Autism Care Demonstration

Clinical Necessity Reviews

Evaluating Treatment and Outcome Measure Progress

Requirements and Responsibilities Overview

Applied Behavior Analysis Provider Requirements and Responsibilities

- Report on patient outcome measure and treatment plan progress.
- Provide direct acknowledgement of stagnant progress and/or lack of progress as indicated by outcome measure scores and include corresponding treatment adjustments to mitigate lack of progress (goals, Current Procedural Terminology [CPT®] code recommendations, etc.) and/or rationale for observed stagnant or worsening outcome measure scores (gap in care, comorbid diagnosis, new home location, etc.). Note: Treatment plans containing this information may reduce the need for a consultation with a clinical necessity reviewer. However, when stagnation and lack of progress persist over multiple six-month reporting periods, a clinical consultation may be required to fully understand long-term planning.
- Investigate the domain and subdomain scores and the responses that drive lack of progress apparent in score changes. Investigation results should be used to modify treatment goals or remove barriers to progress (stimulus control, strength of reinforcement contingencies for areas identified as not progressing, gaps in care, etc.) to indicate that score regression is being sufficiently addressed.
- Consider how a respondent's answers – or variations across a respondent's answers – may have influenced outcome measures when the applied behavior analysis (ABA) supervisor observes changes in scores indicating lack of progress. ABA supervisors are encouraged to ask respondents for additional details to ensure large variances in scores are not the result of inconsistent responses. This includes large score discrepancies between the Pervasive Developmental Disorder Behavior Inventory (PDDBI) Parent and Teacher Forms, which should be addressed in treatment planning.

Regional Contractor Requirements

- Regional contractors use clinical necessity reviews to ensure treatment and outcome measure information is fully documented in treatment plans, and any lack of progress noted is adequately addressed through treatment plan modifications.
- When clinical necessity reviewers find missing or deficient explanations for progress stagnation or outcome measures that lack validity, the TRICARE Operations Manual requires regional contractors to address treatment plan and outcome measure issues through consultations with authorized ABA supervisors.
- As part of each authorized treatment period's review, clinical necessity reviewers must assess changes to scores and goals by comparing baseline information with all updates provided throughout the entire course of treatment. This applies to:
  - Treatment goals
  - Behavior interventions
  - Parent PDDBI Form
  - Teacher PDDBI Form
  - Vineland Adaptive Behavior Scales, Third Edition (Vineland-3)
  - Social Responsiveness Scale, Second Edition (SRS-2)

Note: This does not include the parent/caregiver stress index measures (Parenting Stress Index, Fourth Edition Short Form [PSI-4-SF]/ Stress Index for Parents of Adolescents [SIPA]), which are excluded from clinical necessity reviews.

Use of Statistical Assessment of Outcome Measure Score Changes in Clinical Necessity Reviews

Our Board Certified Behavior Analyst® (BCBA®) clinical necessity reviewers examine how ABA providers use changes in outcome measure scores over time to identify progress or lack of progress. They also check how ABA providers individualize treatment plans and outcome measure reviews based on a beneficiary's length of time in programming, baseline and comparative scores and any factors affecting treatment efficacy (reported treatment barriers, comorbid diagnosis, etc.).

Determining Outcome Measure Progress

To assess progress across the different outcome measures, clinical necessity reviewers consider:

- The normed population that was used as a comparison group.
- How expected score variance relates to score movement and its significance.
- How standard deviations and score distributions can be used to individualize the review.

Note: Individual outcome measure clinical necessity review details are covered in the "Use of Outcome Measure Lack of Progress in Clinical Necessity Reviews" section of this guide.

Baseline and comparative scores

Each outcome measure has statistical variances across a distributed bell curve of possible scores, including an established mean, standardized deviation and confidence intervals. Progress is based on taking the original baseline scores and the most prior comparative scores and assessing movement within the normed distribution in relation to the standard deviation and confidence intervals. An outcome measure's baseline and each comparative score change is valued based on the statistical likelihood of change since scores closer to the tail end of the distribution represent unlikely statistical outcomes compared to scores closer to the mean.

Unless the comparative score is at the lower symptom end of score distribution where scores are more difficult to improve, clinical necessity reviewers consider a lack of progress to be a score that worsens or has not improved over time (that is, when a score has not improved one half or one full standard deviation over time). As outcome measure scores plateau, reviewers interpret this as possibly indicating treatment refinement is necessary to address remaining areas of need and/or treatment has reached maximum effectiveness, and adjustments should be made to plan for a transition to parent/caregiver training.

Treatment barriers and comorbid diagnoses

Clinical necessity reviewers consider how ABA providers address barriers to care (lack of parental/caregiver engagement, staffing shortages, frequent appointment cancellations) when conducting six-month authorized treatment period reviews. ABA providers assessments of comorbid diagnoses (for example, attention-deficit/hyperactivity disorder, epilepsy, mental health conditions) and how they may be affecting autism spectrum disorder (ASD) treatment is also assessed by clinical necessity reviewers.

Use of Outcome Measure Lack of Progress in Clinical Necessity Reviews

Pervasive Developmental Disorder Behavior Inventory

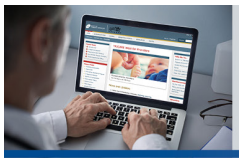
During the clinical necessity review, the total Autism Composite Score; Repetitive, Ritualistic, and Pragmatic Composite (REPRIT/C); and Expressive Social Communication Abilities Composite (EXSCA/C) scores for PDDBI Parent and Teacher Forms are analyzed for progress. Since the PDDBI is normed against others with diagnoses of ASD, scores showing higher levels of symptoms trend toward the mean and begin to slow in change as they move further in the direction of lesser symptoms. While a lack of progress occurs when a score worsens or has not improved one half or one full standard deviation over time, it is more difficult to show improvement with a score indicating significantly low symptomatology (for example, 35 for PACS/TACS/REPRIT/C or 65+ for EXSCA/C), as these scores represent a statistically small portion of the score distribution and improving any further would represent an even more statistically unlikely outcome.

Social Responsiveness Scale, Second Edition

During the clinical necessity review, the SRS-2 total score is analyzed after each annual submission. Since this measure assesses ASD symptoms against a population that includes non-ASD–diagnosed samples, any increase in score outside of its internal consistency over each iteration indicates a lack of progress while over time scores should improve one half to one full standard deviation from baseline. Stagnant scores over time demonstrate a lack of progress as treatment no longer alters symptoms further. A T-score of 50 and below is more difficult to improve as it represents a statistically small portion of the score distribution and indicates low symptomatology.

Vineland Adaptive Behavior Scales, Third Edition

During the clinical necessity review, the Vineland-3's Communication Composite Score and Socialization Composite Score are analyzed. Since these outcome measures use a non-diagnosed population to assess developmental skills, expected changes vary based on comparative scores (for example, prior score and baseline). For those scoring at or within one standard deviation of the mean (85 and above) who also gain and maintain skills at a rate similar to their peers, they will typically have results that remain at or near this score. For those scoring below a standard deviation at baseline, this score is expected to increase over time, slowing as it nears 85. While scores should trend toward improved skills over time, the expectation is that age-level scores will not always be achievable because it is difficult to achieve age-equivalent development for those individuals who start with significant delay. Even though skills and goals may make gains, they may not fill the gap between the beneficiary and normed population. In general, lack of progress occurs when a score less than 85 reduces more than the confidence interval over each iteration or does not improve more than one half or one full standard over time. Scores remaining stagnant over time may indicate treatment has reached maximum effectiveness and indicate treatment adjustment is needed.



Visit **www.tricare-west.com/go/ACD-provider** for Autism Care Demonstration information and resources.