



PERSONNEL AND
READINESS

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

AUG 26 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 requests that the Department of Defense provide a quarterly report on the effectiveness of the Comprehensive Autism Care Demonstration (ACD), is enclosed. The first quarter report for FY 2022 covers data from October 2021 to December 2021.

Beneficiary referrals increased during this reporting period while overall participation decreased slightly. Applied behavior analysis (ABA) providers continue to submit applications to become TRICARE-authorized providers. The average number of rendered hours and outcome measures are not reported in this quarterly report. Updates to the ACD, published March 23, 2021, included several revisions to improve accurate and optimal data collection and analysis. This data will be made available in a future report.

The Department is committed to ensuring military dependents diagnosed with autism spectrum disorder have timely access to medically necessary and appropriate ABA services. Thank you for your continued strong support for the health and well-being of our Service members, veterans, and families. I am sending a similar letter to the House Armed Services Committee.

Sincerely

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member



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WASHINGTON, D.C. 20301-4000

PERSONNEL AND
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AUG 26 2022

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

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Enclosure:
As stated

cc:
The Honorable Mike D. Rogers
Ranking Member

Report to the Committees on Armed Services of the Senate and the House of Representatives



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

First Quarter, Fiscal Year 2022

**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 \$320.00 for the 2022 Fiscal Year. This includes \$0 in expenses and \$320.00 in DoD labor.

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EFFECTIVENESS OF THE DEPARTMENT OF DEFENSE COMPREHENSIVE AUTISM CARE DEMONSTRATION

EXECUTIVE SUMMARY

This first quarterly report for Fiscal Year (FY) 2022 is in response to Senate Report 114–255, page 205, accompanying S. 2943, the National Defense Authorization Act for FY 2017, which requests that the Department of Defense provide a quarterly report on the effectiveness of the Comprehensive Autism Care Demonstration (ACD). Specifically, the House and Senate Armed Services Committees requested 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 time frame from October 1, 2021 through December 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.

With the ACD policy update (published March 23, 2021), data reporting requirements were also revised. Therefore, this report is the third to report revised data, although not all information is available at the time of this reporting quarter. As of December 31, 2021, there were 1,835 new referrals to the ACD with approximately 16,877 beneficiaries enrolled in the ACD. The total ACD expenditures were \$430.3 million (M) in FY 2021. The number of States with average wait times from the date of referral to the first appointment for applied behavior analysis (ABA) services within access standards decreased during this quarter (see Table 3 below for details). Tables 4 and 5 represent the number of ABA providers under the ACD. Lastly, additional revisions were made to the outcome measures reporting with this policy update. Since the format and elements are revised, comparison data is not presently available. Therefore, outcome measure findings will be reported in the next annual report.

BACKGROUND

ABA services are one of many services currently available to eligible TRICARE beneficiaries 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.

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 demonstration ensures consistent ABA service coverage for all eligible TRICARE beneficiaries, including active duty family members (ADFM) and non-ADFM 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. However, all ABA services must be clinically necessary and appropriate and target the core symptoms of ASD. All ABA services rendered by ABA providers 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, it was extended to 2028 via a Federal Register Notice published August 4, 2022.

RESULTS

1. The Number of New Referrals with Authorization for Applied Behavior Analysis Services Under the Program

The number of new referrals with an authorization for ABA services under the ACD during the period of October 1, 2021, through December 31, 2021, was 1,808. This was an increase from the previous quarter (1,644). A breakdown by State is included in Table 1.

Table 1 – Number of New Referrals With Authorizations for Applied Behavior Analysis Services Under the Autism Care Demonstration

State	New Referrals with Authorization				
AK	16	KS	21	OH	18
AL	15	KY	18	OK	16
AR	3	LA	12	OR	3
AZ	36	MA	7	PA	8
CA	218	MD	36	RI	2
CO	75	ME	1	SC	39
CT	7	MI	3	SD	2
DC	4	MN	2	TN	39
DE	8	MO	26	TX	257
FL	157	MS	9	UT	18
GA	117	MT	6	VA	199
HI	67	NC	116	VT	0
IA	3	ND	1	WA	96
ID	5	NE	10	WI	1
IL	17	NH	1	WV	1
IN	11	NJ	8	WY	5
		NM	15	Total	1,808
		NV	37		
		NY	16		

2. The Number of Total Beneficiaries Enrolled in the Program

As of December 31, 2021, the total number of beneficiaries participating in the ACD was 16,877; a decrease from the last reporting period (17,324). Of note, while there are 16,877

beneficiaries with an active authorization, only 11,998 had a claim filed during this reporting period, meaning that 29 percent of the beneficiaries with an authorization likely did not receive any ABA services during the quarter. DHA is exploring the situations where these instances occurred. Additionally, claim submissions may be delayed or were not captured during this reporting period which may underrepresent utilization this quarter. A breakdown by State is included in Table 2 below.

Table 2 – Number of Total Beneficiaries Participating in the Autism Care Demonstration¹

State	Total Beneficiaries Participating
AK	147
AL	270
AR	42
AZ	302
CA	2348
CO	909
CT	61
DC	16
DE	31
FL	1523
GA	732
HI	588
IA	15
ID	26
IL	197
IN	100
KS	249
KY	239
LA	109
MA	47
MD	3
ME	391
MI	72
MN	195
MO	134
MS	49
MT	1119
NC	29
ND	101
NE	12
NH	109
NJ	79
NM	314
NV	82
NY	128
OH	138
OK	26
OR	69
PA	14
RI	285
SC	15
SD	374
TN	2071
TX	197
UT	2
VT	1692
VA	1123
WA	22
WI	12
WV	53
WY	2
Total	17,324

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

For 36 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 the States that were beyond the access-to-care (ATC) standard, three States had access within 1 week of the ATC standard, four States within 2 weeks of the ATC standard, 5 States within 3 weeks of the ATC standard, and 3 States exceeded the ATC standard by more than 4 weeks. 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 ATC standards (specific provider, specific time, specific days, specific locations); families changing providers after availability had been confirmed; providers waiting to complete an assessment to ensure they have treatment access or

¹ all referrals do not result in an enrollment.

behavior technician (BT) availability; and beneficiary preference to prioritize other services (SLP/OT/PT).

The MCSCs, with oversight from the Government, continue to review causative key 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	0	IN	0	NV	33
AL	10	KS	5	NY	16
AR	27	KY	13	OH	52
AZ	27	LA	27	OK	50
CA	26	MA	42	OR	0
CO	18	MD	39	PA	44
CT	47	ME	0	RI	0
DE	0	MI	0	SC	40
DC	0	MN	0	SD	0
FL	38	MO	19	TN	46
GA	35	MS	14	TX	30
HI	20	MT	0	UT	23
IA	0	NC	46	VA	34
ID	0	ND	0	VT	0
IL	56	NE	0	WA	21
		NH	0	WV	0
		NJ	24	WI	0
		NM	0	WY	14

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

As part of the ACD policy update, DHA revised the reporting requirements to report the number of unique ABA providers, as identified by their individual National Provider Identifier (NPI) who are authorized to render ABA services under the ACD. The total number of unique authorized ABA providers within the East and West regions is 70,731 (20,557 authorized ABA supervisors; 1,475 assistant behavior analysts; and 48,699 BTs). Since referrals can be authorized to only the authorized ABA supervisor or ABA practice, highlighted below are the number of new authorized ABA supervisors by State (582). The previous quarter added 414 authorized ABA supervisors to the demonstration. A breakdown by State is included in Table 4 on the next page.

Table 4 – Number of Unique Authorized Applied Behavior Analysis Supervisors New to the Autism Care Demonstration

State	New Authorized ABA Supervisors
AK	2
AL	1
AR	4
AZ	22
CA	133
CO	40
CT	3
DC	0
DE	2
FL	35
GA	18
HI	26
IA	4
ID	2
IL	14
IN	16
KS	7
KY	1
LA	3
MA	10
MD	0
ME	9
MI	28
MN	2
MO	9
MS	0
MT	1
NC	8
ND	1
NE	14
NH	0
NJ	7
NM	10
NV	5
NY	4
OH	3
OK	3
OR	8
PA	7
RI	2
SC	2
SD	4
TN	7
TX	52
UT	9
VA	13
VT	0
WA	28
WV	0
WI	2
WY	1
Total	414

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

As part of the ACD policy update, DHA revised the reporting requirements to report the number of unique authorized ABA supervisors, as identified by their individual NPI, who have terminated their authorized ABA provider status with the East or West region contractor. The total number of terminated ABA supervisors with unique NPIs is 654. The previous quarter reported that 258 providers terminated their status with the ACD. A breakdown by State is included in Table 5 below.

Table 5 – Number of Applied Behavior Analysis Supervisors who Terminated their TRICARE Status

State	Terminated ABA Supervisor
AK	3
AL	11
AZ	7
AR	4
CA	103
CO	33
CT	7
DE	0
DC	1
FL	117
GA	30
HI	3
ID	5
IL	13
IN	7
IA	2
KS	8
KY	6
LA	5
MA	7
MD	19
ME	0

MI	19
MN	0
MO	12
MS	3
MT	2
NC	21
ND	0
NE	1
NH	6
NJ	8

NM	14
NV	1
NY	12
OH	11
OK	6
OR	2
PA	14
RI	0
SC	6
SD	0

TN	21
TX	52
UT	13
VT	0
VA	26
WA	9
WV	0
WI	4
WY	0
Total	654

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 support for the best outcomes for any one beneficiary. Therefore, DHA reported the average number of paid hours of one-to-one 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 due to the unique needs of each beneficiary.

With the ACD policy update and revisions to the reported data, DHA revised the data requirement so that utilization data and authorization dates are reported. However, since beneficiary authorization start and end dates do not align with each quarter, and claims data is often incomplete at the time of the reporting period, utilization trends will be reported in the next annual report.

7. Health-Related Outcomes for Beneficiaries Under the Program

DHA continues to support evaluations on the nature and effectiveness of ABA services. 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) which is a measure of adaptive behavior functioning; the Social Responsiveness Scale, Second Edition (SRS-2) which is a measure of social impairment associated with ASD; and, the Pervasive Developmental Disorder Behavior Inventory (PDDBI) which 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 Behavior 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.

The March 23, 2021, ACD policy update published a revision to the outcome measures' requirements. Specifically, revisions 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 and eligible providers 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 and reauthorization); and revising the timeline for two outcome measures completion from every 2 years to annually. The ACD policy update also added the parent stress measures, not as an outcome of ABA effectiveness, but rather as a measure to assess parental stress and impact of the comprehensive services offered under the policy update as a means to reduce parent stress. Each of these revisions were designed to improve accurate and optimal outcome measures that will inform both the individual beneficiary's progress, but also the effectiveness of ABA services under the ACD as well as overall program effectiveness. As a result, DHA continues to pause reporting outcome measures in the quarterly report until the policy revisions take effect and the DHA has received data in accordance with these revisions. DHA anticipates that the next annual report will be the first report to incorporate implemented revisions regarding the outcome measures.

CONCLUSION

DHA made several policy revisions and updates to facets of the ACD such as data collection and reporting, which were published on March 23, 2021. Therefore, this report continues conveying a portion of the revisions while other requirements are transitioning to the new format and are currently incomplete. As of December 31, 2021, 17,324 beneficiaries were participating in the ACD. The number of referrals increased over the reporting period. The number of providers, now reported by unique NPIs, continues to increase as evidenced by the 582 authorized ABA supervisors newly added under the ACD. The average number of States that met ATC standards increased over the last quarter. Determining health-related outcomes continues to be an important requirement of the ACD. However, until the outcome measures' revisions take effect and data is received in accordance with these revisions and updates, DHA continues to pause reporting outcome measures in the quarterly reports.

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 March 23, 2021, 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 as the policy updates are implemented.