Autism Care Demonstration

Treatment Plan Requirements

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Overview

TRICARE requires that applied behavior analysis (ABA) providers document specific information and details throughout the entirety of a beneficiary's participation in the Autism Care Demonstration (ACD). Health Net Federal Services, LLC's (HNFS) *ACD: Treatment Plan Requirements Guide* is a reference aid that covers the lifecycle of a treatment plan from treatment authorization to discharge.

We encourage ABA providers to refer to this guide throughout all the stages of a beneficiary's treatment plan lifecycle and to help with identifying common issues routinely found during HNFS' clinical necessity reviews.

For detailed operations and policy information, please refer to TRICARE Operations Manual, Chapter 18, Section 4 and **www.tricare-west.com/go/ACD-provider**.

(Section 1) Treatment Plan Organization – Initial Assessment and Treatment

ABA providers should organize treatment plans according to the categories listed in this section.

Initial Assessment

All beneficiaries, even those with other health insurance (OHI), seeking ABA services under the ACD must have an approval from HNFS before starting treatment. During this stage, ABA supervisors (or delegated assistant behavior analysts) must do an initial assessment, which establishes the backbone of a beneficiary's treatment plan. ABA providers must document the following initial assessment-related elements in the beneficiary's treatment plan.

Beneficiary Identifying Information

- Full legal name (must not be a nickname)
- Date of birth (in MM/DD/YYYY format)
- Date initial assessment completed
- Date initial ABA treatment plan completed
- Department of Defense (DOD) Benefits Number (DBN) or sponsor Social Security number (SSN)
- Name of autism spectrum disorder (ASD)-diagnosing and referring provider

Reason for Referral

The reason for referral must include a TRICARE-authorized ASD diagnosing and referring provider's diagnosis of the beneficiary's ASD, including details on the severity of the beneficiary's symptoms and level of support required. This referral must contain ASD criteria as defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5).

Beneficiary Background Information

Information must clearly detail the beneficiary's:

- Condition
- Other diagnoses/medical comorbidities, including statement of their absence from treatment (if applicable)
- Medications, including over-the-counter medicine or, when applicable, a statement declaring no medicine use
- Family history (history of diagnosis, family arrangement, factors related to treatment, etc.)
- School enrollment status and number of hours enrolled in school (for example, Special Day Class [SDC] classroom at elementary school, Monday-Friday, 8 a.m.-12:30 p.m., etc.)
- The number of hours (weekly or monthly) of other support services (if applicable), such as occupational therapy (OT), physical therapy (PT) or speech therapy (ST)
- The beneficiary's current age and the year of the beneficiary's initial ASD diagnosis
- Length of time the beneficiary has been receiving ABA services (that is, total length of time – in years and months – receiving ABA treatment from all current and former ABA providers)

Summary of Assessment Activities

- Include an objective and measurable list of behavioral deficits/excesses that create barriers to the beneficiary functioning in all domains applicable/related to core ASD symptoms (language development, social communication, clinical adaptive behavior skills).
- Include assessment tools used to establish areas of treatment and treatment goals.
- Identify if the beneficiary can actively participate in treatment.
- Identify whether the beneficiary needs a behavior intervention plan for targeted behavior excesses and deficits. Refer to the "**Behavior Intervention Plan**" section of this guide for more information.
- Include the Pervasive Developmental Behavior Inventory (PDDBI) Parent Form Domain/Composite Score Summary Table.

Behavior Intervention Plan

When the initial assessment or reassessment identifies interfering or dangerous behaviors related to core ASD symptoms, treatment plans must include a behavior intervention plan that corresponds with goals for targeting behavior excesses.

Behavior intervention plans must include:

- Operational definitions of targeted behavioral excesses
- Baseline and updated measurement of behavior (rates, duration, severity, etc.)
- Prevention and intervention strategies
- Schedules of reinforcement
- Functional alternative responses
- Reactive strategies based on identified functions

Did you know?

When necessary, safety protocols and de-escalation procedures are appropriate; however, restraints or similar techniques **are excluded from the ACD** and **must not be included in** treatment plan and behavior intervention plan recommendations.

Treatment Authorization Requests

Once the ABA provider completes the beneficiary's initial assessment, the provider must submit a treatment authorization request. ABA providers must ensure all required elements have been submitted to HNFS before HNFS begins the clinical necessity review process.

Outcome Measures

Outcome measures help providers develop treatment plans and evaluate beneficiary improvements (or regression).

Required Assessments

Under the ACD, TRICARE requires the following age-based outcome measures for beneficiaries.

- **PDDBI** – Ages 2 years to 18.5 years (can accept as early as 1.5 years)
- **Vineland Adaptive Behavior Scales, Third Edition** (Vineland-3) – Ages 0 years to 90 years
- **Social Responsiveness Scale, Second Edition** (SRS-2) – Ages 2.5 years to 99 years

Additional Age-Based Evaluation Requirements

TRICARE requires additional age-based outcome measures that evaluate parent stress – Parenting Stress Index, Fourth Edition Short Form (PSI-4-SF) and Stress Index for Parents of Adolescents (SIPA); however, they are not used for developing treatment plans or evaluating beneficiary improvements. Research has shown that parents' stress levels can impact their child and their child's environment, which in turn may affect their child's symptoms. The PSI-4-SF and SIPA are standardized, reliable measures of stress and family dynamics that help to identify where additional support resources may benefit both the family and the beneficiary.

- **PSI-4-SF** – Ages 0 years to 12 years and 11 months
- **SIPA** – Ages 11 years to 19 years and 11 months

For more detailed information on outcome measures, refer to our **Outcome Measures** page and printable ***ACD: Clinical Necessity Review – Evaluating Treatment and Outcome Measure Progress*** guide.

Did you know?

The PSI-4-SF and SIPA have overlapping age ranges. The PSI-4-SF is appropriate until the beneficiary turns 13, and the SIPA is appropriate for individuals aged 11 years through 19 years and 11 months.

- For beneficiaries aged 11-12 years at the time of authorization/reauthorization, either the PSI-4-SF or SIPA will be accepted.
- For beneficiaries aged 13 years and older, the SIPA will be accepted.

Treatment

Beneficiary Goals

This section of the treatment plan should detail short- and long-term goals, as well as any intermediary steps needed for long-term goals. ABA providers, along with beneficiaries, should consider what they hope to achieve during ACD treatment. When developing a beneficiary's individualized goals, keep in mind the goals must:

- **Be measurable.** Treatment plan goals must meet specific criteria to indicate progress and allow ABA providers to track a beneficiary's progress.
- **Include objectives.** Objectives in goals will be used by the ABA provider to determine if the beneficiary has achieved a goal.
- **Be practical**. Goals should be individualized to the beneficiary, as well as reasonable and designed with the beneficiary's achievement and growth in mind.
- **Be developmentally appropriate.** Goals should be developed in accordance with the beneficiary's developmental stage but continue to challenge the beneficiary.
- **Be clinically significant.** Assessment of goals should note observable changes in a beneficiary's daily functioning and status.
- **Address core ASD symptoms.** Goals should target core ASD symptoms such as:
  - Social communication and social interaction behavior
  - Restrictive, repetitive, and/or stereotypical behavior patterns
- **Include baseline and ongoing measurement levels.** Goals should include each target behavior/symptom and be measurable over time (for example, five times per 30 minutes, four out of five opportunities over two weeks, etc.).
- **List planned treatment strategies.** Goals should list or detail strategies and methods that will be used to teach skills, such as discrete trial training, task analysis.

Did you know?

To assess the most appropriate treatment interventions, ABA supervisors must coordinate goals for beneficiaries with suspected or diagnosed comorbid conditions with the appropriate qualified health professionals (QHP). Coordination efforts must be documented in the treatment plan, including the name(s) of the QHP(s).

For detailed information on beneficiary treatment plan goals, please refer to our printable resource ***ACD: Clinical Necessity Reviews – A Guide for Treatment Plan Goals***.

Parent/Caregiver Goals

This section of the treatment plan should detail short- and long-term goals, as well as any intermediary steps needed for long-term goals. ABA providers, along with parents/caregivers, should consider what they hope to achieve during ACD treatment, what skills are needed to maintain and generalize treatment gains and what skills will result in a smooth discharge process.

When developing parent/caregiver goals, keep in mind the goals must:

- **Have measurable objectives.** Objectives should relate to practicing learned skills with the beneficiary at home and in other settings (when applicable) and have criteria for determining progress.
- **Be individualized to parent/caregiver.** Goal criteria should relate to increasing parent/caregiver skills and capabilities and not to a beneficiary's response or progress on beneficiary treatment plan goals.

Focus of Goals

Goals must focus on:

- ABA principles
- Treatment implementation and teaching new skills
- Generalization and maintenance to other environments
- Targeting new skills and behavior excesses in other environments
- Teaching daily living skills, academic skills or other excluded areas outside of program hours
- Preparation for discharge, including increased implementation of taught skills outside of treatment

Parent/Caregiver Participation

Parent/caregiver participation is a requirement of the ACD.

Current Procedural Terminology Codes 97156 and 97157

Implementation of the treatment plan should begin with parent/caregiver guidance sessions (Current Procedural Terminology [CPT®] codes 97156 or 97157) especially if other ABA services are delayed (for example, hiring of behavior technicians [BT]).

ABA providers **must render a minimum of one session** of parent/caregiver training within 30 days of the treatment authorization under CPT codes 97156 or 97157.

Individuals Who Qualify as Parent/Caregiver

ABA providers may conduct parent/caregiver training with these family members or caregivers as defined by ACD requirements:

- Natural parent(s)
- Adopted parent(s)
- Stepparent(s)
- Grandparent(s)
- Responsible siblings over the age of 18
- Other legal guardian over the age of 18
- Nanny (Must meet these requirements)
  - Eighteen years of age or older
  - Full-time employment by family or an agency on behalf of the family
  - HNFS has a family care plan that lists individual
  - Level of participation and specific goals included in approved treatment plan
  - Training does not exceed parent/caregiver training (CPT codes 97156 and 97157)

Lack of Participation/Inability to Participate

If parent/caregiver participation is not possible, the ABA provider must include the reasons why (for example, deployed, physically unable, surgery, etc.) and describe when parent/caregiver training will resume.

For lack of parent/caregiver involvement or motivation to participate, the ABA provider must document all attempts to mitigate the parent's/caregiver's lack of involvement or motivation to participate.

Did you know?

If parent/caregiver participation does not occur, you must document the reason(s) and, if applicable, any efforts you made to mitigate the lack of parent/caregiver participation.

Monthly Parent/Caregiver Training Sessions

ABA providers must conduct **a minimum of six** parent/caregiver training sessions during each six-month authorized treatment period. The treatment plan must specify units for these monthly parent/caregiver training sessions.

For treatment plan updates submitted within the last 60 to 30 days of the end of the current authorized treatment period, the ABA provider must document the total number of parent/caregiver training sessions rendered during the current authorized treatment period.

Important:
The total number of parent/caregiver training sessions should include any parent training sessions scheduled to take place during the 60- to 30-day period before the end of the current authorized treatment period, even if the updated treatment plan will be submitted before the scheduled sessions will occur.

Location of Services – School Settings

The treatment plan must identify the location of service for each requested CPT code (home, clinic/center, school, community, and daycare).

ABA services rendered in a school setting will only be authorized for ABA supervisors (as determined by the clinical necessity review process). For ABA supervisors pre-authorized to provide ABA services in a school setting, they must:

- Include details of timelines, specific treatment goals and any explanations as appropriate.
- Include treatment plan goals directly coinciding with active delivery of ABA services under CPT code 97153 and targeting core ASD symptoms.
- Not include academic/educational goals, which are excluded in all settings, including school settings.
- Include the current Individualized Education Program (IEP).

Important: ABA services cannot duplicate services provided through the IEP.

Did you know?

- Preschool settings **are considered** school locations.
- Daycare settings **are not considered** school locations and are permitted as locations of service.

Location of Services – Community Settings

Community settings must directly coincide with a specific generalization or behavior treatment related to core ASD symptoms. HNFS pre-authorizes community settings through the clinical necessity review process.

- ABA services rendered in community settings must be clearly identified in the treatment plan, including which goals will be targeted in the community setting.
- Settings must allow direct and active ABA treatment and not include "shadowing" or only observing the beneficiary perform other group-led activities.

Did you know?

Community settings such as sporting events, camps and medical appointments are excluded from treatment.

Community setting recommendations must describe the necessity of the location due to substantial levels of impairment in core ASD symptoms and/or severe behavior excesses, which may cause harm to the beneficiary.

Recommendations and Units

ABA providers must base recommended units of service on a combination of the symptom domains and level of support required (per DSM-5 criteria), outcome measure scores (for treatment plan updates), availability of the beneficiary, and whether the beneficiary can actively participate in ABA services.

Note: ABA providers must indicate whether using a sole or tiered service delivery model in treatment plans.

Please refer to the "**TRICARE-Authorized Adaptive Behavior Services CPT Codes**" table in this guide for billing details.

Did you know?

You must submit recommended/requested services as units. HNFS will reject any other formats.

TRICARE-Authorized Adaptive Behavior Services CPT Codes

CPT Code	Frequency	Medically Unlikely Edits Limit	Provider Type	Summary
97151 (Behavior Identification Assessment)	• Every 6 months • 15 minutes per unit	• Initial assessments approved for 32 units • Reassessment requests approved for 24 units	• ABA supervisor • Assistant behavior analyst	• Use within 14 calendar days • No telehealth • Approved units include the administration, scoring and analysis of PDDBI

97151 (Behavior Identification Assessment – Outcome Measures)	1 unit per measure per occurrence during authorized treatment period	1 unit per measure	ABA supervisor	• Indirect service – No telehealth
				• Separate authorization may be approved for each additional outcome measure
				  • Vineland-3
				  • SRS-2
				  • PSI-4-SF
				  • SIPA
				• If authorization already in place with a different provider, the request may be canceled

97153 (Adaptive Behavior Treatment by Protocol)	• Weekly • 15 minutes per unit	May not exceed 32 units per day or 160 units per week	All ABA provider types	• No telehealth • School setting (ABA supervisor only with limited scope and duration) • Weekly units do not roll over
97155 (Adaptive Behavior Treatment by Protocol Modification)	• Monthly • 15 minutes per unit	May not exceed 8 units (2 hours) per day	• ABA supervisor • Assistant behavior analyst	• One-on-one service delivery with beneficiary to develop new or modified protocol • May also be used to demonstrate new or modified protocol to a BT with the beneficiary present • Sole ABA providers use this code for minimum standards and when updating treatment protocols (must differentiate between CPT code 97153 and 97155 services) • No telehealth • No BT supervision or team meetings • At least one time per month must be rendered by ABA supervisor • If requirement not met, subject to 10% penalty/ recoupment on all ABA-related claims for the beneficiary for the entire 6-month authorized treatment period
97156 (Family Adaptive Behavior Treatment Guidance)	• Monthly • Minimum of 6 parent/ caregiver sessions must be rendered every 6 months (CPT codes 97156 or 97157) • 15 minutes per unit	May not exceed 8 units (2 hours) per day	• ABA supervisor • Assistant behavior analyst	• Parent/caregiver participation required • Reauthorization contingent upon parent/caregiver participation • First session of either CPT codes 97156 or 97157 must occur within 30 calendar days of initial and subsequent treatment authorizations • Barriers and mitigations must be documented • No telehealth in the first six months (**Note:** Once eligible, indicate if and how much parent/caregiver training will be conducted via telehealth)

CPT Code	Frequency	Medically Unlikely Edits Limit	Provider Type	Summary
97157 (Multiple-Family Group Adaptive Behavior Treatment Guidance)	• Monthly • Minimum of 6 parent/ caregiver sessions must be rendered every 6 months (CPT codes 97156 or 97157) • 15 minutes per unit	May not exceed 6 units (1.5 hours) per day	• ABA supervisor • Assistant behavior analyst	• First session of either CPT codes 97156 or 97157 must occur within 30 calendar days of initial and subsequent treatment authorizations • Apply ABA treatment techniques for parents/ caregivers to reduce maladaptive behaviors and/or skills deficits in a group setting • Not intended for a support group or group psychotherapy • May not exceed 8 participants • Individual or pair parent/caregiver counts as one participant • Office/clinic setting only • No telehealth
97158 (Group Adaptive Behavior Treatment by Protocol Modification)	• Monthly • Minimum 4 units per day • 5 minutes per unit	May not exceed 6 units (1.5 hours) per day	• ABA supervisor • Assistant behavior analyst	• Modeling, rehearsing and corrective feedback for social deficits in group format • Treatment plan must demonstrate beneficiary prerequisite skills; evaluated in clinical necessity review • Targeting generalization of mastered skills • May not exceed 8 participants • No telehealth
99366 and 99368 (Medical Team Conference)	Once every 6 months	May not exceed 1 unit of CPT codes 99366 and 99368	ABA supervisor	• Engage in multidisciplinary team medical team conference to collaborate and plan treatment for beneficiary • CPT code 99366 with beneficiary by health care professional • CPT code 99368 without beneficiary by health care professional • Minimum 3 QHPs from different specialties; 1 QHP per specialty • Must be present duration of medical team conference • Must have performed face-to-face evaluations or treatment of beneficiary, independent of medical team conference, within previous 60 calendar days • Face-to-face or telehealth permitted • Audio-only not allowed • Assigned Autism Services Navigator must be in attendance (when applicable)

CPT Code Sample Recommendations

Authorized Treatment Period	CPT Code 97151	CPT Code 97153	CPT Code 97155	CPT Code 97156	CPT Code 97158	Location of Service
03/01/21-07/30/21	16 units/ reassessment	50 units/week	16 units/month	8 units/month	24 units/month	Home/Clinic
08/01/22-02/28/23	24 units/ reassessment	• 60 units/week • 5 units/week	16 units/month	8 units/month	24 units/month	Home/Clinic/ School

Discharge Planning

ABA providers create and change beneficiary discharge plans throughout a beneficiary's ACD treatment. These discharge plans help ACD beneficiaries meet treatment goals and prepare for life after treatment.

Determining Beneficiary Readiness

A beneficiary who meets at least one of these criteria may be considered for discharge.

- The beneficiary met treatment plan goals and no longer needs ABA services.
- The beneficiary has not progressed toward achieving goals for several consecutive treatment periods and multiple updates to the treatment plan.
- The beneficiary has not shown consistent benefits from ABA treatment for several consecutive treatment periods and multiple updates to the treatment plan.
- The beneficiary cannot maintain skills taught during ABA treatment in a community setting.
- The diagnosing/referring provider or primary care manager (PCM) no longer recommends ABA treatment for the beneficiary.
- The beneficiary's diagnosis has changed.
- The beneficiary cannot continue to receive ACD treatment. For example, the beneficiary is no longer eligible, or family problems or other factors will keep the beneficiary from participating.

Discharge plans must incorporate:

- **Measurable, achievable criteria.** Provide specific and detailed criteria that are not vague. For example, do not use statements such as "when all treatment goals are met."
- **A definitive timeline.** Use statements that detail achievable, realistic treatment milestones. The ABA provider should include goals that will help prepare a beneficiary's parent/caregiver for teaching ABA skills in the home.
- **Individualized discharge criteria.** Providers should consider:
  - A list of specific behaviors keeping a beneficiary from effectively interacting with others in the community.
  - Communication and social skills that will help the beneficiary interact with family and others in the community.
  - Assessment of how the beneficiary will continue to respond to treatment based on symptom impacts noted so far.
  - A parent's or caregiver's ability to incorporate strategies for supporting and maintaining ABA skills.
- **A description of how ABA services will be lessened.** For example, by recommended units or going from tiered to sole ABA provider to parent/caregiver training program, etc.
- **Comorbidities.** Referrals to non-ABA providers for beneficiaries with coexisting non-ASD–related medical conditions.

Discharge Summary Reports

Part of caring for ACD beneficiaries includes caring about their future after ACD treatment. Although submitted separately from the treatment plan, the discharge summary report incorporates the discharge planning details that are documented within the treatment plan. A discharge summary report covers why a beneficiary was discharged and next steps for beneficiaries and parents/caregivers once a beneficiary's ABA services end. These reports may include information on referrals, second opinions and future treatment needs. They also include vital information on why a beneficiary's treatment ended. While not separately reimbursable, TRICARE requires ABA providers to create and submit discharge summary reports anytime they have a beneficiary whose treatment ends.

Signatures

Include the names and signatures of the authorized ABA supervisor and parent(s)/caregiver(s).

Did you know?

Requiring the parent(s)/caregiver(s) signature(s) encourages parent(s)/caregiver(s) understanding of and participation in the care plan.

(Section 2) Treatment Plan Updates

ABA providers must reassess and provide treatment plan updates every six months (one assessment for each authorized treatment period). HNFS must receive treatment plan updates no earlier than 60 calendar days prior to the end of the current authorized treatment period and no later than 30 calendar days before the end of the current authorized treatment period. Delays in submission may affect a subsequent authorization for ABA services.

Treatment plan updates must:

- Include the date and time the authorized ABA supervisor or assistant behavior analyst conducted the reassessment for a new authorization and the treatment plan update.
- Include beneficiary information detailed in "**(Section 1) Treatment Plan Organization – Initial Assessment and Treatment**" as well as updates to any treatment history, current treatments, school status, or other pertinent and required information.

Summary Explanation of Progress

Progress summaries must clearly note (including explanations and details) whether treatment plan goals were met or not met. Documentation also must identify ineffective interventions requiring treatment plan modification.

Modifications

Goals

Treatment plan updates must include a description of progress toward short- and long-term treatment goals using either objective or graphic measurements consistent with the baseline assessment.

- Document whether met, not met or modified and include a detailed explanation.
- Identify interventions that were ineffective, requiring modification of the treatment plan.
- Identify new behavior targets and objectives or goals based on the cumulative six-month assessment of the PDDBI and other outcome measure evaluations, and documenting modifications resulting from outcome measure evaluations.

If an ABA provider wants to represent progress graphically, the provider must:

- Use easily identifiable symbols and styles in black/white.
- Represent goal and target criteria in goal and objective.
- Limit number of targets represented on a single graph.
- Identify reasons for outliers or lack of progress.
- Change lines for introduction of external variables.

Behavior Intervention Plan

Updates to the behavior intervention plan must:

- Describe or highlight modifications.
- Indicate any changes to rates, intensity or duration (or other dimensions).

If an ABA provider wants to represent progress graphically, the provider must:

- Use easily identifiable symbols and styles in black/white.
- Represent criteria in goals and objectives.
- Change lines for introduction of external variables.

Generalization Goals and Family Goals

Treatment plan updates must include a description of progress toward short- and long-term family goals using either objective or graphic measurements consistent with the baseline assessment. ABA providers must:

- Document status as met, not met, modified, etc.
- Include an explanation for any progress.
- Include an explanation for modified or new recommendations, targets and goals.
- Document the number of parent/caregiver training sessions rendered during the current authorized treatment period.

Important: When the updated treatment plan is submitted within 60 to 30 days of the end of the current authorized treatment period, if any parent/caregiver training sessions are scheduled to occur after submission of the updated treatment plan, the scheduled sessions should be included in the total number of parent/caregiver training sessions rendered.

- (If applicable) List and explain any barriers to parent(s)/caregiver(s) participation (for example, deployed, physically unable to deliver the ABA services).
- (If applicable) Provide details on all attempts to mitigate parent/caregiver lack of participation.

Outcome Measures

- Document and explain any lack of progress on required outcome measures when compared to prior scores and baseline scores.
- Document and explain significant discrepancies in PDDBI Parent and Teacher Form scores.
- Include new goals or treatment recommendations to address lack of outcome measure-related progress.

CPT Code Recommendations

Treatment plan updates must include changes to recommendations on or requests for authorized units for continued ABA services (if indicated) that include the number of:

- Weekly units for direct services
- Monthly units for program modification
- Monthly units for parent training
- Monthly units for group services

The ABA provider also must document updates to recommendations based on data analysis and beneficiary progress or lack of progress, using clinical judgment to determine number of units requested.

Did you know?

- Telehealth options for CPT code 97156 (parent/caregiver training) are available after the first six months of ABA treatment and must be clearly identified.
- It is expected ABA treatment hours will gradually begin to decline after two years of direct treatment.