Comprehensive Autism Care Demonstration

Vineland Adaptive Behavior Scales-3 (Vineland-3)

Under TRICARE's Autism Care Demonstration (ACD), applied behavior analysis (ABA) providers must submit the Vineland Adaptive Behavior Scales-3 (Vineland-3) at baseline and annually thereafter for all enrolled beneficiaries. Health Net Federal Services, LLC (HNFS) offers the following information regarding the Vineland-3 to inform and clarify those requirements, and assist ABA supervisors with using the Vineland-3 in their treatment and discharge planning.

What is the Vineland-3?

The Vineland-3 is a standardized, valid and reliable measure of adaptive behavior that is often used in the assessment of individuals with intellectual, developmental and other disabilities. The test uses an informant-based ratings scale with scores in communication, daily living skills and socialization, motor skills (for those under nine years of age), and two maladaptive behaviors scores related to internalizing and externalizing.

Why is the Vineland-3 used?

Standardized assessments give families and providers clear, consistent measurements of progress over time and can be compared against treatment plan goal progress. TRICARE has selected the Vineland-3 because it is a valid and reliable measure of adaptive behavior levels, capable of assessing individuals diagnosed with intellectual and developmental disabilities such as autism spectrum disorder. The Vineland-3 allows for close analysis of developmental progress typically found in the general population to assist providers in preparing treatment that targets goals moving toward age-level skills.

What are the Vineland-3 submission requirements?

The Parent Form, the Interview Form or the Teacher Form (completed by a TRICARE-authorized provider) must be completed prior to the first treatment and annually thereafter. The name of the respondent and relation to the beneficiary is required on all forms. Providers must submit all scores produced by the publisher or manual scoring, including the composite scores for Communication, Daily Living, Socialization, Motor Skills, Adaptive Behavior, Composite score and both maladaptive behavior composite scores (Internalizing and Externalizing), when applicable. Submission of all outcome measure results must include the full publisher print report or hand-scored protocol and summary score sheet(s). Imbedding scores within the treatment plan or other clinical documents does not meet submission requirements.

How is the Vineland-3 scored?

In order to make comparisons possible, the Vineland-3 converts all raw scores into standard scores and then generates five major domain composite scores: Communication, Daily Living Skills, Socialization, Adaptive Behavior Composite, and Motor (for beneficiaries under nine years old). For these domains, a standard score of 100 is the mean with a standard deviation of 15 points. This means a beneficiary with a T-score of 100 should be understood as being as similar to the typical population of the same age in those areas with this score. This also may be confirmed by a provider by observing any age equivalence or percentiles they calculate as part of the scoring tables (not a required submission).

Maladaptive scores are different in their point scales and totals, with Internalization and Externalization scored on a scale where 15 is the mean with a standard deviation of 3 points, and a score over 17 indicates clinical significance.

How must ABA providers use the Vineland-3 scores under the Autism Care Demonstration?

ABA supervisors should integrate the Vineland-3 to analyze beneficiary progress and regression, monitor annual change and inform treatment planning decisions. Specifically, areas related to communication and socialization should be used to help develop goals and treatment approaches to improve these areas as needed. Areas not related to core symptoms of ASD but demonstrating delay can be used by

family and other providers to inform their decision making and create parent training opportunities.

While another provider may complete the Vineland-3, it is necessary for treating ABA providers to review and fully understand the scores. It is important respondents remain consistent in their responses. The treating ABA provider may engage with the family when large discrepancies in responses do not match assessed skills sets. As with any respondent-based measure, especially those only responded to annually, respondent bias to temporary perceptions should be considered.

When do Vineland-3 scores indicate the need for a treatment plan modification?

Domain scores that are in the range of 86 and above are considered adequate or higher. Scores 85 and below are considered moderately low to low which indicate a significant skill deficit when compared to similar aged peers, especially for a score below 70. Maladaptive behavior scores that are at 15 or below are considered low to no concern, while scores at 17 or above indicate clinical significance and a need for treatment intervention.

The following indicators at each 12-month comparison would suggest the need for additional analysis and treatment plan modification. These should be clearly documented and addressed in treatment plan updates:

- Limited measurable improvement or stagnation in required domain composite or the ABC scores
- Domain scores decreasing over successive review periods
- Domain scores below 85 which indicate moderate to high skill deficits
- Domain scores above 100 which indicate low to no skill deficit and should be considered in discharge criteria and lessening of focus on areas found at or above this score
- Maladaptive behavior scores above 17 indicate potential areas of treatment if within the scope of ABA practice or parent training

What is the relationship between Vineland-3 scores and treatment plan changes?

ABA supervisors must use Vineland-3 results to inform their treatment, behavior intervention and discharge planning for all beneficiaries. This means both identifying when treatment strategies are not effective or durable over time and when scores are near or within the age equivalent ranges, both indicating possible discharge.

ABA supervisors are encouraged to identify and document a direct relationship between score changes and treatment plan changes to address lack of improvement or change in the Vineland-3 scores. This should result in specific goal area adjustments and/or treatment plan demonstrating these areas are being addressed. This includes treatment recommendations and summaries focusing less on areas with scores representing low need.

As some areas of the Vineland-3 assessment are excluded under the ACD, such as daily living skills, ABA providers should consider integration of those areas of deficits into parent/caregiver training and focus on ABA teaching techniques (i.e., backward chaining, differential reinforcement). These techniques can provide the family with the ability to directly teach the beneficiary the long term daily living skill targets over their lifespan.

Additionally, differences between authorized, recommended therapy hours and delivered therapy hours must be analyzed and documented. Changes to Vineland-3 scores possibly caused by this deficiency must be addressed as well as a plan to correct the deficit.

For additional information about TRICARE's ABA benefit, please visit **www.tricare-west.com/go/ACD-provider**.