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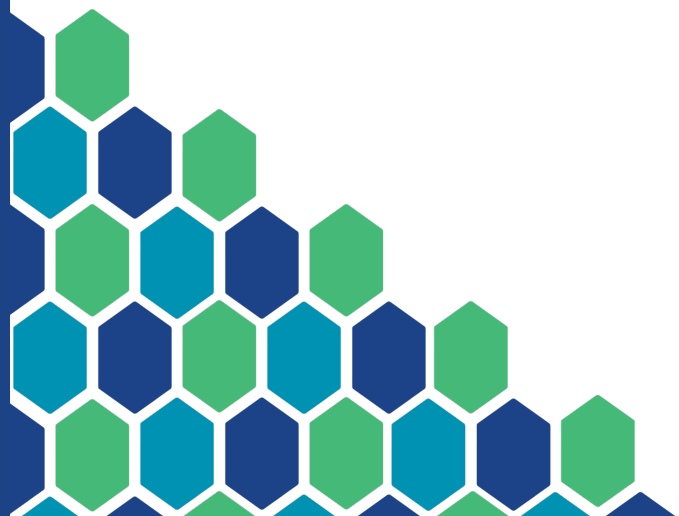
Autism Commission on Quality

National Academies of Sciences, Engineering, and Medicine
Applied Behavior Analysis (ABA) Industry Standards

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Disclaimer & Potential Conflicts of Interest

- The views and opinions expressed are those of the author(s) and do not necessarily reflect the official policy or position of the Council of Autism Service Providers (CASP) or the Autism Commission on Quality (ACQ).
- I have served in various paid and unpaid roles with most of the nonprofit Standards settings organizations that will be identified. Details about these relationships can be found in my vita, which is available upon request at edubuque@autismcommission.org.
- I have assisted in facilitating and/or providing feedback in the development of some of the standards sets reviewed.



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Agenda

- I. Defining Industry Standards
- II. Determining Industry Standards
- III. Identifying Industry Standards
- IV. Reviewing Industry Standards



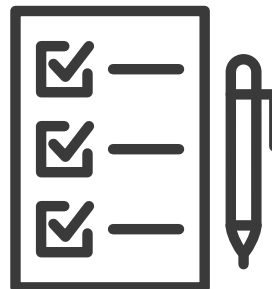
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I. Defining Industry Standards

Industry standards are guidelines within a specific sector.

- ◆ Define acceptable quality, safety, interoperability, or performance expectations.
- ◆ Promote consistency, reliability, and compatibility in products, services, or processes.
- ◆ Critical for adhering to regulatory requirements and fostering public trust.





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I. Defining Industry Standards

Common Types

- ◆ Accessibility (e.g., WCAG, UDL, APS)
- ◆ Aerospace (e.g., AS9100, MIL-STD-810)
- ◆ Automotive (e.g., ISO 26262, SAE J1939)
- ◆ Building and Construction (e.g., ASTM, LEED)
- ◆ Education (e.g., Common Core State Standards)
- ◆ Energy (e.g., ISO 50001, IEEE)
- ◆ Environmental (e.g., ISO 14000 series)
- ◆ Financial (e.g., IFRS, GAAP)
- ◆ Food Safety (e.g., HACCP, ISO 22000)
- ◆ Health and Safety (e.g., OSHA, ISO 45001)
- ◆ Information Security (e.g., ISO/IEC 27001)
- ◆ Manufacturing (e.g., ISO 9001, ISO 13485)
- ◆ Medical Device (e.g., ISO 13485, FDA regulations)
- ◆ Telecommunication (e.g., ITU-T, 5G)



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I. Defining Industry Standards

Types of Healthcare Service Standards

- Clinical Standards (e.g., CASP Practice Guidelines)
- Regulatory Standards (e.g., State Professional Licensure Boards)
- Quality and Safety Standards (e.g., ACQ Accreditation Standards)
- Ethical Codes of Conduct (e.g., BACB Ethics Code for Behavior Analysts)
- Interoperability Standards (e.g., NCQA HEDIS Behavioral Health Measures)
- Data Information and Standards (e.g., Current Procedural Terminology (CPT) codes)
- Supply Chain and Procurement Standards (e.g., HIPAA Standards for Electronic Transactions)
- Laboratory and Diagnostic Standards (e.g., Diagnostic and Statistical Manual of Mental Disorders (DSM))
- Telehealth and Telemedicine Standards (e.g., CASP Practice Parameters for Telehealth-Implementation of ABA)



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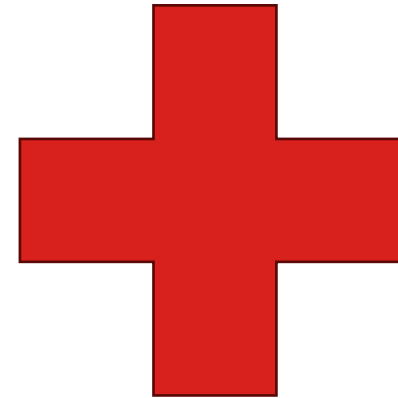
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I. Defining Industry Standards

Healthcare Services

Within **healthcare services**, industry standards guide:

- Clinical care and best practices
- Provider qualifications
- Patient safety and engagement
- Data security and privacy
- Ethical and legal compliance
- Continuing education and training
- Coding and health information interoperability



I. Defining Industry Standards

Barriers to Quality Applied Behavior Analysis Services

Personnel

- ◆ Unqualified
- ◆ Inexperienced
- ◆ Limited in number
- ◆ Loss of expertise
- ◆ Unequal distribution

Training

- ◆ Unaccredited programs
- ◆ No diversity
- ◆ Bare minimum training
- ◆ No industry training
- ◆ Poor outcomes

Financial

- ◆ Fraud, waste, and abuse
- ◆ Inconsistent reimbursement
- ◆ Highly variable rates
- ◆ Overly burdensome policies
- ◆ Payment over patient



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II. Determining Industry Standards

Types of Organizations Setting Industry Standards

- ◆ International Standards Organizations (e.g., International Organization for Standardization (ISO))
- ◆ National Standards Organizations (e.g., American National Standards Institute (ANSI))
- ◆ Industry Consortia and Associations (Health Level Seven International (HL7))
- ◆ Government Agencies and Regulatory Bodies (e.g., Centers for Medicare and Medicaid Services (CMS))
- ◆ Technical Organizations (e.g., Association for the Advancement of Medical Instrumentation (AAMI))
- ◆ Trade Associations (e.g., Integrating the Healthcare Enterprise (IHE))
- ◆ Consortia and Collaborative Groups (e.g., Digital Imaging and Communications in Medicine (DICOM))



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II. Determining Industry Standards

General Process

1. Identify the need
2. Form a Committee
3. Draft and test
4. Solicit public feedback
5. Revise and approve
6. Publish and disseminate
7. Adoption and seek recognition
8. Maintain and update
9. Enforce and monitor compliance



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II. Determining Industry Standards

Characteristics of Trustworthy Sources

- ◆ Avoids conflicts of interest that compromise its role
- ◆ Discloses sources of financial support to the public
- ◆ Adopts consensus-based decision-making processes
- ◆ Relies on experts and balanced representation to determine standards
- ◆ Engages in periodic review and revision of its standards
- ◆ Promotes ethical behavior and compliance with regulatory requirements



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II. Determining Industry Standards

Trusted Nonprofit Accreditation Bodies in Healthcare

DBA	Nonprofit Standard Setting Bodies in Healthcare
Joint Commission	Joint Commission on Accreditation of Healthcare Organizations
CARF	Commission on Accreditation of Rehabilitation Facilities
NCQA	National Committee for Quality Assurance
URAC	Utilization Review Accreditation Commission
ACHC	Accreditation Commission for Health Care
CHAP	Community Health Accreditation Program
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II. Determining Industry Standards

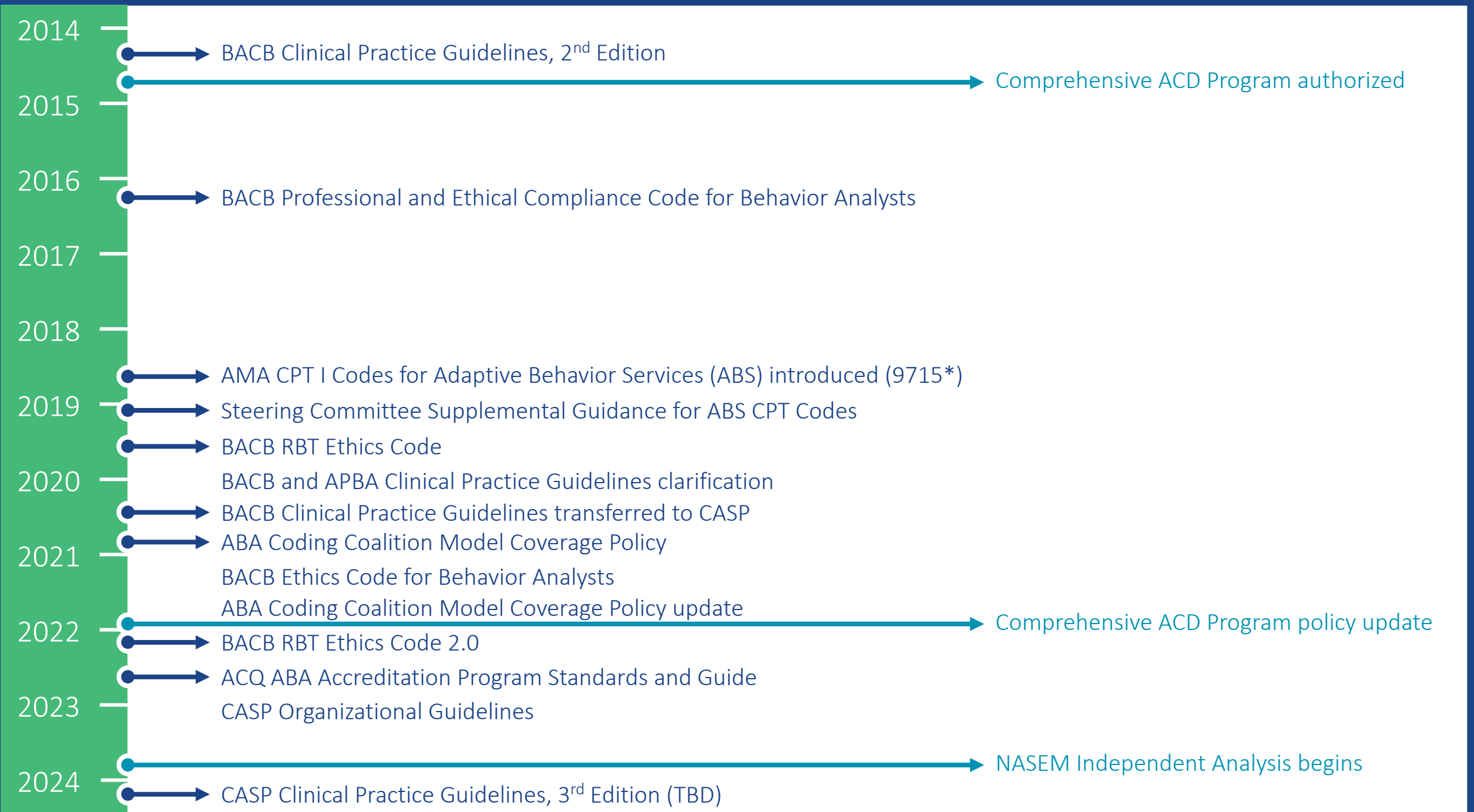
Recognized Nonprofits Setting Industry Standards

Acronym	Nonprofit Standard Setting Body ABA Services	Organization Type
ABAI	Association for Behavior Analysis International	Professional Association
APBA	Association for Professional Behavior Analysts	Professional Association
ACQ	Autism Commission on Quality	Accreditation Body
AS	Autism Speaks	Advocacy Group
BACB	Behavior Analyst Certification Board	Credentialing Body
CASP	Council of Autism Service Providers	Trade Association
ABACC	ABA Coding Coalition	Coalition of APBA, CASP, AS, BACB

III. Identifying Industry Standards

Recognized Nonprofit Industry Standards

Year	Source	Title	Type
2019	ABAI, APBA, AS, BACB	<i>Supplemental Guidance on Interpreting and Applying the 2019 CPT Codes for Adaptive Behavior Services</i>	Practice Guidelines
2019	BACB, APBA	<i>Clarifications Regarding Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2nd ed.)</i>	Practice Guidelines
2020	BACB	<i>Ethics Code for Behavior Analysts</i>	Ethics Code
2021	BACB	<i>RBT Ethics Code 2.0</i>	Ethics Code
2020	CASP	<i>Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, 2nd Ed.</i>	Practice Guidelines
2021	CASP	<i>Practice parameters for telehealth-implementation of applied behavior analysis, Second Edition</i>	Practice Guidelines
2022	ACQ	<i>Applied Behavior Analysis Accreditation Program Standards and Guide, v1.0</i>	Accreditation Standards
2022	ABACC	<i>Model Coverage Policy for Adaptive Behavior Services</i>	Model Coverage Policy
2022	CASP	<i>Organizational Guidelines</i>	Practice Guidelines





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IV. Reviewing Industry Standards

ACD Policy vs. Industry Standards

1. Concurrent Billing
2. Caregiver Participation
3. Treatment Settings
4. Clinical Outcomes



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IV. Reviewing Industry Standards

1. Concurrent Billing

ACD Policy

8.10.25 Concurrent billing is excluded for all ABS Category I CPT codes except when the family and the beneficiary are receiving separate services and the beneficiary is not present in the family session.



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IV. Reviewing Industry Standards

1. Concurrent Billing

Industry Standards

"Concurrent billing of codes in the adaptive behavior services CPT code family is permissible. Criteria in the descriptors for all codes in concurrent code combination(s) must be met." (p. 14)

"Code 97155 services should be reimbursed only if (a) a QHP works directly with the patient to observe changes in behavior or troubleshoot treatment protocols, or (b) the QHP joins the patient and the technician during a treatment session to direct the technician in implementing a new or modified treatment protocol." (p. 14)

2.17 Collecting and Using Data

Behavior analysts actively ensure the appropriate selection and correct implementation of data collection procedures. They graphically display, summarize, and use the data to make decisions about continuing, modifying, or terminating services.

2.18 Continual Evaluation of the Behavior-Change Intervention

Behavior analysts engage in continual monitoring and evaluation of behavior-change interventions. If data indicate that desired outcomes are not being realized, they actively assess the situation and take appropriate corrective action. When a behavior analyst is concerned that services concurrently delivered by another professional are negatively impacting the behavior-change intervention, the behavior analyst takes appropriate steps to review and address the issue with the other professional.

2.19 Addressing Conditions Interfering with Service Delivery

Behavior analysts actively identify and address environmental conditions (e.g., the behavior of others, hazards to the client or staff, disruptions) that may interfere with or prevent service delivery. In such situations, behavior analysts remove or minimize the conditions, identify effective modifications to the intervention, and/or consider obtaining or recommending assistance from other professionals. Behavior analysts document the conditions, all actions taken, and the eventual outcomes.



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IV. Reviewing Industry Standards

1. Concurrent Billing

Industry Standards

97153 Adaptive behavior treatment by protocol

Administered by technician under the direction of a physician or other qualified health professional, face-to-face with one patient; each 15 minutes

(Do not report 97153 in conjunction with 90785-90899, 92507, 96105-96171, 97129)

97155 Adaptive behavior treatment with protocol modification

Administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes

(Do not report 97155 in conjunction with 90785-90899, 92507, 96105-96171, 97129)



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IV. Reviewing Industry Standards

2. Caregiver Participation

ACD Policy

8.11.6.2.4.7 For new and approved [treatment plans] on or after August 1, 2021, a minimum of six parent/caregiver sessions are required every six months. These six sessions may include CPT codes 97156, 97157, or a combination of the two.



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IV. Reviewing Industry Standards

2. Caregiver Participation

Industry Standards

“Authorizations for services to the patient should not be predicated on requirements for parents or other caregivers to participate in training or to implement treatment protocols with the patient for any fixed, pre- determined amount of time.”(p. 11)

Standard 6.06 – Treatment Planning

The Organization shall:

- A. Create individualized treatment plans informed by clinical assessment results;
- B. Select treatment goals aimed at remediating, rehabilitating, or ameliorating the symptoms and other negative effects of diagnosed conditions;
- C. **Make reasonable efforts** to include patients and caregivers in the selection and participation of medically necessary treatment goals; and
- D. Make periodic adjustments to patient treatment plans based on an ongoing assessment of progress toward treatment goals at least every six months.

Guidance

Treatment plans include (a) patient information, (b) reason for referral, (c) brief background information, (d) clinical interview, (e) record review, (f) assessment procedures and results, (g) treatment goals and objectives, (h) parent/caregiver goals (when applicable), (i) number of service hours/units requested, (j) coordination of care, when applicable, (k) transition plan, (l) discharge plan, and (m) crisis management plan, when applicable.

Treatment plans reflect compassion and respect for the patient's autonomy and their cultural values and relate to diagnosed conditions. **Organizations take reasonable steps to ensure the impact of caregiver non-participation does not impact the delivery of other services deemed medically necessary by the organization's clinical providers (e.g., direct therapy hours).**



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IV. Reviewing Industry Standards

3. Treatment Settings

ACD Policy











- 8.10.15 TRICARE ABA services are not authorized in the school setting as a shadow, aid, or support to the beneficiary. ABA services in the school setting are limited to the role of the BCBA who is targeting a specific behavior excess or deficit and is for a limited duration. Any ABA services requested for the school or preschool setting must be specifically preauthorized in the TP for use in the school or preschool setting.
- 8.10.11 Services outside of the physical space of the home, clinic, office, school, or telehealth. Certain community settings such as sporting events, camps, and other setting as determined by the contractor are also excluded. Any location not listed must be reviewed and approved by the contractor.

IV. Reviewing Industry Standards

3. Treatment Settings

Industry Standards

“ABA treatment must not be restricted a priori to specific settings but instead should be delivered in those settings that maximize treatment outcomes for the individual client.” (p. 5)

		POSSIBLE TREATMENT LOCATIONS				
		HOME	SCHOOL & COMMUNITY	CLINIC/ OUTPATIENT	RESIDENTIAL	HOSPITAL/ INPATIENT
TREATMENT MODELS	FOCUSED					
	COMPREHENSIVE					



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IV. Reviewing Industry Standards

3. Treatment Settings

Industry Standards

“Regardless of whether they are focused or comprehensive, ABA treatments may be delivered in a variety of settings, including but not limited to residential programs, assisted living facilities, group homes, inpatient and outpatient programs, family homes, schools, hospitals, clinics, centers, workplaces, and various locations in the patient’s community.” (p. 7)



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IV. Reviewing Industry Standards

4. Clinical Outcomes

ACD Policy

8.6.4.1 PDDBI, Current Edition

8.6.4.2 Vineland Adaptive Behavior Scales-3 (Vineland-3) (or Current Edition)

8.6.4.3 Social Responsiveness Scale, 2nd Edition (SRS-2) (or Current Edition)

8.6.4.4 Parenting Stress Index, Fourth Edition (PSI-4) (or Current Edition)

8.6.4.5 Stress Index for Parents of Adolescents (SIPA)



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IV. Reviewing Industry Standards

4. Clinical Outcomes

Industry Standards

"The measurement system for tracking progress toward goals should be individualized to the client, the treatment context, the critical features of the behavior, and the available resources of the treatment environment." (p. 20)

"The results of standardized assessments may be used to monitor progress toward long-term treatment goals. However, IQ scores and other global assessments are not appropriate as sole determiners of an individual's response or nonresponse to ABA treatment." (p. 20)



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IV. Reviewing Industry Standards

4. Clinical Outcomes

Industry Standards

Standard 6.05 – Clinical Assessments

“The Organization shall...[a]dminister individualized clinical assessments that are evidenced-based, developmentally appropriate, selected based on patient need, and inform patient treatment plans;” (p. 50)

Standard 8.03, Clinical Outcomes

“Organizations may use any relevant combination of recognized norm- or criteria-referenced assessments to measure clinical outcomes. Organizations may also develop their own internal systems for tracking, measuring, and comparing clinical outcomes across patients.” (p. 62)



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IV. Reviewing Industry Standards

ACD Policy vs. Industry Guidelines

In sum, under industry guidelines:

- ◆ Concurrent billing is permitted under certain CPT Codes, including 97153 and 97155
- ◆ Caregiver participation is very strongly encouraged but should not be required for reauthorization
- ◆ No limitations on treatment settings, including Behavior Technicians working in schools
- ◆ Assessment and intervention decisions are individualized and should be made by provider



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IV. Reviewing Industry Standards

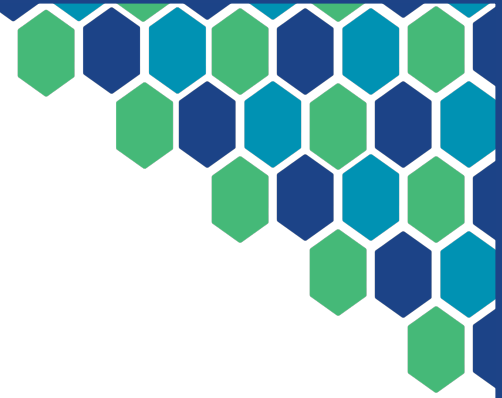
Conclusions

- TRICARE's Comprehensive ACD Program is not health insurance.
- However, it does function as a competing funding source for providers.
- Significant risk of inadequate network when funder policies fail to align with industry standards.
- Providers may allocate their very limited resources to other funding sources that do align.
- Lack of providers affects patient outcomes and impedes progress.
- Readiness and retention will be impacted if members leave military service.



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Thank you for your time

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