

Independent Clinical Review Process for the Ontario Autism Program

Guidelines

January 2018

Copies of this report can be obtained from: Ontario.ca/autism

Table of Contents

1	Introduction	4
	1.1 Guiding Principles.....	5
	1.2 Purpose and Application.....	6
2	About the Independent Clinical Review Process	7
	2.1 Goal.....	8
	2.2 Scope.....	8
	2.3 Method.....	8
	2.4 Case File Materials.....	9
	2.5 Key Roles in the ICR.....	9
	2.6 Family Engagement.....	11
	2.7 Peer-Reviewed Decision-making.....	11
	2.8 Timelines.....	12
	2.9 Autism Supports and Services.....	12
	2.10 French Language Services.....	12
	2.11 An Accessible Review Process.....	12
3	Overview of the Independent Clinical Review Process	13
	3.1 Stages in the Clinical Review Process.....	14
	3.2 Steps After a Decision is Rendered.....	20
	3.3 Reviewing the Revised OAP Behaviour Plan.....	20
4	Administration of the Independent Clinical Review Process	21
	4.1 The ICR Coordinator.....	22
	4.2 Roster of Independent Reviewers.....	23
	4.3 Roster of Family Representatives.....	24
	4.4 Monitoring and Evaluation.....	24
5	Key Terms, Definitions and Acronyms	26
	5.1 Key Terms and Definitions.....	27
	5.2 Acronyms.....	30
6	Appendices	31
	6.1 Map of MCYS Service Delivery Areas.....	32
	6.2 Resources.....	33

Introduction

1

Introduction

The following guidelines provide direction regarding the Independent Clinical Review (ICR) process in the Ontario Autism Program (OAP). The ICR allows families to request a review of their child or youth's OAP Behaviour Plan, developed by an OAP Behaviour Clinician.¹ It is a peer-review process with decisions being rendered by a team of independent clinicians based on the clinical review of a child's OAP case file materials. The ICR is administered by a third party agency, the ICR Coordinator.

Active engagement of families, as set out in the OAP Guidelines and the OAP Clinical Framework, is a key element of the ICR. It requires a clear understanding of the family's perspective.

The Ministry of Children and Youth Services will continue to work with stakeholders on the design of the OAP. Consequently, as new elements of the OAP are introduced throughout this process, the ICR Guidelines will continue to evolve.

1.1 Guiding Principles

The following principles will guide the operation of the ICR:

1. **Clarity and Transparency:** The review process is clear and transparent. The family has the opportunity to contribute additional materials to the case file that will be used in the review process, and to present their perspective to the ICR Clinical Reviewers. OAP providers and the ICR Coordinator communicate in a clear and transparent manner with families about decisions related to their child, and the opportunity to have their child's OAP Behaviour Plan reviewed.
2. **Family Engagement:** The review process engages the family through built-in mechanisms to help provide a clear understanding of the family perspective, and an opportunity for families to present their perspectives to the Clinical Reviewers.²
3. **Quality Decision-Making:** Decision-making in the ICR is the responsibility of the two Clinical Reviewers. Decisions are guided by the reviewers' clinical expertise, existing research on evidence-based behavioural intervention for children with Autism Spectrum Disorder (ASD) and a thorough review of the OAP case file materials.
4. **Confidentiality:** All ICR staff sign confidentiality agreements, and all documents and information from and about the family and child requesting the review are de-

¹ Henceforth, the term 'child' and/or 'children' is used and includes all children and youth ages 0 to 18 years.

² For the purposes of the ICR, the term "family perspective" is used and it includes both the family's and child's perspectives.

identified by the ICR Coordinator. The ICR Coordinator also acts as an intermediary between all parties to maintain confidentiality in the review process. 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. In some instances, there is a need to balance the wishes of the family to present their perspective directly to the ICR Clinical Reviewers, and the need to protect confidentiality. In these cases, the family must sign and submit a waiver to the ICR Coordinator confirming that they understand that this may result in a loss of anonymity to the reviewers.

5. **Effective and Efficient Service Delivery:** The ICR is administered in a manner that helps to provide timely reviews for children and their families.

6. **Independence:** Potential conflicts of interest are avoided by administering the ICR through a third party agency that is independent from the Ministry, the OAP provider and the family, and by having independent clinicians review Behaviour Plans.

1.2 Purpose and Application

The ICR Guidelines provide operational guidance for:

- Families of children in the OAP;
- OAP providers, including Direct Funding and Direct Service Providers; and,
- The ICR Coordinator, Clinical Reviewers and Family Representatives.

The guidelines set out the Ministry's expectations for the delivery of the ICR across the province.

About the Independent Clinical Review Process

2

About the Independent Clinical Review Process

This section provides key information about the ICR including, but not limited to, the goal of the process, its scope, the method used to conduct reviews, and timelines. It offers a concise snapshot of the process. A more detailed overview of the stages and key roles in the process can be found in section 3, *Overview of the Independent Clinical Review Process*.

2.1 Goal

The ICR offers families and their children the opportunity to have key components of their OAP Behaviour Plan reviewed by a team of independent Clinical Reviewers.

2.2 Scope

The key components of an OAP Behaviour Plan that can be reviewed, as outlined in the OAP Clinical Framework, are:

1. Domain(s) to be addressed;
2. Skill(s) to be increased;
3. Behaviour(s) to be decreased;
4. Planned intervention approach, including intensity and duration; and,
5. Behaviour goal(s).

Families can request a review of one or more of these key components of an OAP Behaviour Plan.

The ICR is not a second opinion, and does not involve a clinical re-assessment of a child in or entering the OAP. Concerns about how a Behaviour Plan has been implemented or reviews of funding allocation decisions are out of scope for this review process.

2.3 Method

As a prerequisite to the ICR process, families who are dissatisfied with their child's OAP Behaviour Plan must notify their Direct Service Option (DSO) or Direct Funding Option (DFO) OAP service provider. The provider must work with the family through their internal review process to try to resolve any differences in perspective. If the family remains dissatisfied with the outcome of the OAP provider's internal review, they can request a review of their child's OAP Behaviour Plan through the ICR.

The ICR is a paper-based review of key components of a child's OAP Behaviour Plan, conducted by two clinicians, based on case file materials. The Clinical Reviewers are provided with the perspective of the family requesting the review, giving them invaluable

context for the review.

2.4 Case File Materials

Case files contain all the relevant materials related to a child in the OAP. A comprehensive case file will contain materials that are both clinical and non-clinical in nature. Decisions rendered by the ICR stem from a thorough review of a child's case file materials by Clinical Reviewers.

For the purposes of the ICR process, all case file materials should include, but not be limited to, the following information:

- Child's date of birth;
- Length of time in OAP service;
- Services received in the past;
- Services proposed;
- The Behaviour Plan (including all elements described in the OAP Clinical Framework);
- Full assessment data (direct observational data, functional assessment data, curriculum-based measures and, as applicable, psychological, diagnostic, speech-language reports);
- Family Service Plans; and,
- Any previous progress review documents/Behaviour Plans.

2.5 Key Parties in the ICR

The role of key parties in the ICR includes:

- **Children in the OAP and their families:**
 - Families and their children who are dissatisfied with their OAP Behaviour Plan and with the outcome of their provider's internal review process may initiate the ICR and prepare/present their perspective.
- **The OAP Service Provider:**
 - DSO and DFO OAP service providers give the ICR Coordinator the case file material of children whose families have requested an ICR.
- **The ICR Coordinator:**
 - A third party agency, contracted by the Ministry of Children and Youth Services, to administer the review process. For more details on the ICR Coordinator's role, see section 4, Administration of the Independent Clinical Review Process.
- **The ICR Review Committee:**
 - The review process is conducted by the Review Committee composed of two clinicians who undertake a clinical review of case file materials including the

OAP Behaviour Plan, and render decisions on OAP Behaviour Plans. The Review Committee also consists of a Family Representative who works with the family to help clearly represent the family’s perspective throughout the review process. Members of the Review Committee are contracted and trained by the ICR Coordinator.

Overview of the Review Committee

Review Committee Members	# Assigned per Review Committee	Qualifications	Role in the Review Process
A. Family Representative	1 member	<ul style="list-style-type: none"> - Parent, guardian or primary caregiver of a child with ASD. - Familiar with autism services for children and youth in Ontario. 	- Helps to provide a clear understanding of the family’s and child’s perspectives in the review process.
B. Clinical Reviewers	2 members: 1 Board Certified Behaviour Analyst; and 1 Psychologist/psychological associate	<ul style="list-style-type: none"> - Must meet the required qualifications for a Clinical Supervisor in the OAP or be working towards achieving them. - Familiar with autism services for children and youth in Ontario. 	- Responsible for the clinical review of the case file and decision-making.

A. The Family Representative

Family Representatives are parents, guardians or primary caregivers of children with ASD, who are hired and trained by the ICR Coordinator to help communicate families’ perspectives about their children’s OAP Behaviour Plans to the review committee. Each family in the review process is assigned a Family Representative.

As a member of the Review Committee, the role of the Family Representative is to have a conversation with the family about their concerns, and to help ensure that the family’s and child’s perspectives are accurately presented to the Clinical Reviewers responsible for making a decision. They are not involved in the clinical review of the child’s case file, or making the ICR decision, and they do not play an advocacy role for families or their children in the review process.

B. The Review Committee Clinical Reviewers

Decision-making in the ICR is guided by the expertise and experience of two clinicians who are familiar with autism services for children and youth in Ontario. Every Review Committee includes one Board Certified Behaviour Analyst (BCBA) and one psychologist/psychological associate. The reviewers must meet the required qualifications for the position of a Clinical Supervisor, as outlined in the OAP Guidelines, or be working towards achieving them.

2.6 Family Engagement

Active engagement of families and their children throughout the OAP process as set out in the OAP Guidelines and the OAP Clinical Framework, is essential to building positive relationships, outcomes, consensus, and preventing disputes.

The OAP's family-centred approach, and its emphasis on family engagement, are designed to help foster a cooperative, collaborative relationship between families and service providers. Families and OAP providers should take advantage of key mechanisms built-into the OAP, such as Family Support Workers, Family Service Plans, and Family Teams.

If families are unable to reach consensus about their child's Behaviour Plan with their OAP provider, the ICR has measures in place to support family engagement in the independent review process. This includes, as noted above, having a Family Representative work with the family directly so that their perspective is clear and understood in the review process. Should they choose to do so, families also have the option to participate in a conference call with Clinical Reviewers where the family perspective is outlined.

2.7 Peer-Reviewed Decision-Making

A decision about whether to accept a Behaviour Plan or send it back to the OAP Clinical Supervisor for revisions and/or additional information is the outcome of a thorough review of a child's Behaviour Plan and the contents of the child's case file materials in the context of evidence-based practice.

In undertaking a review, the Clinical Reviewers evaluate key components of a child's Behaviour Plan against the materials in the child's case file to determine whether or not the plan is consistent with the case file materials and evidence-based practice. If the Clinical Reviewers find that the child's case file materials and evidence-based practice do support the content of the child's OAP Behaviour Plan, the Clinical Reviewers accept the plan as is.

If the Clinical Reviewers find that the child's case file materials and evidence-based practice do not support the content of the child's OAP Behaviour Plan, they will send it back to the Clinical Supervisor to be revised and/or for additional information. The reviewers highlight areas of concern in the plan, and indicate where greater clarity and/or data is required. As this is a paper-based review process, Clinical Reviewers provide feedback on areas of inconsistency to be addressed by the Clinical Supervisor, however they do not make specific clinical recommendations about what services a child should receive, the number of service hours or the duration of services.

Decisions rendered at the conclusion of the ICR process are final.

2.8 Timelines



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.³

2.9 Autism Supports and Services

Families going through the ICR process may choose to receive services based on the Behaviour Plan being reviewed, and/or receive other OAP services as available.

2.10 French Language Services

In compliance with the *French Language Services Act*, all materials related to the ICR are available in both English and French. Moreover, families can indicate whether they prefer to have a review undertaken in English or French on the *Family Request Form*.

2.11 An Accessible Review Process

The ICR process strives to provide culturally sensitive services to all families. It aims to respond to the service needs of Francophone children and their families, and remains aware that distinct approaches may be required to address the needs of First Nations, Métis, Inuit and urban Indigenous children.

³ For more information on timelines, see section 3, *Overview of the Independent Clinical Review Process*.

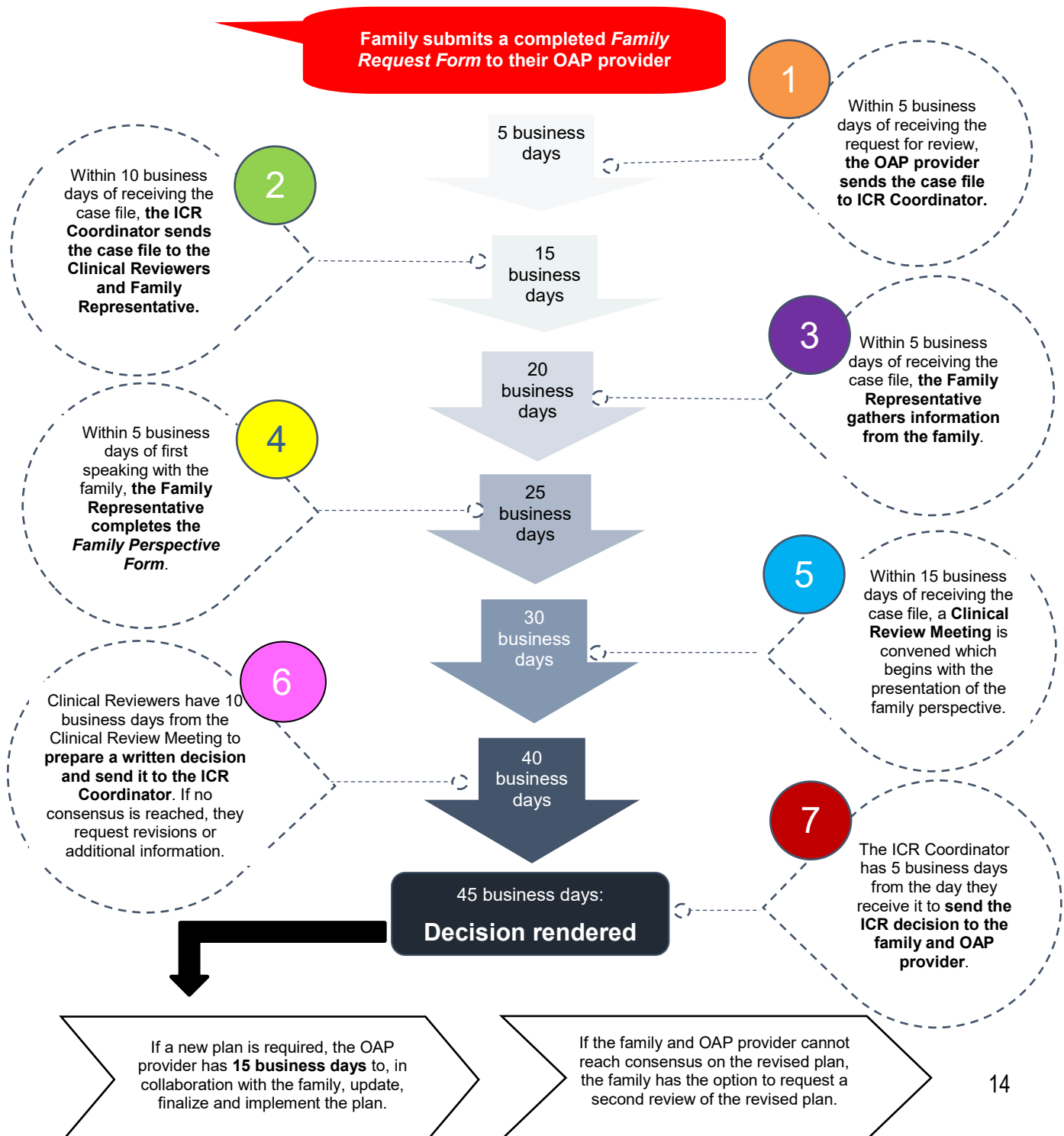
Overview of the Independent Clinical Review Process



Overview of the Independent Clinical Review Process

The purpose of this section is to provide a more detailed overview of the stages and roles in the ICR. It is laid out in chronological order, from the start of the process when a family requests a review, to the possible outcomes.

3.1 Stages in the Clinical Review Process



1

The OAP Provider Sends the Case File to the ICR Coordinator

As outlined in the OAP Guidelines, a family and provider must first work with their DSO or DFO OAP provider, through the providers' internal review process, to attempt to reach agreement about a child's Behaviour Plan. Independent reviews can be launched when a family is dissatisfied with their child's OAP Behaviour Plan and with the outcome of their provider's internal review process, or if they are dissatisfied with their newly updated OAP Behaviour Plan following an ICR review and the outcome of their provider's internal review process of that plan. If the family remains dissatisfied with the outcome of the OAP provider's internal review, they can request an independent review of their child's OAP Behaviour Plan by completing a [Family Request Form](#) available from their OAP provider as well as the ICR Coordinator's website. The family signs and submits the form to their DSO or DFO OAP provider. The *Family Request Form* provides an opportunity for families and their children to outline their concerns with the plan. For the purposes of the ICR, the term "family perspective" is used and it includes both the family's and child's perspectives.

At any point during the ICR, a family can choose to withdraw from the process and continue with their original OAP Behaviour Plan.



Within **5 business days** of receiving an ICR *Family Request Form*, the OAP provider reviews the child's case file, working with the family to complete it. At this time, families can add supporting documentation to the case file. Once the file is complete, the OAP provider sends it to the ICR Coordinator.

2

The ICR Coordinator Sends the Case File to the Review Committee



Within **10 business days** of receiving a child's case file materials, the ICR Coordinator de-identifies it so all information that could identify the child, the family and the provider is removed, assigns it to a Review Committee and sends the case file to that Review Committee. The ICR Clinical Reviewers review the case file in preparation for the Clinical Review Meeting, and the Family Representative reviews the case file to help provide a clear understanding of the family perspective.

If the Clinical Reviewers identify gaps or inconsistencies in the clinical data in the case file and want clarification, they can reach out to the ICR Coordinator to request follow up information from the OAP Clinical Supervisor (for example, by sending questions to the OAP Clinical Supervisor). The ICR Coordinator acts as an intermediary between the key players in a review to protect confidentiality and independence.

3

The Family is Contacted



Within **5 business days** of sending the case file to the Review Committee, the ICR

Coordinator arranges a first-name-basis conference call between the Family Representative and the family to review the family's concerns with their child's OAP Behaviour Plan, as specified in the ICR *Family Request Form*. To mitigate against conflicts of interest and protect privacy, the ICR Coordinator will only assign a Family Representative to a family from a region in the province other than their own (see Appendix 6.1 for map).

In some instances, families may request additional time to be contacted and arrange for the conference call. Any additional time requested by families in the review process will have an impact on ICR timelines as outlined in these ICR Guidelines, and could delay when a family receives an ICR decision.

In the interest of preserving the privacy of all parties involved, every attempt is made by the family and Family Representative to maintain anonymity and a collaborative working relationship. As such, any contact between the family and the Family Representative is arranged through the ICR Coordinator, and no personal contact information is to be shared between the family and Family Representative.

Verification and Confirmation of the Family Perspective

During this conference call, the Family Representative reviews the *Family Request Form* to confirm that no information is missing, and adds additional remarks as requested by the family. The goal is to help provide a clear and accurate understanding of the family perspective, and make sure this information can be presented to the Clinical Reviewers within a reasonable timeframe (approximately 30 minutes). The Family Representative completes the [Family Perspective Form](#) to include the finalized version of the family perspective. Any changes or additions to the form are confirmed with the family during the conference call.

Planning for the Presentation of the Family Perspective

The Family Representative is, by default, responsible for presenting the family perspective to the Clinical Reviewers during the Clinical Review Meeting. However, during the conference call, the Family Representative gives the family the option of presenting the family perspective instead.



The family has up to **5 business days** to determine whether they wish to present the family perspective directly to the Review Committee members, provide the name of the family member who will present, and complete a [Family Perspective Waiver](#), available through the ICR Coordinator's website. The family submits the signed waiver to the ICR Coordinator confirming that they understand that this may result in a loss of anonymity to the reviewers. If this step is not finalized within this timeframe, the Family Representative presents the family's perspective to the Clinical Reviewers.

4

The Family Representative Finalizes the Family Perspective Form



Irrespective of whether or not the family chooses to present their perspective to the Clinical Reviewers, the Family Representative has **5 business days** following the phone call with the family to finalize the *Family Perspective Form*. This document

contains the family’s perspective as it will be presented to the Clinical Reviewers, either by the Family Representative or a family member. The Family Representative sends the *Family Perspective Form* to the ICR Coordinator to be shared with the family and the Clinical Reviewers.

The family has the opportunity to provide supplementary comments on the form to the ICR Coordinator if they are dissatisfied with the final version. These supplementary comments are also added to the case file materials which the Clinical Reviewers review.

5 The Clinical Review Meeting



Within **15 business days** of sending the case file material, the ICR Coordinator arranges for a Clinical Review Meeting conference call. This meeting gives families the opportunity to have the family perspective outlined to the Clinical Reviewers. It also allows the Clinical Reviewers to deliberate and discuss the case file materials and reach a decision about the child’s Behaviour Plan based on consensus.

The Clinical Review Meeting involves two stages. The first stage, attended by all members of the Review Committee, is dedicated to outlining the family perspective to the Clinical Reviewers. Families are also invited to join at this stage of the meeting, should they choose to do so. The second stage is dedicated to a discussion of the case file materials, and to making a decision about the Behaviour Plan. Only the Clinical Reviewers are involved in this stage.

Stages in the Clinical Review Meeting

Stages	Attending	Active Participant(s)
1. Presenting the Family Perspective	- Review Committee; - The Family (optional).	- 1 person identified to present the family perspective (either Family Representative or a family member). - Clinical Reviewers.
2. Deliberation and Clinical Decision-Making	- Clinical Reviewers.	- Clinical Reviewers.

Stage 1: Presenting the Family Perspective



Approximately **30 minutes** is allotted at the Clinical Review Meeting for the presentation of the family’s perspective, as outlined in the [Family Perspective Form](#), by the Family Representative or a member of the family requesting the review, to the independent reviewers. The ICR allows for more time to present the family perspective in the event a family needs special accommodation. The Family Representative and ICR Coordinator are responsible for ensuring that the family perspective is effectively presented. The ICR Clinical Reviewers will not provide feedback to the families at this time.

This stage concludes once the family perspective has been shared.

Stage 2: Deliberation and Clinical Decision-Making

Following the presentation of the family perspective, the Clinical Reviewers reconnect, allowing them to proceed to the second stage of the Clinical Review Meeting. This stage involves a clinical discussion about the case file materials and the Behaviour Plan to determine whether or not the plan is consistent with the case file materials and evidence-based practice. For more information about the peer-reviewed decision-making, please refer to page 11.

The Clinical Reviewers work towards reaching a consensus decision about whether to accept the Behaviour Plan or to send it back to the OAP Clinical Supervisor for revision and/or more information.

6

Decision is Written and Sent to the ICR Coordinator



ICR Clinical Reviewers have **10 business days** from the date of the Clinical Review Meeting to develop and provide a written decision. Decision-making in the ICR is informed by:

- The two reviewers' clinical expertise;
- Clinical review of the case file materials including the OAP Behaviour Plan; and,
- The OAP Guidelines and the OAP Clinical Framework.

ICR decisions are based on a consensus between the two Clinical Reviewers to either accept the OAP Behaviour Plan or send it back to be revised or for additional information.

A) Steps Toward Reaching Consensus

In the event that Clinical Reviewers cannot achieve consensus on a decision, they will send the OAP Behaviour Plan back to the OAP Clinical Supervisor, through the ICR Coordinator, to address their areas of concern. The Clinical Reviewers complete the [ICR Decision Form](#), including an explanation in the rationale section which outlines the areas of concern or gaps which need to be addressed by the OAP Clinical Supervisor. Once complete, the Clinical Reviewers forward the *ICR Decision Form* to the ICR Coordinator who will send it to the OAP Clinical Supervisor.



The OAP Clinical Supervisor has **15 business days** from the day they receive the *ICR Decision Form* to meet with the family to discuss addressing the Review Committee feedback and provide the ICR with a firm date for when the revised OAP Behaviour Plan will be re-submitted for a decision.

After addressing the Clinical Reviewers' feedback, the OAP Clinical Supervisor re-submits the revised OAP Behaviour Plan to the ICR Coordinator, who will share it with

the same Clinical Reviewers for a decision.

B) A Decision is Reached

Consensus can be reached to accept the OAP Behaviour Plan as is, or direct it back to the OAP Clinical Supervisor to address areas of concern in the Behaviour Plan. Decisions reflect the view of both Clinical Reviewers.

The OAP Behaviour Plan is Accepted

The Clinical Reviewers may, after careful consideration of the family perspective and a clinical review of the case file materials, decide to accept the OAP Behaviour Plan as is. Using the *ICR Decision Form*, they provide a clear rationale, in writing, specifying which key elements of the plan were reviewed (based on the OAP Clinical Framework).



The Clinical Reviewers summarize the case file material reviewed and the process used to review assessment data for each element in an OAP Behaviour Plan identified as an area of concern by the family on the *Family Perspective Form*. The reviewers also explain the underlying reasons for their decision to accept the plan. The Clinical Reviewers provide as much detail as possible in their rationale, based on the concerns originally raised by the family, to help the family and OAP Clinical Supervisor understand why the plan was accepted.

Once complete, the Clinical Reviewers forward the *ICR Decision Form* to the ICR Coordinator.

The OAP Behaviour Plan is Directed Back for Revisions and/or More Information

The Clinical Reviewers may, after careful consideration of the family perspective and a clinical review of the case file materials, decide to send an OAP Behaviour Plan back to the OAP Clinical Supervisor for revisions and/or more information. Using the *ICR Decision Form*, the reviewers provide a clear rationale, in writing, specifying which key elements of the plan were reviewed (based on the OAP Clinical Framework). The Clinical Reviewers provide as much detail as possible in their rationale, based on the concerns originally raised by the family, to help the family and OAP Clinical Supervisor understand what areas in the plan require revision and/or further clarity.

Since reviewers base their decisions on a paper-based clinical review of the case file materials, and discussions at the Clinical Review Meeting, it is not appropriate for them to 're-write' existing Behaviour Plans or prescribe what should be included in a revised plan. Clinical Reviewers do not make clinical recommendations about what services a child should receive, the number of service hours or the duration of service. Rather, they highlight areas of concern in the plan, and indicate where greater clarity and/or data is required.

7

The Decision is Sent to the Family and OAP Provider



The ICR Coordinator has **5 business days** from the day they receive a decision from the Review Committee Clinical Reviewers to send it to the family and the OAP provider. The family and OAP provider are encouraged to work together to address any issues raised by the independent reviewers. The family's OAP Family Support Worker will have access to the ICR decision through the child's OAP case file, and will offer to discuss the decision with the family if the family so chooses.

3.2 Steps After a Decision is Rendered

The OAP Behaviour Plan is Accepted

If the ICR decision is to accept the OAP Behaviour Plan, the OAP provider and the family work together to implement the plan. If implementation of the plan had already begun, the date of the child's next regular progress review does not change.

The OAP Behaviour Plan is Directed Back for Revisions and/or More Information



If the ICR decision requires that the plan be sent back to the OAP Clinical Supervisor for revisions and/or more information, the provider has **15 business days** from the day they receive the decision to, in collaboration with the family, update, finalize and implement the plan. The new plan must address the concerns or issues highlighted by the Clinical Reviewers in their decision. If implementation of the previous plan had already begun, the time spent during the ICR does not count as part of the service period and the child's next regular progress review is deferred by that length of time.

3.3 Reviewing the Revised OAP Behaviour Plan

If a revised plan is accepted by the family, the OAP provider and the family work together to implement the plan. The plan is monitored and updated at regular intervals as outlined in the OAP Guidelines and the Clinical Framework.

If the family and OAP provider cannot reach consensus on the revised plan, the family has the option to request a second review of the revised plan. In order to maintain independence and impartiality throughout the review process, the ICR Coordinator will assign a new Review Committee for the second review.



If the Clinical Reviewers do not accept the second plan and direct it back to the OAP Clinical Supervisor for further changes, the OAP Clinical Supervisor and the family have **15 business days** after receiving the final ICR decision to update, finalize and implement the plan based on the feedback provided by the Clinical Reviewers.

The plan will be reassessed at the child's next regular progress review, as per the OAP Guidelines and Clinical Framework.

Administration of the Independent Clinical Review Process

4

Administration of the Independent Clinical Review Process

4.1 The ICR Coordinator

The Ministry contracts with a third party agency to act as the ICR Coordinator and to administer the ICR process. This agency is independent from the OAP and is not involved in the development of OAP Behaviour Plans or the delivery of behavioural services. It provides services in English and French. Its role is to coordinate the independent clinical review process in Ontario by:

- Administering a process for psychologists, psychological associates and BCBAs to review children's OAP Behaviour Plans;
- De-identifying the case files of children whose OAP Behaviour Plans are under review;
- Acquiring and managing a roster of independent Clinical Reviewers and Family Representatives accountable to the ICR Coordinator, through a clear and transparent recruitment process;
- Educating a roster of Clinical Reviewers on the OAP Guidelines, the OAP Clinical Framework, the ICR Guidelines and keeping them up-to-date on the latest ABA research and practice;
- Educating a roster of Family Representatives to ensure they can capture and accurately convey the family's perspective, protect the privacy and confidentiality of families;
- Monitoring Review Committee members for adherence to timelines and guidelines, to establish whether or not an appropriate rationale is provided for decisions, and to determine inter-rater reliability (i.e., concordance in the degree of agreement among reviewers);
- Identifying potential conflicts of interest so that reviews are not conducted by reviewers who may have a conflict of interest related to the review;
- Tracking and reporting review outcome trends and performance through quarterly reporting to the Ministry;
- Acting as the liaison and mediator between key players in the review process, including families, Family Representatives, independent reviewers, and OAP service providers; and,
- Developing resources to assist in the communication and administration of the ICR process.

The ICR Coordinator's role in the independent clinical review process is strictly administrative; it does not have any clinical decision-making authority over OAP service providers or independent clinical reviewers.

4.2 Roster of Independent Reviewers

The ICR Coordinator is responsible for recruiting and maintaining a roster of independent Clinical Reviewers who conduct reviews of OAP Behaviour Plans. The roster is composed of BCBA's and psychologists/psychological associates with extensive knowledge of ASD and who work in the field of ASD. These professionals may include private practitioners, public sector BCBA's and psychologists/psychological associates.

Practitioners who are also OAP service providers, or were formerly employed by service providers delivering MCYS-funded autism services and supports, may qualify as reviewers on the roster. However, they may not review decisions made by the OAP service provider with which they are/were associated, or from within their region, nor can they make decisions regarding children who may have been their clients. Conflicts of interest will be mitigated by ensuring that reviewers are not assigned to case files from within their Ontario service delivery area (see Appendix 6.1 for map). The ICR Coordinator will identify these and other potential conflicts of interest so that reviews are not conducted by reviewers who may have a conflict of interest related to the review.

Qualifications of Independent Reviewers

To be considered for the roster of Clinical Reviewers, clinicians must be either a psychologist/psychological associate in good standing with the College of Psychologists of Ontario or comparable regulatory body in the jurisdiction where the psychologist or psychological associate practices; and/or a BCBA with current certification from the Behaviour Analyst Certification Board (BACB).

The ministry has communicated required qualifications for Clinical Supervisors in the OAP. Independent Reviewers will be expected to meet the required qualifications for Clinical Supervisors in the OAP, as outlined in the OAP Guidelines, or demonstrate that they are working towards achieving the qualifications and confirm the timeframe within which they expect to achieve them.

Out-of-province BCBA's with current BACB certification, and psychologists and/or psychological associates who are registered in good standing to practice in their home jurisdiction are eligible for roster membership. However, they must be familiar with Ontario's autism service system.

Training of Independent Reviewers

The ICR Coordinator develops and delivers training on an ongoing basis to Clinical Reviewer roster members on up-to-date research on ABA, the policies and procedures of the OAP and the Ontario context more broadly.

Quality Assurance

The ICR Coordinator promotes quality in the ICR procedure by monitoring independent reviewers for adherence to timelines and guidelines, to establish whether or not an appropriate rationale is provided for decisions, and to determine inter-rater reliability (i.e., concordance in the degree of agreement among reviewers). The ICR Coordinator

establishes a quality management system that includes providing feedback to the Ministry as well as OAP service providers.

4.3 Roster of Family Representatives

The ICR Coordinator is responsible for recruiting, training and maintaining a roster of Family Representatives who will work with families and the Clinical Reviewers to help provide a clear understanding of the family perspective in the ICR.

The ICR Coordinator assigns a Family Representative to the Review Committee for each review. Conflicts of interest will be mitigated by ensuring that Family Representatives are not assigned to families from within their Ontario service delivery area (see Appendix 6.1 for map). The ICR Coordinator will identify these and other potential conflicts of interest so that reviews are not conducted by reviewers who may have a conflict of interest related to the review.

Qualifications of the Family Representatives

The roster of Family Representatives is composed of parents, guardians, and/or primary caregivers of children with ASD, with general knowledge of ASD services and supports in Ontario.

Training of the Family Representatives

The ICR Coordinator develops and delivers training on an ongoing basis to the roster of Family Representatives, including but not limited to the OAP, the ICR and their role within the review process.

4.4 Monitoring and Evaluation

The ICR Coordinator has a service contract with MCYS. The service contract includes requirements for the collection of information consistent with the Ministry's approach to performance measurement to support decision-making and business planning.

The ICR Coordinator collects and reports information pertaining to ICR service delivery and system outcomes to the Ministry, for example, information related to the:

- Timeliness of the review process and any exceptions to review timelines;
- Number of reviews initiated by type (domain, duration and intensity, type of intervention and difference in perspective on goals);
- Number of reviews in which the OAP service provider decision was found to be accepted or returned to the OAP Clinical Supervisor for further changes;
- Outcomes of reviews;
- Number of cases that have gone through a second review, and outcomes of these reviews;
- Regional/service provider decision trends; and
- Reviewer decision and family perspective trends.

The ICR Coordinator develops a summary of ICR outcomes and performance measures based on the requirements outlined in their service contract, and submits this to the Ministry on a quarterly basis.

Key Terms, Definitions and Acronyms

5

5.1 Key Terms and Definitions

Applied Behaviour Analysis (ABA): An applied science, based on the principles of learning and behaviour, which uses specific methods to change behaviour. ABA uses these principles to assess, understand, and teach behaviours that are important to individuals, their families, and their communities. ABA interventions are based on scientific research and direct observations and measurement in order to increase or decrease existing behaviours under specific contextual conditions. ABA may be used to teach communication, social, and adaptive skills (among others), promote independence, and treat challenging behaviour. An important feature of ABA is that the skills learned are maintained and generalized to other settings and with other people.

Autism Spectrum Disorder (ASD): A life-long neurological disorder that affects the way a person communicates and relates to the people and world around them. ASD can affect behaviour, social interactions, and one's ability to communicate. ASD is a spectrum disorder, which means that while all people with ASD will experience certain difficulties, the degree to which each person on the spectrum experiences these challenges will be different.

Board Certified Behaviour Analyst (BCBA): Professional in the area of applied behavior analysis with a valid certification from the Behaviour Analyst Certification Board. In the context of the Independent Clinical Review process, BCBAs are one of two Clinical Reviewers on the Review Committee, working alongside psychologists/psychological associates to render decisions on Ontario Autism Program (OAP) Behaviour Plans.

Case File Materials: In the OAP, service providers keep a record for each child receiving services and supports. Case files include all Family Service Plans, clinical reports and data, notes, the OAP Behaviour Plan(s) etc., but can also include materials that are not clinical in nature (for example, feedback or concerns noted by the family, or observations by someone who is not a clinician such as a daycare worker). Review Committee Clinical Reviewers conduct a careful review of a child's case file materials in order to make their decision, and Family Representatives review the case file to have a good understanding of the family's perspective.

Child: The term 'child' or 'children' is used throughout the ICR Guidelines, and includes children and youth ages 0 to 18 years who are receiving OAP services.

Clinical Review Meeting: In the context of the review process, the meeting of two Review Committee Clinical Reviewers to discuss the child's case file, with the goal of achieving consensus on their decision.

Consensus: In relation to the ICR, a decision-making process in which the Review Committee Clinical Reviewers commit to working together to develop a decision they can both agree to support. Consensus can be reached to either accept OAP Behaviour

Plans as is, or direct them back to the OAP Clinical Supervisor to address areas of concern in the Behaviour Plan and/or to provide more information. Decisions reflect the views of both Review Committee Clinical Reviewers.

Direct Funding and Direct Service Option: Families of children in the OAP have a choice between receiving direct services or receiving funding to purchase services:

- a) The Direct Funding Option (DFO) gives families funding to purchase their child's OAP services and supports directly from a private provider;
- b) Through the Direct Service Option (DSO), families can receive OAP services and supports directly from one of Ontario's nine regional service providers.

Family: Refers to families of children/youth in the OAP, and can include but is not limited to parents, primary caregivers, guardians, grandparents, siblings, and other relatives or individuals who offer an enduring commitment to care for the child in the OAP, related either biologically, legally or emotionally. In relation to the Independent Clinical Review process, only parents or guardians can request a review of a child's OAP Behaviour Plan, and must consent to other people submitting information on the child's behalf.

Family Perspective: In the context of the review process, the portion of the [Family Request Form](#) that details which aspects of an OAP Behaviour Plan a family wishes to have reviewed and why. The family perspective can include both the family's and the child's perspectives. The Family Representative consults with the family as part of the review process to confirm and verify that the family perspective is complete and accurate. This process enables the Family Representative to capture the family's perspective as it will be formally presented, in writing and verbally, to the Review Committee Clinical Reviewers.

Family Representative: Parents, guardians or primary caregivers of children with ASD who are hired and trained by the Independent Clinical Review Coordinator to help provide a clear understanding of families' perspectives in the review process. The ICR Coordinator assigns Family Representatives to families that are located in a different region of the province than their own (Appendix 6.1). While Family Representatives are Review Committee members, they are not involved in making the decision in an independent review as they are not clinicians, and do not attend stage two of the Clinical Review Meeting.

Family Support Worker (FSW): An individual employed by the OAP, assigned to a family to assist with needed service and program navigation, supports and planning, including the development of the OAP Family Service Plan.

Review Committee: Committee responsible for the review process in the ICR. A Review Committee is assigned to each family requesting an independent review of their child's OAP Behaviour Plan. The committee is composed of:

- a) One Family Representative who works with the family to provide a clear understanding of the family's perspective throughout the Independent Clinical Review process; and
- b) Two Clinical Reviewers (one Board Certified Behaviour Analyst, and one psychologist or psychological associate) who conduct a clinical review of case file materials and render decisions on OAP Behaviour Plans.

Independent Clinical Review (ICR): Process through which a family can request a clinical review of key elements of their child's Behaviour Plan in the OAP (Behaviour Plan). The Independent Clinical Review is not a review of decisions about the funding for, or the implementation of, behavioural intervention.

Review Committee Clinical Reviewer(s): Refers to any/all clinicians who are a member of the ICR Review Committee. The Review Committee for each review includes two Clinical Reviewers, a psychologist or psychological associate, and a Board Certified Behaviour Analyst. Their role is to render a decision about a child's OAP Behaviour Plan based on a clinical review of the child's case file.

Ontario Autism Program (OAP): The OAP provides evidence-based behavioural services, as well as family services and training that are individualized, coordinated, family-centred and responsive to the needs, strengths, goals and unique potential of children with Autism Spectrum Disorder.

OAP Behavioural Clinician: General term used that encompasses any behavioural clinician of the OAP. Further information is provided in the OAP Guidelines.

OAP Behaviour Plan: A component of a child's case file materials in the OAP. It provides a detailed description of the recommended behavioural intervention developed by an OAP Clinical Supervisor and approved by a Clinical Supervisor. Behaviour Plans share common components but can vary considerably depending on the nature of the behaviours being addressed and the intervention modality.

OAP Clinical Supervisor: In the OAP, Clinical Supervisors are accountable for overseeing all aspects of a child's OAP Behaviour Plan, in close collaboration with families, therapists, and inter-professional partners. See the OAP Guidelines for more information on qualifications for OAP providers of behavioural services.

OAP Internal Review Process: Encompasses any and all internal review processes established and administered by OAP providers to address disputes that arise with their clients. This can include, but is not limited to, complaint, grievance and conflict resolution processes related to the implementation of an OAP Behaviour Plan.

OAP Provider: Direct service and direct funding service providers offering OAP services and supports.

Peer-review process: In relation to the Independent Clinical Review Process, refers to

the review of the OAP Behaviour Plan by others working in the same field (psychologists and BCBAs).

Psychologist / psychological associate: Psychologists/psychological associates are registered with the College of Psychologists of Ontario or comparable regulatory body in the jurisdiction where they practice. In the context of the Independent Clinical Review process, psychologists/psychological associates are one of two clinicians in the Review Committee, working alongside BCBAs to render decisions on OAP Behaviour Plans.

The Ministry: Refers to the Ministry of Children and Youth Services which funds the OAP and the Independent Clinical Review process Coordinator.

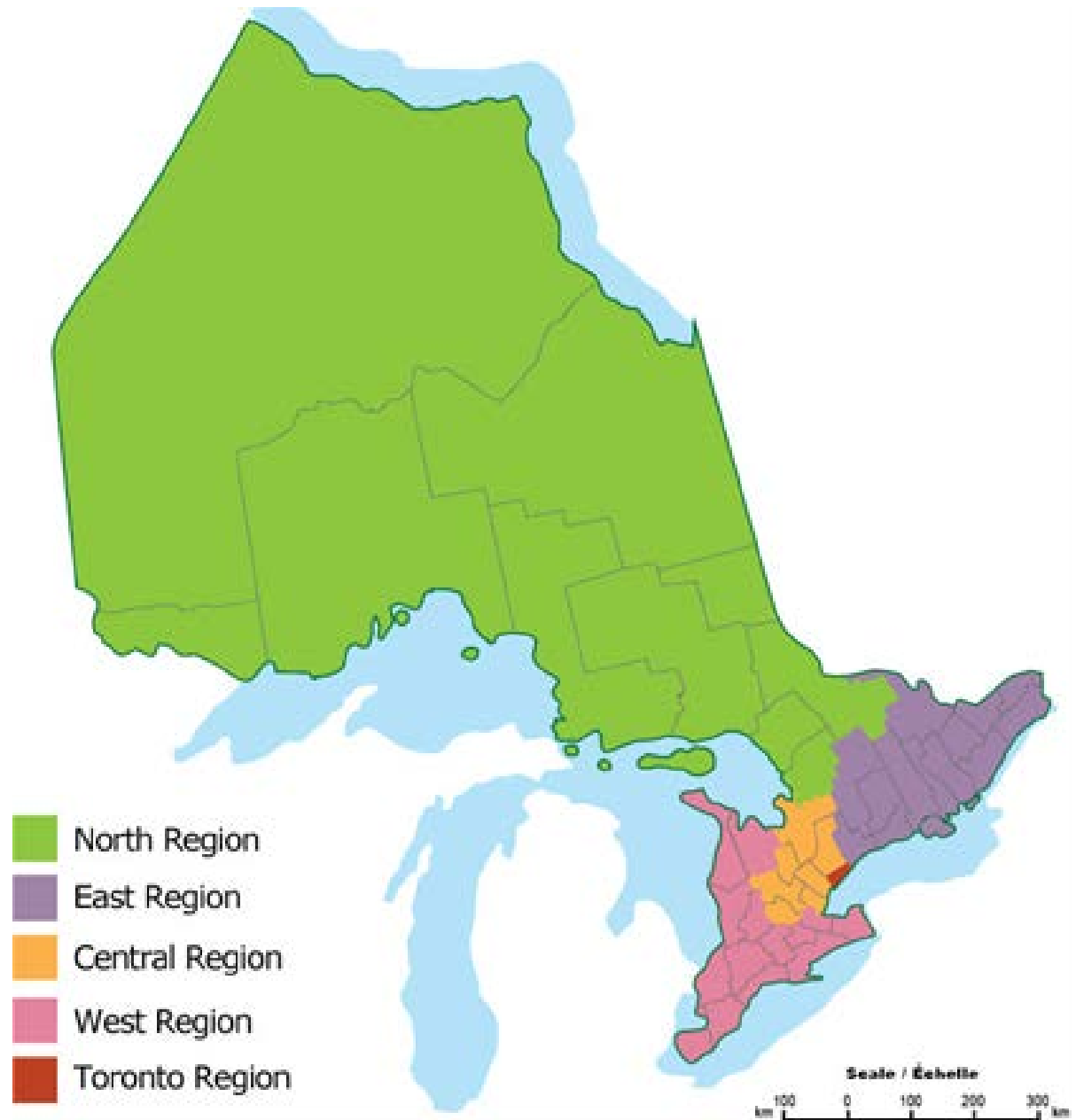
5.2 Acronyms

ABA	Applied Behaviour Analysis
ASD	Autism Spectrum Disorder
BACB	Behaviour Analyst Certification Board
BCBA	Board-Certified Behaviour Analyst
DFO	Direct Funding Option
DSO	Direct Service Option
FSW	Family Support Worker in the OAP
ICR	Independent Clinical Review
MCYS	Ministry of Children and Youth Services
OAP	Ontario Autism Program

Appendices

6

Appendix 6.1: Map of MCYS Service Delivery Areas



Appendix 6.2: Resources

Independent Clinical Review Forms:

The Family Request Form: for use by families to request an independent clinical review
<http://irm.contactniagara.org/en/home>

The Family Perspective Form: for use by the Family Representative to provide a clear understanding of the family's perspective in the review process
<http://irm.contactniagara.org/en/home>

The Family Perspective Waiver: for use by families who wish to present their perspective to the Clinical Reviewers at the Clinical Review meeting
<http://irm.contactniagara.org/en/home>

The ICR Decision Form: for use by the Clinical Reviewers in making their decision and outlining their rationale for the family and the OAP provider
<http://irm.contactniagara.org/en/home>

Other Resources:

Ontario Autism Program Website:
<http://www.children.gov.on.ca/htdocs/English/specialneeds/autism/ontario-autism-program.aspx>

Ontario Autism Program Clinical Framework:
<http://www.children.gov.on.ca/htdocs/English/specialneeds/autism/oap-clinical-framework-2017/index.aspx>

Ontario Autism Program Guidelines:
<http://www.children.gov.on.ca/htdocs/English/specialneeds/autism/oap-guidelines/toc.aspx>

