



**DEFENSE HEALTH AGENCY**  
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Dr. Kristi Cabiao  
Exceptional Families of the Military



Dear Dr. Cabiao:

Thank you for your letter representing Exceptional Families of the Military dated April 9, 2021, expressing concerns and requesting clarification regarding the recent manual changes to the TRICARE Autism Care Demonstration (ACD). There are several important changes to the ACD; therefore, I greatly appreciate the opportunity to address your concerns and provide amplification.

The recent changes to the ACD were the result of three years of work, collaboration with industry stakeholders, and lessons learned over the duration of this demonstration. The ACD is authorized to reimburse applied behavior analysis (ABA) providers to render clinically appropriate ABA services for the core symptoms of autism spectrum disorder (ASD). Each proposed change was carefully evaluated and revised to ensure that the change aligned with the authority and goals of the demonstration. These changes are focused on the best clinical outcomes for each beneficiary participating in the ACD.

The first topics of interest noted in your letter were the removal of behavior technicians (BTs) in the school setting, and ABA services in certain community settings. Regarding the removal of BTs in the school setting, although this is a new requirement that went into effect May 1, 2021, it was never the intent of the demonstration to reimburse for non-clinical or educational services. School services where BTs serve as school supports, shadows, or aides are beyond the scope of ABA services covered under the ACD. The school is not a medical environment. For new authorizations for ABA services after May 1, 2021, the contractors will only authorize Board Certified Behavior Analysts to provide targeted and time-limited ABA services in the school setting. Currently approved authorizations prior to May 1, 2021, will run the course of their authorization period.

Similarly, certain community settings where the ABA provider is supporting and not actively delivering ABA services does not align with the goals of the ACD. For example, your letter describes providing support at “dental appointments, getting haircuts, and interacting with their peers at sporting events.” The ABA provider is not actively rendering interventions during the entirety of these events; therefore, this is a non-medical activity or a support role and subsequently not reimbursable. Skills required to address maladaptive behaviors in these setting are to be addressed during the approved ABA services in the home or clinic setting. In addition, once skills are mastered, parents should receive training to aid in the generalization of these skills as behaviors occur at any time and ABA providers are not present in all instances.

The next area noted is the autism services navigator (ASN) and the comprehensive care plan (CCP). A qualified ASN (education and training requirements defined in TRICARE Operations Manual Chapter 18, Section 4, Paragraph 11.4) completes the CCP, which is not to be confused with the ABA treatment plan (TP). The ABA TP is completed by an ABA provider who then submits the TP to the contractor for clinical review and approval. Both the ABA assessment and ABA treatment services can begin before the completion of the CCP; therefore, there is no delay in care. That clarification will be amended in the manual. The CCP must also incorporate a discharge plan separate from the ABA provider's discharge plan. The number of beneficiaries assigned to an ASN will fluctuate as caseload is dependent on case complexities. Ultimately, the caseload size is a contractor determination and not mandated by the Defense Health Agency (DHA).

The letter also described concerns regarding the timeline for completing a diagnostic assessment tool and subsequent access to ABA services. The use of the assessment tool identified in Paragraph 4.2.1.2 is part of the standard screening activities in a diagnosing provider appointment. Additionally, the one-year provision to complete outcome measures, separate from the assessment tool, was deleted in efforts to streamline outcome measures completion by expanding the eligible providers and deleting referral requirements. These additions in fact remove barriers to obtaining outcome measures and improve access to ABA services.

The last request in your letter was in regards to the addition of the parent stress outcome measures. The additions of the parent stress measures were incorporated per the recommendation of the Military Health System (MHS) providers. The involvement of parent(s) is a critical link to the best outcomes of their children. These measures can help providers understand the impact on parents, and if the rendered services are helping to reduce parent stress. Also, the DHA will use aggregate data to analyze if there is a reduction in parent stress or improvements in beneficiary outcomes.

The changes to the ACD focus on the beneficiary and family long term outcomes. These changes are geared toward providing improved support to the beneficiary and family, targeting the right services at the right time, and providing unbiased information regarding education and resources for the vast number of opportunities within and outside the MHS. Although the ACD is authorized to provide only clinically appropriate ABA services, it is important to recognize that other non-clinical services may be required to support these beneficiaries. It may be that a family wishes to have a support or personal aid, but that is outside the scope of the ACD.

The DHA hosted four webinars since the publication of the manual to walk stakeholders through the changes. The webinar recordings are available at [www.health.mil/autism](http://www.health.mil/autism), along with the slides. Additionally, the DHA will post "FAQs" to that website to address questions received. We encourage you to review those documents for additional information.

Thank you for your interest in the Military Health System and its beneficiaries. The Defense Health Agency is proud to serve our Nation's military heroes and their families and is committed to providing them the best possible health care.

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