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## Slide 1 – Kevin - Welcome

Good afternoon, everyone! My name is Kevin Lockwood, and I'm the manager of the Quality Assurance and Compliance Unit. I want to welcome you to today's webinar - which is the first of two sessions on Developmental Services Compliance for Developmental Services Ontario offices.

Before we begin, I just wanted to make a few comments. The first thing I would like to do is apologize again for not meeting with you sooner:

- I think I may have told you this before but in 2020, we were going to begin these sessions, but COVID had other plans for us and my team ended up being the MCCSS COVID leads for years.
- Then we had a steep backlog along with some health and safety issues we had to mitigate with the TPRs due to such a high turn-over in staff in the sector.
- However, we are here now! And we are committed to working with you ahead of any future inspections.

Today will be a description of the compliance framework that guides the inspection process as well as reviewing the compliance supports that are available to all the DSOs. Next time, a straight up Q&A session to answer any questions you have and we will bring Mark Brown, one of our Program Advisors to support the discussion.

Our compliance framework is simple, open and transparent. There are no secrets or a “gotcha” approach that we take. We have created many compliance supports to help you understand the regulations – in plain language and not in government speak – I mean even sometimes I feel like I need to be a lawyer to understand some things. We don't want you wasting your time ‘just trying to figure out what is expected’. You don't have time for that. We know how busy your DSOs are and we understand the constraints that you are under.

Like the service agencies, we want what is easiest and quickest for you. Moving forward, you will have the opportunity to check in with us when you are unsure about a certain requirement, or what it means or what is expected. The one thing we can't do is tell you exactly how to do something – we have to leave that to each DSO. In addition, we want to hear from you. We are revamping our post

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inspection surveys and we want to know how we can do inspections more effectively, or whether you had a bad experience, or if you disagree with an inspector's decisions, you can contact us to walk through the issue BEFORE the end of your inspection. We want open dialogue with you as we all want the same thing at the end of the day.

And I have to say, we understand what it is like being inspected. We have a provincial auditor that spends 6 months with us asking for information constantly, we are justifying how we are doing things and why, they are looking at all our paperwork and reports, etc. *(State my 2020 auditor example here so I know how you feel being inspected)*.

One thing that came up when I read the letter of recommendations was changes to the policy. Our team doesn't have the authority to change the regulations or policy directives. It is our role to inspect against the regulations as they are currently written. However, we have taken any comments or suggestions you have made, or what our inspectors have made, to the policy branch. We have a joint list we started for whenever the policy branch conducts a QAM review to identify areas to relook at in the future and see what makes sense.

And one last thing – these sessions really are for you – and there is no judgement – this is a safe space where there are no dumb questions. We like to be rather informal so no one feels uptight or they need to watch what they say. So please take the opportunity to ask any questions while you have us here and for the Q&A session coming up. If you are camera shy, then you will also have other means to connect with us that Holly will explain a little later to you. I have taken up enough time, but I just wanted to introduce myself and hope this will be an informative session for everybody. Now I will turn it over to Holly....

## Slide 2 – Purpose and Objectives

👋 Thank you, Kevin. My name is Holly Sabara, and I am a Team Lead with the Quality Assurance and Compliance Unit. The purpose of today is to provide you with the basics about compliance and inspections so we all have the same understanding of the process and what is to be expected. We will go over this with you today so you can understand the context of how we do inspections for every application entity or DSO. This is a completely transparent process, and we want to support the DSOs in meeting their compliance objectives.

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I'm going to request that we don't take questions throughout today's presentation, because we are recording it for future reference. However, after the presentation you can simply raise your "hand" in teams and you will be called upon in order.

👉 The second session will be scheduled for next month. The next session will be completely open for DSOs and their teams to ask any specific questions about the inspection process, or the requirements/policy directives and compliance in general. And we will provide you with the opportunity to submit your questions ahead of time as we are sure some of you will have similar questions.

So, why have we suggested the nine Developmental Service Ontario offices from across the province log onto a ministry information session? The reason is three-fold:

- 1) to further strengthen our partnership with the DSOs, as well as to provide an opportunity to meet and greet with all the new faces within each of your offices;
- 2) to refresh your knowledge about SIPDDA, QAM and the Policy Directives; and
- 3) as a result of the letter submitted by DSOs to the Ministry in the summer of 2024, we want you to know that we have heard you and we want to make things easier for you.

👉 By the end of today's session, our goal is for you to increase your knowledge regarding:

- adult developmental services (DS) legislative and regulatory requirements
- the quality assurance measures (QAM)
- the policy directives
- the ministry's compliance framework
- what happens before, during and after a compliance inspection?
- how to come into compliance after an inspection
- recurring non-compliances
- the enforcement action(s) available to enforce QAM, and,
- what resources and supports are available to you to assist you in maintaining compliance between inspections.

## Slide 3 - Legislative Requirements


👉 Transfer payment recipients (both service agencies and Developmental Services Ontario offices) receive provincial funding under the Services and Supports to Promote


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the Social Inclusion of Persons with Developmental Disabilities Act, 2008, from here on out we will refer to this Act as SIPDDA.

As most of us know, the purpose of SIPDDA is:

- To **protect** the health and safety of individuals receiving ministry funded services and support and
- To **promote** social inclusion, individual choice, independence and rights of adults with a developmental disability
- To apply a consistent approach when assessing and determining an individual's level of need

 Regulation 299/10 Quality Assurance Measures, otherwise known as 'QAM', outlines specific requirements that application entities must meet when providing services to Ontarians with a disability, 18 years of age or older. QAM provides consistent, transparent and equitable tools and processes for assessing the support needs of individuals with developmental disabilities, seeking to be connected to an appropriate service agency within their community.

, Additional mandatory requirements and direction are outlined in a number of policy directives, made under SIPDDA.

These include:

1. Policy Directives for Service Providers.
  - a. The Complaints/Feedback process
2. Public Posting regarding your compliance status
3. Policy Directives for Application Entities

## Slide 4 – Role of the Program Advisor

Let's briefly review the role and authority of the Program Advisor and clarify a couple of terms regularly used during an inspection.

- The PA receives their authority through SIPDDA, 2008. The Act provides the following:
  - gives the Minister the authority to appoint inspectors for the purpose of completing inspections of...application entities...
  - at any reasonable time, an inspector may, without warrant and in accordance with the prescribed criteria, enter premises that are owned or operated by...an application entity...in order to carry out an inspection.

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As part of the general regulation under the Act, the inspector must provide at least two weeks' written notice to the service agency, application entity or funding entity before the day of entry. The notice must include the purpose for the inspection.

### **During an inspection, an inspector may:**

- (a) require any person in the premises to produce any document, record or thing that is relevant to the inspection;
- (b) upon giving a receipt for it, remove any document, record or thing that is relevant to the inspection for the purposes of making copies or extracts;
- (c) question any person present in the premises on matters relevant to the inspection;
- (d) Omitted: Relates directly residential
- (e) use any data storage, processing or retrieval device or system used in carrying on business in the premises in order to produce a document or record in readable form.

## **Slide 5 Compliance overview**

Before I begin describing the compliance framework, I would like to begin by giving an overview of what compliance is and how best to indicate compliance within your work.

QAM compliance reviews are evidence-based inspections, meaning in order for a PA to confirm that you and your organization are compliant, a PA must review your documentation. A PA will not be reviewing the content of each document, but just ensuring the document itself exists, is stored in DSCIS and when the document was created or shared with the applicant.

Keep in mind a compliance inspection of the DSOs is all process and document based. Timelines matter when it comes to compliance. For example: once you determine if an applicant is eligible or not, you have to notify the applicant within 20 business days, in writing what the decision is. The clock will start ticking once your DSO region has made the decision regarding their eligibility.

The documentation should be enough that the PA, or anyone else, can follow the bouncing ball. If the documentation is in place, the PA often doesn't need to ask for clarification or for the Assessor Supervisor to verify the data.

It is the role of the DSO to demonstrate evidence of compliance during an inspection. It is the PA's job to verify the evidence that supports compliance with the regulation and policy directives. Given the large number of individuals each region processes each year, inspectors will select only a sample of files to review - not all files will be reviewed.

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Even when the non-compliance is identified in a single applicant's file - it is deemed a non-compliance.

**Inspections typically include, but are not limited to, a review of:**

- Full-time, part-time, relief, casual staff members and volunteers.
- A representative **sample** of Applicants' files to assess compliance with eligibility **and** the three-stage review process.
- Incident and Serious Occurrence Reports.
- Confirming the completion of a person's Application for Developmental Services and Supports (ADSS) and the Supports Intensity Scale (SIS)

## Slide 6. DSO Inspection Statistics

Looking back at the trends of previous inspections we have seen every DSO office is progressing in a positive direction. Meaning, every region has seen great improvement from one inspection to the next.


This chart provides the results of your three compliance inspections. Before we go on, I would like to stress the success you have seen in only three.....**three** inspections.

Our inspection stats are telling us that compliance trends for the DSOs are moving in the correct direction. Let's look at this closer:

Your first inspection was in 2012-13, where we saw the highest total number of non-compliances across all DSOs – 116 in total. Your second inspection completed in 2017-18 there was a huge improvement, there were only 48 non-compliances, a decrease of 68 NCs across all nine regions – great job. During the most recent inspections 2023-24 there was a further drop in the number of total non-compliances, down to 17, which is a further decrease of 51 NCs across regions. And we want to help you bring the number of non-compliances down even further.

## Slide 7 – DSO Inspection Trends

During those inspections, this is what we found:

-  In 2017-18, 0 of the DSOs were found to be compliant at the time of inspection.
- Now, comparing these numbers to what we saw in the 2023/24 fiscal year, 2 DSOs were noted as having 0 non-compliances at the time of inspection.

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- 📄 The average number of non-compliances identified per DSO was 5.33.
- 📄 Whereas in 2023-24 the average number of non-compliances identified per DSO decreased to 1.86 non-compliances per region.
- 📄 In 2017-18 0 DSO offices were cited as having recurring non-compliances for the same indicator in back-to-back inspections.
- At the time QACU did not emphasize recurring non-compliances, however starting in 2023, the Ministry has been tasked with monitoring any recurring non-compliances observed at a DSO or a Service Provider. A recurring non-compliance is when the exact same indicator is cited in back-to-back inspections. There was a total of 5 offices across the province in 2023-24 which experienced a recurring non-compliance. – more on the specifics of the recurring to be discussed later in the presentation.

## Slide 8 – DS Quality Assurance and Compliance Inspection Framework

The Developmental Services Compliance Framework is simple and transparent and focuses on three parts of a pyramid:

- A) Compliance Promotion or “Compliance Supports”,
- B) Compliance Assurance (or Inspections)
- C) and Enforcement, if necessary.

📄 To support this model, our team aims to first and foremost enhance your QAM compliance through our Compliance Supports. We provide the DSOs with the information you need to help you maintain compliance at all times through our DSO Indicators List. All of the compliance supports we’ve created are located on the new OnBoardkhub.ca website in English and French:

- 📄 Compliance Assurance includes inspections and audits as a means of confirming compliance of the sector.
  - Paper reviews are conducted to confirm compliance.
  - The PA is also available for you to ask any questions throughout the year.
  - During the inspection itself, if the Director disagrees with the Program Advisor’s assessment after they have discussed the issue together and tried to resolve, there is some recourse for you. The Director can contact the DS Compliance corporate team by sending an email to [DSCompliance@ontario.ca](mailto:DSCompliance@ontario.ca) to discuss the requirements/issues. The

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corporate team will either validate what the Program Advisor said or clarify whether the issue is compliant.

✚ And finally, SIPDDA sets out the mechanisms used to **enforce** these requirements when application entities are found to be in non-compliance and exceed all prescribed timelines issued by the ministry to come into compliance. If a DSO remains in non-compliance the Ministry may issue a “Notice of Proposed Compliance Order” which instructs the agency to come into compliance. Persistent non-compliance may ultimately involve immediate takeover or termination of funding, as outlined in SIPDDA.

### Slide 9 – Compliance Inspection Process

✚ So we have reviewed the general compliance framework for application entities. Now let's look at the actual inspection process that you go through.


#### Step 1 – Notification:

✚ The process always starts with an email notification sent to the DSO's Executive Director, by the Program Advisor, **two weeks prior** to the inspection. SIPDDA's General Regulation 276/10 provides that the inspector must provide at least two weeks' written notice to the service agency, application entity or funding entity before the day of entry. The notice must include the purpose for the inspection.


- The notification email contains 3 attachments.
  - The notification letter which outlines the entrance meeting details and sets out the documentation needed to be reviewed during the inspection.
  - And the 2 other attachments included are resources to be used in preparation of an inspection, including:
    1. a tip sheet which provides each region with links to our website (OnBoard)
    2. and a blank compliance inspection report, which lists all the program requirements for each office.
- During this 2-week period leading up to the inspection, this is a good time to prepare for the inspection. This includes providing access for program advisors to any agency databases, such as DSCIS, that are utilized. It is also helpful to compile a list of DSO staff, and their start dates, and the number of applications each Assessor processed over the past 18 months. It is also helpful to compile a list of names of applicants whose application packages were processed over the last 24 months, including those that went to stage 2 or stage 3 eligibility decision review.



## Slide 10 - Step 2 – Entrance Meeting

-  Next step is the entrance meeting where the Program Advisor, will initiate the compliance inspection process. Here the PA will:
  - review and share the scope of the inspection
  - Request a list of individuals who were:
    1. deemed eligible,
    2. deemed non-eligible,
    3. eligible but not yet 18,
    4. those who used the urgent response process, and
    5. those who contested the decision by way of the 3 stage dispute process.
  - clarify contacts and protocols within the agency,
  - Outline post-inspection non-compliance follow-up activities, and timelines for corrective action,
  - recap the last inspection results,
  - tentatively schedule the exit meeting,
  - This is also the place where you can ask any questions you may have.

## Slide 11 - Step 3 – Inspection

-  The compliance inspection itself is the next step.
- This is where the Program Advisors assesses compliance against QAM, and the policy directives made under SIPDDA.
  1. Given the nature of the work performed by the DSOs the inspection includes the documentation you have uploaded to DSCIS. This can be done either remotely, if everything is contained in DSCIS and/or in person at your agency if the office uses a secondary database, which houses information needed to confirm compliance.
    - ❖ For example, but not limited to:
      - If the DSO uses another database to track phone calls and what was discussed in the phone call, or
      - Case management notes that pertain to the eligibility process or the to three-stage appeals process.
    - And a review of records & documents, includes an assessment of whether the agency is following their own policies and procedures; and,
    - a paper review is done of board records, staff and volunteer records.

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Program Advisors are assessing compliance against each program requirement that corresponds to a part of the regulation or policy directive.


During an inspection you will be kept abreast of the non-compliances or potential non-compliances that PAs have observed to date. PAs will communicate with you throughout the process, and providing you with valuable information that will help support you to come into and remain in compliance. We recommend that you address any non-compliances as soon as you can and well before the timelines given, as best as possible.

PAs will cite a non-compliance where there is insufficient evidence to demonstrate compliance with the QAM requirement.

As discussed earlier, if there is a disagreement with the inspection findings, DSOs can always contact the [DSCCompliance@ontario.ca](mailto:DSCCompliance@ontario.ca) email account where the QACU corporate team will objectively review the circumstances of the issue and provide a response.

If a DSO ED is still not satisfied, they can write into the Director to request a review, again, through the DSCCompliance email account. There is not a formal appeals mechanism under QAM, however we have established this process in an attempt to be fair to all service agencies and application entities.

## Slide 12 - Step 4 – Exit Meeting

 PAs will schedule an exit meeting at the conclusion of the inspection, which may be in person and/or virtual using Microsoft Teams or zoom.


- Generally speaking, the results of the inspection should not come as a surprise to you or your agency at this point. Many conversations will have been had and you will likely have already started correcting the identified non-compliances during the inspection.
- In the exit meeting, the PA will:
  - share the inspection results, including the positive actions you are taking
  - PAs will highlight any best practices observed during the inspection
  - review any areas of noncompliance
  - explain each non-compliance
    1. expected timelines for corrective action,
    2. and post inspection requirements
    3. As well, PAs will make recommendations which may help avoid any potential future non-compliances.

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- After the exit meeting the PA will send a copy of the Compliance Inspection Summary Report to the agency, via email.

The agency will need to sign the Compliance inspection summary report, to confirm their agreement with the results and return to the PA within 3 business days.


### Slide 13 - Step 5 - Compliance Results

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- If the DSO is compliant at the exit meeting, the PA will forward the following:
  - A letter of Compliance (for posting) and
  - Final compliance report to the ED.

If the DSO is non-compliant at the exit meeting, the PA will forward the following:

1. Compliance Inspection Summary Report,
  2. Compliance Action template (CAT), and,
- The compliance inspection summary report and the CAT, both, identify non-compliances, actions required for compliance and the date by which corrective action has been completed.
  - If your agency is unable to correct the non-compliances identified within the prescribed timeframe of 10 business days, the ministry will Issue a letter of Non-compliance and an extension may be issued.
  - Failure to correct all non-compliances within given timelines may result in the ministry employing progressive enforcement measures.
  - I should also mention here that as a best practice, if a non-compliance was identified in one file, as the QAM lead you may also want to check to ensure there isn't the same issue in other files or wherever else the indicator is applicable. A check across the organization is recommended. If not, you run the risk of having the PA identify a recurring non-compliance, which automatically invokes a 3 month follow up validation. We will be talking about this in just a minute.

### Slide 14 – Reviewing the CAT

 I'm just going to take a moment to walk you through how to fill out the Corrective Action Template (or CAT). For each non-compliance observed the CAT lists:

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- Column D states the regulatory reference or policy directive for which there was a non-compliance cited.
- Column E provides the risk rating of the indicator and whether it was a recurring non-compliance. – Note: All DSO Program Requirements have a risk rating of Low.
- Column F states the observed non-compliance.
- Column G provides the compliance requirement, including the timelines for corrective action.
- Column H does not apply for DSOs, as it's only for Immediate and high risk-rated non-compliances, since there are no high risk or immediate risk rated non-compliance, the DSOs may omit this column.
- The DSO has 10 business days to come into compliance.
- Column I should be filled out **indicating the date that compliance was demonstrated to the Program Advisor**. As we are an evidence-based inspection program, PAs will want to see updated documentation, demonstration of staff training or missing documents in order to verify compliance.
  - We recommend that you wait until you have completed your corrective actions for all non-compliance before presenting them to your PA, but do not wait until day 10 to provide evidence of corrective actions as this may impact your compliance status, if additional information or follow up is required.
  - This can most efficiently be completed by sharing updated documents via a Teams video call or a shared folder with the PA.
  - Remember, please do not email documents containing personal information.
- Only if an extension has been granted by the Program Advisor, would the DSO complete column J, indicating the date that proof of compliance was demonstrated to the Program Advisor. Remember all requests for extensions must be sent to your Program Advisor in writing, prior to the 10Day submission date.
- Column K is only to be filled out where an attestation from the agency is required for recurring non-compliances, more about that shortly.

## Slide 15 - Step 6 – Letter for Public Posting

- The final step of the inspection process is when the PA issues your agency a Letter of Compliance after the ministry confirms all non-compliances have been corrected.

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- A letter of non-compliance is only posted if any non-compliances remain beyond 10 business days after the exit meeting.
- In the event you remain non-compliant at the 10Day submission date, the DSO is required to:
  - post the new letter of non-compliance, which is forwarded to you by your PA, within **three business days** of receiving the letter, at or near the main entrance of the head office.
  - The DSO is responsible for providing information on your current compliance status and the results of the ministry compliance inspection, if requested by any person.
  - The letter of non-compliance will remain posted until you have submitted all documentation for corrective actions, and the PA has verified all required evidence.
  - At the point you are deemed Compliant, the DSO must post the Letter of Compliance, forwarded to you by your PA, within 3 business days of receiving the letter.

### Slide 16 – Recurring Non-Compliances

I just want to take a short sidebar for a minute here and talk about Recurring Non-Compliances. In 2023 the ministry implemented additional enforcement measures to address the recurring non-compliances cited from one year to the next. The risk level of an individual program requirement does not dictate or determine a recurring non-compliance. Instead, they are based on comparing the results from your current inspection to the last inspection.

Given the large volume of applicants welcomed by the DSOs, early into the inspection process in 2023/24 it was determined that recurring non-compliances could not and should not be handled the same way as for service agencies. As a result, the following process was implemented when a non-compliance was deemed recurring:

- DSOs were required to correct the non-compliant file(s), clarify the process with staff, and attest that the recurring non-compliance would not occur from here forward.
- Within three months of the inspection Program Advisors will reach out to the DSO to validate the attestation provided. Program Advisors will review information related to the recurring non-compliance from the three months post inspection to verify that the DSO is in compliance with the regulation and policy directives.

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- During the 3-month follow-up, where a DSO has not resolved areas identified as recurring non-compliance(s) the PA will immediately issue a “Letter of Non-Compliance” to the DSO.

The attestation can be noted in column K of the Corrective Action Template, confirming compliance across all operations and programs receiving funding under SIPDDA.

If the DSO does not complete corrective measures or submit the written attestation within the prescribed timelines, the ministry will assess the situational circumstances preventing the implementation of corrective measures. Based on ministry’s assessment and in accordance with the Act, we may:


- provide additional time or
- depending on the severity of the non-compliance(s), the Program Advisor may immediately contact or involve the Program Supervisor and the agency’s Executive Director.

If non-compliance(s) are not resolved within designated timelines, the ministry’s Director may decide to use enforcement measures to direct the agency to come into compliance within a specified time period.

All attestations for the correction of recurring non-compliances across the agency are validated within 3 months of the inspection. Your Program Advisor will contact you with further information about this validation process.

Thank you very much for this opportunity to share with you some insight into the inspection and compliance process for adult developmental services. Please feel free to add any questions you may have from today’s talk into the Q&A function now.

## Slide 17 - Compliance Supports

 One last thing I wanted to highlight before we end today, there are a number of resources available to assist DSOs in maintaining compliance all year round.


Our website:

- [www.onboardkhub.ca](http://www.onboardkhub.ca)
  - the DSO indicator list, designed to help you achieve and maintain compliance by providing the rationale for each program requirement under the legislation and the Policy Directives.

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- DSOClear document, which highlights frequently asked questions or any “grey areas” to provide clarification on compliance requirements, their intent & helpful operational guidance, including evidence required for compliance.
  - DSOClear does not include all program requirements and is only updated when trending issues are identified or when specific “grey areas” are identified.
- The website also contains an inspection tip sheet for DSOs with helpful suggestions to achieve compliance in advance and how best to prepare for an upcoming inspection.
- And you are always welcome to email the compliance team at [dscompliance@ontario.ca](mailto:dscompliance@ontario.ca) email address.
  - This email address is great for general queries related to compliance with SIPDDA, QAM & policy directives or any issues that may arise prior to / during / or after your compliance inspection.
- The ministry recommends someone in your organization be accountable for compliance oversight, whether that be a compliance lead, supervisor or manager
  - We encourage you to consult with other regions for advice, support and templates, again you are all in this together, doing the same amazing work, learn from one another – which we know you already do and do it well – for example your collaboration and partnership for all of your communication needs.
- And finally, ministry staff, such as your Program Advisor may be available to provide clarification of requirements and communicate ministry compliance expectations.
  - As well, your regional office Program Supervisor is always your first point of contact regarding your service contract and funding arrangements.

## Slide 18 – Thank you

 Please use this QR code on the slide to complete a short survey regarding today's session. This will help us prepare for future sessions and we are interested in knowing any materials you have available to share!

And with that, I'm happy to answer any questions that you may have regarding the compliance process and the information you just heard about today. Please remember, we will address specific compliance questions during the Q&A session that will be held on XXXXXX. Please write any questions in the chat.

Thank you.