



PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

OCT-23 2017

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to the Senate Report 114-255, page 205, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year 2017, which requests the Department to provide a quarterly report on effectiveness of the Autism Care Demonstration (ACD). The report is for the second quarter of Fiscal Year 2017. The ACD offers applied behavior analysis (ABA) services for all TRICARE-eligible beneficiaries diagnosed with Autism Spectrum Disorder (ASD). Per the ACD, services are not limited by the beneficiary's age, dollar amount spent, or number of services provided.

Participation in the ACD by beneficiaries and providers is robust. There are 14,131 beneficiaries participating, with the number of providers accepting new TRICARE beneficiaries increasing by 26 percent, up from 1,307 during this reporting period. The average wait-time for services under the program from referral to the first appointment is about 21 days, well within the 28-day access standard for specialty care for most locations. This quarterly report is the first time we are providing the required data for health-related outcomes for ACD participants and it will be reviewed to help determine the overall effectiveness of ABA services for TRICARE beneficiaries. The Department fully supports continued research on the nature and effectiveness of ABA services.

In summary, the Department is committed to ensuring that military dependents diagnosed with ASD have timely access to appropriate ABA services. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member



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OCT 23 2017

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

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Sincerely,

A handwritten signature in blue ink that reads "A. M. Kurta".

A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

Report to Congressional Defense Committees



The Department of Defense Comprehensive Autism Care Demonstration Quarterly Report to Congress Second Quarter, Fiscal Year 2017

**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 \$14,000.00 for the 2017 Fiscal Year. This includes \$0.00 in expenses and \$14,000.00 in DoD labor.

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EFFECTIVENESS OF THE DEPARTMENT OF DEFENSE COMPREHENSIVE AUTISM CARE DEMONSTRATION

EXECUTIVE SUMMARY

This is in response to Senate Report 114–255, page 205, accompanying S. 2943, the National Defense Authorization Act (NDAA) 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 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 data presented below is for the period January 1, 2017, through March 31, 2017. The data, as reported by our Managed Care Support Contractors, represent the most recent quarter. The data may be understated due to the average 90-day lag in claims processing.

BACKGROUND

Applied Behavior Analysis (ABA) is one of many TRICARE-covered services to treat Autism Spectrum Disorder (ASD). Other services include, but are not limited to, speech therapy, occupational therapy, physical therapy, medications, and psychotherapy. In June 2014, TRICARE published the ACD Notice in the Federal Register upon Office of Management and Budget approval, and in compliance with the regulations that govern TRICARE demonstrations. In July 2014, the ACD was created to be a single program, from three previous programs, based on limited demonstration authority, with no annual cap of the Government’s cost share in an attempt to strike a balance that maximizes access while ensuring the highest level of quality care for our beneficiaries. This consolidated demonstration ensures consistent ABA coverage for all TRICARE beneficiaries—including Active Duty family members (ADFM) and non-ADFM diagnosed with ASD. ABA services are not limited by the beneficiary’s age, the dollar amount spent, or the number of services provided. Approximately 14,100 children receive ABA services through the ACD as of March 31, 2017. The most recent full FY data available, FY 2016, shows the total ABA services program expenditures were almost \$280M. ABA services are not provided at military treatment facilities. All ABA services are provided through the ACD in the purchased care sector. The ACD runs from July 25, 2014, through December 31, 2018.

RESULTS

1. The Number of New Referrals with Authorization for Services under the Program

The number of new referrals with an authorization for ABA services under the ACD during the period January 1, 2017, through March 31, 2017, was 1,135, down almost 14 percent from the 1,313 reported for the previous quarter. States with large military installations have the greatest number of new referrals: California (122), Colorado (69), Florida (101), Georgia (75), North Carolina (72), Texas (141), Virginia (110), and Washington (78). A breakdown by state is included in Table 1.

Table 1

State	New referrals with authorization				
AL	28	IA	0	ND	0
AK	10	KS	11	OH	7
AZ	13	KY	11	OK	15
AR	11	LA	14	OR	1
CA	122	ME	0	PA	5
CO	69	MD	29	RI	0
CT	2	MA	2	SC	31
DE	2	MI	7	SD	0
DC	3	MN	0	TN	28
FL	101	MS	10	TX	141
GA	75	MO	11	UT	8
HI	36	MT	2	VT	0
ID	0	NE	3	VA	110
IL	13	NV	14	WA	78
IN	7	NH	1	WV	1
		NJ	5	WI	6
		NM	9	WY	2
		NY	7	Overseas	2
		NC	72	Total	1135

2. The Number of Total Beneficiaries Enrolled in the Program

As of March 31, 2017, the total number of beneficiaries participating in the ACD is 14,131, significantly up from the 12,888 reported for the previous quarter. As is the case with new referrals, states with large military installations have the greatest number of participants: California (1767), Colorado (842), Florida (1218), Georgia (704), Hawaii (573), Maryland (363), North Carolina (1000), South Carolina (320), Texas (1989), Virginia (1472), and Washington (1068). A breakdown by state of total ACD participants is included in Table 2.

Table 2

State	Total beneficiaries participating
AL	245
AK	149
AZ	239
AR	26
CA	1767
CO	842
CT	38
DE	26
DC	18
FL	1218
GA	704
HI	573
ID	4
IL	151
IN	65
IA	11

KS	208
KY	190
LA	98
ME	0
MD	363
MA	38
MI	48
MN	12
MS	75
MO	145
MT	19
NE	62
NV	186
NH	12
NJ	100
NM	96
NY	96
NC	1000
ND	3

OH	119
OK	132
OR	25
PA	63
RI	17
SC	320
SD	9
TN	298
TX	1507
UT	152
VT	0
VA	1472
WA	1068
WV	7
WI	28
WY	12
Overseas	75
Total	14131

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

For most states, the average wait-time from time 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 times from time of referral to first appointment for all states are about 21 days. However, for this reporting period there are only four states that are marginally above the access standard: Alabama (29), New Mexico (31), Oklahoma (31), and South Carolina (30); and only Alaska (37) is considered significantly above the standard. ABA providers are advised not to accept beneficiaries for whom they cannot provide ABA services in a timely manner. Our contractors refer beneficiaries to ABA providers they believe can provide the recommended treatment to a beneficiary within the 28-day access to care standard. Our contractors are working diligently to build the networks, and we will continue to monitor the states and locations where provider availability is an issue. However, it must be noted that although the field of ABA services is growing, there still remain locations where there are simply not enough ABA providers to meet the demand for such services. Of special note, for states where there are particularly large concentrations of ACD participants, contractors meet (or nearly meet) the 28-day access standard: California (27), Colorado (19), Florida (25), Georgia (27), Hawaii (25), Maryland (19), North Carolina (12), South Carolina (30), Texas (28), Virginia (20), and Washington (20). A breakdown by state is included in Table 3.

Table 3

State *	Avg. Wait Time (# days)	Range
AL	29	14 - 41
AK	37	15-58
CA	27	1-53
CO	19	6- 43
FL	25	1-53
GA	27	2-64
HI	25	11-34
IL	10	7- 12
IN	14	14-14
KS	20	10- 29
LA	23	23-23
MD	19	8-38
MS	21	8-50
MO	7	7-7
NM	31	20-52
NV	21	14-31
NY	20	20-20
NC	12	1-36
OK	31	15-47
OR	19	19-19
SC	30	8-93
TN	18	1-44
TX	28	1-86
UT	10	8- 12
VA	20	1-53
WA	20	3-35
WI	1	1-1

* If a State is not listed then no new first time referrals were reported.

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

There are over 28,000 ABA providers willing to accept TRICARE patients, including certified behavior technicians, for about a 2:1 provider to patient ratio for the approximately 14,100 ACD beneficiaries. For this reporting quarter the number of providers accepting new beneficiaries under the ACD is 1,653, up 26 percent from the 1,307 reported for the previous quarter. Since many providers work in group practices, the number of providers accepting new beneficiaries is not directly comparable to the total number of individual providers. This improved rate of participating providers is potentially attributed to a combination of operational factors: significant recruitment efforts by the regional contractors, more certified ABA providers available for recruitment, and revised provider reimbursement rates (with the January 24, 2017, publication of the NDAA for FY 2017 which directed reinstatement of the revised upward pre-April 1, 2016, reimbursement rates). States with large military installations generally have the greatest number of providers accepting new patients, including: California (130), Colorado (65), Florida (236), Georgia (59), Maryland (44), North Carolina (40), South Carolina, (48), Tennessee (49), Texas (206), Virginia (106), and Washington (53). A breakdown by state is included in Table 4.

Table 4

State	Providers accepting new beneficiaries
AL	37
AK	10
AZ	22
AR	4
CA	130
CO	65
CT	13
DE	4
DC	5
FL	236
GA	59
HI	34
ID	1
IL	38
IN	39

IA	7
KS	18
KY	19
LA	23
ME	6
MD	44
MA	21
MI	24
MN	5
MS	9
MO	30
MT	5
NE	10
NV	17
NH	12
NJ	32
NM	14
NY	27
NC	40

ND	4
OH	27
OK	14
OR	11
PA	35
RI	5
SC	48
SD	3
TN	49
TX	206
UT	19
VT	1
VA	106
WA	53
WV	0
WI	12
WY	4
Total	1653

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

The number of individual providers who no longer accept new TRICARE patients for ABA services under the ACD is 158, a positive 37 percent trend downward from the 252 reported for the previous quarter. Most providers who no longer accept new patients are at capacity and have not disengaged current beneficiaries. A breakdown by state is included in Table 5.

Table 5

State	Providers no longer accepting new beneficiaries
AL	7
AK	2
AZ	7
AR	0
CA	25
CO	3
CT	0
DE	1
DC	1
FL	16
GA	9
HI	3
ID	0
IL	0
IN	0

IA	0
KS	5
KY	2
LA	9
ME	1
MD	1
MA	0
MI	0
MN	1
MS	0
MO	1
MT	1
NE	0
NV	2
NH	0
NJ	1
NM	3
NY	1
NC	1

ND	4
OH	0
OK	1
OR	1
PA	0
RI	0
SC	6
SD	0
TN	7
TX	22
UT	0
VT	0
VA	6
WA	7
WV	0
WI	1
WY	0
Total	158

6. The Average Number of Treatment Sessions Required by Beneficiaries

The average number of treatment sessions required by beneficiaries (reported as the paid average number of hours per week per beneficiary since the number of sessions does not represent the intensity of services) is outlined in Table 6 by state. Across the average of all states, beneficiaries receive an average of about 10 hours per week, with the majority of beneficiaries receiving between 6 and 17 hours of ABA services per week. However, we are unable to make conclusions about utilization variances due to the unique needs of each beneficiary for ABA services. Additionally, research has not established any causal relationship between severity, treatment needs, and intensity of services.

Table 6

State	Avg. No. of hrs/wk per beneficiary	Range
AL	7	2-44
AK	8	1-35
AZ	18	1-51
AR	5	1-14
CA	14	1-82
CO	16	1-82
CT	6	1-32
DE	7	2-21
DC	6	1-14
FL	8	1-49
GA	7	1-35
HI	15	1-72
ID	2	2-2
IL	8	1-31
IN	21	2-53
IA	10	2-22
KS	18	1-87
KY	11	1-35
LA	5	1-25
ME	10	2-20
MD	7	1-38
MA	8	2-26
MI	11	2-29
MN	31	31-31
MS	2	2-9
MO	7	1-40
MT	7	3-13
NE	17	1-57
NV	17	1-57
NH	16	4-46
NJ	6	1-33
NM	17	1-74
NY	10	1-29
NC	9	1-95
ND	9	8-10
OH	8	1-29
OK	7	1-44
OR	23	1-44
PA	8	1-26
RI	6	1-13
SC	6	1-54
SD	19	10-25
TN	7	1-35
TX	8	1-44
UT	17	1-67
VT	*	*
VA	7	1-42
WA	11	1-44
WV	7	1-11
WI	15	4-33
WY	3	3-3

* No claims for ABA services submitted during this report period.

7. Health-Related Outcomes for Beneficiaries under the Program

The Department fully supports continued research on the nature and effectiveness of ABA services. On January 1, 2017, the ACD evaluated the health-related outcomes through the requirement of norm-referenced, valid, and reliable outcome measures. Outcomes data for beneficiaries is required at baseline entry into the ACD program and every six months thereafter, with more comprehensive outcome measures at every two-year increment of ABA services.

This is the first reporting quarter for the regional contractors since the outcome measures requirement took effect. These measures include: the Autism Diagnostic Observation Scale – Second Edition (ADOS-2), the Vineland Adaptive Behavior Scale – Third Edition (Vineland – 3), and the Wechsler Intelligence Scales or Test of Non-Verbal Intelligence Scale – Fourth Edition (TONI-4). All outcome measures were completed and submitted to the regional contractors by specialized ASD diagnosing providers who were able to provide an objective evaluation of each beneficiary’s functioning at the time of assessment. The data presented in the following tables represents those beneficiaries whose two-year Periodic ABA Program Review fell within the first reporting quarter.

The ADOS-2, Vineland-3, and cognitive measures were selected as outcome measures for the ACD because research predominantly used these tools as indicators of improvement in functioning over time. The ADOS-2 is an instrument used for assessing the level of impairment

and confirming the diagnosis of ASD. Scores for beneficiaries in this sample represent a wide range of functioning from severe (Autism) to mild (Autism Spectrum) symptom severity to even no (Non-spectrum) symptom presentation (see Table 7). The Vineland-3 is a measure of adaptive behavior functioning. Scores for beneficiaries in this sample represent a population that is functioning in the moderately low to low range (see Table 8). Table 9 represents the cognitive functioning, noted by Full Scale Intellectual Quotient (FSIQ) or Index Score, of beneficiaries in this sample using the age appropriate measure by one of four intelligence tests (verbal or non-verbal assessment.) Beneficiaries represented in the table display a wide range of cognitive functioning from moderate intellectual disability (extremely low) to superior intellectual functioning. The wide variety in the various scores represents a population with a vastly diverse presentation of ASD. Further analysis of scores will be available in future quarterly reports.

Symptom Severity			
	ADOS-2 (Overall Total Score)		
State	Average	Classification	Range
AL	20	Autism	20-20
CA	3	Non-spectrum	2-5
FL	15	Autism	7-21
GA	11	Autism Spectrum	9-13
KY	15	Autism	11-19
MI	8	Autism Spectrum	8-8
NE	8	Autism Spectrum	8-8
NJ	9	Autism Spectrum	9-9
NC	10.5	Autism	9-12
SC	18	Autism	15-23
TN	14	Autism	11-17
TX	2	Non-spectrum	2-2
VA	18	Autism	18-18

Adaptive Functioning			
	Vineland (Composite Score)		
State	Average	Classification	Range
CA	74	Moderately Low	47-74
FL	70	Moderately Low	44-85
GA	64	Low	52-76
KY	69	Low	69-69
NE	31	Low	3-59
NJ	30	Low	30-30
NY	76	Moderately Low	76-76
SC	62	Low	41-72

Table 9

Cognitive Functioning										
State	WAIS-IV/V (FSIQ)			WISC-V/WPPSI-IV (FSIQ)			TONI-4 (Index Score)			
	Average	Classification	Range	Average	Classification	Range	Range Classification	Average	Descriptive Rating	Range
AL				60	Extremely Low	54-65				
FL	83	Low Average	83-83	96	Average	40-124*	Extremely Low - Superior			
GA				91	Average	91-91				
KY				71	Borderline	71-71				
NE				56	Extremely Low	50-62		66	Very Poor	66-66
NC				106	Average	106-106				
SC				78	Borderline	59-106*	Extremely Low - Average			
TN				94	Average	85-103				
TX				89	Low Average	62-115*	Extremely Low - High Average			
VA				102	Average	102-102				

It is important to note that Tables 7, 8, and 9 represent only a small number of the beneficiaries participating in the ACD. These tables should not be interpreted as a statistically representative sample of TRICARE beneficiaries diagnosed with ASD. Nor should these tables be interpreted as evidence of treatment improvement or lack of improvement. Subsequent quarterly reports will continue to compile outcome data to demonstrate the population over time as well as the impact of ABA services as demonstrated in these outcome measures.

CONCLUSION

As evidenced in the above information, participation in the ACD by beneficiaries and ABA providers significantly increased during the most recent quarter. As of March 31, 2017, there are more than 14,100 beneficiaries participating, almost a nine percent increase in a single quarterly reporting period. The number of providers accepting new TRICARE beneficiaries far exceeds the numbers who are no longer accepting new beneficiaries. During this quarter there was a 26 percent increase in the number of providers accepting new patients and a 37 percent decrease in the number of providers who were no longer accepting new patients.

The average wait-time for most locations from time of referral to the first appointment for ABA services under the ACD is within the 28-day access standard for specialty care. The average of all the states for the wait times for time of referral to first appointment is about 20 days. To ensure network adequacy and access to care, including in those few areas noted above that exceed the standard, our regional contractors monitor access on a regular basis and recruit new providers as appropriate. For any beneficiaries with an active authorization for ABA services who do not have an ABA provider, the contractors actively work to place these patients with a qualified provider. They track available provider data at the state and local level, enabling them to identify areas with potential network deficiencies which need to be addressed.

Determining health-related outcomes is the newest requirement added to the ACD. This quarterly report is the first time we are providing the required data for health-related outcomes for ACD participants. The present data demonstrates a vastly diverse presentation of ASD with respect to symptom severity, and adaptive and cognitive functioning. The present data does not represent the impact of ABA services on TRICARE beneficiaries participating in the ACD. Further analysis of scores will be available in future quarterly reports. With future quarterly reports, this outcome data will help determine the overall effectiveness of ABA services for TRICARE beneficiaries.