



PERSONNEL AND
READINESS

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

MAR 27 2018

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

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 (FY) 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 (ASD). ABA services are not limited by the beneficiary's age, dollar amount spent, or number of services provided. The enclosed is the fourth quarter report for FY 2017, and it covers data from July 2017 to September 2017.

Participation in the ACD by beneficiaries and providers is robust. There are over 14,000 beneficiaries participating. The number of providers accepting new TRICARE beneficiaries is 1,720 and the number of providers who are no longer accepting new beneficiaries across the country is 213. 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 has modified the current ACD policy to include outcome measures for ACD participants. The Department began quality monitoring record audits in September 2016, and assesses and reports results accordingly.

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

Sincerely,

Robert L. Wilkie

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



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MAR 27 2018

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

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

Sincerely,

Robert L. Wilkie

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

Report to Congressional Armed Services Committees



The Department of Defense Comprehensive Autism Care Demonstration Quarterly Report to Congress Fourth Quarter, Fiscal Year 2017

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

REPORT TO CONGRESS

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$14,000 for the 2017 Fiscal Year. This includes \$0 in expenses and \$14,000 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 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 presented below is for the period July 1, 2017, through September 30, 2017. The data, as reported by our Managed Care Support Contractors, represents the most recent quarter. The data may be understated due to the average 90-day lag in claims processing.

Approximately 14,082 children are currently receiving Applied Behavior Analysis (ABA) services through the ACD as of September 30, 2017. The most recent full FY data available, FY 2016, identified the total ABA services program expenditures were \$232 million. The number of new ABA providers far exceeds the numbers who are no longer accepting new beneficiaries. For the majority of beneficiaries, the average wait-time from date of referral to the first appointment for ABA services is within the 28-day access standard for specialty care which for this reporting period is approximately 19 days. There are a few localities, as noted in Table 3 below, that exceed the standard and our regional contractors are working to recruit new providers as appropriate. The average number of ABA sessions required by beneficiaries (reported as the paid average number of hours per week per beneficiary since the number of sessions does not represent the intensity of services) is outlined below in Table 6 by state. However, we are unable to make conclusions about ABA services utilization variances due to the unique needs of each beneficiary. Finally, health-related outcomes is the newest requirement added to the ACD and the present data demonstrates a diverse presentation of beneficiaries diagnosed with Autism Spectrum Disorder (ASD) with respect to adaptive functioning. With future quarterly reports, outcome data will provide information on the overall effectiveness of ABA services for TRICARE beneficiaries.

BACKGROUND

ABA is one of many TRICARE covered services available to treat 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 as a single program, consolidated from three previous programs. This program is 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 ensures consistent ABA coverage for all TRICARE eligible 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 sessions provided. ABA services are not provided at military treatment facilities; all ABA services through the ACD are provided in the purchased care sector. The ACD runs from July 25, 2014, through December 31, 2023. The ACD originally expired on December 31, 2018, but was approved for extension via a Federal Register Notice published December 11, 2017, noting that more analysis and experience is 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 information about what TRICARE beneficiaries are receiving under the ACD and outcomes data, as well as gain greater insight and understanding 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 July 1, 2017, through September 30, 2017, was 1,705, an increase of 23 percent from the 1,382 reported for the previous quarter. States with large military installations have the greatest number of new referrals: California (148), Colorado (85), Florida (145), Georgia (76), North Carolina (129), Texas (211), Virginia (223), and Washington (81). A breakdown by state is included in Table 1.

Table 1

State	New Referrals with Authorization				
AK	13	KS	37	OH	12
AL	30	KY	27	OK	12
AR	5	LA	17	OR	0
AZ	36	MA	6	PA	5
CA	148	MD	43	RI	12
CO	85	ME	0	SC	44
CT	4	MI	7	SD	2
DC	4	MN	2	TN	37
DE	0	MO	23	TX	211
FL	145	MS	22	UT	19
GA	76	MT	0	VA	223
HI	56	NC	129	VT	0
IA	7	ND	3	WA	81
ID	4	NE	9	WI	3
IL	28	NH	2	WV	1
IN	10	NJ	13	WY	3
		NM	9	Overseas	1
		NV	25	Total	1705
		NY	14		

2. The Number of Total Beneficiaries Enrolled in the Program

As of September 30, 2017, the total number of beneficiaries participating in the ACD is 14,076 slightly down from the 14,082 reported for the previous quarter. This may be attributed to attrition, permanent change of station moves, or beneficiaries no longer requiring services, among other reasons. As is the case with new referrals, states with large military installations have the greatest number of participants: California (1748), Colorado (785), Florida (1149), Georgia (630), Hawaii (554), Maryland (383), North Carolina (997), South Carolina (313), Texas (1581), Virginia (1530), and Washington (1007). A breakdown by state of total ACD participants is included in Table 2 below.

Table 2

State	Total Beneficiaries Participating				
AK	144	KS	221	OH	112
AL	232	KY	199	OK	124
AR	27	LA	99	OR	25
AZ	263	MA	37	PA	60
CA	1748	MD	383	RI	28
CO	785	ME	8	SC	313
CT	36	MI	51	SD	15
DC	16	MN	2	TN	287
DE	23	MO	170	TX	1581
FL	1149	MS	82	UT	172
GA	630	MT	18	VA	1530
HI	544	NC	997	VT	1
IA	24	ND	10	WA	1007
ID	13	NE	75	WI	20
IL	189	NH	13	WV	5
IN	72	NJ	97	WY	18
		NM	95	Overseas	4
		NV	194	** XX	29
		NY	99	Total	14076

*XX – Not able to attribute to a specific region.

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 date of referral to the first appointment for ABA services under the program is within the 28-day access standard for specialty care. However, for this reporting period, six states are above the access standard, which is a higher number than the previous quarter: Louisiana (49), Massachusetts (51), and Mississippi (39), New Mexico (32), Nevada (50), Oklahoma (43). The average wait time of all the States from time of referral to first appointment is approximately 19 days. ABA providers are directed not to accept beneficiaries for whom they cannot provide ABA services within the 28 day access standard. Our contractors will not knowingly refer beneficiaries to ABA providers who cannot provide the 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 to meet the demand for such services. The absence of providers in certain locations parallels a nationwide problem for specialty care services. Of special note, for states where there are particularly large concentrations of ACD participants, contractors meet (or nearly meet) the 28-day access standard: California (15), Colorado (20), Hawaii (11), Illinois (14), Kansas (25), Maryland (8), New York (8), South Carolina (28), Utah (5), and Virginia (16). A breakdown by state is included in Table 3 below.

Table 3

State *	Average Wait Time (# days)	Range
AK	12	12 TO 12
AZ	16	16 TO 16
CA	15	2 TO 36
CO	20	6 TO 35
CT	20	13 TO 26
DC	8	8 TO 8
HI	11	10 TO 11
IL	14	1 TO 34
IN	11	2 TO 20
KS	25	20 TO 29
KY	14	13 TO 15
LA	49	47 TO 50
MA	51	51 TO 51
MD	8	8 TO 8
MI	3	1 TO 5
MO	15	14.5 TO 14.5
MS	39	16 TO 60
NC	20	2 TO 50
NJ	16	7 TO 25
NM	32	31.5 TO 31.5
NV	50	47.5 TO 52.5
NY	8	8 TO 8
OH	4	0 TO 8
OK	43	8 TO 69
PA	7	7 TO 7
RI	7	5 TO 8
SC	28	9 TO 61
SD	4	4 TO 4
TN	34	12 TO 89
TX	18	1 TO 87
UT	5	3 TO 7
VA	16	0 TO 57

* States not listed represent data not available or reported.”

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

There are over 28,000 ABA providers delivering ABA services to TRICARE patients, including certified behavior technicians. There is approximately a 2:1 provider to patient ratio for the approximately 14,076 ACD beneficiaries. For this reporting quarter, the number of ABA providers accepting new patients under the ACD is 1,720, which is higher than the previous quarter. Since many ABA providers work in group practices, the number of ABA providers accepting new beneficiaries is not directly comparable to the total number of providers. This sustained rate of participating ABA providers is potentially attributed to a combination of operational factors: significant recruitment efforts by the regional contractors, and more certified ABA providers available for recruitment. States with large military installations generally have the greatest number of providers accepting new patients, including: California (120), Colorado

(62), Florida (255), Georgia (63), Indiana (41), Maryland (46), North Carolina (44), South Carolina (48), Tennessee (52), Texas (208), Virginia (120), and Washington (60). A breakdown by state is included in Table 4 below.

Table 4

State	Providers Accepting New Beneficiaries		
AK	9	MS	10
AL	34	MT	5
AR	4	NC	44
AZ	24	ND	3
CA	120	NE	11
CO	62	NH	12
CT	15	NJ	32
DC	6	NM	14
DE	4	NV	18
FL	255	NY	28
GA	63	OH	23
HI	31	OK	14
IA	6	OR	11
ID	3	PA	35
IL	39	RI	5
IN	41	SC	48
KS	20	SD	3
KY	32	TN	52
LA	27	TX	208
MA	23	UT	18
MD	46	VA	120
ME	7	VT	1
MI	25	WA	60
MN	5	WI	13
MO	28	WV	0
		WY	3
		Total	1720

5. The Number of Providers No Longer Accepting New Patients under the Program

The number of individual providers who no longer accept new TRICARE beneficiaries for ABA services under the program is 213, which is up 28 percent from the 158 reported for the previous quarter. Most providers who no longer accept new patients are at capacity but have not disengaged current beneficiaries. A breakdown by state is included in Table 5 on the next page.

Table 5

State	Providers No Longer Accepting New Beneficiaries
AK	3
AL	6
AR	0
AZ	7
CA	40
CO	11
CT	0
DC	0
DE	1
FL	26
GA	9
HI	7
IA	1
ID	0
IL	0
IN	0
KS	6
KY	3
LA	4
MA	0
MD	1
ME	1
MI	0
MN	1
MO	4

MS	0
MT	2
NC	1
ND	1
NE	3
NH	0
NJ	1
NM	2
NV	4
NY	1
OH	3
OK	1
OR	2
PA	0
RI	0
SC	6
SD	0
TN	7
TX	26
UT	2
VA	6
VT	0
WA	11
WI	2
WV	0
WY	1
Total	213

6. The Average Number of Treatment Sessions Required by Beneficiaries

The average number of ABA sessions required by beneficiaries (reported as the paid average number of hours per week per beneficiary since the number of sessions does not represent the intensity of services) is outlined on the next page in Table 6 by state. However, we are unable to make conclusions about ABA services utilization variances due to the unique needs of each beneficiary. Additionally, research has not established any causal relationship between severity, treatment needs, and intensity of services.

Table 6

State	Average Hours/Week per Beneficiary	Range
AK	9.02	0.5 TO 30
AL	7.9	4 TO 20.3
AR	4.9	0.2 TO 18.9
AZ	8.8	2.6 TO 24.1
CA	8.2	2 TO 32.5
CO	18.0	10.8 TO 42.3
CT	7.1	0.6 TO 29.9
DC	7.0	0.6 TO 21
DE	6.7	1.3 TO 20.7
FL	7.5	1 TO 20.0
GA	8.9	6 TO 22.7
HI	8.8	1.4 TO 31.3
IA	7.5	3 TO 9
ID	26.5	26.5 TO 26.5
IL	7.9	2 TO 19.1
IN	9.7	1.8 TO 33.3
KS	12.0	4.3 TO 38.0
KY	8.3	2 TO 18.7
LA	4.5	.04 TO 18.2
MA	4.4	0.9 TO 11.2
MD	7.8	0.3 TO 36.6
ME	10.6	2.1 TO 15
MI	12.5	3.3 TO 28.9
MN	34.0	34 TO 34
MO	7.4	1.3 TO 25.6
MS	2.5	0.1 TO 19.9
MT	7.4	4 TO 11
NC	6.9	0.6 TO 21.1
ND	11.7	7 TO 15
NE	14.2	0.5 TO 37.5
NH	7.2	2.8 TO 11.7
NJ	5.8	1.3 TO 27.3
NM	11.0	0 TO 40.0
NV	13.3	8 TO 21.3
NY	11.2	1.8 TO 31.5
OH	8.1	0.7 TO 25.1
OK	19.2	17 TO 25.5
OR	25.8	24 TO 27.5
PA	7.1	1 TO 24
RI	7.1	1.9 TO 17.3
SC	9.5	4 TO 19.6
SD	16.1	5 TO 29
TN	5.5	0.0 TO 25.7
TX	8.8	3 TO 24.6
UT	7.9	0.4 TO 33.9
VA	4.0	0.4 TO 21.3
WA	11.7	1.3 TO 35.4
WI	12.0	1.2 TO 23.9
WV	5.7	0.7 TO 10.7
WY	1.5	1.5 TO 1.5

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 that began collecting data on January 1, 2017. Outcomes data for beneficiaries is required at baseline entry into the ACD program and every six months thereafter, with more comprehensive outcome measures at every two-year increment of ABA services.

This report is the third reporting quarter for the regional contractors since the outcome measures requirement took effect. In response to significant feedback from internal and external stakeholders, the outcome measures requirements were revised in May 2017. This change deleted the requirements for assessing symptom severity by a diagnostic tool, the Autism Diagnostic Observation Scale – Second Edition (ADOS-2), and assessing cognitive functioning by an intelligence measure, the Wechsler Intelligence Scales or Test of Non-Verbal Intelligence

Scale – Fourth Edition (TONI-4). The Vineland Adaptive Behavior Scale – Third Edition (Vineland – 3) (second edition also submitted this reporting quarter), a measure of adaptive behavior functioning, is reported in this quarterly report. The Vineland outcome measure scores were completed and submitted to the regional contractors by specialized ASD diagnosing providers who completed an evaluation of each beneficiary’s functioning at the time of assessment. The data presented in the following table represents those beneficiaries whose two-year Periodic ABA Program Review fell within this reporting quarter. Scores for beneficiaries in this sample represent a population that is functioning, on average, in the Moderately Low to Low range (see Table 7). The wide variety in the scores represents a population with a vastly diverse symptom presentation of ASD. Additionally, these scores represent the first data point for these reported beneficiaries. No comparison of outcome measures pre- and post- ABA services is available at this time. Further analysis of scores will be available in future quarterly reports.

Table 7

Adaptive Functioning			
Vineland (Composite Score)			
State	Average	Classification	Range
AL	71 ³	Moderately Low	71-71
AR	45 ³	Low	45-45
CA	77 ¹	Moderately Low	55-113
CO	69 ¹	Low	25-90
FL	66 ³	Low	23-100
	70 ²	Low	59-83
GA	68 ²	Low	65-74
	70 ³	Low	36-110
KS	69 ¹	Low	45-81
KY	60 ³	Low	48-75
	69 ³	Low	45-81
LA	71 ³	Moderately Low	62-87
MD	75	Moderately Low	38-107
MS	73 ³	Moderately Low	68-81
NC	89 ³	Adequate	80-98
OH	76 ³	Moderately Low	76-76
OK	58 ³	Low	57-59
	67 ²	Low	67-67
SC	68 ³	Low	38-81
	71 ²	Moderately Low	71-71
TN	69 ³	Low	63-76
TX	65 ³	Low	28-97
	59 ²	Low	59-59
	75 ¹	Moderately Low	56-96
VA	73 ³	Moderately Low	54-98
UT	84 ³	Moderately Low	84-84
WA	61 ³	Low	61-61

¹-Vineland - Unspecified

²-Vineland – 2

³-Vineland – 3

It is important to note that table 7 represents a small number of beneficiaries participating in the ACD. This table should not be interpreted as a statistically representative sample of TRICARE beneficiaries diagnosed with ASD. Nor should this table be interpreted as evidence of treatment improvement or lack of improvement. Subsequent quarterly reports will continue to compile outcome data to demonstrate the population over time as well as the impact of ABA services as demonstrated in these outcome measures.

The December 29, 2017, publication of the Tricare Operation Manual incorporated two additional outcome measures (the Social Responsiveness Scale, Second Edition, and the Pervasive Developmental Disabilities Behavior Inventory) that will be reported in future quarterly reports.

CONCLUSION

As evidenced in the above information, participation in the ACD by beneficiaries remains constant. As of September 30, 2017, there are 14,082 beneficiaries participating, a slight decrease since the prior quarterly reporting period. The number of new ABA providers far exceeds the numbers who are no longer accepting new beneficiaries.

The average wait-time for most locations from date of referral to the first appointment for ABA services under the ACD is within the 28-day access standard for specialty care. The average of all the States for the wait times from date of referral to first appointment is approximately 19 days. To ensure network adequacy and access to care, including those few areas noted above that exceed the standard, our regional contractors monitor access on a regular basis and recruit new providers as appropriate. The contractors track every patient who has an authorization for ABA services to ensure they have an ABA provider. The contractors can track this data to the state and local level, enabling us to identify areas with potential network deficiencies. For any beneficiary with an active authorization for ABA services who does not have an ABA provider, the contractors actively work to place these patients with a qualified provider.

Determining health-related outcomes is the newest requirement added to the ACD. A contract change, effective January 1, 2017, provided direction for our contractors to begin collecting the outcomes data for all ACD participants. This quarterly report is the third time we are providing the required data for health-related outcomes for ACD participants. The present data demonstrates a vastly diverse presentation of beneficiaries diagnosed with ASD with respect to adaptive functioning. However, the present data does not represent the impact of ABA services on TRICARE beneficiaries participating in the ACD. Further analysis of scores will be available in future quarterly reports.