



PERSONNEL AND  
READINESS

## OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

The Honorable John McCain  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

JAN 18 2017

Dear Mr. Chairman:

The enclosed report is in response to the Senate Report 114-255, page 205, accompanying S.2943, the National Defense Authorization Act for Fiscal Year 2017, which requests the Department to provide a quarterly report on effectiveness of the Autism Care Demonstration (ACD). The ACD offers Applied Behavior Analysis (ABA) services for all TRICARE-eligible beneficiaries diagnosed with Autism Spectrum Disorder. ABA services are not limited by the beneficiary's age, dollar amount spent, or number of services provided. As of September 30, 2016, there are approximately 13,400 beneficiaries participating in the ACD.

Specifically, the committee requests the Secretary 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.

Participation in the ACD by beneficiaries and providers is robust. There are over 13,400 beneficiaries participating. The number of providers accepting new TRICARE beneficiaries is 1,396, and the number of providers who are no longer accepting new beneficiaries is 222 across the country. We believe this reflects that reimbursement rates are acceptable to providers, and this is allowing for increased provider capacity. The average wait-time from referral to the first appointment for services under the program is within the 28 day access standard for specialty care for most locations. Finally, the Department fully supports continued research on the nature and effectiveness of ABA services. The Department intends to modify the current ACD policy to include outcome measures for ACD participants, and the Department will conduct record audits and assess and report results accordingly.

In summary, the Department is committed to ensuring that military dependents diagnosed with autism spectrum disorder have timely access to appropriate ABA services. A similar letter is being sent to the Chairman of the House Armed Services Committee. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in black ink, appearing to read "for Peter Levine". The signature is written in a cursive style.

Peter Levine  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Jack Reed  
Ranking Member



PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

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

JAN 18 2017

Dear Mr. Chairman:

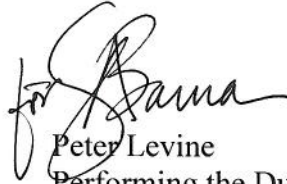
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Peter Levine  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member

# Report to Congressional Defense Committees



## The Department of Defense Comprehensive Autism Care Demonstration December 2016 Quarterly Report to Congress

In Response to: Senate Report 114-255, page 205, for Fiscal Year (FY) 2017

The estimated cost of this report or study for the Department of Defense is approximately \$1,290 for the 2016 Fiscal Year. This includes \$0 in expenses and \$1,290 in DOD labor.  
Generated on 2016Oct17 RefID: B-08AECD4

# **EFFECTIVENESS OF THE DEPARTMENT OF DEFENSE COMPREHENSIVE AUTISM CARE DEMONSTRATION**

## **EXECUTIVE SUMMARY**

This quarterly report is in response to the 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 Comprehensive Autism Care Demonstration (ACD). Specifically, the committee requested the Secretary 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 present below is for the period July 1, 2016, through September 30, 2016.” The data, as reported by our Managed Care Support Contractors, represents the most recent quarter; therefore, the data may be understated due to the average 90-day lag in claims processing.

## **BACKGROUND**

Applied Behavior Analysis (ABA) is one of many TRICARE covered services to treat Autism Spectrum Disorder (ASD). Other services include, but are not limited to: speech therapy, occupational therapy, physical therapy, medications, and psychotherapy. In June, 2014, TRICARE published the ACD Notice in the Federal Register upon Office of Management and Budget approval, and in compliance with the regulations that govern TRICARE demonstrations. In July 2014, the ACD was created to be a single program, from three previous programs, based on limited demonstration authority with no annual cap of the Government’s cost share in an attempt to strike a balance that maximizes access while ensuring the highest level of quality care for our beneficiaries. This consolidated demonstration will ensure consistent ABA coverage for all TRICARE beneficiaries– including Active Duty Family members (ADFM) and non-ADFM diagnosed with ASD. ABA services are not limited by the beneficiary’s age, the dollar amount spent, or the number of services provided. Approximately 13,400 children receive ABA services through the ACD. The most recent full-year fiscal data available, FY15, shows the total ABA services program expenditures were \$195.3 million. ABA services are not provided at Military Treatment Facilities; all ABA services are provided through the ACD in the purchased care system. The ACD runs from July 25, 2014, through December 31, 2018.

## **RESULTS**

### **1. The Number of New Referrals with Authorization for Services under the Program**

The number of new referrals with an authorization for ABA services under the ACD during the period July 1, 2016 through September 30, 2016 was 1,736. States with large military installations have the greatest number of new referrals which include: CA (174), FL (158), GA

(119), HI (45), NC (142), TX (200), VA (192), and WA (103). A breakdown by state is included in the table below.

State	New referrals with authorization
AL	26
AK	19
AZ	15
AR	8
CA	174
CO	84
CT	4
DE	2
DC	1
FL	158
GA	119
HI	45
ID	1
IL	17
IN	8

IA	3
KS	21
KY	15
LA	24
ME	0
MD	37
MA	4
MI	14
MN	2
MS	17
MO	29
MT	0
NE	8
NV	15
NH	3
NJ	16
NM	7
NY	12
NC	142

ND	0
OH	11
OK	19
OR	0
PA	7
RI	6
SC	39
SD	39
TN	35
TX	200
UT	26
VT	1
VA	192
WA	103
WV	1
WI	3
WY	0
Overseas	4
<b>Total</b>	<b>1736</b>

## 2. The Number of Total Beneficiaries Enrolled in the Program

As of September 30, 2016, the total number of beneficiaries participating in the ACD is 13,412. As is the case with new referrals, states with large military installations have the greatest number of participants which include: CA (1858), CO (894), FL (1007), GA (535), HI (597), NC (994), TX (1039), VA (1445), and WA (1152). A breakdown by state is included in the table below.

State	Total beneficiaries participating
AL	162
AK	156
AZ	256
AR	14
CA	1858
CO	894
CT	3
DE	24
DC	12
FL	1007
GA	535

HI	597
ID	9
IL	129
IN	68
IA	15
KS	234
KY	84
LA	68
ME	3
MD	348
MA	38
MI	56
MN	21
MS	41

MO	165
MT	25
NE	84
NV	181
NH	9
NJ	86
NM	97
NY	93
NC	994
ND	10
OH	121
OK	84
OR	30
PA	64

RI	18
SC	267
SD	9
TN	299
TX	1039

UT	153
VT	1
VA	1445
WA	1152
WV	6

WI	28
WY	16
Overseas	7
<b>Total</b>	<b>13,412</b>

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

For most states, the average wait-time from time of referral to the first appointment for ABA services under the program is within the 28-day access standard for specialty care. However, there are some states that are considerably above the access standard and include: AZ (62), MA (45), CT (42), HI (39), NM (39), and OK (39). Six other states are, on average, above the access standard to a lesser degree. ABA providers are advised not to accept beneficiaries for whom they cannot provide ABA services in a timely manner. Our contractors will not knowingly refer beneficiaries to ABA providers who cannot provide recommended treatment to a beneficiary within the 28-day access to care standard. Our contractors are working diligently to build the networks, and we will continue to monitor the states and locations where provider availability is an issue. However, it must be noted that although the field of ABA is growing, there still remain locations where there are simply not enough ABA providers generally to meet the demand. In several states, there was not enough data to make a sound analysis of wait-times. Of note, states where there are large concentrations of ACD participants meet the 28-day access standard and include: CA (27), CO (20), FL (25), GA (23), NC (24), TX (25), VA (19), and WA (slightly above at 30). A breakdown by state is included in the table below.

State	Average wait-time (# of days)
AL	23
AK	21
AZ	62
AR	--
CA	27
CO	20
CT	42
DE	23
DC	--
FL	25
GA	23
HI	39
ID	--
IL	25
IN	10
IA	8
KS	36

KY	28
LA	36
ME	--
MD	20
MA	45
MI	16
MN	--
MS	37
MO	26
MT	--
NE	17
NV	15
NH	--
NJ	21
NM	39
NY	16
NC	24
ND	--
OH	--

OK	39
OR	--
PA	9
RI	34
SC	34
SD	--
TN	24
TX	25
UT	12
VT	--
VA	19
WA	30
WV	--
WI	--
WY	--
Overseas	--



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

There are over 28,000 ABA providers who take TRICARE, including certified behavior technicians, for a 2:1 provider to patient ratio. Many of our providers work in group practices, and the number of providers accepting new beneficiaries under the ACD is 1396. States with large military installations have the greatest number of providers accepting new patients which include: CA (120), CO (47), FL (188), GA (46), HI (28), NC (39), TX (52), VA (101), and WA (41). A breakdown by state is included in the table below.

State	Providers accepting new beneficiaries
AL	27
AK	8
AZ	21
AR	4
CA	120
CO	47
CT	11
DE	6
DC	6
FL	188
GA	46
HI	28
ID	1
IL	42
IN	38

IA	4
KS	13
KY	26
LA	15
ME	6
MD	41
MA	31
MI	23
MN	3
MS	7
MO	22
MT	6
NE	9
NV	19
NH	14
NJ	36
NM	12
NY	32
NC	39

ND	2
OH	23
OK	12
OR	7
PA	32
RI	8
SC	35
SD	1
TN	31
TX	52
UT	19
VT	2
VA	101
WA	41
WV	0
WI	13
WY	3
Overseas	--
<b>Total</b>	<b>1396</b>

5. The Number of Provider who No Longer Accept New Patients under the Program

The number of providers who no longer accept new patients for ABA services under the program is 222. Most providers who no longer accept new patients are at capacity and have not disengaged current beneficiaries. Since implementation of the 2016 ABA reimbursement rates, only three provider groups have left the TRICARE network and disengaged our beneficiaries specifically citing reimbursement rates as the reason for their termination. A breakdown by state is included in the table below.

State	Providers no longer accepting new beneficiaries
AL	6
AK	5

AZ	5
AR	0
CA	29
CO	6
CT	0
DE	0

DC	1
FL	26
GA	13
HI	7
ID	0
IL	1

IN	0
IA	0
KS	6
KY	2
LA	11
ME	1
MD	1
MA	0
MI	0
MN	0
MS	1
MO	6
MT	1

NE	0
NV	2
NH	0
NJ	1
NM	2
NY	1
NC	1
ND	0
OH	2
OK	0
OR	1
PA	0
RI	0

SC	9
SD	0
TN	12
TX	44
UT	1
VT	0
VA	6
WA	18
WV	0
WI	0
WY	0
Overseas	--
<b>Total</b>	<b>222</b>

6. The Average Number of Treatment Sessions Required by Beneficiaries

The average number of treatment sessions required by beneficiaries (reported as the average number of hours per week per beneficiary since the number of sessions does not represent the intensity of services) is outlined below by state. The majority of beneficiaries are receiving between 5 and 30 hours of ABA services per week. However, it is difficult to make many conclusions regarding the intensity of ABA services required since the number of hours is based on each beneficiary's specific needs as documented in the treatment plan.

<b>State</b>	<b>Average number of hours per week per beneficiary</b>
AL	13
AK	3
AZ	6
AR	7
CA	6
CO	6
CT	13
DE	13
DC	18
FL	12
GA	9
HI	6
ID	6
IL	15

IN	44
IA	3
KS	7
KY	32
LA	7
ME	30
MD	13
MA	21
MI	30
MN	3
MS	2
MO	4
MT	6
NE	6
NV	6
NH	30
NJ	11
NM	8
NY	19

NC	20
ND	2
OH	18
OK	9
OR	8
PA	14
RI	17
SC	10
SD	16
TN	10
TX	13
UT	9
VT	0
VA	15
WA	6
WV	10
WI	28
WY	2
Overseas	--

## 7. Health-Related Outcomes for Beneficiaries under the Program

The Department fully supports continued research on the nature and effectiveness of ABA services. The ACD does not currently include the evaluation of health related outcomes as the policy does not require norm-referenced, valid, and reliable outcome measures. Therefore, the Department intends to modify the current ACD policy to include outcome evaluations for ACD participants. The Department will conduct record audits to assess and report results accordingly.

### **CONCLUSION**

As evidenced in our previous reports and the above information, participation in the ACD by beneficiaries and ABA providers is growing. There are now over 13,400 beneficiaries participating. The number of providers accepting new TRICARE beneficiaries far exceeds the numbers who are no longer accepting new beneficiaries. It is important to note the vast majority of those providers who are not accepting new beneficiaries have not disengaged current beneficiaries. Since implementation of the 2016 ABA reimbursement rates, only three provider groups have left the TRICARE network and disengaged our beneficiaries because of the rates. All beneficiaries from those three provider groups were placed with other providers within 30 days. We believe these results demonstrate that reimbursement rates have not deterred providers in any significant way from continuing to provide TRICARE ACD services.

The average wait-time for most locations from time of referral to the first appointment for ABA services under the ACD is within the 28-day access standard for specialty care. To ensure network adequacy and access to care, including in those few areas noted above that exceed the standard, our contractors monitor access on a regular basis and recruit new providers as appropriate. We track every patient who has an authorization for ABA services to ensure they have an ABA provider. We can track this data to the state and local level, enabling us to identify areas with potential network deficiencies. As of September 30, 2016, nationwide there are approximately 150 out of the 13,400 beneficiaries with an active authorization for ABA services who do not have an ABA provider, and we are actively working to place these patients with a qualified provider.

Determining health-related outcomes is a new requirement added to the ACD. A corresponding contract change, effective January 1, 2017, provides direction for our contractors to begin collecting the outcomes data for all ACD participants. Outcomes data will be required at baseline entry into the program and every six months thereafter, with more comprehensive outcomes measures at every two-year increment of ABA services.