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

PERSONNEL AND
READINESS

JAN 16 2018

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

Dear Mr. Chairman:

The enclosed report is in response to the Senate Report 114-255, page 205, accompanying S.2943, the National Defense Authorization Act for Fiscal Year (FY) 2017, which requests the Department to provide a quarterly report on effectiveness of the Autism Care Demonstration (ACD). The ACD offers applied behavior analysis (ABA) services for all TRICARE-eligible beneficiaries diagnosed with Autism Spectrum Disorder (ASD). ABA services are not limited by the beneficiary's age, dollar amount spent, or number of services provided. The enclosed is the third quarterly report for FY 2017, and it covers data from April 2017 to June 2017.

Participation in the ACD by beneficiaries and providers is robust. There are over 14,000 beneficiaries participating. The number of providers accepting new TRICARE beneficiaries is 1,658 and the number of providers who are no longer accepting new beneficiaries across the country is 213. The average wait-time from referral to the first appointment for services under the program is within the 28-day access standard for specialty care for most locations. Finally, the Department fully supports continued research on the nature and effectiveness of ABA services. The Department has modified the current ACD policy to include outcome measures for ACD participants. The Department began quality monitoring record audits in September 2016, and assesses and report results accordingly.

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

Sincerely,

Robert L. Wilkie

Robert L. Wilkie

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

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

PERSONNEL AND
READINESS

JAN 16 2018

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

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 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,

Robert L. Wilkie

Robert L. Wilkie

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

Report to Committees on Armed Services, U.S. Congress

The Department of Defense Comprehensive Autism Care Demonstration

Quarterly Report to Congress

Third Quarter, Fiscal Year 2017

In Response to: Senate Report 114-255, page 205, for Fiscal Year 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 $0.00 in expenses and $14,000 in DoD labor.
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EFFECTIVENESS OF THE DEPARTMENT OF DEFENSE COMPREHENSIVE AUTISM CARE DEMONSTRATION

EXECUTIVE SUMMARY

This quarterly report is in response to Senate Report 114–255, page 205, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year (FY) 2017, which requests the Department provide a quarterly report on the effectiveness of the comprehensive Autism Care Demonstration (ACD). Specifically, the committee requests the Secretary to report, at a minimum, the following information by state: "(1) the number of new referrals for services under the program; (2) the number of total beneficiaries enrolled in the program; (3) the average wait-time from time of referral to the first appointment for services under the program; (4) the number of providers accepting new patients under the program; (5) the number of providers who no longer accept new patients for services under the program; (6) the average number of treatment sessions required by beneficiaries; and (7) the health-related outcomes for beneficiaries under the program." The data presented below is for the period April 1, 2017, through June 30, 2017. The data, as reported by the Managed Care Support Contractors, represent the most recent quarter. The data may be understated due to the average 90-day lag in claims processing.

Approximately 14,082 children currently receive Applied Behavioral Analysis (ABA) services through the ACD as of June 30, 2017. The most recent full FY data available, FY 2016, identified the total ABA services program expenditures as $232 million. The number of new ABA providers far exceeds the numbers who are no longer accepting new beneficiaries. For the majority of beneficiaries, the average wait time from date of referral to the first appointment for ABA services is within the 28-day access standard for specialty care, at approximately 20 days. There are a few localities, as noted in Table 3 below, that exceed the standard. Regional contractors are working to recruit new providers as appropriate. The average number of ABA sessions required by beneficiaries (reported as the paid average number of hours per week per beneficiary since the number of sessions does not represent the intensity of services) is outlined below, in Table 6, by state. However, the DoD is unable to make conclusions about ABA services utilization variances due to the unique needs of each beneficiary. Finally, health-related outcomes is the newest requirement added to the ACD and the present data demonstrates a very diverse presentation of beneficiaries diagnosed with Autism Spectrum Disorder (ASD) with respect to symptom severity, and adaptive and cognitive functioning. With future quarterly reports, this outcome data will provide information on the overall effectiveness of ABA services for TRICARE beneficiaries.

BACKGROUND

ABA is one of many TRICARE-covered services available to treat ASD. Other services include, but are not limited to: ASD 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 as a single program, consolidated from three previous programs. This program is based on limited demonstration authority, with no annual cap of the Government's cost share, in an attempt to strike a balance that maximizes access while ensuring the highest level of quality care for beneficiaries. This consolidated demonstration ensures consistent ABA coverage for all TRICARE eligible beneficiaries– including Active Duty family members (ADFMs) and non-ADFMs diagnosed with ASD. ABA services are not limited by the beneficiary's age, the dollar amount spent, or the number of services provided. ABA services are not provided at Military Treatment Facilities; all ABA services through the ACD are provided in the purchased care sector. The ACD runs from July 25, 2014, through December 31, 2018.

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 from April 1, 2017, through June 30, 2017, was 1,382, an increase of 22 percent from the 1,135 reported for the previous quarter. States with large military installations have the greatest number of new referrals: California (136), Colorado (73), Florida (115), Georgia (82), North Carolina (105), Texas (157), Virginia (151), and Washington (95). A breakdown by state is included in Table 1.

Table 1

State	New Referrals with Authorization
AK	20
AL	24
AR	5
AZ	17
CA	136
CO	73
CT	3
DC	2
DE	2
FL	115
GA	82
HI	44
IA	2
IL	24
IN	9
KS	21
KY	25
LA	19
MA	5
MD	32
ME	2
MI	2
MO	17
MS	14
MT	3
NC	105
NE	2
NH	0
NJ	10
NM	5
NV	7
NY	19
OH	12
OK	17
OR	0
PA	6
RI	1
SC	38
TN	35
TX	157
UT	12
VA	151
VT	0
WA	95
WI	5
WV	3
WY	1
Overseas	3
Total	**1382**

2. The Number of Total Beneficiaries Enrolled in the Program

As of June 30, 2017, the total number of beneficiaries participating in the ACD is 14,082, slightly down from the 14,131 reported for the previous quarter. This may be attributed to attrition, permanent change of station moves, or beneficiaries no longer requiring services, among other reasons. As is the case with new referrals, states with large military installations have the greatest number of participants: California (1754), Colorado (779), Florida (1253), Georgia (729), Hawaii (564), Maryland (355), North Carolina (995), South Carolina (328), Texas (1566), Virginia (1477), and Washington (989). A breakdown by state of total ACD participants is included in Table 2 below.

Table 2

State	Total Beneficiaries Participating
AL	263
AK	152
AR	27
AZ	223
CA	1754
CO	779
CT	36
DE	25
DC	17
FL	1253
GA	729
HI	564
IA	13
ID	4
IL	165
IN	67
KS	211
KY	199
LA	107
MA	33
MD	355
ME	7
MI	48
MN	10
MO	153
MS	86
MT	22
NC	995
ND	4
NE	65
NH	12
NJ	93
NM	89
NV	182
NY	100
OH	105
OK	141
OR	25
PA	63
RI	19
SC	328
SD	10
TN	305
TX	1566
UT	155
VA	1477
VT	0
WA	989
WI	25
WV	6
WY	11
Overseas	5
XX*	10
Total	**14082**

*XX –– Not able to attribute to a specific region.

3. The Average Wait-Time from Time of Referral to the First Appointment for Services under the Program

For most states, the average wait-time from date of referral to the first appointment for ABA services under the program is within the 28-day access standard for specialty care. However, for this reporting period, only four states are above the access standard, which is less than the previous quarter: Alabama (43), Oklahoma (36), and Texas (34). Only Connecticut (60) is considered significantly above the standard. The average state wait time from time of referral to first appointment is about 20 days. ABA providers are advised not to accept beneficiaries for whom they cannot provide ABA services in a timely manner. Contractors will not knowingly refer beneficiaries to ABA providers who cannot provide the recommended treatment to a beneficiary within the 28-day access to care standard. Contractors are also working diligently to build the networks, and the DoD will continue to monitor the states and locations where provider availability is an issue. Although the field of ABA is growing, locations remain where there are simply not enough ABA providers to meet the demand for such services. The absence of providers in certain locations parallels a nationwide problem for specialty care services. Of special note, for states where there are particularly large concentrations of ACD participants, contractors meet (or nearly meet) the 28-day access standard: California (21), Colorado (27), Florida (26), Georgia (24), Hawaii (28), Illinois (17), Kansas (21), Louisiana (20), Maryland (11), Mississippi (22), New Mexico (20), Nevada (10), New York (15), North Carolina (26), South Carolina (24), Tennessee (24), Utah (21), and Virginia (23), and. A breakdown by state is included in Table 3 below.

Table 3

State *	**Average Wait Time (# days)**	**Range**
AL	43	33 TO 64
AR	20	20
AZ	17	11 TO 22
CA	21	0 TO 46
CO	27	0 TO 72
CT	60	60 TO 60
FL	26	1 TO 71
GA	24	3 TO 50
HI	28	13 TO 54
IL	17	7 TO 37
KS	21	13 TO 28
KY	21	0 TO 37
LA	20	15 TO 25
MD	11	4 TO 24
MS	22	8 TO 38
NC	26	9 TO 44
NJ	18	8 TO 27
NM	20	5 TO 13
NV	10	1 TO 36
NY	15	2 TO 35
OH	7	7 TO 7
OK	36	16 TO 55
PA	23	12 TO 39
RI	24	16 TO 32
SC	24	8 TO 53
TN	24	4 TO 77
TX	34	6 TO 74
UT	21	13 TO 36
VA	23	3 TO 60
WA	30	23 TO 100

* States not listed represent data not available or reported."

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

There are over 28,000 ABA providers delivering ABA services to TRICARE patients, including certified behavior technicians. There is approximately a 2:1 provider to patient ratio for the approximately 14,082 ACD beneficiaries. For this reporting quarter, the number of ABA providers accepting new patients under the ACD is 1,658, which is similar to the previous quarter. Since many ABA providers work in group practices, the number of ABA providers accepting new beneficiaries is not directly comparable to the total number of providers. This sustained rate of participating ABA providers is potentially attributed to a combination of operational factors: significant recruitment efforts by the regional contractors, and more certified ABA providers available for recruitment. States with large military installations generally have the greatest number of providers accepting new patients, including: California (126), Colorado (58), Florida (241), Georgia (57), Indiana (41), Maryland (46), North Carolina (41), South Carolina (41), Tennessee (48), Texas (203), Virginia (115), and Washington (54). A breakdown by state is included in Table 4 below.

Table 4

State	Providers Accepting New Beneficiaries
AK	9
AL	34
AR	4
AZ	21
CA	126
CO	58
CT	15
DC	6
DE	4
FL	241
GA	57
HI	32
IA	3
ID	2
IL	39
IN	41
KS	19
KY	31
LA	27
MA	23
MD	46
ME	7
MI	25
MN	7
MO	24
MS	6
MT	6
NC	41
ND	3
NE	10
NH	12
NJ	32
NM	15
NV	19
NY	28
OH	23
OK	14
OR	9
PA	35
RI	5
SC	41
SD	2
TN	48
TX	203
UT	17
VA	115
VT	1
WA	54
WI	13
WV	0
WY	6
Total	**1658**

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

TwoTwo hundred and thirteen individual providers no longer accept new TRICARE beneficiaries for ABA services under the program, a 35 percent increase from the 158 reported for the previous quarter. Most providers who no longer accept new patients are at capacity and have not disengaged current beneficiaries. A breakdown by state is included in Table 5 below.

Table 5

State	Providers No Longer Accepting New Beneficiaries
AK	3
AL	7
AR	0
AZ	9
CA	31
CO	16
CT	0
DC	0
DE	1
FL	19
GA	9
HI	6
IA	4
ID	0
IL	0
IN	0
KS	6
KY	2
LA	6
MA	0
MD	1
ME	1
MI	0
MN	1
MO	9
MS	1
MT	2
NC	1
ND	0
NE	2
NH	0
NJ	1
NM	1
NV	3
NY	1
OH	3
OK	0
OR	2
PA	0
RI	0
SC	10
SD	1
TN	6
TX	26
UT	3
VA	6
VT	0
WA	11
WI	2
WV	0
WY	0
Total	**213**

6. The Average Number of Treatment Sessions Required by Beneficiaries

The average number of ABA sessions required by beneficiaries (reported as the paid average number of hours per week per beneficiary since the number of sessions does not represent the intensity of services) is outlined by state in Table 6 below. However, the DoD is unable to make conclusions about ABA services utilization variances due to the unique needs of each beneficiary. Additionally, research has not established any causal relationship between severity, treatment needs, and intensity of services. The outlier in Indiana (upper range of 66.1) is due to one child who was approved for intense additional hours due to the severity and intensity of behavior excesses. Additional hours were determined to be medically necessary.

Table 6

State	Average Hours/Week per Beneficiary	Range
AK	0.6	0.0 TO 2.6
AL	6.4	4.6 TO 26.1
AR	5	0.3 TO 24.3
AZ	5.8	5.3 TO 6.6
CA	3.3	0.5 TO 7.9
CO	5.6	1.4 TO 13.5
CT	8	1.0 TO 43.8
DC	8	0.3 TO 19.4
DE	7	2.4 TO 22.6
FL	5.0	0.5 TO 20.0
GA	7.6	0.8 TO 26.4
HI	5.3	0.4 TO 13.9
IA	1.4	1.1 TO 1.6
IL	7.0	1.9 TO 19.4
IN	22	1.8 TO 66.1
KS	5.3	4.7 TO 8.0
KY	12.8	1.6 TO 35.5
LA	3.9	1.1 TO 11.5
MA	11	2.3 TO 29.2
MD	7	0.7 TO 38.9
ME	13	2.1 TO 24.1
MI	12	2.3 TO 27.7
MN	3.0	3.0 TO 3.0
MO	2.6	1.4 TO 4.4
MS	8.3	7.2 TO 11.8
MT	0.5	0.2 TO 1.1
NC	3.5	0.2 TO 13.6
ND	0.6	0.5 TO 0.7
NE	5.4	2.0 TO 9.7
NH	8	2.3 TO 15.0
NJ	5	0.3 TO 24.8
NM	5.8	2.7 TO 10.0
NV	6.9	1.3 TO 13.0
NY	9	1.6 TO 30.4
OH	8	0.9 TO 30.7
OK	5.2	1.7 TO 14.7
OR	2.6	1.0 TO 3.4
PA	8	0.4 TO 26.3
RI	7	0.4 TO 12.0
SC	4.4	2.4 TO 13.9
SD	1.6	0.8 TO 2.8
TN	13.8	7.0 TO 31.4
TX	6.1	0.6 TO 22.6
UT	1.2	0.0 TO 4.5
VA	3.7	0.4 TO 22.2
WA	6.2	3.7 TO 9.2
WI	15	6.7 TO 27.7
WV	4	0.8 TO 7.2

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 for the ACD)(dated November 29, 2016) included the evaluation of health-related outcomes through the requirement of norm-referenced, valid, and reliable outcome measures that began collecting data on January 1, 2017. Outcomes data for beneficiaries is required at baseline entry into the ACD program and every six months thereafter, with more comprehensive outcome measures at every two-year increment of ABA services.

This report is the second reporting quarter for the regional contractors since the outcome measures requirement took effect. However, 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). Despite the revision to remove two measures, contractors submitted assessments that were completed prior to the removal date. These measures include: the ADOS-2, the Vineland Adaptive Behavior Scale – Third Edition (Vineland – 3) (second edition also submitted this reporting quarter), and the Wechsler Intelligence Scales and TONI-4. All outcome measures were completed and submitted to the regional contractors by specialized ASD diagnosing providers who provided an objective evaluation of each beneficiary's functioning at the time of assessment. The data presented in the following tables represents beneficiaries whose two-year Periodic ABA Program Review fell within the second reporting quarter.

The ADOS-2, Vineland-3, and cognitive measures were selected as outcome measures for the ACD because research predominantly used these tools as indicators of improvement in functioning over time. The ADOS-2 is an instrument used for assessing the level of impairment and confirming the diagnosis and symptom severity of ASD. Scores for beneficiaries in this sample represent a wide range of functioning from severe (Autism) to mild (Autism Spectrum) symptom severity and no (Non-spectrum) symptom presentation (see table 7). The Vineland-3 (and -2) is a measure of adaptive behavior functioning. Scores for beneficiaries in this sample represent a population that is functioning, on average, in the moderately low to low range (see table 8). Table 9 represents the cognitive functioning, noted by Full Scale Intellectual Quotient (FSIQ) or Index Score, of beneficiaries in this sample using the age-appropriate measure by one of four intelligence tests (verbal or non-verbal measure). Beneficiaries represented in the table display a wide range of cognitive functioning from moderate intellectual disability (extremely low) to superior intellectual functioning. The wide variety in the various scores represents a population with a vastly diverse symptom presentation of ASD. Additionally, the scores represent the first data point for these beneficiaries. No comparison of outcome measures pre- and post- ABA services is available at this time. Further analysis of scores will be available in future quarterly reports.

Table 7

Symptom Severity			
	ADOS-2 (Overall Total Score)		
State	**Average**	**Classification**	**Range**
AL	2[0]	Non-Spectrum	2-2
CA	1[2]	Non-Spectrum	1-1
	5.5[3]	Non-Spectrum	2-9
CO	12.5[2]	Autism	3-22
	3[3]	Non-Spectrum	3-3
FL	15[0]	Autism	2-26
GA	12[0]	Autism	5-20
HI	16[1]	Autism	16-16
KS	7[1]	Autism Spectrum	4-10
	6[2]	Non-Spectrum	6-6
	7[3]	Autism Spectrum	7-7
NE	4.5[1]	Non-Spectrum	1-8
	20[2]	Autism	20-20
	10[3]	Autism	10-10
OK	9[0]	Autism	9-9
SC	12[0]	Autism	7-21
TN	15[0]	Autism	11-20
TX	20[0]	Autism	11-27
	8.5[2]	Autism Spectrum	8-9
	9.5[3]	Autism	9-10
UT	2[1]	Non-Spectrum	2-2

[0]-ADOS-2 Module Unknown
[1]-ADOS-2 Module 1
[2]-ADOS-2 Module 2
[3]-ADOS-2 Module 3

Table 8

Adaptive Functioning			
	Vineland (Composite Score)		
State	**Average**	**Classification**	**Range**
AL	80[3]	Moderately Low	80-80
CA	68.5[3]	Low	63-74
CO	53[3]	Low	53-53
DC	44[3]	Low	44-44
FL	68[3]	Low	30-109
	74[2]	Moderately Low	51-103
GA	70[3]	Low	20-85
	80[2]	Moderately Low	64-99
HI	73[3]	Moderately Low	73-73
KS	68[3]	Low	40-96
KY	72[3]	Moderately Low	60-82
	58[2]	Low	58-58
MD	68[3]	Low	40-87
MS	63[3]	Low	25-79
OK	68[2]	Low	58-77
SC	66[3]	Low	46-78
	71[2]	Moderately Low	64-77
TN	59[3]	Low	38-74
	67[2]	Low	59-75
TX	63[3]	Low	27-91
	81[2]	Moderately Low	56-106
VA	81[3]	Moderately Low	87-108

[2]-Vineland - 2
[3]-Vinelane - 3

Table 9

Cognitive Functioning									
	WAIS-IV/V (FSIQ)			WISC-V/WPPSI-IV (FSIQ)			TONI-4 (Index Score)		
State	Average	Classification	Range	Average	Classification	Range	Average	Classification	Range
AL				69	Extremely Low	69-69			
CA				95	Average	90-100	99	Average	99-99
CO				76.5	Borderline	46-107			
FL	67	Extremely Low	67-67	97	Average	74-132			
GA				81	Low Average	61-96			
IA				115	High Average	115-115			
KS				127	Superior	127-127			
				51	Extremely Low	51-51			
KY				84	Low Average	84-84			
SC	71	Borderline	71-71	101	Average	77-132			
TN				71	Borderline	58-79			
TX	75	Borderline	64-86	75	Borderline	48-99			
				67	Extremely Low	67-67			
UT				44	Extremely Low	44-44			
WA				100	Average	100-100			

It is important to note that Tables 7 through 9 represent a small number of beneficiaries participating in the ACD. These tables should not be interpreted as a statistically representative sample of TRICARE beneficiaries diagnosed with ASD, or should these tables be interpreted as evidence of treatment improvement or lack of improvement. Subsequent quarterly reports will continue to compile outcome data to demonstrate the population over time as well as the impact of ABA services as demonstrated in these outcome measures.

Additionally, due to the removal of two outcome measures (ADOS-2 and cognitive measures), subsequent outcome measures reporting will include only the Vineland-3. Upon publication of the next TRICARE Operations Manuel, two additional measurements will be reported regarding outcome data (the Social Responsiveness Scale, Second Edition, and the Pervasive Developmental Disabilities Behavior Inventory).

CONCLUSION

As evidenced in the above information, participation in the ACD by beneficiaries remains constant. As of June 30, 2017, there are more than 14,000 beneficiaries participating, a slight decrease since the prior quarterly reporting period. The number of new ABA providers far exceeds the number of providers no longer accepting new beneficiaries.

The average wait-time for most locations from date of referral to the first appointment for ABA services under the ACD is within the 28-day access standard for specialty care. The

average state wait time, from date of referral to first appointment, is about 20 days. To ensure network adequacy and access to care, including those few areas noted above that exceed the standard, regional contractors monitor access on a regular basis and recruit new providers as appropriate. The contractors track all patients who have an authorization for ABA services to ensure they have an ABA provider. The contractors can track this data to the state and local level, enabling us to 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 actively work to place these patients with a qualified provider.

Determining health-related outcomes is the newest requirement added to the ACD. A contract change, effective January 1, 2017, provided direction for contractors to begin collecting the outcomes data for all ACD participants. This quarterly report is the second time the DoD will provide the required data for health-related outcomes for ACD participants. The present data demonstrates a vastly diverse presentation of beneficiaries diagnosed with ASD with respect to symptom severity, and adaptive and cognitive functioning. However, the present data does not represent the impact of ABA services on TRICARE beneficiaries participating in the ACD. Further analysis of scores will be available in future quarterly reports.