Experiences and Perspective of a National ABA Provider on the Administration of ABA Services through the Autism Care Demonstration Program

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Presentation to the National Academies' Committee Conducting an Independent Analysis of Department of Defense's Comprehensive Autism Care Demonstration Program

March 22, 2024

Disclaimer

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LEARN Behavioral
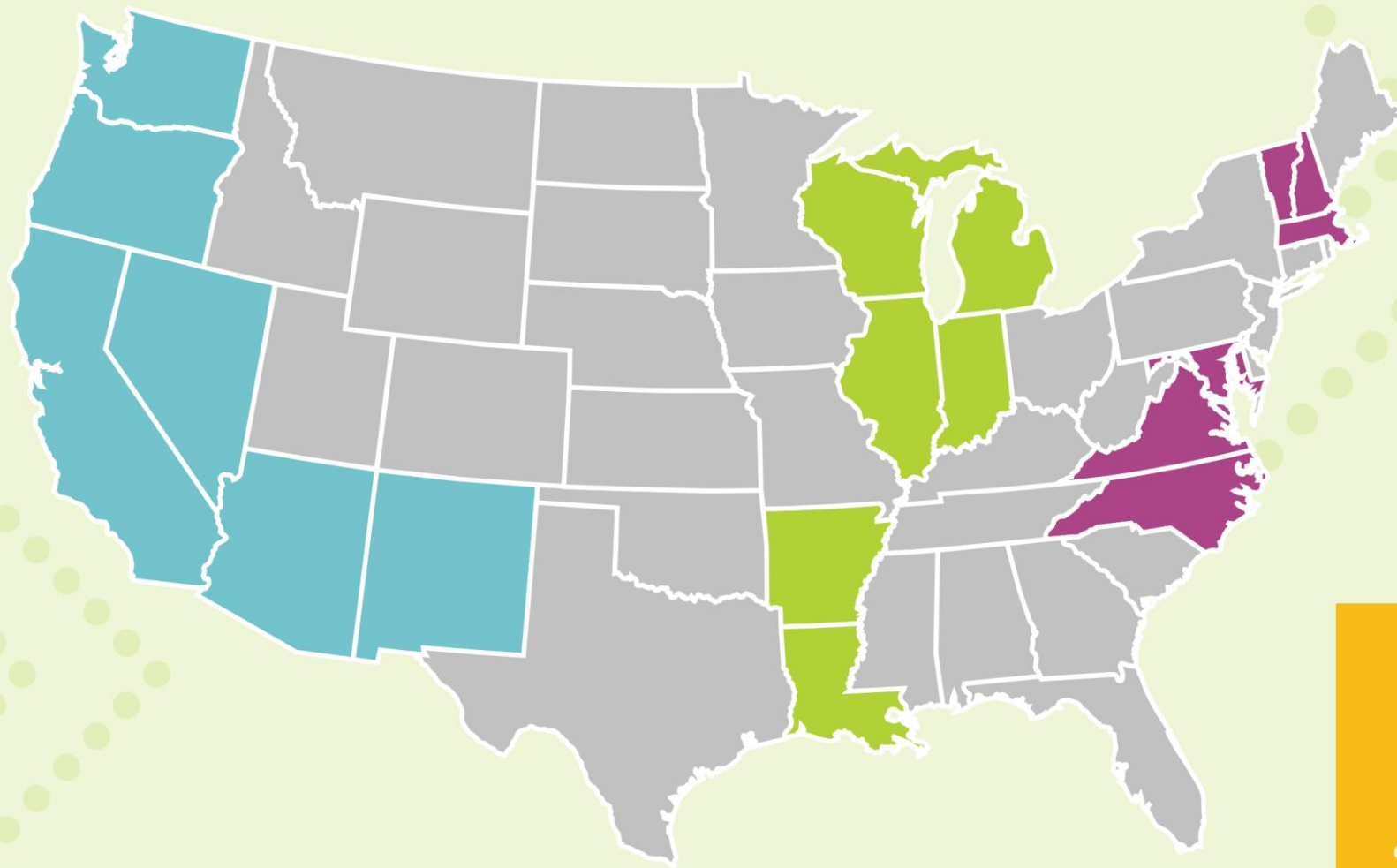
18
states
and counting

LEARN
Facts

5K
support almost **5,000** families a month

100
service nearly **100** new families a month

80
operate more than **80** Learning Centers (our term for autism clinic)

300
work with more than **300** different payors

815
consist of more than **15** doctorate-level clinicians, nearly **500** BCBAs, and almost **300** students currently enrolled in a master's program

300
train more than **300** new behavior technicians a month

TRICARE States

Virginia

North Carolina

Nevada

100
TRICARE
Beneficiaries
2024

163
TRICARE
Beneficiaries
2022

ABA Service Provider

CLINICAL SERVICES

- Treatment by Protocol
- Technician Oversight
- Protocol Modification
- Family/Caregiver Training
- Care Coordination
- Report Writing
- Data Analysis
- Administration of Assessment Measures

CLINICAL OPERATIONS

- Scheduling
- Contracts
- Credentialing
- Compliance
- Training
- Billing
- Utilization Management
- Intake
- Human Resources

Compliance

DOCUMENTATION	UTILIZATION MANAGEMENT	BT CERTIFICATION/RBT
Documentation requirements are more onerous compared to other payors **Non-payment of services is common** **Recoupment of services for technical errors are common**	**Utilization expectations for 97155 (Protocol Modification) & 97156 (Family Treatment Guidance) exceed common standards** **Potential consequences for providers and families not meeting utilization expectations are extreme**	**Technician certification required to begin services (e.g., RBT); no grace period** **In 2023, only 2.07% behavior technicians joined LEARN with a technician certification** **On average, it takes LEARN 50 days for a new behavior technician to obtain their RBT**

Infrastructure

CREDENTIALING	CLAIMS	TECHNOLOGY
Significant differences BCBA credentialing timelines (West vs East) **Follow up required in order to get BCBA credentialing applications processed (West vs East)** **RBT credentialing timeline is not a barrier**	**Claims routinely denied because of credentialing and/or documentation problems** **LEARN had 5.7 times more claims denied with TRICARE East than TRICARE West** **70% of the claims denied with TRICARE East were because of payor error**	**Issues with the TRICARE portal (e.g., providers moving)** **Appears systems do not communicate (e.g., credentialing and claims)** **Lack of standardized platforms used with providers for basic functions**

Clinical Services

TREATMENT PLANS & OUTCOME MEASURES

Number of outcome measures exceeds what any other provider requires

Treatment plan and outcome measures often not on the same schedule

Treatment plans need to be submitted 6-7 weeks in advance

Limited hours for re-assessment

RESTRICTIONS ON PROGRAMMING

Restricting Activities of Daily Living (e.g., toilet training)

Setting Restrictions (e.g., community settings)

Restrictions on Telehealth

BCBA SATISFACTION

Low motivation for BCBAs to accept TRICARE cases

BCBAs limiting the number of TRICARE cases they are willing to supervise

BCBAs often feel like they cannot provide adequate services because of programming restrictions

Impact on Families

- Lengthy enrollment process

- Reconfirm diagnosis every 2 years

- Consequences of not meeting FTG requirements are punitive

- Transition from TRICARE West to East (vice versa) is <u>not</u> seamless and often ABA services are disrupted

- In certain markets, long wait times for ABA services because of TRICARE's requirements

Summary

1. **TRICARE** documentation requirements are excessive compared to other payors.

2. **TRICARE** denies more claims and requires recoupment for credentialing-related issues compared to other payors.

3. **TRICARE** utilization expectations are not always feasible and the potential consequences for not meeting those expectations are extreme and punitive for **ABA** providers and families.

4. Lack of standardization between **TRICARE** West and **TRICARE** East has resulted in service disruption for families and created operational barriers.

5. **TRICARE** places unnecessary service restrictions on providers and their compliance expectations are excessive compared to other payors.

Thank You!

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