



UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

PERSONNEL AND  
READINESS

The Honorable Carl Levin  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

MAY 7 2013

Dear Mr. Chairman:


Section 577 of the National Defense Authorization Act for Fiscal Year (FY) 2012 requires the Secretary of Defense to submit to the Committees on Armed Services of the House of Representatives and the Senate a report on all pilot and demonstration projects and all other efforts being conducted by the Department of Defense on autism services. Section 577 required an assessment of the demand for autism treatment services by military families, including the intensity and volume of use across specific diagnoses and age groups and the availability of qualified providers of such treatment services.

Additionally, House Report 112-479, page 179, to accompany H.R. 4310, the National Defense Authorization Act for FY 2013, requested that the final report address any efforts to provide services specifically for autistic children of military families living in rural areas using mobile diagnostic capabilities. Current autism services do not include using mobile diagnostic capabilities in rural or underserved areas and there are no plans to do this. The delivery of this report was delayed due to the time necessary to pull and analyze data on the demand for autism services. I apologize for the delay.

Results indicate that although the annual growth rate in users of autism services declined over time, the demand for autism services by military families grew 28 percent from FY 2011 to FY 2012. TRICARE remains concerned about the availability of qualified providers to meet the demands of the military population.

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 Committee of Armed Services of the House of Representatives.

Sincerely,

  
Jessica L. Wright  
Acting

Enclosure:  
As stated

cc:  
The Honorable James M. Inhofe  
Ranking Member



UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

PERSONNEL AND  
READINESS

The Honorable Howard P. "Buck" McKeon  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

MAY 7 2013

Dear Mr. Chairman:

Section 577 of the National Defense Authorization Act for Fiscal Year (FY) 2012 requires the Secretary of Defense to submit to the Committees on Armed Services of the House of Representatives and the Senate a report on all pilot and demonstration projects and all other efforts being conducted by the Department of Defense on autism services. Section 577 required an assessment of the demand for autism treatment services by military families, including the intensity and volume of use across specific diagnoses and age groups and the availability of qualified providers of such treatment services.

Additionally, House Report 112-479, page 179, to accompany H.R. 4310, the National Defense Authorization Act for FY 2013, requested that the final report address any efforts to provide services specifically for autistic children of military families living in rural areas using mobile diagnostic capabilities. Current autism services do not include using mobile diagnostic capabilities in rural or underserved areas and there are no plans to do this. The delivery of this report was delayed due to the time necessary to pull and analyze data on the demand for autism services. I apologize for the delay.

Results indicate that although the annual growth rate in users of autism services declined over time, the demand for autism services by military families grew 28 percent from FY 2011 to FY 2012. TRICARE remains concerned about the availability of qualified providers to meet the demands of the military population.

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 Committee of Armed Services of the House of Representatives.

Sincerely,

  
Jessica L. Wright  
Acting

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member

# Report to Congress



## The Department of Defense Autism Pilot and Demonstration Projects Report to Congress

**REPORT ON EFFORTS BEING CONDUCTED BY THE DEPARTMENT OF DEFENSE  
ON AUTISM SERVICES**

**Requested by: Section 577, National Defense Authorization Act (NDAA) for  
Fiscal Year 2012**

The estimated cost of report or study for the Department of Defense is approximately \$7,390 for the 2013 Fiscal Year. This includes \$5,100 in expenses and \$2,290 in DoD labor.

Generated on 2013Mar28 RefID: E-9AE89BD

## **INTRODUCTION**

This report is in response to Section 577 the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2012 which required the Secretary provide a report to Congress not later than March 14, 2013, on all pilot and demonstration projects and all other efforts being conducted by the Department of Defense (DoD) on autism services. This report under Section 577 requests an assessment of the demand for autism treatment services by military families, including the intensity and volumes of use across specific diagnoses and age groups and the availability of qualified providers of such treatment services. In addition, House Report 112-479, page 179, requested that the final report address any efforts to provide services specifically for autistic children of military families living in rural areas using mobile diagnostic capabilities. Current autism services do not include using mobile diagnostic capabilities in rural or underserved areas and there are no plans to do this. However, as discussed in the background below, TRICARE does have policies in-place to facilitate the provision of Applied Behavior Analysis (ABA) services to autistic children of military families living in rural areas.

## **BACKGROUND**

The TRICARE Basic Program is a comprehensive health benefit plan offering a full array of medically necessary services to address the needs of all beneficiaries with an Autism Spectrum Disorder (ASD) diagnosis. TRICARE's Basic Program provides Occupational Therapy to promote the development of self-care skills, Physical Therapy to promote coordination/motor skills, speech and language therapy to promote communication skills, child psychiatry and child psychology to address psychopharmacological needs, and psychological testing. Additionally, the full range of medical specialties to address the additional medical conditions common to this population are covered.

In response to section 717 of the John Warner NDAA for FY 2007 [Pub. L. 109-364, October 17, 2006], DoD submitted a proposal to use the authority under title 10, U.S.C., section 1092, to conduct a demonstration within the Extended Care Health Option (ECHO) with a view to improving the quality, efficiency, convenience, and cost effectiveness of providing services to eligible Active Duty Family Members (ADFM) diagnosed with ASD. Central to the demonstration was the authority under section 1092 to provide reimbursement for the one-on-one ABA services rendered by an individual who is not a TRICARE-authorized provider. Such a non-certified individual is referred to in the Demonstration as an "ABA tutor". ABA tutors must meet the minimum requirements set forth in the current demonstration or, at the discretion of the Director, TRICARE Management Activity, the DoD may either adopt standards established in the future by a qualified accreditation organization as defined in title 32, Code of Federal Regulations, section 199.2 (32 C.F.R. §199.2) or, after review and analysis of the effectiveness of ABA Tutors with various levels of training, establish additional education, training, or certification requirements for ABA Tutors.

The purpose of the demonstration is to test whether a tiered delivery and reimbursement methodology for ABA services would 1) provide increased access to ABA services; 2) provide ABA services to those most likely to benefit from them; 3) ensure the quality of ABA services by utilizing a professional community of providers including providers certified by the Behavior

Analyst Certification Board (BACB); and 4) determine whether requirements are being met for State licensure or certification where such exists. Under the demonstration, ABA Tutors receive no less than 2 hours direct supervision per month from the ABA Supervisor with each beneficiary the ABA Tutor provides services to and in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts. To expand the pool of ABA Tutors and expedite the provision of ABA services to all military families living in both rural and non-rural areas, remote supervision of ABA Tutors through the use of real time methods is authorized. Real-time is defined as the simultaneous “live” audio and video interaction between the ABA Supervisor and the ABA Tutor by electronic means such that the occurrence is the same as if the individuals were in the physical presence of each other. Such is usually done by electronic transmission over the internet. In addition, services cost-shared through the ECHO may be rendered in the beneficiary’s natural environment. This includes at home, at school, or other location that is suitable. TRICARE works with ABA providers to go to the home if needed, including both rural and non-rural areas.

Following publication of the “Notice” in the Federal Register on December 4, 2007, (72 FR 68130), the Department of Defense Enhanced Access to Autism Services Demonstration was implemented on March 15, 2008, for a 2-year period. To provide the DoD with information necessary to make sound judgments regarding payment for ABA services, it was determined that the demonstration should be extended to collect sufficient comprehensive data. By “Notice” publishing the Federal Register on February 26, 2010, [75 FR 8927], the demonstration was extended until March 14, 2012, under the same terms and conditions as originally noticed.

As required by title 10, U.S.C., section 1092, the DoD evaluated the results of the demonstration and found that the demonstration:

- Contributed to parental perception of positive outcomes for eligible dependents, as evidenced by parental responses to the DoD survey;
- Increased the number of and access to the services of authorized ABA providers, as evidenced by the sustained three to five percent monthly growth in the number of Demonstration enrollees; and
- Contributed to improved military family readiness and retention as evidenced by parents of children enrolled in the Demonstration were more likely to say they will stay in the military as a result of the ABA services received by their child.

The Department concluded that the evidence supports the position that the ABA services provided in the demonstration may generally have had a positive impact on the lives of some of the children with autism and their families. The evaluation shows that the parents of dependent children with autism who responded to the DoD survey have a perception of positive impacts. As a result, a proposed rule was published in the Federal Register on December 29, 2011, (76 FR 81897-81898), that established requirements and procedures to implement TRICARE coverage under the ECHO of ABA for ASD as an “other service,” as that term is used in title, 10 U.S.C., section 1079(e). At the same time, the demonstration was extended until March 2014 in order to



allow sufficient time to publish a final rule and transition the demonstration to a permanent benefit under ECHO.

On July 26, 2012, the U.S. District Court for the District of Columbia granted the plaintiffs' motion for summary judgment in the case of Berge v. United States and ordered TRICARE to begin paying for ABA as a medical treatment for ASD. The current "interim ABA coverage guidance" for claims under the TRICARE Basic Program requires the payment of all claims for TRICARE eligible beneficiaries who have an ASD diagnosis, for whom the qualifying ASD diagnosis was made by an authorized ASD diagnosing provider, and for whom the ABA was provided by a Board Certified Behavior Analyst (BCBA) or Board Certified Behavior Analyst-Doctorate provider.

Based on the authority of that Court Order, payments are now being made for all ABA claims for TRICARE eligible beneficiaries meeting the criteria set forth in the interim policy as follows: (1) the eligible beneficiary must have an ASD diagnosis as described in the currently used edition of the Diagnostic and Statistical Manual of Mental Disorders and their associated International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM); (2) the qualifying ASD diagnosis was made by a TRICARE authorized Primary Care Provider or a listed ASD diagnosing provider; and (3) the ABA was provided by a BCBA certified by the BACB.

Significantly, the interim policy does not impact the existing Autism Demonstration under ECHO. The ADFMs enrolled in ECHO continue to have access to ABA services under the tiered Autism Demonstration delivery and reimbursement methodology. However, the publication of a final rule and transition of the demonstration to a permanent benefit under ECHO is pending the completion of ongoing litigation.

Under the TRICARE Basic Program, it is important to clarify that individuals certified by the BACB as a Board Certified Assistant Behavior Analyst (BCaBA) are not TRICARE-authorized ABA providers. Bachelors-level BCaBAs are limited in their scope of practice as described by the BACB's own guidelines and must be supervised, along with minimally-trained high school diploma-level ABA Tutors, by a masters-level BCBA. The minimum educational preparation to qualify as a TRICARE authorized individual provider for all the behavioral health provider categories under the TRICARE Basic Benefit Plan is the master's degree. BCaBAs are therefore not qualified to be TRICARE Basic Program providers.

Finally, under the added authority of the one-year ABA Pilot Program established by section 705 of NDAA for FY 2013 (the "ABA Pilot"), a new interim TRICARE ABA reinforcement benefit for Non-Active Duty Family Members (NADFM) will be available. ABA Pilot coverage of ABA reinforcement services for NADFM will be implemented as a separate interim benefit from the coverage of medical benefits currently provided under the TRICARE Basic Program to both ADFMs and NADFM with ASD, and separate from the ECHO Autism Demonstration services available by law only to ADFMs. The ABA Pilot will, in compliance with the authorizing statute, include an assessment of the feasibility and advisability of establishing a beneficiary cost share for the treatment of ASD.

TRICARE will submit a Report to Congress in December 2013 as required by the ABA Pilot authorizing statute, to include: an evaluation of the beneficiary cost shares; a comparison of providing various ABA services under the TRICARE Basic Program, ECHO and the ABA Pilot; recommended changes in legislation; and additional information as appropriate.

## FINDINGS

### Extended Care Health Option and the Enhanced Access to Autism Services Demonstration

In assessing the demand for autism treatment services by military families within ECHO, all purchased care claims incurred from FY 2009 through FY 2012 by ECHO beneficiaries having a principle or secondary ASD diagnosis were examined. The following nine ICD-9 codes on the TRICARE ECHO claims were used to identify beneficiaries with an ASD diagnoses:

1. 299.00 (autistic disorder current or active)
2. 299.01 (autistic disorder residual state)
3. 299.10 (childhood disintegrative disorder current or active)
4. 299.11 (childhood disintegrative disorder residual state)
5. 299.80 (other specified pervasive developmental disorders current or active)
6. 299.81 (other specified pervasive developmental disorders residual state)
7. 299.90 (unspecified pervasive developmental disorder current or active)
8. 299.91 (unspecified pervasive developmental disorder residual state)
9. 330.8 (Rett's Syndrome)

Overall, the annual number of TRICARE ADFM beneficiaries with an ASD diagnosis using the ECHO program nearly tripled between FY 2009 and FY 2012 (from 2,292 users to 6,560). The annual growth rate in users has declined over time. Users increased by 59 percent between FY 2009 and FY 2010, by 41 percent between FY 2010 and FY 2011, and by 28 percent between FY 2011 and FY 2012.

Government costs for ECHO program participants with ASD diagnoses more than tripled between FY 2009 and FY 2012 (from \$31.0 to \$107.7 million, a 247 percent increase). Costs increased by 84 percent between FY 2009 and FY 2010, by 47 percent between FY 2010 and FY 2011, and by 28 percent between FY 2011 and FY 2012 primarily reflecting trends in users. See below table.

<b>Growth in the ECHO Program for Users With ASD Diagnoses</b>						
	<b>ASD ECHO Users</b>		<b>Total TRICARE Costs (\$ in Millions)</b>		<b>Cost Per User</b>	
	<b>Users</b>	<b>% Change From Prior Year</b>	<b>Total</b>	<b>% Change From Prior Year</b>	<b>Total</b>	<b>% Change From Prior Year</b>
<b>FY09</b>	2,292	na	\$31.0	na	\$13,518	na
<b>FY10</b>	3,643	59%	\$57.0	84%	\$15,637	16%
<b>FY11</b>	5,119	41%	\$84.0	47%	\$16,408	5%
<b>FY12</b>	6,560	28%	\$107.7	28%	\$16,410	0%

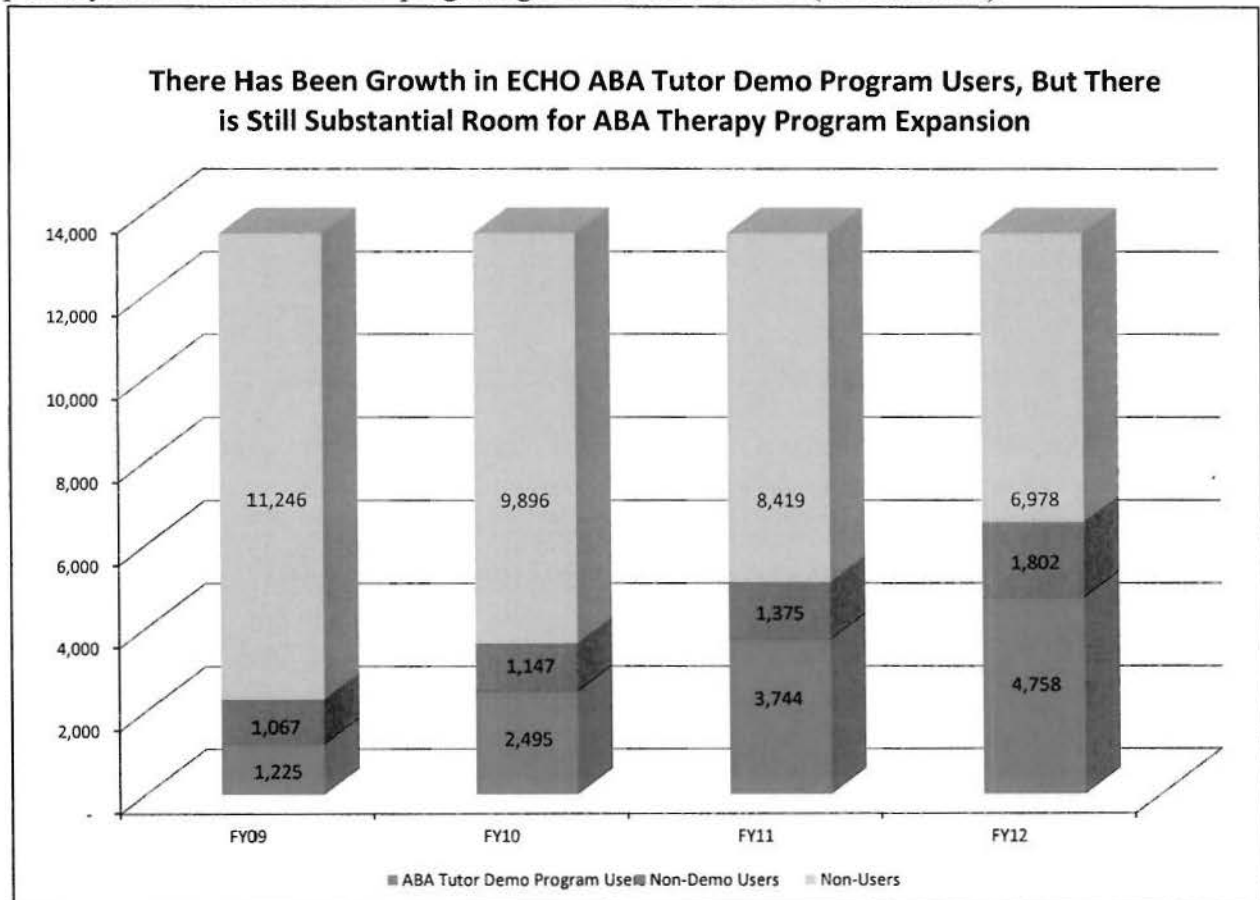
Note: Values for FY12 not estimated to completion.



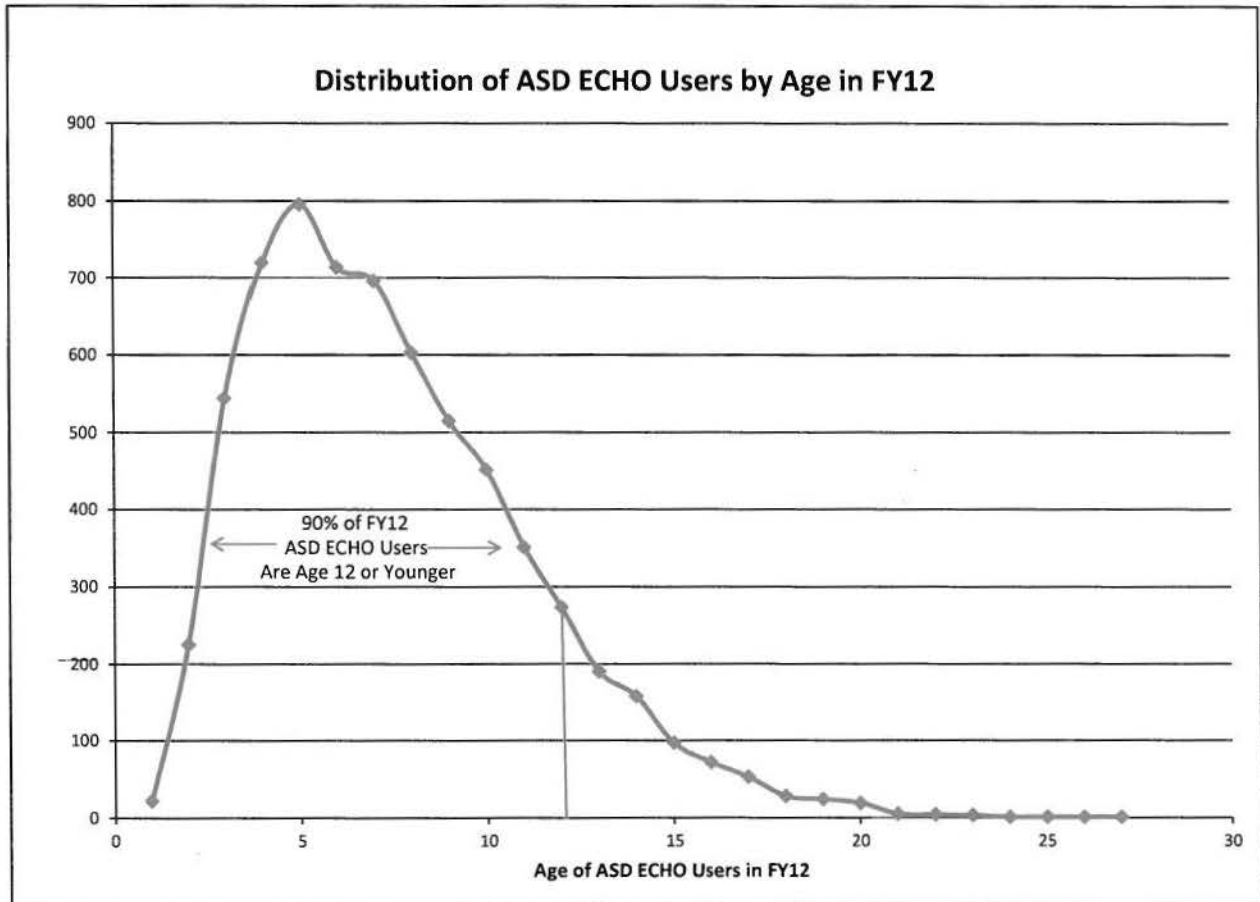
With growth rates for ASD users of 41 percent in FY 2011 and 28 percent in FY 2012, it is important to understand how much room there is for potential program growth in the future. One approach is to examine the proportion of current ADFM beneficiaries diagnosed with ASD who are currently getting ECHO services. Using Defense Enrollment Eligibility Reporting System data, it is estimated that there are approximately 1.2 million ADFM beneficiaries ages 2 to 17 (98.3 percent of ECHO ASD users are in this age range). The Center for Disease Control currently estimates that about 1 in 88 children (or about 1.14 percent of the population) have ASD. These assumptions mean that roughly 13,500 ADFM beneficiaries ages 2 to 17 have ASD. With 6,560 ADFM users getting ECHO benefits during FY 2012, it is estimated that nearly half of the ADFM population with ASD is currently receiving ECHO services.

A primary driver of the large increases in ECHO ASD users and costs is the dramatic growth in ABA Tutor Demonstration program participation since the demo began in March of 2008. The annual number of TRICARE ASD beneficiaries who have used the ECHO ABA Tutor demo program almost quadrupled between FY 2009 and FY 2012 (from 1,225 to 4,758 users, a 288 percent increase). ECHO ABA Tutor demo users increased by 104 percent between FY 2009 and FY 2010, by 50 percent between FY 2010 and FY 2011, and by 27 percent between FY 2011 and FY 2012.

The chart below demonstrates that there is ample room for future program growth (green area). The chart also demonstrates that ABA Tutor Demonstration program users have been the primary driver of ECHO ASD program growth since FY 2009 (see blue area).



The graph below presents the distribution of ASD ECHO beneficiary users in FY 2012. All users are age 27 or younger with 99.8 percent being younger than age 21 and 90.0 percent being younger than age 12. The median participant age is 7, the average age is 7.5 and the most popular age of participating beneficiaries is 5.



### TRICARE Basic ABA Benefits Program

This section provides preliminary information regarding the implementation of the interim ABA Therapy TRICARE Basic Program benefit outside of the ECHO program. Under this interim benefit, Non Active Duty Dependent (NADD) children can receive ABA therapy benefits; these NADDs are not subject to the \$36,000 annual ECHO expenditure cap. The claims amounts are for October through December 2012 and were processed by December 31, 2012. These claims are very preliminary (particularly for December) and have not been estimated to completion and therefore should be interpreted with caution due to the incompleteness of the data.

In determining users, paid amounts, and services, patients that have had claims properly coded with the "BA" special processing code (required in the Reimbursement Manual for ABA Basic program benefits) as well as other potential patients whose claims may have been mis-coded (the "BA" special processing code was not introduced until the end of September and thus

there is the potential for mis-coding) were included. These potentially mis-coded claims would include any non-ECHO claims where patients had an autism diagnosis and ABA therapy Common Procedural Terminology (CPT) codes were billed (namely, CPTs 99199, 90887, 99080, S5108 or H2019). This approach results in 250 patients, paid amounts of \$251,553, and 7,596 services across all Managed Care Support (MCS) contracting regions for the TRICARE Basic ABA program.

The distribution of government paid amounts by ASD diagnoses for the TRICARE Basic program and the ECHO non-Demonstration for the first 3 months of FY 2013 was also looked at. The two distributions are somewhat similar. Under the TRICARE Basic program, 89.4 percent of ABA expenditures were for beneficiaries with an “Autistic Disorder” compared with 85.0 percent of ABA expenditures in the ECHO non-Demonstration program.

<b>Comparison of the Distribution of ABA Therapy Paid Amounts by Diagnosis: TRICARE Basic and ECHO Non-Demo Programs in FY13 <sup>1/</sup></b>			
		<b>ABA Patients</b>	
<b>ICD-9 Diagnosis Code</b>	<b>Diagnosis Description</b>	<b>Basic Program</b>	<b>ECHO non- Demo Program</b>
299.00	Autistic Disorder--Active State	89.4%	84.6%
299.01	Autistic Disorder--Residual State	0.0%	0.4%
299.10	Childhood Disintegrative Disorder--Active State	1.0%	8.6%
299.80	Other Pervasive Developmental Disorder--Active State	5.7%	4.8%
299.90	Unspecified Pervasive Developmental Disorder--Active State	<u>3.8%</u>	<u>1.6%</u>
Total		100.0%	100.0%

<sup>1/</sup> Claims submitted for October, November and December 2012 and processed by December 31st 2012. Claims have not been estimated to completion. These claims are preliminary and should be interpreted with caution.

In both programs, all users are age 27 or younger. While the median age is 7 in both programs, the average age of users in the TRICARE Basic program is somewhat older at 8.0 years compared with 7.3 years in the ECHO non-demo program. In total, 84.4 percent of users in the TRICARE Basic ABA program are younger than age 13, while 91.5 percent of the users in the ECHO non-demo program are younger than age 13.

FY13 Distribution of TRICARE Basic and ECHO non-Demo Program ABA Users <sup>1/</sup>				
Age	Number of Patients		Cumulative Percent Distribution of Patients	
	TRICARE Basic Program	ECHO non-Demo Program	TRICARE Basic Program	ECHO non-Demo Program
1	2	3	0.8%	0.2%
2	12	54	5.6%	3.7%
3	22	142	14.4%	13.1%
4	28	162	25.2%	23.7%
5	25	179	35.2%	35.4%
6	14	173	40.8%	46.8%
7	26	162	51.6%	57.4%
8	21	152	60.0%	67.4%
9	18	115	67.2%	74.9%
10	21	101	75.6%	81.6%
11	13	83	80.8%	87.0%
12	9	68	84.4%	91.5%
13	9	33	88.0%	93.6%
14	10	38	92.0%	96.1%
15	3	20	93.2%	97.4%
16	7	16	96.0%	98.5%
17	3	5	97.2%	98.8%
18	2	9	98.0%	99.4%
19	1	4	98.4%	99.7%
20	1	2	98.8%	99.8%
21+	3	3	100.0%	100.0%
Total	250	1,524		
median age	7	7		
mean age	8.0	7.3		
mode age	4	5		

<sup>1/</sup> Claims submitted for October, November and December 2012 and processed by December 31st 2012. Claims have not been estimated to completion. These claims are preliminary and should be interpreted with caution.

### Provider Availability

In the TRICARE Basic program, beneficiaries may only receive ABA services from BCBA's working under the supervision of Primary Care Managers or other specific physician types. Unlike ECHO program users, TRICARE Basic ABA program beneficiaries are prohibited from getting ABA services from ABA Tutors or BCaBAs. In this regard, the table below presents information regarding the number of BCBA providers by MCS region that have been used by TRICARE beneficiaries in FY 2012 (based upon claims) as well as the total number of BCBA providers by region in the U.S. that are registered with the BACB (based upon certificants registered by state which is available on BACB's website). Using FY 2012 ECHO claims, it was determined that TRICARE beneficiaries used a total of 2,937 unique BCBA providers. While TRICARE eligible ASD children (age 2 to 17) represent only about 2 percent

of the children in the United States, they used a disproportionate 32 percent of the 9,043 BACB-certified providers in the United States in FY 2012. This is undoubtedly due to TRICARE's generous coverage of ABA therapy relative to private health insurance offered through employers.

<b>Board Certified Behavior Analyst (BCBA) Providers Used by TRICARE ECHO Patients in FY12 by MCS Contract Region</b>				
	<b>North</b>	<b>South</b>	<b>West</b>	<b>Total</b>
<b>Number of Certified BCBA TRICARE Providers Used by TRICARE ECHO Patients in FY12</b>	865	920	1,152	2,937
<b>Total Registered BACB-Certified BCBA Providers in the US (2012)<sup>2/</sup></b>	4,503	2,145	2,395	9,043
<b>Percent of Registered BCBA Providers Used by TRICARE Patients in 2012</b>	19%	43%	48%	32%

1/ Using FY12 TRICARE ECHO professional claims, we identified the unique number of BCBA providers in each MCS contracting region. Besides TRICARE-authorized primary care providers and other physicians, certified BCBAs are the only other providers who can provide ABA services to TRICARE beneficiaries under the TRICARE Basic program according to the TRICARE Policy Manual.

2/ The Behavioral Analyst Certification Board's (BACB's) website (bacb.com) provides information regarding all certified BCBAs by state.

The ECHO ABA Tutor demonstration program started in March of 2008—the program was conceived by TRICARE in response to a relative shortage of BACB-certified BCBA providers throughout the United States, particularly in the West MCS contract region. However, since 2005, there has been tremendous growth in the number of BCBAs. Across the U.S, the number of BACB-certified BCBA providers grew by 315 percent from 2005 to 2013 (January)—more than 7,302 providers have been added to the ranks of the 2,328 that existed in 2005. Growth has been the most pronounced in the West MCS region where earlier shortfalls were the greatest—today, a total of 2,133 BCBAs have been added to a 2005 base of 481 implying a growth rate of 443 percent over the time period (see Table 22). The West MCS region now has 17 percent more providers than the South MCS region.



<b>Growth in Board Certified Behavior Analysts by MCS Contract Region</b>				
	<b>North</b>	<b>South</b>	<b>West</b>	<b>Total</b>
	<b>BACB-Certified BCBA Providers<sup>1/</sup></b>			
2005	1,081	766	481	2,328
2007	1,659	1,072	696	3,427
2012	4,503	2,145	2,395	9,043
2013 (January)	4,785	2,231	2,614	9,630
	<b>% Growth in BCBA Providers Since 2005</b>			
2007	53%	40%	45%	47%
2012	317%	180%	398%	288%
2013 (January)	343%	191%	443%	314%

1/ The Behavioral Analyst Certification Board's (BACB's) website (bacb.com) provides information regarding all certified BCBAs by state.

## CONCLUSION

Although the annual growth rate in users of ABA services has declined over time, the demand for ABA services by military families continues to grow at double digit rates. This has result in a tripling of Government costs since FY 2009 to provide these services to military family members with ASD diagnoses (from \$31.0 to \$107.7 million, a 247 percent increase). Given that only half of the ADFM population with ASD is currently receiving ABA services while using a disproportionate 32 percent of the 9,043 BACB-certified providers in the United States in FY 2012, TRICARE remains concerned about the availability of qualified providers to meet the demands of the military population, despite the growth of BCBAs nationwide.

Due to the immaturity of claims data, it is too early the fully assess the impact of the U.S. District Court order that mandates that DoD provide ABA under the TRICARE Basic Program for all eligible beneficiaries with a diagnosis of ASD. Nevertheless, it is clear that the District Court order will only add to the increasing demand for services.

To satisfy the requirements of the ABA Pilot required by NDAA FY 2013, section 705, TRICARE will extend ABA Tiered Services Delivery Model to Non Active Duty Families and conduct a comparison of the pilot program, ABA provided under the under the TRICARE Basic Program, and ABA provided under (i) ECHO generally prior to July 26, 2012; and (ii) the additional ABA reinforcement provided by supervised ABA Tutors since July 26, 2012, under the remaining ECHO authority unaffected by the Court Order – that is, supervised ABA Tutor services under the Autism Demo. The pilot will compare provision of ABA under the three programs in terms of:

- Cost – What are the comparative costs per beneficiary for provision of ABA under the ABA pilot program, the Basic Program since July 26, 2012, and previously under ECHO (both ECHO-only ABA provided by BCBAs/BCaBAs and ABA provided under the Autism Demo’s tiered delivery model)?
- Access – What wait times, following initial referral for ABA, do beneficiaries experience in receiving ABA from BCBAs under the TRICARE Basic Program since July 26, 2012, versus wait times, following initial referral for ABA, in receiving ABA under the Autism the ABA pilot program and the Demonstration’s tiered delivery model?
- Utilization – What are the differences in ABA utilization patterns by beneficiaries under the ABA pilot program, the TRICARE Basic Program since July 26, 2012, and previously under ECHO (both ECHO-only ABA provided by BCBAs/BCaBAs and ABA provided under the Autism Demo’s tiered delivery model)?

In summary, TRICARE continues to increase access to ABA services and is leading the Nation in fielding an effective ABA provision model that overcomes the national shortfall in available BCBAs. However, reducing or eliminating the national shortfall of board-certified providers of ABA will require a concerted national effort that falls outside the Department of Defense’s mission area and might best be led by other Departments.