What's New in TRICARE's Autism Care Demonstration

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Host: Welcome to today's webinar titled, "What's New in TRICARE's Autism Care Demonstration." We are thrilled to have with us today Dr. Krystyna Bienia, clinical psychologist, Autism Care Demonstration clinical lead, and senior policy analyst at the Defense Health Agency. Without further delay, I will turn things over to Dr. Bienia.

Dr. Krystyna Bienia: Good afternoon, everyone, and good morning to those who are still in the morning time zone.

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This webinar will highlight changes and new resources for families participating in the Autism Care Demonstration. It will provide an overview of ACD services, including the new Autism Services Navigator for new families entering the program on or after October 1st, 2021, and other topics for parents and families.

Bienia: The agenda today will cover a summary of the changes in a visual format, and then we'll hit some of the particular changes that are most important for family members to be aware of. A reminder that today's presentation is beneficiary-focused, so what the individual beneficiary or the family member may need to be considering when participating in the Autism Care Demonstration. So, you can see here, we'll talk about the Autism Services Navigator. We'll talk about outcomes in parent engagement and support. And then we will close with some contact information, resources, and then finally, the question and answer period.

Here, you can see a visual timeline of the changes that are most important for families and beneficiaries. I will note that there are other changes that occurred that impact the managed care support contractors or the ABA providers specifically, but these here are tailored to today's audience, so I'll quickly review. These changes published March 23rd, 2021, but there were a variety of changes that required a phased implementation timeline. And what that means is we're rolling out a variety of components over the course of a nine-month period. So, the first change took effect in May—so that was about 40 some days later—but May 1 was the change about the referral requirement from the diagnosing provider about outcome measures. So previously, everybody had to see their provider and then the provider would send a referral. That no longer exists, so hopefully that's easier.

There was also the removal of the confirmation diagnosis. So, folks may have heard that you would see maybe the primary care provider and then within a year, there would be a follow-up appointment with the different provider. That is now gone, so no extra step or burden for the family there. And then the change about the ECHO—the Extended Care Health Option—provisional period. So, this change aligns with all other ECHO provisional benefits. So, when one enrolls in or starts to enroll in the ECHO process, there's generally a 90-day provisional period. That's usually to get things squared away and get some of the administrative stuff taken care of, and so that will be a 90-day period. The ACD had an additional 90 days historically, but to align with other benefits or other programs, the removal of the extra 90 days.

The next major date to speak about was the July 1st date. There was the change from—and I'll talk about this in a future slide—but the Vineland and SRS outcome measures changed from every two years to every one-year cycle. Again, I'll talk about that in a couple of slides. And then August 1st was the most recent change. A variety of things changed that expand services to the family here—so addition of new covered codes, addition of resources in those codes, so, the provider and the team can communicate and talk about treatment plans and ongoing care. There was the addition of parent stress measures, which we will talk about in a couple of slides.

And then I'm highlighting the active provider placement—that is actually a contractor requirement, but it impacts the family in such that it is an insurance or an effort to get everybody into or assigned and seen for their initial assessment within the 28-day access-to-care standard. Obviously, there's still parents' choice and family choice about providers, but this is the contractor requirement to offer an available provider within the 28-day access-to-care standard.

And then the last time stamp here that impacts families is October 1st. We'll spend much of today talking about those changes, but just to quickly highlight, there's some eligibility changes—generally they are about streamlining folks—a diagnosing requirement. And then there's the addition of the Autism Services Navigator—which I will spend the majority of the time talking about today—and resources for the family and the beneficiary.

So, implementation of the changes: So, a reminder that the Autism Care Demonstration is authorized to render or to provide clinically necessary and appropriate ABA services for the diagnosis of autism. So, what that means is that all targets and goals under the Autism Care Demonstration program must be clinically relevant to the core symptoms of autism—so those restrictive repetitive behaviors and those social communication needs. A reminder that the providers must be rendering active delivery of ABA. What that means is whether it's in the individual or group setting, there is the constant application of a behavioral analytic technique. That can range in a variety of types of techniques that it's the active engagement of. The last bullet there is about the last final changes of the benefit for beneficiaries. Those happen on October 1st.

So, key changes here—again, I mentioned the addition of the Autism Services Navigator. I'll talk about that on the next slide. The TRICARE contractor is going to make a variety of those resources available. For example, that parent's toolkit—and each contractor will have an online resource available. There's going to be a focus on enhanced parental support and engagement,

especially in the treatment plan, and we'll talk a little bit more about that coming up. And then again, revisions about the eligibility. Again, those are streamlining requirements of the diagnosis piece, not—kind of removing extra steps.

What is an Autism Services Navigator? I think this is one of the most important changes or revisions that one could see in this manual. So, an Autism Services Navigator will be an individual who will help coordinate all of the care that the beneficiary and the family will be receiving. And before I go any further, I want to describe who the ASN is because I think it's important to know that this is a clinical individual who—there's a definition in the TOM—or the TRICARE Operations Manual—but I'll just summarize quickly.

So, they have to have a current and valid unrestricted license from a clinical recognition to practice and they're generally going to be a registered nurse with case management experience. They could be a psychologist. They could be a social worker. They could be another licensed mental health professional. But anyone who is in that role must have case management or care coordination experience, as well as have experience in pediatric behavioral health—autism ideally. But they have to have that case management and the pediatric piece in order to be this ASN role.

I think it's really important because this is somebody who will look at the comprehensive picture of your child—or the beneficiary—and both clinical and non-clinical, pulling all that.

So what is their role? Once eligible into the program and there's a referral and all of outset work to get into the ACD is kind of processed by the contractor, an ASN will reach out to the family and they will start that engagement. So, they will first work on developing a Comprehensive Care Plan, and what is Comprehensive Care Plan? It's again, pulling together the total picture of all of the services and recommendations for that beneficiary into one big document that will track—we're going to talk about all the things it track. But it is a total picture, everything that—you know—if there's an IEP, if there are other clinical services, you know, what those ABA services are? So all of that is pulled into one big plan.

Also, the ASN is going to help with those other coordinated services, so whatever else is recommended, whether it's speech, OTPT, medication management—whatever else, they're going to bring those in.

Also, the ECHO component—if there's respite, if there are other services, like parent-mediated programs—all of that will be consolidated into one plan. This really ensures that there's an optimal plan and that the overseeing or the big picture in working with the family will be tracked and evaluated over time. The ASN is also going to participate in those medical team conferences. Again, I mentioned that on a previous slide, a medical team conference is all of the treating providers—actively treating providers—can get together a mechanism to talk about the treatment plans, talk about what's working, what's not working, make changes. So, the ASN will be a part of that. The ASN will also help with the continuity of therapies, and this I think is one of the most important components of this role, is that the ASN will help with transitioning

paperwork, transitioning referrals, making sure that there's that "warm handoff" when you move either within region or across region.

They'll also help identify local services. Depending on where you live, there could be something unique to the area or maybe there's a nationwide opportunity, but things like—I don't know, maybe the police department has an activity or resource, or maybe available school districts, or maybe MWR has a program or an event that would be of interest to the family. So, all of those opportunities will be identified and then available to families as they need them. And then lastly, the ASN is really about—will provide those educational resources about autism, about what's out there, about what needs to happen for the Autism Care Demonstration participation.

So, ASNs will be available to new beneficiaries entering the program on or after October 1, and what "new" means is those who are not currently in the program—those who are just getting a new diagnosis, just getting a new referral—coming into the program. The other kind of opportunity for "new" is if you've had gap in services for more than 12 months. So, maybe you had previous ABA services and then, for whatever reason, there was a gap. If you enter back into the program, then you could be eligible for the ASN. So, the ASN will be available in the East Region and in the West Region. So that's Humana and HealthNet. These ASNs will be employed by the contractor, so folks within HealthNet and Humana. The Overseas program, the US Family Health option, and the TRICARE for Life option—those contractors do not have ASNs. It's tied to this next bullet here.

So, if you're currently in the program, you won't be assigned in an ASN, but there are certain—I'm sorry, that's on the next slide. So, those currently in the program, you can use existing case management services, so I will talk about that on the next slide. But again, so those currently enrolled in the ACD and receiving ABA, but you moved to another region, you're not considered new, because you're still actively engaged. There's an active authorization. That designation of "new" does not apply.

So, there's a question here that was submitted in advance: If it only applies to those after October 1, what kind of support do existing beneficiaries receive? So, a reminder, let everybody know that there are existing case management services, and they're available in a variety of locations. So, through ECHO, there's a case management option. There is case management through the MTF. There's even non-clinical case management services available through EFMP. Each of them have a different role and responsibility. I would say that the managed care support contractor case management services are probably your best bet for engaging in those things that are already happening, such as care coordination, transitions of care. And a lot of the other things that I mentioned about the ASN—some of them will be on their public website. So, it's not necessarily that you need an ASN to access the resources. The current case management is available for all current beneficiaries.

So, what's going to happen? So, the ASN will work with the families to identify or to develop this Comprehensive Care Plan, and what that will be is identify those services like I mentioned previously that everything that's relevant to that beneficiary—so things like, if the referrals came in from the diagnosing provider, the ASN will say, "Hey, doctor so and so mentioned this would

you—Let's pursue. Would you want to pursue? Do you have an existing referral? Let's figure that out." They're going to keep track of all of the outcomes and timelines. So, you got a referral on this day—we know when your two-year referral will come up next.

They'll be tracking things like your PCS timeline. So, maybe if you recently moved, you don't necessarily know when your pending move or where that will be yet, but that's part of their questionnaire or their update every six months is, "Have you been notified of a pending PCS? When will that happen? Let's work on transitions of care."

And then lastly is the development of a discharge or transition plan. When I talk about discharge or transition plan regarding this Comprehensive Care Plan, that's about the entire bundle that the ASN is working on. I want to point out that it is separate and distinct from your ABA treatment plan. Transition and discharge clinically— whether it's ABA or any other services for that matter—that will be different from what the ASN in the Comprehensive Care Plan look like. Things like, "OK, we know you're coming or you're PCSing. Let's talk about what that looks like. What do you need to transition. We need to get you an updated referral. Or maybe you've mastered your goals on your various treatment plans, whatever discipline, and now we're working to transition to something else."

So, that's what the Comprehensive Care Plan is. It is not any one specific discipline and discharging from a particular service. It is a big picture, like what needs to happen on a comprehensive scheme. This Comprehensive Care Plan is individualized, so every beneficiary's plan is going to be different. It's focused on the individual needs, and then this plan will be updated every six months by the Autism Services Navigator.

Now let's talk a little bit about outcomes and parent engagement. So, on August 1st, the guidance in the manual is that all outcome measures will be completed prior to those authorization timelines. So, all metrics will be completed and submitted to the contractor before the next authorization can be issued. One of the guidance to the providers is about timeline and timeliness of submitting updated treatment plans. So, there's guidance about how far in advance and what will be reviewed. And I think it's really important to kind of be aware that your provider should be submitting in advance. Really, if they submit it too close—there's an approval processes, there's a review process, and we want to make sure there's enough time for the contractors to do that.

So, outcome measures are one of them. Let me talk about them. So, there are four outcome measures that we have. Like I said in the previous bullet, they're all required before initiating services or initiating treatment of the ABA services. So, those four there—the Vineland Adaptive Behavior, the Social Responsiveness Scale, the PDDBI, and then the Parent Stress Measure—it's one or the other, because they're age-dependent of your child. So, you only have to get one of those, it's not both. I want to point out the timeline too. There's the baseline, Sso, that's—like I said—before you start ABA services. And then there's the periodic review part, which is annually for the first two and then every six months from the second two.

I want to point out that only the PDDBI is required of your ABA provider. All of the other measures can be completed by a variety of eligible providers. It could be your diagnosing provider. It could be—maybe your speech therapist has training and competency that could do that. Maybe there's a psychologist or even the ABA provider, if they possess the competency skills to administer those measures. But only the PDDBI is required by the BCBA.

And then lastly, the parent involvement piece. So, again, we are encouraging active participation in a variety of ways. First and foremost is that Comprehensive Care Plan. Again, I mentioned that on a previous slide, but this is a partnership between the family and the ASN to really identify what the needs are of your beneficiary on an individual level and create that comprehensive plan over time and to update.

So, this is another pretty early submitted question: What is the purpose of the parent stress measure, and how does it apply to the core symptoms of autism? I will note that this is one of the most common questions or concerns about the change, and I want to really take a moment to talk about what the parent stress measures are, what their purpose is, and how that information should be used. So, the parent stress measure is a discussion recommendation by a variety of folks to have included as a mechanism to help parents and family members identify reasonable and appropriate resources for that truly comprehensive approach to care delivery.

So again, it's not just the beneficiaries—the family members and the siblings and all the folks who participate in your beneficiary's care. So, leveraging the parent stress measure can help identify areas of maybe heightened stress or maybe areas of resource need, and your treating provider or the assigned provider to complete the measure will administer the measure. The family will complete the questionnaire then return that back to the provider. The provider does the scoring and the reviewing and the feedback, and then, working with them and then the Autism Services Navigator to help identify what resources you may need as the parent. So, whether it's respite services or maybe there's another resource in the local community that you can tap into, it's all about providing the entire system—right—your family system with the appropriate services.

I will note there's another concern about the kind of bigger impact on the parent. Remember, this information is part of the beneficiary record, and it truly is about a comprehensive approach to treatment. So, whether it's—maybe it's a goal that the ABA provider develops, a parent goal about teaching certain techniques to manage a particular behavior, these are a targeted to the individual and use the beneficiary treatment plan. So again, the core symptom piece is about what the parents can do to impact and kind of reduce stress, enhance successful outcomes, and tap into available resources.

So again, enhanced parent and family support—so on October 1, you can see the variety of resources that will be available on the contractor website, and I'm going to highlight them in particular. So, parent toolkit: things the parent needs to know about the Autism Care Demonstration, reminders about timelines, outcome measures—things like that. Also, the contractor will have information about local area resources—both clinical and non-clinical resources. And I have a couple examples that I want to give in particular to the local services

and the support—military support and resources. So you know, EFMP and Military OneSource—like today we're hosting this webinar—but Military OneSource has a robust list of resources available. There are a lot of Military Health System and DOD resources, but there are also a wide variety of resources that are non-DOD, non-government. So you know, whether it's advocacy groups or Medicaid services or maybe—like I said—school systems have resources. Here in one of the counties in my area, one of the school districts offers a monthly parent training. So that's, again, not a resource DHA is offering, but certainly, we want to share that kind of news with families so that they can tap into everything that's out there.

And the last one is about parent-mediated intervention services. It's another opportunity or another option for families to tap into resources. It's a type of intervention or program that the provider and the parents do all of the engagements, and then the parent takes the training and managing, and then the family member or the parent engages directly with the beneficiary. So, there's lots of options out there, and we just want to make sure that all of our families have access or at least are empowered by that knowledge. Because then you guys can make short-term, long-term decisions based on all of what's available.

Here is where you can find all kinds of information from DHA and TRICARE—so you see a variety of links. TRICARE and health.mil are the beneficiary and provider resources that are—again, there's webinars, there are slides, there are Q&As, there are facts sheets. There are all kinds of documents available as resources for everyone. And then you could see some of the other resources down at the bottom.

These are the contact websites and phone numbers for the various contractors. Again, I encourage you all to use this. Check out their website HealthNet and Humana have autism-specific websites that will be going live next month, so check those out.

I will turn it back over to the Military OneSource folks to start fielding questions. Just a reminder before I do is that these are beneficiary folks' questions. We really want to kind of respond to where families are, what questions you might have.

Host: Thank you so much, Dr. Bienia. First question: Why did the Vineland and SRS-2 change to yearly?

Bienia: That's a great question. It changed to an annual cycle because we're looking at a variety of ways to track and note progress, or maybe lack thereof of progress to help families kind of monitor on a more frequent basis.

So, every two years—there's a lot that can happen in two years and we don't want families to wait to see that kind of progress. And so it's just—those are additional data points that can help advise the treating provider. It can help advise the diagnosing provider when you go back for that next two-year referral. So, it's really another data point to help families kind of track your beneficiary's progress or—like I said—lack thereof.

Host: Can you elaborate on the confirmation diagnosis?

Bienia: Certainly. So, when we started the Autism Care Demonstration, one of the provisions was that we had two tiers of diagnosing providers. One was the primary care folks, and there was like a small group of folks who could give a diagnosis. And then there was the specialized ASD diagnosing provider. Those were those folks like, child's clinical psychologists or developmental behavioral pediatricians—so they're kind of those who have more specialty in the pediatric and the autism sphere. And over time, that provision—so the primary care folks would give a diagnosis, and then beneficiaries would have up to one year to go get that confirmation diagnosis from the specialist.

This change removes that requirement to have a confirmation. The ideas about getting a diagnosis and getting services. I want to put a plug that I think everybody should go see a specialist because they will look at all of the other potential resources and assessments available to you—things like if there's a genetic testing component, if there's an audiology component. Not that your primary care diagnosing provider won't do that, but I think if we're talking about getting a diagnosis and getting into services, there's no reason to have that follow-up confirmation. Again, as a psychologist, I would recommend that everybody go see a specialist because they will look at all the other parts, too, and kind of talk you through what additional resources, assessments, "rule outs" that you might be considering.

Host: What if there are no available providers within the 28 days in the area?

Bienia: Well, you know, it's the contractor responsibility to identify a provider. Maybe I need to pause to talk about what does that 28 days mean. So, 28 days means that there is a provider who the contractor says has an available opening to do the assessment and then follow-on treatment. So that could be any time of day, and it could be any day of the week. So, if there is no access—that broad definition—if there is no access, then the contractor is required to identify a resource for the family. If there are family preferences or choice—you know, there's a choice on provider, or whatnot—or time of day or day of the week or—that doesn't necessarily ensure access because if the contractor can find an available provider, then that meets the access to care standard.

Like I said, families can choose specific providers. They can choose what schedules work best for their day, but that may not guarantee that 28 days. So I would encourage families to work with your provider. I will also put a plug in about access to care. That means any type of engagement. So, generally speaking, people are thinking of that behavior technician, that one-to-one time with the beneficiary and the BT. I would encourage parents to think about alternative ways. Like if there's a wait list or if you —let me back up: I want to discourage anybody from being on a wait list, but if you are choosing a particular provider, and they cannot see within that 28 days because the behavior technician is not available, I would encourage you as a parent to say to that BCBA or that authorized supervisor, "I recognize you're hiring, training somebody, but start with me—give me goals, come work with me."

Just for everybody—the family's information, there is a mechanism for these providers to be reimbursed with in their time with you, and so I really would encourage you to talk to them about, you know, "Start teaching me these skills and techniques. Start teaching me what I can

do on that 'out of ABA session' time." Remember your provider is with your child or your beneficiary, whatever that session time is—two hours, three hours, one hour, whatever— but there are all extra hours of the day, and these are opportunities for you guys to continue to practice in general and work with your child.

I know I went on a tangent. I apologize. The 28-day access to care standard question is about availability and the contractors working to identify an available provider.

Host: If my primary case supervisor is a BCBA, is a BCBA required to check it on my case on a monthly basis even if I am more than satisfied with the BCBA supervision I am receiving?

Bienia: Care is authorized to a BCBA; it's not authorized to the assistants. I think it's really important to keep that in mind that they are still under supervision, and so it is—they shouldn't be practicing independently. That BCBA is responsible for providing them that oversight, supervision, and education and training. So yes, the BCBA should be coming in and engaging with you on a monthly basis. And it could be for whatever duration is clinically necessary and appropriate—whether it's an hour, two hours a month—whatever kind of arrangement or what's clinically necessary. But that BCBA or that assistant should not be practicing independently.

Host: Will TRICARE send out referrals yearly for us to get the Vineland and SRS assessments done, or will we have to find someone ourselves to do those?

Bienia: So, no referral is required for those outcome measures. That was one of the other changes is that the diagnosing provider was supposed to submit one if they couldn't do it, but now it's the contractor's responsibility to identify available providers and will be tracked—not me, but the Humana, HealthNet, they'll be tracking those timelines, and so those notifications should happen. I believe, on your—everybody's authorizations going forward, there should be—and I will have to confirm, but I imagine each contractor does it a little differently—but on your authorization form, it should have all of those notifications and then that engagement to identify an available provider.

Host: Will ASN apply to existing families who are renewing referral for ABA, OT, etc.?

Bienia: For existing beneficiaries, no. They come on board—the ASNs come on board October 1. To those who are already in the program or even, you know, receiving a kind of a new referral, I would encourage you all to use the existing case management services. If you contact your regional contractor or your managed care support contractor, they'll put you in touch with a case manager. But the roles of case management care coordination are generally the same. The Autism Services Navigator is a little bit specialized in that sense. I don't offhand know the qualifications of the case manager, but there is existing case management that I would encourage current beneficiaries to use.

Host: Will the ASN coordinate treatment plans that overlap with other comorbid diagnoses such as ADHD?

Bienia: So, they should be looking at those and pulling that together. Say, "Hey, I noticed you've got this other treatment plan, or you've got these other medications, did you talk about that with your diagnose" —I mean, I'm sure that they had. But yes, they're supposed to be holding those altogether into that one big picture. Similarly, the IEP from previous iterations of the manual, that IEP submission was required, so if there were some overlapping or maybe even contraindicated approaches, that those could be clarified. And so, yes, the ASN that's going to be looking at that total picture, making sure that we've got everything we need, that all the services are available, that its recommendations are made by a diagnosing provider, that those are available or tapped into.

I'm going to take a side moment here to say, just because the recommendation comes in doesn't mean that the ASN will require that. Remember, it's your diagnosing provider who makes those or another provider who makes those referrals or recommendations. Be clear and help folks understand that the ASN will facilitate those recommendations. Should you choose not to pursue, that's OK. Again, it's all about beneficiary and family choice here and making sure that you have all of what you need available to you, and kind of linking or connecting the dots.

Host: Is this available program only for children under age 18?

Bienia: No. There are no dollar, age, or duration limits to the ACD, but everything that's authorized must be clinically necessary and appropriate. So, most often, kids may get diagnosed 2, 3, 4 years old. Sometimes younger, maybe 1. So those folks, again, immediately get into those early intensive intervention services. But then there may be opportunities or clinically appropriate reasons for a more mature beneficiary to receive services. So I think, again, it depends on kind of clinical necessity what the proposed targets are, but there are no age, dollar, or duration limits—or frequency, right—so how intense the services are, there are no limits to that. All driven by clinical necessity.

Host: Can an ASN be assigned for families not new to ACD? For example, families who have relocated to a new state having difficulty obtaining ABA, families that have changed regions. How do we request if we do fall under the gap in care?

Bienia: That is probably—I would defer to the contractors to answer specifically, because I think I'm missing—I don't want to speak too generally, but then I know I'm missing details. So if you haven't received any services but say you've got— is PCS in the middle of—you know, you had an assessment done and that referral is sent forward, there may be opportunities. But again, I think depends on a specific case and where you're at and what you would need.

Regarding that ASN criteria, I think again, just a plug that existing case management services are available. And I would say even another plug, is that if you're PCSing, please engage your contractor as soon as you know you have orders or, you know, a timeline for that, because they can help you start to identify services, start to transition your— even documentation—to the incoming contractor.

Host: What happens if the families decide not to use other services that the ASN or doctor recommend?

Bienia: We can't force you to get care. We can only kind of help facilitate what that care might look like. And so, if there are recommendations that maybe don't fit with your schedule or maybe that you'll kind of wait until some other things are resolved or addressed, or maybe it doesn't work for your family, that's OK. I think the goal of the ASN, and even the diagnosing provider, is to tell you what's available. I think keep in mind that different things are necessary at different points in time and development and in need, and I think it's really important to just kind of know what's out there and leverage what you can when you can and what works best. Again, this is your family, your child, your beneficiary, you are steering this—and I'm going to mess up the idiom here— but you're steering the ship here, and I think it's really important that you feel that you're getting your needs met, whatever resource that might be.

Host: If you move to another state but within the same TRICARE region, do you keep your ASN or will you receive a new one?

Bienia: That is a great contractor question. They're intended to know the local resources, but that doesn't mean they're geographically located in any one area. I would defer you to the contractor to get a firm answer. I think it depends, again, where you're moving, how far you're moving what—you know, maybe if you're moving from, let's say like Florida to Maine, I would imagine that's probably a different ASN. But again, that's a contractor question. I would defer you to them for an official answer.

Host: Are ASNs available to the families of retirees?

Bienia: Yes. Anybody in the ACD who joins the ACD after October 1 is eligible for an ASN.

Host: How do I find out if my child is enrolled in the ACD? She was receiving services for other diagnoses, and the autism diagnosis was made last November. She is receiving ABA services through TRICARE.

Bienia: So, she's definitely enrolled. The only way to get ABA is through the Autism Care Demonstration. So, there's probably an existing authorization or if it expired, you know, I would encourage you to go back to—I don't know what region you're in—but to that regional contractor. But yeah, if you are getting TRICARE-authorized the ABA services, then you are in the ACD.

Host: My son is getting evaluated in December. If he gets a diagnosis, what is the very next step?

Bienia: Well, the very next step would be to have your diagnosing provider submit referrals for whatever is recommended. I'll speak broadly. So, it could be a wide range of recommendations. It could be another set of evaluations. It could be a variety of things. But make sure that referral for that next step is in place. And then, whatever that referral is—especially to the network, the TRICARE Network—contact your regional contractor for ensuring that all steps are—so if it's

like for ABA, they'll help you find a provider who would do the outcome measures. They'll work on identifying those other resources in the vicinity. So after diagnosis, that next step is a referral, and then, you know, contacting the contractor for an authorization for whatever service.

Host: My husband is going to retire next year. Would my son still be eligible after retirement?

Bienia: Yes, the Autism Care Demonstration is written for or is eligible for any TRICARE eligible beneficiary with a diagnosis who's receiving or who is under TRICARE. So whether you are active duty family member on Prime, active -duty family members Select, if you are retiree Prime or Select, TRICARE Young Adult—any one of those TRICARE health plans, as long as you are an eligible TRICARE beneficiary with a diagnosis of autism, you can receive the services under the Autism Care Demonstration.

Host: And is there an age limit for dependents with autism?

Bienia: Nope. Again, it's all driven by clinical necessity. So, you know, whether you are 2, 12, 22, the request for services and reimbursement for ABA is driven by clinical necessity. I do want to put a plug in there that ABA's techniques can be applied in a variety of scenarios, situation, settings. So for example, you might be looking at—you know—I was thinking about the older, more mature individuals—there may be a vocational service that offers behavioral analytic techniques for maybe things like, you know, on-the-job training or other kinds of employment skills. Those would not necessarily fall under the Autism Care Demonstration, because those are not targeted towards the clinically necessary services for the core deficits, but there may be an opportunity for an older individual to engage in clinically necessary ABA.

Host: How can I get ABA therapy for my child while we are living overseas abroad? It's a retired military.

Bienia: As long as you're TRICARE-eligible, you can reach out to the TRICARE Overseas Program—to that contractor—and they can identify—it's a modified benefit overseas, so you would have the access to the board-certified behavior analyst. Those are, I think, generally located—I wouldn't say worldwide. I don't think that every possible location has a robust network of BCBAs, but you know, if you get stationed in Japan and Korea, Italy, Germany, England, European countries, they generally have access to those BCBAs and so you can, in fact, get certain services overseas. Just engage the contractor.

Host: I've not heard of ACD with TRICARE before. What if you had a diagnosis years ago—how do I enroll in ACD?

Bienia: That's a great question. So, if you have a historical diagnosis, first and foremost, I would get in touch with your contractor, but also, you'll have to kind of get some updated documentation—things like what are your clinical needs, referrals to those services. That's what the diagnosing provider will do. They'll submit all those referrals. The contractor will then engage you about all those other requirements should there be missing any. But yeah, even if you had the historical diagnosis and you're looking for ABA now, please engage the contractor.

There might be, again, some filling in of gaps or documentation, and your referring provider can help with that too.

Host: What happens with the re-diagnosing every two years? If a child does not meet criteria on one test available for their age group, do they then lose the services?

Bienia: So, there's a couple of things I want to address here. One, the two-year referral—it's not a re-diagnosis. I'll call it like a "check-in"— you're going back to the providers, and now they're called the diagnosing provider, but you're going back to this provider who is really supposed to be managing your care, the overseeing of your clinical services. And so this person should be looking at the comprehensive picture of what has happened over the last two years. So they are looking at it in terms of severity, they're looking at goals, targets, what progress is made, not made. A part of the question was about assessment tools— that validated assessment tool is only required at the very beginning. It is not required upon subsequent appointments. It's just the check-in on your symptom presentation.

I would say that if things have improved significantly, I think that's a great thing. I don't know that I would ever go so far as to say that there won't be a diagnosis. I mean, obviously, that's the goal. I think, you know, where it's an evolution, it's progress, it's a checking in that this diagnosing provider is going to be doing. So, they should be reviewing all the treatment plans and the goals and the outcome measures of the Vineland, the SRS, the PDDBI, the parent stress. All that should be part of their comprehensive review, but it's not a re-diagnosis. We want to see symptom improvement. We want to see best independent functioning for every single beneficiary to their maximum potential.

Host: My daughter is 17. She got her autism diagnosis in first grade from a developmental pediatrician. Is that diagnosis still valid for my daughter to join the Autism Care Demonstration?

Bienia: I would say it's valid in the sense that there is a historical diagnosis. If there hasn't been any ABA engagement since diagnosis, there would be some additional steps, you know, going back to the provider, identifying what the current need is, and getting that referral submitted. But it is possible that ABA or engagement in the ACD would be appropriate. Again, I would encourage you to reach out to your provider and the contractor.

Host: Does the provider know about this program if they're a provider under TRICARE?

Bienia: I presume meaning does the ABA provider know? Yes, that every ABA provider has been contacted over the last—or should have been contacted because there were some requirements for them to meet. So, yes, I would say if you know of a provider who doesn't know about the changes, please send them our way. I would love to take the opportunity to identify them and have the contractors reach out and engage. Other providers, I think there's, you know the pediatric providers are—I'm the program manager for the Complex Pediatric Clinical Community here at the Defense Health Agency, and so I have a wonderful opportunity to engage a variety of pediatric specialties, and so I talk about autism all the time. So, can I

account for every single provider? No, but I know we have lots of opportunities to educate and disseminate information.

Host: How could I get my 18-year-old grandson tested for autism?

Bienia: Great question. I would say, first step, would be engage your— I'm assuming he still has a pediatrician, so I would start the outreach to your pediatrician. Because he's 18, I think it might be that that pediatrician would recommend a specialist right off the bat. But definitely engage your primary care point of contact or his assigned pediatrician to get that ball rolling. And then a variety of possibilities—between an initial appointment, a specialist appointment, some assessments, evaluations, things like that. And call your contractor if you are looking for TRICARE network connection, for the connection if you're not assigned to an MPO.

Host: How does the family enroll in ACD?

Bienia: Great question. So again, what kicks the ball off is that diagnosing provider makes a referral to ABA or the ACD. So that referral gets funneled to the contractor, and then the contractor does that administrative part about collecting all the information, engaging the family. And so, once all of those components are met, your eligible beneficiary is then enrolled or participating, and that follows on with authorizations for the assessment and then treatment.

Host: And last question, my daughter is 46 and was diagnosed at age 3. Does this apply to her?

Bienia: It might. Again, not knowing any specific details, I would say, you know, that if there are clinically necessary services available— just TRICARE broadly, I would say definitely reach out to, I'm assuming maybe family medicine or maybe whoever her primary care is, to kind of engage in that conversation. But there are a wide range of services under TRICARE that might be eligible, including ABA if that's clinically appropriate. So, I would say, yes, reach out, get connected, and if there are any additional challenges, definitely your contractor or us here at DHA.

Host: I want to thank Dr. Bienia for sharing her invaluable experience and expertise. I would also like to thank our attendees for participating in today's webinar. If we didn't answer your question today, please refer to the contact information in your copy of the webinar slide deck. You can also find many of the answers to your questions about TRICARE on the TRICARE website at tricare.mil. This concludes today's webinar on what's new in TRICARE'S Autism Care Demonstration. Thank you.