

A Guide for Military Families Affected by Autism

by Lisa Rupe (2/2013)

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The military life is not for everyone. The whole family needs to have the commitment to serve the country and all that that entails. It can be a very exciting and challenging life. I love it. I like experiencing different parts of the country every few years, though admittedly it is getting harder for my kids as they get older to leave friends and sometimes family behind.

The Navy, Army, Air Force, Marines, and Coast Guard have many things in common, but also many things that differ including care and services for special needs families. This article cannot possibly be all-inclusive, but will hopefully serve as a starting point for a military family with a newly diagnosed child, or for the family beginning the biomedical journey.

This is written for families that are already in the military when they get a diagnosis. So, it makes certain assumptions such as you already have your child enrolled in Defense Enrollment Eligibility Reporting System (DEERS) and using TRICARE.

Getting a Diagnosis

Your Primary Care Manager (PCM) will be the one to see you most of the time for well-baby check-ups. Try to be consistent and see the same doctor if at all possible. Speak out about your concerns. Ask for referrals to a Speech Language Pathologist if your child is behind in language development or a Child Psychologist if you are concerned about the overall development of your child. If you have TRICARE Standard, you don't need a referral, go and make the appointment yourself. If you are on TRICARE Prime and are refused a referral by your PCM, you may see another doctor or go without a referral using the Point-of-Service (POS) option, but it pays to be persistent or request a different PCM. "Wait and see" is not a good option, studies show the earlier the intervention the more effective it is.

If you are referred to a Child Psychologist or other professional who does diagnostic testing and you do not agree with the diagnosis or lack of diagnosis, you may go back to your PCM for another referral. It always helps when asking for referrals to have the name and contact information of the professional you want to see so the PCM may write the referral right away.

TRICARE even offers a third opinion if your first two are not the same (ie Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) diagnosis and no diagnosis at all). For services sake, I would take the PDD-NOS diagnosis and leave it at that for the moment.

Once you have your Diagnosis

Start getting support immediately from military and non-military sources. Find your local autism support groups and online support groups. I found Talk About Curing Autism (TACA) right away – and even though they were based in southern California where I was and had multiple meeting locations, it was hard for me to get to meetings. Instead I joined the yahoo group and was able to meet up with other parents who taught me how to cook, organize supplements and find the best doctors. Don't miss out on the advice of other parents who have been there and are helping their child recover. Doctors may have good intentions keeping you away from alternative treatments, but they are not the parent of your child. Do your research and decide for your child. Dietary changes and supplements are not

dangerous. Research shows that 91% of people improve on a gluten-free, casein-free, soy-free (GFCFSF) diet (<http://gfcf-diet.talkaboutcuringautism.org/defending-gfcfsf-diet.htm>).

Step #1 Enrollment in the Exceptional Family Member Program (EFMP)

EFMP is a mandatory enrollment program for the Department of Defense (DoD). The paperwork will be filled out by your PCM and you must submit it, sometimes along with a few other signatures if your child is already receiving services or education.

See the AMFAS website for more information about each of the Branches EFM Programs including the Coast Guards Special Needs Program <http://amfas.org/efmp-overview>.

The EFM program was designed to make sure that service members are not stationed to an area where services are not available. This is a really good idea, however it does not work that well for autism. The treatment of autism and related medical problems is something that Military Treatment Facilities (MTF) do not do well overall. So requiring you be near one is not that important. The school districts, availability of TRICARE-authorized Applied Behavior Analysis (ABA) providers, Speech Language Pathologists (SLP) and Occupational Therapists (OT) are more important. Having a good MAPS doctor (<http://www.medmaps.org/>) in the area is nice, but so many will do consults via phone with you just making the trip in person once a year, that it isn't a big issue.

The job of the EFMP coordinator is to assist the family in accessing the medical and educational services needed. The standard of care is not consistent across branches and bases. I was given the phone number of the local Autism Society by one coordinator – fortunately, they had some answers for me. I believe that all branches are working on this issue, but the Marine Corps is doing the best job. Families that do not get the care they need are more likely to leave the military and to have problems at home.

Once your child has been diagnosed with an autism spectrum disorder and the EFMP paperwork has been submitted, your child will be assigned a category in some of the services. Your paperwork needs to be updated every three years. It is especially important to have it updated when you are expecting a Permanent Change of Station (PCS).

In the Navy there are 5 categories and a 6th temporary category. I was told that autism is an automatic category 5 which allows the family the option to homestead and not move. This is nice if you are in a good place with good services. Category 4 offers large metropolitan areas with large military hospitals— San Diego, CA; Bremerton, WA; Jacksonville, FL and Norfolk, VA. I asked for it to be down-graded to a 4 when it was time to resubmit the paperwork (every 3 years). Then I asked again to be downgraded to 3 (no overseas billets) and still got a 4. Category 2 is limited overseas billets and category 1 is mainly for monitoring.

We asked for a billet that was not in the large metropolitan areas of the category 4 restriction. The orders were flagged. We were requested to write a letter that we understood we were accepting this assignment against the better judgement of EFMP. We were asked to write that there is no MTF nearby, that our healthcare costs could be higher, that healthcare may not be as accessible, that this was our decision. This turned out to be the best duty station so far. What EFM did not take into

account was that 1) we were close to family 2) we were TRICARE Standard thereby choosing not to use any military doctors or facilities 3) the state had an Autism ABA Medicaid Waiver with a rather short waiting list. It's not always this easy, but parents are more likely to thoroughly research locations much better than the EFMP Coordinators or other military resources. If you think a billet is worth fighting for, give it a try.

Step #2 Enroll in Extended Care Health Option (ECHO)

ECHO is a separate TRICARE program for family members with special needs. Once you have enrolled in EFMP, call your TRICARE ECHO coordinator. If you are not sure what region you are in see <http://www.military.com/benefits/tricare/tricare-service-centers> .

TRICARE North Region

Health Net Federal Services, LLC
1-877-TRICARE (1-877-874-2273)
www.healthnetfederalservices.com

TRICARE South Region

Humana Military Healthcare Services, Inc.
1-800-444-5445
(ask for your area case manager)
www.humana-military.com

TRICARE West Region

TriWest Healthcare Alliance Corp.
1-888-TRIWEST (1-888-874-9378)
(ask to speak to an ECHO Coordinator)
www.triwest.com

ECHO allows \$36,000/year for ABA, Durable Equipment and Respite services. That dollar amount will buy you 5-12 hours a week of ABA – a far cry from the 25 hour minimum recommended by the American Academy of Pediatrics (AAP) and Surgeon General.

Your ECHO coordinator can help you find TRICARE-authorized providers of ABA in your area. It is your job to pick one and get on the waiting list. In fact it is a good idea to get on the waiting as soon as possible, even before you have your EFMP enrollment confirmed.

There are currently two ABA programs available through ECHO. The regular ECHO program itself only allows a Board Certified Behavior Analyst (BCBA) to see your child to do the hands-on work. BCBA's can run from \$125-\$250/hour. They have master's degrees and have successfully passed the Board exam. BCBA's are usually supervisors and do not see kids, you may be lucky to find some that will see kids (Norfolk area). The second option is to find a provider participating in the Autism Services Demonstration Project, usually just referred to as the Demo. The Demo pays for a BCBA supervisor and tutors that are supervised by the BCBA who actually do the work with your child. You can get a lot more hours of ABA with the Demo program.

Only 10% of military children with autism are enrolled in ECHO (based on 2008 FIOA documents). Why are so many not taking advantage of this benefit? It is often because there is no one to provide the services in the area. DoD has recognized this problem and is looking at possible solutions. But some families still do not know they even have this benefit. If you have no TRICARE-authorized providers or

no providers of the Demo in your area—ask. It is a lot of paperwork for the provider, but once authorized it is not that difficult. We were once the only military client of our provider—so glad I asked!

When you ask for your ABA referral TRICARE will authorize you for a network provider if there is one in your area. If you get the authorization for one that you did not ask for, you need to get your documentation together showing that the waiting list is too long, or they do not provide the services you need and appeal to Utilization Management.

TRIWEST seems to have a lot more requirements than any other area of the country. I’m not sure how they get away with adding to the regulation, but they do.

ECHO does have a monthly cost-share based on pay grade.

Pay Grade	Monthly Cost Share		Pay Grade	Monthly Cost Share
E-1 to E-5	\$25		O-6	\$75
E-6	\$30		O-7	\$100
E-7, O-1	\$35		O-8	\$150
E-8, O-2	\$40		O-9	\$200
E-9, W-1, W-2, O-3	\$45		O-10	\$250
W-3, W-4, O-4	\$50			
W-5, O-5	\$65			

Effective August 2012, there is another option for ABA because of a lawsuit that TRICARE lost! ABA is offered as a medical benefit under TRICARE basic, but the provider and hands on person must be a BCBA or BCABA, which I mentioned earlier is hard to find. TRICARE is still having a problem implementing this interim change. I recommend checking with other parents on Facebook and yahoo groups, parents seem to know much more than any one person at TRICARE!

Step #3 Get on your state’s Medicaid waiting list

Each state is different, check out TACA’s links at <http://www.tacanow.org/family-resources/state-medicaid/>. Even if you do not expect to ever get to the top of the list, the state needs to see the need or they will not fund additional spots.

ECHO is an excellent opportunity to receive ABA benefits—most insurance plans in the US do not cover ABA (though many states mandate it there are a lot of loopholes for employers to not provide it). TRICARE is NOT an insurance plan—it is an entitlement. When used in conjunction with self-pay and state Medicaid waiver programs, your child can receive the 25-40 hours recommended of ABA.

Check your child’s eligibility for Supplement Security Income (SSI). E-6 and below should apply. In areas where there is not a heavy military population, you may have a caseworker who does not know how to calculate your income. Make sure that housing is not counted as a special pay, but as regular pay.

Navigating TRICARE

About TRICARE Plans

TRICARE Prime is the best option for the price, it is most like a private HMO plan. It will most likely consist of care at a Military Treatment Facility (MTF) with military doctors and specialists. There is an option to use a Point-of-Service (POS) within Prime to see specialists without a referral, but it will cost much more. TRICARE Standard is the most flexible not requiring any referrals, but also the most expensive at up to \$1000/year. In many cases you will have to submit your own claims. TRICARE Extra is like the Preferred Provider Option (PPO) of TRICARE, you can use providers in the network, whereas Standard is outside of the network.

Comparison Table

<http://www.tricare.mil/Welcome/ComparePlans.aspx>

Table with most pertinent info only

	TRICARE Prime	TRICARE Standard and Extra
What is it?	TRICARE Prime is a managed care option offering the most affordable and comprehensive coverage.	TRICARE Standard and Extra is a fee-for-service plan available to all non-active duty beneficiaries throughout the United States.
What are the main features?	<ul style="list-style-type: none"> ● Enrollment required ● Enhanced vision coverage and clinical preventive services ● Most care received from your primary care manager ● Time and distance access standards ● Fewer out-of-pocket costs ● No claims to file (in most cases) 	<ul style="list-style-type: none"> ● Enrollment not required ● May seek care from any TRICARE-authorized provider, network or non-network ● Referrals are not required, but some care may require prior authorization ● You may have to pay for services when they are received and file your own claims for reimbursement
How do I get care?	You'll get most care from your assigned primary care manager (PCM). Your PCM will give you a referral for care he or she cannot provide.	You may seek care from any TRICARE-authorized provider, network or non-network. Referrals are not required, but some services may require prior authorization (<i>Speech, OT and PT require prior authorization</i>).
Will I have to file my own claims?	Your provider will file claims for you (in most cases).	If you receive care from a network provider, your provider will submit claims on your behalf. If you receive care from a non-network provider, you may be required to submit your own health care claims.
Do I have to	Enrollment is required. There is no	Enrollment is not required.

<p>enroll? What is the annual fee?</p>	<p>enrollment fee for active duty families. Retirees, their families and all others must pay annual enrollment fees to participate.</p>	
<p>What is the annual deductible?</p>	<p>There is no annual deductible unless you are using the point-of-service option:</p> <ul style="list-style-type: none"> ● \$300/Individual ● \$600/Family <p><i>Note: Active duty service members may not use the point-of-service option.</i></p>	<p>The annual outpatient deductible varies depending on the sponsor's military status and rank:</p> <p>Active duty family members (sponsor rank E-4 and below):</p> <ul style="list-style-type: none"> ● \$50/Individual ● \$100/Family <p>Active duty family members (sponsor rank E-5 and above)</p> <ul style="list-style-type: none"> ● \$150/Individual ● \$300/Family <p>All others:</p> <ul style="list-style-type: none"> ● \$150/Individual ● \$300/Family <p><i>Note: The annual deductible is waived for family members of National Guard/Reserve members using TRICARE Standard and Extra whose sponsor was activated in support of a contingency operation.</i></p>
<p>How much do I pay for an outpatient visit?</p>	<p>Network Provider</p> <ul style="list-style-type: none"> ● Active duty service members: \$0 ● Active duty family members: \$0 ● All others: \$12 per visit <p>Non-network Provider</p> <ul style="list-style-type: none"> ● With PCM referral: Same as network provider costs ● Without PCM referral: Point-of-service fees apply (50% of allowable charge, after the POS annual deductible is met.) <p><i>Note: Active duty service member may not use the point-of-service option.</i></p>	<p>Network Provider (Extra option)</p> <ul style="list-style-type: none"> ● Active duty family members: 15% of negotiated fee after the annual deductible is met ● All others: 20% of negotiated fee after the annual deductible is met <p>Non-network Provider (Standard option)</p> <ul style="list-style-type: none"> ● Active duty family members: 20% of allowable charges after the annual deductible is met ● All others: 25% allowable charges after the annual deductible is met

What's the maximum I'll pay out-of-pocket? (Also known as the Catastrophic Cap.)	The catastrophic cap varies depending on the sponsor's military status: <ul style="list-style-type: none"> ● Active duty families: \$1,000 per family, per fiscal year ● National Guard and Reserve families: \$1,000 per family, per fiscal year ● Retired families (and all others): \$3,000 per family, per fiscal year 	Your catastrophic cap varies depending on the sponsor's military status: <ul style="list-style-type: none"> ● Active duty families: \$1,000 per family, per fiscal year ● National Guard and Reserve families: \$1,000 per family, per fiscal year ● Retired families (and all others): \$3,000 per family, per fiscal year
Where is the program available?	In the United States in Prime Service Areas.	United States
How can I learn more?	Go to the TRICARE Prime page to learn more.	Go to the TRICARE Standard and Extra page to learn more.

There will be more examples with specific costs later in this article.

TRICARE Supplemental Plans

Major revisions to this section beginning October 2012.

Private companies offer supplemental insurance plans to lower the costs associated with TRICARE Standard and Extra. Google for a companies offering supplements or look at the ads in your branch's "Times" newspaper. Also see www.military4life.com/tricare.

Many civilian doctors charge more than the TRICARE allowed dollar amount for a doctor's visit. TRICARE will reimburse only the allowable amount and a supplement may make up some of the difference.

I believe that TRICARE Standard with a supplement is the best way to go. You may move with it and not have to worry if you will have a good TRICARE Prime PCM at your next duty station.

Costs Compared

Let us consider that a MAPS (<http://www.medmaps.org/>) doctor charges \$500 for an initial two hour visit and the TRICARE approved rate is \$166.

Let's assume that the doctor does not accept insurance at all and that you have to file it. (Most MAPS doctors do not accept insurance because it costs them money to have to file it and keep up with claims—it does not mean they are greedy doctors). So, in every instance you will be paying \$500 at the time of the appointment. The differences will be in how much you are reimbursed which is shown at the bottom of each column. The table is based on a \$500 new patient doctor's office visit with a

TRICARE approved amount of \$166. Reimbursement is assuming the deductible of \$300 has already been met.

Plan	Referral	Math	Reimbursement
Prime with POS option	no referral	50% of \$166=	\$83
Prime	referral	100% of \$500=	\$500*
Standard	no referral	80% of \$166=	\$133
Standard with Supplement	no referral	**See note below	

*this is what TRICARE will tell you, but this is not likely to be your reimbursement rate. Rate depends on the doctor's agreement with TRICARE—whether they are network, non-network or do not accept assignment (do not accept insurance). Do not expect to be fully reimbursed with this option. Make sure you discuss this with your doctor before your first appointment.

**Effective October 2012, the Military Officers Association of America (MOAA) TRICARE supplement changed its policy on paying more than 15% of charges over the TRICARE allowed amount. This used to be a great deal, now it is not. We chose to keep MOAA anyway as the supplement price was not very expensive and it still pays co-pays for speech and occupational therapy.

An option not listed in the chart is if your child's MAPS doctor is also his in-network PCM. You would pay nothing. We managed to do that on both coasts, while unusual, it is not impossible.

Prescriptions

There are four ways to get prescriptions filled.

1. If you take your prescription to an MTF there is no cost.
2. Use a DoD TRRx (TRICARE retail network pharmacy, like your local Walgreens), co-pays are \$5 for generics and \$17 or \$44 for brand name (new rates effective January 2013). You can only get a 30-day supply at each time.
3. Use the TRICARE mail order pharmacy, the co-pay for formulary drugs is \$13 and non-formulary is \$43, but you can get a 90-day supply, delivered to you at home for a single co-pay.
4. Use a non-network pharmacy- such as a compounding pharmacy.

There are some autism-friendly compounding pharmacies that will bill TRICARE for you. Lee Silsby and Pure Compounding will bill TRICARE. So, if paying for your prescriptions up front is a problem, they are a good option. You will only have to pay shipping and that is not reimburseable and you can only get one month at a time.

Submitting a claim for a prescription is not difficult. Use [DD Form 2642](#), attach your receipt with amount paid. Dosing information must also be on the receipt or a separate form and the NDC needs to be on the claim also. Most pharmacies will give you a generic claim for so that you can file yourself, just ask for it. Make a copy and mail it to:

Express Scripts
Attn: TRICARE Claims
P.O. Box 66518
St. Louis, MO 63166-6518

Copayments (effective January 2013)

Type of Drug	30 Day Supply Retail Pharmacy	90 Day Supply Home Delivery
Generic *	\$5	\$0
Formulary	\$17	\$13
Non-Formulary	\$44	\$43

*Occasionally, some generic medications may be considered non-formulary. Non-formulary generics will be subject to the non-formulary copayments listed above – \$43 for Home Delivery and \$44 for retail pharmacy. Your doctor can submit evidence of medical necessity for these drugs. If evidence of medical necessity is approved, the formulary copayment – \$13 for Home Delivery and \$17 for retail pharmacy – will apply.

Express Scripts (the TRICARE Pharmacy) has a nice website that allows you to order, set refill reminders or auto refill. You may also price a drug on the website before sending in your Rx from the doctor.

My TRICARE supplement pays for my DoD TTRx co-pays.

Not all medications or treatments that may be prescribed by your doctor are covered.

Lab Tests

Most lab forms I have seen give you the option of billing your insurance company or prepaying at a lower cost. I have never had a lab refused when I prepaid it and submitted a claim. Use that option whenever you can as you are most likely to get your money back. Your doctor should fill in the diagnosis and other codes on the form, if he did not, call and make sure you have the right codes on your form before sending in the lab test.

Lab tests are reimbursed the same way as doctor's office visits used in the compare costs examples above.

Claims

Submitting a Claim

Use [DD Form 2642](#). This form can be filled out online and printed with your information in it—it prints a copy for you to keep and one to send in.

I use a “shortcut”. I fill out the form except for the condition (8a) and the signature and date (12a and b) and print several copies of page 4 (I only print page 4) that I keep in my “claims pending” folder. When I need to submit a claim, I pull one out, write the condition in 8a, sign and date and make a copy. I make a lot of claims in TRICARE Standard, so this is less time consuming for me.

You do not need to write in medical terms for the condition box. In fact I have found you don’t have to say much at all, the codes on your supporting document (doctor’s office bill, lab test) have all the official medical information coded (if you need a code – check out the list of codes on TACA <http://www.tacanow.org/family-resources/billing-codes-that-work/>). For example, for methyl-B12 shots I write “vitamin B12 deficiency” on a urine toxins test I write “lab test for toxic metals”.

Tracking Your Claims

Keep a copy for yourself (a flatbed printer/copier/scanner is very useful) and indicate at the top of your copy--the date of service, what it was for, the dollar amount of the claim and when you mailed it. Both sites have a mailbox feature for correspondence. This is very useful when you work on claims after business hours.

www.mytricare.com is an excellent way to track your Explanation of Benefits (EOB). I turn off receiving all of mine by paper – I’d get too many, I’d rather save the trees. Because I have TRICARE Standard, they tell me what the checks are for when sent, so I end up receiving many EOBs by mail anyway. It is slow and clumsy, but it is fairly simple to see what has been paid and what hasn’t. You do have to change your password often, so don’t forget to write it down.

www.express-scripts.com is the site for prescription medication tracking. Each family member needs a different login.

Financial Assistance

Check out TACA’s Scholarship page <http://www.tacanow.org/about-taca/taca-scholarships/>.

The Hyperbaric Medical Center of New Mexico will treat any child with cerebral palsy or autism, who establishes themselves as a patient, in their Vitaris Hyperbaric Oxygen chamber at no cost.

Integrative Hyperbarics (Wisconsin & California) also offers financial assistance for Hyperbarics and biomedical treatments. Contact 608-278-4268 for more information.

If you want to see a MAPS doctor and cannot get a referral and do not have the resources to pay the co-pays, first get some advice from a family that has done it, then consider applying for a scholarship.

Scholarships are available for military families from ACT! For Military Families

http://www.acttodayformilitaryfamilies.org/apply_autism_grant.aspx. Scholarships open to all families with a child with autism are available through the Autism Cares program <http://www.autismcares.org>.

Generation Rescue also offers family grants www.generationrescue.org.

Medical Records

Military OneSource offers the DoD Special Needs Toolkit and the Special Care Organizational Record (SCOR). The SCOR is available for download online and both may be requested in hard copy with a binder from Military One Source by calling 1-800-342-9647.

http://www.militaryonesource.mil/efmp/family-support?content_id=267764. From the website: The SCOR is an organizing tool that helps families keep information about their child's health and care organized and in one place. The SCOR also makes it easier for you to find and share key information with others who are part of your child's care team.

When you get ready to PCS, make sure you get copies of all of your child's (even your own) medical records to carry with you. Some civilian clinics/doctors may charge you for copies. Let them know you are military and moving, sometimes they may waive their usual fees. If not, it is worth the small price to have those records with you. Never give anyone the only set of records you have. It's OK to hand them over at the beginning of an appointment so they can make copies, but don't leave them behind, you may never see them again.

Immunizations

The military is very straight forward on this. If you are ordered to be immunized you only have two options to avoid it – a medical, religious (see 5-6 of www.apd.army.mil/pdffiles/r600_20.pdf) or administrative exemption. Army Regulation 40-562 regarding the Military Vaccine Office may be found at www.apd.army.mil/pdffiles/r40_562.pdf.

Requirements for a family member are different. Family members are civilians and may refuse vaccines. However, if your child is at a DoD childcare or school you may have to go through the same exemption process as noted for the sponsor above.

When PCSing overseas, you may be told that you do need immunizations. The only immunizations you are required to have are the ones mandated by the country. Often the forward command has the final word in this. If you are looking for overseas immunization information for military, there are some very knowledgeable moms on the www.mothering.com forum.

I suggest having your current doctor sign the medical exemption form for your child's new school before you move. You can usually call ahead and get enrollment forms mailed to you, or even download them off the internet. Fewer medical exemptions are questioned.

Housing

Choosing where to live can often be the biggest headache in a move since your school almost always is based on where you live. Living on base, if housing is available, is the easiest and often most cost effective option. Ask if they allow families with special needs to be placed higher in the waiting list. When you live in base housing you do not receive your housing allowance (it gets paid to the housing company) and your utilities are also paid (water, gas, electric).

In the last 10 years, the Navy (and other branches) have been privatizing housing. This means many housing areas across the country have been rebuilt and look great. But, the private firm is not in the DoD chain of command. They do not have to alter anything for your child or your family. If, for example, carpeting is going to be a problem for your child with severe allergies, think twice about choosing base housing.

There are always places to rent in the community for military families. Buying in some markets is a nice option as well (especially if you expect to stay). Don't buy just because prices are low, you will have to sell again when you leave and may take a loss depending on the market. To check your monthly housing allowance see <http://www.military.com/benefits/military-pay/basic-allowance-for-housing-rates> .

Legal Issues

Legal documents that you need prepared are a Last Will and Testament, Letter of Intent, Durable Power of Attorney, and a Special Needs Trust.

JAG attorneys can prepare your will and power of attorney. While the Letter of Intent is not a legal document, it should be placed with your other legal documents.

Some Army bases have civilian attorneys that are qualified to prepare Special Needs Trusts. Check with your base's JAG office first, then nearby Army bases. If you cannot find a military office to prepare it, check with local support groups for an attorney recommendation. The cost is \$2000-\$5000.

See also <http://www.talkaboutcuringautism.org/resources/adult-legal-planning.htm>.

Special Education

If your child is school age this is the area in which you need to be a big advocate. You need to research schools, have a good IEP in hand before getting to the new school, and know what your child needs and how to get it at the new school.

Before moving to the area, educate yourself on the area schools. Check the American Military Family Autism Support website (<http://www.amfas.org>)/Facebook page <http://www.facebook.com/militaryautism> , ask on yahoo groups (military, TACA or other local lists) and contact your base's EFMP Coordinator to see if there are any good contacts in the area that can talk about schools—especially how they work (or don't) with a child like yours.

Review your child's IEP to see that it includes everything. If your current school has modified class work for your child, given him an aide, added extra speech services, or anything that has helped him, make sure it is added to your IEP. In our last IEP before a move I make sure everything is explicitly written out. His IEP does not say he has a full-time aide, but he does. I will make sure that is written out in our last IEP.

Every school district our son has been in has had a different IEP writing program and different rules governing IEPs. If possible, view an IEP from the school your child will be attending before your IEP meeting.

It is also very helpful to the new school if your child's current teacher will write transition notes that explain more about an average day than testing scores and goals do. The notes should include toileting routines, lunch room routines, types of schedules used, preferred rewards or break time activities, type of class he is in (how many teachers/students/aides) and the type of support he has.

Get copies of your child's entire education file—not just the documents you are presented with, but all of the data taken on your child (and sometimes you) during the time you were in that school or district. Most schools will not just hand over this information. The raw data taken on some evaluations may be a big clue to your new school of some strengths or deficits in your child. Not all school psychologists are equal and some may interpret the data differently.

Know the law. There are several good books available on special education law. The [Wright's Law](#) website is a good resource. Find a TACA Law Day seminar www.tacanow.org or buy the conference CD of the session from Autism One. I find it convenient to listen while packing or making a cross country drive to refresh my memory.

A couple of Marine Corps bases have hired special education advocates to help our families!

Respite Services

Being a parent is hard enough sometimes, but being a parent to a special needs child ALONE while your spouse is deployed can be tough. Make sure that you have supports in place—family, friends, trusted babysitters. Many people want to help, but may not be ready to babysit, maybe you can use them to help other ways such as taking your other daughter to her ballet lessons, picking up something at the grocery store, etc. Every little bit will help when you would otherwise have to do it all yourself.

Respite providers give families a much needed break. Look for a provider with experience working with children with autism. If you are not using all your ECHO money for ABA, you can use some for respite also through a TRICARE-authorized provider.

Some branches of service and some bases have respite programs of their own. Your EFMP coordinator on base should be able to tell you about special programs on your base. If not – start asking around on base and on list-serves.

Your state may also offer respite services as part of Medicaid. Make sure you have applied for them.

Deployments

Parenting a Special Needs Child When Your Spouse is Deployed from Military One Source

<http://www.militaryonesource.com/MOS/FindInformation/Category/Topic/Issue/Material.aspx?MaterialTypeID=9&MaterialID=15328>

Legislative Efforts

TRICARE does give us some excellent coverage, but it still falls short when it comes to hours recommended for ABA.

TRICARE created the ECHO program in order to add the ABA services on to TRICARE. This really creates a separate insurance program for the disabled child. ABA is an evidence-based, medically necessary treatment for autism and it should be a regular benefit under the basic TRICARE medical program. If it were a regular basic benefit, there would be no dollar limit and it would be accessible by retirees.

Another big project that military families should start working on is Medicaid portability. If you have been somewhere long enough to get off the waiting list and receive services, the next time you move you will lose those services and start at the bottom of another state's waiting list.

Know who your state congressman and senators are as well as those from your legal state of residence. When issues arise needing your advocacy as a military parent of a child with autism you can write to both states' elected officials.

Resources

ACT! Today for Military Families <http://www.acttodayformilitaryfamilies.org/> (will offer grants)

American Military Family Autism Support www.amfas.org (research your new base)

Autism Research Institute www.autism.com (video presentations)

AutismOne www.autismone.org (video presentations and annual conference)

Military HOMEFRONT <http://www.militaryhomefront.dod.mil/>

Military One Source www.militaryonesource.org

Specialized Training of Military Parents (STOMP) www.stompproject.org (great listserv and parent trainings)

Talk About Curing Autism www.tacanow.org (a wealth of autism resources from diet to advocacy and regional conferences)