



**Attn:**  
**Honourable Katrine Conroy**  
**Ministry of Children and Family Development**

April 22, 2020

To Whom it May Concern:

This document is a formal response by the British Columbia Association for Behaviour Analysis (BC-ABA) to the *MCFD Guidelines for Virtual Care Providers* dated April 8<sup>th</sup>, 2020<sup>1</sup>. The MCFD Guidelines for Virtual Care Providers outline regulations for the use of Autism Funding by families and service providers during the COVID-19 pandemic and specify which services may be eligible for virtual care. Virtual care is taken to refer to intervention services provided via distance through telecommunication technology (for the remainder of this document, referred to as ‘telehealth services’).

BC-ABA would like to address two policies in MCFD Guidelines document that are not consistent with current research on telehealth service delivery (*MCFD Guidelines for Virtual Care Providers*, p. 3):

Q7: What are MCFD’s guidelines for Virtual Care for providers?

A7: Service providers are expected to comply with the standards set by their regulatory colleges related to Virtual Care and all other service practices. To bill Autism Funding Branch the following is required:

- Child/youth must be present for the session
- Child/youth must have already been assessed by the practitioner in a face to face meeting

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<sup>1</sup> “Common Questions and Answers for Service Providers Supporting Families Accessing Autism Funding” Access from [https://www2.gov.bc.ca/assets/gov/family-and-social-supports/covid-19/qa\\_autism\\_funding\\_apr7\\_sp-approvedcontent.pdf](https://www2.gov.bc.ca/assets/gov/family-and-social-supports/covid-19/qa_autism_funding_apr7_sp-approvedcontent.pdf) on April 16th, 2020

*Response to Point 1: Guideline that child/youth must be present for the session*

The requirement to have a child present during all direct services is not consistent with current research and best practice in autism service provision, regardless of whether services are delivered in person or via telehealth. While caregiver support at times involves live coaching during interactions with their child, there are a number of situations in which would be harmful and clinically contraindicated to require a child to be present during all service provision, as it may limit the information a caregiver is able to share with a service provider and limit access to crucial services during an already stressful time.

*Response to Point 2: Child/youth must have already been assessed by the practitioner in a face to face meeting*

Research evidence supports the use of telehealth as an effective service delivery option, without the need for face to face meetings at any point during assessment or intervention (e.g., see systematic review by Fergusen, Craig, & Dounavi, 2019; Lindgren et al., 2016). Furthermore, families living in remote communities, families with new diagnoses, and families in the process of accessing services that have not yet been started would be unable to receive services indefinitely. Including effective telehealth services as an eligible expense for AFU funding would allow families to access much needed services during the COVID-19 crisis and beyond, especially since MCFD has stated they will not be expending funding terms during this time. It is inappropriate and harmful to families to require in person services when research has demonstrated the effectiveness of telehealth services without this component.

**Limiting the conditions under which families can access services during a public health crisis will be severely detrimental to children with ASD in our province and their families.**

We appreciate your prompt action in remediating these potentially harmful policies.

Sincerely,

The British Columbia Association for Behaviour Analysis

#### References

Fergusen, J., Craig, E. A., Dounavi, K. (2019). Telehealth as a Model for Providing Behaviour Analytic Interventions to Individuals with Autism Spectrum Disorder: A Systematic Review. *Journal of Autism and Developmental Disorders*, 49, 582-616. <https://link.springer.com/article/10.1007/s10803-018-3724-5>

Lindgren, S., Wacker, D., Suess, A., Scheitz, K., Pelzel, K., Kopelman, T., Lee, J., Romani, P., Waldon, D. (2016). Telehealth and Autism: Treating Challenging Behavior at Lower Cost, *Pediatrics*, 137 (2), S167-S175. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4727312/>