



ABA Provider Experience

Britt W. Sims, PhD, BCBA, LBA

Introduction



www.integratedbehaviorsolutions.com

Britt W. Sims, PhD

Credentials

Licensure

ABA Experience

BT → BCaBA → BCBA
PhD from Texas Tech
University

Board certified behavior analyst (BCBA) through BACB; Licensed Behavior Analyst (LBA) in Texas ABA provider since 2007; Started Integrated Behavior Solutions, Inc in 2011 to provide ABA services for children

About Me

Military spouse Father of 7 kids

Specializes in treatment of severe challenging behaviors



Integrated Behavior Solutions, Inc.



34 clients ages 2-17; 20 TRICARE (59%)

Staff

23 employees (6 BCBAs, 3 supervisees); 1 nonclinical practice manager

Location

Initially provided in-home ABA, but moved to clinic-based services in 8300 sq ft center with home/community support by BCBAs (upon approval)

Insurance

Accepted only TRICARE until 2013 when TRICARE issues/changes necessitated need to expand; now accept Blue Cross/Blue Shield and United Health Care in addition to TRICARE

Timeline



2011

TRICARE Access for ABA Excellent

Company started with <90%
TRICARE Clients

Functioned with only certified providers (BCBA or BCaBA), ADFMs only

2013

Program Change with ECHO, Basic, and Pilot – Disrupted Access

Forced company to change therapy models, interruptions in remits, mass denials, delays/denials in authorizations

Kept seeing current TRICARE clients, but began accepting new clients with other insurances

2021

TRICARE Operations Manual (TOM) Updated – Drastic Impact to ABA Access due to Increased & Unclear Provider Requirements

Drastic changes made without guidance for implementation resulted in delays in remits, increased workload without compensation, etc.

Remits slow or paused from Nov 2021 (notice of 1st audit) and Jan 2022, but we continued to see clients. Chose a business loan over bankruptcy 2023

More TOM Revisions without Notifications – Continues to Result in Confusion

Additional TOM revisions (C-132, December 22, 2023)

Only aware because of a Facebook group

Still processing new revisions

ABA Treatment Planning



Industry Standards of Care

Indirect Assessment

Parent interviews, rating scales, and social validity measures

Direct Assessment

Evidence-based assessment to identify barriers to learning in the domains of social communication and restrictive and repetitive behaviors.



ACD guidelines restrict the access to socially significant domains (e.g., ADLs, pre-academics, etc.) and settings that are CRITICAL for independent living.

Parent Goals/Training

Specific training and goals to increase effectiveness and generality across settings.

Individualized Treatment Goals

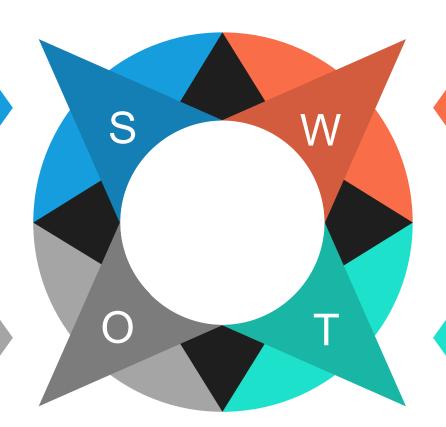
Socially significant and measurable. Procedures are evidence-based, technological, and conceptually systematic.

S.W.O.T. for ACD Outcome Measures



Strengths

The assessments chosen address areas of concern within ASD and provide data for correlation



Weaknesses

Norm-based assessments cannot capture the nuances of the individual's progress like direct assessments and individualized treatment data can

Opportunities

Outcome measures are imperative to ensure ABA effectiveness, but require retooling to focus on direct intervention data

Threats

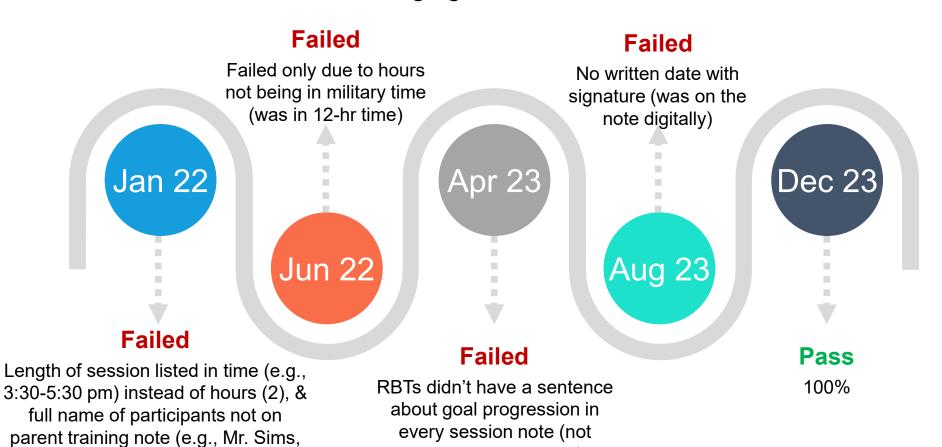
Insufficient outcome measures guiding policy creates instability and ethical concerns, which in turn increases probability of losing providers; impedes access to timely services

* Authorization for ABA services is contingent on these measures being completed by parent and provider

The Audit Loop



On every audit: 100% pass on billing and clinical content, but failed due to changing criterion of non-clinical minutia



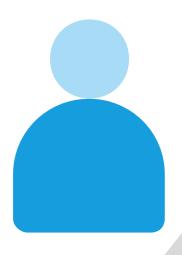
clinically appropriate)

instead of desired "Britt Sims")

Specific BCBA Impact Statements



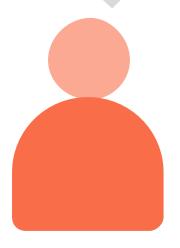
"TRICARE is deciding whether these children need services based on assessments that are not meant to drive treatment! They are not making their decisions based on the data they require us to take and the data that shows the progress these kids are making. In addition, the people making these decisions have no idea what we do, how we do it or why we do it. They need to make some kind of effort to understand this population and why these services are so important. "



"TRICARE restricts what we can work on and where. If the problem is in the school, let me in the school, because if you don't, the behavior will never stop because intermittently reinforced behaviors are the hardest to extinguish! If ADLs evoke problem behavior, we should be able to work on those ADLs to decrease that behavior. If my client bites the dentist, we should be able to work on desensitizing them to the dentist so they don't remove the doctor's digits!"

"I think TRICARE makes it as hard as possible to run providers off and save money. It's exhausting, but these families are worth it."

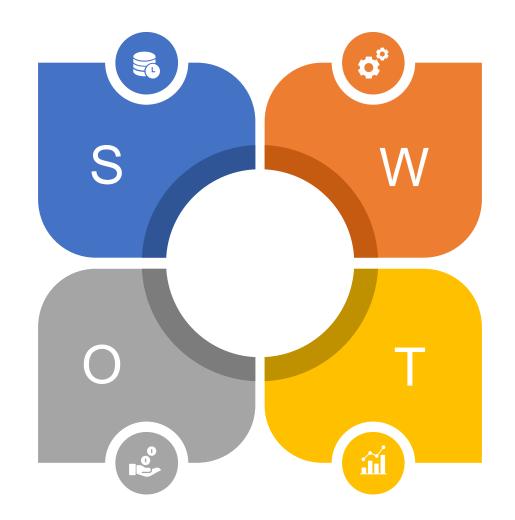




S.W.O.T. for ACD Effectiveness

Strengths

ABA coverage for TRICARE family members



Weaknesses

Increased provider requirements focused on irrelevant details (and not reimbursed) instead of quality, access, and family benefits; ABA is managed by a contractor instead of in-house like other therapies

Opportunities

The design has the potential to improve ABA quality if managed more adaptively and with improved communication

Threats

Reduced access to ABA services from less providers taking TRICARE, so decreased access to care