

Ministry of Children, Community  
and Social Services

# Adult Developmental Services Compliance Framework

Overview for Service Agencies

Revised June 2024

# Objectives

**To gain an understanding of how the adult developmental services compliance inspection process works.**

This orientation will:

- ✓ Highlight the compliance inspection process
- ✓ Walk you through each step of the process and identify the tools, resources and supports that are available to you
- ✓ Clarify what you need to do prior to, during and after the compliance inspection
- ✓ Clarify public posting requirements
- ✓ Clarify timelines and corrective measures for non-compliances
- ✓ Provide you with an understanding of the ministry's enforcement process
- ✓ Increase your knowledge of and compliance with the requirements outlined in *Ontario Regulation 299/10 regarding Quality Assurance Measures (QAM)* and the Policy Directives made under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPDDA)*.

# Monitoring and Oversight of DS Agencies

## Compliance as an oversight mechanism

### Oversight of Agencies

#### TP Contract Management

- Defines the ministry's relationship with agencies, and specifies reporting requirements for governance, operation, service delivery and expenditures

#### TP Reporting

- Enables monitoring of financial and service performance of TP agencies (e.g., in-depth review of the agency's operations and financials)

#### TP Risk Assessment

- Systematic approach to risk management of TP agencies
- Identifies capacity issues and feasible ways of managing risks

### Oversight of Agencies & Individuals

#### DS Compliance Framework

- Mechanism used to monitor agency adherence to quality assurance measures with a focus on health and safety of individuals in service.
- Defines timeframes for corrective action where required by agencies.
- Provides the ministry authority to enforce compliance where necessary.

#### Serious Occurrence Reporting

- Provides the Ministry with timely information when there is an incident while an individual is receiving services and supports
- Key oversight tool to monitor the appropriateness and quality of service delivery

#### Issues Management

- An internal notification process that provides timely information that could attract significant attention
- The Issues Management consist of Early Alerts and the Contentious Issues Reports

# DS Compliance Framework

## Compliance Support

- The intention is that service agencies and application entities are in compliance at all times.
- Information, support and resources are available to assist service agencies and application entities to understand the requirements and evidence required to meet regulatory expectations.
- Encourage service agencies and application entities to support one another with meeting compliance

## Compliance Inspection Process

- Inspection occurs ([physical site or paper-based](#))
- Ongoing support and issue resolution mechanism available to clarify compliance requirements
- Timelines for service agencies and application entities to implement corrective action(s) to achieve compliance
- Post inspection Letter of Compliance or Non-Compliance issued.
- All non-compliance(s) to be rectified within prescribed timelines

## Enforcement (if necessary)

Notice of Proposed Compliance Order Issued by Director with prescribed timelines

Compliance Order  
Director to establish timeframe to achieve compliance

- Extreme cases of persistent non-compliance:
- Immediate takeover (s. 31)
  - Termination of funding (s.30(7))

# Quality Assurance and Compliance

The Ministry of Children, Community and Social Services (MCCSS) has contractual agreements with transfer payment recipients (TPRs or “service agencies”) for the delivery of services and supports for eligible adults over the age of 18 years old, with a developmental disability.

- The ministry's Program Advisors conduct compliance inspections of services delivered by service agencies, under *the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* (SIPDDA).
- Programs and services currently inspected include:
  - Supported Group Living Residences (SGLR)
  - Intensive Support Residences (ISR)
  - Specialized Accommodations (SA)
  - Host Family Program (HF) (LifeShare)
  - Supported Independent Living (SIL)
  - Employment Supports (ES)
  - Adult Protective Services (APS)
  - Community Participation Supports (including day programs) (CP)
  - Caregiver Respite Supports and Services (Respite)
  - Developmental Services Ontario (DSO) offices

# Programs and services inspected



**>240**

Transfer payment recipients (funded under SIPDDA)



**>2200**

Supportive living residences (SGLR, ISR & SA)



**9**

Service programs: (5 supportive living and 4 community-based services)



**9**

Developmental Services Ontario offices (DSOs)

**Note:** The ministry does not have the authority to inspect programs and services:

- Not funded under SIPDDA (i.e., Passport which is funded under the MCSSA)
- Provided by private third-party operators or outside paid resources (OPRs) contracted by TPRs
- Person directed planning services and supports
- Professional and shared services (clinical services)
- DS Community Networks of Specialized Care (CNSC)

# Monitoring Quality in Service Delivery

Two types of compliance inspections are used to support oversight and quality of service delivery, with a focus on health and safety of individuals in service:

## Scheduled



### Due diligence monitoring of service agency adherence to QAM requirements.

- Regularly-scheduled (every 9 to 15 months).
- The ministry is required to provide a minimum of two weeks written notice.
- Includes:
  - Paper-based review of policies and procedures, board records, staff records, individual records, and records and documentation; and
  - Physical site inspection of eligible service sites with all SGLR or ISR sites visited at least once every three years.

### Additional follow-up inspections will be conducted if:

- Agency meets threshold for being at a "higher risk" from a compliance perspective, including high number of non-compliances, and/or significant recurring compliance issues from the last annual inspection.

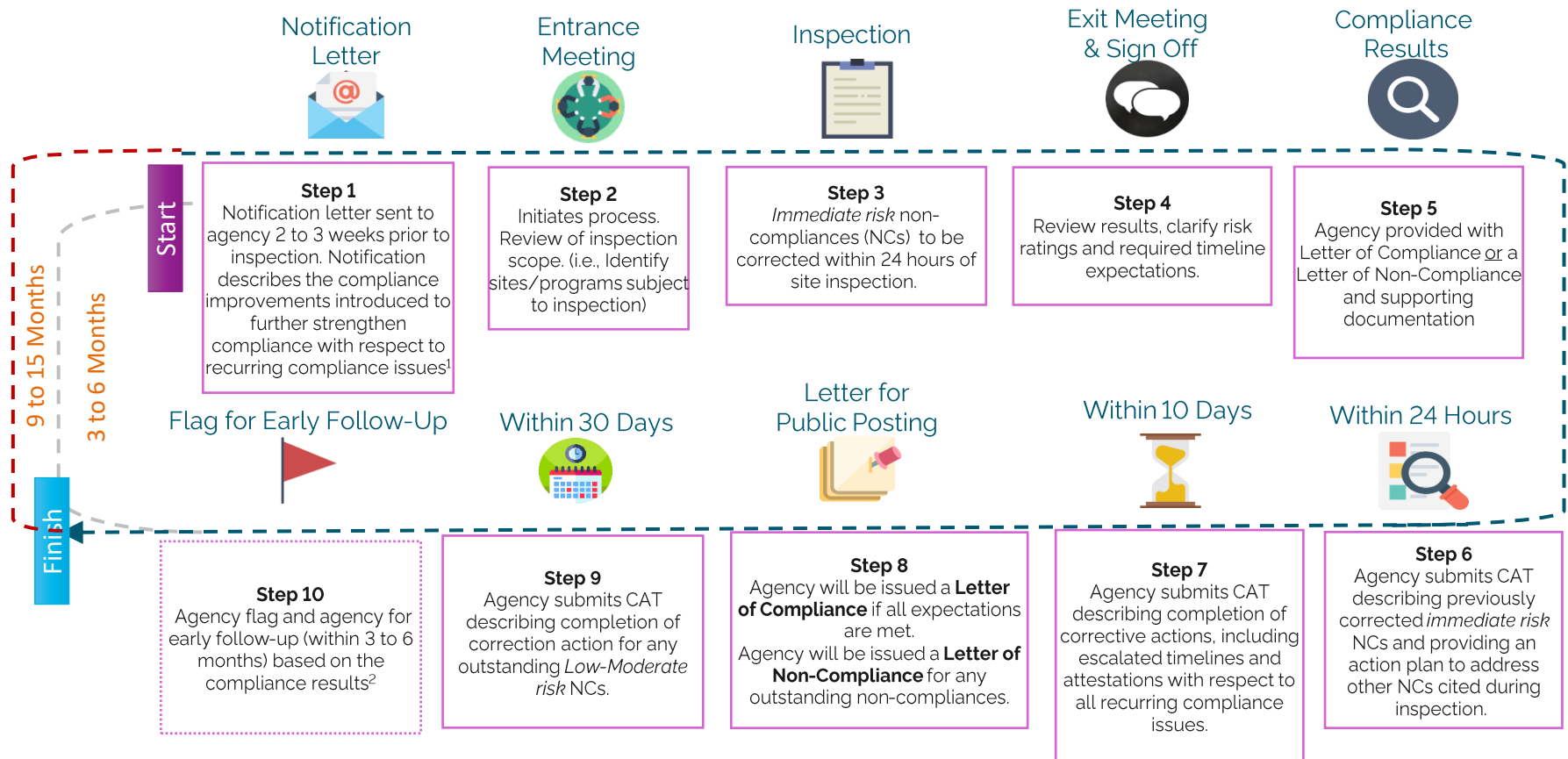
## Unannounced



### MCCSS response to potential immediate risk to the health and safety of individual(s) or misappropriation of ministry funds.

- Typically occurs within one to three days of identification of issue.
- Service agency is advised one hour prior to program advisor(s)' arrival on site.
- Targeted review of service agency's adherence to a selection of quality assurance requirements that relate to the issue identified.
- Typically involves paper-based review of records and documentation AND physical site inspection of service site.

# Compliance Inspection Process



1. Recurring non-compliances have their risk rating increased with shortened timelines for corrective action. In addition, service agencies must submit written attestation across all their programs and services, as appropriate.
2. "High Risk" for compliance purposes, as considered by the ministry ([see additional considerations](#)).



# Compliance Inspection Process

## Step 1: Notification letter

Notification letter of upcoming compliance inspection is sent to the service agency's Executive Director or Chief Executive Officer (copying the President of the Board of Directors) two to three weeks prior to the compliance inspection start date. A copy of the letter is also sent to the service agency's MCCSS Program Supervisor.

- The Notification of Upcoming Compliance Inspection letter contains:
  - Date, time and location of entrance meeting
  - Who is required to participate
  - Purpose of the compliance inspection
  - List of documents to be made available for the inspection
  - Copy of the inspection report detailing the Regulation 299/10 and Policy Directive requirements.
  - Tip sheet offering suggestions for preparing for an inspection
- The email accompanying this letter will also include information on key compliance resources i.e.:
  - DS Compliance Indicator List
  - QAMClear
- All of these resources can be found on the [www.qamtraining.net](http://www.qamtraining.net) website

# Compliance Inspection Process

## Step 2: Entrance Meeting

The Program Advisor will conduct an entrance meeting with the service agency to review the inspection scope and initiate the process by:

- Describing the purpose of compliance inspections for service agencies receiving funding under SIPDDA
- Confirming the programs and sites to be reviewed as well as the schedule.
- Identifying random selection of staff and volunteer records for sites and programs inspected.
- Discussing post-inspection non-compliance follow-up activities, and timelines for corrective action, including the attestation and validation process for recurring non-compliance.(s)
- Discussing available compliance supports and address any questions.
- Scheduling the exit meeting to discuss inspection findings, trends, best practices and clarify expectations and specific timelines based on the severity of non-compliance(s).

# Regular Compliance Inspection Process

## Inspection by Program Type



### Physical Site & Paper-based



Assesses the health & safety conditions

Reviews quality of documents & evaluates policies and procedures



### Paper-based

Reviews quality of documents & evaluates policies and procedures

#### Programs Currently Inspected

#### Supported Group Living Residences (SGLR)

- 100% of sites every 3 to 5 years
- For all sites inspected, all files will be reviewed

#### Supported Independent Living (SIL)

- 100% of files reviewed every 3 to 5 years

#### Intensive Support Residences (ISR)

- 100% of sites every 3 to 5 years
- For all sites inspected, all files will be reviewed

#### Host Family (HF) (LifeShare)

- 100% of files reviewed every 3 to 5 years

#### Specialized Accommodations (SA)

- 100% of sites every 3 to 5 years
- For all sites inspected, all files will be reviewed

#### Caregiver Respite Services (Respite)

- Sampling of files – greater of 5 files or 15% of total every 3 to 5 years

#### Community Participation Supports (CP)

- site inspected and sampling of files – greater of 5 files or 15% of total, every 3 to 5 years

#### Adult Protective Services (APS)

- Sampling of files – greater of 5 files or 15% of total every 3 to 5 years

#### Employment Supports (ES)

- Sampling of files – greater of 5 files or 15% of total over 5 years

#### Application Entities (DSOs)

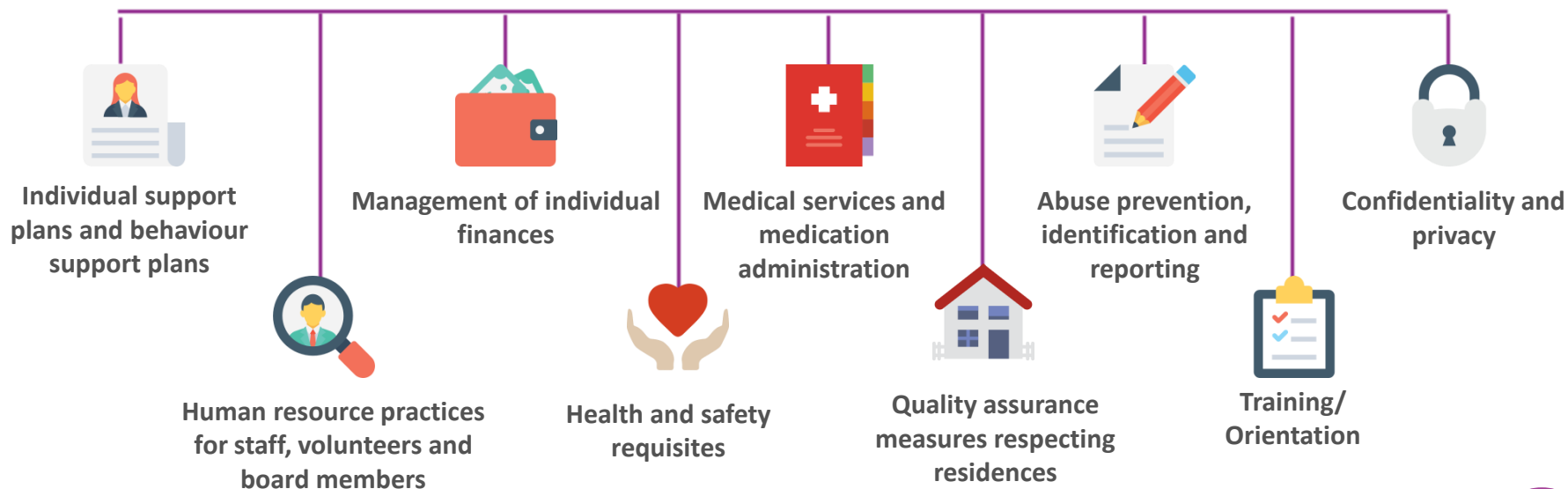
- Sampling of files – greater of 5 files or 15% of total every 3 to 5 years

# Compliance Inspection Process

## Inspection Criteria

There are up to 350 indicators per compliance inspection (depending on programs inspected) to assess a service agency's compliance with Quality Assurance Measures (QAM) and the policy directives, grouped under the following categories:

- Policies and Procedures (up to 82 indicators)
- Board Records (9 indicators)
- Staff – Volunteer Records (up to 27 indicators)
- Individual Records (up to 98 indicators)
- Records and Documentation (up to 100 indicators)
- Site Inspection (up to 34 indicators)



# Compliance Inspection Process

## Risk Rating of Compliance Indicators



### Non-compliance

Assigned to an indicator when there is insufficient evidence that a service agency is adhering to a requirement.

### Compliance by Numbers

Total indicators: 350

- Immediate: 5
- High: 34
- Moderate and Low: 312



### Risk Ratings

Based on the potential threat of the non-compliance to health and safety of person(s) supported.

Low



Moderate



High



Immediate



### Timeframe for corrective action

Maximum amount of time in which service agency is required to demonstrate corrective action.

40 bus. days



10 bus. days



24 hours\*



### Recurring Non-compliance

When non-compliance with the same indicator is found in back-to-back inspections, enhanced timelines are enforced

10 bus. days



24 hours



Before end of inspection day



\*confirmation that issue has been mitigated immediately and confirmation of full completion within 24 hours

# Compliance Inspection Process

## Step 4: Exit Meeting and sign-off

### Review inspection results:

- Highlights of service agencies' best practices observed during the inspection
- Review areas of non-compliance
- Explain risk rated non-compliance(s) and timelines for corrective action
- Explain additional post-inspection requirements for recurring non-compliance(s)

### Compliance inspection report:

- Sign off, where all parties are in agreement with the content
- If the service agency does not agree with the inspection findings they do not have to sign. In cases of disagreement, it is recommended that an inquiry be submitted to [DSCompliance@ontario.ca](mailto:DSCompliance@ontario.ca).

# Post Inspection Compliance Status

Upon completion of the inspection, the service agency will be deemed either in compliance or in non-compliance.

## IN COMPLIANCE

- Letter of Compliance, and Inspection Summary Report will usually be sent within 24 hours to the service agency's Executive Director (copying the Board Chair and MCCSS Program Supervisor.)
  - The Inspection Summary Report outlines all QAM and policy directive requirements that were reviewed and includes additional notes.
- No further action is required.

## IN NON-COMPLIANCE

- A Letter of Non-compliance, Inspection Summary Report, and Compliance Action Template (CAT) will usually be sent within 24 hours to the service agency's Executive Director (copying the Board Chair and MCCSS Program Supervisor.)
- The Inspection Summary Report outlines all non-compliances and includes what is required for compliance with the QAM and policy directive requirements.
- The CAT is to be completed by the service agency to provide evidence of the corrective measures taken to address the non-compliance; and/or an action plan to address how the agency will address the non-compliance(s).

**Contact your ministry Program Advisor or Program Supervisor for all inquiries which specifically relate to an inspection. The DS Compliance email address should be used prior to a compliance inspection, or if during an inspection this inquiry could support an outcome prior to the compliance inspection exit meeting.**

# Compliance Inspection Process

## Posting Letter of Compliance or Non-Compliance

Service agencies are required to post a hard copy of the Letter of Compliance or Non-Compliance that is issued by the ministry following a compliance inspection.

- Letter of Compliance or Non-Compliance is sent to the agency within 10 business days post exit meeting.
- Within three business days of receipt of this letter from the ministry, the service agency must post the letter at or near the main entrance of the head office of the service agency in a prominent location of the office so that the letter is clearly and easily visible to those who enter. The ministry suggests agencies also consider posting their letter on their website.
- This letter must continue to be displayed until the completion of a subsequent compliance inspection (or when the ministry sends someone to confirm compliance has been achieved).
  - Where the ministry assesses that a service agency (under SIPDDA) remains in non-compliance beyond the timelines for corrective action due to reasons not solely within the service agency's control to rectify, a separate Letter of Non-Compliance may be issued that recognizes these circumstances.



# Follow-Up and Enforcement



## Recurring Non-compliance

When a non-compliance is found with the same indicator in back-to-back inspections, enhanced timelines are enforced and the service agency will be required to submit an attestation to the Ministry, in writing, to having corrected the non-compliance throughout the agency and across all its programs and services, as appropriate.



10 bus. days



24 hours



Before end of inspection



**Within 3 months:**



## Validation of attestation of corrected recurring non-compliance

Ministry validates the service agency's attestation of having corrected the recurring non-compliance items across all of its programs and services, as appropriate. This may include:

- Review of additional records/files
- Additional focused site inspection(s)



**Where a service agency remains in non-compliance, the ministry will initiate the enforcement process, as deemed necessary.**

# Compliance Framework

## Enforcement

- Progressive enforcement approach.
- Enforcement tools:
  - Notice of Proposed Compliance Order (NOPCO) (issued by Director):
    - gives rationale for intended order; agency has right to respond within a specified time period.
  - Compliance Order (issued by Director):
    - Where response to NOPCO is not received or is insufficient in addressing the concerns;
    - Agency must comply within specified timeframe;
    - During this time, agency may not be eligible for any new Ministry funding.
- Throughout the enforcement period, various ministry staff are available to all levels of the agency (ED, board of directors etc.) to clarify expectations and the consequences of not complying.

Failure to comply with NOPCO could result in further ministry action including:



Administrative  
takeover of agency



Prosecution in  
the courts



Restriction or  
withdrawal of Funding

# Compliance inspection process

## Additional Considerations

Agencies may be inspected earlier or more frequently based on their previous inspection outcomes.

The ministry considers the following factors when determining the frequency of compliance inspections:

- Number of non-compliance(s) in previous inspection or risk-level of non-compliance(s)
- Recurring non-compliance(s), year over year
- Length of time the service agency takes to come into compliance
- Previous enforcement(s).

# Compliance supports

## DS compliance inspection indicator list

The developmental services compliance inspection: indicator list (“Indicator List”) is the primary tool used to assess and confirm compliance during inspections. It can also help service agencies understand program requirements.

### INTENT

- The section on intent outlines the rationale for each requirement under the regulation and the policy directives.
- It highlights the risk ratings for each requirement using colour codes. Priority should be given to addressing the red (Immediate) and yellow (High) requirements.

### INDICATORS

- The indicators show how Regulation 299/10 and Policy Directives requirements are applied to SIPDDA-funded services and supports (e.g., which requirements apply specifically to a Community Participation supports and services inspection).
- The list of indicators, although not exhaustive, specify methods that the service agency **may** use to show or indicate compliance with the sections of the legislation and policy directives.

### REQUIRED FOR COMPLIANCE

- The Indicator List focuses on two types of evidence (documentation and physical inspection) and outlines what is required to show compliance
- The Indicator List is not intended to replace a service agency's need to seek independent legal advice with regards to their compliance with the program requirements.
- The Indicator List should be used in conjunction with the Compliance Inspection Report.

# Compliance supports

## ONBoardkhub.ca

Service agencies are encouraged to visit the [qamtraining.net](http://qamtraining.net) website for links and access to SIPPDA legislation, QAM regulations, policy directives and other resource documents.

- **Developmental Service Compliance Inspection: Indicator List**
  - Complete list of all requirements.
- **Compliance Tip Sheet**
  - Suggestions for service agencies to achieve compliance in advance of an inspection. The tip sheet will normally accompany an inspection notice.
- **Host Family Operational Guidelines**
  - Operational guidelines for service agencies to achieve compliance with the policy directives for the host family program.
- **QAMClear**

Supporting resource to help address frequently asked questions by the developmental services sector. This document is updated when trending issues are identified or when specific “grey areas” require resolution. Note that only some indicators are included in this document.

QAMClear includes the following information:

- QAM or policy directive requirements
- Intent of the requirement
- Issue identified as a result of the analysis and the feedback from the sector
- Operational guidance - evidence for compliance or non-compliance

# Compliance supports

## Ministry staff

### Program Advisor (PA)

- Conducts agency-based inspections, evaluates the operations of agencies to ensure compliance with regulatory requirements and policy directives
- Identifies compliance-related issues and makes recommendations for corrective action/improvements
- Provides clarification to service agencies on the compliance inspection process and timelines
- Communicates the ministry's expectations for strengthening compliance across the developmental services sector
- Provides service agencies with ongoing compliance support outside of the compliance inspection period.

### Program Supervisor (PS)

- Manages the service contracts and funding arrangements with service agencies
- Supports agencies to follow QAM requirements
- Answers questions related to funding and service targets
- Attends inspection entrance & exit meetings, where possible
- Connects with Program Advisors to advise of concerns about agency performance that should or could be reviewed during a compliance inspection.

# Compliance improvement

## General queries, issue dialogue and resolution

### **DSCompliance@ontario.ca**

- The ministry has developed an informal issues dialogue and resolution mechanism for service agencies to contact to:
  - Address any issues that may arise during the compliance inspection process, and/or
  - Clarify the intent of the QAM requirements and policy directives under SIPDDA outside of a compliance inspection.
- Issues dialogue and resolution inquiries must be submitted in writing by a service agency to [DSCompliance@ontario.ca](mailto:DSCompliance@ontario.ca)
- Inquiries should have a clear objective (e.g., the purpose is to clarify directions for compliance or provide feedback on the requirements and policy directives).
- As issues are resolved, the ministry will consider the benefit of including them in the QAMClear document for your future reference, as appropriate.

### **Compliance Experience Survey**

- The ministry encourages service agencies to participate in the customer service satisfaction survey once the inspection is completed (accessible via a link in the post-inspection email to service agencies).