

Ministry of Children, Community and Social Services

2025 DSO Compliance Information Session

Questions and Answers (from October 6, 2025)

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In response to inquiries received from stakeholders, the ministry may provide information about the intent behind legislation, regulations, or program requirements to assist agencies and application entities to understand their duties and responsibilities when delivering ministry-funded developmental services and supports. Please note that any clarification that may be provided by the ministry to stakeholders is intended to support general understanding and transparency but does not constitute legal advice. Stakeholders are encouraged to consult with their own advisors, including legal counsel, for guidance relating to specific fact situations.

Staff-Volunteer Records

- 1. At some point it was mentioned that an assessor had to attend at least two program training events (quarterlies) to maintain qualification on top of the IRQR, is that compliance? On the indicator list under staff-volunteer records, indicator #17 does not mention anything.**

No, the attendance of 2 program training events is not included in the requirements under O.Reg.299/10 or its Policy Directives and is not assessed as a part of compliance. An assessor is required to attend 2 program training events to maintain their qualifications, as indicated in the MCCSS Guidelines for Maintaining Assessor Qualifications.

For the purposes of a compliance inspection conducted pursuant to the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act*, 2008 (SIPDDA), ministry inspectors will assess compliance with requirements in SIPDDA, O.Reg.299/10 - Quality Assurance Measures and the Policy Directives for Application Entities made under SIPPDA.

Under Staff–Volunteer Records in the QAM Indicator List, indicators 17, 18 and 19 refer to the following excerpt of the Policy Directives for Application Entities 5. Assessor qualifications and service standards for the assessment of support needs:

Assessors shall meet the following ongoing training and experience requirements to ensure that their skills continue to meet the ministry's standards:

- Successfully complete interviewer reliability reviews through the ministry's assessor training and data quality assurance program every 18 months
- Ongoing administration of the Application Package with applicants on a regular basis. The assessors should administer at least 36 Application Packages in the 18-month (as a best practice at least 2 assessments per month) period between each successful completion of the interviewer reliability review through the ministry's assessor trainer and data quality assurance program.
- Assessors who return from a leave of absence are required to follow the ministry guidelines for maintaining assessor qualifications provided through the ministry's assessor trainer and data quality assurance program, specifically the sections that pertain to 'leave of absence'.

Demonstrating Compliance with the above excerpt from the Policy Directive for Application Entities:

To assess compliance with the above requirements, ministry Program Advisors will review a sampling of records to monitor whether assessors (except those on

a documented leave of absence at the time of inspection) have administered at least 36 Application Packages in the 18-month period between IRQRs (two SIS-A assessments per month as a best practice).

Program Advisors will also review DSO documentation outlining the duration of any assessor's leave of absence and the plan developed for the assessor to resume assessments upon return.

The MCCSS Guidelines for Maintaining Assessor Qualifications provide additional guidance with respect to maintaining assessor qualifications. While some elements below are not included in requirements contained in SIPDDA, QAM and the policy directives made under SIPDDA that are assessed during a compliance inspection, these requirements provided to DSOs by MCCSS are to be adhered to for the maintenance of assessor qualifications.

1. Successfully complete all phases of MCSS, Assessor Training and Data Quality Assurance (ATDQA) Program, Training for New Assessors, including meeting SIS® Qualified status or better at the initial IRQR.
2. Complete Application Package assessments on a regular basis, which includes: Application for Developmental Services and Supports (ADSS), Supports Intensity Scale® (SIS®) an, Assessor Summary Report (ASR); 36 assessment packages/18 months (recommended minimum 2/month).
3. Attend a Refresher Training Day within each 18 month period; no more than 3 months prior to scheduled SIS® Interviewer Reliability and Quality Review (IRQR).
4. Meet Qualified or Advanced Status, for the SIS® IRQR, before the 18 month expiry date of the last IRQR. (The IRQR should be scheduled no more than 3 months after the Refresher Day).
5. Participate in, at least 2, MCSS, ATDQA Program training events, when available, within 18 month period (video conference, working group etc.).
6. Assessor must participate in any MCSS, ATDQA Program 'update' training events for ADSS/SIS®/ASR.

2. During the most recent compliance inspection, the Program Advisors only wanted to see Assessor staff files for those hired since the previous compliance, is this still the case?

All employee files are within scope to be inspected. The Program Advisor will select a sample of assessor files from all current employees to assess compliance.

3. Recent meetings have indicated that Assessors need to complete more assessments per month and are under pressure to streamline processes. Does compliance assist with identifying how many assessments are required to be completed per month?

Compliance inspectors' duties include assessing whether an agency is in compliance with SIPDDA, QAM and the policy directives made under SIPDDA.

The ministry has provided policy and operational guidance for ongoing training expectations and maintaining assessor qualifications. This guidance is in place to support consistency and to promote the integrity of both the assessment process and results. As a best practice, the ministry recommends that all assessors are maintaining an average of 2 application packages a month. It is also the ministry's ongoing expectation that supervisors adhere to the requirements for maintaining assessor qualification while in a supervisory role as outlined in the Guidelines for Maintaining Assessor Qualified Status. This includes administering a minimum of 3 assessments per quarter (one per month) and completing various other assessment-related activities to build and maintain their skills. Inspectors will continue to monitor compliance with the requirement that the assessors administer 36 completed application packages in 18 months, as required in the Policy Directives for Application Entities.

4. During an inspection, an inspector may: (c) question any person present in the premises on matters relevant to the inspection.

Typically, supervisors, manager and the director are available to answer questions and support the inspection/inspector. Is it likely that inspectors would want to speak to staff working on site? If yes, what can the staff expect to be questioned on (there are several indicators) and how can we best prepare staff for this interaction to reduce any anxiety?

There may be some situations where the PA has some interaction with staff on site. This is not intended to be intimidating nor is it a test of their knowledge on the regulation and/or policy directives. They may ask questions to gain clarification or when trying to find information/documentation as evidence of compliance. Often the PAs enjoy chatting with staff and providing responses to any general questions they may have about compliance or the compliance process.

Individual Records

5. There was a question with regards to Indicator #16. Eligibility Criteria, Demonstrate Inaccurately Applied states:

At this stage of the review process, the Application Entity shall provide the individual and/or representative of their choice with: an opportunity to demonstrate that the eligibility criteria set out in the Act and Regulation have not been accurately applied in their case.

a) What stage is this indicator referring to?

Under the Policy Directives for Application Entities, this indicator is referring to Stage 1 of the review process, as set out in Policy Directive 3. Review process for decisions on eligibility.

b) What is the timeline to inform the applicant that the DSO's decision regarding their eligibility has been overturned?

Pursuant to Policy Directive 3. Review process for decisions on eligibility, at Stage 1 of the review process, the application entity staff and staff supervisor shall:

- Render a new decision on eligibility and notify the individual and/or representative of their choice, in writing, of the outcome of the Stage 1 review, within 15 business days

c) Under the same indicator (#16) on the indicator list under the column titled 'Indicator' it states:

Review Individual Records.

Evidence may include:

- Meeting Notes/Minutes
- Case Notes
- Notation in DSCIS to update Applicant's file
- Letter or documentation to the applicant and/or representative of their choice with:

- an opportunity to demonstrate that the eligibility criteria set out in the Act and Regulation has not been accurately applied in their case.

Is this section referring to what the applicant must provide to demonstrate the DSO did not apply criteria accurately? Is this referring to an appeal?

This section of the indicator list relates to evidence that may be used by the DSO to demonstrate compliance with the requirements in the Policy Directives for Application Entities. The Program Advisor conducting an inspection will review evidence to assess whether the DSO has complied with requirements in Policy Directive 3. Review process for decisions on eligibility.

6. There was a question with regards to #16 Assessor Qualifications and #20 Assessor standards, asking about Assessors being Independent from direct provision of developmental services. DSOs wanted to know: How can we advocate for these indicators to be removed/relaxed? Finding staff with 5 years' experience can be challenging. Limiting

assessors' ability to provide direct supports in developmental services can also make recruitment of Assessors challenging.

The [Policy Directives for Application Entities - 5. Assessor qualifications and service standards for the assessment of support needs](#) requires that DSOs “ensure assessors who administer the Application Package are independent from direct provision of developmental services (are not employed in a service agency that delivers residential services and supports or community participation services and supports under the authority of SIPDDA)”. The policy intent of this requirement is to avoid an actual, potential or perceived conflict of interest. The compliance indicators must mirror the requirements in the policy directives.

In January 2024 a memo was sent to all DSOs providing written confirmation that a temporary suspension of the enforcement of the requirement that assessors are independent from the direct provision of developmental services, as contained in the Policy Directives for Application Entities 5. Assessor qualifications and service standards for the assessment of support needs, is in effect until further notice, while a policy review is conducted by the ministry. However, DSOs must disclose to the ministry, without delay, any situation that could be considered an actual, potential or perceived conflict of interest. During the period of the ministry’s policy review, it is expected that DSOs will continue to take all reasonable steps to comply with the requirement for all assessors to be independent from the direct provision of developmental services.

7. Under Individual Records, is indicator #18. Eligibility Criteria, Staff and Supervisor Review part of the appeal process?

Yes, this indicator falls under Stage 1 of the review process for decisions on eligibility within the Policy Directives for Application Entities.

8. The ‘Indicator’ column for #26. Request for Stage 3, Application Entity Review/Another Region, contains the statement ‘Consider what the DSO has done or will do upon receipt of this request: within 10 business days Post 10 business days’. What is this statement referring to?

Thank you for flagging this discrepancy, there is no specified timeframe within the Policy Directive for action by the primary application entity, only that the Stage 3 review must be completed within 15 business days by the reviewing application entity.

9. Under Individual Records indicator #27. Stage Three Review Timeline states:

Where a request has been received within 10 days of notification of the outcome of a Stage 2 review, the Application Entity that conducted the Stage 2 review shall send the written request for a Stage 3 review to the Executive Director (or delegate) of the Application Entity. The Executive Director of the Application Entity who receives this request for review must comply with the request and complete the Stage 3 eligibility review within 15 business days of receiving the written request.

If Receiving DSO does not respond within timelines (15 business days), which DSO is deemed non-compliant? Sending or receiving DSO?

The requirement in the Policy Directives for Application Entities, as set out in Policy Directive 3. Review process for decisions on eligibility, states that the Executive Director of the application entity who receives this request for review must comply with the request and complete the Stage 3 eligibility review within 15 business days of receiving the written request. For this reason, if the DSO that receives the request for a Stage 3 review does not comply with this requirement, the receiving DSO conducting the Stage 3 review would not be in compliance.

During inspection, the Program Advisor will assess all Stage 3 eligibility requests received by the application entity to confirm compliance.

10. In the Stage 3 review process, the Executive Director (or delegate) of the Application Entity shall: determine if the rules in Stage 2 of the review were observed.

What is required by DSO to determine that the rules of Stage 2 were observed and followed?

The rules of Stage 2 of the review process are outlined in Policy Directive 3. Review process for decisions on eligibility, in the Policy Directives for Application Entities. At Stage 2 of the review process:

The Executive Director (or delegate) of the application entity shall:

- Determine if the rules in Stage 1 of the review were observed

- Provide the individual and/or representative of their choice with an opportunity to submit any additional information and supporting documentation that may have a bearing on the review process and original eligibility decision
- Review the individual's information and supporting documentation to confirm whether or not the individual meets the eligibility criteria set out in the act and regulation
- Render a decision and notify the individual and/or representative of their choice, in writing, of the decision within 15 business days.

When determining if the rules of the Stage 2 review were followed, any of the following may act as evidence in demonstrating compliance:

- Case Notes
- Notice or documentation.
- Notation in DSCIS to update
- Applicant's file
- Meeting minutes
- A letter, documentation and/or file notation confirming the Executive Director (or delegate):
 - Rendered a decision; and
 - Notified the individual/representation within 15 business days.

The general policy intent of Policy Directives for Application Entities 3. Review process for decisions on eligibility, which, as outlined in the DSO Indicator List is:

- To outline the procedures used by application entities to review decisions of ineligibility for ministry-funded adult developmental services and supports; and
- To ensure that the process used by application entities to review a decision where an individual is deemed ineligible for ministry-funded adult developmental services and supports adheres to the principles and objectives of equity, fairness, and provincial consistency.

If there are further questions about the requirements and responsibilities of a DSO when conducting Stage 3 reviews of decisions on eligibility, your agency may wish to seek independent legal advice to assist your organization in ensuring that it has met all requirements in the policy directive and any other legal requirements that may apply.

11. **The 2 semi-structured interviews held for the administration of the application package must include the eligible applicant and at least one additional respondent, but not more than four respondents. The additional respondent is someone who has known the applicant for a minimum of 3 months and can be a parent, sibling, other relative, guardian, direct support staff, work supervisor, teacher, or any other individual who supports, works with, or lives with the applicant being assessed and understands the applicant and his or her specific support needs.**

Are the examples below considered sufficient evidence for compliance?

- **A standard statement is in the Welcome letter indicating the person with whom the meetings were convened confirmed respondents met criteria**
- **A statement in the Assessor Summary Report stating all respondents met criteria**

The Policy Directive for Application Entities does not specify how the DSO incorporates this requirement. The Program Advisor conducting the inspection will review and consider evidence provided by the DSO to assess compliance which may include the review of case notes, or any documentation provided by the DSO that verifies the respondent(s) met the criteria set out in the Policy Directive for Application Entities: 5.0 Assessor Qualifications and Service Standards for the Assessment of Support Needs.

12. **A psychological assessment or report signed by a psychologist or psychological associate registered with the College of Psychologists of Ontario (or equivalent body in another province) that states the individual has a developmental disability in accordance with the Act and Regulation is to be included in the supporting documentation when determining eligibility for Ministry funded adult DS Services/Supports. What would be considered a report?**

There is no specific definition of a psychological assessment/report in the Policy Directives for Application Entities.

However, if there is uncertainty about the documentation received, Policy Directive 2. Confirmation of eligibility for ministry-funded adult developmental services and supports, provides that “where an individual’s documentation does not provide sufficient information, diagnostic conclusions, or a clear determination by a psychologist or psychological associate that the individual has a developmental disability, the application entity **cannot** confirm the individual’s eligibility for ministry funded adult

developmental services and supports”. In these circumstances, specific procedures are to be followed, as set out in the policy directive.

A Mini Guide for Confirming Eligibility for Adult Developmental Services has been developed for DSOs. The purpose of the mini guide is to explain the process of confirming eligibility for developmental services across three criteria relating to: cognitive functioning, adaptive functioning and age at onset of these prescribed significant limitations.

13. The ministry’s Service Standards for the Assessment Process (Application Package Administration) outlined in the Policy Directives for Application Entities 5. Assessor qualifications and service standards for the assessment of support needs clearly identifies:

“The assessor must record a valid response for all questions included in the Application Package.”

Section 4 of the ADSS Q 12 requires Physician Contact information, however, if the person does not have a doctor, does the response ‘N/A’ or ‘No Doctor’ meet compliance?

Yes, these would be considered a valid response for compliance purposes. ‘No doctor’ or ‘NIL’ are preferred responses where information is sought, but further specifics are not available.

14. There has been discussion about having all areas of the ADSS answered, and the limitations of DSCIS as a barrier to this request. Has this been addressed?

To ensure the application package is administered in a provincially consistent, transparent and equitable fashion, every question is to have a corresponding response. The policy directives state:

- *The assessor must record a valid response for all questions included in the Application Package*

That said, the ministry will commit to engaging with the DSCIS team and the DSOs to review the process for completing the Application Package (specifically sections 1, 6, & 7) to assess that a valid response can be entered for all questions.

15. There is a question relating to indicator #40 Assessors/Interview Timelines

The policy directive says:

The Application Entity shall establish and maintain the following service standards for assessors to follow in administering the Application Package: Only in exceptional circumstances, or if the applicant requests or requires it, should there be more than 15 business days between the first and second interview. (Policy Directives for Application Entities: 5.0 Assessor Qualifications and Service Standards for the Assessment of Support Needs)

Scenario: where the ADSS and SIS-A are scheduled within 15 business days. The SIS-A could not be completed in 1 meeting and as a result the 2nd meeting was then scheduled outside of the 15 business days window.

Is this within compliance as the meetings were scheduled within 15 days?

The policy directive states:

Administration of the Application Package shall involve two semi-structured interviews held by an assessor with the eligible applicant as well as at least one additional respondent, but no more than four respondents, following the approach described in the assessor training and quality assurance program and the Application Package training manuals:

Best practice standard is that the interviews happen on different days. Assessments scheduled on the same day should be exceptional and the justification must always lie with the best interests of the applicant.

Only in exceptional circumstances, or if the applicant requests or requires it, should there be more than 15 business days between the first and second interview.

The Policy Directives and QAM are very clear on timelines. Policy Directive 5, relating to assessor qualifications and service standards for the assessment of support needs, allows for exceptions to the 15 day timeline between the first and second interviews only in exceptional situations or if the applicant requests for requires it. Documentation of the reason for any deviations from the required timelines outlined in this Policy Directive must be available at the time of the DSO inspection for review and consideration by ministry inspectors. It is up to the DSO to determine, where any deviation notes will be stored, as per their policies and procedures.

Records and Documentation

16. Are DSOs required to have their own website or is the information posted on the provincial site enough to meet this compliance indicator?

Yes, DSOs are required to have their own website.

The Policy Directives for Application Entities: 1.0 Provisions of Information states:

The application entity shall have its own website (i.e., URL) that will:

- Have the same branding as other Application Entities including common core information and language; clearly visible and complete contact information for all office locations within the region; hours of operation for directly responding to inquiries via telephone, on-line (e-mail) and in person; a link to the ministry's website, other Application Entities in the province websites and links to other relevant resources; protocols for service, accessibility and French language services; and protocols for responding to adults in urgent need of interim developmental support response (See Policy Directive 6 – Adults in Urgent Need of an Interim Developmental Support Response).

Administration

17. Can the Letter of Compliance be sent in both English and French for posting at the agency?

Yes. A French version of the Letter of Compliance has been distributed to each DSO with their original date of compliance from the previous inspection.

18. Have the indicators changed since the most recent compliance?

No, the indicators have not changed. The compliance indicators are based on the requirements contained in QAM (O.Reg.299/10) and the Policy Directives for Application Entities, which have not been amended since they came into force.

19. How are new indicators decided on? Is it possible to have input before they are finalized? Is it possible to have input into the impact of the indicators that are in place?

The compliance indicators must mirror the requirements set out in QAM (O.Reg.299/10) and the Policy Directives for Application Entities. Proposed/suggested changes to the Regulation and Policy Directives and any other sector feedback are documented on an ongoing basis for consideration in review activities.

20. If a DSO submits a letter of attestation and continues to be found in non-compliance for the same indicator what occurs next?

The ministry suggests an audit of files by the DSO to ensure errors are noted and corrected prior to inspection. The attestation/validation process is to ensure the application entity has considered improving any relevant processes and practices. Where an application entity is found to be in recurring non-compliance during validation or during a subsequent inspection where the non-compliance is deemed to be re-recurring, they will be issued a posted letter of non-compliance and a Notice of Proposed Compliance Order and/or enforcement action may be initiated.