Autism Care Demonstration

Social Responsiveness Scale, Second Edition (SRS-2)

Health Net Federal Services, LLC (HNFS) offers the following information about Social Responsiveness Scale, Second Edition (SRS-2) 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 SRS-2?

The SRS-2 is a respondent-based outcome measure used by ABA providers to assess the severity of a beneficiary's social deficits and symptoms related to autism spectrum disorder (ASD). This outcome measure standardizes scores through comparison of the characteristics of a large ASD-diagnosed sample population grouped by age and gender. The SRS-2 asks parents/caregivers to rate the presence of symptoms they have noticed over time and in various environments.

Why is the SRS-2 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 SRS-2 scores will be compared over time and used to monitor a beneficiary's progress toward achieving treatment plan goals. TRICARE has selected the SRS-2 because it identifies and quantifies the severity of ASD-related social impairment. This allows assessors to determine the impacts of a beneficiary's ASD symptoms in comparison with the same age and gender groups from the non-ASD–diagnosed sample population. ABA providers can then get a deeper understanding of how the beneficiary is currently impacted by their symptoms as well as the effects of and changes in how these symptoms impact the beneficiary over time.

What are the age requirements?

SRS-2 scores must be submitted for beneficiaries ages 2 years and 6 months through 99 years as part of ABA treatment requests under the ACD.

What are the submission requirements?

ABA providers must submit age- and gender-appropriate SRS-2 forms (preschool, school-age male, school-age female, and adult) at the start of treatment and then annually for each year that ABA treatment continues. Providers must submit all scores produced by the publisher's scoring, including these T-scores:

- SRS Total
- SRS Social Communication and Interaction (SCI)
- Awareness (AWR)
- Cognition (COG)
- Motivation (MOT)
- Communication (COM)
- SRS Restricted Interests and Repetitive Behavior (RRB)

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

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How is the SRS-2 scored?

The answers to the questions in the SRS-2 assessment generate raw scores for five treatment domains. The five treatment domains are added together to create the SRS total score. The RRB score, subtracted from the total score leaves the SCI score. All seven raw scores are converted into T-scores for reporting.

Each domain's T-scores are organized by gender and respondent age, with each domain having varied but similar ranges of possible scores from 32 points to 114 points. All T-scores have a mean of 50 points with a standard deviation of 10 points.

SRS-2 total T-scoring:

- Less than or equal to 59 = Within normal limits (generally not associated with ASD)
- Between 60-65 = Mild range
- Between 66-75 = Moderate range
- Greater than or equal to 76 = Severe range (strongly associated with clinical diagnosis of ASD)

How are SRS-2 scores used by ABA providers under the Autism Care Demonstration?

SRS-2 scores are part of the comprehensive analysis of a beneficiary's progress that ABA providers use to guide related aspects of treatment, behavior intervention and discharge planning. This includes analyzing score progress, monitoring areas of stagnation and/or regression, and informing treatment-planning decisions based on the expected and actual amount of change for each comparison period.

While a different provider from the beneficiary's treating ABA provider may complete the SRS-2, the treating ABA provider must review and fully understand the scores. It is important respondents maintain consistent responses. Treating ABA providers may need to engage the family when large discrepancies in responses conflict with assessed skill sets. As with any respondent-based outcome measure, especially those only responded to annually, respondent bias to temporary perceptions are a consideration.

When do SRS-2 scores indicate the need for treatment plan modification?

The following indicators at each 12-month comparison would suggest the need for additional analysis and treatment plan modifications and should be clearly documented and addressed in treatment plan updates:

- Limited measurable improvement or stagnation in any required T-score over time
- T-scores increasing over successive review periods
- T-scores greater than or equal to 76, indicating high impacts to specific symptom areas and increased need for focused treatment in those areas, or globally high impacts to symptoms when found in the total score
- T-scores less than or equal to 59 indicate low-to-no ASD symptom impacts, especially when found in the total T-score; should be considered in discharge criteria and lessening treatment focus on areas found at or below this score

Refer to the "How is the SRS-2 scored?" section above for scoring details.

What is the relationship between SRS-2 scores and treatment plan changes?

ABA providers must use SRS-2 results to assess and adapt treatment, behavior intervention and discharge planning for all beneficiaries. This means identifying when treatment strategies are ineffective or not durable over time and when scores are near or within the ranges considered low treatment need. Both results indicate possible discharge.

ABA providers must identify and document a direct relationship between score changes and treatment plan changes. Treatment plans must address lack of improvement or an increase in SRS-2 score and identify contributing factors and changes to treatment. For example, if there is a deficit between authorized, recommended therapy hours and delivered therapy hours, providers must analyze and document changes to SRS-2 scores possibly caused by this deficiency, as well as a plan to correct the deficit. This also includes documenting areas with scores representing low need/requiring less focus in treatment recommendations and summaries. In the treatment plan, providers can address these changes by documenting adjustments to treatment amounts, goal areas, parent/caregiver training, and/or discharge timelines.

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

For more information on evaluating outcome measures, refer to our ***Clinical Necessity Reviews: Evaluating Treatment and Outcome Measure Progress*** guide.