

TRICARE Autism Care Demonstration
(Questions from Participants)

- 1. How would an ECHO Case Manager assist families regarding the 28-day access standard when clients are unable to meet until after-school hours?**

Response: The ECHO Case Manager can best assist the family coordinating with the regional Managed Care Support Contractor (MCSC) ABA specialist as the MCSC has comprehensive information regarding network options and has the responsibility for helping the family find an ABA provider.

- 2. Are there providers that see clients over 18 years old?**

Response: Yes. The ACD does not have minimum or maximum age limits. ABA services are authorized based on clinical need. There are TRICARE authorized providers who provide services to those over age 18.

- 3. It used to be that a list of providers was given, and families had to call around to find one. When the referral letter is generated, is that determined beforehand?**

Response: Yes. The regional MCSC sends an authorization letter to the beneficiary family in which the contact information of the ACD institutional or individual provider is specified. If for some reason the family either does not want to go that particular provider or if another problem is encountered, families should call the MCSC directly for assistance. The regional MCSC telephone number is included on the authorization letter. Each regional contractor has dedicated ABA service specialists available to provide assistance.

- 4. What training are you requiring pediatricians providing services at military medical facilities to have in terms of understanding ABA and the challenges of the referral system?**

Response: Pediatricians are educated in the diagnosis of ASD as part of their medical education and training. Pediatrician state licensure includes the scope of practice to diagnose ASD. The education and training of developmental pediatricians and behavioral-developmental pediatricians includes specialized education and training on the diagnosis and treatment of developmental disorders, to include ASD. This is why the ACD policy requires beneficiaries to see a specialized ASD diagnosing provider within

two years of diagnosis by a Primary Care Manager (pediatricians, family medicine and internal medicine physicians). Specialized ASD diagnosing providers under TRICARE includes developmental pediatricians, behavioral-developmental pediatricians, doctoral level licensed clinical psychologists, child psychiatrists, child neurologist and doctors of nursing practice meeting certain criteria.

5. Do Autism Services cover reoccurring Behavioral or Developmental Pediatrics? Is there any way to get service dog's covered?

Response: Yes, behavioral or development pediatrics services are covered.

As stated under response # 4, behavioral-developmental and developmental pediatricians are specialized ASD diagnosing providers under the ACD. Evaluation by a specialized ASD diagnosing provider is required within two years of initial diagnosis of ASD by a PCM. A clinical review by the regional contractor is required every two years. This review includes an outcomes evaluation that may be provided by a behavioral-developmental or developmental pediatrician as a specialized ASD diagnosing provider. Other specialized ASD diagnosing provider disciplines such as licensed clinical psychologists may also provide this evaluation or a portion of this evaluation such as the psychological testing.

No regarding service dogs. The Autism Care Demonstration covers ABA services for those diagnosed with ASD only. Also, the ECHO program does not cover service dogs.

6. PCMs are only required to write the initial referral and every 2 years afterwards?

Response: Correct. The ACD policy was revised to make the process easier for beneficiary families. The revised policy allows the ABA supervisor to submit a reassessment and updated ABA treatment plan to the regional MCSC every six months. The MCSC reviews the documentation and then issues a new authorization letter for the next six months of ABA treatment. This process is repeated until the two year clinical review. The PCM or specialized ASD diagnosing provider (some beneficiaries go to these providers for ASD care instead of the PCM) submits a new referral every two years to coincide with this clinical review.

7. Are families notified if they are going to the 2 year review to prevent break in services?

Response: Families are informed of the ACD policy requirements and revisions through information posted on the autism web pages of www.TRICARE.mil, through published guidance on TRICARE benefits and through published TRICARE newsletters. Your BCBA should be aware of when your 2 year review is due.

8. Can you please give more detail and clarify what is involved in the 2 year review?

Response: Every two years from the initial authorization, the MCSCs conduct a clinical review to review clinical necessity for continued ABA services under the ACD. The clinical review takes into account the beneficiary's current ASD status and treatment needs, to include progress towards meeting ABA treatment objectives and goals, referring provider input and parent/caregiver input. Outcome measures will be required at baseline and every two years once as part of the every two review once the revised ACD policy goes into effect in January 2017. Three outcome measures will be required: Autism Diagnostic Observation Schedule 2nd edition (ADOS-2), the appropriate Wechsler Intelligence Scale and the Vineland 3 which is a global measure of functioning.

9. Is another referral needed when families transfer from one region to another? i.e. Moving from TRO West to TRO South?

Response: Yes. This is because beneficiaries must re-enroll in TRICARE in their new region so a referral from the previously enrolled region does not carry over. The ECHO Case Managers can facilitate a smooth transition by becoming involved in helping the family learn the process for notifying the regional contractors when they are PCSing.

10. What is the age range?

Response: We have no age limits for ABA either on the lower end or the higher end. A referral and authorization for ABA is contingent upon the needs for the individual.

11. What happens to children already enrolled in ABA when a parent retires from the military?

Response: Ever since we started the ACD in July 2014, this benefit is for all beneficiaries. So when an Active Duty family member (the sponsor) retires, then the retiree family would fall under the retiree health benefits. The retiree family members have a choice

as to which TRICARE plan they elect to have. Their child will be covered under the chosen plan of the retiree. The ACD provided ABA for all beneficiaries to include retirees, and to include Reserve component and National Guard members who purchase plans such as TRICARE TRR. All beneficiaries would continue to have services as long as they are a covered beneficiary regardless if they are active duty dependents or the dependents of a retiree or other covered categories.

12. What about children who are no longer eligible for EFMP due to divorce/custody change, but they are still enrolled in ECHO?

Response: There is a waiver provision for those circumstances and the sponsor or beneficiary would submit the documentation to the contractor, then the EFMP enrollment requirement would be waived.

13. What about children with poor organizational skills?

Response: The response to this question can be heard in our [TRICARE® Autism Care Demonstration](#) Video starting at the 16:13 time mark.

14. Does ASD require monthly ECHO payment based on rank/grade?

Response: For participation in the demonstration, there's no ECHO monthly payment unless the beneficiary is using another ECHO service, for example respite. So they would pay the monthly ECHO fee if they are using another ECHO service, but if they are just participating in the ACD the copay and fees would be applicable, so they're not paying twice.

15. What if families opt to go on a waitlist? Not all ABA providers are created equal.

Response: That's fine. They have that option and we respect that option.

16. What happens if the authorization letter comes and the client calls the specified place and find out that there is a waitlist and it is 8 months out?

Response: They should call the regional contractor to let them know that right away, they will find them another provider. They are there to help families, if they don't know about the problem they can't help.

17. Is there a contractual requirement for TRICARE authorized providers to notify the MCSC when they are unable to meet the 28-day access standard?

Response: The access standard is by contract. Our contractors are required to meet the 28-day access standard. As far as the providers, we require for participation in the demonstration that a memorandum of understanding between the support contractor and the providers is signed. The providers have a responsibility, if they can't provide the ABA in a timely manner – to not accept that patient. That's per their certification. In a round-about way, it's contractual.

18. Can you also explain the access standard in more detail? We have many providers who can start immediately...but at 10am when a school-age child is in school. Most of my clients want after-school hours. How does this factor into the 28-day access standard?

Response: The response to this question can be found at the [48:00](#) minute mark.

19. Are there providers that see clients over 18 years old?

Response: Yes, we don't have an age limit.