

Military Family Readiness Council Meeting Minutes
The Pentagon Conference Center, Room B6
August 5, 2013
1:30 p.m. to 4:00 p.m.

Members Attending:

Office of the Secretary of Defense:

JESSICA WRIGHT, Chair, Acting Under Secretary of Defense, Personnel and Readiness
CHARLES MILAM, Principal Director, Military Community and Family Policy, and
Director, Office of Special Needs

Army:

LTG MICHAEL FERRITER, USA, Assistant Chief of Staff for Installation Management
JEANNE CHANDLER, wife of SMA RAYMOND CHANDLER, USA
CHRISTINA VINE, Army Active Duty Spouse Representative

Marine Corps:

EMILY FERTITTA, U.S. Marine Corps Reserve Spouse (Via Phone)

Air Force:

LT GEN DARRELL JONES, USAF, Deputy Chief of Staff for Manpower, Personnel and Services

Reserves:

LT GEN STANLEY CLARKE, USAF, Director, Air National Guard

Military Family Organizations:

NOELEEN TILLMAN, Blue Star Families
SHERRI BROWN, American Red Cross
KATHY MOAKLER, National Military Family Association

Representatives of Members Attending:

Marine Corps:

BGen RUSSELL SANBORN, USMC, Representing LtGen Robert Milstead

SGTMAJ CRAIG CRESSMAN, USMC Representing SgtMajMC Michael Barrett

Navy:

RDML BARBARA SWEREDOSKI, USN, Representing VADM William Moran
FORCM NANCY HOLLINGSWORTH, USN, Representing MCPON Michael Stevens

Air Force:

CMSgt SANDRA PFEFFER, USAF, Representing the CMSAF Office

Also Present:

MR. FREDERICK E. VOLLRATH, ASD (R&FM)
DR. JONATHAN WOODSON, M.D., ASD (HA)
MS. ROSEMARY WILLIAMS, DASD (MC&FP)
MS. MARILEE FITZGERALD, Director, DoDEA
MS. JACKIE GARRICK, Director, DSPO
MS. HOLLISTER PETRAEUS, Assistant Director, CFPB (OSA)
LTG MICHAEL LINNINGTON, USA, OUSD (P&R)
RDML DWIGHT SHEPHERD, USN, OJCS, Director, J1
DR. JACK SMITH, M.D., OASD (HA)
DR. JOHN DAVISON, M.D., OASD (HA)
MR. ANTHONY WICKHAM, NGB
MR. TRAVIS BARTHOLOMEW, OASD (RA)
MS. BARBARA THOMPSON, ODASD (MC&FP)
MS. ELIZABETH GRAHAM, ODASD (MC&FP)
LCDR PETER HOEGEL, USN, ODASD (MC&FP)

Public Submissions

Public submissions received in advance of the August 5, 2013, meeting are contained in Enclosure 1.

Executive Summary

On Monday, August 5, 2013, the Military Family Readiness Council (MRFC) meeting was held at the Pentagon Conference Center. The purpose of this forum was to receive new information and updates on family readiness initiatives from the Service branches, member military affiliated advocacy groups' representatives, and OSD components; to discuss current issues affecting military family readiness; and to consider possible recommendations from the MRFC to the Secretary of Defense.

Mrs. Jessica Wright, Acting Under Secretary of Defense, Personnel and Readiness, opened the meeting, followed by Ms. Betsy Graham, the alternate designated federal officer (DFO), who then reviewed rules and regulations for government advisory committees.

Roundtable

The committee proceeded into a roundtable discussion where members introduced themselves and shared the current state of their family readiness efforts within their branch or organization. Members also communicated any concerns they had gathered from military families, on and off installation, as well as active duty and reserve components.

Mrs. Wright opened the roundtable reiterating the purpose and mission of the Council. The MFRC is congressionally mandated to review and make recommendations to the Secretary of Defense regarding policies and plans for the support of military family readiness by the DoD. Mrs. Wright also noted the important contributions of the MFRC as noted in House Report 113-102, National Defense Authorization Act 2014. The report identified that the 2012 Council report (received by Congress in February 2013) contained a number of recommendations to improve support to military families, such as establishing evaluation criteria to ensure that programs are effectively based on outcome measurements and are aligned with program objectives.

Mrs. Wright specifically noted that the House Report cited the Exceptional Family Member Program (EFMP) as one area where the council has had a substantial impact through the standardization of this program across the Services.

Additional success was noted in the Military Spouse Employment Partnership (MSEP) program, which exceeded their 2015 milestone timeline of 50,000 spouses hired by partner companies and organizations. The success of the MSEP program would not be possible without the participation and advocacy of the First Lady, Dr. Jill Biden, and the Joining Forces partnership.

In concluding her opening remarks, Mrs. Wright introduced Ms. Rosemary Williams, the new Deputy Assistant Secretary of Defense (DASD) for Military Community and Family Policy, and thanked Mr. Charles Milam for his service as Acting DASD before Ms. Williams' appointment. Mrs. Wright thanked Lieutenant General Hesterman, her departing Military Deputy, for his service, and introduced her new Military Deputy, Lieutenant General Linnington and his wife, Brenda. Commander Chris Davis, departing DFO, was thanked for his MFRC service.

Ms. Tillman, a member representing Blue Star Families, followed Mrs. Wright in the roundtable discussion. Key points of Ms. Tillman's comments focused on recently released, May 2013 Blue Star Families survey results. Over 6,000 Service members, including Active Duty, veterans, reserves, and family members participated, and the four top family readiness concerns of respondents were pay, benefits, and changes to retirement benefits; military spouse employment;

effects of deployment on military child emotional well-being and development; and military child education.

Mrs. Vine, a member, added that as an Active Duty spouse, Army civilian employee, and team lead for the Army Family Action, she is afforded an excellent vantage point to observe family readiness programs and gather military families' concerns. Chief Master Sergeant Pfeiffer commented that she is representing the Chief Master Sergeant of the Air Force's office. Sergeant Major Cressman, representing Sergeant Major Barrett, the Sergeant Major of the Marine Corps, discussed the current state of family readiness in the Marine Corps, noting that programs have grown immensely to meet the need and the requirement to provide a strong, capable force throughout the Marine Corps.

Continuing the roundtable discussion, Rear Admiral Barb Sweredoski, representing the Chief of Naval Personnel, discussed the strides the Navy has made in its family readiness initiatives in areas including leadership, program assessment, reporting, fleet engagement visits, and social media efforts. Lieutenant General Clark, Director of the Air National Guard, a member, discussed the National Guard's family readiness efforts and the unique challenges that stem from their community-based basing throughout all states, territories, and the District of Columbia.

One effort cited by Lieutenant General Clark is a program called Joining Community Forces, where the National Guard has leveraged non-governmental, governmental, faith-based, and nonprofit organizations in order to give the best service they can to National Guard families and Service members. Additionally, the National Guard recognizes the need for awareness in their military community and looks to Military OneSource to help fulfill that need.

The roundtable discussion turned next to Lieutenant General Mike Ferriter, Assistant Chief of Staff for Installation Management and Installation Management Commanding General, a member, for his comments on the state of the Army's family readiness and resiliency efforts. Recognizing that promoting readiness and resiliency is a vital part of the future of the Army, where more than 60 percent of soldiers are married or single soldiers with children, improvements in programming and program assessment have been made within Army Community Services. Additional efforts are underway in many areas including the "Ready and Resilient" campaign plan, a campaign portfolio capabilities assessment, First Sergeant's Barracks campaign, soldier continuing education, community health promotion councils, and sponsorship programs.

Lieutenant General Jones, Deputy Chief of Staff for Manpower, Personnel, and Services for the Air Force, a member, elaborated on a pilot program called the Airmen Resiliency and Maintenance of Operational Readiness. This test program started with three universities - New York University, Texas A&M, and the University of Tennessee Health Science Center - and is designed to bring a special group of strategic tool kits to Airmen and Family Readiness Centers

to help those who work with couples and their partners deal with their relationship challenges. The program is being prototyped at 18 bases and shows great promise.

Mr. Charles Milam, a member, Director of the Office of Community Support for Military Families with Special Needs, contributed an update on efforts over the past several months to include ongoing initiatives to standardize the EFMP program across all Services and the development of national accreditation for EFMP program standards. Brigadier General Sanborn, Director of Marine and Family Programs, representing the Deputy Commandant for Manpower and Reserve Affairs, added that the Marine Corps is constantly evaluating its family programs and procedures using scientifically-based analysis including functional assessments, benchmarking, data surveillance, audits, inspections, national research, operating/planning teams, and accreditation.

The next roundtable contributor, Force Master Chief Nancy Hollingsworth of the Navy Installations Command, representing the Master Chief Petty Officer of the Navy, complimented Admiral Sweredoski's analysis and comprehensive overview of the Navy's current programs and family support programs. Mrs. Chandler, a member, the spouse of the Sergeant Major of the Army, contributed concerns gathered from Army Community Services directors, families, and survivors on the state of Army family readiness and its programs. She stressed that those concerns are similar to ones of most American citizens and include topics such as housing, schools, pay, medical care, and child care. Additionally, different tactics and communication efforts are needed, because young people are not interested in attending Family Readiness Group (FRG) meetings. The Army has made efforts to conduct virtual meetings or integrate family readiness into command social functions. There is also a pressing family concern, that many are unable to attend FRG events due to budget constraints affecting the availability of free child care. Efforts to improve the Survivor Outreach Services program by partnering with TAPS have also been successful. Joint bases, where the Army is not the lead, continue to present a problem in providing Army family program services.

Ms. Sherri Brown, a member representing American Red Cross Military Programs, added to roundtable discussions that concerns gathered from the families include challenges for single military parents, available child care, pressures on veteran transition-type programs and services, and youth services on installation. Ms. Brown also added that the American Red Cross receives a steady stream, at least one per day, of military suicide preventions calls to its emergency messaging line.

Ms. Kathy Moakler, a member representing the National Military Family Association, contributed next. Her comments expressed the frustration amongst military families related to the effects of sequestration, including limited access to family programs and activities and reduced staffing due to job cuts and hiring freezes. The constrained environment has affected family readiness. The National Military Family Association is working actively to end sequestration through media campaigns and Congressional outreach. Ms. Moakler also

expressed concern regarding the EFMP program and the lack of a strategic communication plan announcing changes to the Extended Care Health Option (ECHO) program coverage by TRICARE.

Ms. Fertitta, the spouse of a USMC Reservist and a member, participating by telephone, concluded the roundtable by sharing her perspective as a reserve Marine spouse and former Family Readiness Officer. Family concerns from her military community include reserve Marines having their orders in advance, getting travel pay on time, and having their current pay when they are transferred to a new Marine Corps Reserve assignment.

Meeting Updates

Ms. Graham briefed on Service policy updates since the last MFRC meeting in May:

- The Navy has issued NAVADMIN 152/13 that details training put in place to provide training and policy updates to extend benefits to same-sex partners. Admiral Sweredoski added that NAVADMIN 152/13 is on official pause following Supreme Court action on the Defense of Marriage Act.
- The Navy has also established the Navy's 21st Century Sailor Office, which combines two previous offices, integrating Sailor personal and family readiness, physical readiness, substance abuse prevention, suicide prevention, Sexual Assault Prevention and Response (SAPR), equal opportunity, and hazing prevention policies.

Ms. Graham briefed the following public submissions:

- American Military Partner Association submitted their top five needs of Lesbian, Gay, Bisexual, and Transgendered (LGBT) military families urging the Council to represent these families.
- The Code of Support Foundation submitted an issue paper to the Council concerning the Department's evaluation efforts, noting particularly the lack of data collection that captures the number of suicides and attempts among military spouses and families.
- Ms. Valerie Walker, a military spouse stationed at Fort Eustis, emailed a suggestion that the Department develop an advisory council system to hear family member concerns at the installation level.
- The Association of the United States Army sent the council a summary of their survey on the Interstate Compact for Educational Opportunity for Military Children.
- Military Spouse Juris Doctor Network sent a request that the Department create an agreement with the 50 states to allow military spouses to practice law in whichever state they reside, without having the expense and the work of going through the bar exam for each state.

- The Council received communication from Autism Speaks, an organization supporting families with autistic members, expressing that they have serious concerns with the policies developed to implement access to applied behavior analysis for TRICARE beneficiaries.
- Association of Professional Behavior Analysts and several military families also notified the Council of their serious concerns with the TRICARE policy change regarding applied behavior analysis therapy and how that change may affect their family members.
- The Council received multiple emails from family members citing their concerns about the TRICARE Applied Behavior Analysis (ABA) policy change sharing heartfelt personal stories. These emails were forwarded to OSD (HA) and are part of the Council record.

All communication to the Council will be reviewed and discussed for further action.

Guest Presenters

TRICARE

Dr. Jonathan Woodson, Assistant Secretary of Defense for Health Affairs and Director, TRICARE Management Activity, briefed that TRICARE provides one of the most generous ABA programs in the United States. However, it was acknowledged that there were challenges in TRICARE's communication of ABA policy change to the public, and better communication will occur going forward.

Key Points

- There is no change for either Active Duty family members or non-Active Duty family members receiving applied behavior analysis for autism spectrum disorder under the TRICARE Basic Program
- There is no change for Active Duty family members enrolled in the Extended Care Health Option Autism Demonstration who are receiving ABA reinforcement for ASD. There is no change in out-of-pocket cost for Active Duty family members
- Non-Active Duty family members currently receiving ABA under the TRICARE Basic Program may continue without changes. Non-Active Duty family members who desire ABA reinforcement services, in addition to ABA, can access that under a new ABA pilot program.

Office of Reserve Affairs

Mr. Bartholomew, Office of Reserve Affairs, Family & Employer Programs and Policy, briefed on the mission and initiatives of his office to serve the over 1.2 million Guard and Reserve

families geographically dispersed in over 4,000 communities nationwide. Through initiatives, including the Yellow Ribbon Reintegration Program, Employer Support for the Guard and Reserve, Hero 2 Hired, and Individual and Family Support Policy, the Office of Reserve Affairs strives to address a wide range of issues and opportunities facing Guard and Reserve families. Issues may encompass reintegration, employment, behavioral health, injury, and relationship challenges.

Military OneSource

Ms. Barbara Thompson, Director, Office of Family Policy/Children and Youth, briefed on the mission of Military OneSource, to offer no-cost, convenient, 24-7 access to confidential resources and referral support for Service members and their families in order to improve the quality of their lives and the effectiveness of the military community.

Military OneSource is comprised of:

- Non-medical counseling
- Social media
- Website and mobile website
- 24/7/365 call center
- Specialty consultations
- Health and wellness coaching

Military OneSource maintains confidentiality except in those cases when it is compelled by a Duty to Warn. Eligible users are Active Duty, National Guard and Reserve component members, as well as their family members, including same-sex partners. Coast Guard members who are activated by the Navy and Civilian Expeditionary Workforce when deployed are also eligible to use Military OneSource.

Consumer Financial Protection Bureau (CFPB)

Mrs. Holly Petraeus, Assistant Director CFPB, Office of Servicemember Affairs, briefed on the agency mission and initiatives underway to serve the military community, including retirees and veterans. There are three basic directives the Office of Servicemember Affairs is tasked with:

- Educating Service members and their families in financial literacy
- Collecting and investigating military consumer complaints
- Working and partnering with other Federal and state agencies on consumer protection for the military community. With funding from the Federal Reserve, the CFPB as an independent Federal agency that serves as a

regulator capable of examining, investigating and filing civil charges, when necessary, if an organization is found to have broken one of the 19 different Federal consumer protection laws.

Personal Financial Readiness of the Military

Ms. Barbara Thompson, Director, Office of Family Policy/Children and Youth, briefed MC&FP efforts to prepare military families in financial readiness. It is much more than just the one-week Military Saves campaigns. Personal financial managers are available to assist Service members and their families in setting and maintaining financial goals, including their relationship to debt, savings, and TSP, as well as their overall financial literacy. Personal Financial Managers are also required to obtain CEUs to maintain their certification, so MC&FP has been providing a series of webinars that will provide PFMs with not only CEUs, but also the latest information from the financial management field. The analysis of financial literacy program effectiveness is ongoing.

Defense Suicide Prevention Office (DSPO)

Ms. Jacqueline Garrick, Director DSPO, briefed the mission and initiatives of her office. Established in November 2011, DSPO was created to demonstrate “DoD’s strong commitment to reduce suicide in the military and enhance the readiness and resilience of Service members and their families.” Through strategic partnerships with the Veterans Administration (Military Veteran Crisis Line) and community and faith-based organizations (Partners in Care), DSPO strives to foster cooperation to develop suicide prevention information and resources amongst a network of stakeholders. By focusing on Total Force fitness, DPSO seeks to provide policy guidance that emphasizes and encourages help-seeking behavior, reduces stigma, and builds resilience, while identifying effective suicide prevention training strategies and providing access to quality care.

Council Recommendations

As discussion moved toward collecting possible MFRC recommendations from Council members, many members expressed their reluctance to move forward at this time stressing that in order to give viable, actionable recommendations, additional time would be required to properly research and review those issues in front of the council. To ensure proper consideration, Mrs. Chandler suggested that an information paper would be helpful to fully flesh out possible focus areas. A vote was taken and passed unanimously, determining that an additional MFRC meeting will be needed, scheduled for September or October 2013, to discuss and debate the Council’s final recommendations for the Secretary of Defense with a suspense date of February 2014.

Public Comments

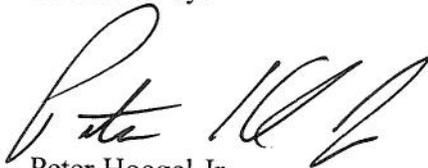
Ms. Kara Oakley, Oakley Capitol Consulting, LLC., addressed the Council requesting their support of TRICARE for Kids, a comprehensive review of health care and related support

services for children of military families, to ensure that the policies and practices were specific to and appropriate for children's needs. Mrs. Wright thanked Ms. Oakley for her comments and assured that the Council would give the request proper consideration.

After thanking all members, advisors, and speakers, Mrs. Wright closed the meeting at 4:03 p.m.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

Submitted by:



Peter Hoegel Jr.
Lieutenant Commander, United States Navy
DFO, Military Family Readiness Council

Certified by:



Jessica L. Wright
Acting Under Secretary of Defense
for Personnel and Readiness
Chair, Military Family Readiness Council

These minutes will be formally considered by the Council at its next meeting, and any corrections or notations will be incorporated in the minutes of that meeting.

Military Family Readiness Council Meeting Minutes
The Pentagon Conference Center, Room B6
August 5, 2013
1:30 p.m. to 4:00 p.m.

Enclosure 1

Public Submissions



July 19, 2013

Mrs. Jessica L. Wright
Acting Under Secretary of Defense for Personnel and Readiness
4000 Defense Pentagon
Washington, D.C. 20301-4000

Submitted via: FamilyReadinessCouncil@osd.mil

Re: TRICARE ABA Policy Changes affecting military children with autism

Dear Secretary Wright:

Autism Speaks is the nation's largest autism science and advocacy organization, dedicated to funding research, increasing awareness, and advocating on behalf of affected individuals and their families. We write to share our concerns regarding changes published June 25, 2013, in the TRICARE operations and policy manuals that affect coverage of applied behavior analysis (ABA) for TRICARE beneficiaries with autism spectrum disorders (autism).

Autism is a complex developmental disorder that affects a person's behavior, social functioning, and ability to communicate. For many individuals, autism is pervasive, chronic, life-long, and severely disabling. While there is no known cure, there are effective treatments for autism that can change a person's course and outcome. ABA is widely accepted by the medical community as an effective treatment for autism and is endorsed by the American Academy of Pediatrics and the National Institute of Mental Health.

In an effort to improve and expand access to ABA care for TRICARE beneficiaries, Congress, via the National Defense Authorization Act for Fiscal Year 2013, authorized a pilot program for TRICARE beneficiaries with autism. We have serious concerns with the policies developed to implement this benefit and the Department's departure from well-established clinical standards and practices. ***By imposing burdensome authorization procedures, treatment limitations, and arbitrary discharge criteria, the recent changes to the manuals will greatly restrict, essential treatment services for thousands of TRICARE beneficiaries affected by autism.***

Providing appropriate access and coverage of effective autism treatment services is essential to the health and well-being of our military children and families. At a time when our military families sacrifice so much and endure the extreme circumstances of military life, improving the health and quality of life for all TRICARE beneficiaries must be a top priority. We urge you to revise the manuals to ensure that TRICARE policies are consistent with these goals.

Respectfully,

Karen Driscoll
Associate Director for Federal Government Affairs and Military Relations
Autism Speaks

Association of



***Professional
Behavior Analysts***

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San Diego, CA 92119

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July 17, 2013

Dr. Jonathan Woodson
Assistant Secretary of Defense for Health Affairs
1200 Defense Pentagon Room 3E1070
Washington, DC 20301-1200

Mr. Richard H. Breen, Jr., APR
Director of Strategic Communications
Office of the Assistant Secretary of Defense for Health Affairs
and the TRICARE Management Activity
7700 Arlington Blvd., Room 3M709
Falls Church, VA 22042

Re: Policies issued June 25, 2013 as described in the following: Basic – TRICARE Policy Manual 6010.57-M, Chapter 7, Section 3.18 – Applied Behavioral [sic] Analysis (ABA); Pilot – TRICARE Operations Manual 6010.56-M, Chapter 18, Section 15 – Department of Defense (DoD) Applied Behavior Analysis (ABA) Pilot for Non-Active Duty Family Members (NADFMs); Demo – TRICARE Operations Manual 6010.56-M, Chapter 18, Section 8 – Department of Defense (DoD) Enhanced Access to ASD Services Demonstration; (4) ABA Pilot QAs posted June 27 at <http://www.tricare.mil/customerservicecommunity/source.aspx>

Dear Dr. Woodson and Mr. Breen:

We are writing to respectfully convey concerns about the above-referenced policies regarding TRICARE coverage of applied behavior analysis (ABA) services for military dependents with autism spectrum disorders (ASD). By way of background, the Association of Professional Behavior Analysts (APBA) is a nonprofit membership

organization whose mission is to promote and advance the science and practice of ABA. One of APBA's principal activities is promoting public policies to support the practice of ABA. That has included working on laws requiring certain health plans to cover ABA services for people with ASD as well as laws and regulations governing who can practice ABA professionally and how they practice. Among APBA's members are many professional behavior analysts who have been credentialed as ABA providers for the TRICARE ECHO ASD demonstration that was first established in 2008. Dr. Gina Green, Executive Director of APBA and an ASD researcher and practitioner, provided input to the Department of Defense on development of the provider standards for that demonstration program.

APBA appreciates the DoD's designation of ABA as a medical benefit to be covered under TRICARE Basic, and its stated intention to increase access to TRICARE-covered ABA services by both active-duty and non-active duty military beneficiaries with ASD. We applaud TRICARE's continued recognition of the credentials for practicing ABA professionally that are issued by the nationally accredited Behavior Analyst Certification Board (BACB), and the incorporation of some BACB standards and guidelines in the new policies. We also concur with other efforts to establish quality control standards for TRICARE ABA providers. Several provisions in the new policies, however, contradict best practices in ABA services for people with ASD as well as some state laws and regulations, and will create significant obstacles for military families, ABA providers, and TRICARE contractors unless they are modified prior to implementation. Some of the most problematic provisions are highlighted in blue text here, followed by analyses of their likely effects and some suggested remedies. These comments reflect input APBA has received from numerous TRICARE ABA providers and military parents of children with ASD, as well as our own analyses.

Differentiating ABA services under TRICARE Basic and Demo/Pilot programs

We understand there may be administrative rationales for bifurcating ABA treatment covered under TRICARE Basic and what TRICARE calls "ABA reinforcement" (a misnomer, in our view) to be covered under the Demo and Pilot programs. But that bifurcation and the associated policies are inconsistent with the nature of ASD, evidence-based ABA practices, BACB standards and guidelines, and cost effectiveness.

1. The principal **concerns** lie with

- Requirements that (a) only Board Certified Behavior Analysts (BCBAs)/Board Certified Behavior Analyst-Doctoral (BCBA-Ds) can be reimbursed for providing ABA services directly to clients in the Basic component; (b) Board Certified Assistant Behavior Analysts (BCaBAs) and paraprofessionals (ABA Tutors) can provide direct services only in the Demo and Pilot components; and (c) parent/caregiver training can only be reimbursed under the Basic component and only to the BCBA-BCBA-D, with no coverage of such training in the Demo or Pilot. Neither the needs of people with ASD and their families nor ABA treatment for such individuals can be compartmentalized into two distinct components. Treatment targets for people with ASD do not occur only in certain settings or at certain times,

and changes in those target behaviors are not likely to generalize unless treatment is delivered in a cohesive, consistent, well-coordinated fashion across multiple settings, times, and people. Therefore, all those who deliver ABA services to a person with ASD must be trained to implement *all* of the treatment procedures for *all* of the treatment targets accurately and consistently. That is accomplished most effectively and efficiently when the direct interventionists, parents, and supervising BCBA/BCBA-D work together on initial treatment planning and treatment plan revision, and on delivering services across times and settings.

- The requirement for the BCBA/BCBA-D to be supervised by the referring physician or psychologist (see further comments about this below).
- Restriction of the BCaBA's role to direct intervention, rather than assisting their supervising BCBA/BCBA-D with case management and other tasks, including training and supervision of ABA Tutors and parents. This contradicts BACB standards and guidelines. For instance, the BACB's description of the role of BCaBAs makes it clear that they are assistant-level professionals, not paraprofessionals and not "surrogate parent interventionists" as they are characterized by TRICARE. BCaBAs are qualified to do much more than provide direct intervention:

The BCaBA conducts descriptive behavioral assessments and is able to interpret the results and design ethical and effective behavior analytic interventions for clients. The BCaBA *designs and oversees interventions* in familiar cases (e.g., similar to those encountered during their training) that are consistent with the dimensions of applied behavior analysis. The BCaBA obtains technical direction from a BCBA for unfamiliar situations. The BCaBA *is able to teach others to carry out interventions and supervise behavioral technicians* once the BCaBA has demonstrated competency with the procedures involved under the direct supervision of a BCBA. The BCaBA may assist a BCBA with the design and delivery of introductory level instruction in behavior analysis. It is mandatory that each BCaBA practice under the supervision of a BCBA. Governmental entities, third-party insurance plans and others utilizing BCaBAs must require this supervision (<http://www.bacb.com/index.php?page=4>) [emphases added]

Further, the BACB Guidelines for Health Plan Coverage of Applied Behavior Analysis Treatment for ASD Spectrum Disorders describe the BCaBA's role in the tiered service delivery model, which has been incorporated in the TRICARE policies, as "[providing] clinical case management support" under the supervision of a BCBA/BCBA-D (p. 25). The guidelines go on to say that clinical case management activities include "Meet and evaluate performance of Behavioral Technician staff" (ABA Tutors in TRICARE), "Supervise implementation of treatment," "Train and consult with caregivers and other professionals," "Ensure satisfactory implementation of treatment protocols," and "Develop and oversee transition/discharge plan" (p. 29).

The restriction on BCaBAs also contradicts the statement in the policies for the TRICARE Demo and Pilot programs that "The BCaBA assists BCBA's or BCBA-Ds in

various roles and responsibilities *as determined appropriate by BCBAs or BCBA-Ds and delegated to the BCaBA*” (emphasis added).

- Reduction of the reimbursement rate for BCaBA services covered under the ECHO Demo from \$125 per hour to \$75 per hour (the latter rate also applies to the Pilot).

2. If these provisions are implemented as currently written, they are likely to have multiple **deleterious effects**, including but not limited to:

- Making it difficult for beneficiaries to obtain effective ABA services under the Basic program because few BCBAs/BCBA-Ds will be able to provide adequate direct intervention and also fulfill their responsibilities for overall case management, parent training, supervision, etc. for the TRICARE beneficiaries they serve.
- Forcing some current TRICARE ABA providers to pull out of TRICARE, and making it difficult for TRICARE contractors to find ABA providers because the staffing patterns and reimbursement rates make it impossible to operate a business that provides effective and ethical ABA services. That will in turn restrict rather than enhance access to ABA services by military dependents with ASD.
- Unnecessarily high costs for ABA services covered under TRICARE Basic because all direct services will have to be provided by BCBAs/BCBA-Ds and supervised by referring physicians or psychologists, making it unlikely that most eligible beneficiaries with ASD will receive more than a few hours of ABA treatment under this component *if* they can meet eligibility requirements and find qualified evaluators and ABA providers in their area (see comments below)
- Poor generalization and maintenance of treatment gains by military dependents with ASD who are able to get some ABA services, creating a Catch 22 because that is likely to result in their being discharged from ABA treatment per these policies
- Suboptimal, fragmented ABA service delivery, resulting in suboptimal benefits for military dependents with ASD and suboptimal returns on TRICARE’s investments

3. All of the risks listed above can be avoided by **(a) allowing reimbursement for the services of BCaBAs and ABA Tutors and parent/caregiver training under TRICARE Basic as well as the Pilot and Demo programs; AND (b) allowing BCaBAs to train and supervise parents/caregivers and ABA Tutors in all three programs; AND (c) increasing the reimbursement rate for BCaBAs to at least \$100 per hour; AND (d) eliminating the requirement for ABA services to be supervised by a referring physician or clinical psychologist.**

Requirement for BCBAs/BCBA-Ds to be supervised by referring physicians or licensed clinical psychologists

1. This provision in the policy regarding the TRICARE Basic ABA benefit **contradicts**

- Physician and clinical psychologist licensure laws and ethics codes prohibiting those professionals from practicing outside of the boundaries of their education, practical training, and competence. Evidence-based medical and psychological services for people with ASD should certainly be covered by TRICARE. As noted in the above-referenced TRICARE policy, however, “ABA has established standards for practice and distinct methods of service by providers with recognized experience and educational requirements for practice” [citing the BACB’s requirements and standards] (p. 1) and “ABA is a specialized intervention administered by an authorized provider... who is a professional with advanced formal training in behavioral [sic] analysis, to include at least a master’s degree and several hundred hours of graduate level instruction or [should be AND] mentored or supervised experience with another BCBA” (p. 4). A small proportion of licensed clinical psychologists who are not BCBAs may have the level of education and experiential training in ABA that is endorsed by TRICARE, but most programs that prepare and license clinical psychologists and physicians do not include the specialized training in ABA and passage of a professional examination in ABA that is required for certification as a BCBA or BCBA-D.
 - State laws regulating the practice of ABA. To date, twelve states have adopted laws to license or certify behavior analysts (AZ, KY, LA, MA, MO, ND, NV, OH, OK, RI, VA, WI). All of those laws have BCBA certification as an eligibility requirement; *none require licensed or state-certified BCBAs or BCBA-Ds to be supervised by members of other professions, such as clinical psychology or medicine.*
 - BACB requirements and standards. The BACB’s standards, which are incorporated in the TRICARE ABA policies, specify that BCBAs and BCBA-Ds can practice independently, without supervision from other behavior analysts or members of other professions.
 - Other TRICARE policies on ABA. In addition to the sections of the policies regarding the Basic ABA benefit excerpted above, the supervision requirement contradicts the statement in the new policy governing the Demo program that “The BCBA or BCBA-D is ultimately responsible for all aspects of case management and clinical direction” (p. 2), and an identical statement in the new policy governing the Pilot program (p. 3).
2. If this provision is implemented as currently written, it is likely to have multiple **deleterious effects**, including but not limited to:
- Putting referring physicians and clinical psychologists at risk of violating their professions’ licensure laws and codes of ethics

- Putting TRICARE contractors at risk of violating state laws regulating the practice of ABA as well as the practice of clinical psychology and medicine
- Creating confusion as to whether the BCBA/BCBA-D or the referring physician or psychologist has primary responsibility and accountability for the ABA services covered by TRICARE
- Causing disagreements between BCBAs/BCBA-Ds and referring professionals who are not behavior analysts regarding the general treatment approach, selection of treatment targets, measurement of progress, and specific aspects of specialized ABA intervention procedures. That will in turn put military dependents with ASD at risk of receiving services that are not consistent with the best available research evidence and best practice standards regarding ABA services.
- Significantly decreasing military dependents' access to ABA services in the many locations where it will be very difficult to find physicians or clinical psychologists who are trained to oversee ABA services and can devote the time required to provide that oversight ethically and effectively
- Increasing the cost of ABA services by the amounts required to secure supervision by referring physicians or clinical psychologists

3. All of the risks listed above can be avoided by **eliminating the requirement for ABA services to be supervised by a referring physician or clinical psychologist.**

Requirements for (a) the ASD Diagnostic Observation Survey-2 (ADOS-2) and Vineland [Adaptive] Behavior Scales II (VABS II) to be included in initial ABA assessments; (b) VABS II assessments to be repeated every 6 months; and (c) results of the repeated VABS to concur with behavior analytic progress data in order for ABA services to be re-authorized

1. Serious **concerns** about the requirements for using results of the specified psychometric tests to determine initial and continuing eligibility for ABA services include

- Relatively few TRICARE ABA providers are trained to administer these instruments. They are not ABA assessments. Diagnosing disorders and administering psychological/psychoeducational tests are not in the scope of practice of behavior analysts certified by the BACB, unless those individuals hold certain other professional credentials. Only a small proportion of them do. For those who do not, state laws may prohibit them from conducting diagnostic and psychological/psychoeducational testing.
- Even if they were legally authorized to conduct diagnostic evaluations, obtaining the specialized training required to administer, score, and interpret the ADOS-2 would be

expensive for many ABA providers. It does not appear that TRICARE would cover the cost of that training.

- Many ABA providers and military families report that there are very few, if any, professionals near them who are qualified to administer the ADOS-2 (clinical psychologists, pediatricians), and there are long waiting lists for appointments with those professionals where they do exist.
 - The ADOS-2 involves an evaluator sampling a circumscribed set of skills and behaviors in a short time, often in a setting with which the person with ASD is not familiar (e.g., the evaluator's office or a clinic). That sample may not be representative of the person's functioning in their everyday environments. That is, ADOS-2 results often do not match data from baseline ABA assessments, which involve directly and repeatedly observing and measuring specific skills and problem behaviors and associated environmental events in the individual's everyday environments.
 - The VABS II, which relies on the impressions of teachers or caregivers, can provide a global estimate of an individual's adaptive skills and maladaptive behaviors in comparison to same-age peers, but does not yield precise enough information for individualized ABA treatment planning and is not sensitive enough to detect improvements made by many people with ASD over the course of 6 or 12 months of comprehensive or focused ABA interventions. That is, the results of VABS II teacher or parent interviews or ratings often do not correspond perfectly with data from ABA assessments, which involve directly and repeatedly observing and measuring specific skills, problem behaviors, and associated environmental events in the individual's everyday environments.
 - Both the ADOS-2 and the VABS II yield multiple scores. For instance, the VABS II has a checklist form and an interview form. The latter yields raw, standard, and age equivalent scores for several domains and an overall adaptive skills composite. Due to the way they are calculated, the standard and age-equivalent scores for many people with ASD may not increase over a 6-12-month span even when they have made clinically important improvements. The TRICARE policies do not specify which of the ADOS-2 and VABS II scores are to be used to determine initial eligibility for ABA services, reauthorization for those services after the first year, or eligibility for waivers.
2. If these provisions are implemented as currently written, they are likely to have multiple **deleterious effects**, including but not limited to:
- Delaying or precluding access to ABA services by military dependents with ASD because they cannot get timely – or any -- access to professionals who are qualified to administer the ADOS-2 and the VABS II

- Increasing the cost of ABA services by the fees charged by evaluators to conduct, score, and report on the ADOS-2 and VABS II and in many cases, costs incurred by families who have to travel to obtain those evaluations
- Inappropriate and damaging decisions to deny ABA services to military dependents with ASD, and to prematurely terminate ABA services for individuals whose repeated VABS II evaluations are construed to reflect insufficient progress. Young children with ASD who receive intensive, comprehensive ABA treatment will be at particular risk because the first 1-2 years of that treatment often does not focus heavily on many of the skills and behaviors that are sampled in the VABS II, though substantial research shows that such children make other clinically important improvements during that time. Similarly, many children and youths with ASD who receive focused (rather than comprehensive) ABA interventions will have clinically important improvements in the specific, usually small number of skills/behaviors targeted by those interventions that will not be reflected in VABS II scores. *That is particularly true for many military dependents with ASD for whom delays, disruptions, and reductions in ABA treatment due to deployments and relocations as well as TRICARE policies often result in slow progress at best, loss of prior treatment gains and regression at worst.*

3. All of the risks and costs listed above can be avoided by **(a) replacing the requirement for the ADOS-2 to be part of the initial ABA assessment with a requirement for a diagnosis by a professional who is qualified by training and authorized legally to make that diagnosis; AND (b) eliminating the requirement for the VABS II to be re-administered every 180 days; AND (c) changing the main criterion for reauthorizing ABA services from progress documented on the VABS II and concurrence of VABS II results and ABA data to a determination by the ABA treatment team that continuing ABA services are medically necessary for the individual, as evidenced by persisting needs and clinically important progress on treatment targets over time documented in graphed data representing objective, repeated direct observation and measurement of those targets in everyday environments.**

Requirements for (a) assessments of parents' ability to implement ABA interventions at initial treatment planning, and (b) documentation of parents full engagement and ability to consistently implement the treatment plan in order for limits on ABA services to be waived

Research shows that many parents of people with ASD can effectively implement certain ABA assessment and intervention procedures *with competency-based training and ongoing supervision and feedback from a professional behavior analyst*. We know of no objective, validated procedures for assessing parents' ability to acquire the necessary skills before they have had any training, and assert that requiring BCBAs/BCBA-Ds to make such a subjective judgment at the initial treatment planning stage puts them at risk of violating the BACB Guidelines for Responsible Conduct. It is appropriate and ethical for ABA providers to specify training targets and procedures for parents at the treatment planning stage, and to report data from objective, direct measurements of parents'

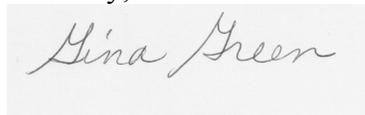
performances on those targets at baseline and periodically during treatment. Such data should not, however, be given inordinate weight in decisions to authorize or re-authorize ABA services for TRICARE beneficiaries. Proper ABA treatment planning and implementation requires careful consideration of many factors, including the family's situation (e.g., parents' marital status, employment, and health; children and other family members living in the home; available supports and resources; etc.). *That is especially important with military families whose circumstances may make it very difficult for one or both parents to function optimally as co-therapists for their children with ASD. It would be inappropriate and damaging to deny those children ABA services.* We strongly recommend dropping the requirements for the ABA provider to predict parents' ability to implement ABA interventions at initial treatment planning, and for parents to fully and consistently implement the ABA treatment plan to be eligible for waivers.

No authorization of ABA services beyond two years or age 16 without special waivers

We are not aware of any compelling logical, clinical, or empirical rationale for these cutoffs; quite the contrary. Like people with other neurological conditions, for many people with ASD the symptoms and associated difficulties do not disappear after a limited period of time or at a certain age, even when they receive sustained excellent treatment. For instance, the best available research and clinical experience shows that with high-quality comprehensive and intensive ABA treatment provided without significant interruptions, some young children with ASD need more than two years to improve functioning and avoid regressing. Children and youths with ASD who did not receive that kind of treatment when they were young, who have significant needs, or who receive ABA treatment that is focused on only a small number of target behaviors often need continued ABA treatment to manage symptoms and prevent deterioration. Again, that is particularly true for military dependents with ASD for whom family circumstances and other factors make it difficult for them to obtain appropriate levels of ABA treatment even for short periods of time. Although the new TRICARE policies indicate that families can apply for waivers to extend ABA services beyond two years or age 16, it is not clear how eligibility for those waivers will be determined or how likely it is that such waivers will be approved. We strongly recommend eliminating the arbitrary cutoffs.

APBA will welcome opportunities to clarify any of the above comments and to work with TRICARE to assure that military dependents with ASD receive timely, effective, and cost-effective ABA services.

Sincerely,



Gina Green, PhD, BCBA-D
Executive Director
ggreen3@cox.net, ggreen@apbahome.net

From: [Shane Vetter](#)
To: [OUSD-PR Family Readiness Council](#); [Jodisgoing180 Vetter](#)
Subject: Fwd: Addresses and E-mail Addresses
Date: Sunday, July 14, 2013 11:29:24 AM
Attachments: [Letter to Congress - Marco Rubio.docx](#)

Family Readiness Council,

I have attached a letter that I sent to my Senator and Congressman. It may be a useful template for other deployed service members.

V/r,
Shane Vetter, Lt Col, USAF

----- Forwarded message -----
From: Shane Vetter <sjvetter@gmail.com>
Date: Sat, Jul 13, 2013 at 4:37 PM
Subject: Re: Addresses and E-mail Addresses
To: Jodisgoing180 Vetter <jodisgoing180@gmail.com>

Here is the letter I sent to Rubio and Miller on their web pages. I also printed out copies that I will mail to them. I think paper letters are more effective, but email is faster, since it take 7-10 days for a letter to get home from here.

On Tue, Jul 9, 2013 at 10:10 PM, Jodisgoing180 Vetter <jodisgoing180@gmail.com> wrote:

Jeff Miller

Washington D.C.
336 Cannon House Office Building
Washington DC 20515
Phone: (202) 225-4136 <<tel:%28202%29%20225-4136>>
Fax: (202) 225-3414 <<tel:%28202%29%20225-3414>>

Pensacola Office
4300 Bayou Blvd., Suite 13
Pensacola, Florida 32503
Phone: 850-479-1183
Fax: 850-479-9394

Ft. Walton Beach Office
348 S.W. Miracle Strip Parkway, Suite 24
Fort Walton Beach, Florida 32548
Phone: 850-664-1266
Fax: 850-664-0851

Toll Free Phone Number to District Office
Pensacola, Florida
Phone: 866-367-1614
Fax:

Military Family Readiness Council Meeting Aug. 5, 2013

Marco Rubio

<http://www.rubio.senate.gov/public/index.cfm/contact>

Obama

<http://www.whitehouse.gov/contact>

Senator Marco Rubio
284 Russell Senate Office Building
Washington, DC 20510

13 July 2013

Shane Vetter
4454 Woodbridge Rd
Niceville, FL 32578

Dear Senator Rubio,

I am writing to ask for your intervention regarding TRICARE's new policy for military children with autism and its impact on their access to a critical form of therapy called Applied Behavioral Analysis (ABA).

Autism is now at epidemic rates among America's children, and military families are no exception. According to the Center for Disease Control, approximately 1 in 50 school-aged children have an autism spectrum disorder (ASD).

ABA has, according to the June 2012 Senate Armed Services Committee testimony from the American Academy of Pediatrics associate executive director,

"proven effective in addressing the core symptoms of autism as well as developing skills and improving and enhancing functioning in numerous areas that affect the health and well-being of people with ASD. The effectiveness of ABA-based interventions in ASDs has been well documented through a long history of research in university and community settings. Children who receive early intensive behavioral treatment have been shown to make substantial gains in cognition, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."

Until recently, TRICARE has only provided ABA therapy for active duty families, under a program called the Extended Care Health Option (ECHO). Notably, military families impacted by the medical retirement of a wounded warrior found their child with autism suddenly without therapy.

Military families and advocacy organizations lobbied Congress in 2012 to include language to correct the deficiencies in the ECHO program in the 2013 National Defense Authorization Act (H.R. 2288 and the Caring for Military Kids with Autism Act). The bills passed both the House and the Senate, but were significantly changed during the conference committee, resulting in a one-year pilot program, to be available to families no later than April 1, 2013.

In May 2013, U.S. Rep. John Larson introduced an amendment that was included in the House version of the 2014 NDAA, with more specific language to address the confusing multiple TRICARE programs that neither provide prescribed levels of care nor a permanent benefit for retiree and wounded warrior dependents.

On June 25, details of TRICARE's new ABA policy were finally announced. The new program is significantly more restrictive, growing from a four-page document to one containing over 20 pages of conditions, requirements and restrictions, including an age limit and additional testing requirements outside of normal ABA best practices.

This new policy is a huge step backward for all military families, active duty and retirees. Many children will lose access to the very therapy that gives them a chance at a successful, independent future and the strain is already so evident in these military families serving our great nation.

I am an active duty military member who is currently deployed, which places a burden on any family, and a truly exceptional burden on a family with a special needs child. My children are left without a

father, and my wife must balance the needs of being a single mother and caring for an autistic child. TRICARE has substantially added to an already stressful situation by promulgating this incoherent policy and giving families no formal notice or adequate time to care for their children. It takes at least six months to set up new ABA services, yet TRICARE quietly posted policy updates to their web site only three weeks before its effective date.

A particularly problematic element of this new policy is a requirement that children receive updated psychometric testing every 180 days. There are three fundamental flaws with this strategy. First, children with autism tend to lack the ability to focus on any test, and many children won't even know that they are being tested, leading to test results that are meaningless and invalid. Furthermore, children with autism typically regress during life changes such as a PCS move, deployment, TDY, change of therapy or medication, etc.

Second, the waiting list to receive an initial psychometric evaluation in many locations is six months; the medical care system simply can't accommodate adding 180-day evaluations for the entire population of individuals with autism. I am deeply concerned by this strategy—TRICARE administrators are either incompetent or are deliberately trying to create a barrier to providing necessary health care to military dependents.

Finally, the 180-day testing includes an evaluation of the parents' implementation of ABA therapy at home. This could ultimately lead to denial of ABA therapy for the child if TRICARE determines the parents are not effective at conducting ABA. So in addition to the stress of a military life, and the stress of raising a child with autism, the parents must also deal with the stress of being formally evaluated on their execution of ABA therapy. How would you like to live with the guilt of your child losing the opportunity for development and a productive adult life, and it's your fault for not being a good enough amateur ABA therapist? This is unfair, and can not be done to our military families.

I ask for your assistance on three actionable items:

First, preventing the implementation of this new policy, set for July 25, 2013.

Second, to support the inclusion of equivalent language contained in the Larson Amendment in the Senate version of the NDAA.

Third, work with the House and Senate Armed Services Committees to hold additional hearings on this issue to ensure Congressional intent is translated into appropriate regulations by TRICARE and DOD.

The Department of Defense has a duty to provide the medically necessary treatment for military members and their families at prescribed levels without imposing arbitrary limits only meant to add barriers to care.

Thank you for your time and consideration.

Very respectfully,

Shane M. Vetter

Lieutenant Colonel, US Air Force

From: [Jason Cooley](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: He me help my boys with autism
Date: Sunday, July 14, 2013 8:14:15 PM

I am writing to ask for your intervention regarding TRICARE's new policy for military children with autism and its impact on their access to a critical form of therapy called Applied Behavioral Analysis (ABA).

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"proved effective in addressing the core symptoms of autism as well as developing skills and improving and enhancing functioning in numerous areas that affect the health and well-being of people with ASD. The effectiveness of ABA-based interventions in ASDs has been well documented through a long history of research in university and community settings. Children who receive early intensive behavioral treatment have been shown to make substantial gains in cognition, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."

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Thank you for your time,
Jason and Kristine Cooley

From: [Jodisgoing180.Vetter](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: Proposed Tricare Changes to ABA therapy
Date: Sunday, July 14, 2013 8:40:39 PM

Jessica Wright,

I'm sure by now you have received a large number of e-mails with regards to Tricare's proposed changes to ABA therapy that was quietly released on June 25th, and are supposed to go into effect July 25, 2013. Please add me to the list of concerned people.

My husband e-mailed you earlier today with his concerns. Here are mine:

- When my son was first diagnosed with autism, we were stationed in Minot, ND. There were no ABA therapy clinics, ABA therapists, or any services to speak of in the Minot area. To compensate I did my own version of ABA therapy based on books, CDs, and other websites available at the time. I did the best I could with limited training, and eventually, I credit myself with teaching my son to identify letters, sounds, and numbers. Unfortunately, what I taught was not generalized enough and he would "perform" for me, but didn't do many of the skills he knew to other people. Doing ABA therapy with my son changed my parent-child dynamic and took valuable time I could have spent bonding with my infant daughter. I have a real concern that parents' skills at ABA therapy will part of the evaluation as to whether a child is succeeding, or not, in the program. It also concerns me that other health conditions are not held to this standard. My dad was diagnosed with Diabetes at 45. He has never had control of his blood sugars. The last 30 years, he has had countless health issues, to include a diabetic infection that caused him to have a valve replacement in his heart and also caused him to lose part of his foot. If my dad's health care would be cut, because he was not responsible, the outrage would be huge. I admit that I am responsible for my child's development to a certain extent, but it is unfair for the DoD to expect me to be able to compensate for the regressions caused by deployments, TDYs, PCS moves, medicine adjustments, and even aging can cause certain regressions, when people who have diabetes, asthma, or any other self-regulated condition are not held to the same standard.

- I am also concerned about Tricare utilizing a test (ADOS-2) as a psychometric testing to determine services. This test can be learned, and is invalidated after the 2d or 3d time it administered. Any testing would be invalid, especially on a child like my son, who is not capable for sitting for the 5+ hours required for this test.

- My final concern is career-wise. My husband has served 16 years, and frankly, I feel like we are being forced out of the service, because our son "costs too much money." If we jump through the hoops and get my son authorized for ABA therapy, the number of bases we could go to would be fairly low, and we are already limited by his autism to bases outside of my husband's career track. Further, any time we PCS we would end up at the back of a very long waiting list for services. Not only do I think that this is very underhanded of Tricare, I think that it's downright discriminatory of the DoD. My husband has had a very distinguished career, and he has earned a bronze star for valor in combat, and I don't think that this is a very good way to treat combat veterans.

Respectfully,
Jodi M. Vetter

From: [Milley & Patti Reyna](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: Tricare Policy Changes Agenda Item Request
Date: Sunday, July 14, 2013 10:44:22 PM

I am writing to ask for your intervention regarding TRICARE's new policy for military children with autism and its impact on their access to a critical form of therapy called Applied Behavioral Analysis (ABA).

Autism is now at epidemic rates amongst America's children and military families are no exception. According to the Centers for Disease Control, approximately 1 in 50 school-aged children have an autism spectrum disorder (ASD).

ABA has, according to June 2012 Senate Armed Services Committee testimony from the American Academy of Pediatrics associate executive director,

"proved effective in addressing the core symptoms of autism as well as developing skills and improving and enhancing functioning in numerous areas that affect the health and well-being of people with ASD. The effectiveness of ABA-based interventions in ASDs has been well documented through a long history of research in university and community settings. Children who receive early intensive behavioral treatment have been shown to make substantial gains in cognition, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."

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Military families and advocacy organizations lobbied Congress in 2012 to include language to correct the deficiencies in the ECHO program in the 2013 National Defense Authorization Act (H.R. 2288 and the Caring for Military Kids with Autism Act). The bills passed both the House and the Senate, but were significantly changed during the conference committee, resulting in a one-year pilot program, to be available to families no later than April 1, 2013.

In May 2013, U.S. Rep. John Larson introduced an amendment that was included in the House version of the 2014 NDAA, with more specific language to address the confusing multiple TRICARE programs that neither provide prescribed levels of care nor a permanent benefit for retiree and wounded warrior dependents.

On June 25, details of TRICARE's new ABA policy were finally announced. The new program is significantly more restrictive, growing from a four-page document to one containing over 20 pages of conditions, requirements and restrictions, including an age limit and additional testing requirements (every six months) which are outside of normal ABA best practices.

Tricare is also restricting access to ABA services after 2 years, which indicates that autism is curable. Not to mention all authorizations for care after 7/25 will not be approved until they obtain these additional restrictions. To demonstrate how long it takes to get in for an appointment for these diagnostic tests, it's generally a 8-12 week waiting list three appointments are required before a "diagnosis" can be given, one to two months before the psychologist will complete the paperwork and another month or two before Tricare approves the authorization for ABA. When this occurs, the six month clock starts all over.

This new policy, is a huge step backward for all military families, active duty and retirees. Many children will lose access to the very therapy that gives them a chance at a successful, independent future and the strain is already so evident in these military families serving our great nation.

I ask for your assistance on three actionable items:

Military Family Readiness Council Meeting Aug. 5, 2013

First, preventing the implementation of this new policy, set for July 25, 2013.

Second, to support the inclusion of equivalent language contained in the Larson Amendment in the Senate version of the NDAA.

Third, work with the House and Senate Armed Services Committees to hold additional hearings on this issue to ensure Congressional intent is translated into appropriate regulations by TRICARE and DOD.

The Department of Defense has a duty to provide the medically necessary treatment for military members and their families at prescribed levels without imposing arbitrary limits only meant to add barriers to care.

Thank you for your time.

Patricia and Ismael Reyna

Parents of Military child with Autism (ADFM)

Sent from my iPad

From: [R Edge](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: New Tricare ABA Policy
Date: Sunday, July 14, 2013 11:59:16 PM
Attachments: [ABA-assessment-letter.pdf](#)
[ABAPilotQAs.pdf](#)
[tricare_basic.interim_aba_benefit_ch7sec3.18_june252013.pdf](#)
[tricare_echo_ch18_sec8_june_25_2013.pdf](#)
[tricare_pilot_ch18sec17_june_25_2013.pdf](#)

10144 Bittern Dr

Pensacola, FL 32507

July 14, 2013

Dear Ms Wright,

Our names are Lt Col. Jarrett and Mrs. Rebeka Edge, resident of Pensacola, FL stationed at NAS Pensacola with the United States Air Force. We are writing in reference to recent changes to TRICARE regarding coverage for Applied Behavioral Analysis (ABA) therapy. These changes are expressed in the June 25, 2013 update to the TRICARE Policy Manual 6010.57-M, Chapter 7. In short, we feel these changes are unsuitable, and could create adverse therapeutic and bureaucratic effects. We strongly request you look into this matter, and recommend that these changes be discarded in favor of an established system that works.

Our sons were diagnosed with Autism Spectrum Disorder (ASD) in 2006 and 2011. This diagnosis allowed our oldest son to receive ABA Therapy for 7 years. His progress has been tremendous. We credit his TRICARE-provided ABA therapy as the most significant contributor to his development. We were very satisfied with both coverage and provided services.

Prior to June 2013, ABA patients' sponsors were required to submit an Assessment of Basic Language and Learning Skills (ABLIS), and a Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) to TRICARE every six months (TRICARE Policy Manual 6010.57-M February 1, 2008, Chapter 7 paragraphs 4.3.3 and 4.3.4). ABLIS is designed to serve as a means of assessment and skills tracking to help critical language instruction for autistic children. Further, the VB-MAPP is a criterion-reference assessment tool, curriculum guide, and skill tracking system designed for children with autism. Under the previous policy, ABA consultants administered both of these assessments, as they specifically measure therapy progress. Additionally, service members submit renewed Individualized Education Plans (IEP) to the Exceptional Family Member Program every three years to reevaluate needs and determine which coverage is appropriate.

New requirements entail initial diagnostic screenings using the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), and the Vineland Behavioral Scale II (VBS-II). Further, the new TRICARE regulation states that treatment plans call for administering VBS-II every 180 days, and ADOS-2 every year as a means of measuring progress (TRICARE Policy Manual 6010.57-M, Chapter 7, paragraphs 5.7.5 and 5.7.6). It is important to remember that both ADOS-2 and VBS-II are diagnostic tools, and

are not designed to measure progress. This change further stipulates that lack of demonstrated progress will result in cancelled coverage (TRICARE Policy Manual 6010.57-M, Chapter 7 paragraphs 5.15.1 and 5.15.1.1). This is especially troubling with low-functioning patients, who particularly have a difficult time demonstrating any kind of progress through evaluations conducted with ADOS-2 and VBS-II. In short, this change will potentially marginalize many deserving Autistic dependents whose progress will fail to manifest via diagnostic tools.

Additionally, not all ABA Clinics are staffed with certified ADOS-2 or VBS-II administrators. This will force families to seek referrals to other outside providers. In our own personal experience, this outside referral process can take up to six to eight months. Such a delay could potentially interrupt ABA treatment, and inhibit developmental progress. This is not realistic if families are required to submit reevaluations to TRICARE every six months.

We recommend these changes be voided, and that prior coverage be reinstated. We feel it is best to evaluate progress with tools intended to measure progress. Further, we believe more access to ABA therapy will provide much-needed developmental tools for those on the Autistic spectrum. Our William is certainly a success story, and we would love to see others benefit from this most effective program.

We recommend you read the current and previous editions of TRICARE Policy Manual 6010.57-M (Chapter 7). Further, we recommend visiting the following websites for background information:

ABLLS: <http://www.partingtonbehavioranalysts.com/page/ablls-r-25.html>
<<http://www.partingtonbehavioranalysts.com/page/ablls-r-25.html>>

VB-MAPP: <http://www.marksundberg.com/vb-mapp.htm>
<<http://www.marksundberg.com/vb-mapp.htm>>

ADOS-2: <http://portal.wpspublish.com> <<http://portal.wpspublish.com>>

VBS-II: <http://psychcorp.pearsonassessments.com>
<<http://psychcorp.pearsonassessments.com>>

We would welcome any opportunity to discuss this matter further with you or members of your staff.

Respectfully,

Lt. Col Jarrett and Mrs. Rebeka Edge

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"Leadership and learning are indispensable to each other." -John F. Kennedy

From: [Gretchen Shea](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: ABA policy change
Date: Monday, July 15, 2013 1:05:14 AM

1080 Glacier Ct.

Oak Harbor, Washington 98277

July 14, 2013

Board of Regents Room (D3001)

Uniformed Services University of the Health Sciences

4301 Jones Bridge Road

Bethesda, Maryland 20814

Dear Mr. Everett Alvarez Jr.,

My name is Gretchen Shea, resident of Oak Harbor, Washington, stationed with my husband at NAS Whidbey Island with the United States Navy. We are writing in reference to recent changes to TRICARE regarding coverage for Applied Behavioral Analysis (ABA) therapy. These changes are expressed in the June 25, 2013 update to the TRICARE Policy Manual 6010.57-M, Chapter 7. In short, we feel these changes are unsuitable, and could create adverse therapeutic and bureaucratic effects, and damage Military Readiness for Active Duty Service Members. We strongly request you look into this matter, and recommend that these changes be discarded in favor of an established system that works.

Our Three year old daughter, Jocelyn, and our 14 month old son, Mark "Tommy", was diagnosed with Autism Spectrum Disorder (ASD) in 2012/2013 respectively. This diagnosis allowed both children to receive ABA Therapy for 8 months so far for our Daughter, our Son is just starting. Her progress in this short time has been astounding to us.. We have noticed our Jocelyn talking; observing and starting to take cues from her surroundings, and actually imitating her peers. This has been tremendous progress. We credit her TRICARE-provided ABA therapy as the most significant contributor to her development. We were very satisfied with both coverage and provided services. She has a very long way to go. I can only hope and pray that Tommy has the same success However that might not be the case if these new changes take effect.

Prior to June 2013, ABA patients' sponsors were required to submit an Assessment of Basic Language and Learning Skills (ABLLS), and a Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) to TRICARE every six months (TRICARE Policy Manual 6010.57-M February 1, 2008, Chapter 7 paragraphs 4.3.3 and 4.3.4). ABLLS is designed to serve as a means of assessment and skills tracking to help critical language instruction for autistic children. Further, the VB-MAPP is a criterion-reference assessment tool, curriculum guide, and skill tracking system designed for children with autism. Under the previous policy, ABA consultants administered both of these assessments, as they specifically measure therapy progress. Additionally, service members submit renewed Individualized Education Plans (IEP) to the Exceptional Family Member Program every three years to reevaluate needs and determine which coverage is appropriate.

New requirements entail initial diagnostic screenings using the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), and the Vineland Behavioral Scale II (VBS-II). Further, the new TRICARE regulation states that treatment plans call for administering VBS-II every 180 days, and ADOS-2 every year as a means of measuring progress (TRICARE Policy Manual 6010.57-M, Chapter 7, paragraphs 5.7.5 and 5.7.6). It is important to remember that both ADOS-2 and VBS-II are diagnostic tools, and are not designed to measure progress. When administered more than twice the test is invalid. This

change further stipulates that lack of demonstrated progress will result in cancelled coverage (TRICARE Policy Manual 6010.57-M, Chapter 7 paragraphs 5.15.1 and 5.15.1.1). This is especially troubling with low-functioning patients, who particularly have a difficult time demonstrating any kind of progress through evaluations conducted with ADOS-2 and VBS-II. This also does not take into account military deployments and PCS's. In short, this change will potentially marginalize many deserving Autistic dependents whose progress will fail to manifest via diagnostic tools.

Additionally, not all ABA Clinics are staffed with certified ADOS-2 or VBS-II administrators. This will force families to seek referrals to other outside providers. In our own personal experience, this outside referral process can take up to six to nine months or more. Such a delay would interrupt ABA treatment, and inhibit developmental progress. This is not realistic if families are required to submit reevaluations to TRICARE every six months.

We recommend these changes be voided, and that prior coverage be reinstated. We feel it is best to evaluate progress with tools intended to measure progress. Further, we believe more access to ABA therapy will provide much-needed developmental tools for those on the Autistic spectrum. Our Jocelyn is certainly a success story, and we would love to make sure that Tommy and others see benefit from this most effective program.

We recommend you read the current and previous editions of TRICARE Policy Manual 6010.57-M (Chapter 7). Further, we recommend visiting the following websites for background information:

ABLLS: <http://www.partingtonbehavioranalysts.com/page/ablls-r-25.html>

< <http://www.partingtonbehavioranalysts.com/page/ablls-r-25.html> >

VB-MAPP: <http://www.marksundberg.com/vb-mapp.htm> < <http://www.marksundberg.com/vb-mapp.htm> >

ADOS-2: <http://portal.wpspublish.com/> < <http://portal.wpspublish.com/> >

VBS-II: <http://psychcorp.pearsonassessments.com/> < <http://psychcorp.pearsonassessments.com/> >

We would welcome any opportunity to discuss this matter further with you or members of your staff.

Respectfully,
Lt. and Mrs. Scott Shea

on behalf of Jocelyn and Mark "Tommy" Shea

From: [Rian Sanford](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: ABA Therapy
Date: Monday, July 15, 2013 10:15:32 AM

Dear Family Readiness Council Members,

I am writing to ask for your intervention regarding TRICARE's new policy for military children with autism and its impact on their access to a critical form of therapy known as Applied Behavioral Analysis (ABA).

ABA has, according to June 2012 Senate Armed Services Committee testimony from the American Academy of Pediatrics associate executive director,

"proved effective in addressing the core symptoms of autism as well as developing skills and improving and enhancing functioning in numerous areas that affect the health and well-being of people with ASD. The effectiveness of ABA-based interventions in ASDs has been well documented through a long history of research in university and community settings. Children who receive early intensive behavioral treatment have been shown to make substantial gains in cognition, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."

I have twin 9 year old boys with Autism Spectrum Disorder. For the past 24 months they have received Applied Behavioral Analysis (ABA) therapy 5 times a week for 2.5 hours each day as part of their treatment plans. As a result of this therapy, both have progressed tremendously in their social functioning and communication skills. On June 25, details of TRICARE's new ABA policy were finally announced. The new program is significantly more restrictive, growing from a four-page document to one containing over 20 pages of conditions, requirements and restrictions, including an age limit, two-year limit and additional testing requirements outside of normal ABA best practices. This new policy is a huge step backward for all military families, active duty and retirees. Many children will lose access to the very therapy that gives them a chance at a successful, independent future and the strain is already so evident in these military families serving our great nation.

My sons' current referrals and authorizations expire in the beginning of September and due to the new testing requirements and reports that must now be submitted in advance, he will have a gap in services. I've contacted all Psychologists in our area as well at the Developmental Pediatrician and none of the previous stated professionals perform the ADOS –II (one of the two new tests required). My sons' current psychologist is willing to purchase and receive training on the testing material but has told me there is no possibility that he can meet the new requirements in such a short period of time in order for my sons to maintain their services. The devastating impact this will have on my children cannot be overstated. Any disruption in services can cause significant regression not to mention that the gap between peers and kids on the spectrum grows exponentially with time. In addition, I don't believe a 2 year "cap" or a 16 year old age limit should be placed on any services. My sons have been in ABA therapy for 24 months, they have progressed but there is much more work to be done.

My husband has deployed 2 times in the previous 3 years, as well as performed 1, 3, and 5 month temporary additional duty (TAD) stints, respectively, that have taken him away from home in that same time period. The instability created by his absence is devastating to the minds of our sons and makes the process of rehabilitating their ability to learn and their ability to attain some type of normalcy extremely difficult. My husband will be leaving for training for approximately 2 months in September and has informed me that his unit is scheduled to deploy again shortly after his return. The therapy services provided are no substitute for his absence, but without it the impact of his absence would be magnified and no doubt manifested through the regression of our sons learning capability and the lack of progress towards integration with mainstream society.

Please help us. My children's future depends on this therapy; all military families affected by autism

Military Family Readiness Council Meeting Aug. 5, 2013

should have access to ABA therapy services regardless of their age or time in therapy. Your time and assistance is greatly appreciated.

Sincerely,

Rian Sanford

Marine Corps Wife

(910)358-7312

Rian.sanford@gmail.com

From: [Ewelina Mickiewicz-Szram](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: Tricare ABA coverage changes
Date: Monday, July 15, 2013 1:04:49 PM

Dear Jessica Wright,

I am writing to ask for your intervention regarding TRICARE's new policy for military children with autism and its impact on their access to a critical form of therapy called Applied Behavioral Analysis (ABA).

Autism is now at epidemic rates amongst America's children and military families are no exception. According to the Centers for Disease Control, approximately 1 in 50 school-aged children have an autism spectrum disorder (ASD).

ABA has, according to June 2012 Senate Armed Services Committee testimony from the American Academy of Pediatrics associate executive director,

"proved effective in addressing the core symptoms of autism as well as developing skills and improving and enhancing functioning in numerous areas that affect the health and well-being of people with ASD. The effectiveness of ABA-based interventions in ASDs has been well documented through a long history of research in university and community settings. Children who receive early intensive behavioral treatment have been shown to make substantial gains in cognition, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."

Until recently, TRICARE has only provided ABA therapy for active duty families, under a program called the Extended Care Health Option (ECHO). Notably, military families impacted by the medical retirement of a wounded warrior found their child with autism suddenly without therapy.

Military families and advocacy organizations lobbied Congress in 2012 to include language to correct the deficiencies in the ECHO program in the 2013 National Defense Authorization Act (H.R. 2288 and the Caring for Military Kids with Autism Act). The bills passed both the House and the Senate, but were significantly changed during the conference committee, resulting in a one-year pilot program, to be available to families no later than April 1, 2013.

In May 2013, U.S. Rep. John Larson introduced an amendment that was included in the House version of the 2014 NDAA, with more specific language to address the confusing multiple TRICARE programs that neither provide prescribed levels of care nor a permanent benefit for retiree and wounded warrior dependents.

On June 25, details of TRICARE's new ABA policy were finally announced. The new program is significantly more restrictive, growing from a four-page document to one containing over 20 pages of conditions, requirements and restrictions, including an age limit and additional testing requirements outside of normal ABA best practices.

This new policy, is a huge step backward for all military families, active duty and retirees. Many children will lose access to the very therapy that gives them a chance at a successful, independent future and the strain is already so evident in these military families serving our great nation.

I ask for your assistance on three actionable items:

First, preventing the implementation of this new policy, set for July 25, 2013.

Second, to support the inclusion of equivalent language contained in the Larson Amendment in the Senate version of the NDAA.

Third, work with the House and Senate Armed Services Committees to hold additional hearings on this

Military Family Readiness Council Meeting Aug. 5, 2013

issue to ensure Congressional intent is translated into appropriate regulations by TRICARE and DOD.

The Department of Defense has a duty to provide the medically necessary treatment for military members and their families at prescribed levels without imposing arbitrary limits only meant to add barriers to care.

Thank you for your time.

Regards,

Ewelina Mickiewicz-Szram - a concerned autism mother and military wife

~ems~

Military Family Readiness Council Meeting Aug. 5, 2013

From: [Jennifer Penhale](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: Letter to Secretary Jessica Wright
Date: Monday, July 15, 2013 1:58:16 PM
Attachments: [Letter to Sec. Wright.docx](#)

Good afternoon,

My name is Jennifer Penhale (USAF spouse and mother to three children with autism) and attached is my letter to Sec. Wright for the DoD Military Family Readiness Council Meeting for Aug. 5. Please let me know if there is anything else I can do to help in this matter and on behalf of all us military families, Thank You so much for all that you do to get the information and updates out to all of us so quickly and for your dedication, hard work and being our voice before Congress and TRICARE!

Jennifer Penhale

Jennifer Penhale



• Colorado Springs, CO 80920 • Phone: 937-424-9092 •
E-Mail: jenniferpenhale@yahoo.com

Date: July 16, 2013

The Honorable Secretary Jessica Wright

Dear Secretary Wright:

My name is Jennifer Penhale and I am an Air Force spouse and mother to three small children with Autism. We have always counted on and have been grateful for the ECHO and Autism Demonstration programs under our TRICARE coverage as an active duty military family. We have also appreciated the additional funding made available for us to utilize ABA therapy treatment for our children and have always considered ourselves extremely fortunate in comparison to many other families with other insurance companies. We have and continue to see amazing signs of development and progress from each of our three children in response to their ABA therapy treatment over the years and we look forward to our ABA therapy sessions each and every day.

When we learned the news that TRICARE had decided to change the ABA policy, we were alarmed and terrified of the changes because we know how absolutely critical and vital ABA therapy treatment is for the continued development and progress of our children on all levels including the area of academics. The items discussed in the TRICARE policy that we military families strongly oppose include:

1. Having a possible break in services in order to obtain a new authorization along with the two new tests required that we feel do not accurately reflect our children's development and fails to demonstrate their true progress.
2. Having a two-year limit on the use of ABA therapy with a waiver to be requested and possibly granted in order to have the hope of retaining services. My two daughters with severe autism will be only 10 years old and I cannot imagine having their treatment cut off so suddenly and dramatically leaving them without the treatment that has guided them so far on this wonderful journey of progress.
3. Having our children dropped from their ABA therapy treatment over supposed inadequate levels of "measurable progress". We do not feel that TRICARE should be able to decide through two tests as to whether our children have progressed enough to justify their continued treatment. There are many moments and breakthroughs that I experience with my children that their ABA therapy has brought out in them. These moments of triumph and hard-fought achievements and progress cannot be measured on paper or through a standard uniform test but by the heart and soul. One of my daughters is completely nonverbal and I have waited over 8 years to hear her voice. I know she has a beautiful voice and I am willing to wait another 8 years to hear it.

If she does not speak within the two years of ABA therapy, will TRICARE determine that to be a failure in "measurable progress"? Will that new sound that we see as a miracle even count according to TRICARE standards? My other daughter has had severe behavioral issues that ABA therapists and BCBA's have fought long and hard to remedy. She has greatly progressed and her making it through a day without a massive meltdown is considered to be a fantastic day. Will that be considered enough to be sufficient "measurable progress" by TRICARE standards?



Secretary Wright, we ask that you reconsider this new TRICARE ABA policy and the adverse and deep impacts that each one of these policy measures would have on thousands of military children with autism and their families. We would not ask for your reconsideration today if we did not feel so strongly in favor of the effectiveness and need for ABA therapy treatment in our children's daily lives. We are all military families who are proud to serve our country but cannot successfully and adequately pay attention to the mission at hand at home and abroad if we have to worry about losing this critical service. We endure daily hardships concerning our children and their struggles with autism but do so with little to no complaint knowing that we have ABA therapy to help our children to progress, achievement and success.

Please allow us to retain our life lines of therapy, support and hope for our children and their dreams of someday growing up to be independent and successful citizens. TRICARE has a chance to set the standard in insurance coverage for every child with autism in the United States. Please take this opportunity to do what is morally and ethically right.

Thank you for your time and attention to this very important matter!

Sincerely,

Jennifer Penhale

USAF Spouse and Mother to Three Children with Autism

From: [Rachel Ruiz](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: Tricare ABA Policy Change Concerns
Date: Monday, July 15, 2013 6:03:05 PM

Ms. Wright,

I understand that the Family Readiness Council is meeting on August 5th, and I implore you to address the Tricare changes regarding ABA coverage for military families and the devastating impact it will have in the lives of those military members and their children.

My husband and I are the proud parents of an autistic 4 year old boy. Since starting ABA therapy nearly a year ago, it has made a dramatic impact on his behavior and independence. He is just starting to engage peers on his own, make eye contact regularly, and write his own name. Without ABA therapy, I cannot imagine where he would be today. I drive 2 hours a day from Monday through Thursday to take him to therapy, and while all of the driving is tiring, I would do it every day for the rest of my life if it meant a brighter future for my son.

Limiting his ability to receive therapy, especially with the egregious 2 year therapy cap (autism is a lifelong disability; would you stop providing a diabetic medication after two years?), is harmful to so many people. It causes stress at home, it hinders the mission -- how can my husband focus on his important, critical work when he has to worry about the care his son is receiving? -- and it actively harms this nation's future. Autism is on the rise, now estimated at 1 in 88 children, children who will eventually grow into adults. Prolonged ABA therapy is such a critical tool for helping these children live independently as they reach adulthood. Cutting back on therapy now will only increase future costs needed for state care for these adults who cannot function.

While I understand the need for budgeting, cutting back on therapy for soldiers' disabled children is not the place to do it. Autistic children already have so many obstacles in life. Please, be a voice for these children who cannot speak out on their own behalf.

Sincerely,

Rachel Ruiz and SSgt Benjamin Ruiz, USAF

From: [Risqué Douglas](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: Tricare changes
Date: Monday, July 15, 2013 9:29:29 PM

July 15, 2013

Dear Jessica Wright

My name is Risqué Douglas, resident of Maryland stationed at Joint Base Elmendorf Richardson with the United States Army. We are writing in reference to recent changes to TRICARE regarding coverage for Applied Behavioral Analysis (ABA) therapy. These changes are expressed in the June 25, 2013 update to the TRICARE Policy Manual 6010.57-M, Chapter 7. In short, we feel these changes are unsuitable, and could create adverse therapeutic and bureaucratic effects. We strongly request you look into this matter, and recommend that these changes be discarded in favor of an established system that works.

Our son Delano was diagnosed with Autism Spectrum Disorder (ASD) in 2009. This diagnosis allowed him to receive ABA Therapy for 3 years. His progress has been tremendous. We credit his TRICARE-provided ABA therapy as the most significant contributor to his development. We were very satisfied with both coverage and provided services.

Prior to June 2013, ABA patients' sponsors were required to submit an Assessment of Basic Language and Learning Skills (ABLLS), and a Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) to TRICARE every six months (TRICARE Policy Manual 6010.57-M February 1, 2008, Chapter 7 paragraphs 4.3.3 and 4.3.4). ABLLS is designed to serve as a means of assessment and skills tracking to help critical language instruction for autistic children. Further, the VB-MAPP is a criterion-reference assessment tool, curriculum guide, and skill tracking system designed for children with autism. Under the previous policy, ABA consultants administered both of these assessments, as they specifically measure therapy progress. Additionally, service members submit renewed Individualized Education Plans (IEP) to the Exceptional Family Member Program every three years to reevaluate needs and determine which coverage is appropriate.

New requirements entail initial diagnostic screenings using the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), and the Vineland Behavioral Scale II (VBS-II). Further, the new TRICARE regulation states that treatment plans call for administering VBS-II every 180 days, and ADOS-2 every year as a means of measuring progress (TRICARE Policy Manual 6010.57-M, Chapter 7, paragraphs 5.7.5 and 5.7.6). It is important to remember that both ADOS-2 and VBS-II are diagnostic tools, and are not designed to measure progress. This change further stipulates that lack of demonstrated progress will result in cancelled coverage (TRICARE Policy Manual 6010.57-M, Chapter 7 paragraphs 5.15.1 and 5.15.1.1). This is especially troubling with low-functioning patients, who particularly have a difficult time demonstrating any kind of progress through evaluations conducted with ADOS-2 and VBS-II. In short, this change will potentially marginalize many deserving Autistic dependents whose progress will fail to manifest via diagnostic tools.

Additionally, not all ABA Clinics are staffed with certified ADOS-2 or VBS-II administrators. This will force families to seek referrals to other outside providers. In our own personal experience, this outside referral process can take up to six to eight months. Such a delay could potentially interrupt ABA treatment, and inhibit developmental progress. This is not realistic if families are required to submit reevaluations to TRICARE every six months.

We recommend these changes be voided, and that prior coverage be reinstated. We feel it is best to evaluate progress with tools intended to measure progress. Further, we believe more access to ABA therapy will provide much-needed developmental tools for those on the Autistic spectrum. Our William is certainly a success story, and we would love to see others benefit from this most effective program.

We recommend you read the current and previous editions of TRICARE Policy Manual 6010.57-M (Chapter 7). Further, we recommend visiting the following websites for background information:

ABLLS: <http://www.partingtonbehavioranalysts.com/page/ablls-r-25.html>

< <http://www.facebook.com/l.php?>

[u=http%3A%2F%2Fwww.partingtonbehavioranalysts.com%2Fpage%2Fablls-r-25.html&h=MAOEi3OtmAQHVciKsE44gLRTDalJ9PglhLxUrz7mj5F-muw&s=1](http://www.facebook.com/l.php?u=http%3A%2F%2Fwww.partingtonbehavioranalysts.com%2Fpage%2Fablls-r-25.html&h=MAOEi3OtmAQHVciKsE44gLRTDalJ9PglhLxUrz7mj5F-muw&s=1)>

VB-MAPP: <http://www.marksundberg.com/vb-mapp.htm> < <http://www.marksundberg.com/vb-mapp.htm>>

ADOS-2: <http://portal.wpspublish.com/> < <http://www.facebook.com/l.php?>

[u=http%3A%2F%2Fportal.wpspublish.com%2F&h=FAQFPfh4rAQHd4luhqDvVX-IXPvWhAIN2ZpQ_gQTVZwxLFQ&s=1](http://www.facebook.com/l.php?u=http%3A%2F%2Fportal.wpspublish.com%2F&h=FAQFPfh4rAQHd4luhqDvVX-IXPvWhAIN2ZpQ_gQTVZwxLFQ&s=1)>

VBS-II: <http://psychcorp.pearsonassessments.com/> < <http://psychcorp.pearsonassessments.com/>>

We would welcome any opportunity to discuss this matter further with you or members of your staff.

Respectfully,
Risqué Douglas

From: [Kelly Lindquist](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: Tricare & Autism Request
Date: Tuesday, July 16, 2013 6:49:20 AM

Dear Undersecretary for Personnel and Readiness, Jessica Wright,
I am writing to ask for your intervention regarding TRICARE's new policy for military children with autism and its impact on their access to a critical form of therapy called Applied Behavioral Analysis (ABA).

Autism is now at epidemic rates amongst America's children and military families are no exception. According to the Centers for Disease Control, approximately 1 in 50 school-aged children have an autism spectrum disorder (ASD).

ABA has, according to June 2012 Senate Armed Services Committee testimony from the American Academy of Pediatrics associate executive director,

"proved effective in addressing the core symptoms of autism as well as developing skills and improving and enhancing functioning in numerous areas that affect the health and well-being of people with ASD. The effectiveness of ABA-based interventions in ASDs has been well documented through a long history of research in university and community settings. Children who receive early intensive behavioral treatment have been shown to make substantial gains in cognition, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."

Until recently, TRICARE has only provided ABA therapy for active duty families, under a program called the Extended Care Health Option (ECHO). Notably, military families impacted by the medical retirement of a wounded warrior found their child with autism suddenly without therapy.

Military families and advocacy organizations lobbied Congress in 2012 to include language to correct the deficiencies in the ECHO program in the 2013 National Defense Authorization Act (H.R. 2288 and the Caring for Military Kids with Autism Act). The bills passed both the House and the Senate, but were significantly changed during the conference committee, resulting in a one-year pilot program, to be available to families no later than April 1, 2013.

In May 2013, U.S. Rep. John Larson introduced an amendment that was included in the House version of the 2014 NDAA, with more specific language to address the confusing multiple TRICARE programs that neither provide prescribed levels of care nor a permanent benefit for retiree and wounded warrior dependents.

On June 25, details of TRICARE's new ABA policy were finally announced. The new program is significantly more restrictive, growing from a four-page document to one containing over 20 pages of conditions, requirements and restrictions, including an age limit and additional testing requirements outside of normal ABA best practices.

This new policy, is a huge step backward for all military families, active duty and retirees. Many children will lose access to the very therapy that gives them a chance at a successful, independent future and the strain is already so evident in these military families serving our great nation.

I ask for your assistance on three actionable items:

First, preventing the implementation of this new policy, set for July 25, 2013.

Second, to support the inclusion of equivalent language contained in the Larson Amendment in the Senate version of the NDAA.

Third, work with the House and Senate Armed Services Committees to hold additional hearings on this issue to ensure Congressional intent is translated into appropriate regulations by TRICARE and DOD.

The Department of Defense has a duty to provide the medically necessary treatment for military members and their families at prescribed levels without imposing arbitrary limits only meant to add barriers to care.

Thank you for your time.

V/r,

Kelly Lindquist
2013 AFI Joint Expeditionary Base Little Creek &

Fort Story Military Spouse of the Year

Charity Photographer: Studio Boots & Bombshell's

< <https://www.facebook.com/KellyLindquistPhotography> >

Author of "A Gluten Free Me" Cookbook < <http://www.lulu.com/shop/kelly-lindquist/a-gluten-free-me/paperback/product-20546315.html> >

Beach Body Coach < <http://beachbodycoach.com/esuite/home/kellylindquist> >

Consultant for Mary Kay < <http://www.marykay.com/kellylindquist> >

Volunteer at The National Military Family Association < <http://www.militaryfamily.org/get-involved/> >

From: [Jennifer Hutto](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: upcoming changes to ABA coverage
Date: Tuesday, July 16, 2013 1:39:51 PM

I am writing to ask for your intervention regarding TRICARE's new policy for military children with autism and its impact on their access to a critical form of therapy called Applied Behavioral Analysis (ABA).

Autism is now at epidemic rates amongst America's children and military families are no exception. According to the Centers for Disease Control, approximately 1 in 50 school-aged children have an autism spectrum disorder (ASD).

ABA has, according to June 2012 Senate Armed Services Committee testimony from the American Academy of Pediatrics associate executive director,

"proved effective in addressing the core symptoms of autism as well as developing skills and improving and enhancing functioning in numerous areas that affect the health and well-being of people with ASD. The effectiveness of ABA-based interventions in ASDs has been well documented through a long history of research in university and community settings. Children who receive early intensive behavioral treatment have been shown to make substantial gains in cognition, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."

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Military families and advocacy organizations lobbied Congress in 2012 to include language to correct the deficiencies in the ECHO program in the 2013 National Defense Authorization Act (H.R. 2288 and the Caring for Military Kids with Autism Act). The bills passed both the House and the Senate, but were significantly changed during the conference committee, resulting in a one-year pilot program, to be available to families no later than April 1, 2013.

In May 2013, U.S. Rep. John Larson introduced an amendment that was included in the House version of the 2014 NDAA, with more specific language to address the confusing multiple TRICARE programs that neither provide prescribed levels of care nor a permanent benefit for retiree and wounded warrior dependents.

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This new policy, is a huge step backward for all military families, active duty and retirees. Many children will lose access to the very therapy that gives them a chance at a successful, independent future and the strain is already so evident in these military families serving our great nation.

I ask for your assistance on three actionable items:

First, preventing the implementation of this new policy, set for July 25, 2013.

Second, to support the inclusion of equivalent language contained in the Larson Amendment in the Senate version of the NDAA.

Third, work with the House and Senate Armed Services Committees to hold additional hearings on this issue to ensure Congressional intent is translated into appropriate regulations by TRICARE and DOD.

The Department of Defense has a duty to provide the medically necessary treatment for military members and their families at prescribed levels without imposing arbitrary limits only meant to add barriers to care.

Thank you for your time.

From: [Jennifer C.M. Wright](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: ABA Therapy coverage for my son is stopped before the policy is in effect.
Date: Tuesday, July 16, 2013 10:05:23 PM

Secretary Wright,

I am the spouse of an active duty Navy officer and the mother of a child on the Autism Spectrum. I am writing you today to ask you to take whatever actions possible to stop TRICARE from implementing the policy they have announced regarding ABA therapy. My son's ABA therapy will stop being covered as of Thursday, July 18, 2013.

Our son saw his pediatrician in June, and she ordered that ABA therapy be continued to meet his current needs. There has been a referral request in TRICARE's hands since June 27, 2013. TRICARE will not complete the processing of the authorization. They have not contacted me to explain why no action has been taken on this referral in the standard processing time. During the multiple times I have contacted them, I have not received a reason for the delay in processing this request other than to be told that all referrals for ABA therapy are not being authorized at this time.

There are many medical reasons that this policy is flawed, including the fact that the higher burden of proving necessity of services applied to ABA is not in alignment with the requirements of other therapy provided under TRICARE basic coverage. However, even if I were to understand and agree with the reasons behind the new limitations (which I cannot, because TRICARE has not directly provided me any information about the new policy) this unacceptably poor implementation of the policy means that coverage for my child's medically necessary treatment expires in two days.

Before TRICARE's new policy is even in effect.

Before anyone has determined that my child is not "qualified" to continue to receive the care he is currently getting.

Without due consideration for the ability of families and providers to meet the requirements of the new policy.

Without concern for how the disruption in medically necessary care will harm an at-risk population already susceptible to abrupt change.

In multiple statements to the press regarding this issue, TRICARE has stated that "There is no change in the services available to active duty family members." This is simply not true.

Secretary Wright, I ask that you please do everything in your power to stop TRICARE from implementing this medically unsupported policy in ways that cause detriment to my child by eliminating the care that will help him lead an independent and fulfilling life as a citizen of the United States.

There are many military children whose services will be canceled or reduced by this discriminatory behavior from TRICARE. I ask that you advocate for military families and help our children receive the medically necessary care that they need.

Sincerely,

Jennifer C.M. Wright, Ph.D.

Cell: 757-647-6017
email: jennifer.cm.wright@gmail.com

From: [Anita Motley](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: TriCare and Autism Policy
Date: Wednesday, July 17, 2013 9:37:43 AM

Undersecretary for Personnel and Readiness

Dear Ms Wright,

I am writing to ask for your intervention regarding TRICARE's new policy for military children with autism and its impact on their access to a critical form of therapy called Applied Behavioral Analysis (ABA)

Autism is now at epidemic rates amongst America's children and military families are no exception. According to the Centers for Disease Control, approximately 1 in 50 school-aged children have an autism spectrum disorder (ASD).

ABA has, according to June 2012 Senate Armed Services Committee testimony from the American Academy of Pediatrics associate executive director,

"proved effective in addressing the core symptoms of autism as well as developing skills and improving and enhancing functioning in numerous areas that affect the health and well-being of people with ASD. The effectiveness of ABA-based interventions in ASDs has been well documented through a long history of research in university and community settings. Children who receive early intensive behavioral treatment have been shown to make substantial gains in cognition, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."

Until recently, TRICARE has only provided ABA therapy for active duty families, under a program called the Extended Care Health Option (ECHO). Notably, military families impacted by the medical retirement of a wounded warrior found their child with autism suddenly without therapy.

Military families and advocacy organizations lobbied Congress in 2012 to include language to correct the deficiencies in the ECHO program in the 2013 National Defense Authorization Act (H.R. 2288 and the Caring for Military Kids with Autism Act). The bills passed both the House and the Senate, but were significantly changed during the conference committee, resulting in a one-year pilot program, to be available to families no later than April 1, 2013.

In May 2013, U.S. Rep. John Larson introduced an amendment that was included in the House version of the 2014 NDAA, with more specific language to address the confusing multiple TRICARE programs that neither provide prescribed levels of care nor a permanent benefit for retiree and wounded warrior dependents.

As you are aware, on June 25, details of TRICARE's new ABA policy were finally announced. The new program is significantly more restrictive, growing from a four-page document to one containing over 20 pages of conditions, requirements and restrictions, including an age limit and additional testing requirements outside of normal ABA best practices.

A huge problem with this policy is that the waiting list is anywhere from a year to 18 months to be able to see and schedule the testing that TriCare is demanding. The Board Certified ABA therapists are not trained to give these tests and the training cost for them involves a good deal of money and also time is a huge factor. In the mean time, our children will be denied services due to the fact they can not find a qualified Dr to give the testing who accepts TriCare. The qualifications for being able to receive treatment that TriCare will cover is being made so hard that the child will lose valuable treatment while waiting for an appointment. Our children's health and well being is at a severe risk with this new policy. The Policy is just too restrictive .

This new policy, is a huge step backward for all military families, active duty and retirees. Many children will lose access to the very therapy that gives them a chance at a successful, independent future and

Military Family Readiness Council Meeting Aug. 5, 2013

the strain is already so evident in these military families serving our great nation.

I ask for your assistance on three actionable items:

First, preventing the implementation of this new policy, set for July 25, 2013.

Second, to support the inclusion of equivalent language contained in the Larson Amendment in the Senate version of the NDAA.

Third, work with the House and Senate Armed Services Committees to hold additional hearings on this issue to ensure Congressional intent is translated into appropriate regulations by TRICARE and DOD.

The Department of Defense has a duty to provide the medically necessary treatment for military members and their families at prescribed levels without imposing arbitrary limits only meant to add barriers to care.

Thank you for your time.

Anita Motley
80 Deerwood Estates
Geneva, Ala36340
motlycrw@gmail.com

Sent from my iPad

Military Family Readiness Council Meeting Aug. 5, 2013

From: iceberge@cox.net
To: [OUSD-PR Family Readiness Council](#)
Subject: Tricare policy changes
Date: Wednesday, July 17, 2013 10:56:36 AM
Attachments: [July 17.doc](#)

Please find attached letter on my families' behalf.

Thank you for your time and consideration.

Dawn Berge
(parent to Zachary Berge)

July 17, 2013

To the attention of the Senate Arms Committee and Senator, Jessica Wright:

I am writing this letter to request your assistance with the recent changes to Tricare's policy on Applied Behavior Analysis. These changes are simply additional hoops that military parents of autistic children must jump through. I would know, as my son, Zachary Berge, was diagnosed with autism at the age of 2, he is now 8. My name is Dawn Berge, and along with my husband, Retired MSgt Kenneth O. Berge, we have jumped through every hoop that Tricare has placed before us – the appeal process, contacting our Congressman Jeff Miller (FL), and even a lawsuit to try to receive ABA services that our child desperately needs. Now 6 years later, we continue to jump through hoops.

When Zachary was first diagnosed, by Lt. Col James P. Vandercar, at Eglin AFB, FL, Dr. Vandercar recommended an aggressive ABA treatment therapy plan of a MINIMUM of 25 hours, ideally 40 hours. Due to availability of services, Zachary started with 3 hours, then 6, and then increased to 12 hours, and finally Zachary was receiving 24 hours of ABA therapy which we paid for out of pocket. At \$53,000 a year, our finances were quickly depleted - because Tricare would not cover ABA therapy for dependents of retirees. If Tricare had treated retirees with the same guidelines as active duty military personnel, \$36,000 of this amount would have been covered, and Zachary would still be receiving ABA therapy at 24 hours a week. He is presently in public school and receives 3 hours of ABA on Friday mornings, which is less than 1/10th of the recommended hours by Dr. Vandercar.

How has this affected his learning? He is stagnant. His acquisition of new skills is very limited, in comparison to the gains he was acquiring when he was receiving 24 hours of ABA therapy. He is in a class with 12 low functioning children, one teacher, and two aides. All but two of the children are nonverbal, which gives him miniscule verbal interaction. Consequently his social skills are severely affected, which is one of his major deficits.

But allow me to address some of the new changes, which will further hinder my child's progress. One of these is the implementation of a 6 month assessment. Dr. Vandercar, who is the ONLY Developmental Pediatrician, on Eglin AFB and the surrounding area, will be inundated with children trying to get updates. Presently the wait time for an appointment with Dr. Vandercar can be anywhere from 6-8 weeks.

Additionally, there is now a 2-year time limit that a child may receive ABA therapy, unless they have shown progress. The last time that I checked, autism was a lifelong affliction. Children with autism often acquire skills, make gains and then sometimes lose them. This is just one of the many facets and frustrations in dealing with autism.

I find it deplorable that Tricare would, and is, continuing to place additional restraints on families who have a child with autism. As a parent, it seems to me that they are making receiving services so difficult and daunting, that families will simply give up, and go away. This couldn't be further from the truth. As any responsible parent would do, we will jump through hoops, overcome obstacles, and do whatever it takes to ensure that our children are provided for. My husband served 22 years in the Air Force. He remained in the military because he believed that his families' medical needs would be met. This was a contract between him and the Department of Defense. This is a slap in the face to military members who put their lives on the line to protect our country, when their families' welfare is neglected.

I am asking that you, Senator Wright, and the Senate Arms Committee take a stand on the defense of active duty and retired military families to 'right the wrong' on Tricare's new policies on Applied Behavior Analysis.

I appreciate your time and consideration on this matter. Thank you again for what you are doing.

Sincerely,

Dawn L. Berge
(Mom to Zachary Berge)

From: [Kristin Proffitt](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: A plea for help with Tricare ABA changes
Date: Wednesday, July 17, 2013 11:51:31 AM

I am writing to ask for your intervention regarding TRICARE's new policy for military children with autism and its impact on their access to a critical form of therapy called Applied Behavioral Analysis (ABA).

Autism is now at epidemic rates amongst America's children and military families are no exception. According to the Centers for Disease Control, approximately 1 in 50 school-aged children have an autism spectrum disorder (ASD).

ABA has, according to June 2012 Senate Armed Services Committee testimony from the American Academy of Pediatrics associate executive director,

"proved effective in addressing the core symptoms of autism as well as developing skills and improving and enhancing functioning in numerous areas that affect the health and well-being of people with ASD. The effectiveness of ABA-based interventions in ASDs has been well documented through a long history of research in university and community settings. Children who receive early intensive behavioral treatment have been shown to make substantial gains in cognition, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."

Until recently, TRICARE has only provided ABA therapy for active duty families, under a program called the Extended Care Health Option (ECHO). Notably, military families impacted by the medical retirement of a wounded warrior found their child with autism suddenly without therapy.

Military families and advocacy organizations lobbied Congress in 2012 to include language to correct the deficiencies in the ECHO program in the 2013 National Defense Authorization Act (H.R. 2288 and the Caring for Military Kids with Autism Act). The bills passed both the House and the Senate, but were significantly changed during the conference committee, resulting in a one-year pilot program, to be available to families no later than April 1, 2013.

In May 2013, U.S. Rep. John Larson introduced an amendment that was included in the House version of the 2014 NDAA, with more specific language to address the confusing multiple TRICARE programs that neither provide prescribed levels of care nor a permanent benefit for retiree and wounded warrior dependents.

On June 25, details of TRICARE's new ABA policy were finally announced. The new program is significantly more restrictive, growing from a four-page document to one containing over 20 pages of conditions, requirements and restrictions, including an age limit and additional testing requirements outside of normal ABA best practices.

This new policy, is a huge step backward for all military families, active duty and retirees. Many children will lose access to the very therapy that gives them a chance at a successful, independent future and the strain is already so evident in these military families serving our great nation.

I ask for your assistance on three actionable items:

First, preventing the implementation of this new policy, set for July 25, 2013.

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Third, work with the House and Senate Armed Services Committees to hold additional hearings on this issue to ensure Congressional intent is translated into appropriate regulations by TRICARE and DOD.

Military Family Readiness Council Meeting Aug. 5, 2013

The Department of Defense has a duty to provide the medically necessary treatment for military members and their families at prescribed levels without imposing arbitrary limits only meant to add barriers to care.

I am a military wife with two young boys with autism. Please protect my boys future by standing beside military families that desperately need ABA services for their children for more than just 2 years before the services are stopped.

Thank you for your time.

Kristin Proffitt

106 Aspen Way, Fort Knox, KY 40121 (719) 306-0851

From: robynvitto@yahoo.com
To: [OUSD-PR Family Readiness Council](#)
Subject: Loss of a Medical Necessity Benefit on July 25, 2013 for Wounded Warrior
Date: Wednesday, July 17, 2013 2:04:55 PM

Jessica Wright,

I am a TRICARE patient, as well as my son, currently receiving certain compounded medications prescribed by my doctor. TRICARE has informed me that they are no longer covering my medically necessary compounded medications made from bulk chemicals or bulk powders. This change of coverage is effective July 24, 2013.

This decision affects the quality of life for military men and women as well as their families, including myself. Compounding serves an important interest in today's health care system. Many physicians prescribe a compounded medication because the drug is not commercially available in today's marketplace. In other instances, compounding is vital to serve the unique needs of each individual patient.

These compounded medications have been covered by TRICARE for a long time. Military service members and their families, like me (wounded warrior) and my family (one with severe allergies and autism), are serving their country or have served their country for these benefits. Why is the TRICARE pharmacy coverage policy now being interpreted to mean that compounded medications are no longer covered services? Was there a change to the policy?

TRICARE's unilateral decision to deny coverage for compounded medications limits critical access to our healthcare system that our military personnel have more than earned. Removing coverage for compounded medications is detrimental to members of the military and their families, who have served their country and are now having their benefits reduced and their health put at risk.

My family and I rely on uniquely-tailored compounded medications due to our gluten/wheat sensitivity and the fact that manufacturers do not have to list allergies makes it very difficult to adhere to a medically safe diet without my compounded medications. There are no other options and as a Wounded Warrior who is 100% disabled this is extremely unacceptable for my current medical care.

Please continue to help our nation's service members, military families and veterans, like myself and my family, by providing coverage for our compounded medications that our doctors prescribed. I appreciate your time and attention to this matter.

Sincerely,

Robyn Iuliano, MSgt, USAF
Hampton, VA

From: [Valerie Cloutier](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: Please stop the Tricare cuts to ABA therapy
Date: Wednesday, July 17, 2013 10:53:15 PM

As the wife of an active duty service member who has given over 18 years of service to our country and as a mother to an amazing child who has Autism, I am writing this letter to BEG YOU for your intervention regarding TRICARE's new policy for military children with autism and its impact on their access to a critical form of therapy called Applied Behavioral Analysis (ABA).

Autism is now at epidemic rates amongst America's children and military families are no exception. According to the Centers for Disease Control, approximately 1 in 50 school-aged children have an autism spectrum disorder (ASD).

ABA has, according to June 2012 Senate Armed Services Committee testimony from the American Academy of Pediatrics associate executive director,

"proved effective in addressing the core symptoms of autism as well as developing skills and improving and enhancing functioning in numerous areas that affect the health and well-being of people with ASD. The effectiveness of ABA-based interventions in ASDs has been well documented through a long history of research in university and community settings. Children who receive early intensive behavioral treatment have been shown to make substantial gains in cognition, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."

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On June 25, details of TRICARE's new ABA policy were finally announced. The new program is significantly more restrictive, growing from a four-page document to one containing over 20 pages of conditions, requirements and restrictions, including an age limit and additional testing requirements outside of normal ABA best practices.

This new policy, is a huge step backward for all military families, active duty and retirees. Many children will lose access to the very therapy that gives them a chance at a successful, independent future and the strain is already so evident in these military families serving our great nation.

I ask for your assistance on three actionable items:

First, preventing the implementation of this new policy, set for July 25, 2013.

Second, to support the inclusion of equivalent language contained in the Larson Amendment in the Senate version of the NDAA.

Third, work with the House and Senate Armed Services Committees to hold additional hearings on this issue to ensure Congressional intent is translated into appropriate regulations by TRICARE and DOD.

The Department of Defense has a duty to provide the medically necessary treatment for military members and their families at prescribed levels without imposing arbitrary limits only meant to add barriers to care.

Thank you for your time.

Valerie Cloutier
Fort Campbell, KY

From: [Laura Bond](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: ABA
Date: Wednesday, July 17, 2013 11:18:22 PM

To whom it may concern:

Tricare is not only hurting the 23,000+ military dependents currently diagnosed with autism. It hurts those yet to be diagnosed. It hurts all the members of their families. It hurts the soldier and, in turn, the soldier's unit and America's safety. IT ALSO HURTS EVERY AMERICAN PAYING TAXES AND OUR NATION'S BUDGET.

If Tricare can pay for breast implants and lap bands, they can DEFINITELY pay for ABA services free of excessive red tape and restrictive oversight.

There are many arbitrary things to be cut in Tricare that do NOT involve cutting and restricting therapies (like ABA) that prevent a child from becoming a "danger to self and others" and ultimately running up drastically more costly interventions - not to mention the stress and pain the family endures during these hospital stays. What soldier can focus 100% while fighting overseas with that weighing on his/her mind?

Every action reaps consequences. Knowing their families are safe at home, keeps the soldiers focused to complete missions successfully, and ultimately keeps America safe.

Thanks to ABA, our son's autism is currently managed with outpatient neurology and psychiatry appointments every three months, and ABA three days a week for ninety minutes each day. So, let's run the money figures for ABA!

According to our son's therapist, to pay out of pocket with no insurance, each hour of ABA would cost \$130 per hour. With that hourly rate, our son's ABA costs Tricare \$585 a week which translates to \$29,250 per year (assuming he has therapy all three days every week minus two weeks for holidays/trainings/etc.). We pay \$35 per month based on our current pay grade. This amounts to \$420 per year. So, that \$29,250 charged to Tricare minus the \$420 we pay, means Tricare only pays \$28,830.00 each YEAR for our son to continue ABA treatment.

Should our son have a gap in ABA therapy while waiting on another referral, waiver, and/or test (that is almost impossible to avoid under the policies set to take effect on July 25, 2013), it would put him at the end of a waiting list that can range from six to eighteen months or more without ABA services.

We know firsthand that our son can't continue to function at healthy levels without the ongoing ABA despite successful medication management. His social and emotional functioning would nose-dive into aggression landing him in a hospital yet again, both for his safety and the safety of those around him.

If the hospital charges the average \$2,000 per day (of which we, the family, would pay nothing), Tricare would pay more for fifteen days in the hospital than they would for an entire year of ABA. Most short-term hospital stays for pediatric mental health average two to three weeks. That's \$28,000 to \$42,000 for each short-term hospitalization.

Normally, these kids suffer because ABA can't be replaced by regular counseling and often medication alone is not enough. They will go in and out of short-term hospital stays about three to four times before being referred to a long-term residential treatment center (RTC) that averages two to three months each stay.

For example, two years ago, our son had never received ABA. In one year, he had a three-month RTC stay, followed by three short-term stays, and finally a five-month RTC stay. At a cost of \$2,000 per day, that's \$180,000 in three months + \$84,000 for six weeks (we'll keep to the low estimate) + \$300,000 for the five month stay. That's a \$564,000 bill in one year - just for hospitals!

Comparing that year without ABA to this current year with ABA, our son went from a \$564,000 hospital bill to a \$28,830 ABA therapy bill covered by Tricare. That's a one-year savings of \$535,170 that Tricare benefitted financially from having our son in ABA therapy.

Paying for ABA is a LOT cheaper than paying for constant recurring short and long-term hospitalizations for the child plus counselors for everyone in the family. An ounce of prevention is worth a pound of cure!

With the on-going increase of children born with autism, it would be foolish to cripple our military with barriers to ABA care AND to burden American tax-payers with higher costs of traditionally more accessible fallback methods such as hospitals and counseling that could be eliminated and/or minimized through the significantly cheaper and more cost-effective ABA therapy for children with autism and other developmental delays.

Bottom line is that ABA works! It's much more necessary than a boob job, and much less costly than repeated hospitalizations. Our son is living proof that medications and other therapies are just not as effective as medicine combined with ABA. ABA empowers these children to overcome their disabilities and their families to support the military's missions. Our nation's defenses become stronger while health costs are reduced. It's a win-win to keep military families' access to ABA free of restrictions and excessive paperwork clogs!

We would be happy to answer any questions you may have. Please feel free to email back if you'd like more information.

Thank you for your time and consideration,

2LT Charles Johansen and Mrs. Laura Johansen

From: [Amy Walker](#)
To: [OUSD-PR Family Readiness Council](#)
Subject: Tricare's new ABA Policy Concerns
Date: Thursday, July 18, 2013 10:11:00 AM

Ms. Jessica Wright
Undersecretary for Personnel and Readiness
Department of Defense
Military Family Readiness Council

I am writing to ask for your intervention regarding TRICARE's new ABA policy for military children with autism and its impact on their access to a critical form of therapy called Applied Behavioral Analysis (ABA).

First I would like to explain who we are as a family. My Husband is a 19yr Active Duty Army Officer currently stationed at the Pentagon. Being an Active Duty Family has been both a pleasure and a level of commitment that has been challenging. I am proud of my country and of my husband for his unwavering service. With this 19 year commitment we as a family have sacrificed as well. The multiple deployments as well as PCSing every few years has been difficult. To add to this lifestyle we have two children, a 14 year old and a 12yr old son with Severe Autism. He has very severe deficits in social skills, communication and significant behavioral challenges. We as parents have faced this head on and used every available resource Tricare has offered and then some out of pocket costs not covered. We have exhausted our finances and selves at times to provide the appropriate care for our son. In 2008 Tricare agreed to cover the ABA Therapy for our son, under the DEMO program. Since then we have used this therapy and dedicated our time and energy after school, on weekends as well as summer breaks to this therapy. We as a family have rearranged our lives, endured deployments and PCSed while using ABA to help us through. This has been one of the biggest successes of Ethan's story. It has enhanced the quality of his life. It has helped our family become a better family equipping us with the knowledge on how to help Ethan better succeed each day.

This Therapy has changed his life as well as ours. He has made great gains but will need this therapy for many years to come. It is not a therapy that you can use for a few years and be cured. Its is also not a therapy that we as parents can completely take over and teach our children. BCBA's with Masters degrees and certifications are trained and educated for many years to perform this. A parent no matter what level of education cannot conduct these programs without proper education and specialized training. Autism is complex and even with years of experience with our one child we cannot determine the best way to approach and develop a program to teach our child a particular skill set. As parents we do carry on the programs in the home and apply them when we are instructed by the BCBA. We use all information and instruction given to us in order for our son to succeed but its not the same as teaching the child using ABA protocol. My son has always demonstrated a better level of understanding and compliance from a teacher or therapist than from myself. I am his Mother, he sees me as his provider and Mommy, a person that he may hug, show and receive affection. ABA is not this way of instruction, you cannot expect a parent to do a job of a trained professional.

We have been advocating for stronger support and to extend the benefits to Non- Active Duty and Retiree Dependents over the last few years. Our story along with over 80 other Military families went before Congress last year. Our son is only 12 and possible retirement is within sight so it was a cause that would deeply affect our family. We were relieved last year when court rulings, Congressional approval and the mandate that Tricare must provide this medical service to all Tricare beneficiaries. Tricare and the DOD then said they would set up a 1 year trial for those not receiving it at that point. That never came and instead we get this very disappointing news from Tricare. Stating that instead of the expansion, now there will be cuts. This news actually made me ill and very angry. After all we have gone through and as an Active Duty family we felt that they slapped us in the face. This is a disgrace that Tricare and the DOD would do this to our disabled children. The very ones that have sacrificed so much. The deployments, the school changes and PCS moves. This is an injustice to our children and families.

I am disturbed and concerned with the age limit of 16 that has been set by Tricare's new policy. Why 16 years of age, this is an age that we will need ABA more than any time. Our son will be 13 and has not hit puberty because as with most children it too is delayed. So 16 is a time that we need instruction from a trained professional to address behaviors. So if BCBA's are taken away then where does that leave your 16 year old Autistic children, where will they fall in Tricare's medical world? What other Therapy, Doctor or Professional will Tricare need to provide? What about the increase use of drugs for behavior or even worse psychiatric help or special schools (institutions)? Why turn them away when this is a life long therapy that only enhances their quality of life at a much lower cost than the life long alternatives.

I have already addressed the concerns of teaching parents to instruct ABA after a 2 year therapy limit because clearly Tricare thinks we as parents are Super Educated Parents that can do everything. This is unrealistic and Tricare is setting parents and children up for failure.

The Standardized Testing (Vineland Behavioral Scale-VBS II) every 180 days seems to be something Tricare has figured out to be a difficult task for us as parents, PCM (doctors) and BCBA's to comply with. As none of the mentioned are trained to administer such a test. A test that really gives nothing but negative feedback for the cause. Levels of stress for a child with Autism can vary hour to hour so to mandate a test given to a child with Autism and expect positive results and progression is asking too much. These children can be stressed and not perform just walking into a new environment. If a child has to leave his home for this test then it will be deemed negative. It will show a possible regression therefore putting the child at risk for losing therapy because they did not show a level of progression. Then add in the PCS moves. With PCS moves comes new schools, houses and community which are all possible areas for significant regression.

Tricare is making it difficult for children with Autism to retain services and even more so for newly diagnosed children to acquire services. This is a level of discrimination against children with disabilities. The DOD, The Army and our elected officials always talk about what a force multiplier family support is..."If the family is taken care of, the soldier can focus on their mission" Is this just lip service? Why is it that all of the benefits that have been so positive and reinforcing are suddenly being taken away. Is the priority of the DOD, Tricare and this Administration to make it so undesirable to stay in the Military that its easier to leave?

< <https://mail.google.com/mail/images/cleardot.gif> >

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I ask for your assistance on three actionable items:

First, preventing the implementation of this new policy, set for July 25, 2013.

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Third, work with the House and Senate Armed Services Committees to hold additional hearings on this issue to ensure Congressional intent is translated into appropriate regulations by TRICARE and DOD.

The Department of Defense has a duty to provide the medically necessary treatment for military members and their families at prescribed levels without imposing arbitrary limits only meant to add barriers to care.

Respectfully,

Amy Walker

aewalker33@gmail.com

From: [Candy Reyes](#)
To: [OUSD-PR Family Readiness Council](#); [Candy Reyes](#)
Cc: [KRISTINE M. REEVES- U.S. Senator Patty Murray](#)
Subject: RE: Candy Reyes/ E-mail and Letter to submit to Family Readiness Council and U.S. Senator Patty Murray
Date: Saturday, July 20, 2013 10:31:28 PM

Dear U.S. Senator Patty Murray office and Family Readiness Council;

Need to mention an error in word usage, I meant, 'struggling' not snuggling- thank you. Candy Reyes- Fort Bliss, Texas.

This information contained in this message and any attachments is intended only for the use of the individual or entity to which it is addressed, and may contain information that is PRIVILEGED, CONFIDENTIAL, and exempt from disclosure under applicable law. If you are not the intended recipient, you are prohibited from copying, distributing, or using the information. Please contact the sender immediately by return e-mail and delete the original message from your system.

Candy Marie Ruiz, Madrigal- Reyes

From: reyescandy@hotmail.com
To: familyreadinesscouncil@osd.mil
CC: reyescandy@hotmail.com; kristine_reeves@murray.senate.gov
Subject: Candy Reyes/ E-mail and Letter to submit to Family
Date: Sat, 20 Jul 2013 21:04:14 -0500

July 20th, 2013

Dear DoD Military Family Readiness Council Meeting ,

My Name is Candy Marie Reyes. We are Active Duty Army Family stationed to Fort Bliss, Texas here in El Paso, Texas. We are an Autism Family like so many others and we are outraged in the dealings of the proposed policy changes to Tricare/ ABA changes. What bothers me the most is how can Tricare and all those individuals whom are the 'key players' decide to put an age bracket and cap per rendered services for a individual w/ a disAbility. A disAbility is life- long condition and it doesn't go away nor disappear. How can Tricare consider in enforcing a policy that states our loved one with special needs can be DENIED SERVICES if he or she does not show progress. When I read this I thought what came to mind is Tricare is now playing the role of devil advocates in the lives of our children with special needs. Every child and individual develops and progresses in their own way and how can Tricare relay on a piece of testing data that states lack of progress, no progress and because of this written data per evaluations Tricare and the Autism Demonstration Program decides to take away the ABA services of the individual w/ a life long medical condition because of an evaluation tested on a human- being w/ a disability. When did our children with special needs become lab rats to Tricare! Why does TRICARE sound more like a anti- runned program and not an entitlement coverage for our Armed Forces and their families. As a Autism Warrior Mother this policy is taking away everything we worked so hard for in helping our special needs population be part of our community to maintain a productive life-skills goals. ABA for our military families is a key factor in allowing our military families the success-fulness of interventions such

as; ABA- Applied Behavioral Analysis which is tailored to their loved one with special needs. You will find your American Soldiers' who are mothers' and fathers' whose children are in need of ABA willing to die for their country they love and believe in and continue to serve in the Armed Forces to maintain medical coverage and ABA support for their loved ones through Tricare because of our child (ren) well- being and because of the uniqueness's of Autism or other medical diagnosis, rare blood disorders, and rare medical syndrome. Let me just mention, how would you like to be deligated in this manner when you fall upon a illness and or disability. As they say we all get there one day. Let's say, when you reach the age of 65 years old are you are now deemed no longer worthy of any supports, services and or medical coverage. This is what TRICARE is doing to our special needs Autism Military Families and one day may do to you. Enough is Enough! We ask that you re-look and re-consider the policy changes and I only hope you all make the right humane choice for our future leaders of youth, and adults with Autism. Many stationed to Fort Bliss and our El Paso Community at large are snuggling in navigating the Tricare medical system of Fort Bliss and El Paso, Texas. We have a shortage of 'specialty care physicians' for our EFMP families stationed and residing on Fort Bliss, Texas. We then are being funneled to the civilian sector of medical care and well it is a obstacle in obtaining the medical supports and professional services for our military loved ones. Many medical facilities are overwhelmed, over crowded, lack training, supports, medical equipment, and so forth. We have to travel to the other side of the mountain where more medical offices are located for families rather than near the military installation or on the installation. I am floored in the challenges I have seen here in El Paso, Texas. It is not only frustrating but many more military families are being stationed here not knowing how broken the military is on Fort Bliss per medical system and their public schools for our military kids and families. We are traveling to Colorado for the specialty medical care for our son with Autism because they can not provide the medical staff to care for his unique needs. This only tells me how broken the system has been for a long time on Bliss and our surrounding community. If I am having a challenge in care here I know others' have; as well. However the quality of care is is much different than what I expected. We are near the border of Juarez, Mexico and so I can not tell you how imperative it is to continue the services of ABA therapy here in El Paso, Texas and Fort Bliss Installation Military Families.

It sounds like Tricare and all those in the circle of making those policy changes choices need to re-write, re-create a policy that does not take away life changes supports to our special needs military families. As my son said as I explained the Tricare changes to ABA within the Autism Demo Program he said, Mom Why? and yes, I have to agree , WHY?

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