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

PERSONNEL AND READINESS

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

JUN 12 2020

Dear Mr. Chairman:

The enclosed report responds to Senate Report 114 255, page 205, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year (FY) 2017, which requests the Department to provide a quarterly report on the effectiveness of the Autism Care Demonstration (ACD). This report covers the fourth-quarter of FY 2019, with data from July 2019 through September 2019.

Beneficiary and provider participation in the ACD is robust, but we remain concerned about the lack of measureable clinical outcomes in previous reports. Therefore, this report pauses the reporting of outcome measures in order to complete a more detailed review and analysis. The next reporting of outcome measures will be included in the annual report anticipated to publish by July 1, 2020. Additionally, the Department will provide a comprehensive analysis after the conclusion of the ACD, which is currently set for December 2023. A comprehensive rewrite of the ACD is also underway to improve support to beneficiaries and their families by providing more information about autism spectrum disorder and linking beneficiaries to the right care at the right time.

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 support for the health and well-being of our Service members, veterans, and their families. I am sending an identical letter to the Senate Armed Services Committee.

Sincerely,

//signed//
Matthew P. Donovan
US Under Secretary of Defense for P&R

Enclosure:
As stated

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

PERSONNEL AND
READINESS

JUN 1 2 2020

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

Dear Representative Thornberry:

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PERSONNEL AND READINESS

JUN 12 2020

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

Dear Senator Reed:

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Enclosure:
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WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

JUN 1 2 2020

The Honorable James M. Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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Beneficiary and provider participation in the ACD is robust, but we remain concerned about the lack of measureable clinical outcomes in previous reports. Therefore, this report pauses the reporting of outcome measures in order to complete a more detailed review and analysis. The next reporting of outcome measures will be included in the annual report anticipated to publish by July 1, 2020. Additionally, the Department will provide a comprehensive analysis after the conclusion of the ACD, which is currently set for December 2023. A comprehensive rewrite of the ACD is also underway to improve support to beneficiaries and their families by providing more information about autism spectrum disorder and linking beneficiaries to the right care at the right time.

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Matthew P. Donovan
US Under Secretary of Defense for P&R

Enclosure:
As stated

Report to Armed Services Committees

The Department of Defense Comprehensive Autism Care Demonstration Quarterly Report to Congress Fourth Quarter, Fiscal Year 2019

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 $1,180 for the 2019 Fiscal Year. This includes $0 in expenses and $1,180 in DoD labor.
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EFFECTIVENESS OF THE DEPARTMENT OF DEFENSE COMPREHENSIVE AUTISM CARE DEMONSTRATION

EXECUTIVE SUMMARY

This 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 the Department provide a quarterly report on the effectiveness of the Comprehensive Autism Care Demonstration (ACD). Specifically, the committee requests the Department 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 was reported by the Managed Care Support Contractors (MCSCs) with oversight from the Government, and represents the timeframe from July 1, 2019 through September 30, 2019. Although the Defense Health Agency (DHA) has made improvements on the timeframes of data collection, the data may be underreported due to the delays in receipt of claims.

As of September 30, 2019, approximately 16,692 beneficiaries were enrolled in the ACD. Total ACD program expenditures were $313.7M in FY 2018 and $169.1M for the first half of FY 2019. The average wait time from the date of referral to the first appointment for applied behavior analysis (ABA) services is also improving as evidenced in Table 3 below. The average number of ABA sessions rendered are outlined below in Table 6, by State. These sessions were reported as the paid average number of hours per week per beneficiary, as the number of sessions does not represent the intensity or frequency of services. Further, conclusions about variations in ABA services utilization by locality or other demographic information cannot be confirmed due to the unique needs of each beneficiary. Finally, while outcome measures are required for this report, the Department believes that a more in-depth review of records is necessary at this time as the lack of significant progress over the last three reporting periods has led to questions and concerns about the appropriateness and/or effectiveness of services under the ACD that require further analysis. A more detailed analysis will be available in the next annual report.

BACKGROUND

ABA services are one of many TRICARE covered services available to mitigate the symptoms of Autism Spectrum Disorder (ASD). Other 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 program is based on limited demonstration authority with the goal of striking a balance that maximizes access while ensuring the highest level of quality services for beneficiaries. The consolidated demonstration ensures consistent ABA service coverage for all TRICARE eligible 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. Generally, all ABA services continue to be provided through the purchased care component of the Military Health System. Additionally, several innovative programs are ongoing at military treatment facilities (MTFs) to support beneficiaries diagnosed with ASD and their families. For example, Fort Belvoir Community Hospital (FBCH) created an Autism Resource Clinic to connect families with local resources and provide support. Subsequently, two additional MTFs have established Autism Resource Clinic programs following the FBCH model (Walter Reed National Military Medical Center and Naval Medical Center Portsmouth) with more installations expressing interest. The ACD began July 25, 2014 and was originally set to expire on December 31, 2018; however, an extension for the demonstration until December 31, 2023, was approved via a Federal Register Notice published on December 11, 2017. The Notice stated that additional analysis and experience are 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, the Government will gain additional information about what services TRICARE beneficiaries are receiving under the ACD, how to most effectively target services where they will 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, 2019 through September 30, 2019, was 2,153. This was an increase from the previous quarter (1,741). A breakdown by State is included in Table 1.

Table 1

State	New Referrals with Authorization
AK	14
AL	22
AR	3
AZ	29
CA	175
CO	89
CT	1
DC	61
DE	8
FL	159
GA	96
HI	61
IA	1
ID	1
IL	15
IN	6
KS	33
KY	31
LA	30
MA	7
MD	33
ME	0
MI	13
MN	0
MO	24
MS	16
MT	7
NC	126
ND	0
NE	12
NH	1
NJ	13
NM	30
NV	1
NY	14
OH	11
OK	21
OR	4
PA	10
RI	6
SC	18
SD	4
TN	18
TX	233
UT	27
VA	190
VT	10
WA	193
WI	5
WV	1
WY	12
Total	**2,153**

2. The Number of Total Beneficiaries Enrolled in the Program

As of September 30, 2019, the total number of beneficiaries participating in the ACD was 16,692, a slight increase from the last reporting period (16,138). A breakdown by State is included in Table 2 below.

Table 2

State	Total Beneficiaries Participating
AK	162
AL	282
AR	52
AZ	278
CA	1935
CO	863
CT	56
DC	5
DE	37
FL	1524
GA	816
HI	568
IA	15
ID	8
IL	208
IN	111
KS	278
KY	266
LA	141
MA	53
MD	9
ME	417
MI	91
MN	16
MO	199
MS	138
MT	35
NC	1207
ND	6
NE	80
NH	10
NJ	123
NM	88
NV	244
NY	99
OH	142
OK	175
OR	18
PA	90
RI	20
SC	321
SD	10
TN	343
TX	1957
UT	197
VT	1
VA	1895
WA	1012
WI	28
WV	11
WY	42
Total	**16,692**

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

For 44 States and the District of Columbia, 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, which is a slight improvement from the previous quarter (42 States). For this reporting period, six States are beyond the access standard. The MCSCs, with oversight from the Government, continue to review causative key factors; however, it appears process improvements are continuing to show positive effects. The MCSCs work diligently to build provider networks and will continue to monitor States and locations where provider availability is an issue. Currently, the biggest factor for wait times is parent choice for after school appointments or a particular provider. Although the field of behavior analysis is growing, locations remain with an insufficient number of ABA providers available to meet the demand for such services. This shortage is consistent with shortages seen with other types of specialty care providers such as developmental pediatricians and child psychologists, and is not limited to TRICARE. A breakdown by State is included in Table 3 below.

Table 3

State	Average Wait Time (# days)
AK	12
AL	21
AR	17
AZ	26
CA	25
CO	19
CT	21
DE	27
DC	11
FL	22
GA	12
HI	9
IA	0
ID	0
IL	15
IN	21
KS	21
KY	13
LA	20
MA	27
MD	27
ME	0
MI	10
MN	0
MO	16
MS	24
MT	0
NC	20
ND	0
NE	0
NH	0
NJ	34
NM	17
NV	20
NY	6
OH	43
OK	31
OR	0
PA	13
RI	13
SC	12
SD	0
TN	30
TX	19
UT	36
VA	19
VT	0
WA	20
WV	0
WI	4
WY	41

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

For this reporting quarter, the number of ABA practices accepting new patients under the ACD is 4,634, an increase from the last reporting period (4,360). A breakdown by State is included in Table 4 below.

Table 4

State	Practices Accepting New Beneficiaries
AK	13
AL	64
AR	21
AZ	16
CA	223
CO	60
CT	25
DC	5
DE	7
FL	976
GA	152
HI	20
IA	3
ID	6
IL	249
IN	229
KS	17
KY	104
LA	103
MA	41
MD	15
ME	98
MI	321
MN	2
MO	88
MS	17
MT	5
NC	86
ND	5
NE	5
NH	22
NJ	50
NM	15
NV	4
NY	108
OH	91
OK	19
OR	6
PA	90
RI	8
SC	70
SD	1
TN	140
TX	570
UT	17
VA	286
VT	5
WA	43
WV	7
WI	110
WY	2
Total	**4,634**

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

The number of ABA practices who stopped or currently are at capacity for accepting new TRICARE beneficiaries for ABA services under the program is 196, a slight decrease from the last quarter (198). A breakdown by State is included in Table 5 below.

Table 5

State	Practices No Longer Accepting New Beneficiaries
AK	0
AL	0
AZ	0
AR	1
CA	0
CO	0
CT	0
DE	0
DC	0
FL	7
GA	29
HI	0
ID	0
IL	4
IN	1
IA	0
KS	0
KY	1
LA	0
MA	8
MD	0
ME	1
MI	2
MN	0
MO	0
MS	3
MT	0
NC	9
ND	0
NE	0
NH	0
NJ	1
NM	0
NV	0
NY	2
OH	0
OK	5
OR	0
PA	2
RI	0
SC	0
SD	0
TN	1
TX	105
UT	0
VT	0
VA	4
WA	0
WV	0
WI	0
WY	0
Total	**196**

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, etc., for the best outcomes for any one beneficiary. Therefore, the numbers outlined by State in Table 6 (below), report only the paid average number of hours of 1:1 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 or other demographic information due to the unique needs of each beneficiary.

In recent inquiries to the Department, some stakeholders have expressed concerns that TRICARE beneficiaries are not receiving 35-40 hours of weekly 1:1 ABA direct services. Therefore, we are also including the average number of hours recommended by authorized ABA supervisors (Board Certified Behavior Analysts (BCBA)) in the submitted treatment plans. Of note, the average number of recommended hours by the BCBA in each region is 19.88 hours per week (West) and 23.71 hours per week (East), which is significantly less that the noted 35-40 hours of an ABA treatment plan. Additionally, only 13 percent of treatment plans submitted by BCBAs in the West Region and only 24 percent of treatment plans submitted by BCBAs East Region recommended 35 or more hours per week. It is also important to note that not every beneficiary diagnosed with ASD requires 35-40 hours of weekly ABA services, and therefore the Department does not expect to see all beneficiaries being recommended for, or utilizing 35-40 hours of ABA per week. Treatment plans are developed based on the clinical circumstances of the individual. It is also important to note that 80 percent of beneficiaries in the ACD are school age and therefore a 35 - 40 hour per week program, even if recommended, would be challenging to implement when there are other competing activities that are important to the child's development, such as school attendance and after school activities, that would limit a beneficiary's ability to engage in a more intensive program.

Table 6

State	Average Hours/Week per Beneficiary
AK	7
AL	12
AR	5
AZ	6
CA	7
CO	8
CT	9
DC	13
DE	7
FL	13
GA	10
HI	7
IA	14
ID	3
IL	11
IN	27
KS	7
KY	12
LA	12
MA	9
MD	11
ME	8
MI	14
MN	7
MO	5
MS	10
MT	6
NC	12
ND	4
NE	6
NH	5
NJ	8
NM	7
NV	6
NY	15
OH	12
OK	12
OR	10
PA	12
RI	8
SC	12
SD	11
TN	11
TX	14
UT	7
VT	21
VA	10
WA	7
WV	9
WI	16
WY	6
Total Average Hrs/Wk	10

7. Health-Related Outcomes for Beneficiaries under the Program

The Department 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; the data collection began on January 1, 2017. Currently, there are three outcome measures 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 Disabilities Behavior Inventory (PDDBI) is a measure that is designed to assist in the assessment of various domains related to ASD. Additionally, the PDDBI is a measure that is designed to assess the effectiveness of treatments for children with pervasive developmental disabilities, including ASD, in terms of response to interventions. The outcome measure scores are completed and submitted to the MCSCs by eligible providers authorized under the ACD. The Vineland-3 and SRS-2 are required every 2 years and the PDDBI is required every 6 months.

The last three quarterly reports have described the findings of PDDBI scores from baseline to 6 and 12 months of ABA services. During these reporting periods, these reports have noted that only a small proportion, 20 percent of beneficiaries with available scores (N=240), demonstrated notable improvement after 12 months of ABA services. The reports have also noted that approximately 10 percent have had worsening symptoms after 12 months of ABA services. The remaining 70 percent have not demonstrated any significant change after the same 1 year period.

In addition, despite the numerous caveats noted in the previous quarterly and annual ACD reports: "these findings should be interpreted with caution as the PDDBI is just one metric of several collected and reported. Additionally, caution should be used as there are no other factors considered in this summary such as age, symptom severity, number of hours of services, total duration of ABA services, other services, academic placement, etc.", the Department has received letters of concern from an advocacy group and one provider group regarding these results. While recognizing the limitations of the existing data, the Department remains concerned about these results, and whether the current design of this demonstration is providing the most appropriate and/or effective services to our beneficiaries diagnosed with ASD. As a result, the Department is undertaking a more detailed analysis of results, including accounting for some of the factors noted above. The Department will provide results of this analysis in the next annual report anticipated to publish July 1, 2020.

CONCLUSION

As evidenced in the above information, participation in the ACD by beneficiaries continues to remain relatively steady. As of September 30, 2019, there were 16,692 beneficiaries participating in the ACD. The average wait time from referral to first appointment is improving. The MCSCs track every patient who has an authorization for ABA services to ensure they have an ABA provider who can render services within the access to care standards; these data are used at the State and local level, which will help identify areas with potential network deficiencies. For any beneficiary with an active authorization for ABA services who does not have an ABA provider, the MCSCs continue to work to place those beneficiaries with a qualified provider as quickly as possible.

Determining health-related outcomes is an important requirement added to the ACD. A contract modification, effective January 1, 2017, provided direction for the MCSCs to begin collecting the outcome measures data for all ACD participants. The MCSCs use these scores, as well as other scores and data, to guide and engage ABA providers in developing appropriate treatment plans and subsequent adjustments that may be required to see improvements. Based on the last three reporting periods, a very low number of beneficiaries are improving significantly after 12 months of ABA services. DHA is electing to complete a more thorough analysis of outcome scores to include all three measures after two years of ABA services and will report this information in the next annual report to Congress anticipated to publish by July 1, 2020.

The 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 help ensure this goal is met, DHA is proposing significant changes to the ACD. These proposed changes, anticipated to publish Summer 2020, 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 other potential services, linking beneficiaries to the right care and right services at the right time, and increasing utilization of services to 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.