



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

PERSONNEL AND
READINESS

OCT - 9 2018

The Honorable James M. Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

Please find enclosed the report responding 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 provide a quarterly report on the 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 report enclosed covers the second quarter of FY 2018, and includes data from January 2018 to March 2018.

This is the first submission of ACD data under the new T2017 TRICARE contracts; therefore, the numbers reflected in this report will serve as a new baseline and comparator to future data under the T2017 contracts.

Participation in the ACD by beneficiaries and providers is robust. 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 in most locations. Finally, the Department fully supports continued research on the nature and effectiveness of ABA services and has modified the current ACD policy to include outcome measures for ACD participants.

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 blue ink that reads "Stephanie Barna".

Stephanie Barna
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

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4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

OCT - 9 2018

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

Dear Mr. Chairman:

Please find enclosed the report responding to the Senate Report 114-255, page 205, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year (FY) 2017, which requests that the Department provide a quarterly report on the 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 report enclosed covers the second quarter report of FY 2018, and includes data from January 2018 to March 2018.

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Sincerely,

Stephanie Barna
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 Quarterly Report to Congress Second 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 is approximately \$12,000 for the 2018 Fiscal Year.
This includes \$0 in expenses and \$12,000 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 were reported by the Managed Care Support Contractors (with oversight from the Government), hereinafter referred to as the “Contractors,” and represents the timeframe from January 1, 2018, through March 31, 2018. This is the first submission of ACD data under the new T2017 TRICARE contracts; therefore, numbers in this report shall serve as a new baseline and future data under the T2017 contracts will be compared to these numbers. The Defense Health Agency (DHA) is working with both Contractors to obtain uniform data across regions. The data may also be underreported due to delays in receipt of claims, and therefore the Government will adjust reporting schedules of the Contractors for future reports.

Approximately 14,817 children currently receive Applied Behavior Analysis (ABA) services through the ACD as of March 31, 2018. According to the most recent full FY data available, FY17, total ACD program expenditures were \$261.9M. The number of ABA providers accounted for as of March 31, 2018, is inaccurate due to providers being counted in multiple locations. For example one provider may have been counted ten times due to the provider being employed at ten different practices, skewing the numbers. The Government is working to correct how this information is captured and reported for future reports. For the significant 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, the average wait-time is approximately 26 days. A few localities, as noted in Table 3 below, exceed the access standard and the Contractors are actively working to recruit new providers as appropriate. It should be noted that in many of the areas with access issues, there is an overall shortage of ABA providers that is not limited to TRICARE. The average number of ABA sessions rendered are outlined below in Table 6 by state. These sessions were reported as the paid average number of hours per week per beneficiary, as the number of sessions does not represent the intensity of services. Further, conclusions about ABA services utilization variances by locality or other demographics cannot be confirmed due to the unique needs of each beneficiary. Finally, health-related outcome measures data are not included in this report due to the lack of information available since the inception of health care delivery. Transition to the new contracts has resulted in data inconsistencies when comparing to previous data. Current information is incomplete due to delay of claims data. Of note, this quarter added two new

outcome measures to the data set. As data are collected over time, the utilization of outcome measures data may 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 and language 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. In July 2014, three previous programs were consolidated to create the ACD. The program is based on limited demonstration authority with the goal of striking a balance that maximizes access while ensuring the highest level of quality services for beneficiaries. The consolidated demonstration ensures consistent ABA service coverage for all TRICARE eligible beneficiaries, including Active Duty family members (ADFM)s and non-ADFM)s diagnosed with ASD. ABA services are not limited by the beneficiary’s age, dollar amount spent, or number of sessions provided. Generally, all ABA services continue to be a purchased care benefit. However, DHA is exploring how ABA services might be provided in a Military Medical Treatment Facility. The ACD began July 25, 2014, and will expire on 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 services TRICARE beneficiaries are receiving under the ACD, how to most effectively target services where they will have the most benefit, 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 January 1, 2018, through March 31, 2018, was 5,499. This is a large number due to how data was captured under the new T2017 contracts. Essentially every referral after the start of healthcare delivery is a new referral under the T2017 contracts; therefore, the number of new referrals that will be reported in the next quarterly report will be used as a comparison to this quarter. A breakdown by state is included in Table 1.

Table 1

State	New Referrals with Authorization
AK	16
AL	145

AR	16
AZ	17
CA	170
CO	73
CT	28

DC	15
DE	12
FL	662
GA	372
HI	42

IA	3
ID	1
IL	115
IN	53
KS	20
KY	132
LA	55
MA	32
MD	211
ME	4
MI	36
MN	2
MO	24
MS	57

MT	7
NC	687
ND	1
NE	9
NH	9
NJ	47
NM	9
NV	21
NY	50
OH	59
OK	57
OR	2
PA	38
RI	13

SC	161
SD	1
TN	156
TX	690
UT	17
VA	1040
VT	0
WA	87
WI	21
WV	3
WY	1
Total	5,499

2. The Number of Total Beneficiaries Enrolled in the Program

As of March 31, 2018, the total number of beneficiaries participating in the ACD was 14,817. A breakdown by state of total ACD participants is included in Table 2 below.

Table 2

State	Total Beneficiaries Participating
AK	123
AL	270
AR	27
AZ	218
CA	1652
CO	828
CT	45
DC	21
DE	28
FL	1343
GA	768
HI	513
IA	12
ID	4
IL	196
IN	88

KS	227
KY	236
LA	107
MA	47
MD	414
ME	8
MI	56
MN	10
MO	148
MS	109
MT	27
NC	1124
ND	4
NE	73
NH	13
NJ	97
NM	83
NV	190
NY	106

OH	117
OK	135
OR	13
PA	76
RI	23
SC	343
SD	13
TN	317
TX	1724
UT	159
VA	1709
VT	0
WA	916
WI	34
WV	6
WY	15
Total	14,817

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. The average wait time of all states from time of referral to first appointment is approximately 26 days. However, for this reporting period ten states are above the access standard. 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 knowingly 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 provider 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 shortage is consistent with shortages seen with other types of specialty care providers such as developmental pediatricians and child psychologists, especially in rural areas. A breakdown by state is included in Table 3 below.

Table 3

State *	Average Wait Time (# days)
AL	29
CA	21
CO	31
FL	17
GA	24
HI	39
IL	37
KS	17
KY	24
LA	14
MD	36
MI	33
MO	25
MS	27
NC	30
NJ	24
NV	42
NY	9
PA	56
SC	12
TN	26
TX	20
UT	24
VA	28
WA	17

* States not listed represent data not available or reported.

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

For this reporting quarter, the number of ABA practices accepting new patients under the ACD is 2,362. A breakdown by state is included in Table 4 below.

Table 4

State	Practices Accepting New Beneficiaries
AK	10
AL	44
AR	7
AZ	10
CA	155
CO	43

CT	10
DC	4
DE	4
FL	625
GA	80
HI	16
IA	5
ID	1
IL	122
IN	90
KS	11
KY	67
LA	70
MA	9
MD	27
ME	2
MI	72
MN	2
MO	41
MS	11
MT	3
NC	22
ND	4

NE	5
NH	13
NJ	5
NM	3
NV	14
NY	20
OH	24
OK	9
OR	2
PA	22
RI	1
SC	56
SD	1
TN	85
TX	300
UT	14
VA	104
VT	1
WA	33
WI	59
WV	3
WY	2
Total	2,362

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

The number of ABA practices who stopped accepting new TRICARE beneficiaries for ABA services under the program is 148. A breakdown by state is included in Table 5 below.

Table 5

State	Practices No Longer Accepting New Beneficiaries
AL	0
AK	0
AR	1
AZ	0
CA	0
CO	0
CT	0
DC	0

DE	0
FL	10
GA	22
HI	0
IA	0
ID	0
IL	11
IN	0
KS	0
KY	0

LA	0
MA	11
MD	2
ME	0
MI	1
MN	0
MO	0
MS	0
MT	0
NC	2
ND	0
NE	0
NH	0
NJ	1
NM	0
NV	0
NY	1

OH	0
OK	5
OR	0
PA	1
RI	0
SC	0
SD	0
TN	0
TX	76
UT	0
VA	3
VT	0
WA	0
WI	1
WV	0
WY	0
Total	148

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, DoD is unable to make conclusions about ABA services utilization variances by locality or other demographics 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
AK	N/A
AL	14.9
AR	16.7
AZ	4
CA	5
CO	6
CT	5.3
DC	26.1
DE	12.4
FL	15.7
GA	13.7

HI	6
IA	6.5
ID	4
IL	15.2
IN	36.7
KS	6
KY	15.5
LA	14.2
MA	12.5
MD	14.9
ME	32.5
MI	31.7
MN	8

MO	14.8
MS	7.8
MT	2
NC	14.8
ND	N/A
NE	3
NH	3.3
NJ	12.3
NM	6
NV	7
NY	20.8
OH	21
OK	25.7

OR	13
PA	12.6
RI	14
SC	15.5
SD	3
TN	14.4
TX	9.2
UT	6
VA	11.4
VT	N/A
WA	4
WI	26.3
WY	2

*States represented with “N/A” indicate data was not reported or unavailable due to claims delays.

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; the data collection began on January 1, 2017. Outcome measures 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 first reporting quarter since the start of health care delivery and the fifth reporting quarter since the outcome measures requirement took effect. Transition to the new contracts has resulted in data inconsistencies when comparing to previous data. The reporting periods will be adjusted by the Government to allow information to be captured from claims data to ensure future reports provide a comparison. 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) is a measure of adaptive behavior functioning and continues to be a requirement. On January 29, 2018, two additional measures were added to the outcome measures requirement: the Social Responsiveness Scale, Second Edition (SRS-2) and the Pervasive Developmental Disabilities Behavior Inventory (PDDBI). The SRS-2 is a measure of social impairment associated with ASD. The PDDBI is a measure that is designed to assist in the assessment of various domains related to ASD. The outcome measure scores were completed and submitted to the Contractors by eligible providers authorized under the ACD who completed an evaluation of each beneficiary’s functioning at the time of assessment. The Vineland-3 and SRS-2 are required every two years and the PDDBI is required every six months. Because the outcomes measure requirements that have not yet been in place long enough for a repeat administration in

the same patient, 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. This analysis will assist with both treatment planning for individual patients, and helping to shape the future of the ACD.

PROGRAM UPDATES

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 continues with both Contractors to resolve the remaining issues.

CONCLUSION

As evidenced in the above information, participation in the ACD by beneficiaries remains relatively stable. As of March 31, 2018, there were 14,817 beneficiaries participating in the ACD. 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 26 days. To ensure network adequacy and access to care, including those few areas noted above that exceed the standard, the 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 continue to work to place those patients with a qualified provider as quickly as possible.

Determining health-related outcomes is an important requirement added to the ACD. A contract modification, effective January 1, 2017, provided direction for Contractors to begin collecting the outcome measures data for all ACD participants. Due to reporting inconsistencies during the T2017 contracts, further analysis of scores will be available in future quarterly reports.