

REVIEW OF PROPOSED ADMINISTRATION PROCESS

OPTION 1 LIKE	OPTION 2 LIKE	OPTION 1 DISLIKE	OPTION 2 DISLIKE
Easier to administer	Flexibility in serving persons with special needs	Adds a further level of bureaucracy	Bureaucracy has been increased causing delay in service delivery and increased admin costs Decision making lies completely with Government staff

Questions:

1. Has Government committed additional funds, or it s a reshuffling of the same financial and human resources?

Concluding preference of proposed administration practices:

1. Option 2's service delivery flexibility is supported, the complexity of administration decision making must be further streamlined.

REVIEW OF ADVOCACY CONSIDERATION

OPTION 1 LIKE	OPTION 2 LIKE	OPTION 1 DISLIKE	OPTION 2 DISLIKE
		Proposed structure has ignored role for self or community	It shall take a strong, skilled advocate to effect change of themselves or others

Concluding preference of proposed advocacy practices:

1. The importance of individual and group advocacies must be recognized and a process is included within any chosen service delivery option.

REVIEW OF PANEL ASSESSMENT

OPTION 1 LIKE	OPTION 2 LIKE	OPTION 1 DISLIKE	OPTION 2 DISLIKE
<p>Good for persons with physical disabilities</p> <p>The medical assessor is not limited to doctors only</p> <p>Removal of medical practitioner</p>	<p>Assessment process is more neutral</p>	<p>Proposed structure is too medical oriented</p> <p>Planning has not included for an assessment process which is “culturally” sensitive</p> <p>Proposed structured seen as: “cut and dry”</p> <p>Too complex</p> <p>Restrictive</p> <p>Establishes competition between proposed 2 levels</p> <p>The role of medical practitioners – unrealistic to determine disability</p> <p>Medical form requirements</p> <p>Negative to link severity of disability to money allowed</p>	<p>Unclear role of assessor</p> <p>Needs more than ‘1’ assessor</p> <p>Proposed process is too vague, subjective</p> <p>Concern with medical term</p>

REVIEW OF PANEL ASSESSMENT CONT'D.

Desired Attributes for an Assessment Panel

1. A broad representation of the community
2. Person with disabilities to serve
3. Cultural representation
4. Training for panel members
5. Consideration of rural and northern community's unique circumstances

Questions:

1. How will Assessors be selected?
2. What qualification / work experience shall be required?
3. What training shall be provided?
4. What financial resources will be available to support their work?
5. Will there be expertise to review the needs of person with Mental Health issues on the Assessment Panel?

Concluding preference of proposed assessment panel practices:

1. Panel to be representative of the community and include person with disabilities.
2. Panel to assess persons' "function" not medical diagnosis.
3. Persons knowledgeable with Mental Health issues be represented on Medical Panels.

REVIEW OF DEFINING DISABILITY

OPTION 1 LIKE	OPTION 2 LIKE	OPTION 1 DISLIKE	OPTION 2 DISLIKE
<p>The proposed process reviews an individual 's function</p> <p>Recognizes the needs of persons with short-term disabilities</p> <p>Extended and life-long disabilities are to be considered</p> <p>Reoccurring illness /disabilities to be Considered [**]</p>	<p>Recognizes difference between “diagnosis” and “assessment “</p>	<p>Proposed guidelines will create conflict between Medical Practitioner</p> <p>Persons with FAS, FAE, ADHD are to be excluded</p> <p>Persons who are deaf and hard of hearing to be excluded</p> <p>Single [one identified source] to certify disability</p> <p>Persons with Learning Disabilities to be excluded</p> <p>Persons with fluctuating disabilities to be excluded [**]</p> <p>A number of persons with Mental Health issues to be excluded</p> <p>Persons with short -term disabilities not supported</p>	<p>Proposed guidelines will create conflict between Medical Practitioner</p> <p>Persons with FAS, FAE, ADHD are to be excluded</p> <p>Persons who are deaf and hard of hearing to be excluded</p> <p>Single [one identified source] to certify disability</p> <p>Persons with Learning Disabilities to be excluded</p> <p>Persons with fluctuating disabilities to be excluded [**]</p> <p>A number of persons with mental health issues to be excluded</p> <p>Persons with short -term disabilities not supported</p> <p>Limits services to persons with cyclical disabilities due to assessment process</p> <p>Current “disability definition needs strengthening</p> <p>Decreases the number of person with disabilities</p> <p>Likelihood that people with no disability will become eligible for services</p>

[**] **Conflicting view points**

REVIEW OF DEFINING DISABILITY CONT'D.

Expanded disability definition to be inclusive of the following:

1. Learning Disability
2. FAS, FAE, ADAH
3. Hearing Impaired and Deaf
4. Short-Term
5. Physical
6. Mental Health
7. Developmental
8. Invisible

Concluding preference of proposed defining disability practices:

1. The definition ensures the inclusion of persons with: learning disabilities, FAS, deaf and hard of hearing, short-term, reoccurring and cyclical disabilities to have easy re-entry access to programming.
2. A definition must be clear.
3. If personal function is limited on the long-term, a different, longer time period should be required for re-assessment.
4. Additional support and services to be available to persons with multiple disabilities.

REVIEW OF SERVICE DELIVERY AND SERVICE EQUITY

OPTION 1 LIKE	OPTION 2 LIKE	OPTION 1 DISLIKE	OPTION 2 DISLIKE
<p>Important to continue to test for financial need</p> <p>All individuals are recognized as contributors</p>	<p>Everyone starts at the same level</p> <p>Greater flexibility</p> <p>Same basic assistance</p> <p>Treats people fairly</p> <p>Seeking equality – not tied to equal treatment</p>	<p>Creates 2 levels of disability</p> <p>Denotes equality</p>	<p>Increases waiting time for service delivery</p> <p>The “making of the list”</p> <p>Amount of service and financial support may be discretionary</p> <p>Persons who are good self-advocates will receive increase benefits</p>

Questions:

1. Regarding Option 2, how will an equitable service delivery system be assured?

Concluding preference of proposed service delivery practices:

1. Support services Option 2, community respect and supports an equitable service delivery model, which means an individualized service approach.
2. Increased accountability and proposed procedure shall delay service delivery.
3. The “list” of available support and services to be shared with the community as soon as possible.

REVIEW OF DISABILITY SUPPORTS

OPTION 1 LIKE	OPTION 2 LIKE	OPTION 1 DISLIKE	OPTION 2 DISLIKE
<p>Not tied to employment</p> <p>Shall allow other support services to continue</p> <p>Support systems in home can be built in</p>	<p>Will support person faster</p>	<p>Would create greater dependency on Occupational Therapists</p> <p>Does not take prevention aspects into consideration</p> <p>Need a more holistic approach to programming and support</p> <p>Ineffective without increased financial resources and increased rates</p> <p>Nothing for social support</p> <p>Nothing for their special and of people</p>	<p>Needs to clarify the range of support to be offered</p> <p>Still links disability to costs</p>

Questions:

1. How will Option 2 address and support persons with “extensive” support needs, when a wider range of service options is required?
2. Will Option 2 offer social related supports, i.e. transportation?
3. Will Employment and Income Assistance pay for support services including: psychiatric services, vitamins and over the counter medications?
4. Will persons have options to use a scooter versus a wheelchair?

Concluding preference of proposed disability supports practices:

1. Financial and support services which are not tied to employment and support inclusion is preferred.

REVIEW OF EMPLOYMENT RELATED SUPPORT SERVICES

OPTION 1 LIKE	OPTION 2 LIKE	OPTION 1 DISLIKE	OPTION 2 DISLIKE
<p>Appropriate for persons hurt on the job</p> <p>Eliminates employability no longer a factor – assessment is on "function"</p>	<p>Rapid re-enrolment</p> <p>Provides opportunity for employment</p> <p>Will support person while taking training</p> <p>Everyone able to participate in training programs</p> <p>Support is individualized</p> <p>Support is inclusive</p> <p>Recognizes needs, does not categorize</p> <p>Extenuating circumstances are included</p> <p>Good to establish financial need</p> <p>Support individual s' needs</p>	<p>Not individualized enough</p>	<p>Incentives for employment need to be strengthen</p>

REVIEW OF EMPLOYMENT RELATED SUPPORT SERVICES CONT'D.

Questions:

1. Regarding Option 2, how long would the waiting period be for a person who becomes disabled to review disability support service?

Concluding preference of proposed employment practices:

1. Option 2 is preferred as it recognizes the individual and offer support and services, which are person-centred not program or category based.
2. Important that services are not tied to employment.
3. Equally important person be encouraged and supported to persons pursue training and employment opportunities.

REVIEW OF LINKING TO OTHER PROGRAMS

OPTION 1 LIKE	OPTION 2 LIKE	OPTION 1 DISLIKE	OPTION 2 DISLIKE
		Benefits previously paid are not taken into account	<p>Gap in waiting list for CPP takes too long to be eligible for provincial support</p> <p>Stop people from going on CPP greater burden for the Province</p> <p>Role definition between Employment and Income Assistance and Vocational Rehabilitation</p> <p>People might not have the energy to apply for other benefits</p>

Questions:

1. Why can we not have continuity between Federal and Provincial Government – If you have a disability credit certificate, could you use it?

Concluding preference of proposed linking to other programs practices:

1. A much-improved relationship between the Province and CPP, and EIA and VR for the benefit of the individual.

REVIEW OF LABELLING PRACTICE

OPTION 1 LIKE	OPTION 2 LIKE	OPTION 1 DISLIKE	OPTION 2 DISLIKE
	Less stigmatizing Does not categorize a person as disabled	Still labels people according to disability Emphasis still on disability vs. ability Still segregates people	

Questions:

1. Option 1 – What is severe and who decides who gets that label?

Concluding preference of labelling practices:

1. Option 2 is preferred as it shall not stigmatize or label persons.

REVIEW OF LEVEL PRACTICE

OPTION 1 LIKE	OPTION 2 LIKE	OPTION 1 DISLIKE	OPTION 2 DISLIKE
Evaluation of individual's need more infrequent		Two levels seem similar Two levels create service gaps BC has tried this model and has abandoned it Two level system is discriminatory Two tired system is already a segregated system	Still two levels

Question:

1. How will functionality level of support be assessed and qualified in Option 1?

Concluding preference of level practices:

1. Option 2 preferred, as it does not create discriminatory or hierarchy service delivery.

REVIEW OF LOSS OF INCOME PRACTICE

OPTION 1 LIKE	OPTION 2 LIKE	OPTION 1 DISLIKE	OPTION 2 DISLIKE
	It is income based		Lower rates EIA rates need to be reassessed Receiving same basic rate would be a hardship No protection or support for persons when receiving financial lump sums Assistance still well below poverty level

Questions:

1. In Option 2, is there a “cap” on services?
2. Can the community be assured that no one will get a smaller piece of the pie?
3. How will the program address the issue of lump sum inheritance?

Concluding preference of loss of income practices:

1. Current rates are not adequate and must be raised.

REVIEW OF OPTIONS

OPTION 1 LIKE	OPTION 2 LIKE	OPTION 1 DISLIKE	OPTION 2 DISLIKE
	Lesser of two evils Superior to option 1 [**] Going in the right direction Well written New process Moving away from two tiered model	Generally dislike option	More regressive than option 1

Concluding preference of review of options:

1. Option 2 is preferred, but in reality a third option should developed.

REVIEW OF TERMINOLOGY

OPTION 1 LIKE	OPTION 2 LIKE	OPTION 1 DISLIKE	OPTION 2 DISLIKE
		<p>“Diagnosis” should be replaced with “eligibility”</p> <p>Confusing</p> <p>“Supervision” is not appreciated</p> <p>Medical “condition” could mean anything</p> <p>Vague wording around “ongoing” assistance</p> <p>Wording oriented to physical disabilities</p>	<p>Person doesn’t have to have disability just need assistance</p> <p>Wordy – hard to understand</p> <p>Inclusion terminology</p> <p>Severely – should be removed from definition</p>

Questions:

1. In option 2 – what does itemized support mean?
2. In option 1 – define medical practitioner.

Concluding preference of review of terminology:

1. Language is very important and should convey respect and remove labels.