

## Department Of Defense (DoD) Enhanced Access To Autism Services Demonstration

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### 1.0 PURPOSE

The Enhanced Access to Autism Services Demonstration (“Autism Demonstration”) provides TRICARE reimbursement for Applied Behavior Analysis (ABA) for Active Duty Family Members (ADFM) with Autism Spectrum Disorders (ASDs). This Autism Demonstration will enable the DoD to determine whether:

- There is increased access to these services;
- The services are reaching those most likely to benefit from them;
- The quality of those services is meeting a standard of care currently accepted by the professional community of providers, including the Behavior Analyst Certification Board (BACB); and
- Requirements are met for State licensure and certification where such exists.

### 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 provides medical care for more than nine million beneficiaries, including Active Duty Service Members (ADSMs) and ADFMs.

**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.

**2.3** ABA is the only service accepted within the MHS as having been shown to possibly reduce or eliminate specific problem behaviors and teach new skills to individuals with ASD. ABA reinforcement is rendered by TRICARE-authorized providers as an Other Service benefit under the Extended Care Health Option (ECHO). Only those individuals who are licensed or certified by a State or certified by the BACB (<http://www.bacb.com>) as a Board Certified Behavior Analyst (BCBA) or a Board Certified Assistant Behavior Analyst (BCaBA) are eligible to be TRICARE-authorized providers of ABA.

**2.4** The Autism Demonstration allows TRICARE reimbursement for ABA services, referred to as Intensive Behavioral Interventions in the Federal Register Demonstration Notice (72 FR 68130,

December 4, 2007), delivered by paraprofessional providers under a modified Corporate Services Provider (CSP) model.

### 3.0 DEFINITIONS

#### 3.1 Applied Behavior Analysis (ABA)

A well-developed discipline with a mature body of scientific knowledge, established standards for evidence-based practice, distinct methods of service, recognized experience and educational requirements for practice, and identified sources of requisite education. Information regarding the content of ABA is contained in the BACB Behavior Analysis Task List, available at <http://www.bacb.com>.

#### 3.2 Autism Spectrum Disorders (ASD)

**3.2.1** The covered ASD diagnoses are described under the Neurodevelopmental Disorders category of the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V). The DSM-V was released in May 2013. The DSM-V diagnostic code for ASD (299.00) is equivalent to the corresponding codes for Autistic Disorder (299.0) in the currently used edition of the International Classification of Diseases, Clinical Modification manual (currently International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)) used for claims processing under TRICARE for services provided before the mandated date, as directed by Health and Human Services (HHS), for International Classification of Diseases, 10th Revision (ICD-10) implementation.

- The Military Health System (MHS) and mental health community has transitioned to the DSM-5 (released May 2013). This transition resulted in the five covered diagnoses for an ASD (ASD, Rett's Disorder, Childhood Disintegrative Disorder (CDD), Asperger's Disorder, and Pervasive Developmental Disorder (PDDNOS)) under the DSM, Fourth Edition, Text Revision (DSM-IV-TR) falling under the one diagnosis of ASD (299.00) in the DSM-V. The corresponding ICD-9-CM code is Autistic Disorder (299.0) and the corresponding ICD-10-CM code is Autistic Disorder (F84.0).

**Note:** The DSM-IV-TR and the ICD-9-CM use the same numeric diagnosis codes for three of the five ASD Diagnoses found in the DSM-IV-TR (Autistic Disorder (299.00 & 299.0), CDD (299.10 & 299.1), and Asperger's (299.80 & 299.8)). The DSM-IV-TR uses one code 299.80 to refer to Rett's Disorder, PDD, and Asperger's Disorder whereas the ICD-9-CM designates a unique code for each diagnosis.

**3.2.2** Significant symptoms associated with ASD include communication and social behavior deficits, and behaviors concerning objects and routine.

**3.2.2.1** Communication deficits include a lack of speech, especially when associated with the lack of desire to communicate and lack of nonverbal compensatory efforts such as gestures.

**3.2.2.2** Social Skills Deficits. Children with ASD demonstrate a decreased drive to interact with others and share complementary feeling states. Children with ASD often appear to be content being alone, ignore their parents' and others' bids for attention with gestures or vocalizations and seldom make eye contact.

**3.2.2.3** Restricted, Repetitive, and Stereotyped Patterns of Behavior, Interests, and Activities. Children with ASD 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.

### **3.3 Behavior Plan (BP)**

Also referred to as an ABA treatment plan, a written assessment of the objectives and goals of behavior modification and the specific evidence-based practices and techniques to be utilized. Requirements for the BP are specified in [paragraph 7.0](#).

### **3.4 Interventions For ASDs**

Individualized interventions, as specified in the BP, to systematically increase adaptive behaviors and modify maladaptive or inappropriate behaviors. Under the Demonstration, only ABA, as defined by the BACB, is authorized and reimbursable.

### **3.5 Progress Report (PR) And Updated BP**

A report of the individual's progress towards achieving the behavioral goals and objectives specified in the BP. The report also revises the BP to reflect new or modified goals, objectives and strategies. Requirements for the EPR and the updated BP are specified in [paragraphs 7.2](#) and [7.3](#), respectively.

### **3.6 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:

- Identifying the problem behavior(s);
- Developing hypotheses about the antecedents and consequences likely to trigger or support the problem behavior; and
- Performing an analysis of the function of the behavior by testing the hypotheses.

### **3.7 Individuals With Disabilities Education Act (IDEA)**

Public Law 108-446, December 3, 2004 (20 U.S.C. 1400 et seq.): The United States law that entitles all children, including those with a disability, to a Free Appropriate Public Education (FAPE).

### **3.8 Individualized Family Service Plan (IFSP)**

A multidisciplinary assessment and plan that specifies the unique strengths, services and resources needed by an infant or toddler (age zero to three years) with a developmental disability or who is at risk for such, and his/her family.

### **3.9 Individualized Education Program (IEP)**

A multidisciplinary assessment and plan that specifies the objectives, goals and related services associated with providing a FAPE to a child with a disability.

### **3.10 Special Education**

Specially designed instruction to meet the unique FAPE needs, as specified in the IEP, of a child with a disability.

## **4.0 PROVIDERS**

### **4.1 Primary Care Provider (PCP)**

A collective reference within the Autism Demonstration 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** TRICARE-authorized family practice, general medicine, internal medicine, and pediatric physicians under the TRICARE Standard program; and

**4.1.3** 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 Autism Demonstration Corporate Services Provider (ACSP)**

An individual, 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 under the ECHO and which meets the requirements specified in [paragraph 5.1](#).

### **4.3 ABA Supervisor**

An individual TRICARE authorized provider meeting the requirements specified in [paragraph 5.2](#) who provides supervisory oversight of ABA Tutors.

### **4.4 ABA Tutor**

An individual who meets the requirements specified in [paragraph 5.3](#) and delivers ABA services to TRICARE beneficiaries under the supervision of an ABA Supervisor. ABA Tutors work one-on-one with children in accordance with the BP and gather behavioral data necessary for the ABA Supervisor to evaluate the effectiveness of the BP. An ABA Tutor may not conduct behavioral evaluations, establish a child's BP, or submit claims for services provided to TRICARE beneficiaries.

#### **4.5 Specialized ASD Provider**

A TRICARE authorized provider who is a:

- Physician board-certified or board-eligible in behavioral developmental pediatrics, neurodevelopmental pediatrics, pediatric neurology or child psychiatry; or
- Ph.D. clinical psychologist working primarily with children.

#### **5.0 ABA PROVIDER REQUIREMENTS**

**5.1** ACSPs shall:

**5.1.1** Submit evidence to the appropriate 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.

**5.1.2** Submit claims to the appropriate MCSC using the assigned Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes specified in [paragraph 9.0](#).

**5.1.3** Submit to the MCSC all documents necessary to support an application for designation as a TRICARE ACSP;

**5.1.4** Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, Defense Health Agency (DHA), or designee;

**5.1.5** Employ directly or contract with ABA Supervisors and/or ABA Tutors;

**5.1.6** Certify that all ABA Supervisors and ABA Tutors employed by or contracted with the ACSP meet the education, training, experience, competency, supervision and Autism Demonstration requirements specified herein;

**5.1.7** 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 services are provided under the Autism Demonstration;

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

**5.1.9** 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 services; and

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

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**5.2** ABA Supervisor shall:

**5.2.1** Have a current, unrestricted State-issued license to provide ABA services; or

**5.2.2** Have a current, unrestricted State-issued certificate as a provider of ABA services; or

**5.2.3** Have a current certification from BACB (<http://www.bacb.com>) as either a BCBA or a BCaBA where such state-issued license or certification is not available; and

**5.2.4** Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, DHA, or designee; and

**5.2.5** Employ directly or contract with ABA Tutors; and

**5.2.6** 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>) 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 DHA in accordance with the requirements of [Chapter 13](#); and

**5.2.7** Ensure that the quality of the ABA services provided by 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, the BACB Guidelines: Health Plan Coverage of Applied Behavior Analysis Treatment for ASD, and current BACB rules and regulations; and

**5.2.8** 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 ABA Tutors; and

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

**5.2.10** 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

**5.2.11** Comply with all other applicable TRICARE-authorized provider requirements.

**5.3** ABA Tutor:

**5.3.1** Prior to providing ABA services under the Autism Demonstration, shall have completed 40 hours of documented classroom training in ABA techniques in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts (<http://www.bacb.com>), undergone a criminal background check as specified in [paragraph 5.4.3](#); 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 ABA services as verified by the ACSP.

**5.3.2** Shall receive no less than two hours direct supervision per month from the ABA Supervisor with each beneficiary the ABA Tutor provides services to and in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts. 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.

#### **5.4 Provider Background Review**

**5.4.1** The MCSC shall obtain a Criminal History Review, as specified in [Chapter 4, Section 1, paragraph 8.0](#), for ACSPs who are individual providers with whom the MCSC enters into a Participation Agreement.

**5.4.2** ACSPs, other than those specified in [paragraph 5.4.1](#), shall:

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

**5.4.2.2** Obtain a Criminal Background Check of ABA Tutors whom the ACSP employs directly or with whom the ACSP enters into a contract.

**5.4.3** The ABA Supervisor shall obtain a Criminal Background Check of ABA Tutors the ABA Supervisor employs directly or with whom the ABA Supervisor enters into a contract to supervise the ABA Tutor. The Criminal Background Check of ABA Tutors shall:

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

**5.4.3.2** Be completed prior to the ABA Tutor providing ABA services to TRICARE beneficiaries.

#### **6.0 BENEFICIARY ELIGIBILITY REQUIREMENTS**

**6.1** TRICARE beneficiaries who request participation in the Autism Demonstration shall:

**6.1.1** Be at least 18 months of age; and

**6.1.2** Be registered in the ECHO; and

**6.1.3** Have been diagnosed with an ASD specified in [paragraph 3.2](#) by a TRICARE-authorized PCP or Specialized ASD Provider; and

**6.1.4** Provide the MCSC with the beneficiary's IFSP or the IEP documenting that the beneficiary is receiving Early Intervention Services or Special Education and that adequate ABA services are not available through the IDEA.

**Note:** If the child is home schooled or enrolled in a private school and not required by State law to have an IEP, the child's PCP or Specialized ASD Provider must certify to the MCSC that the child requires participation in the Autism Demonstration.

**6.2** Eligibility for benefits under the Autism Demonstration ceases as of 12:01 a.m. of the day after:

- The Autism Demonstration ends, or
- Eligibility for the ECHO program ends.

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

## **7.0 BP REQUIREMENTS**

The initial BP, the PR, and updated BP shall be developed by the ACSP directing the delivery of ABA services and shall include the name/title/address of the preparer and the elements specified in [paragraphs 7.1](#) through [7.3](#) to the extent applicable.

**7.1** The initial BP shall include:

**7.1.1** The beneficiary's name, date of birth, date the Functional Behavioral Assessment and Analysis was completed, sponsor's Social Security Number (SSN) or DoD benefits number, name of the referring provider, background and history, goals and objectives, parental training, summary and recommendations.

**7.1.2** Background and history shall include:

**7.1.2.1** Information that clearly demonstrates the beneficiary's condition, diagnosis, and family history;

**7.1.2.2** How long the beneficiary has been receiving ABA services;

**7.1.2.3** Identification of any services or therapies being received through community resources (e.g., state waiver programs, Medicaid, services available through a Regional or Community Center); and

**7.1.2.4** How the ACSP will coordinate ABA services with available community services.

**7.1.3** Goals and objectives of the ABA services shall include:



**7.1.3.1** A detailed description of the targeted skills and behaviors that will be addressed through the ABA sessions and the objectives that will be measured, which may include:

- Communication skills
- Mental health issues
- Vocational skills
- Adaptive skills
- Motor skills
- Academic skills
- Cognitive skills
- Developmental skills
- Behavior skills
- Social skills
- Medical and quasi-medical issues

**7.1.3.2** Administration of any diagnostic tests that will assess skill acquisition or behavior modification; and

**7.1.3.3** The frequency and method of assessing the beneficiary's progress towards achieving the goals and objectives.

**7.1.4** Parental training shall be included in the BP. Parental training shall be provided while billable ABA services are being provided to the beneficiary. The BP shall include a detailed plan that specifies how parents will be trained to:

**7.1.4.1** Implement and reinforce skills and behaviors; and

**7.1.4.2** Receive support to implement strategies within a specified setting.

**7.1.5** Summary and recommendations of the BP shall include the extent of parent/caregiver involvement that will be expected to support the plan.

**7.1.6** The initial BP shall be reviewed and updated by the ACSP at six-month intervals and submitted to the MCSC for review and authorization of ABA services.

**7.2** The PR shall include:

**7.2.1** Beneficiary's name, date of birth, inclusive dates of the evaluation period, sponsor's SSN, or DoD benefits number, name of the referring provider;

**7.2.2** A summary of the child's progress;

**7.2.3** A summary of the child's challenges to meet the goals and objectives; and

**7.2.4** A summary of parent/caregiver participation in implementing the BP during the evaluation period.

**7.2.5** Recommendations for continued ABA services.

**7.3** The updated BP shall include:

**7.3.1** The data elements specified in [paragraph 7.1](#);

**7.3.2** The dates of the plan being updated; and

**7.3.3** The number of ABA hours of services to be provided each month by the ABA Supervisor and the ABA Tutor.

**7.4** The ACSP shall provide an information copy of the BP, the PR, and the updated BP to the beneficiary's PCP or ASD Specialized provider, within 10 calendar days of completion.

## **8.0 POLICY**

**8.1** Under the Autism Demonstration, TRICARE will reimburse ACSP's only for ABA services 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 providers who meet all applicable requirements specified herein.

**8.2** All ABA services under this Autism Demonstration require prior written authorization by the Director, DHA, or designee.

**8.3** The following are eligible for reimbursement under the Autism Demonstration:

**8.3.1** Evaluation of a beneficiary using the Functional Behavioral Assessment and Analysis.

**8.3.2** Development of the initial BP, the PR, and the updated BP.

**8.3.3** ABA rendered directly to a TRICARE beneficiary on a one-on-one basis. Group ABA sessions are not a TRICARE benefit.

**8.3.4** ABA services rendered jointly, in-person, or during directly supervised fieldwork of the ABA Tutor by the ABA Supervisor. Only the services provided by the Supervisor will be reimbursed as specified in [paragraph 9.1](#).

**8.3.5** Quarterly, in-person meetings between the ABA Supervisor and the beneficiary's primary caregivers.

**8.4** The allowed cost of services provided by this Autism Demonstration on or after October 14, 2008, accrue to the Government's maximum fiscal year share of providing benefits in accordance with the TRICARE Policy Manual (TPM), [Chapter 9](#), (except ECHO Home Health Care (EHC)), of \$36,000.

## 9.0 REIMBURSEMENT

**9.1** Claims for Autism Demonstration services will be submitted by the ACSP on a Centers for Medicare and Medicaid (CMS) 1500 Claim Form as follows:

**9.1.1** Functional Behavioral Assessment and Analysis.

**9.1.1.1** During the first month the beneficiary is enrolled in the Autism Demonstration, the ACSP will be authorized and reimbursed by the MCSC for not more than four hours for conducting the initial Functional Behavioral Assessment and Analysis and establishing the initial BP.

**9.1.1.2** The Functional Behavioral Assessment and Analysis and initial BP will be invoiced using HCPCS code "S5108, Home care training to home care client, per 15 minutes."

**9.1.1.3** Reimbursement for the Functional Behavioral Assessment and Analysis includes the intellectual work and diagnostic evaluation required to establish the initial BP.

**9.1.1.4** Reassessment of established Autism Demonstration participants will be conducted as part of the ACSP's routine supervision services and is not separately reimbursable.

**9.1.2** ABA services rendered jointly by an ABA Supervisor and an ABA Tutor, in-person, during directly supervised fieldwork of the ABA Tutor by the ABA Supervisor, will be invoiced using HCPCS code "S5108, Home care training to home care client, per 15 minutes."

**9.1.3** ABA services provided directly by an ABA Tutor will be invoiced using HCPCS code "H2019, Therapeutic behavioral services, per 15 minutes."

**9.1.4** Development of the required PR and updated BP will be invoiced using CPT<sup>1</sup> code 99080, "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

**9.1.5** Conducting the required quarterly progress meetings with the beneficiary's caregivers will be invoiced using CPT1 code 90887, "Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible person, or advising them how to assist patient."

**9.2** Reimbursement of claims in accordance with [paragraph 9.1.1](#) and will be the lesser of:

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

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## 10.0 ADDITIONAL MCSC RESPONSIBILITIES

The MCSC shall:

**10.1** Consider and advise beneficiaries of the availability of community based or funded programs and services, when authorizing Autism Demonstration benefits.

**10.2** Maintain all documents related to the Autism Demonstration in accordance with [Chapter 2](#).

**10.3** Forward to the "gaining" MCSC all Autism Demonstration related documents within 10 calendar days of being notified that a beneficiary is transferring to a location under the jurisdiction of another MCSC.

**10.4** Review the beneficiary's BP prior to authorizing Autism Demonstration services.

**Note:** The Functional Behavioral Assessment and Analysis specified in [paragraph 9.1.1](#) will be authorized by the MCSC prior to development of the BP.

**10.5** Conduct annual audits on at least 20% of each ACSP's ABA Tutors for compliance with the requirements specified in [paragraph 5.3](#). Upon determining non-compliance with one or more ABA Tutor qualification requirements, the MCSC will immediately initiate a compliance audit of all ABA Tutors employed by or contracted with that ACSP.

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

## 11.0 APPLICABILITY

**11.1** This Autism Demonstration is limited to TRICARE beneficiaries who meet the requirements specified in [paragraph 6.0](#).

**11.2** This Autism Demonstration is limited to the 50 United States and the District of Columbia.

**11.3** All provisions of the ECHO program apply to the Autism Demonstration unless specifically modified by the Federal Register Demonstration Notice (72 FR 68130, December 4, 2007) or by this Section.

## 12.0 EXCLUSIONS

TRICARE will not cost-share:

**12.1** Training of ABA Tutors as specified in [paragraph 5.3.1](#).

**12.2** Charges for program development, administrative services, and the assessment required for developing the PR and updating the BP.

**12.3** More than one Autism Demonstration service provided to the same beneficiary during the same time period, such as the case of the supervision of the ABA Tutor specified in [paragraph 5.3.2](#).

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**12.4** Training of parents specified in [paragraph 7.1.4](#).

**13.0 EFFECTIVE DATE**

This Autism Demonstration is effective for claims for services provided in accordance with this Section during the period March 15, 2008 through March 14, 2015.

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