

The Champlain OPADD Planning Committee

Principles for Delivery of Services

to Older Adults with Developmental Disabilities – April 2008

PURPOSE:

The Champlain OPADD Planning Committee asks the Champlain LHIN Geriatric Advisory Committee to work with the OPADD Planning Committee to support the implementation of the principles throughout the Champlain LHIN as outlined by the Families Matter Co-operative's Expression of Interest submitted to the LHIN in January 2008.

Principles:

1. Everyone has the right to choose to remain in their own "home" as long as possible whether that "home" situation is described as: living independently, living with their family, living with a relative, living in a supported independent living situation, living in a home-share situation, or living in a group home etc.
2. The person with a developmental disability, and his/her support network, must be at the centre of the planning process and of service delivery.
3. It is necessary to distinguish between in-home services for age and health-related problems and in-home services related to developmental disabilities. The former are services to be provided by the Ministry of Health and Long Term Care. The latter are services to be provided by the Ministry of Community and Social Services.
4. Funding for in home services for age and health-related problems shall be available when needed to people with developmental disabilities from the age of forty-five (45), and in exceptional circumstances at an earlier age, since many people with developmental disabilities experience age and health-related problems earlier than the general population

Older Adults with Developmental Disabilities in Ottawa

Further information of the number and the characteristics of older adults with developmental disabilities in Ottawa and surrounding areas is summarized in the "Descriptive Assessment" of the ***Champlain OPADD Planning Committee***

Service Delivery Model

The model below describes the steps in the process through which a person with a developmental disability may gain access to in-home health and age-related supports. Other essential features of the model then follow.

The process:

Step 1: Persons with developmental disabilities apply for *aging in home supports* when they have age and health related problems in addition to developmental disability related problems. These applications may be made by the individuals, their family, their caregivers or agencies.

Step 2: To apply for these *aging in home supports*, these individuals and their support networks may choose to meet with independent planners/facilitators (from Citizen Advocacy for example) to develop support plans to enable these individuals to continue to live at home by providing supports to ameliorate the effects of these age and health-related problems.

Step 3: These support plans are then forwarded to decision-makers in the health services sector (for example, the family doctor). These decision-makers have the appropriate tools and expertise to determine whether the in-home support needs are age and health-related or are developmental disability related.

Step 4: For those age and health-related needs, the health service decision-makers, in consultation with the individuals and their networks, determine which in-home support services are needed to ameliorate the effects of those age and health-related problems to enable the individuals to continue to live at home.

Step 5: A Ministry of Health and Long Term Care support providing agency (such as Nepean Support Services or a Community Care Access Centre) is advised of the approved support needs by the health decision-makers.

Step 6: Funding is allocated for these support needs.

Step 7: This funding can then flow **either as** *direct funding* to the person with a developmental disability and their support network **or** *indirectly* to an agency that will provide the services.

Step 8: The choice of how to receive the funding is made by the person and the support network as part of the planning process.

Step 9a: When *direct funding* is received, the individuals and their networks receive the funding and purchase the needed supports with assistance from, for example, Nepean Support Services.

Step 9b: When the individuals and their networks opt for support services from agencies, an organization such as Nepean Support Services receives the funding and allocates it to an agency supplier.

Other essential features of this service delivery model:

- The funding for supports are individualized according to the needs as described in the plan developed in the planning process.
- The funding is portable, i.e. it can be moved when required by the individual and his/her support network from one provider to another without penalty.
- Information is readily available about health support service providers for persons with developmental disabilities and their networks from a comprehensive resource base maintained by Families Matter.
- The process, from planning to implementation, is monitored by an independent third-party, Families Matter, that can, when requested, support individuals and their networks through established appeal processes.
- Volunteer advocates from Citizen Advocacy may also be called on for assistance.

In brief, the planning process is separate and independent of the service supply. The allocation decisions are made through the current, established health sector process that is separate from the planning process and the service delivery. The person and the support network are central to all decision-making. Services may be purchased directly by individuals and their networks or from agencies. This choice is made by the individuals and their support networks. Information on services is readily and easily available. And independent third-parties are there for support if and when needed, and for assistance in appeal processes.