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

PERSONNEL AND
READINESS

JUL 18 2022

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, which directs the Secretary of Defense to provide a quarterly report on the effectiveness of the Autism Care Demonstration (ACD), is enclosed. This is the second-quarter report for FY 2021, which covers data from January 2021 to March 2021.

Participation in the ACD by beneficiaries and providers accepting new beneficiaries increased during this reporting period. Outcome measures are not reported in this quarterly report. Updates to the ACD, published March 23, 2021, included several revisions to the outcome measures sections. Each of those revisions is geared towards improving accurate and optimal outcome measures collection and analysis.

The comprehensive revision of the ACD will improve support to beneficiaries and their families by providing more information about autism spectrum disorder (ASD) and linking beneficiaries to the right care at the right time.

The Department is committed to ensuring military dependents diagnosed with ASD have timely access to medically necessary and appropriate applied behavior analysis services. Thank you for your continued strong support for the health and well-being of our Service members and families. I am sending a similar letter to the Committee on Armed Services of the House of Representatives.

Sincerely

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

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

PERSONNEL AND
READINESS

JUL 18 2022

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

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 directs the Secretary of Defense to provide a quarterly report on the effectiveness of the Autism Care Demonstration (ACD), is enclosed. This is the second-quarter report for FY 2021, which covers data from January 2021 to March 2021.

Participation in the ACD by beneficiaries and providers accepting new beneficiaries increased during this reporting period. Outcome measures are not reported in this quarterly report. Updates to the ACD, published March 23, 2021, included several revisions to the outcome measures sections. Each of those revisions is geared towards improving accurate and optimal outcome measures collection and analysis.

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Sincerely,

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Mike D. Rogers
Ranking Member

Department of Defense
Comprehensive Autism Care Demonstration
Quarterly Report to Congress
Second Quarter, Fiscal Year 2021

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 is approximately $320 for the 2021 Fiscal Year. This includes $0 in expenses and $320 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 (NDAA) for Fiscal Year (FY) 2017, which requests that the Secretary of Defense provide a quarterly report on the effectiveness of the Comprehensive Autism Care Demonstration (ACD). Specifically, the committee requests the Department report, at a minimum, provide 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 of January 1, 2021 through March 31, 2021. Although the Defense Health Agency (DHA) has improved data collection reporting timeframes, the data may be underreported due to delays in receipt of claims.

As of March 31, 2021, there were 1,350 new referrals to the ACD with approximately 16,102 beneficiaries enrolled in the ACD wherein claims were filed for Applied Behavior Analysis (ABA) services. The total ACD program expenditures were $385.6 million (M) in FY 2020. The number of States with average wait times from the date of referral to the first appointment for ABA services that were within access standards decreased during this quarter (see Table 3 for details). The average number of rendered ABA sessions is shown by State in Table 6. These sessions were reported as the average number of paid 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 cannot be confirmed due to the unique needs of each beneficiary. Although this report generally provides a summary on the outcome measures of the ACD, reporting of outcome measures is paused until the ACD manual revisions and updates, including items that impact outcome measures, take effect.

BACKGROUND

ABA services are one of many services currently available to TRICARE-covered beneficiaries who meet applicable criteria to mitigate symptoms of Autism Spectrum Disorder (ASD). Other medical 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 applicable non-ADFMs diagnosed with ASD. ABA services are not limited by beneficiary age, dollar amount spent, number of years of services, or number of sessions provided. All ABA services 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, an extension of the authority for the demonstration until December 31, 2023, was established via a Federal Register Notice published on December 11, 2017. The Notice stated that additional analysis and experience was 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 authority, the Government intends to continue to gain additional information about what services TRICARE beneficiaries are receiving under the ACD and how to most effectively target services where they 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 January 1, 2021. through March 31, 2021. was 1,350. This is an increase from the previous quarter (1,294). A breakdown by State is included in Table 1 below.

Table 1 - Number of New Referrals with Authorizations for ABA Services under the ACD

State	New Referrals with Authorization
AK	21
AL	19
AR	5
AZ	14
CA	149
CO	52
CT	6
DC	3
DE	6
FL	123
GA	90
HI	39
IA	3
ID	1
IL	18
IN	8
KS	12
KY	22
LA	12
MA	11
MD	28
ME	0
MI	8
MN	1
MO	13
MS	13
MT	3
NC	93
ND	0
NE	7
NH	1
NJ	8
NM	8
NV	20
NY	14
OH	10
OK	15
OR	6
PA	11
RI	1
SC	31
SD	1
TN	31
TX	188
UT	13
VA	127
VT	1
WA	75
WI	3
WV	0
WY	6
Total	**1,350**

2. The Number of Total Beneficiaries Enrolled in the Program

As of March 31, 2021, the total number of beneficiaries participating in the ACD was 16,102, an increase from the last reporting period (15,695). 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	121
AL	284
AR	47
AZ	227
CA	1869
CO	733
CT	57
DC	14
DE	42
FL	1564
GA	773
HI	498
IA	10
ID	11
IL	205
IN	123
KS	211
KY	253
LA	117
MA	55
MD	407
ME	5
MI	74
MN	11
MO	164
MS	140
MT	40
NC	1183
ND	14
NE	83
NH	14
NJ	116
NM	72
NV	257
NY	94
OH	127
OK	165
OR	22
PA	94
RI	16
SC	308
SD	14
TN	368
TX	2007
UT	182
VT	5
VA	1906
WA	923
WI	30
WV	4
WY	43
Total	**16,102**

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

For 43 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. For those States beyond the access-to-care standard, two States had access within 29 days, two States were within 1 week of the access-to-care standard, one State was within 2 weeks of the access-to-care standard and two States significantly exceeded the access-to-care 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 access-to-care standards (specific provider, specific time, specific days, specific locations); families changing of providers after availability has been confirmed; providers waiting to complete an assessment to ensure they have treatment access or availability; and family preference to prioritize other services (i.e., SLP/OT/PT).

The MCSCs, with oversight from the Government, continue to review causative 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	18
AR	32
AZ	22
CA	15
CO	15
CT	6
DE	15
DC	0
FL	24
GA	27
HI	24
IA	0
ID	7
IL	37
IN	29
KS	21
KY	9
LA	25
MA	33
MD	23
ME	0
MI	23
MN	0
MO	17
MS	22
MT	0
NC	19
ND	0
NE	0
NH	0
NJ	8
NM	17
NV	18
NY	2
OH	10
OK	7
OR	0
PA	52
RI	0
SC	7
SD	0
TN	7
TX	6
UT	24
VA	7
VT	0
WA	21
WV	0
WI	104
WY	0

4. <u>The Number of Practices Accepting New Patients for Services Under the Program</u>

For this reporting quarter, the number of ABA practices accepting new patients under the ACD is 7,021, an increase from the last reporting period (6,474). 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	96
AR	44
AZ	16
CA	219
CO	59
CT	53
DC	10
DE	9
FL	1323
GA	348
HI	20
IA	12
ID	6
IL	397
IN	336
KS	17
KY	182
LA	185
MA	126
MD	15
ME	201
MI	384
MN	119
MO	137
MS	23
MT	5
NC	164
ND	5
NE	5

NH	25
NJ	81
NM	15
NV	4
NY	123
OH	138
OK	54
OR	6

PA	139
RI	12
SC	104
SD	1
TN	236
TX	871
UT	17
VA	427

VT	9
WA	43
WV	14
WI	138
WY	2
Total	**7,021**

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

The number of ABA practices that stopped or are currently at capacity for accepting new TRICARE beneficiaries for ABA services under the program is 256, which is an increase from the previous reporting period (211). Of note, "at capacity" means that during the reporting period, the providers/practices were not able to take new cases, but they are still considered TRICARE-authorized providers under the ACD. 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	0
AL	0
AZ	0
AR	0
CA	0
CO	0
CT	0
DE	0
DC	0
FL	8
GA	46
HI	0
ID	0
IL	2
IN	1

IA	0
KS	0
KY	1
LA	0
MA	63
MD	1
ME	0
MI	0
MN	0
MO	0
MS	2
MT	0
NC	17
ND	0
NE	0
NH	0
NJ	1
NM	0
NV	0

NY	0
OH	0
OK	5
OR	0
PA	0
RI	0
SC	0
SD	0
TN	2
TX	104
UT	0
VT	0
VA	1
WA	0
WV	2
WI	0
WY	0
Total	**256**

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, medications, or other non-medical supports for the best outcomes for any one beneficiary. Therefore, the numbers shown by State in Table 6 below, report only the average number of paid hours of 1:1 ABA services per week per beneficiary receiving services. The current average rendered hours by State of 1:1 ABA services is 11 hours per week. This average is consistent with previous reports of utilization from the two MCSCs. 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.

Table 6 – Average Hours Per Week Per Beneficiary

State	Average Hours/Week per Beneficiary
AK	6
AL	14
AR	16
AZ	7
CA	8
CO	8
CT	11
DC	7
DE	10
FL	14
GA	14
HI	8
IA	8
ID	7
IL	11
IN	15
KS	7
KY	12
LA	13
MA	9
MD	14
ME	9
MI	13
MN	8
MO	5
MS	12
MT	5
NC	14
ND	17
NE	8
NH	7
NJ	13
NM	7
NV	8
NY	10
OH	11
OK	12
OR	12
PA	10
RI	5
SC	13
SD	11
TN	11
TX	15
UT	7
VT	30
VA	10
WA	8
WV	20
WI	16
WY	6
Total Average Hrs/Wk	**11**

7. Health-Related Outcomes for Beneficiaries Under the Program

DHA continues to support evaluations on the nature and effectiveness of ABA services. The publication of the 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. This data collection began on January 1, 2017.

As of the date of this reporting period, three outcome measures were 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 Disorder 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 measures are completed by eligible providers (PDDBI completed by Board Certified Behavioral Analysts only, remaining measures completed by eligible providers) authorized under the ACD and submitted to the MCSCs. The Vineland-3 and SRS-2 are required at baseline and every 2 years thereafter, and the PDDBI is required at baseline and every 6 months thereafter.

On March 23, 2021, DHA published a revision to the ACD to include revised outcome measures requirements. Specifically, changes to the outcome measures include: removal of the referral requirement for the specialized ASD provider who cannot complete the measures (allowing faster access to all options for completing the measures); removing the 1-year grace period to complete the initial outcome measures (requiring measures to be completed prior to treatment authorization); revising the timeline for completion of two outcome measures from every 2 years to annually; and the addition of the parent stress measures. Each of these changes is geared towards improving accurate and optimal outcome measures to inform not only the individual beneficiary's progress but also the effectiveness of ABA services under the ACD. As a result, DHA continues to pause reporting outcome measures in the quarterly report until the policy revisions take effect and DHA has received data in accordance with these revisions. DHA anticipates the next annual report will be the first report to incorporate implemented revisions.

CONCLUSION

As of March 31, 2021, 16,102 beneficiaries were participating in the ACD. The number of referrals increased over the reporting period. The number of providers continues to increase. The average number of States that met access-to-care standards decreased over the last quarter. Determining health-related outcomes continues to be an important requirement of the ACD. DHA made several policy revisions and updates, which were published on March 23, 2021. Until these revisions and updates take effect and data is received in accordance with these revisions and updates, DHA continues to pause reporting outcome measures.

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. To that end, the policy revisions and updates published 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 of 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. DHA will continue to field questions and host beneficiary and provider webinars as the policy changes are implemented.