

**TRICARE**
AND
**IDEA PART C**

A GUIDE TO SERVICES

DEVELOPED BY THE

FEDERAL
INTERAGENCY
COORDINATING
COUNCIL



SEPTEMBER 2000



INTRODUCTION

This guide was developed by the Federal Interagency Coordinating Council (FICC), which advises the Secretaries of Education, Defense, and other federal agencies, on coordinating federal programs and policies affecting services to children ages birth to three with disabilities. At the request of the FICC, the Department of Defense (DoD) task force developed this document to address questions about the interface between the DoD military health system and the Infants and Toddlers with Disabilities program (Part C) of the Individuals with Disabilities Education Act (IDEA).

Prior to the 1997 Amendments of IDEA, there was a question between the IDEA and TRICARE/CHAMPUS related to which program was the “payor of last resort” for young children with disabilities and their families. In 1997, Congress amended Part C to state that IDEA Part C is payor of last resort “for services that would have been paid for from another public or private funding source, including any medical program administered by the Secretary of Defense...”. Congress thus clarified that TRICARE “pays first” for services that are otherwise eligible for reimbursement by TRICARE. This guide is intended to provide general information primarily for administrators of these two programs and families of infants and toddlers with disabilities.

This guide includes:

- (1) a brief description of Part C;
- (2) a chart indicating the availability of TRICARE coverage for early intervention services;
- (3) frequently asked questions about TRICARE programs; and
- (4) references.

DISCLAIMER

The information presented in this document is based upon relevant United States statutes and material obtained from the respective Department regulations and policies. The respective Departments are solely responsible for its content.

This document contains a general summary of complex coverage rules. Specific questions regarding coverage in particular situations should be addressed to the respective Departments.

Further, while this document has been approved for distribution by both Departments, it does not provide a factual determination regarding benefits in individual cases and does not supersede official TRICARE regulations and policies.

This document is subject to change only with prior authorization of the Departments of Defense and Education.

FEDERAL INTERAGENCY COORDINATING COUNCIL

The Federal Interagency Coordinating Council (FICC) was created in the 1991 Amendments to the Individuals with Disabilities Education Act (IDEA). Congress intended for the FICC to be a model for States with respect to coordination of policies, development of technical assistance initiatives, and performance of other functions necessary to achieve the objectives of Part C (birth through 2 year olds and their families) and section 619 (3 through 5 year olds) of the IDEA. Both of these programs provide financial support to States for the implementation of services for young children with disabilities.

The FICC was originally established to advise and assist the Secretary of Education on matters related to services for infants and toddlers with disabilities and their families. Later, the scope of the FICC's purview was expanded to include preschool-aged children. The purposes of the FICC are:

- (1) minimizing duplication across public agencies which provide services to infants and toddlers with disabilities and their families; (2) ensuring coordination of technical assistance;
- (2) ensuring coordination of early intervention and preschool services;
- (3) identification of gaps in program and services across agencies; and
- (4) identifying barriers to cross-agency coordination of services for these children and their families.

The FICC is charged with the following tasks:

- (1) advise and assist the respective Secretaries in the performance of their responsibilities related to children from birth through age 5 who are eligible for services under the IDEA;
- (2) conduct policy analyses of Federal programs related to this age group in order to determine areas of conflict, overlap, duplication, or inappropriate omission;
- (3) identify strategies to address these issues;
- (4) develop and recommend joint policy memoranda concerning interagency collaboration, including modifications to regulations, and elimination of barriers to interagency programs and activities;
- (5) coordinate technical assistance and dissemination of information on best practices, effective coordination strategies, and recommendations for improved services to young children, and
- (6) facilitate activities in support of State's interagency coordination efforts.

The 1993 Amendments to IDEA broadened the FICC's advisory responsibilities to include the Secretaries of Health and Human Services, Agriculture, Defense and Interior and the Commission on Social Security. Additionally, the specific FICC membership categories were also expanded in statute, and include representation from Federal agencies, State and local service providers, and family member consumers. These individuals serve at the pleasure of the Secretary of Education. The FICC is chaired by the Assistant Secretary of the Office of Special Education and Rehabilitative Services and co-chaired by a family member.

CONTENTS

Overview of Programs

Individual with Disabilities

Education Act (IDEA) – Infants and Toddlers with Disabilities (Part C)

Department of Defense – TRICARE

Department of Defense – Program for Persons with Disabilities (PFPWD)

Department of Defense – Early Intervention Programs

Department of Defense – Exceptional Family Member Program (EFMP)

Overview of TRICARE and PFPWD Coverage for Part C Services

Frequently Asked Questions about the Military Health System

Process for Accessing the Military Health System

References

OVERVIEW OF PROGRAMS

PART C OF INDIVIDUALS WITH DISABILITIES EDUCATION ACT*

* 20 USC 1431-1445; 34 CFR Part 303.

Purpose:

Enhance the infant's or toddler's development and the family's capacity to meet their child's developmental needs.

Eligible Group:

Children from birth through age two who -

- have diagnosed mental or physical condition that has a high probability of resulting in a developmental delay, or
- are experiencing developmental delays, as defined by the State, in one or more developmental areas (cognitive; physical, including vision and hearing; communication; social; emotional, adaptive), or
- at State discretion, are at risk of having substantial developmental delays if early intervention services are not provided

Eligibility:

Varies by state due to unique state definition of developmental delay. See <http://www.nectas.unc.edu/pubs/pubslst1.html#state>

Requirements:

State agency must:

- have a child find system to seek-out children in need of services,
- provide an assessment of the child and family at no cost to the family,
- complete assessments and develop an Individual Family Service Plan (IFSP) to address family needs as well as child's needs within 45 days of referral of a child, and
- provide services in natural environments.

Services:

Pages 5 through 13 provide a description of early intervention services

Availability:

All states receive Part C funds and have statewide services. For a listing of state contacts, see <http://www.nectas.unc.edu/contact/ptccoord.html>

Financing of Services:

- combined state and federal funding
- states required to coordinate sources of funding
- Part C is payor of last resort against TRICARE, Medicaid, private insurance and other sources

TRICARE

The Department of Defense provides a Military Health System (MHS) known as TRICARE. It is a regionally managed health care program that combines the military's direct health care system of hospitals and clinics with a network of civilian health care professionals to provide improved access and high quality health care services.

TRICARE consists of three options:

- TRICARE Prime.....a Health Maintenance Organization-like option
- TRICARE Extraa fee-for-service option with reduced cost-shares
- TRICARE Standard.....a fee-for-service option with deductibles and cost-shares; was formerly known as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)

PROGRAM FOR PERSONS WITH DISABILITIES

The Military Health System also provides the Program for Persons with Disabilities (PFPWD), which was formerly known as the Program for the Handicapped (PFTH). Congress established this program for active duty family member(s) with a qualifying disability. The PFPWD provides financial assistance and another mechanism to receive services, equipment, and supplies necessary for diagnosis, treatment, habilitation, and rehabilitation. The PFPWD is not a stand-alone benefit; family members receiving services through the PFPWD may also participate in the TRICARE options.

DEPARTMENT OF DEFENSE EARLY INTERVENTION SERVICES

The DoD provides early intervention services consistent with Part C of the Individuals with Disabilities Education Act (IDEA) for infants and toddlers who, but for their age, would be eligible to attend a DoD school. The Military Departments (Army, Navy and Air Force) provide early intervention services through programs called Educational and Developmental Intervention Services (EDIS). In the United States, the Military Departments provide early intervention to children who reside on installations with DoD Schools. Overseas, the Military Departments provide early intervention services in assigned geographic areas of responsibility (e.g., the Navy is responsible for providing early intervention services to all eligible children in Japan and Okinawa). The Reference section at the back of this guide contains locations of programs in the United States, Europe, and Asia.

Eligibility:

Infants and toddlers from birth through two year of age are eligible for early intervention services if they meet one of the following criteria:

- The child is experiencing a developmental delay as measured by diagnostic instruments and procedures of 2 standard deviations below the mean in at least one area, or by a 25 percent delay in at least one area on assessment instruments that yield

scores in months, or a developmental delay of 1.5 standard deviations below the mean in two or more areas, or by a 20 percent delay on assessment instruments that yield scores in months in two or more of the following areas of development: cognitive, physical, communication, social or emotional, or adaptive.

- The child has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay; e.g., chromosomal disorders or genetic syndromes.

Referral Process:

Each Military Department develops and implements a comprehensive child-find public awareness program in its assigned geographic area of responsibility . These efforts focus on the early identification of children who may be eligible to receive early intervention services. The public awareness program provides information to military communities about the early intervention program and the child find system. The program includes information about the purpose and scope of the system, how to make referrals, and how to gain access to services. Each military community maintains a central directory with information about early intervention services and other community support services. EDIS prepares and disseminates materials for parents on the availability of early intervention services to all primary referral sources, especially hospitals, physicians and child development centers.

Unique features:

DoD does not receive funding for its early intervention programs from the Department of Education, or any other Federal, state or local agency.

**DEPARTMENT OF DEFENSE
EXCEPTIONAL FAMILY MEMBER PROGRAM**

NOTE: Each Military Service's Exceptional Family Member Program (EFMP) is unique. EFMP is used by all of the Services to identify family members with special needs. The information is used primarily by the Personnel components when assigning service members to new duty locations.. The Army also uses the term to describe its overall community support program for family members with special needs. .

Description:

The Exceptional Family Member Program is a mandatory enrollment/identification program for active duty personnel who have family members with exceptional medical, psychological, developmental, or educational needs. The program assists in assigning an active duty member to an area where his/her exceptional family member's special needs can be met.

Required Enrollment:

Family members with any long-term special medical, physical, developmental, or educational need.

Referral Process:

The referral process differs by Military Service. Basically, a service member self-identifies or is referred by a physician or other medical provider to an EFMP Coordinator/Officer (terms differ by Military Service). Paperwork is completed (DD Form 2792, The Exceptional Family Member Medical and Educational Summary), by a medical provider/designee or by school personnel (in the case of an educational need) documenting the family member's needs. In all Services but the Air Force, the family member is enrolled in the EFMP. (In the Air Force, the sponsor's record is flagged to indicate that there is something that should be considered when making assignments.)

TRICARE AND PROGRAM FOR PERSON WITH DISABILITIES COVERAGE FOR PART C SERVICES

Unless otherwise noted, the definitions for services are those found in the IDEA Part C Federal Regulations. All services cost-shared by TRICARE must be “medically or psychologically necessary”.¹ TRICARE cost-sharing determinations are on a case-by-case basis; this information is intended to help determine what may be cost-shared by TRICARE.

Assistive Technology

DEFINITION (34 CFR §303.12(d)(1)):

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include--

- (i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- (ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- (iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- (iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (v) Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
- (vi) Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

TRICARE:

Cost-shared if the item meets the definition of durable medical equipment (DME) under 32 CFR §199.2. Excludes hearing aids, glasses, and communication devices. Training would be cost-shared under therapy rather than DME.

¹ Medically or psychologically necessary is defined as “the frequency, extent, and types of medical services or supplies which represent appropriate medical care and that are generally accepted by qualified professionals to be reasonable and adequate for the diagnosis and treatment of illness, injury, pregnancy, and mental disorders or that are reasonable and adequate for well-baby care.” 32 CFR §199.2(b)

PPPWD:

Cost-shared if medically necessary for the treatment of qualifying conditions. Will cost-share standard equipment, but not deluxe models. With respect to computers, and assistive software, the PFPWD will not cover the basic computer, but will cover adaptations (special keyboards, etc). Training for the assistive technology device would be cost-shared. Under PFPWD only one similar type of device can be cost shared at one time. The item can be replaced due to normal wear and tear or when the device is no longer useful to the beneficiary.

Audiology

DEFINITION (34 CFR §303.12(d)(2)): includes--

- (i) Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
- (ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- (iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- (iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- (v) Provision of services for prevention of hearing loss; and
- (vi) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

TRICARE:

Audiology services are available for medical diagnostic purposes. Physician referral is required. TRICARE cannot cost-share for hearing aids, and services related to hearing aids, such as fitting and adjusting. Aural rehabilitation may be cost-shared to the same extent as other allowed medical services.

PPPWD:

Audiology services may be cost-shared as under TRICARE. Physician referral is required. Hearing aids may be cost-shared when the hearing loss is, or is part of, the qualifying condition. The cost of hearing aids may be prorated over several months to avoid the \$1,000 monthly cap.

Family Training, Counseling, and Home Visits

DEFINITION (34 CFR §303.12(d)(3)):

means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.

TRICARE:

May be cost-shared as mental health services for a diagnosed mental health condition. Physician referral required.

PPPWD:

Same as for TRICARE. In addition, family training may be cost-shared for family members of a PFPWD beneficiary when required as an integral part of the management of the qualifying condition.

Health Services

DEFINITION (34 CFR §303.13):

means services necessary to enable a child to benefit from the other early intervention services under Part C during the time that the child is receiving the other early intervention services.

(b) The term includes--

- (1) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
- (2) Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

(c) The term does not include the following:

- (1) Services that are--
 - (i) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or
 - (ii) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).
- (2) Devices necessary to control or treat a medical condition.
- (3) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

TRICARE:

May be cost-shared when services are a covered benefit and provided by a TRICARE-authorized provider.

PPPWD:

Generally, PFPWD covers services for treatment of the qualifying condition not available under TRICARE.

Medical Services

DEFINITION (34 CFR §303.12(d)(5)):

“Medical services only for diagnostic or evaluation purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.”

TRICARE:

May be cost-shared when services are a covered benefit and provided by a TRICARE-authorized provider.

PPPWD:

Generally, PFPWD covers services for treatment of the qualifying condition not available under TRICARE.

Nursing Services

DEFINITION (34 CFR §303.12(d)(6)):

includes--

- (i) The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- (ii) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
- (iii) Administration of medications, treatments, and regimens prescribed by a licensed physician.

TRICARE:

Only medically necessary services may be cost-shared. Determination is made on individual basis.

PPPWD:

Generally, PFPWD covers services for treatment of the qualifying condition not available under TRICARE.

Nutrition Services

DEFINITION: (34 §CFR 303.12(d)(7)): includes--

- (i) Conducting individual assessments in--
 - (A) Nutritional history and dietary intake;
 - (B) Anthropometric, biochemical, and clinical variables;
 - (C) Feeding skills and feeding problems; and
 - (D) Food habits and food preferences;

- (ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and
- (iii) Making referrals to appropriate community resources to carry out nutrition goals.

TRICARE:

Nutritional counseling is excluded by regulation. Medically necessary nutritional diagnostic and treatment services may be cost-shared if done in conjunction with otherwise allowed service. Determination is made on individual basis.

PFPWD:

Generally, PFPWD covers services for treatment of the qualifying condition not available under TRICARE.

Occupational Therapy

DEFINITION: (34 CFR §303.12(d)(8)):

includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include—

- (i) Identification, assessment, and intervention;
- (ii) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- (iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

TRICARE:

Medically necessary services may be cost-shared. Must be referred and monitored by a physician. No limits on frequency or duration

PFPWD:

Medically necessary services may be cost-shared for the treatment of a qualifying condition. Must be referred and monitored by a physician. No limits on frequency/duration.

Physical Therapy

DEFINITION: (34 CFR §303.12(d)(9)):

includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include--

- (i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
- (ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- (iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

TRICARE:

Medically necessary services may be cost-shared. Must be referred and monitored by a physician. No limits on frequency or duration

PFPWD:

Medically necessary services may be cost-shared for the treatment of a qualifying condition. Must be referred and monitored by a physician. No limits on frequency/duration.

Psychological Services

DEFINITION: (34 CFR §303.12(d)(10)):

includes--

- (i) Administering psychological and developmental tests and other assessment procedures;
- (ii) Interpreting assessment results;
- (iii) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- (iv) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

TRICARE:

Cost-shared when provided for the diagnosis or treatment of a cost-shared mental disorder.

PFPWD:

Cost-shared when necessary for treatment of the qualifying condition.

Service Coordination

DEFINITION: (34 CFR §303.12(d)(11)):

means assistance and services provided by a service coordinator to a child eligible under Part C and the child's family that are in addition to the functions and activities included under 34 CFR §303.23.

Service coordination in 34 CFR §303.23 means the activities carried out by a service coordinator to assist and enable a child eligible under Part C and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.

- (2) Each child eligible under Part C and the child's family must be provided with one service coordinator who is responsible for--
 - (i) Coordinating all services across agency lines; and
 - (ii) Serving as the single point of contact in helping parents to obtain the services and assistance they need.
- (3) Service coordination is an active, ongoing process that involves--
 - (i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;
 - (ii) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
 - (iii) Facilitating the timely delivery of available services; and
 - (iv) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.
- (b) Specific service coordination activities. Service coordination activities include--
 - (1) Coordinating the performance of evaluations and assessments;
 - (2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;
 - (3) Assisting families in identifying available service providers;
 - (4) Coordinating and monitoring the delivery of available services;
 - (5) Informing families of the availability of advocacy services;
 - (6) Coordinating with medical and health providers; and
 - (7) Facilitating the development of a transition plan to preschool services, if appropriate.

TRICARE:

Cannot be cost-shared. Case management is provided as an administrative service by TRICARE.

PPPWD:

Cannot be cost-shared. Case Management is provided as an administrative service by TRICARE.

Social Work Services

DEFINITION: (34 CFR §303.12(d)(12)):

includes--

- (i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- (ii) Preparing a social or emotional developmental assessment of the child within the family context;

- (iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- (iv) Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
- (v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

TRICARE:

Cost-shared if provided by a TRICARE-authorized licensed clinical social worker as a mental health service for a covered mental disorder.

PFPWD:

Cannot be cost-shared.

Special Instruction

DEFINITION: (34 CFR §303.12(d)(13)):

includes--

- (i) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- (ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
- (iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and
- (iv) Working with the child to enhance the child's development.

TRICARE:

Cannot be cost-shared.

PFPWD:

Special education instruction and training may be cost-shared.

Speech-Language Pathology

DEFINITION: (34 CFR §303.12(d)(14)):

includes--

- (i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and

- (iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

TRICARE:

Cost-shared only when rendered as a part of treatment addressing conditions that are not due to educational or occupational deficits.

PPPWD:

Cost-shared to treat the qualifying condition or a speech-language disorder caused by a qualifying condition.

Transportation and related costs

DEFINITION: (34 CFR §303.12(d)(15)):

includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.

TRICARE:

Cannot be cost-shared.

PPPWD:

May be cost-shared when provided in conjunction with receipt of other authorized PFPWD services. Parent/guardian may be reimbursed for eligible transportation.

Vision Services

DEFINITION: (34 CFR §303.12(d)(16)):

means--

- (i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
- (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- (iii) Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

TRICARE:

Diagnostic services may be cost-shared. Mobility training cannot be cost-shared.

PPPWD:

Diagnostic and treatment services may be cost-shared.

FREQUENTLY ASKED QUESTIONS REGARDING DOD HEALTH CARE PROGRAMS AND PAYMENT FOR IDEA PART C SERVICES

1. **What are the eligibility requirements for TRICARE's programs?**

Generally, the TRICARE program is available to active duty members of the United States Uniformed Services and their family members, retirees and their family members, and survivors of all uniformed services who are under 65 years of age. Those over age 65 who are eligible for Medicare may seek care at military treatment facilities on a space-available basis.

Eligibility for services through the PFPWD is limited to dependents of active duty military personnel who are moderately or severely mentally retarded or has/have a serious physical disability. Beneficiaries under the age of three with a neuromuscular developmental condition or other condition that is likely to precede a diagnosis of moderate or severe mental retardation or be characterized as a serious physical disability by the age of seven may also be eligible for the PFPWD.

Prior approval by TRICARE is required for all services and supplies through the PFPWD. All local resources must be considered and those determined as adequate must be utilized before a request for coverage through the PFPWD will be acted upon. Each case is considered and evaluated individually.

2. **Can a child/family hold dual enrollment in more than one of these programs concurrently?**

Yes. Active duty family members can take advantage of the TRICARE options and the PFPWD concurrently. However, services authorized for receipt through the PFPWD may not be concurrently furnished through the TRICARE options.

3. **If so, are there stipulations about which program's benefits would supercede other program's benefits?**

No. However, coverage of many PFPWD services is not authorized through the other TRICARE options.

4. **What are the advantages and disadvantages of each program?**

Advantages of TRICARE Prime

- no enrollment fee for active duty and families
- lowest cost among the three options
- small fee per visit to civilian providers

- no balance billing
- priority access to care at military treatment facilities
- a variety of preventive and wellness services at no additional charge
- primary care manager supervision and care coordination
- away-from-home emergency coverage
- Point-of-Service option to go outside of the network

Disadvantages of TRICARE Prime

- beneficiaries generally must use providers in the TRICARE network
- primary care manager or Plan must authorize care
- available near military hospitals and in a few other locations (in other areas, beneficiaries use TRICARE Standard)
- specialty care by referral only
- may not disenroll within a 12-month period, unless moved from area or lose eligibility
- Point-of-Service option requires greater beneficiary cost-sharing

Advantages of TRICARE Extra and Standard (formerly CHAMPUS)

- no enrollment fee
- no balance billing (Extra only). For Standard, patient pays deductible, co-payment, and balance, if bill exceeds the allowable charge and provider is non-participating, but only up to 15% additional.
- no deductible when using retail pharmacy network (Extra only)
- non-availability statement may be required for civilian inpatient care for areas surrounding military treatment facilities
- the TRICARE Extra co-payment is 5% less than Standard
- no primary care manager required
- Standard has broadest choice of providers but is the most expensive option

Disadvantages of TRICARE Extra and Standard

- Higher out-of-pocket costs
- Exposure to balance billing, subject to the 15% additional, by TRICARE Standard providers if they choose not to accept TRICARE allowed amounts as full payment
- Added administrative burden of filing claims if provider will not submit them

Advantages of the Program for Persons with Disabilities (PFPWD)

- provides a source of financial relief, and another mechanism through which to receive needed services/equipment/supplies
- the cost-share for services in any month is a fixed amount based on the active duty member's rank, ranging from \$25 to 250 per month
- no deductibles
- the family may determine and select the most cost beneficial program through which to receive services

- high cost items may be prorated over several months such that the prorated amount does not exceed the maximum monthly benefit
- PFPWD also shares in the cost of some additional benefits not available through TRICARE. Some of these are:
 - equipment that does not qualify as Durable Medical Equipment
 - unique adaptive training
 - special education/instruction program and tutor
 - adjunct services, such as a reader for a blind beneficiary
 - medical attendant during transport to receive PFPWD services
 - transportation

Disadvantages of the Program for Persons with Disabilities

- PFPWD is available only for active duty family beneficiaries and children who meet specific diagnostic categories
- There is a maximum allowable monthly benefit of \$1,000 - regardless of disability. Amounts for services that exceed the limit may not be cost-shared through the other TRICARE options and are the responsibility of the family, except that, if more than one family member receives services through the PFPWD in any given month, the \$1,000 cap applies only to the one with the lowest reimbursable.
- Pre-authorization is required. Authorizations are valid for a period of up to six months. At the beneficiary's request, services through the PFPWD may be reauthorized every six months.
- To the extent adequate and available, services from other public resources must be utilized first. NOTE: the one exception to this is IDEA which in 1997 was amended to clarify that the Department of Defense health care system pay first for otherwise allowable Part C services.

5. Is there a presumptive eligibility for any of the above programs? If so, what services or supports are provided during the period of presumptive eligibility?

No. Eligibility for TRICARE is based solely on a beneficiary's relationship to an active duty or retired member of the U.S. Uniformed Services. Those individuals under 65 who are eligible for Medicare because of disability or end-stage kidney disease may also participate. Beneficiaries over age 65 are only entitled to care in a military treatment facility on a space-available basis.

Identification for the PFPWD program is typically made by the beneficiary's Primary Care Manager, or other TRICARE-authorized provider, who determines that the beneficiary has a PFPWD qualifying condition. Eligibility is a prerequisite to authorization and payment of any PFPWD benefits.

PFPWD eligibility must be determined and services authorized prior to claims processing. This requirement may be waived for services or items that would be allowed, except for the absence of the prior authorization. In those situations where a deferral or

denied application for coverage through the PFPWD subsequently is approved, such subsequent approval may be applied retroactively to the date coverage would have been effective had adequate information been provided.

6. What is the process for a potentially eligible family to apply for benefits under any of these programs?

Contact the local military treatment facility's Health Benefits Advisor, or the Managed Care Support Contractor's TRICARE Service Center. They can assist in establishing enrollment in TRICARE Prime, assignment of a Primary Care Manager, and determining eligibility for other options, including the PFPWD.

7. Do the enrollees in each of these programs have an opportunity to participate in different enrollment options? If so, how do the programs and services differ among these options?

Eligible beneficiaries may enroll in TRICARE Prime, or choose among the other two options: TRICARE Extra or TRICARE Standard. Detailed services and benefit information may be found on the World Wide Web at <http://www.tricare.osd.mil> or obtained through the regional contractor's TRICARE Service Center.

Enrollment in TRICARE Prime, Extra or Standard does not affect a person's eligibility to receive services through PFPWD. The PFPWD is not intended to be a stand-alone benefit. All services received through the PFPWD program must be in connection with the qualifying condition and be preauthorized to ensure that requested benefits are necessary and appropriate. All providers must be TRICARE-authorized.

8. What specific services or supports are provided by each of the programs? Are there specific stipulations regarding the provision of services and/or supports?

The TRICARE benefits are established at 32 CFR §199.4. They include medically and psychologically necessary diagnostic testing and treatment. The services are provided by military treatment facilities and a network of credentialed healthcare professionals from military and civilian networks. TRICARE Prime provides some preventive services not available through TRICARE Standard and TRICARE Extra. TRICARE Prime and TRICARE Extra offer reduced cost shares.

The PFPWD benefits are established at 32 CFR §199.5. They include items and services that TRICARE has determined capable of confirming, arresting, or reducing the severity of the disabling effects of a qualifying condition. These include:

- diagnostic procedures to establish a qualifying condition diagnosis or to measure the extent of functional loss
- treatment through the use of such medical, habilitative, or rehabilitative methods, techniques, therapies, and equipment such as certain prosthetic devices, orthopedic braces, orthopedic appliances; in-home, inpatient or outpatient care as appropriate
- training when required to allow the use of an assistive technology device or to acquire skills which are expected to assist the beneficiary to reduce the disabling effects of a qualifying condition, and for parents (or guardian) and siblings of a PFPWD beneficiary when required as an integral part of the management of the qualifying condition
- special education/instruction, other than training specifically designed to accommodate the disabling effects of a qualifying condition
- institutional care within a State, when the severity of the qualifying condition requires protective custody or training in a residential environment
- transportation when required to convey the PFPWD beneficiary to or from a facility or institution to receive otherwise allowable services or items
- adjunct services such as an interpreter/translator for the deaf, readers for the blind, and equipment adaptation and maintenance

9. Is there a difference between the services provided for on-base families and for families who live off base?

Differences in availability and provision of medical services for families are based on the type of managed care option, not location. TRICARE Prime enrollees have the highest priority access to available care in a military treatment facility. Other beneficiaries are entitled to space available care in a military treatment facility or referral to the civilian network.

However, the delivery of early intervention services differs for military families depending upon where they live. DoD provides early intervention services through military treatment facilities to families in the United States who reside on a military installation served by a DoD school. (32 CFR §80.2). Families who reside off an installation in the U.S. would receive their services from the State Part C system. DoD provides early intervention services to all eligible military families who reside in overseas locations.

10. Are there any restrictions on the location (including natural environments) where services can be provided through any of these programs?

Early intervention services which qualify as medical services may be provided in an inpatient, outpatient, or natural environment settings (e.g., home, school, child care center). Medical institutions must be a TRICARE-authorized facility and TRICARE-authorized providers must perform all services.

11. What prior authorizations must be met in order for a family to receive services through each program?

For members enrolled in TRICARE Prime, the Primary Care Manager is the only provider who may render services without prior authorization. All services provided through the PFPWD require prior authorization.

12. Is there a “medical necessity” requirement associated with the above programs? If so, what is the definition for each program? How does this differ from the “medical necessity” definition used by Medicaid?

All claims for medical services are subject to review for medical necessity. As specified in 32 CFR §199.2(b), medically or psychologically necessary is defined as “the frequency, extent, and types of medical services or supplies which represent appropriate medical care and that are generally accepted by qualified professionals to be reasonable and adequate for the diagnosis and treatment of illness, injury, pregnancy, and mental disorders or that are reasonable and adequate for well-baby care.”

Appropriate medical care is defined at 32 CFR §199.2(b) as “(i) Services performed in connection with the diagnosis or treatment of disease or injury, pregnancy, mental disorder, or well-baby care which are in keeping with the generally accepted norms for medical practice in the United States; (ii) The authorized individual professional provider rendering the medical care is qualified to perform such medical services by reason of his or her training and education and is licensed or certified by the state where the service is rendered or appropriate national organization otherwise meets CHAMPUS standards; and (iii) The services are furnished economically. For purposes of this part, “economically” means that the services are furnished in the least expensive level of care or medical environment adequate to provide the required medical care regardless of whether or not that level of care is covered by CHAMPUS.

As noted in the response to question 9, the PFPWD includes defined benefits for certain non-medical services and items.

The TRICARE and PFPWD definitions are applied consistently across the country, and differ from Medicaid medical necessity definitions, which are established at the State level.

13. What, if any, case management services are provided as part of these programs?

In the FY 1993 Defense Authorization Act, Congress provided for establishment of a comprehensive individual case management program through TRICARE. TRICARE already includes a comprehensive plan for quality and utilization management. The Individual Case Management Rule is in the process of being revised to incorporate new legislative changes. Through this program, waiver of benefit limits or exclusions to the

basic TRICARE program for high cost or custodial patients may be authorized for beneficiaries when the provision of such services or supplies is cost effective and clinically appropriate. The case management program is designed to provide a cost-effective plan of care by targeting appropriate resources to meet the individual needs of the beneficiary.

14. Do any of the available programs require the use of specific providers? If so, is there any mechanism whereby a family could use an eligible provider that is associated with another program (State's early intervention program, Medicaid, State's Title V program, etc)?

Members enrolled in the TRICARE Prime option are required to utilize their Primary Care Manager, military providers in military treatment facilities, and the managed care support contractor's network of providers for their medical care. Through the TRICARE Extra option, the preferred provider network may be used on a case-by-case basis. Through TRICARE Standard, families may select providers in and out of the network. All providers must be TRICARE-authorized for payment of claims.

15. How could a provider from another program for which the child/family is eligible become an eligible provider under a program through the Department of Defense?

All individual professional and institutional providers and vendors who meet TRICARE's requirements for authorization may become TRICARE-authorized providers. There are no additional or special requirements for providers of early intervention services. If a provider is already TRICARE-authorized, no additional action is required. Application to be a TRICARE authorized provider may be made to the Managed Care Support Contractor where the provider is located.

For information on the appropriate point of contact for a specific location, consult the Internet site <http://www.tricare.osd.mil> and select the "Regional Web Sites" link from the "A-to-Z Site List" window.

16. Does the use of any of these programs mandate the billing of other programs?

TRICARE does not bill other programs. When TRICARE is second payer to other primary insurance, TRICARE waits for the other payer to process a claim before making its payment determination.

17. How do these programs interface with other medical assistance programs in which the child may be participating (i.e., Title V, Medicaid, private insurance)?

TRICARE coverage is subject to the rules of double coverage. That is, TRICARE, including the PFPWD, is second payer to all other plans except Medicaid, IDEA Part C, benefits through the State Victims of Crime Compensation Program, and certain other insurance policies that are specifically designated as TRICARE supplements.

TRICARE will only share in the costs of medically necessary services. TRICARE will assist a sponsor to obtain information from those agencies that are possible sources of assistance for the specific condition.

PROCESS FOR ACCESSING THE MILITARY HEALTH SYSTEM

TRICARE:

There is no general requirement for prior authorization. However, under TRICARE Prime, specialty services must be referred by the beneficiary's Primary Care Manager. Any TRICARE -authorized provider can refer for specialty services under TRICARE Standard and Extra.

To locate a provider, there are TRICARE Service Centers, with an 800 number, in each TRICARE region. The regional contractor employs health care finders to assist people with referrals and locating a provider.

PROGRAM FOR PERSONS WITH DISABILITIES:

All services require prior authorization. Authorizations are obtained from the TRICARE Service Center.

REFERENCES

- Part C State Coordinators <http://www.nectas.unc.edu/contact/ptccoord.html>
- Part C State eligibility definitions <http://www.nectas.unc.edu/pubs/pubslst1.html#state>
- Office of Special Education Programs <http://www.ed.gov/offices/OSERS/OSEP/index.html>
- Local TRICARE Service Centers <http://www.tricare.osd.mil/tricare/trimap2.html>
- Department of Defense Early Intervention Sites..... http://www.odedodea.edu/pa/sch_loc.html

OTHER RELEVANT WEBSITES:

- Parent Training Information Centers <http://www.taalliance.org>
- National Information Center for Children and
Youth with Disabilities (NICHD) <http://www.nichy.org>
- National Early Childhood Technical Assistance System (NECTAS) <http://www.nectas.unc.edu>
- FICC <http://www.fed-icc.org>
- FICC correspondence on autism attached