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HEALTH AGENCY

HPOB

CHANGE 174
6010.56-M
MARCH 7, 2016

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL FOR TRICARE OPERATIONS MANUAL (TOM), FEBRUARY 2008

The Defense Health Agency has authorized the following addition(s)/revision(s).

CHANGE TITLE: **AUTISM CARE DEMONSTRATION UPDATES**

CONREQ: 17842

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change adds the Behavioral Intervention Certification Council as an approved certifying body for behavior technicians, clarifies the symptom severity diagnosis, changes "semi-annually" to "every six months" in multiple locations, clarifies who and how the Individualized Education Program requirement can be accomplished, clarifies the billing for Current Procedural Terminology code 0359T (initial treatment plan), and reimbursement rates for assistant behavior analysts.

EFFECTIVE DATE: December 31, 2015.

IMPLEMENTATION DATE: April 7, 2016.

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ATTACHMENT(S): **30 PAGES**
DISTRIBUTION: **6010.56-M**

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

CHANGE 174
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MARCH 7, 2016

REMOVE PAGE(S)	INSERT PAGE(S)
CHAPTER 18	
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Chapter 18 Section 18

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 (ADFMs) under 32 CFR 199.5), and the ABA Pilot (i.e., the supplemental ABA benefits authorized for certain Non-Active Duty Family Members (NADFMs) 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 certification board 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 providing a full array of medically necessary services to address the needs of all TRICARE beneficiaries with a diagnosis of ASD. 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 a form of therapy that applies the principles of behavior modification, which consists of processes such as operant and respondent conditioning, to socially significant behavior in the real-world setting. 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 analyst, 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 Behavior Analyst Certification Board (BACB) has established national guidelines for behavior analysts and assistant behavior analysts, the 2014 BACB publication for credentialing of Behavior Technicians (BTs) established national competency standards and registration for the BTs (formerly ABA Tutors) who interact with ASD-diagnosed beneficiaries for multiple hours per day. The Qualified Applied Behavior Analysis (QABA) certification board also offers a certification for BTs, the Applied Behavior Analysis Technician (ABAT), as well as a certification for assistant behavior analysts, Qualified Autism Services Practitioner (QASP). The Behavioral Intervention Certification Council (BICC) certification for BTs (Board Certified Autism Technician, BCAT) is also acceptable. Only a limited number of states currently license or certify the behavior analysts who evaluate, develop TPs, and supervise the delivery of ABA interventions for ASD-diagnosed beneficiaries. The national certification standards are in the process of evolving. The American Medical Association (AMA) implemented Category III Current Procedural 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 "Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers" (2014 or current edition)";

3.2 Determining the appropriate provider qualifications for the proper diagnosis of ASD and for the provision of ABA, and assessing the added value of assistant behavior analysts and 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 "Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers" (2014 or current edition), ABA is "a well-developed scientific discipline among the helping professions that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes 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. These relevant environmental events are usually identified through a variety of specialized assessment methods. ABA is based on the fact that an individual's behavior is determined by past and current environmental events in conjunction with organic variables such as their genetic endowment and physiological variables. Thus, when applied to ASD, ABA focuses on treating the problems of the disorder by altering the individual's social and learning environments."

4.2 ABA Assessment

A developmentally appropriate assessment process used for formulating an individualized ABA TP is conducted by an authorized ABA supervisor. 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 4.14, 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 authorized ABA supervisor designs and supervises a TP delivered by assistant behavior analysts and/or BTs. Supervised assistant behavior analysts may assist the authorized ABA supervisor 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 reassessments 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, and the 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 Assistant Behavior Analyst

The term "assistant behavior analyst" refers to Board Certified Assistant Behavior Analyst (BCaBA) and Qualified Autism Services Practitioner (QASP).

4.8 Authorized ABA Supervisor

An authorized ABA supervisor, whether or not currently supervising, is defined as a BCBA, BCBA-Doctorate (BCBA-D), or other TRICARE authorized ABA providers practicing within the scope of their state licensure or state certification.

4.9 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.

4.10 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) of which Autistic Disorder, Asperger's Disorder, and PDD-NOS were 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 (those diagnosed prior to October 20, 2014) receiving ABA for these disorders will continue to be eligible for ABA under the Autism Care Demonstration. The corresponding International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code is Autistic Disorder (F84.0). The ASD diagnosis must specify the symptom severity level according to the DSM-5 criteria (mild, moderate, or severe).

4.11 Behavior Technician (BT)

The term "behavior technician" refers to high-school graduate level paraprofessionals who deliver one-on-one ABA interventions to beneficiaries under the supervision of the authorized ABA supervisor, and includes Registered Behavior Technicians (RBTs) and Applied Behavior Analysis Technicians (ABATs).

4.12 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." The BACB offers the BCBA for master's level and above behavior analysts, the BCaBA certification for bachelor's level assistant behavior analysts, and the RBT competency credential for behavior technicians with a minimum of a high school education.

4.13 Behavioral Intervention Certification Council (BICC)

The BICC was established in 2013 to promote the highest standards of treatment for individuals with ASD through the development, implementation, coordination, and evaluation of all aspects of the certification and certification renewal processes. BICC is an independent and autonomous governing body for the BCAT certification program.

4.14 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.

4.15 Qualified Applied Behavior Analysis (QABA) Certification Board

QABA "is an organization established in 2012 to meet paraprofessional credentialing needs identified by behavior analysts, ABA providers, insurance providers, government departments, and consumers of behavior analysis and behavior health services." QABA offers the QASP certification for bachelor's level assistant behavior analysts, and the ABAT certification for a minimum of a high school education or equivalent.

4.16 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.

4.17 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 using DSM-5 criteria and issued a referral for ABA by a TRICARE-authorized Physician-Primary Care Manager (P-PCM) or by a specialized ASD diagnosing provider whether they work in the purchased care or direct care system. The medical record and the referral must contain documentation of the ASD diagnosis, documentation of any co-morbid psychiatric and medical disorders, and the level of symptom severity (see paragraph 5.1.2). TRICARE authorized P-PCMs for the purposes of the diagnosis and referral include: TRICARE authorized family practice, internal medicine, and pediatric physicians. 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)

5.1.1 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 the diagnosis.

5.1.2 The specialized ASD diagnosing provider's diagnosis shall include, per DSM-5 criteria, symptom severity. (Reference DSM-5 Table 2 Severity levels for autism spectrum disorder: Level 1 Requiring Support, Level 2 Requiring Substantial Support or Level 3 Requiring very substantial support.) The diagnosing and referring P-PCM shall submit to the contractor and provide a copy to the beneficiary's 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.

5.1.3 Involvement of BACB certificants, qualified speech-language pathologists, and occupational therapists are limited to only the 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 3.10, Psychological Testing. Families who risk non-compliance with this requirement shall be identified by the contractors, and the case managers shall assist in either resolving the lack of testing or obtaining 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 Defense Health Agency (DHA) as appropriate.

5.1.4 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 Role Of A Second Authorized ABA Supervisor

5.2.1 Consultation

Only one authorized ABA supervisor is authorized to provide ABA services for each beneficiary at a time. Families/caregivers may seek consultation from another authorized ABA supervisor where the treating authorized ABA supervisor lacks sub-specialty expertise to treat a specific target behavior that another authorized ABA supervisor is specifically trained and competent to address. When a primary authorized ABA supervisor seeks consultation from another authorized ABA supervisor, the primary authorized ABA supervisor will remain responsible for the TP and is the sole provider authorized to bill for ABA services.

5.2.2 Second Opinion

Families/caregivers may obtain a referral for a second opinion for ABA services from another authorized ABA supervisor 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 another authorized ABA supervisor, 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 ABA supervisor. The referral and authorization for a second opinion is for an "evaluation" only. A family/caregiver may request to switch to the second opinion authorized ABA supervisor for ongoing treatment as appropriate (just so there are not two authorized ABA supervisors responsible for the ABA TP). Only the authorized ABA supervisor who is responsible for the ABA TP is authorized to bill for ABA services.

5.2.3 ABA Delivered As A Team Approach

Autism Demonstration Corporate Services Providers (ACSPs) who administer ABA services using a team approach can involve multiple BCBAs, assistant behavior analysts, and BTs treating one beneficiary. One authorized ABA supervisor 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 autism clinic.

6.0 ABA PROVIDER REQUIREMENTS

6.1 An authorized ABA supervisor (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 practicing in a state that offers licensure; or

6.1.2.2 A current, unrestricted state-issued certificate as a provider of ABA if practicing 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, DHA or designee.

6.1.4 If applicable, employ directly or contract with assistant behavior analysts and/or BTs.

6.1.5 Report to the contractor within 30 calendar days of notification of a state sanction or BACB sanction issued to the BCBA or BCBA-D 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 authorized ABA supervisor with an effective date of such notification. Termination of the Participation Agreement by the contractor may be appealed to the DHA 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 authorized ABA supervisor's business policies regarding assistant behavior analysts 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 assistant behavior analysts and BTs and oversee ABA provided where the beneficiary is receiving services.

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 Authorized ABA supervisors under the Autism Care Demonstration: Serve as direct supervisors of the assistant behavior analysts and BTs and ensures that the quality of the ABA provided by assistant behavior analysts and BTs meets the minimum standards promulgated by applicable BACB and/or QABA recommendations, rules, and regulations. Authorized ABA supervisors must provide ongoing supervision to BTs for a minimum of 5% of the hours spent providing one-on-one ABA per 30 calendar day period per beneficiary. Supervision in excess of 20% of the ABA hours per 30 calendar day period under the tiered delivery model shall result in Managed Care Support Contractor (MCSC) consultation with the authorized ABA supervisor to determine whether the individual beneficiary's needs are of such high complexity that the sole provider model is indicated. Cases requiring more than 20% of tiered delivery model supervision shall be reviewed by the TRICARE Regional Contractors' Medical Director. Supervision of every BT must include at least two face-to-face, synchronous contacts per 30 calendar day period during which the supervisor observes the BT providing services in accordance with the BACB and/or QABA recommendations, rules, and regulations. TRICARE requires all supervision, to include the two face-to-face synchronous contacts, to be direct supervision whereby the authorized ABA supervisor or the assistant behavior analyst delegated to provide supervision to the BT, directly observes the BT providing the face to face, one-on-one ABA interventions to one beneficiary at a time. Each TRICARE beneficiary under the ACD must receive a minimum of one direct supervision contact per a rolling 30 calendar day period per BT. Indirect supervision, whereby the authorized ABA supervisor or the supervised assistant behavior analyst meets with a BT without the beneficiary present to review the treatment plan on one or more beneficiaries, is excluded from coverage under TRICARE.

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.

6.1.11 The following training is required:

- Basic Life Support (BLS) or a Cardiopulmonary Resuscitation (CPR) equivalent certification, as demonstrated by completion of a live course (no web-based programs) that includes practice on a dummy.

- BACB eight-hour online supervisory training course and competency for BCBAs and BCBA-Ds who supervise assistant behavior analysts and/or BTs.

6.2 Assistant behavior analyst 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 or QABA as meeting eligibility requirements for assistant behavior analyst 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 practicing in a state that offers licensure; or

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

6.2.2.3 A current certification from BACB, QABA, or other such certification body that is approved by Director, DHA, for TRICARE purposes where such state-issued license or certification is not available.

6.2.3 Assistant behavior analysts must receive supervision in compliance with the BACB or QABA (or those of another certification body approved by the Director, DHA) rules and regulations. Only direct supervision, where the authorized ABA supervisor directly observes the assistant behavior analyst providing services with the beneficiary, will be reimbursed. Indirect supervision, to include but not limited to a review and discussion of case load, data collection procedures, and professional development, is not reimbursable under TRICARE.

6.2.4 A supervised assistant behavior analyst working within the scope of their training, practice, and competence may assist the authorized ABA supervisor in various roles and responsibilities as determined appropriate by the authorized ABA supervisor and delegated to the assistant behavior analyst, consistent with the most current BACB Guidelines for "Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers" (2014 or current edition) and current BACB and/or QABA certification requirements (or requirements of another certification body that is approved by Director, DHA, for TRICARE purposes). Assistant behavior analysts must work under the supervision of an authorized ABA supervisor who meet the requirements specified in paragraph 6.1.

6.2.5 The assistant behavior analysts have the requisite bachelor's degrees to qualify for the BCaBA certification exam administered by the BACB or the QASP certification exam administered by QABA (or exam of another certification body that is approved by Director, DHA, for TRICARE purposes). Assistant behavior analysts have a scope of practice that allows them to assist the authorized ABA supervisor 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 "Applied Behavior Analysis Treatment of Autism Spectrum Disorder" (2014 or current edition), assistant behavior analysts may not practice independently of the authorized ABA supervisors. Although assistant behavior analysts may assist in the supervision of BTs, assistant behavior analysts may not independently supervise BTs. Assistant behavior analysts are required to practice under all current BACB and/or QABA recommendations, rules, and regulations (or those of another certification body that is approved by Director, DHA, for TRICARE purposes). The authorized ABA supervisors are ultimately responsible for the delivery of care including the TP and the contractor shall deny claims for unsupervised services of a assistant behavior analysts.

Note: The following documents, attesting to the supervision of each assistant behavior analyst, will be maintained in the authorized ABA supervisor and each assistant behavior analyst's file: the BACB BCaBA Annual Supervision Verification Form or the QABA Fieldwork Verification Form.

6.2.6 The following training is required:

- BLS or a CPR equivalent certification, as demonstrated by completion of a live course (no web-based programs) that includes practice on a dummy.

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 Qualifications To Become a BT Under TRICARE

The following eligibility requirements must be met:

- 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 General Education Development (GED) equivalent and have completed 500 hours of employment providing supervised ABA therapy as verified by the ACSP, or authorized ABA supervisor.

6.3.3 Training Requirements

Prior to BTs being allowed to provide supervised one-on-one ABA interventions, completion of training provided by an authorized ABA supervisor or supervised assistant behavior analyst trainer in accordance with the current BACB Guidelines for "Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers" and the BACB Guidelines for Responsible Conduct for Behavior Analysts (http://www.bacb.com) and all current applicable BACB and/or QABA rules and regulations (or those of another certification body that is approved by Director, DHA, for TRICARE purposes), must be documented and maintained by the authorized ABA supervisor and the BT.

6.3.3.1 The following training is required:

- BLS or a CPR equivalent certification (paragraphs 6.1.11 and 6.2.6)
- Forty (40) hours of training which includes the following content
  - Crisis Behavior Management
  - Mandated reporting
  - 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

6.3.3.2 Documentation of the 40 hours of required training must include:

- Dates and times of training sessions;
- A course description to include course objectives, a syllabus outlining course content, and an evaluation process to measure successful completion; and
- Signed and dated acknowledgment of training by both the authorized ABA supervisor and BT.

6.3.3.3 The authorized ABA supervisor and the BT shall each keep a copy of the training documentation on file. The authorized ABA supervisor shall submit a copy of the certificate of completion to the contractor upon request.

6.3.4 The BACB has offered a RBT competency and registration credential since August 2014. The QABA certification board offers a behavior technician level credential, the ABAT certification. The BICC offers BCAT certification. The RBT, ABAT, or BCAT satisfy the 40-hour training requirement.

- BTs hired on or prior to December 31, 2015, must possess RBT, ABAT or BCAT certification, or certification from a body approved by the Director DHA, by December 31, 2016, or
- All BTs hired after December 31, 2015, must possess RBT, ABAT, or BCAT certification, or certification from a body approved by the Director DHA, before applying for TRICARE-authorized provider status.

6.3.5 BTs must obtain ongoing supervision for a minimum of 5% of the hours spent providing one-on-one ABA per 30 calendar day period per beneficiary. Supervision of every BT must include at least two face-to-face, synchronous contacts per 30 calendar day period during which the supervisor observes the BT providing services. TRICARE requires all supervision, to include the two face-to-face synchronous contacts, to be direct supervision whereby the authorized ABA supervisor or the assistant behavior analyst delegated to provide supervision to the BT and directly observes the BT providing the face to face, one-on-one ABA interventions to one beneficiary at a time. Supervision does not necessarily need to be the same beneficiary for both of the two required face-to-face synchronous contacts. Each TRICARE beneficiary under the ACD must receive a minimum of one direct supervision contact per 30 calendar day period per BT. 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 authorized 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 through a secured HIPAA compliant program.

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, and individual authorized ABA supervisors with contractual agreements with individual assistant behavior analysts 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, DHA or designee (i.e., the contractor);

6.4.1.4 Employ directly or contract with qualified authorized ABA Supervisors, assistant behavior analysts, and/or BTs;

6.4.1.5 Certify that all authorized ABA supervisors, assistant behavior analysts, 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 authorized ABA supervisors, assistant behavior analysts, 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 authorized ABA supervisors directly employed by or contracted with the ACSP.

6.5.2.2 Obtain a Criminal History Background Check (CHBC) of assistant behavior analysts and BTs who are directly employed by or contracted with the ACSP.

6.5.3 The authorized ABA supervisor shall obtain a CHBC of assistant behavior analysts and BTs directly employed by or contracted with the authorized ABA supervisor.

6.5.4 The CHBC of assistant behavior analysts and BTs shall:

6.5.4.1 Include current Federal, State, and County Criminal and Sex Offender reports for all locations the assistant behavior analyst or BT has resided or worked during the previous 10 years; and

6.5.4.2 Be completed prior to the assistant behavior analyst 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 Eligible beneficiaries for this demonstration must:

7.2.1 Have been diagnosed with ASD specified in paragraph 4.10 by a TRICARE-authorized ASD diagnosing provider specified in paragraph 5.0.

7.2.2 Dependents of Active Duty Service Members (ADSMs) 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.

7.3 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.

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

7.5 For those beneficiaries whose diagnostic testing or specialized ASD diagnosing provider evaluation does not confirm the ASD diagnosis, the current authorization will continue until expiration. ABA will not be reauthorized. The MCSC will work with the family to transition the beneficiary out of the ACD and identify other treatments appropriate for this beneficiary. Also, see paragraph 4.10.

8.0 POLICY

8.1 Referral and Authorization

8.1.1 After a TRICARE eligible beneficiary is diagnosed with ASD, 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. Level of symptom severity as designated by the specialized ASD diagnosing provider (see paragraph 5.1.2) shall be submitted within one year of the initial 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 six months of ABA based on the referral request. To the extent practicable, each contractor authorization shall identify a specific TRICARE authorized ABA supervisor with an opening to accept the TRICARE beneficiary. This individualized approach is designed to provide families with timely access to ABA services. However, beneficiary families are free to choose any TRICARE authorized ABA network provider once the authorization is received or, with the contractor's assistance, a non-network provider if a network provider is not available.

8.1.2.1 The provision of ABA under the Autism Care Demonstration shall include: The initial ABA assessment by the authorized ABA supervisor 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. The initial ABA assessment and treatment plan must be completed and submitted to the contractor prior to the commencement of billable one-on-one ABA services (0364T/0365T) by any provider type.

8.1.2.2 Under the Autism Care Demonstration, beneficiaries will receive ABA provided solely by master's level or above authorized ABA supervisor and/or under the tiered delivery model, where an authorized 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 authorized ABA supervisor is supported by assistant behavior analysts and/or paraprofessional BTs 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 authorized ABA supervisor (see paragraph 8.1.2.5 for requirements for ABA in the school setting). ABA can be authorized in the school setting only if there is documentation that the ABA is not for educational purposes as identified in the beneficiary's IEP and only when ABA services during school hours and on the school campus do not interfere with the beneficiary's right to a free appropriate public education.

8.1.2.3 Prior to the expiration of each six month authorization period, the authorized ABA supervisor 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 every six months. The authorized ABA supervisor providing the ABA services to the beneficiary shall provide the contractor with the initial ABA TP and an ABA TP update before the sixth month authorization expires. This documentation may be submitted once every six month reassessment period.

8.1.2.5 The contractor shall authorize ABA for six months at a time 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 receive the required documentation: initial TP, TP update every six months that include documentation of progress using either graphic representation or objective measurement (using the same tool as 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 accepted 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 each six month increment. Examples of such instruments are the Vineland Adaptive Behavior Scale - 2nd edition, the ABLLS-R and the VB-MAPP. The diagnosing evaluation must also be included. The IEP is required, at least annually or when changed, to ensure ABA services provided under TRICARE are not the same services being provided under the IEP, which are considered educational services and not covered by TRICARE. An attestation from the P-PCM, specialized ASD diagnosing provider, or parent is required explaining the lack of an IEP (i.e., the beneficiary is home-schooled, not in school, or an IEP is not provided by the school).

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 six months 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 the number of hours enrolled in school, the IEP or attestation per the note below, the number of hours receiving other support services such as OT, PT, and SLP, and how long the child has been receiving ABA), 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.

Note: The contractor must receive a copy of the IEP, or an attestation by the P-PCM, specialized ASD diagnosing provider, or parent indicating the child is home schooled, not in school or that an IEP is not provided by the school, as part of the assessment and TP process. If the child is under school age, the attestation can be included on the TP, physician referral, or any other document from the school, parent or caregiver. This requirement is to ensure each beneficiary's engagement with community and school resources is included for a holistic-based ABA assessment. The IEP information may prove useful for the current and future needs of the child. The level of support needed in the school setting may be helpful when determining the level of support needed in other settings such as the home.

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 authorized ABA supervisor or ACSP during the ABA assessment.

8.2.5 The initial ABA TP shall include clearly defined, measurable target behaviors in all DSM-5 symptom 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 all measurable objectives and goals for parent/caregiver treatment guidance on implementation of selected treatment protocols with the beneficiary at home and in multiple other settings. The protocols shall be selected jointly by the authorized ABA supervisor 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 authorized ABA supervisor's 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 provided by BTs. TPs are individualized and treatment goals and hours of ABA services are determined by the DSM-5 symptom domains and severity levels, needs of the parent/caregiver, and capability of the beneficiary to participate actively and productively in ABA services. 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 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 ABA reassessment and TP update shall be completed every six months and include all of the following:

- Date and time the 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 accepted 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 ABLLS-R and VB-MAPP).

- 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 clinical necessity of additional hours needed, under the Autism Care Demonstration.

- A projected duration of ABA.

- A periodic ABA program review to include a referral to a step down level of care to which the beneficiary will be referred once the ABA TP target goals are attained.

- The reassessments and TP updates are required to be conducted every six months and must be dated as being conducted during that time frame. The reassessments and TP updates may be submitted once every six month reassessment period. Reassessments must be completed and submitted by the sixth month for review for continued reauthorization. Any delay in submission of the ABA reassessment and TP updates may delay or terminate continued authorization for ABA services.

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 authorized ABA supervisor 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 an authorized ABA supervisor 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 one-on-one ABA specialized interventions delivered directly by the authorized ABA supervisor or delivered by the assistant behavior analyst and/or BT under the direct supervision of the authorized ABA supervisor.

8.4.4 Monitoring of the beneficiary's progress toward ABA TP objectives and goals specified in the initial ABA assessment and TP through the ABA reassessments and TP updates by the authorized ABA supervisor.

8.4.5 Providing treatment guidance to family member(s)/caregiver(s) by the authorized ABA supervisor or delegated to the supervised assistant behavior analyst to provide ABA in accordance with the ABA TP.

8.4.6 Supervision of delivery of services to the beneficiary by authorized ABA supervisor, in accordance with these policies.

9.0 ABA PROVIDED UNDER THE TRICARE OVERSEAS PROGRAM (TOP)

9.1 ABA services 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. Tiered delivery model ABA services (assistant behavior analyst and BT services) are not authorized in the TOP. All providers overseas will meet the requirements outlined in this Chapter.

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 BCBAs 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 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. Participation in the Autism Care Demonstration by ADFMs requires enrollment in EFMP and 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. In addition, ADFMs registered in ECHO shall be assigned an ECHO case manager and shall receive care coordination as they move from duty station to duty station from both the contractor and ECHO case management. The allowed costs of these supplemental ECHO services, except ECHO Home Health Care (EHHC), accrue to the government's maximum fiscal year cost-share of $36,000. ADFMs are to follow the ECHO registration procedures outlined in TPM, Chapter 9, Section 3.1. That section outlines ECHO registration requirements to include provisional status and, in certain circumstances, 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. The provisional status will terminate upon completion of the registration process or at the end of the 180 day period, whichever occurs first. The Government liability for ACD benefits will terminate at the end of the provisional 180 day period. The Government will not recoup claims paid for ACD benefits provided during the provisional period.

11.0 REIMBURSEMENT

11.1 TRICARE will reimburse ACSPs, or authorized ABA supervisors for ABA planned by these TRICARE authorized providers, and delivered by supervised assistant behavior analysts and/or paraprofessional BTs, or delivered by the authorized ABA supervisor themselves. Only ACSPs or authorized ABA supervisors may receive TRICARE reimbursement for ABA services. This is in accordance with the CPT guidance effective July 1, 2014, for the ABA Category III CPT 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 or (behavior) technicians. (CPT Assistant, June 2014/Volume 24 Issue 2)." Assistant behavior analysts and/or BTs receive compensation from their authorized ABA supervisor. Authorized ABA supervisors 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 and/or QABA rules and regulations (or those of another certification body that is approved by Director, DHA, for TRICARE purposes) when rendered by supervised assistant behavior analysts 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 should be submitted electronically using the Category III CPT 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 NADFMs 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 should be submitted electronically using the Category III CPT codes for ABA outlined in paragraph 12.0.

11.4 The Category III CPT 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 Category III CPT codes may not conform to the requirements of Category I CPT codes that are used for established medical care (AMA Category III CPT Codes, July 1, 2014).

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

12.0 CATEGORY III CPT CODES

12.1 CPT[1] 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 authorized ABA supervisor during a one-on-one encounter with the beneficiary and parents/caregivers, shall be coded using CPT[1] 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 supervised assistant

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behavior analysts and/or BTs (under the Autism Care Demonstration)

- 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 ABA TP updates

12.1.3 CPT[2] 0359T is an untimed code, meaning this code is reimbursed as a single unit of service procedure provided by an authorized ABA supervisor (or as delegated to an assistant behavior analyst), rather than for timed increments related to how long it takes to complete the assessment and ABA TP (CPT Assistant, June 2014). CPT[2] 0359T may be reported twice during the first six month period (initial and re-authorization) and then once every six months for the ABA reassessment, progress measurement report, and TP update.

12.2 CPT[2] 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 supervised BT or assistant behavior analyst under the tiered delivery model, but they can also be delivered by the authorized ABA supervisor under the sole provider model. CPT[2] 0364T is coded for the initial 30 minutes of ABA TP protocol interventions provided during one-on-one with the beneficiary, and CPT[2] 0365T shall be coded for each additional 30 minutes.

Note: Authorized ABA supervisors 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 CPT[2] 0360T and 0361T - Observational Behavioral Follow-Up Assessment- Supervised Fieldwork

Supervision of BTs by authorized ABA supervisors shall be in accordance with paragraph 6.3.5.

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 authorized ABA supervisor (or as delegated to an assistant behavior analyst) 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 CPT[2] 0360T and 0361T include cooperation, motivation, visual understanding, receptive and expressive language, imitation, requests, labeling, play, leisure, and social interactions (CPT Assistant, June 2014). TRICARE modified CPT[2] 0360T and 0361T to use these codes for supervised fieldwork.

12.3.2 Authorized ABA supervisors, who complete the BACB eight-hour supervisory training course and competency, shall use CPT[2] 0360T for the first 30 minutes and 0361T for each additional 30-minute increment of supervised field work of assistant behavior analysts and BTs. Authorized ABA supervisors are the only providers that shall bill and receive reimbursement for supervised field work. Supervision may be delegated to the assistant behavior analyst who is then the

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rendering provider. Billing for the rendering provider must still be completed by the authorized ABA supervisor. If the rendering provider is an assistant behavior analyst, reimbursement shall be at the assistant behavior analyst rate per paragraph 13.3. Indirect supervision shall not be reimbursed.

12.4 CPT[3] 0368T and 0369T Adaptive Behavior Treatment by Protocol Modification

These are codes used by authorized ABA supervisors (or as delegated to an assistant behavior analyst) for direct one-on-one time with one beneficiary to demonstrate a new or modified protocol to a BT and/or parents/caregivers. CPT[3] 0368T and 0369T are timed 30-minute increment codes. These codes are also used for quarterly "treatment team meetings" where the authorized ABA supervisor, the parents/caregivers, and assistant behavior analysts, 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". These codes (CPT[3] 0368T and 0369T) can also be used for transition/ discharge reassessments and TP updates when circumstances require transition/discharge from ABA services.

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 authorized ABA supervisor 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 CPT[3] 0370T- Family Adaptive Behavior Treatment Guidance

This code is used by the authorized ABA supervisor (or as delegated to an assistant behavior analyst) for guiding the parents/caregivers to utilize the ABA TP protocols to reinforce adaptive behaviors without the beneficiary present during a one-on-one encounter. Authorized ABA supervisors may delegate family/caregiver teaching to assistant behavior analysts working under their supervision but only the authorized ABA supervisor may bill for this service using this code.

13.0 REIMBURSEMENT RATES

13.1 Reimbursement of claims in accordance with paragraphs 12.1 through 12.5 will be established based on independent analyses of commercial and CMS ABA rates. The national rates for ABA will then be adjusted by geographic locality using the Medicare Geographic Practice Cost Indices (GPCIs). The geographic locality adjustments are in place for approximately 89 localities in the United States. Claims will be paid based on the established or negotiated rate.

13.2 Initial ABA reimbursement rates will be implemented at the same time as the 2016 Annual CHAMPUS Maximum Allowable Charge (CMAC) Update, which normally occurs in March or April. The rates will also be posted at http://www.health.mil/rates. Subsequent updates (routine updates) will be made annually to correspond with the Annual CMAC Update. These subsequent updates shall be implemented and comply with Chapter 1, Section 4, paragraph 2.4.

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13.3 For claims with a date of service prior to the implementation of the 2016 ABA Reimbursement Rates, reimbursement of claims will be:

- The CHAMPUS Maximum Allowable Charge (CMAC); or
- The negotiated rate; or
- The reimbursement rates for the covered ABA CPT codes:
  - CPT[4] 0359T. The Initial ABA assessment and ABA TP and every six month ABA reassessment and TP update by the authorized ABA supervisor (or as delegated to an assistant behavior analyst). CPT[4] 0359T is a single unit of service code reimbursed at $500.00.
  - CPT[4] 0364T and 0365T. Adaptive Behavior Treatment by Protocol. These codes are generally used by the BT for one-on-one ABA interventions with the beneficiary. Authorized ABA supervisors and assistant behavior analysts can also deliver this service. CPT[4] 0364T and 0365T are timed codes reimbursed at $62.50 per 30-minute increments ($125.00/hour) for authorized ABA supervisors, $37.50 per 30 minutes ($75.00/hour) per assistant behavior analysts, and $25.00 per 30 minutes ($50.00/hour) for BTs.
  - CPT[4] 0360T and 0361T. Observational Behavioral Follow-Up Assessment for Supervised Field Work of assistant behavior analysts and BTs by the authorized ABA supervisor. These are timed codes reimbursed at $62.50 per 30 minutes ($125.00/hour) for authorized ABA supervisors and $37.50 per 30 minutes ($75.00/hour) for assistant behavior analysts delegated supervision responsibility.
  - CPT[4] 0368T and 0369T. Adaptive Behavior Treatment by Protocol Modification for quarterly team meetings by the authorized ABA supervisor reimbursed at $62.50 per 30 minutes ($125.00/hour) and $37.50 per 30 minutes ($75.00/hour) for the assistant behavior analyst delegated this responsibility.
  - CPT[4] 0370T. Family Adaptive Behavior Treatment Guidance. Authorized ABA supervisor (or as delegated to an assistant behavior analyst) treatment guidance to the parents/caregivers is a single unit of service CPT code reimbursed at $125.00.

14.0 COST-SHARING

14.1 Effective October 1, 2015, all beneficiary cost-sharing and deductibles will be the same as the TRICARE Basic Program: TRICARE Standard, 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. These cost-sharing provisions are not retroactive. There is no maximum Government payment or fiscal year

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cap specifically for ABA services; established TRICARE deductibles, enrollment fees, copayments, cost-shares, and the annual catastrophic cap protections apply to beneficiaries.

14.2 For claims of services prior to October 1, 2015. The following CPT codes delivered by the authorized ABA supervisor are cost-shared and count toward the TRICARE catastrophic cap:

- CPT[5] 0359T. Initial ABA Assessment and TP and every six month ABA reassessment and TP Update.
- CPT[5] 0364T and 0365T. Adaptive Behavior Treatment by Protocol.
- CPT[5] 0368T and 0369T. Adaptive Treatment by Protocol Modification for quarterly treatment team meetings.
- CPT[5] 0370T. Family Adaptive Behavior Treatment Guidance.

14.2.1 ECHO monthly cost- shares satisfy the ADFM cost-share for assistant behavior analyst and BT services as required under 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 ECHO cost-shares during months when ECHO services are used. ECHO monthly cost- shares do not count toward the annual Basic Program CATCAP. The following CPT codes fall under the ECHO monthly cost-share:

- CPT[5] 0364T and 0365T. Adaptive Behavior Treatment by Protocol for one-on-one interventions when delivered by the Assistant Behavior Analyst or BT.
- CPT[5] 0360T and 0361T. Observational Behavioral Follow-Up Assessment for Supervised Fieldwork of Assistant Behavior Analysts and BTs by the ABA Supervisor. $62.50 per 30 minutes ($125.00/hour).

14.2.2 Dependents of other members or former members of a Uniformed Service otherwise eligible for tiered delivery services of assistant behavior analysts and BTs, shall pay a cost-share amount, regardless of whether they use TRICARE Prime, Standard or Extra, of:

- 10% of the lesser of;
  - The CMAC rate; or
  - $75.00 an hour for assistant behavior analysts and $50.00 an hour for BTs; or
  - The negotiated rate;
  - The billed charge.

14.2.3 The 10% cost-share does not accrue to the standard deductibles nor to the Basic catastrophic cap. However, there is no government fiscal year cost-share cap on these services. The 10% applies to the following CPT codes:

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- CPT[6] 0364T and 0365T. Adaptive Behavior Treatment by Protocol for one-on- one interventions when delivered by the assistant behavior analyst or BT.

- CPT[6] 0360T and 0361T. Observational Behavioral Follow-Up Assessment for Supervised Fieldwork of assistant behavior analysts and BTs by the authorized ABA Supervisor. $62.50 per 30 minutes ($125.00/hour).

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 authorized ABA supervisor's assistant behavior analysts 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 BT supervision for a minimum of 5% and a maximum of 20% of the hours spent providing one-on-one ABA per 30 calendar day period per beneficiary as per paragraph 6.1.9. Upon determining non-compliance with one or more assistant behavior analyst or BT qualification requirements, the contractor shall immediately initiate a compliance audit of all assistant behavior analysts and BTs employed by or contracted with that authorized 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 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 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** Comprehensive 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 NADFMs (retirees and other eligible beneficiaries of Reserve and National Guard sponsors) who meet contractor criteria for case management. ADFMs

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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 authorized ABA supervisor, and the assistant behavior analysts 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 DHA 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, or appropriate officials, to the BACB and/or QABA, 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 an authorized ABA supervisor who has any restriction on their certification imposed by the BACB, QABA 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 authorized ABA supervisor.

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 (to include concurrent billing, i.e., billing for two services at the same time).
- 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 either 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.
- The ABA TP and TP updates must include the ASD diagnosing and referring provider's ASD diagnosis, to include symptom severity level according to DSM-5 criteria. Documentation on the initial ABA TP and the ABA TP updates shall reflect the authorized ABA supervisor's determination of 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 driving to and from ABA appointments.
- Billing for report writing outside of what is included in the assessment code (CPT[7] 0359T).
- Billing for office supplies or therapeutic supplies (i.e., binders, 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.
- Billing for multiple ABA providers time during one ABA session with a child when more than one ABA provider is present.
- Educational and vocational rehabilitation.
- Use and billing of restraints.
- Respite care (except as authorized under ECHO).
- Custodian, personal care, and/or child care.

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- Group ABA.
- Group supervision.
- Indirect supervision.

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. The Autism Care Demonstration will terminate December 31, 2018.

- END -