

Department Of Defense (DoD) Comprehensive Autism Care Demonstration

1.0 PURPOSE

The Comprehensive Autism Care Demonstration (“Autism Care Demonstration”) combines all TRICARE-covered Applied Behavior Analysis (ABA) services under one demonstration and provides TRICARE reimbursement for ABA and related services to TRICARE eligible beneficiaries diagnosed with Autism Spectrum Disorder (ASD). Beneficiary eligibility is outlined in [paragraph 7.0](#). This demonstration incorporates ABA services that were provided under the TRICARE Basic Program (i.e., the medical benefits authorized under [32 CFR 199.4](#)), the Enhanced Access to Autism Services Demonstration (i.e., the supplemental ABA benefits authorized for certain Active Duty Family Members (ADFM)s under [32 CFR 199.5](#)), and the ABA Pilot (i.e., the supplemental ABA benefits authorized for certain Non-Active Duty Family Members (NADFM)s including retiree dependents--under the National Defense Authorization Act for Fiscal Year 2013, Section 705 (NDAA FY 2013 §705)). The purpose of the Autism Care Demonstration is to further analyze and evaluate the appropriateness of the ABA tiered-delivery model under TRICARE in light of current and anticipated Behavior Analyst Certification Board (BACB) Guidelines. Currently, there are no established uniform ABA coverage standards in the United States. The Autism Care Demonstration seeks to establish appropriate provider qualifications for the proper diagnosis of ASD and the provisions of ABA, assess the feasibility and advisability of establishing a beneficiary cost-share for the treatment of ASD, and develop more efficient and appropriate means of increasing access and delivery of ABA services under TRICARE while creating a viable economic model and maintaining administrative simplicity. The overarching goal of this demonstration is to analyze, evaluate, and compare the quality, efficiency, convenience and cost effectiveness of those autism-related services that do not constitute proven medical care provided under the medical benefit coverage requirements that govern the TRICARE Basic Program.

2.0 BACKGROUND

2.1 ASD affects essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination, and the establishment of relationships with others. The TRICARE Basic Program offers a comprehensive health benefit offering a full array of medically necessary services to address the needs of all TRICARE beneficiaries with an ASD diagnosis. The TRICARE Basic Program provides **Occupational Therapy (OT)** to promote the development of self-care skills; **Physical Therapy (PT)** to promote coordination/motor skills; **Speech-Language Pathology (SLP) services** to promote communication skills; **child neurology and child psychiatry** to address psychopharmacological needs; **clinical psychology** for psychotherapy and psychological testing; and **neurodevelopmental and developmental behavioral pediatrics** for developmental assessments. The full range of medical specialties to address the additional medical conditions common to this population are covered.

2.2 ABA is the design, implementation, and evaluation of environmental modifications to produce socially significant modification in human behavior. ABA is based on the principle that an individual's behavior is determined by past and current environmental events in conjunction with organic variables such as the individual's genetic endowment and ongoing physiological variables. ABA, by a licensed and/or certified behavior analysts, focuses on treating behavior difficulties by changing an individual's environment (i.e., shaping behavior patterns through reinforcement and consequences). ABA is delivered optimally when family members/caregivers participate by consistently reinforcing the ABA interventions in the home setting in accordance with the prescribed Treatment Plan (TP) developed by the behavior analyst.

2.3 Although the BACB has established national guidelines for behavior analysts, a recent publication (August 2014) was issued for national certification standards for the "Behavior Technicians" (BTs) (formerly ABA Tutors) who interact with ASD-diagnosed beneficiaries for multiple hours per day. Only a limited number of states currently license or certify the behavior analysts who evaluate, develop TPs, and supervise delivery of ABA interventions for ASD-diagnosed beneficiaries, and the national certification standards are in the process of evolving. The American Medical Association (AMA) recently implemented Category III Current Procedure Terminology (CPT) codes (i.e., a temporary set of codes for emerging technologies, services, and procedures) for ABA (effective July 1, 2014), for the purpose of allowing time for data collection to determine the case for widespread usage of the ABA codes as established "medical" treatment.

3.0 DEMONSTRATION GOALS

Demonstration goals include:

3.1 Analyzing and evaluating the appropriateness of the Autism Care Demonstration under TRICARE in light of current and future BACB Guidelines for "Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder";

3.2 Determining the appropriate provider qualifications for the proper diagnosis of ASD and the provision of ABA, and assessing the added value of BTs beyond ABA provided by Board Certified Behavior Analysts (BCBAs);

3.3 Assessing, across the three TRICARE regions and overseas locations (see paragraph 9.0), the ASD beneficiary characteristics associated with full utilization of the Autism Care Demonstration's tiered delivery model versus utilization of sole provider BCBA services only or non-utilization of any ABA services, and isolating factors contributing to significant variations across TRICARE regions and overseas locations in delivery of ABA;

3.4 Determining what beneficiary age groups utilize and benefit most from ABA interventions;

3.5 Assessing the relationships between receipt of ABA services and utilization of established medical interventions for children with ASD, such as SLP services, OT, PT, and pharmacotherapy; and

3.6 Assessing the feasibility and advisability of establishing a beneficiary cost-share for the treatment of ASD.

4.0 DEFINITIONS

4.1 Applied Behavior Analysis (ABA)

According to the BACB Guidelines for “Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder” (2012), ABA is “the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior. Direct observation, measurement, and recording of behavior are defining characteristics of ABA.”

4.2 ABA Assessment

A developmentally appropriate assessment process used for formulating an individualized ABA TP is conducted by a BCBA or Board Certified Behavior Analyst-Doctorate (BCBA-D) or other TRICARE authorized ABA providers practicing within the scope of their state licensure or state certification. For TRICARE purposes, an ABA assessment shall include data obtained from multiple methods to include direct observation, the measurement, and recording of behavior. A functional assessment that may include a functional behavior analysis, as defined in paragraph 4.10, may be required to address problematic behaviors. Data gathered from the parent/caregiver interview and the parent report rating scales are also required.

4.3 ABA Specialized Interventions

ABA methods designed to improve the functioning of a specific ASD target deficit in a core area affected by the ASD such as social interaction, communication, or behavior. The ABA provider delivers ABA to the beneficiary through direct administration of the ABA specialized interventions during one-on-one in-person (i.e., face to face) interactions with the beneficiary.

4.4 ABA Tiered Delivery Model

A service delivery model where the BCBA or BCBA-D designs and supervises a TP delivered by Board Certified Assistant Behavior Analysts (BCaBAs) and/or BTs. BCaBAs may assist the BCBA or BCBA-D in clinical support and case management duties to include the supervision of BTs and parent(s)/caregiver(s) treatment guidance.

4.5 ABA TP

A written document outlining the ABA plan of care for the individual, including the expected progression of ABA. For TRICARE purposes, the ABA TP shall consist of an “initial ABA Treatment Plan” based on the initial ABA assessment, and the “ABA Treatment Plan Update” that is the revised and updated ABA TP based on periodic reassessment of beneficiary progress toward the objectives and goals. Components of the ABA TP include: the identified behavior targets for improvement, the ABA specialized interventions to achieve improvement, the ABA TP short-term and long-term ABA TP objectives and goals that are defined below.

4.5.1 ABA TP Objectives

The short, simple, measurable steps that must be accomplished in order to reach the short-term and long-term goals of ABA.

4.5.2 ABA TP Goals

These are the broad spectrum, complex short-term and long-term desired outcomes of ABA.

4.6 The Assessment of Basic Language and Learning Skills-Revised (ABLLS-R) (Partington, J.W., 2006 revised **or current edition**). The ABLLS-R system is an assessment tool, curriculum guide, and skills-tracking system used to help guide the instruction of language and critical learner skills for children with **ASD**.

4.7 Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) (Lord, C., et.al. 2012 **or current edition**) is an instrument used for assessing the level of impairment and confirming the diagnosis of **ASD**. The protocol consists of a series of structured and semi-structured tasks that involve social interaction between the examiner and the subject. The examiner observes and identifies segments of the subject's behavior and assigns these to predetermined observational categories. Categorized observations are subsequently combined to produce quantitative scores for analysis.

4.8 Autism Spectrum Disorder (ASD)

The covered ASD diagnoses include the five ASD diagnoses under the Diagnostic and Statistical Manual, Fourth Edition, Text Revision (DSM-IV-TR): **Autistic Disorder**, Rett's **Syndrome**, Childhood Disintegrative Disorder (**CDD**), Asperger's Disorder, and Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS) which were then converted into the single diagnosis of ASD (299.0) under the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), published in May 2013. Rett's **Syndrome** and **CDD** alone are no longer considered an ASD in the DSM-5 **and therefore beneficiaries diagnosed with Rett's Syndrome or CDD after October 20, 2014 are not eligible for ABA unless a secondary diagnosis of ASD is also present; previously diagnosed beneficiaries currently receiving ABA for these disorders will continue to be eligible for ABA under the Autism Care Demonstration**. The corresponding International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code is Autistic Disorder (299.0) and the corresponding International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code is Autistic Disorder (F84.0). The Military Health System currently uses the ICD-9-CM. DoD and the United States will transition to the ICD-10-CM on the mandated date for ICD-10-CM implementation, as directed by Health and Human Services (HHS).

4.9 Behavior Analyst Certification Board (BACB)

The BACB is a nonprofit 501(c)(3) corporation established to **"protect consumers of behavior analysis services worldwide by systematically establishing, promoting, and disseminating professional standards."**

4.10 Functional Behavior Analysis

The process of identifying the variables that reliably predict and maintain problem behaviors that typically involve: identifying the problem behavior(s); developing hypotheses about the antecedents and consequences likely to trigger or support the problem behavior; and, performing an analysis of the function of the behavior by testing the hypotheses.

4.11 The Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)

(Sundberg, M. L., 2008 or current edition). The VB-MAPP is a criterion-referenced assessment tool, curriculum guide, and skill tracking system that is designed for children with ASD who demonstrate language delays.

4.12 Vineland Adaptive Behavior Scale, 2nd Edition (Vineland-II) (Sparrow, S.S. et.al, 2005 or current edition) is a valid and reliable measure of global assessment of functioning for developmental disabilities (to include ASD). The Vineland-II consists of a survey interview and a parental/caregiver rater form.

5.0 ASD DIAGNOSING AND REFERRING PROVIDERS

Prior to coverage of ABA, the beneficiary must be diagnosed with ASD and issued a referral for ABA by a TRICARE-authorized Physician-Primary Care Manager (P-PCM) or by a specialized ASD diagnosing provider. TRICARE authorized P-PCMs for the purposes of the diagnosis and referral include: TRICARE authorized family practice, internal medicine and pediatric physicians whether they work in the purchased care or direct care system. Authorized specialty ASD diagnosing providers include: TRICARE-authorized physicians board-certified or board-eligible in developmental-behavioral pediatrics, neurodevelopmental pediatrics, child neurology, adult or child psychiatry; or doctoral-level licensed clinical psychologists. Diagnoses and referrals from Nurse Practitioners (NPs) and Physician Assistants (PAs) or other providers not having the above qualifications will not be accepted.

5.1 Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)

For new beneficiaries entering the Autism Care Demonstration: If the initial ASD diagnosis was made by a physician PCM (P-PCM), then either an ADOS-2 or a diagnostic evaluation from a specialized ASD diagnosing provider shall be required within one year of admission to the Autism Care Demonstration to confirm diagnosis. The diagnosing and referring P-PCM shall provide to the beneficiary parent(s)/caregiver(s) the referral for an ADOS-2 or a referral to a specialized ASD diagnosing provider for a diagnostic evaluation at the same time as making the initial referral to the Autism Care Demonstration. The referral for the ADOS-2 or the specialized ASD diagnosing provider for the diagnostic evaluation shall be good for one year so as to allow the parent/caregiver time to set up the appointment for the testing or diagnostic evaluation without this requirement interfering with timely access to the Autism Care Demonstration. The ADOS-2 may be administered by a doctoral level clinical psychologist, developmental behavioral pediatrician, neurodevelopmental pediatrician, a qualified speech-language pathologist, occupational therapist, adult or child psychiatrist, or a BCBA or BCBA-D trained in the administration of this measure. Involvement of BACB certificants, qualified speech-language pathologists, and occupational therapists are limited to administration of the ADOS-2 and excludes the rendering of a clinical diagnosis. Diagnostic testing requirements are outlined in the TRICARE Policy Manual (TPM), Chapter 7, Section 3.12, Psychological Testing. Families who risk non-compliance shall be

identified by the contractors and case managers shall assist in resolving the lack of testing (or get a diagnosis from a **specialized** ASD-diagnosing provider). The termination of ABA shall not be made without a **clinical review by the contractor. The contractor shall promptly notify** the TRICARE Regional Office (TRO) **of any proposed termination of ABA for further consultation and elevation to the TRICARE Management Activity (TMA) as appropriate.** Doctoral level licensed clinical psychologists and neurodevelopmental or developmental **behavioral** pediatricians are the professionals most commonly trained to administer the ADOS-2. ADOS-2 reports completed by Educational and Developmental Intervention Services (EDIS), by the school system, or by a provider trained in the administration of the ADOS-2 within the past year of the referral shall also be accepted.

5.2 Consultation And Second Opinion

Only one BCBA, BCBA-D, or state licensed or certified provider with a scope of practice for independent practice of ABA is authorized at a time for ABA services for each beneficiary. **Families/caregivers may seek consultation from another BCBA, BCBA-D, or other state licensed or certified provider with a scope of practice for independent practice of ABA where the treating BCBA lacks sub-specialty expertise to treat a specific target behavior that another BCBA is specifically trained and competent to address. When a Primary BCBA seeks consultation from another BCBA or BCBA-D the primary BCBA will remain responsible for the TP and is the sole provider authorized to bill for ABA services.** Families/caregivers may obtain a referral for a second opinion from another BCBA, BCBA-D, or other state licensed or certified provider with a scope of practice for independent practice of ABA per authorization period. A referral for an evaluation for a second opinion and a prior authorization is required. **Families/caregivers may request to switch to a BCBA, BCBA-D, or state licensed or certified provider with a scope of practice for independent practice of ABA, as appropriate. The concept of one treating provider overseeing a specific type of treatment per episode of care with the option to seek a second opinion is consistent with TRICARE Reimbursement Manual (TRM), Chapter 1, Section 16** which specifies requirements for TRICARE second opinion coverage under the TRICARE Basic Program for surgical and non-surgical benefits.

Note: A second opinion may be warranted in cases where the family/caregiver is not satisfied with the ABA provided by the currently authorized BCBA. The referral and authorization for a second opinion is for an "evaluation" only. It is not an "evaluate and treat" referral and authorization, which would authorize a second BCBA to both evaluate and provide simultaneous ongoing ABA during the same episode of care as the currently treating BCBA. However, a family/caregiver may request to switch to the second opinion BCBA, BCBA-D for ongoing treatment as appropriate (just so there are not two BCBA's or BCBA-Ds **authorized as responsible for the ABA TP**). **Only the one BCBA responsible for the ABA TP is authorized to bill for ABA services.**

Note: Autism Demonstration Corporate Services Providers (ACSPs) are institutional providers that administer ABA using a team approach that can involve multiple BCBA's, BCaBA's, and BTs treating one beneficiary. One supervisory BCBA must be named as responsible for the overall treatment of each beneficiary on the ABA TP. The ACSP shall bill for services under the ACSP as an institutional provider.

6.0 ABA PROVIDER REQUIREMENTS

6.1 BCBA, BCBA-Ds, or other qualified TRICARE authorized independent providers must meet all of the following requirements:

6.1.1 Have a master's degree or above in a qualifying field as defined by the state licensure or certification requirements, or in the absence of existing state licensure or certification, a degree in a field accepted by the BACB as meeting eligibility requirements for BCBA or BCBA-D certification.

6.1.2 In addition, have one of the following credentials:

6.1.2.1 A current, unrestricted state-issued license to provide ABA if residing in a state that offers licensure; or

6.1.2.2 A current, unrestricted state-issued certificate as a provider of ABA if residing in a state that does not offer licensure but offers certification; or

6.1.2.3 A current certification from BACB (<http://www.bacb.com>) as either a BCBA or a BCBA-D where such state-issued license or certification is not available.

6.1.3 Enter into a Participation Agreement Chapter 18, Addendum B approved by the Director, TMA or designee.

6.1.4 If applicable, employ directly or contract with BCaBAs and/or BTs.

6.1.5 Report to the contractor within 30 days of notification of a state sanction or BACB sanction issued to the ABA Supervisor for violation of BACB disciplinary standards (<http://www.bacb.com/index.php?page=85>) or notification of loss of BACB certification. Loss of state licensure or certification, or loss of BACB certification shall result in termination of the Participation Agreement with the ABA Supervisor with an effective date of such notification. Termination of the Participation Agreement by the contractor may be appealed to the TMA in accordance with the requirements of Chapter 13.

6.1.6 Maintain all applicable business licenses and employment or contractual documentation in accordance with Federal, State, and local requirements and the ABA Supervisor's business policies regarding BCaBAs and BTs.

6.1.7 Meet all applicable requirements of the states in which they provide ABA, including those states in which they provide remote supervision of BCaBAs and BTs and oversee ABA provided where the beneficiary resides.

6.1.8 Cooperate fully with a designated utilization and clinical quality management organization which has a contract with the DoD for the geographic area in which the provider does business.

6.1.9 BCBA, BCBA-Ds, or other qualified TRICARE authorized independent providers under the Autism Care Demonstration: Serve as direct supervisors of the BCaBAs and BTs working under the BCBA/BCBA-D and ensure the quality of the ABA provided by BCaBAs and BTs meets the minimum standards promulgated by the current BACB Task List, the BACB Professional Disciplinary Standards,

the BACB Guidelines for Responsible Conduct for Behavior Analysts, and all current BACB **recommendations**, rules, and regulations. Supervisory BCBA-Cs and BCBA-Ds must provide **BTs** ongoing supervision for a minimum of 5% of the hours spent providing one-on-one ABA per month **per beneficiary**. **Supervision in excess of 20% of the ABA hours per month under the Tiered Model shall result in Managed Care Support Contractor (MCSC) consultation with the supervising BCBA/BCBA-D to determine whether the individual beneficiary's needs are of such high complexity that the ABA sole provider model is indicated. Cases requiring more than 20% of Tiered Model supervision shall be reviewed by the TRICARE Regional Contractors' Medical Director.** Supervision must include at least two face-to-face, synchronous contacts per month **per beneficiary** during which the supervisor observes the **BT providing** services in accordance with the BACB **recommendations, rules, and regulations**. Supervisory BCBA-Cs and BCBA-Ds must meet the supervision requirements defined for BCaBAs under [paragraph 6.2.3](#).

6.1.10 Supervision must be provided in accordance with the state licensure and certification requirements in the state in which ABA is practiced where such state-issued license or certification is available.

6.2 BCaBA must meet all of the following requirements:

6.2.1 Have a bachelor's degree or above in a field as defined by the state licensure or certification requirements or **in a field accepted** by the BACB **as meeting eligibility requirements for BCaBA** for states that do not regulate ABA.

6.2.2 **In addition**, have one of the following credentials:

6.2.2.1 A current, unrestricted State-issued license to provide ABA if residing in a state that offers licensure; or

6.2.2.2 A current, unrestricted State-issued certificate as a provider of ABA if residing in a state that does not offer licensure but offers certification; or

6.2.2.3 A current certification from BACB (<http://www.bacb.com>) where such state-issued license or certification is not available.

6.2.3 BCaBAs must receive supervision by the BCBA or BCBA-D at least once each month for one hour in accordance with the BACB **"Policy on Supervision of Board Certified Assistant Behavior Analysts"**. Remote supervision through the use of real time methods is authorized. For the purpose of this paragraph, "real-time" is defined as the simultaneous "live" audio and video interaction between the BCBA or BCBA-D and the BCaBA by electronic means such that the occurrence is the same as if the individuals were in the physical presence of each other. Such is usually done by electronic transmission over the Internet. Annually, in accordance with the BACB **"Policy on Supervision of Board Certified Assistant Behavior Analysts"**, at least two of these monthly supervision sessions shall be conducted in-person, to include direct observation of actual service provision with individuals. Supervision must be provided in accordance with the state licensure and certification requirements in the state in which ABA is practiced where such state-issued license or certification is available.

6.2.4 Under the Autism Care Demonstration, beneficiaries will receive ABA provided solely by master's level or above BCBA-Cs, BCBA-Ds, or **other qualified TRICARE authorized independent**

providers and/or under the ABA tiered-delivery model, where a BCBA or BCBA-D referred to as an "ABA Supervisor" will plan, deliver and/or supervise an ABA program. Both models are authorized and the model selected shall be based on the needs of the beneficiary as well as provider availability. The BCBA or BCBA-D is supported by BCaBAs and/or paraprofessional BTs (formerly called "tutors" under the Enhanced Access to Autism Services Demonstration) who work one-on-one with the beneficiary with ASD in the home, community, or if necessary in the school setting to implement the ABA intervention protocol designed, monitored, and supervised by the BCBA or the BCBA-D. A BCaBA working within the scope of their training, practice, and competence may assist the BCBA or BCBA-D in various roles and responsibilities as determined appropriate by the BCBA or BCBA-D and delegated to the BCaBA, consistent with the most current BACB Guidelines for "Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder" (2012) and current BACB certification requirements. BCaBAs and BTs must work under the supervision of a BCBA, BCBA-D, or other qualified TRICARE authorized independent providers who meet the requirements specified in paragraph 6.1.

6.2.5 The BCaBAs have the requisite bachelor's degrees to qualify for the BCaBA certification exam administered by the BACB. BCaBAs have a scope of practice that allows them to assist the BCBA, BCBA-D, or other qualified TRICARE authorized independent providers in clinical support and case management activities, development of the TP, assisting in the supervision of the BTs, and providing treatment guidance to family members/caregivers to implement ABA interventions in accordance with the ABA TP. However, under the most current BACB Guidelines for "Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder" (2012), BCaBAs may not practice independently of the supervision of a BCBA or BCBA-D. Although BCaBAs may assist in the supervision of BTs, BCaBAs may not independently supervise BTs. BCaBAs are required to practice under all current BACB recommendations, rules, and regulations. The BCBA, BCBA-D, or other qualified TRICARE authorized independent providers are ultimately responsible for the delivery of care including the TP and the contractor shall deny claims for unsupervised services of a BCaBA.

6.3 Behavior Technicians (BTs)

6.3.1 Para-professionals who meet the educational requirements established herein by the DoD. A BT may not conduct the ABA assessment, or establish a child's ABA TP. Claims for BTs who are not properly supervised in accordance with Autism Care Demonstration requirements will be denied.

6.3.2 Prior to BTs being allowed to provide supervised ABA one-on-one interventions, completion of training provided by a BCBA, BCBA-D, or supervised BCaBA trainer in accordance with the current BACB Guidelines for "Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder" and the BACB Guidelines for Responsible Conduct for Behavior Analysts (<http://www.bacb.com>) and all current BACB rules and regulations, must be documented and maintained by the ABA supervisor and the BT.

6.3.2.1 The following training is required:

- **Basic Life Support (BLS), as demonstrated by BLS certification**
- Forty (40) hours of training which includes the following content
 - Crisis Behavior Management
 - Mandated reporting
 - **Health Insurance Portability and Accountability Act (HIPAA)**
 - Problem solving
 - Conflict Management
 - ASD
 - Principles of Behavior Analysis:
 - Developmental milestones
 - Data collection (measurement)
 - Basic ABA procedures such as reinforcement, shaping, prompting, etc.
 - Ethics and Confidentiality

6.3.2.2 Documentation of **the 40 hours of required** training must include:

- Dates and times of training sessions; and
- A course description to include course objectives, a syllabus outlining course content, and an evaluation process to measure successful completion.

6.3.2.3 The supervisory BCBA or BCBA-D and the **BT** shall each keep a copy of the training documentation on file. The supervisory BCBA or BCBA-D shall submit a copy of the certificate of completion to the contractor upon request.

6.3.3 As of August 2014, the BACB will offer a Registered Behavior Technician (RBT) **credential** which will satisfy this 40 hour training requirement. After December 31, 2014, all new hire ABA **BTs** must have the RBT certification by the BACB **and will have until December 31, 2015, to complete this requirement.** All currently employed **BTs** have until December 31, 2015, to obtain and provide documentation of any missing elements of the training requirements listed above. Currently employed **BTs** will be encouraged, but not be required, to become BACB Registered **BTs**.

6.3.4 Prior to providing supervised ABA under the Autism Care Demonstration, a **BT** must also have:

- Completed a minimum of 12 semester hours of college coursework in psychology, education, social work, Behavior Sciences, human development or related fields, such as counseling, **OT**, SLP, and be currently enrolled in a course of study leading to an associates or bachelor's degree by an accredited college or university; or
- Completed a minimum of 48 semester hours of college courses in an accredited college or university; or
- Obtained a High School diploma or GED equivalent and have completed 500 hours of employment providing supervised ABA therapy as verified by the ACSP.

6.3.5 BTs must obtain ongoing supervision for a minimum of 5% of the hours spent providing one-on-one ABA per month **per beneficiary**. Supervision must include at least two face-to-face, synchronous contacts per month **per beneficiary** during which the supervisor observes the BT providing services in accordance with the BACB **practice requirements of the RBT credential** (at <http://www.bacb.com>). Remote supervision through the use of real time methods is also authorized. For the purpose of this paragraph, “real-time” is defined as the simultaneous “live” audio and video interaction between the ABA Supervisor and the BT by electronic means such that the occurrence is the same as if the individuals were in the physical presence of each other. Such is usually done by electronic transmission over the Internet.

6.3.6 If a state-issued license or certification is available, supervision shall be provided in accordance with the state licensure and certification requirements in the state in which ABA is practiced.

6.4 Autism Care Demonstration-Corporate Services Providers (ACSPs)

ACSPs include autism centers, autism clinics (institutional providers), and individual BCBA and BCBA-Ds with contractual agreements with individual BCaBAs and BTs under their supervision.

6.4.1 The ACSP shall:

6.4.1.1 Submit evidence to the contractor that professional liability insurance in the amounts of one million dollars per claim and three million dollars in aggregate, is maintained in the ACSP’s name, unless state requirements specify greater amounts;

6.4.1.2 Submit to the contractor all documents necessary to support an application for designation as a TRICARE ACSP;

6.4.1.3 Enter into a Participation Agreement, [Chapter 18, Addendum B](#), approved by the Director, TMA or designee (i.e., the contractor);

6.4.1.4 Employ directly or contract with qualified ABA Supervisors, BCaBAs, and/or BTs;

6.4.1.5 Certify that all ABA Supervisors, BCaBAs, and BTs employed by or contracted with the ACSP meet the education, training, experience, competency, supervision, and Autism Care Demonstration requirements specified herein;

6.4.1.6 Comply with all applicable organizational and individual licensing or certification requirements that are extant in the State, county, municipality, or other political jurisdiction in which ABA services are provided under the Autism Care Demonstration;

6.4.1.7 Maintain employment or contractual documentation in accordance with applicable Federal, State, and local requirements, and corporate policies regarding ABA Supervisors, BCaBAs, and BTs;

6.4.1.8 Comply with all applicable requirements of the Government designated utilization and clinical quality management organization for the geographic area in which the ACSP provides ABA services; and

6.4.1.9 Comply with all other requirements applicable to TRICARE-authorized providers.

6.5 Provider Background Review

6.5.1 The contractor shall obtain a Criminal History Review, as specified in [Chapter 4, Section 1, paragraph 9.0](#), for ACSPs who are individual providers with whom the contractor enters into a Participation Agreement.

6.5.2 ACSPs, other than those specified in [paragraph 6.5.1](#), shall:

6.5.2.1 Obtain a Criminal History Review of ABA Supervisors whom the ACSP employs directly or with whom the ACSP enters into a contract.

6.5.2.2 Obtain a Criminal History Background Check (CHBC) of BCaBAs and **BTs** whom the ACSP employs directly or with whom the ACSP enters into a contract.

6.5.3 The ABA Supervisor shall obtain a CHBC of BCaBAs and **BTs** the Supervisor employs directly or with whom the Supervisor enters into a contract to supervise the BCaBA or **BT**. The CHBC of BCaBA and **BT** shall:

6.5.3.1 Include current Federal, State, and County Criminal and Sex Offender reports for all locations the BCaBA or **BT** has resided or worked during the previous 10 years; and

6.5.3.2 Be completed prior to the BCaBA or **BT** providing ABA services to TRICARE beneficiaries.

7.0 BENEFICIARY ELIGIBILITY

7.1 The contractor shall cover ABA under this demonstration for dependents of active duty, retirees, and TRICARE eligible Reserve Components, participants in member plus family coverage under TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR), individuals covered under the Transitional Assistance Management Program (TAMP) or TRICARE for Life (TFL), participants in TRICARE Young Adult (TYA), and those individuals no longer TRICARE eligible who are participating in the Continued Health Care Benefits Program (CHCBP).

7.2 For continuity of care purposes and to minimize the risk of regression during times of change, the contractor shall identify and transition all beneficiaries currently receiving ABA services under the TRICARE Basic Program, Extended Care Health Option (ECHO), the Enhanced Access to Autism Services Demonstration, and the ABA Pilot directly into the Autism Care Demonstration no later than December 31, 2014. These beneficiaries will be deemed to have met all diagnosis, referral, and assessment requirements of this section. By December 31, 2014, the contractor shall **automatically** issue new one-year authorizations to **all** beneficiaries **currently** receiving ABA **services** to ensure a seamless transition with no disruption to ABA services. The TRO Director may approve extensions **to a beneficiary's previous authorization beyond December 31, 2014**, in exceptional circumstances on a case-by-case basis. The contractor shall report to TMA through their respective TROs the total number of beneficiaries requiring transition and the number and percentage of those beneficiaries who have been transitioned on at least a biweekly basis until the transition is completed. Also, the MCSCs shall report any transition issues that require the attention of TMA.

7.3 Eligible beneficiaries for this demonstration must:

7.3.1 Have been diagnosed with ASD specified in [paragraph 4.8](#) by a TRICARE-authorized ASD diagnosing provider specified in [paragraph 5.0](#).

7.3.2 Dependents of ADFMs must be registered in ECHO [per paragraph 10.0](#) in order to continue to receive the other supplemental services offered under ECHO such as respite care, durable equipment, and additional OT, PT, and SLP services beyond those offered under the Basic Program.

7.4 Eligibility for benefits under the Autism Care Demonstration ceases as of 12:01 a.m. of the day after the end of the Autism Care Demonstration, or when the beneficiary is no longer eligible for TRICARE benefits.

7.5 Ineligibility for the Autism Care Demonstration does not preclude eligible beneficiaries from receiving otherwise allowable services under TRICARE.

8.0 POLICY

8.1 Referral and Authorization

8.1.1 After a TRICARE eligible beneficiary is diagnosed with ASD by an appropriate diagnosing provider, a referral with the supporting [documentation](#) must be submitted to the contractor by the TRICARE-authorized P-PCM or specialized ASD [diagnosing](#) provider who rendered the diagnosis. The referral must contain information that the beneficiary is able to actively participate in ABA.

8.1.2 Prior authorization is required. Upon receipt of the referral, the contractor shall issue an authorization for one year of ABA based on the referral request. To the extent practicable, each contractor authorization shall identify a specific TRICARE authorized BCBA, BCBA-D, or other TRICARE authorized provider practicing within the scope of practice of his/her state licensure or certification with an opening to accept the TRICARE beneficiary. This individualized approach is designed to provide families timely access to ABA services. However, beneficiary families are free to choose any TRICARE authorized ABA provider once the authorization is received.

8.1.2.1 The provision of ABA under the Autism Care Demonstration shall include: The initial ABA assessment by the BCBA, BCBA-D, [or other qualified TRICARE authorized independent providers](#) to include functional behavior analysis if needed, initial TP development, direct one-on-one ABA interventions as specified in the TP, reassessment to evaluate progress, TP updates and [parent\(s\)/caregiver\(s\) treatment guidance](#).

8.1.2.2 The provision of the ABA under this demonstration shall include [either development and implementation of the beneficiary's TP by BCBA/BCBA-Ds, or in the tiered service delivery model, delegated, supervised clinical support and case management activities by BCaBAs as defined in these policies, and implementation of the TP by ABA Supervisors, supervised BCaBAs and/or supervised BTs, including treatment guidance for family members and other caregivers to implement selected treatment protocols](#).

8.1.2.3 Prior to the expiration of each one-year authorization period, the BCBA or BCBA-D or ACSP shall request re-authorization of ABA from the contractor.

8.1.2.4 A new referral from the P-PCM or specialized ASD diagnosing provider is required for ABA services annually. The BCBA, BCBA-D, ACSP, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification providing the ABA services to the beneficiary shall provide the contractor with the initial ABA TP and the semi-annual ABA TP updates by the eleventh month of the current authorization.

8.1.2.5 The contractor shall authorize ABA for one year at a time and for no more than two consecutive years without a periodic review in accordance with paragraph 8.1.2.6. ABA authorization requires that the contractor receives the required documentation: initial TP, TP updates every six months that include documentation of progress using either graphic representation or objective measurement (using the same tool at baseline) of data from direct, objective observation and measurement of treatment targets at baseline and throughout treatment using standard ABA methods. Those data may be supplemented by results of assessments using instruments with published and acceptable validity and reliability for evaluating adaptive functioning in individuals with ASD of the same age and functioning level as the beneficiary, conducted at baseline and semi-annually. Examples of such instruments are the Vineland Adaptive Behavior Scale - 2nd edition and the Pervasive Developmental Disabilities Behavior Inventory. The diagnosing evaluation must also be included. In addition, for services to be provided in the school an Individualized Education Plan (IEP), when available, must accompany the referral and authorization request and the ABA TP must demonstrate that the ABA services provided under TRICARE are not the same ABA services provided under the IEP.

8.1.2.6 Every two years from the initial authorization (i.e., after the beneficiary has received ABA for two consecutive years), the contractor shall conduct a periodic ABA program review for clinical necessity prior to authorization of another year of ABA in accordance with paragraph 8.3. Clinical necessity refers to services and supplies that a licensed or otherwise authorized TRICARE provider of ABA for ASD determines are indicated and appropriate to address a beneficiary's diagnosed condition, beyond what is determined as medically necessary under TRICARE regulations. A comprehensive review for clinical necessity shall be conducted every two years until ABA is no longer necessary. This review should take into account current status, progress toward meeting ABA TP objectives and goals, and referring provider and parental input. The TRICARE Regional Contractors' Medical Director reviews and approves authorizations for clinically necessary care.

8.2 ABA Assessments and TPs shall include:

8.2.1 The beneficiary's name, date of birth, date the initial ABA assessment and initial ABA TP was completed, the beneficiary's DoD Benefit Number (DBN) or other patient identifiers, name of the referring provider, background and history (to include number of hours enrolled in school, and numbers of hours receiving other support services such as OT, PT and SLP), objectives and goals, and ABA recommendations. The ABA assessment shall include results of the assessments conducted to identify specific treatment targets and the ABA intervention procedures to address each target.

8.2.2 Background and history shall include information that clearly demonstrates the beneficiary's condition, diagnoses, medical co-morbidities, family history, and how long the beneficiary has been receiving ABA.

8.2.3 The initial ABA assessment must identify **objectively measured behavioral deficits that impede the beneficiary's safe, healthy, and independent functioning in all domains** (social, communication, and **adaptive skills**).

8.2.4 The initial ABA assessment must state that the beneficiary is able to actively participate in ABA as observed by the BCBA, BCBA-D, ACSP, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification during the ABA assessment.

8.2.5 The initial ABA TP shall include **clearly defined, measurable target behaviors in all domains as identified in the initial assessment, and objectives and goals individualized to the strengths, needs, and preferences of the beneficiary and his/her family members**.

8.2.6 The initial ABA TP and all TP updates shall also include an objective and goal for parent/caregiver **treatment guidance on implementation of selected treatment protocols with the beneficiary at home and in other settings. The protocols shall be selected jointly by the BCBA/BCBA-D and the parent(s)/caregiver(s)**. If parent(s)/caregiver(s) **treatment guidance** is not possible, the TP shall document why not.

8.2.7 Documentation on the initial ABA TP shall also include the BCBA or BCBA-D recommendation for the number of weekly hours of ABA under the Autism Care Demonstration to include the recommended number of weekly hours for ABA interventions by **BTs. TPs are individualized and treatment goals and hours of ABA services are determined by the individual needs of the beneficiary**. Recommendations for hours shall take into account whether the child is attending school, the time available in the beneficiary's schedule for ABA, and individual beneficiary needs. CPT Assistant, June 2014 states:

"The typical Early Intensive Behavior Intervention patient initially has 15 or more treatment targets per week and requires 25 hours of treatment per week during a defined treatment period. Older patients typically have fewer targets and require considerably fewer treatment units per week."

8.2.8 Semi-annual ABA reassessments and TP updates shall document the evaluation of progress for each behavior target identified on the initial ABA TP and prior TP updates. Documentation of the annual ABA reassessment and TP update shall include all of the following:

- Date and time the annual reassessment and TP update was **completed**.
- ABA provider conducting the reassessment and TP update.
- **Evaluation of progress on each treatment target using graphic representations of data from direct, objective observation and measurement of treatment targets at baseline and throughout treatment using standard ABA methods. The evaluation of progress data may be supplemented, but shall not be replaced, by results of assessments using instruments with published and acceptable validity and reliability for evaluating adaptive functioning in individuals with ASD of the same age as the beneficiary (e.g., the Vineland Adaptive Behavior Scale - 2nd edition; the Pervasive Developmental Disabilities Behavior Inventory).**

- Revisions to the ABA TP to include identification of new behavior targets, objectives, and goals.
- Recommendation for continued ABA to include a recommendation for the number of weekly hours of one-on-one ABA, **including documentation of additional hours needed**, under the Autism Care Demonstration.
- A projected duration of ABA.
- A **periodic ABA program review** to include a step down level of care to which the beneficiary will be referred once the ABA TP target goals are attained.

8.3 Periodic ABA Program Review

The following criteria is established to determine if/when ABA is no longer appropriate:

8.3.1 Loss of eligibility for TRICARE benefits as defined in [32 CFR 199.3](#).

8.3.2 The BCBA, BCBA-D, **or other qualified TRICARE authorized independent providers** has determined one or more of the following:

- The patient has met ABA TP goals and is no longer in need of ABA.
- The patient has made no measurable progress toward meeting goals identified on the ABA TP after successive progress review periods and repeated modifications to the TP.
- ABA TP gains are not generalizable or durable over time and do not transfer to the larger community setting (to include school) after successive progress review periods and repeated modifications to the TP.
- The patient can no longer participate in ABA (due to medical problems, family problems, or other factors that prohibit participation).

8.4 ABA Benefits

The following ABA is authorized under the Autism Care Demonstration to TRICARE eligible beneficiaries with ASD diagnosed by an appropriate provider.

8.4.1 An initial beneficiary ABA assessment performed one-on-one by a BCBA, BCBA-D, **or other qualified TRICARE authorized independent provider** to include administration of appropriate **assessment tools**, and a functional behavior assessment and analysis when appropriate.

8.4.2 Development of the initial ABA TP with objectives and goals of specific-evidenced based interventions.

8.4.3 Provision of ABA one-on-one specialized interventions delivered directly by the BCBA, BCBA-D, **other qualified TRICARE authorized independent providers** or delivered by the BCaBA and/

or **BT** under the direct supervision of the BCBA, BCBA-D, or other qualified TRICARE authorized independent providers.

8.4.4 Monitoring of the beneficiary's progress toward ABA TP objectives and goals specified in the initial ABA TP through semi-annual ABA TP updates by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification.

8.4.5 **Providing treatment guidance to** family member(s)/caregiver(s) by the BCBA or delegated to the BCaBA to provide ABA in accordance with the ABA TP.

8.4.6 **Supervision of delivery of services to the beneficiary by BCBA, BCBA-D, or other qualified TRICARE authorized independent providers, in accordance with these policies.**

9.0 ABA PROVIDED UNDER THE TRICARE OVERSEAS PROGRAM (TOP)

9.1 ABA therapy shall only be authorized to be provided by either a BCBA or BCBA-D in countries that have BCBA and BCBA-Ds certified by the BACB. All requirements outlined in this Section apply to the TOP contractor with the following exceptions.

9.2 The TOP contractor shall verify compliance with all requirements outlined in the Autism Care Demonstration.

9.3 European and other international providers certified by the BACB as a BCBA or BCBA-D are eligible to become TRICARE authorized providers of ABA for the TOP.

9.4 Where there are no BCBA or BCBA-Ds certified by the BACB within the TRICARE specialty care access standards in the host nation, there is no ABA benefit under the Autism Care Demonstration.

9.5 The contractor shall work with the TOP Office to identify the most appropriate claim form to use depending on the host nation country and the overseas provider's willingness to use the CMS 1500 claim form.

9.6 The contractor shall report allegations of abuse to the host nation authorities responsible for child protective services and to the BACB in accordance with applicable law (including Status of Forces Agreements), and to state license or certification boards as appropriate.

9.7 Reimbursement of TOP claims for ABA obtained overseas shall be based upon the lesser of billed charges, the negotiated reimbursement rate, or the government-directed reimbursement rate foreign fee schedule. (See the [Chapter 24, Section 9](#) and the TRM, [Chapter 1, Section 35](#) for additional guidance).

10.0 ECHO PROGRAM

The ECHO program as currently outlined in [32 CFR 199.5](#) remains unaffected, except all ABA care will be provided under the Autism Care Demonstration. ECHO-registered ADFMs will continue to receive all services and supplies determined by the Department to assist in reducing the disabling effects of an ECHO-eligible dependent's qualifying conditions, except for the ABA care. Participation in the Autism Care Demonstration by ADFMs requires registration in ECHO and shall constitute participation in ECHO for purposes of ECHO registered beneficiary eligibility for other

ECHO services. This will allow ADFMs to continue to receive the other supplemental services offered under ECHO such as respite care, **durable equipment**, and additional OT, PT, and SLP services beyond those offered under the TRICARE Basic Program without unnecessary delays. **The allowed costs of these supplemental ECHO services, except ABA and ECHO Home Health Care (EHHC), accrue to the government's maximum fiscal year cost-share of \$36,000. For those ADFMs transitioning to the Autism Care Demonstration who are not currently registered in ECHO, follow the ECHO registration procedures outlined in TPM, Chapter 9, Section 3.1. That section outlines ECHO registration requirements to include provisional status and waiver of the Exceptional Family Member Program (EFMP) requirement. To meet the ECHO registration requirement of the Autism Care Demonstration only, the TRO Director may approve an additional 90 day provisional status (up to 180 days total) in exceptional circumstances on a case-by-case basis. For those ADFMs who have not been granted a waiver from EFMP enrollment, the contractor shall pend claims for ADFMs who fail to register in ECHO after the expiration of provisional status until the ADFM is successfully registered in ECHO. The TRO shall promptly notify the sponsor's Service, as enforcing EFMP enrollment is a Service chain-of-command responsibility. ADFMs registered in ECHO shall be assigned an ECHO case manager and shall receive care coordination as needed from both the contractor and ECHO case management. Registration in ECHO for ADFMs and payment of the monthly ECHO cost-share satisfies the monthly Autism Care Demonstration cost-share for ABA provided by a supervised BCaBA and/or BT working under the supervision of a BCBA, BCBA-Ds, or other qualified TRICARE authorized independent providers as required by 32 CFR 199.5 and TPM, Chapter 9, Section 16.1. The monthly payment of the ECHO cost-share does not accrue toward the catastrophic cap.**

11.0 REIMBURSEMENT

11.1 TRICARE will reimburse **ACSPs**, BCBA, BCBA-Ds, or state licensed or certified providers with a scope of practice for independent practice of ABA, for ABA planned by these TRICARE authorized providers, and delivered by supervised BCaBAs or paraprofessional **BTs**, or delivered by the ABA independent providers (BCBAs or BCBA-Ds) themselves. Only **ACSPs**, BCBA, BCBA-Ds, or a state licensed or certified provider with a scope of practice for independent practice of ABA may receive TRICARE reimbursement for ABA services. This is in accordance with the CPT guidance effective July 1, 2014, for the ABA CPT Category III codes which states: **"While the adaptive behavior assessment and treatment codes may be used by any physician and/or qualified health care professional (licensed and/or credentialed), the majority of these services will be delivered by a behavior analyst (advanced degree professionals) or licensed clinical psychologist (who is authorized to practice ABA within the scope of their license) who designs and directs treatment protocols delivered by assistant behavior analysts (BCaBAs) or (behavior) technicians.** (CPT Assistant, June 2014/Volume 24 Issue 2)." BCaBAs and/or **BTs** receive compensation from their supervising BCBA, BCBA-D, or a state licensed or certified provider with a scope of practice for independent practice of ABA. **BCBAs or BCBA-Ds who are employed directly or contracted with a TRICARE authorized ACSP receive compensation from the ACSP.** ABA must meet the minimum standards established by the current BACB Task List, the BACB Professional Disciplinary Standards, the BACB Guidelines for Responsible Conduct for Behavior Analysts, and current BACB rules and regulations when rendered by BCaBAs or **BTs** who meet all applicable Autism Care Demonstration requirements and the minimum standards required under state regulation in the geographic location where the ABA services are delivered.

11.2 Claims under the Autism Care Demonstration shall be submitted electronically using the CPT Category III codes defined in **paragraph 12.0.**

11.3 Claims for ABA services for beneficiaries transitioning from ABA services provided through the TRICARE Basic Program, the Enhanced Access to Autism Services Demonstration, and the ABA Pilot for NADFM's will continue to be processed and paid using the non-standard usage codes identified under each of those programs until the transition to the Autism Care Demonstration is complete on December 31, 2014. All ABA claims for new beneficiaries entering the Autism Care Demonstration shall be submitted electronically using the CPT Category III codes for ABA outlined in [paragraph 12.0](#).

11.4 The CPT Category III codes are a set of temporary codes that allow data collection for emerging technology, services, and procedures. These codes are intended for data collection to substantiate widespread usage or to provide documentation for the Food and Drug Administration (FDA) approval process. The ABA CPT Category III codes may not conform to the requirements of CPT Category I codes which are used for established medical care (AMA CPT Category III Codes, July 1, 2014).

11.5 Claims will be reimbursed using the ABA CPT Category III codes. These codes apply to the provision of ABA in all authorized settings (office, home, or community setting).

12.0 CPT CATEGORY III CODES

12.1 CPT¹ 0359T- ABA Assessment and ABA TP

12.1.1 The initial ABA assessment, ABA TP development, and the ABA reassessments and TP updates, conducted by the BCBA, BCBA-D, or other TRICARE authorized providers practicing within the scope of their state licensure or state certification during a one-on-one encounter with the beneficiary and parents/caregivers, shall be coded using CPT¹ 0359T, "Behavior Identification Assessment."

12.1.2 Elements of ABA assessment include:

- One-on-one observation of the beneficiary
- Obtaining a current and past behavioral functioning history, to include functional behavior analysis if appropriate
- Reviewing previous assessments and health records
- Conducting interviews with parents/caregivers to further identify and define deficient adaptive behaviors
- Administering assessment tools (e.g., ABLLS-R, VP-MAPP, and others)
- Interpreting assessment results
- Development of the TP, to include design of instructions to the BCaBAs and BTs (under the Autism Care Demonstration)

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- Discussing findings and recommendations with parents/caregivers
- Preparing the initial ABA assessment, semi-annual ABA re-assessment (to include progress measurement reports), initial ABA TP and semi-annual ABA TP updates

12.1.3 CPT² 0359T is an untimed code, meaning that this code is reimbursed as a single unit of service procedure, rather than for timed increments related to how long it takes to complete the assessment and ABA TP (CPT Assistant, June 2014). CPT² 0359T may only be reported once within a defined time period, which for this demonstration is once every six months for the initial ABA assessment and ABA TP and the semi-annual ABA reassessment, progress measurement report, and TP update.

12.2 CPT² 0364T and 0365T - Adaptive Behavior Treatment by Protocol

These codes are intended to code for the direct one-on-one ABA interventions delivered per ABA TP protocol to the beneficiary. The direct one-on-one ABA TP interventions are most often delivered by the BT or BCaBA under the tiered delivery model, but they can also be delivered by the BCBA, BCBA-D under the sole provider model. CPT² 0364T is coded for the initial 30 minutes of ABA TP protocol interventions provided during one-on-one with the beneficiary, and CPT² 0365T shall be coded for each additional 30 minutes.

Note: ABA supervisors (BCBAs, BCBA-Ds etc.) direct the overall treatment by designing the overall sequence of stimulus and response fading procedures, analyzing the BT recorded progress data, and judging whether adequate progress is being made.

12.3 CPT² 0360T and 0361T - Observational Behavioral Follow-Up Assessment- Supervised Fieldwork

Supervision of BTs by ABA supervisors (BCBAs, BCBA-Ds, or other qualified TRICARE authorized independent providers) shall be in accordance with paragraph 6.3.5. "BTs must obtain ongoing supervision for a minimum of 5% of the hours spent providing one-on-one ABA per month per beneficiary. Supervision must include at least two face-to-face, synchronous contacts per month during which the supervisor observes the BT providing services in accordance with the BACB recommendations, rules, and regulations. Remote supervision through the use of real time methods is also authorized. For the purpose of this paragraph, "real-time" is defined as the simultaneous "live" audio and video interaction between the ABA Supervisor and the BT by electronic means such that the occurrence is the same as if the individuals were in the physical presence of each other. Such is usually done by electronic transmission over the Internet."

12.3.1 Direct supervision (i.e., supervised fieldwork), is conducted to ensure the quality of BT services delivered during one-on-one ABA with the beneficiary. Supervised fieldwork also provides an opportunity for the ABA supervisor and the BT to use direct observation to identify and evaluate factors that may impede expression of the beneficiary's adaptive behavior. Beneficiary areas assessed during supervised fieldwork include cooperation, motivation, visual understanding, receptive and expressive language, imitation, requests, labeling, play, leisure, and social interactions (CPT Assistant, June 2014).

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12.3.2 BCBA, BCBA-Ds, and other **qualified** TRICARE authorized providers shall use CPT³ 0360T for the first 30 minutes and 0361T for each additional 30-minute increment of supervised field work of **BTs**. BCBA, BCBA-Ds, and other **qualified** TRICARE authorized providers are the only providers that shall bill and receive reimbursement for supervised field work.

- BCBA, BCBA-Ds, and other **qualified** TRICARE authorized providers shall also use CPT³ 0360T for the first 30 minutes and 0361T for each additional 30-minute increment of supervised field work of BCaBAs as BCaBAs require monthly supervision, two of which must be face to face in person, with the beneficiary.

12.4 CPT³ 0368T and 0369T Adaptive Behavior Treatment by Protocol Modification- are codes used by BCBA, BCBA-D, or other TRICARE authorized providers for direct one-on-one time with one beneficiary to demonstrate a new or modified protocol to a **BT** and/or parents/caregivers. CPT³ 0368T and 0369T are timed 30-minute increment codes. **These codes are also used for quarterly "treatment team meetings" where the ABA supervisor and the parents/caregivers and BCaBAs and/or BTs meet as a team to discuss the treatment modifications. "Treatment team meetings" will be authorized quarterly for protocol modification for milestone achievement. MCSC review shall be required for more frequent "treatment team meetings".**

Note: An example of when this may be required could be when a military family moves and a beneficiary demonstrates regression during this time of change. The BCBA or BCBA-D would modify the previous ABA TP protocol to incorporate changes in context and the environment. The modified protocol would then be provided to the **BT** and parents/caregivers to facilitate the desired behavioral target (such as reducing tantrums).

12.5 CPT³ 0370T- Family Adaptive Behavior Treatment Guidance

This code is used by the BCBA, BCBA-D, or other TRICARE authorized providers for teaching the parents/caregivers to utilize the ABA TP protocols to **reinforce adaptive** behaviors without the beneficiary present during a one-on-one encounter. BCBA and BCBA-Ds may delegate family/caregiver teaching to BCaBAs working under their supervision but only the BCBA or BCBA-D may bill for this service using this code.

13.0 REIMBURSEMENT RATES

Reimbursement of claims in accordance with [paragraphs 12.1](#) through [12.5](#) will be the lesser of:

- The CHAMPUS Maximum Allowable Charge (CMAC); or
- The negotiated rate; or
- The reimbursement rates for the covered ABA CPT codes:
 - CPT³ 0359T. The Initial ABA Assessment and Initial ABA TP by the BCBA, BCBA-D, or other TRICARE authorized providers practicing within the scope of their state licensure or state certification - \$500.00. This is a single unit of

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service code. **CPT³ 0359T is also the code used for the every six month ABA reassessment and ABA TP update.**

- CPT⁴ 0364T and 0365T. Adaptive Behavior Treatment by Protocol these codes are generally used for **BT** one-on-one with the beneficiary, however BCaBAs, BCBA-Ds can also deliver this service. CPT⁴ 0364T and 0365T are timed codes based on units of service in 30-minute increments. CPT⁴ 0364T and 0365T are reimbursed at \$34.00 per 30-minute increments (\$68.00 an hour) for BCBA-Ds. CPT⁴ 0364T and 0365T are reimbursed at \$25.00 per 30-minute increment (\$50.00 an hour) for BCaBAs and **BTs**).
- CPT⁴ 0360T and 0361T. Observational Behavioral Follow-Up Assessment for Supervised Field Work of the BCaBAs and **BTs** by the BCBA, BCBA-D, or other TRICARE authorized providers practicing within the scope of their state licensure or state certification is \$62.50 for each 30 minutes (\$125.00 an hour) of these timed 30-minute increment codes.
- CPT⁴ 0368T and 0369T. Adaptive Behavior Treatment by Protocol Modification **or for quarterly "treatment team meetings"** by the BCBA, BCBA-D, or other TRICARE authorized providers practicing within the scope of their state licensure or state certification is \$62.50 for each 30 minutes (\$125.00 an hour) of these timed 30 minute increment codes.
- CPT⁴ 0370T. Family Adaptive Behavior Treatment Guidance is for use by the BCBA, BCBA-D, or other TRICARE authorized providers practicing within the scope of their state licensure or state certification for **treatment guidance to** parents/caregivers is \$125.00. This is a single unit of service procedure code.

14.0 COST-SHARING

14.1 For ABA provided solely by a BCBA or BCBA-D, beneficiary cost-sharing and deductibles will be the same as the TRICARE Basic Program, as defined in [32 CFR 199.4](#); TRICARE Extra Program as defined in [32 CFR 199.17](#); and TRICARE Prime Program enrollment fees and copayments as defined under the Uniform Health Maintenance Organization (HMO) Benefit Schedule of Charges in [32 CFR 199.18](#). For information on fees for Prime enrollees choosing to receive care under the Point of Service (POS) option, refer to [32 CFR 199.17](#). Also, refer to TRM, [Chapter 2, Section 1](#).

14.1.1 The following CPT codes delivered by the master's level or above BCBA are cost-shared under [paragraph 14.1](#) and count toward the catastrophic cap:

- CPT⁴ 0359T. Initial ABA Assessment and Initial ABA TP **and every six month ABA reassessment and ABA TP update.**
- CPT⁴ 0364T and 0365T. Adaptive Behavior Treatment by Protocol when delivered by the master's level or above BCBA, BCBA-D or other TRICARE authorized providers practicing within the scope of their state licensure or state certification.under the sole provider model.

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- CPT⁵ 0368T and 0369T. Adaptive Behavior Treatment by Protocol Modification or "treatment team meetings".
- CPT⁵ 0370T. Family Adaptive Behavior Treatment Guidance.

14.1.2 Established TRICARE deductibles or enrollment fees, copays or cost-shares, and the annual catastrophic cap protections apply. The copay for the BCBA or BCBA-D visit is \$12.00 under TRICARE Prime for NADFMs (ADFMs pay \$0.00 copay under TRICARE Prime), the same as a primary care outpatient visit. The customary catastrophic cap based on sponsor's status is \$1,000 for ADFMs and TRS participants and \$3,000 for retiree dependents and TRR. There is no maximum government fiscal year cost-share or cap on these services.

14.2 Registration in ECHO for ADFMs and payment of the monthly ECHO cost-share satisfies the monthly Autism Care Demonstration cost-share for one-on-one ABA TP interventions provided by a BCaBA and/or BT under the supervision of a BCBA, BCBA-Ds, as required by 32 CFR 199.5 and TPM, Chapter 9, Section 16.1. ECHO registration procedures are outlined in TPM, Chapter 9, Section 3.1. ADFMs only pay the ECHO monthly fee during months when they use ECHO services (i.e., BCaBA and BT services under the ACD or other ECHO services such as respite care or durable equipment). ECHO registration covers Tiered Delivery model services for the following CPT codes:

- CPT⁵ 0364T and 0365T. Adaptive Behavior Treatment by Protocol (for direct one-on-one ABA TP interventions delivered per ABA TP protocol with the beneficiary) when delivered by a BCaBA or BT.
- CPT⁵ 0360T and 0361T. Observational Behavioral Follow-Up Assessment for Supervised Field Work of BTs or BCaBAs by the BCBA, BCBA-D, or other TRICARE authorized providers practicing within the scope of their state licensure or state certification.

14.3 Dependents of other members or former members of a Uniformed Service otherwise eligible for the Tiered Delivery model services under the Autism Care Demonstration provided by a BCaBA and/or BTs shall pay a cost-share amount, regardless of whether they are using TRICARE Standard, Extra, or Prime.

14.3.1 Ten percent (10%) of the lesser of:

- The CMAC; or
- \$50 per hour for services provided by the BCaBA or BT, or
- The negotiated rate; or
- The billed charge.

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14.3.2 The 10% cost-share covers Tiered Delivery model services for the following CPT codes:

- CPT⁶ 0364T and 0365T. Adaptive Behavior Treatment by Protocol (for direct one-on-one ABA TP interventions delivered per ABA TP protocol with the beneficiary) when delivered by a BCaBA or BT.
- CPT⁶ 0360T and 0361T. Observational Behavioral Follow-Up Assessment for Supervised Field Work of BTs or BCaBAs by the BCBA, BCBA-D or other TRICARE authorized providers practicing within the scope of their state licensure or state certification.

14.4 Cost-shares for the Tiered Delivery model services of BCaBAs and BTs under the Autism Care Demonstration do not accrue toward the standard deductible or the catastrophic cap. However, there is no maximum government fiscal year cost-share or cap on these services.

Note: In order to assess the feasibility and advisability of establishing a beneficiary cost-share for the treatment of ASD, the Department considered a cost-share range of 10 to 25%. A flat 10% cost-share (\$5 per hour or \$125 to \$200 per week if the recommended BACB hours are used) keeps the total out-of-pocket costs in line with what is expected of non-active duty beneficiaries for annual out-of-pocket medical expenses. The Autism Care Demonstration, therefore, will allow the Department to assess appropriate cost-sharing requirements.

15.0 ADDITIONAL CONTRACTOR RESPONSIBILITIES

The contractor shall:

15.1 Ensure all requirements outlined in this section are met when authorizing ABA under the Autism Care Demonstration.

15.2 Maintain all documents related to the Autism Care Demonstration in accordance with [Chapter 2](#).

15.3 Forward to the “gaining” contractor all Autism Care Demonstration related documents within 10 calendar days of being notified that a beneficiary is transferring to a location under the jurisdiction of another contractor.

15.4 Conduct annual audits on at least 20% of each ABA Supervisor’s BCaBAs and BTs for compliance with the requirements governing ABA providers as specified in [paragraph 6.0](#). Auditors shall include assessment of compliance with the requirement for **supervision for a minimum of 5% of the hours spent providing one-on-one ABA per month per** beneficiary as per [paragraph 6.1.9](#). Upon determining non-compliance with one or more BCaBA and BT qualification requirements, the contractor shall immediately initiate a compliance audit of all BCaBAs and BTs employed by or contracted with that ABA Supervisor.

15.5 Conduct semi-annual audits on 20% of beneficiaries receiving ABA for compliance with [paragraphs 8.1](#) and [8.2](#). Audits shall include evaluation of the six month progress measurement using the same tool throughout the episode of care and shall include a breakdown of measures

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used. The annual audit cycle shall also include compliance with the requirement to obtain either an ADOS-2 or a specialized ASD diagnosing provider ASD diagnostic evaluation if required **and shall include analysis of number of hours of BCBA/BCBA-D supervision expressed as a percentage per month.**

15.6 Complete and timely submit the monthly, quarterly, and semi-annual reports as described in the Contract Data Requirements List (CDRL), DD Form 1423.

15.7 Ensure all TRICARE Encounter Data (TED) requirements outlined in the TRICARE Systems Manual (TSM), [Chapter 2](#) are met including appropriate use of Special Processing Code “**AS** Autism Care Demonstration”.

15.8 The contractor shall ensure timely processing of referrals and authorization of ABA. Case management services shall be offered to those NADFM (retirees and other eligible beneficiaries of Reserve and National Guard sponsors) who meet contractor criteria for case management. ADFMs registered in ECHO are assigned an MCSC ECHO case manager and shall receive care coordination from that MCSC ECHO case manager. Additional case management services may be provided by the MCSC, if needed.

16.0 QUALITY ASSURANCE

16.1 ABA involves the provision of care to a vulnerable patient population. The contractor shall have a process in place for evaluating and resolving family member/caregiver concerns regarding ABA provided by the BCBA, the BCBA-Ds or other TRICARE authorized ABA providers (practicing within the scope of their state license or state certification), and the BCaBAs and/or **BTs** they supervise.

16.2 The contractor shall designate an Autism Care Demonstration complaint officer to receive and address beneficiary family member/caregiver complaints. Contact information shall be provided to all family members/caregivers of beneficiaries receiving ABA under this demonstration.

16.3 Allegations of risk to patient safety shall be immediately reported to the contractor’s Program Integrity (PI) unit and TMA Program Integrity Division. The contractor’s PI unit shall take action in accordance with [Chapter 13](#), developing for potential patient harm, fraud, and abuse issues.

16.4 Potential complaints shall be ranked by severity categories. Allegations involving risk to patient safety shall be considered the most severe, shall be addressed immediately, and shall be reported to other agencies in accordance with applicable law. For example, allegations of physical, psychological, or sexual abuse require immediate reporting to state Child Protective Services, to the BACB, and to state license or certification boards as indicated in accordance with applicable laws, regulations, and policies concerning mandated reporting requirements.

16.5 Claims shall be denied for services of a BCBA, BCBA-D, or other TRICARE authorized ABA providers (practicing within the scope of their state license or state certification) who have any restriction on their certification imposed by the BACB or any restriction on their state license or certification for those having a state license or certification.

16.6 Risk Management policies and processes shall be established by the contractor for the BCBA's, BCBA-Ds, and other TRICARE authorized ABA providers practicing within the scope of their state license or state certification.

17.0 QUALITY MONITORING AND OVERSIGHT

17.1 Potential categories requiring quality monitoring and oversight by the MCSC include, but are not limited to:

- Fraudulent billing practices.
- Lack of ASD diagnosis from a provider qualified to provide such per [paragraph 5.0](#).
- Lack of an ABA referral from a TRICARE authorized ASD referring provider as per [paragraph 5.0](#).
- Lack of maintenance of the required medical record documentation.
- Billing for office supplies to include therapeutic supplies.
- Billing for ABA using aversive techniques.
- **Group ABA that is billed as authorized one-on-one ABA.**

17.2 Documentation requirements shall address the requirements for session progress notes and the ABA TP (to include the initial ABA TP and ABA TP updates) that identify the specific ABA intervention used for each Behavior target. Progress notes shall contain the following documentation elements in accordance with TPM, [Chapter 1, Section 5.1](#), "Requirements for Documentation of Treatment in Medical Records":

- The date and time of session;
- Length of therapy session;
- A notation of the patient's current clinical status evidenced by the patient's signs and symptoms;
- Content of the therapy session;
- A statement summarizing the therapeutic intervention attempted during the therapy session;
- Description of the response to treatment, the outcome of the treatment, and the response to significant others;
- A statement summarizing the patient's degree of progress towards the treatment goals; and
- Progress notes should intermittently include reference to progress regarding the **periodic**

ABA program review established early on in the patient's treatment.

17.3 ABA Initial TP and TP updates:

- Initial ABA TP documentation identifies short-term objectives, and short-term and long-term treatment goals to include specified treatment interventions for each identified target in each domain.
- ABA TP update assessment notes address progress toward short-term and long-term treatment goals for the identified targets in each domain utilizing graphic representation of ABA TP progress or an objective measurement tool consistent with the baseline assessment. Documentation should note interventions that were ineffective and required modification of the TP.
- Documentation on the initial ABA TP and the ABA TP updates shall reflect the level of support required for the beneficiary to demonstrate progress toward short-term and long-term goals (Note: The level of support required to demonstrate progress is important because it is directly associated with severity of the ASD and is an important factor in determining the number of hours of ABA per week to authorize).
- Documentation of family member/caregiver engagement and implementation of the ABA TP at home shall be included as a required TP goal that is reassessed every six months during the ABA TP update. Reasons for lack of/inability for parental involvement must be documented.

18.0 APPLICABILITY

The Autism Care Demonstration is limited to TRICARE beneficiaries who meet the requirements specified in [paragraph 7.0](#). The Autism Care Demonstration applies to the managed care support contractors, the TOP contractor, and the Uniformed Services Family Health Plan (USFHP) designated providers.

19.0 EXCLUSIONS

- Training of **BTs**.
- ABA for all other diagnoses that are not ASD.
- Billing for e-mails and phone calls.
- Billing for office supplies or therapeutic supplies (i.e., building blocks, stickers, crayons, etc.).
- Billing for ABA provided remotely through Internet technology or through telemedicine/telehealth to a parent working with their child.
- Billing for ABA involving aversive techniques or rewards that can be construed as abuse.
- Educational and vocational rehabilitation.

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- Respite care (except as authorized under ECHO).
- Custodian, personal care, and/or child care.
- Group ABA.

20.0 EFFECTIVE DATE AND DURATION

Requirements for coverage under the Autism Care Demonstration are effective as of July 25, 2014, the statutory end date of the current ABA Pilot, with all beneficiaries transitioned from their current ABA coverage model to the new Autism Care Demonstration no later than December 31, 2014. The TRO Director may approve extensions in exceptional circumstances on a case-by-case basis. The Autism Care Demonstration will terminate December 31, 2018.

- END -