An Analysis of the Extended Care Health Option

By Jeremy Hilton

The Extended Care Health Option, otherwise known as the ECHO benefit, is, according to 32 CFR § 199.5, (codified in Section 1079 of Title 10, United States Code),

> "a supplemental program to the TRICARE Basic Program…[whose purpose]… is to provide an additional financial resource for an integrated set of services and supplies designed to assist in the reduction of the disabling effects of the ECHO-eligible dependent's qualifying condition."[1]

The 2013 NDAA, in incorporating portions of what was originally the TRICARE for Kids Bill (H.R. 4341), directed the DoD to conduct,

> "An assessment of the adequacy of the ECHO Program in meeting the needs of dependent children with extraordinary health care needs."

This request differs from the one presented by the 2013 Senate Armed Services Committee Report (SR 112-173), which directed DoD,

> "to assess participation in the ECHO program by eligible dependents with special needs, and to explore options to provide more flexible benefits under that program without increasing costs to the Department."[2]

Before analyzing either of these questions, it's important to have background on the history of the ECHO program. Living a military life while raising a child or caring for a spouse with a disability presents extraordinary circumstances. The Program for Persons with Disabilities (PFPWD, created in 1996) and the Program for the Handicapped (PTH) existed for over 50 years collectively prior to the ECHO program. Referring to the Program for the Handicapped, a 1992 GAO report noted it,

> "was established to provide additional financial support to families of active duty personnel in recognition of (1) the high cost of caring for seriously disabled family members and (2) the limited access to care for many specialized services because of long waiting lists for public services and state and/or local eligibility restrictions (such as residency requirements), which adversely affect military personnel."[3]

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[1] http://www.gpo.gov/fdsys/pkg/CFR-2012-title32-vol2/pdf/CFR-2012-title32-vol2-sec199-5.pdf

[2] http://tricare.mil/tma/congressionalinformation/downloads/ExpansionEvaluationEffectivenessTRICAREProgramECHO.pdf

[3] http://www.gao.gov/products/HRD-92-15

As of July 26, 2013, DoD's official position regarding ECHO is as follows:

> "Congress thus gave DoD much more discretion in its coverage of ECHO benefits than it has concerning medical benefits provided under the Basic Program. ECHO enables DoD to provide additional support services for Active Duty Family Members who are subject to frequent relocations to geographic locations that lack sufficient state resources for individuals with special needs. ECHO includes the authority to provide home health care supplies and services, respite care, training, special education, and other services….It is important to note that most services covered under ECHO are non-medical in nature….Apart from the possibility of coverage of proven medical care otherwise not covered under the Basic Program in limited circumstances, ECHO for the most part covers any "other services and supplies as determined appropriate by the [Director, TMA], notwithstanding the limitations in [10 U.S.C. 1079(a)(13)]." These non-medical services are not subject to the Basic Program reliable evidence standard required by 32 C.F.R. § 199.4(g)(15) for medical care. Instead, such ECHO non-medical services as respite care and behavior modification need only be determined by the Director, TMA, to "assist in the reduction of the disabling effects of the ECHO-eligible dependent's qualifying condition."[4]

The flexibility inherent to the ECHO program supplies a critical function to appropriately provide for children and spouses with significant disabilities. TMA holds clear discretion to make these decisions and therefore must be held accountable for appropriately formulating policy.

We must ensure appropriate resources for these vulnerable military families, not only as the right thing to do, but also as a military readiness concern. Helping families to "assist in the reduction of the disabling effects" for a child or spouse allows the service member to succeed with their unique mission. State Medicaid resources in civilian communities have long been available to individuals with disabilities, while a military family living in the same community is unable to access those resources because of state-specific rules. Military children should not be penalized for the service their Mother or Father renders to the nation (spouses included). The DoD State Liaison Program[5] recognizes the lack of comparable access for military families as a top ten issue[5], but little progress has been made in addressing this issue from a state perspective.

Two primary items should be considered in discerning whether or not the ECHO program is operating as intended;

1) Examining ECHO regulations versus outcomes, and

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[4] http://issuu.com/jeremyhilton/docs/supplementary_to_26_july_2013_filin

[5] http://www.usa4militaryfamilies.dod.mil/pls/psgprod/f?p=USA4:ISSUE:0:::P2_ISSUE:6

2) Comparing the benefits provided by a "typical" Medicaid waiver (or other "state resources"…for which the ECHO program is supposed to be a substitute) to the benefits provide by the ECHO program.

The TRICARE Policy Manual, at change 94[6], outlines the eligibility requirements, services provided, and exclusions by the ECHO program.

According to ECHO policy, services provided include the following:

- Assistive services (e.g., those from a qualified interpreter or translator)
- Durable medical equipment, including adaptation and maintenance equipment
- Expanded in-home medical services through TRICARE ECHO Home Health Care (EHHC) up to eight hours per day, five days per week (generally only the most serious cases where the individual would otherwise be institutionalized)
- Rehabilitative services
- Respite care (during any month when at least one other ECHO benefit is received) up to 16 hours of care
- Training to use special education and assistive technology devices
- Institutional care when a residential environment is required
- Transportation to and from institutions or facilities in certain circumstances
- Applied Behavior Analysis (ABA) reinforcement services under the Department of Defense Enhanced Access to Autism Services Demonstration
- Special Education Services
- Vocational Training
- Parent and Sibling Training
- Institutional Care
- Equipment adaptation and maintenance
- Durable Medical Equipment (not covered by the TRICARE Basic program)
- "Other" services as deemed necessary by the Director of TMA

In analyzing this list, deficits do exist compared with many Medicaid waivers but none-the-less , the number of benefits appear extensive and impressive. However, an impressive list falls short if these benefits are not truly available to military families, which directly correlates to the original question posed by the NDAA, of "the adequacy of the ECHO Program in meeting the needs of dependent children with extraordinary health care needs." If these benefits are indeed

[6] http://manuals.tricare.osd.mil/DisplayManualFile.aspx?Manual=TP08&Change=94&Type=AsOf&Filename=C9TOC.PDF

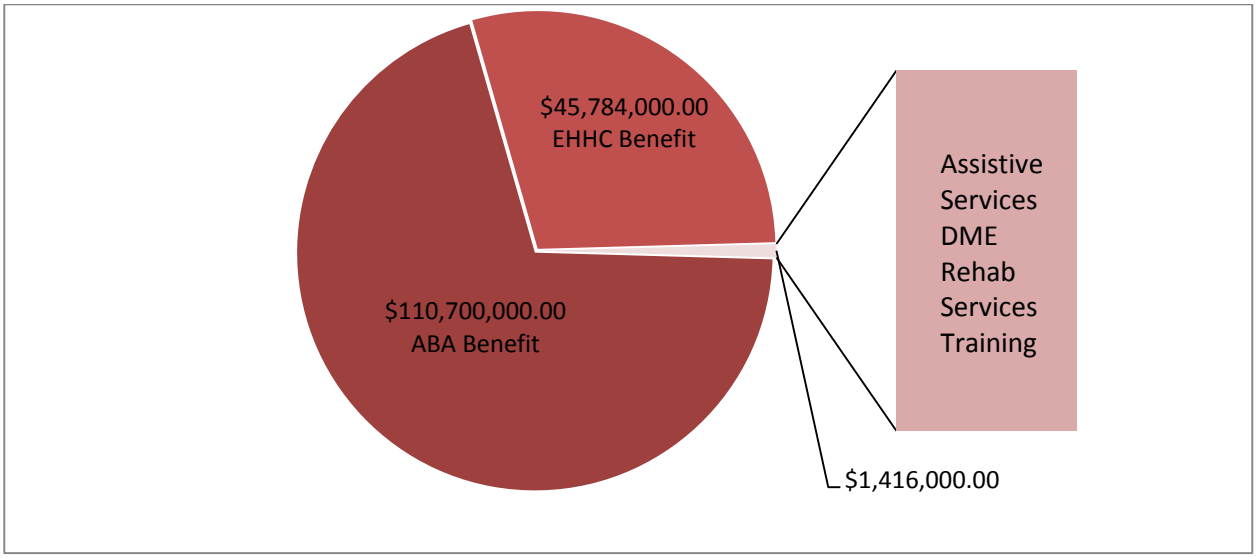
accessible, beneficiaries should be accessing them with much higher frequency. Or, perhaps these benefits are only as good as the paper they are written on.

Despite the lack of published data for public access, the data we do have is valuable. In answering the question posed by the SASC Committee Report, TRICARE provided a report on the 30th of May 2013, titled "The Department of Defense Report to Congress on Participation in the Extended Care Health Option (ECHO)".[7] In this report, the following was noted;

> "in FY 2012, there were 7,478 beneficiaries that accessed the ECHO program."

This data derives from purchased care claims with a special "PF" code, indicating that it was an ECHO claim. Presumably, there were a percentage of ECHO beneficiaries who didn't file a claim during that period. Also, the 7,478 number indicates usage, not access for services. The study fails to provide a clear count as to how many individuals are actually enrolled in the ECHO program. According to DoD figures, these 7,478 beneficiaries account for approximately 6% of those reported enrolled in the Exceptional Family Member Program (EFMP). Numbers vary but 125,000 is a generally accepted number.

According to the DoD study, there were 6,560 beneficiaries with a diagnosis of Autism Spectrum Disorder (ASD) with costs associated with Applied Behavior Analysis (ABA) at $110,700,000. There were 918 non-ASD beneficiaries, a little over half, who were responsible for annual ECHO Home Health Care costs of $45,784,000. Total costs for the ECHO program were $157,900,000. Considering these expenditures and what the ECHO program "covers", it would be more appropriate to call the ECHO program an "ABA/EHHC program".



[7] See Footnote #2.

Not to deter from the importance of ABA and EHHC, but this ratio exposes a telling fact that those two benefits account for over 99% of all ECHO costs, while the long list of other benefits account for less than one percent of the costs.

The critical question for analysis is whether or not any of these numbers are actually fulfilling the mission of the ECHO program, which again, is to "to assist in the reduction of the disabling effects of the ECHO-eligible dependent's qualifying condition."

In this DoD study, which was directed to work towards that solution, TRICARE worked with ECHO case managers and families to discern what the issues were but with the caveat that revisions could not entail additional cost to the DoD. It's important for the record to note that when the Senate report language was originally conceived, "not increasing costs" was meant in the context of the already authorized $36,000 for each ECHO beneficiary per year. Was there flexibility within that $36,000 authorized cap to meet the needs of military families? Vague language in the report allowed TRICARE the flexibility to interpret the study in a manner advantageous to their interests. For example, TRICARE was informed that beneficiaries

> "do not understand why they cannot access this benefit [respite] alone and would like the policy relaxed to make the respite care benefit more flexible. This is a source of discontent among ECHO families."

The answer to this ECHO family discontent was

> "Requiring other ECHO-authorized benefits to be in-place as a condition of receiving ECHO respite care is a reasonable demand management tool. It is not recommended a regulatory change be sought to eliminate this requirement, as increased costs to the Government will likely occur."[8]

Respite care provides an essential tool in helping families cope with a child or spouse's disability or chronic condition. Responding to valid concerns about respite flexibility with a bureaucratic equivalent of "because we say so" illustrates a fundamental misunderstanding by the authors of this study, as this was not the intent of Congress when they noted the obvious need to ensure flexibility in the program. This scenario provides a resounding example of written policy that doesn't align with the intent of underlying legislation.

Medicaid waiver programs provide an example of what could potentially be covered by the ECHO program, but this comparison process is not without frustration. Every state has multiple Medicaid waiver programs (there are 435 active waiver programs). Just to illustrate waivers in

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[8] http://tricare.mil/tma/congressionalinformation/downloads/ExpansionEvaluationEffectivenessTRICAREProgramECHO.pdf , pg 6.

general, consider three states, recently considered by the 2013 UCP "Case for Inclusion" study[9] to be in the top ten worst states in "outcomes for Americans with intellectual and developmental disabilities" (ID/DD); North Carolina (#45), Virginia (#47), and Texas (#49). Incidentally, each of these states possesses large military populations. These three states, via the NC Comprehensive Waiver (NC Comp Waiver), the VA ID Waiver (VA ID Waiver), and the Texas CLASS Program (Texas CLASS Program), each retain services that are more robust than the ECHO program. As an example, the NC Comprehensive Waiver provides for the following:

> "adult day health, day supports, personal care, residential supports, respite, supported employment, behavior consultant, community transition, crisis respite, crisis services, home and community supports, home mods, individual caregiver training and education, individual goods and services (self-direction only), long term vocational supports, PERS, specialized consultative services, specialized equipment and supplies, transportation, vehicle adaptations". This program is for individuals with autism, developmental disabilities and intellectual disabilities of all ages."

For our military families, we recommend that TRICARE and DoD model their programs after the same initiatives funded by the Center for Medicaid and Medicare Services (CMS). Per its website,

> "CMS is working in partnership with states, consumers and advocates, providers and other stakeholders to create a sustainable, person-driven long-term support system in which people with disabilities and chronic conditions have choice, control and access to a full array of quality services that assure optimal outcomes, such as independence, health and quality of life.
>
> The programs and partnerships contained in this section are aimed at achieving a system that is:
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> **Person-driven**: The system affords older people, people with disabilities and/or chronic illness the opportunity to decide where and with whom they live, to have control over the services they receive and who provides the services, to work and earn money, and to include friends and supports to help them participate in community life.
>
> **Inclusive:** The system encourages and supports people to live where they want to live with access to a full array of quality services and supports in the community.
>
> **Effective and Accountable**: The system offers high quality services that improve quality of life. Accountability and responsibility is shared between public and private partners

[9] http://www.ucp.org/the-case-for-inclusion/2013/index.html

and includes personal accountability and planning for long-term care needs, including greater use and awareness of private sources of funding.

Sustainable and Efficient: The system achieves economy and efficiency by coordinating and managing a package of services paid that are appropriate for the beneficiary and paid for by the appropriate party.

Coordinated and Transparent: The system coordinates services from various funding streams to provide a coordinated, seamless package of supports, and makes effective use of health information technology to provide transparent information to consumers, providers and payers.

Culturally Competent: The system provides accessible information and services that take into account people's cultural and linguistic needs."[10]

Combining these goals with the charter to "assist in the reduction of the disabling effects" should be TRICARE's first step as it assesses "the adequacy of the ECHO Program in meeting the needs of dependent children with extraordinary health care needs".

Now more than ever, it is essential that our leadership focus on getting this right. DoD and TRICARE have an opportunity to lead on these issues, ensuring military families have access to the necessary non-medical services and supports necessary to provide for their family member impacted by a disability.

If you have any questions, please contact me at jlrmhilton@gmail.com.

[10] http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Long-Term-Services-and-Support.html