Exceptional Families of the Military

One Community, One Voice

June 24, 2021

Lieutenant General Ronald Place
Director, Defense Health Agency
7700 Arlington Boulevard, Suite 5101
Falls Church, VA
22042-5101

Dear Lieutenant General Place:

Thank you for the response to the letter by Exceptional Families of the Military (EFM). We appreciate your response that provides clarification regarding certain policies affecting military families within the Autism Care Demonstration (ACD). We are grateful that some of the policies may result in improvements to the ACD, however we remain certain that many of the changes will make it more difficult for beneficiaries to access autism services.

Your letter states that the DHA has "collaborated with industry stakeholders over the past 3 years" to create changes to enhance the ACD. Several well respected national organizations, such as Autism Speaks, TRICARE for Kids, Council for Autism Service Providers, Association of Professional Behavior Analysts, and National Coalition for Access to Autism Services have raised serious concerns regarding the recent policy changes to the ACD. We ask that the DHA provide a list of the industry stakeholders that were part of the collaborative process. Military families deserve transparency regarding the experts and stakeholders that were part of creating the policies that affect our autistic loved one's ability to obtain quality applied behavior analysis (ABA) services.

Your letter also states that the ACD is authorized to reimburse ABA providers to render clinically appropriate ABA services for the core symptoms of the autism spectrum disorder (ASD). Why has the DHA limited ABA services to only addressing the core symptoms of the ACD? ABA interventions have been proven effective to not only ameliorate symptoms of a diagnosed disorder, and/or reduce maladaptive behaviors, but also build adaptive behaviors to enhance the patient's health, safety, and overall functioning and/or to prevent deterioration or regression. What evidence did the collaborating stakeholders reference to warrant limiting ABA provider reimbursement to only the core symptoms?

EFM acknowledges that behavior technicians (BTs) should only provide medically necessary services in the school setting. In all settings, the BT delivers the medical treatment plan created by the Board Certified Behavior Analyst (BCBA) in order to provide clinically significant behavioral interventions. The setting of service delivery does not change the fundamental role

of the BT who carries out the treatment plan. The contractor should not prohibit delivery of ABA services in that setting when they are deemed medically appropriate. Furthermore, many parents have called the contractors with questions regarding receiving medically necessary services in the school setting only to receive the response "we are not aware of the change for the school setting". Moreover, the EFM is concerned with the conflicting information from contractors and the lack of clear guidelines provided for the families, ABA providers, and contractors to follow. The DHA must provide the necessary oversight to contractors to ensure there are not unnecessary delays in medically necessary ABA services.

The ability to address maladaptive behaviors in all settings of relevance is imperative to the health of the autistic beneficiary and family well-being. The statement regarding the ABA provider in a supporting role at dental appointments is concerning as many autistic beneficiaries require substantial services from a behavior analyst to complete dental procedures without the use of general sedation. Limiting the settings in which services can be delivered directly contradicts the large body of evidence stating the importance of implementing interventions across times, settings, and people in order to ensure a lasting benefit and mastery of skills. We agree, the goal is for the BCBA and RBT to decrease direct support as the beneficiary masters the skills, but the BCBA must be able to work with the beneficiary where the behavior occurs until the skill is mastered. Please remove these restrictions so that your policies align with the large body of evidence supporting ABA services across all settings.

Thank you for the clarification regarding the responsibility of the ABA treatment plan and the timelines of implementation. We look forward to the amendment in the manual so this timeline is clear to the contractors, ABA providers, and families. We maintain our concern regarding the mandate of the family to accept the service provided by the Autism Service Navigator (ASN). Military families should have the option to accept a case management service offered by insurance instead of the beneficiary being penalized and unable to receive medically necessary services.

The ASN holds significant influence regarding information received by families. It is greatly problematic that the ASN is not mandated to have clinical experience working with people who have ASD. As stated in section 11.11, the ASN must have clinical experience in pediatrics, behavioral health, and/or ASD. The specialties that have extensive training in ABA and associated autism services are excluded such as BCBA and assistant behavior analysts. Please provide the rationale behind the decision to exclude those who have received years of education regarding ABA and the autistic individual.

What parameters are in place to ensure the contractor assigns a manageable caseload to the ASN? If the DHA is to assure the best possible health care to autistic beneficiaries then it is imperative to provide guidelines for the contractor to follow regarding the caseload for this highly influential position.

We respectfully disagree with the statement regarding the diagnostic screening tools as a standard screening activities in the diagnosing providers appointment. The specialty of

diagnosing providers have been expanded to include general pediatrics, family medicine, and pediatric nurse practitioners. These specialties do not routinely diagnose autism nor commonly receive continuing medical education to diagnose autism. Many primary care physicians will not be comfortable diagnosing autism and will instead refer to the psychiatrist and developmental pediatricians. We respectfully request returning to the prior TRICARE operations manual policy to obtain a provisional diagnosis from the primary care physician, and begin ABA treatment while awaiting the confirmatory testing.

Our concerns regarding the parent stress assessments are in regards to how the parent result will be protected. Should assessment of the active service member yield results that reflect they are "stressed", what steps are then taken? Will a mental health referral be generated? Will more parent training meetings be required to be completed by the ABA provider? Must the service member notify the unit of his or her elevated stress level? If a Soldier, Airman, Sailor, Marine, or Guardian has an elevated stress level per the Parent stress index (PSI) or Stress Index for Parents of Adolescents (SIPA), is this service member able to deploy or must the service member undergo psychological assessment? Is DHA able to answer each of these concerns from our service members? Our service members are concerned that by taking these assessments it may place their mission readiness status at risk. We respectfully request removal of the new parent assessments and replace them with a valid quality of life assessment tool.

In your letter, you state the changes are geared toward providing unbiased information regarding education and resources. Can you provide evidence to substantiate the claim that beneficiaries are receiving biased information regarding resources for opportunities to support our autistic loved ones?

We appreciate your desire and hard work to provide the best possible health care to autistic beneficiaries. It is EFM's stance that beneficiaries of active service members and retirees should receive ABA as a basic medical service just as everyone else does in the United States. In 2017, the federal employees benefit plan mandated the coverage of ABA as a basic medical benefit for all insurance carriers under the plan, and, in 2019, CHAMPVA covered ABA as a basic medical benefit. Currently, all 50 states mandate that ABA should be covered as a basic medical benefit for fully insured recipients. Why has DHA not followed the rest of the nation's federal and civilian insurance policy standards to ensure the best possible health care for autistic beneficiaries? Military families with autistic children deserve to not have to worry about this benefit any longer. We look forward to your response to our letter.

Respectfully,

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