Autism Care Demonstration – Policy Changes

Questions & Answers – Set 2 (published 6/18/2021)

NOTE: These Q&As are follow up responses to questions submitted regarding the ACD policy changes published 3/23/2021. These Q&As are for informational purposes only.

Behavior Technician (BT) Certification

40. Can you elaborate on the 10-day timeline for BT certification?
    Response: *Per 8.4.3.2, "the contractor shall certify a BT as a TRICARE provider within 10 business days from the receipt of a complete application that meets all requirements for certification." The timeline does not start until the complete application is received.*

41. Is there a penalty for the contractors if they do not meet the 10-day BT certification timeline?
    Response: *Contractor penalties are described in the contract between the Government and the contractor.*

42. When a new BT is not certified within the timeframe, will the effective date be back-dated?
    Response: *No. Complete BT applications will be processed within the 10-business day requirement.*

43. Do all BTs need to be RBT certified?
    Response: *No. However, all BTs require certification by one of the three approved certifying bodies: Behavior Analyst Certification Board (BACB), Behavioral Intervention Certification Council (BICC), Qualified Applied Behavior Analysis (QABA) certification board.*

Provider certification requirements

44. Are there any changes to the Board Certified Behavior Analyst (BCBA) or assistant certification timeline?
    Response: *No. Certification/credentialing processes for the licensed provider will follow the standard process and timeline as all other providers under TRICARE.*

45. Will the contractor perform the criminal background check or do we pay for the background check and send the contractor a copy with the application?
    Response: *The contractor is not required to perform the criminal background check. Please contact your contractor regarding this requirement.*

46. Is a criminal background check required for all providers and do they all have to be turned in?

Response: *Per paragraph 8.2.3, the submission of the Criminal History Review (for authorized ABA supervisors) and the Criminal History Background Check (for assistants and BTs) is required for new providers on and after 7/1/21.*

47. Will currently certified/credentialed providers be grandfathered/exempt from the new provider requirements?
    Response: *No. All providers must meet all of the provider requirements, i.e., NPI, background checks, certification, etc.*

48. Can you provide further information clarifying the process for contractors obtaining the background checks?
    Response: *This is a contractor process question. Please contact your contractor regarding their process.*

49. We currently use [name of various agency for background check] for background checks. Is this acceptable?
    Response: *Please contact your contractor regarding their process for accepting background checks.*

50. How often should the background check be completed?
    Response: *Please contact your contractor regarding their process for how often a background check must be completed.*

51. Is the BCBA background check different than the assistant and BT background check?
    Response: *Yes, please see paragraphs 8.2.3 for clarification.*

52. The manual reference in paragraph 8.2.3.1, references Chapter 4, Section 1, paragraph 8.0. Then it goes to a link that will not load. Please provide guidance for this requirement.
    Response: *This specific reference will be deleted. However, the requirement is for ABA supervisors to obtain a Criminal History Review.*

53. How will this requirement of submitting criminal backgrounds be managed if employees do not consent?
    Response: *A criminal background check is a condition of a TRICARE authorized provider. If the individual chooses not to consent to the background check, then they would not meet the ACD provider requirements.*

54. Will there be a section added to the online ABA certification application for providers to attach a copy of the therapist's background check?
    Response: *This is a contractor process question. Please contact your contractor regarding their process.*

55. Will we submit provider rosters for credentialing?

Response: *This is a contractor process question. Please contact your contractor regarding their process.*

56. How do we submit provider information to the contractor (i.e., certification updates, CPR card, license renewal, background checks?
    Response: *This is a contractor process question. Please contact your contractor regarding their process.*

Participation agreements

57. What is the process for signing the participation agreements?
    Response: *This is a contractor process question. Please contact your contractor regarding their process.*

58. When will the participation agreements be sent out?
    Response: *This is a contractor process question. Please contact your contractor regarding their process.*

59. Who has to sign a participation agreement?
    Response: *Per paragraph 8.3.3, all ACSPs and Sole Provider practices must sign/re-sign participation agreements. Each Tax ID is required to complete a participation agreement per region.*

60. Where do we send our signed participation agreements?
    Response: *This is a contractor process question. Please contact your contractor regarding their process.*

61. Will a copy of the signed participation agreement by returned to the provider?
    Response: *This is a contractor process question. Please contact your contractor regarding their process.*

62. Our company has grown since we originally signed our participation agreement. Do we need to do anything else before 7/1/21?
    Response: *Please contact your contractor regarding the status of your company and participation agreement.*

Restraints

63. What is TRICARE's definition of restraints?
    Response: *While TRICARE does not specifically define "restraints," a commonly recognized definition is: Restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of an individual. Types of restraints include: prone, supine, physical, mechanical, and chemical restraints, as well as aversive*

interventions. Additionally, organizations such as the Joint Commission (TJC) has set standards (TJC Behavior Health Standards, 2020: Care, Treatment, and Services) of care regarding restraints, which stresses minimal usage, implementing the intervention as an absolute last resort, and ensuring all staff are adequately trained regarding the application of restraints.

64. How do we request an exception of the prohibition for the use of restraints? It is not clinically appropriate to refer a child to an inpatient facility just because they have an occasional need for the use of physical management or support for their safety?
    Response: *No exceptions will be made for the use of restraints within the context of the ACD. TRICARE ABA providers are prohibited from the use of restraints during the rendering of ABA services. ABA Supervisors are expected to utilize other behavior analytic approaches to develop the behavior intervention plan in the absence of restraint procedures. TRICARE authorized ABA providers are prohibited from implementing restraint procedures.*

65. What do you recommend if we have a client that begins to become aggressive with us?
    Response: *The term "aggressive" is too broad for DHA to provide any guidance to this question.*

66. Does the prohibition of the use of restraints include Quality Behavioral Solutions (QBS)?
    Response: *Yes.*

67. Does the prohibition of the use of restraints include Professional Crisis Management Association?
    Response: *Yes, PCMA is considered a restraint technique and therefore prohibited under the ACD.*

68. If the child must be put in a safety hold to prevent self-harm or harm to others, would the time during that hold need to be deducted as not covered?
    Response: *TRICARE ABA providers are prohibited from the use of restraints during the rendering of ABA services. ABA Supervisors are expected to utilize other behavior analytic approaches to develop the behavior intervention plan in the absence of restraint procedures.*

69. If restraints are prohibited, does the 45-day requirement for notification of termination apply?
    Response: *Beneficiaries should have a transition of care plan if a provider is no longer able to manage the behaviors.*

Exclusions

70. When are the exclusions implemented?
    Response: *Unless otherwise noted, updated/newly added exclusions became effective 4/23/21.*

71. What if someone has an approved treatment plans that includes Acceptance and Commitment Therapy (ACT), Cognitive Behavior Therapy (CBT), etc.? Will those authorization be allowed until the run out?
    Response: *The ACD is authorized to reimburse for only clinically necessary and appropriate ABA services. It is incumbent on the ABA provider to ensure that they are billing for services in compliance with the TOM. Anything outside of the scope of the ACD has the potential for recoupment.*

72. I have specialized training in ACT. My question is if this is the most effective way to assist in working on outcomes and the BCBA has extensive training, is ACT still off the table?
    Response: *Yes, ACT is not an authorized intervention for TRICARE authorized ABA providers under the ACD.*

73. Is it only DSM conditions or any comorbid that is excluded? For example, working on increasing mands and tacts when a client has an apraxia diagnosis?
    Response: *Comorbid is defined as any condition in the DSM -5 or ICD-10. Additionally, under the ACD, TRICARE authorized ABA providers are authorized to treat only the core symptoms of ASD.*

74. What is the definition of "aversives"?
    Response: *Aversive techniques are unpleasant stimuli that induce changes in behavior. Aversive techniques can vary from being slightly unpleasant or irritating to physically, psychologically, and/or emotionally damaging. Examples include but are not limited to: extreme heat/cold, bitter flavors, electric shocks, loud noises, and pain.*

75. Would escape extinction of response redirection be considered aversive and therefore not reimbursable?
    Response: *Without further information, DHA cannot provide guidance. This technique may or may not be appropriate depending on the target behavior and intervention strategy.*

76. What is the definition of "educational"? It could be argued that anything taught in ABA could also be targeted in a school setting (language, writing, reading).
    Response: *Under the ACD, clinically necessary and appropriate ABA services are authorized to treat the core symptoms of ASD. Reading and writing are not core deficits for the diagnosis of ASD. Additionally, if targets are part of the public school system standard curriculum, then those goals would also be excluded.*

77. We are a multi-disciplinary clinic. How would be we viewed in relation to paragraph 8.10.18 (autism schools)?
    Response: *A multi-disciplinary clinic is not equivalent to a school. Please contractor your contractor for additional guidance.*

78. A lot of parents of individual with autism have started their own companies. Why would another BCBA not be able to bill for services rendered to the owner's child?

Response: In this exclusion, the owner has a financial interest in the services being reimbursed for their child. Therefore, there is a conflict of interest.

79. Can you provide a list of ABA techniques that are approved under the ACD?
Response: Approved ABA techniques include but are not limited to, discrete trial training, verbal behavior, chaining, shaping, and modeling. This is not an exhaustive list, therefore please check with you contractor regarding appropriate goals and intervention techniques.

80. Where is the information you are getting that supports these exclusions?
Response: Exclusions are driven by a variety of factors including but not limited to, TRICARE policies, regulations, government reports, and lessons learned from the ACD.

81. When the core symptoms of ASD impair acquisition of ADLs, can that be targeted?
Response: Clinically appropriate goals/targets must focus on the core symptoms of ASD. If a behavior is impairing the ability to complete something, then the behavior is the target, not the skill itself.

82. What is the rationale for removing goals regarding ADLs?
Response: The ACD is authorized to reimburse for clinically necessary and appropriate ABA services targeting the core symptoms of ASD. An ADL in and of itself is not a core deficit of ASD.

83. Just so that I understand, the ACD will not cover ADLs for self-care, dressing, tooth brushing, hand washing, self-feeding, etc.?
Response: Correct. The ACD is authorized to reimburse for clinically necessary and appropriate ABA services targeting the core symptoms of ASD. These examples in and of themselves are not core deficits of ASD. The ACD will permit parents/caregivers to target these skills under the parent goals and allow the authorized ABA supervisor to provide guidance, support and training of these skills through parent training so the parent may implement the strategy outside of ABA services time rendered by an ABA provider.

84. What if sessions have been run in the past using ADLs? Will we be penalized?
Response: The ACD is authorized to reimburse for only clinically necessary and appropriate ABA services. It is incumbent on the ABA provider to ensure that they are billing for services in compliance with the TOM. Anything outside of the scope of the ACD has the potential for recoupment.

85. For goals that are included on an IEP, does that mean that the ABA provider can't also target those goals in the home program?
Response: The goals in an IEP are for the purpose of services provided in a school setting for academic support. It is unlikely that the IEP would target clinically necessary and appropriate ABA services.