Attendant Care Providers Service Network
Meeting Agenda/Minutes
04 Nov 2026

CHAIR/S:	Val Bishop de Young, Chair (VHA)	**NOTE TAKER:**	Reem Haddad
ATTENDEES:	OHE Attendant Care Provider Service Network - Attendance report 11-04-26.csv	**REGRETS:**	

ITEM#		ITEM DESCRIPTION	ITEM NOTES / ACTION / OUTCOME
1.0	**WELCOME & Intro**		
	1.1	Welcome & Introductions: Name, Agency, Geography served. CSS Shared Resources New Staff: (Nicholas Labine, Knowledge Mobilization Specialist & Nasser Chams, Data Analyst Specialist CSS Shared Resources)	**Nicholas Labine – Knowledge Mobilization Specialist:** Nicholas brings approximately nine years of experience in CSS health system planning. He will apply his previous experience to support CSS Shared Resources Ontario East and work with providers across the region. **Nasser Chams – Data Analytics Specialist:** Nasser recently joined the team and will support the organization's data analytics function.
	1.2	Review of the Agenda.	Accepted as circulated.
	1.3	Review of last meeting Notes (June 10th, 2026).	Accepted as circulated. Previous meeting notes are posted on the Knowledge Hub. If you have not signed up yet, please use the link: https://www.accesscss.ca/signin
2.0	**REVIEW ACTIONS FROM LAST MEETING**		
	2.1	**Application Form & supplements Review** a. The application etc are dated (6 yrs old) b. The application, etc has not been translated into French for general use c. The application etc is very medical which was what was wanted back in 2020. Perhaps that level of detail is not needed. d. The application etc includes application for Supportive Housing which has since been adjusted to 'Assisted Living Services'	The main focus being the review and updating of the outdated attendant care application forms and its associated process. **Application Form Review and Suggested Revisions** 1. Applicant Information (Page 1)

			• Kim suggested replacing “Name of Institution” with “Location” to accommodate applicants who are homeless or do not have a permanent residence. • This would allow applicants to indicate that they currently have no housing rather than leaving the field blank. • The group also discussed adding a language preference field (e.g., English, French, Mandarin) to better identify applicants' communication needs. • Sheila emphasized that language preference is particularly important in her region due to the demand for French-language services. 2. Contact Attempts and Waitlist Process (Page 6) • Kim suggested revising the wording from “We will make three attempts to contact you to offer services” to “We will make three attempts to contact you to discuss your application.” • This better reflects the actual process, as applicants may submit an application but cannot always be reached afterward. • Following three unsuccessful contact attempts, the organization sends a letter advising the applicant that they will be removed from the waitlist. 3. Medical Conditions and Assessment Requirements • Kim recommended simplifying the form by removing rarely used sections (e.g., bariatric and supplementary assessments) and allowing space to identify health conditions. • Kim noted that in-person assessments are generally completed after receiving the application to better understand clients’ actual needs and preferences. • Sheila and Carefor representatives supported retaining the medical-condition checklist, as predefined options improve clarity, legibility, and help staff identify client needs. • An additional option should be included for unlisted conditions or where no diagnosis applies.

			4. Service Selection and Additional Information • Carefor noted that applicants sometimes misunderstand the service options and assume the organization only provides homemaking services. • The application should better clarify the range of services offered to avoid misunderstandings about available support. • Carefor suggested adding a field for the BRN number, where applicable, to facilitate communication and coordination with care coordinators when transitioning clients from other services. • Participants reiterated that supplementary forms are rarely completed or used in practice, as staff generally obtain additional information through direct client follow-up. 5. Consistency of the Intake and Assessment Process • Nicholas asked whether organizations complete a CHA (interRAI/CIHI assessment) after receiving an application if one is not already available in the IAR. • Most organizations indicated that assessments are completed closer to the time the client is ready to receive services. • Michelle explained that Thrive Housing and Supports does not necessarily complete the assessment upon receiving an application because of lengthy waitlists. An existing assessment is reviewed, or a new one is completed when the client is ready to start services. **Service Identification and Next Steps** 1. Clarification of Service Purpose • Nicholas suggested aligning existing Caredove listings with the updated application form to help the smooth flow of referrals from Ontario Health atHome and the public. • This may help address existing branding and service-identification challenges by clearly defining the intended client population. 2. Application Review – Next Steps • The group agreed to continue reviewing and comparing existing application forms.

			• Michelle Hamilton will share Thrive Housing and Supports' application form with the group. • Participants will review the different applications and select the most useful elements to develop an improved version. • Valerie will prepare the next meeting agenda and carry forward the outstanding discussion items.
3.0	**NEW BUSINESS, Other?**		
	3.1		
4.0	**NEXT MEETING:**		Feb 3rd @ 1:00 PM??