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

PERSONNEL AND
READINESS

SEP 14 2020

The Honorable James M. Inhofe
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 provide a quarterly report on the effectiveness of the Autism Care Demonstration (ACD), is enclosed. The report covers the first-quarter of FY 2020, with data from October 2019 through December 2019.

Participation in the ACD by beneficiaries and providers is robust, but the lack of measureable clinical outcomes in previous reports remains a particular area of concern. We are finalizing a comprehensive rewrite of the ACD, and expect to publish changes to TRICARE policy by January 2021.

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 our Service members, civilian workforce, and families. I am sending an identical letter to the House Armed Services Committee.

Sincerely,

Matthew P. Donovan

Enclosure:
As stated

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PERSONNEL AND READINESS

SEP 14 2020

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

Dear Senator Reed:

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PERSONNEL AND READINESS

SEP 14 2020

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

Dear Mr. Chairman:

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WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

SEP 14 2020

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

Dear Representative Thornberry:

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 provide a quarterly report on the effectiveness of the Autism Care Demonstration (ACD), is enclosed. The report covers the first-quarter of FY 2020, with data from October 2019 through December 2019.

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Sincerely,

Matthew P. Donovan

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As stated

Report to Armed Services Committees

The Department of Defense Comprehensive Autism Care Demonstration Quarterly Report to Congress First Quarter, Fiscal Year 2020

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 $980 for the 2020 Fiscal Year. This includes $0 in expenses and $980 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 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 October 1, 2019 through December 31, 2019. Although the Defense Health Agency (DHA) has improved data-collection timeframes, the data may be underreported due to delays in receipt of claims.

As of December 31, 2019 approximately 16,292 beneficiaries were enrolled in the ACD. Total ACD program expenditures were $370.4M in 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 rendered ABA sessions is outlined by state in Table 6 below. 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, an in-depth analysis of outcome measures was included in the "Department of Defense Comprehensive Autism Care Demonstration Annual Report 2020." Additional analysis from the 2020 Annual Report data was completed and is presented in this report.

BACKGROUND

ABA services are one of many TRICARE-covered services available to mitigate 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 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 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 private sector care component of the Military Health System. Additionally, several innovative programs are ongoing at military medical treatment facilities (MTFs) to support beneficiaries diagnosed with ASD and their families. Several of these programs are described in more detail in the 2020 Annual Report. 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 and 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 October 1, 2019 through December 31, 2019 was 1,686. This was a decrease from the previous quarter (2,153). This decrease in referrals is consistent with the previous year's quarterly report. 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	16
AL	21
AR	1
AZ	30
CA	237
CO	86
CT	14
DC	1
DE	1
FL	133
GA	80
HI	92
IA	1
ID	0
IL	13
IN	4
KS	39
KY	15
LA	10
MA	5
MD	34
ME	0
MI	6
MN	1
MO	33
MS	11
MT	1
NC	81
ND	0
NE	9
NH	1
NJ	14
NM	14
NV	27
NY	8
OH	16
OK	19
OR	1
PA	6
RI	1
SC	30
SD	2
TN	30
TX	209
UT	16
VA	177
VT	0
WA	142
WI	5
WV	3
WY	12
Total	**1,686**

2. The Number of Total Beneficiaries Enrolled in the Program

As of December 31, 2019 the total number of beneficiaries participating in the ACD was 16,292, a slight decrease from the last reporting period (16,692). 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	153
AL	273
AR	47
AZ	246
CA	1873
CO	811
CT	53
DC	20
DE	37
FL	1540
GA	809
HI	530
IA	9
ID	8
IL	195
IN	110
KS	272
KY	248
LA	143
MA	49
MD	6
ME	423
MI	86
MN	10
MO	196
MS	141
MT	33
NC	1172
ND	6
NE	78
NH	10
NJ	118
NM	82
NV	250
NY	96
OH	143
OK	173
OR	17
PA	87
RI	20
SC	313
SD	7
TN	336
TX	1930
UT	176
VT	1
VA	1879
WA	992
WI	31
WV	13
WY	42
Total	**16,292**

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

For 46 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 (44 states). For this reporting period, 4 states are beyond the access standard with 2 states slightly past the standard (each 30 days), 1 state moderately past the standard (38 days), and 1 state significantly exceeding the standard (92 days). The MCSCs reported the data from the states of Rhode Island and Massachusetts represent a very small number of families and delays were due to family preference, not an inadequate network.

The MCSCs, with oversight from the Government, continue to review causative key factors. The MCSCs work diligently to build provider networks and will continue to monitor states and locations where provider availability is an issue. A breakdown by state is included in Table 3 below.

Table 3 – Average Wait Time in Days

State	Average Wait Time (# days)
AK	22
AL	19
AR	26
AZ	27
CA	26
CO	27
CT	25
DE	19
DC	0
FL	17
GA	5
HI	26
IA	0
ID	15
IL	10
IN	9
KS	21
KY	20
LA	29
MA	92
MD	19
ME	0
MI	15
MN	0
MO	30
MS	20
MT	0
NC	18
ND	0
NE	0
NH	0
NJ	17
NM	17
NV	23
NY	5
OH	18
OK	16
OR	0
PA	13
RI	38
SC	30
SD	0
TN	11
TX	15
UT	17
VA	14
VT	0
WA	26
WV	0
WI	4
WY	18

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 4,949, an increase from the last reporting period (4,634). A breakdown by state is included in Table 4 below.

Table 4 – Number of Practices Accepting New Beneficiaries

State	Practices Accepting New Beneficiaries
AK	13
AL	62
AR	24
AZ	16
CA	223
CO	60
CT	36
DC	7
DE	7
FL	1031
GA	177
HI	20
IA	3
ID	6
IL	252
IN	250
KS	17
KY	223
LA	105
MA	47
MD	13
ME	134
MI	357
MN	2
MO	107
MS	16
MT	5
NC	102
ND	5
NE	5

NH	23
NJ	56
NM	15
NV	4
NY	114
OH	103
OK	21
OR	6

PA	95
RI	10
SC	75
SD	1
TN	142
TX	606
UT	17
VA	291

VT	6
WA	43
WV	7
WI	111
WY	2
Total	**4,949**

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

The number of ABA practices who stopped or are currently at capacity for accepting new TRICARE beneficiaries for ABA services under the program is 216, a slight increase from the last quarter (196). A breakdown by state is included in Table 5 below.

Table 5 – Number of Practices No Longer Accepting New Beneficiaries

State	Practices No Longer Accepting New Beneficiaries
AK	1
AL	0
AZ	0
AR	0
CA	2
CO	0
CT	0
DE	0
DC	0
FL	7
GA	32
HI	0
ID	0
IL	2
IN	1

IA	0
KS	0
KY	1
LA	1
MA	24
MD	1
ME	0
MI	2
MN	0
MO	1
MS	1
MT	0
NC	10
ND	0
NE	0
NH	0
NJ	2
NM	1
NV	0

NY	2
OH	0
OK	4
OR	1
PA	2
RI	0
SC	0
SD	0
TN	1
TX	113
UT	0
VT	0
VA	3
WA	1
WV	0
WI	0
WY	0
Total	**216**

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.

Table 6 – Average Hours Per Week Per Beneficiary

State	Average Hours/Week per Beneficiary
AK	6
AL	12
AR	15
AZ	5
CA	6
CO	7
CT	7
DC	13
DE	8
FL	11
GA	8
HI	6
IA	17
ID	3
IL	9
IN	24
KS	6
KY	11
LA	9
MA	8
MD	11
ME	7
MI	13
MN	6
MO	5
MS	9
MT	7
NC	11
ND	4
NE	6
NH	5
NJ	8
NM	6
NV	6
NY	4
OH	12
OK	12
OR	10
PA	10
RI	5
SC	10
SD	12
TN	10
TX	12
UT	6
VT	34
VA	9
WA	6
WV	16
WI	4
WY	5
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, three outcome measures are 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 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 measure scores are completed and submitted to the MCSCs by

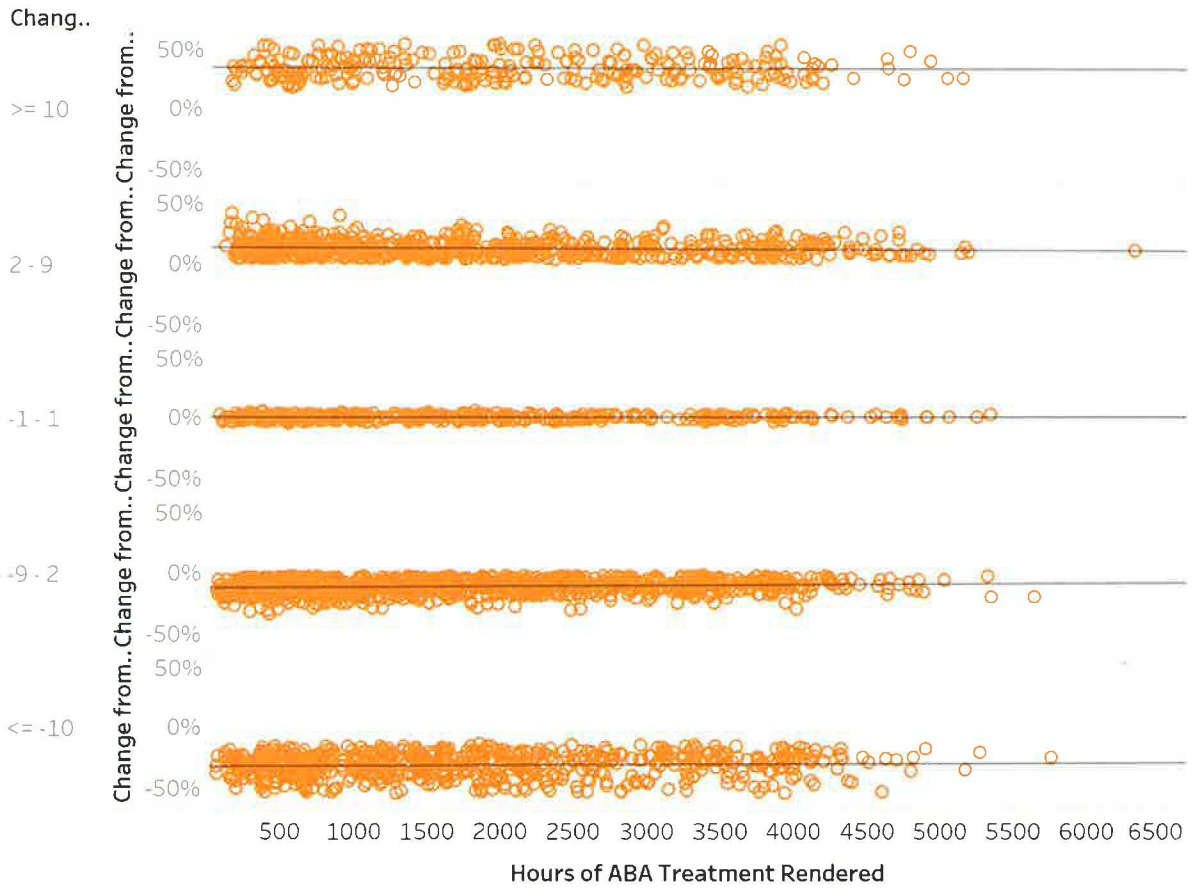
eligible providers authorized under the ACD. The Vineland-3 and SRS-2 are required at baseline and every two years and the PDDBI is required at baseline and every six months.

Previous quarterly reports and the 2019 annual report described the findings of PDDBI scores from baseline to 6 and 12 months of ABA services. Those reports noted that only a small proportion of beneficiaries with available scores demonstrated notable improvement (defined as a change of 10 points or more) after 12 months of ABA services. The reports also noted that a small portion of beneficiaries had worsening symptoms after 12 months of ABA services. The majority of beneficiaries did not demonstrate any significant change after the same 1-year period.

The most recent ACD Annual Report (2020) included a deeper analysis of TRICARE beneficiaries participating in the ACD who received 18 months of ABA services with baseline and 18 month PDDBI Parent Form scores (a sample size of 3,794 beneficiaries). The findings from that analysis continued to demonstrate concern with overall outcomes of beneficiaries participating in the ACD. While the change scores noted small improvements after 12 and 18 months of rendered ABA services, and most baseline severity scores and most ages demonstrated some percent change in scores from baseline, the average change was small and may not be clinically significant. Since there are no industry standards for "dose-response," the analysis further looked at variables that may be indicators of change. More severe baseline scores and younger children had greater percent change than any other group. However, there was no statistically-significant correlation between the total number of direct hours of ABA services rendered and outcome measure scores. As a result, there is no way to know if the relatively small change observed is the result of ABA services, other treatment, or simply maturation. This lack of correlation between improvement and hours of direct one-to-one ABA services strongly suggests the improvements are due to reasons other than ABA services and ABA services are not significantly impacting outcomes.

For this quarterly report, additional analyses on the annual report data (N=3,794) were completed to determine if beneficiaries with scores of +/- 10 points on the PDDBI Parent Form demonstrated any notable changes. Analyses retained the four categories of baseline scores, age, gender, and hours of rendered one-to-one ABA services. The analyses showed no correlation in any category for the impact of rendered ABA services nor any significant changes from the previous results regarding beneficiary categories. In all categories, approximately the same number of beneficiaries demonstrated improvement as demonstrated worsening of scores. Additionally, the impact of hours rendered on outcomes is consistent with the original findings reported in the 2020 Annual Report that the number of hours of ABA services rendered had no impact on the outcome measures scores in these point break-down groups as evidenced by a flat trend line (see Table 7).

Table 7 – Change in Baseline Scores vs. Total Hours of Rendered ABA Services over 18 months



The findings that outcomes do not correlate to intensity of ABA services and the overall results show limited improvement demonstrate the continued need for changes to the ACD. The reasons for these findings are not clear but, regardless of the reasons for these outcomes, these findings demonstrate the current format of the ACD and delivery of ABA services is not working for most TRICARE beneficiaries in the ACD. The DoD remains concerned about these results.

CONCLUSION

As evidenced in the above information, participation in the ACD by beneficiaries continues to remain relatively steady. As of December 31, 2019 16,292 beneficiaries were participating in the ACD. The average wait time from referral to first appointment is improving, and the noted delays are generally due to parent/family preference. 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 helps identify areas with potential network deficiencies. The MCSCs continue working to place with a qualified provider, as quickly as possible, those beneficiaries with an active authorization for ABA services but without an ABA provider.

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 several quarterly reporting periods and two annual reports, small improvements were observed after 12 and 18 months of rendered ABA services, but these small changes may not be clinically significant. Analysis in the 2020 Annual Report found more severe baseline scores and younger children had greater percent change than any other group. However, there was no statistically-significant correlation between the total number of direct hours of ABA services rendered and outcome measure scores. This quarterly report completed additional analyses to determine if beneficiaries with scores of +/- 10 points on the PDDBI Parent Form demonstrated any notable changes. The analyses showed no correlation in any category for the impact of rendered ABA services. Additionally, the impact of hours rendered on outcomes is consistent with the original findings reported in the 2020 Annual Report: the number of hours of one-to-one ABA services rendered had no impact on the outcome measures scores for this subpopulation. This lack of correlation between improvement and hours of direct ABA services strongly suggests improvements are due to reasons other than ABA services and ABA services are not significantly impacting outcomes.

The 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.