OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

JAN - 7 2019

The Honorable James M. Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is responds to the Senate Report 114–255, page 205, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year (FY) 2017, which requests the Department provide a quarterly report on the effectiveness of the Autism Care Demonstration (ACD). The ACD offers Applied Behavior Analysis (ABA) services for all TRICARE-eligible beneficiaries diagnosed with Autism Spectrum Disorder (ASD). ABA services are not limited by the beneficiary's age, dollar amount spent, or number of services provided. The enclosed is the third quarter report for FY 2018, covering data from April 2018 to June 2018.

This is the second submission of ACD data under the new T2017 TRICARE contracts. Transition to the new contracts has led to some inconsistencies when comparing to previous data. The Government is aware and adjusting reporting periods for future reports. Participation in the ACD by beneficiaries and providers is robust and continues to grow. The average wait-time from referral to the first appointment for services under the program is within the 28-day access standard for specialty care for most locations; however, there was an increase in wait-time for several locations, which is under review. Finally, the Department fully supports continued research on the nature and effectiveness of ABA services. The Department has modified the current ACD policy to include outcome measures for ACD participants, and has been working with the Congressionally Directed Medical Research Program (CDMRP) to award a contract to a research group to analyze the TRICARE ACD participants' outcome measures. The CDMRP study was awarded September 2018. This study will provide an annual report and have a duration of 5 years.

In summary, the Department is committed to ensuring that military dependents diagnosed with ASD have timely access to medically necessary and appropriate ABA services. Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the House Armed Services Committee.

Sincerely,

James N. Stewart
Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
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WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

JAN - 7 20[illegible]

The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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This is the second submission of ACD data under the new T2017 TRICARE contracts. Transition to the new contracts has led to some inconsistencies when comparing to previous data. The Government is aware and adjusting reporting periods for future reports. Participation in the ACD by beneficiaries and providers is robust and continues to grow. The average wait-time from referral to the first appointment for services under the program is within the 28-day access standard for specialty care for most location; however, there was an increase in wait-time for several locations, which is under review. Finally, the Department fully supports continued research on the nature and effectiveness of ABA services. The Department has modified the current ACD policy to include outcome measures for ACD participants, and has been working with the Congressionally Directed Medical Research Program (CDMRP) to award a contract to a research group to analyze the TRICARE ACD participants' outcome measures. The CDMRP study was awarded September 2018. This study will provide an annual report and have a duration of 5 years.

In summary, the Department is committed to ensuring that military dependents diagnosed with ASD have timely access to medically necessary and appropriate ABA services. Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the Senate Armed Services Committee.

Sincerely,

James N. Stewart
Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable William M. "Mac" Thornberry
Ranking Member

Report to Congressional Armed Services Committees

The Department of Defense Comprehensive Autism Care Demonstration Quarterly Report to Congress Third Quarter, Fiscal Year 2018

In Response to: Senate Report 114–255, Page 205, Accompanying S. 2943 the National Defense Authorization Act for Fiscal Year 2017

The estimated cost of this report or study for the Department of Defense is approximately $8,570 in Fiscal Years 2018 - 2019. This includes $0 in expenses and $8,570 in DoD labor.
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EFFECTIVENESS OF THE DEPARTMENT OF DEFENSE COMPREHENSIVE AUTISM CARE DEMONSTRATION

EXECUTIVE SUMMARY

This quarterly report is in response to Senate Report 114–255, page 205, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year (FY) 2017, which requests that the Department of Defense (DoD) provide a quarterly report on the effectiveness of the Comprehensive Autism Care Demonstration (ACD). Specifically, the committee requests the Secretary to report, at a minimum, the following information by State: "(1) the number of new referrals for services under the program, (2) the number of total beneficiaries enrolled in the program, (3) the average wait-time from time of referral to the first appointment for services under the program, (4) the number of providers accepting new patients under the program, (5) the number of providers who no longer accept new patients for services under the program, (6) the average number of treatment sessions required by beneficiaries, and (7) the health-related outcomes for beneficiaries under the program." The information presented below was reported by the Managed Care Support Contractors (with oversight from the Government), hereinafter referred to as the Contractors, and represents the timeframe from April 1, 2018, through June 30, 2018. This is the second submission of ACD data under the new T2017 TRICARE contracts. The Defense Health Agency (DHA) continues to work with both Contractors to obtain uniform data across regions. The data may also be underreported due to the delays in receipt of claims; therefore, the Government will adjust reporting schedules of the Contractors for future reports.

Approximately 15,454 children currently receive Applied Behavior Analysis (ABA) services through the ACD as of June 30, 2018. Total ACD program expenditures were $268 million for FY 2017 and $111.2 million for the first 6 months of FY 2018. In the transition to the T2017 TRICARE contracts, it was found that providers were being counted in multiple locations, representing an overestimate of available providers. The number of ABA providers accounted for as of June 30, 2018, is inaccurate, and therefore will not be reported in this quarterly report. For example, one provider may have been counted 10 times due to the provider being employed at 10 different practices, skewing the numbers. The Government continues to work with the Contractors to ensure accurate data are available for future reports. For the majority of beneficiaries, the average wait-time from the date of referral to the first appointment for ABA services is within the 28-day access standard for specialty care; for this reporting period, the average wait-time is approximately 28 days. Several localities, as noted in Table 3, exceed the access standard, and the Contractors are actively working to recruit new providers as appropriate. The Government is also working with the Contractors to identify reasons for the increase in localities exceeding the 28-day standard as compared to the last reporting period. It should be noted that in many of the areas with access delays, there is an overall shortage of ABA providers that is not limited to TRICARE. The average number of ABA sessions rendered are outlined in Table 6 by state. These sessions were reported as the paid average number of hours per week per beneficiary, as the number of sessions does not represent the intensity or frequency of services. Further, conclusions about ABA services utilization variances by locality or other demographic information cannot be confirmed due to the unique needs of each beneficiary. Finally, health-related outcome measures data are not reported in this report as a second data

point for comparison is not yet available (the next quarterly report will be able to compare data from the January 1, 2018-March 31, 2018 timeframe). As data are collected over time, the utilization of outcome measures data may provide information on the overall effectiveness of ABA services for TRICARE beneficiaries.

BACKGROUND

ABA services are one of many TRICARE covered services available to mitigate the symptoms of autism spectrum disorder (ASD). Other services include, but are not limited to: speech and language therapy (SLP), occupational therapy (OT), physical therapy (PT), medication management, psychological testing, and psychotherapy. In June 2014, TRICARE received approval from the Office of Management and Budget to publish the ACD Notice in the Federal Register. In July 2014, three previous programs were consolidated to create the ACD. The program is based on limited demonstration authority with the goal of striking a balance that maximizes access while ensuring the highest level of quality services for beneficiaries. The consolidated demonstration ensures consistent ABA service coverage for all TRICARE eligible beneficiaries, including active duty family members (ADFMs) and non-ADFMs diagnosed with ASD. ABA services are not limited by the beneficiary's age, dollar amount spent, number of years of services, or number of sessions provided. All care is driven by medical necessity. Generally, all ABA services continue to be a purchased care benefit. However, the DHA is exploring how ABA services might be provided in a military treatment facility (MTF) and several innovative programs are ongoing at MTFs to support beneficiaries with ASD and their families. The ACD began July 25, 2014, and will expire on December 31, 2023. The ACD was originally set to expire on December 31, 2018; however, an extension for the demonstration until December 31, 2023, was approved via a Federal Register Notice published on December 11, 2017. The Notice stated that additional analysis and experience is required in order to determine the appropriate characterization of ABA services as a medical treatment, or other modality, under the TRICARE program coverage requirements. By extending the demonstration, the Government will gain additional information about what services TRICARE beneficiaries are receiving under the ACD, how to most effectively target services where they will have the most benefit, collect more comprehensive outcomes data, and gain greater insight and understanding of the diagnosis of ASD in the TRICARE population.

RESULTS

1. <u>The Number of New Referrals with Authorization for ABA Services under the Program</u>

The number of new referrals with an authorization for ABA services under the ACD during the period of April 1, 2018, through June 30, 2018, was 5,165. This was a slight decrease from the previous quarter (5,499). It is important to note that every referral after the start of health care delivery is a new referral under the T2017 contracts; therefore, the number of new referrals in the next quarterly report will dramatically decrease. A breakdown by state is included in Table 1.

Table 1

State	New Referrals with Authorization
AK	32
AL	100
AR	10
AZ	36
CA	308
CO	112
CT	24
DC	4
DE	17
FL	610
GA	341
HI	89
IA	1
ID	1
IL	82
IN	49
KS	46
KY	126
LA	43
MA	23
MD	199
ME	1
MI	21
MN	3
MO	38
MS	43
MT	2
NC	523
ND	2
NE	15
NH	3
NJ	59
NM	23
NV	24
NY	37
OH	57
OK	54
OR	2
PA	36
RI	8
SC	126
SD	0
TN	126
TX	664
UT	26
VA	807
VT	0
WA	218
WI	12
WV	3
WY	11
Total	**5,165**

2. <u>The Number of Total Beneficiaries Enrolled in the Program</u>

As of June 30, 2018, the total number of beneficiaries participating in the ACD was 15,454, an increase from the last reporting period (14,817). A breakdown by state is included in Table 2.

Table 2

State	Total Beneficiaries Participating
AK	178
AL	269
AR	27
AZ	269
CA	1813
CO	866
CT	50
DC	21
DE	34
FL	1352
GA	781
HI	565
IA	19
ID	3
IL	195
IN	96
KS	247
KY	242
LA	110
MA	51
MD	7
ME	413
MI	61
MN	19
MO	178
MS	103
MT	24
NC	1162
ND	4
NE	87
NH	14
NJ	103
NM	90
NV	204
NY	100
OH	120
OK	138
OR	17
PA	83
RI	19
SC	319
SD	14
TN	314
TX	1726
UT	206
VT	0
VA	1756
WA	1100
WI	35
WV	7
WY	21
Total	**15,454**

3. The Average Wait-Time from Time of Referral to the First Appointment for Services under the Program

For 26 states, the average wait-time from date of referral to the first appointment for ABA services under the program is within the 28-day access standard for specialty care. The average wait time of all states from time of referral to first appointment is approximately 28 days. However, for this reporting period, 24 states are beyond the access standard. The Government is reviewing the data with the Contractors to better understand the significant change from the last reporting period. Some contributing factors to the increase of states above the access standard include beneficiaries switching ABA providers after the referral has been authorized and approved, beneficiary preferences for certain providers despite known provider-specific wait lists, treatment for other types of care, and lack of beneficiary response in selecting an ABA provider. ABA providers are directed not to accept beneficiaries for whom they cannot implement the recommended treatment plan within the 28-day access standard. Contractors will not knowingly refer beneficiaries to ABA providers who are unable to provide the recommended treatment to beneficiaries within the 28-day access to care standard. The Contractors continue to work diligently building provider networks and will continue to monitor States and locations where provider availability is an issue. Although the field of behavior analysis is growing, locations remain with an insufficient number of ABA providers who are able to meet the demand for such services. This shortage is consistent with shortages seen with other types of specialty care providers, such as developmental pediatricians and child psychologists, and is not limited to TRICARE. A breakdown by state is included in Table 3 below.

Table 3

State *	Average Wait Time (# days)
AK	29
AL	44
AR	30
AZ	12
CA	22
CO	18
CT	5
DE	39
DC	45
FL	36
GA	36
HI	27
IL	27
IN	67
KS	17
KY	34
LA	81
MA	19
MD	64
MI	70
MO	18
MS	38
NC	45
ND	28
NE	38
NH	28
NJ	32
NM	14
NV	52
NY	91
OH	16
OK	53
PA	11
SC	24
TN	38
TX	30
UT	30
VA	42
WA	31
WY	28

* States not listed represent data not available or reported.

4. The Number of Practices Accepting New Patients for Services under the Program

For this reporting quarter, the number of ABA practices accepting new patients under the ACD is 2,771, an increase from the last reporting period (2,362). A breakdown by state is included in Table 4 below.

Table 4

State	Practices Accepting New Beneficiaries
AK	10
AL	51
AR	7
AZ	13
CA	177
CO	45
CT	15
DC	5
DE	5
FL	690
GA	93
HI	17
IA	2
ID	5
IL	138
IN	119
KS	12
KY	68
LA	81
MA	16
MD	2
ME	49
MI	91
MN	2
MO	58
MS	10
MT	3
NC	34
ND	4
NE	5
NH	16
NJ	20
NM	15
NV	3
NY	26
OH	32
OK	12
OR	3
PA	54
RI	1
SC	66
SD	1
TN	95
TX	349
UT	16
VA	137
VT	1
WA	34
WV	3
WI	68
WY	2
Total	**2,771**

5.

5 The Number of Practices No Longer Accepting New Patients under the Program

The number of ABA practices that stopped accepting new TRICARE beneficiaries for ABA services under the program is 39, a significant decrease from the last quarter (148). A breakdown by state is included in Table 5 below.

Table 5

State	Practices No Longer Accepting New Beneficiaries
AK	0
AL	1
AZ	0
AR	1
CA	0
CO	0
CT	0
DE	0
DC	0
FL	9
GA	2
HI	0
ID	0
IL	5
IN	1
IA	0
KS	0
KY	0
LA	0
MA	0
MD	0
ME	2
MI	1
MN	0
MO	1
MS	0
MT	0
NC	1
ND	0
NE	0
NH	0
NJ	1
NM	0
NV	0
NY	0
OH	0
OK	0
OR	0
PA	1
RI	0
SC	0
SD	0
TN	0
TX	9
UT	0
VT	0
VA	3
WA	0
WV	0
WI	1
WY	0
Total	39

6 The Average Number of Treatment Sessions Required by Beneficiaries

The average number of ABA sessions required by beneficiaries is difficult to determine in isolation. ABA research has not established a dose-response relationship between severity, treatment needs, and intensity of services. Additionally, ABA services may be one component of a comprehensive treatment plan for a beneficiary diagnosed with ASD. A comprehensive treatment plan may include SLP, OT, PT, psychotherapy, etc., for the best outcomes for any one beneficiary. Therefore, the numbers outlined by state in Table 6 below report only the paid average number of hours of ABA services per week per beneficiary receiving services, as the "number of sessions" does not represent the intensity of services or correlation to treatment outcomes. However, the DoD is unable to make conclusions about ABA services utilization variances by locality or other demographic information due to the unique needs of each beneficiary.

Table 6

State	Average Hours/Week per Beneficiary
AK	5
AL	5
AR	6
AZ	5
CA	5
CO	6
CT	4
DC	7
DE	3
FL	5
GA	5
HI	5
IA	5
ID	5
IL	5
IN	13
KS	6
KY	6
LA	4
MA	3
MD	12
ME	5
MI	7
MN	6
MO	6
MS	2
MT	6
NC	5
ND	3
NE	4
NH	2
NJ	3
NM	8
NV	4
NY	6
OH	7
OK	5
OR	9
PA	4
RI	5
SC	5
SD	6
TN	4
TX	5
UT	6
VT	0
VA	4
WA	5
WV	1
WI	5
WY	2

7 Health-Related Outcomes for Beneficiaries under the Program

The DoD continues to support evaluations on the nature and effectiveness of ABA services. The publication of TRICARE Operations Manual Change 199 (dated November 29, 2016) for the ACD included the evaluation of health-related outcomes through the requirement of norm-referenced, valid, and reliable outcome measures; the data collection began on January 1, 2017. Outcome measures information for beneficiaries is required at baseline entry into the ACD program and every 6 months thereafter; comprehensive outcome measures are also required at 2-year increments of ABA services.

This report is the second reporting quarter since the start of health care delivery and the sixth reporting quarter since the outcome measures requirement took effect. Transition to the new contracts has resulted in data inconsistencies when comparing to previous data. Therefore, we do not have comparable data to report outcome measures per beneficiary at this time. Of note, significant changes were made to the outcome measures requirement since initial launch in January 2017. In response to significant feedback from internal and external stakeholders, the outcome measures requirements were revised in May 2017. This change deleted the requirements for assessing symptom severity by a diagnostic tool, the Autism Diagnostic Observation Scale – Second Edition (ADOS-2), and assessing cognitive functioning by an intelligence measure, the Wechsler Intelligence Scales or Test of Non-Verbal Intelligence Scale – Fourth Edition (TONI-4). The Vineland Adaptive Behavior Scale – Third Edition (Vineland – 3) is a measure of adaptive behavior functioning and continues to be a requirement. On January 29, 2018, two additional measures were added to the outcome measures requirement: the Social Responsiveness Scale, Second Edition (SRS-2) and the Pervasive Developmental Disabilities Behavior Inventory (PDDBI). The SRS-2 is a measure of social impairment associated with ASD. The PDDBI is a measure that is designed to assist in the assessment of various domains related to ASD. The outcome measure scores are completed and submitted to the Contractors by eligible providers authorized under the ACD who completed an evaluation of each beneficiary's symptoms related to ASD at the time of assessment. The Vineland-3 and SRS-2 are required every two years and the PDDBI is required every 6 months. Because the outcomes measure requirements have not yet been in place long enough (at the time covered by this report) for a repeat administration in the same patient, no comparison of outcome measures pre- and post-ABA services is available at this time. Since the PDDBI is required every 6 months, the next quarterly report will provide comparison data of the second reporting period of FY 2018 and the fourth period of FY 2018. The following report will compare the data submitted during the third period of FY 2018 and the first of FY 2019, and so forth. This analysis will assist with both treatment planning for individual patients, and helping to shape the future of the ACD.

PROGRAM UPDATES

To acquire additional information on ABA services under TRICARE, the DHA has been working with the Congressionally Directed Medical Research Program (CDMRP), which has awarded a contract to a research group from the University of Rochester. The results of the CDMRP study will further the DHA's understanding of the impact of ABA services delivered to ACD participants, and aims to provide important data regarding the most beneficial amount of treatment. Additionally, findings from this study may benefit the larger community of

individuals diagnosed with ASD and their families in several ways, including but not limited to, offering more choices to families, potentially identifying response to treatment through predictive factors, and lowering cost while increasing access. The CDMRP study was awarded in September 2018. This study will provide an annual report starting in 2020 and have a duration of 5 years.

CONCLUSION

As evidenced in the above information, beneficiary participation in the ACD remains relatively stable. As of June 30, 2018, there were 15,454 beneficiaries participating in the ACD. The average wait-time for all states from date of referral to first appointment is approximately 28 days, which is being addressed, as appropriate, by the Contractors with Government oversight. The Contractors track every patient who has an authorization for ABA services to ensure he or she has an ABA provider; these data can be used at the state and local level, which will help identify areas with potential network deficiencies. For any beneficiary with an active authorization for ABA services who does not have an ABA provider, the Contractors will work to place those patients with a qualified provider as quickly as possible.

Determining health-related outcomes is an important requirement added to the ACD. A contract modification, effective January 1, 2017, provided direction for Contractors to begin collecting the outcome measures data for all ACD participants. Although reporting inconsistencies between the T2017 and previous T3 managed care support contracts prevent comparison with prior data, outcomes are now being used to help guide treatment planning, and further analysis of scores will be available in future quarterly reports.