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# TRICARE 101 Health Plans & Special Programs

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## Today's Presenters



**Anne Breslin**

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**Carmen De Leon**

*Nurse Consultant  
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**Krystyna Bienia, Psy.D.**

*Clinical Psychologist, Medical Affairs  
Autism Care Demonstration – Clinical Lead  
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## TRICARE For Life Who, What When, Where, Why, & How?

Anne Breslin

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### TRICARE FOR LIFE – WHO? (is eligible for TFL)

- Members and former members entitled to retired or retainer pay and
- their dependents other than parents/parents-in-law
- surviving dependents; and
- certain former spouses.

NOTE: Active Duty and Active Duty family members are not eligible for TFL. ADFMs must enroll in Prime/USFHP or Select.

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## TRICARE FOR LIFE –WHAT? (is required to have TFL)

- If entitled to Medicare Part A, must have Medicare Part A and Part B.
- Most become entitled at age 65 based on:
  - Own work history
  - Work history of spouse (at age 62)
  - In case of dependent adult child, work history of parent
- Those under the age of 65 may become entitled based on:
  - Disability (physical or mental) or
  - Illness (ESRD, Lou Gehrig's Disease, Mesothelioma)

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## TRICARE FOR LIFE – WHEN? (are beneficiaries notified)

- A notice is sent five months in advance of each TRICARE beneficiary's 65th birthday which informs them of the requirement to have Medicare. Currently this is in the form of a postcard or an e-mail.
- Those under 65 receive a notice regarding the requirement to keep Medicare Part B after DMDC receives their Medicare entitlement information from the Centers for Medicare & Medicaid Services (CMS). The goal is to notify within the 7 month Initial Enrollment Period

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## TRICARE FOR LIFE – WHEN? (can beneficiaries sign up for Part B)

### Options for obtaining Part B

- During Initial Enrollment Period (IEP) (7 months long)
  - Begins 3 months before the month you turn 65 (4 months before if your birthday is on the 1st)
  - Includes the month you turn 65
  - Ends 3 months after you turn 65 (2 months after you turn 65 if your birthday is on the 1st)
  - To ensure no break in TRICARE sign up no later than 2 months before the month you turn 65.

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## TRICARE FOR LIFE – WHEN? (can beneficiaries sign up for Part B)

- During a Special Enrollment Period (SEP)
  - Employer Sponsored Coverage Based on Current Employment: Any time while working or within 8 months of the loss of employment or employer sponsored coverage, whichever occurs first. (Coverage is effective the month after you sign up.)
  - During the annual General Enrollment Period (GEP)
    - ✓ January 31st through March 31st (Coverage is effective July 1 of the year you sign up)

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## TRICARE FOR LIFE – WHERE? (can beneficiaries sign up for Medicare)

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- Local Social Security Office
- Online at: ssa.gov
  - Click on:
    - ✓ Medicare
    - ✓ How to apply online for just Medicare
    - ✓ Apply for Medicare Only
    - ✓ Or, Click on:
      - ✓ Other Medicare enrollment options (Here you will find additional information for those living outside the U.S.)

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## TRICARE FOR LIFE – WHY? (is Part B required)

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- Title X 1086 (d)
  - (1) a person who is entitled to Part A is not eligible for health benefits under this section.
  - (2) paragraph (1) does not apply
    - (A) if enrolled in Part B (paraphrased)

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## TRICARE FOR LIFE – HOW? (much out-of-pocket)

- TFL Cost Matrix is available on line at: [tricare.mil/tflcosts](https://tricare.mil/tflcosts)
- When care received is a benefit under Medicare and TRICARE
  - There are no out-of-pocket expenses.
- When care received is a only a Medicare benefit:
  - The Medicare deductible and co-payments apply.
- When care received is only a TRICARE benefit:
  - The TRICARE deductible and cost share apply.
- When care is not covered by Medicare or TRICARE:
  - Billed charges apply.

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## TRICARE For Life Where ? (can you find additional information)

- Online at:
  - <https://tricare.mil/tfl>
  - <https://www.militaryonesource.mil/training-resources/webinars/>

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## Extended Care Health Option (ECHO)

Carmen DeLeon BSN, RN  
Nurse Consultant

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### Objectives

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- What is ECHO
- Who is eligible
- How to register
- 90 day Provisional
- ECHO Benefits
- ECHO & Autism Care Demonstration
- Care Coordination



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## What is ECHO

- ECHO is a TRICARE benefit as defined by:  
**TITLE 32 NATIONAL DEFENSE CIVILIAN HEALTH AND MEDICAL PROGRAM  
 OF THE UNIFORMED SERVICES, 199.5**
- Supplements the TRICARE basic program
  - All benefits available through the basic program are excluded from ECHO
  - ECHO program pays for services and supplies designed to reduce the disabling effects of a qualifying condition, which are not covered under a TRICARE health plan



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## ECHO

- Available **ONLY** to Active Duty Family Members
- Provides financial assistance to beneficiaries with qualifying conditions like; moderate to severe mental retardation, serious physical disability, physical or psychological condition that causes the beneficiary to be homebound or special education related to Autism diagnosis
- Government cost share is limited to \$36,000/calendar year for certain benefits available through ECHO
  - Cost share does not apply to ECHO Home Health benefit



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## ECHO

- Sponsor's cost share based on pay grade regardless of the number of dependents enrolled
- ECHO benefit authorization required and must be obtained *prior* to receiving ECHO services
- Defense Enrollment Eligibility Reporting System (DEERS) will need to be updated and will be used to verify eligibility in ECHO
  - Completed ECHO registration will be reflected by Health Care Delivery Plan (HCDP) code "400" in DEERS



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## ECHO

- ECHO is a voluntary program requiring enrollment through the US Family Health Plan (USFHP) or regional Managed Care Support Contractor (MCSC)
- Registration in ECHO requires a referral to the USFHP or regional MCSC from the Primary Care Manager
- Enrollment in Exceptional Family Member Program (EFMP) required



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## Who is eligible

- Spouse or dependent child of an Active Duty member of one of the Uniformed Services
- Active Duty family member (ADFM) with physical or psychological qualifying condition
- ADFM enrolled in TRICARE Prime or TRICARE Select
- Reserve Component Member activated for more than 30 days
- Transitional Survivor
- Transitional Assistance Management Program (TAMP) eligible



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## How to Register for ECHO

- Active duty sponsor must enroll in the Exceptional Family Member Program (EFMP)
- EFMP is a Service mandated, non-medical program designed to provide information and non-clinical support to ADFMs with special needs, ensuring they are located in areas where they can receive the care and support needed
- To identify EFMP enrollment locations, go to [www.militaryinstallations.dod.mil](http://www.militaryinstallations.dod.mil) and search on EFMP



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## How to Register for ECHO

- To register for ECHO, the Sponsor (or spouse) should contact their regional contractor, USFHP site, or the Overseas Contractor.
- The following must be submitted:
  - Proof of active duty status
  - Medical documentation of the qualifying condition for the beneficiary to be registered in ECHO
  - Proof of enrollment in EFMP



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## 90 day Provisional

- Avoids delay of ECHO services while completing ECHO registration requirements
- ECHO benefits will be authorized and payable during the 90 days
- Provisional status ends upon completion of registration process or end of 90 day period, whichever comes first
- Government will not recoup claims paid for ECHO services provided during the provisional period if ECHO registration is not completed



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## ECHO Benefits

- Assistive services
- Durable equipment
- Expanded in-home medical services through TRICARE ECHO Home Health Care (EHC) (limited to the U.S., the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands)
- Medical and rehabilitative services
- Personal incontinence supplies
- In-home respite care services
- Training in the use of special education and assistive technology devices
- Institutional care when a residential environment is required
- Transportation to and from institutions or facilities in certain circumstances



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## ECHO Home Health Benefits

- Skilled services for homebound beneficiaries:
  - Skilled nursing care
  - Therapy
  - Social services
  - Training
  - Medical supplies
  - Respite care
- Eligibility determined by Primary Care Manager or attending physician
- Coverage cap: Maximum amount TRICARE would pay for Skilled Nursing Facility
- Must be a TRICARE-authorized HHA certified by Medicare



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## ECHO Home Health Benefits

- **ECHO Home Health Care**
  - Not limited to part time or intermittent
  - Must meet homebound definition
  - Capped by cost, not by hours
  - Skilled Nursing Facility reimbursement rate
  - Must be a TRICARE-authorized HHA certified by Medicare
- **EHC Respite Care**
  - 8 hrs./day, 5 days per week
  - Eligible beneficiary requires frequent interventions (requires training by medical personnel-but doesn't have to be "skilled" interventions)



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## ECHO Respite

- **ECHO Respite Care**
  - 16 hrs. /month
  - Break for primary caregivers
  - Effective 9 August 2021, no longer requires concurrent ECHO benefit
  - Must be a TRICARE-authorized HHA certified by Medicare



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## ECHO & Autism Care Demonstration (ACD)

- Active Duty Family member must be enrolled in ECHO to receive services under the demonstration
- Allows for visibility of ADFM needs when change in location occurs



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## Care Coordination

- Essential through communication, collaboration & coordination between **losing** and **gaining** MTFs/Markets/Uniformed Services/EFMP representatives, USFHP & Regional MCSCs
  - Timely notification by Services of pending move is essential
  - Collaborative effort between losing and gaining locations will ensure services are available and set up prior to move
  - Care conferences can be set up between losing & gaining locations
  - Provides continuity of care at new location for ADFM with complex medical needs
  - MCSCs Region to Region transfer policy in place for ADFMs receiving ECHO services
    - Through coordination, Case Managers facilitate transition of care needs at new location prior to move utilizing the Region to Region transfer policy



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## Care Coordination way forward

### DHA Interim Guidance Memorandum

- DHA MEMO October 13, 2020 Interim Guidance on Medical Standard Processes for Exceptional Family Member (EFMs) during Permanent Change in Station (PCS) and re-released interim guidance in FY 2021
- DHA working with branches of Services' Exceptional Family Member Program (EFMP) offices and Military Treatment Facilities (MTFs) to develop a timely notification process to ensure a plan of care has been established and communicated to the **losing** and **gaining** MTFs prior to movement to the new duty station
- Intent of this initiative is to establish continuity of care prior to PCS moves for family members enrolled in EFMP
- Each **losing** MTF will coordinate transition of care with **gaining** MTF at least 30 days prior to PCS
- Intent of this initiative is to establish early notification prior to PCS moves for family members enrolled in EFMP



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## Autism Care Demonstration

Krystyna Bienia, Psy.D.  
Clinical Psychologist, ACD – Clinical Lead

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## Objectives

- What is the Autism Care Demonstration (ACD)
- ACD Eligibility
- Accessing Care under the ACD
- Ongoing ACD Requirements
- Outcome Measures Requirements
- Review of the Significant Policy Updates (March 2021)
- Cost to the Family of the ACD
- ACD Resources



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## What is the ACD

- The Autism Care Demonstration (ACD) is:
  - A demonstration benefit that covers applied behavior analysis (ABA) services to eligible beneficiaries
  - Administered by the contractors (Health Net Federal Services [HNFS], Humana Government Business [HGB], USFHP, Int. SoS)
- There are no limits to this benefit (age, dollar, duration)
- ACD authorized to provide clinically necessary and appropriate ABA services for the diagnosis of Autism Spectrum Disorder (ASD)
- ABA providers must actively deliver ABA services

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## Eligibility for the ACD

- ABA services are covered for all qualifying dependents of:
  - Active service members (ASM)
  - Retired service members
  - Certain National Guard and Reserve members
- Eligible beneficiaries must be:
  - Diagnosed with ASD by a TRICARE-authorized ASD diagnosing provider
  - If an active duty family member:
    - ✓ Enrolled in Exceptional Family Member Program (EFMP)
    - ✓ Registered in Extended Care Health Option (ECHO)

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## Accessing Care under the ACD

- Diagnosis and referral requirements:
  - The beneficiary must receive a definitive diagnosis of ASD from an approved provider
  - The provider will complete a validated assessment tool and the DSM 5 checklist
  - Provider will submit a referral to the contractor
- Contractor will verify all referral requirements
  - If missing any requirements, a non-clinical support person will assist you in meeting the requirements.
- Baseline outcome measures
- Once requirements are met, the contractor will assign an Autism Services Navigator (ASN) to the beneficiary

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## Accessing Care under the ACD

- Once all referral requirements are met and the beneficiary is enrolled into the ACD, the contractor will issue an authorization letter for an ABA assessment
  - The contractor is required to verify the provider has availability before sending the authorization letter (Active provider placement)
  - Access to Care standards
  - MTF directed referrals/family choice – does not ensure ATC
- The family should make the appointment with the provider listed on the authorization letter
- The family should contact the contractor DIRECTLY if an appointment cannot be made within the 28 day access standard

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## Accessing Care under the ACD

- Authorized ABA supervisor will:
  - Complete ABA assessment
  - Develop an ABA treatment plan
- Authorized ABA supervisor submits treatment plan for a clinical review
- Contractor completes clinical necessity review prior to issuing any ABA treatment authorization
- Once approved, the contractor will issue a treatment authorization for 6 months of ABA services

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## Ongoing ACD Requirements

- Every six months:
  - Authorized ABA supervisor completes an ABA reassessment and updates the treatment plan
  - Updated outcome measures
  - Contractor completes a clinical necessity review
  - Authorization issued for next 6-months
- Annual:
  - Annually updated outcome measures
- Every two years:
  - The diagnosing/referring provider submits a new referral for ongoing care
    - ✓ This referral is not a “re”-diagnosis, but an appointment to review for ongoing care

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## Outcome Measures Requirements

- All outcome measures must be completed prior to issuing subsequent ABA treatment authorizations
- 4 outcome measures
  - Vineland-3 (baseline and every year)
  - SRS-2 (baseline and every year)
  - PDDBI (baseline and every six months)
  - PSI or SIPA (baseline and every six months)

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## Revisions to Diagnostic/Referral Requirements

- Expansion of approved ASD-diagnosing provider types
- Diagnosing provider must now submit with the referral:
  - Validated assessment tool results
  - DSM-5 checklist
- No longer need a confirmation diagnosis since the requirement is for a definitive diagnosis
  - However, it is still recommended that the beneficiary/family see a specialist for a complete diagnostic workup; review/oversee all recommended services
- Outcome measures no longer need a referral or to be completed by the diagnosing provider (can be completed by a provider who receives authorization)
- ECHO timeline –
  - Beneficiaries will still have the 90 days provisional period per the ECHO policy
  - The additional 90-days extension eliminated

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## Autism Services Coordination

- As of October 1, 2021, all new beneficiaries to the ACD will be assigned an Autism Services Navigator (ASN). New is defined as:
  - Not currently receiving ABA services under the ACD
  - A gap in ABA services of greater than 12 months
- Applicable to beneficiaries enrolled to HNFS and HGB
  - ASN is employed by or contracted through HNFS or HGB
  - TRICARE Overseas Program, U.S. Family Health Plans, and TRICARE For Life are not required to provide the ASN
- Moving from one region to another will not count as a “new” beneficiary (for existing beneficiaries)
- Qualifications for an ASN are defined in the TOM (ASN is not a BCBA and is not the clinical necessity reviewer)

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## Autism Services Coordination

- The ASN is a contractor-employed ASD specific care manager who:
  - Serves as the primary point of contact for the beneficiary/family
  - Serves as the primary clinical advocate in the health care setting for the beneficiary/family
  - Collaborates with all stakeholders for the beneficiary;
  - Oversees the assessment, planning, facilitation, care coordination, and evaluation
  - May be assisted by a non-clinical outreach coordinator

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## Autism Services Coordination

- For the beneficiary/family, the ASN will:
  - Make first contact with the beneficiary/family once a referral to the ACD or ABA services has been placed
  - Develop a Comprehensive Care Plan (CCP) (see next slide)
  - Coordinate medical and BH services, MTF services, ECHO services, respite services, ABA services, parent-medicated programs, etc.
  - Ensure all services work in collaboration to achieve the optimal outcome
  - Coordinate and participate in medical team conferences
  - Facilitate continuity of care when a beneficiary moves, sponsor retires, or a treating provider becomes unavailable
  - Identify and facilitate connections with local level resources
  - Provide educational resources about ASD

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## Autism Services Coordination

- A CCP is a plan that is developed and maintained by the ASN
  - The CCP is not the same as a treatment plan
- The CCP will:
  - Identify all care and services for each new beneficiary in the ACD
  - Document outcome measures and timelines
  - Document PCS timelines (where applicable)
  - Develop a discharge/transition plan
- Allows for a more consistent and beneficiary-centric approach
- CCP is updated every 6 months in line with the continued authorization of ABA services

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## Parent/Family Support

- Available to all families on the contractor websites, and includes information regarding :
  - “New to the ACD information toolkit”
  - Local area supports/resources
  - Military installation supports/resources
  - Information about clinical/non-clinical services
    - ✓ Mental health services, including telehealth resources
    - ✓ Military OneSource, Morale/Welfare/Recreation services, etc.
  - Parent-mediated services

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## Costs to the family for the ACD

- For all ABA services, you pay the copayment or cost share for your TRICARE program (Prime or Select)
  - <https://tricare.mil/Costs/MentalHealthCosts>
- These amounts apply to the yearly TRICARE catastrophic cap
- The ACD is separate from the ECHO program – the ECHO cap does not apply to ABA services.

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## ACD Resources

- DHA has a variety of resources available to stakeholders for questions:
  - DHA has hosted 4 webinars aimed at educating all stakeholders on the policy update.
    - ✓ All briefings and recordings are available at [www.health.mil/autism](http://www.health.mil/autism)
    - ✓ QAs are also posted at [www.health.mil/autism](http://www.health.mil/autism)
  - Additional policy questions can be sent to: [dha.acd@mail.mil](mailto:dha.acd@mail.mil)
- The Regional TRICARE® Contractors have ABA trained representatives available to help assist family members/caregivers to access timely ABA services. The Regional Contractor phone numbers are:
  - HealthNet Federal Services (West Region): 1-844-866-9378; #1; #5 (ask to speak with their Autism specialists)
    - ✓ <https://www.hnfs.com/content/hnfs/home/tw/bene/autism-care-demonstration.html>
  - Humana Military (East Region): Main line – 1-800-444-5445; ABA Customer Service – 1-866-323-7155
    - ✓ <https://www.HumanaMilitary.com/autism-coe/>
- Also see: <http://www.tricare.mil/autism> for updates regarding the ACD or other TRICARE benefits

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# Continuing Education



This webinar has been approved for the following **continuing education (CE) credits**:

- 1.5 CE from the University of Texas at Austin, Steve Hicks School of Social Work (Social Work, LPC, LMFT).
- 1.5 CE from the Commission for Case Manager Certification.
- 1.5 CE from the Patient Advocate Certification Board to Board Certified Patient Advocates (BCPA).
- 1.5 CE from the National Council on Family Relations to Certified Family Life Educators (CFLE).
- 1.5 CE from the Association for Financial Counseling and Planning Educators (AFCPE).
- 1.5 CE from the Center for Financial Certifications for CPFCs.
- OneOp certificate of attendance available

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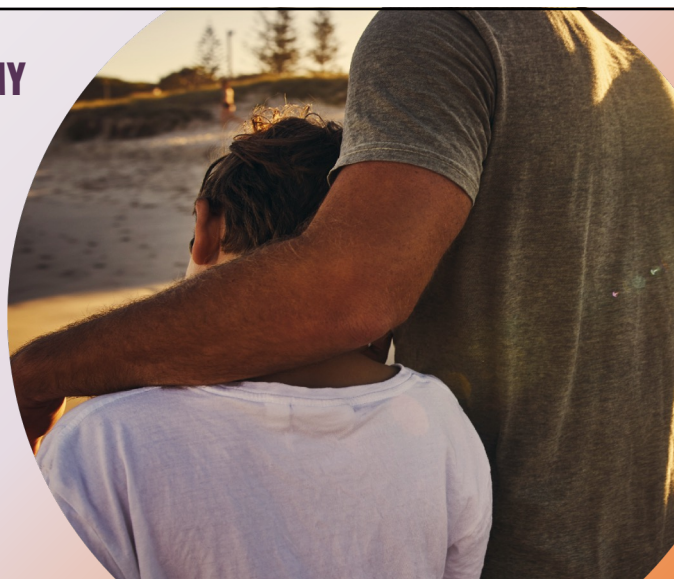
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### The Importance of Estate Planning for Military Families

July 12, 2022, 11 AM – 12:30 PM ET

Learn how military service providers can support service members and their families in the estate planning process. **Continuing education credit will be available for this session!**



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## Upcoming Webinar



### Social Security & Disability 101

July 27, 2022, 11 AM – 12 PM ET

In this webinar participants are provided important information about the basics of the SSDI and SSI programs and the application process. **Continuing education credit will be available for this session!**



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