



HEALTH AFFAIRS

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE**

WASHINGTON, DC 20301-1200

NOV 03 2009

The Honorable Carl Levin  
Chairman, Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

The enclosed semiannual report provides the current status of the Department of Defense Enhanced Access to Autism Services Demonstration as requested by the Joint Explanatory Statement accompanying S. 3001, the National Defense Authorization Act for Fiscal Year 2009. Specifically, this report includes: (1) the number of autistic children served; (2) the type and frequency of services provided; (3) the number of available providers by region; and (4) whether reimbursement levels are sufficient to retain qualified providers in TRICARE networks.

Current results indicate a significant increase in participation by providers and TRICARE beneficiaries in the demonstration. We look forward to providing you with our next update in January 2010.

Thank you for your continued support of the Military Health System.

Sincerely,

Ellen P. Embrey  
Deputy Assistant Secretary of Defense  
(Force Health Protection and Readiness)  
Performing the Duties of the  
Assistant Secretary of Defense  
(Health Affairs)

Enclosure:  
As stated

cc:  
The Honorable John McCain  
Ranking Member



HEALTH AFFAIRS

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE**  
**WASHINGTON, DC 20301-1200**

NOV 03 2009

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

Dear Mr. Chairman:

The enclosed semiannual report provides the current status of the Department of Defense Enhanced Access to Autism Services Demonstration as requested by the Joint Explanatory Statement accompanying S. 3001, the National Defense Authorization Act for Fiscal Year 2009. Specifically, this report includes: (1) the number of autistic children served; (2) the type and frequency of services provided; (3) the number of available providers by region; and (4) whether reimbursement levels are sufficient to retain qualified providers in TRICARE networks.

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As stated

cc:  
The Honorable Howard P. "Buck" McKeon  
Ranking Member



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**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE**

WASHINGTON, DC 20301-1200

NOV 03 2009

The Honorable Daniel K. Inouye  
Chairman, Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

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Enclosure:  
As stated

cc:  
The Honorable Thad Cochran  
Ranking Member



HEALTH AFFAIRS

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE**

**WASHINGTON, DC 20301-1200**

NOV 03 2009

The Honorable David R. Obey  
Chairman, Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

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(Health Affairs)

Enclosure:  
As stated

cc:  
The Honorable Jerry Lewis  
Ranking Member



**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE**

**WASHINGTON, DC 20301-1200**

**HEALTH AFFAIRS**

The Honorable Ben Nelson  
Chairman, Subcommittee on Personnel  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

*NOV 03 2009*

Dear Mr. Chairman:

The enclosed semiannual report provides the current status of the Department of Defense Enhanced Access to Autism Services Demonstration as requested by the Joint Explanatory Statement accompanying S. 3001, the National Defense Authorization Act for Fiscal Year 2009. Specifically, this report includes: (1) the number of autistic children served; (2) the type and frequency of services provided; (3) the number of available providers by region; and (4) whether reimbursement levels are sufficient to retain qualified providers in TRICARE networks.

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(Health Affairs)

Enclosure:  
As stated

cc:  
The Honorable Lindsey O. Graham  
Ranking Member



**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE**

**WASHINGTON, DC 20301-1200**

**HEALTH AFFAIRS**

The Honorable Susan Davis  
Chairwoman, Subcommittee on Military Personnel  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

NOV 03 2009

Dear Madam Chairwoman:

The enclosed semiannual report provides the current status of the Department of Defense Enhanced Access to Autism Services Demonstration as requested by the Joint Explanatory Statement accompanying S. 3001, the National Defense Authorization Act for Fiscal Year 2009. Specifically, this report includes: (1) the number of autistic children served; (2) the type and frequency of services provided; (3) the number of available providers by region; and (4) whether reimbursement levels are sufficient to retain qualified providers in TRICARE networks.

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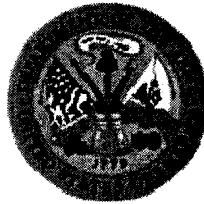
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Ellen P. Embrey  
Deputy Assistant Secretary of Defense  
(Force Health Protection and Readiness)  
Performing the Duties of the  
Assistant Secretary of Defense  
(Health Affairs)

Enclosure:  
As stated

cc:  
The Honorable Joe Wilson  
Ranking Member

# Report to Congress



Calendar Year 2009

Semi-Annual Report on the Status of the Department of Defense  
Enhanced Access to Autism Services Demonstration

## **REPORT TO CONGRESS**

### **STATUS OF THE DEPARTMENT OF DEFENSE ENHANCED ACCESS TO AUTISM SERVICES DEMONSTRATION**

#### **INTRODUCTION**

This semiannual report is in response to the Joint Explanatory Statement to accompany S. 3001, the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009. The Joint Explanatory Statement requested that the Secretary provide an initial report to Congress not later than 90 days after the enactment of S. 3001 and semiannually thereafter, on the status of implementation of the TRICARE demonstration project.

#### **BACKGROUND**

In response to Section 717 of the John Warner National Defense Authorization Act for Fiscal Year 2007, the Department of Defense implemented the Enhanced Access to Autism Services Demonstration (“Demonstration”) on March 15, 2008. This project tests the feasibility of expanding the pool of providers of autism treatment services to include those not meeting the strict guidelines of the current departmental regulations.

Autism spectrum disorders (ASD) affect essential human behaviors, such as social interaction; the ability to communicate ideas, feelings, and imagination; and the establishment of relationships with others. ASDs vary in age of onset, type, and severity of symptoms, and generally have lifelong effects. Additionally, ASDs are frequently accompanied by mental retardation and language disorders.

Although the prevalence of ASD has been the subject of debate, a recent report by the Centers for Disease Control and Prevention (CDC) found, in its review of information available in 14 states, that approximately one in 152 children 8 years of age had ASD.

In general, treatment of autism consists primarily of educating children, parents, and teachers. While a number of modalities, approaches, and intensive interventions have been introduced to remediate the effects of autism, few are supported by the test of time and formal peer-reviewed studies with strong design. However, the consensus guidance among many educational and medical professionals favors early entry into an intensive intervention program consisting of 20 or more hours each week for several years; the use of planned teaching opportunities organized around relatively brief periods of time, especially for the youngest children (e.g., 15- to 20-minute intervals); and sufficient amounts of adult attention in one-to-one or very small group instruction settings to meet individualized goals.



Applied behavior analysis (ABA), a widely used intensive intervention to address the effects of autism, is a systematized process of collecting data on a child's behaviors and using a variety of behavioral conditioning techniques to teach and reinforce desired behaviors while extinguishing harmful or undesired behaviors. In practice, time-limited, focused ABA methods apply behavioral principles to shape behaviors and teach the individual new skills.

TRICARE recognizes ASD as a neurobiological condition that requires both medical and educational management. For children with autism, the TRICARE Basic Program covers medically or psychologically necessary services, such as physician office visits, immunizations, psychological testing, and interventions, such as speech therapy, physical therapy, and occupational therapy.

Upon review of the applicable laws, regulations, literature, and the positions of other third-party payers, TRICARE determined that ABA is an educational intervention that augments other services, including medical, to address the effects of ASD. Consequently, TRICARE established coverage of ABA as a "special education" benefit within the Extended Care Health Option (ECHO) program. The ECHO provides eligible military family members with coverage for certain benefits not available in the TRICARE Basic Program, including special education and, which are not subject to the strict requirement that requested services meet the "medical necessity" criterion of the Basic Program.

TRICARE reimbursement can be made only to "TRICARE-authorized providers" for services rendered to TRICARE beneficiaries. This requirement is relaxed in ECHO to allow reimbursement of providers of certain services who meet all applicable licensing or other regulatory requirements of the political jurisdiction where the ECHO benefit is rendered or in the absence of such licensing or regulatory requirements, alternative requirements as determined by the Director, TRICARE Management Activity. Lacking such licensing or regulatory requirements for ABA services, the Department adopted certification by the Behavior Analyst Certification Board (BACB), as demonstrating that the provider of ABA services possesses the education, training, and experience necessary to render and be reimbursed for ABA services. However, this alternate method of establishing TRICARE-authorized providers coupled with the relative "newness" of the BACB and the ABA "industry" resulted in a shortage of qualified providers available to TRICARE beneficiaries with ASD.

To increase access to ABA providers and test the advisability and feasibility of authorizing TRICARE reimbursement for ABA services delivered by non-professional providers, the Department developed and implemented the Enhanced Access to Autism Services Demonstration. Key features of the Demonstration include the use of:

- BACB-Certified Behavior Analysts (BCBA) and BACB-certified Assistant Behavior Analysts (BCaBA) as “supervisors” who have a contractual relationship with TRICARE, either individually or as an employee of a TRICARE-authorized provider; and
- Noncertified individuals, i.e., “Tutors” as the “hands-on” providers of ABA under the supervision of the BCBA or BCaBA.

The Demonstration was initially implemented on March 15, 2008. Administrative requirements of the Demonstration by the Managed Care Support Contractors (MCSC) were substantially revised and implemented on September 10, 2008. In addition, Section 732 of the National Defense Authorization Act for Fiscal Year 2009 increased the limit of Government liability for certain benefits, including Special Education, from \$2,500 per month to \$36,000 per year. This change was implemented on April 1, 2009.

## RESULTS

The following provides Demonstration information as of June 30, 2009.

Region	Providers <sup>1</sup>		Enrolled Beneficiaries	Authorized Hours of Services <sup>2</sup>
	Supervisors	Tutors		
North	147	510	198	39,623
South	174	388	172	13,347
West	164	1,353	480	18,284
<b>TOTALS</b>	<b>485</b>	<b>2,251</b>	<b>850</b>	<b>71,614</b>

## CONCLUSION

The Department has not received indication that provider participation is negatively affected by reimbursement rates. In fact, we believe the above results, which represent more than a three-fold increase in the number of beneficiaries enrolled in the Demonstration and providers authorized to render services since our initial report in January 2009, indicate that reimbursement levels are sufficient to attract and retain qualified providers.

<sup>1</sup> Represents the total number of Supervisors and Tutors, by region, authorized by the Managed Care Support Contractors to provide services within the Demonstration. Data indicating the total number of BCBAs, BCaBAs, and Tutors within any geographic area is not collected by the BACB.

<sup>2</sup> Based on known cumulative number of authorized hours of services for the period December 1, 2008 through June 30, 2009. Demonstration services include functional assessment and analysis of the beneficiary, developing and updating the beneficiary’s Behavior Plan, direct supervision of the Tutor by the Supervisor, hours of ABA services provided by the Tutor to the beneficiary, and periodic meetings between the Supervisor and the beneficiary’s primary caregivers. However, the monthly reporting requirements do not distinguish the various types of services provided by Supervisors and Tutors; they are aggregated in total.