Comprehensive Autism Care Demonstration

Treatment Plan Requirements

Overview

TRICARE requires specific information be included in all treatment plans submitted to Health Net Federal Services, LLC (HNFS) as part of its Autism Care Demonstration (ACD). Please reference TRICARE Operations Manual, Chapter 18, Section 4 for complete details.

Requirements for Treatment Authorizations

Identifying Information

- Full name of beneficiary
- Date of birth
- Date initial applied behavior analysis (ABA) assessment completed
- Date initial ABA treatment plan completed
- DoD Benefit Number (DBN) or sponsor Social Security number (SSN)
- Name of referring provider

Reason for Referral

- Autism spectrum disorder (ASD) diagnosing/referring provider's ASD diagnosis, including symptom severity

Background Information

- Information that clearly reports the beneficiary's:
  - Condition
  - Diagnoses/medical co-morbidities including statement of their absence from treatment, if applicable
  - Medications, including over-the-counter (OTC)
- Family history (e.g., history of diagnosis, family arrangement, factors related to treatment, etc.)
- School enrollment status and number of hours enrolled in school (e.g., SDC classroom at elementary school M–F 800-1230, etc.)
- The number of hours (weekly or monthly) of other support services such as occupational therapy (OT), physical therapy (PT) or speech-language pathology (SLP)
- The age of the child and year of their initial ASD diagnosis
- How long the beneficiary has been receiving ABA services (in total from all ABA providers)

Summary of Assessment Activities

- Objectively identify behavior deficits and excesses that impede the beneficiary's safe, healthy functioning in all domains applicable and related to core symptoms of ASD (e.g., language development, social communication, and clinical adaptive behavior skills)
- Include list of assessment tools administered
- Identify if the beneficiary is able to actively participate in treatment

Treatment Plan Goals

- Include clearly defined, measurable targets relevant to the DSM-5
    - Goals must address core symptoms of ASD only
        - Social communication and social interaction behavior
        - Restrictive, repetitive, and/or stereotypical patterns of behavior
    - Goals cannot address daily living skills acquisition, educational or vocational activities, or address co-morbid related symptoms, or goals better served by other specialties (SLP, OT, PT).
- Goals and objectives must be measurable, objective, achievable, developmentally appropriate, and clinically significant.
- Goals must include baseline and ongoing measurement levels for each target behavior/symptom in terms of measurable behavior dimensions over time (e.g., 5 times per 30 minutes, 4 out of 5 opportunities over two weeks, etc.).
- Goals must have description or list of planned treatment strategies (e.g., discrete trial training (DTT), task analysis (TA), etc.).
- Identify the objective measure of assessment for each goal specified.
- May include long-term goals and short-term objectives, such as the intermediary steps to a meet long-term goal.
- Goals must be:
    - specific to the beneficiary and relevant to the family,
    - measurable in a specific timeframe, and
    - attainable in relation to the beneficiary's prognosis and developmental status, and
    - directly related to the core symptoms of ASD.

Parent/Caregiver Goals

- Parent participation and parent training goals are required and must include:
    - Measurable objectives relevant to practicing learned skills with the beneficiary at home and in other settings, when applicable.
    - Goals must relate to increasing the parent/caregiver's skills and capabilities and not to the beneficiary's response or progress on the individual beneficiary goals described in the treatment plan.
    - Goals may include:
        - 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 increased implementation of taught skills outside of treatment
    - If parents/caregivers participation is not possible, include the reasons why (e.g., deployed, physically unable, surgery, etc.) and describe when parent training will resume. Parent training may be conducted with the family member or caregiver as defined:
        - 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
    - At least 18 years of age
    - Employed full time by family or an agency on behalf of the family
    - Documented in service family care plan and submitted to HNFS
    - Approved treatment plan identifies the level of the nanny's participation to include specific goals
    - Caregiver (nanny) training does not exceed parent training (CPT 97156 and 97157)
  - No other individual is considered "family" or "caregiver" under the ACD
- All attempts to mitigate parent/caregiver lack of involvement/participation must be documented by the ABA provider.
- Implementation of the treatment plan should begin with parent guidance sessions (CPT 97156 or 97157) especially if other ABA services are delayed (i.e., hiring of BTs).
- ABA providers are required to render a minimum of one session of parent training within 30 days of the treatment authorization under CPT 97156 or 97157.

Behavior Intervention Plans (BIP) for Target Behavior Excesses

- When the initial assessment or reassessment identifies interfering or dangerous behaviors related to ASD symptomology, treatment plans must include a behavior intervention plan (BIP) and corresponding goals.
- BIPs must include an operational definition of the target behavior excesses, prevention and intervention strategies, schedules of reinforcement, and functional alternative responses.
- While safety protocols and de-escalation procedures are appropriate when necessary, restraints or similar techniques are excluded from the ACD and must be removed from treatment plan and BIP recommendations.

Use of Outcome Measures

- The Vineland, 3rd Edition (Vineland-3), Social Responsiveness Scale, Second Edition (SRS-2) and Pervasive Developmental Disorder Behavior Inventory (PDDBI) outcome measure scores, as well as treatment plan goal progress, are used to:
    - Analyze beneficiary progress,
    - Monitor areas of stagnation and/or regression, and
    - Inform treatment-planning decisions based on the expected versus actual amount of change at each six-month reassessment period.
  - ABA providers should identify and document a direct relationship between score changes and treatment plan changes to address no improvement or a regression.
  - Scores improving into ranges considered significantly low symptomology or within age norms or average and above percentiles should be factored into treatment goal recommendations and discharge planning.
- The Parenting Stress Index, Fourth Edition (PSI-4) and Stress Index for Parents of Adolescents (SIPA) scores offer useful information for providers and care managers to determine needs for additional support or training.
- While another provider may complete the Vineland-3, SRS-2 and the PSI-4/SIPA, treating ABA providers should fully review all scores.

Recommendations and Units

- Recommended units of service should be based 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 the capability of the beneficiary to participate actively in ABA services.
- Recommended/requested services must be submitted as units. Other formats will not be accepted.
- The treatment plan must specify units for monthly parent/caregiver training hours.
    - If parent/caregiver participation is not possible, specify the reason and mitigation efforts.
    - A minimum of six parent training sessions must be conducted over the six-month treatment authorization.
    - Treatment plan updates (submitted in the last 60 days of the authorization period) must document the number of parent training units rendered over the current treatment authorization period and the projected planned dates for parent training in the last 60 days of the authorized period, to demonstrate the sessions will be met as planned.
- The treatment plan must identify the location of service for each requested CPT code (home, clinic/center, school, community, and daycare).
    - Services rendered in a school setting will only be authorized to ABA supervisors (as determined by the clinical necessity review process).
    - Include details of timelines, specific treatment goals and any explanations as appropriate.
    - Treatment plan goals must directly coincide with active delivery of ABA services under CPT 97153, targeted to the core symptoms of ASD.

- Academic/educational goals are excluded in all settings, including the school setting.
- Include the current IEP.
  - Provider services cannot duplicate services provided through the IEP.
- Pre-school is considered a school location.
- Day care is not considered a school location and is permitted as a location of service.

- Community settings such as sporting events, camps, medical appointments are excluded from treatment.
  - Certain community settings may be allowed but require prior approval through the clinical necessity review process.
  - Community setting must directly coincide to a specific generalization or behavior treatment related to the DSM-5 descriptions of ASD.
  - Community setting recommendations must describe the necessity of the location due to substantial levels of impairment in the core symptoms of ASD and/or severe behavior excesses, which may cause harm to the beneficiary.

- The treatment plan must indicate a sole or tiered delivery model.

CPT® Codes

CPT® Code	Frequency	MUE Limits	Provider Type	Summary
CPT 97151 Behavior Identification Assessment	• Every six months • 15 minutes/unit	• Prior to Aug. 1, 2021: initial assessments approved for 16 units • On or after Aug. 1, 2021: initial assessments approved for 32 units • Re-assessment requests approved for 24 units	ABA supervisor or assistant behavior analyst	• Use within 14 calendar days • No telehealth • Approved units includes the administration, scoring and analysis of PDDBI
CPT 97151 Behavior Identification Assessment – Outcome Measures	1 unit per measure per occurrence during authorized 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/SIPA) • If authorization already in place with a different provider, the request may be canceled
CPT 97153 Adaptive Behavior Treatment by Protocol	• Weekly • 15 minutes/unit	May not exceed 32 units/day or 160 units/week	all ABA provider types	• No telehealth • School setting: ABA supervisor only and will have limited scope and duration • Weekly units do not rollover
CPT 97155 Adaptive Behavior Treatment by Protocol Modification	• Monthly • 15 minutes/unit	May not exceed eight units (two hours) per day	ABA supervisor or 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 behavior technician (BT) with the beneficiary present • Sole providers use this code for minimum standards and when updating treatment protocols (must differentiate between CPT 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 claims for that beneficiary for the entire six-month authorization

CPT 97156 Family Adaptive Behavior Treatment Guidance	• Monthly • Minimum of six parent/ caregiver sessions must be rendered every six months (97156 or 97157) • 15 minutes/unit	May not exceed 8 units (two hours) per day	ABA supervisor or assistant behavior analyst	• Parent/caregiver participation required • Re-authorization contingent upon parent/ caregiver participation • First session of either CPT 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 • Once eligible, indicate if and how much parent training will be conducted via telehealth
CPT 97157 Multiple-Family Group Adaptive Behavior Treatment Guidance	• Monthly • Minimum of six parent/ caregiver sessions must be rendered every six months (97156 or 97157) • 15 minutes/unit	May not exceed 6 units (1.5 hours) per day	ABA supervisor or assistant behavior analyst	• Effective Aug. 1, 2021 (Beneficiaries are not eligible for this code until the next authorization period that occurs on or after Aug. 1, 2021. Requests submitted prior will be cancelled.) • First session of either CPT 97156 or 97157 must occur within 30 calendar days of initial and subsequent treatment authorizations • Apply ABA treatment techniques in order for parents and caregivers to reduce maladaptive behaviors and/or skill deficits in a group setting • Not intended for a support group or group psychotherapy • May not exceed eight participants • Individual or pair parent/caregiver counts as one participant • Office/clinic setting only • No telehealth
CPT 97158 Group Adaptive Behavior Treatment by Protocol Modification	• Monthly • Minimum four units/day • 15 minutes/unit	May not exceed six units (1.5 hours)/day	ABA supervisor	• Effective Aug. 1, 2021 (Beneficiaries are not eligible for this code until the next authorization period that occurs on or after Aug. 1, 2021. Requests submitted prior will be cancelled.) • Modeling, rehearsing, and corrective feedback for social deficits in group format • Treatment plan must demonstrate beneficiary pre-requisite skills; evaluated in clinical necessity review • Targeting generalization of mastered skills • May not exceed eight participants • No telehealth
CPT 99366 & 99368 Medical Team Conference (MTC)	Once every six months	May not exceed one unit of CPT 99366 and 99368	ABA supervisor	• Effective Aug. 1, 2021 (Beneficiaries are not eligible for this code until the next authorization period that occurs on or after Aug. 1, 2021. Requests submitted prior will be cancelled.) • Engage in multi-disciplinary team MTC to collaborate and plan treatment for beneficiary • CPT 99366 with patient by health care professional • CPT 99368 without patient by health care professional • Minimum three qualified health professionals (QHP) from different specialties; One QHP/specialty • Must be present duration of MTC • Must have performed face-to-face evaluations or treatment of beneficiary, independent of MTC, within previous 60 calendar days • Face-to-face or telehealth permitted. Audio only not allowed. • Effective Oct. 1, 2021, assigned ASN must be in attendance, when applicable

CPT Code Sample Recommendations

Authorization Period	CPT 97151	CPT 97153	CPT 97155	CPT 97156	CPT 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
08/1/21–02/28/22	24 units/ reassessment	50 units/week 5 units/week	16 units/month	8 units/month	24 units/ month	Home/Clinic School

Discharge Planning

- Discharge planning must be documented in every initial and updated treatment plan, and at termination of services.
- Include measurable and objective discharge criteria with updates as needed.
- Include beneficiary-specific updates and references in discharge planning to help monitor on going discharge criteria progress.

Signatures

- Treatment plans must include the names and signatures of the authorized ABA supervisor and parent(s)/caregiver(s).
- Requiring the parent/caregiver signature encourages parent/caregiver understanding of and participation in the care plan.

Requirements for Treatment Plan Updates

Reassessment and treatment plan updates are:

- Required every six months (one assessment for each authorization period).
- Completed and submitted no more than 60 days prior and no later than 30 calendar days prior to the end of the current authorization.
    - Delays in submission may affect the subsequent authorization for ABA services.
    - Include date and time the authorized ABA supervisor or assistant behavior analyst conducted the re-assessment for a new authorization and the treatment plan update.

Updates must include all previously stated beneficiary information, background information, and diagnosis as well as updates to any treatment history, current treatments, school status, or other pertinent and required information.

Reassessments must also include:

Updates and Progress to Goals

- Updates must include a description of progress toward short- and long-term treatment goals using either graphic or objective measurements consistent with the baseline assessment.
- Updated treatment plan goals must clearly note if met, not met or modified with an explanation.
- Documentation identifies interventions that were ineffective and required modification of the treatment plan.
- Updates document modifications that were the result of the outcome evaluations.
- If progress is graphically represented:
    - Use symbols/styles that are easily identifiable in black/white.
    - Represent goal/target criteria in goal/objective.
    - Limit number of targets represented on a single graph and identify reasons for outliers or a lack of progress.
    - Change lines for introduction of external variables.
- Revisions to the treatment plan must identify new behavior targets and objectives or goals based on the cumulative six month assessment of the PDDBI and other outcome measure evaluations.

Update to Behavior Intervention Plan (BIP) for Target Behavior Excesses

- Updates and barriers to treatment must be clearly described.
- Updates should include:
  - Modifications described or highlighted.
  - Changes to rates, intensity, duration (or other dimension).
    - If graphically represented:
      - Use symbols/styles that are easily identifiable in black/white.
      - Represent goal/target criteria in treatment plan goal/objective.
      - Limit number of targets represented on a single graph and identify reasons for outliers or a lack of progress.
      - Change lines for introduction of external variables.

Updates to Generalization Goals/Family Goals

- Parent/caregiver goals must include status (i.e., met, not met, modified, etc.), explanation of progress, modified or new recommendations, targets, and goals.
- Units of parent training rendered clearly documented.
- Barriers to parent(s)/caregiver(s) participation documented in the treatment plan (i.e., deployed, physically unable to deliver the ABA services).
- All attempts to mitigate parent/caregiver lack of participation must be documented by the ABA provider.

Updates to CPT Code Recommendations

- Changes to recommendation or request for authorized units for continued ABA services (if indicated) that include the number of weekly units for direct services, monthly units for program modification, parent training and group services.
- Updates to recommendations based on data analysis and beneficiary progress/lack of progress (use clinical judgment to determine number of units requested).
- Telehealth options for CPT 97156 (parent training) are available after the first six months of ABA treatment and must be clearly identified.
- It is expected ABA treatment hours gradually begin to decline after two years of direct treatment.

Discharge Reports and Summaries

When a beneficiary stops receiving ABA services, the ABA provider must submit a discharge report summarizing discharge timelines and the most up-to-date progress and summaries.

- A discharge summary from the treating, authorized ABA supervisor is required for all beneficiaries whose ABA services are terminated to include the reason for termination and, if applicable, reasons related to parent requests to end treatment.
- Discharge summary writing is not a reimbursable service as this is an indirect activity (report/summary writing).
- Discharge summaries should include final status of remaining goals, remaining behavior treatment targets if any, reason for discharge, discharge timelines and whether continued treatment is recommended.

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