



PERSONNEL AND  
READINESS

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

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

APR 11 2014

Dear Mr. Chairman:

The enclosed report provides the current status of the Department of Defense Applied Behavior Analysis (ABA) Pilot as required by Section 705 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Public Law 112-239). The Department is actively implementing Section 705, which authorized the Department to conduct a one-year pilot program (that started on July 25, 2013) to expand the scope of services for the treatment of Autism Spectrum Disorder (ASD). The pilot is an enhancement to current benefits for non-Active Duty Family members with ASD who may now access ABA reinforcement services from Board Certified Assistant Behavior Analysts and ABA tutors.

Faced with the recent history of various temporary authorities and the complex model underlying the current interim TRICARE policies concerning coverage of ABA for ASD, the Department is taking steps to create a new comprehensive Autism Care Demonstration that will start July 25, 2014 and run through 2016. The Demonstration will provide all ABA services for all eligible beneficiaries, including retirees and their dependent family members, with a diagnosis of ASD. This will allow the Department to make adjustments to improve access and effectiveness, as well as accomplish the congressional purpose of determining the best long-term approach for the treatment of ASD. A similar letter has been sent to the Chairpersons of the other congressional defense committees.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

  
Jessica L. Wright  
Acting

Enclosure:  
As stated

cc:  
The Honorable James M. Inhofe  
Ranking Member



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

APR 11 2014

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

Dear Mr. Chairman:

The enclosed report provides the current status of the Department of Defense Applied Behavior Analysis (ABA) Pilot as required by Section 705 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Public Law 112-239). The Department is actively implementing Section 705, which authorized the Department to conduct a one-year pilot program (that started on July 25, 2013) to expand the scope of services for the treatment of Autism Spectrum Disorder (ASD). The pilot is an enhancement to current benefits for non-Active Duty Family members with ASD who may now access ABA reinforcement services from Board Certified Assistant Behavior Analysts and ABA tutors.

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Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

  
Jessica L. Wright  
Acting

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member



PERSONNEL AND  
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UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

APR 11 2014

The Honorable Barbara A. Mikulski  
Chairwoman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Madam Chairwoman:

The enclosed report provides the current status of the Department of Defense Applied Behavior Analysis (ABA) Pilot as required by Section 705 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Public Law 112-239). The Department is actively implementing Section 705, which authorized the Department to conduct a one-year pilot program (that started on July 25, 2013) to expand the scope of services for the treatment of Autism Spectrum Disorder (ASD). The pilot is an enhancement to current benefits for non-Active Duty Family members with ASD who may now access ABA reinforcement services from Board Certified Assistant Behavior Analysts and ABA tutors.

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Sincerely,

  
Jessica L. Wright  
Acting

Enclosure:  
As stated

cc:  
The Honorable Richard C. Shelby  
Vice Chairman



PERSONNEL AND  
READINESS

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

APR 11 2014

The Honorable Harold Rogers  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report provides the current status of the Department of Defense Applied Behavior Analysis (ABA) Pilot as required by Section 705 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Public Law 112-239). The Department is actively implementing Section 705, which authorized the Department to conduct a one-year pilot program (that started on July 25, 2013) to expand the scope of services for the treatment of Autism Spectrum Disorder (ASD). The pilot is an enhancement to current benefits for non-Active Duty Family members with ASD who may now access ABA reinforcement services from Board Certified Assistant Behavior Analysts and ABA tutors.

Faced with the recent history of various temporary authorities and the complex model underlying the current interim TRICARE policies concerning coverage of ABA for ASD, the Department is taking steps to create a new comprehensive Autism Care Demonstration that will start July 25, 2014 and run through 2016. The Demonstration will provide all ABA services for all eligible beneficiaries, including retirees and their dependent family members, with a diagnosis of ASD. This will allow the Department to make adjustments to improve access and effectiveness, as well as accomplish the congressional purpose of determining the best long-term approach for the treatment of ASD. A similar letter has been sent to the Chairpersons of the other congressional defense committees.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

  
Jessica L. Wright  
Acting

Enclosure:  
As stated

cc:  
The Honorable Nita M. Lowey  
Ranking Member



# Report to Congress



## The Department of Defense Applied Behavior Analysis Pilot Report to Congress

The estimated cost of report or study for the Department of Defense is approximately \$6,810 for the 2014 Fiscal Year. This includes \$5,100 in expenses and \$1,710 in DoD labor.  
Generated on 2013Dec02 RefID: 7-36A4E1C

April 21, 2014

## **INTRODUCTION**

This report is in response to section 705 in the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013, which required the Secretary to conduct a one-year pilot program to provide for the treatment of Autism Spectrum Disorders (ASD), including Applied Behavior Analysis (ABA) and to compare provision of ABA under the Extended Care Health Option (ECHO) and the TRICARE Program other than under the ECHO Program. Section 705 requires the Secretary to submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the pilot program. The report includes the following:

1. An assessment of the feasibility and advisability of establishing a beneficiary cost share for the treatment of ASD.
2. A comparison of providing such treatment under
  - (a) the ECHO Program – including ECHO Autism Demonstration; and
  - (b) the TRICARE Basic ABA Benefits Program; and
  - (c) the ABA Pilot Program.
3. Any recommendations for changes in legislation.
4. Any additional information the Secretary considers appropriate.

## **BACKGROUND**

The Military Health System provides one of the most comprehensive sets of specialized services for children with an ASD diagnosis, to include the provision of ABA, in the United States. 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 ASD. 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. The full range of medical specialties to address the additional medical conditions common to this population are covered. All TRICARE family members with a diagnosis of an ASD, established by a TRICARE authorized provider, are eligible for ABA, and coverage for these services has evolved over time.

TRICARE began covering ABA services for Active Duty Family Members (ADFM) with ASD under the Program for Persons with Disabilities (PFPWD) in 2001. This coverage was maintained when the ECHO program replaced the PFPWD in 2005. In 2008, TRICARE implemented the ECHO Enhanced Access to Autism Services Demonstration (ECHO Autism Demonstration) project to improve access to ABA services for eligible ADFMs with an ASD. The central aspect of the ECHO Autism Demonstration was to provide reimbursement for one-on-one ABA services delivered by individuals who are not TRICARE-authorized providers.

These non-certified individuals are referred to in the ECHO Autism Demonstration as “ABA Tutors” by TRICARE, or “ABA Behavioral Technicians” by the Behavior Analyst Certification Board (BACB).

The purpose of the ECHO Autism 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 services by utilizing a professional community of providers including providers certified by the BACB; and 4) determine whether requirements are being met for State licensure or certification where such exists.

On July 26, 2012, the U.S. District Court for the District of Columbia ordered TRICARE to begin paying for ABA as a medical treatment for ASD. Although that order was vacated on June 5, 2013, TRICARE’s “interim ABA coverage guidance” remained unchanged during the term of the ABA Pilot. 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-level provider (BCBA-D).

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 benefit for Non-Active Duty Family Members (NADFM) was implemented on July 25, 2013, 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.

Because there has been insufficient time to accomplish the congressional intent behind section 705 and reconcile the various temporary authorities and the resulting complexity of the current interim TRICARE policies concerning coverage of ABA for ASD, the Department is implementing a new comprehensive ABA tiered-model demonstration under the demonstration authority of section 1092 of title 10, United States Code. The demonstration will begin July 25, 2014, upon expiration of the one-year ABA Pilot authority and provide all TRICARE-covered ABA services under one new component outside the constraints of the TRICARE Basic Program, the Extended Care Health Option (ECHO) Autism Demonstration, and the ABA Pilot. This will allow the Department to make adjustments to improve access and effectiveness as well as accomplish the congressional purpose of determining the best long term approach for the treatment of ASD.

## **DESCRIPTION OF THE ABA TIERED MODEL DEMONSTRATION**

The Department’s new comprehensive ABA tiered-model demonstration, entitled Comprehensive Autism Care Demonstration (“Autism Care Demonstration”), will provide all TRICARE-covered ABA services under one new demonstration outside the constraints of the TRICARE Basic Program (*i.e.*, the medical benefits authorized under Section 199.4 of title 32, Code of Federal Regulations), the Extended Care Health Option (ECHO) Autism Demonstration

(*i.e.*, the supplemental ABA benefits authorized for certain active duty family members under Section 199.5 of title 32, Code of Federal Regulations), and the Applied Behavior Analysis (ABA) Pilot (*i.e.*, the supplemental ABA benefits authorized for certain non-active duty family members – including retiree dependents and others -- under Section 705 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013), and applicable to all TRICARE eligible dependents with a diagnosis of ASD. The term “eligible dependent” means a dependent of a beneficiary defined under section 1079 [or section 1086] of Chapter 55 of title 10, U.S. Code. The new Autism Care Demonstration will consolidate all TRICARE coverage of ABA based on the Department’s demonstration authority of section 1092 of Chapter 55, title 10, U.S. Code, to improve the quality, efficiency, convenience and cost effectiveness of those autism-related services that do not constitute the proven medical care provided under the medical benefit coverage requirements that govern the TRICARE Basic Program. The Autism Care Demonstration is premised on the goals of: informing the Department’s pending ABA Coverage Determination concerning the nature of ABA as medical, educational or other category in light of the TRICARE definition of “medical”; further analyzing and evaluating the appropriateness of the ABA tiered-delivery model under TRICARE generally in light of current and future Behavior Analyst Certification Board (BCBA) Guidelines; determining the appropriate provider qualifications for the proper diagnosis of ASD and the provision of ABA; evaluating innovative approaches to addressing the needs of individuals with ASD among the various TRICARE beneficiary categories (*i.e.*, dependents of active duty, Reserve component, retired, and certain other members), TRICARE options (*i.e.*, Prime, Standard and Extra), TRICARE premium support programs (*i.e.*, TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA)), and the Continued Health Benefit Program (CHCBP); determining appropriate cost-sharing and reimbursement for ABA services; and developing more efficient and appropriate means of delivering ABA services under TRICARE.

The Autism Care Demonstration will offer comprehensive ABA services for all TRICARE eligible beneficiaries with an ASD when diagnosed by an appropriate provider and where a masters-level Board Certified Behavior Analyst (BCBA) or doctoral-level Board Certified Behavior Analyst (BCBA-D), referred to as an “ABA Supervisor”, plans, delivers and/or supervises the delivery of an ABA program. The Autism Care Demonstration delivery model will include the services of supervised Board Certified Assistant Behavior Analysts (BCaBAs) and paraprofessional Behavioral Technicians working within the scope of their training, practice, and competence, who may assist the BCBA or BCBA-D in various roles and responsibilities as determined appropriate by the BCBA or BCBA-D and delegated to the BCaBA and/or Behavioral Technician. As such, and consistent with the Behavior Analyst Certification Board (BCBA) Guidelines (2012), the Autism CARE Demonstration will specifically require that BCaBAs and Behavioral Technicians work under the supervision of a BCBA or BCBA-D.

To ensure continuity of ABA care for all beneficiaries, the Autism Care Demonstration will be implemented in a phased approach under authority of section 1092 of Chapter 55, title 10 U.S. Code. This phased approach will transition from the coverage rules that currently exist under the TRICARE Basic Program, the ECHO Autism Demonstration and the ABA Pilot to the new TRICARE-wide tiered model of ABA for ASD to be developed and implemented as the new consolidated demonstration, and all contracting actions necessary to start services under the

Autism Care Demonstration are completed. The Department will commence ABA coverage under the demonstration model as soon as practicable upon commencement July 25, 2014, with all beneficiaries transitioned from their current ABA coverage model to the new consolidated Autism Care Demonstration not later than December 31, 2014. Only ABA services will be transitioned to the new consolidated demonstration. All medically necessary services that address the needs of TRICARE beneficiaries with an ASD diagnosis will otherwise continue under the TRICARE Basic Program, including but not limited to: 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, psychotherapy, and psychological testing. Additionally, the full range of medical specialties to address the additional medical conditions common to this population remain covered in accordance with the regulations governing TRICARE Basic Program benefits.

Likewise, the ECHO program as currently outlined in Section 199.5 of title 32, Code of Federal Regulations remains otherwise unaffected. ECHO-registered ADFMs will continue to receive all services and supplies determined by the Department to assist in the reduction of the disabling effects of an ECHO-eligible dependent's qualifying conditions, except for the changes concerning coverage of ABA that will be implemented in the new consolidated demonstration noted above. Participation in the demonstration by ECHO registered beneficiaries shall constitute participation in ECHO for purposes of ECHO registered beneficiary eligibility for other ECHO services (*e.g.*, respite care).

Supplemental ABA benefits authorized for certain non-active duty family members -- including retiree dependents and others -- under Section 705 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 shall be likewise transitioned from the one-year ABA Pilot to the new consolidated Autism Care Demonstration noted above.

During the transition period, the regional contractors will work with beneficiaries ASD to ensure smooth transitions to avoid disruptions in ABA services.

### **INFORMATION REQUESTED BY SECTION 705, NDAA 2013**

#### **1. Assessment of the Feasibility and Advisability of Establishing a Beneficiary Cost Share for the Treatment of Autism Spectrum Disorders**

In conjunction with development of the ABA Pilot, TRICARE conducted a cost analysis of charging non-Prime non-active duty dependents (NADD) with ASD copays of 10, 15, 20 and 25 percent for ABA Tutor services. For those enrolled in Prime, cost sharing would be \$12 per visit. Assuming no Prime or non-Prime cost sharing for NADDs, we estimate FY12 annual government costs of \$19.8 million if NADDs were allowed access to ABA Tutors. If non-Prime coinsurance rates were increased to 25 percent and \$12 was charged for each Prime visit, it was estimated that government costs would be cut by 37 percent to \$12.4 million due to the effects of both reduced demand and increase cost sharing revenues.<sup>1</sup> Therefore, TRICARE implemented a

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<sup>1</sup> Kennell and Associates, "Cost Analysis of Charging Retiree Families non-Prime Coinsurance Rates of 10 to 25 Percent and Prime Enrollees \$12 Per Visit for ABA Tutor Services (Task Order 5001-018)", March 19, 2013.

beneficiary copayment of 10 percent regardless of whether beneficiaries are using TRICARE Standard, Extra, or Prime and a 12-month cap not to exceed \$36,000 for services provided under the ABA Pilot. The rationale is based on the following:

- A flat 10 percent cost share (\$5 per hour based on \$50 per hour for ABA or \$125 to \$200 per week if the recommended BACB hours are used) keeps the total out-of-pocket costs in line with what is expected of NADD beneficiaries for annual out-of-pocket medical expenses.
- The \$36,000 annual cap for ABA tutor services under the ABA Pilot mirrors the ECHO cap, but is appropriate in the context of the ABA Pilot as a separate and distinct benefit because it represents evidence of Congressional intent concerning the maximum that the Department of Defense may pay for any benefits outside the TRICARE Basic Program.
- This ABA Pilot cost sharing proposal thus removes any distinctions between NADDs in TRICARE Standard or TRICARE Prime under the ABA Pilot, and makes the network status of the ABA tutor services inapplicable to the cost sharing requirements under the ABA Pilot.

## **2. A Comparison of Providing Treatment of ASD under (a) the Extended Care Health Option (ECHO) Program; and (b) the TRICARE Basic Program, and (c) the ABA Pilot**

The ECHO Autism Demonstration ABA tiered service delivery model was extended to NADFMs under a one year pilot project (these NADFMs include Retiree dependents and participants in TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, TRICARE for Life, and the Continued Health Care Benefit Program). The structure of the ABA Pilot that TRICARE implemented did not change the nature of coverage for autism-related services for ADFMs, who continue to receive ABA under the TRICARE Basic Program and ABA reinforcement under the ECHO Autism Demonstration. In addition to that robust coverage of autism-related services for ADFMs, TRICARE's creation of the one-year ABA Pilot expanded autism-related services for NADFMs, making ABA reinforcement (in addition to ABA) available for NADFMs who choose to participate in the ABA Pilot. Any NADFMs who choose not to participate in the ABA Pilot may still receive ABA under the TRICARE Basic Program. In this way, TRICARE's implementation of the ABA Pilot does not in any way diminish autism-related services for ADFMs, but instead expanded TRICARE coverage of autism-related services for NADFMs.

Based on TRICARE purchased-care claims data<sup>2</sup>, the annual number of ADFM beneficiaries with an ASD diagnosis using the ECHO and Basic ABA programs has more than tripled between FY09 and FY13 (from 2,292 users to 7,808) increasing at an average annual rate of 36 percent. Reflecting the growth in the number of program users, total government costs for ADFM ECHO and Basic ABA program participants with ASD diagnoses nearly quadrupled

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<sup>2</sup> Kennell and Associates, "Semi-Annual Autism Services Utilization Report (Task Order 1301-006A)", January 29, 2014.

between FY09 and FY13 (from \$31.0 to \$122.8 million) increasing at an average annual rate of 41 percent over the period. In FY13, a total of 634 NADFM users used ASD services in the TRICARE Basic; this compares with 7,808 ADFM users. In FY13, NADFM users incurred a total of \$6.4 million in expenditures using the TRICARE Basic. This amount is only 5 percent of the \$122.8 million incurred by ADFMs during the same time period.

Based on contractor feedback (TRICARE purchased-care claims data is incomplete and therefore not a reliable indicator of ABA Pilot participation), as of January 23, 2014 there were 80 beneficiaries approved to receive ABA under the ABA Pilot and another 141 pending approval due to completion of testing and assessment requirements.

TRICARE is required by law to assure the safety, efficacy, and quality of the benefits it provides to all eligible beneficiaries – whether under the TRICARE Basic Program, ECHO, or otherwise. New requirements for physician referral and supervision apply only to those NADFM users who choose to participate in the ABA Pilot. There is no change in the process for any TRICARE beneficiaries – whether ADFMs or NADFM users – receiving ABA under the TRICARE Basic Program, or for those ADFMs receiving ABA and/or ABA reinforcement under the ECHO Autism Demonstration. (The ECHO Autism Demonstration has always incorporated a physician referral and periodic authorization process for initial and continued ABA services.) For TRICARE coverage purposes under the ABA Pilot, “referral and supervision” means that the referring provider shall actually see the beneficiary face-to-face to evaluate the qualifying ASD condition. This direct patient interaction must occur prior to referring the beneficiary to the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification. Accordingly, the referring provider must oversee the course of ABA throughout the period that the beneficiary receives ABA in response to the referral.

This ABA Pilot requirement for supervision/ongoing oversight for the provision of ABA includes the BCBA sending the ABA treatment plan and treatment plan updates to the referring provider, and being available to answer any questions the referring provider may have regarding the ABA provided. This criterion is consistent with requirements applicable to certain other categories of providers under TRICARE that require physician referral and supervision, such as licensed registered nurses, licensed practical nurses, audiologists, supervised mental health counselors and pastoral counselors (see TRICARE Policy Manual 6010.57-M, February 1, 2008, Chapter 11, Section 3.1). This ABA Pilot requirement is particularly appropriate for BCBA users because the types of master’s degrees accepted by the BCBA include many non-health care degrees (such as engineering, education and other non-health disciplines). Furthermore, only 12 states license behavior analysts as health care providers. TRICARE will continue to evaluate the clinical oversight/supervision requirements in light of TRICARE’s obligation to ensure that high-quality, safe and effective ABA and ABA reinforcement are delivered to our beneficiaries.

One objective of the ABA Pilot is to evaluate the use of standardized measures to assess ABA treatment progress. This standardized testing requirement applies only to beneficiaries who choose to participate in the ABA Pilot – there is no change for any other TRICARE beneficiaries – whether ADFMs or NADFM users – receiving ABA under the TRICARE Basic

Program, or for ADFMs receiving autism-related services under the ECHO Autism Demonstration.

In addition to TRICARE's obligation to assure the safety, efficacy, and quality of the benefits covered, TRICARE must also evaluate whether services rendered are actually helping each child. This is not just an important clinical consideration, but is also fundamental to TRICARE's obligation to oversee the authorized use of Defense Health Appropriations. The Behavior Analyst Certification Board (BACB) Guidelines for Health Plan Coverage of Applied Behavior Analysis Treatment of Autism Spectrum Disorders (2012) recommend that data from standardized tests are helpful to "inform issues related to selection and prioritization of treatment goals and determining a response to treatment." In May 2013, diagnostic criteria for ASD changed significantly with publication of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), increasing the need for an accurate diagnosis to establish TRICARE eligibility for ASD care.

The ABA Pilot requires use of the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) to provide an observational assessment of impairments due to ASD and to establish an ASD diagnosis. TRICARE selected ADOS-2 to confirm diagnosis of ASD because it remains valid under both the DSM-IV and the new DSM-5. Separately, the ABA Pilot utilizes initial and periodic assessment using the Vineland Adaptive Behavior Scale II (Vineland II) serves to establish baseline impairments and provide an appropriate general measure of functional status to periodically evaluate treatment progress and inform clinical decision making regarding the appropriateness of continued ABA. Importantly, TRICARE's recent review of the clinical literature on ABA for ASD found that the Vineland II was used to assess adaptive functioning in every major clinical trial of ABA. Clinicians not yet qualified to administer the ADOS-2 and the Vineland II can access training – which may be completed in a short time – via self-directed training DVDs available for purchase at a reasonable cost from the test publishers.

The ADOS-2 and the Vineland II were selected for inclusion in the ABA Pilot because they are well-established, norm-referenced, valid and reliable psychometric tools. As we continue to evaluate the one-year ABA Pilot we will assess whether or not this is a reasonable provision that can be practically administered. Testing alone, however, will never determine TRICARE authorization for ABA.

### ***Comparison Summary***

The following table is a synopsis of the autism benefits under the ECHO Autism Demonstration Program, TRICARE Basic Program, and the ABA Pilot to include the major variables of distinction between the programs. For example, both the ECHO Autism Demonstration and the ABA Pilot require prior authorization for services while the TRICARE Basic Program does not require prior authorization. Also of note is the expansive option for service delivery through authorized provider in the ECHO Autism Demonstration and the ABA Pilot. With TRICARE's obligation of providing safe and reasonable ABA care to all beneficiaries with an ASD diagnosis, all of these variables are under review.

	Prior Authorization	Psychometric Testing	Treatment Plan	Clinical Appropriateness Review	Benefit Limits	Waiver Process	Authorized Provider Types
• ECHO Autism Demonstration (ADFMs)	Yes	No	Yes, but not required in order to authorize service	No	\$36K per year	No	BCBA, BCBA-D, BCaBA, Tutor
• TRICARE Basic (ABA) (All Beneficiaries)	No	No	No	No	None	No	BCBA, BCBA-D
• ABA Pilot (NADFMs)	Yes	Yes	Yes	Yes	\$36K per year	Yes	BCBA, BCBA-D, BCaBA, Tutor

### **3. Recommendations for changes in legislation**

As noted in the Background information above, the Department is creating a new comprehensive ABA tiered-model demonstration under the demonstration authority of section 1092 of title 10, United States Code, to begin July 25, 2014. The duration of this comprehensive TRICARE-wide tiered-model demonstration will be until December 31, 2016. As a demonstration, it would not be a permanent benefit. The Department will develop any recommendations deemed necessary and appropriate for permanent legislative authority once a long-term program design for ABA services for all TRICARE eligible beneficiaries is determined based on the experience of the Autism Care Demonstration.

### **4. Additional information the Secretary considers appropriate**

TRICARE has been engaging in focus groups with various stakeholders regarding the ABA Pilot and TRICARE's coverage of ABA for ASD. Included in these focus groups have been participants from various organizations, families of children with ASD, military providers who treat ASD, and ASD advocacy groups. Feedback was provided regarding the ABA Pilot, to include concerns about the availability of psychometric testing. As stated above, TRICARE will continue to assess whether or not this is a reasonable provision that can be practically administered.

Adjustments have already been made to policy regarding the ABA Pilot in response to feedback from focus groups. For example, administration of the Autism Diagnostic Observation Scale, second edition (ADOS-2), is required only at the beginning of enrollment in the ABA Pilot, and waiver requests for continued ABA beyond two years will not require a repeat ADOS-2. Another example of feedback from the focus groups was a concern regarding continuity of care during transition periods. Subsequently, ADFMs enrolled in the ECHO Autism Demonstration who transition to retiree status will be allowed direct entry into the ABA Pilot, and a one year grace period will be granted to meet the ABA Pilot's diagnosis, referral and

assessment requirements. TRICARE continues to integrate feedback from the focus groups to make improvement in the delivery of ABA services.

## **SUMMARY**

The demand for ABA services by military families continues to grow at double digit rates. This has resulted in the tripling of Government costs since FY09 to provide these services to military family members with ASD diagnoses (from \$31.0 to \$109.0 million, a 252 percent increase). TRICARE continues to increase access to ABA services and is a leader in innovative strategies for meeting the needs of military families. The new TRICARE-wide ABA tiered model demonstration for all TRICARE eligible beneficiaries reflects our sustained commitment to our military families with autistic children.