Autism Care Demonstration

Clinical Necessity Reviews

A Guide for Treatment Plan Goals

The TRICARE Operations Manual (TOM), Chapter 18, Section 4 outlines requirements for applied behavior analysis (ABA) treatment plans, including the requirement for objective and measurable goals targeting only core autism spectrum disorder (ASD) symptoms.

ABA providers can help expedite the treatment plan review process by having clearly written Autism Care Demonstration (ACD)-compliant, measurable, objective goals related to core ASD symptoms in their treatment plans. Your efforts can help lessen requests for additional information or meetings to get clarification on treatment plan content before Health Net Federal Services, LLC (HNFS) can issue a benefit coverage determination.

The following guidelines will assist ABA providers with submitting compliant treatment plan goals to HNFS for clinical necessity reviews.

Overview

To assess goal progress, HNFS' clinical necessity reviewers look at the following factors.

- Goals must target core ASD symptoms in the following two domains as indicated in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5) and detailed in TOM, Chapter 18, Section 4, Paragraph 8.7.1.5:
  - Social communication and social interaction behavior (to include restricted, repetitive, and/or stereotypical patterns of behavior, interests, and/or activities)
  - Restrictive/repetitive/stereotypical patterns of behavior (for example, stereotyped/repetitive motor movements, insistence on sameness, inflexible adherence to routines, highly fixated interests, hyper-/hypo-activity to sensory input)
- ABA providers should incorporate goals that:
  - Use clear and specific language and details that support the core ASD symptoms addressed.
  - Include measurable baseline data for each goal that relates to the core ASD symptom and any associated deficits or excesses to track the beneficiary's progress over time. For example:
    - When the beneficiary uses an incorrect pronoun when requesting information from a parent/caregiver, the beneficiary engages in [repetitive or restrictive behavior] when a listener does not understand the question.
    - The beneficiary only uses the pronouns "you" and "I" (instead of "we" or "they") when requesting information about groups of people. When asked to clarify the question, engages in [behavior excess] as defined as [behavior definition] and occurs [frequency] with [intensity].
    - Example: The beneficiary used "we" and "they" correctly when requesting information about groups of people, 1 out of 10 opportunities.)
  - Use wording that does not require HNFS' clinical necessity reviewers to interpret if a goal includes excluded areas due to a lack of baseline information; ASD core symptom information; or specific goals, objectives, or targets.

Common Exclusions Mistakes

Common exclusion areas include:

- **Those covered under other ASD-related specialties.** For example, goal areas targeted during speech therapy (ST) (speech articulation, phonetics, intelligibility), occupational therapy (OT) (complex gross and fine motor skills; for example, tripod grip of pencil), feeding therapy (tolerating food textures), and behavioral health (BH) and comorbid disorders (impulsiveness due to attention-deficit/hyperactivity disorder [ADHD], symptoms of anxiety).

- **Those targeted during a beneficiary's academic or vocational services.** This includes goals targeting core academic public school curriculum instruction or targeting alternative placements not limited to home-schooling, private schooling and college, as well as job-readiness related career goals. ABA providers who include goals targeting core academic areas (numbers, math, reading, fluency, comprehension, homework) and/or job readiness skills will be requested to remove the goals or provide Current Procedural Terminology (CPT®) codes and corresponding units for those goals before HNFS will issue a coverage determination.
- **Those targeted in excluded locations.** For example, goals that are targeted in locations that are excluded (for example, medical appointments) may not be covered; however, by ensuring the appropriate provider type only targets goals in covered locations, otherwise excluded goals may be allowable.
    - The TOM states the ABA provider must remove excluded goals or the regional contractor must issue a denial for those non-covered services.
    - If the ABA provider does not remove excluded goal areas, HNFS requires the ABA provider to indicate how many units of each Current Procedural Terminology (CPT®) code listed correspond with the excluded goals before HNFS can issue a benefit coverage determination.
- Refer to TOM, Chapter 18, Section 4, Paragraphs:
    - 8.6.2.2.2
    - 8.7.1.5
    - 8.7.1.5.1
    - 8.7.1.5.2
    - 8.10.2
    - 8.10.3
    - 8.10.11
    - 8.10.13
    - 8.10.14

The following areas fall under exclusions; however, in direct treatment are allowable as parent/caregiver training goals. These goals should target the family and not the direct service team.

- **Independent living skills** – Any skill that improves the independence, quality, or other mastery criteria for skills related to hygiene (bathing, toileting), eating, dressing, safety skills, transportation skills, functional life skills (grocery shopping, cooking, chores, etc.) and other related skill deficits.
- **Areas not related to core ASD symptoms** – Goals involved with using a remote control, writing letters, reading cards, using a debit card, writing in a journal, identifying one's strength and weaknesses, advancing language goals (for example, interpretation of the meaning of a word), and also goals targeting anxiety, ADHD, coping, cognitive therapy, phobia or generalized anxiety disorder exposure, measures related to reports of happiness or self-confidence, and/or ingestion and retention of foods for eating disorders (if applicable).
- **Goals better suited by specialty providers (ST, OT, physical therapy [PT], BH)** – These may include specific articulation and blending of consonants and vowels, rotating one's wrist, squatting to pick up items, using alternating feet on stairs, emotional awareness, food flexibility, texture flexibility.
- **Vocational- or college-task related** – Goals may include following a college schedule, using a personal calendar, creating and sending an email, following a recipe or written instructions, locating a room in a building, paying for items, counting money.

For additional information, please refer to Paragraph 8.10 of TOM, Chapter 18, Section 4.

Core ACD Symptoms

Goals should be written with a clear connection to the core symptomatology covered under the ACD.

- When using assessments, ABA providers should carefully consider curriculum or tools that provide progressive targets unrelated to core ASD symptoms. Commonly used assessments (for example, Essential for Living, Verbal Behavior Milestones Assessment and Placement Program [VB-MAPP], PEAK Relational Training System) may include target areas not covered under the ACD and inclusion of each individual skill may not be approved.
- Clinical profiles and progress, or lack thereof, on required outcome measures (for example, Pervasive Developmental Disorder Behavior Inventory [PDDBI], Social Responsiveness Scale, Second Edition [SRS-2]) should be included in the treatment plan with appropriate goals addressing areas of need indicated within such measures as appropriate within the ACD (that is, as related to core ASD symptomatology).

- ABA providers should focus goals on the impact or relationship to core ASD symptoms and use core ABA principles to address deficits and excesses. When restricted/repetitive behavior symptoms (for example, behavioral excesses, teaching functional alternative responses, antecedent conditions, motivating operations, reinforcement contingencies, differential reinforcement) or limited adaptive communication (for example, manding, tacting, receptive object labeling, expressive language, socialization) is the primary rationale for including the goal in the treatment plan, the goal and short-term objectives/targets should have those drivers included in the wording of the goal.
- When ABA providers target decreasing the frequency, intensity and/or duration of behavioral excesses as a part of the behavior intervention plan, they should include corresponding goals that target each of the individual components of the behavior intervention plan that must be mastered to address the behavioral excesses.
- ABA providers should evaluate if teaching behavioral principles is the overarching target of the goal rather than individual targets commonly included in goals. For example, an ABA provider may use an arts and crafts activity to elicit opportunities to target a functionally alternative response to avoid a non-preferred activity. In this case, the goal should be written to target the functionally alternative response, level of prompting required to elicit in the absence of behavioral excesses, and/or delayed engagement with a non-preferred activity in the presence of differential reinforcement strategies, instead of a target of "will complete three consecutive arts and crafts." Alternatively, if the ABA provider is using an arts and crafts activity to target repetitive and restrictive behavior of a limited social repertoire, then the goal should be focused on introducing a variety of joint attention skills instead of a singular target of "completing arts and crafts activities," which would be excluded as it does not relate to core ASD symptomatology.
- ABA providers should evaluate the extent to which the volume, frequency, or duration of targets included in goals (for example, "will learn 250 new object labels") are further ameliorating core ASD symptoms covered under the ACD. When goals focus on significantly expanding a beneficiary's limited social repertoire or aiding the beneficiary's generalization to new environments, stimuli or people, the goals should be transitioned to parent/caregiver training goals taught outside of program hours.
- Refer to TOM, Chapter 18, Section 4, Paragraphs:
  - Paragraph 8.7.1.5
  - Paragraph 8.7.1.7.5
  - Paragraph 8.10.3
  - Paragraph 8.11.6.4.1
  - Paragraph 9.1.3
  - Paragraph 9.1.5

Daily Living

- Under the ACD, adaptive and independent living skills are not a covered benefit; however, ABA providers may target a core ABA principle used to teach adaptive living skills and/or include these types of targets in parent/caregiver training goals.
- Targeting the teaching of core ABA principles commonly used for adaptive living skills during parent/caregiver training provides the family with the tools to teach a wide range of skills in the future. This allows the beneficiary to generalize and learn an unlimited number of adaptive living skills over the lifetime once the behavior principle has been mastered by the family.

  Although providers may not teach core ABA principles using daily living skills during direct treatment, they may target the generalization of core ABA principles and teaching of new skills by the parent/caregiver in parent/caregiver training goals. This systemic approach allows parents/caregivers to master core ABA principles for long-term use in various settings and environments, including interacting with others and improving skill deficits. Under the ACD:

  - ABA supervisors can target the ABA principle itself (that is, chaining, shaping, reinforcement) during direct treatment and generalize mastered ABA principles to the parent/caregiver.
  - ABA providers can target generalization to specific adaptive living skills in parent/caregiver training goals once a parent/caregiver has mastered core ABA principles.
- ABA providers target a range of behavior principles, all of which are individual components of teaching activities of daily living skills, including but not limited to, backward chaining, forward chaining, total task, differential reinforcement, and reinforcement contingencies. The treatment plan must clearly state which core ASD symptoms and/or covered treatment areas are used to teach behavior principles in goals targeting direct treatment-related behavior principles.
- Avoid using goal area exclusions (active daily living skills, academics, non-core ASD deficits) when targeting behavior principles or core-related ASD deficits. To ensure goals do not include exclusions, ABA providers should include general examples or statements explaining and detailing targeted skill areas.

- As the beneficiary treatment progresses, the ABA supervisor can target the parent/caregiver teaching new adaptive living skills across environments using a variety of ABA principles. The ABA supervisor can target adaptive living skills (and the behavior principles used to teach them) with the parent/caregiver during parent/caregiver training sessions.

  To aid the parent/caregiver using behavior principles mastered in treatment for generalizing specific targets, discrete targets (for example, will set the table) can be included in parent/caregiver training goals.

- Refer to TOM, Chapter 18, Section 4, Paragraphs:

  - Paragraph 8.7.1.5
  - Paragraph 8.10.13
  - Paragraph 8.10.14
  - Paragraph 8.10.19

- ABA treating providers must use caution when using curriculum-based assessments (for example, Assessment of Basic Language and Learning Skills [ABLLS], VB-MAPP, PEAK) to guide treatment goals. ABA supervisors should individualize goals and targets from the curriculum-based assessment tool and ensure they target core ASD symptoms and/or are covered under the ACD. ABA supervisors should do an analysis of the rate of learning, appropriateness of the targets, and individualize the number of targets that meet clinical necessity under the ACD coverage guidelines and should not automatically include what is provided in the curriculum-based assessment (that is, "will tact 250 objects").

- For example, the ABA supervisor must assess and individualize mastery criteria for the beneficiary and for clinical necessity. Many curriculum-based assessments include excluded target areas. Treatment plans that only follow deficits and skill progression as indicated in the curriculum-based assessment may not address all behavioral excesses and deficits related to core ASD symptoms and may fail to demonstrate clinical necessity.

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