

# **Autism Care Demonstration – Policy Changes**

## **Questions & Answers – Set 1 (published 5/20/2021)**

*NOTE: These Q&As are follow up responses to questions submitted regarding the ACD policy changes published 3/23/2021. These Q&As are for informational purposes only.*

### **Diagnostic requirements**

1. Are the tools listed in 4.2.1 all individually sufficient or do these tools need to be submitted in addition to the Autism Diagnostic Observation Schedule (ADOS)?

*Response: Each tool is individually sufficient. There is no requirement to complete and submit multiple tools.*

2. Is the ADOS always require for proof of diagnosis?

*Response: No. Proof of diagnosis requirements are found in paragraph 4.2.1.*

3. Who can diagnosis autism spectrum disorder (ASD) for access to the Autism Care Demonstration (ACD)?

*Response: Per paragraph 11.13, “11.13.1 ASD diagnosing and referring providers include: TRICARE-authorized [Primary Care Managers] PCMs and specialized ASD diagnosing providers. TRICARE authorized PCMs for the purposes of the diagnosis and referral include: TRICARE authorized pediatric physicians, pediatric family medicine, and pediatric Nurse Practitioners (NPs). Authorized specialty ASD diagnosing providers include: TRICARE-authorized physicians board-certified or board-eligible in developmental-behavioral pediatrics, neurodevelopmental pediatrics, child neurology, child psychiatry; doctoral-level licensed clinical psychologists, or board certified Doctors Of Nursing Practice (DNP). For DNPs credentialed as developmental pediatric providers, dual American Nurses Credentialing Center (ANCC) board certifications are required as follows:*

- Either a pediatric NP or a family NP; and*

- Either (Family, or Child/Adolescent) Psychiatric Mental Health Nurse Practitioner (PMHNP) or a (Child/ Adolescent) Psychiatric and Mental Health Clinical Nurse Specialist (PMHCNS).*

*11.13.2 For DNPs credentialed as psychiatric and mental health providers, single ANCC board certification is required as follows: as either a (Family or Child/Adolescent) PMHNP or a PMHCNS.*

*11.13.3 Diagnoses and referrals from Physician Assistants (PAs) or other providers not having the above qualifications shall not be accepted.”*

*Additionally, per paragraph 8.6.1.2: “For beneficiaries first diagnosed with ASD at age eight years or older, and requesting [applied behavior analysis] ABA services, on or after*

*October 1, 2021, a specialized ASD diagnosing provider evaluation (not a PCM), meeting all diagnosis requirements set forth in paragraph 4.2, is required as part of the referral for ABA services.”*

4. Does the severity have to be confirmed by another provider?  
*Response: No confirmation diagnostic appointment is required. However, the diagnosing provider will provide a definitive diagnosis and will document the level of support/severity on the referral.*
5. Is documentation of severity still required?  
*Response: Yes, that will be documented in the referral.*
6. Will the diagnostic checklist need to be completed for all patients?  
*Response: Yes. Effective 10/1/21, this requirement will be completed at the diagnosing/referring appointment.*
7. Where can a provider find the Defense Health Agency (DHA)-approved Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5) checklist?  
*Response: Please contact the contractor for where they will maintain this checklist.*
8. When will the requirement for the confirmation diagnosis go away?  
*Response: The change became effective 5/1/21.*
9. How will diagnosing providers know about these changes?  
*Response: Both DHA and the contractor will provide education to diagnosing providers.*
10. Is a new diagnosis required every two year?  
*Response: No. However, an update to the presenting symptoms including level of support/severity is required.*

### **BTs in the school change**

11. What is the rationale for no longer covering ABA services provided by a behavior technician (BT) in the school setting?  
*Response: Regarding the removal of BTs in the school setting, although this is a new requirement that went into effect May 1, 2021, it was never the intent to reimburse for non-clinical or educational ABA services. Educational/Academic/Vocational goals or targets have always been excluded from the ACD in the TRICARE Operations Manual (TOM). School services where BTs serve as school supports, shadows, or aides are beyond the scope of ABA services covered under the ACD. The school is not a medical environment. Beneficiaries with educational/academic needs should address these non-clinical targets within their Individualized Education Program (IEP) process.*

12. When does the change to the BTs in the school setting take effect?  
*Response: The change removing BTs from the school setting went into effect May 1, 2021. Currently approved authorizations prior to May 1, 2021 will run the course of their authorization period but no new authorizations that request BT services in the school setting will be approved after May 1, 2021.*
13. Can you explain the difference between 5/1 and 8/1?  
*Response: The ACD policy change will have a phased implementation timeline for the various changes. Please see the four webinar briefings available at [www.health.mil/autism](http://www.health.mil/autism), for effective dates for changes.*
14. Can you expand on what Board Certified Behavior Analyst (BCBA) services in the school setting include?  
*Response: The contractors may only authorize ABA Supervisors to provide active delivery of ABA services in the school setting that are targeted to the core symptoms of ASD. These approved ABA services are focused, time-limited, and are in accordance with the requirements of the ACD.*
15. Can an assistant behavior analyst provider support in the school setting?  
*Response: No. Educational support services in the school setting are excluded from TRICARE reimbursement. The TRICARE assistant behavior analyst provider in the school setting is not authorized to provide “support.” Authorized ABA supervisors who are approved for providing clinically appropriate ABA services in the school setting may not delegate to assistant behavior analysts.*
16. Are ABA services in an after-school program considered a school setting? Can ABA services in an after-school program be authorized?  
*Response: An “after-school” setting, where no academic services are provided, is not considered a “school setting.” Therefore, TRICARE ABA services may be authorized if clinically appropriate.*
17. Can ABA services rendered by a BT in a preschool be authorized?  
*Response: No. Preschool is considered an academic setting.*
18. Can ABA services rendered by a BT in a private/parochial school be authorized?  
*Response: No. Private/parochial schools are considered an academic setting.*
19. Can the Extended Care Health Option (ECHO) program cover in-school ABA services by a BT?  
*Response: No. TRICARE ABA services are authorized under the ACD, not the ECHO program.*

20. If a school continues to document behavioral excesses or excessive deficits with limited to no progress, but they don't have the ability to measure and gauge the "need for medically-based services like ABA," how would a school/IEP go about documenting the need for ABA services in an IEP if they don't have the ability to measure medical necessity for a medically-based service?

*Response: The DHA recommends that you connect with the specific school district to determine what supports/services the academic environment can/should provide.*

21. For a child that is home-schooled, will ABA be approved during those "traditional" school hours?

*Response: Clinically appropriate ABA services may be authorized in the home setting during the "traditional" school hours when approved. However, the goals should target the core deficits of ASD and must be in accordance with the ACD policy. BTs are not permitted to render ABA services during the academic portion of the homeschooling hours.*

22. If a family elects virtual school at home, is BT support approved while the patient is doing online school in the home setting?

*Response: No, the BT is not for the purpose of providing school support, aid, or a shadow. If this support is necessary for the beneficiary, it should be addressed with the school district.*

23. If a client has a current authorization (issued before 5/1/21) allowing services in the school setting, does this end May 1<sup>st</sup> or can we continue through the approved authorization period?

*Response: Currently approved authorizations prior to May 1, 2021 will run the course of their authorization period.*

24. There are a number of children who are receiving ABA services in the school setting. Will this change for them or can they continue receiving services in the school environment?

*Response: Currently approved authorizations prior to May 1, 2021 will run the course of their authorization period. In subsequent authorizations, BTs will not be authorized in the school setting.*

25. It is against the law to deny services based on location, including in school locations.

*Response: TRICARE may only cost-share on covered services rendered in accordance with the applicable standard of care and other TRICARE regulations. Location of service is one element of TRICARE coverage. Although this is a new requirement that began May 1, 2021, it was never the intent to reimburse for non-medical or educational ABA services. TRICARE does not cover education services and supports and TRICARE certified BTs are not authorized as school supports, shadows, or aids.*

### **Certain Community settings**

26. When will the change to community settings approval be implemented?

*Response: The community setting change will take effect August 1, 2021.*

27. What is the procedure to have community settings approved?  
*Response: All goals must be clinically necessary and appropriate. The treatment plan (TP) needs to outline the active delivery of ABA in any setting. Please contact the contractor for additional guidance.*
28. Is parent training, CPT Code 97156, in the community setting permitted?  
*Response: The authorized ABA Supervisor can establish a parent training goal for the family to target these areas outside of program hours and receive feedback based on data collection by the parent and during parent training sessions to target behavior excesses in the community. For consideration of approval in certain community settings, the TP must define the target, the intervention, and the goals related to the core symptoms of ASD.*
29. Is the decision to allow/deny ABA in the community setting left up to the contractor?  
*Response: The contractors are required to follow the ACD policy. Certain community settings are excluded and will not be authorized unless it is clinically necessary and appropriate. Please contact the contractor for additional guidance.*
30. What is the primary motivation of this change in community settings?  
*Response: Certain community settings where the ABA provider is supporting and not actively delivering ABA services does not align with the goals of the ACD. For example, providing support at dental appointments, getting haircuts, and interacting with their peers at sporting events are not settings in which active delivery of ABA services are occurring. Therefore, this is a non-medical activity or a support role and subsequently not reimbursable.*
31. In light of the recent change, how can a BT or assistant address behaviors of not listening to instructions/elopement/outbursts/etc. in the community setting?  
*Response: All authorized ABA services under the ACD must be clinically appropriate. The authorized ABA Supervisor can establish a parent training goal for the family to target these areas outside of program hours and receive feedback based on data collection by the parent and during parent training sessions to target behavior excesses in the community. In general, a BT will not be authorized to target community goals. An assistant behavior analyst can be delegated parent training to assist with parent implementation of community based goals. For consideration of approval in certain community settings, the TP must define the target, the intervention, and the goals related to the core symptoms of ASD.*
32. Would the plan to generalize a specific behavior in the community setting need to be included in the TP?  
*Response: For consideration of approval in certain community settings, the TP must define the target, the intervention, and the goals related to the core symptoms of ASD.*
33. Is a dormitory considered a home or community setting?

*Response: ABA services are approved only for when they are clinically necessary and appropriate. While there is no exclusion for a dormitory, for consideration of approval, the TP must define the target, the intervention, and the goals related to the core symptoms of ASD.*

34. Can you provide examples of an appropriate community setting that could be approved?

*Response: Approval of an appropriate community setting is dependent on the goals identified in the TP. These goals must be clinically appropriate and target the core symptoms of ASD. Please follow up with your contractor for additional guidance.*

35. Is a day care an approved community setting?

*Response: A day care setting may be an approved setting for clinically appropriate ABA services, dependent on the identified TP goals that target the core symptoms of ASD.*

36. Are services in the community, i.e., grocery store, library, park, barber shop, etc. allowed?

*Response: Approval of an appropriate community setting is dependent on the goals identified in the TP. These goals must be clinically appropriate and target the core symptoms of ASD. Please follow up with your contractor for additional guidance.*

37. If a camp is currently authorized, will that be honored through the remainder of the authorization?

*Response: Current authorizations remain in place. However, TP goals must still be clinically appropriate and target the core symptoms of ASD.*

38. When communication and social functioning are deficits (according to the DSM-5), how can these goals be worked on in a clinic setting only?

*Response: Approval of an appropriate community setting, or outside of the home or clinic setting, is dependent on the goals identified in the TP. These goals must be clinically appropriate and target the core symptoms of ASD. Please follow up with your contractor for additional guidance. The authorized ABA Supervisor can establish a parent training goal for the family to target these areas outside of program hours and receive feedback based on data collection by the parent and during parent training sessions to target behavior excesses in the community.*

39. If a location is denied but deemed appropriate and clinically necessary by the BCBA, and the family feels strongly about receiving services in that location, is the clinic allowed to bill the family the denied charges by TRICARE in essence allowing the family to private pay for that location to be accessed?

*Response: Per the revised Participation Agreement, Article 3, Paragraph 3.2, (c)(2), "the ACSP/Sole provider shall not bill the sponsor/beneficiary for services not clinically necessary and appropriate for the clinical management of the presenting illness, injury, or disorder." In other words, TRICARE authorized ABA providers are not permitted to balance bill beneficiaries for denied services under the ACD.*