

## DRC Comments on Selected Indicators: February-June 2023

(June 2025)

INDICATOR	COMMENT
<p>4. Establish a Remedy Secretariat including a Project Management and Implementation Team:</p> <p>(c) Progress any new staff recruitments as a priority.</p>	<p>Province claimed ‘Complete’, however:</p> <ul style="list-style-type: none"> <li>• The Remedy required that staff recruitment be carried out on an “urgent” basis.</li> <li>• The fact that the Province chose not to recruit as called for is, in June 2025, serving as the basis for the recruitment requirement failures in Years 1 <i>and</i> 2. Indeed, even if the Province had received advice to consider putting off hiring LACs/IPSCs, it could have continued its recruitment obligation and also pursued the recruitment of various supervisory/leadership roles.</li> <li>• Rather than duplicate our recruitment-related submissions here and in our updated recruitment comments in Year 1, we have made comments in our Year 2 compliance comments and in our main Submission to the Monitor.</li> </ul>
<p>6. Approve and implement a government wide data collection mechanism to track and update baseline data as required in a timely and consistent manner as required and to provide data updates twice yearly.</p>	<ul style="list-style-type: none"> <li>• The DRC notes that there appears to be an inter-departmental ‘siloeing’ of data collection. DCS/OSD seems unaware of data that Health and other Departments routinely collect regarding patients still living in hospitals even though they have been medically discharged and designated ‘Alternate Level of Care’ (‘ALC’). Thus, in responses provided to the DRC queries regarding ALC data in the <a href="#">Appendix B report filed in January 2025</a> [and required by <a href="#">App. B, 1(a)(iv)</a>], the Province stated: “ALC is a Nova Scotia Health term and not one we use when adding a name to the SRL nor is it captured anywhere in DSP’s data tracking....We were temporally [sic] able to report on ALC in the Year 1 report because of access to a manual dataset being used for a project at that time to support transitioning persons from hospital.”</li> <li>• Clearly, the tracking of not just this data point but all those contemplated by the Remedy must be shared &amp; accessible inter-departmentally to promote and ensure Remedy compliance and accountability—indeed, public transparency.</li> <li>• We urge the Monitor to examine this point and recommend to the Province to file more complete/Remedy compliant data in Appendix B—especially all the data</li> </ul>

	disclosure requirements located in Appendix B, paras. 1-6 [e.g., 1(a)(iii) & (iv) & 2(f)]
<p>11. DCS/DSP to continue with urgent new services that are aligned with the Remedy such as: (b) development with the Remedy such as Shared Services, and new ILS places</p>	<p>Province claims ‘Complete’, but:</p> <ul style="list-style-type: none"> <li>• In the interests of avoiding duplication and for convenience, the DRC’s comments regarding the development of both Shared Services and ILS are found in our Year 2 comments.</li> </ul>
<p>15. Commence work to remove waitlist for eligible applicants by establishing a human rights compliant pathway that ensures timely access to accommodative assistance. For the purposes of this Interim Settlement Agreement, “accommodative assistance” means social assistance, including supports and services, that meet the different needs of persons with disabilities.</p> <p>a. This to include such elements as alignment with an enhanced DSP Intake and triage function, referrals to LAC/IPSC/Care Coordination/Emergency Response Team/other services and supports such as health and housing.</p> <p>b. The pathway to also identify where additional supports may be provided to streamline DSP eligibility determination.</p>	<p>Province claims ‘Complete’, but:</p> <ul style="list-style-type: none"> <li>• This is a crucial obligation that was to have begun early on in the Remedy and carried on from there. DRC has several concerns regarding the Province’s failure to include in its DSP Policies the entitlement of all persons with disabilities to accommodative assistance without delay in their community of choice. However, in order to avoid duplication of our comments, they are briefly listed in #16 immediately below ahead of being fully discussed in conjunction with obligation #44 in Year 1.</li> </ul>

<p>16. Approve and implement eligibility and key DSP policy review and update, including rescinding Eligibility policy sections 9.3 and 9.4.</p> <p>(a) Scope review of Licensing and standards.</p> <p>(b) Review and address situation of individuals previously denied.</p>	<p>Province claims ‘Complete’, but:</p> <ul style="list-style-type: none"> <li>• As referenced in #15 immediately above, this obligation raises questions regarding the required ‘approved and implemented’ revisions to <u>eligibility and other key provisions</u> of the DSP Policy Manual.</li> <li>• In fact, there have only been fairly minor eligibility changes to the DSP Policy Manual which have been made since the Remedy came into force (e.g., deletion/repeal of Policies 9.3 and 9.4 &amp; replaced with ‘Collaboration’ Policy 9.0).</li> <li>• DSP <a href="#">General Eligibility Policy 4.0</a> remains today as it has for decades. Fundamental DSP categorical eligibility problems remain and now appear to be further entrenched.<sup>1</sup></li> <li>• These will be addressed more fully in the DRC Submissions for Years 1 &amp; 2 but are listed here to flag that there remain vitally important issues which have been on the Province’s Remedy ‘to do list’ for over two years.</li> </ul> <p>The Remedy and a human rights-based DSP Policy require the following key policy reforms:</p> <ul style="list-style-type: none"> <li>• Re eligibility: <i>comprehensive eligibility</i> without categorical/diagnostic ineligibility clearly set out <i>in</i> the DSP Policy;</li> <li>• Re entitlement: clearly expressed <i>right</i> to assistance <i>in</i> the DSP Policy Manual for applicants who meet the eligibility requirements.</li> <li>• Re entitlement to <i>adequate assistance</i>: the Remedy’s requirement (see #15 immediately above) that assistance must be “accommodative” i.e., “social assistance, including supports and services, that meet the different needs of persons with disabilities” must be expressed <i>in</i> the DSP Policy—including the DSP IF Funding Bands.</li> <li>• Re the <i>delay</i> in receiving assistance for eligible persons needs to be addressed <i>in</i> DSP Policy, and finally</li> </ul>
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<sup>1</sup> See e.g., Collaborative Eligibility Pathway Document #117.

	<ul style="list-style-type: none"> <li>• Re <i>community of choice</i>: a clearly expressed right must be contained in DSP Policy, making clear that all persons in need have the right to live a supported life in their community of choice.</li> <li>• These key issues will be discussed at greater length in the DRC’s Years 1 &amp; 2 compliance report and the DRC’s primary Submissions.</li> </ul>
<p>17. Support Adult Capacity and Decision-making Act (ACDMA) review process by linking DSP to the review. Focus should be on using the presumption of capacity in NS law and on the practice of Supported Decision Making</p>	<p>Province claims ‘Complete’, but:</p> <ul style="list-style-type: none"> <li>• The DRC’s comments on this obligation, those in Year 1 will be presented in connection with Year 2 obligation #6.</li> </ul>
<p>19. Coordinate Seniors and Long-Term Care (SLTC) and DSP to work collaboratively on the development of consistent structures for Individualized Funding (IF) programs.</p>	<p>Province claims ‘Complete’, but:</p> <ul style="list-style-type: none"> <li>• The Province indicates that it has shared the IF ‘funding bands’ with stakeholders and is now set out in their <a href="#">DSP Individualized Funding Policy</a>.</li> <li>• Crucially, however, because there is not yet experience as to the adequacy of the Support Levels set out in these bands, the DRC is not in a position to comment on their adequacy—whether they are truly ‘accommodative’ in the sense of ‘meeting the different needs of persons with disabilities.’ (Remedy, Appendix A, Feb-June 2023, <a href="#">para. 15</a>).</li> </ul>
<p>21. Establish a working group (DSP, IWK, Office of Addictions and Mental Health, Nova Scotia Health – NSH) to develop shared purpose and language on mandates, connection to the current process of development of a universal mental health and</p>	<p>Province claims ‘Complete’, but:</p> <ul style="list-style-type: none"> <li>• The DRC’s position on the Province’s implementation of this obligation are found in our main narrative submission.</li> </ul>

addictions system, partnering in case coordination between DSP and NSH for Complex Cases, and address outstanding eligibility issues.	
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