

TRICARE ACD Manual Change Webinar

Session 2: Autism Services Navigator, Comprehensive Care Plan, Beneficiary Eligibility, Parent/Family Support

April 7, 2021



Agenda



- Welcome and Introductions
- Autism Services Navigator (ASN)
- Comprehensive Care Plan (CCP)
- Beneficiary Eligibility
- Parent and Family Support
- Review of the Implementation Timeline
- Q&As

Webinar Housekeeping



- Phone lines and Adobe Connect are in listen-only mode
- Questions may be submitted via the ACD email (dha.acd@mail.mil) or via the Q&A box in the Adobe Connect platform
- Please be respectful with your questions/comments
- Webinar is being recorded
- Slides and a PDF of the manual are available for download via Adobe Connect during the presentation in the downloads box
- Slides and recording will be posted on www.health.mil/autism following this presentation

ACD Manual Changes – Published



- TRICARE Operations Manual Chapter 18, Section 4:
“DoD Comprehensive Autism Care Demonstration”
 - Published: March 23, 2021

- <https://manuals.health.mil/pages/DisplayManualHtmlFile/2021-03-23/AsOf/TO15/C18S4.html>

What is an ASN?



- A contractor-employed Autism Spectrum Disorder (ASD) specific care manager who:
 - ❑ Collaborates with all stakeholders for the beneficiary;
 - ❑ Oversees the assessment, planning, facilitation, care coordination, and evaluation
 - ❑ Serves as the primary advocate in the health care setting for the beneficiary/family
 - ❑ Serves as the primary point of contact for the beneficiary/family
 - ❑ May be assisted by a non-clinical outreach coordinator

Who is an ASN?



- Must hold a current, valid, unrestricted license which include:
 - Registered Nurse (RN) with case management (CM) experience,
 - Clinical Psychologist,
 - Licensed Clinical Social Worker, or
 - other licensed mental health professionals who possess a certification in CM.

- Must have clinical experience in: pediatrics, behavioral health (BH), and/or ASD; a healthcare environment; and proven care management experience.

Who will receive an ASN?



- Applicable to beneficiaries enrolled to Health Net Federal Services and Humana Government Business
 - ❑ ASN is employed by or contracted through HNFS or HGB
- As of October 1, 2021, all new beneficiaries to the ACD will be assigned an ASN. New is defined as:
 - ❑ Not currently receiving ABA services under the ACD
 - ❑ A gap in ABA services of greater than 12 months
- Currently enrolled in the ACD and receiving ABA services, but moving from one region to another will not count as a “new” beneficiary
- Note: TRICARE Overseas Program, U.S. Family Health Plans, and TRICARE For Life are not required to provide the ASN

Submitted Questions



■ *Can a current ACD beneficiary have an ASN?*

- The ASN role does not start until 10/1/21 and is available to new beneficiaries entering the program after that date. However, current beneficiaries may access contractor-care/case management services, MTF case management services, or EFMP care coordination/case management services.*

■ *The role of the ASN seems to overlap/overtake the EFMP role. Why would the ASN step on their toes?*

- EFMP is a Service-owned program (not medical) that has 3 purposes: identification/enrollment, assignment coordination, support to help families identify services/programs. These services are outside of Private Sector Care/the TRICARE benefit. The ASN will be specific to the TRICARE benefit and will be someone that can help the families connect all the pieces. The scope of collaboration, advocacy, and oversight is more comprehensive than the EFMP coordinator.*

Things to expect from an ASN



- For the beneficiary/family, the ASN will:
 - ❑ Make first contact with the beneficiary/family once a referral to the ACD or ABA services has been placed
 - ❑ Develop a CCP (see next slides)
 - ❑ Coordinate medical and BH services, MTF services, ECHO services, respite services, ABA services, parent-medicated programs, etc.
 - ❑ Ensure all services work in collaboration to achieve the optimal outcome
 - ❑ Coordinate and participate in medical team conferences
 - ❑ Facilitate continuity of care when a beneficiary moves, sponsor retires, or a treating provider becomes unavailable
 - ❑ Identify and facilitate connections with local level resources
 - ❑ Provide educational resources about ASD

Things to expect from an ASN



■ For treating providers, the ASN will:

- Share the CCP
- Be the central point of contact for that beneficiary/family
- Coordinate and participate in medical team conferences
- Share outcome measures data with the team of treating providers

What is a CCP?



- A CCP is a plan that is developed and maintained by the ASN
- The CCP will:
 - Identify all care and services for each new beneficiary in the ACD
 - Document outcome measures and timelines
 - Document PCS timelines (where applicable)
 - Develop a discharge/transition plan
- Allows for a more consistent and beneficiary-centric approach
- CCP is updated every 6 months in line with the continued authorization of ABA services

Components of a CCP



- All new beneficiaries to the ACD that have an ASN assigned will have a CCP completed
- After a referral is submitted and the ASN makes contact, a CCP will begin development to include but not limited to:
 - Intake
 - Review of services (current and recommended)
 - Incorporation of all outcome measures
 - IEP (if available)
- CCP must be completed within 90 days
- Referrals to approved services will be authorized, however, if the CCP is not completed within 90 days due to family/beneficiary non-compliance, ABA services will be put on hold until the CCP is completed

Submitted Questions



- *The 90 calendar days referenced in 6.2.2 (completion of the CCP) appears as though this will create an additional 90 days of wait time for a family to obtain services. Is this correct?*
 - ❑ *There is no intent of delaying any services as a result of the CCP process. Referrals and authorizations will continue per contract requirements and timelines. Services may begin before completion of the CCP, however, the CCP must be completed within 90 days.*

- *When does the 28-day access requirement begin once the ASN is involved, since the ASN has 90 days to develop the CCP??*
 - ❑ *This question is based on two separate requirements. First, the 28-day access to care requirement is a contractor requirement to ensure beneficiaries have timely access to services. This timeline begins when the referral is verified. The second part, regarding the ASN and CCP development, is separate from the 28-day access to care requirement. The ASN has 90 days to develop the CCP.*

Beneficiary Eligibility



■ Things that have not changed:

- Must be a TRICARE-eligible beneficiary enrolled in a TRICARE Plan Option (i.e., Prime, Select, USFHP, TFL, TYA, etc.)
- Must have a diagnosis of ASD by an approved ASD-diagnosing provider
- For ADFMs, must be
 - Enrolled in EFMP
 - Registered in ECHO
- Eligibility terminates when:
 - No longer TRICARE eligible
 - No longer needing ASN/ABA services

Beneficiary Eligibility



- Things that will change (see timeline slide for effective dates):
 - Who are approved ASD-diagnosing provider types (expansion)
 - No longer need a confirmation diagnosis since the requirement is for a definitive diagnosis
 - However, it is still recommended that the beneficiary/family see a specialist for a complete diagnostic workup; review/oversee all recommended services
 - Diagnosing provider must now submit with the referral:
 - Validated assessment tool results
 - DSM-5 checklist (template provided by DHA, see sample at next slide)
 - If first diagnosed after age 8 years, referral must come from a specialized ASD diagnosing provider

Patient name: _____

Clinical Diagnosis: DSM-5 Checklist



DSM-5 Criteria	Autism Spectrum Disorder		
NOTE: If the individual has a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or PDD-NOS, please check this box. Complete the below checklist to reclassify the previous diagnosis to Autism Spectrum Disorder.			
A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (all 3 must be met):	Present	Not Present	
1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.			
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.			
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.			
Social communication domain severity rating (circle): Requires Support (1) (see DSM-5 page 52 for severity description) Substantial Support (2) Very Substantial Support (3)	1	2	3
B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently or by history:	Present	Not Present	
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).			
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).			
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).			
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).			
Restricted, repetitive behaviors domain severity rating (circle): Requires Support (1) (see DSM-5 page 52 for severity description) Substantial Support (2) Very Substantial Support (3)	1	2	3
	Yes	No	
C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).			
D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.			
E. These disturbances are not better explained by intellectual disability or global developmental delay.			
Autism Spectrum Disorder Criteria Met (circle)?	Yes	No	
With or Without Intellectual Impairment (circle)?	With	Without	
With or Without Language Impairment (circle)?	With	Without	
Known Comorbid Conditions: 1] medical/genetic/neurodevelopmental diagnosis; 2] mental/behavioral diagnosis; 3] other			

Beneficiary Eligibility DSM-5 Checklist Sample

Provider Name: _____
Signature: _____
Date: _____

Beneficiary Eligibility



■ Things that have changed (cont.):

- Outcome measures no longer need to be completed by the diagnosing provider (can be completed by a provider who receives authorization)
- Outcome measures must be completed prior to beginning ABA treatment services
- ECHO timeline –
 - Beneficiaries will still have the 90 days provisional period per the ECHO policy
 - The additional 90-days extension eliminated

Submitted Questions



■ *Who can diagnose ASD?*

Effective 10/1/21, diagnosing providers are identified in the definitions paragraphs at 11.13:

- *“ASD diagnosing and referring providers include TRICARE authorized pediatric physicians, pediatric family medicine, and pediatric Nurse Practitioners, 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).”*

■ *How do we know who is TRICARE authorized; is there a list of providers or is it the certification level only?*

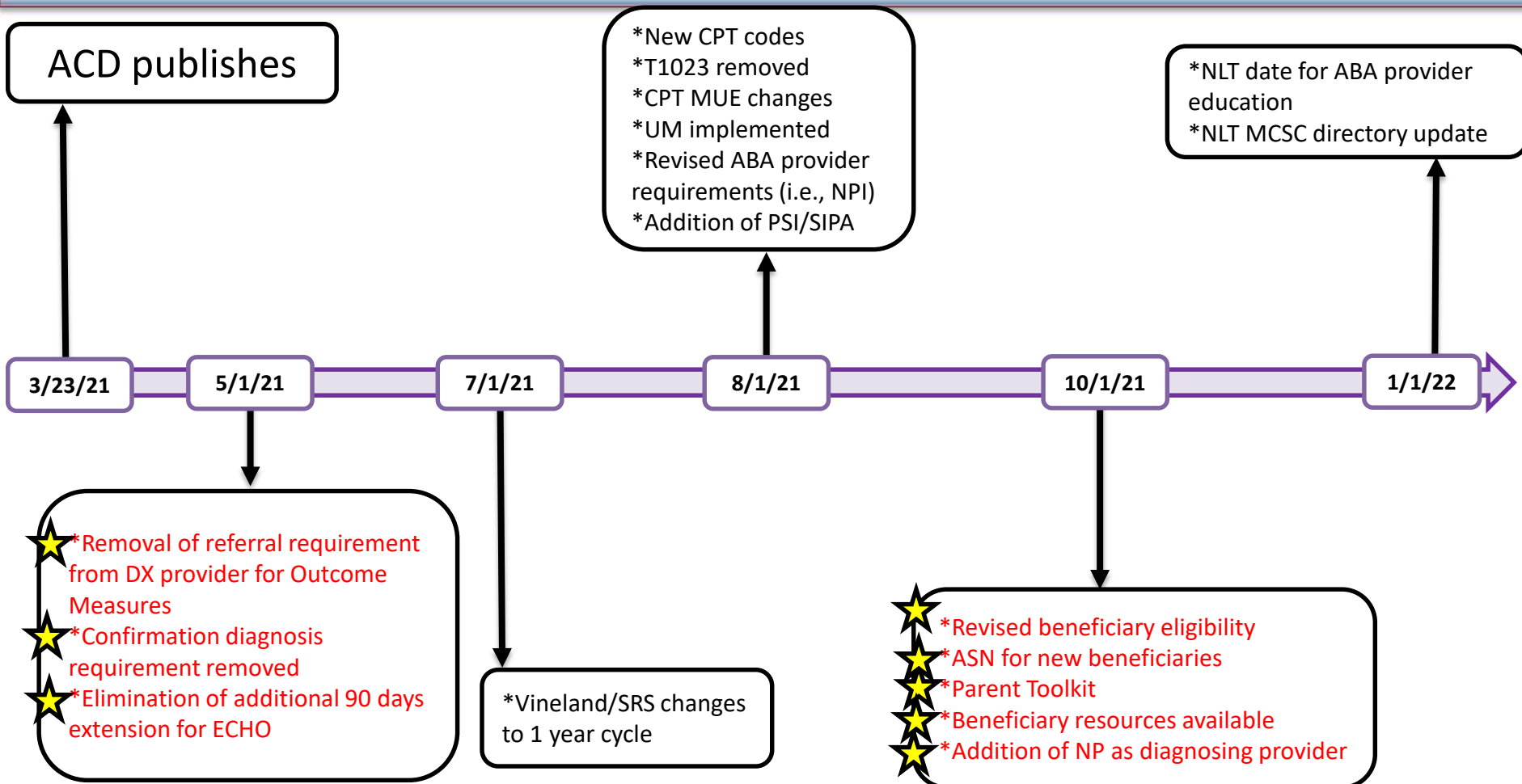
TRICARE-authorized individual provider types as well as the eligibility requirements are listed in 32 CFR 199.6. Regarding TRICARE-authorized status, we recommend that you either contact your contractor or check the contractor website for TRICARE-certified providers.

Parent and Family Support



- Available to all families, on the contractor website, includes:
 - “New to the ACD information toolkit”
 - Local area supports/resources
 - Military installation supported/resources
 - Information about clinical/non-clinical services
 - Mental health services, including telehealth resources
 - Military OneSource, Morale/Welfare/Recreation services, etc.
 - Parent-mediated services
- TOP, USFHP, TFL contractors are not required to have this information publicly available, but are required to provide support to families upon request.

Phased Implementation Timeline



“Medically Ready Force...Ready Medical Force”

Please submit policy questions regarding
this manual change to the ACD email

dha.acd@mail.mil

Do not send PII/PHI

QUESTIONS

Submitted Questions



- *Do families currently enrolled in ECHO have an ASN assigned to them?*
 - *ECHO registration is a separate requirement from the ASN. All new beneficiaries/families entering the ACD on or after 10/1/21 will have an ASN assigned to them.*

- *Per 6.1.2, “The ASN shall make contact with the family to describe the ASN services prior to any ABA services being authorized.” No client should be held up for services while awaiting a phone call from an ASN.*
 - *This contact should occur within hours/days of contractor’s receipt of a verified referral and an ASN is assigned. There is no expectation that services will be delayed based on the contractor's role. However, if the family does not return the phone call or contact, the delay may be because of that.*

Submitted Questions



- *Per 6.8, Families who decline the ASN will not be eligible for the ACD. How can the ASN be made mandatory?*
 - *The ASN has a key role in providing education, supports, and advocacy to the family. Additionally, families that have complex care needs often require extensive supports/services throughout their episode of care. This requirement is a positive addition to the ACD, where families often struggle in a number of ways.*

- *Can parents decline recommended adjunctive services (ex: speech therapy) in CCP or by an ABA provider and still receive ABA or will this negatively impact their continued participation?*
 - *Yes, parents can decline recommended services. As in all health care, parents have the choice to take their child to any appointments. However, if a child is referred and the family declines services, that information would be noted in the CCP.*

Submitted Questions



■ *Will providers have access to the ASNs?*

- The role of the ASN is to provide support to the beneficiary and their family. So while the ASN will likely be in touch with the provider, the primary focus is the beneficiary. ABA providers should contact your contractor representative for additional details on who and what are the appropriate communication channels.*

■ *Will I have the same contractor for all of the patients in my group?*

- If your business is located in one region and you have an agreement with only one Contractor, then yes, you will have the same Contractor for all your TRICARE patients. However, if you mean will all of your patients have the same ASN, the answer is not necessarily. We defer that administrative question to you contractor.*

Submitted Questions



- *The TOM shows a rather significant decrease in compensation from the current rate of \$15.12 to \$12.50 per unit of service for RBTs. Can you please address the rationale for such a large decreases?*
 - *Please remember that the rates listed in the manual are the floor rates set by Congress. DHA updates the rates annually, based on the geographic location as designated by Medicare, and posts them to www.health.mil/autism. The 2021 rates will be posted within the month.*

- *Will the contractor be responsible for Form DD 1423? Can we (providers) access this form to help us prepare for new requirements?*
 - *The DD Form 1423 is part of the contract the Government has with the Contractors. Providers will not need access to this form as it is a form to guide Contractor reporting to the Government, not provider activity.*

Submitted Questions



- *In some geographical areas, the 2 year measures are currently taking months to schedule, and weeks to get reports scored and in the system. As we are moving to an annual timeline, what safeguards are in place that the beneficiaries will not lose access to care if there are not the available staff to provide these measures in the required numbers?*
 - *There is no longer a requirement for the ASD diagnosing provider to complete these outcomes measures or for the family to obtain a referral to have another provider type complete the measures. That means authorized BCBA's (in certain states) and other qualified providers can complete the outcome measures without the referral barrier. The ASNs will also be actively tracking that information as well.*

Submitted Questions



- *Tricare has always been clear that it is required that technician level providers must be Registered Behavior Technicians and not simply behavior technicians. The inclusion of "Registered" is different than that of a behavior technician. The RBT requires additional educational coursework, review by the Behavior Analytic Certification Board (BACB) and a board approved exam that the behavior technician does not. These are in fact two separate levels of service providers and not all insurance companies require the technician level providers to be Registered Behavior Technicians.*
 - *TRICARE uses the term "Behavior technician" to include all of the authorized certification type (RBT, BCAT, and ABAT). See definition paragraph 11.17. All TRICARE authorized BTs must possess a certification (see paragraph 8.4.3). Of note, the term "RBT" is trademarked by the BACB.*

Upcoming Webinars



■ Series of Meetings:

- April 16, 2021 @ 1200 ET – ABA Benefit (8.0)
- April 21, 2021 @ 1300 ET – Other Important Changes

■ Submit Questions in Advance

- Please submit all questions and we will address accordingly
- Questions will be addressed during relevant webinars
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