# BULLET BACKGROUND PAPER ON APPLIED BEHAVIORAL ANALYSIS THERAPY REFERRALS

# **PURPOSE**

Provide developmental pediatrician input on proposed TRICARE changes to Comprehensive Autism Care Demonstration (ACD) Project requiring specific patient testing prior to authorization of Applied Behavioral Analysis (ABA) therapy.

# **BACKGROUND**

- Current TRICARE ACD (dated Oct 2015) states that patients with Autism Spectrum Disorder (ASD) may be referred for ABA only if:
  - -- There is an evaluation by a specialized ASD-diagnosing provider: developmental pediatrician, doctoral level clinical psychologist, psychiatrist, or child neurologist.
  - -- A confirmatory assessment by an ASD-diagnosing provider and/or assessment with the Autism Diagnostic Observation Schedule, 2<sup>nd</sup> edition (ADOS-2) is performed within twelve months if original diagnosis is made by a primary care provider.
  - -- ABA treatment plans are reviewed/resubmitted every six months to continue ABA therapy.
- Senate Armed Services Committee (SASC) FY17 Report 114-255 required quarterly reports on effectiveness of care and outcomes on patients in ACD, which led to proposed TRICARE Operations Manual (TOM) changes (Oct 2016) requiring administration of the following by specialized ASD-diagnosing provider within 12 months of diagnosis and every 2 years thereafter: ADOS-2, Vineland-2 for adaptive behavior functioning, and Wechsler Intelligence Scales or Test of Nonverbal Intelligence for intellectual/cognitive functioning.

### DISCUSSION

- Required testing as proposed by TOM is not standard of care, expensive and time-consuming:
  - -- The ADOS-2 is not a diagnostic measure and only looks at behavior at a single point in time. Per the publisher's manual, the "ADOS-2 should never be used in isolation to determine an individual's clinical diagnosis or eligibility for services." (ADOS-2 Provider Manual, p. 6).
  - -- Intelligence tests may only be administered by a psychologist and require 3-4 hours per patient; they provide a level of cognitive function but are not specific to the diagnosis of ASD or the determination of eligibility for services.
  - -- Adaptive behavior functioning may be assessed by developmental pediatricians or psychologists and requires 30-60 minutes to administer; assessment results may benefit in the

monitoring of function over time in children with ASD but are not specific to the diagnosis of ASD.

- -- The standard of care for diagnosis of ASD is a comprehensive clinical evaluation, including medical, developmental, and social histories, with or without aforementioned testing, utilizing Diagnostic & Statistical Manual-5<sup>th</sup> edition (DSM-5) criteria.
- The proposed TOM requirements would necessitate an additional 6-7 hours of testing per patient at initial diagnosis and every 2 years thereafter; this would significantly decrease access to care for evaluation, increase the length of time to diagnosis and receipt of ABA therapy and other needed interventions, and disrupt care for those already receiving ABA therapy.

### **SUMMARY**

Department of Defense Developmental Pediatricians urge the Defense Health Agency and TRICARE to use alternative measures to satisfy SASC requirements. If specific measures are required to evaluate effectiveness of treatment, the following evidence-based tools are recommended to be administered by ABA therapists: Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) or Assessment of Basic Language and Learning Skills (ABLLS); and Adaptive Behavior Assessment System (ABAS) or Vineland Adaptive Behavior Scales (Vineland).

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