

DEPARTMENT OF DEFENSE (DOD) ENHANCED ACCESS TO AUTISM SERVICES DEMONSTRATION

1.0. PURPOSE

The Enhanced Access to Autism Services Demonstration (“Demonstration”) will test the feasibility and advisability of permitting TRICARE reimbursement for Educational Interventions for Autism Spectrum Disorders (EIA) delivered by paraprofessional providers, under a modified corporate services model, in the absence of state or industry oversight. The Demonstration will provide information that will enable the Department of Defense (DoD) to determine if: there is increased access to these services; the services are reaching those most likely to benefit from them; and the quality of those services is meeting a standard of care currently accepted by the professional community of providers of these and related services.

2.0. BACKGROUND

2.1. *The Military Health System (MHS) is a \$33 billion dollar enterprise, consisting of 76 military hospitals, over 500 military health clinics, and an extensive network of private sector health care partners, which provides medical care for over nine million beneficiaries including Active Duty Service Members (ADSMs) and Active Duty Family Members (ADFMs). Preliminary, but internally reliable counts of the number of military-dependent children with autism reveals that among the more than 1.2 million children of active duty personnel, approximately 8,500 carry one of the autism spectrum disorder diagnoses.*

2.2. *Autistic spectrum disorders affect essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination, and the establishment of relationships with others. A number of treatments, therapies and interventions have been introduced to ameliorate the negative impact of autism on these areas of concern. EIA services have been shown to reduce or eliminate specific problem behaviors and teach new skills to individuals with autism. The Demonstration will permit TRICARE reimbursement for EIA services (referred to as Intensive Behavioral Interventions in the December 4, 2007 **Federal Register** notice on the Demonstration) such as applied behavior analysis (ABA), delivered by paraprofessional providers, under a modified corporate services model, in the absence of state or industry oversight. Neither the TRICARE Basic Program nor the Extended Care Health Option (ECHO) program currently authorize reimbursement for providers working within this type of unregulated corporate structure. Should the Demonstration result in a determination to make a permanent change to the TRICARE benefit to permit reimbursement of services provided by EIA Tutors under a corporate services model, such decision would require a change to the Code of Federal Regulations (CFR).*

3.0. DEFINITIONS

3.1. Applied Behavior Analysis (ABA)

The design, implementation, and evaluation of systematic environmental changes to produce socially significant change in human behavior through skill acquisition and the reduction of problematic behavior. ABA includes direct observation and measurement of behavior and the identification of functional relations between behavior and the environment. Contextual factors; establishing operations, antecedent stimuli, positive reinforcers, and other consequences are used to produce the desired behavior change.

3.2. Autism Spectrum Disorders (ASDs)

Collective term indicating Autistic Disorder (AD), Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS), and Asperger's Disorder (AS) as defined by the American Psychiatric Association's (APA's) Diagnostic and Statistical Manual, Fourth Edition (DSM-IV-TR). For the purposes of the Demonstration, Childhood Disintegrative Disorder (CDD) is also subsumed under the ASD term.

3.3. Behavior Plan (BP)

A plan designed to modify behavior through the use of evidence-based practices and techniques. It is based on the direct observation and measurement of behavior as well as a functional behavioral assessment.

3.3.1. A BP for a child receiving EIA services under this Demonstration must be developed by the Individual Corporate Services Provider (ICSP) directing the delivery of EIA services to the child or EIA Supervisor serving as the principal supervisor for the beneficiary's intervention services delivered through an Organizational Corporate Services Provider (OCSP); and

3.3.2. Must be submitted to the beneficiary's Primary Care Provider (PCP) or Specialized ASD Provider prior to instituting services on an ongoing basis (evaluation of the beneficiary to produce an initial BP are excluded from this requirement) provided by EIA Tutors or EIA Tutors-in-Training and again at least once every six months; and

3.3.3. Must identify long and intermediate-term habilitative and behavioral goals and short-term behavioral objectives that are behaviorally defined; and

3.3.4. Must identify the criteria that will be used to measure achievement of behavioral objectives; and

3.3.5. Must clearly state the schedule of services planned and the individuals providers to deliver those services; and

3.3.6. Must specify a tutor staffing pattern for services that:

3.3.6.1. Reflects the use of multiple tutors to provide intensive services (i.e., greater than 20 hour per week) to a single child to enhance generalization of learned behaviors; *or*

3.3.6.2. *Reflects the use of a single tutor to provide intensive services when extraordinary circumstances such as scarcity of tutors or clinical contraindications to the use of multiple tutors are present. Such circumstances must be documented in the BP and the Managed Care Support Contractor (MCSC) may request further documentation and with cause, deny the use of a single tutor to provide intensive EIA services of greater than 20 hours per week to a single beneficiary.*

3.3.7. Must specify the predominant location at which EIA services are to be delivered as in the home, specialized clinic/facility, at school, other location, or in no predominant location; and

3.3.8. Must include a description of how (if at all) EIA services described in the BP are related to (supportive, complementary, etc.) other special education services targeted at ameliorating the core deficits of ASD provided under the child's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) developed in accordance with the Individuals with Disabilities Education Improvement Act (IDEA); and

3.3.9. Must summarize pertinent issues and recommendations for modifying the BP resulting from quarterly treatment progress meetings held with the child's primary caregivers.

3.4. Core Deficits Of ASD

The main signs and symptoms of autism involve language, social behavior, and behaviors concerning objects and routines:

3.4.1. Communication Deficits. Lack of speech especially when it is associated with the lack of desire to communicate and lack of nonverbal compensatory efforts such as gestures.

3.4.2. Social Skills Deficits. Children with ASDs universally demonstrate a decreased drive to connect with others and share complementary feeling states. Children with ASDs often do not appear to seek connectedness; they are content being alone, ignore their parents' bids for attention, and seldom make eye contact or bid for others' attention with gestures or vocalizations.

3.4.3. Restricted, Repetitive, and Stereotyped Patterns of Behavior, Interests, and Activities. Children with ASDs can demonstrate atypical behaviors in a variety of areas including peculiar mannerisms, unusual attachments to objects, obsessions, compulsions, self-injurious behaviors, and stereotypes. Stereotypes are repetitive, nonfunctional, atypical behaviors such as hand flapping, finger movements, rocking, or twirling.

3.5. Educational Interventions For Autism Spectrum Disorders (EIA)

With regard to interventions for ASDs, the American Academy of Pediatrics (AAP) recently defined education as the fostering of acquisition of skills and knowledge to assist a child to develop independence and personal responsibility; it encompasses not only academic learning but also socialization, adaptive skills, communication, amelioration of interfering behaviors, and generalization of abilities across multiple environments. EIA consists of individualized behavioral interventions employed to systematically increase

adaptive behaviors and to modify maladaptive or inappropriate behaviors and are most often used on a one-to-one basis. These interventions are intended to:

3.5.1. Help young children with ASD achieve independent, full inclusion in a primary general education setting; and

3.5.2. Produce measurable outcomes that diminish behaviors that interfere with the development and use of language and appropriate social interaction skills or broaden an otherwise severely restricted range of interests; and

3.5.3. Increase the child's ability to participate in other therapies and environments.

3.5.4. EIA interventions for children with autism have certain things in common:

- Intervention designed and overseen directly by qualified, well-trained professionals;
- Detailed assessment of each child's skills as well as child and family preferences to determine initial treatment goals;
- Selection of goals that are meaningful for the child and the family;
- Ongoing objective measurement of the child's progress;
- Frequent review of progress data so that goals and procedures can be "fine tuned" as needed;
- Interventions that address developmentally appropriate goals in all skill areas (e.g., communication, social, self-care, play and leisure, motor, and academic skills);
- Target skills are broken down into small parts or steps that are manageable for the child;
- An emphasis on skills that will enable a child to be independent and successful in both the short and the long run;
- Use of multiple behavior analytic procedures -- both adult-directed and child-initiated -- to promote learning in a variety of ways;
- Many opportunities -- specifically planned and naturally occurring -- for each child to acquire and practice skills every day, in structured and unstructured situations;
- Intervention provided consistently and with an intensity requisite to behavioral goals;
- Abundant positive reinforcement for useful skills and socially appropriate behaviors;

- An emphasis on positive social interactions, and on making learning fun;
- No reinforcement for behaviors that are harmful or prevent learning;
- Use of techniques to help trained skills carry over to various places, people, and times and to enable children to acquire new skills in a variety of settings;
- Parent training so family members can teach and support skills during typical family activities;
- Regular meetings between family members and those designing and implementing the intervention program.

3.5.5. Only EIA services with particular characteristics as elaborated in [paragraph 6.2.](#) are covered under the Demonstration.

3.6. EIA Progress Report (EPR)

Is a report on progress made towards achieving the long and intermediate-term habitative and behavioral goals and short-term behavioral objectives that were identified in the BP.

3.6.1. An EPR for a child receiving EIA services under this Demonstration must be developed by the EIA Supervisor directing the delivery of EIA services to the child. If more than one EIA Supervisor is directing delivery of services to the child then a single EPR that reflects the activities of all EIA Tutors will be developed by the sponsor-designated lead EIA Supervisor; and

3.6.2. Must be submitted by the EIA Supervisor along with the required BP to the beneficiary's PCP or Specialized ASD Provider and upon the termination of services under the direction of that EIA Supervisor with a child; and

3.6.3. Must report on the progress achieved on behavioral objectives identified in the BP; and

3.6.4. Must document a child's progress towards achieving behavioral objectives through analysis and reporting of quantifiable behavioral data including, but not limited to the following:

- The frequency, quality and intensity of expression of targeted behaviors in natural situations (e.g., in unstructured situations in the home or classroom rather than during treatment) outside of EIA teaching activities; and
- The degree to which a child's responses are unprompted versus prompted; and
- The generalization of learning to significant age-appropriate behaviors that were not the immediate objectives of EIA; and

- Additional elaborative benchmarks and criteria as the Director, TRICARE Management Activity (TMA) or designee determines necessary to insure quality of delivered services.

3.6.5. Must describe the data collection procedures; and

3.6.6. Must provide a narrative summary of the data supporting findings of progress or lack of progress in meeting long and intermediate-term habilitative and behavioral goals and short-term behavioral objectives.

3.6.7. An EPR is not required to be submitted along with that EIA Supervisor's first BP for a child receiving services.

3.7. Functional Behavioral Assessment And Analysis

The process of identifying the variables that reliably predict and maintain problem behaviors. The functional behavioral assessment and analysis process typically involves:

3.7.1. Identifying the problem behavior(s);

3.7.2. Developing hypotheses about the antecedents and consequences likely to trigger or support the problem behavior;

3.7.3. Performing an analysis of the function of the behavior by testing the hypotheses.

3.8. Individualized Education Program (IEP)

IEP means a written statement for a child with a disability that is developed, reviewed, and revised in accordance with IDEA of 2004, Public Law (PL) 108-446 Sec. 614.

3.9. Individualized Family Service Plan (IFSP)

IFSP means a written statement for an infant or toddler with developmental needs as defined by the IDEA of 2004, PL 108-446 Sec. 636.

3.10. Provisional Demonstration Eligibility

3.10.1. To avoid delaying receipt of services under this Demonstration while completing the Demonstration eligibility process, in particular *obtaining a completed IEP or IFSP*, clinical review of a beneficiary's diagnosis, *or* registration in the ECHO, the regional MCSC may grant otherwise eligible-apparent beneficiaries a provisional eligibility status for a period of not more than 120 days *except as noted in paragraph 3.10.2.* during which ECHO and Demonstration benefits will be authorized and payable. This provisional status is portable across the 50 United States and the District of Columbia.

3.10.2. *Provisional eligibility may be extended for an additional two 120 day periods and after that with the consent of the Director, TMA or designee, with a letter from the principal of the school legally responsible for the development of the beneficiaries IEP/IFSP stating that the IEP or IFSP has not been completed as defined under applicable local, state, and federal policy.*

NOTE: The provisional status will terminate upon completion of the eligibility process or at the end of the 120 day period, whichever occurs first. The government liability for Demonstration benefits will terminate at the end of the 120 day period. The government will not recoup claims paid for authorized ECHO or Demonstration benefits provided during the provisional period.

3.11. Special Education (as defined in IDEA)

The term “special education” means specially designed instruction to meet the unique needs of a child with a disability, including--instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings and instruction in physical education.

4.0. PROVIDERS

4.1. Primary Care Provider (PCP)

PCP is the term used in the Demonstration to collectively refer to:

4.1.1. A Primary Care Manager (PCM) under the TRICARE Prime or TRICARE Prime Remote for Active Duty Family Member (TPRADFM) programs; and

4.1.2. A PCP under the TRICARE Standard program; and

4.1.3. Describes a Military Treatment Facility (MTF) provider or team of providers or a network provider to whom a beneficiary is assigned for primary care services at the time of enrollment in TRICARE Prime.

4.2. Individual Corporate Services Provider (ICSP)

4.2.1. Is an individual EIA Supervisor, not incorporated, meeting specified criteria that permit the EIA Supervisor to receive reimbursement for services provided by EIA Tutors implementing their intervention plan.

4.2.2. The ICSP is responsible for meeting all requirements ascribed to an EIA Supervisor found in [paragraph 4.4](#), as well those in the Participation Agreement ([Addendum A](#)) and include, but are not limited to:

4.2.2.1. Submitting to the MCSC all necessary documents to support an application for TRICARE authorization; and

4.2.2.2. Entering into a Participation Agreement approved by the Director, TMA or designee, which complies with the Participation Agreement requirements established by the Director; and

4.2.2.3. Certifying that all EIA Tutors and EIA Tutors-in-Training employed by or contracted with the ICSP;

- Meet the education, training, experience, and competency requirements; and

- If required, have completed a criminal background check the results of which meet standards as specified in [paragraph 4.5.7](#), prior to the EIA Tutor providing any EIA services, other than joint services with an EIA Supervisor, to TRICARE beneficiaries; and

4.2.2.4. Maintaining for a period of 36 months after the direct employment or contractual relationship between the ICSP and EIA Tutor has ended, documentation detailed enough to permit independent verification that an EIA Tutor has met all applicable requirements; and

4.2.2.5. Submitting certification on a fiscal year quarterly basis and maintaining documentation of on-going supervision requirements of EIA Tutors and EIA Tutors-in-Training as described in [paragraph 4.2.3](#); and

4.2.2.6. Submitting notification when:

- An EIA Tutor-in-Training has fully met all TRICARE requirements for an EIA Tutor as elaborated in [paragraph 4.5](#); and
- When an EIA Tutor meets the threshold for reducing the intensity of on-going supervision as defined in [paragraph 4.5.8](#).

4.2.2.7. Submitting claims to the appropriate TRICARE MCSC using assigned Healthcare Common Procedure Coding System (HCPCS) *and Current Procedural Terminology (CPT)* codes as described in [paragraphs 9.1](#), [9.2](#), [9.3](#), *and 9.5*; and

4.2.2.8. Certifying on the BP that services designed for delivery to TRICARE beneficiaries meet all requirements of covered EIA services as defined in [paragraph 6.2](#); and

4.2.2.9. Ensuring BPs and EPRs are completed and forwarded at least 15 business days before authorization for continued EIA services is due to expire to the beneficiary's PCP or Specialized ASD Provider and parent/caregiver.

4.2.3. Supervising EIA Tutors and EIA Tutors-in-Training

4.2.3.1. An ICSP supervising an EIA Tutor or EIA Tutor-in-Training shall maintain records of supervision provided. BACB approved feedback forms are one appropriate tool (see http://www.bacb.com/Downloadfiles/experience_supervsn/50331_Supervision_form.pdf). Any other documentation maintained for this purpose must contain at least the information within the BACB form cited in this paragraph as well as the EIA Tutor or Tutor-in-Training unique identifier as defined in [paragraph 4.5.2](#). The ICSP shall retain supervision documentation for audit purposes for a period of 36 months after termination of the Participation Agreement by either party; and

4.2.3.2. Is responsible for submitting documentation of ongoing supervision of EIA Tutors quarterly to the party or parties directed by the Director, TMA or designee. Required is documentation of:

- The number of hours of directly supervised fieldwork during that reporting period; and

- The lifetime total cumulative hours of indirectly supervised fieldwork for EIA Tutors or EIA Tutors-in-Training with less than 500 hours of indirectly supervised fieldwork; and
- The number of delivered service hours billed to TRICARE for that reporting period provided by the EIA Tutor; and
- The name of the supervisor, the EIA Tutor unique identifier (see [paragraph 4.5.2.](#)) and signatures of the tutor and supervisor. The supervisor must review the forms with the tutor, retain a copy and provide a copy for the tutor.

4.2.4. Additional information related to EIA Supervisors and their role as Corporate Services Providers (CSPs) may be found under [paragraph 6.0.](#)

4.3. Organizational Corporate Services Provider (OCSP)

4.3.1. For the purposes of the Demonstration an OCSP is a corporation, foundation, or public entity that meets the TRICARE definition of a CSP under [32 CFR 199.6\(e\)\(2\)\(ii\)\(B\)](#) that predominantly renders services of a type uniquely allowable as an ECHO benefit. An OCSP may employ directly or contract with EIA Supervisors and EIA Tutors.

4.3.2. To provide services under the Demonstration, an OCSP must enter into a Participation Agreement approved by the Director, TMA or designee, which complies with the Participation Agreement requirements established by the Director and includes, but is not limited to the requirement to:

4.3.2.1. Submit to the MCSC all necessary documents to support an application for TRICARE authorization as a CSP; and

4.3.2.2. Certify that all EIA Tutors and EIA Tutors-in-Training employed by or contracted with the OCSP;

- Meet the education, training, experience, and competency requirements elaborated in [paragraph 4.5.](#); and
- If required, have completed a criminal background check the results of which meet standards as specified in [paragraph 4.5.7.](#) prior to the EIA Tutor providing any EIA services, other than joint services with an EIA Supervisor, to TRICARE beneficiaries; and

4.3.2.3. Maintain for a period of 36 months after the direct employment or contractual relationship between the OCSP and EIA Tutor has ended:

- Documentation detailed enough to permit independent verification that an EIA Tutor has met all TRICARE participation requirements as elaborated in [paragraph 4.5.](#); and
- That documents ongoing supervision of EIA Tutors and EIA Tutors-in-Training as described in [paragraph 4.2.3.1.](#)

4.3.2.4. Submit certification on a fiscal year quarterly basis and maintaining documentation of on-going supervision requirements of EIA Tutors and EIA Tutors-in-Training as described in [paragraph 4.2.3.](#); and

4.3.2.5. Submit notification when:

- An EIA Tutor-in-Training has fully met all TRICARE requirements for an EIA Tutor; and
- When an EIA Tutor meets the threshold for reducing the intensity of on-going supervision as defined in [paragraph 4.5.8.](#)

4.3.2.6. Submitting claims to the appropriate TRICARE MCSC using assigned HCPCS *and CPT* codes as described in [paragraphs 9.1., 9.2., 9.3., and 9.5.](#); and

4.3.2.7. Ensure that each beneficiary receiving EIA services for which the OCSF seeks TRICARE reimbursement has been assigned a principal EIA Supervisor employed by or contracted to the OCSF who leads development of the BP, EPR and quarterly family treatment progress meetings; and

4.3.2.8. Certify on the BP that services designed for delivery to TRICARE beneficiaries meet all requirements of covered EIA services as defined in [paragraph 6.2.](#); and

4.3.2.9. Ensure BPs and EPRs are completed and forwarded at least 15 business days before authorization for continued EIA services is due to expire to the beneficiary's PCP or Specialized ASD Provider and parent/caregiver.

4.3.3. An OCSF that receives TRICARE reimbursement for the services of directly employed or contracted EIA Tutors and also seeks TRICARE reimbursement for the services of a provider who otherwise would meet qualifications for an EIA Supervisor, may receive reimbursement for those services only if the provider is a TRICARE authorized EIA Supervisor.

4.4. EIA Supervisor

4.4.1. TRICARE authorized provider of EIA services meeting the qualifications and requirements elaborated in [paragraph 4.4.](#) An EIA Supervisor may also provide supervisory oversight to EIA Tutors and certain other EIA Supervisors. As a service provider an EIA Supervisor consults, provides training to caregivers, conducts behavioral evaluations of children with ASD, and directs behavioral plan development for TRICARE beneficiaries. As a supervisor an EIA Supervisor is a clinical teacher who educates, observes, assesses, and supervises the educational activities and service delivery of EIA Tutors. At the point in which more than one EIA Supervisor acting in the capacity of an ICSP are simultaneously billing for services of EIA Tutors to a single beneficiary, the beneficiary's sponsor shall designate a lead EIA Supervisor who is responsible for submitting unified BPs, EPRs, and shall organize and direct required quarterly family treatment progress meetings.

4.4.2. A TRICARE authorized EIA Supervisor must meet one or more of the following requirements:

4.4.2.1. Be a Board Certified Behavior Analyst (BCBA), as certified by the Behavior Analyst Certification Board (BACB) (see <http://www.bacb.com/> for details of certification); or

4.4.2.2. Be a Board Certified Associate Behavior Analyst (BCABA), as certified by the BACB, who is supervised by a BCBA; or

4.4.2.3. Be an individual who is currently approved by the BACB to take the BCBA examination; and

- Submits a copy of the approval notification on BACB letterhead that is dated not more than two years prior to the date of application for TRICARE authorization; and
- Who is supervised by or supervises EIA providers jointly with a BCBA; or

4.4.2.4. Be an individual who meets the minimum degree requirements to be eligible to sit for the BCBA examination; and

- Submits documentation of having completed at least 169 classroom hours of graduate level instruction in the content areas identified by the BACB; and
- Submits documentation of having completed 75% of the experience requirements to be eligible to sit for the BCBA examination; and
- Who is supervised by a BCBA; or

4.4.2.5. Be an individual who meets the degree requirements for BCBA examination, has eight years of professional experience in implementing, designing, and overseeing behavior analysis services for individuals with autism:

- Submits letters from employers and/or other reasonable proof documenting eight years of professional experience in implementing, designing, and overseeing behavior analysis services for individuals with autism; and
- Has submitted on his behalf a confidential evaluation of professional competence in implementing, designing, and overseeing behavior analysis services for individuals with autism, recommendation as a competent supervisor of trainees in the field and attestation of professional ethics from each of three BCBA's; and
- Who is supervised by a BCBA; or
- If seeking waiver of the supervision requirement, submit the attestations of three BCBA's that in their professional judgments the individual does not require on-going supervision of his work from a BCBA.

4.4.3. The applicant for TRICARE authorization shall submit evidence that professional liability insurance in the amounts of \$1 million per claim and \$3 million in aggregate, unless there are state requirements that are in different amounts, is maintained in the EIA Supervisor's name.

4.4.4. The MCSC shall obtain a criminal history review as described in [Chapter 4, Section 1, paragraph 10.0](#). and confirm that there are no findings which would not support TRICARE authorization for the applicant.

4.4.5. BCBA supervision requirements for EIA Supervisors requiring supervision for TRICARE authorization.

4.4.5.1. Supervision should focus on ensuring that the quality of the services provided meets the minimum standards of the profession as defined by the current BACB Task List, the BACB Professional Disciplinary Standards, the BACB Guidelines for Responsible Conduct for Behavior Analysts, current BACB rules and regulations, and evidenced-based standards of practice as emerge in the professional literature in the field (documents can be accessed at <http://www.bacb.com/>).

4.4.5.2. Supervisory interactions should include review, discussion, and recommendations focusing on the following topics: case background information, planned behavioral assessment procedures, assessment outcomes, data collection procedures, possible intervention procedures and materials, intervention outcome data, modifications of intervention procedures, ethical issues associated with behavior change services or employment, and professional development needs and opportunities.

4.4.5.3. These sessions should involve prior submission of materials by the supervisee concerning their professional work, as requested by the BCBA supervisor, and must involve submission and review of BPs developed by the supervisee for the care of TRICARE beneficiaries.

4.4.5.4. Formal supervision sessions shall occur only through two-way interactions involving real-time visual and auditory contact (e.g., face-to-face meetings, videoconferencing or web-camera sessions).

4.4.5.5. Depending on the nature of the supervised provider's work, some portion of these sessions should include observation of appropriate professional skills, including direct observation of actual practice with individuals.

4.4.5.6. Supervision sessions shall occur not less than once each month, and each session shall last not less than one hour. During each calendar year, at least two of these monthly supervision sessions should be conducted in-person.

4.4.5.7. Supervision shall be documented. BACB approved feedback forms are one appropriate tool (see http://www.bacb.com/Downloadfiles/experience_supervsn/50331_Supervision_form.pdf). Any other documentation maintained for this purpose must contain at least the information within the BACB form. The supervisor must review the forms with the EIA Supervisor receiving supervision, retain a copy and provide a copy for the EIA Supervisor. The EIA Supervisor receiving supervision as a requirement of TRICARE

authorization shall maintain supervision documentation for audit by the party or parties directed by the Director, TMA or designee.

4.4.5.8. Informal contacts between formal supervision sessions are encouraged and may include telephonic, e-mail, and postal communication, but these exchanges should not be considered and documented as formal supervision.

4.4.6. Responsible conduct of EIA Supervisors:

4.4.6.1. TRICARE authorized EIA Supervisors must adhere to BACB Guidelines for Responsible Conduct Sections 1-5 (available at <http://www.bacb.com/pages/conduct.html>). For the purposes of the Demonstration, the term "behavior analyst" used in the BACB Guidelines for Responsible Conduct shall apply to EIA Supervisors. Failure to adhere to these guidelines may result in revocation of TRICARE authorization; and

4.4.6.2. Must report to the MCSC within 30 days sanctions issued by the BACB for violation of published disciplinary standards (available at http://www.bacb.com/pages/prof_standards.html); and

4.4.6.3. Loss of BACB certification for any reason may result in revocation of TRICARE authorization. An EIA Supervisor who loses BACB certification during the period of the Demonstration must notify the MCSC and provide a detailed explanation for the change in status within 30 days of the effective change in certification status.

4.4.6.4. A decision by the MCSC to revoke TRICARE authorization is final and may not be appealed.

4.4.7. Roles and responsibilities of an EIA Supervisor who is an employee of or contractor to an OCSP include, but are not limited to:

4.4.7.1. Submitting information/documentation required to become TRICARE authorized as an EIA Supervisor; and

4.4.7.2. Maintaining documentation of receiving on-going supervision by or performing joint supervision with a BCBA as is required of certain EIA Supervisors as described in [paragraph 4.4.5.](#); and

4.4.7.3. Serves as a principal supervisor to EIA Tutors and Tutors-in-Training employed by or contracted to the OCSP; and

4.4.7.4. Serving as the lead in the development of the BP, EPR and quarterly family treatment progress meetings for TRICARE beneficiaries receiving services through the OCSP.

4.4.7.5. The EIA Supervisor is not required to enter into a Participation Agreement with TRICARE unless he/she also is an ICSP.

4.4.8. EIA Supervisors may provide services in any state in which they are legally permitted to provide educational services consistent with their training and professional scope of practice. Remote direct supervision as defined in [paragraphs 4.5.9.2.3.](#) and [4.5.9.2.5.](#)

will be considered to have occurred in the state in which the TRICARE beneficiary received EIA services that are being supervised. Therefore, the EIA Supervisor must meet all applicable legal requirements for practicing in that state.

4.4.9. Additional information related to EIA Supervisors and their role as CSPs may be found under [paragraph 6.0](#).

4.5. EIA Tutor

4.5.1. A provider of EIA services qualified by meeting TRICARE requirements as outlined in [paragraph 4.5](#), who delivers services to TRICARE beneficiaries only under the supervision of an EIA Supervisor. EIA Tutors work one-on-one with children implementing the BP designed and maintained by the EIA Supervisor and gather quantifiable behavioral data necessary for the EIA Supervisor to evaluate the effectiveness of the BP in achieving identified goals and objectives. An EIA Tutor may not conduct behavioral evaluations, establish a child's BP, or bill independently for services provided to TRICARE beneficiaries.

4.5.2. Each EIA Tutor must have a unique identifier consisting of four letters followed by four numbers (first initial, last initial, two letter US State or Territory code for place of birth (ZZ for any other location), followed by day and month of birth date (DD/MM). This unique identifier will be provided:

- When the ICSP or OCSP certifies to the MCSC that an EIA Tutor meets qualifications for providing services to TRICARE beneficiaries; and
- In identifying EIA Tutors on required quarterly documentation of on-going supervision and biyearly Behavior Plans provided by the ICSP or OCSP; and
- In invoices for services provided to TRICARE for reimbursement of services.

4.5.3. Education of the EIA Tutor must be or have been in:

- A United States or Canadian institution of higher education fully or provisionally accredited by a regional, state, provincial or national accrediting body; or
- An institution of higher education located outside the United States or Canada that, at the time the applicant was enrolled and at the time the applicant graduated, maintained a standard of training equivalent to the standards of training of those institutions accredited in the United States; and
- The EIA Tutor must have completed a minimum of 12 semester hours (or their equivalent) of college coursework and currently be enrolled in course of study leading to an associate's or bachelor's degree (psychology, education, social work, behavioral sciences, human development or related fields); or
- Have completed a minimum of 48 semester hours (or their equivalent) of college coursework.

4.5.4. Classroom training of the EIA Tutor of:

4.5.4.1. Forty (40) hours are required and may have been completed during or apart from the educational experiences required in the Participation Agreement. The training must have been provided by:

4.5.4.1.1. A United States or Canadian institution of higher education fully or provisionally accredited by a regional, state, provincial or national accrediting body; or

4.5.4.1.2. A Joint Commission or Commission on Accreditation of Rehabilitation Facilities accredited health care facility; or

4.5.4.1.3. A private agency whose primary business activity is the delivery of services to children with developmental disabilities and whose governing board includes one or more BCBAs; or

4.5.4.1.4. Web-based instruction not provided by an accredited institution of higher education; and

4.5.4.1.5. In the instance of [paragraphs 4.5.4.1.2.](#), [4.5.4.1.3.](#), and [4.5.4.1.4.](#), the training curriculum has been approved by the BACB or a currently certified BCBA.

4.5.4.2. At a minimum the training must cover the following topics:

4.5.4.2.1. Introduction to ASD, AS, and ABA and typical child development;

4.5.4.2.2. Principles of ABA including reinforcement, prompting and fading, shaping, chaining, maintenance and generalization, extinction and punishment;

4.5.4.2.3. Discrete trial training, natural environment training and discrimination training;

4.5.4.2.4. Basic functional behavioral assessment;

4.5.4.2.5. Introduction to verbal behavior and its analysis including mands, tacts, echoics, intraverbals, and feature, function and class;

4.5.4.2.6. Instructional control procedures including pairing with reinforcement, environmental manipulations, and pacing;

4.5.4.2.7. Treating challenging behavior including functional assessment and function-based interventions, introduction to preventive interventions, least restrictive/intrusive model of intervention, and antecedent modification strategies;

4.5.4.2.8. Behavioral data collection, graphing, and basic data analysis;

4.5.4.2.9. Legal, ethical, and safety issues including working with families and vulnerable populations;

4.5.4.2.10. Provider standards and ethics;

4.5.4.2.11. The impact of children with ASD on family members and family function;

4.5.5. Experience of the EIA Tutor.

4.5.5.1. Directly and indirectly supervised fieldwork experiences as defined in [paragraph 4.5.9.](#) and meeting either of the following are required.

4.5.5.1.1. Fifty (50) hours directly supervised fieldwork and a minimum of 500 hours indirectly supervised fieldwork. Indirectly supervised fieldwork must have been completed prior to providing EIA services to TRICARE beneficiaries under this Demonstration; or

4.5.5.1.2. Forty (40) hours directly supervised fieldwork (all hours must be in-person contact between prospective EIA Tutor and supervisor) over no more than 12 weeks must have been initiated and completed within the 12 months prior to providing EIA services to TRICARE beneficiaries under this Demonstration.

4.5.5.2. Documentation of experience must include:

- An up-to-date resume of work experience. The names of the private or public agencies/employers, dates of service and approximate hours per week shall be included. It should also include a detailed job description of the type of work and the job responsibilities of the applicant in serving children with developmental disabilities;
- The supervisors name(s) and current contact information;
- Letters of reference or written verification of work experience in each setting including job title and dates of service; and
- If applicable, practicum/internship hours must be documented by an official transcript.

4.5.6. Competency to provide services to TRICARE beneficiaries is demonstrated by:

4.5.6.1. Proficiency in therapeutic methodology and understanding of ABA principles per written and field evaluations; and

4.5.6.2. Competency in the direct, hands-on delivery of services utilizing the ABA methodologies, techniques, processes, and procedures specified in the EIA Tutor classroom training requirement described in [paragraph 4.5.4.2.](#)

4.5.6.3. Documentation that competencies have been tested and the EIA Tutor has performed adequately shall be retained for a period of 36 months after the direct employment or contractual relationship between the EIA Supervisor and EIA Tutor has ended.

4.5.7. Criminal background check required on EIA Tutors.

4.5.7.1. Shall include Federal Criminal, State Criminal, County Criminal and Sex Offender reports for the state and county in which the providers are currently working and residing.

4.5.7.2. Does not need to be repeated if the EIA Tutor has already undergone a criminal background check with the current employer. However, components of the CBC as required in [paragraph 4.5.7.1.](#) that have not been previously performed must be completed prior to providing services under the Demonstration.

4.5.7.3. TRICARE reimbursement of services provided by an EIA Tutor is conditional on successful completion of the criminal background check prior to the EIA Tutor providing any EIA services, other than joint services with an EIA Supervisor, to TRICARE beneficiaries; and

4.5.7.4. Certification by the ICSP or OCSP that the tutor has not been convicted of any prohibited offenses, including:

- Incest.
- Unlawful sexual contact.
- Abandonment of child.
- Endangering the welfare of a child.
- Child abuse or neglect.
- Spousal abuse.
- Crimes against children (including child pornography).
- Crimes involving violence including rape, sexual assault and homicide committed at any time.
- Physical assault, battery and drug related offenses committed within the past five years.

4.5.7.5. If the tutor has been convicted of any offense for which a reasonable person would question the individual's suitability to work with disabled children, the ICSP or OCSP must submit to the MCSC a letter describing mitigating factors and why the tutor is suitable to work with children. Other convictions and arrests for offenses which may make a person unsuitable for employment may contain (but are not limited to) the following characteristics:

- Offenses against the person where physical harm or death has taken place.
- Offenses involving weapons, explosive devices or threat of harm.

- Offenses involving public indecency and obscenity which may have been the result of plea bargain situations.
- Offenses that show a disregard of others, such as reckless endangering, arson.
- Cruelty to animals or deviant behavior.

4.5.7.6. The decision of the MCSC to deny permission for a tutor to provide EIA Services to TRICARE beneficiaries must be PROVIDED to the initiating supervisor within 14 days and may not be appealed.

4.5.7.7. If an EIA Tutor or Tutor-in-Training is found on audit NOT to meet the requirements for a criminal background check as described in [paragraph 4.5.7.](#), that EIA Tutor or Tutor-in-Training shall be required by the ICSP or OCSP to immediately cease providing EIA services under the Demonstration.

4.5.8. Ongoing supervision of EIA Tutors.

4.5.8.1. Who have completed 500 hours of indirectly supervised fieldwork is required. During each 40 hours of services provided to an individual child:

- A minimum of one hour of direct supervision; and
- A minimum of one hour of indirect supervision is required.

4.5.8.2. Who have NOT YET completed 500 hours of indirectly supervised fieldwork is required. During each 40 hours of services provided to an individual child:

- A minimum of two hours of direct supervision; and
- A minimum of two hours of indirect supervision is required.

4.5.9. Nature of supervision for EIA Tutor experience and ongoing supervision requirements.

4.5.9.1. The supervisor must be a TRICARE authorized EIA Supervisor as defined in this Section. The supervisor may not be a relative, subordinate or employee of the tutor.

4.5.9.2. *For* direct supervision.

4.5.9.2.1. The supervisor must observe the tutor engaging in behavior analytic activities in the natural environment in real-time; and

4.5.9.2.2. Observation should concentrate on tutor-child interactions; and

4.5.9.2.3. Must be conducted in-person or via real-time media such as web-cameras or videoconferencing; and

4.5.9.2.4. The supervisor must provide specific feedback to tutors on their performance.

4.5.9.2.5. In extraordinary circumstances where in-person or real-time interactions between supervisor and supervisee are limited, use of video recordings of the tutor engaging in behavior analytic activities and sent to the supervisor for analysis and subsequent discussion and training are permissible.

- Approval of the use of supervision via video recordings is required when more than half of yearly direct supervision is conducted by this method; and
- Is granted via written request by the MCSC on a case-by-case basis; and
- The use of devices to record or transmit audio or video images of beneficiaries while receiving services for which TRICARE is payer requires prior written informed consent (or of the parent/guardian if the child is under 18 years of age).

4.5.9.3. Indirect supervision entails review and analysis of case specific issues with the intent at troubleshooting problems, offering suggestions for improvement in practice, and providing further opportunities for learning and mentoring.

- Indirect supervision may be conducted in small groups of 10 or fewer participants for no more than half of the indirect supervision hours required; and
- The remainder of the total indirect supervision must consist of one-to-one contact, which may be conducted via real-time media such as web-cameras, videoconferencing, or similar means in lieu of the supervisor being physically present.

4.6. EIA Tutor In-Training:

4.6.1. A provider of EIA services who has fulfilled all of the requirements to qualify as an EIA Tutor except for the experience requirement as described in [paragraphs 4.5.5.1.1.](#) or [4.5.5.1.2.](#); and

4.6.2. Is delivering services under the supervision of an EIA Supervisor.

4.6.3. All other requirements of EIA Tutors are applicable to EIA Tutors-in-Training.

4.7. Jointly Delivered Services

EIA Supervisor-EIA Tutor: Services delivered jointly, in-person, to a TRICARE beneficiary by an EIA Supervisor with an EIA Tutor or EIA Tutor-in-Training, as may be provided during directly supervised fieldwork as defined in [paragraph 4.5.9.2.](#), are reimbursable to the ICSP or OCSP as services provided by the EIA Supervisor using HCPCS code H5108.

4.8. Specialized ASD Provider

A TRICARE authorized provider who is:

- 4.8.1.** A physician board-certified or board-eligible in behavioral developmental pediatrics, neurodevelopmental pediatrics, pediatric neurology or child psychiatry;
- 4.8.2.** A physician or Ph.D. educated psychologist working primarily with children with:
- One or more years of supervised fellowship training that included 40 or more hours of clinical experience in comprehensive evaluations for ASD as evidenced by the name, location and dates of the qualifying fellowship; or
 - One or more years of supervised on-the-job training that included the performance of ASD diagnostic evaluations an average of twice each month as evidenced by the position, location and dates of the qualifying on-the-job training.
- 4.9.** All documentation cited in [paragraph 4.0.](#) for submission must be provided to the MCSC unless otherwise stated.

5.0. ELIGIBILITY

5.1. Eligibility for services under ECHO described in [32 CFR 199.5](#) identifies serious physical disability as a qualifying condition. The TRICARE Policy Manual (TPM), [Chapter 9, Section 2.3](#) specifies the criterion as a condition which precludes unaided performance of one or more major life activities including: breathing, cognition, hearing, seeing, and age appropriate ability essential to bathing, dressing, eating, grooming, speaking, stair use, toilet use, transferring, and walking. Children diagnosed with AD, PDDNOS, AS, and CDD will meet this ECHO requirement for a qualifying condition if, based on deficits associated with the disorder, the child is receiving special education and other supportive services as defined in [paragraph 5.2.3.](#) under an IEP or IFSP, except as otherwise indicated.

5.2. Beneficiaries aged 18 months and older eligible for services under the Demonstration must meet all of the following requirements and have their PCP or a Specialized ASD Provider submit information necessary to allow the MCSC to confirm eligibility:

5.2.1. Registered or in process of registering in the ECHO; and

5.2.2. Diagnosed with AD, PDDNOS, AS, or CDD, as defined by the DSM-IV-TR.

5.2.2.1. The qualifying diagnosis may be made by any TRICARE authorized PCP or a Specialized ASD Provider.

5.2.2.2. If a diagnosis of ASD had already been made at the time the Demonstration was made available to beneficiaries the child is NOT required to be re-diagnosed with ASD or to complete diagnostic testing as described in [paragraph 5.2.2.3.](#) to participate in the

Demonstration. However, all children seeking services under the Demonstration must meet the requirements in [paragraph 5.2.3](#).

5.2.2.3. Standardized diagnostic testing as described in this paragraph is recommended for all children participating in the Demonstration, but is required only for those children in which the provider making a qualifying diagnosis of AD or PDDNOS is not a Specialized ASD Provider.

5.2.2.3.1. Standardized diagnostic instruments for autism accepted by TRICARE are:

- Autism Diagnostic Observation Schedule
- Autism Diagnostic Interview-Revised
- Pervasive Developmental Disorders Behavior Inventory (PDDBI)

5.2.2.3.2. Standardized diagnostic instruments utilized to fulfill this requirement other than those cited in this paragraph must be considered to have reliable evidence (see [32 CFR 199.2\(b\)](#)) supporting their use in making the clinical diagnosis of AD or PDDNOS.

5.2.2.3.3. The results of diagnostic testing shall be reviewed by the child's PCP or Specialized ASD Provider and provided to the MCSC to determine eligibility for the Demonstration if required. If clinical review of the qualifying diagnosis is required under the Demonstration, a copy of the completed diagnostic instrument shall be provided to the MCSC for their use in performing the review.

5.2.3. Documented in an IEP or IFSP to be receiving special education and such developmental, corrective, and other supportive services (including psychological services, physical and occupational therapy, social work services, counseling services, including rehabilitation counseling) as may be required to assist a child with a disability to benefit from special education. The term does not include a medical device that is surgically implanted, or the replacement of such device; or

5.2.4. If the child is homeschooled and not required by state law to have an IEP or IFSP the child's PCP or Specialized ASD Provider must certify that the child's disability related to ASD results in dysfunction severe enough to require special education and other supportive services as described in [paragraph 5.2.3](#).

5.2.5. The child's nonverbal *or verbal* intelligence quotient, as measured by a standardized test of intelligence, *must be obtained as a requirement for preauthorization of services after 12 months from initiating services under the Demonstration has passed.*

5.2.5.1. Intelligence testing performed prior to the initiation of the Demonstration *or performed by a local education authority or any tester that is or would be eligible as a TRICARE authorized provider* is acceptable in meeting this requirement.

5.2.5.2. A letter from the beneficiary's PCP or Specialized ASD Provider certifying that the child is unable to participate in intelligence testing is required to continue participation in the Demonstration after the period *described in paragraph 5.2.5.*

5.2.5.3. The beneficiary's PCP or Specialized ASD Provider is required to recertify the beneficiary's continued inability to participate in *or complete* intelligence testing every six months *after the certification required in paragraph 5.2.5.2.*

5.2.5.4. Standardized diagnostic instruments for intelligence accepted by TRICARE (or most current edition if updated) are (all instruments are not appropriate for all age groups – expert advice prior to completing testing is recommended):

- Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV)
- Wechsler Preschool and Primary Scale of Intelligence, Third Edition (WPPSI-III)
- Differential Ability Scales (DAS II)
- Mullen Scales of Early Learning-AGS Edition (for children under three or with lower mental ages)
- Stanford-Binet Intelligence Scale, Fifth Edition (SB5)
- Bayley Scales of Infant Development (BSID)
- Leiter International Performance Scale-Revised (LIPS-R)

5.2.6. For children 18 months through eight years of age standardized testing of language skills and adaptive behavior must be completed.

5.2.6.1. Standardized testing of language skills and adaptive behavior completed within the 24 months prior to initiation of EIA services under the Demonstration meets the requirement of [paragraph 5.2.6.](#)

5.2.6.2. Testing must be completed within 12 months of initiating services under the Demonstration if the requirement is not fulfilled per [paragraph 5.2.6.1.](#)

5.2.6.3. Standardized tests in selected functional areas accepted by TRICARE (or most current edition if updated) are:

5.2.6.3.1. Language skills:

- Reynell Developmental Language Scales (RDLS)
- Test of Pragmatic Language, Second Edition (TOPL-2)
- Preschool Language Scale, Fourth Edition (PLS-4)
- Clinical Evaluation of Language Fundamentals-Preschool (CELF-P)
- Clinical Evaluation of Language Fundamentals, Fourth Edition (CELF-4)
- Test of Language Development: Primary, Third Edition (TOLD-P:3)

5.2.6.3.2. Adaptive behavior:

- Vineland Adaptive Behavior Scales, Second Edition (VABS-II)

5.3. Eligibility for benefits under the Demonstration ceases as of 12:01 a.m. of the day following the day of the earliest occurrence of the following events:

5.3.1. Eligibility for the ECHO program ends; or

5.3.2. One hundred twenty (120) days from the date of issuance of the Detailed Explanation of Non-Concurrence (DENC) if a qualifying diagnosis is not established per [paragraph 7.1.2.](#)

5.4. The MCSC will notify the beneficiary in writing of the results of an eligibility determination.

5.5. A determination that a TRICARE beneficiary is not eligible for benefits under the Demonstration is considered a factual determination based on a requirement of the law or regulation and as such is not appealable. Denial of Demonstration services and supplies to an ineligible beneficiary is not appealable.

5.6. Absence of eligibility for EIA services under the Demonstration does not preclude beneficiaries from receiving otherwise allowable services under ECHO or the TRICARE Basic program.

6.0. POLICY

6.1. *Delivery of services through a modified corporate services model:*

6.1.1. Under [32 CFR 199.6\(e\)\(2\)\(ii\)\(B\)](#), an ECHO outpatient care provider includes an individual, corporation, foundation, or public entity that predominantly renders services of a type uniquely allowable as an ECHO benefit.

6.1.2. The TRICARE CSP class under [32 CFR 199.6\(f\)](#) accommodates individuals who would meet the criteria for status as a TRICARE authorized individual professional provider as established by [32 CFR 199.6\(c\)](#), but for the fact that they are employed directly or contractually by a corporation or foundation that provides principally professional services which are within the scope of the TRICARE basic program benefit.

6.1.3. The Demonstration modifies the CSP requirements of [32 CFR 199.6\(f\)](#) to allow hands-on EIA Tutors who engage in the one-on-one treatment with the child, while employed or contracted by and supervised by an authorized EIA Supervisor.

6.1.4. TRICARE authorized ABA outpatient care providers (as defined in TPM, [Chapter 9, Section 17.1](#)) are generally individual practitioners, and many practices are not incorporated. As a result, they do not meet most of the requirements under [32 CFR 199.6\(f\)](#) to qualify as a CSP. This Demonstration requires EIA Supervisors to meet the following criteria

to qualify as an ICSP under this Demonstration, and receive reimbursement for services provided by EIA Tutors implementing their BP.

6.1.4.1. Have entered into a Participation Agreement approved by the Director, TMA or designee, which complies with the Participation Agreement requirements established by the Director; and

6.1.4.2. Employ directly or contractually an individual who meets TRICARE qualifications for an EIA Tutor; and

6.1.4.3. Maintain all applicable business license requirements of state or local jurisdictions; and

6.1.4.4. 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

6.1.4.5. Render services for which direct or indirect payment is expected to be made by TRICARE only after obtaining TRICARE written authorization.

6.1.4.6. Payment for otherwise allowable services by EIA Tutors under this Demonstration project may be made to a TRICARE-authorized EIA Supervisor subject to the applicable requirements, exclusions and limitations of this Demonstration.

6.1.4.7. Otherwise allowable services may be rendered at the authorized EIA provider's place of business, in the beneficiary's home, at school, or other location that is suitable for the type of services being rendered under such circumstances as the Director, TMA or designee, determines to be necessary for the efficient delivery of such services.

6.1.4.8. The Director, TMA or designee, shall determine whether the appropriate employment or contractual relationship exists between the EIA Supervisor and EIA Tutor. Such determination is conclusive and may not be appealed.

6.1.5. The Director, TMA or designee, may limit the term of a Participation Agreement for any category or type of provider established by this Demonstration project.

6.1.6. Both the EIA Supervisor who is an ICSP as well as the EIA Supervisor who is employed by or contracted to a corporation, foundation, or public entity that meets the TRICARE definition of a CSP under [32 CFR 199.6\(e\)\(2\)\(ii\)\(B\)](#) are required to be TRICARE authorized in order to provide services under the Demonstration. They both must;

6.1.6.1. Meet the minimum education, training, experience, competency and ongoing supervision requirements for EIA Supervisors as established by the Director, TMA or designee; and

6.1.6.2. 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 the provider renders services; and

6.1.6.3. Submit proof that professional liability insurance in the amounts of \$1 million per claim and \$3 million in aggregate, unless there are state requirements that are in different amounts, is maintained in the EIA Supervisor's name.

6.1.7. EIA Supervisors and the Director, TMA or designee, may terminate the Participation Agreement for CSPs (*Addendum A*).

6.1.8. The Director, TMA or designee, may create discrete types within the allowable tutor category of provider established by this Demonstration to improve the efficiency of TRICARE management.

6.2. TRICARE will cost-share EIA services that:

6.2.1. Are primarily focused on implementation of basic principles of ABA and that target behaviors directly associated with the core deficits of ASD; and

6.2.2. Are focused on behavior in its own right as a target for change. The target behavior is directly observed and quantifiably measured in real-life environments; and

6.2.3. Utilize quantified behavioral data to identify functional relations between environmental events and behavior through systematic manipulations; and

6.2.4. Gather quantifiable behavioral data to track progress in reaching behavioral objectives identified in the BP and to direct the periodic modification of the intervention plan to ensure the child's progressive attainment of behavioral objectives; and

6.2.5. Include the generalization of learned behaviors as goals of the treatment; and

6.2.6. Periodically incorporate parent training so family members/caregivers can teach and support skills during typical family activities; and

6.2.7. Require periodic meetings between family members/caregivers and those designing and implementing the intervention program.

6.3. The maximum cumulative Government cost-share of the total cost of providing benefits through both the Demonstration and the ECHO program (as implemented in [32 CFR 199.5](#)) shall not exceed \$2,500 per ECHO-registered beneficiary in any single month.

6.4. Training required of parents/caregivers.

6.4.1. One parent/caregiver in the beneficiary's immediate family as defined in [32 CFR 199.2](#), must complete classroom and practical training (i.e., hands-on training in the application and delivery of EIA services) in each year in which EIA services are provided under this Demonstration. The same family member does not need to meet this requirement every year the beneficiary receives services under the Demonstration.

6.4.2. Classroom and practical training must focus at a minimum on the following topics: how to implement the BP at home; how behavioral change is measured and how can progress in the child receiving services be tracked; how can parents/caregivers support the

principles and methods of EIA service delivered; and how to promote generalization of behaviors learned as a result of EIA services. Additional guidelines for content of and models for caregiver training may be provided as the Director, TMA or designee, determines to be necessary.

6.4.3. Classroom training is required and must be provided by:

6.4.3.1. A United States or Canadian institution of higher education fully or provisionally accredited by a regional, state, provincial or national accrediting body; or

6.4.3.2. A Joint Commission or Commission on Accreditation of Rehabilitation Facilities accredited health care facility; or

6.4.3.3. A private agency whose primary business activity is the delivery of services to children with ASD and whose governing board includes one or more BCBAs; or

6.4.3.4. An EIA Supervisor; or

6.4.3.5. Web-based instruction not provided by an accredited institution of higher education; and

6.4.3.6. In the instance of [paragraphs 6.4.3.2.](#), [6.4.3.3.](#), [6.4.3.4.](#), and [6.4.3.5.](#), the training curriculum has been approved by the BACB or a currently certified BCBA.

6.4.3.7. Waiver of the classroom training requirement is permitted when the sponsor certifies to the MCSC that a parent/caregiver in the beneficiary's immediate family has previously received classroom training in the content and to the degree required in the Demonstration.

6.4.4. Practical training is required and:

6.4.4.1. Must be provided by an EIA supervisor.

6.4.4.2. An EIA Supervisor may be reimbursed for parent training (as described in TPM, [Chapter 9, Section 8.1](#)).

6.4.4.3. Practical training may be conducted in groups of no more than three trainees at a time and shall be calculated as two hours of group training meets one hour of the training requirement.

6.4.4.4. Waiver of practical training is permitted for caregivers who can document to the MCSC that they:

- Meet the definition of an EIA Supervisor as defined in the EIA Supervisor Provider Application; or
- Have ever been approved by the BACB to take the BCBA or BCABA examinations; or

- Have had 30 hours of hands-on training in providing services directly to children and/or adults with autism under the supervision of a BCBA or an individual with a minimum of a Master's degree in ABA or closely related field and eight years of professional experience in implementing, designing, and overseeing behavior analysis services for individuals with autism.

6.4.4.5. There is no implied obligation for TRICARE authorized EIA Supervisors to provide caregiver practical training under this Demonstration.

6.4.5. The Government cost-share is a maximum of \$2,500 per month per beneficiary. Each year in no instance shall the total amount of the Government cost-share paid for training required of parents/caregivers under the Demonstration exceed \$1,500 per individual and \$4,500 per family during each year in which EIA services are received by the beneficiary.

6.4.6. For parents/caregivers of children receiving services under the Demonstration:

6.4.6.1. Six hours of classroom training are required in the first year EIA services are provided.

6.4.6.2. Six hours of practical training is required during each year in which services are provided.

6.4.6.3. For caregivers of children 18 months through eight years of age only, 10 hours of practical training are required in the first year EIA services are received.

6.5. Testing and assessment required to establish a diagnosis of ASD shall be considered for coverage under the Basic Program. Testing intended to further characterize the clinical characteristics of a beneficiary diagnosed with ASD shall be considered for coverage under the ECHO to the extent it is not covered under the Basic Program.

6.6. TRICARE will not cost-share:

6.6.1. The training necessary for an EIA Tutor or EIA Tutor-in-Training to meet the training requirements defined in [paragraph 4.5.4](#).

6.6.2. *Providing or receiving professional supervision required of EIA Supervisors requiring supervision for TRICARE authorization as elaborated in [paragraph 4.4.5](#).*

6.6.3. Program development or administrative fees for the creation *or updating* of BPs that are separate from costs associated with *the direct educational and behavioral assessment* of the TRICARE beneficiary.

6.6.4. For more than one service in any one time period (e.g., training of parents and direct services) cannot be billed as separate services provided during the same time period.

6.6.5. *For professional costs associated with attending any meeting with officials of Local Education Authorities whose purpose is the development or modification of an IEP/IFSP.*

6.7. *TRICARE will cost-share:*

6.7.1. *Evaluation of a beneficiary including observation in school, at home, or in the community.*

6.7.2. *Professional fees for the creation of EPRs, including data analysis.*

6.7.3. *Jointly delivered services as described in [paragraph 4.7](#).*

6.7.4. *The training necessary for parents/caregivers to meet the training requirements defined in [paragraph 6.4](#).*

6.7.5. *Professional fees for conducting in-person the required quarterly treatment progress meetings with TRICARE beneficiary's caregivers. Fee will be reimbursed under CPT¹ code 90887.*

7.0. OTHER MCSC RESPONSIBILITIES

7.1. Clinical review of qualifying diagnosis.

7.1.1. A qualifying diagnosis made by other than a Specialized ASD Provider requires clinical review:

7.1.1.1. The clinical review shall be conducted by a Specialized ASD Provider.

7.1.1.2. The review shall be of the evidence submitted in support of the diagnosis of ASD consistent with practice recommendations from the American Academy of Neurology (Filipek et al. 1999) and the AAP (Johnson & Myers 2007)—to include health, developmental and behavioral histories, physical examination, developmental evaluation, direct observation of behavior, standardized developmental testing, and rule-out of other conditions as dictated by the clinical presentation of the child.

7.1.1.3. The clinical review shall be conducted within 14 days of the MCSC receiving all documents necessary to determine eligibility in the Demonstration and only if all other eligibility criteria are met.

7.1.1.4. If clinical review fails to confirm sufficient evidence supporting the diagnosis of ASD, the beneficiary will be provided a Detailed Explanation of a finding of Non-Concurrence (DENC) that:

- Details the specific aspect(s) of the diagnosis or diagnostic process that does not meet DSM-IV criteria or conform with medically accepted practices as described in [paragraph 7.1.1.2.](#); and
- Is approved by the Specialized ASD Provider who performed the clinical review; and

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- Shall be provided to the beneficiary no later than 21 calendar days of the MCSC receiving all documents necessary to determine eligibility in the Demonstration; and

7.1.1.5. The beneficiary will be provided information describing eligibility criteria for the Demonstration, the differences between a PCP and Specialized ASD Provider and written advice on how to identify and contact Specialized ASD Providers that may be available for consultation.

7.1.1.6. Clinical review of the qualifying diagnosis is not required if the beneficiary does not qualify for participation in the Demonstration based on any other eligibility criteria required for that beneficiary.

7.1.2. Continued participation in the Demonstration is contingent upon:

7.1.2.1. MCSC clinical review confirming a qualifying diagnosis; or

7.1.2.2. Subsequent qualifying diagnosis made by a Specialized ASD Provider.

7.2. Review of BP and EPR: The MCSC shall confirm that a BP and EPR (if required) have been reviewed and accepted by the beneficiary's PCP or Specialized ASD Provider prior to authorization of services to be delivered under the Demonstration. PCP or Specialized ASD Provider review of the BP and EPR (if required) is necessary for prior authorization of services for each six months during which services are delivered.

7.3. Except at initiation of services, the MCSC shall obtain sponsor certification of the following every six months on behalf of each dependent receiving benefits under the Demonstration as a requirement for continuation of services:

7.3.1. The name and relationship to the beneficiary of the family member fulfilling the parent/caregiver training requirement; and

7.3.2. The number of hours of classroom and practical training completed by the identified family member during the previous six months; and

7.3.3. If the family member has completed the required training for the 12 month training requirement period; and

7.3.4. The total number of family members receiving TRICARE reimbursed training in the previous 12 months; and

7.3.5. If the caregivers have had any substantive concerns about the ethical behavior or competence of any individuals providing EIA services to the beneficiary.

7.3.5.1. The MCSC must respond to expressed family concerns about the ethical behavior or competence of EIA service providers by developing a plan of action with the family to address their concerns.

7.3.5.2. Based on the family's input, the nature of the concerns, and evidence a plan of action might potentially involve contacting the EIA Supervisor, continued monitoring of services delivered, filing of a formal complaint to the BACB or other professional monitoring entity, termination of TRICARE authorization, or discontinuing reimbursement of services provided by an EIA Tutor, among other possible actions.

7.3.5.3. A letter or letters outlining the plan of action and the outcomes of any actions taken by the MCSC or other parties in response to the issue of concern will be provided to the beneficiary at regular intervals.

7.4. The MCSC must maintain all documents created by them and submitted to them used to establish eligibility for the Demonstration; and

7.4.1. A losing contractor, when informed in writing by the beneficiary's sponsor of a transfer of location, or on receipt of a request from the gaining contractor, will forward all documents to the gaining contractor within ten calendar days; or

7.4.2. The gaining contractor, on receipt of a beneficiary's signed enrollment application, shall request Demonstration eligibility documents from the losing contractor within five calendar days.

7.5. A finding of non-compliance on required audits as described in [paragraph 8.6.4.](#) of TRICARE EIA Tutor qualification requirements as elaborated in [paragraph 4.5.](#) and/or EIA Tutor-in-Training on-going supervision as elaborated in [paragraph 4.2.3.](#) will trigger audit of compliance for all for the EIA Tutors and Tutor-in-Training employed or contractor to the ICSP or OCSP.

8.0. REQUIRED REPORTS

8.1. MCSCs shall submit all reports described below:

8.1.1. In electronic media in Microsoft Excel format for data elements and Microsoft Word or PDF format for narrative elements; and

8.1.2. Shall forward reports to the TMA lead project officer for the Enhancing Access to Autism Services Demonstration; and

8.1.3. Shall prepare a cover letter when forwarding reports, which shall identify the reports being forwarded, the period being reported, the date the cover letter is prepared by the contractor, and a contractor point of contact should there be any questions regarding the reports.

8.2. All quarterly, twice yearly and yearly reports are based on a fiscal year calendar.

8.2.1. Shall submit these reports no later than the 15th calendar day of the month following the reporting period.

8.2.2. The reports cover the period beginning on the first day of the month and closing on the last day of the month.

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8.3. The first monthly report is to be submitted no later than June 15, 2008 for activities in May; the first quarterly report no later than July 15, 2008 for activities in the quarter ending June 30, 2008.

8.4. The MCSC shall provide aggregated quarterly reports of:

8.4.1. The number of EIA Supervisors, EIA Tutors and EIA Tutors-in-Training by region, state and Prime Service Area (PSA).

8.4.2. The number and percent of total EIA Supervisors authorized under each of the qualifying criteria as described in [paragraph 4.4.2.](#) by region and state.

8.4.3. The number and percent of total EIA Supervisors with 0-4, 5-9, 10-14, 15-19, and 20 or more EIA Tutors by region and state.

8.4.4. The number and percent of total EIA Tutors qualified under the Demonstration for each of the educational and experience requirements described in [paragraphs 4.5.3.](#) and [4.5.5.](#) by region and state.

8.4.5. The number and percent of total EIA Tutors receiving any remote direct supervision as defined in [paragraphs 4.5.9.2.3.](#) and [4.5.9.2.5.](#) by state of practice of the EIA Tutor and region.

8.4.6. For each of the HCPCS codes S5108, H2019, and S5110:

- The number and percent of total providers with hourly paid charges between \$0-10, \$11-20, \$21-30, \$31-40, \$41-50, \$51-60, \$61-70, \$71-80, \$81-90, \$91-100, and over \$100 by state and PSA; and
- The average hourly paid charge (total of all paid charges/total number of service hours provided) within each dollar range by state and PSA; and
- The overall average hourly paid charge by state and PSA; and
- The total number of hours of paid services by state and PSA.

8.4.7. The number and percent of all beneficiaries seeking participation in the Demonstration failing to meet eligibility criteria by region

8.4.8. Total number of clinical reviews performed, the number of clinical reviews eventually resulting in confirmation of an ASD diagnosis and the number of DENCs sent to beneficiaries by region.

8.5. The MCSC shall provide aggregated monthly reports of:

8.5.1. The number and percent of total participating beneficiaries by sex, age group (18 months-3 years, 4-6 years, 7-10 years, greater than 10 years), branch of service of sponsor (active duty Army, Navy, Marines, Air Force, Coast Guard, and Reserve Components), DSM-IV diagnosis, region state and PSA.

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8.5.2. Number and percent of all participating beneficiaries for whom all ECHO paid charges are \$0, \$1-500, \$501-1,000, \$1,001-1,500, \$1,501-2,000, and \$2,001-2,500.

8.5.3. Number and percent of all participating beneficiaries utilizing the ECHO respite benefit and for whom the ratio of paid charges for respite to all ECHO paid charges is between 0-0.1, 0.11-0.3, 0.31-1.00, and greater than 1.01.

8.6. The MCSC shall provide aggregated twice yearly reports of:

8.6.1. The average number of hours of EIA training services (HCPCS code S5110) per beneficiary; and

8.6.2. The number and percent of total beneficiaries for which paid training hours were 0-4, 5-9, 10-14, 15-19, and 20 or more; and

8.6.3. The number and percent of total participating beneficiaries for whom EIA services were predominantly delivered in the home, specialized clinic/facility, at school, other location, or in no predominant location; and

8.6.4. For EIA Supervisors receiving supervision as a requirement of TRICARE authorization and EIA Tutors

8.6.4.1. The number and percent of total providers found out of compliance with any ongoing supervision requirements; and

8.6.4.2. The number and percent of total providers found out of compliance with each of the specific requirements for ongoing supervision for that class of provider.

8.6.4.3. Audits of compliance with TRICARE standards for EIA Tutors shall be conducted no less than once every 12 months on no fewer than 20% of all participating EIA Tutors.

8.6.5. Total and average per beneficiary ECHO expenditures by region, state and PSA.

8.6.6. Total and average per beneficiary EIA Services provided.

8.6.7. The number and percent of total beneficiaries who have eligibility or authorization requirements for EIA services overseen by a specialized ASD Provider.

9.0. ADMINISTRATION

9.1. EIA services provided directly to a beneficiary by an EIA Supervisor, inclusive of those services provided when an EIA Tutor or an EIA Tutor-in-Training is present, will be invoiced by the ICSP or OCSP using HCPCS code "S5108, Home care training to home care client, per 15 minutes." The maximum allowable charge for S5108 is **\$21.25** per each 15 minute increment.

9.2. EIA services provided directly by an EIA Tutor to a beneficiary will be invoiced by the ICSP or OCSP using HCPCS code "H2019, Therapeutic behavioral services, per 15 minutes." The maximum allowable charge for H2019 is \$9.00 per each 15 minute increment.

9.3. EIA practical training of family members by an EIA Supervisor will be invoiced by the ICSP or OCSP using HCPCS code "S5110, Home care training, family, per 15 minutes." The maximum allowable charge for S5110 is **\$21.25** per each 15 minute increment.

9.4. *The amounts for each locality have been calculated by multiplying the national amounts listed in paragraphs 9.1., 9.2., and 9.3. by the appropriate Geographic Practice Cost Indexes (GPCIs) for mental health services for each locality and will be provided to the contractor by TMA.*

9.5. *Professional fees for conducting in-person the required quarterly treatment progress meetings with the TRICARE beneficiary's caregivers will be invoiced by the ICSP or OCSP using CPT² procedure code 90887.*

9.6. Claims for EIA classroom training will be reimbursed when submitted to the MCSC by the sponsor of the beneficiary enrolled in the Demonstration in accordance with the TPM, Chapter 9, Section 8.1.

9.7. *An ICSP or OCSP may not, within a unique fiscal quarter, invoice for both ABA services delivered under ECHO and EIA services delivered under the Demonstration to an individual TRICARE beneficiary.*

9.8. The allowable charges in paragraph 9.0. will be closely monitored and adjusted as the Director, TMA determines necessary.

10.0. APPLICABILITY

10.1. The provisions of this Demonstration are limited to those TRICARE-eligible beneficiaries as stated in paragraph 5.0.

10.2. This Demonstration is limited to EIA services provided within the 50 United States and the District of Columbia.

10.3. For this Demonstration, all provisions of the ECHO program as described in 32 CFR 199.5 will continue to apply unless specifically modified by the Demonstration notice, and the provisions of the ECHO program in the TRICARE Manuals will continue to apply unless modified by this section.

11.0. EFFECTIVE DATE

This Demonstration is effective for claims for services provided on or after March 15, 2008.

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