Comprehensive Autism Care Demonstration

Social Responsiveness Scale, Second Edition (SRS-2)

Under TRICARE's Autism Care Demonstration (ACD), initially and then annually, applied behavior analysis (ABA) providers must analyze the Social Responsiveness Scale, Second Edition (SRS-2) scores of enrolled beneficiaries ages 2.5 years through 99 years to determine ABA treatment effectiveness. Health Net Federal Services, LLC (HNFS) offers the following to inform about and clarify this outcome measure's requirements and assist ABA supervisors with using the SRS-2 in treatment and discharge planning.

What is the SRS-2?

The SRS-2 is a respondent-based outcome measure used by ABA providers to assess the severity of an enrolled beneficiary's social deficits and symptoms related to autism spectrum disorder (ASD). This outcome measure standardizes scores through comparison of the characteristics of a large ASD-diagnosed sample population grouped by age and gender. The test asks parents/caregivers to rate the presence of symptoms they have noticed over time and in various environments.

Why is the SRS-2 used?

Outcome measures assist families and provider teams with tracking a beneficiary's progress throughout treatment. The changes in a beneficiary's SRS-2 scores will be compared over time and used to monitor progress toward achieving treatment plan goals. TRICARE has selected the SRS-2 because it identifies and quantifies the severity of ASD-related social impairment. This allows assessors to determine the impacts of a beneficiary's ASD symptoms in comparison with the same age and gender groups from the non-ASD–diagnosed sample population. ABA providers can then get a deeper understanding of how the beneficiary is currently impacted by their symptoms as well as the effects of and changes in how these symptoms impact the beneficiary over time.

What are the submission requirements?

Age- and gender-appropriate SRS-2 forms (preschool, school-age male, school-age female, and adult) must be completed at the start of treatment and then every year. The name of the respondent and relationship to the beneficiary is required on all forms. Providers must submit all scores produced by the publisher's scoring, including these T-scores:

- SRS Total
- SRS Social Communication and Interaction (SCI)
  - Awareness (AWR)
  - Cognition (COG)
  - Motivation (MOT)
  - Communication (COMM)
- SRS Restricted Interests and Repetitive Behavior (RRB)

Submission of all outcome measure results must include the full publisher print report or hand-scored protocol and summary score sheet(s). Embedding scores within the treatment plan or other clinical documents will not meet submission requirements.

How is the SRS-2 scored?

ABA providers use the SRS-2 to generate raw scores for five treatment domains, which are converted into T-scores. The raw scores of each domain are combined with their total converted into the SRS-2 Total T-score. The SCI score combines raw scores from the AWR, COG, COMM, and MOT and converts the total into the SCI T-score. Each domain's T-scores are organized by gender and respondent age, with each domain having varied but similar ranges of possible scores from 32 points-114 points. All T-scores have a mean of 50 points with a standard deviation of 10 points.

How are scores used for the Autism Care Demonstration?

SRS-2 scores are part of the comprehensive analysis of a beneficiary's progress that ABA providers use to guide related aspects of treatment,

behavior intervention and discharge planning. This includes analyzing score progress, monitoring areas of stagnation and/or regression and informing treatment-planning decisions based on the expected and actual amount of change for each comparison period.

While a different provider from the beneficiary's treating ABA provider may complete the SRS-2, the treating ABA provider must review and fully understand the scores. It is important respondents remain consistent in their responses. Treating ABA providers may need to engage with the family when large discrepancies in responses conflict with assessed skills sets. As with any respondent-based outcome measure, especially those only responded to annually, respondent bias to temporary perceptions are a consideration.

When do scores indicate the need for treatment plan modification?

SRS-2 Total T-scoring:

- Less than or equal to 59 = Low-to-no symptom impacts (generally not associated with ASD)
- Between 60-65 = Mild-to-moderate deficits in social interaction
- Between 66-75 = Moderate deficit in social interaction
- Greater than or equal to 76 = Severe (strongly associated with clinical diagnosis of ASD)

The following indicators at each 12-month comparison would suggest the need for additional analysis and treatment plan modifications and should be clearly documented and addressed in treatment plan updates:

- Limited measurable improvement or stagnation in any required T-score over time
- T-scores increasing over successive review periods
- T-scores greater than or equal to 76, indicating high impacts to specific symptom areas and increased need for focused treatment in those areas, or globally high impacts to symptoms when found in the total score
- T-scores less than or equal to 59 indicate low-to-no ASD symptom impacts, especially when found in the total T-score; should be considered in discharge criteria and lessening treatment focus on areas found at or below this score

What is the relationship between scores and treatment plan changes?

ABA providers must use SRS-2 results to assess and adapt treatment, behavior intervention and discharge planning for all beneficiaries. This means identifying when treatment strategies are ineffective or not durable over time and when scores are near or within the ranges considered low treatment need. Both results indicate possible discharge.

ABA providers must identify and document a direct relationship between score changes and treatment plan changes. Treatment plans must address lack of improvement or an increase in SRS-2 score and identify contributing factors and changes to treatment. For example, if there is a deficit between authorized, recommended therapy hours and delivered therapy hours, providers must analyze and document changes to SRS-2 scores possibly caused by this deficiency, as well as a plan to correct the deficit. This also includes documenting areas with scores representing low need/requiring less focus in treatment recommendations and summaries. In the treatment plan, providers can address these changes by documenting adjustments to treatment amounts, goal areas, parent/caregiver training, and/or discharge timelines.

For additional information about TRICARE's ABA benefits under the ACD, please visit **www.tricare-west.com/go/ACD-provider**. For more information on evaluating outcome measures, refer to our ***Evaluating Treatment and Outcome Measure Progress*** guide.