



PERSONNEL AND
READINESS

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

MAY 22 2017

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 the Senate Report 114-255, page 205, accompanying S.2943, the National Defense Authorization Act for Fiscal Year 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.

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.

Participation in the ACD by beneficiaries and providers is robust. There are over 12,900 beneficiaries participating. The number of providers accepting new TRICARE beneficiaries is 1,307 and the number of providers who are no longer accepting new beneficiaries is 252 across the country. We believe this reflects that reimbursement rates are acceptable to providers, which allows for increased provider capacity. 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, and the Department will conduct record audits and assess and report results accordingly.

In summary, the Department is committed to ensuring that military dependents diagnosed with ASD have timely access to appropriate ABA services. A similar letter is being sent to the Chairman of the House Armed Services Committee. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,



A. M. Kurta
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

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

MAY 22 2017

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

Dear Mr. Chairman:

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In summary, the Department is committed to ensuring that military dependents diagnosed with ASD have timely access to appropriate ABA services. A similar letter is being sent to the Chairman of the Senate Armed Services Committee. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,



A. M. Kurta
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 December 2016 Quarterly Report to Congress

In Response to: Senate Report 114-255, page 205, for Fiscal Year (FY) 2017

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$14,000.00 for the 2017 Fiscal Year. This includes \$0 in expenses and \$14,000.00 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 the Senate Report 114-255, page 205, accompanying S.2943, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017, which requests the Department to provide a quarterly report on the effectiveness of the comprehensive Autism Care Demonstration (ACD). Specifically, the committee requested 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 are for the period October 1, 2016, through December 31, 2016. The data, as reported by our Managed Care Support Contractors, represent the most recent quarter; therefore, the data may be understated due to the average 90-day lag in claims processing.

BACKGROUND

Applied Behavior Analysis (ABA) is one of many TRICARE covered services to treat Autism Spectrum Disorder (ASD). Other services include, but are not limited to: speech therapy, occupational therapy, physical therapy, medications, and psychotherapy. In June 2014 TRICARE published the ACD Notice in the Federal Register upon Office of Management and Budget approval, and in compliance with the regulations that govern TRICARE demonstrations. In July 2014, the ACD was created to be a single program, from three previous programs, 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 our beneficiaries. This consolidated demonstration will ensure consistent ABA coverage for all TRICARE beneficiaries—including Active Duty family members (ADFM) and non-ADFM diagnosed with ASD. ABA services are not limited by the beneficiary's age, the dollar amount spent, or the number of services provided. Approximately 12,900 children receive ABA services through the ACD. The most recent full fiscal year data available, FY 2015, show the total ABA services program expenditures were \$240M. ABA services are not provided at Military Treatment Facilities; all ABA services are provided through the ACD in the purchased care sector. The ACD runs from July 25, 2014, through December 31, 2018.

RESULTS

1. The Number of New Referrals with Authorization for Services under the Program

The number of new referrals with an authorization for ABA services under the ACD during the period October 1, 2016, through December 31, 2016, was 1,313, down almost 25 percent from the 1,736 reported for the previous quarter. States with large military installations have the greatest number of new referrals: California (133), Colorado (69), Florida (96), Georgia (63), Hawaii (46), Maryland (36), North Carolina (93), Texas (144), Virginia (162), and Washington (80). A breakdown by state is included in the table below.

State	New referrals with authorization
AL	18
AK	10
AZ	18
AR	2
CA	133
CO	69
CT	3
DE	6
DC	3
FL	96
GA	63
HI	46
ID	1
IL	12
IN	9

IA	0
KS	12
KY	6
LA	17
ME	3
MD	36
MA	6
MI	3
MN	1
MS	11
MO	27
MT	1
NE	8
NV	18
NH	6
NJ	9
NM	10
NY	18
NC	93

ND	0
OH	15
OK	6
OR	1
PA	6
RI	0
SC	36
SD	2
TN	37
TX	144
UT	17
VT	0
VA	162
WA	80
WV	0
WI	6
WY	0
Total	1313

2. The Number of Total Beneficiaries Enrolled in the Program

As of December 31, 2016, the total number of beneficiaries participating in the ACD is 12,888, slightly down from the 13,412 reported for the previous quarter. As is the case with new referrals, states with large military installations have the greatest number of participants: California (1773), Colorado (848), Florida (969), Georgia (500), Hawaii (561), Maryland (357), North Carolina (1010), Texas (1042), Virginia (1527), and Washington (1095). A breakdown by state is included in the table below.

State	Total beneficiaries participating
AL	150
AK	145
AZ	221
AR	16
CA	1773
CO	848
CT	37
DE	27
DC	16
FL	969
GA	500
HI	561
ID	7
IL	150
IN	67
IA	11

KS	214
KY	86
LA	55
ME	5
MD	357
MA	44
MI	52
MN	17
MS	41
MO	161
MT	20
NE	71
NV	175
NH	9
NJ	95
NM	94
NY	93
NC	1010
ND	6

OH	122
OK	86
OR	25
PA	65
RI	14
SC	283
SD	9
TN	308
TX	1042
UT	157
VT	1
VA	1527
WA	1095
WV	6
WI	29
WY	16
Total	12888

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 time of referral to the first appointment for ABA services under the program is within the 28-day access standard for specialty care. However, there are some states that are considerably above the access standard and include: Kentucky (41), Missouri (37), and New Mexico (54). Six other states are, on average, above the access standard to a lesser degree. ABA providers are advised not to accept beneficiaries for whom they cannot provide ABA services in a timely manner. Our contractors will not knowingly refer beneficiaries to ABA providers who cannot provide recommended treatment to a beneficiary within the 28-day access to care standard. Our contractors are working diligently to build the networks, and we will continue to monitor the states and locations where provider availability is an issue. However, it must be noted that although the field of ABA is growing, there still remain locations where there are simply not enough ABA providers to meet the demand for such services. Of note, for states where there are large concentrations of ACD participants, contractors meet (or nearly meet) the 28-day access standard and include: California (22), Colorado (slightly above at 30), Florida (25), Georgia (23), Hawaii (somewhat above at 34), Maryland (18), North Carolina (24), Texas (26), Virginia (18), and Washington (19). A breakdown by state is included in the table below.

State	Average wait-time (# of days)
AL	33
AK	16
AZ	34
AR	17
CA	22
CO	30
CT	13
DE	0
DC	8
FL	31
GA	23
HI	34
ID	0
IL	13
IN	15
IA	0
KS	25

KY	41
LA	28
ME	0
MD	18
MA	0
MI	0
MN	0
MS	20
MO	37
MT	0
NE	31
NV	8
NH	0
NJ	25
NM	54
NY	15
NC	24
ND	0
OH	0

OK	0
OR	21
PA	0
RI	0
SC	16
SD	0
TN	28
TX	26
UT	19
VT	0
VA	18
WA	19
WV	0
WI	0
WY	0

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

There are over 28,000 ABA providers willing to accept TRICARE patients, including certified behavior technicians, for a greater than 2:1 provider to patient ratio. Many of our providers work in group practices, and the number of providers accepting new beneficiaries under the ACD is 1,307, down only six percent from the 1,396 reported for the previous quarter. States with large military installations generally have the greatest number of providers accepting new patients, including: California (113), Colorado (52), Florida (173), Georgia (37), Hawaii (25), Maryland (41), North Carolina (39), Texas (107), Virginia (101), and Washington (37). A breakdown by state is included in the table below.

State	Providers accepting new beneficiaries
AL	22
AK	6
AZ	23
AR	4
CA	113
CO	52
CT	11
DE	6
DC	6
FL	173
GA	37
HI	25
ID	0
IL	42
IN	38

IA	5
KS	11
KY	8
LA	11
ME	6
MD	41
MA	31
MI	23
MN	2
MS	4
MO	21
MT	2
NE	9
NV	19
NH	14
NJ	36
NM	11
NY	32
NC	39

ND	3
OH	23
OK	6
OR	8
PA	32
RI	8
SC	32
SD	2
TN	31
TX	107
UT	16
VT	2
VA	101
WA	37
WV	0
WI	13
WY	3
Total	1307

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

The number of providers who no longer accept new patients for ABA services under the program is 252, slightly higher than the 222 reported for the previous quarter. Most providers who no longer accept new patients are at capacity and have not disengaged current beneficiaries. Since implementation of the 2016 ABA reimbursement rates, only three provider groups left the TRICARE network and disengaged our beneficiaries specifically citing reimbursement rates as the reason for their termination. A breakdown by state is included in the table below.

State	Providers no longer accepting new beneficiaries
AL	6
AK	6
AZ	8
AR	0
CA	39
CO	10
CT	0
DE	0
DC	1
FL	22
GA	6
HI	9
ID	1
IL	1
IN	0

IA	1
KS	10
KY	0
LA	8
ME	1
MD	1
MA	0
MI	0
MN	2
MS	1
MO	9
MT	3
NE	2
NV	4
NH	0
NJ	1
NM	5
NY	1
NC	1

ND	0
OH	2
OK	1
OR	5
PA	0
RI	0
SC	9
SD	0
TN	6
TX	24
UT	3
VT	0
VA	6
WA	36
WV	0
WI	0
WY	1
Total	252

6. The Average Number of Treatment Sessions Required by Beneficiaries

The average number of treatment sessions required by beneficiaries (reported as the average number of hours per week per beneficiary since the number of sessions does not represent the intensity of services) is outlined below by state. The majority of beneficiaries receive between 5 and 30 hours of ABA services per week. However, it is difficult to make many conclusions regarding the intensity of ABA services required since the number of hours is based on each beneficiary’s specific needs as documented in the treatment plan.

State	Average number of hours per week per beneficiary
AL	12
AK	3
AZ	6
AR	7
CA	5
CO	6
CT	7
DE	7
DC	7
FL	13
GA	9
HI	6
ID	9
IL	7

IN	23
IA	3
KS	5
KY	17
LA	7
ME	7
MD	7
MA	8
MI	15
MN	4
MS	3
MO	5
MT	6
NE	5
NV	6
NH	11
NJ	7
NM	6
NY	9

NC	8
ND	3
OH	8
OK	7
OR	8
PA	8
RI	7
SC	9
SD	23
TN	10
TX	11
UT	7
VT	0
VA	6
WA	5
WV	6
WI	14
WY	2

7. Health-Related Outcomes for Beneficiaries under the Program

The Department fully supports continued research on the nature and effectiveness of ABA services. With the publication of TRICARE Operations Manual Change 199, dated November 29, 2016, the ACD will include the evaluation of health related outcomes through the requirement of norm-referenced, valid, and reliable outcome measures, starting January 1, 2017. Therefore, going forward the Department’s ACD policy will include outcome evaluations for ACD participants. The Department will conduct record audits to assess and report results accordingly.

CONCLUSION

As evidenced in the above information, participation in the ACD by beneficiaries and ABA providers slightly decreased during the most recent quarter. As of December 31, 2016, there are almost 12,900 beneficiaries participating. The number of providers accepting new TRICARE beneficiaries far exceeds the numbers who are no longer accepting new beneficiaries. It is important to note the vast majority of those providers who are not accepting new beneficiaries have not disengaged current beneficiaries. Since implementation of the 2016 ABA reimbursement rates, only three provider groups left the TRICARE network and disengaged our beneficiaries because of the rates. All beneficiaries from those three provider groups were placed with other providers within 30 days. We believe these results demonstrate that reimbursement rates have not deterred providers in any significant way from continuing to provide TRICARE ACD services. Under the NDAA for FY 2017, signed on December 23, 2016, reimbursement rates for ABA services were restored to those rates which were in place as of March 31, 2016, or at higher rates, if higher rates were already in place. The restored upward rates were published on January 24, 2017. This action may have a positive impact in encouraging more ABA service providers to participate as a TRICARE network provider.

The average wait-time for most locations from time of referral to the first appointment for ABA services under the ACD is within the 28-day access standard for specialty care. To ensure network adequacy and access to care, including in those few areas noted above that exceed the standard, our contractors monitor access on a regular basis and recruit new providers as appropriate. We track every patient who has an authorization for ABA services to ensure they have an ABA provider. We can track this data to the state and local level, enabling us to identify areas with potential network deficiencies. For any beneficiaries with an active authorization for ABA services who do not have an ABA provider, the contractors actively work to place these patients with a qualified provider.

Determining health-related outcomes is a new requirement added to the ACD. A corresponding contract change, effective January 1, 2017, provides direction for our contractors to begin collecting the outcomes data for all ACD participants. Outcomes data will be required at baseline entry into the program and every six months thereafter, with more comprehensive outcome measures at every two-year increment of ABA services.