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

PERSONNEL AND READINESS

JUL 2 0 2022

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

Dear Mr. Chairman:

The Department's response to Senate Report 114–255, page 205, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year (FY) 2017, which directs the Secretary of Defense to provide a quarterly report on the effectiveness of the Autism Care Demonstration (ACD), is enclosed. This is the third quarter report for FY 2021, which covers data from April 2021 to June 2021.

Beneficiary referrals and overall participation in the ACD increased during this reporting period, and providers continue to submit applications for becoming TRICARE authorized. Average number of rendered hours and outcome measures are not reported in this quarterly report. Updates to the ACD, published March 23, 2021, included several revisions to these sections. Each of those revisions is geared towards improving accurate and optimal data collection and analysis.

The Department is committed to ensuring military dependents diagnosed with autism spectrum disorder 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 families. I am sending a similar letter to the Committee on Armed Services of the House of Representatives.

Sincerely,

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

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

PERSONNEL AND READINESS

JUL 2 0 2022

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

Dear Mr. Chairman:

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The Department is committed to ensuring military dependents diagnosed with autism spectrum disorder 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 families. I am sending a similar letter to the Committee on Armed Services of the Senate.

Sincerely,

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Mike D. Rogers
Ranking Member

Department of Defense
Comprehensive Autism Care Demonstration
Quarterly Report to Congress
Third Quarter, Fiscal Year 2021

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 $320.00 for the 2021 Fiscal Year. This includes $0 in expenses and $320.00 in DoD labor. Generated on 2021Nov17 RefID: 4-D1261BB

EFFECTIVENESS OF THE DEPARTMENT OF DEFENSE COMPREHENSIVE AUTISM CARE DEMONSTRATION

EXECUTIVE SUMMARY

This third 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 Secretary of Defense provide a quarterly report on the effectiveness of the Comprehensive Autism Care Demonstration (ACD). Specifically, the committee requests the Department 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 of April 1, 2021 through June 30, 2021. Although the Defense Health Agency (DHA) has improved data collection reporting timeframes, the data may be underreported due to delays in receipt of claims.

With the ACD policy update (published March 23, 2021) data reporting requirements were also revised. Therefore, this report is the first to begin reporting revised data, although not all information is available at the time of this report. As of June 30, 2021, there were 1,542 new referrals to the ACD with approximately 16,149 beneficiaries enrolled in the ACD. The total ACD program expenditures were $397 million (M) in FY 2020. The number of States with average wait times from the date of referral to the first appointment for applied behavior analysis (ABA) services that were within access standards decreased during this quarter (see Table 3 below for details). Tables 4 and 5 represent the number of ABA providers under the ACD. Lastly, additional revisions were made to the outcome measures reporting. Therefore, findings related to outcome measures will be reported in the next annual report.

BACKGROUND

ABA services are one of many services currently available to TRICARE-eligible beneficiaries to mitigate symptoms of autism apectrum disorder (ASD). Other medical 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 quality services for beneficiaries. The consolidated demonstration ensures consistent ABA service coverage for all eligible TRICARE 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. However, all ABA services must be clinically necessary and appropriate and target the core symptoms of ASD. All ABA services are provided through the private sector care component of the Military Health System.

The ACD began July 25, 2014, and was originally set to expire on December 31, 2018; however, an extension of the authority for the demonstration until December 31, 2023, was documented via a Federal Register Notice published on December 11, 2017. The Notice stated that additional analysis and experience were 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 authority, the Government intends to continue to gain additional information about what services TRICARE beneficiaries are receiving under the ACD and how to most effectively target services where they 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. 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 April 1, 2021 through June 30, 2021, was 1,542. This was an increase from the previous quarter (1,350). A breakdown by State is included in Table 1 below.

Table 1 – Number of New Referrals with Authorizations for ABA Services Under the ACD

State	New Referrals with Authorization
AK	14
AL	14
AR	6
AZ	43
CA	203
CO	78
CT	3
DC	1
DE	1
FL	125
GA	77
HI	56
IA	2
ID	9
IL	20
IN	9
KS	23
KY	26
LA	15
MA	4
MD	27
ME	0
MI	7
MN	5
MO	19
MS	13
MT	7
NC	101
ND	2
NE	4
NH	2
NJ	10
NM	8
NV	26
NY	11
OH	12
OK	11
OR	0
PA	4
RI	1
SC	32
SD	1
TN	32
TX	225
UT	10
VA	130
VT	1
WA	101
WI	2
WV	2
WY	7
Total	**1,542**

2. Total Number of Beneficiaries Enrolled in the Program

As of June 30, 2021, the total number of beneficiaries participating in the ACD was 16,149, a very slight increase from the last reporting period (16,102). Of note, while there are 16,149 beneficiaries with an active authorization, only 13,507 had a claim filed during this reporting period, meaning that 16 percent of the beneficiaries with an authorization likely did not receive any ABA services during the quarter. However, claims submissions may be delayed or were not captured during this reporting period which may underrepresent utilization this quarter. 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	121
AL	277
AR	48
AZ	243
CA	1893
CO	759
CT	63
DC	14
DE	36
FL	1586
GA	763
HI	490
IA	11
ID	15
IL	221
IN	114
KS	210
KY	260
LA	116
MA	56
MD	3
ME	397
MI	75
MN	14
MO	161
MS	140
MT	39
NC	1186
ND	16
NE	77
NH	12
NJ	110
NM	64
NV	273
NY	89
OH	133
OK	159
OR	19
PA	91
RI	15
SC	315
SD	12
TN	385
TX	2046
UT	171
VT	4
VA	1863
WA	910
WI	27
WV	6
WY	41
Total	**16,149**

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

For 36 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. For the States and the District of Columbia (D.C.) that were beyond the access-to-care (ATC) standard, five States had access within 1 week of the ATC standard, five States had access within 2 weeks of the ATC standard, and five States significantly exceeded the ATC standard. Of note, five of the 14 States and D.C. each had one beneficiary from their respective jurisdictions representing an isolated situation rather than a systemic challenge. The MCSCs reported key factors impacting wait times are: families requesting an extension/delay in obtaining appointments; military medical treatment facility-directed referrals (where the named provider did not have timely access); family preferences to wait despite available appointments within ATC standards

(specific provider, specific time, specific days, specific locations); families changing providers after availability has been confirmed; providers waiting to complete an assessment to ensure they have treatment access or behavior technician (BT) availability; and family preference to prioritize other services (SLP/OT/PT).

The MCSCs, with oversight from the Government, continue to review causative factors. The MCSCs work diligently to identify available providers, 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)	State	Average Wait Time (# days)	State	Average Wait Time (# days)
AK	20	IN	57	NV	26
AL	32	KS	14	NY	24
AR	8	KY	18	OH	39
AZ	26	LA	37	OK	0
CA	23	MA	24	OR	0
CO	21	MD	38	PA	22
CT	17	ME	0	RI	12
DE	55	MI	73	SC	12
DC	36	MN	0	SD	0
FL	24	MO	29	TN	15
GA	18	MS	32	TX	24
HI	20	MT	0	UT	11
IA	0	NC	41	VA	23
ID	0	ND	0	VT	0
IL	60	NE	0	WA	23
		NH	0	WV	1
		NJ	31	WI	30
		NM	18	WY	51

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

As part of the ACD policy update, DHA revised the reporting requirements to report the number of unique ABA providers, as identified by their individual National Provider Identifier (NPI), who are authorized to render ABA services under the ACD. The total number of unique authorized ABA providers within the East and West Regions is 81,109 (20,312 authorized ABA supervisors, 1,569 assistant behavior analysts, and 59,228 BTs). For this reporting quarter, DHA revised this section to report data to identify the number of unique authorized ABA supervisors new to the ACD, since referrals can be authorized to only the authorized ABA supervisor. Assistants and BTs must work under the supervision of an authorized ABA supervisor. The number of new authorized ABA supervisors is 516. There is no comparison to the previous

quarter as the last report noted total number of practices, not unique individuals. A breakdown by State is included in Table 4 below.

Table 4 – Number of Unique Authorized ABA Supervisors New to the ACD

State	New Authorized ABA supervisors
AK	2
AL	4
AR	5
AZ	9
CA	57
CO	20
CT	17
DC	1
DE	1
FL	55
GA	17
HI	9
IA	1
ID	1
IL	21
IN	12
KS	7
KY	6
LA	7
MA	13
MD	0
ME	16
MI	17
MN	1
MO	7
MS	0
MT	1
NC	8
ND	1
NE	4
NH	1
NJ	11
NM	3
NV	5
NY	6
OH	6
OK	3
OR	4
PA	33
RI	2
SC	8
SD	1
TN	11
TX	52
UT	9
VA	18
VT	0
WA	15
WV	0
WI	3
WY	5
Total	**516**

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

As part of the ACD policy update, DHA revised the reporting requirements to report the number of unique authorized ABA supervisors, as identified by their individual NPI, who have terminated their authorized ABA provider status with the East or West Region contractor. The total number of terminated ABA supervisors with unique NPI is 30. There is no comparison to the previous quarter as the last report noted total number of practices, not unique individuals. A breakdown by State is included in Table 5 below.

Table 5 – Number of ABA Supervisors who Terminated Their TRICARE Status

State	Terminated ABA Supervisor
AK	1
AL	0
AZ	1
AR	0
CA	12
CO	6
CT	0
DE	0
DC	0
FL	0
GA	0
HI	3
ID	0
IL	0
IN	0

IA	0
KS	2
KY	0
LA	0
MA	0
MD	0
ME	0
MI	0
MN	0
MO	0
MS	0
MT	0
NC	0

ND	0
NE	0
NH	0
NJ	0
NM	0
NV	1
NY	0
OH	0
OK	0
OR	1
PA	0
RI	0
SC	0

SD	0
TN	0
TX	0
UT	1
VT	0
VA	0
WA	2
WV	0
WI	0
WY	0
Total	**30**

6. 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, medications, or other non-medical supports for the best outcomes for any one beneficiary. Therefore, DHA reported the average number of paid hours of one-to-one 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 due to the unique needs of each beneficiary.

With the ACD policy update and revisions to the reported data, DHA revised the data requirement so that utilization data and authorization dates are reported. However, since beneficiary authorization start and end dates do not align with each quarter, and claims data is often incomplete at the time of the reporting period, utilization trends will be reported next in the annual report.

7. Health-Related Outcomes for Beneficiaries Under the Program

DHA 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. This data collection began on January 1, 2017.

As of the date of this reporting period, three outcome measures were 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 designed to assist in the assessment of various

domains related to ASD. Additionally, the PDDBI is a measure designed to assess the effectiveness of treatments for children with pervasive developmental disabilities, including ASD, in terms of response to interventions. The outcome measures are completed by eligible providers (PDDBI completed by BCBAs only, remaining measures completed by eligible providers) authorized under the ACD and are submitted to the MCSCs. The Vineland-3 and SRS-2 are required at baseline and every 2 years thereafter, and the PDDBI is required at baseline and every 6 months thereafter.

The March 23, 2021 ACD policy update published a revision to the outcome measures requirements. Specifically, changes to the outcome measures include: removal of the referral requirement for the specialized ASD provider who cannot complete the measures (allowing faster access to all options and eligible providers for completing the measures); removing the 1-year grace period to complete the initial outcome measures (requiring measures to be completed prior to treatment authorization and reauthorization); and revising the timeline for two outcome measures completion from every 2 years to annually. The ACD policy update also added the parent stress measures, not as an outcome of ABA effectiveness, but rather as a measure to assess parental stress and the impact of the comprehensive services offered under the policy update as a means to reduce parent stress. Each of these changes is geared towards improving accurate and optimal outcome measures that will inform not only the individual beneficiary's progress but also the effectiveness of ABA services under the ACD. As a result, DHA continues to pause reporting outcome measures in the quarterly report until the policy revisions take effect and DHA has received data in accordance with these revisions. DHA anticipates that the next annual report will be the first report to incorporate implemented revisions regarding the outcome measures.

CONCLUSION

DHA made several policy revisions and updates to facets of the ACD such as data collection and reporting, which were published on March 23, 2021. Therefore, this report begins reporting some of the revisions while other requirements are transitioning to the new format and are currently incomplete. As of June 30, 2021, 16,149 beneficiaries were participating in the ACD. The number of referrals increased over the reporting period. The number of providers, now reported by unique NPIs, continues to increase as evidenced by the 516 new authorized ABA supervisors newly authorized under the ACD. The average number of States that met ATC standards decreased over the last quarter. Determining health-related outcomes continues to be an important requirement of the ACD. However, until the outcome measures revisions take effect and data is received in accordance with these revisions and updates, DHA continues to pause reporting outcome measures in the quarterly reports.

DHA remains committed to ensuring all TRICARE-eligible beneficiaries diagnosed with ASD reach their maximum potential and all treatment and services provided support this goal. To that end, the policy revisions and updates published March 23, 2021, 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 policy revisions and updates also aim to improve data collection and reporting abilities. DHA will continue to field questions as the policy updates are implemented.