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# Specialized Services for Children with Severe Disabilities

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## 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 children who have a severe disability resulting in critical service needs that cannot be fully met by family, other programs and services or other less intrusive FSCD supports and services.
  - Specialized services are provided based on the individual needs of the child and family 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 are intended to provide direct support for children and support to families. This service:
  - addresses critical areas of need related to a child's ability to function in activities of normal daily living;
  - complements 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;
  - provides integrated supports that are individualized to address the unique need of the child and guardian and are coordinated with other supports and services that the family is receiving;
  - builds upon the child's strengths and the guardian's strengths, abilities and resources to promote their child's functional abilities and participation in activities of normal daily living; provides support 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
  - addresses the guardian's priorities for their child and family.
- ◆ Specialized services are coordinated and delivered through the family's specialized services team, which may include: professionals and aides based on the child's and guardian's individual needs and circumstances. All team members must have specific training and experience working with children with severe disabilities and their families.
- ◆ The *FSCD Act* "acknowledges the value of family-centred support and services in empowering and preserving families of children with disabilities." Family-centred support ensures that families are the drivers of the planning and decision-making and recognizes that each family is unique and that services must fit each family's strengths and needs, time and priorities, cultural context and values.
- ◆ Parent involvement in the delivery of specialized services to their child is optional, including consultation by health professionals on the team. Parents are not expected to provide direct services or intervention to their child, and are not required to be in the room or participating when specialized services are being provided to their child.

## POLICY AND PROCEDURE

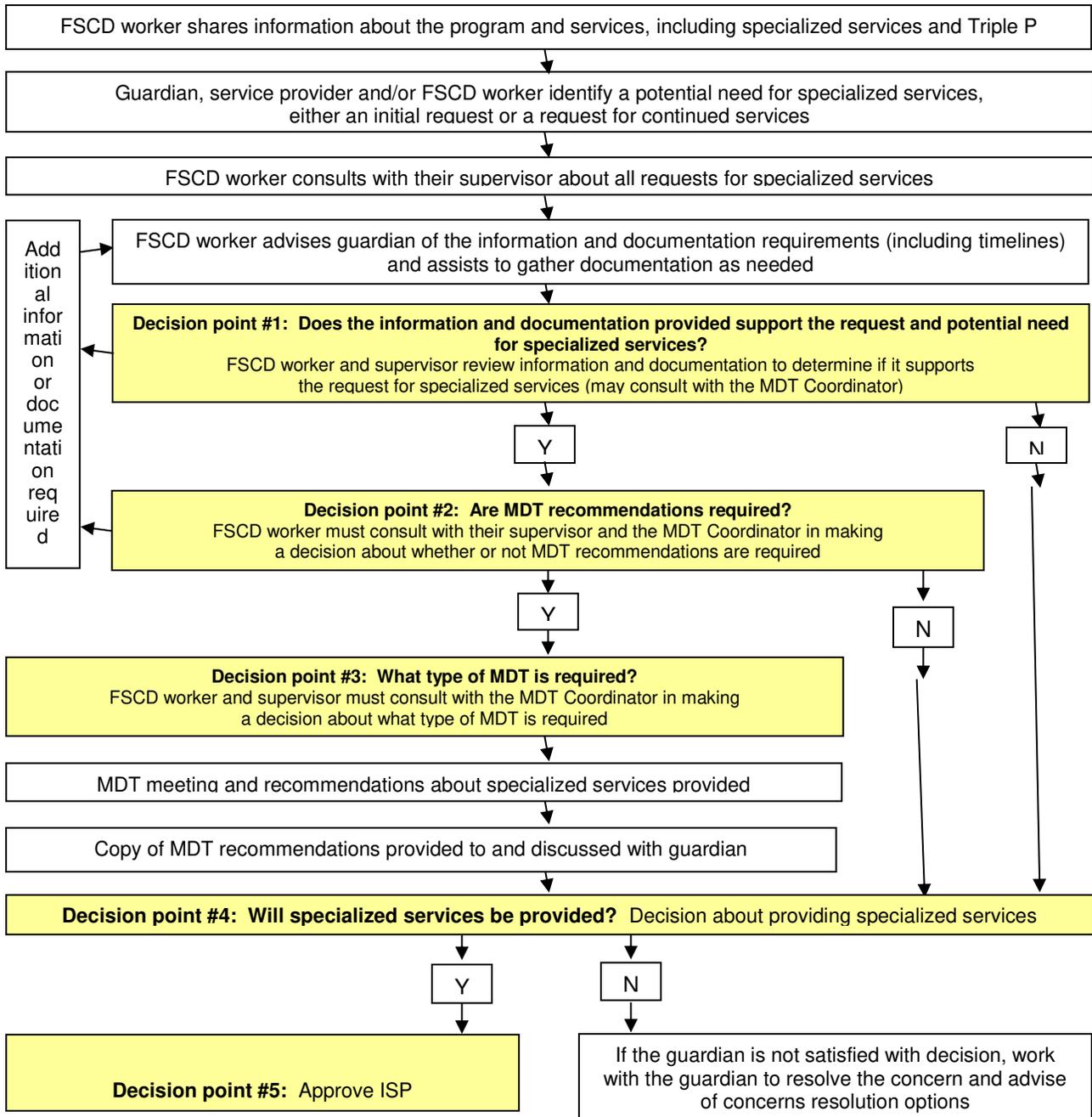
- ◆ Specialized services include direct support for children with severe disabilities and, where requested, support to guardians.
  - Specialized services support the child's development and participation in activities of normal daily living.
  - Guardians may choose to access consultation supports as part of specialized services to support them with strategies to use in daily living and family activities.

### Parent Involvement:

- ◆ Parents are **not** expected to become “therapists” to their child.
- ◆ Parents are **not** expected to provide direct services or intervention to their child.
- ◆ Parents are **not** required to be in the room or participate when specialized services are being provided to their child.
- ◆ Parents are **not** required to do “homework” between meetings with their specialized services team.
- ◆ Guardians who have a concern about the Program, a decision or the services they receive, have the right to express their concern, including access to a Review of Program Decision, mediation or a formal appeal and to expect that their concern will be addressed.
- ◆ FSCD workers must provide guardians with information on what to do if they have a concern (see Concerns Resolution, Section 12).
- ◆ FSCD workers must work together with guardians to address concerns without the need for a formal appeal wherever possible.

## SPECIALIZED SERVICES DECISION MAKING PROCESS

The following chart outlines the decision making process and key decision points regarding the provision of specialized services.



**Decision-making and communication requirements regarding the specialized services decision-making process:**

- ◆ The FSCD worker, in consultation with their supervisor and the MDT Coordinator, 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 services 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 and support planning process, or at any time there is a change in the family's and child's needs that may indicate the need for specialized services.
- ◆ The FSCD worker provides information about Triple P and informs families Triple P may be included as part of specialized services to ensure the family can complete the Triple P program prior to or as part of the coordinated delivery of the specialized services program (see Appendix I: Triple P).
  - Participation in Triple P is not required or a prerequisite to 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 year's 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 (and the Triple P practitioner, if applicable).
- ◆ 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 Coordinator (MDT Coordinator) 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 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 cannot be scheduled until clear and sufficient information has been provided; and
  - Specialized services cannot 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 Coordinator, 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 cannot be scheduled (where required) and that specialized services cannot be provided.

**Determining if MDT recommendations are required:**

- ◆ The FSCD worker must consult with their supervisor and the MDT Coordinator 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 child's or guardian'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;
        - indicate a coordinated and integrated service delivery approach;
        - demonstrate an individualized approach based on the child's and guardian's unique 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 when determining if MDT recommendations are required. The FSCD worker and their supervisor may also consult the MDT Co-ordinator.

- ◆ 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 Coordinator 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 multidisciplinary 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 Coordinator, 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 child and family, the 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 guardian 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 A41);

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 A39) and has it signed by their supervisor;
- forwards the information and documentation to the MDT Coordinator; 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 Coordinator 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, if the guardian wants consultation from their specialized services team as part of the service); 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 Coordinator provides opening remarks explains the purpose of the meeting and facilitates information sharing and discussion (see Role of the MultiDisciplinary 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 A42). Only the MDT members and the MDT Coordinator 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 child's and guardian'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 child's and family'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 child's and family'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 A42) 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);

(see decision making follow-up required Specialized Services, Section 1080 and Advising Guardian of Decisions, Section 8).

- ◆ Specialized services are provided when all of the following criteria are met:
  - 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 a need for specialized services, including:
        - for **initial requests** for specialized services, MultiDisciplinary Team (MDT) recommendations identifying a need for specialized services and indicating that the services are likely to have a positive impact for the 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 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 child's and family'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 may consist of health professionals under the *Health Professions Act*, nonhealth professionals, Triple P practitioners and aides based on the child's and guardian'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 and the decision maker about the services provided to their child.
- ◆ 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 child's and family's need.
- ◆ The Health professionals involved with the child and their family, 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 child and family have access to.
- ◆ The specialized services team works collaboratively to develop the Individualized Service Plan (ISP) based on the guardian's priorities; the

child's unique needs and family's 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.

- ◆ The ISP will include child centred goals. The plan can include family or parent goals based on the needs and priorities identified by the guardian but it is not required.
- ◆ An ISP must be individualized to the needs of the child and family, respond to the guardian's priorities for their child and family, 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 cannot 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).

Note: If Triple P is provided under All Service Team Costs, Triple P will need to be identified on the agreement as separate service for tracking purposes.

**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. 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).

### **Triple P**

- Assistance with the cost of Triple P, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

### **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-Triple P**

- Assistance with the cost of Administrative Costs-Triple P, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

### **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   (quantity)   hours per   (unit)   or a rate of \$   (rate per hour)  . For the period   (start date)   to   (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 \$   (rate)   per   (unit)   per   (quantity)  . For the period   (start date)   to   (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).