



Autism Care Demonstration

Treatment Plan Requirements

Key Points

- Required identifying information, background information, and reason for referral.
- Summary of assessment activities, goals, and BIP
- Parent/Caregiver requirements
- Services recommendations, locations, and signatures



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Treatment Plan Requirements

The following information is required for all treatment plan submissions. For an exhaustive list of Autism Care Demonstration requirements please see [TRICARE Operations Manual Chapter 18 Section 4 Department Of Defense \(DoD\) Comprehensive Autism Care Demonstration \(ACD\)](#)

Identifying information

- Name of beneficiary
- Date of birth
- Date of initial Applied Behavior Analysis (ABA) assessment and treatment plan
- Date and time of updated assessment and treatment plan
- Either the DoD Benefit Number (DBN) or the sponsor's Social Security Number (SSN)

Reason for referral

- Name of the referring provider
- Autism Spectrum Disorder (ASD) diagnosing/referring provider's ASD diagnosis, including level of severity
- Age of the child and the year of their initial ASD diagnosis

Background information on the beneficiary including

- Comorbid Diagnoses
- Medications
- School enrollment status and number of hours enrolled in school
- Number of hours of other support services being received (Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST))
- How long the beneficiary has been receiving ABA services with current provider
- ABA history with other providers if applicable

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
- Include a list of assessment tools administered
- Identify if the beneficiary is able to actively participate in treatment



Treatment Plan Goals

- Clearly defined measurable goals
- Goals must address core symptoms of ASD only
 - Social communication and social interaction behavior
 - Restrictive, repetitive, and/or stereotypical patterns of behavior
 - Cannot address daily living skills acquisition, educational or vocational activities, or address co-morbid related symptoms, or goals better served by other specialties such as PT/OT/ST
- Must be measurable, objective, achievable, developmentally appropriate, and clinically significant
- All goals, parent and program, must include objective baseline and ongoing measurement levels for each goal in terms of frequency, intensity and duration

Behavior Intervention Plan

- A Behavior Intervention Plan (BIP) must be submitted for any behavior targeted via a behavior reduction goal and must include:
 - Operational Definition of Target Behaviors
 - Prevention/Intervention Strategies
 - Schedules of Reinforcement
 - Functional Alternative Responses
- **Use of Restraint or Holds are strictly prohibited.**

Parent/Caregiver Goals

- Establish measurable objectives relevant to practicing skills with the beneficiary, either at home or in a clinic/office environment. (school settings are an exclusion for parent training)
- Specifically aim to enhance the skills and capabilities of parent/caregivers and focus on the development of parent/caregiver skills.
- Goals may include:
 - ABA principles
 - Treatment implementation and teaching new skills
 - Generalization and maintenance to other environments
 - Teaching daily living skills, academic skills, or other excluded areas outside of program hours
 - Targeting new skills and behavior excesses in other environments
 - Preparation for increased implementation of taught skills outside of treatment



Parent/Caregiver Training

- Documentation related to the completion of at least six parent training sessions per authorization.
 - If parent/caregiver training is not possible, include barriers and plan to mitigate
 - A minimum of six parent training sessions must be conducted over the six-month treatment authorization
 - Treatment plans must document the number of parent training units and/or session completed during 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
- Parent training may be conducted with the family member or caregiver as defined:
 - Natural parent
 - Adopted parent
 - Stepparent
 - Grandparent
 - Responsible siblings over the age of 18
 - Other legal guardian over the age of 18
 - Nanny:
 - Over the age of 18
 - Must be employed full time by the family or an agency on behalf of the family
 - Documented in the service family care plan and submitted to Humana Military
 - Approved treatment plan must identify the level of the nanny's participation to include specific goals
- A minimum of one session of parent training within 30 days of the treatment authorization under CPT code 97156 or 97157
- Telemedicine for parent training is allowed after the initial six months of treatment

Outcome measures

- The Vineland-3, Social Responsiveness Scale (SRS-2), and the 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 make treatment plan decisions.
- ABA providers should identify and document a direct relationship between score changes and treatment plan changes to address lack of improvement or a



regression

- Scores improving into ranges considered significantly low or within age norms or average and above percentiles should be factored into treatment goal recommendations and discharge planning
- The Parenting Stress Index (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 training.
- While another provider may complete the Vineland-3, SRS-2, and the PSI-4/SIPA, treating ABA providers should fully review all scores.
- Vineland -3 and SRS -2 are required annually.
- PDDBI and PSI-4/SIPA are required at six month intervals.

Service recommendations

- Requested services must be submitted as units (other formats will not be accepted)
- 97153 - must be used for direct one-on-one ABA services delivered per ABA treatment plan protocol to the beneficiary
 - 97153 is requested in units per week
- 97155 is used by authorized ABA supervisors (or as delegated to an assistant behavior analyst) for direct one-on-one time with one beneficiary to develop a new or modified protocol. This code may also be used to demonstrate a new or modified protocol to a behavior tech with the beneficiary present. The focus of this code is the addition or change to the protocol.
 - 97155 is requested in units per month
- 97156 is used by the authorized ABA supervisor for guiding the parents/caregivers to use the ABA protocols to reinforce adaptive behaviors.
 - 97156 is requested in units per month
- 97157 is to be used for identifying behavior excesses and deficits, and teaching parent(s)/caregiver(s) to use treatment protocols designed to reduce maladaptive behaviors or skill deficits in a group setting.
 - 97157 is requested in units per month
- 97158 is used by the authorized ABA supervisor (or as delegated to an assistant behavior analyst) to treat beneficiaries in a group setting.
 - 97158 is requested in units per month
- Location of requested service is required (Home, Center/Clinic, Community)
 - Daycare is not considered a school location and is permitted as a location of service
 - Community settings such as sporting events, camps and medical appointments are excluded from treatment



- Certain community settings may be allowed but require prior approval through the clinical necessity review process
- The treatment plan must indicate a sole provider or tiered delivery model

Service Requests for Schools

- Services rendered in a school setting will only be authorized to ABA supervisors
- Academic/educational goals are excluded in all settings, including the school setting
- Include the current Individualized Education Program (IEP) or equivalent (provider services cannot duplicate services provided through the IEP)
- Pre-school is considered a school location

Signatures

- Signature of Parent/Caregiver
- Signature of BCBA