



# ABA Provider Perspectives on the TRICARE ACD

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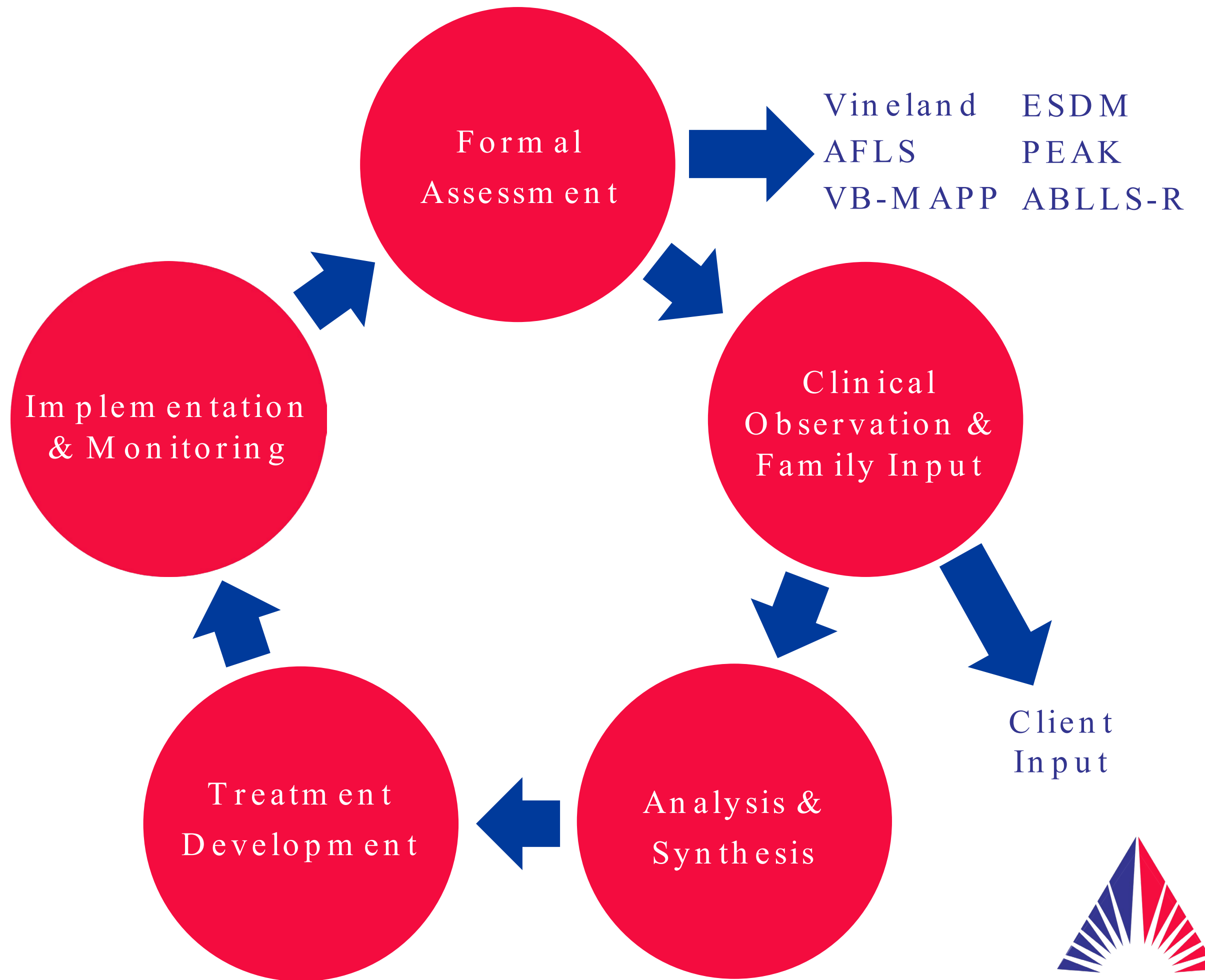
June 20, 2024

# Talking Points

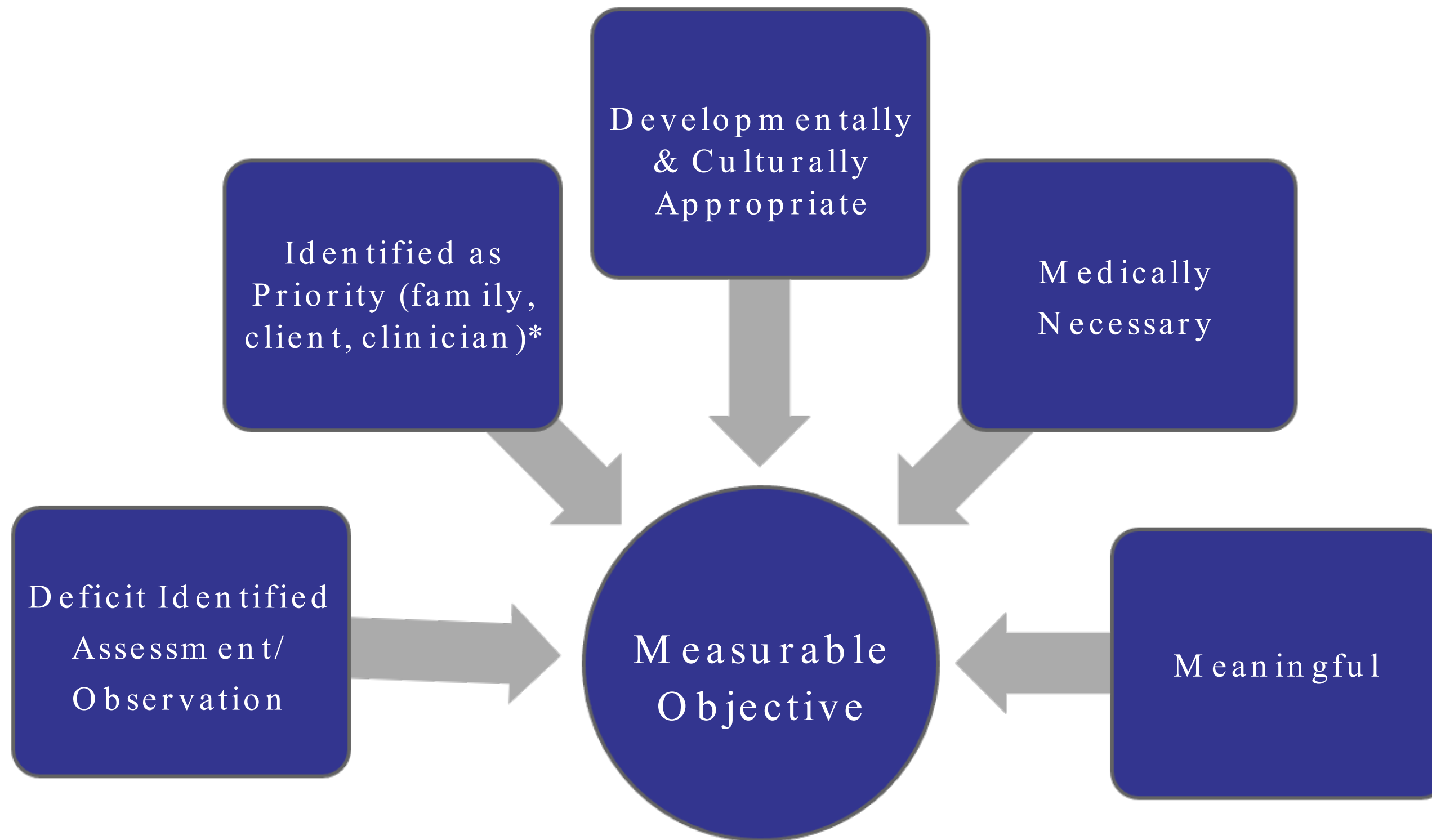
- Assessment data and treatment plan development
- Behavior analyst's ethical considerations
- Behavior analyst's graduate training
- Hierarchy of evidence
- Recommendation

# Assessment in Practice:

Majority of  
Payers vs.  
TRICARE



# Considerations for Each Objective



# Assessments:

## Time Requirement

### Vineland

- 36 (PSI) or 65 (SIPA) items
- ~50 minutes

### PSI 4th Ed (SFI)/SIPA

- 36 (PSI) or 65 (SIPA) items
- ~10 minutes (PSI)/20 minutes

### SRS 2

- 65 items
- ~20 minutes

### PDDBI

- 188 items
- ~30 minutes

# BCBA Ethics

## **1.05 Practicing within Scope of Competence**

Behavior analysts practice only within their identified *scope of competence*. They engage in professional activities in new areas (e.g., populations, procedures) only after accessing and documenting appropriate study, training, supervised experience, consultation, and/or co-treatment from professionals competent in the new area. Otherwise, they refer or transition services to an appropriate professional.

## **3.01 Responsibility to Clients** (see 1.03, 2.01)

*Behavior analysts* act in the best interest of *clients*, taking appropriate steps to support *clients' rights*, maximize benefits, and do no harm. They are also knowledgeable about and comply with applicable laws and regulations related to mandated reporting requirements.

## **3.12 Advocating for Appropriate Services** (1.04, 1.05, 2.01, 2.08)

Behavior analysts advocate for and educate clients and stakeholders about evidence-based assessment and *behavior-change intervention* procedures. They also advocate for the appropriate amount and level of behavioral service provision and oversight required to meet defined client goals.

# BCBA Graduate Training in Assessment

- 45 hours in a stand-alone course
- Review of records
- Cultural variables
- Skill assessment
- Preference assessment
- Descriptive assessment
- Functional analysis
- Interpretation of assessment data





# Parent Stress Index 4th Edition — Manual

## Professional Requirements

Administration and scoring of the PSI-4 is straightforward and can be conducted by technicians or personnel who do not have formal training in clinical psychology, counseling psychology, school psychology, social work, or related fields. However, these administrators should be supervised and trained in the administration of the PSI-4 by a qualified professional and should carefully study the administration and scoring procedures presented in this manual.

In accordance with the *Standards for Educational and Psychological Testing* (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 1999), the interpretation of PSI-4 profiles and test score patterns requires graduate training in clinical, counseling, or educational psychology or in social work or related fields, with specific training in tests and measurement. Meaningful interpretation requires a thorough understanding of the information presented in this manual, current theories of parent and child dynamics, and the limits and appropriate uses of self-report measures.





# PSI-4th Edition

Page 15 of the Manual



“Parents who earn a score equivalent to the 90th percentile or higher (i.e., clinically significant range) should always be offered referral for professional consultation.”



NCAAAS

To receive the AMA's Category I CPT Code designation, the AMA's determination requires that:

Level	Short Description (based on Oxford Centre 2009)
Ia	Evidence obtained from systematic review of randomized controlled trials
Ib	Evidence obtained from an individual randomized controlled trial
IIa	Evidence obtained from systematic review of cohort studies
IIb	Evidence obtained from an individual cohort study
IIIa	Evidence obtained from systematic review of case control studies
IIIb	Evidence obtained from a case control study
IV	Evidence obtained from case series
V	Evidence obtained from expert opinion without explicit critical appraisal

In 2019, the AMA determined that ABA met the clinical efficacy requirement

# TRICARE

## Reliable Evidence Standard

As used in § 199.4(g)(15) [establishing TRICARE's basic program benefits], the term reliable evidence means only:

- (i) Well controlled studies of clinically meaningful endpoints, published in refereed medical literature.
- (ii) Published formal technology assessments.
- (iii) The published reports of national professional medical associations.
- (iv) Published national medical policy organization positions; and
- (v) The published reports of national expert opinion organizations.

The U.S. Department of Labor classifies ABA as *professionally recognized and supported by randomized trials*.

The American Psychological Association has found ABA is "*well-grounded in psychological science and evidence-based practice*."

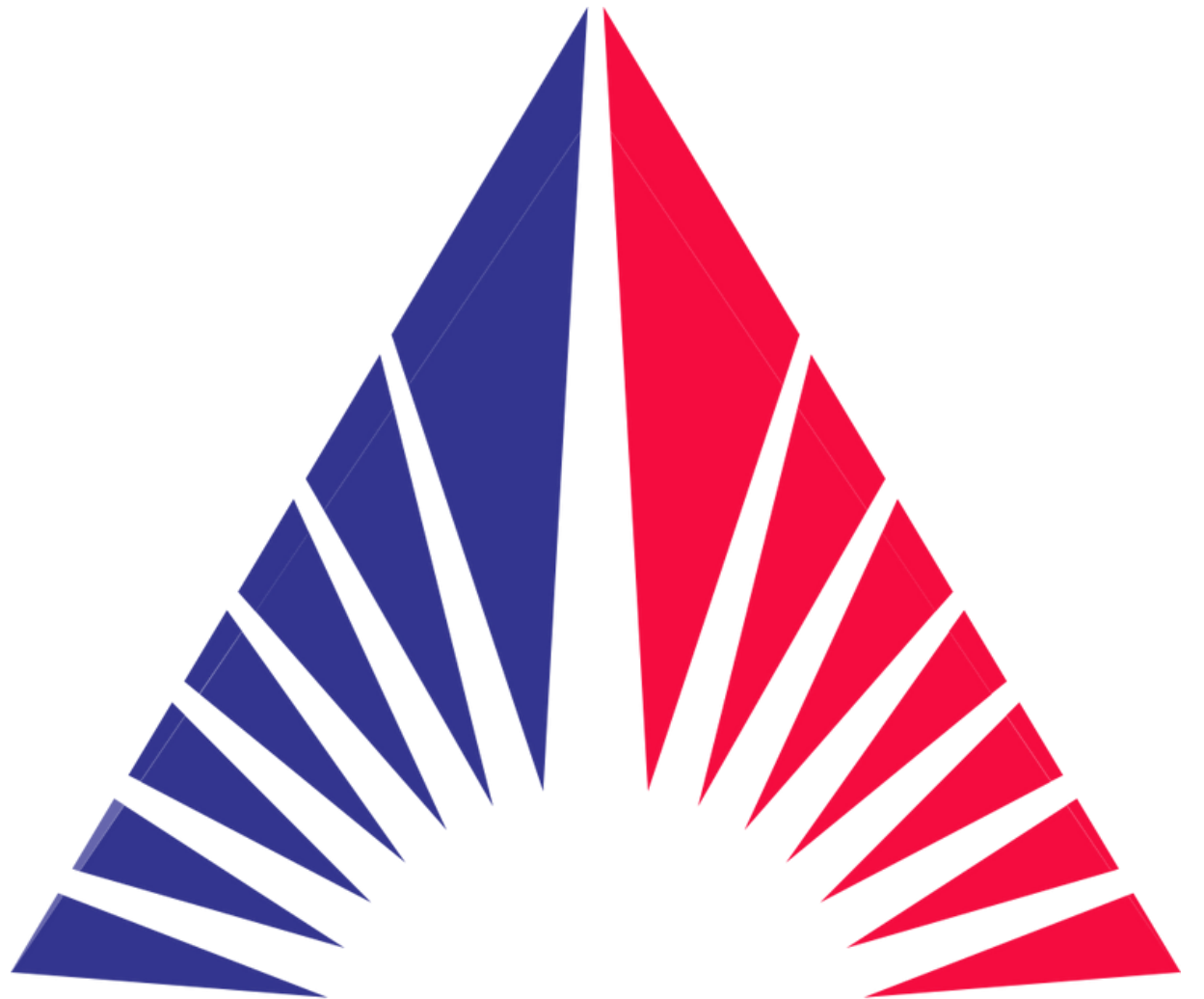
The American Academy of Pediatrics has noted "most evidence-based treatment models are *based on the principles of ABA*."

In recognition of the effectiveness of ABA, the American Medical Association (AMA) adopted *permanent* billing codes in 2019.

The U.S. Surgeon General considers ABA to be an *evidence-based best practice treatment*

The Centers for Disease Control and Prevention has called ABA a *notable treatment approach* that is *widely accepted* among professionals in many treatment settings.





NCAAAS



# The National Defense Authorization Act of 2022





NCAAS

# Summary

- Access to care remains an issue for military families
  - Autism service navigators have 90 days to develop a comprehensive care plan
  - A strict 6-month reassessment requirement
  - Treatment plan modification billing requirement
- Military families deserve the same access to care as civilian families