

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



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Initially, and then annually, under TRICARE's Autism Care Demonstration (ACD), applied behavior analysis (ABA) providers must submit the Vineland Adaptive Behavior Scales, Third Edition (Vineland-3) for all ACD-enrolled beneficiaries. Health Net Federal Services, LLC (HNFS) offers this quick reference guide to inform about and clarify Vineland-3 requirements and assist ABA supervisors with using the Vineland-3 for treatment and discharge planning.

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 test uses an informant-based rating scale with scores in communication, daily living skills and socialization, motor skills (for those younger than age nine), and two maladaptive behaviors scores related to internalizing and externalizing.

Why is the Vineland-3 used?

Standardized assessments let families and provider teams track clear, consistent measurements over time. ABA providers then compare these standardized assessment measurements with a patient's progress made relative to individualized treatment plan goals for a clearer picture of the patient's overall status. 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 submission requirements?

The Parent Form, the Interview Form or the Teacher Form (completed by a TRICARE-authorized provider) must be completed before the patient begins treatment and annually thereafter. 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,
 - Adaptive behavior, and
 - Composite score and 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 within 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 age nine)

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.

How are these scores used 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 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' answers are accurate. The treating ABA provider may engage with the family when large discrepancies occur between responses and assessed skills sets. As with any respondent-based measure, especially those only responded to annually, respondent bias to temporary perceptions should be considered.

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

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.

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 training

What is the relationship between 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.