Department Of Defense (DoD) Applied Behavior Analysis (ABA) Pilot For Non-Active Duty Family Members (NADFMs)

1.0 PURPOSE

Under authority of Section 705 of National Defense Authorization Act (NDAA) Fiscal Year (FY) 2013, the “ABA Pilot” offers a supplemental benefit for NADFMs with an Autism Spectrum Disorder (ASD) by allowing bachelors-level Board Certified Assistant Behavior Analysts (BCaBAs) and paraprofessional “ABA Tutors” working under the supervision of masters-level Board Certified Behavior Analysts (BCBAs) or Board Certified Behavior Analysts - Doctoral (BCBA-Ds) to conduct ABA reinforcement that is often provided by parents. ABA Pilot coverage of ABA reinforcement for NADFMs will be implemented as a separate interim benefit from the coverage of ABA benefits currently provided under the TRICARE Basic Program to both Active Duty Family Members (ADFMs) and NADFMs with ASD, and separate from the Extended Care Health Option (ECHO) Enhanced Access to Autism Services Demonstration available by law only to ADFMs.

ABA for ASD has been covered when provided by masters-level (or above) behavior analysts (or licensed independent behavioral or medical health care providers authorized to provide ABA within the scope of their license and privileges) for ADFMs, but not NADFMs, under the Program for Persons with Disabilities (PFPWD) since 2001 and then under ECHO since 2008. In 2008 the Department implemented the Enhanced Access to Autism Services Demonstration (the “Autism Demonstration”) to give ADFMs under ECHO access to supplemental ABA reinforcement under an alternative tiered service delivery model using minimally-trained paraprofessional “ABA Tutors” as parent/caregiver extenders working under the supervision of masters-level BCBAs, doctoral-level BCBA-Ds or bachelors-level BCaBAs who were authorized as ECHO-only ABA providers.

Under authority of Section 705 of National Defense Authorization Act (NDAA) Fiscal Year (FY) 2013, all TRICARE beneficiaries – ADFMs and NADFMs alike – are eligible under the TRICARE Basic Program to receive the ABA provided only from those providers who meet TRICARE Basic Program certification standards (i.e., Board Certified Behavior Analysts only masters-level or above BCBAs, BCBA-Ds, or other licensed independent behavioral or medical health care providers authorized to provide ABA within the scope of their license and privileges). ABA that is now covered as a benefit under the TRICARE Basic Program (when based on a proper ASD diagnosis from a qualified ABA-diagnosing provider, when rendered by an authorized ABA provider, and when appropriate for a particular beneficiary) includes: a baseline assessment of functioning; development and implementation of an ABA treatment plan; education/training of parents/caregivers in ABA reinforcement techniques; and follow-up assessment of treatment progress.
The provisions of the FY2013 NDAA, Section 705, give the Department the authority to offer enhanced access to ABA (i.e., the tiered service delivery model) to designated TRICARE beneficiaries under a separate program other than ECHO as part of a one-year pilot. An initial report to Congress is to be submitted by December 31, 2013, which will be supplemented upon completion of the ABA Pilot, that addresses the following:

- An assessment of the feasibility and advisability of establishing a beneficiary cost share for ABA; and

- A comparison of providing ABA reinforcement under ECHO and providing such ABA under a TRICARE program other than ECHO; and,

- Any recommendations for changes in legislation and additional information for consideration.

Specific outcomes to be assessed as part of this pilot will include:

- Utilization– of Basic Program ABA and Enhanced Access ABA reinforcement for ADFMs and NADFMs; and

- Access to care – as measured by wait times and reported availability of ABA providers and ABA Tutors (as parent/care-giver “extenders” of ABA reinforcement techniques); and

- Cost – of providing appropriate ABA under the Basic Program, and ABA reinforcement under the ECHO Autism Demonstration (for ADFMs), and the ABA Pilot (for NADFMs); and

- Feasibility of assessing treatment progress – as measured by improvement in communication, social, and behavioral functioning from baseline for beneficiaries with ASD receiving ABA, plus ABA reinforcement under TRICARE.

2.0 BACKGROUND

2.1 The Military Health System (MHS) includes 59 military hospitals, over 350 military health clinics, and an extensive network of private sector health care partners, that provide medical care for more than nine million beneficiaries.

2.2 ASDs affect essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination, and the establishment of relationships with others. For a description of ASD and applicable diagnostic codes, see the TRICARE Policy Manual (TPM), Chapter 7, Section 3.18.

2.3 ABA has been introduced to ameliorate the negative impact of autism. Currently, ABA is accepted within the MHS as showing promise to reduce or eliminate specific problem behaviors and teach new skills to certain (but not all) individuals with ASD. ABA reinforcement requires family member involvement as the parent(s) or caregiver(s) must consistently implement the ABA reinforcement interventions in the home setting in accordance with the prescribed treatment plan.
NADFMs wanting to participate in the ABA Pilot must meet all requirements for the authorization and provision of ABA under the TRICARE Basic Program outlined in the TPM, Chapter 7, Section 3.18.

2.4 Under the ABA Pilot, ABA reinforcement is rendered by “surrogate parental intervention assistants” (ABA Tutors) as an “other service” benefit under the provisions of the FY2013 NDAA, Section 705. Only those individuals who meet the requirements specified in paragraph 3.4 working under the supervisory oversight of an ABA provider licensed or certified by a State or certified by the BACB (http://www.bacb.com) as a BCBA (ABA Supervisors) are eligible to provide ABA reinforcement.

2.5 The BCBAs clinical, supervisory, and case management activities are often supported by other staff such as Board Certified Assistant Behavior Analysts (BCaBA) working within the scope of their training, practice, and competence. The BCaBA assists BCBAs or BCBA-Ds in various roles and responsibilities as determined appropriate by BCBAs or BCBA-Ds and delegated to the BCaBA. Under the ABA Pilot, the BCaBA serves in a clinical support role and is not authorized to supervise ABA Tutors independently. BCaBAs may provide ABA reinforcement for more complex cases. The BCBA or BCBA-D is ultimately responsible for all aspects of case management and clinical supervision. Only those individuals who meet the requirements specified in paragraph 3.3 working under the supervisory oversight of an ABA provider licensed or certified by a State or certified by the BACB (http://www.bacb.com) as a BCBA (ABA Supervisors) are eligible to provide ABA reinforcement.

2.6 The ABA Pilot allows TRICARE reimbursement for ABA reinforcement delivered by supervised bachelor's level BCaBAs and paraprofessional providers (ABA Tutors) under a modified Corporate Services Provider (CSP) model that: (a) meets the TRICARE definition of a CSP under 32 CFR 199.6(e)(2)(ii)(B); (b) predominantly renders services of a type uniquely allowable under the FY2013 NDAA, Section 705; and (c) meets the requirements specified in paragraph 3.1.

3.0 ABA PROVIDER REQUIREMENTS

3.1 Autism Pilot Corporate Services Provider (ACSP)

ACSP shall:

3.1.1 Submit evidence to the Managed Care Support Contractor (MCSC) that professional liability insurance in the amounts of one million dollars per claim and three million dollars in aggregate, unless State requirements specify greater amounts, is maintained in the ACSP’s name.

3.1.2 Submit claims for ABA reinforcement to the appropriate MCSC using the assigned Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes specified in paragraph 6.0.

3.1.3 Submit to the MCSC all documents necessary to support an application for designation as a TRICARE ACSP; and
3.1.4 Enter into a Participation Agreement (Addendum A) approved by the Director, TRICARE Management Activity (TMA) or designee (i.e., the MCSC); and

3.1.5 Employ directly or contract with ABA Supervisors, BCaBAs and/or ABA Tutors; and

3.1.6 Certify that all ABA Supervisors, BCaBAs and ABA Tutors employed by or contracted with the ACSP meet the education, training, experience, competency, supervision and ABA Pilot requirements specified herein; and

3.1.7 Comply with all applicable organizational and individual licensing or certification requirements that are extant in the State, county, municipality, or other political jurisdiction in which ABA reinforcement are provided under the ABA Pilot; and

3.1.8 Maintain employment or contractual documentation in accordance with applicable Federal, State, and local requirements and corporate policies regarding ABA Supervisors, BCaBAs and ABA Tutors; and

3.1.9 Comply with all applicable requirements of the Government designated utilization and clinical quality management organization for the geographic area in which the ACSP provides ABA reinforcement; and

3.1.10 Comply with all other requirements applicable to TRICARE-authorized providers

3.2 ABA Supervisor shall:

3.2.1 Have a master’s degree or above in a qualifying field as defined by the BACB; and

3.2.2 Have a current, unrestricted State-issued license to provide ABA; or

3.2.3 Have a current, unrestricted State-issued certificate as a provider of ABA; or

3.2.4 Have a current certification from BACB (http://www.bacb.com) as a BCBA or BCBA-D where such state-issued license or certification is not available;

3.2.5 Enter into a Participation Agreement (Addendum A) approved by the Director, TMA or designee; and

3.2.6 Employ directly or contract with BCaBAs and ABA Tutors; and

3.2.7 Report to the MCSC within 30 days of notification of a BACB sanction issued to the ABA Supervisor for violation of BACB disciplinary standards (http://www.bacb.com/index.php?page=85) or notification of loss of BACB certification. Loss of BACB certification shall result in termination of the Participation Agreement with the ABA Supervisor with an effective date of such notification. Termination of the Participation Agreement by the MCSC may be appealed to the TMA in accordance with the requirements of Chapter 13; and
3.2.8 Ensure that the quality of the services provided by BCaBAs and ABA Tutors meet the minimum evidence-based standards as indicated by the current BACB Task List, the BACB Professional Disciplinary Standards, the BACB Guidelines for Responsible Conduct for Behavior Analysts, and current BACB rules and regulations; and

3.2.9 Maintain all applicable business licenses and employment or contractual documentation in accordance with Federal, State, and local requirements and the ABA Supervisor’s business policies regarding BCaBAs and ABA Tutors; and

3.2.10 Meet all applicable requirements of the states in which they provide ABA reinforcement, including those of states in which they provide remote supervision of BCaBAs and ABA Tutors and oversee ABA reinforcement provided where the beneficiary resides; and

3.2.11 Cooperate fully with a designated utilization and clinical quality management organization which has a contract with the DoD for the geographic area in which the provider does business; and

3.2.12 Comply with all other applicable requirements to TRICARE-authorized providers.

3.2.13 Comply with TRICARE documentation requirements as specified in TPM, Chapter 1, Section 5.1.

3.3 Board Certified Assistant Behavior Analyst (BCaBA) shall:

Note: A BCaBA (bachelor’s level) is not authorized to be an ABA supervisor nor to practice ABA independent of supervision of a BCBA, BCBA-D or behavior analyst licensed or certified by a state, see paragraph 2.5.

3.3.1 Have a bachelor’s degree or above in a qualifying field as defined by the BACB; and

3.3.2 Have a current, unrestricted State-issued license to provide ABA; or

3.3.3 Have a current, unrestricted State-issued certificate as a provider of ABA; or

3.3.4 Have a current certification from BACB (http://www.bacb.com) as a BCaBA where such state-issued license or certification is not available.

3.4 ABA Tutor shall:

3.4.1 Have documented evidence verifying completion of the 40 hours of classroom training provided by a BCBA or BCBA-D trainer, maintained by the ABA supervisor and the ABA Tutor, and shall include:

- Dates and times of training sessions; and
- Signature of the trainer and the ABA Tutor attendee on a sign-in sheet; and
A course description to include course objectives, a syllabus outlining course content and an evaluation process to measure successful completion; and

Course content, at minimum must include training on behavior analyst principles, crisis behavior management and HIPAA.

3.4.2 Prior to providing supervised ABA reinforcement under the ABA Pilot, shall have completed 40 hours of classroom training in ABA techniques in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts (http://www.bacb.com) to include documentation of training requirement, undergone a Criminal History Review as specified in paragraph 3.5; and

- Completed a minimum of 12 semester hours of college coursework in psychology, education, social work, behavioral sciences, human development or related fields and be currently enrolled in a course of study leading to an associate’s or bachelor’s degree by an accredited college or university; or

- Completed a minimum of 48 semester hours of college courses in an accredited college or university; or

- A High School diploma or GED equivalent and have completed 500 hours of employment providing supervised ABA reinforcement as verified by the ACSP.

3.4.3 Receive one hour of direct supervision per month per 10 hours of weekly ABA reinforcement per month from the ABA Supervisor with each beneficiary to whom the ABA Tutor provides ABA reinforcement to and in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts. Requests for additional supervision in excess of one hour supervision per 10 hours of ABA reinforcement per week of supervision must be coordinated with the MCSC. Remote supervision through the use of real time methods is authorized. For the purpose of this paragraph, “real-time” is defined as the simultaneous “live” audio and video interaction between the ABA Supervisor and the ABA Tutor by electronic means such that the occurrence is the same as if the individuals were in the physical presence of each other. Such is usually done by electronic transmission over the internet.

3.5 Provider Background Review

3.5.1 The MCSC shall obtain a Criminal History Review, as specified in Chapter 4, Section 1, paragraph 9.0, for ACSPs who are individual providers with whom the MCSC enters into a Participation Agreement.

3.5.2 ACSPs, other than those specified in paragraph 3.5.1, shall:

3.5.2.1 Obtain a Criminal History Review of ABA Supervisors whom the ACSP employs directly or with whom the ACSP enters into a contract.

3.5.2.2 Obtain a Criminal Background Check of BCaBAs and ABA Tutors whom the ACSP employs directly or with whom the ACSP enters into a contract.
3.5.3 The ABA Supervisor shall obtain a Criminal Background Check of BCaBAs and ABA Tutors the Supervisor employs directly or with whom the Supervisor enters into a contract to supervise the BCaBA or ABA Tutor. The Criminal Background Check of BCaBA and ABA Tutors assistants shall:

3.5.3.1 Include current Federal, State, and County Criminal and Sex Offender reports for all locations the BCaBA or ABA Tutor has resided or worked during the previous 10 years; and

3.5.3.2 Be completed prior to the BCaBA or ABA Tutor providing ABA reinforcement to TRICARE beneficiaries.

4.0 BENEFICIARY ELIGIBILITY REQUIREMENTS

4.1 NADFMs participating in the ABA Pilot shall:

4.1.1 Be at least 18 months of age; and

4.1.2 Have been diagnosed with an ASD specified in the TPM, Chapter 7, Section 3.18 by a TRICARE-authorized Physician Primary Care Manager (P-PCM) (for the purposes of the diagnosis of ASD, TRICARE authorized P-PCMs include: TRICARE authorized family practice, internal medicine and pediatric physicians whether they work in the purchased care or direct care system. In cases where the beneficiary does not have a P-PCM (as is sometimes the case for beneficiaries with TRICARE Prime Remote (TPR)), the diagnosis may be rendered by a TRICARE authorized physician in any of the disciplines described above under P-PCM, or by a TRICARE authorized specialty ASD provider) or Specialized ASD Provider; and

4.1.3 Meet all requirements outlined in the TPM, Chapter 7, Section 3.18 including referral, authorization, initial assessment and treatment plan, and updated treatment plan.

4.2 Eligibility for benefits under the ABA ceases as of 12:01 a.m. of the day after the ABA Pilot ends.

4.3 Absence of eligibility for the ABA Pilot does not preclude eligible beneficiaries as defined in 32 CFR 199.3 otherwise allowable services under the TRICARE Basic program.

5.0 POLICY

5.1 Under the ABA Pilot, TRICARE will reimburse ACSP’s only for ABA reinforcement that meet the minimum standards established by the current BACB Task List, the BACB Professional Disciplinary Standards, the BACB Guidelines for Responsible Conduct for Behavior Analysts, and current BACB rules and regulations when rendered by BCaBAs and ABA Tutors who meet all applicable requirements specified herein.

5.2 All ABA reinforcement under this ABA Pilot require prior written authorization by the Director, TMA or designee (i.e., the MCSC) in accordance with the requirements outlined in TPM, Chapter 7, Section 3.18.
5.3 The following are eligible for reimbursement, payable only to the ACSP or BCBA/BCBA-D under the ABA Pilot:

5.3.1 ABA reinforcement rendered directly to a TRICARE beneficiary on a one-on-one basis by a BCaBA or ABA Tutor under the supervision of an ABA provider licensed or certified by a State or certified by the BACB ([http://www.bacb.com](http://www.bacb.com)) as a BCBA or BCBA-D. Group ABA reinforcement is not a TRICARE benefit.

5.3.2 ABA reinforcement rendered jointly, in-person, during directly supervised fieldwork of the BCaBA or ABA Tutor by the ABA Supervisor. Only the services provided by the ABA Supervisor will be reimbursed as specified in paragraph 7.1.1.

6.0 BENEFICIARY COST SHARE LIABILITY

6.1 The sponsor/NADFM cost share, regardless of whether they are using Standard/Extra or Prime, shall be 10 percent of the lesser of:

- The CHAMPUS Maximum Allowable Charge (CMAC); or
- $125 per hour for services provided by the ABA Supervisor and $75 for services provided by a BCaBA, and/or $50 per hour for services provided by the ABA Tutor; or
- The negotiated rate; or
- The billed charge

6.2 The allowed cost of services provided accrues to the government’s maximum fiscal year share of providing benefits, of $36,000.

6.3 The sponsor/beneficiary cost-shares under the ABA Pilot do not accrue the standard deductible or to meeting the catastrophic cap in the TRICARE Basic Program.

6.4 The government’s maximum fiscal year cost-share for ABA Pilot benefits applies to each beneficiary, regardless of the number of dependents with the same sponsor receiving ABA Pilot benefits in that fiscal year.

7.0 REIMBURSEMENT

7.1 Claims for ABA Pilot services will be submitted by the ACSP on a Centers for Medicare and Medicaid Services (CMS) 1500 (08/05). Reimbursement is payable only to the ACSP or BCBA/BCBA-D, not to the BCaBAs or ABA Tutors. The following codes have been adopted for non-standardized usage for ABA reinforcement provided under the ABA Pilot. These codes apply for provision of ABA reinforcement in all authorized treatment settings (the office, home or community setting).

7.1.1 ABA reinforcement rendered jointly by an ABA Supervisor and a BCaBA or ABA Tutor, during directly supervised fieldwork of the BCaBA or ABA Tutor by the ABA Supervisor, will be invoiced using HCPCS code “S5108, Home care training to home care client, per 15 minutes.”
Supervision means direct one-on-one supervision of ABA Tutors implementing the treatment plan in person or through real time remote means. The supervised field work of the ABA supervisor and BCaBA or ABA Tutor are reimbursed as one unit of service. Under no circumstances with TRICARE reimburse more than $125.

7.1.2 ABA reinforcement provided directly by a BCaBA or an ABA Tutor will be invoiced using HCPCS code “H2019, Therapeutic behavioral services, per 15 minutes.”

7.2 Reimbursement of claims in accordance with paragraph 7.1.1 and 7.1.2 will be the lesser of:

- The CHAMPUS Maximum Allowable Charge (CMAC); or
- One hundred and twenty-five dollars ($125) per hour for services provided by the ABA Supervisor, $75 for services provided by a BCaBA, and $50 per hour for services provided by the ABA Tutor; or
- The negotiated rate; or
- The billed charge.

8.0 ADDITIONAL MCSC RESPONSIBILITIES

The MCSC shall:

8.1 Ensure all requirements outlined in the TPM, Chapter 7, Section 3.18 including referral, authorization, initial assessment and treatment plan, and updated treatment plan are met when authorizing supplemental ABA reinforcement under the ABA Pilot.

8.2 Maintain all documents related to the ABA Pilot in accordance with Chapter 2.

8.3 Forward to the “gaining” MCSC all ABA Pilot related documents within 10 calendar days of being notified that a beneficiary is transferring to a location under the jurisdiction of another MCSC.

8.4 Conduct annual audits on at least 20% of each ACSP’s BCaBA and ABA Tutors for compliance with the requirements specified in paragraph 3.3 and 3.4. Upon determining non-compliance with one or more BCaBA or ABA Tutor qualification requirements, the MCSC will immediately initiate a compliance audit of all BCaBAs and ABA Tutors employed by or contracted with that ACSP.

8.5 Complete and submit the monthly, quarterly, and semi-annual reports as described in the Contract Data Requirements List (CDRL), DD Form 1423.

8.6 Follow the quality assurance procedures outlined in TPM, Chapter 7, Section 3.18.

8.7 Ensure all TRICARE Encounter Data (TED) requirements outlined in the TRICARE Systems Manual (TSM), Chapter 2 are met including appropriate use of Special Processing Code “AP Applied Behavior Analysis (ABA) Pilot”.

9 C-101, June 25, 2013
9.0 APPLICABILITY

9.1 This ABA Pilot is limited to TRICARE beneficiaries who meet the requirements specified in paragraph 4.0.

9.2 This ABA Pilot is limited to the 50 United States and the District of Columbia.

10.0 EXCLUSIONS

TRICARE will not cost-share under the ABA Pilot:

10.1 Training of ABA Tutors as specified in paragraph 3.4.2.

10.2 ABA provided exclusively under the TRICARE Basic benefit in accordance with TPM, Chapter 7, Section 3.18.

10.3 Any exclusions under TPM, Chapter 7, Section 3.18.

10.4 Group supervision of ABA Tutors.

10.5 ABA reinforcement provided to more than one beneficiary at a time.

10.6 Billing for e-mails and phone calls.

10.7 Billing for office supplies or therapeutic supplies (i.e., building blocks, stickers, crayons, etc.).

10.8 Billing for ABA reinforcement provided remotely through internet technology (Skype) to a parent working with their child.

10.9 Billing for ABA reinforcement involving aversive techniques.

11.0 EFFECTIVE DATE

This ABA Pilot is effective for claims for services provided in accordance with this section for a one year period from July 25, 2013.