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

PERSONNEL AND
READINESS

DEC 10 2020

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

Dear Mr. Chairman:

The Department's response to the Senate Report 114 255, page 205, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year (FY) 2017, is enclosed. The Department of Defense is required to provide a quarterly report on the effectiveness of the Autism Care Demonstration (ACD). The enclosed report covers data from January 2020 to March 2020.

Beneficiary and provider participation in the ACD is robust. The lack of measureable clinical outcomes remains a particular area of concern, and we will incorporate additional outcome measures in the next quarterly report.

A comprehensive rewrite of the ACD is also underway to improve support to beneficiaries and their families by providing more information about autism spectrum disorder (ASD) and linking beneficiaries to the right care at the right time. We expect to publish this comprehensive change in the second quarter of FY 2021.

The Department is committed to ensuring military dependents diagnosed with ASD have timely access to medically necessary and appropriate applied behavior analysis services. Thank you for your continued strong support for the health and well-being of our Service members and their families. I am sending an identical letter to the House Armed Services Committee.

Sincerely,

//SIGNED//

Matthew P. Donovan

Enclosure:
As stated

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WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

DEC 10 2020

The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Senator Reed:

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PERSONNEL AND
READINESS

DEC 10 2020

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

Dear Mr. Chairman:

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WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

DEC 10 2020

The William M. "Mac" Thornberry
Ranking Member
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Representative Thornberry:

The Department's response to the Senate Report 114 255, page 205, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year (FY) 2017, is enclosed. The Department of Defense is required to provide a quarterly report on the effectiveness of the Autism Care Demonstration (ACD). The enclosed report covers data from January 2020 to March 2020.

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//SIGNED//

Matthew P. Donovan

Enclosure:
As stated

Report to the Committees on Armed Services of the Senate and the House of Representatives

The Department of Defense Comprehensive Autism Care Demonstration Quarterly Report to Congress Second Quarter, Fiscal Year 2020

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 (DoD) is approximately $600 for the 2020 Fiscal Year. This includes $0 in expenses and $600 in DoD labor.
Generated on 2020July22 RefID: 5-7EAF1A0

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 the Department provide a quarterly report on the effectiveness of the Comprehensive Autism Care Demonstration (ACD). Specifically, the committee requests the Department 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 data presented below was reported by the Managed Care Support Contractors (MCSCs) with oversight from the Government, and represents the timeframe from January 1, 2020 through March 31, 2020. Although the Defense Health Agency (DHA) has made improvements on the timeframes of data collection, the data may be underreported due to the delays in receipt of claims.

As of March 31, 2020 approximately 16,180 beneficiaries were enrolled in the ACD. Total ACD program expenditures were $370.4M in FY 2019. The average wait time from the date of referral to the first appointment for applied behavior analysis (ABA) services is also improving as evidenced in Table 3 below. The average number of ABA sessions rendered is outlined below 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 variations in ABA services utilization by locality or other demographic information cannot be confirmed due to the unique needs of each beneficiary. Finally, additional outcome measures reporting is anticipated in the next quarterly report.

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 ACD 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 and gathering information regarding delivery and efficacy of ABA services. 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. Generally, all ABA services continue to be provided through the private sector care component of the Military Health System. Additionally, several innovative programs are ongoing at military medical treatment facilities to support beneficiaries diagnosed with ASD and their families. Several of these programs are described in more detail in the 2020 Annual Report. The ACD began July 25, 2014 and was originally set to expire on December 31, 2018; however, an extension for the demonstration until December 31, 2023 was announced with a Federal Register Notice published on December 11, 2017. The Notice stated that additional analysis and experience are 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 Department 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. The Number of New Referrals with Authorization for ABA Services Under the Program

The number of new referrals with an authorization for ABA services under the ACD during the period of January 1, 2020 through March 31, 2020 was 1,655. This was a slight decrease from the previous quarter (1,686). This decrease in referrals is consistent with the previous year's quarterly report for the same quarter period. A breakdown by state is included in Table 1.

Table 1 - Number of New Referrals with Authorizations for ABA Services under the ACD

State	New Referrals with Authorization
AK	16
AL	22
AR	2
AZ	36
CA	247
CO	74
CT	5
DC	1
DE	3
FL	110
GA	85
HI	83
IA	0
ID	0
IL	15
IN	9
KS	29
KY	18
LA	15
MA	8
MD	31
ME	0
MI	11
MN	2
MO	27
MS	12
MT	16
NC	86
ND	2
NE	11
NH	1
NJ	8
NM	18
NV	27
NY	9
OH	7
OK	17
OR	1
PA	9
RI	2
SC	28
SD	1
TN	28
TX	195
UT	20

VA	148
VT	1
WA	163

WI	3
WV	0
WY	9

Total	**1,655**

2. The Number of Total Beneficiaries Enrolled in the Program

As of December 31, 2019 the total number of beneficiaries participating in the ACD was 16,180, a slight decrease from the last reporting period (16,292). A breakdown by state is included in Table 2 below.

Table 2 – Number of Total Beneficiaries Participating in the ACD

State	Total Beneficiaries Participating
AK	143
AL	271
AR	44
AZ	231
CA	1862
CO	768
CT	45
DC	20
DE	37
FL	1560
GA	814
HI	502
IA	7
ID	6
IL	192
IN	112

KS	250
KY	251
LA	135
MA	58
MD	421
ME	7
MI	87
MN	6
MO	184
MS	146
MT	37
NC	1169
ND	7
NE	82
NH	12
NJ	126
NM	79
NV	246
NY	97

OH	135
OK	181
OR	13
PA	89
RI	21
SC	306
SD	12
TN	353
TX	1907
UT	162
VT	2
VA	1911
WA	994
WI	25
WV	11
WY	44
Total	**16,180**

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

For 43 states and the District of Columbia, 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, which is a slight regression from the previous quarter (46 states). For this reporting period, 7 states are beyond the access standard with 5 states slightly past the standard (four at 29 days and one at 31 days), 1 state moderately past the standard (39 days), and 1 state that notably exceeded the standard (47 days). It should also be noted that the state at 47 days, DE, had only one beneficiary waiting for services. The MCSCs reported that key factors impacting wait times are: beneficiary changes to provider selection after initial authorization approval; beneficiary choice to wait for a specific provider even though a qualified provider is available within access standards; beneficiary preference for specific times of day or location

setting (home versus office); provider staffing and availability; and beneficiary preference to prioritize other services (SLP/OT/PT).

The MCSCs, with oversight from the Department, continue to review causative key factors. The MCSCs work diligently to identify available providers and build provider networks, and provide outreach to beneficiaries/families who require assistance with locating providers who can meet the needs of the beneficiary. A breakdown by state is included in Table 3 below.

Table 3 – Average Wait Time in Days

State	Average Wait Time (# days)
AK	10
AL	10
AR	0
AZ	14
CA	21
CO	15
CT	29
DE	47
DC	0
FL	29
GA	22
HI	26
IA	0
ID	17
IL	13
IN	25
KS	17
KY	29
LA	21
MA	17
MD	15
ME	0
MI	24
MN	0
MO	19
MS	39
MT	0
NC	28
ND	0
NE	0
NH	0
NJ	11
NM	28
NV	20
NY	20
OH	29
OK	23
OR	0
PA	15
RI	20
SC	31
SD	0
TN	8
TX	22
UT	23
VA	19
VT	0
WA	19
WV	0
WI	0
WY	21

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 5,193, an increase from the last reporting period (4,949). A breakdown by state is included in Table 4 below.

Table 4 – Number of Practices Accepting New Beneficiaries

State	Practices Accepting New Beneficiaries
AK	13
AL	71
AR	23
AZ	16
CA	219
CO	60
CT	38
DC	8
DE	6
FL	1083
GA	188
HI	20

IA	3
ID	6
IL	279
IN	269
KS	17
KY	130
LA	113
MA	55
MD	13
ME	137
MI	352
MN	2
MO	109
MS	17

MT	5
NC	109
ND	5
NE	5
NH	25
NJ	55
NM	15
NV	4
NY	126
OH	127
OK	24
OR	6
PA	101
RI	12

SC	74
SD	1
TN	155
TX	596
UT	17
VA	322
VT	8
WA	43
WV	8
WI	114
WY	2
Total	**5,193**

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

The number of ABA practices who stopped or currently are at capacity for accepting new TRICARE beneficiaries for ABA services under the program is 215, which is consistent with the previous last quarter (216). Of note, "at capacity" means that during the reporting period, the provider/practice was not able to take new cases, but they are still considered TRICARE authorized providers under the ACD. A breakdown by state is included in Table 5 below.

Table 5 – Number of Practices No Longer Accepting New Beneficiaries

State	Practices No Longer Accepting New Beneficiaries
AK	0
AL	0
AZ	0
AR	0
CA	1
CO	0
CT	0
DE	0
DC	0
FL	6
GA	28
HI	0

ID	0
IL	2
IN	1
IA	0
KS	0
KY	1
LA	1
MA	34
MD	1
ME	0
MI	1
MN	0
MO	0
MS	1
MT	0
NC	10

ND	0
NE	0
NH	0
NJ	1
NM	0
NV	0
NY	1
OH	0
OK	6
OR	0
PA	1
RI	0
SC	0
SD	0
TN	2
TX	114

UT	0
VT	0
VA	3

WA	0
WV	0
WI	0

WY	0
Total	**215**

6. The Average Number of Treatment Sessions Required by Beneficiaries

The average number of ABA sessions required by beneficiaries is difficult to answer 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 1:1 ABA services per week per beneficiary receiving services. As noted in previous reports, we are unable to make conclusions about the variation in ABA services utilization by locality or other demographic information due to the unique needs of each beneficiary.

Table 6 – Average Hours Per Week Per Beneficiary

State	Average Hours/Week per Beneficiary
AK	5
AL	12
AR	16
AZ	6
CA	6
CO	8
CT	7
DC	9
DE	9
FL	13
GA	12
HI	6
IA	2
ID	4
IL	10
IN	22

KS	6
KY	13
LA	11
MA	8
MD	12
ME	0
MI	39
MN	7
MO	5
MS	9
MT	5
NC	12
ND	6
NE	5
NH	6
NJ	7
NM	7
NV	5
NY	11

OH	9
OK	13
OR	10
PA	11
RI	5
SC	12
SD	11
TN	11
TX	14
UT	6
VT	20
VA	10
WA	6
WV	15
WI	25
WY	5
Total Average Hrs/Wk	**10**

7. Health-Related Outcomes for Beneficiaries Under the Program

The Department continues to support evaluations on the nature and effectiveness of ABA services. The publication of TRICARE Operations Manual Change 199, dated November 29, 2016, included the evaluation of health-related outcomes through the requirement of norm-

referenced, valid, and reliable outcome measures for the ACD; the data collection began on January 1, 2017. Currently, there are three outcome measures required under the ACD: the Vineland Adaptive Behavior Scales, Third Edition (Vineland-3) is a measure of adaptive behavior functioning; the Social Responsiveness Scale, Second Edition (SRS-2) is a measure of social impairment associated with ASD; and the Pervasive Developmental Disorder Behavior Inventory (PDDBI) is a measure that is designed to assist in the assessment of various domains related to ASD. Additionally, the PDDBI is a measure that is designed to assess the effectiveness of treatments for children with pervasive developmental disabilities, including ASD, in terms of response to interventions. The outcome measure scores are completed and submitted to the MCSCs by eligible providers authorized under the ACD. The Vineland-3 and SRS-2 are required at baseline and every two years and the PDDBI is required at baseline and every six months.

The ACD Annual Report (2020) included a deeper analysis of TRICARE beneficiaries participating in the ACD who received 18 months of ABA services with baseline and 18 month PDDBI Parent Form scores (a sample size of 3,794 beneficairies). The findings from that analysis continued to demonstrate concern with overall outcomes of beneficiaries participating in the ACD. Additionally, the last quarterly report (Q1 FY 2020) provided additional analyses based on data from the annual report data. Those analyses showed no correlation in any category for the impact of rendered ABA services nor any significant changes from the previous results regarding beneficiary categories. In all categories, approximately the same number of beneficiaries demonstrated improvement as demonstrated worsening of scores. Both reports are available at www.health.mil/autism.

The Department remains very concerned about these results. The Department also intends to continue the analysis of outcome measures to include incorporation of the Vineland and the SRS outcome measures. The Department anticipates completing this analysis for the next quarterly report.

CONCLUSION

As evidenced in the above information, participation in the ACD by beneficiaries continues to remain relatively steady. As of March 31, 2020 there were 16,180 beneficiaries participating in the ACD. The average wait time from referral to first appointment continues to experience some challenges such as beneficiary preference to provider/time of day/location, as well as provider availability in some locations, and families selecting other services over ABA service. The MCSCs track every patient who has an authorization for ABA services to ensure they have an ABA provider who can render services within the access-to-care standards; these data are used at the state and local level, which helps identify areas with potential network deficiencies. For any beneficiary with an active authorization for ABA services who does not have an ABA provider, the MCSCs continue to work to place those beneficiaries with a qualified provider as quickly as possible.

The Department is aware that the coronavirus disease 2019 (COVID-19) crisis may have had a significant impact on utilization of services. Since this report ends on March 31, 2020 not

long after the crisis started to make in-person care more difficult, the impact on findings in this report are limited. The Deparment will track the impact of COVID-19 on the ACD in the next quarterly report, including the exception to policy allowing unlimited virtual parent guidance/training by ABA providers.

Determining health-related outcomes is an important requirement added to the ACD. A contract modification, effective January 1, 2017 provided direction for the MCSCs to begin collecting the outcome measures data for all ACD participants. The MCSCs use these scores, as well as other scores and data, to guide and engage ABA providers in developing appropriate treatment plans and subsequent adjustments that may be required to see improvements. The recent 2020 Annual Report and the previous quarterly report noted concerning findings regarding the outcomes for beneficiaries participating in the ACD which suggest a lack of effectiveness. The next quarterly report will aim to provide additional analyses on collected outcome measures.

The DHA remains committed to ensuring all TRICARE-eligible beneficiaries diagnosed with ASD reach their maximum potential, and that all treatment and services provided support this goal. To help ensure this goal is met, the DHA is working on significant changes to the ACD. These changes aim to improve support to beneficiaries and their families and empower them to make the best choices about their care by providing more information about ASD and potential service and treatment options, linking beneficiaries to the right care and right services at the right time, and increasing utilization of services by eligible family members (especially parents). The improvements aim to create a beneficiary- and parent-centered model of care and support that encompasses all of the beneficiary's and family's needs into one comprehensive approach focused on the use of evidence-based interventions. The manual change is anticipated to be published in January 2021.