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

PERSONNEL AND
READINESS

JUL 17 2023

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, "TRICARE Comprehensive Autism Care Demonstration Program," is enclosed. The fourth quarter report for FY 2022 covers data from July 2022 to September 2022.

Beneficiary referrals and overall participation decreased slightly during this reporting period. Applied Behavior Analysis (ABA) providers continue to submit applications to become providers authorized under the Autism Care Demonstration. The average number of rendered hours and outcome measures are not reported in this quarterly report. The next annual report will resume reporting outcome measures as well as begin reporting on data resulting from the March 2021 policy update.

The Department is committed to ensuring TRICARE-enrolled dependents diagnosed with autism spectrum disorder have timely access to clinically necessary and appropriate ABA services. Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending a similar letter to the House Armed Services Committee.

Sincerely,

//signed//

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Roger F. Wicker
Ranking Member

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

PERSONNEL AND
READINESS

JUL 17 2023

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

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

TRICARE Comprehensive Autism Care Demonstration Program (Fourth Quarter, Fiscal Year 2022)

May 2023

The estimated cost of this report or study for the Department of Defense is approximately $300.00 for the 2022 Fiscal Year. This includes $0 in expenses and $300.00 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) 2022 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 provide a quarterly report on the effectiveness of the Comprehensive Autism Care Demonstration (ACD). Specifically, Senate Report 114–255 requested the Secretary of Defense 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 were reported by the Managed Care Support Contractors (MCSCs), with oversight from the Government, and represent the time frame from July 1, 2022 through September 30, 2022. Although the Defense Health Agency (DHA) has improved data collection reporting time frames, the data may be underreported due to delays in receipt of claims.

This report is the sixth to report revised data, although not all information is available at the time of this reporting quarter. As of September 30, 2022, there were 2,019 new referrals to the ACD with 15,493 beneficiaries enrolled in the ACD. 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 increased during this quarter (see Table 3 below for details). Tables 4 and 5 represent the number of ABA providers under the ACD. Lastly, outcome measures reporting is not included in quarterly reports as more complete and robust analysis are reported in the annual reports.

BACKGROUND

ABA services are one of many services currently available to eligible TRICARE beneficiaries to mitigate symptoms of autism spectrum disorder (ASD). Other services include, but are not limited to: speech and language pathology (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 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, it was extended to 2028 via a Federal Register Notice published August 4, 2022.

RESULTS

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

The number of new referrals for ABA services under the ACD during the period of July 1, 2022 through September 30, 2022, was 2,019. This number of referrals slighty decreased from the previous quarter (2,051). It is important to note that as a referral is only one component of enrollment into the ACD. Not all referrals result in a subsequent enrollment or authorizations. For example, a referral may be submitted without the administration of a validated assessment tool or documentation of the diagnostic criteria, therefore resulting in an incomplete referral. DHA added non-clinical support services for all beneficiaries with incomplete referrals to ensure these beneficiaries meet all eligibility components for successful enrollment in the ACD. Additionally, a referral may be submitted in one quarter and enrollment may occur in a subsequent quarter. A breakdown by State is included in Table 1:

Table 1 – Number of New Referrals for ABA Services under the ACD

State	New Referrals with Authorization
AK	21
AL	34
AR	12
AZ	39
CA	266
CO	75
CT	10
DC	3
DE	4
FL	195
GA	120
HI	62
IA	3
ID	6
IL	21
IN	12
KS	31
KY	31
LA	12
MA	3
MD	46
ME	0
MI	8
MN	2
MO	15
MS	13
MT	4
NC	132
ND	4
NE	19
NH	0
NJ	16
NM	3
NV	11
NY	14
OH	18
OK	29
OR	1
PA	6
RI	2
SC	42
SD	1
TN	42
TX	264
UT	14
VA	210
VT	1
WA	134
WI	1
WV	4
WY	3
Total	**2,019**

2. The Number of Total Beneficiaries Enrolled in the Program

As of September 30, 2022, the total number of beneficiaries participating in the ACD was 15,493, which was a slight decrease from the last reporting period (15,553). Of note, while there are 15,493 beneficiaries with an active authorization, only 11,882 had a claim filed during this reporting period, meaning that 23 percent of the beneficiaries with an authorization likely did not receive any ABA services during the quarter. This is a one percent improvement in utilization from the previous quarter. One reason for this discrepancy may be that claim submissions may not have been submitted during this reporting period, which would result in an underrepresention of 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	110
AL	258
AR	33
AZ	265
CA	1992
CO	725
CT	62
DC	17
DE	34
FL	1537
GA	744
HI	560
IA	19
ID	19
IL	201
IN	70
KS	215
KY	233
LA	96
MA	43
MD	371
ME	2
MI	56
MN	8
MO	142
MS	131
MT	36
NC	1119
ND	26
NE	78
NH	11
NJ	115
NM	55
NV	267
NY	84
OH	134
OK	142
OR	15
PA	44
RI	14
SC	251
SD	10
TN	361
TX	2023
UT	138
VT	1
VA	1659
WA	892
WI	28
WV	15
WY	32
Total	**15,493**

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

For 30 States and the District of Columbia, the average wait time from date of verified referral to the first appointment for assessment for ABA services under the program is within the 28-day access-to-care (ATC) standard for specialty care. For the States that were beyond the ATC standard, eight States had access within 1 week of the ATC standard, 10 States had access within 2 weeks of the ATC standard, and two States within 3 weeks of the ATC standard. 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); ABA provider confirms they can meet ATC, but then does not; 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	28
AL	30
AR	34
AZ	32
CA	27
CO	24
CT	0
DE	0
DC	0
FL	39
GA	37
HI	38
IA	0
ID	0
IL	49
IN	13
KS	35
KY	42
LA	34
MA	0
MD	38
ME	0
MI	34
MN	0
MO	0
MS	25
MT	0
NC	40
ND	0
NE	0
NH	41
NJ	13
NM	0
NV	40
NY	28
OH	32
OK	45
OR	0
PA	0
RI	0
SC	38
SD	0
TN	24
TX	30
UT	24
VA	25
VT	0
WA	42
WV	0
WI	0
WY	0

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

As part of the March 2021 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 85,012 (22,959 authorized ABA supervisors; 1,497 assistant behavior analysts; and, 60,556 BTs). Since referrals can be approved for only the authorized ABA supervisor or ABA practice, highlighted below are the number of newly authorized ABA supervisors certified or credentialed by State (1190). The previous quarter added 459 authorized ABA supervisors to the demonstration. 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	1
AL	2
AR	1
AZ	129
CA	428
CO	59
CT	5
DC	0
DE	1
FL	35
GA	18
HI	49
IA	4
ID	0
IL	18
IN	7
KS	3
KY	1
LA	0
MA	8
MD	0
ME	6
MI	23
MN	4
MO	8
MS	0
MT	1
NC	13
ND	0
NE	28
NH	0
NJ	20
NM	6
NV	7
NY	3
OH	6
OK	2
OR	6
PA	6
RI	3
SC	6
SD	2
TN	9
TX	93
UT	89
VA	19
VT	0
WA	50
WV	3
WI	4
WY	4
Total	**1190**

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 regional contractor. The total number of terminated ABA supervisors with unique NPIs in this reporting quarter is 40. 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	0
AL	0
AZ	1
AR	1
CA	3
CO	2
CT	0
DE	0
DC	0
FL	0
GA	0
HI	0
ID	0
IL	0
IN	0
IA	0
KS	1
KY	0
LA	0
MA	1
MD	0
ME	0
MI	0
MN	1
MO	0

MS	3
MT	0
NC	0
ND	0
NE	1
NH	0
NJ	0
NM	2
NV	1

NY	0
OH	3
OK	0
OR	0
PA	0
RI	0
SC	3
SD	0
TN	5

TX	7
UT	0
VT	0
VA	2
WA	2
WV	0
WI	0
WY	1
Total	**40**

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, treatment recommendations should be based on clinical data and the individual clinical needs of each beneficiary. 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 support for the best outcomes for any one beneficiary. 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 in the next 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 clinical outcome measures are required under the ACD: the Vineland Adaptive Behavior Scales, Third Edition (Vineland-3); the Social Responsiveness Scale, Second Edition (SRS-2); and, the Pervasive Developmental Disorder Behavior Inventory (PDDBI). The outcome measures are completed by eligible providers (PDDBI completed by Board Certified Behavior Analysts only, remaining measures completed by eligible providers) authorized under the ACD and submitted to the MCSCs. In addition to the three clinical outcomes, the March 2021 ACD policy update 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 to reduce parent stress.

While data is collected on a quarterly basis, analyzing data on an annual cycle allows for the most complete data to be reviewed. Therefore, DHA anticipates that the next annual report will present findings regarding the outcome measures following the March 2021 policy update.

CONCLUSION

As of September 30, 2022, 15,493 beneficiaries were participating in the ACD. The number of referrals slightly decreased over the reporting period. The number of providers with unique NPIs continues to increase as evidenced by the 1,190 authorized ABA supervisors newly added 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, due to the data submission timeline and importance of reporting on complete data, outcome measures will be reported in the annual report.

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 that end, the policy revisions and updates published on 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 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.