

# Autism Spectrum Disorder Services Documentation Training Series: Individualized Plan of Care

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South Carolina Department of Health and Human Services  
Division of Behavioral Health  
2021

# Disclaimer

- Materials presented today are not comprehensive. This training does not take the place of reading the provider policy and procedure manual. Prior to treatment, all beneficiaries must meet the medical necessity criteria for that service. All information in this presentation pertains to South Carolina Department of Health and Human Services Healthy Connections (SCDHHS) Medicaid beneficiaries.

# Purpose of the Orientation

- To act as a guide for Autism Service Disorder (ASD) providers who are learning about South Carolina Medicaid policy and procedures prior to rendering ASD.
  - While this presentation is designed to enhance understanding of the Medicaid Standards regarding the ASD Policy Manual, all aspects and policy are not covered in this presentation. Please review the ASD Manual and the Administrative and Billing Manual.
- To help providers avoid potential Medicaid recoupment.

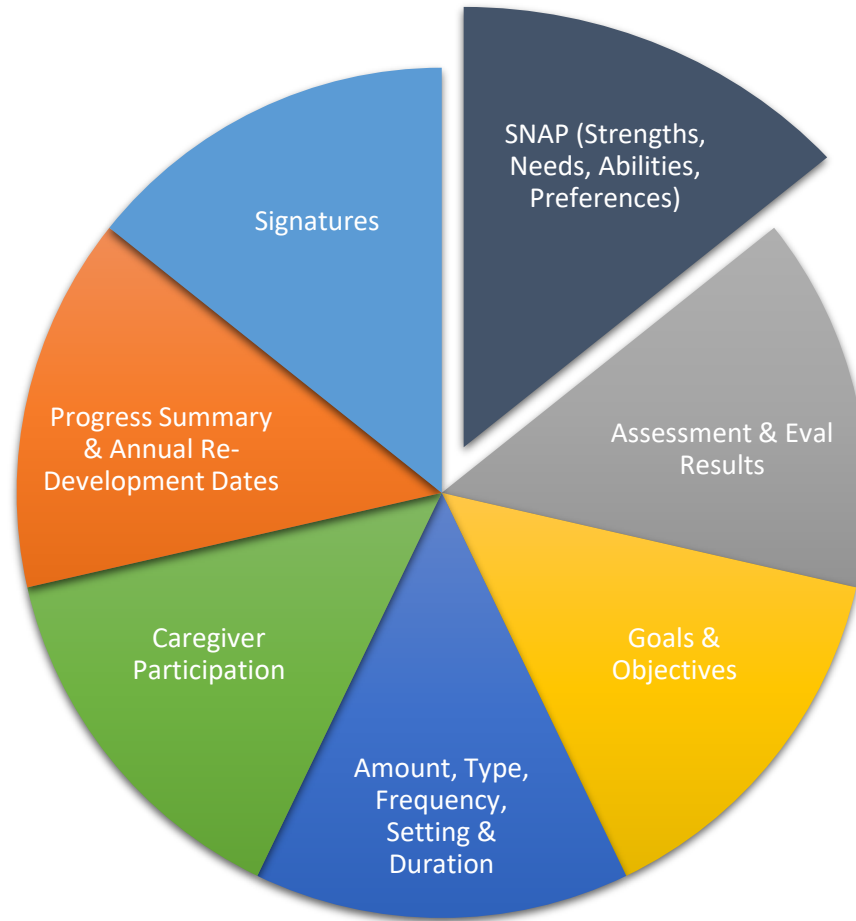
# Documentation Training Series

- Comprehensive Psychological Assessment/Testing Report
- Behavior Identification Assessment
- ➔ • Individualized Plan of Care (IPOC)
- Progress Summary
- Clinical Service Note
- ABA Prior Authorization General Information

# Objectives

1. Review the required components of the IPOC.
2. Provide examples of acceptable responses.
3. Provider opportunities to practice identifying acceptable responses.

# IPOC



# SNAP

- Strengths – What a person has in their life that can support an increase in their quality of life.
- Needs - What the individual needs to be successful in treatment.
- Abilities - Skills, aptitudes, capabilities, and competencies.
- Preferences – Treatment preferences or reinforcers to be used during treatment.

# SNAP Practice Session

Which of the follow examples is the best way to provide the SNAP?

**A.** Jane's greatest strengths are support and involvement of her immediate family: mother, father, older brother and grandmother. Another strength is the relationships she has with the children her age who live next door. To be successful in treatment Jane needs an augmented communication device. Jane's ability to maintain conversation with her neighbors is one example of her many social skills. Jane's mother prefers only female therapists and for therapy to occur in the afternoons but before dinner.

**B.** Jane will engage in dangerous behaviors which includes climbing on furniture. Jane often depends on prompts to continue to engage in appropriate behaviors. Jane counts to five independently. Her favorite thing to do outside is to play on the swings.



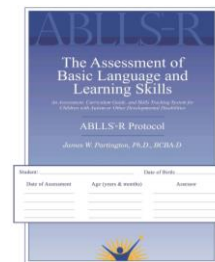
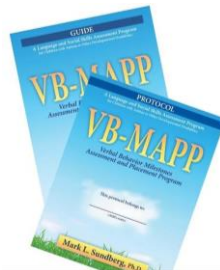
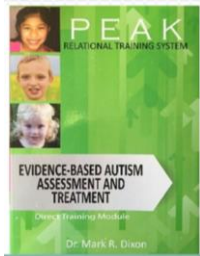
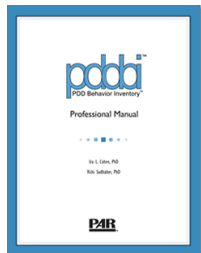
# SNAP Practice Session

## Correct Answer:

**A.** Jane's greatest strengths are support and involvement of her immediate family: mother, father, older brother and grandmother. Another strength is the relationships she has with the children her age who live next door. To be successful in treatment Jane needs an augmented communication device. Jane's ability to maintain conversation with her neighbors is one example of her many social skills. Jane's mother prefers only female therapists and for therapy to occur in the afternoons but before dinner.

# Test Results & Discussion of Findings

- Vineland
- Two assessments of the provider's choosing:
  - PDD-Behavioral Inventory
  - PEAK-Comprehensive Assessment
  - Verbal Behavior Milestones Assessment Placement Program (VB-MAPP)
  - Assessment of Functional Living Skills (AFLS)
  - Assessment of Basic Language and Learning Skills (ABLLS)
  - Essentials for Living
  - Social Responsiveness Scale (SRS)



# Assessment and Evaluation Results Practice Session

Select the best assessment and evaluation results for the Vineland

A.

The Vineland is a standardized assessment tool that utilizes semi-structured interviews to measure adaptive behavior and support the diagnosis of intellectual and developmental disabilities, autism and developmental delays.

B.

## SCORE SUMMARY

### ABC and Domain Score Summary

ABC	Standard Score (SS)	90% Confidence Interval	Percentile Rank	SS Minus Mean SS*	Strength or Weakness**	Base Rate
Adaptive Behavior Composite	82	80 - 84	12			
<b>Domains</b>						
Communication	82	78 - 86	12	-3.0		
Daily Living Skills	79	75 - 83	8	-6.0	Weakness	>25%
Socialization	94	90 - 98	34	9.0	Strength	<=25%
Motor Skills	85	80 - 90	16	0.0		

\*The examinee's Mean Domain Standard Score (Mean SS) = 85.0

\*\*Significance level chosen for strength/weakness analysis is .10

### Subdomain Score Summary

Subdomains	Raw Score	v-Scale Score ( vS)	Age Equivalent	Growth Scale Value	Percent Estimated	vS Minus Mean vS*	Strength or Weakness**	Base Rate
<b>Communication Domain</b>								
Receptive	64	12	3.2	105	0.0	-0.6		
Expressive	90	12	4.6	103	0.0	-0.6		
Written	47	13	7.0	81	0.0	0.4		
<b>Daily Living Skills Domain</b>								
Personal	87	12	4.5	101	0.0	-0.6		
Domestic	11	10	<3.0	47	0.0	-2.6	Weakness	<=25%
Community	43	12	5.9	67	0.0	-0.6		
<b>Socialization Domain</b>								
Interpersonal Relationships	78	15	8.6	104	0.0	2.4	Strength	<=25%
Play and Leisure	54	14	5.3	83	0.0	1.4	Strength	>25%
Coping Skills	40	13	3.10	74	3.0	0.4		
<b>Motor Skills Domain</b>								
Gross Motor	84	15	7.3	117	0.0	2.4	Strength	>25%
Fine Motor	54	11	4.7	107	0.0	-1.6	Weakness	>25%

# Assessment and Evaluation Results Practice Session

Correct Answer:

B.

## SCORE SUMMARY

### ABC and Domain Score Summary

ABC	Standard Score (SS)	90% Confidence Interval	Percentile Rank	SS Minus Mean SS*	Strength or Weakness**	Base Rate
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# Goals & Objectives

List of 2+ goals which tie into the child's deficits as identified by the assessment results.

# Goals & Objectives Practice Session

Which is the best goal to include in the IPOC?

A. Sam will brush his teeth.

**Lesson Name:** Basic Mands (Language)

**SD 3**

**Baseline:** N/A

B. **Baseline Date:** 06/23/2020

**SD:** [redacted] is motivated to request (object)

**Goal:** [redacted] will request no less than 30 objects, with / without gestures, in the presence of contrived vocal and / or nonvocal stimuli, across settings, RBTs, caregivers, and other key stakeholders, with accuracy in 4/5 opportunities, as measured by RBT collected data.

**Medical Necessity Criteria:** This goal meets medical necessity criteria because it addresses behaviors and / or delays arising from core diagnostic criteria related to a diagnosis of ASD (social deficits, communication deficits, restricted repetitive behavior, sensory issues) or other important criteria related to the treatment of ASD (safety skills, self-care, vocational).  
Social, Communication, Self-care, Challenging Behavior

# Goals & Objectives Practice Session

## Correct Answer:

### B. Lesson Name: Basic Mands (Language)

SD 3

Baseline: N/A

Baseline Date: 06/23/2020

SD: [REDACTED] is motivated to request (object)

Goal: [REDACTED] will request no less than 30 objects, with / without gestures, in the presence of contrived vocal and / or nonvocal stimuli, across settings, RBTs, caregivers, and other key stakeholders, with accuracy in 4/5 opportunities, as measured by RBT collected data.

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# Specific Treatment Description

- Amount – the number of units or hours.
- Type – which procedure codes are being requested.
- Frequency – the frequency at which those units will be utilized.
- Setting – the location(s) the treatment will occur.
- Duration – the length of time treatment (ABA) is recommended to occur.



# Specific Treatment Description Practice

Choose the best specific treatment description to include in the IPOC:

A.

## **Treatment Hour Recommendations**

The clinical recommendation is for 40 hours of 1:1 therapy per week, 16 hours of program supervision per month, and 2 hours of individual parent training per month.

Treatment Hour Request			
Range: 6/28/19-12/25/19			
One To One Therapy Code Other Text	Code	Number	Per
1:1 Therapy	97153	160	Unit(s) per Week
Supervision	97155	64	Unit(s) per Month
Parent Training	97156	24	Units per Year

## B. Sample Schedule of Therapy

Monday: 9-5

Tuesday 9-5

Wednesday 9-5

# Specific Treatment Description Practice

## Correct Answer:

### A. Treatment Hour Recommendations

The clinical recommendation is for 40 hours of 1:1 therapy per week, 16 hours of program supervision per month, and 2 hours of individual parent training per month.

Treatment Hour Request			
Range: 6/28/19-12/25/19			
One To One Therapy Code Other Text	Code	Number	Per
1:1 Therapy	97153	160	Unit(s) per Week
Supervision	97155	64	Unit(s) per Month
Parent Training	97156	24	Units per Year

# Caregiver Participation

- Amount – The number of units or number of hours.
- Type – the procedure code requested (97156 or Family adaptive behavior treatment guidance).

# Caregiver Participation Practice Session

## Which is the best way to include caregiver participation in the IPOC?

### PLAN FOR PARENT PARTICIPATION

A.

#### Caregiver Training

Caregiver participation is a crucial step in [redacted] treatment program. Not only do [redacted] caregivers attend all therapy sessions and meetings; they actively participate in learning how to generalize treatment gains across environments.

Caregiver training goals include:

Caregiver training goals include:

1. Parents will prompt [redacted] to follow rules for compromising and negotiating in cooperative efforts immediately after they are started by changing his own ideas or influencing others to change their ideas to reach an agreement, across caregivers and environments, with accuracy in 4/5 opportunities, as measured by parent and / or BCBA collected data.

**Update:** Continue with the current targets.

2. Parents will prompt [redacted] to inhibit various socially inappropriate nonvocal behavior and engage in appropriate social behavior instead (as appropriate), across caregivers / environments, with accuracy in 4/5 opportunities, as measured by parent / BCBA collected data.

**Update:** Continue with the current targets.

3. Parents will prompt [redacted] to gain the attention of adults and peers using age-appropriate forms of gaining attention (without regard to context) and will engage in alternative strategies for gaining attention when the initial form(s) is unsuccessful, across caregivers / environments, with accuracy in 4/5 opportunities, as measured by parent / BCBA collected data.

**Update:** Continue with the current targets.

At minimum, at least one caregiver will be required to attend monthly team meetings (i.e. 1 hour per month). Caregivers will also be required to target generalization of key skills outside of session times and collect data on the performance of these skills.

Additional training times may be necessary and required. Caregivers will also be required to participate in assessment activities as needed

B. Parents will be present every session.

# Caregiver Participation Practice Session

## Correct Answer:

A.

### PLAN FOR PARENT PARTICIPATION

#### Caregiver Training

Caregiver participation is a crucial step in [REDACTED]'s treatment program. Not only do [REDACTED] caregivers attend all therapy sessions and meetings; they actively participate in learning how to generalize treatment gains across environments.

Caregiver training goals include:

Caregiver training goals include:

1. Parents will prompt [REDACTED] to follow rules for compromising and negotiating in cooperative efforts immediately after they are started by changing his own ideas or influencing others to change their ideas to reach an agreement, across caregivers and environments, with accuracy in 4/5 opportunities, as measured by parent and / or BCBA collected data.

**Update:** Continue with the current targets.

2. Parents will prompt [REDACTED] to inhibit various socially inappropriate nonvocal behavior and engage in appropriate social behavior instead (as appropriate), across caregivers / environments, with accuracy in 4/5 opportunities, as measured by parent / BCBA collected data.

**Update:** Continue with the current targets.

3. Parents will prompt [REDACTED] to gain the attention of adults and peers using age-appropriate forms of gaining attention (without regard to context) and will engage in alternative strategies for gaining attention when the initial form(s) is unsuccessful, across caregivers / environments, with accuracy in 4/5 opportunities, as measured by parent / BCBA collected data.

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At minimum, at least one caregiver will be required to attend monthly team meetings (i.e. 1 hour per month). Caregivers will also be required to target generalization of key skills outside of session times and collect data on the performance of these skills. Additional training times may be necessary and required. Caregivers will also be required to participate in assessment activities as needed

# Progress Summary & Annual Re-Development Dates

- Date of completed progress summaries and annual re-development date.
- Dates are based on the start date of the initial authorization.

# Progress Summary & Annual Re-Development Dates Practice Session

Which example of progress summary and annual re-development dates should be included in the IPOC?

**A.** Program Review

The treatment plan will be reviewed every six months and re-developed on an annual basis. Below are the date of each completed progress summary and date of annual re-development:

- Completed progress summaries: 1/15/2019, 7/20/2019, 1/13/2020, 7/5/2020 and 1/28/2021.
- Completed annual assessments: 7/10/2018, 7/20/2019 and 7/5/2020.

**B.** Program Review

The treatment plan is updated as needed and assessments are completed annually.

# Progress Summary & Annual Re-Development Dates Practice Session

## Correct Answer:

### A. Program Review

The treatment plan will be reviewed every six months and re-developed on an annual basis. Below are the date of each completed progress summary and date of annual re-development:

- Completed progress summaries: 1/15/2019, 7/20/2019, 1/13/2020, 7/5/2020 and 1/28/2021.
- Completed annual assessments: 7/10/2018, 7/20/2019 and 7/5/2020.



# Signatures

## Must include:

- Signature of Provider
- Title of Provider
- Month, day and year of provider's signature
- Signature of parent/caregiver
- Title of parent/caregiver
- Month, day and year of parent/caregiver's signature

# Signatures Practice Session

Which example contains all the components required for signatures on the IPOC?

A.

\_\_\_\_\_  
[Redacted Signature]

My signature indicates that I was involved in the process of the IPOC and was offered a copy.

Parent/Caregiver Signature – [Redacted Signature]

\_\_\_\_\_  
Date

B.

Laura Tiger  
Laura Tiger, BCBA

7/8/20  
Date

[Redacted Signature]  
Parent/Caregiver Signature

Date 7/9/20

# Signatures Practice Session

Correct Answer:

B.

  
\_\_\_\_\_  
Laura Tiger, BCBA

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Parent/Caregiver Signature

  
\_\_\_\_\_  
Date

