

POLICY PERSPECTIVES ON THE ACD

REBECCA WOMACK, MS, BCBA, LBA

RAW
Rebecca Ann Womack
Consulting Solutions

Rebecca@rawconsultingsolutions.com

Disclosures & Disclaimers

- Full time role as Vice President of Quality Assurance for Verbal Beginnings
- Serve as the co-chair of the Documentation Special Interest Group for the Council of Autism Service Providers (CASP), a member of the Standards Committee for the Autism Commission on Quality (ACQ), and a Subject Matter Expert for the Association of Professional Behavior Analysts (APBA).
- The views and opinions expressed are those of the speaker and do not necessarily reflect the official policy or position of Verbal Beginnings, CASP, ACQ, and/or APBA.

Outline

- Generally accepted standards overview
- Timeline of the TRICARE ACD policy iterations
- Recommendations



Clarification – Practice Guidelines

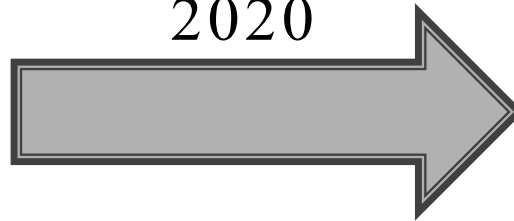


Applied Behavior Analysis
Treatment of Autism
Spectrum Disorder:

Practice Guidelines for Healthcare Funders and Managers

SECOND EDITION

March of
2020



CASP The Council of Autism
Service Providers

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Clarification – Practice Guidelines



Clarifications Regarding

Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2nd ed.)

FEBRUARY 2019

In 2014, the Behavior Analyst Certification Board® (BACB®) published the second edition of *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers* (referred to hereafter as the *Guidelines*). As indicated in the Executive Summary and elsewhere, the document's main purpose is to provide healthcare funders and managers with information to guide decision-making about applied behavior analysis (ABA) treatment for developing, maintaining, or restoring the functioning of individuals diagnosed with autism spectrum disorder (ASD). The *Guidelines* reflect the scientific evidence and expert clinical opinion about ABA interventions that were extant when the *Guidelines* were published.

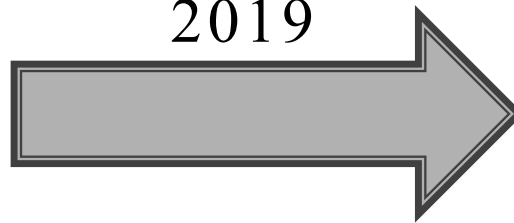
The purpose of this statement is to assist payers and providers by clarifying and amplifying the *Guidelines* that pertain to the **intensity of treatment**, the **intensity of case supervision**, and **caregiver training**. Some of the key features of ABA services that are outlined in the *Guidelines* are reiterated first to provide emphasis and context.

KEY FEATURES OF ABA SERVICES

By its very nature, human behavior is complex. So is ASD, which affects individuals in myriad different ways. Behavior analysis is a natural science whose subject matter is individual behavior interacting dynamically with the physical and social environment. Research in basic and applied behavior analysis conducted over several decades has produced a very large array of procedures for improving socially important behaviors by changing environmental events. Designing and implementing effective ABA interventions for people with ASD therefore involves many variables. Although the *Guidelines* reference some quantitative treatment parameters that have been derived from research and expert opinion, they state repeatedly that *all aspects of ABA interventions must be customized to the strengths, needs, preferences, and environmental circumstances of each individual client and their caregivers, and must be flexible so as to accommodate changes that occur over the course of treatment*. Some excerpts are highlighted here:

- Due to the variability and symptom presentation, no two individuals with an ASD diagnosis are the same with respect to how the disorder manifests and its impact on families (p. 4).
- ...individualized treatment is a defining feature and integral component of ABA, which is one reason why it has been so successful in treating this heterogeneous disorder (p. 4).
- [Core characteristics of ABA include] an objective assessment and analysis of the client's condition by observing how the environment affects the client's behavior ... [and] ... understanding the context of the behavior and the behavior's value to the individual, the family, and the community (p. 10).
- [One of the essential practice elements of ABA is the] use of a carefully constructed, individualized and detailed behavior-analytic treatment plan (p. 11).
- Treatment may vary [across individuals] in terms of intensity and duration, the complexity and range of treatment goals, and the extent of direct treatment provided (p. 12).

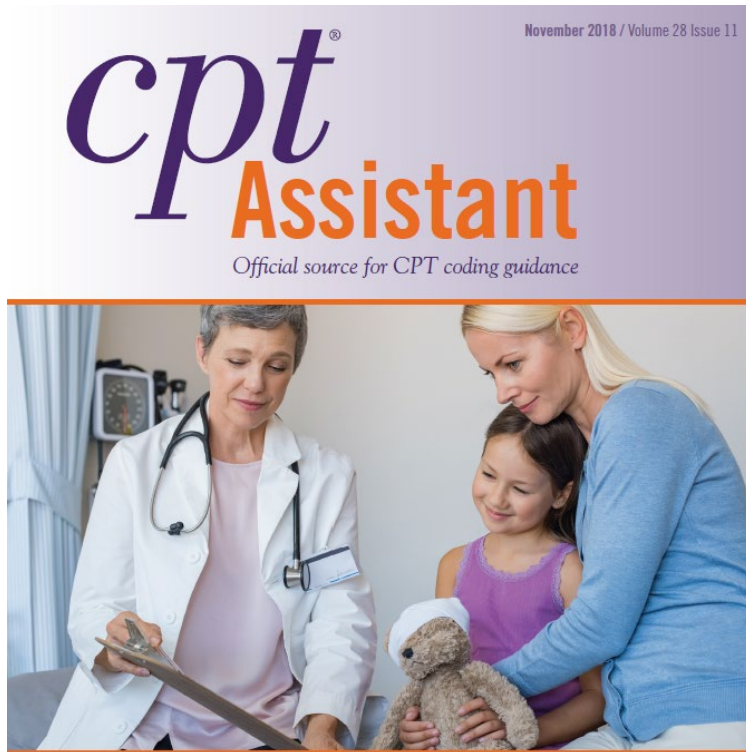
February of
2019



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

As the Guidelines state, “...while family training is supportive of the overall treatment plan, it is not a replacement for professionally directed and implemented treatment”

CPT® Codes



In This Issue:

- 3 Coding Update: Reporting Adaptive Behavior Assessment and Treatment Services in 2019
- 7 Vaccines and Toxoids: 2018 and 2019 Changes
- 9 Genomic Sequencing Procedure for Severe Inherited Conditions (81443)
- 10 Destruction of Prostate Tissue by Water Vapor Thermotherapy
- 11 Frequently Asked Questions



Adaptive
behavior
services



Adaptive behavior services address deficient adaptive behaviors (eg, instruction-following, verbal and nonverbal communication, imitation, play and leisure, social interactions, self-care, daily living, and personal safety skills) or maladaptive behaviors (eg, repetitive and stereotypic behaviors, and behaviors that risk physical harm to the patient, others, and/or property).

STANDARDS OF CARE PRODUCED BY NONPROFITS



DOCUMENTATION

Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers (2nd Edition)

Practice Parameters for Telehealth - Implementation of ABA (2nd. ed. 2022 CASP)

ORGANIZATIONAL

CASP Organizational Guidelines

ACCREDITATION

Autism Commission on Quality (ACQ) Applied Behavior Analysis Standards



WHAT/WHY

Agreed upon standards for treatment among clinicians that are maintained and updated by non-profit associations

Develop and promote best practices for organizations
Assist organizations for identifying infrastructure to support sustainable high-quality therapy

Articulate the standards by which organizations seeking accreditation will be measured

OTHER RELEVANT SOURCES



ADDITIONAL GUIDANCE

Clarifications Regarding Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2nd ed.) - APBA & BACB

Model Coverage Policy (ABA Coding Coalition)

CPT Assistant (AMA)

- The standards of care have evolved since 2014
- ABA healthcare policies should be informed by the most current and up to date information, resources, and research

NASEM Committee Tasks

- ✓ An assessment of the methods used under the demonstration project to measure the effectiveness of applied behavior analysis in the treatment of autism spectrum disorder
- ✓ A review of any guidelines or industry standards of care adhered to in the provision of applied behavior analysis services under the demonstration program, including parental involvement in applied behavior analysis treatment, as well as a review of the effects of such adherence with respect to dose-response or health outcomes for an individual who has received such services

TRICARE ACD Demonstration Purposes

TRICARE ACD 2015

- Analyze and evaluate the appropriateness of the ACD in light of current and future Council of Autism Service Providers (CASP) Practice Guidelines

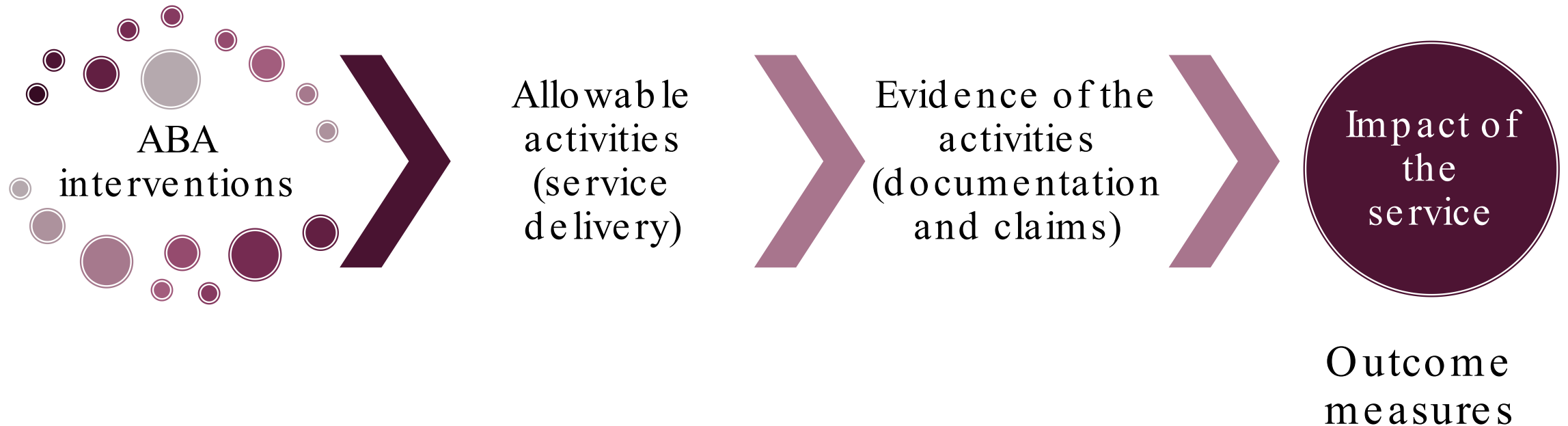
TRICARE ACD 2024

- Same

Policy Implementation Basics

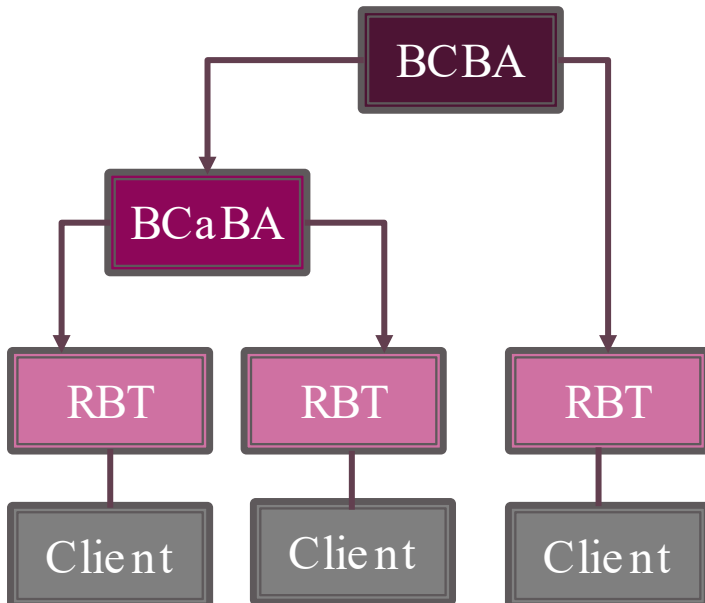
INTERVIEW - PRIMARY GOALS

Medical necessity: Demonstration of a legitimate clinical need that is proportionate to requested treatment (Adams & Griender, 2014)



CASP Practice Guidelines

Tiered Service Model



Location

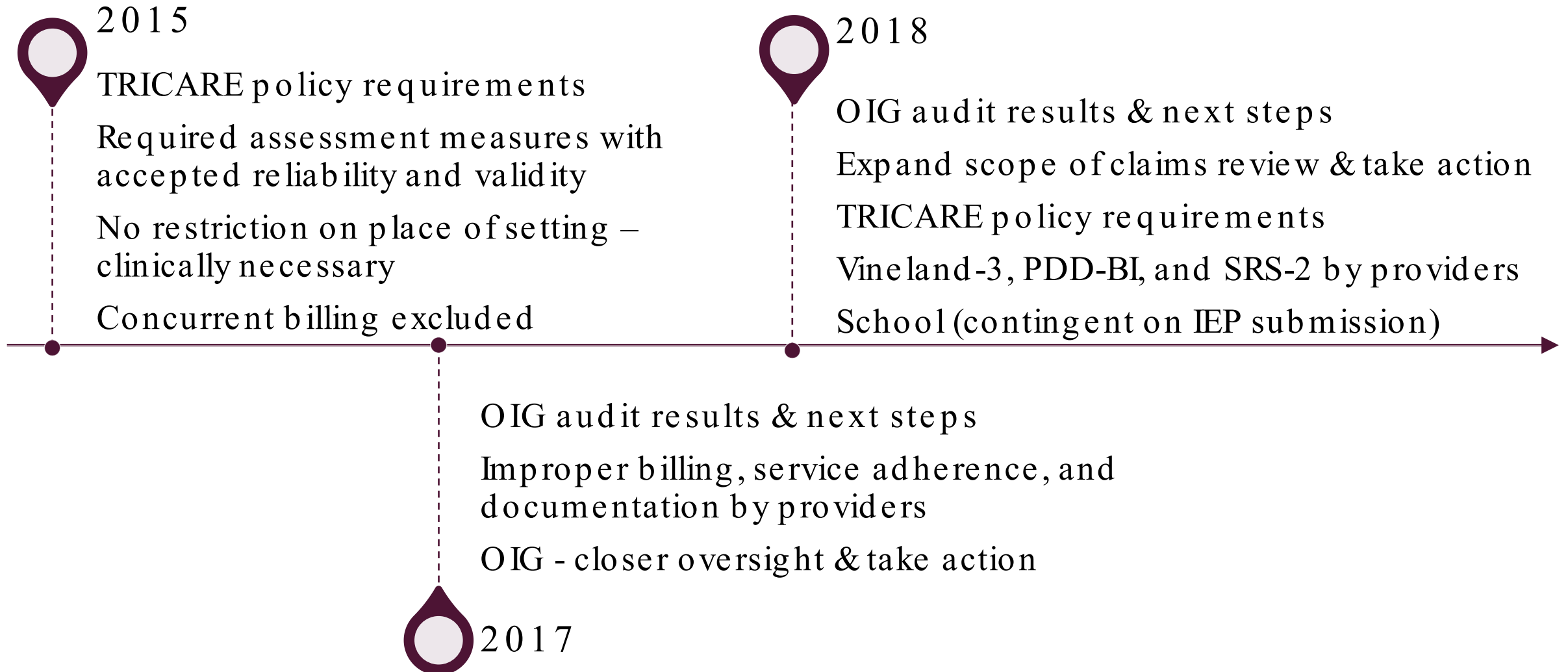
- ✓ Consistently in multiple places
- ✓ Group settings
- ✓ Supports generalization & maintenance of treatment gains

Case Supervision

Oversight of the delivery of services:

- ✓ Direct
 - ✓ Observe
 - ✓ Monitor
 - ✓ Direct the BT
- ✓ Indirect

ACD Policy Timeline



ACD Policy Timeline

2019

Category I CPT® Codes –aligned with GASC

97153 & 97155: Distinct clinical activities

No restriction on place of setting –clinically necessary

Concurrent billing excluded

Major policy changes

Autism Service Navigator

Parental Stress Index (4th Edition)

ADLs can only be addressed via caregiver(s)

97153 only allowed in schools by the BCBA

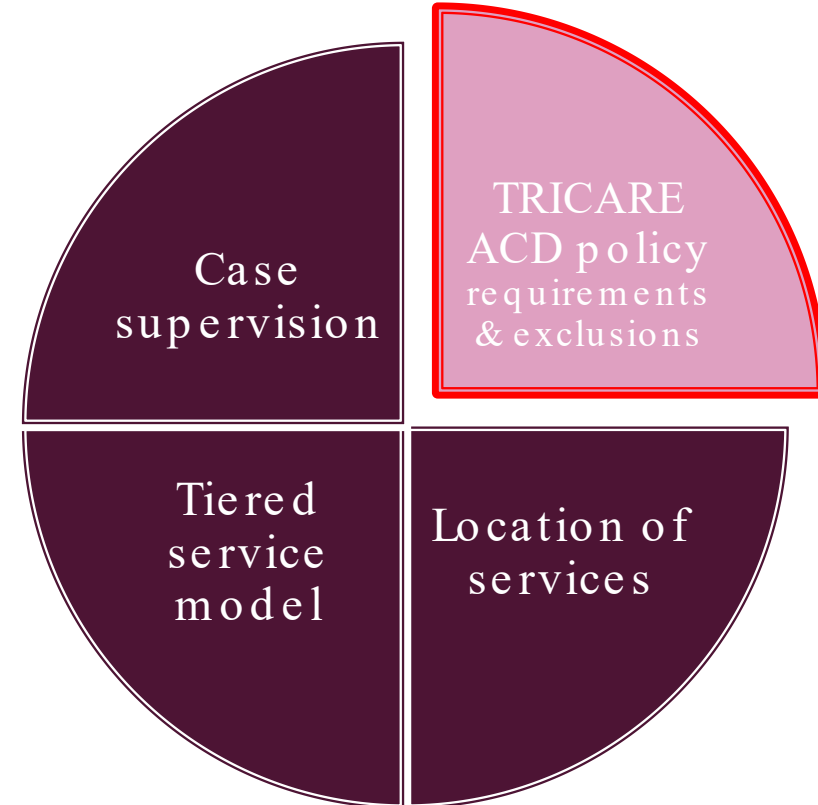
Conditional authorization of 97157 & 97158

2021

What is being measured

Appropriateness of the ACD in light of a portion of the current and future CASP Practice Guidelines while also limiting the ability of beneficiaries with autism to have acquired skills be generalized across settings

CASP Practice Guidelines



Final Considerations

The TRICARE ACD does not allow ABA services to be delivered in accordance with generally accepted standards of care or according to the American Medical Association's (AMA) codes for ABA.

Understand that the role of the caregiver is not meant to replace professional directed and implemented treatment and authorization of services or skills addressed should not be predicated on their ability to participate.

Recommendations

In accordance with generally accepted standards of care, implement the AMA's CPT codes for applied behavior analysis.

Conform with clinical practice guidelines for applied behavior analysis recognized as generally accepted standards of care.



Questions?

