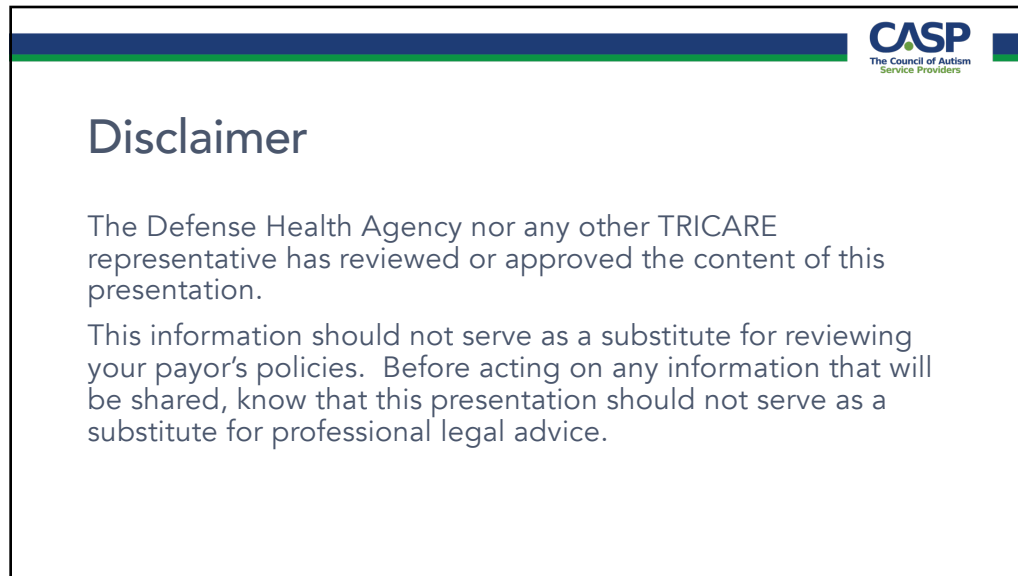





The slide features a decorative background with blue and green geometric shapes on the left side. On the left, the CASP logo is displayed, consisting of the letters 'CASP' in a bold, blue, sans-serif font, with a small green dot above the 'A'. Below the logo, the text 'The Council of Autism Service Providers' is written in a smaller, green, sans-serif font. To the right of the logo, the title 'TRICARE Advocacy Efforts: Updates and Next Steps' is centered in a large, bold, blue, sans-serif font. Below the title, the presenter's name and credentials, 'Rebecca Womack, MS, BCBA, LBA', and her role, 'CASP Public Policy Committee Member', are listed in a smaller, black, sans-serif font.

1




The slide has a dark blue header bar at the top with the CASP logo on the right side. The logo consists of the letters 'CASP' in blue, with 'The Council of Autism Service Providers' written in green below it. The main content of the slide is a disclaimer in a black, sans-serif font. It states that the Defense Health Agency and other TRICARE representatives have not reviewed or approved the content. It also advises that the information should not be used as a substitute for reviewing payor policies or professional legal advice.

2





Preview

- Considerations regarding the TOM policy
- ACD policy & CASP Practice Guidelines
- Review of communications with the DHA
- Adaptive behavior
- Next steps




3


TOM Policy Considerations

- Use the online resources provided by the East (Humana Military) and West (Health Net Federal Services)
- Have auditing systems in place for your session notes
- Any content in your session note that is not in accordance with the TRICARE Operations Manual (TOM) Autism Care Demonstration (ACD) policy requirements could be cause to fail an audit
- If your audits results are unfavorable, and you don't believe that you have violated the TOM ACD policy, reach out and request clarification
- Guidance provided on any social media platform and by any person other than TRICARE, should be confirmed with them before taking next steps

4



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GASC & TOM ACD policy

**Applied Behavior Analysis
Treatment of Autism
Spectrum Disorder:**
Practice Guidelines for Healthcare Funders and Managers


- Department of Defense Patient Bill of Rights
- All patients have "...the right to quality care and treatment that is consistent with available resources and generally accepted standards, including access to specialty care and to pain assessment and management."
- GASC are based on peer reviewed scientific studies and literature and include recommendations and guidelines from our field's non-profit professional associations and organizations

SECOND EDITION

5

Advocacy Efforts Update

- Fall/Winter 2022
 - In person discussions with DHA members around the difficulties with the ACD policy implementation and some MCO challenges
 - Request for the ACD to review research related to the impact of not addressing adaptive behavior skills



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Research, Autistics, and Skill Building

- Adaptive behavior...age-appropriate, typical performance of daily activities based on social standards and expectations (Sparrow et al., 1989)
- When using VABS scores, the research has documented that adaptive behavior deficits are present and substantially deficient in individuals with ASD, regardless of intellectual level (e.g., Klin et al., 2007; Matthews et al., 2015; Szatmari et al., 2003; Tomanik et al., 2007)
- Adaptive skills have been shown to impact outcomes more so than cognitive level and autism symptom severity (Farley et al., 2009; Klin et al., 2007; Szatmari et al. 2003)

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Research, Autistics, and GASC

- Skills that promote independence in current and future environments have been linked to more positive outcomes for adults on the spectrum (Ayers et al., 2011)
- TRICARE authorizes the ABA Supervisor to "...[guide] the caregivers to utilize ABA TP protocols to reinforce adaptive behaviors."
- "...authorizations for services to the client should not be predicated on requirements for parents or other caregivers to participate in training or to implement treatment protocols with the client for any fixed, pre-determined amount of time." (Clarifications Regarding CASP Practice Guidelines)
- "...while family training is supportive of the overall treatment plan, it is not a replacement for professionally directed and implemented treatment" (CASP Practice

8






ACD Policy & GASC

6010.59-M, April 1, 2015, Revision C-85


- School setting limited to 97153 delivered by a BCBA (8.10.15)
- No services in the community (8.10.11)

CASP Practice Guidelines

- Use of treatment protocols that are implemented...across environments until discharge criteria are met (p. 9)
- No ABA model is specific to a particular location and all may be delivered in a variety of settings (p.18)
- Treatment across settings ...supports generalization and maintenance of treatment gains (p. 18)
- ABA treatment and consultation should be delivered in subsequent ...settings (residence to school, hospital to home) to successfully support and transition individuals
- School and community are both identified as a possible location for treatment (p.18)

9










ACD Policy & GASC

6010.59-M, April 1, 2015, Revision C-85

- Requires that caregiver(s) be the ones to learn skills so they may teach ADLs outside of session time (8.10.19)

CASP Practice Guidelines

- **Direct support and training of family members** ...to promote optimal functioning and promote generalization and maintenance of behavioral improvements (p. 9)
- "...while family training is supportive of the overall treatment plan, it is not a replacement for professionally directed and implemented treatment" (p. 37)

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CASP's Concerns

Policy

- Not allowing the policy to align with GASC results in only aspects of ABA being allowed to be delivered - "less than" ABA services
- Improvement in adaptive behavior is one of the outcomes being measured – yet excluded from ABA providers being able to directly address it, & measuring the caregiver(s) as the implementor(s)

Provider

- ABA providers continuing to encounter a myriad of challenges with the implementation of the benefit – many may not continue to provide services

Parents


- Measuring one variable (stress) has been very stressful for the parents
- Difficulty with access to and implementation of the benefit (e.g., diagnostic requirements, finding providers, challenges with waitlists)

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Requests & Next Steps

- Modify the current ACD policy to mirror how services are described as being delivered in the CASP Practice Guidelines (including addressing adaptive behavior)
- Allow the CPT codes to be delivered as they are defined and described by the AMA/in the CPT Supplemental Guidance
- Measure quality of life (Child and Family Quality of Life – 2) across seven domains versus just stress
- Identify a method for implementing these improvements
- Monthly visits to DC



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Thank you