



DEPARTMENT OF COMMUNITY SERVICES

Disability Support Program

Flex Individualized Funding Program

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1.0 POLICY STATEMENT

- 1.1 The Flex Individualized Funding Program (Flex) is one of a suite of programs under the mandate of the Department of Community Services (DCS) Disability Support Program (DSP). Flex funding is paid directly to eligible participants, or the person acting on their behalf.
- 1.2 The Flex program is intended to supplement the natural supports that a participant receives from their family/personal support network and through other standard community resources that are available to residents of Nova Scotia.
- 1.3 There are two components of the Flex program:
- a) Flex Living with Family (**section 4.1**)
 - b) Flex Independent (**section 4.2**)
- 1.4 Flex provides individualized funding to participants living at home with their families or who live independently with support from their families or personal support networks. That funding is used to:
- a) purchase supports specific to a participant's disability-related needs and goals;
 - b) promote the participant's independence, self-reliance, and social inclusion; and
 - c) offer an alternative to, prevent or delay a participant's placement in a DSP funded residential support option.
- 1.5 The Flex Program has three types of funding:
- 1) Foundational Allowance (**section 8.1.1**);
 - 2) Intermediate Funding (**section 8.2.1**); or
 - 3) Enhanced Funding (**section 8.3.1**).
- 1.6 Flex is not intended to:
- a) provide a participant with funding for full-time 24/7 support;
 - b) replace the natural supports a participant receives from their family/personal support network;
 - c) compensate a participant's primary caregiver, parents, spouse, or children for providing support;
 - d) replace a participant's attendance in public school;
 - e) provide funding for a participant to purchase space from existing residential support options funded by DSP; or

- f) prevent, delay, or to serve as an alternative to, a participant's placement in a Department of Health and Wellness (DHW) support option such as a Nursing Home.
- 1.7 This Policy replaces the Direct Family Support for Adults (DFSA) Policy, Enhanced Family Support for Adults (EFSA) Policy, and related Policy Directives.
- 1.8 Admission to the Flex Program is subject to the availability of DSP financial resources.

2.0 POLICY OBJECTIVE

To describe the Flex Program and enable consistent application of the Flex Policy. The Flex program offers individualized funding to individuals with disabilities who live at home with their family, or in their own home. The Department of Community Services is committed to providing individualized funding options to allow individuals to purchase supports directly related to their disability related needs and goals.

3.0 DEFINITIONS

3.1 Caregiver

A family member who has the primary responsibility for providing ongoing support to an applicant/participant.

3.2 Natural Supports

Are the relationships that occur in everyday life. Natural supports usually involve family members, friends, co-workers, neighbours and acquaintances. They may also include basic community resources.

- 3.3 For additional policy definitions refer to the [DSP Glossary of Terms](#).

4.0 FLEX PROGRAM PURPOSE

4.1 Flex Living with Family

Flex provides funding, within approved funding parameters ([Appendices B & C - Flex Funding Guidelines](#)), to a participant who lives with their family to purchase supports specific to their disability related needs and goals and thereby promote their independence, self-reliance and social inclusion.

4.2 Flex Independent

Flex provides funding, within approved funding parameters ([Appendix D - Flex Independent Funding Guidelines](#)), to applicants/participants who wish to live

independently, with the assistance of their family/personal support network and standard community resources. This funding provides a participant with the flexibility to create, self-direct and manage their individual support plan based on eligibility requirements outlined below.

5.0 ELIGIBILITY

5.1 General Eligibility

- 5.1.1 An applicant must meet all of the DSP general eligibility requirements outlined in **section 4.0** of the [DSP Program Policy](#), in **sections 4.0** and **5.0** of the [DSP Financial Eligibility Policy](#), and meet the eligibility criteria outlined in the [Level of Support Policy](#).
- 5.1.2 An applicant's eligibility for Flex funding will be determined through the process outlined in **section 8.0**. An applicant's functional assessment must identify that their support needs and natural supports are consistent with the Flex Program Statement and Purpose outlined in **sections 1.0** and **4.0**.

5.2 Eligibility for Flex Program

- 5.2.1 The assessment process must identify functional supports as a need of an applicant/participant.
- 5.2.2 To be found eligible for the Flex Living with Family program, respite must be an identified need at the time of assessment.
- 5.2.3 Flex Independent participants must demonstrate they have sufficient personal support networks to be found eligible. Personal support networks can be made up of family and/or other support networks.
- 5.2.4 Flex Program eligibility and funding payments are determined through assessment and in consultation with an applicant/participant and their family/personal support network.
- 5.2.5 During the initial assessment for the Flex Living with Family Program, the Care Coordinator will review with the participant and their family:
 - a) their responsibility to use and manage their approved monthly funding to supplement the natural supports that they receive from their family/personal support network and through other standard community resources that are available to residents of Nova Scotia;
 - b) their responsibility to manage their Flex funding to meet their disability related needs within the amount of funding approved in their support plan;
 - c) their responsibility to report any changes in their personal or financial circumstances that may affect their ongoing eligibility (e.g. changes in support needs, relocation, change in income, etc.);

- d) their responsibility to participate, at a minimum, in a review of their eligibility every two years with their Care Coordinator. This review will include their support needs, their family/personal support network circumstances and their ongoing eligibility;
 - e) their responsibility to make their own arrangements for supports, for the quality and payment of supports, and compliance with tax, labour and other laws that apply to them.
- 5.2.6 A participant's failure to follow the requirements set out in this Policy may result in the Department suspending or terminating the Flex funding.

5.3 Calculation of Financial Eligibility and Approval

- 5.3.1 In addition to their Flex funding, an applicant/participant will be assessed for their requirement for funding to meet their basic needs, which are shelter, food and clothing, and their requirement for funding for their special needs such as prescription drugs ([Pharmacare NS Formulary](#)), transportation, and a comfort allowance. Basic needs and special needs are approved in accordance with the [DSP Basic and Special Needs Policy](#) and [Appendix A - DSP Basic and Special Needs Rates](#).
- 5.3.2 The Care Coordinator will assess and document an applicant/participant's basic and special needs funding requirements as well as the amounts and sources of their personal income.
- 5.3.3 A participant's initial budget and support plan must be approved by a:
- a) Casework Supervisor for Foundational Allowance and Intermediate Funding up to \$2200/month;
 - b) DSP Director for Enhanced Funding.
- 5.3.4 The maximum Flex funding payable for each type is set out in [Appendix A - Funding Maximums and Approval Levels](#).
- 5.3.5 A Casework Supervisor will review all information and documentation and make a determination or recommendation regarding eligibility for Flex funding, and the amount of funding payable, in accordance with [Appendix A-Funding Maximums and Approval Levels](#).
- 5.3.6 An applicant/participant's Flex funding will be calculated effective from the date of approval. Funding will be prorated from that date for the first month of the participant's eligibility.
- 5.3.7 Once an applicant/participant's Flex funding has been approved, a letter confirming eligibility will be sent out to the participant notifying them of their approved Flex Funding amount, along with their Basic Needs amounts and recurring Special Needs amounts.

- 5.3.8 When funding is not immediately available, an eligible applicant's name will be placed on a DSP Wait List, with their consent.
- 5.3.9 Changes in a participant's Flex funding must be approved by a:
- a) Casework Supervisor for Foundational Funding and Intermediate Funding up to \$2200/month;
 - b) DSP Director for Enhanced Funding.
- 5.3.10 It is recognized that emergencies occur which may impact a participant or their care giver. Furthermore, families may have planned vacations which require a temporary increase in support. Funding requests which exceed the participant's approved Flex funding amount may be considered, within the Funding Rate Maximum of \$3800, on a temporary basis. Participants in all Flex programs will be required to submit receipts for any emergency funding.
- 5.3.11 A participant's failure to follow the requirements set out in this Policy may result in the Department suspending or terminating the Flex funding.

6.0 REVIEW OF ELIGIBILITY

- 6.1 Flex Living with Family participants will have their support needs and eligibility reviewed by the Care Coordinator a minimum of every two years, or when there are any changes in their circumstances. See **Section 10.0** of the [DSP Level of Support Policy](#).
- 6.2 Flex Independent participants will have their support needs and eligibility reviewed by the Care Coordinator within three months, and again within six months of their initial eligibility. They will subsequently have their support needs reviewed at minimum annually, or when there are any changes in their circumstances.

7.0 INELIGIBILITY

- 7.1 An applicant/participant is ineligible for the Flex Program if they do not meet the criteria outlined in **section 5.0**.
- 7.2 The Casework Supervisor's approval is required prior to the Care Coordinator making the person ineligible. An applicant/participant will be advised in writing of their ineligibility for the Flex Program and their right to appeal, see **section 18.0**, and the [DSP Financial Eligibility Policy](#), **section 6.0**.
- 7.3 When a participant becomes ineligible for the Flex Program, their Flex funding payment may be extended for one (1) month from the date of their ineligibility when failing to do so would result in a breakdown in the individual's support plan. This one month extension requires the approval of the Casework Supervisor.

8.0 FLEX FUNDING

- 8.1 Flex funding is financial assistance for support specific to a participant's disability related needs and goals that supplements the natural supports that a participant receives from their family/personal support network and standard community resources available to residents of Nova Scotia. A participant will be required to use the funding to purchase and self-manage their supports. Flex funding is different from basic needs and special needs funding. Basic and special needs are covered under the [DSP Basic and Special Needs Policy](#).
- 8.2 The Flex Program offers three types of funding to assist a Flex participant with successful community living:
1. Foundational Allowance,
 2. Intermediate Funding, and
 3. Enhanced Funding.
- 8.3 Each type of funding has its own maximum amount, eligibility and accountability criteria, outlined in **sections 8.1.1, 8.2.1, and 8.3.1** below. Applicants must also meet the eligibility requirements found in **section 5.0**.
- 8.4 An eligible applicant may only access one type of Flex funding.
- 8.5 An applicant/participant who is eligible for Intermediate or Enhanced Funding may choose to access the Foundational Allowance or Intermediate Funding.

8.1.1 Foundational Allowance

- 8.1.2 A Foundational Allowance provides a participant with funding of up to \$500.00 per month. It is based on a participant's assessed support needs and individual circumstances.
- 8.1.3 If an applicant's assessed support needs are under \$500.00 per month but exceed their initial assessment amount, a Care Coordinator must outline the applicant's needs and goals which require additional funding, up to the Foundational Allowance maximum of \$500.00 per month.
- 8.1.4 A participant may use their Foundational Allowance as they choose, to purchase supports specific to their disability related needs and goals and thereby promote their independence, self-reliance and social inclusion.
- 8.1.5 A participant is not required to submit monthly receipts to receive a Foundational Allowance.
- 8.1.6 When Foundational Allowance funding is not immediately available, an eligible applicant's name will be placed on a DSP Wait List, with their consent.

8.2.1 Intermediate Funding

8.2.2 Intermediate Funding provides a participant with funding of up to \$2200.00 per month. It is based on a participant's assessed support needs and individual circumstances.

8.2.3 If an applicant's assessed support needs are under \$2200.00 per month but exceed their initial assessment amount, a Care Coordinator must outline the applicant's needs and goals which require additional funding, up to the Intermediate Funding maximum of \$2200.00 per month.

8.2.4 A participant must submit monthly receipts for supports purchased with the Intermediate Funding payment to their Care Coordinator to continue to receive funding on an ongoing basis. A participant may make arrangements with their Care Coordinator to bank unused respite funds between months within the fiscal year. See **section 13.4** and **13.5**.

8.2.5 When Intermediate Funding is not immediately available, an eligible applicant's name will be placed on a DSP wait list, with their consent.

8.3.1 Enhanced Funding

8.3.2 Enhanced Funding provides a participant with funding up to \$3800.00 per month. It is based on a participant's assessed support needs and individual circumstances.

8.3.3 The applicant's Care Coordinator will consider the applicant's assessed support needs and individual circumstances.

8.3.4 An applicant/participant's functional assessment must be at Level 4 or 5 as described in the [Level of Support Policy](#) and must demonstrate that an applicant/participant:

- a) has extremely challenging support needs that are clinically or medically documented;
- b) requires the involvement of healthcare practitioners from two or more disciplines, with knowledge and expertise in areas related to the applicant/participant's presenting support needs;
- c) requires one or more of the following skilled interventions or techniques:
 - i. highly structured behavioural approaches and interventions by family or skilled caregiver(s) due to their predictable or unpredictable behaviours which pose a significant level of risk to themselves or others, and which may include, but are not limited to, physical aggression or property damage;
 - ii. highly skilled behavioural support techniques, monitoring, and intervention by family or skilled caregiver(s) due to their behaviours which impact their ability to independently carry out their own personal care; or
 - iii. skilled techniques, monitoring, and observation by family or a skilled caregiver(s) due to their significant physical and personal care needs; and

- d) exhibits one or more of the following family/personal support network circumstances:
 - i. a significant or total disruption of family life and caregiver work/life routine;
 - ii. the caregiver is unable to engage in employment or is missing time from work and may be facing potential loss of employment due to their caregiving responsibilities;
 - iii. an inability to hire and maintain the skilled staff necessary to support the participant's specialized care and support needs.

8.3.5 A participant must submit monthly receipts for supports purchased with the Enhanced Funding to their Care Coordinator, to continue to receive funding on an ongoing basis. A participant may make arrangements with their Care Coordinator to bank unused respite funds between months within the fiscal year. See **section 13.4** and **13.5**.

8.3.6 When Enhanced Funding is not immediately available, an eligible applicant's name will be placed on a DSP Wait List, with their consent.

9.0 FLEX INDEPENDENT

9.1 Flex funding is portable when a participant wishes to live in their own home with the support of their family/personal support network. Their support needs and funding levels must be reassessed by their Care Coordinator and may be adjusted based on changing circumstances and in accordance with [Appendix D - Flex Independent Funding Guidelines](#).

9.2 A Flex Independent participant is responsible for managing their Flex funding to meet their disability related needs and goals within the amount of funding approved in their support plan and outlined in their Letter of Understanding (see **section 10.0**). This means that they are responsible for making their own arrangements for supports, for the quality of those supports, payment of supports, and compliance with tax, labour and other laws that apply.

9.3 A Flex Independent participant is accountable for meeting all the administrative rules and requirements set out in this Policy and the Letter of Understanding (see **section 10.0**) that they will sign with their Care Coordinator.

9.4 When additional funding above the level previously approved is required, and if Flex Program funding is not immediately available, the applicant/participant's name will be placed on a wait list, with their consent.

9.5 A Flex Program participant who is moving from their family home to their own home may not be required to be waitlisted when their:

- a) level of support has not changed upon reassessment; and
- b) Flex Program funding can be maintained at or below its current level.

- 9.6 If, after reassessment, support needs cannot be maintained at or below their current funding level, a participant may be required to have their name placed on a waitlist for additional Flex funding allocation, with their consent, pending available resources.

9.1.1 Participants Combining Flex Funding to Live Independently

Two or more Flex participants who plan to live together in their own home may request a reassessment of their support needs and budget, with the intent of combining their funding in order to share household expenses and disability-related support costs. Individual funding amounts shall not exceed the maximum outlined in [Appendix D - Flex Independent Funding Guidelines](#).

10.0 LETTER OF UNDERSTANDING FOR FLEX INDEPENDENT

- 10.1 Once an applicant is eligible for the Flex Independent program, the Care Coordinator will send them two copies of a Letter of Understanding ([Appendix E](#)). It will advise them:
- a) of their eligibility and their approved monthly funding, including:
 1. Flex funding amount; and
 2. Basic and Special Needs amounts (**section 5.3, [DSP Basic and Special Needs Policy](#)**).
 - b) the effective date upon which funding will commence;
 - c) of their roles and responsibilities in relation to their participation in the program ([Appendix E](#)).
- 10.2 A participant must sign and date one copy of the Letter of Understanding to acknowledge receipt of it and agreement with its contents, and return a signed Letter of Understanding to their Care Coordinator.
- 10.3 If there is a substitute decision maker for a participant, whether it is a legal guardian under a court order, an attorney under a power of attorney, a delegate under a personal directive or a statutory substitute decision maker they must sign the Letter of Understanding.
- 10.4 Funding will not commence until the signed Letter of Understanding is received by the Care Coordinator.
- 10.5 A participant's failure to follow the requirements set out in their Letter of Understanding and this Policy may result in the Department suspending or terminating the Flex funding.

11.0 SUPPORT PROVIDED BY FAMILY MEMBERS

- 11.1 The Flex Program is intended to supplement the natural supports that a participant receives from their family/personal support network.
- 11.2 The Flex Program is not intended to provide funding for full-time 24/7 support or to replace the natural supports a participant receives from their family/personal support network.
- 11.3 The Flex Program does not compensate a participant's primary caregiver /parents, spouse, or children for providing support. Other family members can be compensated to provide support.

12.0 TRANSFER TO OTHER DSP PROGRAMS

- 12.1 A Flex Program participant may transfer to another DSP program in the following circumstances:
- a) a participant's support needs have been re-assessed and it has been determined that they require a change in their supports which cannot be provided in the Flex Program.
 - b) a transfer to another DSP support option will meet their support needs (see **section 11.0** of the [DSP Program Policy](#));
- 12.2 A Care Coordinator shall facilitate a participant's transfer to another DSP support option.
- 12.3 When a participant transfers from the Flex Program to another DSP program, the Flex Program funding allocation may be extended for one (1) month from the date of ineligibility. Funding may be allocated for:
- a) shelter allowance (the participant's share of the rent or mortgage payment);
 - b) support set out in the approved support plan.
- 12.4 When an alternate DSP program support option is not immediately available, a participant's name shall be added to the DSP Wait List with their consent (**section 8.0** of the [DSP Program Policy](#)).

13.0 ROLES AND RESPONSIBILITIES OF A FLEX PROGRAM PARTICIPANT

- 13.1 A Flex participant is responsible for managing their Flex funding to meet their disability related needs and goals within the amount of funding approved in their support plan. This means that they are responsible for making their own arrangements for supports, for the quality of those supports, payment of supports, and compliance with tax, labour and other laws that apply.

- 13.2 A Flex participant is accountable for meeting all the administrative rules and requirements set out in this Policy.
- 13.3 A Flex participant is responsible for selecting and hiring their own support workers and skilled staff, and for understanding and meeting the legal and financial obligations associated with these workers.
- 13.4 A Flex participant who receives Intermediate or Enhanced funding is responsible to provide monthly receipts. However, if a participant wishes to save some of their monthly funding for use at a later date, they must make special arrangements with their Care Coordinator for tracking and monitoring, and annual reconciliation of receipts.
- 13.5 All Intermediate and Enhanced Funding, even that which is banked and used at a later date, must be accounted for by receipts at the end of each fiscal year (March 31). Saving of Intermediate and Enhanced funding must be arranged and approved on a case by case basis with the participant's Care Coordinator.

14.0 RESPITE IN LICENSED HOMES

- 14.1 The DSP is committed to providing, within the availability of resources, a Flex participant and their family with preventive services, in order to facilitate a participant remaining in their own home with family support by providing per diem funding for a participant to access short-term respite support in cases of emergency, for vacation periods, or for sporadic breaks (e.g. weekends).
- 14.2 Flex participants may access temporary support for a planned period of time through a respite placement in a licensed home, under the following conditions:
- a) the home is licensed under the *Homes for Special Care Act* and has obtained approval to provide respite supports from the licensing division of the Department of Community Services, prior to accepting any person for respite care; and
 - b) the licensed home can safely accommodate additional persons in compliance with the law, including the *Fire Marshal's Act and Regulations* and the *Homes For Special Care Act and Regulations*;
 - c) the participant is eligible for the DSP.
- 14.3 A Flex participant's assessment documentation, including a physician report and Individual Assessment and Support Plan, must be submitted by the Care Coordinator to the Case Work Supervisor for all new applications for respite placement in a Community Home or ARC/RRC.
- 14.4 The Care Coordinator will identify the respite options in a Community Home or ARC/RRC which meets the participant's support needs.
- 14.6 For respite re-admissions, where the Care Coordinator has determined that the participant requires the same level of support as in the past, no new assessment documentation is required. Only when there is a change in the participant's level of support, or a change in their financial circumstances, is updated documentation required.

- 14.7 Emergency respite placements may be made by the Department upon a Care Coordinator's recommendation, approval by the DSP Casework Supervisor and subject to available resources. In such cases, a participant's assessment documentation, including a physician report and an Individual Assessment and Support Plan must be completed and approved within five working days of a Flex participant's admission to the emergency respite placement.
- 14.8 The maximum respite utilization for a participant in any fiscal year is sixty (60) days. Thirty (30) consecutive days' stay is the maximum length of respite stay in a Community Home or ARC/RRC.
- 14.9 Exceptions to the sixty (60) day annual maximum or thirty (30) consecutive day maximum may be considered on an individual basis with the approval of the Specialist, space permitting. A Care Coordinator must provide a written request and recommendation to the Service Delivery Manager outlining the exceptional circumstances which necessitate the additional respite.
- 14.10 Any additional costs beyond the approved per diem rate must be authorized by the Specialist.
- 14.11 Respite in DSP licensed homes is not subject to funding rate maximums outlined in Appendices B and C.
- 14.12 Respite in an unlicensed home cannot be used to substitute respite in licensed homes. Use of unlicensed respite homes must be paid for out of the participant's monthly respite budget, and is not considered part of the 60 days of residential respite per year.

15.0 COMMUNITY SERVICES / HEALTH AND WELLNESS COLLABORATION

A Flex Program participant may access support services for which they are eligible from the Department of Health and Wellness (DHW) while receiving Flex funding. DCS will not duplicate or provide funding for any support or service provided by DHW.

16.0 TEMPORARY AND EXTENDED ABSENCES

The DSP Program is committed to ensuring the continuity of a participant's receipt of Flex funding during a temporary or extended absence from their home.

16.1 Hospitalizations and Occasional Absences

See **section 13.1** of the [DSP Program Policy](#) for detailed information on hospitalizations.

16.2 Absences from the Province

See **section 13.2** of the [DSP Program Policy](#) for detailed information on absences from the Province.

17.0 RIGHT TO APPEAL

- 17.1 An applicant/participant has the right to appeal any decision made by the Department in relation to their application for or receipt of assistance under **section 19** of the *Social Assistance Act*.
- 17.2 See **section 6.0** of the [DSP Financial Eligibility Policy](#) for the process of appeal.

18.0 APPLICATION

This Policy applies to Flex Program applicant/participants and all DSP staff.

19.0 ACCOUNTABILITY

- 19.1 The Executive Director is responsible for the establishment and implementation of this policy and ensuring that the Program achieves the objectives for which it was created.
- 19.2 The Executive Director is responsible for ensuring that the Program is delivered within a fiscally sustainable manner.
- 19.3 Care Coordinators are responsible for complying with policy and exercising financial approval within their authority level.
- 19.4 Supervisors are responsible for complying with policy and exercising financial approval within their authority level.
- 19.5 Specialists are responsible for complying with policy.
- 19.6 The DSP Program Directors and Service Delivery Directors are responsible for ensuring compliance within their respective areas of responsibility, as well as making best efforts to ensure the necessary resources are available.
- 19.7 Casework Supervisors are responsible for adequately preparing their employees to carry out their respective functions.

20.0 MONITORING

- 20.1 The Program Director is responsible for implementing appropriate mechanisms to ensure monitoring and compliance with this policy.
- 20.2 Specialists and Service Delivery Managers are responsible for regularly monitoring and reporting on compliance with this policy.

APPENDIX A – FUNDING MAXIMUMS AND APPROVAL LEVELS

Funding Type	Maximum	Approval Levels
Foundational Allowance – based on IASP and Appendix B - Foundational and Intermediate Living with Family Funding Guidelines or Appendix D – Flex Independent Funding Guidelines	Maximum up to \$500/month	Casework Supervisor
Intermediate Funding –based on IASP and Appendix B - Foundational and Intermediate Living with Family Funding Guidelines or Appendix D – Flex Independent Funding Guidelines	Maximum up to \$2,200/month	Casework Supervisor
Enhanced Funding – based on IASP assessment and Appendix C - Enhanced Living with Family Funding Guidelines or Flex Independent Funding Guidelines	Maximum up to \$3,800/month	Director of DSP \$2,201/month and over

APPENDIX B – FOUNDATIONAL AND INTERMEDIATE LIVING WITH FAMILY FUNDING GUIDELINES

SUPPORTS	FUNDING RATES
<ul style="list-style-type: none"> • Foundational Allowance total cannot exceed \$500/month, no receipts required • Intermediate Funding total cannot exceed \$2,200/month, receipts required 	
IASP Score Total	up to \$800/month
Additional Supports	
<p>Day Activities For participants who do not access a day activity which could include employment, supported employment or a formal Day Program.</p>	Actuals up to \$800/month
<p>Evening and Overnight Support Evening support related to the family caregivers' work schedule, or overnight support to provide intermittent breaks to family caregivers when the participant is experiencing prolonged nighttime sleep disturbances.</p>	Actuals up to \$1,000/month
<p>Weekend Support To allow a participant or a caregiver to leave the home for all or part of a weekend.</p>	Actuals up to \$250/month
<p>Other Requires consultation and approval by DSP Specialist. This could include up to 10% in administration fees paid to a third party organization to manage Flex Funding.</p>	Actuals up to \$210/month
<p>Unmet Support Needs - Level 4 or 5 Participants only Requires consultation and approval by DSP Specialist.</p>	Actuals up to \$800/month
<p>Vacation Support Annual funding to provide relief to a caregiver. Requires receipts. Not available to participants who access respite for more than 5 days per year in a licensed home.</p>	Actuals up to \$800/fiscal year
<p>Temporary Emergency Funding Requires receipts. See section 5.3.10.</p>	Up to \$3,800

APPENDIX C FUNDING RATE GUIDELINES FOR ENHANCED LIVING WITH FAMILY FUNDING

SUPPORTS	FUNDING RATES
<ul style="list-style-type: none"> • Enhanced Funding total cannot exceed \$3,800/month • Applies to Level 4 and Level 5 participants only, based on approved Enhanced Funding Proposal 	
IASP Score Total	up to \$800/month
Additional Supports	
Before and/or After School*/Day Program *Applies to adults' 19-21 still attending school.	Actuals up to \$1,750/month
Day Activities For participants who cannot access formal Day Programs due to their extensive personal care or intensive behavioral support and programming needs.	Actuals up to \$2,350/month
Evening Support Related to caregivers' work schedule.	Actuals up to \$1,750/month
Overnight Weekday Support Intermittent breaks provided to caregivers when a participant is experiencing prolonged nighttime sleep disturbances.	Actuals up to \$1,400/month
Daytime Weekend Support Related to caregivers' work schedule.	Actuals up to \$250/month
Overnight Weekend Support Funding requests for the provision of short-term respite, provided in a participant's home or in a non-licensed home may be considered when respite in a licensed home (as per DSP Program Policy section 12.0) is not available or is not a viable option.	Actuals up to \$800/month
Other Requires consultation and approval by DSP Specialist. This could include up to 10% in administration fees paid to a third party organization to manage Flex Funding.	Actuals up to \$380/month
Vacation Support Annual funding to provide relief to a caregiver. Requires receipts. See section 5.3.10. Not available to participants who access respite for more than 5 days per year in a licensed home.	Actuals up to \$1,000/fiscal year
Temporary Emergency Funding Requires receipts. See section 5.3.10	Up to \$3,800

APPENDIX D FUNDING RATE GUIDELINES FOR FLEX INDEPENDENT

SUPPORTS	FUNDING RATES
<ul style="list-style-type: none"> • Foundational Allowance total cannot exceed \$500/month, no receipts required • Intermediate Funding total cannot exceed \$2,200/month, receipts required • Enhanced Funding total cannot exceed \$3,800/month, receipts required • Enhanced Funding is available to Level 4 and Level 5 participants only 	
IASP Score Total	up to \$800/month
Additional Supports	
Day Activities For participants who do not access a formal day activity which could include employment, supported employment or a formal Day Program.	Actuals up to \$800/month
Overnight Support Overnight support related to the participant's needs.	Actuals up to \$1,000/month
Community Participation Support to enable the participant to access community activities.	Actuals up to \$250/month
Skill Development Support to develop skills in instrumental activities of daily living such as, but not limited to: budgeting, menu planning, grocery shopping, laundry, household maintenance, etc.	Actuals up to \$600/month
Other Requires consultation and approval by DSP Specialist. This could include up to 10% in administration fees paid to a third party organization to manage Flex Funding.	Actuals up to \$380/month
Unmet Support Needs - Level 4 or 5 Participants only Requires consultation and approval by DSP Specialist.	Actuals up to \$800/month
Temporary Emergency Funding Requires receipts. See section 5.3.10	Up to \$3,800/month

APPENDIX E - LETTER OF UNDERSTANDING FOR FLEX INDEPENDENT

Date:

Participant Name:

Address:

Re: Flex Independent Letter of Understanding

Dear Mr./Mrs./Ms:

We have completed the assessment of your application for funding under the Flex Independent Program of the Disability Support Program. We are pleased to confirm your eligibility to receive funding through the Flex Independent Program.

Flex Independent Funding Type: _____

The breakdown of your Approved Budget is as follows:

Flex Funding amount	\$ _____
Basic Need amounts	_____
Shelter Allowance	\$ _____
Personal Allowance (food, clothing, misc.)	\$ _____
Special Needs	_____
Comfort Allowance	_____
Approved recurring Special Needs (specify)	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Less Income:	\$ ()
Total Approved Funding:	\$ _____

You have the right to appeal this eligibility decision within thirty (30) days of receiving this letter. Your request must be made in writing. The Appeal Request Form is attached should you require it. The request may be submitted to any office of the Department of Community Services.

APPENDIX E - LETTER OF UNDERSTANDING FOR FLEX INDEPENDENT

Disability Support Program Policies:

The Disability Support Program Policies set out, in detail, our respective obligations under the Program. The various Program Policies are available to the public at <http://novascotia.ca/coms/disabilities/> . Should you be unable to access the policies online please let me know and I will ensure that you are provided with a copy. In accordance with Policy:

- It is your responsibility to manage your support needs and services within the amount of approved funding outlined in this Letter of Understanding, and consistent with your Individual Assessment and Support Plan (IASP);
- If you spend more money than the Department of Community Services has agreed to fund, you will be responsible for these expenditures and associated costs;
- You are required to report any changes in your personal or financial circumstances that may affect your ongoing eligibility to your Care Coordinator (e.g. relocation, change in income, etc.);
- The Department may conduct a reassessment of your eligibility at any time should your needs or circumstances change;
- You will not be required to submit receipts if your Flex Funding is less than \$500 per month.
- Flex participants who are eligible for Intermediate or Enhanced Funding are required to submit receipts every month for the entire amount of Flex funding received the previous month;
- You may be required to submit receipts for items of special need as per your IASP;
- The Department will review your eligibility from time to time, including three and six months after initial eligibility, and, at a minimum, annually;
- It is your responsibility to arrange for your supports, the quality of your supports, the payment of supports, and for compliance with tax, labour and other laws that apply;
- All special needs, other than those listed above in your Approved Budget, require prior approval and should be discussed with your Care Coordinator;

For useful information about the administration and laws related to hiring support workers, the Nova Scotia Health and Wellness Self-Managed Care Guide can be found at: <http://novascotia.ca/dhw/ccs/self-managed-care.asp>, or a copy can be obtained from your Care Coordinator.

APPENDIX E - LETTER OF UNDERSTANDING FOR FLEX INDEPENDENT

If you have any further questions, please contact me at the number below.

Sincerely,

Signature: _____

Care Coordinator

Disability Support Program

Department of Community Services

Phone: 902-XXX-XXXX

Fax: 902-XXX-XXXX

Acknowledgement of Letter of Understanding

Please sign and date your Letter of Agreement to acknowledge that you have read it and agree to its contents.

I, _____, have read the above Letter of Agreement and agree to the conditions contained herein.

Signature:

Substitute Decision Maker Signature (if applicable):

Date (dd/mm/yyyy):

Please return the signed copy to _____, Care Coordinator, as funding will start when the signed Letter of Agreement has been received.

For Regional Office Use Only

Received by:

Date Received: _____