in developing a long lasting relationship with your child(ren).

Community or Recreational Activities

An individual's involvement in various forms of activity may provide a break from the routines, provide possible support for parent(s) and children and create a healthy balance between work and personal fulfillment. By understanding your family's involvement in activities the FSCD worker may be able to help your family connect to activities that may be appropriate for your child(ren), supportive to you as parents and siblings or to assist in supports that may make your child's participation possible.

Consider
- Parent(s) recreational or participation in activities in the community, church, disability support groups, etc.
- Activities siblings are involved in.
- Activities that the family do together.

Challenges the family have encountered in pursuing activities due to the child(ren)'s disability.

Daily Routines

Day to day life is made up of predictable routines such as getting up in the morning, having breakfast, getting out the door, traveling to and from work etc. When these routines are smooth, everyone is happier. Raising a child with a disability can affect these routines.

Consider
- How your child is family doing as a whole?
- Are routines working well or not?
- Do your routines balance the needs of all family members?

Dealing With Your Child(ren)'s Disability

Consider
- If both parents have a mutual understanding of the child(ren)'s disability and care needs.
- If parent(s) are comfortable discussing their feelings about having a child(ren) with a disability.
- The values and beliefs that may influence the type of support the family is comfortable with (e.g. having caregivers in the home).
### Emotional and Physical Well-Being of Family Members

**Consider**
- If the parent(s) or others in the family have health issues that impact their ability to provide the exceptional care the children require? If yes, describe the diagnoses, treatment implications, and the short or long-term impact for the family.
- If others living outside of the home depend on the parent(s) for primary care or support (e.g., elderly parents).

### Siblings

The needs of a child with a disability may alter everyday life for the other children in the family.

**Consider**
- Responsibilities/household chores.
- Relationships with peers.
- Relationships with parent(s), other siblings, extended family, etc.

### Other Matters

**Consider**
- Any other concerns (e.g., meeting basic needs, shelter, food, etc.), or any significant changes in the family circumstances that impact the care of the children (e.g., death, separation, illness).

<table>
<thead>
<tr>
<th>Provincial or Federal Government Programs</th>
<th>Support</th>
<th>Status</th>
<th>Support</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Disability Benefit</td>
<td>- Select -</td>
<td>- Select -</td>
<td>Income Support</td>
<td>- Select -</td>
</tr>
<tr>
<td>Child Care Subsidy</td>
<td>- Select -</td>
<td>- Select -</td>
<td>Persons with Environmental Disabilities (PESD)</td>
<td>- Select -</td>
</tr>
<tr>
<td>Inclusive Child Care</td>
<td>- Select -</td>
<td>- Select -</td>
<td>Assisted Income for the Severely Handicapped (AISH)</td>
<td>- Select -</td>
</tr>
<tr>
<td>Child Intervention Services</td>
<td>- Select -</td>
<td>- Select -</td>
<td>Alberta Child Health Benefit</td>
<td>- Select -</td>
</tr>
<tr>
<td>Family Enrichment Services</td>
<td>- Select -</td>
<td>- Select -</td>
<td>Alberta Adult Benefits</td>
<td>- Select -</td>
</tr>
<tr>
<td>Supports for Permanency (SFP)</td>
<td>- Select -</td>
<td>- Select -</td>
<td>Disability Tax Credit</td>
<td>- Select -</td>
</tr>
<tr>
<td>Homecare</td>
<td>- Select -</td>
<td>- Select -</td>
<td>Funding for First Natives (Non-insured Health Benefits)</td>
<td>- Select -</td>
</tr>
<tr>
<td>Aids to Daily Living (AADL)</td>
<td>- Select -</td>
<td>- Select -</td>
<td>Other specify</td>
<td>- Select -</td>
</tr>
</tbody>
</table>

**Any Other Associations Being Accessed for Support for the Children (i.e. Cerebral Palsy Association)**

**NOTE:** The FSCD program will not contact the persons or programs you list on this form without obtaining further guardian consent.

<table>
<thead>
<tr>
<th>Name of Association</th>
<th>Type of Support Being Provided</th>
<th>Description</th>
</tr>
</thead>
</table>

Ongoing work completed between assessment person will be documented on contact notes.

### Review of Previous Individual Family Support Plan (IFSP) (For Reassessment ONLY)

| Overall, have the goals on the previous IFSP been | [ ] not met | [ ] partially met | [ ] not met |
| Are the priority and goals captured in the IFSP reflective of the child's/hish vision? | [ ] Yes | [ ] No |

### Summary Information

Over the past year, what strategies/supports worked well to assist your family to meet the extraordinary care your children require?

If applicable, identify strategies/supports that were tried over the past 12 months but were not helpful.
Are the supports and services that you require available in your community?  
Yes  No
If no, please explain:

**FSCD Supports and Services (Complete For Reassessment ONLY)**

Do your family access services included in your previous FSCD agreement?  Yes  No  Partially
If no, please explain (e.g. services not required, not available, etc.)

How have the supports/services your family received been helpful?

Do you have any suggestions/feedback regarding how FSCD can work more effectively with your family?

Consider:
- Referrals to other services and resources.
- Coordinating FSCD services with other programs and services.
- Working in partnership with your family in making decisions regarding services and supports.

**Concerns Resolution Process**

Guardian has been informed of all options for resolving concerns should they not agree with a decision made by the FSCD program?  Yes  No

---

**Writter's Name**  
**Date (yy-mm-dd)**  
**Writter's Signature**

Are you completing an FCAN's for multiple children?  Yes  No
If Yes, how many children?  

---

FSCD3602 FCAON Part 2, page 3
Child’s Name:

Decision Point (to be completed by FSCD worker):
Before considering the provision of Child Focused Services, confirm that the child’s disability significantly limits their ability to function in activities of normal daily living.
Provide rationale:

Health Benefits
Is the family being assessed for Health Benefits?  [ ] Yes  [ ] No
Before considering the provision of Health Benefits, explore and identify any health benefits and insurance plans the family has access to and the amount/type of coverage available.

<table>
<thead>
<tr>
<th>Benefits Available</th>
<th>Currently Accessing</th>
<th>Benefit Plan and Amount/Type of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>- Select -</td>
<td>- Select -</td>
</tr>
<tr>
<td>Dental / Orthodontic</td>
<td>- Select -</td>
<td>- Select -</td>
</tr>
<tr>
<td>Medical services and equipment (e.g. extended hospital, home care, orthotics, dentures, clothes)</td>
<td>- Select -</td>
<td>- Select -</td>
</tr>
<tr>
<td>Homecare (home nursing care)</td>
<td>- Select -</td>
<td>- Select -</td>
</tr>
<tr>
<td>Psychomedical (e.g. psychologists, physicians, psychiatrists, speech therapists, audiologists)</td>
<td>- Select -</td>
<td>- Select -</td>
</tr>
<tr>
<td>Health Spending Account</td>
<td>- Select -</td>
<td>- Select -</td>
</tr>
<tr>
<td>Other specialty</td>
<td>- Select -</td>
<td>- Select -</td>
</tr>
</tbody>
</table>

Child Care
Is the family being assessed for Child Care supports?  [ ] Yes  [ ] No
Before considering the provision of FSCD Child Care Supports, confirm that other programs and resources are not able to meet the child and family’s needs and that there are extraordinary parental costs directly related to the child’s disability.
Provide rationale:

<table>
<thead>
<tr>
<th>Behaviour/Developmental Support</th>
<th>Is the family being assessed for Behavioural/Developmental Support?  [ ] Yes  [ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If yes, indicate what has been done to process this support:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialized Services</th>
<th>Is the family being assessed for Specialized Services?  [ ] Yes  [ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If yes, indicate what has been done to process this support:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out of Home Placement</th>
<th>Is the family being assessed for an Out of Home placement?  [ ] Yes  [ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If yes, indicate what has been done to process this support:</td>
</tr>
</tbody>
</table>
Transition Planning
If child is 15-17 years of age, has an integrated approach to transition planning been initiated? Yes No
Summarize activity (e.g. attended a parent information session, Transition to Adulthood plan completed, etc.).

FSCD Services
Start Date (yyyy-mm-dd) | End Date (yyyy-mm-dd)
Service Provided | Amount of Service | Service is New Same Increased Decreased
Rationale

Follow Up Required

☐ By checking this box I am verifying that these supports and services correspond to the FCADN as assessed for the specific child named above.

Worker’s Name (or digital signature allowed) Date (yyyy-mm-dd)
Family Support for Children with Disabilities Agreement

IN RESPECT of the child

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Date of Birth</th>
<th>Child's File ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

who resides at:

One's Address

AND IN ACCORDANCE WITH the Family Support for Children with Disabilities Act, THIS AGREEMENT IS MADE BETWEEN the legal guardian (called "the Guardian")

Guardian's Name and Address

Phone no.,

Cellular phone no.

and the Director or authorized delegate (called "the Director")

The Guardian and the Director agree as follows:

1. The Director will provide the following:

2. The Guardian is responsible for:
   (a) all costs normally associated with providing everyday care for the child;
   (b) accessing Alberta Health Care Insurance and any other insurance plans or benefits available to the Guardian, including dental benefits;
   (c) hiring, employing and supervising any service provider needed to assist in caring for the child and complying with all relevant employment standards and Canada Revenue Agency requirements.
2(1) Where litigation or any result from the child's disabilities, the Guardian agrees to notify the Director of any legal actions planned or commenced, including settlement discussions and the filing of court documents. The Director may then ensure that the costs of future services for the child, which would have been payable under any future Family Support for Children with Disabilities Agreements, are included and sought in the legal action.

2(2) If as a result of the child's disabilities, the Guardian or the child has already received damages or compensation from any source, including a legal action, prior to signing this Agreement, the Guardian agrees to inform the Director of the amount and the nature of the damages or compensation received.

2(3) Where compensation or damages as a result of the child's disabilities are received by the Guardian or the child during the term of this Agreement, the Guardian agrees to notify the Director so that any amounts currently paid for under this Agreement for which the family or the child received damages or compensation are no longer funded by the Ministry of Human Services.

(Clauses 4 only when the child is maintained financially by the Director.)

4 The Guardian acknowledges that whereas the Director is paying for the maintenance of the child who lives in a residence other than the Guardian's residence, the Canada Child Tax Benefit will not be paid to the Guardian.

5 The Guardian agrees to spend the funds provided under this Agreement strictly in accordance with the terms of this Agreement, and the Guardian understands and agrees that the Guardian is responsible for paying for any services provided to the child that exceed the funds as agreed to by the Director under this Agreement.

6 The Guardian understands that the misuse of funds or the giving of false, misleading or inaccurate information in order to obtain services from the Director may result in a civil action or criminal charges.

7 The Guardian understands that the Guardian has the right to appeal to the Family Services Appeal Committee a decision of the Director respecting the provision of services under this Agreement or termination of this Agreement, within 45 days of being notified of the Director's decision.

8 This Agreement is effective from (insert date) to (insert date), unless cancelled by the Director or by the Guardian.

9 This Agreement revokes previous handicapped Children's Services Agreements made under the Child Welfare Act and previous Family Support for Children with Disabilities Agreements and Amendment to Agreements, if any, signed by the Guardian and a Director respecting the child.

10 This Agreement or any of its terms may be amended or varied in writing with the consent of both the Guardian and the Director.

---

Agreed to and signed by:

______________________________
Guardian

______________________________
Guardian

______________________________
Director's Deputy

Name of FSCD Number

File No.

Agreement No.

FSCD No. (2016)
Family Support for Children with Disabilities Amendment Agreement

Family Support for Children with Disabilities Program

Guardian's Name and Address

Home phone no.

Work phone no.

Fold

IN RESPECT of the child
Child's Name

Fold

and in accordance with the Family Support for Children with Disabilities Act, the Amendment Agreement is made between the legal guardian (called the "guardian") and the Director or authorized delegate (called the "Director").

The Guardian and the Director agree to the terms of the Amendment Agreement as follows:

1. The terms and conditions outlined in the Family Support for Children with Disabilities Agreement dated will be in effect except as amended in this Amendment Agreement.

2. This amendment is effective from to

Agreed to and signed by:

Guardian

Director or Authorized Delegate

PSCD-0486 (20/02/00)

Appendix A-36
FSCD3593 Individualized Family Support Plan

Individualized Family Support Plan
Family Support for Children with Disabilities (FSCD)

This personal information is being collected under the authority of the Family Support for Children with Disabilities Act, Family Support for Children with Disabilities Regulation, and the Freedom of Information and Protection of Privacy Act and will be used to determine eligibility and to provide services to your child and family. It will be treated in accordance with the privacy protection provisions of Part 2 of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact your Local FSCD office which can be reached for free at 310-0000.

Start Date of Support Plan (yyyy-mm-dd)       End Date of Support Plan (yyyy-mm-dd)

Children's Name(s)

Last Name  First Name  Middle Name(s)

Based on the information gathered during this assessment identify the top/main issues/concerns that the family encounters as a result of their child(ren)'s extraordinary care (workers may refer to the "Building Family Capacity Document"):  

Step 1

According to family need, prioritize issues, concerns or potential strategies identified:

Step 2

Develop goals to assist in achieving the family's vision and long term goals for their child(ren).

<table>
<thead>
<tr>
<th>Goals</th>
<th>Tasks</th>
<th>Person Responsible</th>
<th>Timelines</th>
<th>Anticipated Signs of achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Guardian has been informed of all options for resolving concerns should they not agree with a decision made by the FSCD program. 

- [ ] Yes  - [ ] No

Guardian has been informed of Government of Alberta Information Sharing. 

- [ ] Yes  - [ ] No

Date (yyyy-mm-dd)  Signature of Guardian  Date (yyyy-mm-dd)  Signature of FSCD Worker

FSCD3593 (2015.1-2)
Page 1 of 1
Individualized Family Support Plan – Out of Home

Guardians maintain all of their guardianship responsibilities, including decision-making and typical costs for raising a child, while their child is living in an out of home placement. Guardians are responsible to monitor the care their child receives in the out of home placement.

GUARDIAN RESPONSIBILITIES

Typical costs for raising their child, including:

- all clothing (including replacement items, special events, costumes or uniforms)
- grooming hygiene and personal care products
- recreation fees (including registration, equipment, travel)
- spending money
- costs associated with prescription medications, over the counter medications, medical equipment and supplies, health insurance and dental coverage
- costs associated with tailors, books, materials, transportation, field trips, extracurricular activities, school sports
- costs associated with social, recreational, cultural or spiritual activities

Medical Care:

- follow up on prescribed medical and dental treatment
- schedule and accompany their child to medical appointments or make arrangements with the service provider to take the child on their behalf
- make all medical and dental decisions for their child

Education:

- enroll and support their child in an appropriate educational program, as directed by the Alberta School Act
- make decisions regarding the child’s educational program or extra-curricular activities associated with the child’s education program
- participate in school activities as required

Social, Recreational, Cultural or Spiritual Activities:

- provide opportunities for their child to participate
- make decisions about the activities that their child participates in within and outside of the out of home placement
- supervise and participate in activities as required

Friends, family and other contacts:

- make decisions about who their child associates with and frequency and method of contact
- decisions about usage of internet and other electronic communication

Monitor the care their child receives in the out of home placement:

- discuss emergency contacts, medical needs and prescription use, day to day and emergency decision making, daily routines such as breakfasts, feeding schedules, personal care needs and the child’s activities with their out of home service provider
- visit the out of home placement to ensure satisfaction with accommodations and care being provided
- maintain regular contact with the out of home service provider
### Individualized Family Support Plan – Out of Home, page 2

#### Home Visit and Family Contact Arrangements:

<table>
<thead>
<tr>
<th>Personal Visit</th>
<th>Contact Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will the guardian contact the child by email?  
[ ] Yes  
[ ] No

Will the guardian contact the child by phone?  
[ ] Yes  
[ ] No

The child will return to the family home on a (date) from a (place). The child will return to the family home for a (reason) during (date).

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Length of Home Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

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#### PLAN FOR TRANSITIONING THE CHILD HOME

**First Out of Home Placement:**

The guardian agrees to the following in order to facilitate the child's return to the family home full time.

<table>
<thead>
<tr>
<th>Strategy/Activity/Action</th>
<th>Person Responsible</th>
<th>Time Line</th>
<th>Expected Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Continued Out of Home Placement:**

Review strategies, activities, and actions from last IFSP – Out of Home plan. Comment on outcomes.

<table>
<thead>
<tr>
<th>Strategy/Activity/Action</th>
<th>Outcome achieved in the previous calendar period</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

Identify any barriers that impede the child's return to the family home full time.

Detail strategies, activities, and actions to facilitate the child's transition to the family home, addressing all barriers identified above.

<table>
<thead>
<tr>
<th>Strategy/Activity/Action</th>
<th>Person Responsible</th>
<th>Time Line</th>
<th>Expected Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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I am in agreement with the Out of Home Individualized Family Support Plan for  

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>(City)</th>
<th>(State)</th>
<th>(Telephone)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name</td>
<td>Parent/Guardian Signature</td>
<td>Date (day/month/year)</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Name</td>
<td>Parent/Guardian Signature</td>
<td>Date (day/month/year)</td>
<td></td>
</tr>
</tbody>
</table>

FSCD Worker Name: FSCD Worker Signature: Date (day/month/year)

Date of most recent IFSP (day/month/year)
Medical Benefits Request Form

**FAMILY SUPPORT FOR CHILDREN WITH DISABILITIES**
**MEDICAL BENEFITS REQUEST FORM**

Please complete all information, including rationale to support all of the criteria for the provision of a Medical Benefit as per the FSCD Regulation and attach supporting documentation.

**Significant Financial Hardship as per Regulation has been determined**

- [ ] yes

**Significant Financial Hardship Calculation Form is attached**

- [ ] yes

**FSCD Worker's Name:**

**Region:**

**Regional Review by:** (name)

**Date Sent to FSCD Program:**

**Name of Child:**

**Child ID#**

**Child's Date of Birth (MM/dd/yyyy):**

**Diagnosis Information:**

1. Primary Diagnosis (as per FSCD): ______________
2. Secondary Diagnosis (as per FSCD): ______________
3. Tertiary Diagnosis (as per FSCD): ______________

Provide a brief description of the child's disability or health condition and their circumstances as they relate to this medical benefit request.

**Medical Benefit(s) Requested**

<table>
<thead>
<tr>
<th>Medical Benefit (attach detailed list or other supporting documents)</th>
<th>Quantity (per month)</th>
<th>Cost (per month)</th>
<th>Total Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>List Medical Supply(s)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
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<td>$</td>
<td>$</td>
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<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>List Drug(s) Prescribed by a Physician</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
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</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Total Monthly Cost of Medical Benefit(s)**

$ ______________

(Step 7 from the Significant Financial Hardship Calculation Form)

**Appendix A-40**

**JANUARY 2016**
Medical Benefits Request form, page 2

Prior Funding
Has the family received funding for this medical benefit(s) in the past? □ yes □ no
If yes, dates funding provided: from _____________ to ___________ and, who provided the funding:
□ prior FSICD medical benefit request □ private insurance □ Other (please explain): ________

Rationale to Support Criteria for Medical Benefits
If the medical benefit is a drug as identified in section 4(1)(a) in regulation, information and relevant documentation is provided:
- confirming that the prescription drug is not on the Drug Benefit List or on the list but not approved for the intended use ................................................................. □ yes
- regarding other drugs that have been tried and the child's need for this particular drug versus another drug that is covered by a health insurance plan ................................................................. □ yes

4 (1) (b)(i) Describe how the need for this medical benefit(s) is life sustaining or how it would be debilitating if the child did not receive the medical benefit.

4 (1) (b) (ii) Describe what other funding options have been explored (i.e. private health insurance plans, physician's application for Special Authorization, Home Care, Alberta Aids to Daily Living (AADL), Alberta Child Health Benefit (ACHB), FNHB, subsidy programs, income support programs, service clubs, etc.) and confirm that no other resource is available to provide the medical benefit(s) in whole or in part.

4 (1) (b) (iii) Describe or provide documentation regarding how the use of this medical benefit(s) is based on established rehabilitative practices, strategies and approaches that are reasonable and demonstrated to be effective for the child.
4 (1) (b) (iv) Confirm that the medical benefit(s) available in Alberta and if a drug, that the drug is available for sale and distribution in Canada.

Additional information relevant to request:

Follow-up by Provincial FSCD Program Area

Medical Benefit request (does/does not) meet all of the criteria in the FSCD Regulation. Date of Recommendation:

Start date will commence at Regional Director signoff.

FSCD Supervisor/Manager Comments
Regional Director Decision 1
- Support provincial recommendation □ yes □ no
- For the following period From ____________ to ____________

(Note: Start date cannot commence before date of Regional Director signoff.)

Regional Director Comments

Regional Director Signature __________________________ Date ____________

Change Notification or Follow Up by Region
If a regional decision differs from recommendation, if the family's needs have changed and the medical benefit is no longer required, if the timeframe is extended up to a maximum of twelve months, the quantity required or the cost of the recommended medical benefit changes please contact the Provincial Office, PSCD Branch so that Medical Benefit statistics can be updated.
# FSCD Medical Benefits Significant Financial Hardship Form

<table>
<thead>
<tr>
<th>Step 1: Calculate the Annual Family Net Income:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Line 236 from the Parent/Guardian’s T1 Income Tax Return or Notice of Assessment for the prior year:</td>
</tr>
<tr>
<td>$_________ per year</td>
</tr>
<tr>
<td>Enter Line 236 from the second Parent/Guardian’s T1 Income Tax Return or Notice of Assessment for the prior year:</td>
</tr>
<tr>
<td>$_________ per year</td>
</tr>
<tr>
<td><strong>Total:</strong> $_________ per year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2: Calculate 2% of the Annual Family Net Income:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) $_________ X 0.02 =</td>
</tr>
<tr>
<td>$_________ per year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3: List and calculate the total monthly cost of all medical benefit(s) being requested:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If requesting for more than one child / benefit, enter the monthly cost of the additional benefit(s) in the spaces provided:</td>
</tr>
<tr>
<td>$_________ per month</td>
</tr>
<tr>
<td>$_________ per month</td>
</tr>
<tr>
<td>$_________ per month</td>
</tr>
<tr>
<td>$_________ per month</td>
</tr>
<tr>
<td>$_________ per month</td>
</tr>
<tr>
<td><strong>Total:</strong> $_________ per month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4: Enter the number of months that the medical benefit will be requested:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number entered cannot exceed 12:</td>
</tr>
<tr>
<td>$_________ month(s)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 5: Calculate the total cost of the medical benefit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$_________ multiplied by 0 equals</td>
</tr>
<tr>
<td>$_________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 6: Calculate the portion of the total cost of the medical benefit exceeding 2% of the Family Net Income:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$_________ minus $_________ equals</td>
</tr>
<tr>
<td>$_________</td>
</tr>
</tbody>
</table>

**If the result in Step 6 is GREATER THAN ZERO:**
- The total in Step 6 is the maximum amount that may be provided for the requested medical benefit(s).

**If the result in Step 6 is LESS THAN ZERO:**
- The family does not meet financial hardship criteria, and
- The medical benefit(s) cannot be provided as per the FSCD Regulation.

<table>
<thead>
<tr>
<th>Step 7: Calculate the portion of the monthly cost of the medical benefit(s) that exceed 2% of the Annual Family Net Income:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$NA divided by 0 equals</td>
</tr>
<tr>
<td>N/A per month</td>
</tr>
</tbody>
</table>

*Signature of FSCD Worker*  
*Date Completed*

*Attach the Income Tax Information provided and submit a copy of this form along with the medical benefit request form.*

Medical Benefits Significant Financial Hardship Calculation Form (rev. August 2009)

Appendix A-44  
JANUARY 2016
FSCD Notice of Appeal to the Appeal Committee – FSCD
– Instructions

Directions for completing the Family Support for Children with Disabilities (FSCD) Notice of Appeal form.

1. If you are appealing a decision of the director under the Family Support for Children with Disabilities Act, please fill out and sign the Notice of Appeal form.

   NOTE: You have a maximum of 45 calendar days from the decision date provided to you in the written correspondence from the Family Support for Children with Disabilities Program in which to submit the Notice of Appeal form.

2. Please be as clear as possible about the decision you are appealing. See examples below.

3. Please return the completed form to the Family Support for Children with Disabilities office in your region within the 45 calendar day time line. You may wish to make a copy for yourself or have your FSCD worker make a copy for you. Your FSCD worker will forward your Notice of Appeal to the Appeal Secretariat within 10 calendar days from the day they receive your completed form.

Examples of decisions that can be appealed.

◆ Eligibility for the FSCD program.

◆ Cancellation of my FSCD agreement.

◆ A decision relating to any of the following FSCD services:
  - counselling
  - clothing and footwear
  - travel for medical or rehabilitation appointments or hospitalization in Alberta
    - mileage
    - adult meals
    - accommodations
    - meals for 2nd person accompanying
  - medical or rehabilitation appointments outside Alberta
    - accommodation
    - adult meals
    - child meals
    - sibling care
  - respite services
    - short term hourly respite
    - 24 hour respite services
  - transportation to/from 24 hour respite services
  - homemaker service
  - domestic child care services
  - aide in day care
  - additional space in a family home
  - developmental day care
  - aide
  - day care fees
  - child care
  - aide supports
  - personal care support
  - community support
  - behavioural support
  - development support aide
  - dental/orthodontic
  - assistance with the cost of prescription drugs
  - prescription formula
  - prescribed diet
  - medical supply
  - specialized services
  - out of home placement
  - travel to/from child’s out of home placement

For more information about the FSCD Program, including the Concern Resolutions options, visit www.childalberta.ca/disabilities and click on "Policy Manual".

FSCD 357 (2013/06)
Appendix A-46

FSCD Notice of Appeal to the Appeal Committee – FSCD

Notice of Appeal to the Appeal Committee
Family Supports for Children with Disabilities

1. I am a Parent/Guardian of the Child named ___________________________ child's name
   born ________________________ birthdate (yyyy/mm/dd)
   My name is ___________________________ name
   My address is ___________________________ address
   My telephone numbers are: ___________________________ home telephone number ___________________________ cellular phone number ___________________________ work telephone number ___________________________ other

2. I understand that I must return this Notice of Appeal to the Director or Director's Delegate within 45 days of being notified of the decision.

3. Notice
   I have been affected by a decision of the Director made under section 3(1)(b), 4 or 6(1) of the Family Support for Children with Disabilities Act.
   I was notified of the decision on ___________________________ date (yyyy/mm/dd)
   I participated in a Review of the Director's decision [ ] Yes [ ] No
   ➔ If yes, date of Review ___________________________ date (yyyy/mm/dd)
   I participated in Mediation [ ] Yes [ ] No
   ➔ If yes, date of Mediation ___________________________ date (yyyy/mm/dd)

The decision I am appealing is ___________________________

Signature of person appealing ___________________________ date (yyyy/mm/dd)

For Office Use Only
Notice of Appeal received by ___________________________ date (yyyy/mm/dd)
Child's File ID # ___________________________
Worker's Name ___________________________
Worker's Number ___________________________

FSCD 3579 (2012/08) ___________________________ Worksite Copy ___________________________ Parent/Guardian Copy ___________________________ Appeal Committee Copy

Page 1 of 1

Appendix A-46

JANUARY 2016
Out of Home Placement Request

Family Support for Children with Disabilities

The personal information that you are being asked to provide is collected under the authority of the Family Support for Children with Disabilities Act and Section 53(1) of the Freedom of Information and Protection of Privacy (FOIP) Act. Personal information is managed in accordance with the FOIP Act and is only disclosed if it is authorized or required by law. Your personal information will be used to determine eligibility and to provide services to your child and family. If you have any questions about the collection or use of your personal information please contact your Regional FSCD office which can be reached toll free at 1-800-661-2222.

Child's Name

<table>
<thead>
<tr>
<th>last name</th>
<th>first name</th>
<th>middle name</th>
</tr>
</thead>
</table>

Child's Age

Child's D.O.B. (mm/dd/yyyy)

Child's FSCD File ID#

Parent/Guardian Name

<table>
<thead>
<tr>
<th>last name</th>
<th>first name</th>
<th>middle name</th>
</tr>
</thead>
</table>

Parent/Guardian Name

<table>
<thead>
<tr>
<th>last name</th>
<th>first name</th>
<th>middle name</th>
</tr>
</thead>
</table>

Region:

FSCD Worker Name:

Describe child’s disability:

List chronological history of child’s involvement with FSCD and if applicable, Child Intervention Services, including intake to FSCD, date, agreement dates, placement dates.

Reasons for the guardian’s request to have the child move to an out of home placement:

Describe the current services being provided by FSCD, other programs and services or natural/community supports available to the family and their use of available supports and services:

What other programs, services or resources have been explored to meet the family’s and child’s needs in the home?
### Out of Home Placement Request, page 2

**Comment on why available supports and services are not able to meet the family’s needs:**

**List attachments supporting request: medical etc.:**

**Guardian Signature verifying above information:**

**Case Conference(s)**

<table>
<thead>
<tr>
<th>Date (yyyy/mm/dd)</th>
<th>Location</th>
</tr>
</thead>
</table>

**In attendance:**

<table>
<thead>
<tr>
<th>Name</th>
<th>last name</th>
<th>first name</th>
<th>Occupation or relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Recommendations**

- Request withdrawn by Guardian

**Supervisor/Manager Decision**

- Request approved - coordinate an out of home placement with the guardian
- Request denied - explore other supports and services to address needs in the family home

**Comments:**

**Form Out of Home Placement Request (2014 Feb)**

---

**Supervisor/Manager Name**

**Supervisor/Manager Signature**

**Date (yyyy/mm/dd)**
How to fill in this Form

To ensure prompt reimbursement for Services, please follow these instructions carefully.

If you have hired more than one private individual to provide services for your child, a separate form must be completed for each individual. A separate form is not required if the person you have hired provides more than one type of service for your child/family.

Fill in the month and year that this form is being completed for. You do not need to wait until the end of the month before submitting this form. More than one form can be submitted for a month if you require reimbursement on a weekly or biweekly basis.

1. Child's Information

Enter the child's name and File ID number. The child's File ID is found on their FSCD agreement.

2. Parent or the Privately Hired Individual

Fill in the privately hired individual's name, phone number, address and postal code. Please check "yes" when the service provider is a 16-17 year old or, if approved by FSCD, a relative to the child.

3. Type of Service and Hours / Days Worked

- Under Date please fill in the day of the week and the day of the month (i.e. Mon, Nov 3).
- Start and End times
  - For hourly services, the start and end times are the actual times at which the service was provided.
  - For 24-hour receipt, indicate on one line the start and end time of the 24-hour receipt and on the next line the date and the end time of the 24-hour receipt.
  - If a service is paid monthly, please fill in the daily start and end times for the service.
- Fill in the total number of hours / days under the appropriate type of service.
  - If two types of service are provided on the same day, complete two separate lines.
  - For 24-hour receipt, indicate the number of hours on the same line as the end time is recorded.
  - At the bottom of the column for each service, enter the total hours / days for each service.
- Enter the wage per hour / per day / per week or per month for each service that was paid to the privately hired individual (i.e. hourly wage may be $10.00 per hour, 24-hour receipt may be $80.00 per day or domestic care $1,200.00 per month).
- In the bottom row, multiply the wage by the total hours / days the service was provided to obtain the total cost of each service provided.

The Parent / Guardian and the Privately Hired Individual MUST read and sign this form prior to submitting for reimbursement.

Parents / Guardians are responsible to ensure that the total hours / days of services used and the amount paid to the private individual they have hired to provide these services does not exceed the services and costs set out in their child's FSCD agreement.

The parent / guardian is responsible to pay the privately hired individual directly and will be reimbursed as per their child's FSCD agreement. FSCD will not provide direct payment to privately hired individuals.

The parent / guardian and the privately hired individual should each keep a copy of this form. Attach the office copy to the Statement of Expenses (FSCD 1949) form and submit to the Family Support for Children with Disabilities Office for reimbursement.
FSCD0056 Request for Dental and Orthodontic Treatment Assistance

The personal information provided is collected under the authority of the Family Support for Children with Disabilities Act and Section 33c of the Freedom of Information and Protection of Privacy (FOIP) Act. Health information may be shared with the Alberta Dental Services Corporation under the authority of section 24 of the Health Information Act. This information will be used to determine your child's eligibility for dental/orthodontic treatment assistance. If you require assistance completing this form or have any questions about the collection or use of your personal information please contact your FSCD worker.

IMPORTANT NOTICE WHEN COMPLETING THIS FORM

The need for dental care is typical for any child. The FSCD program may assist with a portion of dental and orthodontic treatment costs if the need for the treatment is directly related to the child's disability, the treatment has been recommended by the dental review committee and the disability related costs exceed what is covered by the guardian's dental insurance, benefit plans or any other program or source. If the guardian does not have a dental insurance or benefit plan, eligible costs exceeding $250 annually may be covered. Any procedures performed prior to submission to the dental review committee will not be reimbursed and any recommended treatment must be completed prior to the child's 18th birthday.

NOTE: The Alberta Dental Services Corporation's (ADSC) dental review committee decides if dental and orthodontic treatment requested is disability related in accordance with Schedule D of the Memorandum of Understanding between Alberta Health and the Alberta Dental Association and College (ADAC).

Step 1  To be completed by the FSCD Worker

FSCD Child ID #  FSCD Worker Name
Date (yyyy-mm-dd)  FSCD Worker's Signature X

Step 2  To be completed by the Parent / Guardian

Name of Child
Date of Birth  Alberta Health Care Number

Name of Insurance Company (dental, orthodontic benefits or health spending account)  Group Number
Name of Insurance Company (dental, orthodontic benefits or health spending account)  Group Number

Consent to Share this Information

[Signature]
Name of Parent / Legal Guardian

consents to sharing this information with their child's dental and orthodontic treatment provider and the Alberta Dental Services Corporation for the purpose of determining eligibility for dental/orthodontic treatment assistance.

Date (yyyy-mm-dd)  Parent / Legal Guardian's Signature X

Once you have completed Step 2, take this form to your child's dental and orthodontic treatment provider.
Step 3

To be completed by the Dental and Orthodontic Treatment Provider

As per the Memorandum of Understanding between Alberta Health and ADAC, dental and orthodontic treatment completed prior to submission to the Alberta Dental Services Corporation's (ADSC) dental review committee will not be eligible for FSCD funding. Any recommended treatment must be completed prior to the child's 18th birthday.

When completing this form, please do not include any aspect of the child's dental procedures or treatment which would be considered routine.

Examples where disabilities may cause additional dental or orthodontic expenses are listed below:
- Disabilities with direct involvement
- Disabilities complicating dentistry
- Disabilities creating management problems
- Disabilities with minimal dental involvement
- Special cases which require preventative care at more frequent intervals.

Any requests for procedures outside of Schedule "D" of the Memorandum of Understanding between Alberta Health and ADAC require review and consideration for exception by the dental review committee.

Describe the relationship between the child's disability and the need for the dental and orthodontic treatment that is being proposed. Please include or attach a Treatment Plan and supporting documentation including timeframe, and identify the specific procedure codes and related costs that are directly related to the child's disability:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

By completing this portion of the form, the dental and orthodontic treatment provider is acknowledging that the need for the outlined specific dental and orthodontic treatment is directly related to the child's disability.

Name of Child's Dentist (please PRINT)

Date (yyyy-mm-dd) ___________________ Child Dentist's Signature X

Upon completion of Step 3, fax or mail this form, the dental and orthodontic treatment plan and any other supporting documentation to the ADSC's dental review committee. Suite 206, Oktocan Center, 17010-103 Avenue, Edmonton, Alberta, T5T 1K7, Fax: 780-428-7581.

It is the responsibility of the dental and orthodontic treatment provider to ensure that the dental review committee receives adequate information in order to make a decision. If the committee requires further information, they will contact the dental and orthodontic treatment provider. The dental review committee will notify the dental and orthodontic treatment provider of their decision.

The dental treatment provider will be paid for disability related dental treatment as outlined in Schedule "D" of the Memorandum of Understanding between Alberta Health and the ADAC.
FSCD3561 Request for Review of a FSCD Program Decision

[Form Body]

1. Fill out the Request (see below) and sign this form.
2. Give the top three copies of this form to your assigned Family Support for Children with Disabilities worker. Make sure you give the worker this form within 90 days of the date when you were told about the decision. At least two senior staff will review the decision and notify you in writing of the results within 15 working days of receiving this request.
3. After the reviewers inform you of the results of their review, you have the option of proceeding through a mediation or appeal process. If you require any additional information about either process please contact your Family Support for Children with Disabilities worker.

Request for a Review

I have been affected by the decision of the Family Support for Children with Disabilities program. I was told about the decision on .

The decision was about

The decision that I want to have reviewed is:

The reason I want the decision reviewed is:

Signature of the Requesting Person

Date (day/month/year)

For Office Use Only

[Signature and Date]

[Office Information]

[Date]

File Section 5
## FSCD3561-2 Review of FSCD Program Decision

### Review of Family Support for Children with Disabilities Program's Decision

The following individuals reviewed the decision of the Family Support for Children with Disabilities program.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

### Results of review:

- [ ] the request for review is withdrawn.
- [ ] the decision is upheld.
- [ ] the decision is reversed.
- [ ] the decision is varied as follows:

### Rationale (considerations and recommendations):

---

Signature of Reviewer  
Signature of Reviewer

Signature of Approver  
Signature of Approver

---

File Section 5
### Service Provider's Program Plan

**Family Support for Children with Disabilities Program**

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Child's File #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Program or School Attended</td>
<td>Birthday (yyyy/mm/dd)</td>
</tr>
<tr>
<td>Region Responsible</td>
<td>School Grade</td>
</tr>
<tr>
<td>Name of Aide</td>
<td></td>
</tr>
<tr>
<td>Name of Service Provider or Program Coordinator for Aide</td>
<td></td>
</tr>
<tr>
<td>Name of Supervisor for Aide</td>
<td></td>
</tr>
</tbody>
</table>

Identify the child's strengths and areas of need.

Outline the Program Plan to be followed by the Aide. Identify GOALS, STRATEGIES TO ACHIEVE GOALS, OUTCOMES and TIMELINES. Identify all resource persons and their role in assisting the child.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Strategies to Achieve Goals</th>
<th>Person Responsible</th>
<th>Timelines</th>
<th>Outcomes</th>
</tr>
</thead>
</table>

| Data Submitted by Aide to Commence (yyyy/mm/dd) | Approximate number of hours worked per week by Aide | Scheduled for review (yyyy/mm/dd) |

Outline expectation of and involvement of parent in the program.

Other Important Details:

| Signature of Aide | Date (yyyy/mm/dd) | Signature of Parent | Date (yyyy/mm/dd) |

---

FSCD 0467 (2012/2019)  
Page 1 of 1  
File: Section 3
Specialized Services Documentation – FSCD Worker Checklist

Child's Name: ___________________________  Child's File ID #: ___________________________

Complete applicable forms and gather documentation from the guardian and FSCD file. The following documentation is REQUIRED FOR ALL REQUESTS for specialized:

☐ MDT Cover Sheet (FSCD worker completes the form);
☐ Diagnostic information (from within past 5 years);
☐ Relevant medical documentation including supporting information from physicians or other health professionals involved with the child's ongoing care and follow-up (e.g., feeding clinic, hearing and vision test results if available, medication trials, etc.);
☐ Assessments or progress reports completed by designated health professionals (under the Health Professions Act) (e.g., SLP, OT, PT or Psych);
☐ School/PUF IPPs for current period and previous year or 2 years (if this information is on file); and
☐ Any additional information/documentation that the guardian(s) would like the MDT to consider.

In addition, for REQUESTS TO CONTINUE SPECIALIZED services the following documentation is also required:

☐ Updated specialized services Individualized Service Plan (ISP) for previous year or 2 years (where applicable);
☐ Proposed specialized services ISP for the services being requested for the upcoming service period;
☐ Assessment or progress summaries from the health professionals on the specialized services team (e.g., SLP, OT, PT or Psych), and
☐ Previous MDT recommendations (where applicable)

FSCD Worker Name and Signature ___________________________ Date __________

Supervisor/Team Leader Name and Signature ___________________________ Date __________
Specialized Services Documentation – Parent Checklist

Your child’s medical information (within the past 5 years):

☐ letters or reports about your child’s diagnosis:

☐ letters or reports from doctors or other health professionals involved with your child’s ongoing care (e.g., feeding clinic results, hearing and vision test results, medication trials, etc.); and

☐ clinical assessments or progress reports (e.g., speech and language or physical therapy, assessments).

Information from your child’s school program:

☐ your child’s current Individualized Program Plans (IPP) as well as the previous year’s IPP (where applicable).

If you are already receiving specialized services and requesting continued services, the following documentation from your service provider is also required:

☐ your updated Individualized Service Plan (ISP) for the current year as well as the ISP from the previous year (where applicable);

☐ the proposed ISP for the services being requested; and

☐ assessment or progress summaries from the health professionals on your specialized services team.

If necessary, your FSCD worker may ask for clarification or request additional information if the documents you have provided are not clear (e.g., they do not clearly describe your family’s needs or provide information that does not seem consistent with the services that you are requesting, etc.).

The personal information that you are being asked to provide is collected under the authority of the Family Support for Children with Disabilities Act and Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. Personal information is managed in accordance with the FOIP Act and is only disclosed if it is authorized or required by law. Your personal information will be used to determine eligibility and to provide services to your child and family. If you have any questions about the collection or use of your personal information please contact your Regional FSCD office which can be reached toll free at 310-0000.

Form: Specialized Services Documentation – Parent Checklist (2016 June)
## Specialized Services – MDT Coversheet

**FOR FSCD WORKER USE**

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Initial Request for Specialized Services
- Request for Continuation of Specialized Services

**Number of Years of Specialized Services:**

Briefly summarize (in point form) information relevant to the request for specialized services.

**Are there family circumstances that need to be considered?** (e.g. number of children in the home, single parent, family illness, work schedules)

**Why are specialized services being requested?** (consider how the child's disability impacts their participation at home and in the community; the level of assistance caregivers must provide to support the child's participation; other supports and services involved in meeting the family's needs, and the current areas of need (e.g., behaviour, communication and socialization skills, etc.))

**What is the family hoping to achieve as a result of having specialized services?** (e.g., specific goals and knowledge that the family would like to acquire)

**What supports and services are being requested?** (e.g., occupational therapy, aids services, etc., and if applicable, the hours of service)

**Particular factors or considerations that the FSCD worker would like the MDT recommendations to address relevant to the need for or nature and level of specialized services and the potential for positive impact** (e.g., coordination and integration of services, clarifying areas of need)

---

**FSCD Worker Name**

**FSCD Worker Signature**

**Date (same page)**
Specialized Services Multi-Disciplinary Team Recommendations

Family Support for Children with Disabilities

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Date of Birth:</th>
<th>Child's File ID #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of MDT:</th>
<th>Name of MDT Coordinator:</th>
</tr>
</thead>
</table>

- [ ] Initial Request for Specialized Services
- [ ] Request for Continuation of Specialized Services
- [ ] Paper MDT
- [ ] Face to Face or Videoconference MDT

- [ ] Guardian(s) Present
- [ ] Service Provider Present

- [ ] yes
- [ ] no

Others:

Do you recommend that FSCD specialized services be provided?

- [ ] Yes
- [ ] No

Recommendations with rationale and any comments or conditions relevant to the need for Specialized Services:

Are the proposed specialized services likely to achieve a positive outcome for the family, address their priorities and support them in promoting their child's participation in activities of normal daily living?

- [ ] Yes
- [ ] No

Recommendations with rationale and any comments or conditions relevant to the nature and level of specialized services required and the potential for a positive impact:

These MDT Recommendations were developed through consensus by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Profession (e.g., SLP, OT, PT or Psych)</th>
<th>Initial</th>
<th>Date (YYYY/MM/DD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Form Specialized Services – MDT Recommendations (2015 Feb)
# Specialized Services Parent Feedback

## Parent Feedback

The Family Support for Children with Disabilities (FSCD) Program is interested in feedback about your experience in requesting specialized services and the decision making process. The Program is always looking for ways to improve the supports and services we provide - your input will help us to improve the way we work with families.

Your feedback is anonymous – you do not need to provide your name.

Please respond to the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this the first time you requested specialized services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you receive sufficient information about what specialized services are and when they are provided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you receive sufficient information about the decision making process for specialized services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you advised of the information and documents you needed to provide?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you attend a Multi-Disciplinary Team (MDT) meeting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Did you receive the information and support you needed to participate in the MDT meeting?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>- If you already had a service provider, were you encouraged to invite your service provider to the MDT meeting?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>- Did you feel heard and respected through the MDT meeting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have a paper review MDT?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Did you receive the support you needed to prepare for the paper review MDT?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>- Did you receive sufficient information about what would happen at the paper review MDT?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did you receive a copy of the MDT recommendations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you receive clear rationale and explanation for the MDT recommendations?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was the FSCD worker’s decision about specialized services clearly explained?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If you disagreed with the decision did your FSCD worker tell you about your concerns and resolution options?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you live in northern or southern Alberta?</th>
<th>Red Deer or North</th>
<th>South of Red Deer</th>
</tr>
</thead>
</table>

**Comments** (use back of page if additional space is needed)

Please return your completed feedback form to:

FSCD Branch, Human Services  
Suite 350, Standard Life Centre, 10405 Jasper Avenue, Edmonton, AB T5J 4R7

Form Specialized Services – Parent Feedback (2016 Sep)
Specialized Services Record of Key Decision Points

This form is intended as a tool for FSCD workers to track the dates and outcomes of key decisions relevant to the specialized services decision-making process. This form is used for each request for specialized services (initiated or continued) and is kept on the child's file.

Child Name: [Last Name] [First Name]  File ID: [ID]

Consultation with Supervisor regarding request for specialized services (see policy section 10-09)  Date: [Date]

Comments/follow-up required:

Decision point #1: Does the information support the request for specialized services?  Date: [Date]

☐ Yes  ☐ No  ☐ WA  Additional information is required

If additional information/documentation is required, what information and follow-up is needed?

Upon receipt, does the additional information provided support the request for specialized services?  Date: [Date]

☐ Yes  ☐ No  (see Decision #0)

Where applicable, did you consult with an expert (i.e., single MDT member)?  Date of Consultation: [Date]

☐ Yes  ☐ No  ☐ WA

Decision points #2: Are MDT recommendations required? (see policy section 10-09)  Date: [Date]

☐ Yes  ☐ No

Confirmation that the MDT Coordinator was consulted (see policy section 10-09)

The FSCD worker met/consulted with the MDT Coordinator when determining if MDT recommendations are required.

Decision points #3: What type of MDT is required? (see policy section 10-09)  Date: [Date]

☐ Face to Face MDT  ☐ Paper Review MDT

Date of MDT: [Date]

If referral/external requests only:

☐ Consider referral to: Minor Rehabilitation Hospital’s Preschool Assessment Service (MAD) in Edmonton

☐ Consider referral to: Children’s Hospital’s Early Childhood Development Team (ECDT) in Calgary

Decision point #4: Will specialized services be provided? (see policy section 10-04)  Date: [Date]

☐ Yes  ☐ No

Decision must be made within 15 working days of Decision #1 or for the date of the MDT.

Comments/follow-up required:

Decision point #5: Is the Individualized Service Plan (ISP) Satisfactory? (see policy section 10-07)  Date: [Date]

☐ Yes  ☐ No  ☐ WA  Changes are required

If changes are required, what additional information or modification of the ISP is needed?

Upon receipt, is the revised ISP satisfactory?  Date: [Date]

☐ Yes  ☐ No

If the ISP is not satisfactory please describe what steps will be taken?

At each decision point the FSCD worker advises and explains the decision to the guardian (verbally and in writing) within the timelines specified in policy (see policy section 10-09).

2014 Feb
**FSCD1845  Statement of Expenses**

(warehouse)

---

![Image of the statement of expenses form]

---

**Section 1 - To be completed by Parent/Guardian**

- **Parent/Guardian's Name**
- **Address Change?**
  - Yes
  - No
- **Current Mailing Address**
- **Postal Code**
- **Telephone Number**
- **Work Telephone Number**
- **Cellular Telephone Number**
- **Child's Name**
- **Child's File ID**
- **Child's Date of Birth**

---

**SERVICES PROVIDED**

- **Type of Service**
- **Date of Service**
- **Receipts Attached**
- **For Office Use Only**
- **Total Claim**

---

**The above is a true account of amounts owed to me for the care of the above named child.**

**Grand Total:**

---

**Section 2 - For Office Use Only**

- **Expenditure Officer's Approval**
- **Expenditure Officer's Signature**
- **Date**

---

**Worksites File**
FSCD1845 Statement of Expenses – Instructions

- Press hard and PRINT CLEARLY
- Use a separate form for each child you claim and each month being claimed
- Ensure you complete vendor number (if known), and ALL areas in Section 1 including your child’s name, file ID number, and date of birth
- Failure to complete all areas in Section 1 may result in your payment being delayed
- Submit the white and pink copies of your claim with original receipts to the appropriate worksite in a timely manner
- Retain the green copy for your records
- The expenses claimed for a child must be in accordance with a signed agreement between yourself and the FSCD Program

For your added convenience ask your
Family Support for Children with Disabilities Worker about Direct Deposit
# FSCD3594 Verification of On/Off Reserve Status For Funding Purposes

## Verification of On/Off Reserve Status For Funding Purposes

**Family Support for Children with Disabilities**

**Child's Name:**

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle name</th>
</tr>
</thead>
</table>

**Date of birth:**

**Children's Registered Indian Number:**

**Name of the parent, guardian or extended family member caring for the child at the time the file was opened:**

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle name</th>
</tr>
</thead>
</table>

**Question 1:**
1. At the time the file was opened, was either parent, guardian or caregiver looking after the child residing on a reserve? If yes, on which reserve or specified community were they residing? **Yes** **No**

2. **Supporting Information:**
   - **Questions:**
     - 2a. **Supporting Information:**
       - **Type of facility:**
         - **Agency:**
           - **Group home**
           - **Institution**
           - **Mentorship**
           - **Other:**

   - **Additional Information:**
     - **Name of care facility:**

   - **On which reserve or specified community did they ordinarily reside:**

3. **Supporting Information:**
   - **Questions:**
     - 3a. **Supporting Information:**
       - **Social service(s) the parent, guardian or extended family member accessed:**
         - **Child and Youth Intervention Services**
         - **ODR (Persons with Developmental Disabilities)**
         - **Employment Support Services**

   - **On which reserve or specified community did they ordinarily reside:**

4. **Supporting Information:**
   - **Questions:**
     - 4a. **Supporting Information:**
       - **Type of service:**
         - **Educational service(s) provided:**
           - **Secondary Education**
           - **Post-secondary Education**

   - **On which reserve or specified community did they ordinarily reside:**

---

**Decision of FSCD Worker:**

- **Yes**
- **No**

**Signature of FSCD Worker:**

**Decision of Designated Verification Contact:**

- **Yes**
- **No**

**Signature of Representative:**

---

**Aboriginal Affairs and Northern Development Canada Confirmation**

**Signature of Representative:**

---

**Attachment:**

**Appendix A-64**
Additional Information

To access a listing of all First Nations reservations in Alberta, visit
http://www.fail.ualberta.ca/rdm/h10013532/3830/13901000/022775

Specified Communities - Unique circumstances exist that support considering individuals living in some non-reserve
communities or who are members of land-lease Indian Bands as being "ordinary resident on reserve" for the purpose of being
eligible to receive programs and services. Aboriginal Affairs and Northern Development Canada (AAANDC) maintains a list of
land-lease Bands and non-reserve communities that are eligible to receive program funding. (From Aboriginal Affairs and
Northern Development Canada's National Social Programs Manual)

List of specified communities in Alberta:

• Carrot Lake
• Ft. Chipewyan
• Ft. McKay
• Gander River
• Little Buffalo
• Peace River Lake
• Toot Lake

Filing Instructions:

If the answer is "no" to all four questions on the form, the child is considered to be ordinarily "off-reserve". Sign the form and
file in addition of the child's file. Do not send to the Verification Officer.

If the answer is "yes" to any of the four questions on the form, the child is considered to be ordinarily "on-reserve" and the
verification form is sent to the Verification Officer for review and confirmation.

Verification Officer
Child and Family Services Division
Human Services
2410 13th Avenue
Edmonton, Alberta
T6G 2J7
Fax: 780-422-5415
Welcome Letter to New Families of the Family Support for Children with Disabilities (FSCD) Program

Dear parent/guardian:

Welcome to the Family Support for Children with Disabilities (FSCD) program!

FSCD is a provincial program that provides a wide range of supports and services to families who have a child with a disability. The program is intended to help strengthen your family’s ability to promote your child’s healthy growth and development, and encourage their participation at home and in your community.

You are the primary source of support and the constant factor in your child’s life. Therefore, you and your child are always at the centre of planning and decision making with the FSCD program. Your FSCD worker will meet with you to discuss your family and child’s needs, your vision for your child’s future, your priorities and goals for both your child and your family as well as how the FSCD program can support you.

You and your FSCD worker will explore ways you might expand and strengthen your support network, discuss other available programs and services that you may find helpful, and plan for how to best address your family’s unique needs, priorities and goals. You and your FSCD worker will also discuss the types of FSCD supports and services (see the attached list) that may be needed to support your plan and address your family’s needs.

If you have questions about the FSCD program or for links to other resources including brochures, videos and frequently asked questions, contact your FSCD worker or visit our website at www.humanservices.alberta.ca/disabilities.

Please do not hesitate to ask questions. FSCD is here to help.

Sincerely,

Regional Director
Family Support for Children with Disabilities Spectrum of Support and Services

- Information, referral, advocacy, and transition planning
  - Information and/or referral to federal and provincial government programs, community supports and local resources.
  - Information and support to empower you to advocate for your child.
  - Support and proactive planning for anticipated life changes or at times of transition.
- Individual and family counselling (up to 20 hours per year)
- Assistance with some of the disability-related costs for:
  - Mileage, parking, meals, accommodations and sibling care when your child is hospitalized or attending medical appointments in or out of province.
  - Clothing and footwear (up to $400 per year); and
  - Health needs such as dental care, medical supplies, ambulance and prescription drugs, formulates or diets.
- Hourly and overnight respite services to provide a temporary break from your child’s full care and supervision demands. A range of respite options are available. You and your FSCD worker will discuss how respite could work best for your family.
- Homemaking services (up to 12 hours per month) to assist with routine housekeeping and laundry if your child’s disability-related needs limit your ability to do so or result in additional and extraordinary household work.
- Domestic child care (e.g., a nanny) (up to 50 hours per week) funding for a single person to support complex needs and provide multiple FSCD services, making supports easier to coordinate, more consistent for your child and family, and more cost effective than hiring multiple people to provide your FSCD services.
- Support from a community aide (up to 144 hours per year) to help your child participate and be included in recreational, social or community activities.
- Personal care aide (up to 4 hours per day) can provide additional support when your child requires more help from an adult than what is typical for their age for tasks such as eating, bathing, washing and taking care of other personal hygiene needs.
- Behavioural or developmental support (up to 10 hours per week) to help you develop strategies to better manage your child’s behavior or support their development.
- Child care supports including assistance with coordinating inclusive child care options, daycare for preschool children to support their development, additional support in a day care or day home to ensure safety and participation, alternate child care arrangements if your child is unable to attend a child care program in your community, and care for youth over 13 years of age while you attend work or school.
- Specialized services for families of children with severe disabilities involves a team of professionals to assist you in creating a single coordinated service plan to help you learn specific skills and strategies to promote your child’s development and participation in daily activities.
- Out of home placement arrangements if you are temporarily unable to address your child’s disability related needs at home. It is important to note that you are and will remain the guardian and decision maker even if your child should require an out of home living arrangement.
Appendix B: Integrated Transition Planning Tools

Transition Planning Brochure

[Link to Brochure]
The transition from childhood to adulthood can be both exciting and challenging for youth and their families.

Considering future employment options, whether or not to go to take training or post-secondary education, where to live and how they will support themselves are big questions for young people as they prepare for adulthood.

For youth with a disability, this transition may present some unique challenges and require extra planning to arrange for the supports and services they will need after age 18.

Transitions are more likely to be successful when planning starts early and the youth and their family have a lead role in the planning and decision making.

Starting when the youth is 16 years old, the Family Support for Children with Disabilities (FSCD) program and government programs for adults will work together with youth and their families to plan for the transition to adulthood and adult services.
What is a TRANSITION PLAN?

A road map to the future that:
- is developed together with the youth and their family (or in some circumstances the youth's guardians or caregiver)
- reflects the youth’s interests and vision for their future
- focuses on proactive planning for adulthood and the shift from child to adult services
- identifies and builds upon the youth’s strengths and natural support systems
- promotes the youth’s greatest level of independence and inclusion in their community
- identifies and addresses the youth and their family’s needs during the transition period
- prepares for the necessary supports and services to be in place when the youth turns 18.

Who’s involved in the TRANSITION PLANNING?

- The youth and their family, or where applicable a guardian or caregiver
- Staff from the FSGP program and/or other government or community programs the youth and their family are involved with
- Staff from relevant government programs the youth may access after they turn 18 such as:
  - Person with Developmental Disabilities (PDD)
  - Assured Income for the Severely Handicapped (AISH)
  - Office of the Public Guardian (OPG)
  - Office of the Public Trustee (OPT)
  - Alberta Works Programs
  - Alberta Health Services
- Teachers, service providers and other people who the youth and their family identify as being important to include in transition planning.

What is MY ROLE as a parent or guardian?

- Talk to your youth about his or her goals and dreams for the future.
- Help your youth to share their vision for the future with teachers, support workers, government and community programs you work with and other important people who have a role in supporting your youth with transitioning to adulthood.
- Work together with others to identify and plan for the supports or services your youth will need as an adult.
- Think about what might change for you and your family after your son or daughter turns 18 and is legally able to make decisions on his or her own.
- Be sure to ask questions if you need more information.
For more information on supporting youth with disabilities in transitioning to adulthood contact your FSCD worker

or

visit the following websites:
albertasupports.ca
humanservices.alberta.ca/transition

or

call toll free 1-877-644-9992
Edmonton direct 780-644-9992
Transition to Adulthood Pathway

The transition from childhood to adulthood is a significant change in a child's life. For youth with disabilities this transition may present unique challenges and require extra planning.

<table>
<thead>
<tr>
<th>by Age 9</th>
<th>by Age 10</th>
<th>by Age 11-12</th>
<th>by Age 13-14</th>
<th>by Age 15</th>
<th>by Age 16</th>
<th>by Age 17</th>
<th>Age 18</th>
<th>Age 18.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Discuss the transition to adulthood process</td>
<td>• Discuss Estate Planning (see Transition Resource List)</td>
<td>• Discuss the vision</td>
<td>• Review vision</td>
<td>• Plan for Transition to Adulthood Case Conference</td>
<td>• Plan for Transition to Adulthood Case Conference</td>
<td>• Identify successes and challenges in the transition process.</td>
<td>• Plan for Transition to Adulthood follow up case conference</td>
<td></td>
</tr>
<tr>
<td>• Discuss the Transition to Adulthood Pathway</td>
<td>• Discuss the vision</td>
<td>• Review post-secondary education/employment options available</td>
<td>• Discuss post-secondary education/employment options</td>
<td>• Develop Transition to Adulthood Plan</td>
<td>• Review/revise vision</td>
<td>• Complete AISH application by age 17.5 years where applicable</td>
<td>• Make guardianship or trusteeship where applicable</td>
<td></td>
</tr>
<tr>
<td>• Discuss visioning for the child’s future</td>
<td>• Discuss the vision</td>
<td>• Discuss volunteer opportunities</td>
<td>• Review the Transition Resource list and discuss resources relevant to the youth and family</td>
<td>• Pursue volunteer/employment opportunities</td>
<td>• Ensure child has: Social Insurance Number/Bank Account/ Picture ID</td>
<td>• Review confirmation of eligibility for adult programs</td>
<td>• Establish contingency strategies “Plan B” if planned transition outcomes become delayed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review vision</td>
<td></td>
<td></td>
<td>• Discuss plans/ work to do in preparation for transition planning to next year’s transition case conference</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review vision</td>
<td></td>
<td></td>
<td>• Discuss plans/ work to do prior to next year’s transition case conference</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review vision</td>
<td></td>
<td></td>
<td>• Arrange for Supports Intensity Scale where applicable</td>
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</tr>
</tbody>
</table>

Encourage and support the development of meaningful interpersonal relationships.
FSCD0007  Transition to Adulthood - Record Keeping Checklist

This Tip Sheet provides suggestions about collecting, compiling and retaining information and documentation about your child. A child with a disability may attend more medical appointments, may have more complex educational plans, may be receiving health therapies or may be involved in services and supports that a child without a disability would not access. This involvement typically is supported by application forms, information gathering documents, program plans, assessments and other disability specific information. It is important that this documentation be kept in an easily accessible manner to support and promote the child in the future.

☐ Date all reports, articles, notes, etc. and sort into a dedicated storage system - this will save you time when something is needed.

☐ Take notes of conversations and meetings pertaining to your child - include who you spoke with, their contact information, when you spoke with them and any agreed upon action.

☐ Compile a master contact list of everyone involved in your child’s transition process.

☐ Keep a complete personal history of your child, including:

☐ Birth Certificate / Proof of Citizenship

☐ Photo Identification

☐ Social Insurance Number

☐ Medical records including diagnosis, diagnosing physician name and contact information

☐ Medical history, assessments, and test results

☐ List of health care providers and medical specialists who have been or are involved with your child

☐ Reports and records of educational assessments and standardized tests

☐ Report cards, Individualized Program Plans, school correspondence, and other educational records

☐ Copies of important emails relevant to your child's transition

☐ Copies of applications and relevant correspondence to post-secondary educational programs

☐ Copies of applications and relevant correspondence to adult government support programs

☐ Copies of guardianship and trusteeship applications

☐ Reports on volunteer positions

☐ Reports on employment

☐ Reports on training completed separate from the child’s education program (example - First Aid)

☐ Bank account information including passwords

☐ Registered Disability Savings Plan (if applicable)
FSCD0006 Transition to Adulthood - Transition Planning Checklist

The Transition Planning Checklist is an optional tool for worker use. It is a summary of the relevant documents and information that may be required by Adult Programs and other stakeholders to determine potential programs and eligibility requirements during the transition process. It should be initiated during the agreement year that the youth will be turning 16 and can be updated throughout the transition period.

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Date (yyyy-mm-dd)</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Reviewed By</th>
<th>Title</th>
<th>Date (yyyy-mm-dd)</th>
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</table>

### Personal Information

**Youth Name**

<table>
<thead>
<tr>
<th>Date of Birth (yyyy-mm-dd)</th>
<th>Age</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Province/Territory</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>AB</td>
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<table>
<thead>
<tr>
<th>Diagnosis</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Parent / Guardian Name(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
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<th>Address</th>
<th>City</th>
<th>Province/Territory</th>
<th>Postal Code</th>
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</thead>
<tbody>
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<td></td>
<td></td>
<td>AB</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Cellular Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Caregiver Name (if not parent / guardian)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Province/Territory</th>
<th>Postal Code</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>AB</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Cellular Number</th>
<th>Email Address</th>
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</table>

### School

<table>
<thead>
<tr>
<th>Program</th>
<th>Grade</th>
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</thead>
<tbody>
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</table>

### Out-of-School Care / Support

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Current Documentation Inventory</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>Which of the following exist?</td>
</tr>
<tr>
<td>Last full FSCD Family / Child Assessment on Need (FCACON)</td>
</tr>
<tr>
<td>Neurological / Psychological Assessment</td>
</tr>
<tr>
<td>Medical Information</td>
</tr>
<tr>
<td>Multi-disciplinary / Specialized Service Assessments</td>
</tr>
<tr>
<td>Educational - Individual Program Plan (IFP)</td>
</tr>
<tr>
<td>Other (describe)</td>
</tr>
<tr>
<td>IQ Assessment</td>
</tr>
<tr>
<td>→ if yes, is the Full Scale IQ Score less than or equal to 70 (↓↓-↓)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do any of the following conditions apply?</th>
<th>Yes</th>
<th>No</th>
<th>Comments / Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadriplegia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate, severe, or profound Developmental Delay diagnosis</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PDD Approved</td>
<td></td>
<td></td>
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<tr>
<td>Severe brain injury</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Palliative or terminal prognosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organ Transplant (pending)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent residency in 24 hour medical care</td>
<td></td>
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</tbody>
</table>

If "Yes" to any, this might indicate a Potential Fast Track for AIsh - the individual may not have to complete the entire application process. Contact AIsh to discuss.

Who is involved as a support to the youth and family? (i.e. formal or informal supports)

<table>
<thead>
<tr>
<th>Provider / Person</th>
<th>Support / Service</th>
</tr>
</thead>
</table>

Summary / Next Steps
### Transition to Adulthood - Transition Planning Questionnaire

The Transition Planning Questionnaire helps gather information about areas of interest to explore, goals, and areas of ongoing support need that will be outlined on the Transition to Adulthood Plan. This tool is to be used when a Support Intensity Scale (SIS) has not been completed by FDO.

#### A. General Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
</tbody>
</table>

#### B. Home Living

<table>
<thead>
<tr>
<th>Activity</th>
<th>Able</th>
<th>Need Support</th>
<th>Not Done</th>
<th>Goal Date</th>
<th>Comments / Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Hygiene</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Grocery Shopping and Storage</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Meal Preparation</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Eating and Nutrition</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Housekeeping and Cleaning</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Laundry</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Budgeting</td>
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<tr>
<td>Health and Safety Hazards</td>
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<tr>
<td>Coping Skills</td>
<td></td>
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<tr>
<td>Assistive Technology</td>
<td></td>
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<tr>
<td>Accessing Medical Services</td>
<td></td>
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<tr>
<td>Accessing Emergency Services</td>
<td></td>
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</tr>
<tr>
<td>Other (describe)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Which of the following adults living arrangements are of interest to you?</th>
<th>Able</th>
<th>Need Support</th>
<th>Not Sure</th>
<th>Goal Area</th>
<th>Comments / Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent / Relative</td>
<td></td>
<td></td>
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<tr>
<td>Renting a House / Apartment</td>
<td></td>
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<tr>
<td>Owning a Home</td>
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<tr>
<td>Shared Accommodations</td>
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</table>
### C. Community Involvement and Access

<table>
<thead>
<tr>
<th>Activity</th>
<th>Able</th>
<th>Need Support</th>
<th>Not Sure</th>
<th>Goal Area</th>
<th>Comments / Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own a car</td>
<td></td>
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<tr>
<td>Public Transportation (bus, taxi, etc)</td>
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<tr>
<td>Walking / Bike</td>
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<tr>
<td>Car Pools; Rides from family or friends</td>
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<tr>
<td>Other (describe)</td>
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<tr>
<td>Which, if any, of the following Community Access Supports are you interested in learning more about?</td>
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<tr>
<td>Public Transportation</td>
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<tr>
<td>Mobility Skills</td>
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<tr>
<td>Protecting Self</td>
<td></td>
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<tr>
<td>Obeying the Law</td>
<td></td>
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<tr>
<td></td>
<td>Auto</td>
<td>Need Support</td>
<td>Not Sure</td>
<td>Goal Area</td>
<td>Comments / Specify (i.e., Identify Support Services Available)</td>
</tr>
<tr>
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<td>---------------------------------------------------------------</td>
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<tr>
<td>Caring Skills (define)</td>
<td></td>
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<tr>
<td>Social Skills (define)</td>
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<tr>
<td>Accessing Community (specify)</td>
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<tr>
<td>Shopping (grocery or personal)</td>
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<tr>
<td>Public Services (i.e., bank, post office, service centres, etc.)</td>
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<tr>
<td>Other (describe)</td>
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<tr>
<td>Which are of interest to you?</td>
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<tr>
<td>Travel</td>
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<tr>
<td>Clubs / Organizations</td>
<td></td>
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<tr>
<td>Community Recreation</td>
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<tr>
<td>Health / Fitness Club</td>
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<tr>
<td>Community Options (specify)</td>
<td></td>
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</tr>
<tr>
<td>Activities</td>
<td>Able</td>
<td>Need Support</td>
<td>Not Sear</td>
<td>Goal Area</td>
<td>Comments / Specify</td>
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<tr>
<td>Sports</td>
<td></td>
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<tr>
<td>Family Gatherings</td>
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<tr>
<td>Library / Museum</td>
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<tr>
<td>Concerts / Plays</td>
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<tr>
<td>TV / Video Games / Internet</td>
<td></td>
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<tr>
<td>Other (please specify)</td>
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</table>

**D. Decision-Making**

<table>
<thead>
<tr>
<th>Decision-Making</th>
<th>Able</th>
<th>Need Support</th>
<th>Not Sear</th>
<th>Goal Area</th>
<th>Comments / Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deciding Where to Live</td>
<td></td>
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<tr>
<td>Deciding with Whom to Associate</td>
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<tr>
<td>Health Decisions</td>
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<tr>
<td>Legal Decisions</td>
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<tr>
<td>Social Decisions - Recreation and Leisure</td>
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</tbody>
</table>
### Educational and Vocational Training Decisions

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Other (describe)</th>
</tr>
</thead>
</table>

If support is required to make decisions, is there an adult that is willing, suitable and able to act as the person's guardian?

- Yes
- No. If no, consult CPF/T. Note that you may still consult with CPF/T if you answered Yes.

If support is required to make financial decisions, is there an adult that is willing, suitable and able to act as the person's trustee?

- Yes
- No. If no, consult CPF/T. Note that you may still consult with CPF/T if you answered Yes.

**NOTE:** A Finance Administrator may be available to help manage AISH or IS funds.

### E. Learning

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>University / College</td>
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<tr>
<td>Technical School</td>
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</tr>
<tr>
<td>Business School</td>
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<td></td>
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<tr>
<td>Apprenticeship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-the-job Training Experiences</td>
<td></td>
<td></td>
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<tr>
<td>Continued Education</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments (if required)</th>
</tr>
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FSCD0004 Transition to Adulthood - Transition Planning Questionnaire, page 6
<table>
<thead>
<tr>
<th>Distance Education</th>
<th>□</th>
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</thead>
<tbody>
<tr>
<td>Adult Enrichment Classes</td>
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<tr>
<td>Other (describe)</td>
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<td>□</td>
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</table>

<table>
<thead>
<tr>
<th>Are you interested in learning about any of the following educational and training supports?</th>
<th>Yes</th>
<th>No</th>
<th>Comments / Specify</th>
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</thead>
<tbody>
<tr>
<td>Reading</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Writing</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Communication (oral or other)</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Thinking Skills</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Numeracy Skills</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Computer use</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Form / Application Completion Assistance</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Assistive Technology / Adaptive Devices (i.e. communication devices)</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>
### F. Employment - Career Services / Supports

**What type of employment situation do you think would be best for you?**

<table>
<thead>
<tr>
<th></th>
<th>Able</th>
<th>Need Support</th>
<th>Not Sure</th>
<th>Goal Area</th>
<th>Comments / Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time</td>
<td></td>
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<td>Part Time</td>
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<td>Run Your Own Business</td>
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<td>Other (describe)</td>
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**Which of the following Career Services / Employment Supports are of interest to you?**

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<tr>
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<th>Able</th>
<th>Need Support</th>
<th>Not Sure</th>
<th>Goal Area</th>
<th>Comments / Specify</th>
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<td>Skill/Activity</td>
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<td>Interview Skills</td>
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<td>Networking Skills</td>
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<td>Job Seeking Techniques</td>
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<td>Career Placement / Counselling</td>
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<td>→ Military Recruiting Office Visit</td>
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<td>→ College Visit</td>
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<td>→ Employer Meeting</td>
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<td>→ Vocational / Technical School Visit</td>
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<td>Job or Career Shadowing</td>
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<td>Past Employment Support</td>
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<td>Vocational Interests / Ability Assessment</td>
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**Transition Planning Meeting Invite List**

<table>
<thead>
<tr>
<th>Invite</th>
<th>Program</th>
<th>Name of Attendee</th>
<th>Accepted</th>
<th>Date Invitation Sent (yyyy-mm-dd)</th>
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<tr>
<td>☐</td>
<td>Persons with Developmental Disabilities (PDD)</td>
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<td>☐</td>
<td>Assured Income for the Severely Handicapped (AIISH)</td>
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<td>☐</td>
<td>Alberta Works (jobs, careers, and training, Health Benefits, Income Support)</td>
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<td>☐</td>
<td>Office of the Public Guardian / Trustee (OPGT)</td>
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<td>☐</td>
<td>Education</td>
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<td>Community Based Service Providers</td>
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<td>☐</td>
<td>Child and Family Services</td>
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<tr>
<td>☐</td>
<td>Family Support for Children with Disabilities (FSCD)</td>
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<td>☐</td>
<td>Other (describe)</td>
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</table>

**Transition Planning Meeting Details**

*Note: Every attempt should be made to schedule the Transition Planning Meeting to include the Youth.*

**Available Dates:**

<table>
<thead>
<tr>
<th>Scheduled Date (yyyy-mm-dd)</th>
<th>Scheduled Time (24-hour clock)</th>
<th>Location</th>
<th>Date Held (yyyy-mm-dd)</th>
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</table>
# FSCD0005 Transition to Adulthood Plan

The Transition to Adulthood Plan is created with the youth, their family and their Transitional Planning Team. It is intended to help clarify needs, identify the goals that are most important to the youth/family, and how the goals will be achieved. The plan will also help the Transition Planning Team develop a better understanding of what information the youth/family may need about additional programs and services, how to assist with coordinating services, and to identify the services the youth needs during this transition period into adulthood.

- **Original**
- **Amendment to Current Plan**

<table>
<thead>
<tr>
<th>Youth's Last Name</th>
<th>Youth's First Name</th>
<th>Youth's Middle Name</th>
<th>Date of Birth (yyyy-mm-dd)</th>
<th>Youth's Age as of Today's date</th>
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<tbody>
<tr>
<td>Home Telephone Number</td>
<td>Cellular Number</td>
<td>Email Address</td>
<td>Date of Transition Case Conference (yyyy-mm-dd)</td>
<td>Youth's Projected High School Completion Date (yyyy-mm-dd)</td>
</tr>
<tr>
<td>Parent/Guardian Last Name</td>
<td>Parent/Guardian First Name</td>
<td>Parent/Guardian Middle Name</td>
<td>Telephone Number</td>
<td>Email Address</td>
</tr>
<tr>
<td>Current Address</td>
<td>City</td>
<td>Province</td>
<td>Postal Code</td>
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</table>

Based on the Family’s Needs in the areas of Independence (home living, community access, decision-making ability) and Employment (education and training, career services and supports) what are the priorities that the youth and family want to address during this transition period?

Youth’s identified strengths:

The Youth, Parent/Guardian and the Transition Planning Team agree to the following goals:

<table>
<thead>
<tr>
<th>Goals</th>
<th>Strategies to Achieve Goals</th>
<th>Person Responsible By When?</th>
<th>Timelines By When (yyyy-mm-dd)?</th>
<th>Review / Evaluation Did the goal achieved?</th>
</tr>
</thead>
</table>

**INDEPENDENCE GOALS**
- Home Living
- Community Access
- Decision Making Ability

**EMPLOYMENT GOALS**
- Education / Training
- Career Services / Supports

FSCD0005 (01/14/09)

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Page 1 of 2
### Transition Planning Team Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency / Program</th>
<th>Contact Number</th>
<th>Date Copy Sent (yyyy-mm-dd)</th>
<th>Date Signed (yyyy-mm-dd)</th>
<th>Signature</th>
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#### Post-age 10 Follow Up: Will happen in

Details:

- Month
- Year

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**FSCD0005 (2014/05)**

- Workable File
- Parent / Guardian Copy
- Other: ______________________

Page 3 of 3
Transition Planning Tip Sheets

Key Elements of Integrated Transition Planning

Transition Planning Tip Sheet

Key Elements of Integrated Transition Planning

The Working Together for an Integrated Approach to Transition Planning Guidelines identify the key elements for the programs of FSCD, PDD, AISH, Alberta Works, OPG and OPT to work together to support youth with disabilities transition to adulthood. The integrated approach is built upon the learnings of the central pilot and is aligned with the Social Policy Framework and Common Service Access principles. Youth and their families are at the centre of transition planning with Human Services programs working together to create a bridge from child to adult services.

What is Integrated Transitioning?

- a planned and purposeful approach to supporting a youth with a disability in the transition to adulthood
- a fitting together of Human Services programs to support smooth transitions
- programs working together to assist youth and their families to experience an accessible, seamless transition process with reduced administrative barriers.

What makes up Integrated Transition planning?

- a belief in the potential of the youth and expectations of the youth’s success in adulthood
- early proactive planning
- providing youth and their families with the information they need to plan ahead and make informed decisions
- supporting youth to express their vision for their future and planning with youth and their families to help them achieve their goals
- working collaboratively to develop a Transition to Adulthood plan
- promoting the youth’s greatest level of independence and ability to participate in community and employment opportunities.

May 2013
Transition Planning Tip Sheet

Key Elements of Integrated Transition Planning

Integrated Transition Process Steps

When the young person turns 16 years:
1. Complete an inventory of documentation on file
2. Identify outstanding required documentation
3. Hold a goal setting meeting with the parents and young person
4. Hold a case conference involving program partners, parents and youth person to the best of his/her capabilities when the young person turns 16 years
5. Develop a transition plan
6. If the transition plan involves application for PDD, complete a Supports Intensity Scale (SIS) assessment prior to the young person turning 17 years of age
7. Monitor the transition plan

When the young person turns 17 years:
1. Hold a second case conference
2. Update the transition plan
3. Use the result of the SIS to guide updating the transition plan
4. If required, support parents and the young person in completing guardianship/trusteeship applications and court applications. These can be completed when a young person turns 17 years of age with the court order coming into effect when the young person turns 18 years of age.
5. If required, support parents and the young person to complete and submit an AISH application when a young person turns 17½ years of age
6. Continue to monitor the implementation of the transition plan

When the young person turns 18 years:
1. Ensure completion of the transition plan
2. Closure of the FSCD file

When the young person turns 18½ years:
1. Hold a final case conference
2. Ensure that required services are in place and continuity of the transition plan
Transition Planning Tip Sheet

For Families

Now that you are beginning the Transition Planning process with your young adult, you may have a Case Conference coming up. To prepare for that meeting, here are some things you may want to think about...

- What is your vision for your child’s future? Where do you see them living? How will they be spending their days?

- Have you talked with your child about their vision of the future so you can help them share it with others? Where do they see themselves living and working? Is this vision the same as yours or do you need to talk more with your child about future planning?

- Have you talked about having a “Plan B”? What would your child do if the original plan you had developed did not work out?

- Do you have all of the necessary documents ready, or know which ones you still have to get?

- Have you thought about the best ways to include your child in the case conference? Consider things such as what time of day is better for them, the set up of the room, etc.

- Have you thought about the ways that might help to promote your child’s independence and participation in preparing for the transition to adulthood? Consider skills they may need to learn, information they may need, etc.

- Have you thought about all the ways that things may change when your child turns 18? For example, will they be able to make medical decisions on their own if you are no longer “allowed” in the doctor’s office with them? Will they need to have someone else looking out for them, attending doctor appointments, etc. if you are no longer able to do so?

- Have you spoken with your other children and extended family regarding your child’s transition to adulthood? Do they want to be involved in this process? Do they have questions about it? Will anything change for them as their loved one transitions to adulthood?

- Is there anyone else you’d like involved in the transition planning process and case conference? For example, other family members, advocates or other support people, teachers, service providers who know your child and family, etc.

May 2016
Transition Planning Tip Sheet
For Families

- If any of this information has created any questions for you, have you written them down so you can be sure to get information and answers from the people around the table at the case conference?

- If you have any questions make sure you ask. If things change throughout the transition planning period, be sure to let your team or contact person know so the planning can change to continue to meet your needs.

- Will you be able to follow through on any tasks or activities outlined on the Transition to Adulthood Plan in order to meet your child’s goals? Will you need any support or information in order to follow through?
Transition Planning Tip Sheet

For Youth

It’s all about YOU!

When you are 16 you and other kids your age start planning for when you become an adult at age 18. Some people call it “Transitioning to Adulthood.” This is exciting but it takes some planning!

What is transition planning?

- People are going to ask you about your plans for the future.
- Think about what you like to do, what you’re good at, and what you’re interested in.
- Think about whether you want to go to school, where you’d like to work, and where you want to live.
- People are going to meet with you and your family to talk about your plans for the future. There may be meetings where it’s only a few of you, or some where everyone gets together to talk with you!

Who’s going to be at the meeting?

- At the meetings there may be some people you know and some that you don’t.
- If you want to know who’s coming to meet with you, just ask!

What do I have to do?

- All of these support people will help write a plan of how everyone is going to help you achieve your goals.
- Talk to your family about your hopes for the future.
- Let everyone know what will make you comfortable to be at a meeting?
- If there are things you are asked to do, let everyone know what help you need.
- You will only have to do and say what you feel comfortable with.

What if I have questions?

- Make sure you ask someone — either your family or another support person — if you have any questions about planning for your future, how to talk about what you want, and any help you might need.

May 2013
Involving a Youth in the Transition to Adulthood Case Conference

Transition Planning Tip Sheet

Involving a Youth in the Transition to Adulthood Case Conference

Most individuals would be somewhat nervous when they are the centre of a meeting, especially when they may not know many of the people at the meeting and have not attended many meetings in the past. There are many ways to help a youth feel more comfortable and able to participate in this situation. It starts with purposeful preplanning.

What can I do before the case conference to help facilitate a youth’s involvement?

- Discuss the purpose of the case conference with the youth and their family
- Explain the youth and family’s role at the case conference
- Ask the youth who they want at the case conference
- Encourage the youth to ask questions and remind them that the purpose of the case conference is to help them plan for their future
- Provide Transition Planning Tip Sheet for Youth
- Ask parents what is the best time of the day to schedule the case conference
- Consider how long the case conference should be
- Consider the youth’s communication needs – is specialized equipment needed to facilitate the youth’s participation
- Talk to the youth’s parents about any other considerations that would help the youth feel comfortable and more able to participate in the case conference such as lighting and air temperature.
- Consider arranging for the youth to visit the meeting room prior to the case conference

What are some physical accommodations that may help the youth feel more comfortable in the case conference space?

Consider:

- Having the youth and their family be the first in the case conference room
- Having the youth choose where they would like to sit
- Having participants wear name tags so the youth knows who is at the case conference and the program they represent
- Reducing white noise when possible

September 2014
Transition Planning Tip Sheet

For service providers, teachers, advocates, community leaders and support network members:

Your Role in Supporting Youth and Families in Integrated Transitioning

You have been asked by a youth and their family to participate in a transition to adulthood case conference. At the case conference the youth and family will talk about their vision for the youth’s future and together with others at the case conference, will develop a transition to adulthood plan. The transition to adulthood plan identifies the youth’s goals, strategies to meet the goals, timelines and the people responsible to help the youth and their family reach their transition goals.

What can you do to assist the youth and their family in the Integrated Transitioning process?

- Attend and participate in one or two transition case conferences to provide your insight about the youth based on your experiences with them.
- Support the youth and their family to discuss their vision and their hopes, dreams and goals for the future.
- Assist the youth to identify their strengths, interests and abilities.
- Describe what you believe motivates the youth and what types of environments the youth is currently successful in.
- Share ideas about opportunities that currently exist or that could be created to develop the youth’s participation and independence in the community.
- Present ideas to engage the youth with cultural support and connections where possible.
- Help identify the youth’s support needs.
- Encourage and support the youth and family through the planning process.
- Assist the youth and family to achieve goals that they identified in their transition plan.
- Follow through on any tasks that you were assigned in the transition plan.
Appendix C: Regional Offices
Local FSCD Office Lookup
Appendix D: Interregional Transfer Protocols

**INTENT**

- The intent of this protocol is to ensure that when families move from region to region, the current and receiving regional FSCD workers work together to ensure a smooth transition for the family.
- Protocol promotes a more seamless service delivery system for families who move from one region to another.

**POLICY**

- FSCD workers from the current and the receiving region work, in partnership with the family, to ensure the transition process is as smooth as possible, with minimal disruption for the family.
- Comparable supports are made available to the family in the receiving region, wherever possible, taking into consideration any changes in needs that families might have, as a result of moving.
- Information and referral to community supports and services will be provided by the receiving region.
- All administrative processes, associated with the transition from one region to the other, are coordinated to ensure minimal disruption for the family.
- The transfer process will be communicated in such a way as to reassure the family about the level of support they will continue to receive.

**PROCEDURE**

**Parents advise worker in advance of move to another district office/region**

1. The FSCD worker discusses with the family whether they would like advance information about the availability of local community resources and service providers. If the parents want this information, the FSCD worker:
• Arranges a transfer conference with the parents and the FSCD worker in the receiving region to discuss their current Individualized Family Support Plan (FSCD3593) and FSCD Agreement. Information about local community services and service providers within the region are provided to the family for future use.

• Contacts the receiving region, obtains information about the receiving region and conveys that information to the parent.

(2) The FSCD worker ensures the parents have a name, contact number and other details about how to contact the FSCD Program in the receiving region.

(3) The FSCD worker ensures the file is up-to-date, completes a closing amendment for the current FSCD Agreement if necessary, completes the file closure/transfer function in FSCDIS, and provides a closure transfer summary prior to releasing the file to the receiving region. The FSCD worker then contacts the receiving region to ensure the new worker has all of the necessary information.

(4) The FSCD worker advises family that receipts for services, up to the transfer date, can be submitted to the current region. If these receipts are forwarded to the receiving region, the receiving region should redirect them to the current region for payment, without further involvement of the family.

(5) The FSCD worker in the receiving region contacts the family within a week of receiving the family’s file and arranges a home or face-to-face visit. The family should be reassured at that visit that the Individualized Family Support Plan (FSCD3593) and FSCD Agreement will be honoured, to the greatest extent possible, and that the most comparable local resources will be made available to the family. The FSCD worker should explore any changes in the family’s needs, resulting from the change of location, and make adjustments to the type and level of supports, as appropriate. The FSCD worker should also provide information and referrals to local community supports and services.

(6) Minor revisions should be made to the existing Individualized Family Support Plan (FSCD3593) but, if required, a new Individualized Family Support Plan should be prepared, in collaboration with the family, and a new FSCD Agreement put into place.
Parents move to another district office/region without advising the FSCD worker

(1) When an FSCD worker from either the sending or receiving region becomes aware a family with an active FSCD Agreement has relocated, he/she arranges a transfer conference with the family to discuss information about the family’s needs and priorities, current services received and any other relevant issues.

(2) The FSCD worker in the sending region ensures the file is up-to-date, completes a closing amendment and includes a summary prior to promptly releasing the file to the receiving region. The FSCD worker then contacts the receiving region to ensure the new worker has all of the necessary information.

(3) The FSCD worker in the receiving region advises the family that receipts for services, up to the transfer date, can be submitted to the sending region. If these receipts are forwarded to the receiving region, the receiving region should redirect them to the sending region for payment, without further involvement of the family.

(4) The FSCD worker in the receiving region contacts the family within a week of receiving the family’s file and arranges a home or face-to-face visit. The family should be reassured at that visit that the Individualized Family Support Plan (FSCD3593) and FSCD Agreement will be honoured, to the greatest extent possible, and that the most comparable local resources will be made available to the family. The FSCD worker should explore any changes in the family’s needs, resulting from the change of location and make adjustments to the type and level of supports, as appropriate. The worker should also provide information and referrals to local community supports and services.

(5) Minor revisions should be made to the existing Individualized Family Support Plan but, if required, a new Individualized Family Support Plan should be prepared, in collaboration with the family, and a new Agreement put in place.
Appendix E: Provincial and Regional Parent Advisory Committees

Provincial Parent Advisory Committee (PPAC)

The Provincial Parent Advisory Committee, or PPAC, was established in July 2004 to provide a voice for parents of children with disabilities.

PPAC provides an opportunity for information sharing between the Ministry of Human Services and families of children with disabilities.

PPAC objectives include the following:

1. To provide input and feedback on policies, procedures and services to the Ministry of Human Services as it affects families of children with disabilities. In addition, to ensure the Family Support for Children with Disabilities legislation continues to have a positive impact on families and their children with disabilities.

2. To make every reasonable effort to recruit representation from each region in the province, including First Nations, facilitating the flow of information between the FSCD Program and families in each region.

3. To provide advice for families of children with disabilities.

4. To assist in the development of strategies to increase public awareness on the challenges and opportunities faced by families of children with disabilities.

PPAC Membership includes:

A maximum of eleven (11) parent representatives, for a term of three (3) years with staggered terms; consisting of:

- One (1) representative for each of the regions
- One (1) representative from First Nations
- At least one parent representative appointed by the Minister as Co-Chair
• A maximum of 11 parent alternates will be appointed to the Committee who will attend meetings on behalf of the regional parent representative if s/he is not able to attend.

The committee will also include:
• Two (2) Regional Directors or designates; one representing an urban region and one representing a rural region
• The Director, FSCD

Individuals are recruited and appointed by the Government of Alberta and collectively constitute “the Committee”. Membership is subject to appointment through Ministerial order. Appointment of each member of the Committee is for a fixed term of up to 3 years, with the potential of re-appointment based on satisfactory performance. An individual’s appointment is limited to a maximum 5 years of continuous service.

The Committee is accountable to the Minister. The reporting relationship to the Ministry of Human Services occurs through the parent co-chair or the FSCD Director.

Will hold meetings as required, but generally at least 6 times a year.

Regional Parent Advisory Committee (RPAC)
Regional Parent Advisory Committees (RPACs) provide an opportunity for families of children with disabilities to have input into the ongoing direction of the FSCD Program within their region.

Regional Parent Advisory Committees:
• provide a family perspective of how the FSCD legislation supports positive outcomes for families and their children with disabilities;
• work with their regional FSCD staff to provide ongoing input and feedback on FSCD policies, procedures, support and services;
• share information between families of children with disabilities and regional FSCD staff; and
• may be invited to support regional implementation of projects related to supports for children with disabilities and their families.
Each Regional Parent Advisory Committee is also represented at the Provincial Parent Advisory Committee.

Any parent with a child with a disability who is receiving support through the FSCD Program may apply to become a member of their local committee.
Appendix F: Canada Revenue Agency

The Canada Revenue Agency Website www.ccra-adrc.gc.ca/disability is a comprehensive resource that provides detailed and current information on topics and services that may be of interest to individuals with disabilities. The website contains topics of interest for persons with disabilities. Paper copies of forms and publications can also be requested by contacting the information line at 1-800-959-2221.
Appendix G: Employee-Employer Relationship

**INTENT**

- To clarify the responsibility of parents and service providers in the hiring of independent care providers and the recommendation of fees for services and reporting requirements.

**POLICY**

- The parent is responsible to pay the independent care provider for all costs associated with the independent care provider, including their hourly rate or other remuneration or fees for services.

- The FSCD Program will reimburse service agencies directly for all costs associated with service providers.

- The FSCD Program does not reimburse independent care providers directly for their fees or other remuneration for services nor does the FSCD Program report to or pay any amounts owing directly to Canada Revenue Agency for Canada Pension Plan or Employment Insurance.

- The parent is responsible to seek independent advice with regard to their responsibilities for reporting and remitting Canada Pension Plan and Employment Insurance and other related obligations concerning the independent care provider such as taxes and vacation.

- Human Services does not provide advice on employee-employer matters.

**PROCEDURE**

(1) The parent is responsible to pay all independent care provider costs including deductions, remittances and reporting to Canada Pension Plan (CPP) contributions and Employment Insurance (EI) premiums.
(2) Service Agencies are required to cover deductions, remittances and report to Canada Pension Plan contributions and Employment Insurance premiums on the amounts pay to service providers.
Family Support for Children with Disabilities
Family Support for Children with Disabilities Appeal Committee

SUMMARY

Child's Name: ________________________________
Child's Birthdate: ____________________________
FSCD Identification Number: _________________
Parent(s) Name: ______________________________
Address: ____________________________________
Telephone Number: ____________________________
Date of Appeal: ________________________________

Issue of Appeal: ________________________________
under Section _______ for the Family Support for Children with Disabilities Act.

Background Information
____________________________________________
____________________________________________
____________________________________________

Status of Agreement
____________________________________________
____________________________________________
____________________________________________
Other Relevant Information


Status of Request Being Denied


Rationale for Denying Supports and Services


Concluding Comments


Name of Supervisor/Manager
FSCD Program
Appendix I: Under Development
Appendix J: Multi-Disciplinary Team (MDT) 
Roles and Responsibilities

BACKGROUND

To fulfill the requirements of the Family Support for Children with Disabilities (FSCD) legislation, the FSCD Program established Multi-Disciplinary Teams (MDTs). MDTs are comprised of at least two of the following professionals who have experience and expert knowledge on best practices regarding services for children with severe disabilities and their families:

- Occupational Therapists;
- Physical Therapists;
- Speech and Language Pathologists; and
- Psychologists.

The professionals who participate on the MDTs are appointed through Ministerial Order for the purposes of the Family Support for Children with Disabilities Act and Regulation.

PURPOSE

MDTs serve a consultative role to the FSCD worker, providing recommendations that help to inform the FSCD worker’s decision-making regarding the need for and provision of specialized services.

MDTs review and consider information and documentation provided by the child’s family, service providers and other professionals involved with the family and child, and/or as relayed through the FSCD worker, including:

- diagnostic information, clinical assessments or reports;
- information from the child’s school program;
- current and/or proposed Individualized Service Plans (where applicable);
- information about the services being requested;
• information about the family’s goals, priorities and the skills and strategies they use to help promote their child’s participation in activities of daily living; and
• any other information provided relevant to the family’s and child’s individual needs and circumstances.

Based on the information and documentation provided, the MDT makes recommendations to the FSCD worker related to the provision of specialized services. **MDTs do not complete clinical assessments, see the children or make decisions about the provision of FSCD services.**

**MDT MEMBER’S ROLES AND RESPONSIBILITIES**

1. Understand the intent of the FSCD Program and legislation pertaining to the provision of specialized services.

2. Actively participate in the MDT process, including face to face or video/teleconference meetings involving parents and services providers or paper reviews as applicable.
   • Review the information and documentation provided;
   • Seek clarification, as needed, to ensure a sufficient understanding of the child’s needs; the family’s priorities; the strengths and abilities of the family and child; the resources that the family has available to them; and the nature of the specialized services being proposed; and
   • Discuss the information and documentation, the family’s priorities and needs, whether there is a critical need for specialized services, the services being requested and how they would address the family’s and child’s needs.

3. Provide recommendations to the FSCD worker.
   • Work as a Multi-Disciplinary Team in order to develop MDT recommendations by consensus rather than independently offering discipline specific recommendations;
   • Provide clear explanation and rationale for the MDT recommendations; and
• Identify any considerations or concerns relevant to the recommendations.

**MDT recommendations address the following two criteria as identified in the FSCD Regulation (Section 4(1)(m)(vii) and (ix)):**

1) Does the child have a critical need for and is it recommended that FSCD provide specialized services?

2) Are the proposed specialized services likely to achieve measurable improvement in a reasonable and predictable period of time or to sustain or prevent regression or dependency in the child’s activities of normal daily living?

In making MDT recommendations, MDT members consider and may comment on the following information or factors as relevant to their recommendations including:

- The diagnostic information, clinical assessment or reports and other information provided regarding the child’s disability and its impact on their ability to function in activities of normal daily living;

- The need for additional, updated or clarified information relevant to the child’s areas of need to help inform service planning or for consideration in terms of future specialized service needs;

- The child’s strengths, functional abilities and service needs in the following areas:
  - Behaviour;
  - Communication and socialization skills;
  - Cognitive Abilities;
  - Physical and motor development;
  - Self-help skills and adaptive functioning;

- The complexity of the child’s disability and the family’s need for support and consultation from professionals (e.g., a speech-language pathologist, physical or occupational therapist or psychologist);

- The impact of the disability on the child’s functioning in activities of daily living;
• The impact of the child’s disability on the family including the extraordinary care demands;

• The needs of the family including their need for information, consultation, coaching and/or support to promote their child’s participation in activities of daily living;

• The strengths, abilities, and routines of the family or circumstances that may impact their ability to participate in specialized services at this time, influence how specialized services are provided or shape the development and implementation of the Individualized Service Plan;

• The supports or strategies that have proven to be effective for the family and child in the past (e.g., progress or outcomes of previously provided supports and services including specialized services);

• Other programs, supports and/or services that are currently being accessed or the programs, supports and/or services that may be available to address the identified service needs including other less intrusive FSCD services;

• The fit between the services being requested/proposed and the:
  ➢ family’s goals and priorities;
  ➢ child’s strengths, abilities and limitations;
  ➢ other supports or service that the family is receiving;

• Where applicable, the current and/or proposed Individualized Service Plan (NOTE: families requesting specialized services for the first time may not have a service provider or service plan), including:
  ➢ the level of family involvement in developing and implementing the plan;
  ➢ the fit between the service goals and family’s priorities;
  ➢ The extent to which the identified service goals support the parents capacity to promote the child’s participation in activities of normal daily living; and
  ➢ The extent to which the identified service goals respond to the critical areas of need;
➢ The extent to which the proposed specialized services are based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and demonstrated to be effective;

➢ The fit between the services and resources being requested and the identified needs of the family and child, including the composition of the specialized service team; the level of professional and/or aide involvement; the hours of service being proposed; and the model of service delivery;

➢ How service elements will be integrated and coordinated internally and with other services being provided to the family and child (e.g., supports or service being provided through Health or Education);

➢ How the proposed services or the Individualized Service Plan (where applicable) will address anticipated transitions (e.g., family moving, changes to family composition, entry into a school program or changing of schools, transitioning to other types of services, etc.);

➢ The duration of time that specialized services are required or the need to review the ongoing need for specialized services;

➢ How service delivery and outcomes will be monitored and tracked; and

➢ Other relevant information.

4. **Provide follow-up support to the MDT process and consultation to the FSCD worker as required.**

➢ Be available to finalize the MDT recommendations if not completed during the scheduled MDT meeting time;

➢ Provide further clarification and rationale as needed regarding the MDT recommendations;

➢ Provide a professional opinion to the FSCD worker regarding discipline specific questions.

5. **Participate in FSCD Program or MDT process related activities as required.**

➢ Attend meetings or in-service sessions related to the FSCD legislation, policy and/or other program matters as they pertain to the MDT process or the provision of specialized services.
OTHER MATTERS TO KEEP IN MIND

♦ MDT recommendations are intended to support the FSCD worker in making decisions about providing the right services at the right time.

♦ MDT recommendations relate specifically to the critical need for specialized services and if the proposed services are likely to have a positive impact for the individual family and child.

♦ MDT recommendations are only one piece of information that the FSCD worker considers in making a decision regarding specialized services.

♦ The MDT is making recommendations based only on the information and documentation provided for their consideration.

♦ In the event that the MDT members do not feel that they have the information necessary to make MDT recommendations, they should inform the MDT Co-ordinator. NOTE: every effort is made to ensure that sufficient information and documentation is available before an MDT is scheduled.

♦ MDT members begin with the assumption that families and service providers are trying their best.

♦ The MDT is intended to be a positive experience for families that supports them in receiving the right services to address their individual needs and circumstances.

♦ Families should be treated with respect and made to feel comfortable in sharing information about their circumstances and needs.

♦ All communication with parents, service providers, FSCD staff, other MDT members, and the MDT Co-ordinator should be professional, supportive and respectful.

♦ MDT members may be exposed to personal and/or sensitive information about the family, child, or service providers. All information and documentation shared during the MDT process is confidential.
  
  • While MDT members may take informal (transitory) notes to help remember information or questions that come up during the MDT meeting, any important information noted should be reflected in the
MDT recommendations document. All notes and copies of the family’s documentation are destroyed at the conclusion of the MDT meeting.

- There may be occasions when an MDT member feels a professional responsibility to comment on an issue that is beyond the scope of their role as an MDT member. Such comments or concerns should be brought to the attention of the MDT Co-ordinator who will ensure that they are communicated to the relevant FSCD Program staff.

- Professionals may have a particular theoretical orientation that may or may not be shared by other disciplines or even other professionals within their field. It is important for MDT members to remain objective and aware of their own biases.

CONFLICT OF INTEREST

- Individual MDT members must exclude themselves from the MDT meeting if they or their organization:
  - Currently provide services to the family and child;
  - Have provided services to the family and child within the past year; or
  - Stand to directly benefit from FSCD decisions related to the MDT recommendations.

- MDT members should not provide services to a family whose MDT they participate in. This applies for a period of up to one year after the MDT recommendations were made.

- In these and all other matters, MDT members should adhere to the ethical guidelines and conflict of interest cautions associated with their respective disciplines and governing bodies.
Appendix K: Role of the Multi-Disciplinary Team (MDT) Co-ordinator

- MDT Co-ordinators facilitate the Northern and Southern MDTs and promote a consistent provincial MDT process.

- The MDT Co-ordinator does not have decision-making authority regarding the provision of FSCD services.

- The MDT Co-ordinator:
  - Is available to provide support and consultation relevant to specialized services and the MDT process;
  - Provides consultation regarding the need for an MDT and the type of MDT that is needed;
  - Reviews all information and documentation to ensure that there is sufficient information for the MDT’s review before scheduling an MDT;
  - Facilitates the MDT process and chairs all MDTs; and
  - Tracks, analyzes and reports on information and emerging issues related to the MDT process.
Appendix L: Tip Sheet for Guardians when Choosing an Out of Home Placement

Tip Sheet for Guardians when Choosing an Out of Home Placement

This tip sheet is intended to provide parents and guardians with some information to consider when they are choosing an out of home placement for their child. When exploring potential out of home placements, parents and guardians need to be satisfied that the placement will properly protect their child’s safety and well-being.

The following is a list of things to be explored and considered to ensure a potential out of home placement is right for your child:

- Potential providers have a current criminal record check and a Child Intervention Record Check. Request to see documentation.
- The placement has modifications to accommodate your child’s physical needs, such as ramps, accessible washrooms, etc., if applicable to your child’s care.
- The placement has acceptable safety features (i.e. smoke detectors, carbon monoxide detectors, fire extinguisher, bath water temperature restrictors) and safeguards in place.
- The placement has a no-smoking policy.
- The placement has policies to address daily activities that may cause an incident (i.e. bath water temperature policies, policies on storage of drugs, policies to deal with emergencies).
- The placement location is accessible and convenient for your family, enabling regular contact with your child.
- Potential providers have the skills and training required to care for and supervise your child. Discuss your child’s specific behavioural, physical, medical and cognitive needs with the potential provider to ensure they understand your child’s disability and the care your child requires.
- Potential providers agree to promote your child’s inclusion and participation in the community to the greatest extent possible.
- The impact of an out of home placement on your child’s current educational program i.e. Will your child have to change schools and will transportation to and from school need to be arranged?
- Potential providers are aware that you continue to be your child’s guardian and that you make all decisions regarding your child.
Once you have decided on an out of home placement that meets the needs of your child and family and the FSCD Program has agreed to fund the placement, it is important to discuss the following with the out of home placement provider:

- Your child’s diagnosis, medical history, current medical/dental treatment, prescription and approved over the counter medications, medical contacts and emergency procedures relevant for your child.
- Your child’s educational program and the educational support expected from the placement.
- The number of days and dates your child will be living in the placement.
- Your visitation schedule at the placement and your child’s scheduled visits home.
- Transportation arrangements to/from the placement.
- The decisions the potential provider can make in regards to your child and their daily care, routines and emergent needs.
- Approved contacts such as emergency contacts, family and social contacts and the frequency and method of communication.
- Non-approved contacts and instructions for redirection.
- Approved internet and social media usage.
- Parent/Guardian financial responsibilities including:
  - educational, medical and dental costs
  - clothing, educational supplies, grooming, hygiene and personal care products, medications and/or any other supplies required for the child
  - funding for the child’s social, recreational, cultural or spiritual activities
  - spending money
- Social, recreational, religious and cultural activities the child may participate in.
- Transition plan to return the child to the family home full time.

Remember that you are responsible to monitor your child’s out of home placement to ensure your child is safe and their needs are being met.

Each region works with families and guardians to explore out of home placements that may be available to meet the family and child’s needs.

Regional practices regarding developing and funding out of home placements vary.
Appendix M: Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services

Link to Guidelines

March 2013
Appendix N: FSCD Guidelines for Demonstrating Effectiveness

Link to Guidelines
Sept 2008
Appendix O: Program Coordination Protocol between CIS and FSCD

[Link to Protocol](http://humanservices.alberta.ca/documents/CIS-FSCD-Protocol.pdf)

2013
Appendix P: Application Package

Government of Alberta
Children and Youth Services

Family Support for Children with Disabilities (FSCD) Program

Dear Parent/Guardian,

Parents of children with disabilities sometimes need support to raise their children at home and participate in community life.

The FSCD Program uses a family-centred approach to provide a range of supports and services that strengthen a family’s ability to promote their child’s healthy growth and development. In addition, FSCD assists with some of the extraordinary costs of raising a child with a disability.

The program is voluntary, and parents remain the guardians for their child, and are responsible for all decision-making and typical expenses of raising a child.

Please find enclosed an application package that includes information on the following:
- Supports and services that may be available upon acceptance into the program
- Eligibility
- Application process
- Required medical documentation regarding the child’s disability
- Application form

To apply to the FSCD program please complete, sign and return the application form along with the necessary medical documentation regarding your child’s disability in person, by fax or mail to:

INSERT REGIONAL OFFICE CONTACT
LABEL INFORMATION HERE

Please note that you must be the child’s legal guardian in order to apply.

For more information about the FSCD program, visit the Alberta Children and Youth Services website at www.child.alberta.ca under Programs and Services.

On the same website, under Publications, you will also find Welcome to the Family, a booklet developed by parents, for parents that provides information about raising a child with a disability. The FSCD program can provide you with a hard copy of the booklet if needed.

If you have any questions about the FSCD program or about completing the application form, please contact the FSCD office in your area.
Supports and Services

FSCD provides information and referrals, and funding for family support services and child-focused services to families of children with disabilities.

Prior to accessing FSCD supports, families are encouraged to access the supports, services and resources already available to them. All other available resources must be utilized before the FSCD Program will provide funding.

Information and Referrals

Information and referral supports are available to all families who have a child with a disability, regardless of the type of disability or eligibility for the FSCD Program, including:

- Information about federal and provincial government programs and services, community supports and local resources
- Assistance obtaining and coordinating supports and services
- Referral to community support and advocacy resources, such as parent support groups, disability associations or advocacy organizations
- Information and support to empower parents to advocate for their child

Family Support Services

Family support services may be provided based on the family’s needs and circumstances, including:

- Individual and family counselling
- Assistance with the cost of clothing and footwear related to the child’s disability
- Assistance with the cost of attending medical appointment or when the child is in hospital, such as parking, mileage, meals and accommodation
- Respite services

Child-Focused Services

Child-focused services are provided when a child’s disability significantly limits his or her ability to function in normal daily living activities, and are based on the child’s and family’s individually assessed needs. Child-focused services include:

- Respite services
- Child care support
- Aide supports
- Health-related supports, such as assistance with some of the extraordinary cost of prescription drugs, formulas and diets
- Specialized services, such as support and consultation from occupational or physical therapists, speech language pathologists or psychologists
- Out-of-home living arrangements.
Who is eligible for the FSCD Program?

In order for a child to be eligible for the FSCD Program:
1. The child with a disability must be under age 18
2. The person applying for the program must be the child's parent or have guardianship of the child
3. The child must be a Canadian citizen or permanent resident
4. The child and the parent or guardian must reside in Alberta
5. Medical documentation must be provided confirming that the child has a disability or is awaiting a diagnosis.

For the purposes of the FSCD Program a disability is defined as a chronic, developmental, physical, sensory, mental or neurological condition or impairment that does not include a condition for which the primary need is for medical care or health services to treat or manage the condition, unless it is a chronic condition that significantly limits a child's ability to function in normal daily living.

Applying to the FSCD Program

Step 1: Review the information provided about the FSCD Program to determine if the FSCD Program is right for you. For more information about the FSCD program please visit the Alberta Children and Youth Services website at www.child.alberta.ca under Programs and Services.

Step 2: Complete and sign the FSCD application form.

Step 3: Attach copies of the medical documentation regarding your child's disability to your completed FSCD application form.

Step 4: Mail, fax or drop off the completed application form and medical documentation to your local FSCD office.

Step 5: A FSCD worker will contact you to discuss your application. If you have not been contacted within two weeks of sending in your completed application, please call your local FSCD office.

If we are unable to reach you, your information will be kept for 90 days, after which you will need to re-apply.

If you have any questions regarding the application process, or for assistance completing the FSCD application form, please call your local FSCD office.
Medical Documentation Regarding the Child’s Disability

In order to help determine eligibility, the FSCD Program requires a letter or report from an appropriate health care professional identifying:

a) the child’s diagnosis and/or disability, or
b) that the child’s condition or impairment may lead to a disability and that the child is awaiting a medical diagnosis.

The letter or report may be written by, or on behalf of, the following health professionals who are able to make the diagnosis or probable diagnosis within their scope of practice:

- Physician or psychiatrist
- Physical or occupational therapist, speech and language pathologist or audiologist
- Clinical social worker or psychologist.

The letter or report should include:

- Your child’s name and date of birth
- Your child’s diagnosis, with some description of the condition, how the disability affects daily functioning and, where applicable, an explanation of whether the condition is expected to have long term or lifelong implications
- Date when your child was diagnosed with the condition
- Name of the physician or other health professional who diagnosed your child with the condition.

The information you provide should be as current as possible. If your child was diagnosed more than two years ago, please provide any documentation available from when the original diagnosis was made, and any recent information you have from the health professionals who are providing ongoing or follow-up care for your child.

The FSCD worker may ask you to provide additional information or clarification about your child’s diagnosis, in order to understand your child's disability and determine if he or she is eligible for the FSCD Program.

**PLEASE NOTE:** Fees for costs associated with obtaining medical documentation are the responsibility of the applicant.
To apply to the Family Support for Children with Disabilities (FSCD) program you must be the child’s guardian. If you are applying for more than one child, please complete and submit a separate application for each child. The personal information that you are being asked to provide is collected under the authority of the Family Support for Children with Disabilities Act and Section 32(c) of the Freedom of Information and Protection of Privacy (FIPPA) Act. Personal information is managed in accordance with the FIPPA Act and is only disclosed if it is authorized or required by law. Your personal information will be used to determine eligibility and to provide services to your child and family. If you require assistance completing the form or have any questions about the collection or use of your personal information please contact your Regional FSCD office which can be reached toll free at 310-0000.

**CHILD:**

<table>
<thead>
<tr>
<th>Last Name of Child</th>
<th>First</th>
<th>Initial</th>
<th>Other names (alias)</th>
<th>child is known by</th>
<th>Gender</th>
<th>Date of Birth (yyyy/mm/dd)</th>
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<tr>
<th>Address</th>
<th>City/Town</th>
<th>Postal Code</th>
<th>Phone Number</th>
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Is your child a Canadian citizen or a permanent resident of Canada? [ ] Yes [ ] No

You will be asked to show a copy of your child’s Birth Certificate, Record of Live Birth, Permanent Resident or Citizenship Card, Passport, IMM 5592 Confirmation of Permanent Residency, or IMM 1000 Record of Landing when you meet with an FSCD worker (do not mail these documents).

**GUARDIAN(S):**

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<tr>
<th>Last Name of Parent/Guardian</th>
<th>First</th>
<th>Other names (alias)</th>
<th>Relationship to child</th>
<th>Gender</th>
<th>Date of Birth (yyyy/mm/dd)</th>
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<th>Address (if different from child’s)</th>
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**CHILD’S DISABILITY INFORMATION:**

What is your child’s diagnosis or condition? (PLEASE ATTACH COPIES OF MEDICAL LETTERS)

Provide any other information you would like to add about your child’s disability and how it impacts them in their day to day activities. (PLEASE USE BACK OF PAGE IF YOU NEED MORE SPACE):

**ADDITIONAL INFORMATION:**

Have you and/or your child been involved with the FSCD Program in the past? [ ] Yes [ ] No

Is your child First Nations or Métis? [ ] Yes [ ] No

An FSCD worker will contact you to discuss your application at the daytime phone number you have provided.

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<th>Name of Guardian</th>
<th>Guardian Signature</th>
<th>Date (yyyy/mm/dd)</th>
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FSCD3507 (2010/11)
Appendix Q: Potential Focus of Family Support for Children with Disabilities

Involvement Relevant to Age

All families experience challenges and stressors when raising children. The Family Support for Children with Disabilities (FSCD) program recognizes that families raising a child with a disability may need additional support so they can raise their children at home and encourage the children’s participation within the family and in the community. FSCD works with families to plan supports and services that will meet children’s needs as they change throughout childhood and assist the family to strengthen their ability to promote their child’s growth and development. These guidelines are not an inventory of all the supports available through FSCD, such as assistance to parents for the extraordinary costs of raising a child with a disability, as the costs would be determined during the Assessment of Needs process.

The FSCD Program acknowledges that families are unique and their experiences will differ. This document is intended as a tool for FSCD workers to help develop understanding about some of the unique experiences that families of children with disabilities may have and identify some considerations with respect to the intent of FSCD supports. The chart is not an exhaustive list and families may not have all of these experiences, or may have experiences that are not represented.

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<tr>
<th>AGE</th>
<th>EXPERIENCES OF FAMILIES RAISING CHILDREN</th>
<th>EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY</th>
<th>POTENTIAL FOCUS OF FSCD INVOLVEMENT</th>
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| 0 – 35 Months | • Parents and other family members celebrate the arrival of the newest member of the family  
• A critical time for bonding and attachment with parents and other family members  
• A secure, loving and stimulating environment provides a solid foundation for future development  
• Parents have a critical role in promoting their child’s development - they provide | • The family may first become aware of the child’s diagnosis/disability  
• Families may need to attend numerous medical appointments and assessments related to diagnosis or early intervention  
• Parents learn to work with professionals and navigate systems  
• Family members appraise their situation during this phase and seek answers  
• Parents may seek solutions or ways to alleviate the impact of the disability | • Assisting the family to understand their critical role in promoting the development of their child  
• Promoting family involvement with personal support networks, including engagement with cultural support systems as a resource for emotional and practical assistance with the care of their child with a disability  
• Supporting the family as they appraise their situation and make adjustments to support their child with a disability |
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<th>EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY</th>
<th>POTENTIAL FOCUS OF FSCD INVOLVEMENT</th>
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| Cont’d 0 – 35 Months | opportunities and encourage their child to learn new skills and enjoy seeing him or her experience things for the first time  
• Child develops from the dependency of an infant to a mobile, communicative, increasingly independent toddler (NOTE: children develop at different rates)  
• Infants and toddlers require constant supervision and are dependent on others to meet their physical and emotional needs  
• Families may be challenged to manage their child’s behaviour as the child passes through the “terrible twos” and “trying threes” | • The family may need to make adaptations to support their child with a disability  
• Parents and other family members get to know their child and experience joy in his or her uniqueness  
• Families may experience grief and loss as the impact of their child’s diagnosis becomes clear  
• Families may feel isolated and experience stress as they try to come to terms with their child having a disability and meet the needs of their child and family  
• Important milestones of early childhood may be delayed or may not occur | • Assisting the family to identify and build upon their strengths and resources  
• Providing the family with information about and referral to relevant programs, services and resources (e.g., parent support groups, early intervention)  
• May assist with skill-building for the parents and/or family members  
• Services should not interfere with this critical period of bonding and relationship building (e.g., only in unique circumstances will the program assess for 24-hour respite care or out-of-home care) |
| 3 – 6 Years | • Parents continue in their critical role promoting the development of their child  
• Family members facilitate child’s participation in social and community activities and provide opportunities for their child to engage in activities with other children  
• Parents take pride in their child’s achievements but may also feel a sense of fear or loss as their child becomes more independent (e.g., starting school)  
• Child is interested in interacting with other children and learns how to relate to others  
• Child has first school experience either in preschool or kindergarten  
• Development continues at a rapid pace (physical, intellectual, emotional and social)  
• Preschoolers require full | • The family may first become aware of their child’s diagnosis/disability  
• Families may experience grief and loss as the impact of their child’s diagnosis becomes clearer  
• Parents may experience negative responses to their child’s behaviour and/or appearance, which may result in feelings such as embarrassment, stress and/or isolation  
• Families begin to appreciate their child’s unique strengths and abilities as his or her personality unfolds  
• Families continue to make adaptations to support their child with a disability  
• Families may experience stress as they try to meet the needs of the child with the disability and the competing needs of siblings  
• Parents may struggle with understanding their child’s developmental needs and how to encourage his or her development | • Supporting the family as they evaluate their situation and make adaptations to support their child and facilitate activity and participation  
• Assisting the family to understand their critical role in promoting the development of their child  
• Supporting the family as they continue to build their personal network as a resource for emotional and practical assistance with the care of their child with a disability  
• Providing the family with information about and referral to relevant programs, services and resources (e.g., community playgroups, recreational activities, Program Unit Funding – Alberta Education, connecting with other parents)  
• Assisting the family to consider their skills and abilities, as FSCD supports and services are intended to build upon the strengths and resources of the family and their child |
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<tbody>
<tr>
<td>Cont’d 3 – 6 Years</td>
<td>supervision and varying degrees of coaching and assistance with daily living skills.aspx</td>
<td>• Families work with professionals and navigate systems that may include early education services</td>
<td>• Helping the family to learn strategies, build new skills, develop confidence and independence to parent their child with a disability</td>
</tr>
<tr>
<td></td>
<td>* Child is building skills that will assist him or her as he or she becomes more independent, at home and in school and community settings</td>
<td>• The gap between a preshooler’s functioning and the functioning of his or her peers and/or younger siblings may widen or become more apparent</td>
<td>• FSCD recognizes the importance of early intervention and acknowledges that the level of support provided during the preschool years may be more intensive than at other times during the child’s life</td>
</tr>
<tr>
<td></td>
<td>* The child’s unique personality emerges, including personality traits that may be challenging for parents (e.g., strong-willed child)</td>
<td>• Children may begin early education programs (e.g. Program Unit Funding – Alberta Education) and have their first school experience</td>
<td>• Services should not interfere with the critical role of the parents and family in promoting and supporting the development of their child (e.g., only in unique circumstances will the program assess for 24-hour respite, out-of-home care or community aide)</td>
</tr>
<tr>
<td></td>
<td>* Families have busy schedules as they support the activities and interests of their children (e.g., attending sports, lessons, community activities)</td>
<td></td>
<td>• Co-ordinating FSCD services with early education programming (e.g., Program Unit Funding through Alberta Education)</td>
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<td></td>
<td></td>
<td>• Supporting the family with including their child in community activities and building upon their child’s interests and abilities</td>
<td>• Assisting the family and child as they prepare for the transition to full-time school and participation in the school system</td>
</tr>
<tr>
<td>7 – 12 Years</td>
<td>* A time of significant change and adjustment for the family and the child as he or she becomes a full-time student</td>
<td>• Relationships within the family may be strained (e.g., sibling, marital, parent-child, extended family)</td>
<td>• Supporting the family with including their child in community activities and building upon their child’s interests and abilities</td>
</tr>
<tr>
<td></td>
<td>* Parents support the child as talents emerge and interests develop</td>
<td>• Families may experience grief and loss as siblings and similar age peers achieve milestones that their child with a disability does not</td>
<td>• Providing the family with information about and referral to relevant programs, services and resources (e.g., community recreation opportunities, sibling support)</td>
</tr>
<tr>
<td></td>
<td>* Families have busy schedules as they support the activities and interests of their children (e.g., attending sports, lessons, community activities)</td>
<td>• Over time, families make adaptations that assist them to function as a family which may positively affect their acceptance and perception of the disability</td>
<td>• Supporting the family as they continue to re-appraise their situation and make adaptations to promote their child’s activity and participation in the activities of daily living</td>
</tr>
<tr>
<td></td>
<td>* Parents support their children to establish good habits, exercise judgment and establish parameters as they prepare their children for adolescence</td>
<td>• Families may experience periods of stability if they have resources and supports in place that effectively support them</td>
<td>• Supporting the family as they continue to build and strengthen their personal network as a resource for emotional and practical</td>
</tr>
<tr>
<td></td>
<td>* Child is developing skills to support increasing independence</td>
<td>• Families continue to work with professionals and navigate systems, including the education system</td>
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</table>
## AGE | EXPERIENCES OF FAMILIES RAISING CHILDREN | EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY | POTENTIAL FOCUS OF FSCD INVOLVEMENT
--- | --- | --- | ---
Cont’d 7 – 12 Years  
- School and community have a greater influence on the child (e.g., peer pressure) as the child is away from the family home for large portions of the day  
- Child is increasingly independent socially (e.g., able to participate in group activities, able to resolve conflict with friends)  
- Child establishes a community presence and develops relationships that may not involve other members of the family  
- Child may participate in activities on his or her own or with limited support from family members  
- Families may find it difficult to meet the care needs of their child with a physical disability due to the child’s increasing height/weight  
- Families may experience difficulty finding caregivers for their child  
- Families may have difficulty understanding and adapting to the developmental needs of their school-aged child with a disability  
- The gap between the child’s functional abilities and those of similar age peers and/or younger siblings may widen and become increasingly apparent  
- Child may become aware of his or her own limitations and differences  
- Child may have difficulty interacting with peers and participating in activities  | assistance with the care of their child with a disability  
- Move toward consultative support to the family as they refine their skill set and focus on promoting the child’s activity and participation (e.g., behaviour/developmental supports, less intensive levels of specialized services)  
- Working with the family to strengthen their capacity to care for and promote the development of their child  
- As the child gets older, the level of care required due to his or her disability may become more extraordinary (e.g., personal care aides, community aide, respite)  
- Working with the family and child as they develop a vision for the future and identify steps toward the transition to adulthood  |  

13 – 15 Years  
- Parents support their child as he or she becomes a teenager and help manage physical and emotional changes  
- Societal expectations for independence increase  
- Families continue to manage busy schedules, co-ordinating and providing transportation to sports, lessons and activities  
- The role of the parent shifts significantly from care giving to supporting independence and monitoring activity  
- Transition to junior high  
- The influence of school and community becomes greater than that of the home environment  
- Peer pressure increases while the need to fit in and be the level of care, supervision and support required may become more taxing for the family  
- Families may not be sure or lack information about how to continue promoting their child’s development  
- Families may experience grief and loss as the long-term impact of the disability becomes more apparent  
- Parents may require new skills to address the challenges of adolescence, including responding to their child’s emerging sexuality  
- The family may have mixed emotions (e.g., apprehension and excitement) about planning for the child’s transition to adulthood  
- Children with a disability may struggle with peer relationships and dealing with their own limitations and differences  
- Families may experience periods of  | Supporting the family as they address new and emerging challenges associated with adolescence and the unique concerns that this may raise related to their child’s disability  
- Promoting the child’s independence by building on their strengths and abilities and developing life skills  
- Supporting the family in acquiring new skills to address the changing needs of their child and promote their child’s activity and participation in activities of daily living (e.g., behavioural/developmental support)  
- Providing the family with information about and referral to relevant programs, services and resources  
- As the child grows older, the care required as a result of their disability may become more extraordinary  |
<table>
<thead>
<tr>
<th>AGE</th>
<th>EXPERIENCES OF FAMILIES RAISING CHILDREN</th>
<th>EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY</th>
<th>POTENTIAL FOCUS OF FSCD INVOLVEMENT</th>
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</thead>
<tbody>
<tr>
<td>Cont’d 13 – 15 Years</td>
<td>accepted becomes increasingly important to the child</td>
<td>stability if they have resources and supports in place that effectively support them</td>
<td>(e.g., personal care aides, community aide, work-related care)</td>
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<td></td>
<td>• Puberty brings significant changes in physical and emotional development and sexuality</td>
<td>• As families support their child to build a circle of friends and community connections, they will have the opportunity to see their child establish relationships with others</td>
<td>• Supporting the family as they continue to build and strengthen their personal network as a resource for emotional and practical assistance with the care of their child with a disability, as this is a long-term resource that will exist regardless of the type of formal, paid support that the child may receive in the future</td>
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<td></td>
<td>• Children may begin challenging their parents' authority and rules</td>
<td>• The children may become more aware of the formal supports in their life and may become resistant to their involvement (e.g., does not want an aide or a respite care provider)</td>
<td>• Working with the family and child as they continue to develop a vision for the future and identify further steps toward the transition to adulthood</td>
</tr>
<tr>
<td></td>
<td>• Children may participate in community activities independently</td>
<td>• The physical care needs of the child may become more complex due to puberty and other changes in physical development (i.e., becoming larger and stronger)</td>
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<td></td>
<td>• Children assume increased personal responsibility for their role as a student</td>
<td>• The child may struggle with adapting to a new school, changes in staff, or the level of support he or she receives</td>
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<td></td>
<td>• Preparation for high school</td>
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<tr>
<td>16 – 18 Years</td>
<td>• Ongoing adjustments for both the parents and child as the child moves through puberty and may become sexually active</td>
<td>• Families may experience grief and loss as similar age peers and siblings achieve major milestones that their child does not</td>
<td>• Providing the family with information about and referral to relevant programs, services and resources to address the changing needs of the child and their family</td>
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<td></td>
<td>• Parents monitor activities, provide guidance and support decision-making</td>
<td>• Parents may experience a sense of pride and accomplishment as their child reaches the important milestone of becoming an adult</td>
<td>• Supporting the family and child to prepare for the transition to adulthood</td>
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<td></td>
<td>• Parents play an important role in providing guidance as their child plans for and makes decisions about the future</td>
<td>• The child and his or her family are preparing to transition to the adult service system which may mean a different level and type of support</td>
<td>• Assisting the family to co-ordinate planning for adult services (e.g., Persons with Developmental Disabilities, Adult Mental Health, Assured Income for the Severely Handicapped, Public Guardian, Public Trustee)</td>
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<tr>
<td></td>
<td>• Sense of excitement, anticipation and fear as the family and child prepare for the transition to adulthood</td>
<td>• Concerns with decision-making authority may emerge as parents try to promote their child’s independence to the greatest extent possible</td>
<td>• Supports and services focus on enhancing and promoting the child’s independence</td>
</tr>
<tr>
<td></td>
<td>• Increasing societal expectations around responsibility and independence</td>
<td>• Families discuss and plan for decision-making when the child turns 18</td>
<td>• Supporting the family to strengthen their personal network as a resource for emotional and practical assistance for the family and the child, as these natural supports will</td>
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<td>• School and community continue to have a strong influence</td>
<td>• Child may continue to struggle with peer relationships and accepting differences</td>
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<td></td>
<td>• Children spend increasing amounts of time with peers and are faced with peer pressure</td>
<td>• Child may strive for independence but</td>
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### Experiences of Families Raising Children

<table>
<thead>
<tr>
<th>AGE</th>
<th>EXPERIENCES OF FAMILIES RAISING CHILDREN</th>
<th>EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY</th>
<th>POTENTIAL FOCUS OF FSCD INVOLVEMENT</th>
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</thead>
</table>
| Cont’d 16 – 18 Years | • Children may challenge their parents' authority as they are given the opportunity to make more decisions on their own and have more input on decisions affecting them (e.g., at school)  
• Children are striving for independence through activities such as employment, driving, etc.  
• The child takes personal responsibility for his or her role as “student” | struggles to acquire the skills to achieve this goal | exist regardless of the type of formal, paid services that the young adult may receive in the future  
• Involve and include input from the child wherever possible |

### Resources

**FOR MORE INFORMATION ABOUT CHILD DEVELOPMENT**
- Parent Link, [www.parentlinkalberta.ca](http://www.parentlinkalberta.ca), Ages and Stages

**FOR MORE INFORMATION ABOUT DISABILITY, ACTIVITY AND PARTICIPATION**
- The World Health Organization, [www.who.int/classifications/icf/training/icfbeginnersguide.pdf](http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf)
- The CanChild Centre for Childhood Disability Research, [www.canchild.ca/en/](http://www.canchild.ca/en/), search International Classification of Functioning to find numerous articles

**FOR MORE INFORMATION ABOUT FAMILY CENTRED PRACTICE**
- The CanChild Centre for Childhood Disability Research, [www.canchild.ca/en/](http://www.canchild.ca/en/), search Family Centred Practice to find numerous articles

**Further reading**
Appendix R: Child/Family Support Pyramid

**Intent:**
- To assist a worker and family to identify the nature of support that is currently in place: is it life long (enduring) and will sustain the child over-time or is it short term external support.
- To promote discussions regarding:
  - increased resiliency for families and their child when they develop long term support/relationships that will sustain them long-term.
  - the challenges and vulnerability of over reliance on agency support.

**Child/Family Support Pyramid**

**Formal Support Network**
- Respite workers, specialized services aide and personal care aide, community aide, behavioural developmental aide, FSCD worker.
- Role:
  - assist at a specific time in a child life (short term)
  - subject to change

**Community Resources**
- Teachers, day care workers, church leaders/parishioners, medical practitioners (home care, OT/PT, etc.) coaches, scout/brownie leaders, teacher aides.
- Role:
  - assist at a specific time in a child life (short term)
  - subject to change

**Personal Support Network**
- Siblings, grandparents, aunts, uncles, cousins, family friends, neighbors.
- Role:
  - unconditional acceptance
  - relationships last a lifetime

Consider the supports the child/family currently receive in one of the three categories. What is their foundation of support?
# Appendix S: Child's Daily Routine/Schedule

Include school hours, day care, community programs. If this is a reassessment of needs also include FCCD supports (i.e., aids, respite).

<table>
<thead>
<tr>
<th>Time</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
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<td>4-9 a.m.</td>
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*Note: At the end of this section a worker may wish to discuss the Support Pyramid with the family.*
Appendix T: FSCD Process when Exploring Suspected Fraud

Introduction

The Family Support for Children with Disabilities (FSCD) Program provides funds to guardians through an FSCD Agreement to purchase supports and services to meet their family and child’s need, or provides funds to agency service providers through a contract, to provide services to families. Although there are some important accountability mechanisms built into the financial processes (e.g., signatures, regulated forms, financial officers etc.), the system relies on the accurate reporting of both families and service providers. The legal responsibilities of guardians related to the use of funds are outlined in the FSCD Agreement.

Regulation

> **Schedule**
> **Form 1**
> **Family Support for Children with Disabilities Agreement**

The guardian and the director agree as follows:

5 The guardian agrees to spend the funds provided under this Agreement strictly in accordance with the terms of this Agreement, and the guardian understands and agrees that the guardian is responsible for paying for any services provided to the child that exceed the costs as agreed by the director under this Agreement.

6 The guardian understands that the misuse of funds or the giving of false, misleading or inaccurate information in order to obtain services from the director may result in a civil action or criminal charges.

Despite current safeguards fraud may occur. This document outlines a consistent process for FSCD staff to follow when concerns of fraud are identified and applies to both guardians accessing services through the FSCD Program and individuals and/or agencies which provide service funded by the FSCD Program.
Definition

Fraud is any act, expression, omission, or concealment calculated to deceive another to his or her disadvantage.

Everyone who by deceit, falsehood, or other fraudulent means, defrauds the public of any property, money, or other valuable security, is guilty of an offense under the Criminal Code of Canada. Individuals may be found guilty of fraud in Criminal Court if he or she has:

- Given false information about income, assets or needs
- Withheld information about income, assets or needs
- Used an alias to obtain duplicate assistance
- Given false information to obtain benefits to which he or she is not entitled.
- Submitted false information on time sheets and invoices.

General Responsibilities

♦ FSCD staff are responsible to:
  - report and discuss all suspected fraud with a Supervisor.
  - document all contacts related to suspected fraud.
  - consult your Regional Finance Manager and Fraud Investigation Unit prior to requesting an investigation or when unclear on how to proceed when fraud is suspected.

Information and Privacy

♦ All information pertaining to families, the person reporting the suspected fraud, service providers and others involved when exploring allegations of fraud is confidential.

♦ All documents, including case notes pertaining to an alleged fraud should be placed in the relevant child’s file including the timeframe and financial implications of the suspected fraud.

♦ The FSCD Program has the authority to contact service providers to verify information provided on a Statement of Expense (SOE) or Record of Services Provided Form without prior consent of the parent.
FSCD may share personal information with a Fraud investigator to assist in an investigation without prior contact. The authority to disclose personal information is allowed under the *Freedom of Information and Protection of Privacy (FOIP) Act* Sections 40(1)(e) and/or (q).

**Identifying Possible Fraud**

Information suggesting possible fraud may come from different sources such as:

- A guardian, community member, government department, service provider or anonymous caller
- Documents such as the Statement of Expense Form (SOE), Record of Services Provided Form, Application Form, the Family/Child Assessment of Needs Form (FCAON)
- From FSCD Administrative Support staff
- During daily duties of the FSCD staff related to case management responsibilities.

When a call reporting or alleging fraud is received:

1. Refer the caller to the appropriate FSCD worker or if unavailable, supervisor.
2. The FSCD worker/supervisor will gather details from the caller while protecting the confidentiality of FSCD families and service providers.
3. The FSCD worker/supervisor will document information on the alleged fraud on the child’s file including the timeframe that fraud was suspected and the financial impact of the suspected fraud while protecting the confidentiality of the caller.

**Steps when fraud is suspected**

**Step 1: Gather information**

When gathering more information about alleged fraud the FSCD worker or Supervisor will:

1. Verify the existence and status of the file.
2. Review the child’s file to determine if fraud had been suspected in the past.
(3) Review previous Statements of Expenses (SOE) or Record of Services Provided Form in order to validate claims and compare signatures.

(4) Discuss the allegation of fraud with other FSCD staff who may have knowledge about the situation, e.g. MDT Co-ordinator or Financial Officer.

(5) Gather any additional information relating to the alleged fraud to validate the accuracy of the allegation. This may involve contacting private or agency service providers to verify information provided on a SOE or Record of Services Provided Form.

NOTE: do not disclose any information to the service provider regarding suspicions of fraud.

Step 2: Review information with supervisor

When reviewing the information about alleged fraud the FSCD worker and/or Supervisor will consider:

- The nature of the suspected fraud
- The quality of the evidence available
- The financial impact of the suspected fraud
- The duration of time over which the fraud took place
- The degree to which the suspected fraud was intentional
- Other matters to be considered

Step 3: Explore courses of action

Even when the weight of evidence support suspicions of Fraud, the decision of how to respond rests with the Director. Depending on the review of the information regarding the suspected fraud, the FSCD worker and Supervisor (in consultation with your Regional Finance Manager and/or the Fraud Investigation Unit if necessary) may decide to:

- Drop the matter if suspicions are not supported
- Gather more information
  - continue monitoring the situation
- Minimize the likelihood of continued fraud
  - discuss the suspicions with the individual suspected of fraud in order to give them an opportunity to explain and clarify what happened regarding the alleged fraudulent action
change reporting requirements to increase accountability e.g., weekly instead of monthly invoicing

- revise the Agreement e.g., restrict who can provide services
- Negotiate an arrangement for repayment in consultation with your regional finance branch
- Request an investigation through Seniors and Community Support (SCS).

When Requesting an Investigation through SCS:

- Follow the steps outlined in the *Human Services: Referral Process for Fraud Investigation Services* document from the Memorandum of Understanding between HS and SCS.

- Send a copy (either fax, electronic or hard copy) of the completed Request of Investigation - form (EMP0037) to:
  - The Regional Director
  - The Regional Finance Manager
  - The FSCD Director in care of Darcy Fleming

Darcy Fleming (Ph.D.)
Quality Assurance Analyst
Family Support for Children with Disabilities
Human Services
Suite 350, 3rd Floor, Standard Life Centre
10405 Jasper Avenue
Edmonton, Alberta, Canada T5J 4R7

Tel 780-427-2334
Fax 780-415-0651
Fraud Investigation Referral Process

ALBERTA CHILDREN AND YOUTH SERVICES
REFERRAL PROCESS FOR FRAUD INVESTIGATION SERVICES

Children and Youth Services (CYS) have entered into a Memorandum of Understanding with Seniors and Community Supports (SCS) for fraud investigation services. The Quality Assurance Program at SCS will accept referrals for investigation services from the Department of CYS and the ten Child and Family Services Authorities effective immediately.

When the caseworker suspects program abuse the following steps are to be taken to refer a case to SCS for investigation:

1) The worker completes the Request for Investigation – form EMP0037 (located on e-Forms) outlining the circumstances, including steps taken by the caseworker in supporting the reason for referral. (This may include interviews and or conversations with the client and or service providers or consultation with SCS-Quality Assurance Program staff). The file number is the regions file number.

2) The Request for Investigation is signed by the referring caseworker and their supervisor or manager.

3) An electronic copy of the Request for Investigation (in word format not a pdf version) is to be e-mailed to Elaine.labrash@gov.ab.ca so that the information from the form can be cut and pasted into SCS’s Fraud Investigation Tracking System.

4) A signed copy of the Request for Investigation is to scanned and sent to Elaine.labrash@gov.ab.ca or the original signed document is to be mailed to:

   Elaine Labrash
   Quality Assurance Program
   Seniors
   5th Floor Westcor Building
   12323 Stony Plain Road
   Edmonton, AB  T5N 4A9

5) Once received, the Request for Investigation will be accepted and assigned to an investigator (Investigations are assigned by region). The CYS caseworker will then receive a copy of the Request for Investigation identifying acceptance and the assigned investigator.

6) Upon review of the Request for Investigation and the subject Children and Youth Services file, a preliminary cost estimate will be provided to the referring Manager. The Manager will sign off acceptance of the preliminary estimate. SCS will invoice the Regions on a quarterly basis.

Contact: Financial Strategies

September 21, 2010
Fraud Investigation Referral Process

7) During the course of investigation the worker and investigator will work in consultation.

8) Upon completion of the investigation, the investigator will complete an Investigation Concluding Report which will identify the outcome of investigation and may make recommendations for future preventative action and identify potential overpayments. Please refer to your regional finance branch to have the overpayment setup as a recoverable and to pursue collection action.

9) The Children and Youth Services worker will action the recommended overpayment in keeping with their departmental process.

10) Should the matter proceed with Criminal charges being laid, the worker will be required to be a witness for the Crown (the investigator will assist and prepare all witnesses for Court).

11) Upon completion of Court proceedings, the investigator will complete a Court Concluding Report identifying the outcome. A copy of this report will be provided to the (worker/manager) of the appropriate office.

12) In the event there is a Restitution Order from the Court’s the Investigator will file it with the Court of Queen’s Bench after 30 days and copies of said order will be provided to Children and Youth Services. Please refer to your regional finance branch to have the amount of the Restitution Order set up as a receiveable and to action collection.

Contact: Financial Strategies

September 21, 2010
Section 14: Glossary
Glossary

Activities of Normal Daily Living – Include but are not limited to the following:

- **Personal care:** feeding, bathing, dressing, toileting
- **Mobility:** walking, going up and down stairs, getting in and out of a car, bathtub, bed, etc.
- **Communication and interaction:** social interaction: expressive and receptive communication, problem solving, play and safety

Agreement – the Family Support for Children with Disabilities Agreement (FSCD1621) is a legal agreement and a regulated form. The FSCD Program enters into an agreement with a guardian with respect to the provision of services as defined in the FSCD legislation.

Amendment – Add or change services within an existing FSCD Agreement, as needed, to address a family or child’s changing needs, through the use of a Family Support for Children with Disabilities Amendment Agreement (FSCD0466).

Appeals Secretariat – the administrative support to the FSCD Appeal Committee.

Assessment – In the context of the FSCD Program, the term assessment is used to refer to an assessment of needs, not a medical or clinical assessment. The FSCD assessment is used to gain an understanding of a family and their child’s unique needs and circumstances in order for everyone involved to arrive at well reasoned decisions. The assessment of needs process involves obtaining, analyzing and synthesizing information obtained through interviewing, observing and documentation provided by a guardian, service provider and health professionals. When further expertise is required to understand the family and child’s needs, the assessment of needs process may also include consultation with the FSCD Multi-Disciplinary Team (MDT) or other relevant professionals.

Community Standards – the term “Community Standards” is used to refer to the typical costs of purchasing child care services within a community. The costs of child care in a community can be influenced by the availability of service providers, geographic location or proximity to services and varies with the type of child care service and service provider.
**Day Care Program** – as defined in the Child Care Licensing Regulation means a child care program provided to infants, preschool children and kindergarten children for four or more consecutive hours in each day the program is provided.

**Director** – "director" refers to an individual designated by the Minister of Human Services for the purposes of administering the FSCD legislation. The director sub-delegates powers and duties of the director, including the authority to sub-delegate to regional directors to administer the FSCD Program.

**Disability** – a chronic developmental, physical, sensory, mental or neurological condition or impairment but does not include a condition for which the primary need is for medical care or health services to treat or manage the condition, unless it is a chronic condition that significantly limits a child’s ability to function in normal daily living.

**Disability-Related Costs** – costs incurred as a direct result of the child’s disability that would not be incurred or necessary for a child the same age without a disability under similar circumstances.

**Established Practices** – Established practices are those strategies or approaches that are:
- commonly accepted by the relevant professional community;
- based on a clear logic connecting the practice to its intended outcome;
- and
- supported by research.

(see FSCD Guidelines for Demonstrating Effectiveness, Appendix N).

**Extraordinary Costs** – costs incurred that would not be incurred or necessary for a child the same age without a disability under similar circumstances.

**Extraordinary child care costs** – refers to the portion of the costs over and above what the guardian would otherwise pay for child care given their child’s age, their work schedule, local resources, community standards, child care during summer and other school holidays, etc. where that additional cost is specifically due to the child’s disability.

**Family** – includes the guardian, biological, step or adoptive parents, siblings, step-siblings, grandparents and other extended family members.
Family-Centred Services – Delivering services in a family-centred way acknowledges that the family is usually the one constant factor in a child’s life and recognizes that each family is unique. A family-centred approach:

- Identifies and builds on a family’s strengths;
- Recognizes the family’s informal social support network is a primary source of support and resource for meeting the family’s needs;
- Targets family-centred goals through interventions; and
- Emphasizes and promotes strengthening the parent’s and family’s ability to promote the child’s development.

Family Day Home – refers to “group family child care program” as defined in the Child Care Licensing Regulation meaning a child care program provided in the private residence of the licence holder to infants, preschool children, kindergarten children and school-aged children;

Health Professional – an individual who is registered or licensed with his/her professional association relevant to a profession recognized under the Health Professions Act.

Individualized Family Support Plan (IFSP) – Documents a families concerns, priorities, goals and strategies and intended outcomes relating to enhancing their child’s development within the context of their family, community and other natural environments.

Individualized Service Plan (ISP) – a document that outlines the individualized strategies that the family and their specialized services team will follow as they work together to meet the family’s and child’s needs (see Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services, Appendix M).

Intake Date – is the date that the FSCDIS Intake is completed, saved and an FSCD file number is assigned.

Multi-Disciplinary Team (MDT) – a group of health professionals established by the FSCD Program to provide consultation to FSCD workers when making decisions about providing specialized services. The MDT is made up of the following health professionals who have experience and expert knowledge about services and best practices for children with severe disabilities and their families:

- speech-language pathologists;
- occupational therapists;
• physical therapists; and
• psychologists.

**Normal Parental Costs** – the costs that a parent typically incurs in raising a child, with consideration for the child’s age, including shelter, utilities, furnishings, food, health care, clothing and footwear, personal care items, transportation costs, child care and typical baby sitting costs, education related costs including reading material, recreational activities, clothing and equipment associated with sports, lessons or activities, gifts and other typical costs that may arise relevant to a family’s circumstances or choices.

**Out-of-School Care Program** – as defined in the Child Care Licensing Regulation means a child care program provided to kindergarten children and school-aged children in any or all of the following periods.

**Prescription Drugs** – a drug that has been prescribed by a physician and is either on the Alberta Health Drug Benefit List, approved by the Minister of Health, or that is approved for coverage by the guardian’s health services insurance or benefit plan.

**Provisional Diagnosis** – a temporary clinical diagnosis that is awaiting further investigation or analysis of the cause or nature of a condition, situation or problem.

**Public Transport** – for example, taxi, rented car, train, commercial bus or LRT. In unique cases public transportation may include plane or in some remote communities where there is no formal mode of public transportation, could mean paying a private individual or drive service to provide a ride.

**Respite Supports** – temporary relief for caregivers and families from the total care and supervisory demands of the child by way of a caregiver who provides support and supervision, either in the family or outside the family home during non academic programming hours.

**Routine Practices** – (also known as Routine Precautions, Standard Precautions, Standard Practices, Universal Precautions) are intended to prevent person to person transmission of infection through direct contact, handling of body fluids or airborne microorganisms. These precautions should be followed by caregivers whenever there is a risk of exposure to any body fluid regardless of a known infection or communicable disease.
Routine practices involve hand washing; wearing gloves, gowns and eye protection; proper disposal of used needles; protecting cuts and abrasions on a caregiver’s skin with a waterproof dressing; handling personal care supplies (e.g. used needles and dressings) and medical devices with caution; and ensuring that supplies and devices are appropriately cleaned and disinfected. Additional precautions may be necessary if an infection may be spread in the air (e.g. isolation may be necessary).

**Specialized Services Team** - a group of individuals, including the guardian, who work together to develop and implement a single service plan to co-ordinate and deliver a family’s specialized services.

**Values** – Standard or principle that is regarded as worthwhile and commonly indicates the importance of people, places and things.