

November 20, 2025

Dear Applicant:

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act, 2015 (Our File #: SEN/1/2025)

On October 28, 2025, the Department of Seniors received your request for access to the following records:

All briefing materials prepared for the Minister and Deputy Minister for the month of September 2025.

I am pleased to inform you that a decision has been made by the Deputy Minister for Seniors to provide access to most of the information requested. Some information has been removed, including page 3 in its entirety, in accordance with the following sections of the **Access to Information and Protection of Privacy Act** (the Act):

29. (1) The head of a public body may refuse to disclose to an applicant information that would reveal
- (a) advice, proposals, recommendations, analyses or policy options developed by or for a public a body or minister;
35. (1) The head of a public body may refuse to disclose to an applicant information which could reasonably be expected to disclose
- (c) plans that relate to the management of personnel of or the administration of a public body and that have not yet been implemented or made public;
35. (1) The head of a public body may refuse to disclose to an applicant information which could reasonably be expected to disclose
- (d) information, the disclosure of which could reasonably be expected to result in the premature disclosure of a proposal or project or in significant loss or gain to a third party;

You may ask the Information and Privacy Commissioner to review the processing of your access request as set out in [section 42](#) of ATIPPA, 2015 A request to the Commissioner must be made in writing not later than 15 business days of the date of this letter or a longer period that may be allowed by the Commissioner. Information on how to make a complaint can be found on the Commissioner's website: <https://www.oipc.nl.ca/public/how-to-make-a-complaint/>. Contact information for Information and Privacy Commissioner is:

Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
Email: commissioner@oipc.nl.ca

You may also appeal directly to the Supreme Court within 15 business days after you receive the decision of the public body, pursuant to [section 52](#) of ATIPPA, 2015.

This request may be published on the [Completed Access to Information Requests](#) website. Requests will be posted, when possible, but no sooner than three business days after a response is sent electronically, or five business days where a response is sent by mail. Please note that requests for personal information will not be posted online. Additional details regarding the process for publishing requests online can be found [here](#).

If you have any further questions, please feel free to contact me by e-mail at Seniors-ATIPP@gov.nl.ca.

Sincerely,

Sonja El-Gohary
ATI Coordinator

**Decision/ Direction Note
Department of Seniors**

Title: [REDACTED] Vision Care Benefits for Long Term Care and Community Support Services Clients

Decision Required:

- [REDACTED]

Background and Current Status:

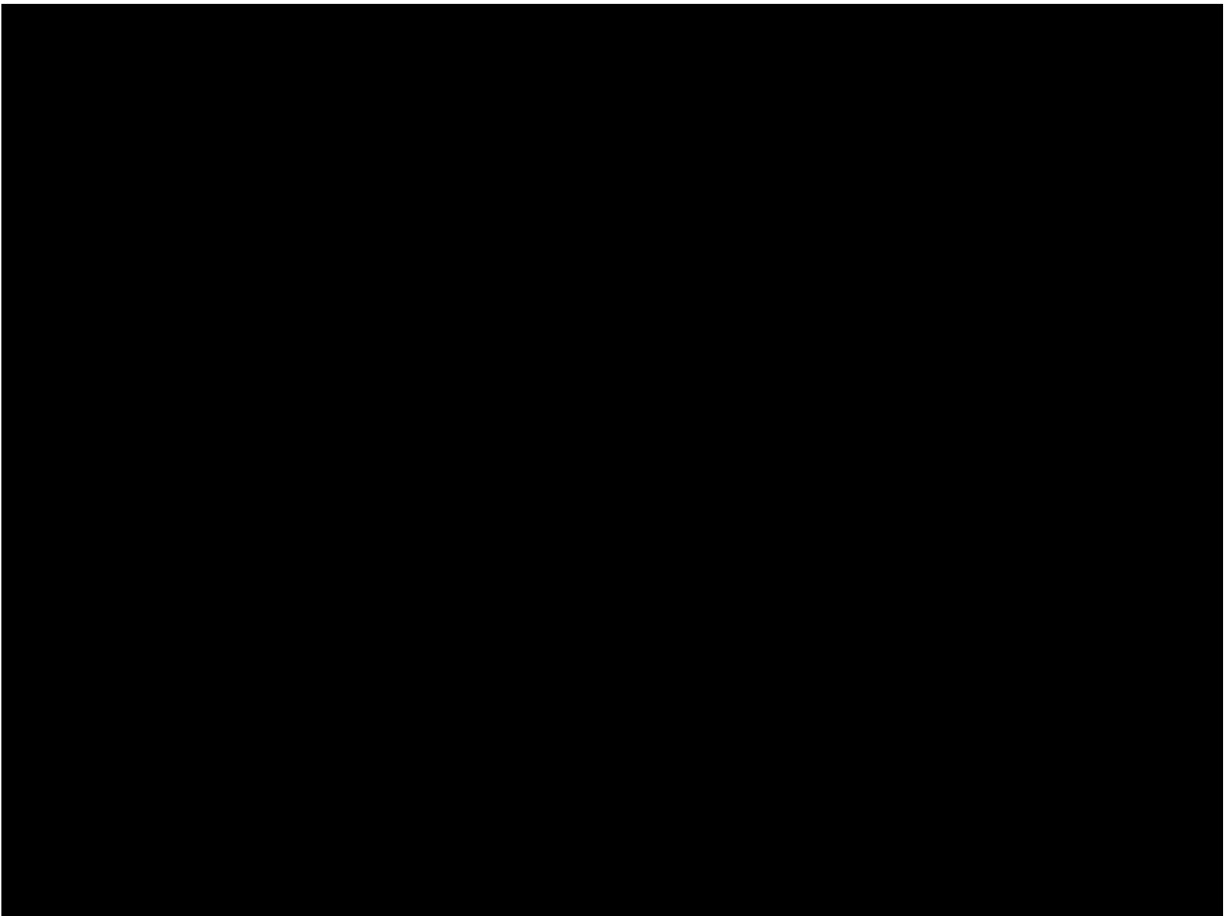
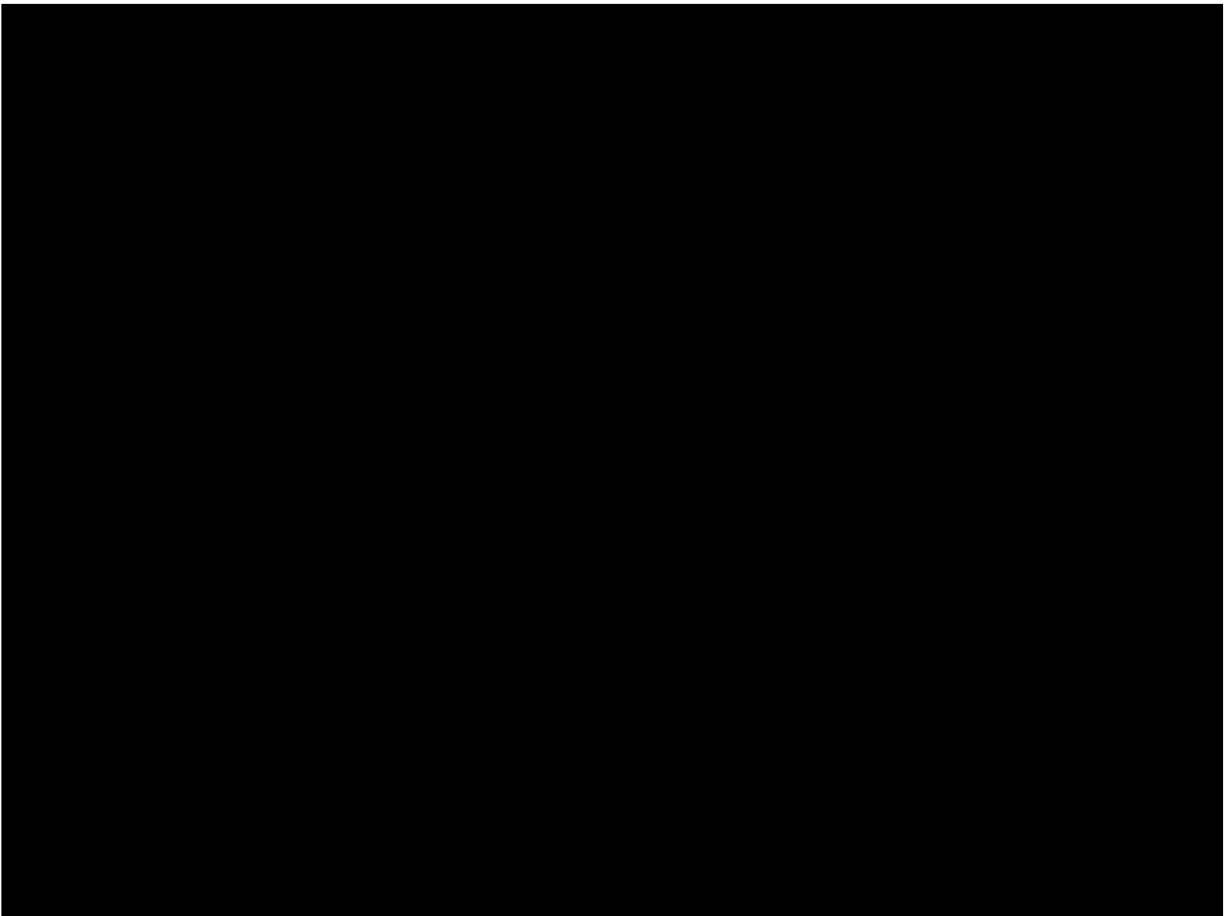
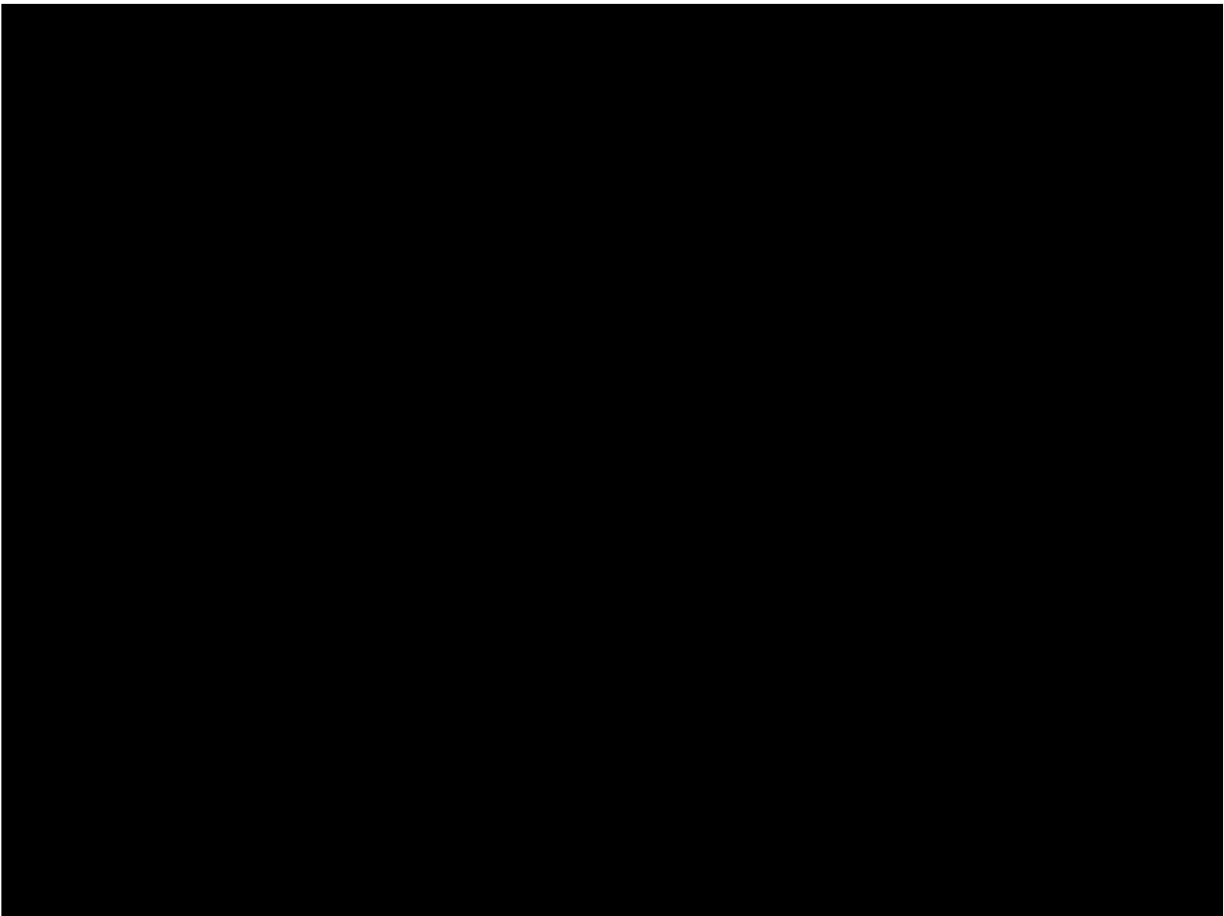
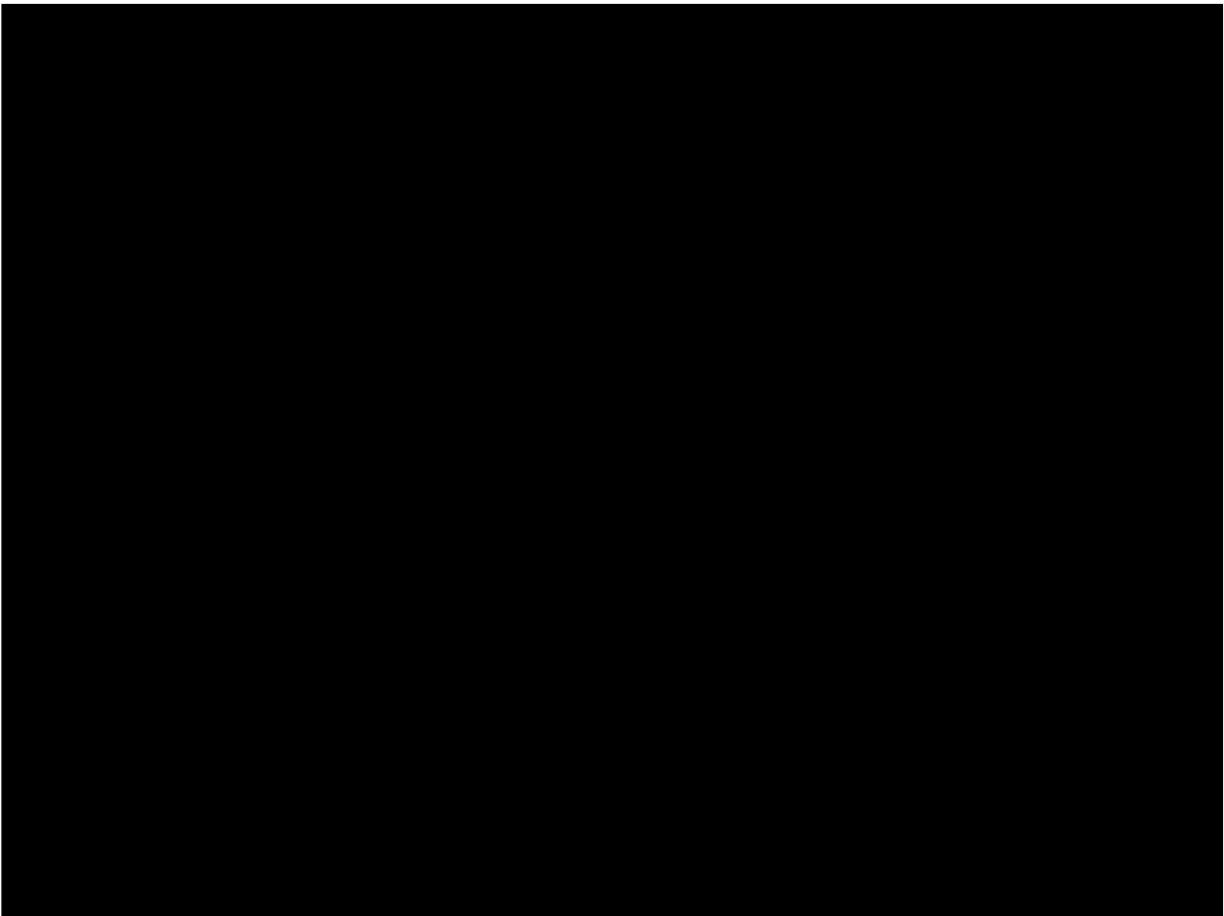
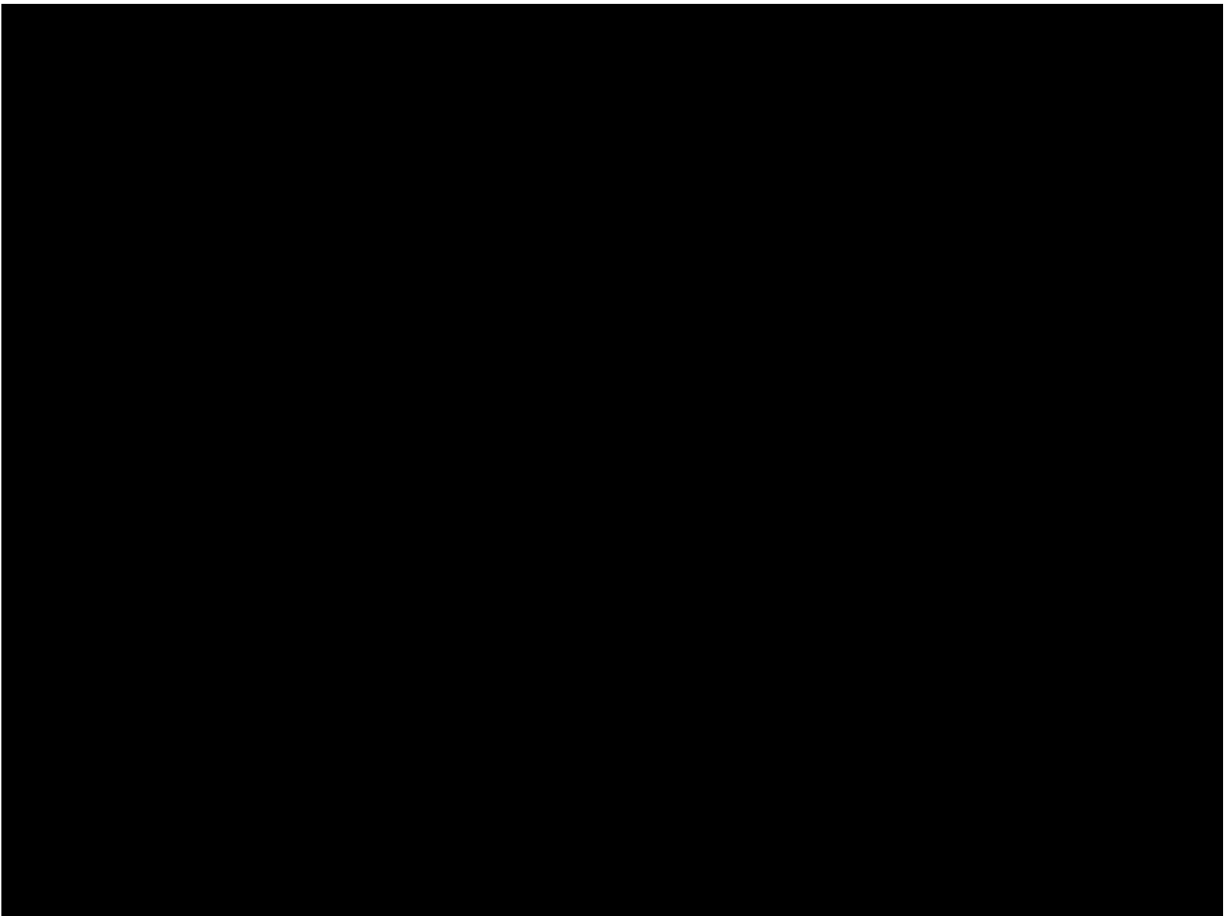
- The long term care and community support services (LTCCSS) system provides services to seniors, adults and children with disabilities, and individuals requiring professional services at home or following hospitalization.
- Clients receiving LTCCSS from NL Health Services are eligible for supplementary benefits, including vision care. To be eligible for vision care benefits the client must meet the following criteria:
 - Not covered for vision care through private insurance.
 - Actively in receipt of subsidized LTCCSS for at least three consecutive months.
 - Not currently receiving Income Support benefits.
- Current benefit amounts for eligible clients (once every 36 months for the client; every 12 months for dependents) are as follows:
 - \$55 for eye examinations
 - \$125 for single vision eyeglasses
 - \$175 for bifocal eyeglasses/contact lenses
- In 2019, responsibility for the service delivery for vision care benefits to LTCCSS clients, **not** in receipt of Income Support, moved from the legacy Department Advanced Education, Skills and Labour to the legacy regional health authorities.
- Income Support recipients are also eligible for vision care benefits but must apply through the Income Support Program with the Department of Families and Affordability (FAMA).
- Vision care benefit amounts have historically been the same for Income Support clients and LTCCSS clients. However, in June 2025, FAMA announced increases to these benefits, to be implemented by September 2025, as follows:
 - \$100 for eye examinations.
 - \$290 for single vision eyeglasses.
 - \$350 for bifocals.

Analysis:

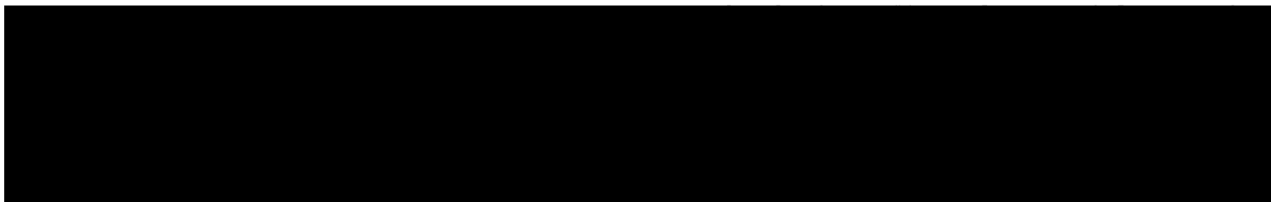
- [REDACTED]

- 

- Based on data provided by NL Health Services the total vision care expenditures for 2024-25 was \$187,435 across all health zones with a total of 785 clients. This total is lower than expected considering LTCCSS supports over 12,000 individuals annually (4,770 home support clients 65 years and older, 7,000 subsidized residents residing in PCH and LTC).
- There are various reasons why these numbers are low. Clients are only able to avail of these benefits once every 36 months, therefore the maximum at any given time would be one third of clients. In addition, clients may have private insurance and are therefore ineligible for vision care benefits or clients may simply be unaware that the benefit exists, despite notification by NL Health Services.

- 
- 
- 
- 
- 

Alternatives

- 

**Decision/Direction Note
Department of Seniors**

Title: Funding Request for Palliative and End of Life Care Training (PEOLC) and a Provincial PEOLC Training Needs Assessment and Recommendations for a Provincial Education Strategy

Decision/Direction Required:

- It is recommended to approve one time funding of \$431,500 to [REDACTED] for PEOLC training and to conduct research, planning, partner engagement, and data collection on healthcare PEOLC learning needs and priorities and provide recommendations on PEOLC training to meet identified needs.

Background and Current Status:

- Palliative care is an approach to care that improves the quality of life for individuals facing life-threatening illness and their families. The need for palliative care is continuing to grow as a result of an ageing population, and the rising burden of chronic disease. Palliative and end of life care (PEOLC) is integrated across the care continuum.

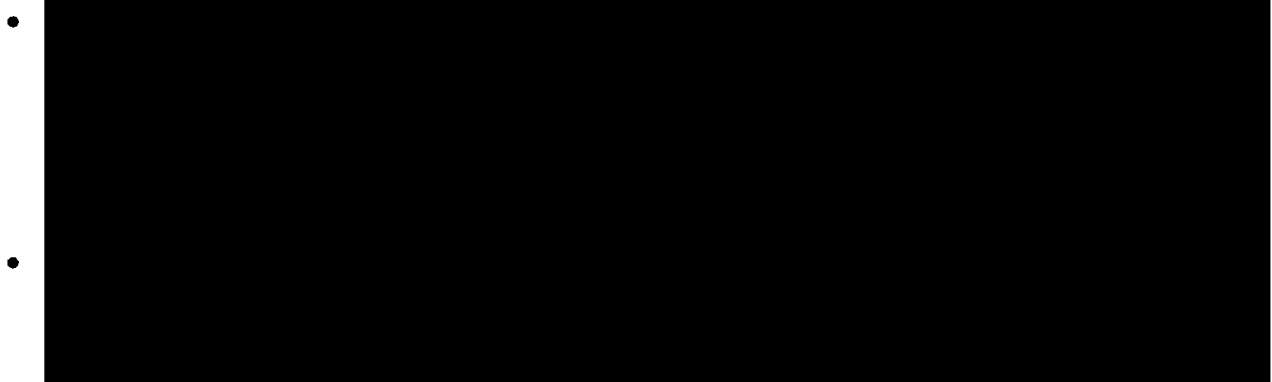
- [REDACTED]
- [REDACTED]

- The bilateral agreement between the Federal Government and province, allocated \$78 million over five years to improve health care for seniors. PEOLC is a specific initiative outlined in the Aging with Dignity Action Plan.
- Since 2019, the Department of Health and Community Services has provided over \$1 million in funding to support PEOLC initiatives including LEAP training for NLHS clinicians and a three year contract for LEAP training for personal and home support workers.
- The Department of Seniors is leading an interdepartmental committee on Advance Life Planning which incorporates advance care planning and financial planning.

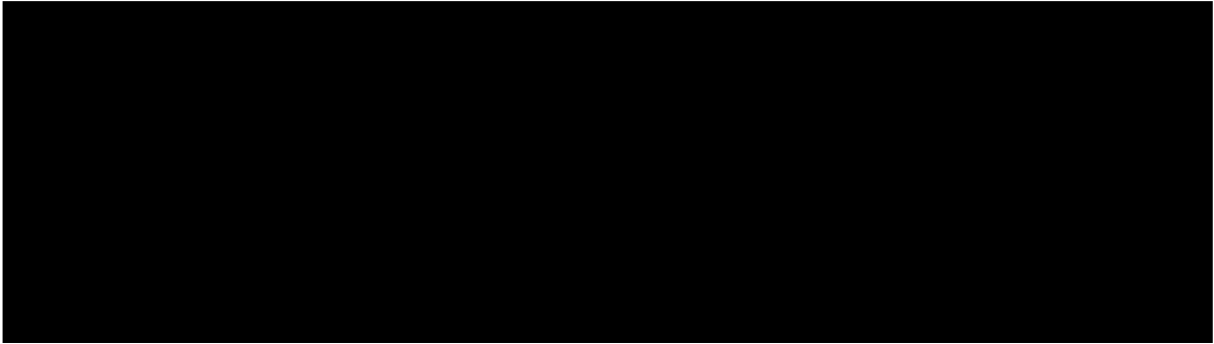
Analysis:

- Increasing health care providers' PEOLC knowledge and skills aligns with the Provincial Home First (HF) Policy Framework, Health Accord NL, the Seniors Health and Well-Being Plan, Policy Framework to Reduce ALC Rates and the federal Aging with Dignity Plan.
- The Department of Seniors and NLHS are working to improve advance care planning. Providing best practice education is recognized as a significant enabler to improving access and quality of PEOLC for patients in accordance with their goals and wishes, improving appropriateness of care, reducing unnecessary reliance on palliative care specialists.
- NLHS have indicated lack of funding for LEAP Core has impacted their capacity to provide this training. Funding is needed for LEAP facilitator training to due to a decrease in the number of available certified LEAP facilitators.

- Choosing Wisely Canada supports serious illness conversations in avoiding potentially harmful or overly aggressive tests and treatments that may not align with an individual's goals and wishes. Research on the Serious Illness Conversation (SIC) Guide indicate its use has resulted in earlier, and better serious illness conversations, reduction in anxiety and depression for patients, improvements in patient and clinician experience and reductions in total medical expenses. However, only one third of people in their last year of life report having had these conversations with their health care provider.
- CSIC has not previously been funded, and NLHS does not have any CSIC facilitators.



- Approval is sought for the following initiatives:
- **CSIS facilitator and staff training (\$158,600):**
 - [REDACTED] CSIC course consists of two components, self-directed online modules (approximately 1.5-2 hours) and facilitated session (1.5-2-hour) led by certified CSIC facilitators;
 - Training for 20 CSIS Facilitators (NLHS staff) = ~\$11,000;
 - Staff replacement cost ~\$5,600, based on 20 staff, seven hour training at average of \$40 per hour;
 - CSIC training for up to 1000 clinical staff (three staff per session, 334 sessions, at \$425 per session) ~ \$142,000; and,
 - Certified CSIC Facilitators will be expected to commit to a facilitating at least one CSIC Training course per month.
- **LEAP facilitator and staff training (\$230,900)**
 - Training for 15 LEAP facilitators (\$4,200);
 - Staff replacement costs for LEAP facilitator (\$4,200, based 15 staff, seven hour training at \$40 per hour);
 - Training for up to 250 clinical staff in 2025-26 (\$75,000, based on average \$300 registrant fee for 250 staff);
 - Staff replacement costs for LEAP clinical staff training (\$140,000 based on 250 staff, 14 hours training, at \$40 per hour; and,
 - Administrative costs for Pallium Canada, (registration, coordination, tracking) \$7,500.
- **Learning needs assessment and learning plan:**
 - Enter into a contract with [REDACTED] for an eight to twelve (8-12) week multi-phased initiative to identify the PEOLC learning needs of healthcare providers and make recommendations for addressing learning needs (\$42,000). This includes:



Alternatives:

Alternative #1. Approve \$431,500 funding from the Aging with Dignity Plan for PEOLC training and a provincial PEOLC learning needs assessment and training plan. **Recommended.**

- Pros:
 - Improved care and support for clients with PEOLC needs.
 - Enhance provincial PEOLC services through more knowledgeable and skilled staff.
 - Aligns with Dementia Care Action Plan, Provincial Home First (HF) Policy Framework, Health Accord, Policy Framework to Reduce ALC Rates and the federal Aging with Dignity Plan.
 - Aligns with Choosing Wisely Guidelines to support appropriateness of care.
 - May decrease medical interventions and hospital admissions for patients at end of life.
 - Opportunity to reduce reliance on specialized palliative care teams to deliver generalist level PEOLC services.
- Cons:
 - Funding required.

Alternative 2: Status quo (Not recommended).

- Pros:
 - No funding required.
- Cons:
 - Missed opportunity to improve care and support for clients with PEOLC needs.
 - Missed opportunity to enhance PEOLC services through more skilled staff.
 - Does not support recommendations in Dementia Care Action Plan, Provincial Home First (HF) Policy Framework, Health Accord NL, Policy Framework to Reduce ALC Rates and the federal Aging with Dignity Plan
 - Missed opportunity to reduce reliance on specialized palliative care teams to deliver PEOLC services.
 - Missed opportunity to decrease use of complex medical interventions and hospital admissions for patients at end of life.

Prepared/Approved by: C. Pilgrim/D. Waddleton/J. Herritt
Ministerial Approval: Received from Hon. Jamie Korab

September 3, 2025

**Decision/ Direction Note
Department of Seniors**

Title: One Time Funding for Connections for Seniors Outreach Program

Decision Required:

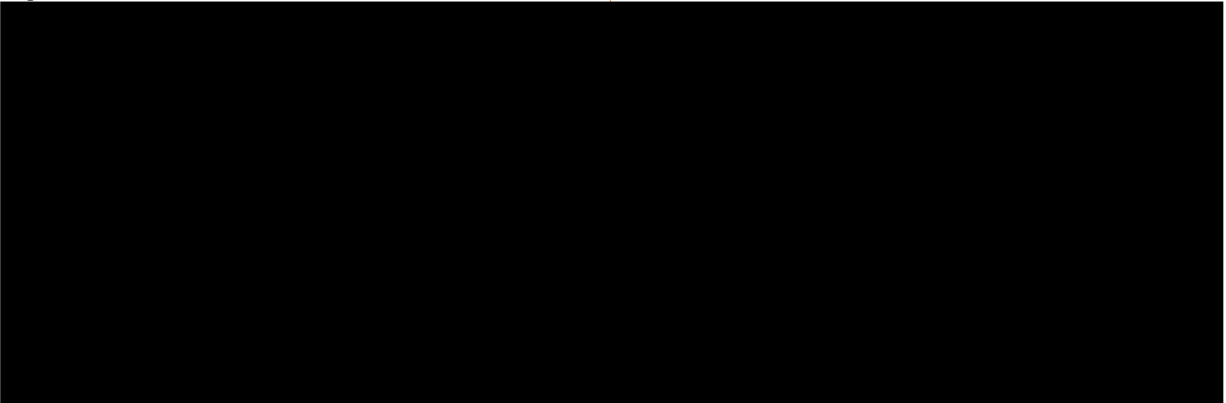
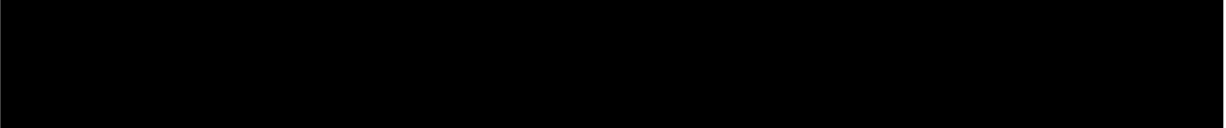
- It is recommended that one-time funding of \$100,000 be approved for Connections for Seniors Outreach Program.

Background and Current Status:

- Connectons for Seniors (CFS) was established in 2018 with the overall goal of establishing programs and supportive services to older adults to support well-being and promote quality of life.
- CFS has a suite of programs to support the needs of at-risk seniors including emergency housing, stabilization housing, personal care home, outreach program, transportation, and community support.
- The Outreach Program uses a proactive approach to engage older adults (aged 55 years and older) at risk of losing housing, facing health or personal crises, or in need of assistance in navigating health and social systems. CFS outreach workers conduct home visits, and follow-ups with vulnerable seniors identified through community partners or CFS's programs.
- The Outreach Program provides transportation assistance, case management, system navigation, wellness checks, crisis intervention, food security and nutrition support and social connections. The program supports over 700 seniors annually.

s.35(1)(d)

Analysis:

- 
- 

- One time funding is available in the Home Support Program Review Implementation budget. If approved, the Department of Seniors will identify reporting requirements to ensure accountability and will work with CFS to discuss plans for longer term sustainability of the Outreach Program.

Alternatives

Alternative 1: Approve one-time funding of \$100,000 for CFS to support sustainability of the Outreach Program. **(Recommended)**

Pros:

- Supports sustainability of CFS to provide essential programming.

- Supports at risk seniors who may present to emergency department.
- Consistent with direction in Health Accord NL to build a strong community-based system of care.

Cons:

- Additional cost for government.

Alternative 2: Do not approve one time funding of \$100,000 for CFS. **(Not Recommended)**

Pros:

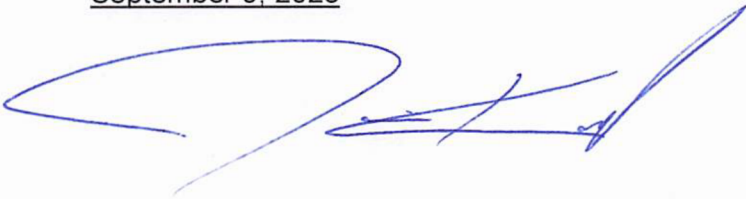
- No additional cost for government.

Cons:

- Limits the capacity of CFS to provide essential programming to 700 seniors annually.
- Does not support improved quality of life for seniors.
- Missed opportunity to support seniors in community rather than hospital.
- Is not consistent with direction in Health Accord NL to build strong community-based system of care.

Prepared/Approved by: D. Waddleton/C. Antle/J. Herritt
Ministerial Approval: Received from Hon. Jamie Korab

September 9, 2025

A handwritten signature in blue ink, consisting of a large, stylized initial 'D' followed by a series of connected, fluid strokes that form the rest of the name.