



PERSONNEL AND  
READINESS

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

JUN 11 2018

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

Dear Mr. Chairman:

The enclosed 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 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 first quarter report for FY 2018 and covers data from October 2017 to December 2017.

Participation in the ACD by beneficiaries and providers is robust. There are over 14,500 beneficiaries participating. The number of providers accepting new TRICARE beneficiaries is 1,756 which is higher than the previous quarter. 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 House Armed Services Committee.

Sincerely

A handwritten signature in black ink, appearing to read "Robert L. Wilkie".

Robert L. Wilkie

Enclosure:  
As stated

cc:  
The Honorable Jack Reed  
Ranking Member



PERSONNEL AND  
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**UNDER SECRETARY OF DEFENSE**  
4000 DEFENSE PENTAGON  
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JUN 11 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 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 first quarter report for FY 2018 and covers data from October 2017 to December 2017.

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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 Senate Armed Services Committee.

Sincerely

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Robert L. Wilkie

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member

# Report to Congressional Defense Committees



## The Department of Defense Comprehensive Autism Care Demonstration Quarterly Report to Congress First Quarter, Fiscal Year 2018

In Response to: Senate Report 114–255, Page 205, Accompanying S. 2943 the  
National Defense Authorization Act 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 2018 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 (NDAA) for Fiscal Year (FY) 2017, which requests that 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 October 1, 2017 through December 31, 2017 and was reported by the Managed Care Support Contractors. The data may be understated due to the delays in receipt of claims.

Approximately 14,538 children currently receive Applied Behavior Analysis (ABA) services through the ACD as of December 31, 2017. According to the most recent full fiscal year data available, FY 2017, total ACD program expenditures were \$261.9M. The number of new ABA providers (1756) far exceeds the numbers who are no longer accepting new beneficiaries (238). 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; for this reporting period, it is approximately 21 days. A few localities, as noted in Table 3 below, exceed the standard and regional contractors are working to recruit new providers as appropriate. The average number of ABA sessions required by beneficiaries are outlined below in Table 6 by state. These were reported as the paid average number of hours per week per beneficiary as the number of sessions did not represent the intensity of services. However, conclusions about ABA services utilization variances cannot be confirmed due to the unique needs of each beneficiary. Finally, preliminary health-related outcomes data demonstrates a diverse presentation of beneficiaries diagnosed with Autism Spectrum Disorder (ASD) with respect to adaptive functioning. As additional data is collected over time, the utilization of outcome data can provide information on the overall effectiveness of ABA services for TRICARE beneficiaries.

## **BACKGROUND**

ABA services are one of many TRICARE covered services available to mitigate the symptoms of ASD. Other services include, but are not limited to: speech therapy; occupational therapy; physical therapy; medications; and psychotherapy. In June 2014, TRICARE received approval from the Office of Management and Budget to publish the ACD Notice in the Federal Register and was compliant with all regulations that govern TRICARE. In July 2014, three previous programs were consolidated to create the ACD. The 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

beneficiaries. The consolidated demonstration ensures consistent ABA service 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, dollar amount spent, or 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 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 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 additional information about what TRICARE beneficiaries are receiving under the ACD, more comprehensive outcomes data, and 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 of October 1, 2017 through December 31, 2017 was 1,641. This is a decrease of four (4) percent from the 1,705 reported for the previous quarter. States with large military installations have the greatest number of new referrals: California (109), Colorado (75), Florida (104), Georgia (68), Maryland (65), North Carolina (209), Texas (144), Virginia (323), and Washington (94). A breakdown by state is included in Table 1.

**Table 1**

State	New Referrals with Authorization				
AK	18	KS	30	OH	14
AL	17	KY	22	OK	11
AR	5	LA	15	OR	2
AZ	28	MA	13	PA	5
CA	109	MD	65	PR	1
CO	75	ME	1	RI	5
CT	2	MI	11	SC	26
DC	8	MN	1	SD	1
DE	3	MO	16	TN	17
FL	104	MS	10	TX	144
GA	68	MT	6	UT	10
HI	42	NC	209	VA	323
IA	0	ND	0	VT	0
ID	1	NE	8	WA	94
IL	20	NH	5	WI	6
IN	12	NJ	10	WV	2
		NM	8	WY	1
		NV	15	<b>Total</b>	<b>1,641</b>
		NY	22		

2. The Number of Total Beneficiaries Enrolled in the Program

As of December 31, 2017, the total number of beneficiaries participating in the ACD was 14,538, an increase from the 14,076 reported for the previous quarter. The increase in beneficiaries may be attributed to new beneficiaries requiring services among other reasons. As is the case with new referrals, states with large military installations have the greatest number of participants: California (1812), Colorado (810), Florida (726), Georgia (1013), Hawaii (520), Maryland (373), North Carolina (1019), Tennessee (472), Texas (445), Virginia (1586), and Washington (1007). A breakdown by state of total ACD participants is included in Table 2 below.

**Table 2**

<b>State</b>	<b>Total Beneficiaries Participating</b>				
AK	156	KS	243	OH	110
AL	598	KY	1241	OK	85
AR	141	LA	91	OR	19
AZ	275	MA	44	PA	59
CA	1812	MD	373	RI	25
CO	810	ME	12	SC	57
CT	34	MI	49	SD	16
DC	18	MN	19	TN	472
DE	21	MO	184	TX	445
FL	726	MS	21	UT	180
GA	1013	MT	26	VA	1586
HI	520	NC	1019	VT	0
IA	19	ND	6	WA	1007
ID	11	NE	77	WI	29
IL	181	NH	10	WV	6
IN	69	NJ	89	WY	18
		NM	93	Overseas	6
		NV	208	** XX	116
		NY	88	<b>Total</b>	<b>14,538</b>

\*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 seven states are above the access standard, a higher number than the previous quarter: Alaska (33), Kansas (31), Louisiana (35), Nebraska (34), New Mexico (47), Nevada (39), and Oklahoma (42). The average wait time of all States from time of referral to first appointment is approximately 21 days. ABA providers are directed not to accept beneficiaries for whom they cannot implement the recommended treatment plan within the 28-day access standard. Contractors will not refer beneficiaries to ABA providers who are unable to provide the recommended treatment to beneficiaries within the 28-day access to care standard.

The contractors continue to work diligently building the networks and will continue to monitor states and locations where provider availability is an issue. Although the field of behavior analysis is growing, locations remain with an insufficient number of ABA providers that are able to meet the demand for such services. This is consistent with shortages seen with other types of specialty care, especially in rural areas. For states where there are particularly large concentrations of ACD participants, the contractors meet the 28-day access standard: California (16), Colorado (20), Hawaii (19), Illinois (11), Maryland (20), New York (9), South Carolina (17), Utah (18), Virginia (11), and Washington (26). A breakdown by state is included in Table 3 below.

**Table 3**

State *	Average Wait Time (# days)	Range
AK	33	6 TO 54
AL	27	1 TO 65
AZ	26	21 TO 29
CA	16	3 TO 45
CO	20	1 TO 57
DC	14	6 TO 22
DE	10	10 TO 10
FL	19	7 TO 72
GA	24	2 TO 69
HI	19	10 TO 27
IL	11	7 TO 15
KS	31	20 TO 37
KY	23	20 TO 29.5
LA	35	14 TO 81
MD	20	9 TO 40
ME	22	22 TO 22
MI	8	8 TO 8
MO	23	20 TO 26
MS	16	10 TO 21
NC	17	1 TO 42
NE	34	29 TO 37
NH	4	4 TO 4
NJ	27	9 TO 56
NM	47	47 TO 47
NV	39	21 TO 63
NY	9	0 TO 21
OH	1	0 TO 1
OK	42	13 TO 52
PA	7	7 TO 7
RI	10	10 TO 10
SC	17	6 TO 28.5
TN	18	8 TO 37
TX	26	15.5 TO 44.5
UT	18	18 TO 18
VA	11	0 TO 50
WA	26	0 TO 55

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

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

There are over 25,000 ABA providers, including certified behavior technicians, who deliver ABA services to TRICARE patients. For this reporting quarter, the number of ABA practices accepting new patients under the ACD is 1,756, an increase from the previous quarter. Instead of unique providers, these specific ABA practices were reported as such due to the possibility that an ABA practice may consist of multiple providers. Since many ABA providers work in group practices, the number of ABA providers accepting new beneficiaries does not directly correlate to the total number of providers. The rate of participating ABA providers is

potentially attributed to significant recruitment efforts made by the regional contractors. States with large military installations generally have the greatest number of providers accepting new patients, including: California (134), Colorado (61), Florida (270), Georgia (74), Indiana (41), Maryland (46), North Carolina (44), South Carolina (46), Tennessee (56), Texas (206), Virginia (120), and Washington (59). A breakdown by state is included in Table 4 below.

**Table 4**

<b>State</b>	<b>Practices Accepting New Beneficiaries</b>		
AL	38	MO	28
AK	9	MT	6
AZ	20	NE	9
AR	7	NV	16
CA	134	NH	12
CO	61	NJ	32
CT	15	NM	13
DE	5	NY	28
DC	6	NC	44
FL	270	ND	3
GA	74	OH	23
HI	31	OK	16
ID	3	OR	11
IL	39	PA	35
IN	41	RI	5
IA	3	SC	46
KS	22	SD	1
KY	33	TN	56
LA	27	TX	206
ME	7	UT	18
MD	46	VT	1
MA	23	VA	120
MI	25	WA	59
MN	3	WV	0
MS	12	WI	13
		WY	1
		<b>Total</b>	<b>1,756</b>

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

The number of individual practices who no longer accept new TRICARE beneficiaries for ABA services under the program is 238, an increase of 12 percent from the 213 reported for the previous quarter. Most practices who no longer accept new patients are at capacity and have not disengaged current beneficiaries. A breakdown by state is included in Table 5 below.



**Table 5**

<b>State</b>	<b>Practices No Longer Accepting New Beneficiaries</b>
AL	6
AK	2
AZ	12
AR	1
CA	27
CO	11
CT	0
DE	1
DC	1
FL	34
GA	8
HI	7
ID	0
IL	0
IN	0
IA	4
KS	4
KY	2
LA	4
ME	1
MD	1
MA	0
MI	0
MN	3
MS	0

MO	4
MT	1
NE	4
NV	6
NH	0
NJ	1
NM	5
NY	1
NC	1
ND	1
OH	3
OK	0
OR	2
PA	0
RI	0
SC	9
SD	2
TN	8
TX	37
UT	2
VT	0
VA	6
WA	11
WV	0
WI	2
WY	3
<b>Total</b>	<b>238</b>

6. The Average Number of Treatment Sessions Required by Beneficiaries

The average number of ABA sessions required by beneficiaries) is outlined below in Table 6 by state. The number reported is the paid average number of hours per week per beneficiary receiving services as the number of sessions does not represent the intensity of services. 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 a dose-response relationship between severity, treatment needs, and intensity of services.

**Table 6**

State	Average Hours/Week per Beneficiary	Range
AK	0.6	0.1 TO 1.8
AL	5.3	1.3 TO 15.5
AR	7.8	1.5 TO 20.7
AZ	1.0	0.1 TO 3.7
CA	4.3	0.9 TO 10.9
CO	1.1	0.1 TO 5.4
CT	5.7	0.9 TO 25.1
DC	7.8	0.5 TO 26.5
DE	7.0	0.9 TO 25.8
FL	5.1	2.0 TO 22.6
GA	7.5	2.3 TO 28.0
GU	10.0	10.0 TO 10.0
HI	2.9	2.4 TO 4.8
IA	2.0	1.3 TO 3.0
ID	0.2	0.2 TO 0.2
IL	10.3	5.4 TO 21.6
IN	22.8	12.4 TO 48.9
KS	6.8	6.5 TO 8.7
KY	9.8	0.8 TO 25.7
LA	6.2	0.5 TO 21.7
MA	4.6	1.1 TO 25.2
MD	8.1	0.6 TO 36.8
ME	11.0	2.2 TO 24.5
MI	14.1	2.6 TO 36.8
MN	1.8	1.7 TO 2.0
MO	5.1	1.4 TO 13.8
MS	4.5	0.1 TO 31.4
MT	0.7	0.2 TO 1.1
NC	3.5	0.2 TO 16.2
ND	0.7	0.5 TO 1.0
NE	1.1	0.1 TO 3.7
NH	9.3	2.5 TO 21.0
NJ	6.0	0.8 TO 30.5
NM	4.4	0.1 TO 9.0
NV	5.8	5.2 TO 6.9
NY	11.0	1.0 TO 42.0
OH	7.9	0.6 TO 35.0
OK	4.8	0.1 TO 22.8
OR	2.9	2.9 TO 2.9
PA	8.2	1.0 TO 25.3
RI	5.0	1.3 TO 9.8
SC	6.1	0.1 TO 28.6
SD	1.6	0.7 TO 2.9
TN	5.7	0.1 TO 27.0
TX	4.4	0.4 TO 15.1
UT	1.4	0.1 TO 5.8
VA	7.1	0.4 TO 56.0
WA	7.6	7.2 TO 8.5
WI	6.7	2.2 TO 11.3
WY	7.3	0.8 TO 17.3

## 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 (TOM) 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. Outcomes data for beneficiaries is required at baseline entry into the ACD program and every six months thereafter; comprehensive outcome measures are also required at every two-year increment of ABA services.

This report is the fourth 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, was reported in the 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 only those beneficiaries whose two-year Periodic ABA Program Review fell within the reporting quarter. Scores for beneficiaries in the sample below represent a population that is functioning, on average, in the Moderately Low to Low range (see Table 7). The wide variation in scores represents a population with a vastly diverse symptom presentation of ASD. Additionally, the scores represent the first data point for the 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 after the collection of additional outcomes data.

**Table 7**

<b>Adaptive Functioning</b>			
<b>Vineland (Composite Score)</b>			
<b>State</b>	<b>Average</b>	<b>Classification</b>	<b>Range</b>
AL	59 <sup>2</sup>	Low	59-59
	61 <sup>1</sup>	Low	52-71
DC	65 <sup>2</sup>	Low	64-66
FL	66 <sup>2</sup>	Low	33-100
	87 <sup>1</sup>	Adequate	87-87
GA	76 <sup>2</sup>	Moderately Low	65-90
KY	54 <sup>2</sup>	Low	45-60
MD	74 <sup>2</sup>	Moderately Low	46-97
MS	73 <sup>2</sup>	Moderately Low	68-81
NC	71 <sup>2</sup>	Moderately Low	55-98
NY	70 <sup>2</sup>	Low	70-70
OH	59 <sup>2</sup>	Low	34-83
PA	64 <sup>2</sup>	Low	54-74
TN	78 <sup>1</sup>	Moderately Low	66-90
	80 <sup>2</sup>	Moderately Low	80-80
TX	96 <sup>2</sup>	Adequate	96-96
VA	70 <sup>2</sup>	Low	31-100

<sup>1</sup>-Vineland - 2

<sup>2</sup>-Vineland – 3

It is important to note that Table 7 represents a small percentage of the beneficiaries participating in the ACD. The table should not be interpreted as a statistically representative sample of TRICARE beneficiaries diagnosed with ASD, nor should the table be interpreted as evidence of treatment improvement or lack thereof. Subsequent quarterly reports will continue to compile outcome data to demonstrate the status of the population over time and measure the impact of ABA services as demonstrated in the outcome measures.

The December 29, 2017 publication of the TOM 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.

### **PROGRAM UPDATE**

Humana Government Business (HGB) assumed responsibility for management of the ACD in the East Region on January 1, 2018 and Healthnet Federal Services (HNFS) assumed responsibilities in the West Region. Unfortunately, both HGB and HNFS faced a number of challenges with the transition that negatively impacted some ABA providers and beneficiaries. Although there has been some improvement, work will continue with both contractors to resolve the issues.

### **CONCLUSION**

As evidenced in the above information, participation in the ACD by beneficiaries remains relatively stable. As of December 31, 2017, there were 14,538 beneficiaries participating which is an increase from the prior quarterly reporting period. The number of new ABA providers far exceeds the numbers that 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 wait-time for all states from date of referral to first appointment is approximately 21 days. To ensure network adequacy and access to care, including those few areas noted above that exceed the standard, 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; this data can be used at the state and local level which will help 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 will work to place those 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 contractors to begin collecting the outcomes data for all ACD participants. This quarterly report is the third time the required data will be provided on health-related outcomes for ACD participants. The presented data demonstrates the 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.