Department of Defense Report and Plan on Services to Military Dependent Children with Autism

July 2007

Report and Plan on Services to Military Dependent Children with Autism in the Department of Defense

The requirement for this report is outlined in Section 717 of the John Warner National Defense Authorization Act for Fiscal Year 2007 as follows:

Report Required - Not later than 30 days after completion of the plan required under subsection (a), the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the plan. The report may include any additional information the Secretary considers relevant.

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I. Executive Summary

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. Applied behavior analysis (ABA), a systematized process of collecting data on a child's behaviors and using a variety of behavioral conditioning techniques to teach and reinforce desired behaviors while extinguishing harmful or undesired behaviors, is one of the best studied interventions. Time-limited, focused ABA methods have been shown to reduce or eliminate specific problem behaviors and teach new skills to individuals with autism.

The current Extended Care Health Option (ECHO) benefit allows cost sharing of Behavior Analyst Certification Board-certified behavior analysts and associate behavior analysts; "hands-on" ABA tutors who are not TRICARE authorized providers cannot be reimbursed by TRICARE. At this time there is a relative paucity of board certified analysts and associate analysts and it is difficult in most areas, particularly in rural areas, for beneficiaries to find TRICARE authorized ABA providers.

The Department proposes a change in policy and a demonstration program under the Department's demonstration authority under 10 USC 1092 to expand the availability of ABA services to ECHO beneficiaries with autism. The change in policy would expand the definition of who can be a TRICARE-authorized supervisory ABA provider. The demonstration program will permit TRICARE cost sharing of services by ABA tutors under a modified corporate services model. This policy change and demonstration will allow military families to make more effective use of the special education benefit in the ECHO program.

It is the intent of the Department that the provider qualifications set forth for the ABA Tutor demonstration be in place only as a temporary bridge until national standards are established by an appropriate nationally recognized certifying body for ABA providers. To this end, the Department intends to support nascent efforts within the industry to accurately and credibly define a new ABA provider class that performs "hands-on" ABA services.

The Department intends to retain the ECHO benefit as currently outlined in 32 CFR 199.5, except for the changes in provider qualifications that will be implemented in the policy change and demonstration program noted above.

II. Background

a) Report to Congress

The John Warner National Defense Authorization Act for Fiscal Year 2007, Section 717, requires the Department to develop a plan to provide services to military dependent children with autism within the authority of the Extended Health Care Option (ECHO) Program. Congressional language focuses on TRICARE education, training, and supervision requirements for service providers as well as the ability to identify the availability and distribution of those providers. Finally, the Department is to "…ensure the involvement and participation of affected military families or their representatives."

SEC. 717. Report and Plan on Services to Military Dependent Children with Autism.

(a) Plan Required – The Secretary of Defense shall, within 180 days after the date of the enactment of this Act, develop a plan to provide services to military dependent children with autism pursuant to the authority for an extended health care services program in subsections (d) and (e) of section 1079 of title 10, United States Code. Such plan shall include –

(1) requirements for the education, training, and supervision of individuals providing services for military dependent children with autism;

(2) standards for identifying and measuring the availability, distribution, and training of individuals of various levels of expertise to provide such services; and

(3) procedures to ensure that such services are in addition to other publicly provided services to such children.

(b) Participation of Affected Families – In developing the plan required under subsection (a), the Secretary shall ensure the involvement and participation of affected military families or their representatives.

(c) Report Required – Not later than 30 days after completion of the plan required under subsection (a), the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the plan. The report may include any additional information the Secretary considers relevant.

b) Autism and its treatment[1]

Autism spectrum disorders[2] (ASD) are present from birth or very early in development and affect essential human behaviors such as social interaction, the ability

[1] The section substantially borrows from National Research Council (2001) *Educating Children with Autism.* Committee on Educational Interventions for Children with Autism. Catherine Lord and James P. McGee, eds. Division of Behavioral and Social Sciences and Education. Washington, DC: National Academies Press.

[2] In this report, autism spectrum disorders is used to refer to autistic disorder; pervasive developmental disorder, not otherwise specified (PDD-NOS); and Asperger's Disorder, in accordance with the *Diagnostic and Statistical Manual of Mental Disorders, 4th ed.* (DSM-IV) of the American Psychiatric Association. The terms autism spectrum disorders and autism are used interchangeably.

to communicate ideas and feelings, imagination, and the establishment of relationships with others. It generally has life-long effects on how children learn to be social beings, to take care of themselves, and to participate in the community. Autism is a developmental disorder of neurobiological origin that is defined on the basis of behavioral and developmental features.

Autistic disorders are unique in their pattern of deficits and areas of relative strengths. They generally have lifelong effects on how children learn to be social beings, to take care of themselves, and to participate in the community. The autism spectrum occurs along with mental retardation and language disorder in many cases. Thus, educational planning must address both the needs typically associated with autistic disorders and needs associated with accompanying disabilities.

Autism varies in severity of symptoms, age of onset, and the presence of various features, such as mental retardation and specific language delay. The manifestations of autism can differ considerably across children and within an individual child over time. Even though there are strong and consistent commonalities, especially in social deficits, there is no single behavior that is always typical of any of the autistic spectrum disorders and no behavior that would automatically exclude an individual child from diagnosis of autism.

The prevalence of ASD under the current widely accepted definition in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) has been debated in recent years. A recent report by the Centers for Disease Control and Prevention (CDC)[3] found, in its review of information available in 14 states, that 6.6 per 1,000 – approximately 1 in 152 – children eight years of age had ASD. For comparison, Down syndrome, the most commonly identified cause of mental retardation, occurs in about 1 in 800 births. Juvenile diabetes, a common childhood disorder, occurs in about 1 in 400 to 500 children and adolescents. Finally, autism is more common than childhood cancer, which has a prevalence rate of 1 in 6600 children, according to the National Cancer Institute.

Since the Department of Defense has no registry specifically for beneficiaries with ASD, neither the prevalence of autism within the Military Health System beneficiaries nor the geographic distribution of these beneficiaries is known. Each of the military services has its own Exceptional Family Member Program (EFMP), a mandatory enrollment program that facilitates delivery of services to active duty families with special needs, including ASD. The services differ in how they maintain data on exceptional family members and medical information on individual exceptional family members is not uniformly available. In addition, not all military dependent children with

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[3] Rice, Catherine. (2007) *Prevalence of Autism Spectrum Disorders – Autism and Developmental Disabilities Monitoring Network, 14 Sites, United States, 2002.* Morbidity and Mortality Weekly Report Surveillance Summaries, 56(SS01);12-38, February 9, 2007.

autism are enrolled in the EFMP. At present the Marine Corps counts 784 active duty family members (of all ages) with a diagnosis of ASD enrolled in its EFMP. The Army, Navy and Air Force have no readily available information related to the number of active duty family members with autism.

Autism Treatment

Within the field of autism, there are many approaches to intervention that are widely disseminated, but little researched. Some approaches have been greeted with great enthusiasm initially, but have relatively quickly faded out of general use, in part because of their failure to demonstrate worthwhile effects. Examples of discredited therapies include chelation therapy, facilitated communication, and neurofeedback. Other approaches have withstood the test of time across sites and the children and families they serve, though they continue to be largely supported by clinical descriptions of effectiveness, rather than by formal evaluations. Examples of therapies considered by many experts to be promising but lacking peer-reviewed studies with strong experimental designs include Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH) and Developmentally-based Individual-difference Relationship-based Intervention (DIR)/Floor Time.

Education, both directly of children, and of parents and teachers, is currently the primary form of treatment for autism. For children with ASD, education entails not only academic instruction but also training in life skills (language, communication, self help, activities of daily living, etc.). The education of children with autistic disorders was accepted as a public responsibility under the Education of All Handicapped Children Act in 1975. Despite the federal mandate, however, family members report that the goals, methods and resources available vary considerably from state to state and school system to school system.

A large body of research has demonstrated substantial progress in response to specific intervention techniques in relatively short periods of time (e.g., several months) in many specific areas, including social skills, language acquisition, nonverbal communication, and reductions in challenging behaviors. Longitudinal studies over longer periods of time have documented changes in IQ scores and in core deficits (e.g., joint attention), in some cases related to treatment, that are predictive of longer term outcomes. However, children's outcomes are variable, with some children making substantial progress and others showing very slow gains.[4]

Although there is evidence that interventions lead to improvements, there does not appear to be a clear, direct relationship between any particular intervention and children's

[4] For further information please see National Research Council (2001) *Educating Children with Autism.* Committee on Educational Interventions for Children with Autism, page 5 and Chapter 4.

progress. Thus, while substantial evidence exists that treatments can reach short-term goals in many areas, gaps remain in addressing larger questions of the relationships between particular techniques and specific changes.

The consensus across comprehensive intervention programs is generally strong concerning the need for: early entry into an intervention program; active engagement in intensive instructional programming for the equivalent of a full school day, including services that may be offered in different sites, for a minimum of five days a week with full-year programming; use of planned teaching opportunities, organized around relatively brief periods of time for the youngest children (e.g., 15- to 20-minute intervals); and sufficient amounts of adult attention in one-to-one or very small group instruction to meet individualized goals.[5]

There is an increasing consensus among developmental, psychosocial, applied behavior and legal experts that prevention of certain problem behaviors should be a primary focus of intervention, particularly during the early childhood and preschool years. There is also a growing consensus that the most effective form of prevention of problem behaviors is the provision and implementation of an appropriate individualized education plan (IEP) based on proven interventions that have some scientific evidence supporting their value. The New York State Department of Health panel that developed "The Clinical Practice Guideline for Autism/Pervasive Developmental Disorders" went further: "The use of an ineffective assessment or intervention method [is] a type of indirect harm if its use supplants an effective assessment or intervention method that the child might have otherwise received"[6] – i.e., the New York State Guideline discourages the use of unproven services.

Applied Behavior Analysis (ABA)

ABA describes a systematized process of collecting data on a child's behaviors and using a variety of behavioral conditioning techniques to teach and reinforce desired behaviors while extinguishing harmful or undesired behaviors. As defined by the Behavior Analyst Certification Board (BACB), "Applied behavior analysis is the science in which procedures derived from the principles of behavior are systematically applied to improve socially significant behavior to a meaningful degree and to demonstrate experimentally that the procedures employed were responsible for the improvement in behavior." Practically speaking, it is the application of behavioral principles to shape behaviors and teach new skills in an individual. Intervention programming that employs

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[5] For further information please see National Research Council (2001) *Educating Children with Autism.* Committee on Educational Interventions for Children with Autism, page 6 and Chapters 5-12.

[6] New York State Department of Health (1999) *Clinical Practice Guideline: The Guideline Technical Report. Autism/Pervasive Developmental Disorders, Assessment and Intervention for Young Children (0-3 Years).* Albany, NY: New York State Department of Health, Early Intervention Program.

an ABA approach attempts to understand skill and behavior strengths and deficits; to structure the learning environment; systematically teach discrete, observable steps that define a skill; and teach generalization and maintenance of newly learned skills.

The federal Individuals with Disability Education Act (IDEA) requires benefits from interventions, presumes in favor of positive interventions, disallows those that do not produce benefits, and authorizes a wide range of beneficial interventions without preferring any particular ones. Although a number of interventions have shown evidence of accelerating a child's development and reducing behavior problems, none attains the strict research standards for replicated, randomly assigned, controlled, long-term comparison studies. IDEA sets up perhaps the most practical and in some ways the most difficult challenge – that of generating a functional behavior analysis of each child's behavior to fashion an individualized program that will enable the child to progress and to participate in the academic and social life of family, school, and community.

c) The TRICARE basic program

TRICARE, the health plan of the Military Health System, is an entitlement program, governed by statute (Title 10, Chapter 55) and regulation (32 Code of Federal Regulations, Part 199) which are then implemented through the TRICARE Policy, Operations, Reimbursement, and Systems Manuals. The TRICARE basic program covers medically or psychologically necessary and appropriate treatments, procedures, devices, and drugs; some preventive services; and some well child care. As a general rule, medically or psychologically necessary care that is proven safe and effective and considered standard of care in the United States will be a TRICARE benefit under the basic program unless it is expressly excluded from coverage by statute, regulation, or policy. The TRICARE basic program is prohibited by statute (10 U.S.C. 1079(a)(9)) from covering special education, except when provided as secondary to the active psychiatric treatment on an institutional basis. Additionally, TRICARE may not cover unproven care.

For children with autism, the TRICARE basic program covers services such as physician office visits, immunizations, and interventions such as speech therapy, physical therapy, and occupational therapy. Autistic children age three years and older often receive speech, physical, and occupational therapy provided by public or Department of Defense Educational Activity (DoDEA) schools to the extent that they are considered educationally necessary. Additional speech, physical, or occupational therapy may be provided by the TRICARE basic program when additional therapy is considered to be medically necessary. If a child resides on a base where there is a DoDEA school, then the Educational and Developmental Intervention Services program funded by each of the Services' medical departments, provides and pays for early intervention services for children under three years of age. If there is no DoDEA school, then the local

community early intervention program provides services and TRICARE has primary responsibility for paying for these services.

d) The Extended Care Health Option (ECHO) program

ECHO replaced the Program for Persons with Disabilities (PFPWD) on September 1, 2005, as authorized by Section 701(b) of the National Defense Authorization Act for Fiscal Year 2002, Public Law 107-107, which revised subsections (d), (e), and (f) of section 1079 of Title 10, United States Code. Under ECHO, qualifying active duty family members may receive benefits not available under the basic program. Qualifying conditions include moderate or severe mental retardation, a serious physical disability, or an extraordinary physical or psychological condition. Under 10 USC 1079(e), "…Extended benefits for eligible dependents…may include… training, rehabilitation, special education, and assistive devices." ABA, as a behavioral intervention that shapes behaviors and teaches skills, is a special education service that can be cost-shared under ECHO. The government cost-share for these extended benefits is limited under 10 USC 1079(f)(2)(A) to a maximum of $2,500 per month.

Under 10 USC 1079(e), extended benefits under ECHO may include "… respite care for the primary caregiver of the eligible dependent." ECHO offers two types of respite care under 32 CFR 199.5 often referred to as the "date break" and the "sleep benefit." The "date break" provides short-term care of the ECHO beneficiary to allow the primary caregivers (usually family members) the opportunity for rest and time with other family members. This ECHO respite care benefit is limited to 16 hours per month; its cost accrues to the maximum monthly government cost-share. The ECHO Home Health Care respite care benefit, or "sleep benefit," provides up to 8 hours/day, 5 days per week, of care of seriously ill, homebound beneficiaries who require frequent interventions during the time the primary caregivers would normally be sleeping. Both respite care benefits are provided by TRICARE-authorized home health agencies.

While participation in ECHO is voluntary, registration is required, by law, for a TRICARE beneficiary to receive the ECHO benefit. The registration process includes providing the Managed Care Support Contractor (MCSC) with evidence that the beneficiary is enrolled in the EFMP provided by the sponsor's branch of service. Upon completion of the registration process, the MCSC may authorize ECHO benefits.

The law requires a pay-grade based cost-share in months ECHO benefits are received. When the ECHO replaced the PFPWD on September 1, 2005, the amount of the cost share remained unchanged ($25 - $250), with the regulation continuing to limit the cost share to under $100 for all but O-7 to O-10, while the government cost share increased from $1,000 to $2,500 per month. This increase allows beneficiaries to receive more services for the same amount of cost-share.

e) The ECHO program and providers of ABA

An authorized provider under the ECHO program must, under 32 CFR 199.6(e), be a provider otherwise authorized under the TRICARE basic program. Alternatively, if not recognized as such, if they provide services that are only authorized under the TRICARE ECHO program, such as special education services, the provider must meet all the applicable licensing and other regulatory requirements in that state, county, municipality or other governmental jurisdiction in which the ECHO service is rendered. In the absence of such licensing or regulatory requirements, the Director, TRICARE Management Activity or designee determines the applicable requirements necessary to be an authorized provider. At the present time, no state licenses or has explicit regulatory oversight over providers of ABA services. While the states of Florida, Oklahoma, Texas, California, Pennsylvania, and New York each had behavior analyst certification programs, these states ceased their state-level certification efforts after the introduction of a nationally recognized certification process by the BACB in 1998.

TRICARE, as a health plan, is obligated to take reasonable steps to assure the safety, efficacy, and quality of care it provides. One of the most common ways that health plans can assure high quality care is to require that the providers they reimburse meet widely recognized and accepted minimum standards for knowledge, training and experience. The only available nationally recognized credential for ABA providers is through the BACB which certifies providers at the bachelor's degree level (Board Certified Associate Behavior Analyst - BCABA) and at the master's degree level (Board Certified Behavior Analyst - BCBA). A description of the BACB certification requirements for BCBAs and BCABAs is included as Attachment 1. The number and distribution of BACB-certified ABA therapists in the United States are shown in Attachment 2.

Absent state licensing or regulation of ABA providers, the Director, TRICARE Management Activity established a requirement that ABA providers be certified by the BACB. It was expected that high demand for ABA services would provide incentive for large numbers of ABA providers to become certified BCBAs and BCABAs. The current TRICARE benefit allows cost sharing of BACB-certified ABA therapists when providing consultation to the beneficiary in the home or at school, designing and maintaining a behavioral treatment plan, providing hands-on ABA therapy, and training and supervising family members in delivery of ABA. TRICARE currently does not authorize the reimbursement of the "hands-on" provider of ABA services unless the provider is an authorized TRICARE provider as described above.

The behavior analyst profession is in its infancy, yet finds itself in a period of very rapid expansion. This is driven in great part by the growing identification of ABA, unique among treatments used to treat the deficits of autism, as the treatment intervention with substantive evidence for its effectiveness in shaping behaviors and teaching skills.

The number of BCBAs and BCABAs continues to increase, but at this time family members report a relative paucity of board certified analysts. As a result, it is difficult in most areas, especially rural areas, for beneficiaries to find TRICARE authorized ABA providers.

The impact of the scarcity of certified providers is ameliorated by the commonly practiced business model in which a supervising or lead therapist develops the behavioral treatment plan for a child and then provides indirect supervision of the hands-on ABA tutors (also referred to as technicians or instructors) who engage in the one-on-one treatment with the child. In the best scenario, several tutors then provide each client with the recommended intensity of behavioral services (in the range of 8-40 hrs/wk). Unfortunately, such a provider type is not currently regulated by the states or within the industry, nor is this provider type officially recognized by the BACB. In addition, there is no state or industry oversight of ABA business entities, no standardized education or training of tutors, and no verification of basic protections such as criminal background checks as a condition of employment. While there have been calls for TRICARE to recognize a hands-on ABA provider type with substantially less rigorous training, education and experience standards than is currently recognized, it has been clear that lowering ABA provider requirements would eliminate TRICARE's ability to insure that qualified individuals provide ABA services, posing a risk that ABA would be provided ineffectively or harmfully and potentially facilitating child abuse situations given the vulnerability of the patient population.

III. Development of the autism services plan

a) Ensuring family input to the plan

The Department sought family input into the autism services plan by soliciting and carefully reviewing over 450 e-mails sent by family members with military dependent children with autism. A "ChildrenWithAutism@tma.osd.mil" e-mail address was created and family members were asked to describe personal experiences that would help planners understand the context for providing services to autistic children who are in active duty families, as well as their practical recommendations for the plan itself. In addition, Department officials met in person and by phone with select family members on a number of occasions during the plan development process.

Finally, family members met with the Principal Deputy Assistant Secretary of Defense for Health Affairs and the Deputy Under Secretary of Defense for Military Community and Family Policy in a "listening session" for five family members nominated to represent the Army, Navy, Air Force, Marines and Coast Guard as well as three family members representing national military organizations.

Recurring themes identified by family members were organized into a list of discrete issues or ideas for resolution or exploration. The contributions made by family members in writing and through face-to-face communication have contributed substantively to the development of the short and long-term components of this plan. Specifically, participating family members repeatedly emphasized that children with autism require services beyond those currently available under ECHO and that TRICARE requirements for ABA providers are too stringent. Additionally, participating family members were afforded the opportunity to review and comment upon a draft of this report. Representative examples of family member input are included as Attachment 3.

b) Government/expert input into the plan

Government experts in policy and operations that affect the nature and delivery of services to autistic children were engaged on a frequent basis over several months to review a number of recommendations both related to the required plan and those outside its scope. Government experts acting in their official capacities who participated in the development of the Report to Congress included representatives from a number of offices including[7] the TRICARE Management Activity (TMA), Army Office of the Surgeon General, Army Exceptional Family Member Program, Deputy Under Secretary of Defense for Military Community and Family Policy, Navy Bureau of Medicine and Surgery, United States Coast Guard, DoDEA (Education Directorate), U.S. Department of Education Office of Special Education Programs, and the Office of the Air Force Surgeon General. Additionally, the former Coordinator of Autism Programs at the National Institute of Mental Health was consulted.

IV. Select Issues Related to ABA services

a) Summary of State legislation related to autism services

State laws that mandate coverage of ABA and other services related to the treatment of ASD affect neither the TRICARE basic program benefit nor the TRICARE ECHO benefit. These laws do, however, provide an indication of the range of services that fully insured health insurance programs must cover in those states.[8] Unless otherwise noted, these state laws do not explicitly stipulate any requirement for coverage of ABA nor do they stipulate specific requirements for ABA or behavioral therapy provider qualifications.

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[7] DoD offices unless otherwise noted.

[8] A health plan is fully-insured if it is purchased from an insurance company or other underwriter that assumes full risk for medical expenses. The federal Employee Retirement Income Security Act (ERISA) of 1974 exempts self-funded health plans from compliance with state laws and regulations. As a federal entitlement program, TRICARE is not subject to state laws or regulations that mandate coverage.

Eight states have specific laws addressing insurance coverage for autism: Georgia, Indiana, Kentucky, Maryland, New York, South Carolina, Tennessee, and Texas:

Georgia. If a policy includes benefits for neurological disorders, it is prohibited from denying benefits for autism. Such benefits are subject to the same terms, conditions, and scope of treatment as those authorized for other neurological disorders (Ga. Code Ann. § 33-24-59. 10).

Indiana. Policies must include coverage for pervasive developmental disorders, including autism. Coverage may not be subject to dollar limits, deductibles, co-payments, or coinsurance provisions that are less favorable to an insured than those that apply to physical illness. Services are limited to those prescribed by the treating physician. Insurers and health maintenance organizations cannot deny or refuse to issue coverage on, refuse to contract with, refuse to renew or reissue, or otherwise terminate or restrict coverage on an individual because of a pervasive developmental disorder diagnosis (Ind. Code §§ 27-13-7-14.7 and 27-8-14. 2-1 through 27-8-14. 2-5).

Kentucky. Health benefit plans must include coverage, including therapeutic, respite, and rehabilitative care, for the treatment of autism for a child two through 21 years of age. Coverage is subject to a maximum benefit of $500 a month for each covered child (Ky. Rev. Stat. Ann. § 304. 17A-143).

Maryland. Policies must include coverage for habilitative services for children under age 19. "Habilitative services" means services, including occupational, physical, and speech therapies, for the treatment of a child with a congenital or genetic birth defect, including autism, to enhance the child's ability to function. Reimbursement for habilitative services delivered through early intervention or school services is not required (Md. Code Ann. § 15-835).

New York. Policies are prohibited from excluding coverage for the diagnosis and treatment of ASD, including autism (N.Y. Ins. Law § 3221(l)(17)). Under the law, insurers are prohibited from denying hospital, surgical or medical care coverage to policyholders based solely on an ASD diagnosis. The law covers New York State health insurance polices and contracts issued, renewed, modified, altered or amended on or after January 1, 2007.

South Carolina. Under this new law passed on June 7, 2007, health insurance plans will be required to provide coverage for the treatment of ASD for persons who are diagnosed with ASD by eight years of age, with continuing coverage through 16 years of age, for treatments prescribed by a medical doctor. Coverage for behavioral therapy is subject to a $50,000 maximum benefit per year. Under this law, insurers may not deny or

refuse to issue coverage on, refuse to contract with, or refuse to renew or reissue or otherwise terminate or restrict coverage on an individual solely because the individual is diagnosed with ASD. This act will take effect on July 1, 2008, (S.C. Code Ann. § 38-71-280)

Tennessee. If a policy includes benefits for neurological disorders, it must provide benefits for ASD to children under age 12. Such benefits must be at least as comprehensive as those provided for other neurological disorders (Tenn. Code. Ann. § 56-7-2367).

Texas. Under this new law passed on June 16, 2007, health plans will be required to provide coverage for treatments including ABA, behavior training and behavior management for autistic children two to six years of age. The provider must: be licensed, certified or registered by an appropriate Texas agency; or hold a professional credential recognized and accepted by an appropriate agency of the United States; or be a TRICARE-certified provider. This act will apply to policies issued or renewed on or after January 1, 2008. (Tex. Stat. Ann. Ins. § 1355.015)

Eleven other states require coverage for autism through their laws mandating coverage for mental illness; these states are: California, Connecticut, Illinois, Iowa, Kansas, Louisiana, Maine, Montana, New Hampshire, New Jersey, and Virginia.

Notwithstanding state mandates that require fully insured health insurance plans to cover behavioral services for children with ASD, coverage of ABA is not the norm for public entitlement or self-funded health plans in the United States.

b) ABA/Intensive Behavioral Intervention(IBI) Supervisor and Tutor Standards

During the preparation of this report, information concerning existing and recommended provider standards for ABA therapists were collected from a variety of sources. The information presented in the attached tables (Attachments 4 and 5) represents an important source from which the requirements developed for ABA/IBI supervisors and tutors (explained in Part V below) will be derived.

c) DoDEA approach to teaching children with ASD

DoDEA, the Congressionally-mandated authority for the education of military dependent students in overseas and selected stateside locations, provides education to eligible Department of Defense military and civilian dependents from kindergarten through grade 12 at 16 installations within the continental United States, Guam and Puerto Rico, and at DoD Dependents Schools (DoDDS) for students located outside the United States.

The DoDEA report, *Reaching and Teaching Children with Autism Spectrum Disorders*, dated September 2002, includes a "Best Practices Guide" which provides a framework to guide teachers and families in identifying appropriate educational services for students with autism. Examples of the services and approaches discussed in this Guide include:

- Applied Behavior Analysis
- Structured Teaching
- Sensorimotor Therapies
- Play
- Arranging the Learning Environment
- Developing Work Systems
- Behavioral Interventions for Children with Autism
- Functional Behavioral Analysis

All of the techniques noted above are used within DoDEA schools, as necessary to provide free and appropriate public education in accordance with the IDEA. As noted in the report, ABA "is a broad approach for facilitating behavior change" and within the educational setting there may be many individuals who use ABA methods, including teachers, special education teachers, aides, and therapists. Additional information on autism and interventions for optimizing an effective instructional program for students with ASD is provided at Attachment 6.

V. Plan components

Under Section 717(a) of the John Warner National Defense Authorization Act for Fiscal Year 2007, the plan should provide for services to military dependent children with autism under the ECHO program and shall include –

(1) requirements for the education, training, and supervision of individuals providing services for military dependent children with autism;

(2) standards for identifying and measuring the availability, distribution, and training of individuals of various levels of expertise to provide such services; and

(3) procedures to ensure that such services are in addition to other publicly provided services to such children.

During the process of completing this report, a number of potential changes to the ECHO program were considered to address issues and concerns brought to light by beneficiaries, family members who contributed to the preparation of this report, providers, and others. The Department proposes a change in policy and a demonstration program under the Department's demonstration authority under 10 USC 1092 to expand the availability of ABA services to ECHO beneficiaries with autism. The change in policy would expand the definition of who can be a TRICARE-authorized supervisory

ABA provider. The demonstration program will permit TRICARE cost sharing of services by ABA tutors under a modified corporate services model. This policy change and demonstration will allow military families to make more effective use of the special education benefit in the ECHO program. Additionally, as a long-term strategy to improve access to ABA services, the Department plans to encourage private sector-initiated efforts to develop national ABA tutor standards for education, training, experience, competency and supervision.

a) Requirements for the education, training, and supervision of individuals providing services for military dependent children with autism

1) Expand the pool of TRICARE-certified ABA supervisors: TRICARE will modify the TRICARE Policy Manual description of an authorized ABA provider in order to expand the pool of TRICARE-authorized ABA supervisors

Goal: To improve the availability of and access to ABA services for beneficiaries by increasing the number of TRICARE-authorized ABA providers who may provide consulting, training, behavioral plan development and supervision of ABA tutors.

Justification: Beneficiary feedback indicates that there are currently too few TRICARE-authorized ABA providers to meet TRICARE beneficiaries' demand for ABA services. Expanding the pool of supervisory-level providers will have particular benefit in conjunction with TRICARE's plan to authorize reimbursement of ABA tutors, since the combination of these two initiatives would allow the common ABA business model to qualify for reimbursement under ECHO. While it is unknown whether more of these supervisory-level ABA providers are necessary to meet the need for ABA services among TRICARE beneficiaries, it is reasonable to assume that increasing the availability of these providers would have a beneficial effect.

Plan: TRICARE will define licensed and/or certified providers within the mental health, education and related fields whose training, education and experience are compatible with accepted standards for ABA supervisors in the profession. These professionals will have the opportunity to become TRICARE-authorized ABA providers under the ECHO program.

This change will test the advisability and feasibility of permitting TRICARE reimbursement of professional providers not currently authorized to render ABA services for consulting, training, behavioral plan development and supervision of ABA tutors.

2) Recognize ABA tutors as TRICARE providers: The Department will implement a demonstration project to expand the pool of TRICARE-authorized providers who can deliver hands-on services. This will allow TRICARE to reimburse ABA "tutors."

Goal: To provide a temporary bridge to increase availability of and access to ABA services for TRICARE beneficiaries by permitting TRICARE cost-sharing for ABA services when provided by individuals recognized as ABA "tutors" who work within a modified corporate services model, implementing a treatment plan prepared and directed by a TRICARE-certified ABA supervisor, pending development of nationally recognized standards for ABA tutor training, knowledge and experience, and state regulation and oversight of individual and corporate ABA providers.

Justification: Currently, ABA services can be cost-shared only when delivered by TRICARE-authorized providers described in the TRICARE Policy Manual, namely BCBAs and BCABAs. However, ABA industry norms are that BCBAs and, to a lesser extent, BCABAs concentrate their professional activities on behavioral planning, consulting and supervision rather than one-on-one intervention services to children. In the commonly employed corporate services model, a lead analyst (usually a BCBA or BCABA) employs non-certified tutors who deliver the hands-on behavioral treatment under the indirect supervision of the lead analyst. However, there are no standards that govern the profession as to the necessary or appropriate education, training, experience and oversight of tutors. Recognizing individuals other than BCBAs and BCABAs as qualified to have their services covered by TRICARE, when these services are provided through this model, will have the immediate effect of both increasing the pool of ABA providers available to active duty military families and reducing the out-of-pocket cost for the majority of families utilizing the ABA benefit.

Plan: The proposed demonstration project will outline at a minimum education, training, experience, competency and supervision requirements for providers of ABA services working at the "tutor" level. The educational requirement will describe formal academic education in defined general or specific subject matter areas. The training requirement will stipulate an amount of supervised activity in providing ABA or related services. The experience requirement will describe the required accumulated service time delivering ABA and related services. The competency requirement will describe the means to ensure that a provider is able to effectively perform tasks that are critical to the delivery of ABA technical services. Under the proposed demonstration, the Department will stipulate standards for direct supervision (i.e., observation of the tutor while the tutor is delivering services) and indirect supervision (i.e., when the tutor is not being observed delivering services). The Department will specify the required qualifications of the supervisor, to include BCBA and BCABA therapists (and other professionals with recognized education, experience and skills in ABA outlined previously).

This demonstration project will set the requirements for ABA tutors through a process of informed best estimate of the necessary education, training, experience, competency and supervision qualifications required for this level of service provider. The requirements will be derived from current industry practices; recommendations of ABA experts, established ABA service organizations and other interested parties; and

considerations to ensure the quality of care delivered and safety of TRICARE beneficiaries. Individuals who meet these criteria will be recognized as ABA tutors whose services can be cost shared by TRICARE for the duration of the demonstration project.

This demonstration will test the advisability and feasibility of permitting TRICARE reimbursement for ABA services delivered by non-professional providers, under a modified corporate services model, in the absence of state or industry oversight. Neither the TRICARE basic program nor the ECHO program currently authorizes reimbursement for providers working within this type of unregulated corporate structure. A permanent change to the TRICARE benefit to permit reimbursement of services provided by ABA tutors under a corporate services model would require a change to the Code of Federal Regulations.

3) Support field-initiated efforts to develop ABA tutor standards. The Department plans to facilitate efforts by ABA professionals to develop ABA tutor standards.

Goal: To ensure long-term availability and affordability of ABA services for TRICARE beneficiaries by supporting industry efforts to identify national standards of an ABA tutor-equivalent provider class.

Justification: In the interest of putting provider standards in place as quickly as possible, the Department will be establishing criteria that are, of necessity, not evidence-based and therefore are approximations. The Department possesses neither the technical expertise nor the professional mandate to create a standard for behavioral education providers where none currently exists. The creation, development and recognition of a professional entity is a many years long process in which the entity is subject to the scrutiny of scientific examination, professional peers, the public, and governmental regulation bodies. This iterative and extended process is the best means to ensure that a profession 1) develops an identity through education, training and experiential standards, 2) embodies an identifiable and persisting need in the society, and 3) provides professional services that have been repeatedly confirmed by the scientific process as safe and effective.

Provider standards established by TRICARE for the purpose of the ABA tutor demonstration will be approximated by DoD using existing industry practices; recommendations of ABA experts, established ABA service organizations and interested parties; and quality of care and safety considerations. It is not DoD's intent to create professional standards for this profession, as it would inappropriately bypass the process by which a professional group comes into existence and receives public and institutional recognition on a widespread basis. Provider requirements developed without the profession's input and a credible consensus process will not meet the needs of this new

and rapidly evolving profession. An extremely high standard for comprehensiveness, field-generated input, and professional review are required to credibly define a viable national provider class that will achieve recognition within the profession and among clients and third-party payers over time.

It is the intent of the Department that the provider qualifications set forth for the ABA tutor demonstration be in place only as a temporary bridge until national standards are established by an appropriate nationally recognized certifying body for ABA providers.

Plan: The Department intends to encourage nascent efforts within the industry to accurately and credibly define a new ABA provider class that performs services much as have been described in this report for ABA tutors. Such support would be aimed at encouraging a prompt initiation and timely completion of the process of standards development.

b) Means for identifying the availability and distribution of providers

As noted in the recent Government Accountability Office report, *Military Personnel: Medical, Family Support, and Educational Services Are Available for Exceptional Family Members*, dated March 16, 2007, the Department does not limit assignments based on special education needs when making assignments for service members within the United States because children are entitled to special education and related services from their local school systems under the IDEA. As family members noted in their input to this report, this assignment practice sometimes results in military children with autism being assigned to locations where ABA providers are scarce.

As noted in the previously referenced DoDEA report*, Reaching and Teaching Children with Autism Spectrum Disorders*, the number of children diagnosed with ASD has increased nation-wide as well as within the DoDEA schools, and such children have unique needs. However, family members report that the availability of services for children with autism and other disabilities is inconsistent from one location to another and depends, to some extent, on state laws and policies.

Since public schools have primary responsibility for the provision of special education services, and the availability of services is variable, it is impossible to quantify the distribution of individuals of various levels of expertise to provide ABA and other intensive behavioral interventions for children with autism. Within public schools, ABA principles and techniques may be used by teachers, special education teachers, teachers aides, and non-professional tutors.

While the Department cannot determine the distribution of non-certified ABA providers who deliver services through schools and other venues, the BACB has tools

available that show the distribution of certified ABA therapists (BCBAs and BCABAs). Under the TRICARE program, these are the only ABA therapists currently authorized as TRICARE providers of ABA services. Attachment 2 shows the geographic distribution of BCAB-certified ABA therapists.

Market forces are likely to be the primary drivers of the number and geographic distribution of ABA providers across the nation. This is important because military-dependent children with autism represent a very small fraction of the national population of children potentially requiring the services of ABA providers. In addition, there is anecdotal evidence (media reports, family member input, etc.) that many parents (military and civilian) currently pay out-of-pocket for ABA services for their autistic children. As a result, there may be little incentive for providers to geographically locate closer to active duty families just because of TRICARE reimbursement of their services. Finally, because frequent and regular supervision is an essential component of delivered ABA services, any expansion of providers will continue to require an adequate balance between ABA supervisors and those they supervise.

Following the implementation of this demonstration project (and the policy change noted above for ABA supervisors), the Department will evaluate claims data to determine whether the number of beneficiaries receiving ABA services has increased, and whether beneficiaries are accessing more ABA service hours under ECHO.

c) Procedures to ensure that services provided are in addition to other publicly provided services to such children

The Department is required under 10 USC 1079(f)(4) to ensure that special education services provided under the ECHO program are authorized only when public facilities are not available or adequate. The statute states in pertinent part:

> 10 USC 1079(f)(4): "To qualify for extended benefits under paragraph (3) or (4) of subsection (e) *[paragraph (3) includes 'special education'—under which the applied behavior analysis benefit falls],* a dependent of a member of the uniformed services shall be required to use public facilities to the extent such facilities are available and adequate, as determined under the joint regulations of the administering Secretaries."

This statutory requirement is implemented under 32 CFR 199.5(h)(3)(iv). These procedures consist of authorizing ECHO benefits – a process performed by the three regional MCSCs – that consists primarily of determining that the requesting beneficiary is ECHO-registered, and that the requested benefit meets the intent of the ECHO and is not available and adequate from a public facility.

As an example, the regional MCSC for the TRICARE west region, TriWest, assigns a nurse case manager to each beneficiary registered in ECHO. The nurse speaks with the sponsor or beneficiary and determines services that are currently being provided and the identity of the providers, (e.g. the school system) and then obtains the IEP or individualized family service plan (IFSP) that describes the educational and support services that are already being provided to the beneficiary. The IEP is reviewed to determine if the services requested through the ECHO are already being provided by a public facility. If the beneficiary does not have an IEP or IFSP or if the individual is home schooled, then the nurse requests that the school system complete the Public Facility Use Certification form. On that form, the school system is asked to identify any services that are being provided to the child or to confirm that no services are being provided.

VI. Conclusion / Future Plans

Autism affects as many as 1 in 152 children in the United States according to a recent CDC report. The Department has been a leader in providing coverage for health and special education services for children with autism and TRICARE is one of the very few health plans providing coverage for special education services. Though the ECHO benefit was increased from $1000 to $2500 per month in the recent past, TRICARE beneficiaries have found it very difficult to obtain services from TRICARE authorized ABA providers. TRICARE authorized providers are currently limited to those recognized by the BACB. However, the professionalization of the field remains in its infancy and the number of BACB-certified behavior analysts remains limited in number and geographic distribution. These certified professionals are almost exclusively providing behavior analysis and intervention planning services rather than the one-on-one technical intervention that is the actual tool effecting behavior change in autistic children. This new field has yet to define the provider class that delivers the one-on-one technical services to children. ABA tutors will increasingly be asked to provide services to the many children being diagnosed with ASD.

TRICARE believes it can expand the number of ABA providers, both supervisory and hands-on therapists, so that military families can make effective use of the ABA benefit in the ECHO program.

The proposed "ABA tutor" demonstration project is seen as an interim solution to a problem which the industry itself is both acutely aware of and is seeking to solve. The identification and description of a new ABA provider class is an effort most coherently and comprehensively tackled by the profession itself. In this way such a provider class will be integrated into the evolution of the profession and will mature as the profession matures. The potential impact on children with autism demands nothing less than a thoughtful, well-established and comprehensive process for determining the education,

training, experience, supervision and competency standards for this class of providers. Since the Department has an acute need for ABA providers today, and industry implementation of ABA tutor certification will likely not occur until at least 2009, the Department will develop TRICARE-determined provider standards now – consistent with our best educated guess about the provider requirements that are likely to be adopted by industry in the future.

A number of recommendations have surfaced as an important by-product of the effort to respond to Congress's request in Section 717. While these recommendations were not specific to the charge in the congressional language, the Department has every intention of exploring them for items that can be implemented within existing statute and regulation. Specifically, the ability of families to access the respite care benefit available through the ECHO program has emerged as a consistent item of concern among family members and their representatives. While it is expected that the TRICARE policy modification and demonstration project in and of themselves will lead to increased use of the ECHO respite benefit, the Department intends to carefully review the construction of this benefit and consider changes that are necessary to make it available to more families.

Other concerns identified by family members that merit additional consideration by the Department include the perceived lack of support at the base level for families with autistic children, the stated need for case management of autistic beneficiaries, and assignment policy based on special education needs of the service member's dependent children. Still other significant concerns noted by family members on the final page of Attachment 3 are outside the purview of the Department of Defense.

The Department intends to retain the ECHO benefit as currently outlined in 32 CFR 199.5, except for the changes noted in the demonstration project described previously.

TRICARE will continue to work with Department officials as well as family members as it explores opportunities to improve services to special needs children, including those with autism.

Attachment 1:

Behavior Analyst Certification Board (BACB)
Certification Requirements for BCBA® and BCABA® ABA Therapists

Standards for Board Certified Behavior Analyst® (BCBA®)

Eligibility to sit for the BCBA certification examination requires completion of Sections A and B below and compliance with all other rules and requirements of the BACB.

A. Degree Requirement: Possession of a minimum of a bachelor's and a master's degree from any of the following:

1. United States or Canadian institution of higher education fully or provisionally accredited by a regional, state, provincial or national accrediting body; or
2. 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.

B. Training and Experience Requirements
OPTION 1: COURSEWORK OPTION

1. Coursework: The applicant must complete 225 classroom hours of graduate level instruction (see Acceptable Coursework below) in the following content areas and for the number of hours specified:
   a. Ethical considerations – 15 hours
   b. Definition & characteristics and Principles, processes & concepts – 45 hours
   c. Behavioral assessment and Selecting intervention outcomes & strategies – 35 hours
   d. Experimental evaluation of interventions – 20 hours
   e. Measurement of behavior and Displaying & interpreting behavioral data – 20 hours
   f. Behavioral change procedures and Systems support 45 hours
   g. Discretionary – 45 hours

Acceptable Coursework: College or university courses in behavior analysis, that are taken from an institution that meets the requirements specified in Section A.

OPTION 2: COLLEGE TEACHING OPTION

1. College Teaching: The applicant must complete a one academic-year, full-time faculty appointment at a college or university (as described in Section A above) during which the applicant:

- Teaches classes on basic principles of behavior, single-subject research methods, applications of basic principles of behavior in applied settings, and ethical issues; and
- Conducts and publishes research in behavior analysis.

EXPERIENCE:

Categories of Supervised Experience:
There are three categories of experience: Supervised Independent Fieldwork, Practicum, and Intensive Practicum. Students may accrue experience in only one category at a time. Practicum and Intensive Practicum may be accrued only in a BACB-approved university experience program.

Amount of Supervised Experience Required:
Supervised Independent Fieldwork: Students must complete 1500 hours of Supervised Independent Fieldwork in behavior analysis. The distribution of Supervised Independent Fieldwork hours must be at least 10 hours per week, but not more than 30 hours per week, for a minimum of 3 weeks per month.

Practicum (University only): Students must complete 1000 hours of Practicum in behavior analysis within a university experience program approved by the BACB. The distribution of Practicum hours must be at least 10 hours per week, but not more than 25 hours per week, for a minimum of 3 weeks per month.

Intensive Practicum (University only): Students must complete 750 hours of Intensive Practicum in behavior analysis within a university experience program approved by the BACB. The distribution of Intensive Practicum hours must be at least 10 hours per week, but not more than 25 hours per week, for a minimum of 3 weeks per month.

Amount of Supervision Required:

COMPARISON OF CATEGORIES

	Supervised Independent Fieldwork	Practicum	Intensive Practicum
Total hours required	1500	1000	750
Supervised hours: % of total hours	5%	7.5%	10%
Total number of supervised hours	75	75	75 minimum
Frequency of supervisor contacts	1 every 2 weeks	1 every week	2 every week

Onset of Experience:
Applicants may not start accumulating experience until they have begun the coursework required to meet the BACB coursework requirements.

Appropriate Applicant Activities:
The applicant's primary focus should be on learning new behavior analytic skills related to the BACB Third Edition Task List. Activities must adhere to the dimensions of ABA identified by Baer, Wolf, and Risley (1968) in the article "Some Current Dimensions of Applied Behavior Analysis" published in the *Journal of Applied Behavior Analysis*. Applicants are encouraged to have experiences in multiple sites and with multiple supervisors.
Appropriate experience activities include:

1. Conducting assessment activities related to the need for behavioral interventions,
2. Designing, implementing, and monitoring behavior analysis programs for clients,
3. Overseeing the implementation of behavior analysis programs by others,
4. Other activities normally performed by a behavior analyst that are directly related to behavior analysis such as attending planning meetings regarding the behavior analysis program, researching the literature related to the program, talking to individuals about the program; plus any additional activities related to oversight of behavioral programming such as behavior analyst supervision issues, or evaluation of behavior analysts' performance. The supervisor will determine if activities qualify.

Supervisor Qualifications:
During the experience period, the supervisor must be:

1. A Board Certified Behavior Analyst in good standing, or
2. Approved University Experience: A faculty member who has been approved by the BACB as an instructor in the university's approved course sequence.

The supervisor may not be the applicant's relative, subordinate or employee during the experience period. The supervisor will not be considered an employee of the applicant if the only compensation received by the supervisor from the applicant consists of payment for supervision

Nature of Supervision:
The supervisor must observe the applicant engaging in behavior analytic activities in the natural environment at least once every two weeks. The supervisor must provide specific feedback to applicants on their performance. During the initial half of the total experience hours, observation should concentrate on applicant-client interactions. This observation may be conducted via web-cameras, videotape, videoconferencing, or similar means in lieu of the supervisor being physically present. Supervision may be conducted in small groups of 10 or fewer participants for no more than half of the total supervised hours in each supervisory period. The remainder of the total supervision hours in each

supervisory period must consist of direct one-to-one contact. Supervision hours may be counted toward the total number of experience hours required.

Standards for Board Certified Associate Behavior Analyst® (BCABA®)

Eligibility to sit for the BCABA certification examination requires completion of Sections A and B below and compliance with all other rules and requirements of the BACB.

A. Degree Requirement: Possession of a minimum of a bachelor's degree from an approved institution (see BCBA description)

B. Coursework and Experience Requirements

1. Coursework: The applicant must complete 135 classroom hours of instruction (see Definition of Terms below) in the following content areas and for the number of hours specified:
   a. Ethical considerations – 10 hours
   b. Definition & characteristics and Principles, processes & concepts – 40 hours
   c. Behavioral assessment and Selecting intervention outcomes & strategies – 25 hours
   d. Experimental evaluation of interventions, & Measurement of behavior and Displaying & interpreting behavioral data – 20 hours
   e. Behavioral change procedures and Systems support – 40 hours

   Acceptable Coursework: Same as for BCBA.

Experience:

Categories of Supervised Experience:
Same as for BCBA

Amount of Supervised Experience Required:
Supervised Independent Fieldwork: Students must complete 1000 hours of Supervised Independent Fieldwork in behavior analysis. The distribution of Supervised Independent Fieldwork hours must be at least 10 hours per week, but not more than 30 hours per week, for a minimum of 3 weeks per month.

Practicum (University only): Students must complete 670 hours of Practicum in behavior analysis within a university experience program approved by the BACB. The distribution of Practicum hours must be at least 10 hours per week, but not more than 25 hours per week, for a minimum of 3 weeks per month.

Intensive Practicum (University only): Students must complete 500 hours of Intensive Practicum in behavior analysis within a university experience program approved by the BACB. The distribution of Intensive Practicum hours must be at least 10 hours per week, but not more than 25 hours per week, for a minimum of 3 weeks per month.

Amount of Supervision Required:

COMPARISON OF CATEGORIES

	Supervised Independent Fieldwork	Practicum	Intensive Practicum
Total hours required	1000	670	500
Supervised hours: % of total hours	5%	7.5%	10%
Total number of supervised hours	50	50	50
Frequency of supervisor contacts	1 every 2 weeks	1 every week	2 every week

Onset of Experience:
Same as for BCBA

Appropriate Student Activities:
Same as for BCBA

Supervisor Qualifications:
During the experience period, the supervisor must be:

1. A Board Certified Behavior Analyst in good standing, or
2. Approved University Experience: A faculty member who has been approved by the BACB as an instructor in the university's approved course sequence.

Attachment 2:
Distribution of BACB Board Certified Analysts and Associate Analysts by State^
(as of May 8, 2007)

^Note: Not all BCBA and BCABA therapists are available to provide services to DoD ECHO beneficiaries with ASD. Some ABA therapists are employed full-time by schools, residential treatment centers, juvenile detention centers, and other institutions. Other therapists teach ABA at colleges. Still others deliver ABA services, but only to individuals with mental retardation and other developmental disabilities.

Attachment 3:
Family Contributors, In Their Own Words

Theme	Representative Comments
Mobility of Military Families / Assignments	… it would be nice to have a reliable one-stop source for information on benefits for that each new location you are required to move to.
	…consider publishing a list of duty stations where the best care is available for EFMP [Exceptional Family Member Program] Autistic Dependents. This would help CSM's and Branch Reassignments (DA) place soldiers in duty assignments that support and facilitate helping Soldiers with Austistic children.
	Families face gaps in [ABA] services for up to two years with each move. You end up reinventing the wheel each time. Given a three year rotation cycle, parents spend significant amounts of time fighting for services.
	Highly mobile military families are always at the bottom of the waiting lists [for Medicaid waiver programs]. Some families don't even bother to put their names on the list because they know it's a ten year wait.
	It would have been helpful to our transition if the losing site and the gaining site shared more information about my son's needs.
	Making sure that EVERY base that houses Autistic children of ANY severity has trained staff to help the parents find the specialists their child is going to need would be a great help.
Base / Service Support	Create autism support groups around military communities. Encourage family members to start support groups and provide them with a starter kit/funds to start and maintain the support group.
	Lack of support at the base level is a major problem for families with autistic children.
	Chain of command often shows lack of sensitivity, no empathy, when it comes to a service member with an autistic child.
	EFMP supposedly looks at the area where you are going to be assigned, but then provides no advice about where to live, which schools to attend, where ABA services are available, etc. There should be a case worker to welcome you and recommend all these things.
Coordination of Care	Is there a way to have TRICARE benefits linked with benefits that are offered by local agencies and provide a pamphlet to the parents of the resources and benefits available in certain areas?
	TRICARE needs to partner themselves with the DoD EMFP, Autism Organizations, and the State and County special needs professionals. Don't stovepipe another program; it's a joint effort by all.
	Losing site and gaining sites need to share more information.
	TRICARE and OSD should consider a case management program for qualifying family members similar to that for wounded service members.
MTF Care and Support of Autistic Children	The pediatricians we have seen on base have never referred us to any specialized doctors or treatments, and those innovative or new treatments that may help our child seem to be off limits because they are with doctors that currently are not on TRICARE's list of providers, or the clinics just have no idea they even exist.
	Each MTF provide a coordinator to build a list of developmental pediatricians, qualified to treat autistic children, as well as Occupational Therapy, Speech Therapy, and Respite Care professionals. Simply saying, "we have services in town" is not enough. There must be a way for parents, new to an area and likely to be transient, to quickly find NETWORK care.
	One thing I have found is there is little to no expertise in the military medical system dealing with autism.

Theme	Representative Comments
Education	…there really needs to be some military avenue where Military families can be assigned an advocate either from the military or someone hired by the military to help parents fight to get the schools to provide the proper services to their children.
	My son was eval'ed by the school district and they barely wanted to give him any treatment where as the medical community wanted to give him more treatment.
	Once they are diagnosed, the child should be able to attend PSCD (Pre-School for Children with Disabilities) immediately, not wait until they are 3.
	Schools are not designed or equipped to provide ABA services, or speech therapy or occupational therapy.
	TRICARE should cover the costs of non-certified ABA home therapists under the following conditions. The home therapist should: • Receive consistent training from a competent and professional BACB certified ABA consultant for a period of six months or more. • Remain with the same family for six months or more. • Demonstrate measurable and documented progress as evidenced by quality ABA data. • Provide continual updates on the child's progress, with confirmation from the family and ABA consultant
	There should be a law to require public schools [at the new duty station] to accept the IEP [individual education plan] that old school [at the previous duty station] developed.
	…the emphasis on BCBA [Board Certified Behavior Analyst] providers is overly restrictive. Individuals with a BCBA need to only have a Master degree, five additional classes or classes subsumed within their degree and 1000 hours of supervised experience.
Applied Behavior Analysis (ABA)	The ABA benefit needs to be easier to get.
	Access to ABA services is vital for our children. With the mobile nature of military families, gaps are too common.
	It would really be great if therapists could be contracted or affiliated with the medical centers. I was pretty much on my own to find a qualified therapist, pretty scary to think what might be out there treating our kids.
	Provide money for those who need ABA therapy in their home, give them waivers for those who are not specialists (who are expensive) but those individuals trained and under the guidance of the specialist to do so.
	Because autism spectrum disorders range from mild to severe, I would suggest having 2 levels of coverage. Those that are severely affected may need 40 hours of ABA since ABA is generally not available in the public schools. However, for children in the moderate to mild end of the spectrum, 10 hours a week may be all they can fit into a schedule with other school settings providing additional support and necessary interaction with typically developing peers.
	Licensed Psychologists can provide appropriate behavior supervision, behavior analysis and behavior interventions under psychology licensing law in all 50 states.
	Within my agency, BCBAs [Board Certified Behavior Analysts] are not allowed to independently supervise cases, but are under the supervision of licensed professionals who can more fully evaluate the range of treatment issues and needs.
	Restrictive provider standards mean that the majority of [military] families are unable to access services.
	I feel that the amount of money authorized for this therapy should be based on the severity of Autism that the child has.

TRICARE and/or ECHO Benefit	[TRICARE should cover] Genetic counseling - for those families who want to have more children but are fearful they carry a genetic defect.
	We would not expect tricare to cover costs of unapproved or research related treatments, but would ask that tricare allows for various degrees and kinds of treatments as each case of autism is unique and each child with autism requires a personalized set of goals and treatment plans.
	Please add RDI [Relationship Development Intervention] to the list of autism interventions approved for reimbursement.
	He was able to do the hippo-therapy [horse-aided therapy] summer program that helped him improve in many areas. ONLY TRICARE would not pay for any of it.
	Provide an aide in-classroom as a benefit.
	Add a personal care aide to ECHO [Extended Care Health Option] benefit.
	Cost-share residential home for autistic adult dependents as well as adult day care.
	Respite care should include not only a Home Health Aid for the autistic child but also a babysitter for the other children in the family.
	Provide no-red-tape/barrier-free access to qualified providers in the areas of language & speech development, social skills, self-help skills, and most needed behavioral modification issues.
	The ECHO benefit should be increased to provide payment for 35 actual hours per week of IBI [intensive behavioral intervention].
	The ECHO benefit should cover private school.
	Nutritional counseling should be covered…Many children benefit from GF/CF [gluten-free, casein-free] diets, etc., and many children fall into the "picky eater" category, which obviously affects development.
	$2,500 is not enough.
	So how about being able to choose what therapy you'd like to use with the $2,500, rather than just ABA.
	I would love to see a service where we [have]…the ability to choose what I think is best for my child without the worry that it is covered. In other words, I would love to go see who I think my child needs with it being paid 100% no question. I would love to have ALL medication paid for with no question. Just because it's not on your allowed list does not mean that it won't help our children.
Other	We don't know how many autistic children there are in DoD; we need a database.
	There is a critical need for "no strings attached" respite care because of the Global War on Terrorism.
	Develop programs and support for adults with Autism. As the children get older, support and assistance will change once they turn 18. They will still need assistance once they are considered adults. So will the parents of "adults" with Autism.
	Place DoD/TRICARE efforts into the County school systems as a partnership; that's where the most impact has been made with [my son's] developmental growth spurts.
	If parents could use a voucher to pay for what they need, it would help bridge the gap [in availability of services].
	Fix service members' loss of Supplemental Security Income benefits for disabled children when deployed SMs receive mandatory deployment-related special pays and allowances (additional income makes them ineligible for SSI benefit).
	Help families to plan for the future of the autistic children.
	Career success means moving to places where [ABA] services are not available.

Attachment 4:

ABA/IBI Director/Supervisor Standards

		Standards					
Originator	**Title/Role**	**Education**	**Training**	**Experience/ Certification**	**Competency**	**Ongoing Supervision**	**Other**
ACES[1]	Supervisor	BA or Masters degree in related field	None specified	1) BCBA* or BCABA* for TRICARE 2) For other payers, 3 years experience working with children with autism and employed by ACES for at least one year.	None specified	Clinical director who has Masters degree and 3-4 years of experience in field must have been a supervisor for at least one year with ACES. Supervisors are directly supervised at least 2 times per month and twice per month as a group.	1) CBC* 2) TB* "clearance" 3) CPR*/ First Aid trained
CARES[2]	Supervisor			BCBA* *or* BCABA* *or* licensed psychologist		BCBA* or BCABA* supervisors are supervised weekly by a licensed psychologist	

ABA/IBI Director/Supervisor Standards

		Standards					
Originator	**Title/Role**	**Education**	**Training**	**Experience/ Certification**	**Competency**	**Ongoing Supervision**	**Other**
CARD[3] Present to December 31, 2009	Program Supervisor	MA in Psychology, Education, Behavior Analysis, Behavior Science, Human Development, Social Work; *or* a credential in school counseling, school psychology, special education, MFCC, clinical social work, educational psychology; *or* State psychologist license	Passed didactic training for ABA Instructors (see Attachment 5). Minimum 40 hours didactic training provided by reputable agency that is directed by a BCBA*.	Passed field training for ABA Instructors (see Attachment 5). Minimum 3 months full-time co-supervision of clients with a mentor in a reputable agency that is directed by a BCBA*.	Must demonstrate competencies in the topics defined for didactic training. Must pass reputable agency's internal written and oral exams.	None	1) CBC* required 2) PLI* required
CARD[3] January 1, 2010 to December 31, 2012	Program Supervisor			Requirements above AND 2 years experience in the field of ABA working with children			
CARD[3] After January 1, 2013	Program Supervisor			Requirements above *and* BCBA*			

ABA/IBI Director/Supervisor Standards

Originator	Title/Role	Standards					
		Education	Training	Experience/ Certification	Competency	Ongoing Supervision	Other
CARD[4]	Senior Therapist	Jr./Sr. level undergraduate or BA in psychology or related field	CARD therapist training and 27 hours of training by CARD, inclusive of lecture, modeling, role play and feedback.	Eligible to become Senior Therapist after employed by CARD as therapist for one year	Must receive a passing grade on CARD a 3 hour written examination and oral presentation.	Supervised by supervisors with Masters degree in psychology or related field, but not required to have BCBA* or BCABA* certification.	Must pass field evaluation and written pre-training exam administered by CARD prior to Sr. therapist training.
	Supervisor	Masters in psychology or related field	CARD therapist/Sr. therapist trainings and 70 hours of training by CARD, inclusive of lecture, modeling, role play and feedback.	96 hours of written assignments and 127 hours of practical experience under the direct supervision of a managing supervisor	Passing grade on a 6 hour written exam administered by CARD, passing grade on all written and practical assignments, and passing grade on a 4 hour oral examination	Supervised by Director of program Dr. Doreen Granpeesheh who is a clinical psychologist. On-going training on developments in autism and ABA	

ABA/IBI Director/Supervisor Standards

		Standards					
Originator	**Title/Role**	**Education**	**Training**	**Experience/ Certification**	**Competency**	**Ongoing Supervision**	**Other**
Province of Ontario, Canada These providers are Provincial employees working within government facilities.	Clinical Director: Responsible for overseeing, monitoring, and evaluation of the intensive behavioral intervention, client assessments and Individual Program Plans.	Doctoral degree in Psychology	Training and extensive clinical experience in intensive behavioral intervention for children with autism. Eligible/registered with College of Psychologists of Ontario.				1) CPR* 2) First Aid and Crisis Prevention and Intervention training
	Senior Therapist: Responsible for a set number of children and for supervising instructor therapists (see Attachment 5). Provide families with training related to behavioral intervention and home programming.	Working towards master's level graduate degree in psychology or related field. Alternative combinations of clinical experience and educational backgrounds might also be appropriate.		6 months direct clinical experience in an IBI program for children with autism.		Ongoing clinical supervision from Clinical Director/Supervising Psychologist	

ABA/IBI Director/Supervisor Standards

		Standards					
Originator	**Title/Role**	**Education**	**Training**	**Experience/ Certification**	**Competency**	**Ongoing Supervision**	**Other**
University of Washington Autism Center	Supervisor	Masters Degree in Special Education or Psychology, or BCBA* working toward one of the above degree plans.		BCBA* *or* BCABA* certification not required for this level if the person has masters degree in special education or psychology.		Supervisors are reviewed 1-4 times per month by the Director of this program who has PhD in psychology but is not a licensed psychologist.	
Microsoft ABA Benefit Provider Requirements	Certified Provider/Program Manager	Masters or PhD in education, psychology, speech/language pathology, behavior analysis, or occupational therapy Specialization of the master's or PhD in child clinical psychology, special education, applied psychology, behavior analysis, or speech/language pathology		1500 documented and supervised hours of providing one to one intensive behavioral program consultation or program manager services to children with autism spectrum disorders. Services can be provided in center, school or home. Supervised hours must meet the following criteria: a. One hour of supervision has occurred for every 20 hours of service, i.e., a minimum of 75 hours of supervision. b. At least 500 hours of consultation or program manager services must be home-based *or* must involve substantial contact with/service to families. c. Supervised by an individual with qualifications specified in numbers 1 and 2 above and extensive experience supervising or providing intensive behavioral program consultation services for children with autism *or* BCBA*		None identified	

ABA/IBI Director/Supervisor Standards

<table>
<tr><th colspan="2"></th><th colspan="6">Standards</th></tr>
<tr><th>Originator</th><th>Title/Role</th><th>Education</th><th>Training</th><th>Experience/ Certification</th><th>Competency</th><th>Ongoing Supervision</th><th>Other</th></tr>
<tr><td rowspan="2">Ms. Karen Driscoll[5]</td><td>Clinical Director: Serves as clinical director of ABA agency. Supervises Program Supervisor. Reviews and approves treatment reports prepared by Program Supervisor</td><td>Masters degree in behavior analysis, psychology, special education, or another human service discipline</td><td>1) BCBA* or
2) has extensive training and experience in application of ABA principles in treatment of ASD

Has taken relevant coursework in behavior analysis, research design, legal and ethical issues.</td><td>Supervised practicum, internship, or employment experiences in ABA.</td><td>Not addressed</td><td>Not addressed</td><td rowspan="2">1) ABA Agencies to carry GLI* and PLI* $1M or greater

2) Cleared CBC*</td></tr>
<tr><td>Program Supervisor</td><td>Bachelor's degree</td><td>1) BCBA* or BCABA* certification or
2) Two years training and hands on experience in the application of ABA principles in treatment of children with ASD.</td><td>Experience should have been supervised by an individual at the Clinical Director level.</td><td>Evaluated annually on all aspects of competency</td><td>Receives supervision and training from Clinical Director on an ongoing basis.</td></tr>
</table>

ABA/IBI Director/Supervisor Standards

*** ACRONYMS**

ABAT - Applied Behavior Analysis Tutor	BCBA - Board Certified Behavior Analyst	ITP - Individualized Treatment Plan
ASD - Autism Spectrum Disorder	CBC - Criminal background check	PLI - Professional liability insurance
BCABA - Board Certified Associate Behavior Analyst	GLI - General liability insurance	TB - Tuberculosis skin test

Footnotes to Attachment 4

[1] ACES / Comprehensive Educational Services, Inc. is an autism services provider with centers in San Diego and Orange, California.

[2] Center for Autism Research, Evaluation and Service (CARES) is a private sector agency providing assessment and treatment services to children with autism. CARES is centered in southern California with its main office in San Diego.

[3] Center for Autism and Related Disorders (CARD), Inc. has its headquarters in Woodland Hills, CA. CARD uses ABA techniques within a comprehensive autism treatment program and has fifteen centers in the U.S. (nine in California), three internationally. These standards were provided independently to TRICARE by several sources and represent what CARD recommends as standards for IBI/ABA directors/supervisors delivering services to TRICARE beneficiaries.

[4] These recommendations were provided by CARD and represent standards for ABA directors/supervisors operating within their own centers.

[5] Ms. Driscoll represented the U.S. Marine Corps as a family member participant in the preparation of the NDAA 2007 Sec 717 Report to Congress and reported that she received input from parents of military-dependent children with autism in preparing this recommendation.

Attachment 5:

ABA/IBI* Tutor Standards for Field Practice

Recommended/Instituted Requirements[1]

		Standards					
Originator	**Title/Role**	**Education**	**Training**	**Experience**	**Competency**	**Ongoing Supervision**	**Other**
ACES[2]	Tutor	1) High School degree and continuing education (amount unspecified) *or* 2) BA in Education or Psychology *or* 3) Teachers Aide certificate and 2 years practical experience	70 hours of "In-field Observation and Methodology Training" 35 hours of "In-field Training and Support"		No specific criteria identified	1) Direct observation of ABAT* delivering services by supervisor[1] 1-2 "times" per month 2) Supervisors "regularly" review data book for child's progress 3) Clinic meetings used as additional form of supervision	1) CBC* 2) TB* "clearance" 3) CPR*/ First Aid trained
CARES[3]	[tutor]	Bachelor's degree	15 hours didactic training; training in documentation requirements.			CARES	

ABA/IBI* Tutor Standards for Field Practice

<table>
<tr><th></th><th></th><th colspan="6">Standards</th><th></th></tr>
<tr><th>Originator</th><th>Title/Role</th><th>Education</th><th>Training</th><th>Experience/ Certification</th><th>Competency</th><th>Ongoing Supervision</th><th>Other</th></tr>
<tr><td>CARD[4]
Present to December 31, 2009</td><td rowspan="3">Therapist [tutor]</td><td>Enrollment towards BA in Psychology, Education, Behavior Analysis, Behavior Science, Human Development, Social Work</td><td rowspan="3">Minimum 20 hours didactic training under supervision of “qualified” ABA supervisor.

Defined minimum curriculum of 21 topics identified</td><td rowspan="3">Minimum 25 hours “field training” with “qualified” ABA therapist</td><td rowspan="3">Must demonstrate proficiency of therapeutic methodologies and understanding of ABA principles per written and field evaluations</td><td rowspan="3">Must receive ongoing supervision at a rate of 4 hrs/month by a “qualified” ABA supervisor.</td><td rowspan="3">Neither CBC* nor PLI* required</td></tr>
<tr><td>CARD[4]
January 1, 2010 to December 31, 2012</td><td>BA in Psychology, Education, Behavior Analysis, Behavior Science, Human Development, Social Work</td></tr>
<tr><td>CARD[4]
After January 1, 2013</td><td>BA in Psychology, Education, Behavior Analysis, Behavior Science, Human Development, Social Work and BCABA*</td></tr>
</table>

ABA/IBI* Tutor Standards for Field Practice

Originator	Title/Role	Standards: Education	Training	Experience	Competency	Ongoing Supervision	Other
CARD[5]	Therapist [tutor]	Jr./Sr. level undergraduate or BA in psychology or related field	24 hrs of in office training by CARD, inclusive of lecture, modeling, role play and feedback.	40 hours of direct 1:1 supervised field experience with a Senior Therapist	2 hour written exam administered by CARD final 2 hour field evaluation during a session.	2-3 hours/month on-going training. 2-6 hours/month direct supervision per case (by case supervisor). 2 hours/month drop in evaluation by senior therapist or supervisor. 30 minutes/month evaluation feedback by supervisor.	1)CBC* 2) TB* clearance
Autism and Behavioral Sciences College Certificate Training, Sarah Lawrence College, Province of Ontario, Canada[6]	Instructor therapist [tutor]	Minimum of a 2 or 3 year college diploma (Early Childhood Education, Developmental Service Worker, Child and Youth Worker, etc.) *or* undergraduate degree (BA psychology)	405 hours of ABA specific coursework	350 hours field placement (observation and practice of ABA). Practice supervised at all times by either practicing ABA tutor of MA level Senior Therapist	Didactic tests and supervisor evaluation forms. Additional competencies evaluated via live observation of student providing services	N/A	General college entry requirements

ABA/IBI* Tutor Standards for Field Practice

		Standards					
Originator	**Title/Role**	**Education**	**Training**	**Experience**	**Competency**	**Ongoing Supervision**	**Other**
Microsoft ABA Benefit Provider Requirements	[tutor]	ABA tutors are hired independently by families and overseen/supervised by Microsoft ABA Certified Provider/Program Manager (see Attachment 4). Families are provided literature with guidance on choosing an ABA tutor and are advised against leaving their children alone with the tutor.					
Provincial Training for Autism service providers (Instructor Therapists) Province of Ontario, Canada Instructor Therapists (ITs) are Provincial employees working within government facilities.	Instructor therapist [tutor]	Minimum of a 2 or 3 year college diploma (Early Childhood Education, Developmental Service Worker, Child and Youth Worker, etc.) or undergraduate degree (BA psychology, related field)	75 hours of classroom instruction - trainees must pass a written exam with 80% then they begin working with children under the supervision of a Senior Therapist (see Attachment 3)	The Senior Therapist who directly supervises that new ITs will determine how much supervision, hands on training, etc., to get the staff working longer periods of time more independently. On average 3 months supervised experience with 3 hours direct observation/week .	Practice competency for new ITs evaluated via a live or taped intervention session (1:1 with a child for approx. 45 minutes) employing a provincial scoring tool.	Continue to work under the super-vision of a Senior Therapist and Psychologist who are responsible for the child's therapy. Direct supervision may mean the formal scheduled review of each child and this is done weekly by super-vising staff and by looking at charts, at team meetings (bi-weekly/monthly), and at other times is informal.	CPR* First Aid and Crisis Prevention and Intervention training

ABA/IBI* Tutor Standards for Field Practice

		Standards					
Originator	Title/Role	Education	Training	Experience	Competency	Ongoing Supervision	Other
Gina Green, PhD[7]		High School Education	Didactic training in ABA concepts to pass written objective test	Hands-on training with at least one child in a wide variety of techniques	Must pass with >90% accuracy direct observational evaluation of skills	1) Of development of ITP*, ABAT* and parents by BCBA*. BCABA* can assist, with tasks under supervision of BCBA 2) Direct observation of ABAT*/parent delivering services by BCBA*/BCABA* supervisor minimum 42 min/wk. 3) Direct ongoing didactic and hands-on supervision to ABAT* minimum 1 hr/month	1) Employer provider must do CBC* on every ABAT* employee 2) Employer provider must have PLI*

ABA/IBI* Tutor Standards for Field Practice

		Standards					
Originator	**Title/Role**	**Education**	**Training**	**Experience**	**Competency**	**Ongoing Supervision**	**Other**
Ms. Karen Driscoll[8]	[tutor]	Bachelor's degree *or* a minimum of undergraduate coursework in progress	Training includes lecture on theory and practice of ABA and direct instruction and demonstration of teaching principles and techniques	Experience in implementing ABA helpful, but not required	Masters level Clinical Director[9] ensures initial and ongoing training. Competency assessed through direct observation and objective measures of ability to demonstrate key ABA principles and techniques	1) Supervisory consultations provided on regular basis. Supervisor is a) BCBA* *or* b) BCABA* *or* c) 2 years training and hands-on experience in the application of ABA principles in treatment of children with ASD 2) Meetings held on ongoing basis to review progress, problem solve areas of difficulty, introduce new goals and monitor implementation of therapy techniques	1) CBC* 2) CPR*/ First Aid 3) ABA Agencies to carry GLI* and PLI* $1M or greater

ABA/IBI* Tutor Standards for Field Practice

Originator	Title/Role	Standards					
		Education	Training	Experience	Competency	Ongoing Supervision	Other
LTC Scott Campbell[10]	Therapy assistant [tutor]	High school diploma	1) 4 hours of non hands-on ABA training 2) Completes additional training each year	8 hours of hands-on supervised experience	No specific criteria identified	Supervision 1 hr/month with: a) BCBA* or b) BCABA*	1) CBC* 2) PLI* for corporate provider/supervisory analyst 3) Lead analyst must submit update to treatment plan every 6 months

ABA/IBI* Tutor Standards for Field Practice

*** ACRONYMS**

ABAT - Applied Behavior Analysis Tutor	BCBA - Board Certified Behavior Analyst	ITP - Individualized Treatment Plan
ASD - Autism Spectrum Disorder	CBC - Criminal background check	PLI - Professional liability insurance
BCABA - Board Certified Associate Behavior Analyst	GLI - General liability insurance	TB - Tuberculosis skin test

Footnotes to Attachment 5

[1] In some cases the standards outlined were provided as recommendations to TRICARE, in others the standards represent current practice as it exists in the identified organization.

[2] ACES / Comprehensive Educational Services, Inc. is an autism services provider with centers in San Diego and Orange, California

[3] Center for Autism Research, Evaluation and Service (CARES) is a private sector agency providing assessment and treatment services to children with autism. CARES is centered in southern California with its main office in San Diego.

[4] Center for Autism and Related Disorders (CARD), Inc. has its headquarters in Woodland Hills, CA. CARD uses ABA techniques within a comprehensive autism treatment program and has fifteen centers in the US (nine in California), three internationally. These standards were provided independently to TRICARE by several sources and represent what CARD recommends as standards for ABA tutors delivering services to TRICARE beneficiaries.

[5] These recommendations were provided by CARD and represents standards for ABA tutors operating within their own centers.

[6] This certification program is being reviewed by Provincial authorities for consideration as the standard for pre-employment training and education for ABA tutors.

[7] Dr. Green is a Board Certified Behavior Analyst and researcher in applied behavior analysis working in San Diego, CA. She provided her recommendations to Mr. Don McKinney, District Representative of Congressman Darrell E. Issa (R-CA).

[8] Ms. Driscoll represented the U.S. Marine Corps as a family member participant in the preparation of the NDAA 2007 Sec 717 Report to Congress and reported that she received input from parents of military-dependent children with autism in preparing this recommendation.

[9] BCBA/BCABA not required.

[10] LTC Campbell, an interested service member, submitted his recommendations to the Deputy Chief Medical Officer of TRICARE Management Activity in a letter dated September 14, 2006.

Attachment 6:
Department of Defense Education Activity
Approach to Teaching Children with Autism Spectrum Disorders

The Department of Defense Education Activity (DoDEA), the Congressionally-mandated authority for the education of military dependent students in overseas and selected stateside locations, provides education to eligible DoD military and civilian dependents from kindergarten through grade 12 through two programs: 1) the DoD Domestic Dependents Elementary and Secondary Schools (DDESS) for dependents at 16 installations within the continental United States, Guam and Puerto Rico, and 2) the DoD Dependents Schools (DoDDS) for students located outside the United States in Europe, Korea, mainland Japan, and Okinawa.

The DoDEA report, "Reaching and Teaching Children with Autism Spectrum Disorders: A Best Practices Guide," dated September 2002, is a comprehensive document intended to provide information and best practice guidance for teachers, paraprofessionals, related service providers, parents and administrators in educating children with ASD. The report provides a framework to guide teachers and families in identifying appropriate educational services for students with autism; descriptions of several types of services for autistic children used within schools; and recommendations for best instructional practices for individuals with ASD.

According to the Guide, in DoDEA schools, an appropriate instructional program for students with ASD is:

- Based on current research and state-of-the-art practices;
- Developed for individual students on the basis of comprehensive and accurate assessments conducted by school and medical personnel;
- Determined by a multidisciplinary Case Study Committee (CSC) team that includes the student's parents and the student, when appropriate;
- Comprised of a variety of approaches and instructional strategies for program planning and intervention;
- Implemented by appropriately trained and competent school and medical personnel; and
- Evaluated by systematic measurement of student outcome-based progress.

Examples of the approaches to educational programming are provided in the following excerpts from the Guide:

Developmental Approach
Treatment methodology derived from the developmental approach provides a "blueprint" from which to select sequential skill objectives, according to the individual's unique profile of learning strengths and weaknesses. The Developmental Approach particularly lends itself to programming for social relationships and affective behaviors. Specific goals could involve establishing the developmental sequence of social and emotional skills.

Applied Behavior Analysis (ABA)
The ABA principles, with their emphasis on highly structured and sequenced teaching strategies, and systematic, data-based evaluation methods, are especially suited to the goal of effective instruction for students with ASD. Intervention programming that employs an ABA approach

attempts to (1) understand skill and behavior strengths and deficits, (2) to structure the learning environment, (3) systematically teach discrete, observable steps that define a skill, and (4) teach generalization and maintenance of newly learned skills. It is important to realize that "Applied Behavior Analysis (ABA)" is a broad approach for facilitating behavior change. One specific training method within ABA is referred to as "Discrete Trial Training (DTT)" and can be effective when applied to a particular skills and behavior. Some instructional objectives lend themselves quite well to a DTT approach. For example, a receptive labeling task (e.g., "Show me the [noun]") would be quite easily and appropriately taught through a 10-trial session in which the trial is identically presented and practiced with consequences for successful trials. The next level of planning would involve consideration of specific skills that should be taught through discrete trial training.

Structured Teaching

Structured teaching is a way to develop teaching strategies and to change the environment to make the world more meaningful for children with special needs. These structures can be utilized at all developmental levels and do not limit the curriculum. They are simply a component of the curriculum. An integral part of the ASD student's program planning should include behavioral techniques for structuring the environment and setting up tasks. Ideas for this level of programming are based on the structured teaching strategies developed and refined by the Treatment and Education of Autistic and related Communication handicapped Children (TEACCH) program.

Psychotherapies

Mental health providers can play a valuable role in a comprehensive program for a student with ASD. For example, mental health professionals within the schools, communities and medical facilities should provide support for families, particularly for families whose child has recently received a diagnosis of ASD. Mental health providers can also consult with teachers, facilitate social skills groups for students, and assist with in-service training for school faculty and community personnel. Although it has been well-documented in the research literature that individualized psychotherapy (e.g., "talk therapy") is not particularly effective with children with ASD, therapeutic strategies can certainly be geared toward behavioral change and skill-building.

Sensorimotor Therapies

In recent years sensory integration theory has provided valuable information about how individuals with ASD process and respond to incoming sensory stimulation. There is now clear evidence that sensory integration difficulties can significantly influence an individual's behavioral functioning, and that activities which address sensory deficits or excesses can assist students with ASD in developing independent functioning. For example, inclusion of stimulatory and regulatory activities such as rhythmic rocking, sequential body pressure and joint compression input, swinging, jumping, moving to music, and swimming may be beneficial strategies for encouraging attention to task and calming children.

Play

Play activities have long been included in interventions for children with various psychological and medical disorders. The literature on educational practices has documented the role of play activities as an effective tool for teaching children diagnosed with ASD. The

TEACCH program, for example, has acknowledged that typical play behaviors are very difficult for many children with ASD to learn independently or vicariously. However, structured teaching of play activities fits with the adage "play is work, and work is play" for children with ASD. Play should be used to teach appropriate manipulation of a variety of play and leisure items. Play activities can gradually increase the child's tolerance for playing alongside and cooperatively with others. These play activities can be conducted in individualized instructional settings, and through small play groups. Play training can also be instrumental in facilitating social, language, and cognitive development in non-threatening and natural environments. Development of individual play goals, and even a play group, for children diagnosed with a ASD should involve consideration of each child's level of functioning, and unique needs. The group activities should be carefully planned with specific target goals and structured to provide each child with the opportunity to develop or enhance new skills. [*NOTE: Traditional, psychoanalytically oriented play therapy geared to help the child develop more effective coping strategies, is not an effective strategy for children with autism.]*

Finally, the guide provides descriptions of a number of best practices for individuals with ASD, including insuring an appropriate student-teacher ratio and intensity of services; facilitating an effective transition from Early Intervention to school services; insuring effective sharing of information among agencies and providers; enhancing parent involvement and commitment; insuring optimal use of resource personnel; arranging the learning environment to improve a student's independent functioning and his recognition and compliance with rules and limits; adopting effective techniques for managing challenging behaviors; choosing appropriate instructional strategies; training peer partners; and transitioning from school to adult life.

Attachment 7:
Table of Abbreviations

ABA	applied behavior analysis
ABAT	applied behavior analysis tutor
ACES	ACES, San Diego, CA
ASD	Autism Spectrum Disorders
ABA	applied behavior analysis
BACB	Behavior Analyst Certification Board
BCBA	Board Certified Behavior Analyst®
BCABA	Board Certified Associate Behavior Analyst®
CARD	Center for Autism and Related Disorders, Inc., San Diego, CA
CARES	Center for Autism Research, Evaluation and Service, San Diego, CA
CBC	criminal background check
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CPR	cardiopulmonary resuscitation
DIR	Developmentally-based Individual-difference Relationship-based Intervention
ECHO	Extended Care Health Option
DoDEA	Department of Defense Education Activity
DDESS	Domestic Dependents Elementary and Secondary Schools
DoDDS	Department of Defense Dependents Schools
EFMP	Exceptional Family Member Program
GLI	general liability insurance
IBI	intensive behavioral intervention
IDEA	Individuals with Disability Education Act
IEP	individual education plan
IFSP	individualized family service plan
IT	instructor therapist
ITP	individualized treatment plan
MCSC	managed care support contractor
MFCC	marriage, family, and child counseling
PFPWD	Program for Persons with Disabilities (PFPWD)
PLI	professional liability insurance
RDI	Relationship Development Intervention
TB	tuberculosis
TEACCH	Treatment and Education of Autistic and related Communication-handicapped Children
USC	United States Code