



Legislative Assembly of Alberta

The 29th Legislature  
Third Session

Standing Committee  
on  
Public Accounts

Community and Social Services

Tuesday, May 2, 2017  
8:38 a.m.

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**Legislative Assembly of Alberta  
The 29th Legislature  
Third Session**

**Standing Committee on Public Accounts**

Cyr, Scott J., Bonnyville-Cold Lake (W), Chair  
Dach, Lorne, Edmonton-McClung (ND), Deputy Chair

Barnes, Drew, Cypress-Medicine Hat (W)  
Fildebrandt, Derek Gerhard, Strathmore-Brooks (W)  
Fraser, Rick, Calgary-South East (PC)  
Goehring, Nicole, Edmonton-Castle Downs (ND)  
Gottfried, Richard, Calgary-Fish Creek (PC)  
Littlewood, Jessica, Fort Saskatchewan-Vegreville (ND)  
Loyola, Rod, Edmonton-Ellerslie (ND)\*  
Luff, Robyn, Calgary-East (ND)  
Malkinson, Brian, Calgary-Currie (ND)  
Miller, Barb, Red Deer-South (ND)  
Nielsen, Christian E., Edmonton-Decore (ND)\*\*  
Panda, Prasad, Calgary-Foothills (W)  
Renaud, Marie F., St. Albert (ND)  
Turner, Dr. A. Robert, Edmonton-Whitemud (ND)  
Westhead, Cameron, Banff-Cochrane (ND)

\* substitution for Nicole Goehring

\*\* substitution for Cameron Westhead

**Also in Attendance**

Swann, Dr. David, Calgary-Mountain View (AL)

**Office of the Auditor General Participants**

Merwan Saher	Auditor General
Doug Wylie	Assistant Auditor General

**Support Staff**

Robert H. Reynolds, QC	Clerk
Shannon Dean	Law Clerk and Director of House Services
Trafton Koenig	Parliamentary Counsel
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Aaron Roth	Committee Clerk
Karen Sawchuk	Committee Clerk
Rhonda Sorensen	Manager of Corporate Communications
Jeanette Dotimas	Communications Consultant
Tracey Sales	Communications Consultant
Janet Schwegel	Managing Editor of <i>Alberta Hansard</i>

## **Standing Committee on Public Accounts**

### **Participants**

Ministry of Community and Social Services

Dale Beesley, Acting Executive Director, Financial Supports

Marika Giesen, Executive Lead, Strategic Initiatives Management

David Morhart, Deputy Minister

Susan Taylor, Assistant Deputy Minister, Delivery Services



8:38 a.m.

Tuesday, May 2, 2017

[Mr. Cyr in the chair]

**The Chair:** Good morning, everyone. I would like to call this meeting of the Public Accounts Committee to order and welcome everyone in attendance. My name is Scott Cyr, the MLA for Bonnyville-Cold Lake and the chair of the committee.

I'd ask the members, staff, and guests joining the committee at the table to introduce themselves for the record, starting at my right.

**Mr. Dach:** Lorne Dach, MLA, Edmonton-McClung and deputy chair.

**Mrs. Littlewood:** Jessica Littlewood, MLA, Fort Saskatchewan-Vegreville.

**Mr. Malkinson:** Brian Malkinson, MLA for Calgary-Currie.

**Loyola:** Rod Loyola, MLA for Edmonton-Ellerslie.

**Dr. Turner:** Bob Turner, MLA, Edmonton-Whitemud.

**Mr. Nielsen:** Good morning. Chris Nielsen, MLA for Edmonton-Decore.

**Ms Renaud:** Marie Renaud, St. Albert.

**Ms Luff:** Robyn Luff, Calgary-East.

**Ms Miller:** Good morning. Barb Miller, Red Deer-South.

**Mr. Fraser:** Rick Fraser, Calgary-South East.

**Dr. Swann:** Good morning. David Swann, Calgary-Mountain View.

**Mr. Beesley:** Dale Beesley, acting executive director, financial supports, Community and Social Services.

**Mr. Morhart:** Good morning. David Morhart, deputy minister, Alberta Community and Social Services.

**Ms Giesen:** Good morning. Marika Giesen, strategic initiatives management with Community and Social Services.

**Ms Taylor:** Good morning. Susan Taylor, assistant deputy minister with the delivery services portfolio.

**Mr. Wylie:** Good morning, Doug Wylie, Assistant Auditor General.

**Mr. Saher:** Merwan Saher, Auditor General.

**Mr. Gotfried:** Richard Gotfried, MLA, Calgary-Fish Creek.

**Mr. Barnes:** Drew Barnes, MLA, Cypress-Medicine Hat.

**Mr. Fildebrandt:** Derek Fildebrandt, Strathmore-Brooks.

**Mr. Panda:** Good morning. Prasad Panda, Calgary-Foothills.

**Dr. Massolin:** Good morning. Philip Massolin, manager of research and committee services.

**Mrs. Sawchuk:** Karen Sawchuk, committee clerk.

**The Chair:** Thank you.

We have no members that are teleconferencing in to this meeting right now.

The following substitutions are noted for the record: Member Loyola for Ms Goehring, Mr. Nielsen for Mr. Westhead.

A few housekeeping items to address before we turn to the business at hand. The microphone consoles are operated by the *Hansard* staff, so there's no need to touch them. The committee proceedings are audio and video streamed live on the Internet and recorded by *Hansard*. The audio and video stream and transcripts of the meeting can be accessed via the Legislative Assembly website. Please set your cellphones and other devices to silent for the duration of the meeting.

I would like to move to approval of the agenda. Are there any changes or additions to the agenda? Seeing none, would a member like to move the agenda? Thank you, Mr. Nielsen. All in favour? Any opposed? Thank you. That's carried.

Approval of the minutes. Do members have any amendments to the March 14, 2017, minutes? If not, would a member move those minutes? Mr. Panda, thank you. All in favour? Any opposed? Thank you. The motion is carried.

I'd like to welcome our guests who are here on behalf of the Ministry of Community and Social Services to address the systems to manage the AISH program. Members should have the research report prepared by research services, the Auditor General briefing document as well as an updated status of the Auditor General recommendations document completed and submitted by the ministry.

I will invite the deputy minister to provide opening remarks not exceeding 10 minutes. If other ministry officials will be speaking besides the deputy minister, please identify yourself for the record prior to beginning your remarks. Thank you.

**Mr. Morhart:** Thank you, Mr. Chair, for the introduction. Once again, I'm David Morhart, the deputy minister of Community and Social Services. We appreciate this opportunity to respond to the Auditor General's October 2016 report on Alberta's assured income for the severely handicapped, better known as AISH, program. Before I go further, I want to reintroduce the members of the team that are sitting here with me. On my far right is Susan Taylor, our assistant deputy minister of the delivery services portfolio. To my left is Dale Beesley, the acting executive director for financial supports, and to my right is Marika Giesen, the director of strategic initiatives but also our AISH action plan project manager.

As we go through our response to the Auditor General's report, there are some things we should keep in mind. AISH is all about people, and it is about much more than putting money in their pockets. It's a much more comprehensive program. The 57,000 Albertans who receive AISH have access to a comprehensive suite of supports and services designed to help make their lives better. AISH is unique in Canada, and it is delivered by 287 caring, committed, and collaborative staff. I believe that every one of them is committed to providing the best service possible to AISH recipients, and they do so while at the same time meeting the ever-growing number of applicants for the program.

In the last 38 years since AISH was instituted, we have sometimes put process in front of people. We want to and will change that as we look at ways of modernizing our systems. That is why we would like to thank the Auditor General for taking an independent view of the program, which is compelling us to do a better job of meeting the needs of those eligible for AISH.

How to better serve the more than 57,000 Albertans who already are receiving AISH benefits along with the 12,000 applications we received in the last year is our common goal. We are committed to meeting the unique and often complex needs of those who must rely on AISH as for those individuals it's more than just a government

program; it's a full system of supports and services, including health and other benefits, along with a network throughout Alberta that ensures timely access to the program. That is why we have accepted all of the recommendations of the Auditor General and why we are steadfast in our efforts to protect and improve the things that make a difference in the lives of Albertans.

What we are and will be doing is outlined in our AISH action plan, which we released on April 5 and is currently posted on our website. As the Auditor General identified, we are addressing its three recommendations: to first improve the AISH program accessibility; to set service standards and improve eligibility procedures and guidelines; and to improve reporting on efficiency and outline work that's happening in phases to make AISH more responsive, accessible, and client focused.

#### 8:45

In addition, we wish to highlight what we've done so far, including providing stable funding, using a new AISH website with plain language and easy-to-access resources, improving staff training programs, and introducing a new appeals form with information processes. We also will describe how we'll continue to improve processes and service standards and indicate the way that we'll monitor and report on the efficiency of the program and the appeals process.

Not surprisingly, Albertans' first point of contact with AISH is often our website, and a little less than 50 per cent of people do this through mobile devices. As a result, we have ensured that our website is able to be navigated using a number of different platforms. It's interesting to note that since we posted the AISH action plan on April 5, we've had 3,000 page views just in the first week. In general there's been a significant uptake in visits to the AISH web page. Over the past several months we've had an average of 12,000 to 18,000 visits to the AISH web page each week.

The Auditor General identified important concerns regarding accessibility to the AISH program. He pointed out that the application process is complex and lengthy and that Albertans applying for AISH do not have user-friendly guides and resources. Following these recommendations, we launched a new website, with information presented in plain language, and have created easy-to-access resources.

We have also begun simplifying the AISH application process. Since November 2016 the main landing page has had more than 61,000 nongovernment page views. In December 2016 we drafted a simpler application form that eliminates duplication, clearly states the eligibility criteria, and is much more user friendly. General medical and financial eligibility have been combined to create a simpler application and a one-step process. The draft form is simplified to better reflect and align with legislation. This new general application form is currently being tested with AISH clients, applicants, staff, and other key stakeholders.

We developed and posted a short-form version of the application that prioritizes those who have been on AISH in the last two years and want benefits to be reinstated and those that have applied for or are already eligible for PDD, persons with developmental disabilities, support programs or have end-of-life needs. During the November 2016 to March 2017 period there were more than 5,000 downloads of the short-form application, that follows from the Auditor General's recommendations.

We are continuing to look for ways to improve accessibility of information. We are currently developing user-friendly guides for Albertans who are applying for AISH. Topics covered by the guides will include when to use the AISH application short form; an accessible guide to financial, general, and medical eligibility for the

AISH program; understanding employment income, exemptions, and AISH benefits; and other available supports and benefits.

From September to December 2017 we will introduce a more coordinated application process between programs so that Albertans don't have to provide similar information multiple times. This will make it easier for Albertans who are already accessing other programs such as income support to apply for AISH.

We will also be enhancing in-person supports for Albertans applying for the AISH program who need more assistance, including more capability for one-on-one telephone contact and increasing availability of in-person staff at AISH offices and Alberta Supports centres across Alberta.

We also agree with the Auditor General's findings that the program needs better standards to regularly monitor and report on the program's effectiveness. To accomplish this, we are taking a concentrated action in the area by developing baseline measures and provincial standards for processing times, determination of eligibility decisions, commencement of benefits, and the overall effectiveness of program delivery. These will be reported on a quarterly basis, starting later this year.

Inconsistency in our communication with individuals who are not eligible for AISH is another concern identified by the Auditor General. That is why we have recently implemented a clear and standardized letter for applicants that includes an individualized description of why the applicant is not eligible, standardized descriptions of the general eligibility criteria, information on the right to appeal within 30 days, timelines for submitting additional information within 12 months, and contact information for other resources such as Alberta Supports and Canada pension plan disability. As we support vulnerable Albertans, we will also reach out by phone when it is necessary to explain the reasons for ineligibility.

One of the major keys to improvements in the AISH program is our continued investment in our staff. As the Auditor General pointed out, we have not always equipped them with the information and training that enables them to provide the excellent service we expect of them. We are changing that. To date 94 per cent of staff have received training related to AISH authority acts and regulations and 87 per cent of staff have received training related to income and assets. By September 2017 we will have training in place that incorporates changes related to a review of legislation and policies. We will also develop an adjudicator framework and guidelines that will enable staff to make consistent decisions. We will be identifying policy and procedures where staff are required to make judgments and will develop additional tools to support decision-making. We are also developing targets for completion of required training and implementing mandatory reporting.

Appeals can be emotionally difficult for applicants, their families, and the advocates and were a focus of the Auditor General's report. We believe that better staff training and consistent application of legislation and policy will act to reduce the number of appeals. In August 2017 we will move all processes supporting AISH appeals to the ministry's centralized Appeals Secretariat. The intent is to provide objective support through the appeals process. In October 2017 we will establish an appeals advisory service to support Albertans going through the appeals process.

This is just a brief overview of what we have done and what we are committed to do in regard to the Auditor General's report. I'd be happy to take further questions and provide more details as you raise questions as we move forward.

In summary, I just want to say once again that we know there's always more to be done. We're proud of the program that's in place, and we're working with our staff and our partners to make it even

better. We are committed to listening to Albertans with disabilities as well as their family members and advocates over the coming months and years. Their lived experience will guide us in supporting them to live safer, better, and more inclusive lives in their communities.

Thank you, Chair.

**The Chair:** Thank you, Mr. Morhart.

I will now turn it over to the Auditor General for his comments. Mr. Saher, you have five minutes.

**Mr. Saher:** Thank you, Mr. Chairman. The deputy minister has included the intent of our recommendations in his opening comments, so I'm not going to read into the record those recommendations. I believe that's been done.

I'd just like to state that the action plan as summarized and presented to the committee – in all but one of the items to be dealt with, the majority of the actions are to be complete by December 2017, so we look forward as an audit office to receiving an invitation from the department to go back in and do a follow-up audit to confirm that the recommendations that we made have in fact been implemented.

Thank you.

**The Chair:** Thank you, Mr. Saher.

We will follow our usual time allotment format of one and a half hours for questions for the committee members. The only problem we have is that due to a technical difficulty, we need to make an adjustment to allow for the change in the time allotment format that we've got. I would mention that I would like to bring the rotations of eight minutes down to seven minutes and the rotations of five minutes down to four minutes. We do not have time to read questions into the record at the end.

Moving forward, I would like to now open the floor to questions from members. Mr. Panda.

**Mr. Panda:** Thank you, Mr. Chair, and thank you all for being here today to participate and answer our questions. Thank you to the AG for the report from his group. Because there is, you know, a shortened time now, I would like to point my questions. Some of them require very simple answers, yes or no, or a number if I have a question about a number. If you have answers, it's great; otherwise, you can submit the information to us later on. I will keep it really quick and crisp if you don't mind. Thank you.

At the time the AG conducted his review, did you have an orientation guide available to the staff? Yes or no?

**Mr. Morhart:** Yes.

**Mr. Panda:** Thank you.

At the time the AG conducted his review, did you have departmental standards in place regarding AISH applications, and were those standards available to the staff?

8:55

**Mr. Morhart:** As the Auditor General noted, we did not have published standards available.

**Mr. Panda:** Thank you.

When the AG conducted his review, did you have the resources and the tools available to help staff perform to departmental standards?

**Mr. Morhart:** Yes.

**Mr. Panda:** Thank you.

The AG noted that a new nine-module training program was created in 2015 and that there was also a plan for delivery. Was this program created specifically because you had identified gaps in knowledge and service?

**Mr. Morhart:** We will have to follow up on that.

**Mr. Panda:** Thank you.

Do you regularly run reports for the minister, deputy minister, or another person detailing AISH statistics?

**Mr. Morhart:** Yes.

**Mr. Panda:** How often do you run those reports?

**Mr. Morhart:** Every month.

**Mr. Panda:** Thank you.

Can you tell us the total number of applicants year over year who have applied for AISH?

**Mr. Morhart:** We average about 12,000 a year right now on applications.

**Mr. Panda:** Thank you.

The AG noted that 50 per cent of all applications are denied. Can you tell us the total number of applicants year over year who have been denied AISH funding?

**Mr. Beesley:** The question was again, if you don't mind just repeating, the number of applications that were denied.

**Mr. Panda:** Yeah. The AG noted that 50 per cent of all applications are denied. Can you tell us the total number of applicants, how many have applied year over year, who have been denied AISH funding?

**Mr. Beesley:** Yeah. The number of applications in 2016-17 that we received was 9,225. The number of adjudications that were completed was 8,142. The number of those that were ineligible or considered ineligible by the department was 3,872, which is a percentage of 48 per cent, so very close to the 50 per cent that the Auditor General had reported.

**Mr. Panda:** Thank you.

How many of those applicants reapply?

**Mr. Beesley:** We don't know how many would actually reapply, but we did have a number that went to appeals. Of the appeals that were heard – there were 868 appeals – the appeals that were related to medical eligibility were 757. Of the decisions that were overturned, there were 304. As a percentage that was 40 per cent.

**Mr. Panda:** Thank you.

You said that you don't know how many reapply. But do you know how many are successful in reapplication? Are any of those stats available?

**Mr. Beesley:** Well, of the ones that were from appeal, 40 per cent were overturned. People could apply or reapply at different times – they may wait, their conditions may worsen, or they may not reapply within an exact fiscal period – so it would be difficult to track that.

**Mr. Panda:** What's the approximate success rate of reapplication?

**Mr. Beesley:** It would be on a case-by-case basis. I don't think we would have an aggregate number for that, unfortunately.

**Mr. Panda:** Thank you.

Can you tell me the approximate number of different conditions that are cited in applications?

**Mr. Beesley:** Sure. Well, I can give you that for the existing clients. For the AISH caseload of 57,000, that the deputy minister pointed out, 44.6 per cent of the clients are considered to have a physical disability, 30.8 per cent are considered to have mental illness disorders, and 24 per cent are considered to have cognitive disorders.

**Mr. Panda:** Thank you.

Can you tell me the number of people receiving AISH funding that are also receiving workers' compensation benefits and employment insurance or income support benefits?

**Mr. Beesley:** I can't break it down exactly between those, but what I can provide you is that the number of clients on AISH that are providing other sources of income would be 44.5 per cent and, conversely, 55.5 per cent would be reporting no income. For those that are reporting employment income, which could be them or their spouse, that would be about 18 per cent. We also track the number of clients that are receiving CPPD income, which is CPP disability. That would be 22.2 per cent. If you'd like us to follow up with the exact numbers on those that are receiving EI and WCB, we can follow up on that.

**Mr. Panda:** Yeah. I appreciate that. Thank you.

How many people receiving AISH benefits receive the maximum monthly amount?

**Mr. Beesley:** I don't think we have that tracked, but given that we have a number of clients with no income – so those who have no income would receive the maximum monthly amount, so you would say at least over half. If you have no other sources of income, you would have no other deductions. I don't have the exact number.

**Mr. Panda:** Okay. Thank you. If you can provide it later.

**Mr. Beesley:** Sure.

**Mr. Panda:** Can you tell us the number of people year over year who are disqualified from AISH due to income or asset levels above the threshold?

**Mr. Beesley:** Well, that would change from month to month. I don't think we could provide the aggregate numbers. Clients, for example, could exceed either the income or the asset levels. They could move out of province. They could be off the program for two years. So we can break that down.

**Mr. Panda:** Thank you.

Is it monthly, then, that you update the data?

**Mr. Beesley:** Yes.

**Mr. Panda:** Okay. Thank you.

Is the statistical information just asked for readily accessible to the staff and management? Is it readily accessible?

**Mr. Beesley:** Yes, it is. We use the statistical and demographic information to develop policy and make decisions, and as we develop the action plan, we plan to make more of this public.

**Mr. Panda:** Thank you.

Currently the average processing time for . . . [A timer sounded]

**The Chair:** Thank you, Mr. Panda.

Ms Renaud.

**Ms Renaud:** Thank you. Thank you for being here today. I'm going to go fairly quickly. Of course, I was so happy to see that disability services or CSS quote, one of my favourite quotes, nothing about us without us, which really speaks to inclusion. I do know that it is vital, and I'm sure you know to include people with disabilities and their allies in the process and design of every system. I'm wondering if you could provide us with some information on how you incorporated actual people with disabilities and their allies and advocates in revising some of the processes, whether that's field testing; training of staff, developing the training for staff; identifying, I guess, your fast-track list; looking at the employment piece, where you're defining employment; as well as the plain language of applications, which I had a look at. I guess I need extra plain language because it's a tough application.

**Ms Giesen:** Thank you. I'm Marika Giesen, strategic initiatives management and project management of the AISH action plan. Thank you for the question. Yes, I think we would all agree that making sure that these forms, documents, even policies are resonating with the Albertans that are receiving services is very important. It's certainly something that the Auditor General pointed out.

As our deputy minister mentioned in his opening comments, we are currently working at field testing a new, simplified AISH application form. We've done a number of things to streamline the form itself to collapse three separate medical forms into one. But now we're at the stage where we need to hear not only from clients but also their family members and AISH advocates as well as those organizations across the province that assist Albertans applying for AISH to let us know if the form makes sense, if the language is clear, if anything is missing or can be improved. Right now each of our seven regions is field testing that application form with a group of AISH clients.

**Ms Renaud:** Maybe I wasn't clear. Could you tell me specifically how you're including people with disabilities, their advocates, their allies in the processes, whether it's part of an appeal, part of the development of a form or a process, or identifying sort of which groups are fast-tracked? Is that something that's on the radar?

**Ms Giesen:** I think, certainly, developing the form – that's what I was speaking about, the field testing of that form – is happening right now out in the regions with AISH clients. We're also identifying a number of advocacy organizations provincially that we're going to then take the next version of the form to. Those guides that you mentioned, the user-friendly guides, are also going to be tested with clients, family members, and organizations.

In terms of identifying processes, at this stage we don't have an AISH advisory team. That wasn't something that was identified through the OAG report but is certainly something that could be considered.

**Ms Renaud:** Okay. And none in the training? Would there be any people with disabilities or their advocates in the training component or the design of the training?

**Ms Giesen:** To help inform the training?

**Ms Renaud:** For your staff.

**Ms Giesen:** Yeah, certainly. We're just starting the process now of developing and beefing up our provincial training strategy, and we can certainly identify whether we can use AISH advocates and some agencies to help.

Thank you.

**Ms Renaud:** My next question. Of course, we read, I guess, that the ministry is looking at integrated service delivery model changes. I'm wondering if you can identify: what specifically, for the folks with developmental disabilities, which make up a large group in the fast-track group, are the common access points? I think you do have stats on sort of how many applicants you get per month and per year and appeals. Is there an interplay at all with people also applying for PDD supports? Is there a way to report on that or monitor that to ensure that those people who are at risk are, you know, higher up on the list?

9:05

**Mr. Morhart:** I thank the member for the question. As I mentioned in my opening comments, we are looking to fast-track those who are already on or applying for PDD to be considered early and in a fast-track process for AISH as well.

More to your question about the integrated delivery, the benefit of bringing these programs together is that we think about AISH not just as one program for Albertans, but we think about it as one piece of a system of supports, which includes health, may include PDD supports and others.

I might ask Susan Taylor to just add a little bit about some of the work we're doing in the regions.

**Ms Taylor:** Thank you, Deputy. As had been mentioned, we do have seven regions across the province. We have over 50 offices to which individuals can go and make application for a number of benefits through those various programs and services. In addition, we have our Alberta Supports contact centre, which takes calls from Albertans on a number of different services across government ministries, including community and social services. We extended the contact centre's hours last August to ensure that we are being more responsive to the needs of Albertans. They're now operating from 7:30 in the morning till 8 at night. They, too, will take calls and information from individuals who are applying for our AISH program and who will be supported directly through individuals who will receive those phone calls and provide details on the application process.

**Ms Renaud:** Okay. Thank you.

You know, one of the things you did talk a lot about was eligibility and being clear and having plain language for people, and I do think that's important. I just have a couple of questions. I wasn't quite sure. When applicants apply for AISH, whether or not they're accepted, are they encouraged to apply for early CPP benefits? I'm not sure if that's still a practice. Does AISH provide any support, particularly medical, I suppose, to people who are 65 and forced to switch to CPP, which is a lower amount and doesn't typically include the same level of medical supports?

**Mr. Beesley:** For the early CPP, some clients would have CPP. It depends if they've worked or not. Clients would be requested to apply for CPP because CPP is deducted dollar for dollar off their AISH benefits by our policy, which is consistent across Canada with all provinces. I think, as I mentioned earlier, that about 22 per cent of the clients do report some form of CPP income.

Could you repeat your six-month question, please?

**Ms Renaud:** My other question. When people are 65, they're switching to CPP, and their benefits, the total amount, are slightly lower, as are the medical benefits. I'm just wondering if there's any sort of top-up or assistance for people.

**Mr. Beesley:** No, there wouldn't be. But as clients turn 65, they would transfer to other government programs in the Seniors portfolio such as ASB.

**The Chair:** Thank you, Ms Renaud.

Mr. Gotfried, you have four minutes.

**Mr. Gotfried:** Thank you, Mr. Chair. Thank you to our presenters today. In the Auditor General's report of October 2016 he noted that access to these programs "through the existing intake process is complex and is not supported by user-friendly guidance and resources." I note on your website that you do have a form for filling in there, but there's no online submission capability. Is there any thought to implementing that and having some sort of a digital declaration or signature that could be used with that?

**Mr. Morhart:** Absolutely. I'll ask Marika to fill in some of the details here.

**Ms Giesen:** Sure. Happy to. In the AISH action plan we've identified that by end of June of this year we will have a PDF online version, accessible and fillable, of the new simplified application form, and by December 31 that form will also be online submittable. So that's what we're working towards.

**Mr. Gotfried:** That's good news. Thank you.

I noted on the application that there is a declaration for having received assistance with the application, but there is no disclosure of any remuneration possibly received for doing that. Is that being considered as well to ensure that nobody is being taken advantage of or that at least there's declaration of a paid assistance on that?

**Ms Giesen:** I want to make sure that I'm understanding your question correctly. The question is on remuneration for assisting Albertans applying for AISH?

**Mr. Gotfried:** Yes. There is a classification on there where they have to say if somebody has assisted them, but there's no disclosure for remuneration for that.

**Ms Giesen:** No. That's right. We've been silent on remuneration. I believe the intent is to continue that way. I know that there are many agencies across the province that as part of their mandate assist Albertans who are applying for AISH. There are also some that charge a fee to assist Albertans to navigate the system and support them in completing the application.

Primarily, the reason that we ask them to identify any of those individuals or agencies who have assisted them is so that we can follow up if there are questions about the application or if more information is required.

**Mr. Gotfried:** Okay. So there is no mechanism to find out if there's any potential for abuse of that remuneration or paid assistance to fill those out?

**Ms Giesen:** I don't believe it's something that's been considered or a risk that's been identified from our client base.

**Mr. Gotfried:** All right. Thank you.

On your website there's an AISH website policy manual. I'm wondering. From what I can see on there, the digital signature says

that it was loaded on March 1, 2014. What is your policy in terms of updating that, and is it being currently reviewed for a broad updating?

**Mr. Beesley:** Yes, as part of regular updates. We just haven't gotten around to it. It will be part of the overall review and part of the overall refreshing of the AISH policy manual. As you can imagine, with the action plan there may be some policy changes that come out of that at the time. I will concede that it is a bit dated, at March 2014, so it's probably time, and I appreciate your pointing that out.

**Mr. Gotfried:** All right. With respect to the application process, which has been identified as being somewhat complex, and that half of the applicants are rejected, are you doing any kind of a survey of both the successful and unsuccessful applicants in terms of their response to the ease of filling out that form and in terms of having some sort of empirical evidence on how you can improve it?

**Mr. Beesley:** I think through the action plan, yes, and I think that's what some of the Auditor General's comments were, that it was cumbersome. You know, we are looking to simplify the form, simplify the process. We're moving from a two-step process, with financial eligibility being checked and then going to medical, to a more integrated form. We're looking to have more touchpoints on the form and enhancing the in-person client service and the ways that clients can use different channels to get different information. Hopefully, yes, going forward, we will.

**Mr. Gotfried:** Okay. I noted that an applicant who works 30 hours or more per week may be rejected. [A timer sounded] I'll carry on with that one later.

Thank you.

**The Chair:** Thank you, Mr. Gotfried.  
Mr. Panda.

**Mr. Panda:** I'll share with Mr. Barnes.

**The Chair:** Okay.

**Mr. Barnes:** Okay. Thank you, Mr. Chair, and thanks to all of you for your work for Albertans as well as to the Auditor General and to our research.

Back to the current form, currently I understand the average processing time for AISH applications is nearly 29 weeks. What do you think, in your mind, is an acceptable processing time in the eyes of your department?

**Ms. Beesley:** The 29 weeks would be considered from what the Auditor General did their sampling on, so that would be from the time the client enters the door to the time there would be a commencement. From the time the client comes in the door, there's a lot of to-ing and fro-ing on information. Through the integrated form we're hoping to improve that. But what we were measuring at the time the Auditor General audited was from the time the application form was completed to the time a medical adjudication decision was made, because that was really on our watch. From that point on, once someone was considered to be eligible for AISH, from the time of commencement, would 29 weeks be considered reasonable? No. We are looking to reduce that, and I think that through the more integrated application form, more enhanced in-person services, and fewer touchpoints we'll be able to reduce that number significantly.

**Mr. Barnes:** To half? Do you have any targets, any goals?

**Mr. Beesley:** Well, I think that through the action plan work, that's what we're trying to figure out right now. We're getting the benchmarks made. We've been doing some work around benchmarks to ensure that, but whether it would be half exactly – and of course it's always on a case-by-case basis. Some cases are very straightforward, and we're looking to streamline those even more, and some are more complex.

**Mr. Barnes:** Okay. Thank you.

Your department's commitment to accept the Auditor General's recommendations is to be commended, and I've heard lots about how the process to move to a simplified form is going to make it a lot easier for Albertans. I've heard about some of the resources that are going to be around the new simplified form. Could you please tell me about the user-friendly guidance? Again, how will that be improved for a person trying to apply online or in person?

**Ms Giesen:** Sure. Happy to answer that. Thank you. Currently we are working on two user-friendly guides, two new guides, for AISH applicants. One is a user-friendly guide on the AISH program overall, and the second is much more focused on just the application form.

Our work on simplifying the application form and moving to a two-step process we hope is going to be seen as a step in the right direction for Albertans. That user-friendly guide will be posted on the website along with a launch of the new simplified form at the end of June of this year. As I had mentioned previously, those guides and the form itself are being field tested currently with AISH applicants, their families, and some of those helping organizations around the province. Our hope is that by putting very robust, very clear information in those guides up front, that might clarify the process and minimize some of the back and forth that we're currently seeing at the front end between the time that applicants submit their initial application and the time that they're deemed completed, which on average is about seven weeks.

9:15

**Mr. Barnes:** Okay. Thank you.

Under the current forms I understand there were a lot of multiple questions that were used to obtain the same information. Was there a purpose for that? Is that going to be part of the simplified form process as well?

**Ms Giesen:** Thank you. No. Our hope was and we've tried very hard in our first many, many working hours of going through the form to strip out any duplicative questions. The other thing is that we reviewed our legislation, the AISH Act, from start to back to make sure that all of the questions on the application form were required for eligibility determination, and we found that a number of them weren't. A number of them were for information that's required to establish the correct level of benefits for an individual or other information that's required at commencement but isn't required to determine eligibility. So we've moved many of those questions out. In some cases they've been added now to internal operational processes and policies around commencement. But we've tried very hard to do exactly that: remove duplication, clarify language, and focus questions strictly on those that are required to determine eligibility.

**Mr. Barnes:** Okay. Thank you again.

Filling out forms is onerous and complex for anyone, and I understand that one of the recommendations and one of the concerns was that your department did not review applications immediately after you received them to ensure that they were at least complete. Why did that happen? Is that an easy thing to fix?

**Mr. Beesley:** Well, as we've mentioned, there are 12,000 applications a year, so that's about a thousand applications a month. I think we are going to put more focus on improving the client experience at the front end of the process for those applicants, but that's multifaceted. That's also assisting to ensure that the applications are complete, that there is less going back and forth, and that there are resources available so that when the information comes in, it's in a more streamlined, integrated way for us to process. We will be looking to push resources into that area to make that process more streamlined and efficient.

**Mr. Barnes:** Okay. Thank you.

The Auditor General also pointed out that all of the forms could not be submitted at the same time and that caused 98 per cent of the processing delays. Is that something we can improve as well?

**Mr. Beesley:** Yeah. As I mentioned earlier, we're going from a two-step process, where financial eligibility was checked and then we sent out the medical form, to a one-step form or an integrated form, that will eliminate that extra step and, hopefully, reduce the number of touch points on the form.

**Mr. Barnes:** Okay. Thank you.

I'm really impressed with how prepared you guys are today and how much you care about making it better. One of the things, though, that concerns me the most about what the Auditor General pointed out last time is that your department needs to "improve procedures and guidelines to ensure staff apply policy in a consistent manner." If we don't apply policy in a consistent manner, we're maybe not treating all Albertans equally and fairly. What are your thoughts on that going forward to improve that, especially with the new standard form?

**Mr. Beesley:** We're developing a training framework and a policy framework around how we're going to be treating the clients. Getting clients treated consistently is very important, whether they're in an urban centre or rural centre, getting processed at the same time. We're trying to do as much centrally as we can as well. So from the client experience, it shouldn't matter which door you walk into. But, yeah, getting the staff trained up on all the existing policies, updating the policy manual, and really modernizing what's in there to make the experience better for everyone is definitely a focus.

**Mr. Barnes:** Great. Again, that's laudable. Thanks for doing it.

It seems like a lot, though, by the end of December. Did I hear right that you're willing to accept all of the Auditor General's recommendations and your goal is by the end of December? Is that realistic?

**Mr. Morhart:** Yes, it is, and thank you for that. We started this process as soon as we received the report – actually, some things we were working on while the report was being prepared – so we feel comfortable that we've got a number of the steps laid out. We're counting on some really good feedback. We do feel that it's going to be somewhat iterative as we move through . . .

**The Chair:** Thank you, Mr. Barnes.

Ms Luff, you have seven minutes.

**Ms Luff:** Thank you. I just have a few questions about the accessibility part of the report, the first being that you did mention that you're in the process of field testing the new form. You've been doing that since March of this year. I'm just curious how you're collecting feedback on this form from both staff and AISH

applicants. I did notice, though, that the short form on the Internet, which is the end-of-life form, is still nine pages long, so it seems to me to still be fairly onerous. I'm just curious. What kind of feedback are you getting on the new form? Then the timeline for the release of the new form is June. Given that you've been field testing it in March and are receiving feedback, is that timeline realistic? And what kind of feedback have you been receiving on the new form?

**Ms Giesen:** Sure. Thank you for the question. We've been field testing the form. We started with staff. After we went through the work of reviewing the legislation, making sure that it aligned and reducing duplication, again, removing questions that didn't fall directly to determining eligibility, we then, over a number of three sessions, worked with regional staff, that included AISH adjudicators, AISH generalists and supervisors, and got some very good feedback from them, especially around plain language, around clarifying additional supporting documentation that clients should be aware of up front that are required, again, to try to shorten that front-end period and the back and forth between our staff and the client.

Right now we're in the process, as I mentioned, of regional field testing. We recognize that the relationships with AISH clients, their families, and those agencies really reside in the region, with AISH generalists and with other staff, including staff in the Alberta Supports centre. That's why we've asked regions to lead their own field testing exercises with a handful of AISH applicants, families, and organizations. We're looking for feedback from that process to come in this Friday, and then our next step will be provincial field testing with eight provincial organizations, advocacy organizations on the next revised version of that form once we've revised it based on the current regional field testing.

We have pretty short timelines. But we're looking to wrap up that field testing by the end of May and then very quickly to turn around that form and post it online along with that user-friendly guide. So I think we're quite confident that we'll be able to meet that timeline.

**Ms Luff:** Just out of curiosity, how long is the new form?

**Ms Giesen:** I think the current version of the form is nine pages, so it's as long as the short-form version. I don't expect that we're going to get a longer form.

I should also mention that there are still two parts. Even though we're talking about a one-step process, there is still a financial eligibility piece that the applicant fills in, and there's a medical eligibility piece that the applicant's physician or specialist fills in. We're just starting the process, also working with Alberta Health and some physicians, to field test the medical eligibility portion of that form as well.

**Ms Luff:** Thank you.

My second question is just around sort of staff training. The Auditor General did state that "Albertans with a severe disability will continue to have difficulty accessing the program and may not receive the supports they need" if steps are not taken to improve accessibility. You have spoken a little bit about the staff training that's in place. One of the main sort of complaints that I get in my office from people who are trying to do this process and fill out this process is, obviously, how complicated it is, but also that they sometimes feel that staff are not – I don't know – caring enough in terms of how they deal with the clients. I'm just curious if you could elaborate on the type of training that's going to be happening. And how are you going to ensure that staff are trained and properly supported through this new process?

**Mr. Beesley:** Sure. As the deputy mentioned, we are looking to increase the training of new staff. We've trained 94 per cent of our staff on the authority act and regulations and policy, but we're also mindful that that needs to go beyond just legislative training and policy training. I'm not saying that it's quite sensitivity training, but as we look to train and enhance our in-person services, our touch points, we're really looking at an overall service delivery transformation, which I'm confident will improve that process.

**Ms Luff:** Thank you.

I'd just like to hand over the rest of my time to MLA Nielsen.

**Mr. Nielsen:** Thank you, Mr. Chair, and thank you, guys, for joining us this morning. I was certainly pleased to see the shortened application form that is starting to develop – and if you wouldn't mind, I'll just quickly quote here – which is especially created to support the prioritization of applicants with end-of-life care needs, individuals who applied or are already eligible for the Persons with Developmental Disabilities (PDD) program, and individuals who have been on AISH within the last two years who want benefits reinstated.

Deputy Minister, I was just wondering if you could discuss the impact that this shortened application form will have on these groups of applicants. Then maybe, since we had touched on going to an online application form: is this something that Albertans were asking for? And do you feel that this will be able to improve those times even further?

**Mr. Morhart:** Thank you very much, Member, for the question. Maybe I'll start with your second question first: have Albertans asked for that? Absolutely. We were looking for different ways to streamline processes where we already have information on individuals or, in the case of end-of-life care, we can accelerate because of, you know, medical determination eligibility. So we are very confident that that shortened form and that accelerated process and prioritization will be a big benefit to those who really need it and those that are already accessing other programs within our department or across government.

9:25

**Mr. Nielsen:** Okay. You indicated that you'll be working to introduce a more co-ordinated application process between different programs so that Albertans don't have to provide the same information to multiple programs. I was just wondering if you could share more about this work and what some of the challenges have been in terms of that co-ordination.

**Mr. Beesley:** Sure. For example, from the medical perspective if someone is deemed to be eligible for the PDD program, we would consider that medical eligibility for the AISH program, but as AISH is both a financial and medical eligibility program, one of the other things we have to look at, of course, is the financial eligibility. The usual course for someone coming onto AISH: when they're coming onto AISH, they just don't come into the AISH office and receive no benefits. Community and Social Services has a suite of benefits through the Alberta Works program. It's sort of the welfare-type program or whatever, so clients will be on there. As financial eligibility is met for those programs, we want to consider . . .

**The Chair:** Thank you, Mr. Nielsen.

Mr. Gotfried, you have four minutes.

**Mr. Gotfried:** Just to follow up on the question I had begun before, it's my understanding that an applicant who has 30 working hours a week could have their application declined; however, that 30 hours or more per week is allowed for existing applicants. Can you

explain to me sort of the differentiation in your mind between applicants that are being denied and those that are already in the program and able to work those hours?

**Mr. Beesley:** Yeah. Thank you for the question. The number of people who are able to work is one of the many factors that is considered in the overall adjudication. This information is not tracked separately for applicants, but it is one of the factors. People come onto the program for many different reasons: primary, secondary, or tertiary ailments. As I mentioned in some of the statistics I provided earlier, 18 per cent of clients do report some level of income. That 30 hours is a guide – it's an old guide – and as we continue to modernize the program, look at different factors, we will probably be reviewing that as well as part of our overall policy review. But it's not that if someone works 31 hours versus 29 – there is not that differentiation. It's a holistic approach. We're considering all information, which is also considered by appeal panels if that is a necessary step as well.

**Mr. Gotfried:** All right. I would hope that that would become more clear for new applicants and that the objective, obviously, is to allow people to live the best life they possibly can.

Mr. Chair, I'm just going to pass to my colleague Mr. Fraser for a question as well. Thank you.

**Mr. Fraser:** Thank you, Mr. Chair. And thank you for all the hard work that you're doing. I have a couple of questions when it comes to new Albertans or, you know, people migrating from one province to the other. One of the key pieces of being able to obtain AISH is through the consultation of a physician, that they actually sign off on it. What's the process, for instance, when somebody comes who is getting AISH in another province, when their condition has already been kind of approved and then they come here? Obviously, there needs to be a touch point with a physician here, but often that process takes a long, long time, and there's no way for that person to bring those benefits from another province. Through your department, what is the process, I guess, to look at outside medical advice, making sure that's being integrated with a new physician?

**Mr. Beesley:** Sure. You are right that someone that would be getting benefits in another province – what needs to be pointed out is that they're not getting AISH in another province. They are getting that province's suite of benefits, so they don't transfer. There is no other AISH program in Canada. AISH is a stand-alone program. Typically the social services programs for those persons with disabilities are sort of like a stream of the social assistance programs. So when they do come to Alberta, they do have to apply for AISH. Typically they will go on Alberta Works initially, while their AISH application is processed, and they do need to be seen by an Alberta doctor. They also have to establish Alberta residency.

**Mr. Fraser:** Right. So when it comes to that, is there a way to track particular conditions that you see in your office that, I guess, seem to be more complicated to get people on AISH? When we're thinking about pain management, often those types of things sometimes can be discretionary when it comes to the physician in terms of them trying to lead the program and/or trying to fix a problem. Again, that's going back to, you know, one physician trying to fix a problem that another physician has already agreed, "Look, this person is not able to work, so they need some sort of social assistance or AISH," where another physician becomes another contact point, and they're trying to correct that. Again, are you tracking conditions and being able to see how to make those situations better based on the condition?

**The Chair:** Thank you, Mr. Fraser.

Mr. Malkinson, you have four minutes.

**Mr. Malkinson:** Thank you very much. On page . . .

**The Chair:** I apologize, Mr. Malkinson; I skipped the Official Opposition.

Mr. Barnes, I apologize.

**Mr. Barnes:** No worries.

**The Chair:** You have four minutes.

**Mr. Barnes:** Thank you, Mr. Chair. If you don't mind elaborating on the answer to Mr. Fraser's question a bit and if you could also broaden it. The Auditor General pointed out that access on the Internet was not – there were three separate medical forms. What was the rationale for three separate forms, and is the simplified process going to continue with that?

**Mr. Beesley:** I can answer the first part, to elaborate on the other member's question, and then I can perhaps turn it over for the three medical forms. As I mentioned earlier, we do track the AISH medical conditions. Like, I've brought the aggregate stats that show that 45 per cent of people have physical conditions, 30 per cent have medical conditions, and 24 per cent have cognitive disorders. But when you get into pain management and some mental disorders or mental assistance, there is a lot more work. Someone coming in with a physical disability like being quadriplegic: it's pretty straightforward. Someone coming in with a cognitive disorder: pretty straightforward. It all depends on each particular situation. That was the answer to the first part of the question.

Perhaps I will turn it over to Marika to supplement.

**Ms Giesen:** Sure. Thank you. On your question about three separate medical forms you're correct. There has been over the years use of three forms. I would say that primarily the general medical report has been used. There are, however, reports on cognitive functioning and mental functioning that are separate. What we've done is combined all three. So regardless of the primary diagnoses or the type of condition the single simplified form will allow the doctor to assess the individual's level of functioning across a variety of diagnoses and medical conditions. I would say that this is a bit of a legacy approach, and those forms reflect that legacy approach that was used. There's no need to use three separate forms to categorize applicants and Albertans by their disability.

**Mr. Barnes:** Okay. Thank you.

I heard earlier that 287 people were working in the department. How many of those would process AISH applications, and how long has the staff been there? What's the average tenure?

**Mr. Beesley:** I'm not sure of the average tenure. I will say that people that work in the AISH program are very dedicated workers and very much enjoy their jobs and really like working with clients.

As far as the number of people that actually deal with the applications, if you consider all the touchpoints, knowing that someone could do a little bit of the jobs, it's approximately 50 per cent of the time between applicants and clients which are already on the program, but it would vary from office to office, region to region.

**Mr. Barnes:** Good. Great to hear about the desire to do a good job. On page 32 of the Auditor General's report it states that "workers have to use considerable judgment in their assessment of

applications." No doubt, you know, that commitment and that tenure helps, but let's talk a little bit about the training. What is the training process now? I think I did hear that there are going to be some training changes and improvements. Can somebody give me a brief rundown on those two things, please?

**Mr. Beesley:** I can go at the high level, and perhaps Marika can supplement. I think we are looking at a new training framework. As I mentioned earlier, training goes beyond just the legislation, the policy, and the regulations. We are looking at improving ways to enhance service delivery transformation. You know, we're always looking at a continuous improvement model, ways to provide better information to clients, finding different channels that clients like to get the information from. I think that's a big part of what our action plan is doing.

Marika, can you supplement?

**Ms Giesen:** Sure. I'm happy to supplement. Within the AISH action plan, in response to that finding from the Auditor General, we've identified that by September of this year we will be improving our provincial strategy to include a number of items. I'd like to focus on a few specifically. This will include an adjudication framework to support consistent decision-making. CPPD, WCB, other private insurance companies often use adjudication frameworks to help use policy as a basis to guide staff in making some of those decisions. I think, as most people can appreciate, making a decision about eligibility for AISH is not a check yes/no sort of formula, so this adjudication framework is intended to help guide staff through policy to make those decisions.

9:35

**The Chair:** Thank you.

Mr. Malkinson.

**Mr. Malkinson:** Thank you, Mr. Chair. On page 44 of the Auditor General's report it states that "in the absence of robust measuring, monitoring and results analysis reporting, management will not have adequate information to analyze performance and make required improvements to the program." How does the department plan to use these performance measures to ensure the AISH program is continually improved for clients?

**Mr. Beesley:** Thanks for the question. We are going to make sure that we are measuring and monitoring key aspects of the AISH program and the application process to ensure that it's effective in doing its job to support Albertans. We are developing additional relevant performance measures and processes to improve efficiencies and effectiveness. We want to begin to report these publicly in December 2017. We are currently reviewing our current workflow to identify opportunities to even further streamline this process to include measures to capture this information that will inform service standards and reporting. We are taking this area very seriously, and we hope that increasing the accountability of the program by publicly reporting will even take it a step further.

**Mr. Malkinson:** Perfect.

I'll pass off the rest of my time to Dr. Turner.

**Dr. Turner:** Thank you. Through the chair, I really appreciate the time we've had this morning with your staff. I've had a lot of personal experience as a physician filling in these forms, and I am really happy to hear that they're going to be streamlined. Following on MLA Renaud's question, though, I really think that you should strongly consider field testing this with physicians and nurse practitioners before you solidify what's going on, just as you should

be field testing with actual applicants who are filling this in. The forms are daunting. Even as a physician with 40 years' experience, I often am confused as to what is required.

I want to talk about the appeals process. The Auditor General noted on page 41 that "the department does not formally track or analyze specific reasons for denials or reasons for overturning denials." I certainly believe that tracking this information is key to proper communication with AISH applicants as well as, I might add, with their advocates, including their physicians and nurse practitioners. I understand that since August 2016 all appeal panel decisions that overturn medical eligibility are now tracked. What impact has this had, and what impact is going to be seen on improving the process?

**Mr. Beesley:** Yes. A good question. In looking at the reasons that medical eligibility is overturned by the appeal panels, in most of the work done by the appeal panels, over 90 per cent of the AISH appeals heard relate to medical. It's interesting to note that the panels, when they do overturn, consider applicant, advocate, or family testimony at the time of the appeal. The panels determine that the treatment or therapy would not improve their ability to earn a livelihood. There are different medical interpretations. There are also social factors. Also, from the time of the denial to the time of the appeal there's been additional medical information and/or specialist information.

To answer your question, I think any additional business intelligence around this will be used going forward to help develop policies but also to standardize the training of the appeal panels, the AISH adjudicators, and all staff to make sure that client experience is going to be there. We're always going to have appeals. We just want it to be the most fair and transparent process we can possibly have.

**Dr. Turner:** Okay. How will the ministry's appeals secretariat differ from the appeals advisory service? [A timer sounded]

**The Chair:** Thank you, Dr. Turner.  
Mr. Gotfried.

**Mr. Gotfried:** Thank you, Mr. Chair. Thank you again to our presenters here today for your great work and for filling us in on some other information. There's a lot of discussion around accountability and tracking and trying to improve the process. With respect to decisions made by your caseworkers, is it your feeling that these are documented accurately in the case files for review, and is there a responsibility for each caseworker to maintain accurate information on each file?

**Mr. Beesley:** Yes. I think that in the file you're looking at two different things. You're looking at perhaps applicants coming into the file. There's a checklist to make sure all the files are complete and the proper decision is made. But there are also decisions made every day by our great workers on benefits going forward, on income and asset levels, and as the people become clients, on making sure the clients are referred to different services. We do maintain a file, sort of a story, on the applicant: any special needs they have, any emergency benefits they need. So we do track all that and make sure that we monitor that within each worker's caseload.

**Mr. Gotfried:** Okay. Is there a standard policy for documenting the interaction between caseworkers and clients? I look at, for example, WCB logs, every form of communication that their clients do. Is there a standardized responsibility and documentation interaction there?

**Mr. Beesley:** Yes. It would be at the worker's discretion but within the system. As the story is told and clients apply for things or have questions on certain things, we want to know if a client has some complex needs. We want to know if they come back in with additional complex needs, sort of the history, some of their family concerns, any social factors that go into the decision; for example, if they have any addictions issues, any moving, escaping family violence. That would all be on the file, and we would work with our workers or other programs as needed to make sure they get the supports they need.

**Mr. Gotfried:** Great. Are there defined response timelines for your caseworkers in responding to phone calls, letters, other forms of communication that come in?

**Mr. Beesley:** Typically within 48 hours we'd like to see them respond. Again, each would be on a case-by-case basis. If it was a routine thing, it's up to 48 hours, but if someone is escaping family violence or has a very complex situation, we would hopefully have the worker or someone else on their behalf respond to them, or they would be referred to the proper agency to get those supports.

**Mr. Gotfried:** Okay. What other kinds of performance measures are your caseworkers evaluated on?

**Mr. Beesley:** Well, from a staffing perspective each staff would have a performance agreement with their supervisor, you know, a typical basic bureaucratic process. Their interactions with clients would be somewhat judged, but it would be part of overall performance within an office environment, if that's what you're asking.

**Mr. Gotfried:** Do you have defined sort of qualitative and quantitative measures for each caseworker?

**Mr. Beesley:** We are developing some workload standards to even out the number of caseloads per worker and stuff like that, so from that perspective, from a workload measurement tool, we're in the process of developing that as well. Otherwise, in my view, it would be typical government performance indicators.

**Ms Taylor:** If I could supplement that.

**Mr. Gotfried:** Yes, of course.

**Ms Taylor:** In addition to what Dale indicated, there are two dimensions that will be increasing the importance of that kind of recording and measurement, if you will. One is in our training. A number of members have asked that question. We will be tracking all training that occurs with all of our staff. It will be mandatory training requirements, and we'll be reporting on the training that has occurred.

Secondly, the service standards that we spoke about earlier: we will be developing formalized service standards that will speak to time frames regarding the application process, determination of eligibility, and commencement of benefits. Those will be standardized across the province.

**Mr. Gotfried:** That's great to hear.

I noted that your caseload increase has been significant from 2011 to 2015. Could you tell us what your caseload was for 2016? [A timer sounded] I guess not.

Thank you.

**The Chair:** Thank you, Mr. Gotfried.

As this is the final time block and we have Dr. Swann who is about to take his block, I would like to ask that we give him a five-minute time block as this has been his only time block. Are there any objections to that? No.

Please move forward with your five minutes, Dr. Swann.

**Dr. Swann:** Thank you very much. Thank you for a very encouraging morning. I see a real commitment to change and to improvements. If you want people to maximize their capacity, why are the criteria so low for income clawbacks, and how is that established? Do you not want people to develop their capacity to work and expand their scope of income, eventually in some cases maybe go off AISH?

**Mr. Beesley:** Well, I think, as we reported, 18 per cent of the clients do report some form of income. We do have some of the most generous employment earnings exemptions in the province. Clients can earn up to \$1,500 a month in addition to their AISH benefits, so we do have policy around that. There's policy around the maximum monthly benefit and how much someone can stay on the program with all sources of income and receive, like, a one-dollar benefit. Three years ago the employment exemption earnings were doubled, so they are, in my view, quite generous in comparison to other social services programs across Canada.

**Dr. Swann:** Have you done any client satisfaction surveys, and how has that changed over the years?

**Mr. Beesley:** We've done some work around the performance measures around client services, our client surveys. It was more just around how the clients were receiving things like personal benefits. For the most part we are looking to develop that going forward, especially as we're going through this service delivery transformation to modernize the program. I think that would be a logical next step. As I think a few others have mentioned, as our performance measures become publicly reported, some of that may be woven in there.

9:45

**Mr. Morhart:** If I may add a supplemental, we've reported for a number of years in our business plan, and to the Auditor General's comment, the quality of life index survey that we do with AISH clients is one indication for us of how they feel the program is doing for them. To the Auditor General's comments, though, that's not a reporting of efficiency, but it is an indication to us of the quality that they're receiving from the program. As Dale has indicated, as we're working on our other performance measures to speed up processing times, to enhance staff capacity, we hope to have a better program and better outcomes for individuals on AISH.

**Dr. Swann:** With surveys?

**Mr. Morhart:** Yes.

**Dr. Swann:** Thank you.

I know you have to do annual financial reviews. What are the criteria for reviewing medical, cognitive, or mental reviews?

**Mr. Beesley:** Actually, from the annual financial reviews we sort of removed that from the program a number of years ago. As far as medical, once someone is on the program, once they're deemed medically eligible per our act, which is a severe and permanent disability that impairs their ability to earn a livelihood, we do not do any more follow-up medical thing from the program eligibility perspective, but we are cognizant that as clients' needs change

and there are different medical services they need, the AISH workers do work in collaboration with health agencies to ensure that they're getting the proper referrals, but we do not recheck eligibility.

The only time we would be checking eligibility is if someone left the province and was not a resident of the province for two years and if they came back, but I think, as mentioned earlier, they would be going through the short form or the rapid reinstatement back onto the program.

**Dr. Swann:** Does that apply to mental and cognitive issues as well?

**Mr. Beesley:** There is no differentiation from that perspective if someone leaves and comes back. They are treated equally.

**Dr. Swann:** How do you address people with chronic addictions?

**Mr. Beesley:** Addictions and mental health, I think, to no one's surprise, are some of the most complex clients that we have. In cases where we deal with people with both addictions and mental health, they are the most costly to the program, the most hard to address, and I think that's when we go to our other supports. We would go to other agencies. We would go to other service providers. The government offers a suite of benefits in both Community and Social Services, Children's Services, and other ministries, Alberta Health, Alberta mental health, to address those things, so through our referral services. But at the end of the day we can come in as the program because we do have the access to the financial benefits, and in extreme cases of addictions and mental health we can suspend the benefits until the person is stabilized and have done so many times.

**Dr. Swann:** I don't understand. Suspend the benefits until they're stabilized when that could be part of what is going to help them to stabilize?

**Mr. Beesley:** For example, someone that's escaping family violence or someone that's having a breakdown or has fallen off a proper structure, until they are stable we have worked with agencies, including the police, to ensure their benefits are protected so that they're not taken advantage of.

**Dr. Swann:** Oh, I see. Thank you.

Those are my questions. Thank you, Mr. Chair.

**The Chair:** Thank you, Dr. Swann.

I would like to thank the officials from the Ministry of Community and Social Services for attending today and responding to the committee members' questions. We ask that responses to the outstanding questions from today's meeting be provided in writing and forwarded to the committee clerk within 30 days.

I'd like to go on to other business. I wish to note for the record the following written responses received with respect to questions outstanding from previous meetings: Advanced Education, December 6, 2016; Environment and Parks, January 24, 2017; from the Auditor General, January 24, 2017; Treasury Board and Finance, February 28, 2017; Infrastructure, February 28, 2017; Transportation, February 28, 2017; Children's Services, February 28, 2017; Executive Council, March 7, 2017; Agriculture and Forestry, March 14, 2017. In keeping with the usual practice of the committee, these documents will also be posted to the external committee website.

Are there any other items for discussion or other business?

If not, I will move on to the next meeting date. The committee meets next Tuesday, May 9, 2017, to hear from the Ministry of Agriculture and Forestry and the Agriculture Financial Services Corporation. The committee meeting is scheduled from 8:30 a.m. to 10 a.m., and the premeeting briefing is at 8 a.m.

I will call for a motion to adjourn. Would a member move that the meeting be adjourned? Mr. Nielsen. All in favour? Any opposed? Carried.

Thank you very much.

[The committee adjourned at 9:50 a.m.]







