

FAQ FOR PROVIDER SECTION OF WEBSITE

QUALIFICATIONS FOR CLINICAL SUPERVISORS

Q1. Will the ministry be providing agencies with resources to transition current employees affected by changing qualifications requirements?

The ministry is phasing in compliance with the new qualifications requirements for Clinical Supervisors overseeing service in the Ontario Autism Program (OAP). Clinical Supervisors who do not currently have the required qualifications can continue to provide services as long as they are working towards achieving these qualifications and confirm the timeframe within which they expect to achieve them.

Frontline therapists can also continue to provide services. The ministry is recommending qualifications for frontline therapists delivering OAP behavioural services, however, these will not be mandatory program requirements.

The ministry will continue to collaborate with industry partners to look at ways to build up workforce capacity over time, including providing tuition grants through the Grant Assistance Program to help practitioners to obtain the qualifications they need to supervise OAP services. This work will also inform the establishment of a timeline by which all Clinical Supervisors will need to be in compliance with the required qualifications. The ministry will provide more information on specific resources to be provided this year.

Q2. How will the OAP affect staffing and service delivery models?

The OAP provides flexible evidence based behavioural services that meets the needs of children, youth and their families. The OAP is not prescriptive in terms of staffing or service delivery, other than defining the role of the Clinical Supervisor and other clinical team members in developing, implementing and overseeing the OAP Behaviour Plan. Organizations can choose to implement a staffing model that makes sense for their organization based on their service delivery model.

Q3. Will the role of a Clinical Supervisor in a former Autism Intervention Program (AIP) lead agency change as a result of the new qualifications requirements?

Effective January 15, 2018, regional providers no longer approve OAP Behaviour Plans submitted by direct funding providers or provide clinical oversight of direct funding providers including those currently delivering the AIP direct funding option. However, regional providers will maintain administrative functions in order to flow funding to families who choose the direct funding option.

All OAP Clinical Supervisors, both direct funding providers and regional providers, are accountable for overseeing all aspects of a child or youth's OAP Behaviour Plan and will

be required to complete a formal attestation confirming that the plan is in compliance with the OAP Guidelines and the OAP Clinical Framework. Direct funding option Clinical Supervisors will submit the OAP Behaviour Plan, OAP Behaviour Plan Budget and OAP Clinical Supervisor Attestation to the single point of access for a completion check before entering into a funding agreement with the regional provider.

Q4. Will a Clinical Supervisor who has not completed their BCBA be able to continue in their current role?

To help facilitate a smooth transition to the OAP, the ministry is phasing in compliance with the new qualifications requirements. Clinical Supervisors who do not currently have the required qualifications can continue to provide services as long as they are working towards achieving these qualifications and confirm the timeframe within which they expect to achieve them.

Registered psychologists and registered psychological associates with ABA expertise are also permitted to clinically supervise OAP behavioural services.

Q5. If a Clinical Supervisor/clinician in charge does not meet the required qualifications, how can their clients continue to get behavioural services?

Clinical Supervisors who do not currently have the required qualifications can continue to provide services as long as they are working towards achieving these qualifications and confirm the timeframe within which they expect to achieve them.

Compliance with the requirements will be phased in over time so that families do not experience service disruption.

Q6. What resources will be available to help me meet minimum qualifications in the time allowed? What is the timeframe for me to meet the requirements? What happens if I don't meet that timeframe?

The ministry is collaborating with industry partners to look at ways of supporting behavioural service providers in Ontario to obtain the minimum qualifications needed to supervise OAP services including providing tuition grants through the Grant Assistance Program.

This work will also inform the establishment of a timeline by which all Clinical Supervisors will obtain the qualifications they need to supervise OAP services.

The ministry will provide more information on specific resources to be provided this year.

OAP SERVICE DELIVERY TOOLS

Q7. What is an OAP Behaviour Plan and how is it developed?

An OAP Behaviour Plan is a detailed description of the evidence based behavioural services that the child or youth will receive in the OAP. The plan is based on feedback from the family, and a clear understanding of the family's expectations, capacities and priorities, as well as the clinical recommendations from the OAP Clinical Supervisor. The OAP Behaviour Plan is a key component of the OAP Family Service Plan.

An OAP Behaviour Plan is required for every child and youth receiving evidence based behavioural services in the OAP and is developed through collaboration between the family, the OAP Clinical Supervisor, and other professionals as necessary.

The plan is signed by the family/youth and the OAP Clinical Supervisor before being submitted along with the OAP Clinical Supervisor Attestation and the OAP Behaviour Plan Budget to the single point of access for processing. The single point of access will review these documents for completion and enter into a funding agreement with the family to flow the funding associated with the OAP Behaviour Plan.

Instructions for developing OAP Behaviour Plans, including the key elements and details that must be included in each plan, can be found in the [OAP Guidelines](#).

Q8. What is the OAP Clinical Supervisor Attestation?

The OAP Clinical Supervisor Attestation is a document that is required to be completed by all OAP Clinical Supervisors for each OAP Behaviour Plan to formally acknowledge their accountabilities and that the Behaviour Plan is in compliance with OAP requirements. This is required of all regional providers and direct funding providers. The Attestation helps families know who is ultimately accountable for their evidence based behavioural services.

The Attestation must be completed and signed by the OAP Clinical Supervisor and by a witness every time an OAP Behaviour Plan has been completed. A signed copy is also to be provided to every family and/or youth accessing OAP behavioural services.

Q9. What is the OAP Behaviour Plan Budget and how is it developed?

A family's chosen direct funding provider will use the OAP Behaviour Plan Budget to identify the cost of the proposed OAP Behaviour Plan. The OAP Clinical Supervisor will calculate the funding necessary for the family to purchase the evidence based behavioural services outlined in the OAP Behaviour Plan.

Clinical Supervisors are responsible for developing and submitting the Behaviour Plan Budget associated with each Behaviour Plan and are expected to adhere to ethical billing practices and standards, such as those outlined in the Behavior Analyst Certification Board (BACB®) Professional and Ethical Compliance Code for Behavior

Analysts, and the College of Psychologists of Ontario Standards of Professional Conduct (CPO).

The completed Behaviour Plan Budget is submitted to the single point of access to be reviewed along with a family's OAP Behaviour Plan and Clinical Supervisor Attestation. The OAP service information included in the Behaviour Plan Budget must reflect the information provided in the child or youth's OAP Behaviour Plan.

Budgets will be approved for a maximum of six months and will be updated according to any changes to a child or youth's OAP Behaviour Plan. If there are significant changes to the OAP Behaviour Plan (e.g., change in method to achieve a goal, or emerging challenging behaviours), but the services can be delivered within the approved budget, the Clinical Supervisor should prepare an amendment to the OAP Behaviour Plan, showing how services will be delivered. Clinical Supervisors providing services under the OAP's direct service option and direct funding option must submit this amendment to the single point of access. If the changes in the OAP Behaviour Plan are beyond the scope of the funding included in the budget, a revised OAP Behaviour Plan and Budget is required to be submitted to the single point of access. A new budget will be submitted for every new OAP Behaviour Plan that is created.

DIRECT FUNDING OPTION

Q10. What is the rate change in the new direct funding option?

The new direct funding option provides families in the OAP with the choice to receive funding to purchase evidence based behavioural services for their child or youth.

Effective January 15, 2018, Ontario is increasing the maximum hourly rate for evidence based behavioural services purchased through the direct funding option from \$39 per hour to a maximum of up to \$55 per hour.

Q11. How will the new rate work?

If a family has chosen to receive evidence based behavioural services through the direct funding option, their chosen provider will work with them to develop an OAP Behaviour Plan that reflects the child's needs, strengths and goals. The Behaviour Plan will also include a proposed budget for service, and will be funded up to a maximum of \$55 per hour for evidence based behavioural services. The regional provider will issue funding for services as outlined in the OAP Behaviour Plan.

OAP service providers are to charge an hourly rate up to a maximum of \$55 per hour for evidence based behavioural services delivered under the program. OAP service providers are expected to charge a lower hourly rate for services which are less resource intensive such as behavioural services delivered in group settings. Clinical Supervisors are responsible for developing and submitting the OAP Behaviour Plan Budget associated with each OAP Behaviour Plan and are expected to adhere to ethical

billing practices and standards, such as those outlined in the Behavior Analyst Certification Board (BACB®) Professional and Ethical Compliance Code for Behavior Analysts, and the College of Psychologists of Ontario Standards of Professional Conduct (CPO).

Q12. What services are included under the new OAP direct funding option maximum hourly rate of \$55 per hour?

OAP service providers can bill up to a maximum hourly rate of \$55 for evidence based behavioural services which includes direct hours spent with a child or youth, family member and/or any member of a family team. This includes time spent assessing the strengths and needs of a family, where the child or youth and family is present. OAP providers may charge a lower hourly rate for services which are less resource intensive.

This could also include meetings with members of the OAP Family Team (as identified by the family) to consult and align the approach to services across multiple environments.

Indirect services such as report writing, therapist supervision, travel, program supplies and staff orientation cannot be billed separately and instead should be factored into the hourly rate.

Q13. How are direct funding providers reimbursed for behavioural assessments?

Time spent with a family and/or child or youth to assess their strengths and needs may be included as part of the proposed budget for service up to a maximum hourly rate of \$55.

Q14. What happens if a family's current provider charges more than \$55 per hour?

Families are encouraged to work with their providers to understand the hourly rate for services being offered.

Effective January 15, 2018, Ontario is increasing the maximum hourly rate for evidence based behavioural services purchased through the direct funding option from \$39 per hour to a maximum of \$55 per hour.

If a family has chosen to receive behavioural services through the direct funding option, their chosen provider will work with them to develop an OAP Behaviour Plan that reflects the child's needs, strengths and goals. The OAP Behaviour Plan will also include a proposed budget for service, and will be funded up to a maximum of \$55 per hour for evidence based behavioural services.

If the rate is higher than \$55 per hour, the family may choose to find another direct funding provider or pay the difference.

Q15. I'm an AIP DFO provider, how will the rate change affect me?

Starting January 15, 2018, families currently receiving AIP DFO services at \$39 per hour will be funded at the new maximum rate of \$55 per hour for evidence based behavioural services. Families will continue to receive services at their current service level, as per their current Behaviour Plan. At their next progress assessment children will be assessed using the OAP Clinical Framework and will enter the OAP.

Q16. What is an OAP Family Team?

An OAP Family Team coordinates and aligns the broader services a child or youth and their family may be receiving along with their OAP behavioural services. It also promotes consideration of the whole child or youth. A family team is optional, based on the family's choice, and its membership is determined by the family and youth or child.

THE INDEPENDENT CLINICAL REVIEW PROCESS

Q17. What can families do if they are dissatisfied with the services they receive in the OAP?

If a family is not satisfied with the services their child or youth is receiving based on their OAP Behaviour Plan, they should raise their concerns directly with their OAP service provider. The service provider will work with families to try to address their concerns through the agency's conflict resolution/complaints process. If a family is unable to resolve an issue through an agency's conflict resolution/complaints process, they can also access the Independent Clinical Review Process (see Question 19).

Q18. What is the Independent Clinical Review Process?

As part of the family-centred approach in the OAP, children, youth and their families are partners in the intervention planning process. As of January 15, 2018, a new Independent Clinical Review Process is available to families in the OAP. In cases where a family disagrees with decisions regarding their child's OAP Behaviour Plan, they can request an independent clinical review of key components of the plan.

The independent clinical reviews will be conducted by a third party team consisting of two independent clinicians and a family representative. The two clinical reviewers will be responsible for reviewing the case file and the OAP Behaviour Plan. The family representative will ensure that the family's perspective is clear and understood in the review process.

Q19. How does the Independent Clinical Review Process work?

Families who are dissatisfied with their child's OAP Behaviour Plan should notify their OAP service provider. The provider will work with the family through their internal review process to try to resolve any concerns raised by the family. If the family remains dissatisfied with the outcome of the OAP provider's internal review, they can request an Independent Clinical Review (ICR) of their child's OAP Behaviour Plan. The ICR Coordinator, a third party agency, is responsible for administering the independent review process.

To initiate a review, the family will complete a Family Request Form, available through OAP service providers as well as the [ICR Coordinator's website](#), which provides an opportunity for families to outline their concerns with their child's OAP Behaviour Plan. Submitting the Family Request Form to the OAP service provider launches the review process. The OAP service provider will send the child's case file materials, including the OAP Behaviour Plan, to the ICR Coordinator, who will de-identify the child's case file to protect the confidentiality of the family and child, and send it to an assigned ICR Review Committee. The Review Committee is composed of two clinicians, one Board Certified Behaviour Analyst and one psychologist or psychological associate, who are jointly responsible for making a decision about the child's OAP Behaviour Plan. The Review Committee also includes a Family Representative, a parent, guardian or primary caregiver of a child with autism, who will work with the family to ensure that the family's perspective is clear and understood in the review process.

Clinical Reviewers in the ICR can either accept OAP Behaviour Plans as is, or send them back for revisions or more information. Families requesting a review will receive a decision from the ICR no later than 45 business days from the date they submitted the ICR Family Request Form to their OAP service provider.

Q20. How is the privacy and confidentiality of families protected in the Independent Clinical Review process, and how does the process avoid conflicts of interest?

Every effort is made in the Independent Clinical Review (ICR) process to protect the privacy and confidentiality of families, and reduce the risk of conflicts of interest. The ICR Coordinator, a third-party agency, plays an important role by acting as an intermediary between the key parties in the review process.

In addition, all ICR staff sign confidentiality agreements, and all documents and information from and about the family and child requesting the review are de-identified by the ICR Coordinator. Conflicts of interest are also reduced by having the ICR Coordinator assign families to Review Committees that are in a different part of the province. Any time that the family does have direct contact with members of the ICR Review Committee, it is done on a first-name basis only.

THE QUALITY ASSURANCE REVIEW PROCESS

Q21. How is the ministry ensuring accountability and quality assurance of OAP Behaviour Plans?

The ministry is developing a Quality Assurance Review process to monitor the quality of OAP Behaviour Plans. This new quality assurance measure will be implemented in spring 2018. OAP Behaviour Plans, developed by both direct funding providers and regional providers, will be randomly selected for independent clinical reviews by a team of third-party Clinical Reviewers.

The independent Clinical Reviewers will determine whether or not OAP Behaviour Plans are consistent with the clinical information and data in the child's case file, and with evidence based practice. If inconsistencies are identified, the provider and the family will be notified and asked to revise the plan to address the inconsistencies.

PROVIDING SERVICES TO FAMILIES RECEIVING ADDITIONAL DIRECT FUNDING PAYMENTS (\$10,000)

Q22. I'm providing services to families receiving direct funding payments of \$10,000. How do I prepare to deliver OAP services?

If you are currently providing services to a family accessing \$10,000 additional direct funding payments, and would like to continue delivering evidence based behavioural services to these families as they enter the OAP, you will prepare to provide services following all the requirements set out in the OAP Clinical Framework and OAP Guidelines.

The ministry is phasing in compliance with new qualifications requirements for OAP Clinical Supervisors. Clinical Supervisors who do not currently have the required qualifications can continue to provide services as long as they are working towards achieving these qualifications and confirm the timeframe within which they expect to achieve them. This will not disrupt the services being delivered to your families.

In order to deliver OAP services through the direct funding option you will be required to submit three documents to the [single point of access](#) for a completion check:

- [OAP Clinical Supervisor Attestation](#),
- [OAP Behaviour Plan](#), and
- [OAP Behaviour Plan Budget](#).

Please see [OAP Service Delivery Tools](#) for information on each of these documents.

The single point of access will review these documents for completion and enter into a funding agreement with the family you are serving to flow the funding associated with the OAP behaviour plan.

You are encouraged to prepare to deliver services in the OAP as soon as possible so that you and the families you support experience a smooth entry.

Q23. I am providing services to a family receiving direct funding payments of \$10,000 and they are worried about their transition to the OAP, how can I support them?

If you are currently providing services to a family accessing \$10,000 additional direct funding payments and they are expressing concern about their transition into the OAP, please encourage them to speak to their single point of access for more information. The single point of access will be able to support them in planning for their entry to the OAP.

It may also be helpful, if the family requests, for you to attend an initial meeting with the single point of access.

Please begin preparing to deliver OAP services by reviewing the:

- OAP Guidelines and Clinical Framework

To support families for a smooth and seamless entry to the OAP you are encouraged to begin developing these three documents as soon as possible. You will be required to submit these documents to the single point of access for a completion check, before the direct funding can be flowed:

- [OAP Clinical Supervisor Attestation](#),
- [OAP Behaviour Plan](#), and
- [OAP Behaviour Plan Budget](#).

Single points of access will flow the funding as soon as possible after checking these documents for completion, but may require up to 30 calendar days to do so.

In the OAP you are expected to collaborate with all OAP service providers, including the single point of access and other professionals who are involved with the child or youth and family and to align service goals and approaches.