

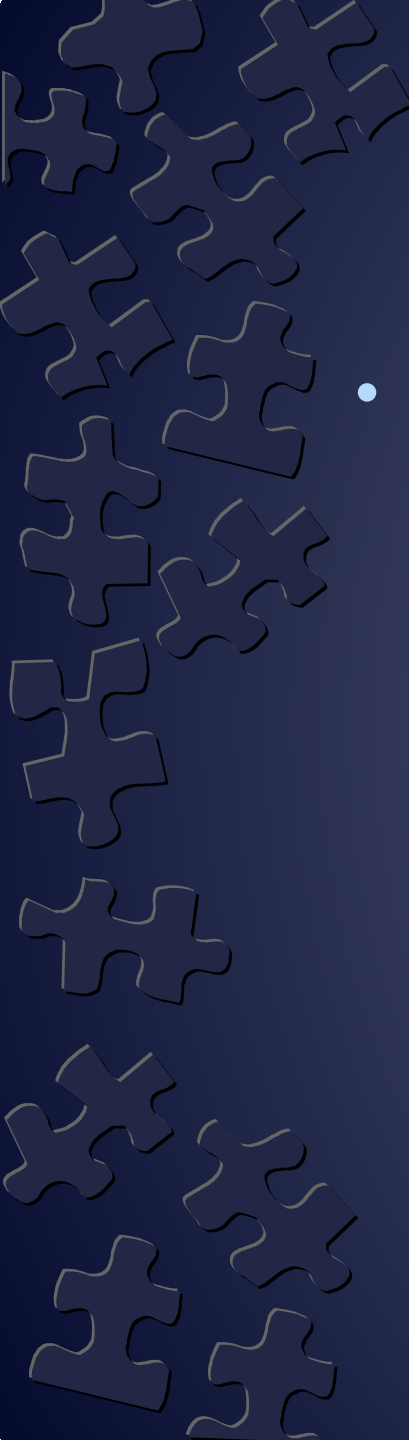


# Autism and its Impact on the Military Family

Presented by Karen Driscoll  
For the National Academies of Sciences,  
Engineering, and Medicine  
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Karen Driscoll - wife, mommy, child advocate



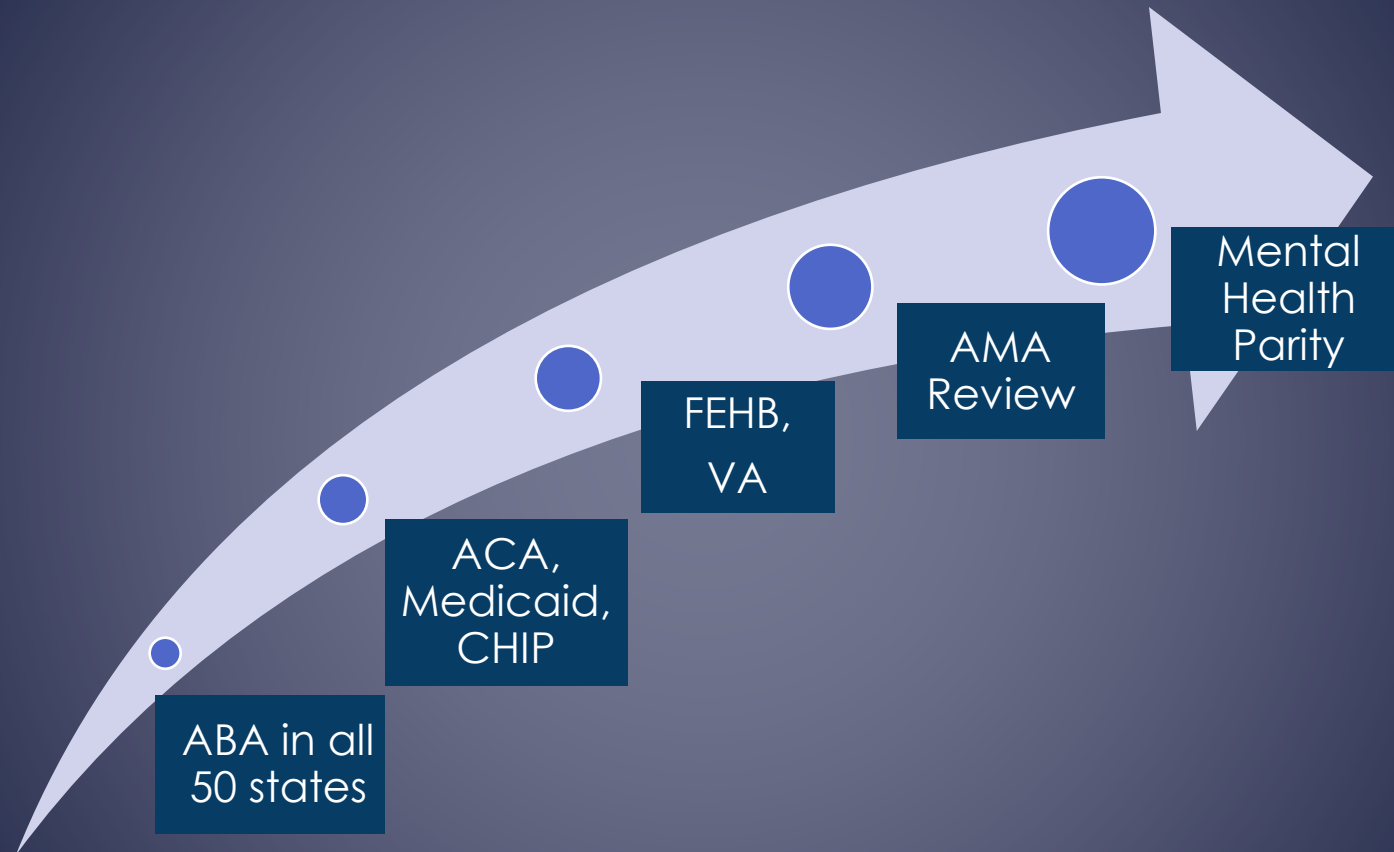


# Readiness and Retention of an All Volunteer Force, the Joint Force

- Family Readiness is Combat Readiness
  - “...family problems can interfere with the ability of service members to deploy or remain in theater; and family members are central influences on whether members continue to serve.”<sup>1</sup>
  - If ABA services are not readily available, it can cause considerable setbacks in a child’s therapy progress and hardship on a service member’s family life.
  - Having ABA available to military families at duty locations improves quality of life for these military families and can even impact retention.

<sup>1</sup> National Academies of Sciences, Engineering, and Medicine. (2019). Strengthening the Military Family Readiness System for a Changing American Society. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25380>. National Academies of Sciences, Engineering, and Medicine. 2019. Strengthening the Military Family Readiness System for a Changing American Society. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25380>.

# ABA is Medical Care in Civilian Sector

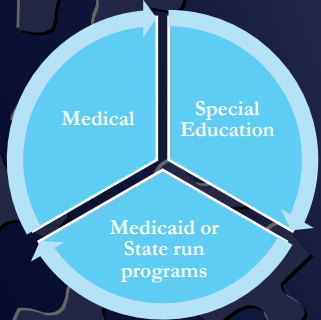


Bottom Line – when coverage of ABA in the civilian sector exceeds that of TRICARE, retention is at risk. Readiness is at risk.

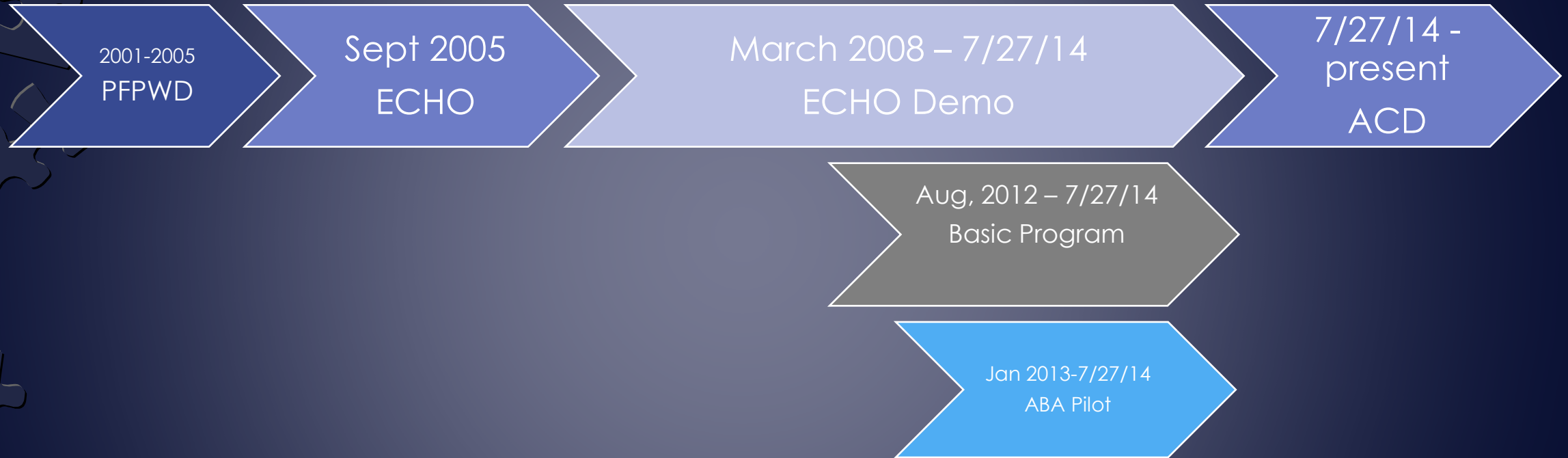


# The Price of the Highly Mobile Military Family

- › Frequent separation from family members and support systems
- › Average family moves every 2-3 years
- › 2 decades of high operational tempo affects family well-being
- › Access to care in all service sectors is greatly affected and often subject to waitlists and/or administrative and legal barriers
  - Most state run programs / Medicaid have long wait lists providing little, if any, support to the military family
  - School districts often “wait out” military families and non-compliance with IEP’s is common
  - Access to specialty care, in particular, ABA is extremely problematic and families often experience significant gaps in care

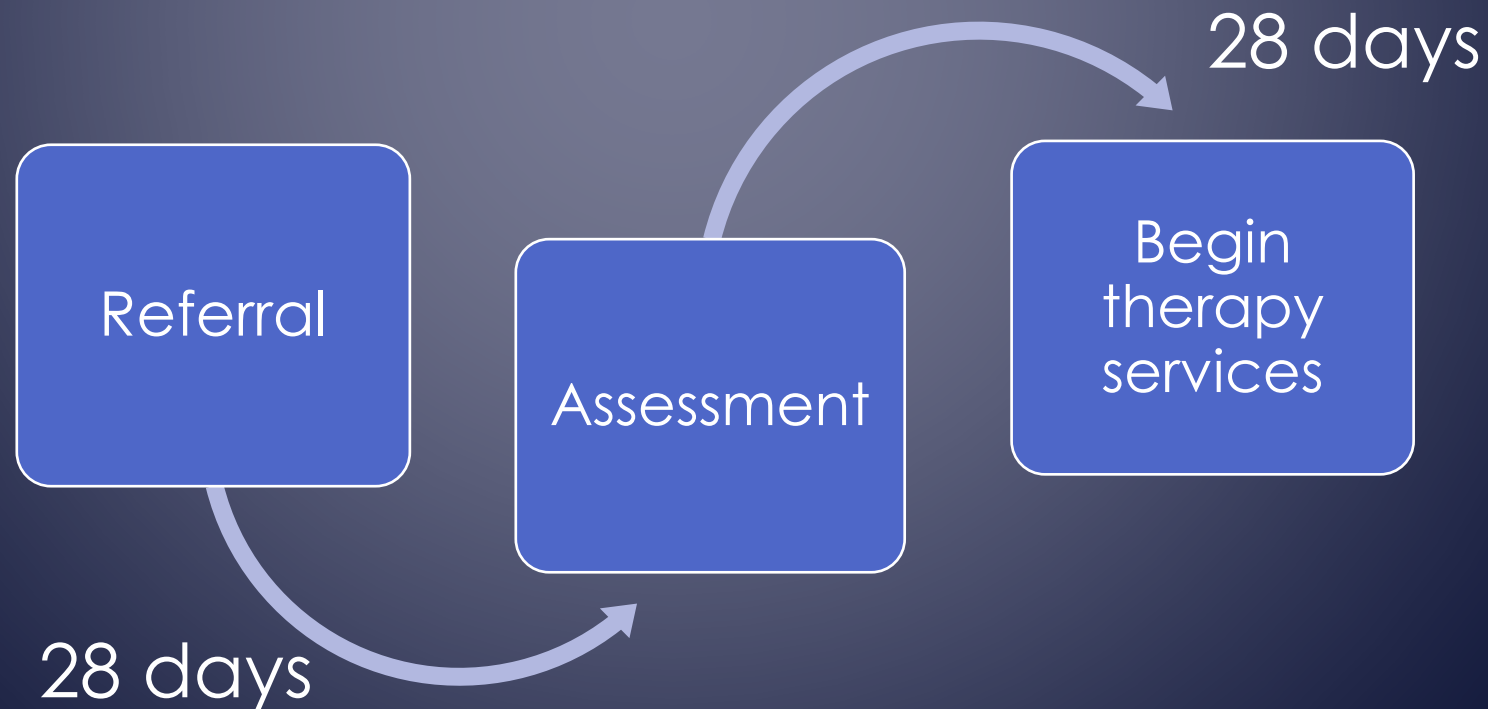


# TRICARE Coverage of ABA Timeline



# Access to Care – ABA (TRICARE) – The Standard

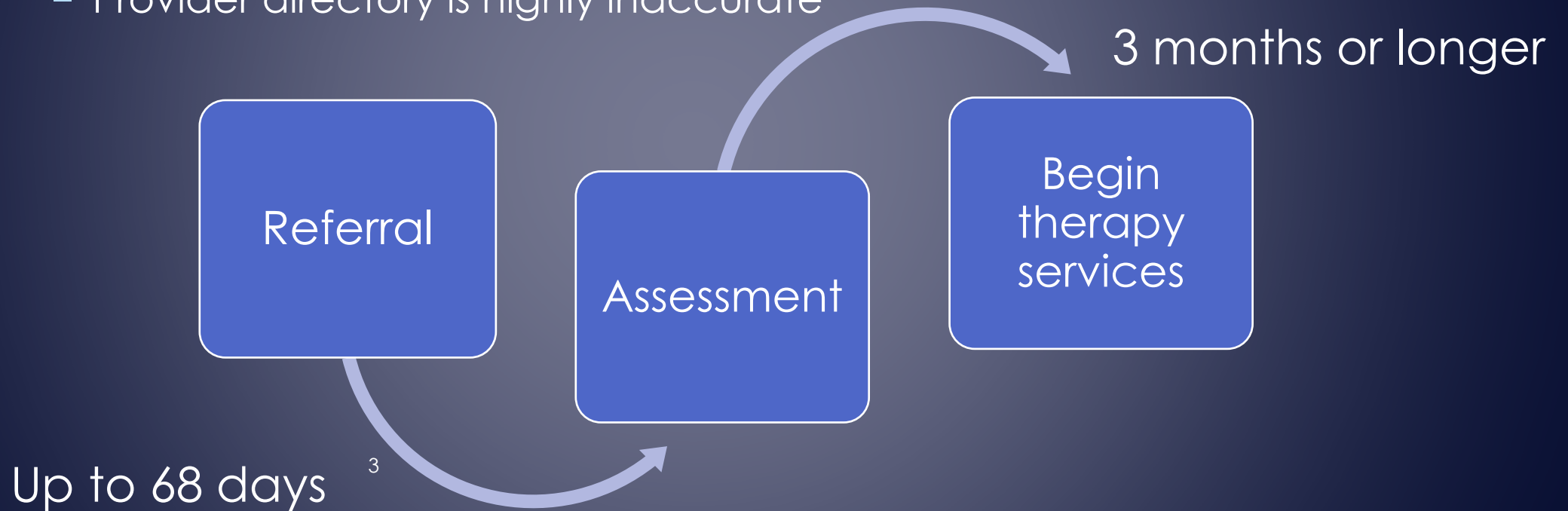
- › To ensure timely access to services, TRICARE policy requires the timeline between referral to assessment be no longer than 28 days and the number of days from assessment receipt of therapy services be no longer than 28 days.



# Access to Care – ABA (Reality)

## › Families Experience

- Waitlist for therapy services in **MOST** military communities
- TRICARE provider network is inadequate to meet current demand for services
- Provider directory is highly inaccurate



<sup>3</sup> In May 2023, DHA reported that across all states, the average wait-time from the referral date to the first ABA appointment ranged from 0 to 68 days. The report was based on 3<sup>rd</sup> quarter FY2022 data.





# Barriers to Care

- Inadequate provider network due to administrative barriers and low reimbursement rates
- Services are contingent on completion of assessments
  - › Vineland, SRS, PSI, PDDBI
    - PSI provides no value to families / parents are unable to access scores and no outreach on areas of need potentially identified
    - How do we measure progress in the developmental disability community?
- Restrictions on where services are delivered fail to address behaviors that may only occur in certain environments and the importance of generalizing skills across multiple environments



## Barriers to Care (cont.)

- Restrictions on who can diagnose and refer patients to ABA
- Enrollment in EFMP and ECHO programs are required to access ongoing services
  - › Places burden on parents to jump through additional hoops to access services
  - › Not in parity with other medical services and diagnosis
- Excluding ABA from the TRICARE medical benefit has given TRICARE support to exclude ABA from mental health parity review
- Limiting ABA to only beneficiaries with autism excludes other patient populations that would benefit from behavioral health services



# METRICS

## How Do We Measure Progress?

- › Assessments fail to recognize unique family stressors of the military family or the ups and downs often experienced by individuals with autism
- › Consideration is not been given to gaps in care or inadequate levels of service
  - Many families are unable to access prescribed level of care
  - This is an ongoing cycle and rarely stabilizes
- › Maintenance of skills or the absence of regression **is** progress!



# Recommended Areas to Address

- › ABA is a widely accepted medical therapy which meets reliable evidence standards and should be included with the TRICARE basic set of benefits
- › ABA policies should be in parity with other medical care conditions (eliminate all non-quantitative treatment limits)
- › Ensure tiered service model is maintained and consistent with industry standards
  - ***Studied for nearly 16 years!***
- › Eliminate policy barriers which impedes timely access to care and places undue stress on the family
- › Eliminate mandatory requirement for outcome measures
- › Address how lack of regression and maintaining skills is progress in the autism population
- › ABA therapy benefits other patient populations – correct a decade long policy decision that affected hundreds of families



# Questions?

