



April 9, 2021

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

Dear Lieutenant General Place:

Exceptional Families of the Military (EFM) has reviewed the recent treatment changes issued in the latest TRICARE Operations Manual (TOM) for the TRICARE Autism Care Demonstration (ACD) program. We formed an executive committee from within the EFMP Coalition for the review. The committee consisted of EFMP parents and autism advocacy stakeholders, with guidance from medical policy experts. We remain grateful to the Defense Health Agency (DHA) for their oversight of the ACD program, and their continued stewardship over the implementation of applied behavior analysis (ABA) services. However, we have serious concerns that some of these changes will decrease access to care for military families while putting them in difficult positions. Our major areas of concern are noted below with requests to provide clarification of the specific TOM guidelines.

ABA in the school and community setting

According to paragraph 8.10.15.2, after May 1, 2021, no new authorizations will be given for ABA services in the school allowing behavioral technicians (BTs) to deliver 1:1 service. Rather, services in the school will be restricted to being implemented only and solely by the board certified behavior analyst (BCBA) (8.10.15), should the BCBA deem that in school services are clinically necessary.

The EFM requests that the 1:1 services in school be delivered by a BT in accordance with the tiered model approved for the other service settings. Limiting the delivery of 1:1 services by a BCBA in a school restricts every child's access to care. BCBA's often manage caseloads of 6 - 10 clients and implementing school-based services for a few children on their caseload would require the other clients to receive less services from the BCBA.

Additionally, it should be left to the discretion of the ABA Supervisor who implements the services in accordance with how the tiered model is implemented across other locations (e.g. home, school) and not dictated by a policy.

Thousands of beneficiaries have not been in the school setting for over one year due to the pandemic. Military families are expressing worry of increased behavioral concerns due to the child's anxiety when returning to the school setting. When children return to school in the fall of 2021, the EFM recommends that the TOM allow best practices to dictate who implements services in the school setting. This means that the BCBA must be able to first assess whether or not services in school are clinically necessary in order to address the child's diagnosed condition, develop individualized treatment for that setting, and create a clear fade out plan for services from that location.

We request the following:

- Removal of the restriction of ABA services implemented by BTs in school settings
- Provision for the BCBA to perform a clinical assessment, develop individualized treatment for the school setting, and create a clear fade out plan for services from that location

According to paragraph 8.10.11, services will no longer be authorized across community settings such as "sporting events, camps, and other settings as determined by the contractor." Additionally, it states "any location not listed must be reviewed and approved by the contractor." This limitation prevents the child from receiving the individualized and specific treatment consistent with their diagnosis. Families will be left to figure out how best to support their child in community events like dental appointments, getting haircuts, and interacting with their peers at sporting events.

The EFM acknowledges that the ACD benefit is not at all meant to replace care provided by a nanny, caregiver, or parent. However, a child's diagnosis is not experienced in only certain settings approved by the TOM, but in all settings that they encounter.

We request the following:

- Removal of the restriction of ABA services across settings identified in 8.10.11 and 8.10.12
- Provision for the BCBA to perform a clinical assessment, develop individualized treatment for the community settings that may be challenging for the child, and create a clear fade out plan for services from that location
- Clarification about what criteria the contractor will use to review and approve service settings not listed in the TOM (paragraph 8.10.11)
- Clarification about receiving ABA services within daycare settings and vocational rehabilitation centers

### Autism Service Navigator

EFM supports the effort by TRICARE to attempt to provide a single point of contact for new families entering the ACD. However, we have concerns regarding implementation of the Autism Service Navigator (ASN) and increase in barriers to receiving ABA services.

As stated in paragraph 6.1 and beyond, the ASN will be the mandatory single point of contact for the military family. It is concerning that an employee of the contractor is considered the primary advocate for the beneficiary, whereas the primary advocate should always be the beneficiary themselves followed by the family of the beneficiary. EFM is concerned that a single ASN may be responsible for a high number of military families. Thus, resulting in great difficulty for the military family to contact the ASN, and lower quality of services provided by the ASN. This individual has the sole responsibility for creating a comprehensive care plan (CCP) that is required to be developed prior to starting ABA services. The CCP will include a discharge and transition plan but the TOM does not specify whether this plan is specific to ABA services. Moreover, the TOM does not specify that the ASN are required to have training or certifications to develop the CCP, which includes identification of a treatment trajectory for the beneficiary receiving services. The TOM provides the ASN with a 90-day window to complete these activities which must occur prior to the beneficiary starting ABA services. This requirement coupled with the requirement for beneficiaries to first be enrolled in the ECHO program poses additional and significant delays to access clinically necessary care.

We request the following:

- Clarification to the number of military families served by a single ASN
- Removal of the requirement for ABA services to start contingent on the completion of the CCP (6.2.4)
- Clarification about the role of the ASN to complete a discharge and transition plan in the CCP (6.2.1) and whether this is separate from the ABA Supervisor's plan
- Clarification if the BCBA assessment may occur prior to the completion of the CCP.

#### Diagnostic Criteria to Begin ABA

In paragraph 4.2.1.2, it indicates that a diagnosis must be made using one of the "validated assessment tools" from the provided list.

What is not specified is whether starting ABA services are contingent on completion of one of these assessments. The current TOM, in paragraph 8.2.5, reflects that if the specialized diagnosing provider is unable to complete one or more of the outcome measures at the time of the initial diagnosis, that a year is given to allow for the outcome measures to be completed. The prior guidelines allow for ABA to begin while awaiting the completion of the assessments.

We request the following:

- Clarification on whether or not one of these assessment tools must be completed with the results submitted to the contractor prior to ABA services starting
- Request that the family is allotted one year for the diagnosing provider to complete the assessment tool to confirm their clinical interview findings, so that this does not impede access to care

## Outcome Measure Clarification

In paragraph 9.3.10.7, indicates that ASN services will be terminated, and a subsequent ABA treatment authorization will not be provided for those ABA providers that do not complete any or all outcome measures. Clarification is not provided for what the implications are for the child and family who were supposed to receive ABA services.

We request the following:

- Clarification on whether or not this means the child loses access to ABA services in the event that the ABA provider is unable to submit all required outcome measures
- Clarification on whether or not new ASN services will be assigned to the family to support them receiving ABA services from a different provider

## New Outcome Measures Required

In paragraph 8.6.4.4 and 8.6.4.5, there are two new mandatory parent assessments required to monitor the parent and parent-child relationship. We are concerned with how this information will be used in relation to the service member's career in the military.

Paragraph 11.25 states the Parenting Stress Index, Fourth Edition (PSI-4) is a measure used for screening/triaging and evaluating the parenting system and identifying issues that may lead to problems in the child's or parent's behavior.

EFM is very concerned with the use of the PSI-4 as a tool as a mechanism for evaluating the impact of ABA services. The focus of ABA interventions has been and should remain the services delivered to the child. TRICARE does not specify how this information will be used or if the information will be shared outside of the ACD program.

The EFM is also concerned by the use of the Stress Index for Parents of Adolescents (SIPA). It is inappropriate for the ABA provider and outside the scope of their role to administer an assessment with questions regarding the parent's relationship with spouse/partner, parent social alienation, and parent incompetence/guilt. The ABA provider giving appropriate behavioral services to the adolescent should not be tasked with assessing the parent's stress level. TRICARE does not specify how this information will be used to benefit the beneficiary or how this very personal parent information will be protected.

We request the following:

- Removal of the requirement for these outcome measures from the ACD program

We are committed to advocating on behalf of military families with autistic dependents. We are grateful to the DHA for the hours of work and research given towards continued improvement of the TOM. We recognize it is an exceedingly difficult task to ensure quality services for autistic

beneficiaries is given. However, we believe the changes listed above will limit access to ABA services and negatively impact the lives of families with autistic loved ones. We implore you to incorporate the submitted requests into the new TOM.

Lastly, we request a meeting to further discuss these changes with the EFMP Coalition, the largest representation of stakeholders in the EFMP community. We also welcome any dialogue with members of your teams on this topic and any other EFMP related topic. We can be a great resource for your team to use as a touch point with EFMP families. We appreciate your consideration of these critical matters and look forward to your response.

This letter is endorsed by the EFMP Coalition comprised of the following organizations:  
Exceptional Families of the Military [www.ExceptionalMilitaryFam.com](http://www.ExceptionalMilitaryFam.com)  
Partners in PROMISE <https://thepromiseact.org>  
Military Kids - Special Education Alliance <https://www.militarykids.net/>  
Military Special Needs Network <https://www.facebook.com/MilitarySpecialNeedsNetwork>  
Modern Military Association of America [www.ModernMilitary.org](http://www.ModernMilitary.org)

Please direct your reply to:

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Thank you again for your time and attention to these matters.

Sincerely,

*Kristi Cabiao*

Dr. Kristi Cabiao, DO

Autism Family Advisory Committee - Exceptional Families of the Military