

Vineland Adaptive Behavior Scales, Third Edition (Vineland-3)



Health Net Federal Services, LLC (HNFS) offers the following information about Vineland Adaptive Behavior Scales, Third Edition (Vineland-3) requirements to assist applied behavior analysis (ABA) providers with using the outcome measure while providing ABA treatment under the Autism Care Demonstration (ACD).

What is the Vineland-3?

The Vineland-3 is a standardized, valid and reliable measure of adaptive behavior often used to assess individuals with intellectual, developmental and other disabilities. The outcome measure uses an informant-based rating scale with scores in communication, daily living skills and socialization, motor skills (for those younger than nine years), and two maladaptive behaviors scores related to internalizing and externalizing maladaptive behavior.

Why is the Vineland-3 used?

ABA providers use outcome measures to assist families and provider teams with tracking a beneficiary's progress throughout ABA treatment under the ACD. Changes in Vineland-3 scores will be compared over time and used to monitor a beneficiary's progress toward achieving treatment plan goals. TRICARE has selected the Vineland-3 as a valid and reliable measure of adaptive behavior, capable of assessing individuals diagnosed with intellectual and developmental disabilities such as autism spectrum disorder (ASD). Vineland-3 results help ABA providers closely analyze patients' developmental progress in comparison with developmental progress found in the general population. This analysis assists ABA providers with developing treatment plans that target goals moving toward age-level skills.

What are the age requirements?

Vineland-3 scores must be submitted for beneficiaries ages 0 years through 90 years as part of ABA treatment requests under the ACD.

What are the submission requirements?

ABA providers must submit the Parent Form, the Interview Form or the Teacher Form (completed by a TRICARE-authorized provider) before the patient begins treatment and then annually for each year that ABA treatment continues. Submissions must include:

- The respondent's name and relationship to the beneficiary on all forms.
- All scores produced by the publisher or manual scoring, including the composite scores for:
 - Communication;
 - Daily living skills;
 - Socialization;
 - Motor (for beneficiaries under nine years); and
 - Adaptive behavior, as well as both maladaptive behavior composite scores – internalizing and externalizing – when applicable.

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

How is the Vineland-3 scored?

To make comparisons possible, the ABA provider uses the Vineland-3 to convert all raw scores into standard scores and then generate these five major domain composite scores:

- Communication,
- Daily living skills,
- Socialization,
- Adaptive behavior composite, and
- Motor (for beneficiaries under nine years).

For these domains, a standard score of 100 is the mean with a standard deviation of 15 points. This means a beneficiary with a score of 100 should be understood as being similar to the typical population of the same age.

Maladaptive scores are different in their point scales and totals, with internalization and externalization scored on a scale where 15 is the mean with a standard deviation of 3 points and a score greater than or equal to 18 indicates clinical significance.

Domain scores greater than or equal to 86 are considered adequate or above adequate. Domain scores less than or equal to 85 are considered moderately low to low and indicate the patient has a significant skill deficit when compared with similarly aged peers. This is especially true for a domain score below 70.

Maladaptive behavior scores up to 17 are considered average, scores of 18 to 20 are considered elevated and scores greater than 21 are considered clinically significant indicating a need for treatment intervention.

How are Vineland-3 scores used by ABA providers under the Autism Care Demonstration?

ABA supervisors should use Vineland-3 scores to analyze beneficiary progress and regression, monitor annual change and inform treatment planning decisions. Specifically, scores related to communication and socialization should be examined when developing goals and treatment approaches to improve these areas as needed. Scores not related to core ASD symptoms that demonstrate delay can be used by family and other providers to inform decision-making and seek parent/caregiver training opportunities.

While another provider may complete the Vineland-3, it is necessary for treating ABA providers to review and fully understand the scores. It is important respondents maintain consistent responses. The treating ABA provider may need to engage the family when large discrepancies in responses conflict with assessed skill sets. As with any respondent-based measure, especially those only responded to annually, respondent bias to temporary perceptions should be considered.

When do Vineland-3 scores indicate the need for a treatment plan modification?

The following indicators at each 12-month comparison would suggest the need for additional analysis and treatment plan modification.

These should be clearly documented and addressed in treatment plan updates:

- Limited measurable improvement or stagnation in required domain composite
- Limited measurable improvement or stagnation in the patient's scores in communication, daily living skills and socialization (ABC scores)
- Domain scores that decrease over successive review periods
- Domain scores less than or equal to 85, indicating moderate-to-low adaptive skill levels
- Domain scores greater than or equal to 86, indicating adequate-to-high adaptive skill levels, should be considered for discharge criteria and areas found at or above this score should receive less focus
- Maladaptive behavior scores greater than or equal to 18 indicate potential areas of treatment if within the scope of ABA practice or parent/caregiver training

Please refer to the "How is the Vineland-3 scored" section on the first page for scoring details.

What is the relationship between Vineland-3 scores and treatment plan changes?

ABA supervisors must use Vineland-3 results to inform treatment decisions, behavior intervention and discharge planning for all patients. This means identifying when treatment strategies are ineffective and when they are durable over time and scores are near or within the age-equivalent ranges indicating possible discharge.

To address lack of improvement or change in Vineland-3 scores, ABA supervisors are encouraged to identify and document a direct relationship between score changes and treatment plan changes. This should result in specific goal area adjustments and/or treatment plan modifications to show that these areas are being addressed. This also should result in treatment recommendations and summaries having less focus on areas with scores that have demonstrated low need.

As some areas of the Vineland-3 assessment are excluded under the ACD, such as daily living skills, ABA providers should consider integration of those areas of deficits into parent/caregiver training and focus on ABA teaching techniques (that is, backward chaining, differential reinforcement). These techniques can provide the family with the ability to directly teach the beneficiary long-term daily living skill targets over their lifespan.

Additionally, differences between authorized, recommended therapy hours and delivered therapy hours must be analyzed and documented. Changes to Vineland-3 scores possibly caused by this deficiency must be addressed and a plan to correct the deficit included.

For additional information about TRICARE's ABA benefit, please visit www.tricare-west.com/go/ACD-provider.