Survey of APD Providers Regarding LRC Processes

Executive Summary

9/12/2024

FABA has long supported the LRC process and has seen the value that it provides to increasing the provision of ethical, effective treatment to individuals with developmental disabilities. FABA conducted a survey of its members on the LRC process as part of our ongoing collaboration with APD to improve services to individuals with disabilities. The results of this survey indicate that many providers of behavior analysis services to adults also recognize the strength of the LRC process. However, when the process leads to excessive delays in treatment, increased paperwork and decreases in the effectiveness of treatment, it is time to consider a fresh risk benefit analysis.

Major Findings:

- Numerous positive comments indicated improvements in the way LRC's are operating. The majority of respondents indicated they found the LRC to be a valuable experience all (43%) or some (34%) of the time. Specific chairs were mentioned as helpful and clear.
- Providers raised serious concerns regarding whether LRC operating rules are consistently applied state-wide and if some LRC decisions are appropriate. Related concerns were raised by numerous survey respondents as well as in emails and phone contacts to FABA, that some LRC's go beyond the mandate given to them in rule and statute.
- A common issue brought to FABA's attention was that plans that had initially been approved by LRC and were later asked to be modified. This appeared to be result of reviewers who were members of the committee or present at the meeting later stating a preference for different wording, minor skill training changes, etc. At other times, it appeared that reviewers wanted additional information that is not mandated by 65G-4 included in the BASP. These required modifications often did not appear to be supported by rules, regulations, ethical standards or behavior analysis research. Furthermore, having the decisions of the committee changed later weakens the effectiveness of the LRC system.
- FABA is concerned about the average length of time it often takes for a BASP to be reviewed and for formal feedback to be received. This can significantly delay provision of treatment to individuals, some of whom need expedited treatment due to severe behavior challenges. As a result of these delays, providers have expressed concerns about whether they will be subject to fines or other penalties.
- Some providers are reporting a demand for increasingly lengthy written BASPs. This could very well be in violation of 65G 4.009 which states "Behavior analysis services plans are to be written as succinctly as is possible to effectively serve as a guide to those who will be implementing the plan." Comments from multiple BCBAs suggest that the primary factor is that some LRCs are requiring "extra" information be included in the BASP that is not specifically required in regulation. For example, there are reports that some areas are

requiring a full description of the functional assessment procedures and results be included in the BASP. Other regions are requiring that significant events be described in detail in the plan. Additionally, there are reports that providers are being asked to "update" plans to include results of fidelity checks and current data prior to each data review by the LRC. While it is important that a BASP be based on current data, a thorough functional assessment and knowledge of significant events, these items do not need to be included in every BASP. Often there are other documents that are better sources of this information (e.g., annual reports, quarterly summaries, incident reports, reactive strategy reports).

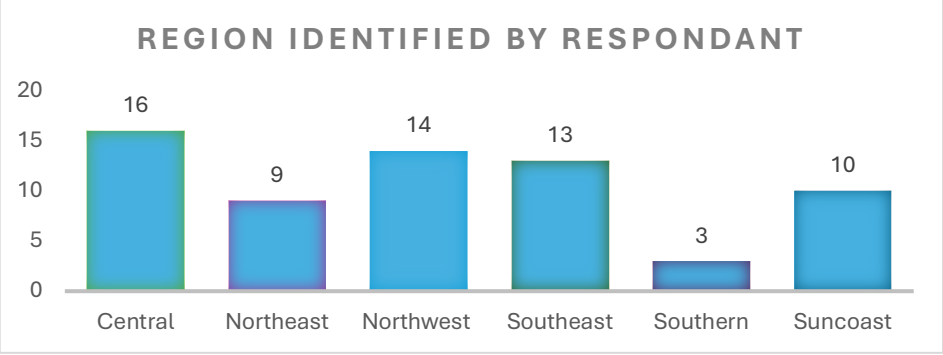
- Reports from experienced providers indicated that it is rare that BASPs are approved without at least some modifications. As some of the narrative comments indicated, some of the changes were such minor wording changes they would not produce differences in the treatment the individual would receive. Minor editorial modifications increase the workload for BCBAs and thereby decrease the amount of time available to provide direct services to the individual and train staff in plan implementation. Furthermore, there were a number of comments indicating some LRC members were substituting opinions superseding or rejecting clinical decisions of the providing BCBA. Sufficient rationale and/or technical assistance with examples or tools were often not provided to assist the BCBA with making required changes. This type of feedback is not helpful.

Some providers questioned the use of time during LRC meetings and suggested other options, such as electronic reviews especially when data indicate client progress toward treatment goals.

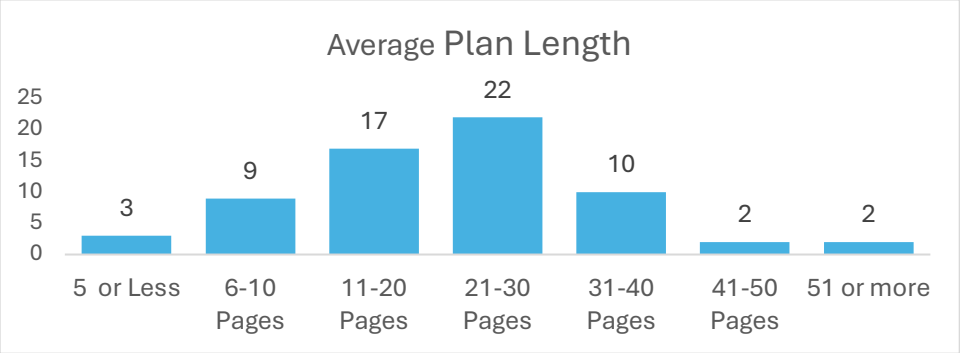
Summary of Results

There were a total of 65 respondents to the formal survey, as of 8-18-2024. In addition, FABA received follow-up comments by phone and email from multiple providers and a guardian of a recipient. These comments are summarized below:

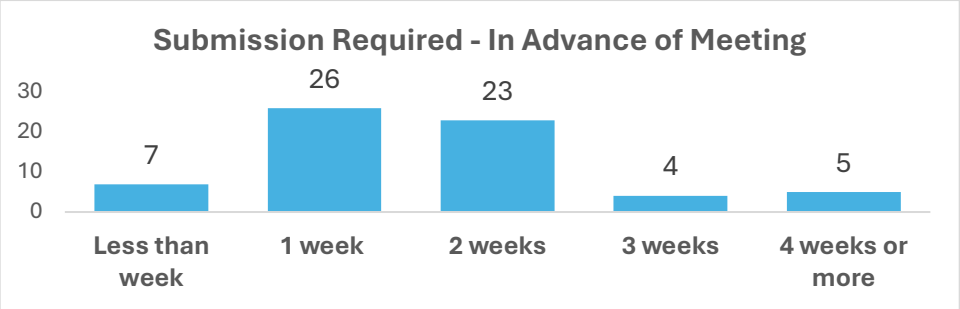
1. APD Area (Location). Survey responses were received from all regions, with higher numbers of responses from some regions than from others. It should be noted that respondents did not always indicate the correct region (for example, they indicated they were in the northeast region, but they listed a chair who only operates in the northwest). When the LRC chair was indicated, the region was corrected if known.



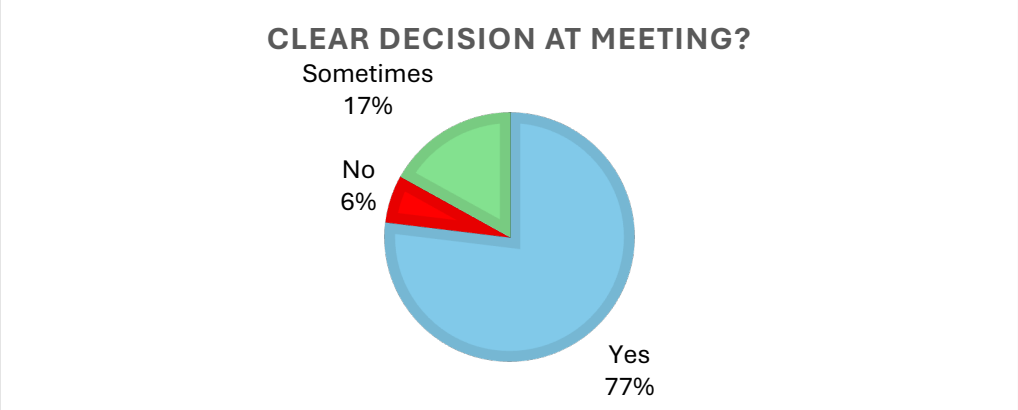
4. **How long is an "average plan"?**



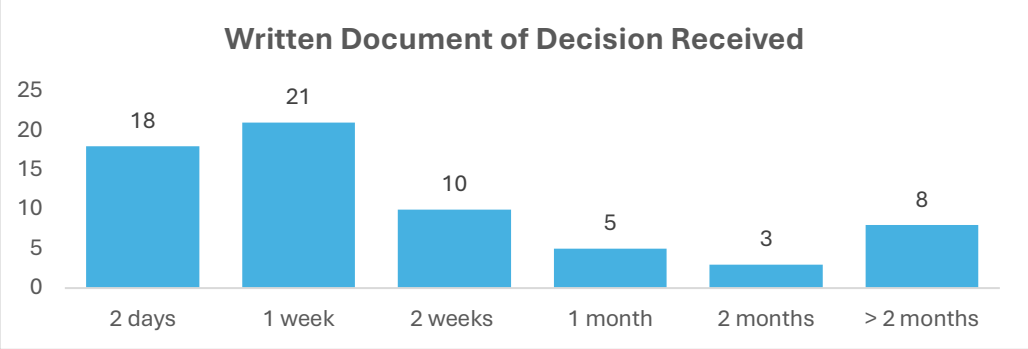
5.How far in advance of the meeting are plans and data required to be submitted?



6. **Do you receive a clear decision/recommendation regarding each submitted plan at the meeting when it was reviewed?**



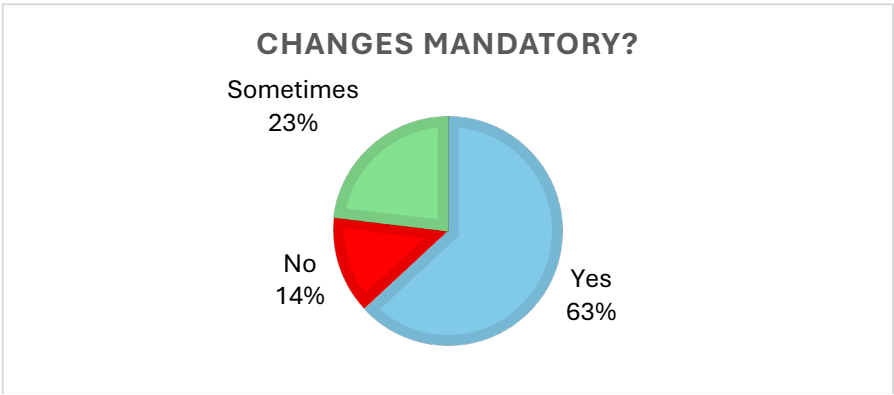
7. **How long after a plan is reviewed do you typically receive the written documentation of the review and decision?**



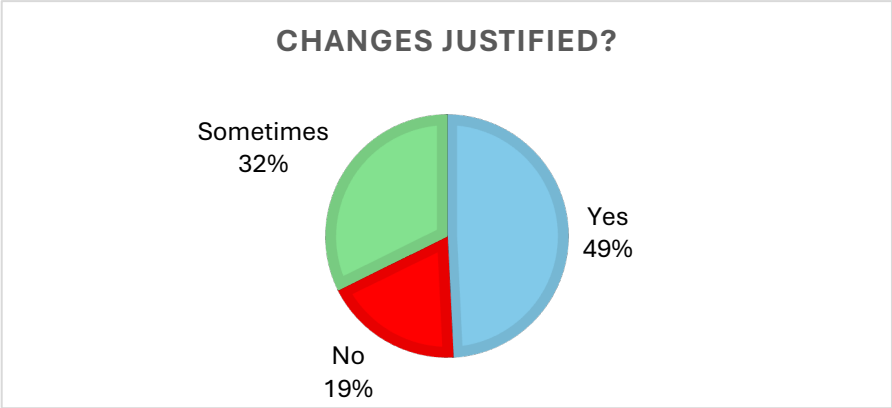
8. **According to the required Attachment Q for the plans you submitted, how many were scored as "Approved"?**

Statewide, the average of responses indicated 56% of their plans were scored “Approved”. The range across regions varied from 13 to 91%.

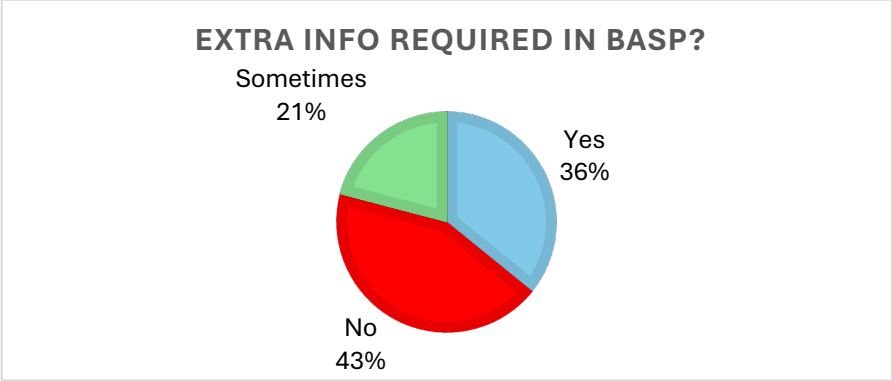
13. **When "Approved with Modifications" was indicated on Attachment Q, it was clear if the modifications were <u>requirements</u> (mandatory) or <u>recommendations</u> (optional)?**



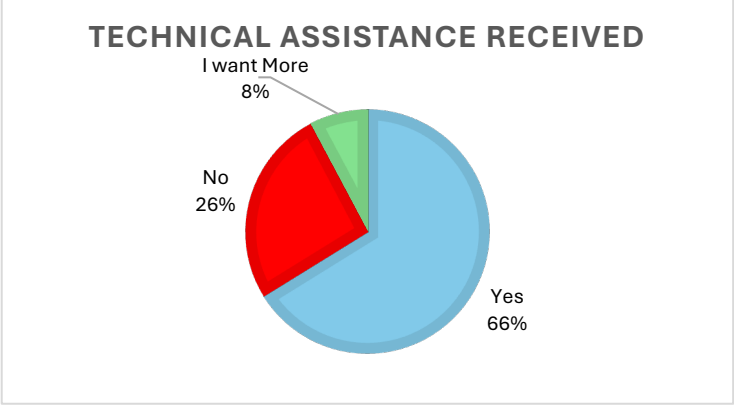
14.**When modifications were required or recommended, they were clearly explained and justified by rules, regulations, ethical standards or behavior analysis research?**



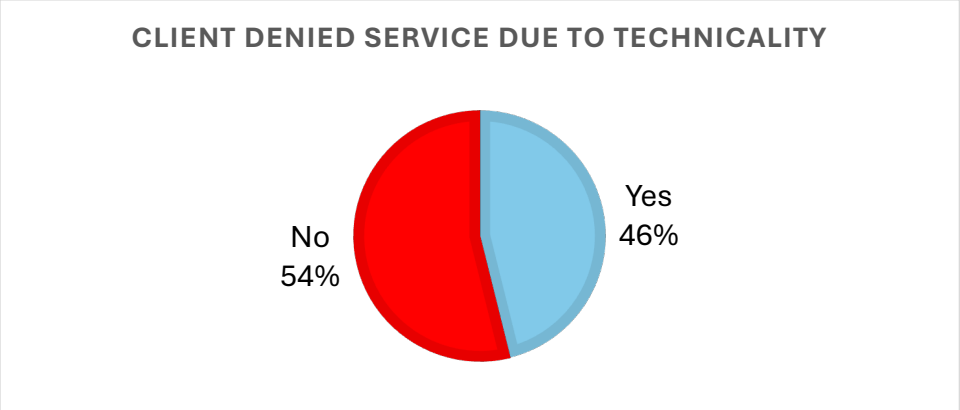
15. Was "extra" information required to be included in BASPs in order for the plans to approved or services to be approved?



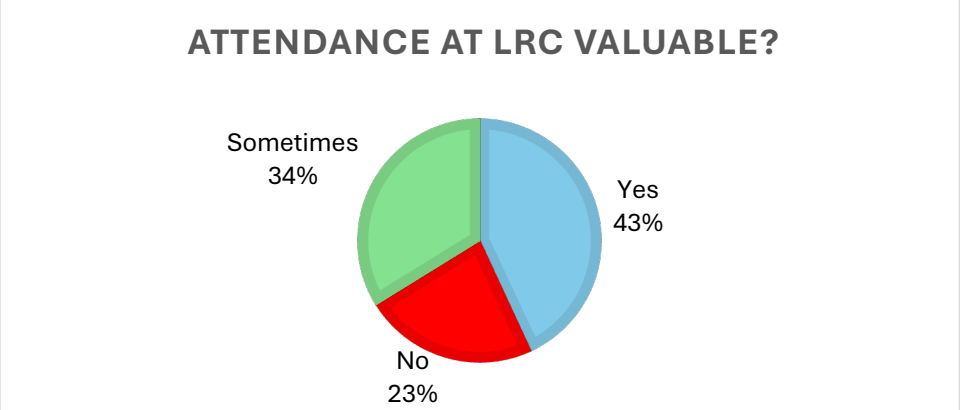
16.When feedback was given on improvements needed to plans, did you receive sufficient technical assistance to make the changes?



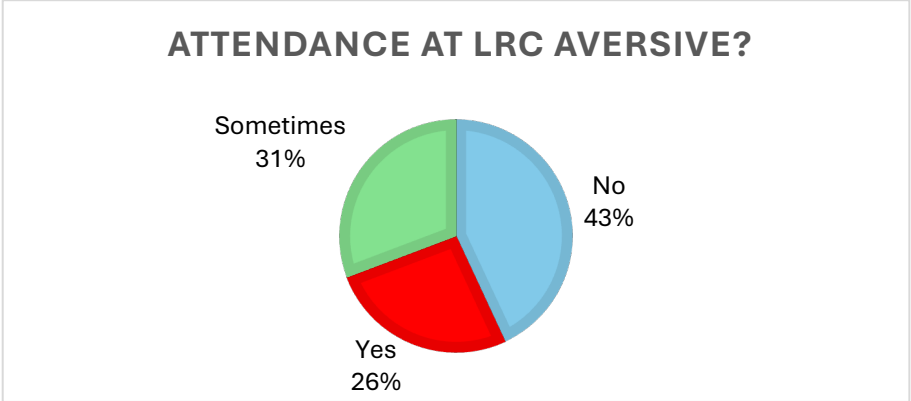
18.In the past year, has an individual you are providing medically necessary services for been denied services or had services limited/reduced due to a perceived "technicality," paperwork issue, or invented/unclear criteria?



19. Do you find attendance at LRC to be a valuable experience?



20. Do you find attendance at LRC to be an aversive experience?



22. Do you think APD should conduct a statewide training on the requirements and regulations governing LRCs?