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

PERSONNEL AND READINESS

AUG 1 8 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 requests the Department of Defense (DoD) provide a quarterly report on the effectiveness of the Autism Care Demonstration (ACD), is enclosed. The fourth-quarter report for FY 2021 covers data from July 2021 to September 2021.

Beneficiary referrals and overall participation in the ACD increased during this reporting period, and providers continue to submit applications for becoming TRICARE authorized. Updates to the ACD, published March 23, 2021, included several revisions geared towards improving accurate and optimal data collection and analysis. Average number of rendered hours and outcome measures are not reported in this quarterly report because this information is presently unavailable given the revised collection and analysis methods. This data will be made available in a future report.

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, veterans, and families. I am sending a similar letter to the House Armed Services Committee.

Sincerely,

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

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WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

AUG 1 8 2022

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

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Sincerely,

Gilbert R. Cisneros, Jr.

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cc:
The Honorable Mike D. Rogers
Ranking Member

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

Department of Defense
Comprehensive Autism Care Demonstration
Quarterly Report to Congress
Fourth 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 $.00 for the 2021 Fiscal Year. This includes $0 in expenses and $.00 in DoD labor.
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EFFECTIVENESS OF THE DEPARTMENT OF DEFENSE COMPREHENSIVE AUTISM CARE DEMONSTRATION

EXECUTIVE SUMMARY

This fourth quarterly report for Fiscal Year (FY) 2017 is in response to Senate Report 114–255, page 205, accompanying S. 2943, the National Defense Authorization Act for 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 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 from July 1, 2021 through September 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 second to report revised data, although not all information is available at the time of this reporting quarter. As of September 30, 2021, there were 1,644 new referrals to the ACD with approximately 17,471 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 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 with this policy update. Since the format and elements are revised, comparison data is not presently available. Therefore, outcome measure findings will be reported in the next annual report.

BACKGROUND

ABA services are one of many services currently available to eligible TRICARE beneficiaries to mitigate symptoms of Autism Spectrum 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.

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 rendered by ABA providers 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. 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 July 1, 2021 through September 30, 2021 was 1,644. This was an increase from the previous quarter (1,542). 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	15
AL	28
AR	3
AZ	33
CA	252
CO	97
CT	7
DC	1
DE	2
FL	105
GA	84
HI	63
IA	2
ID	6
IL	13
IN	3
KS	28
KY	26
LA	10
MA	5
MD	43
ME	0
MI	5
MN	1
MO	19
MS	15
MT	3
NC	98
ND	6
NE	13
NH	0
NJ	7
NM	12
NV	20
NY	9
OH	11
OK	14
OR	3
PA	6
RI	1
SC	32
SD	1
TN	32
TX	220
UT	16
VA	136
VT	0
WA	127
WI	2
WV	0
WY	9
Total	**1,644**

2. The Number of Total Beneficiaries Enrolled in the Program

As of September 30, 2021, the total number of beneficiaries participating in the ACD was 17,471; an increase from the last reporting period (16,149). The category of "other" was added to include beneficiaries enrolled in the program who transitioned from one State to another who had an active authorization. Of note, while there are 17,471 beneficiaries with an active authorization, only 12,872 had a claim filed during this reporting period, meaning that 26 percent of the beneficiaries with an authorization likely did not receive any ABA services during the quarter. DHA is exploring the situations where these instances occurred. Additionally, claim 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	145
AL	280
AR	49
AZ	302
CA	2278
CO	903
CT	64
DC	10
DE	33
FL	1606
GA	783
HI	576
IA	13
ID	24
IL	216
IN	106
KS	256
KY	256
LA	112
MA	60
MD	3
ME	425
MI	79
MN	15
MO	196
MS	143
MT	48
NC	1206
ND	26
NE	100
NH	11
NJ	107
NM	75
NV	308
NY	95
OH	131
OK	157
OR	30
PA	87
RI	15
SC	306
SD	13
TN	394
TX	2149
UT	195
VT	4
VA	1843
WA	1144
WI	27
WV	8
WY	54
Other	5
Total	**17,471**

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

For 31 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 (including the District of Columbia) that were beyond the access-to-care (ATC) standard, 10 States had access within 1 week of the ATC standard, 4 States within 2 weeks of the ATC standard, 4 States within 3 weeks of the ATC standard, and 2 States exceeded the ATC standard by more than 4 weeks. The MCSCs reported that 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 had been confirmed; providers waiting to complete an assessment to ensure they have treatment access or behavior technician (BT) availability; and beneficiary preference to prioritize other services (SLP/OT/PT).

The MCSCs, with oversight from the Government, continue to review causative key 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)
AK	21
AL	41
AR	22
AZ	0
CA	27
CO	25
CT	24
DE	0
DC	50
FL	32
GA	34
HI	29
IA	0
ID	41
IL	40
IN	29
KS	21
KY	20
LA	25
MA	23
MD	49
ME	0
MI	35
MN	0
MO	33
MS	43
MT	0
NC	39
ND	0
NE	0
NH	0
NJ	30
NM	28
NV	21
NY	14
OH	31
OK	49
OR	0
PA	72
RI	0
SC	45
SD	0
TN	21
TX	32
UT	26
VA	30
VT	0
WA	28
WV	0
WI	13
WY	14

4. The 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 83,051 (20,064 authorized ABA supervisors; 1,433 assistant behavior analysts; and 61,554 BTs). Since referrals can be authorized to only the authorized ABA supervisor or ABA practice, highlighted below are the number of new authorized ABA supervisors by State (414). The previous quarter added 516 authorized ABA supervisors to the demonstration. A breakdown by State is included in Table 4 on the next page.

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

State	New Authorized ABA supervisors
AK	1
AL	4
AR	2
AZ	12
CA	45
CO	23
CT	6
DC	1
DE	4
FL	34
GA	14
HI	6
IA	1
ID	1
IL	19
IN	6
KS	3
KY	4
LA	4
MA	13
MD	0
ME	16
MI	19
MN	6
MO	11
MS	2
MT	2
NC	19
ND	0
NE	6
NH	0
NJ	12
NM	8
NV	4
NY	3
OH	7
OK	2
OR	3
PA	6
RI	1
SC	1
SD	0
TN	8
TX	30
UT	6
VA	21
VT	0
WA	12
WV	0
WI	1
WY	5
Total	**414**

5. The 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 258. The previous quarter reported that 30 providers terminated their status with the ACD. 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	3
AL	0
AZ	5
AR	0
CA	130
CO	32
CT	1
DE	0
DC	0
FL	2
GA	1
HI	3
ID	0
IL	3
IN	2
IA	0
KS	5
KY	0
LA	0
MA	2
MD	1
ME	0
MI	1
MN	0
MO	6
MS	0
MT	0

NC	2
ND	1
NE	0
NH	1
NJ	1
NM	5
NV	7
NY	1
OH	1

OK	0
OR	12
PA	0
RI	1
SC	0
SD	0
TN	0
TX	1
UT	6

VT	0
VA	0
WA	22
WV	0
WI	0
WY	0
Total	**258**

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, medications, or other non-medical supports for the best outcomes for any one beneficiary. Therefore, the 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. 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 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, revisions 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 revisions 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 well as overall program effectiveness. 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 continues reporting a portion of the revisions while other requirements are transitioning to the new format and are currently incomplete. As of September 30, 2021, 17,471 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 414 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, the 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.