



A Road Map to Ideal Autism Services in Ontario

Short-Term (March 2019)

- 1) The government *must* “press pause” on the current Ontario Autism Program (OAP) changes. Allow children currently in the OAP to continue services and do not require abrupt transitions into school. Admit children off the waitlist whose turn has come.
- 2) Immediately re-assemble the Autism Spectrum Disorder (ASD) - Clinical Expert Committee and the OAP Implementation Committee(s) and seek their advice. Allow the government at least three months (April-June) to consult with these groups and seek submissions from other stakeholders.
- 3) Roll out an improved OAP no sooner than the summer of 2019, so that any transitions to different levels of service occur over the summer with proper planning for the 2019-20 school year.

Medium-Term (Summer 2019)

- 1) The OAP should be revised to be fiscally responsible and reduce wait times while still maintaining a focus on clinical need. Integrate feedback from the ASD - Clinical Expert Committee, the OAP Implementation Committee, and other stakeholders.
- 2) To reduce costs, create an independent review mechanism for behaviour plans. Clearly articulate that duplicate billing of overlapping direct service hours will not be reimbursed. Request line by line detailed billing from all providers (only to be reviewed in the event of an audit).
- 3) Introduce regulation of Applied Behavioural Analysis (ABA) providers and a standard rate card for services. Specific recommendations should be developed and then brought forward to stakeholders for feedback before a finalized plan is released.

Long-Term (Provincial Level – Inter-Ministerial Collaboration between Health, Education and MCCSS)

- 1) Pass a law to compel private insurers to more fully cover ABA, Speech and Language Pathology, Occupational Therapy, Physical Therapy, Psychology and other needed therapies for all children with disabilities. Create a partnership between private and public sectors to support funding for needs-based autism treatment.
- 2) For any amounts above the level covered by private insurance, and for those who do not have insurance plans, OHIP should be extended to cover services on a needs-based system, with appropriate referrals from a qualified physician/practitioner.



3) Once a child has received needs-based ABA treatment, it is essential to provide meaningful ABA services in schools. This will allow children to transition from treatment into school once they have the necessary skills to be successful in school. In order to deliver appropriate ABA services in school, there must be a tiered-service delivery model that includes BCBA supervision. ABA in schools should not be seen as a replacement for ABA intervention, but rather a part of a service continuum for children with autism. ABA in schools allows children with autism to successfully and meaningfully access the curriculum after core skills (e.g., communication, self-regulation, learning readiness, self-care) have been established and challenging behaviour has been reduced, if necessary.

Long-Term (Federal Level)

1) The Canada Health Act should be amended to include evidence-based medically recognized disability services, including ABA, Speech and Language Pathology, Occupational Therapy, Physical Therapy, Psychology, etc. as medically necessary across all provinces and territories for autism as *well as other disabilities*. The federal government should provide adequate funding to each province and territory to cover the costs associated with this change.