

Autism Care Demonstration Program Changes: An Overview of What TRICARE Beneficiaries Needs to Know Webinar

Transcript

Christina Piechoski: Good afternoon and welcome to today's webinar, titled Autism Care Demonstration Program Changes. An overview of what TRICARE Beneficiaries need to know.

This webinar will provide an overview of the comprehensive changes to the Autism Care Demonstration Program. Learn about changes to the program, including new program improvements for parents and families. We're thrilled to have with us today Dr. Amy Serda and Dr. Krystyna Bienia.

Dr. Serda is a behavioral health and Autism Care Demonstration nurse consultant at the Defense Health Agency; and Dr. Bienia is a clinical psychologist, Autism Care Demonstration clinical lead and senior policy analyst at the Defense Health Agency. Without further delay, I'll turn things over to Dr. Serda.

Dr. Amy Serda: Thank you, and thanks for joining us today. We're thrilled to share information about the recent TRICARE Autism Care Demonstration policy changes and this is something we are very passionate about and always appreciate the opportunity to share information. So the appearance of hyperlinks does not constitute endorsement by the Department of Defense of this website or the information products or services contained therein. For other than authorized activities such as military exchanges and morale welfare and recreation sites, the Department of Defense does not exercise any editorial control over the information you may find at these locations.

Such links are provided consistent with the stated purpose of this Department of Defense sponsored webinar. This webinar will provide an overview of the comprehensive changes to the Autism Care Demonstration Program. Learn about changes to the program, including new improvement for parents and families.

So, this will be the agenda for today. We'll do a quick overview of the introduction to the Autism Care Demonstration policy changes, we'll discuss what is changing, some of the exclusion, additional contract of responsibilities, provide an implementation timeline to give a visual some of these changes, go over some TRICARE resources and an opportunity for Q&A.

So the Autism Care Demonstration began July 25, 2014 and we've learned over the past few years through the stakeholder input, literature and research, talking with commercial and Medicaid coverage plans and through our government oversight and the lessons learned where we're at today. So these changes were a collaborative process that involved all of what I just mentioned and we wanted to shift the focus to a more beneficiary centric model. So the ACD is authorized to provide the clinically necessary and appropriate applied behavior analysis services or ABA services for the diagnosis of autism spectrum disorder. And I emphasize clinically necessary and we're going to talk about that a little bit more today. We want to see providers rendering the active delivery of ABA services. And as we go through these changes, you'll see the beneficiary eligibility and how we've kind of incorporated these changes to really focus on the beneficiary and their family. And that's over to you, Krys.

Dr. Krystyna Bienia: Excellent. So I'm going to start with eligibility changes or streamlining of those requirements, an improvement, so they really – again, like Dr. Serda mentioned, they are for the intended purpose of making it easier for families to get access and earlier services. Again, we're looking for early diagnosis, early intervention and many of these changes align with that effort. So, we first and foremost expanded the approved list of diagnosing providers.

Previously, we had the primary care folks, the select primary care folks and then we had a specialty list, which what that meant was if you received your initial diagnosis from primary care, then you were required to follow up with a confirmation diagnosis at the one year, but no later than the one-year mark. So we've removed that confirmation diagnosis and expanded who can diagnose. So again, making it easier to get access to clinically necessary services. We still think that it's really important for our families to meet with those specialists as they have specialized training. Remember the developmental behavioral pediatrician, or clinical psychologist or maybe even child neurology, those individuals have specialized training and can speak to many of the other options, many of the other potential, either treatments or things to consider when first diagnosed or through your treatment process. Those are critical folks with whom to have conversations.

There is a clarification added in the change that if you are first diagnosed after age 8, so early ages no diagnosis or there was a delay in diagnosis, then that one will have to come from the specialist and those requirements are spelled out. But again we're trying to get everybody early diagnosis and early into services.

OK. So for tracking purposes, everybody may recall or may have known this, but so when you get a diagnosis, the provider submits the referral and then every two years there was a requirement for an updated referral, for continued services you would have an updated referral. And that used to be contingent upon the number of authorizations

of ABA services. So, the previous requirement was after four consecutive authorizations. So after four, six months' periods of ABA. Now, we've streamlined it to just a calendar two-year mark so that wherever you are in the process that two-year mark from the initial diagnosis will trigger a new referral.

Also streamlined were the outcome measures, there were various requirements to get the outcome measures completed prior to this change. The first and foremost was it was the requirement of the specialized data diagnosing provider to complete those outcome measures. We have removed that requirement. So now contractors will utilize all appropriate providers who have the training or accessibility and oversights to administer those. So ease that process so not solely dependent on the specialists, but to get those outcome measures done so they'll be required at baseline so prior to issuing the treatment authorization, which means any time from that first diagnosis through that initial process you can get your ABA assessment going, you can get some of these other components going but those outcome measures will need to be completed before ABA starts. And again, we've expanded who can complete those measures.

I'll be talking a little bit more about outcome measures further down, but I just wanted to mention the aligning of the timeline. The other element that we changed with the outcome measures is the cycle of the outcome. So at baseline, which I mentioned that change, but then also at the six- and 12-month interval. Used to be every two years and with that specialist doing that confirmation diagnosis, we have the up to one-year opportunity to get outcome measures done, but there are a lot of folks who were getting them done at the end of that cycle and then that next cycle would already be starting. And so again, these are meant to streamline, have clear benchmarks where things are tied to authorizations and referrals. So again, easing of that requirement.

What hasn't changed is that active-duty families are still required to be enrolled in your EFMP program as well as registered in ECHO. The change is that ECHO historically has an additional 90 days in case there were issues or challenges with completing the paperwork. We found that there were very few exceptions or very few situations where families requested something beyond the original 90 days and so to align with the regular ECHO benefit and the provision and the guidance that's under, we streamlined to be in alignment.

Here we are on ACD authorization. So as of August 1, so in roughly 45 days, that changed to the outcome measures, like I mentioned on the previous slide, will be required at the time of that request, right? So before the next authorization is issued, those outcome measures will be required. The other change is or streamline is that for ABA services to be reimbursed, the treatment plan needs to be reviewed and authorized prior to rendering of reimbursable services. And what that means to the family is that your ABA provider needs to get that paperwork in, that treatment plan update into the

contractor on time so that there are no gaps in reimbursable care. Late submissions will risk gap but remember that doesn't mean services stop, that just means that there's no authority to continue reimbursing for that and we encourage you to help keep track. I know the ABA providers are really good at that, that help to stay on top of getting those submissions in so there are no gaps, or at least minimal gaps, if there happens to be.

Dr. Amy Serda: Thank you, Dr. Bienia. So Autism Services Coordination. This is where the autism services navigator or the ASN comes in to play and this is really a critical piece of this change.

This ASN will become effective, the requirement starts on Oct. 1, 2021 and they will be provided to all new beneficiaries entering the ACD. So, let me define what a new beneficiary would be. So, that would be anyone coming into the program not currently receiving ABA services under the ACD, or if for some reason, they had a gap in ABA services greater than 12 months. It would not apply to somebody, say, PCSing. We have a lot of movement in the military health system. So, it wouldn't be if you were in the East region and you move – you PCS to the West region, you would not be considered a new beneficiary. And to clarify, this requirement only applies to beneficiaries enrolled in the East and the West region.

So, if you are enrolled in say, the TRICARE Overseas Program or any of the US Family Health Plan or even TRICARE For Life, the ASN requirement is not a requirement in those areas. Just so I can point out, as we had a lot of questions come in about this after previous webinars, that the ASN is employed by the contractor. So, they would be employed or subcontracted by either Humana Military in the East region or Health Net Federal Services in the West region.

The autism services navigator role. So, the ASN role will be to collaborate with all stakeholders for the beneficiary and they're really overseeing the assessment, planning, facilitation, care coordination and evaluation. To me, it's really a step up from case management in that you're really getting that whole care coordination effect. So, they are also the primary advocate in the health care setting for the beneficiary and the family and they'll be the primary point of contact. So, if you have questions, you'll have somebody on the contractor side, your ASN, who can help you.

They also may be assisted by a nonclinical outreach coordinator. So, the assistant may be a nonclinical person, but I want to point out that the ASN does have to be, we have a series of credentials and experience with autism or behavioral health. They have to be nurses, social workers, psychologists. So, it is a clinical person. So, what can you expect from the ASN? So, this will be the person that makes the first contact with the beneficiary of the family when the referral to the ACD or ABA services has been placed.

They'll develop a comprehensive care plan and we'll talk a little bit about that more on the next slide. They'll coordinate the medical and behavioral health services, military hospital or clinical services, the ECHO services, respite, ABA, parent-mediated programs and other similar activities. There are a lot of services available to our beneficiaries, so we really want to bring them all together and work in collaboration with one another. So, coordinate and participate in medical team conferences and they'll help facilitate continuity of care when you move. So, as I mentioned earlier, we do have a lot of movement. So, if you're moving from one region to the other, we want it to be a seamless transition.

Now, they'll identify and facilitate connections with local community resources. So, we found a lot about support groups or police departments, fire departments, different things that are doing great things in their communities and we want to link families with those resources. And then they'll also provide educational resources about autism spectrum disorder.

So, I mentioned on the previous slide that the ASN will develop and maintain that comprehensive care plan or the CCP. This will be for the new beneficiaries that are assigned in ASN.

So, after a referral is submitted and the ASN makes contact, the CCP will begin development to include an intake process, a review of services incorporation of all the outcome measures and the timeline. So, it should be a much easier streamlined process. If there's any PCS changes or timelines, those would also be documented and there will be a discharge and transition plan. While I think the ASN is a wonderful addition, in health care, there's always a discharge plan, there's always something working towards discharge and so we want that to be on set as well.

So, the CCP really allows for a more collaborative effort to be consistent and really focus on the beneficiary. The CCP is also different from the ABA treatment plan and we've had a lot of questions about that come in. And so, I just want to make sure that everybody is aware that this is incorporating everything into one big picture. So, if you have speech therapy, physical therapy, ABA, all these different services, this is the one plan that's going to bring everything together.

It will also be updated every six months, which will be in line with the continued authorization of ABA services. And I want to make one more clarification remark about the CCP because there was a typo in the manual that was published. The CCP can be, it's completed within 90 days, but for that first authorization period, the beneficiary does not have to wait until that CCP is completed to begin ABA services. They can begin ABA services. We're not making you wait. Now, after that 90 days, if it's not complete, then

the contractor will have to look at what's going on for that noncompliance. And it's over to you, Krys.

Dr. Krystyna Bienia: Excellent. So, this is another exciting addition to the change, is our enhanced focus on parent and family support resources, access, things that are really critical to a truly comprehensive program. Again, while the beneficiaries are the focus for the treatment towards the diagnosis of autism, the family is equally invested and a part of the success. And so, with this manual change, beginning on October 1st, the contractors will have available on their websites, so, this is for everybody in the program regardless of ASN status or not, that everybody will have access to a wide range of services. Things such as a parent toolkit.

The contractors will develop a toolkit for the families to access. I know it says new to the ACD, but again, this is on the contractor website and so it'll be targeted to the families coming into the program. But again, a resource for all families. The website will also highlight those local level resources that are – that Amy mentioned on the previous slide. The ASN will help in the coordination of those activities, but for all families, they'll be available. And she mentioned a few, the police department or the fire department because there really are a wide range of clinical and nonclinical services available nationwide both within the military health system or the Department of Defense, but also outside of the health care system.

And we want to point families into those directions or those areas because they are of value in various advocacy groups, various organizations have missions that really are meant to support. I know there's, like for example, the Arc is the nationwide organization and each of the states have different missions, but we want to draw people to those resources. So, here in Northern Virginia, the Arc of Northern Virginia actually helps with things like special needs trusts or various support information, legal information, things like that. So, while those may not necessarily be clinical services, those are absolutely available to the families and we want to help connect.

So, that'll be available for you, guys. The other one is a military installation opportunity. So, like the MWR and the Army Community Services, those organizations host various events, too. Again, mostly nonclinical events, but resources for family or support groups or chat options, or even through Military OneSource. I know it's mentioned in the sub-bullet there, but these are great resources available, especially the military ones, without cost or without charge to the families. So again, connecting families to what's out there. The last one on this slide is about parent-mediated services.

Those are another opportunity for families to receive other clinical types of services and we want to draw attention to the wide range. Again, family needs change over time and we want to meet you where you are. So, family-mediated programs is another type of

clinical service available to families. Again, in addition to the speech and the OT and the PT, nutrition and mental health services, the parent-mediated services again are another option. There are some available within the military installations, but also those available in the private sector in the network. So again, we want to link families to everything that we can both clinical and nonclinical.

All right. Now, let's talk about outcome measures. Prior to the change, there were three outcome measures. The most of the first three, the Vineland, the Social Responsiveness Scale and the Pervasive Developmental Disorder Behavior Inventory. I'll talk about the parent stress measures in a second here, but those three, the only things, again, that have changed there are that all three are required at baseline, and then the Vineland and the SRS is annual as opposed to every two years and then the PDDBI is it remains at the every-six months interval. The addition is the parents stress measure and they are two listed, but you only need to complete one and that's because they're age-based, not both of them all the time. But that requirement starts as of August 1 and again that's for ongoing authorizations, a new authorization issued after August 1. I'll address some of the questions about that we've received historically, or to date rather about the parents stress measures. I want to clarify as much as I can about the data and the purpose.

So, as we think about a truly comprehensive program, like I mentioned, yes, the beneficiary is perhaps the target for the treatment for autism, but the family, siblings, all those components really contribute to a truly comprehensive program. And what better way to help measure impact or reduction in parent stress or are we providing enough services, or did we get the right services, we want to be measuring this information. Some of the concern has been about, what are we going to do with this information? Again, this is aggregate data that – so we at DHA will never see individual beneficiary data. That's not our role. We don't have access to those health records. What should be happening is that your treating providers are looking at those scores in addressing those clinically as appropriate within their scope of practice. We are looking at the impact. What was the baseline? What was the impact? Is there something we need to change? Is there something we need to add, remove augment or supplement in some way, clinical or nonclinical? And again, these are for making sure the family as a system is receiving the support it needs, to target especially for the individual beneficiary but for the family as a whole reaching that maximum potential.

Two more bullets on here that I think I mentioned previously that they're required at baseline and then those periodic intervals and the measures can be completed by the variety of providers. The PDDBI is the only one that must be completed by the BCBA and then you all as the parents, but the other three measures could be completed by a variety. And the contractors are responsible for identifying those providers and issuing those authorizations and ensuring that they are complete.

I want to talk about some of the additions or expansions as well. So, we added a couple of extra ABA service codes, which happened to be the group code, so group services for the beneficiary but also group services for the family. There are coding guidance available to do these group ABA service sessions. The other one is the medical team conference. And that's why that's important, it is giving your treating providers a mechanism to collaborate and to communicate on a regular basis. So, if you happen to have speech OT and you're a ABA provider or maybe you're a specialist or maybe there's a nutritionist or whoever is on your clinical teams, those folks can get together and really collaborate and monitor that progress over that six-month period. So, we're really excited about having the mechanism for that.

The other extension is that we have retained the telehealth provision. So, we know under COVID, which the provision started a little over a year ago, we have retained that allowance or received approval to continue the use of telehealth for the parent training sessions. There have been some other additions to the service requirements, like having families engage in a minimum of six sessions over a six-month period. And those are completely clinically indicated. How long or how often families engage with their ABA provider is dependent on the treatment plan and what the goals are. But again, six touch points over the course of six months of the authorization period. And again, these changes take effect starting August 1. So, we still have a little bit of time.

All right. Now, we're going to talk a little bit about exclusion, the ones that really have kind of been of interest in the questions that have come into the ACD mailbox, but also that I know providers have sent us, families have sent us. So, Amy, I am going to have you start with the first one, and then I'll take over a few, and then we'll get back.

Dr. Amy Serda: OK. So the use of restraint. The first one here. This is not a new exclusion. Restraints have always been excluded under the ACD, but it's just a reminder because we've seen a lot of questions come in about it.

A restraint is really a high-risk intervention done in a setting where there's a nurse, a medical doctor, there are people in place or clinicians in place to ensure that the patient is safe. Assessments are done. And in the outpatient setting, there's not always typically all those types of providers. So just to remind everybody this is a high-risk intervention and so it is excluded under the ACD. Back to you.

Dr. Krystyna Bienia: All right, great. So, then I'm going to talk about the next two collectively and then we'll talk about individual examples. So, ABA services in the school setting, I think it's really important to remember what Amy said at the very beginning of the presentation that the demonstration is authorized to render clinically necessary and appropriate ABA services for the core symptoms of autism. And what that means is the active delivery of ABA from the treatment plan that has been approved. And we have

found that providers in the school or community settings have oftentimes been in the role of a shadow support aid and not actively delivering ABA. Not to say that that support isn't necessary or isn't important or valuable, but I think we have to remember that we're talking about clinical delivery of services versus a nonclinical service. And so these clarifications are in place to ensure that those are followed.

I want to reinforce that there still may be appropriate opportunities for clinically necessary services in both of those settings, but they'll just have to be clarified in the treatment plan and approved by the contractor for those to happen. Again, both the in school and in those certain community settings. I want to clarify to you on activities of daily living. Again, several questions about what the role of addressing ADLs and again, it's the clinical delivery of ABA for the core symptoms of autism, which are the social communication deficits and the restrictive repetitive behavior deficit. We know that there are clinically appropriate targets for things that impact your child's ADLs but those are things like the behavior that interferes, the behavior excess or the deficit that interferes with the completion of following tasks, or maybe there's a comprehension target where it's about understanding what the behavior deficit or excess is. And so those would be absolutely appropriate. But things like learning to use public transportation or things such as household chores or things like that, those in and of themselves are not the target for clinical ABA that's authorized under the ACD. Again, the behavior that impedes that would be appropriate. And then Amy, I'll turn the lesson back to you for concurrent billing.

Dr. Amy Serda: OK. So concurrent billing. So there's some ABA or ABS codes, rather that can be concurrently billed, but this is the exclusion part. So, we're talking about codes that cannot be billed concurrently and then also outside of ABA such as if you had a speech therapy provider and an ABA provider conducting services at the exact same time and billing at the exact same time, that is not allowed and that has always been excluded, but we've received quite a few questions about that. I would like to clarify though that if your child is going to a clinic that may have SPPT, OT and ABA all in the same place that the services can be done on the same day or billed for on the same day, just not at the same time at the exact same time.

So, this wasn't an additional contractor responsibility that will start on August 1. Some of you may have experienced in the past where you're looking for an ABA provider and you may go on to the directory or you may get a list of providers from a contractor saying here's some options – we put in a requirement for more of that work to be done before it gets used. So, the contractors will find a provider that has availability and we're really pushing the access-to-care standard. So 28 days to obtain assessment and 28 days from that assessment completion date to begin treatment. I will point out though if a military treatment facility or clinic directs the referral to a specific provider or the family

requests a specific provider that doesn't always ensure access-to-care standards will be met. We understand that some families want a specific provider and that is your choice.

All right. So, this is the base implementation timeline I mentioned at the beginning of this presentation.

We wanted to give a visual kind of just where we were at from March 23rd, the publication date there, and then what you'll see over time through October 1st. So, as you can see, most of the changes that will impact families would start around at August 1st and go into October 1st. I won't read through each of these because I want to give time for questions but this is a visual that will help you if you just want a glimpse back at it at a later time. So, keeping up with TRICARE news and information, there's some links here. Just want to point out that this presentation was really a sneak peek that many of the changes will be implemented in August and October and so we'll be updating these websites in the coming weeks and months. If you need to contact your TRICARE contractor, these are the points of contact with links to their websites.

Christina Piechoski: Thank you. First question. So, if my son was diagnosed a few years back, we were on a waiting list for ABA in our area. Do we have to get a new referral now? He is 14 now so our ABA options are rather limited to just school hours.

Dr. Krystyna Bienia: I don't know if there's any more information that can be provided but I think if you were first diagnosed before age 8 and there is an existing referral, or there was a referral or there is any sort of history there, absolutely we want you to connect with the contractor. But if the current referral has expired, so the two years have been exceeded, then a new appointment would be necessary but not – again, I don't know about first diagnosis, but going back to get that updated referral or that next referral is the key to getting connected. And then once you have that referral in place, immediately contact the contractor. I again encourage you to actively engage whichever contractor you have to have them help you find an available provider.

Christina Piechoski: I believe this is referencing the ABA as well. It says, for new patients, don't we have to complete it within the first year of treatment?

Dr. Amy Serda: So, I believe the question is referencing outcome measures. Maybe I might be making the wrong assumption, but there was, in the previous, before these changes, your baseline measure could be done within that first year. But going forward, we want to get a true baseline, and then depending on what the timelines for the different outcome measures are after that, whether it's six months or a year going forward. But as Dr. Bienia mentioned earlier, we did open up to other providers and we got rid of the referral requirements so that those barriers are being removed.

Christina Piechoski: Great. Another question that references referrals. Can you please clarify referral still needed versus a diagnosis? Some parents do not know the difference. Also, how will the parents be informed if they need the referral?

Dr. Krystyna Bienia: Great question. There is definitely confusion between what happens at the very first appointment and then what happens subsequently. So, the very first time you get a diagnosis, if the referral has been triggered, that diagnosis with its complimentary documentation, including the referral, get sent to the contractor to issue the authorization. If ongoing services are required after that two-year mark, that referral, just like any other ongoing care in any other benefit that requires a referral would need to, you go back to the diagnosing provider. They also submit a new referral but it's not a new diagnostic appointment. It is a, looking at, "OK, you're requesting ongoing services, let's look at your care over the last couple of years. How did it go? What's working? What's not working?" So that is in for a referral for ongoing services which is different from that initial diagnostic appointments. I think I answered all the parts.

Christina Piechoski: Can you define outcome measures? Is that the results of the initial assessment?

Dr. Amy Serda: So, outcome measures, those are the assessments done. I believe, we went over them briefly, but the PDDBI, the Vineland, the SRS and that parents stress measure. When we reference outcome measures, it's one of those four assessments.

Dr. Krystyna Bienia: If I could add one more, I have clarification. That is different from the ABA assessment, which is done by the ABA provider and that is, maybe the ABA provider will administer something like the VB Mapp or the ABLLS or another metric to look at some of those targeted skills in those various categories of development.

Again, those are the ABA assessment, which leads to an ABA treatment plan and then the outcome measures, which are those benchmarks of looking at progress over those intervals.

Christina Piechoski: Why would you not offer an ASN to all beneficiaries?

Dr. Krystyna Bienia: That's a great question. I think, keeping in mind that this is a phased rolling out of a huge change, we are rolling out things like that, too. We are rolling out the contractors' execution of these requirements. And so, there are existing case management services that are readily available to all beneficiaries. Most often they are, if you get your care primarily through the network, it's through the contractors but there are also case management services within the MTF and then there are also nonclinical case management services available through other mechanisms. So again,

we're rolling out these new requirements and phasing in as we progress through. So, we can't start everything all at once. I think that would be overwhelming to everybody and so as we roll them out, we will pick up those folks as they progress through.

Christina Piechoski: A question along the same line, what qualifications does an ASN have?

Dr. Amy Serda: As I mentioned earlier, you can pull up the qualifications right now. An ASN with a current valid unrestricted license which includes – they can be a registered nurse with case management experience, a clinical psychologist, a licensed clinical social worker, or other licensed mental health professionals who possess a certification in case management. The ASN must also have clinical experience in pediatric, behavioral health and/or autism spectrum disorder, a health care environment and proven care management experience. It's a wide range of clinical experience there and as I mentioned previously, they can be supported by a nonclinical person as well.

Christina Piechoski: Great. Another question. Do you have to be enrolled in the Exceptional Family Member Program?

Dr. Krystyna Bienia: For active-duty family members, remember EFMP is a line program, a service program and is not a health care program. So that is separate and distinct from TRICARE, but there is that requirement for active-duty families. Now, there are some exceptions and I would have to defer to the policy specifically, but an example, like if it's a divorced family and the beneficiary is living with a non-active-duty sponsor – I'm sorry, not living with the sponsor, then there are exceptions. Again, those details are spelled out in the EFMP guidance. I'm sorry I would just point families to that language. But otherwise remember one of many benefits that EFMP offers is that it helps in that care coordination. So, when you're PCSing or when the family gets new orders to go somewhere, there is a screening process for the families before they get assigned or before their orders are, I don't know if the word is confirmed, but that assignment process really helps facilitate and ensure families don't end up in places where there aren't services. And not just ABA, but all health care – that is the scope of the entire care that's required and what's available in the potential incoming location.

Christina Piechoski: Thank you. I see that ABA in school settings are excluded. What does that mean for having ABA during summer program?

Dr. Amy Serda: If the program is outside of the academic environment, say like an after-school program, then it's possible that the ABA services could be approved if clinically appropriate. Or if it is an academic environment, then it would fall back to the BCBA being authorized for a time-limited focus period of time.

Christina Piechoski: Great. If a beneficiary is relocating from East region to West region, can an East region PCM submit a referral for the West region or does the beneficiary need to wait until a new PCM is established in the West region?

Dr. Krystyna Bienia: So, I think that's a question that's further outside of the ACD, but we are working on how to streamline that process. I know that has been a question, again, not just about ABA but all health care and how are we going to manage that. I don't want to mislead by saying we have it figured out, but that is the goal that a referral will stay active when someone is – if there is an existing referral, it'll stay active during that transition. But if a new referral is requested, we're working out how to make sure that those administrative issues, and think about it too, clinical oversight from the PCM, to make sure that somebody is actually responsible for that care. So we're working on that. We know we have to improve and that is definitely on our radar.

Christine Piechoski: Thank you. Will any of these changes that the DHA is making affect what ECHO covers as far as medical equipment, i.e. diapers, medical car seats, medical strollers, adapted bikes, et cetera?

Dr. Amy Serda: So, the changes to the ACD are outside of what would be covered under ECHO. So, we are not changing anything that was just laid out.

Christine Piechoski: Thank you. And you mentioned telehealth. Will this be available for ABA therapy sessions?

Dr. Krystyna Bienia: If you're meeting the 1:1 direct services by the behavior technician, that telehealth is not available under that service. It is available, though, under the parent section as has been this last year. That's where the telehealth application is.

Christine Piechoski: We signed up with ECHO in 2014 due to our autism diagnosis. Where we automatically enrolled in the ACD?

Dr. Amy Serda: Not necessarily. You would need to have a referral put in for either ABA or ACD services, and then your contractor would start the process from there. But that's a great step if you're already enrolled in ECHO, because that seems to be the area that kind of gets held up a little bit. So, great first step. And if you're interested, please contact your contractor.

Christine Piechoski: Great information. What is considered a session for parent training? One unit? One hour? At our discretion?

Dr. Krystyna Bienia: Another great question. So it's clinically indicated, right? So, a family may need more support from their BCBA at the beginning. So maybe more hours

per week or month depending on where the family is. Or maybe a family is maybe only getting BCBA services and so they're a touchpoint and you know, maybe the family or maybe you're transitioning out of BT services and are looking for parent guidance or support throughout the transition out. So, it really is clinically dependent. It could be 15 minutes once a week. It could be a couple hours once a week. It could be a couple sections, periodic sessions over the course of a month. So, it really is dependent on the clinical need and the goals in the treatment plan.

Christine Piechoski: Are ABA services in an after-school program considered a school setting? Can ABA services in an after-school program be authorized?

Dr. Amy Serda: So again, if the after-school setting is a program where no academic services are being provided, then we would not consider the school setting and so if clinically appropriate TRICARE ABA services may be authorized.

Christine Piechoski: Is a day care an approved community setting?

Dr. Krystyna Bienia: A day care may be appropriate. Again, if they are clinically necessary and appropriate services identified in the treatment plans, then, yeah, it could be an appropriate setting for the ABA provider to target those core symptoms of autism.

Christine Piechoski: We briefly talked about this but it's an additional question. Who gets an ASN if only new beneficiaries after October 1st? What kind of support do the existing beneficiaries receive?

Dr. Amy Serda: So again, new beneficiaries entering the ACD after October 1st will receive an ASN, but existing beneficiaries still have access to the case management services, and that could be through the contractor, maybe through the MTF. They also have the EFMP support. Additionally, many new ASC resources will be available on the contractors' website so that'll be something to look forward to. And that'll be available for all beneficiaries.

Christine Piechoski: What will be done with the information for the parent stress measures?

Dr. Krystyna Bienia: As we were talking about the outcome measures, all of the outcome measures, their aggregate data is what we at DHA see, but at the individual level, you're treating provider should be addressing some of those or they should be incorporating the findings of those measures into the treatment plans. So, the clinical outcomes. Regarding those parent stress measures in particular, again, they may have an ABA treatment goal, you may have a other services goals, that's the information where the outcomes or the results of those specific measures should be incorporated.

Again, we at DHA won't see the individual name with the individual score. We get the aggregate data and we're looking at change over time.

Christine Piechoski: Can parents decline recommended adjunctive services i.e., speech therapy, if the CCP or by ABA provider, and still receive ABA? Or will this negatively impact their continued participation?

Dr. Amy Serda: We want the parents to be involved. So, just because the service is recommended by a referring provider, it doesn't mean it fits the family or whatever reason, but it's not going to negatively impact your continued participation. Maybe we want to understand a little bit more, why, or maybe provide some educational resources about the other services. But if you decline, that doesn't mean you're not going to receive ABA.

Christine Piechoski: And then last question. Are ABA services in the community like the grocery store, library, park or barbershop allowed?

Dr. Krystyna Bienia: So, in general, remember the role of the ABA provider rendering clinically necessary and appropriate ABA is targeting those core symptoms, right? Active delivery of ABA. In general, some of these settings that you just listed, the, I believe you said the grocery store, the library settings like that. You know, you really have to think about what is happening in those settings. So, if it's for the role of the support or a shadow aid, like going grocery shopping or something like that, that is not active delivery of ABA, those would not be approved goals. We are really looking for targeting those core symptoms. Remember the social communication and restrictive repetitive behaviors. So, there may be settings where that could be approved if clinically appropriate but you know, without knowing the specifics, it would be hard to say yes or no blanketly.

Christine Piechoski: Then, apparently, we have time for one more question. What is the rationale for no longer covering ABA services provided by BT in the school setting?

Dr. Amy Serda: So, regarding the removal of BTs in the school setting. This is not a new requirement. It is more of a clarification. It was never the intent to reimburse for nonclinical or educational services. And as Dr. Bienia mentioned earlier, educational, academic or vocational goals or targets have always been excluded from the ACD. So, the BT is acting as a school support, shadow or aid. That's beyond the scope of ABA services covered and authorized under the ACD. So, if the beneficiary does have educational academic needs, then those should be addressed as nonclinical targets within their IEP process.

Christine Piechoski: And then Dr. Serda and Dr. Bienia, I just wanted to give you a couple of minutes for any closing thoughts or final thoughts for our audience today.

Dr. Amy Serda: I just want to say thank you. We really appreciate the opportunity to get this information out and take some questions and provide updates as we continue moving along through this timeline.

Dr. Krystyna Bienia: I just want to echo Dr. Serda's comments. Thank you all for dialing in and for participating. We are here to facilitate or answer any questions that you may have. Happy to keep answering. Again, I would direct beneficiary-specific questions to your contractor because we do not have access to your particular health records at the DHA level. So please engage your contractor for specific questions and thanks again for participating.

Christine Piechoski: I just want to thank both of you, Dr. Serda and Dr. Bienia for sharing your invaluable experience and expertise today. And also like to thank all of our attendees for participating in today's webinar. If we didn't answer your questions today, please refer to the contact information in your copy of the webinar slide deck and also you can find the answers to many questions about TRICARE on the TRICARE website at tricare.mil. This concludes today's webinar on Autism Care Demonstration program changes, an overview of what TRICARE beneficiaries need to know. Thank you.