

# Applied Behavior Analysis (ABA) Initial and Re-Assessment Treatment Plan Content

## Overview

TRICARE requires specific information be included in all initial treatment plans and reassessments submitted to Health Net Federal Services, LLC (HNFS) as part of its Comprehensive Autism Care Demonstration (Autism Care Demo). Please reference TRICARE Operations Manual at <http://manuals.tricare.osd.mil> for complete details.

## Definition and Rules

- A treatment plan is a written document outlining the provider's plan of care for TRICARE patients receiving applied behavior analysis (ABA) services.
- Submit all ABA treatment plans to HNFS, along with an Outpatient TRICARE Ongoing/Notification Request Form. Use our online authorization and referral submission tool at [www.tricare-west.com](http://www.tricare-west.com) > *I'm a Provider* > *Secure Tools/Submit Authorization Requests*.
- Submit all reassessments/updated treatment plans to HNFS between 30–60 days prior to the end of a patient's authorization period. Please follow this guideline to avoid delays or terminations of authorized care, or denials for pended claims. Health Net Federal Services will not issue retrospective authorizations if supporting clinical documentation is submitted less than 30 days prior to the end of the authorization period.

## Required Content

### IDENTIFYING INFORMATION

- name of beneficiary
- date of birth
- date of initial assessment
- DoD Benefit Number (DBN) or Social Security number (SSN)
- referring provider /physician-primary care manager (P-PCM)
- Autism Corporate Service Provider/company
- date and time of reassessment
- Board Certified Behavior Analysts® (BCBAs) /Board Certified Assistant Behavior Analysts® (BCaBAs) conducting assessment and/or treatment plan re-assessments

### BACKGROUND AND HISTORY

- **School**
  - Is the child of school age?
  - Is the child enrolled in school?
  - What are his/her specific hours in school?
- **IEP** (only required if services are requested in a public or private school setting)
  - Include the current and signed Individualized Education Plan (IEP).
  - Indicate the IEP was submitted to HNFS or document the reason for an attestation.
- **Other Services**
  - Specify the hours for other services indicated (occupational/speech therapy).
  - Include a statement specifying if no other services were received.

- **Diagnosis**

- Please code to the most specific level possible.

- **Severity of Symptoms** (determined by the specialized diagnosing provider):

- Include statement of the level of severity (mild – level 1, moderate – level 2, severe – level 3).
  - Example: Patient A was given a diagnosis of Autism Spectrum Disorder (F84.0), severity level 1 (mild) by Dr. Smith, Developmental Pediatrician

- **Prescribed medications** (if applicable)

- **Medical Co-Morbidities** (if applicable)

- Include a statement if the beneficiary does not have any other medical co-morbidities.

- **Family History**

- Include any family history and related family training in support of performing ABA therapy.
  - Specify where the beneficiary lives and with whom (siblings, parents).
  - Include any other relevant information about family stressors, such as medical history, active medical problems, current medications, dose and purpose, allergies, and/or special diet.

- **Medications**

- **Length of Care**

- Specify the amount of time the patient has been receiving ABA services (start date of entrance into the Autism Care Demo to current).

- **Location of Services**

- **Parent/Guardian Signature**

- **ABA Supervisor Name**

- **Use of PDD-BI** for beneficiaries under the age of 18.5. For beneficiaries over the age of 18.5 the ABA supervisor should continue using the assessment already in process.

- **Location of services** (for example, school, at home, centerbase/clinic)

## INITIAL ASSESSMENT: REQUIRED COMPONENTS

- **Behavior Deficits:** Behavior deficits are those that impede the beneficiary's safe, healthy independent functioning in all domains (socialization, communication, adaptive).
  - Behavior deficits must be objectively measured and identified.
  - Include assessment notes (baseline/skill level at time of assessment) regarding the beneficiary's performance when the initial assessment was completed and baseline measures of the assessment tool utilized (for example, VB-MAPP) and specified treatment interventions for identified target in each domain.
- **Goals/Objectives:** Goals and objectives must be specific, measurable (6 out of 10 opportunities, 8 out of 10 trials, etc.) and the assessment tool domain must be identified (for example, VB-MAPP, Carolina, ABLLS).
  - Goals are the broad spectrum, complex short-term and long-term desired outcomes of ABA.
  - Objectives are the short, simple, measurable steps that must be accomplished in order to reach the short-term and long-term goals of ABA.
  - Include clearly defined objectives and goals individualized to the strengths, needs and preferences of the beneficiary and his/her family members.
  - Identify long term goals (for example, six months in duration) and short-term objectives, such as the intermediary steps to meet long term goal.
  - Update goals with each reassessment and clearly note if met, not met or modified with an explanation.

• **ABA Intervention Procedure**

- List the ABA intervention procedure for goal management (for example, task analysis [TA], discrete trial training [DTT]).

• **Generalization Goals/Family Goals:**

- Family goals and objectives are selected jointly by the authorized ABA supervisor and the parents(s)/caregiver(s).
- Family goals should include mastered goals that will be targeted for generalization.
- Generalization goals should be specific and measurable.
  - Example: Mr. and Mrs. Smith will instruct Child A to brush teeth and utilize the task analysis data sheet and backward chaining as instructed by the BCBA one time per day across five consecutive days.
  - Example: Mr. and Mrs. Smith will instruct Child A to complete his independent work station once per day on non-school days across a four-week period and use prompting strategies to assist in independence while taking data on bene’s performance.

• **Behavior Intervention Plan (BIP) for Target Behavior Excesses**

- The BIP should be developed by the BCBA or assistant behavior analyst to address, as applicable, a behavior that interferes with the patient’s ability to learn new skills or display mastered skills, disrupts the learning environment, prevents integration with peers and in the community (dangerous to self/other), and appropriate behaviors in excess.
- The BIP should include the following:
  - dates (date created and revision dates)
  - operational definition(s)
  - episodic severity
  - baseline data
  - hypothesized function(s) of behavior(s)
  - functional alternative response
  - setting events
  - precursor behaviors
  - antecedents for target behavior(s) (environmental, behavioral)
  - data collection methods
  - antecedent/prevention strategies for target behavior(s)
  - consequence strategies
  - direct treatment (intermittent schedules of reinforcement, differential schedules of reinforcement)
  - goal for reduction (include in the treatment plan)
  - goal for replacement (include in the treatment plan)
  - crisis plan (if needed)
  - generalization and maintenance of replacement behavior(s) (include in the treatment plan)

• **Beneficiary Participation Statement**

- Include a statement attesting the beneficiary can actively participate in ABA services.

• **CPT® Code Recommendations**

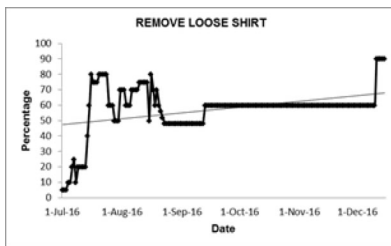
- List each CPT code based on the hours to be provided to the beneficiary.

*Example*

Authorization Period	0359T	0364T/365T	0370T	0368T/0369T	0360T/0361T
1/1/17–6/29/17	1 unit/month	50 units/week	8 units/month	16 units/month	10 units/month
7/1/17–12/31/17	1 unit/month	50 units/week	8 units/month	16 units/month	10 units/month
1/1/18–6/29/18	1 unit/month	40 units/week	6 units/month	12 units/month	8 units/month

## TREATMENT PLAN RE-ASSESSMENT REQUIRED COMPONENTS

- **Date and Time of Reassessment**
  - Indicate the date and time the BCBA or assistant behavior analyst conducted the re-assessment for a new authorization.
- **Authorized ABA Supervisor**
  - If the assistant behavior analyst has written the treatment plan, please note the name of the BCBA and the name of the assistant behavior analyst.
- **Beneficiary Participation Statement**
  - See description in “Initial Assessment” section.
- **Goals/Objectives**
  - See description in “Initial Assessment” section.
- **ABA Intervention Procedure**
  - See description in “Initial Assessment” section.
- **Graphic Representation of Progress to Goals**
  - ABA TP update assessment notes address progress toward short and long-term treatment goals for the identified targets in each domain utilizing either graphic representation of ABA TP progress or an objective measurement tool consistent with the baseline assessment. Documentation should note interventions that were ineffective and required modification of the TP. TP updates shall document TP modifications that were the result of the outcome evaluations.
- **Tips for graph presentation:**
  - Include original baseline measurement and all treatment data.
  - Use symbols or styles that are easily identified in black and white (such as fax copies).
  - Limit number of targets represented on a single graph.
  - Include axis labels.
  - Include linear trend lines.
  - Identify reasons for outliers or a lack of progress.
  - Change lines for introduction of new variables/contingencies/targets.
  - Include figure caption at the bottom of graph.



- **Evaluation of progress on each treatment target** (i.e., Met, Not Met, Discontinued).
- **Prescribed Medications**
  - Include a statement if the beneficiary does not have any prescribed medications.
- **Generalization Goals/Family Goals**
  - See description in “Initial Assessment” section.
- **Behavior Intervention Plan (BIP) for Target Behavior Excesses**
  - See description in “Initial Assessment” section.
- **Parent/Family Participation Statement**
  - Include a statement attesting the parent/family is or is not actively participating in ABA program.
- **CPT Codes Recommendation**
  - Update based on data analysis and beneficiary progress/lack of progress (clinical judgment should be used when determining number of units requested).
  - See sample in the “Initial Assessment” section.
- **Signatures**
  - The parent(s)/cargiver and the ABA supervisor are required to provide signatures at the end of the treatment plan.

For more information on TRICARE’s ABA benefit, please visit [www.tricare-west.com](http://www.tricare-west.com) > *Benefits & Copays* > *Benefits A-Z* > *Applied Behavior Analysis*.

# Comprehensive Autism Care Demonstration Treatment Plan Checklist

## All Treatment Plans

- name of beneficiary
- date of birth
- date of initial assessment
- DoD Benefits Number (DBN) or Social Security number (SSN)
- referring provider/physician-primary care manager (P-PCM)
- Autism Corporate Service Provider/company
- date and time of reassessment
- BCBA/BCaBA conducting reassessment and treatment plan update
- background information (must contain the following):
  - Is child enrolled in school?/school age/specific hours in school
  - presence of Individualized Education Plan (IEP) if services occur in school
  - hours for other services indicated (occupational/speech therapy)
  - diagnosis
  - severity of symptoms (determined by specialized diagnosing provider)
  - medical co-morbidities, if applicable
  - prescribed medications
  - family history
  - length of time receiving applied behavior analysis (ABA) services (start date of entrance into the Autism Care Demonstration to current)
  - location of services
  - medications
- signatures of ABA provider and parent(s)/caregiver

## Initial Assessment

- objectively measured behavior deficits identified in appropriate domains
- goals/objectives (specific, measurable, assessment tool domain identified)
- ABA intervention procedure listed for goal measurement (i.e., TA, DTT)
- generalization goals/family goals (specific and measurable)
- behavior intervention plan for target behavior excesses
- statement that beneficiary can actively participate in ABA
- CPT® code recommendations

## Treatment Plan Reassessments

- date and time of reassessment
- authorized ABA supervisor conducting assessment
- statement indicating beneficiary is actively participating in ABA
- goals/objectives (specific, measurable, assessment tool domain identified)
- ABA intervention procedure listed for goal measurement (for example, TA, DTT)
- graphic representation of progress goals to baseline
- behavior intervention plan for target behavior excesses
- generalization goals/family goals (specific and measurable)
- statement parent/family is actively participating in ABA program
- CPT® code recommendations