TRICARE Autism Care Demonstration and the Way Ahead
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Overview

- TRICARE Benefit
- Extended Care Health Option (ECHO)
- History of Applied Behavior Analysis (ABA) Services under TRICARE
- Autism Care Demonstration (ACD) – Information
- ACD Initiatives
- Outcome Measures
- Documentation
- Future of the ACD
- ACD Mailbox
- Questions

The TRICARE Benefit

- The Military Health System (MHS) is an integrated, world-wide system of care that ensures the *health and readiness* of America's Service members to go anywhere, at anytime.
  - ❑ MHS changes
- TRICARE is not health insurance, but an earned benefit.
- The TRICARE Program supports the physical and mental health of 9.5 million beneficiaries worldwide of which approximately one-fifth of beneficiaries are children (ages newborn to age 21).

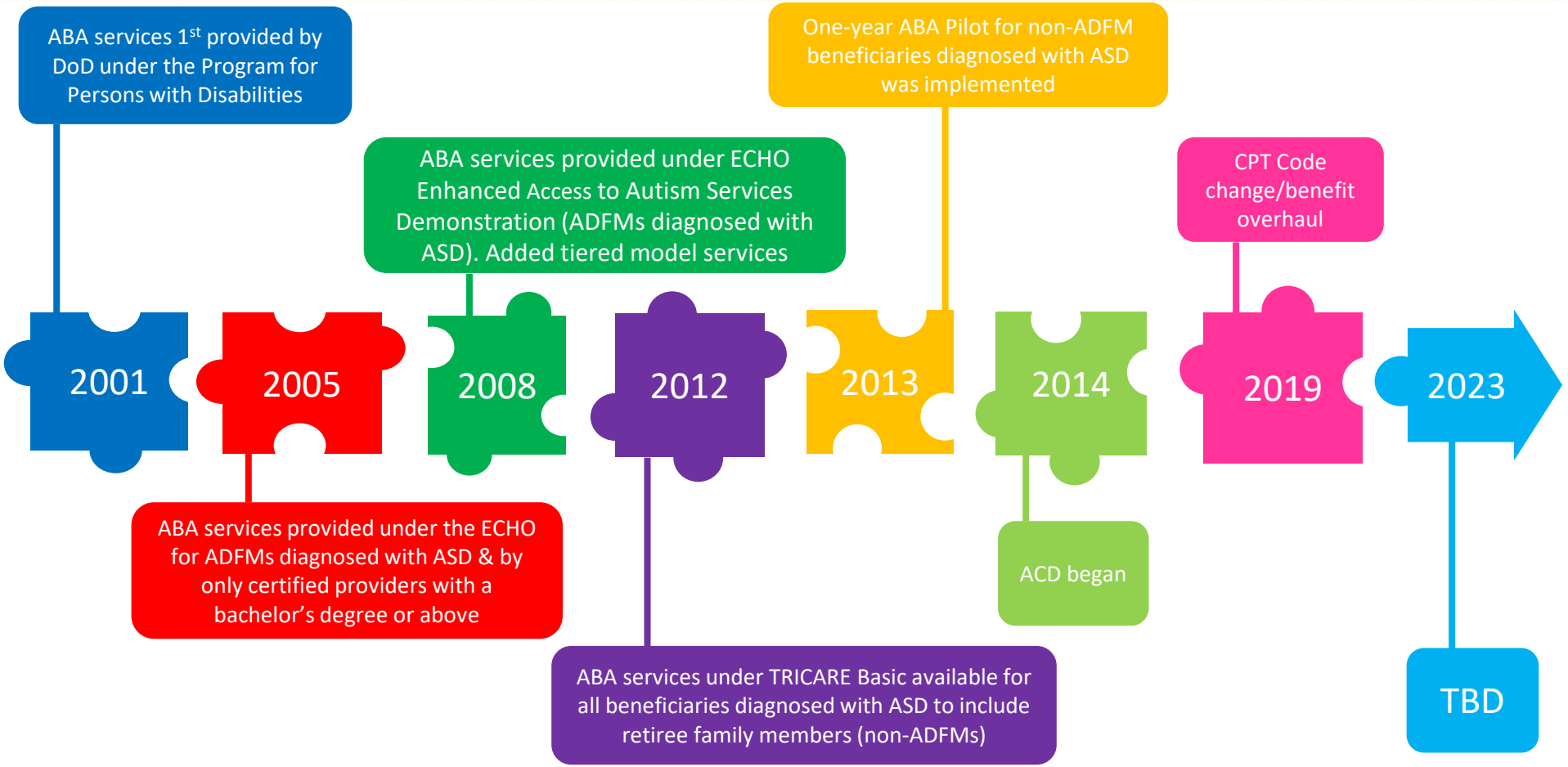
The TRICARE Benefit

TRICARE remains one of the most comprehensive health benefits available at exceptionally low costs to the beneficiary – a benefit that is commensurate with the sacrifice of those who it serves.

Extended Care Health Option (ECHO)

- ECHO is a TRICARE benefit defined by Regulation
- ECHO supplements the TRICARE basic program for eligible Active Duty family members (ADFMs) with select qualifying conditions:
  - Moderate to severe intellectual disability,
  - Serious physical disability,
  - Physical or psychological condition that causes the beneficiary to be homebound,
  - Diagnosis of a neuromuscular developmental condition, or
  - Autism Spectrum Disorder (ASD)
- Evidence of enrollment in Exceptional Family Member Program (EFMP) as required by the Sponsor's Service branch
  - EFMP is a Service requirement
  - EFMP helps military families with special needs during the duty-assignment process and after families arrive at their new installation

History of ABA Services under TRICARE



ACD – Information

- Update of ACD statistics (for Fiscal Year 2018):
  - ACD participants: 16,277
  - ABA providers: Approximately 30,000
  - Cost: $313.7M

ACD – Information

TRICARE Beneficiaries					
	Using ABA Services		Not Using ABA Services		
Age (years)	Using PT/OT/ST	Not Using PT/OT/ST	Using PT/OT/ST	Not Using PT/OT/ST	All Patients
< 6	3,540	1,085	3,146	1,388	9,159
6 to 10	3,195	2,756	3,042	4,436	13,429
11 to 13	834	1,380	1,263	3,600	7,077
14 to 17	445	1,091	991	5,163	7,690
18+	142	474	1,029	6,494	8,139
Total	8,156	6,786	9,471	21,081	45,494

ACD Initiatives

- 16 Provider Information Meetings/Stakeholder Round Tables since 2014
- Presentations at ABA conferences
- ACD email-box
- GovDelivery – proactive messaging platform
- Parent/Caregiver surveys
- TRICARE Quality Management audits
- Industry Day regarding best practices for ABA services

ACD Initiatives cont.

- Military Treatment Facility Initiatives:
  - FBCH and WRNMMC, Autism Resource Center (ARC) program
  - JBLM Center for Autism Resources, Education and Services (CARES), Madigan Army Medical Center
  - WPAFB P.L.A.Y. Project
- DoD Office of the Inspector General (OIG) North and South Audit reports published
- Congressionally Directed Medical Research Program (CDMRP) – study awarded Sept 2018

Outcome Measure

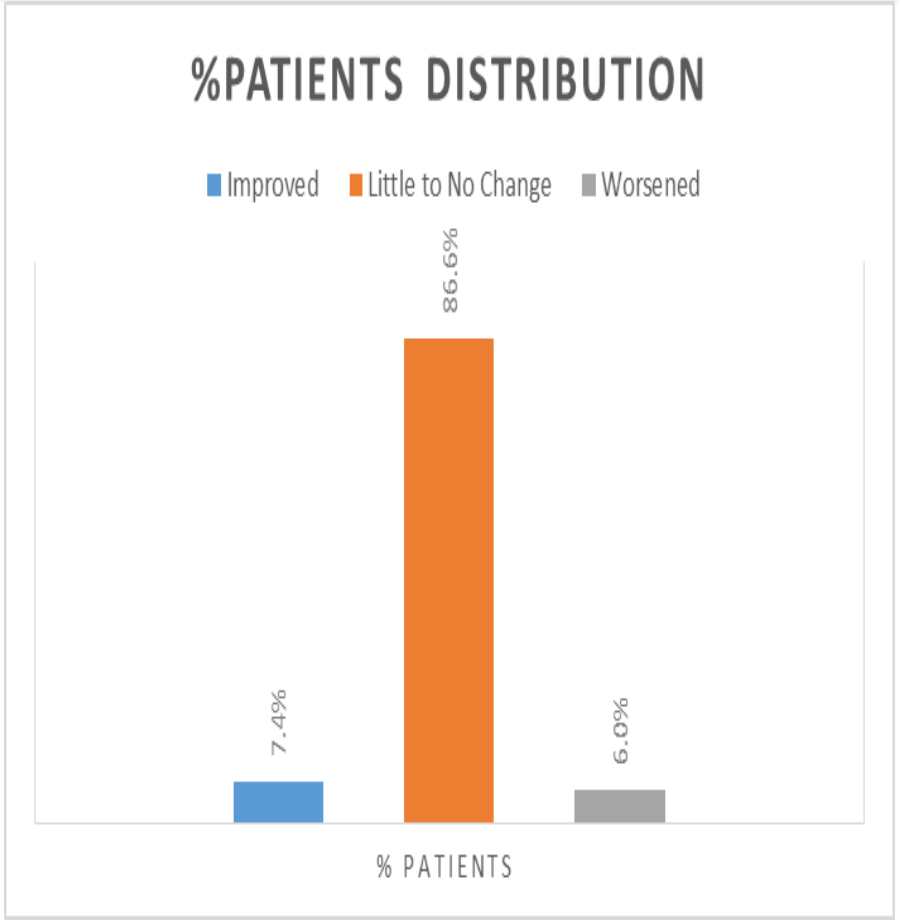
- 3 reasons for collecting outcome measures:
  - Ensure each beneficiary reaches their maximum potential/Inform treatment plan decisions
  - Inform the future of the ACD
  - Congressional request for health-related outcomes for the ACD

Outcome Measures cont.

- Measures were selected based on multiple stakeholder input
  - ABA advocates, ABA providers, MHS providers
- Currently, the ACD implements the following measures:
  - At baseline and every 2 years thereafter of ABA services
    - Vineland Adaptive Behavior Scales, Third Edition (Vineland 3)
    - Social Responsiveness Scale, Second Edition (SRS-2)
  - At baseline and every 6 months of services
    - Pervasive Developmental Disabilities Behavior Inventory (PDDBI)

Outcome Measures- PDDBI

- 1st set of comparison data for 1,577 beneficiaries based on the Autism Composite Score (Parent Form):
  - ~ 87% made little to no change (1 SD or less) in symptom presentation after 6 months of ABA services.
  - ~6% of the population had a decline of >1 SD indicating worsening symptom presentation.
  - ~7% had >1 SD improvement in symptom presentation.



Documentation: Resources

- Requirements for medical record documentation found in:
  - ❑32 CFR 199.2
    (http://manuals.tricare.osd.mil/pages/DisplayManualFile.aspx?Manual=FR16&Change=2&Type=AsOf&Filename=C2.PDF)
  - ❑TPM Chapter 1, Section 5.1 "Requirements for Documentation of Treatment in Medical Records"
    (http://manuals.tricare.osd.mil/pages/DisplayManualFile.aspx?Manual=TP15&Change=19&Type=AsOf&Filename=C1S5_1.PDF)
  - ❑TOM Chapter 18, Section 4, paragraph 17.2 & 17.3
    (http://manuals.tricare.osd.mil/pages/DisplayManualFile.aspx?Manual=TO15&Change=23&Type=AsOf&Filename=C18S4.PDF)

Documentation Elements: CPT Code 97151 – ABA Assessment & Treatment Plan

- The date and time of session;
- Length of assessment session;
- A legible name of the rendering provider, to include provider type/level;
- A signature of the rendering provider;
- Content of the session to include what activity, measures, observations were administered during the assessment

Reference: TOM C 18, S 4, P 17.3, bullet 5

Sample Session Note: CPT Code 97151

- Direct (*beneficiary/parent present*) session: Met with Aaron's mother for 60 minutes to conduct initial intake to include information regarding symptom presentation, co-morbid conditions, medications, additional medical and non-medical services, and reviewed parent report measures (Vineland, SRS, and PDDBI) with parents. Information will be reported in the final treatment plan.

- Indirect (*beneficiary/parent not present*) session: Drafted treatment plan by compiling data from intake, assessments, direct observations, analyzed collected data, and identified 15 targets for the initial treatment plan. Information will be reported in the final treatment plan.

Documentation Elements: CPT Code 97151 – Treatment plan

- Identifying information
  - ❑ Name, DOB, referring provider, date of assessment
- Reason for referral/presenting symptoms
  - ❑ Current symptom presentation
- Background/History
  - ❑ Date of initial diagnosis, co-morbid conditions, family history, medications, other medical/non-medical services, school status (including IEP)
- Assessment/Results
  - ❑ Review of records, assessment tools used, direct/indirect observations, parent interview, Functional Analysis (if applicable), PDDBI, other

Documentation Elements: CPT Code 97151 – Treatment plan

- Goals/Objectives
  - ❑ Should fall under the 2 domains of ASD symptom presentation (DSM-5)
  - ❑ Should reflect the elements noted in the history, symptoms, and assessment findings – **there should be no surprises!**
  - ❑ Should identify techniques to be used
  - ❑ Should be **measurable, objective, achievable, developmentally appropriate, and clinically significant**
  - ❑ Parent participation
- Recommendations for services (CPT codes & units*)
- Discharge Plan
- Signatures

Poll Everywhere Questions

#1: I understand the TRICARE documentation requirements for ABA

#2: Is this a medical goal? Decrease Javier's aggressive outbursts towards peers and adults: teach Functional Communication Teaching (FCT) strategies (calming procedures, and self-management techniques) to monitor his own behavior. Javier will utilize the technique of FCT by teaching Javier to use appropriate responses (i.e., can I have a break? Please stop, etc.) rather than aggression 4/5 opportunities for 5 consecutive sessions.

* YES

#3: Is this a medical goal? When saying an opening or closing prayer at church, Mary will state a prayer that has an appropriate and relevant beginning, middle, and end, her sentence structure will be in order, and the prayer will last no longer than 20 seconds. Mastery will be completing a prayer with 1 or fewer errors across 5 consecutive opportunities.

*NO – This is not a medical goal; goal is not clinically significant; no clear definition of "beginning, middle, end;" A more appropriate goal might be to address the impeding behavior; additionally, the goal could be targeted to the parents for addressing the behavior excess impeding task completion.

Poll Everywhere Questions

#4: Is this a medical goal? Cooper will be able to complete the components of a job or volunteer application with 0 prompts from staff members across 5 consecutive sessions.

*NO – Generally, vocational skills are not considered medical goals. Other TRICARE/Military services are available for this skill. Parents may be taught ABA techniques to assist parents in managing the behavior impeding this task.

#5: Is this a medical goal? Emma will practice touch typing at home for 30 minutes per week on 4 out of 5 opportunities over 2 consecutive weeks.

*NO – This is not a medical goal. No active rendering of ABA techniques; Not related to any core deficit of ASD.

#6: Is this a medical goal? Jerome will follow age-appropriate social norms in order to engage in 21st century social media (i.e. Facebook, texts, emails) with 100% independence across 3 consecutive correct initial probes and a correct response following a 5 session hold.

*NO – While social and communication skills may be the concept, social media skills are not considered medical goals.

Examples of Sufficiently Written Goals

- Hank will independently make at least 5 different 2-word requests for items and activities by constructing a sentence strip with attribute and item/action and exchanging the sentence strip with a communicative partner on 80% of opportunities across three consecutive sessions.

- Lana will appropriately and spontaneously mand for information/items from peers and novel adults in contrived community settings at least four times per hour across 5 different settings (90% across 2 consecutive sessions).

Examples of Poorly Written Goals:

- Family will fully participate in intervention services and will ask questions needed to support the home program
- Family will learn 5 total terms used in the treatment plan for each month where ABA services are rendered
- Sammy will be able to reduce negative behavior in response to non-preferred activity – Criteria: 2 occurrences across 5 consecutive sessions
- ABLLS – R, C7 – Follow instructions in routine situation

Examples of Non-Medical Goals:
(not covered under ACD)

- Money Management
  - Jane will balance a check book with 80% accuracy
- ADL
  - Fred will create a weekly chore list and complete each chore with 80% accuracy
  - Timmy will create a shopping list based on house hold needs (Timmy is 9 years old)
  - Molly will take one bite and chew with her mouth closed 9/10 over 10 meals
- Academic
  - Martin will complete his homework
  - Shelley will use correct grammar and syntax when communicating
  - Monique will identify the difference between literal and figurative comments
- Other
  - Within 6 months, when presented with a greeting card (birthday card, thank you card, etc.), Zach will sign his name in a greeting card with 100 percent accuracy
  - When music is played, Alyssa will spontaneously dance or sing for at least 5 seconds

Session note Reference:

TOM Chapter 18, Section 4, Paragraph 17.2

- The date and time of session;
- Length of therapy session;
- A legible name of the rendering provider, to include provider type/level;
- **A signature of the rendering provider**;
- A notation of the patient's current clinical status evidenced by the patient's signs and symptoms;
- Content of the session;
- A statement summarizing the techniques attempted during the 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 (when present); and
- Progress notes should intermittently (at least monthly) include reference to progress regarding the periodic ABA program review established early on in the patient's treatment.

Documentation Elements: CPT Code 97153 – Adaptive Treatment

- Beneficiary must be present
- Every rendering provider for a 1:1 session must complete a narrative note for reimbursement.
- Data collection is insufficient for a medical record.
- Example of the narrative portion should contain elements such as:
  - ❑ Identify what targets were addressed during the session
  - ❑ The child's compliance with the targets
  - ❑ Any difficulties or issues with a specified target or goal
- Note should justify the duration of the session

Poll Everywhere Question

Sample Session note: CPT Code 97153
Good or Not Good?

Emily greeted me at the door. The room was clean. She stated she took a shower after I left yesterday and clipped her nails which I was wanting her to do. Yeah! She worked hard, put good effort in work. Doing 2-place multiplication. Has a hard time, but tried. Had a snack which is usually eaten with Emily not closing her mouth. Area around table messy. Mom not home. Grandma complained about Emily not cooperating when calls name. I reinforced her authority.

*No – This is not a good note. This note is not objective; unclear if anything written is tied to a goal or a core deficit of ASD, some of the statements are not medical goals (i.e., school work).

Patient Name: Jane Doe
Service: 1:1 direct ABA by RBT
Provider: John Snow, RBT
Location: Clinic

Date of service: 2/20/2019
Start Time: 8:00am
End Time: 12:00pm
Session Duration: 4 hours

Persons Present:
Jane, John, peers receiving services at the center

ABA Techniques Utilized

- ✓ Discrete Trial Training (DTT)
- ✓ Natural Environment Teaching (NET)
- ✓ Prompting/ prompt fading/ shaping
- ✓ Differential Reinforcement (DRO, DRA, DRL)
- ✓ Extinction
- ✓ Functional communication training (FCT)
- Task analysis/ chaining

Clinical Status
Jane arrived rubbing eyes, yawning and stating "I'm tired." Mom/Dad stated Jane and parents were awake through the night with a sick family member. He readily transitioned with the RBT to the therapy room to start the session.

Summary of the session activities, response to treatment, and progress towards goals
RBT conducted a direct service session with Jacob at the Autism Center clinic. She became distracted (gazing out the window and at the lights) during DTT at the table and RBT utilized behavioral momentum and increased reinforcement schedule for attending and correct responses. Jane was compliant throughout the session evidenced by transitioning from unstructured play to table work (88% independent) and following two-step instructions (80% independent).

Jane scored 0% on maintenance trials for responding to greetings from peers, due to no eye contact. She mastered waiting 30-seconds for requested items when an adult tells her to wait, without engaging in problem behavior. She had to be prompted to use her words to request toys. She independently requested a turn with the cars toward the end of session. She required error correction for answering the social question "How old are you?" She was responding with "I'm fine." Responding to name called from another room- 30% of opportunities. She responded "Yeah," however the volume was low. Modeling "Yeah" with elevated voice volume was an effective prompt; faded to no prompt. She mastered independent play for 3 minutes (Marble Maze). Introduced independent play for 5 minutes. Required partial physical to model prompts to play with Playdoh. Not playing with intended purpose, placing on RBT clipboard. She imitated three-step gross motor actions in 90% of opportunities. This target will be mastered if he obtains 80% or more during the next session.

Jane engaged in a tantrum (crying and aggression lasting 4 minutes, 15 seconds) due to access to iPad being denied, even when given choices of other activities. RBT followed behavior intervention plan and blocked/ moved away from hitting and implemented a compliance check after 1 minute of calm before conducting a preference assessment and returning to DTT programs. Tantrum was longer than RBT's previous session during which it was at 0 seconds.

John Snow RBT
John Snow, RBT

Defense Health Agency

Good Sample Session note: CPT Code 97153

Documentation Elements: CPT Code 97155 – Protocol Modification

- Beneficiary must be present
- The QHP resolves one or more problems with the protocol
- May include demonstration of the new or modified goals to BT
- Every claim for 97155 must have a completed narrative note for reimbursement
- Data collection alone is insufficient
- Example of the narrative portion should contain elements such as:
  - ❑ Identify what targets were addressed during the session
  - ❑ What targets were assessed and subsequently modified

Sample Session note: CPT Code 97155 Pros/Cons?

- Goal: BCBA to review data, create a new community compliance program. BCBA will create materials for community safety signs, rules, and compliance.

- Progress toward goals: Brian was able to master 5 targets in the clinical setting and is ready to practice them in the community setting. He was able to master 7 sight words, trace 5 shapes, and complete the fine motor skills of tying and lacing. He is at 75% correct with eye contact while he is talking to people. BCBA created materials of teaching community skills that will be shaped in the community.

- Barriers to progress: Brian does not know or follow basic compliance instructions in the community, he talks to strangers, and he does not know safety signs in the community. Brian does not know community helpers when in the community and needs to generalize those skills.

Documentation Elements: CPT Code 97156 – Family Adaptive Behavior Treatment Guidance

- Parent must be present/Beneficiary not required to be present
- Goals of session are to:
  - Provide training of ABA techniques to parents/caregivers
  - Implement treatment protocols designed to address deficient adaptive or maladaptive behaviors
- Every rendering provider must complete a narrative note for reimbursement
- Example, the narrative portion should contain elements such as:
  - The parent's participation/understanding of the targets/interventions
  - Any difficulties or issues with a specified target or goal
  - Description of what took place and the response

Sample Session note: CPT Code 97156

- Session length: 1 hour
- Session participants: Mom first 30 min; Mom and Sammy second 30 min
- Met with Sammy's mother to review her data collection (ABC chart) regarding the frequency, consequences, and functions of behavior for the recent increase in tantrum behavior. She described frustrations with in-the-moment data collection. I reinforced that effective intervention comes from data driven information. Discussed a plan to identify specific times throughout the week to implement a compliance/reinforcement schedule. Worked with mom modeling joint-attention play skills today using a puzzle to reinforce vocal approximations.

Additional Documentation Notes:

- Modifying notes after they have been written is prohibited;
- Addition of an amendment is permitted
  - How is “amend” different from “modify”?

- Reimbursement for covered ABA CPT codes are for the direct service time. Pre and post work for the session are not billed separately.
  - Separate billing for note documentation, report writing, or updating of charts and data sheet is prohibited (other than under 97151)

Future of the ACD

- To create a comprehensive benefit, the ACD will include:
  - Creating a beneficiary/parent-centric model of care and support that encompasses all of the beneficiary/family's needs in a comprehensive approach
  - Enhanced parental/family participation
  - Enhanced Case management/Care coordination
  - Utilization management
  - Quality oversight
  - Respite
  - Focus on outcomes

ACD Mailbox

- Program/Policy questions should be emailed to: DHA.ACD@mail.mil

- ***Do not send PII/PHI***

- Administrative and process issues should be sent to your regional contractor