



PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

10 JUN 2018

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

Dear Mr. Chairman:

The enclosed annual report is in response to Senate Report 114-49, pages 157-158, accompanying S. 1376, the National Defense Authorization Act for Fiscal Year (FY) 2016, which requests the Secretary of Defense provide an annual report on the Autism Care Demonstration (ACD).

The ACD offers Applied Behavior Analysis (ABA) services for all TRICARE-eligible beneficiaries diagnosed with Autism Spectrum Disorder. ABA services are not limited by the beneficiary's age, dollar amount spent, or number of services provided. The ACD began July 25, 2014, and was originally set to expire on December 31, 2018. The Department extended the demonstration until December 31, 2023, to determine the appropriate characterization of ABA services as a medical treatment, or other modality, under the TRICARE program coverage requirements.

ACD participation increased 29 percent from 11,461 beneficiaries in FY 2015 to 14,820 beneficiaries in FY 2018. Program costs increased 94 percent from \$161.5M in FY 2015 to \$313.7M in FY 2018. The annual report for FY 2018 is enclosed, and is the fourth of the annual reports to be submitted. The report provides information on the current state of the ACD, including enrollment and costs, clinical outcomes, lessons learned, and steps for the future to improve the care and support for beneficiaries and families.

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,

James N. Stewart
Assistant Secretary of Defense for Manpower
and Reserve Affairs, Performing the Duties
of the Under Secretary of Defense for
Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

10 JUN 2019

The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed annual report is in response to Senate Report 114-49, pages 157-158, accompanying S. 1376, the National Defense Authorization Act for Fiscal Year (FY) 2016, which requests the Secretary of Defense provide an annual report on the Autism Care Demonstration (ACD).

The ACD offers Applied Behavior Analysis (ABA) services for all TRICARE-eligible beneficiaries diagnosed with Autism Spectrum Disorder. ABA services are not limited by the beneficiary's age, dollar amount spent, or number of services provided. The ACD began July 25, 2014, and was originally set to expire on December 31, 2018. The Department extended the demonstration until December 31, 2023, to determine the appropriate characterization of ABA services as a medical treatment, or other modality, under the TRICARE program coverage requirements.

ACD participation increased 29 percent from 11,461 beneficiaries in FY 2015 to 14,820 beneficiaries in FY 2018. Program costs increased 94 percent from \$161.5M in FY 2015 to \$313.7M in FY 2018. The annual report for FY 2018 is enclosed, and is the fourth of the annual reports to be submitted. The report provides information on the current state of the ACD, including enrollment and costs, clinical outcomes, lessons learned, and steps for the future to improve the care and support for beneficiaries and families.

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,

James N. Stewart
Assistant Secretary of Defense for Manpower
and Reserve Affairs, Performing the Duties
of the Under Secretary of Defense for
Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable William M. "Mac" Thornberry
Ranking Member

Report to the Committees on Armed Services of the Senate and House of Representatives



The Department of Defense Comprehensive Autism Care Demonstration Annual Report June 2019

In Response to: Senate Report 114-49, pages 157-158, accompanying S. 1376,
the National Defense Authorization Act for Fiscal Year 2016

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$5,900 in fiscal years 2018 - 2019. This includes \$0 in expenses and \$5,900 in DoD labor.
Generated on 2019Mar15 RefID: 9-75075F9

**REPORT ON EFFORTS BEING CONDUCTED BY THE DEPARTMENT OF DEFENSE
ON APPLIED BEHAVIOR ANALYSIS SERVICES**

Table of Contents

INTRODUCTION	3
BACKGROUND	3
DESCRIPTION OF THE ACD	4
FINDINGS	4
TRICARE ACD Program Participants	4
ABA Program Costs	5
Potential for Future Growth	6
Expenditures for Physical/Speech/Occupational Therapy and Prescription Drugs	10
Provider Availability	10
DISCUSSION OF THE EVIDENCE REGARDING CLINICAL IMPROVEMENT OF CHILDREN DIAGNOSED WITH ASD	11
DHA Annual TRICARE Quality Monitoring Contract (TQMC) ACD Audit	13
Congressionally Directed Medical Research Program (CDMRP) Study	13
Category I Current Procedural Terminology (CPT) Codes	13
LESSONS LEARNED	14
Future Comprehensive Manual Revision	14
DoD Office of the Inspector General (OIG) Reports	15
NEW LEGISLATIVE AUTHORITIES REQUIRED TO IMPROVE THE PROVISION OF ABA SERVICES	16
CONCLUSION	17

List of Tables

Table 1 – Historical Number of TRICARE ADFM and NADFM ACD Program Participants	4
Table 2 – Historical Government Expenditures for TRICARE ADFM and NADFM ACD Program	5
Table 3 – Historical Government Expenditures per Participant for TRICARE ADFM and NADFM ACD Program	6
Table 4 - Historical Government Expenditures for PT/OT/ST and Prescription Medication for TRICARE ADFM and NADFM ACD Program Participants	10

INTRODUCTION

This report is in response to Senate Report 114-49, pages 157-158, accompanying S. 1376, the National Defense Authorization Act for Fiscal Year (FY) 2016, which requests a report to the Committees on Armed Services of the Senate and House of Representatives on the results of the Comprehensive Autism Care Demonstration (ACD) no later than April 1, 2016, and annually thereafter for the duration of the program. This report is based on FY 2018 claims data, and is the fourth of these annual reports.

“The annual report should include a discussion of the evidence regarding clinical improvement of children with ASD receiving ABA therapy and a description of lessons learned to improve administration of the demonstration program. In the report, the Department should also identify any new legislative authorities required to improve the provision of autism services to beneficiaries with ASD.”

BACKGROUND

Applied Behavior Analysis (ABA) services are one of many TRICARE covered services available to mitigate the symptoms of Autism Spectrum Disorder (ASD). Other services include, but are not limited to: speech and language therapy (SLT); occupational therapy (OT); physical therapy (PT); medication management; psychological testing; and psychotherapy. ABA services are based on medical necessity and are not limited by the beneficiary’s age, dollar amount spent, number of years of services, or number of sessions provided. Generally, all ABA services continue to be provided through purchased care. Additionally, several innovative programs are ongoing at military medical treatment facilities (MTFs) to support beneficiaries with ASD and their families.

The current ACD began on July 25, 2014, and consolidated three previous programs.¹ The goal of the ACD is to strike a balance maximizing access while ensuring the highest level of quality services for beneficiaries. The consolidated demonstration ensures consistent ABA service coverage for all TRICARE-eligible beneficiaries, including active duty family members (ADFM) and non-active duty family members (NADFM) diagnosed with ASD. The ACD was originally set to expire on December 31, 2018. The Department of Defense (DoD) extended the demonstration until December 31, 2023, to determine the appropriate characterization of ABA services as a medical treatment, or other modality, under the TRICARE program coverage requirements. The DoD will gain additional information about what services TRICARE beneficiaries are receiving under the ACD, how to most effectively target services having the most benefit, collect more comprehensive outcomes data, and gain greater insight and understanding of the diagnosis of ASD in the TRICARE population.²

¹ Notice. “Comprehensive Autism Care Demonstration.” *Federal Register* 79, no. 115 (June 16, 2014) 34291-34296. www.govinfo.gov/content/pkg/FR-2014-06-16/pdf/2014-14023.pdf

² Notice. “Extension of the Comprehensive Autism Care Demonstration for TRICARE Eligible Beneficiaries Diagnosed With Autism Spectrum Disorder.” *Federal Register* 82, no. 236 (December 11, 2017): 58136-58137. www.govinfo.gov/content/pkg/FR-2017-12-11/pdf/2017-26567.pdf

DESCRIPTION OF THE ACD

Currently, the ACD offers only ABA services for all TRICARE-eligible beneficiaries diagnosed with ASD by an approved provider. Under the ACD, a Board Certified Behavior Analyst (BCBA), BCBA-Doctorate, or other TRICARE authorized provider who practices within the scope of his or her state licensure or state certification, referred to as an “authorized ABA supervisor,” plans, delivers, and supervises an ABA program. The authorized ABA supervisor can deliver ABA services under either the sole provider model or tiered delivery model.

The Defense Health Agency (DHA) realizes the ACD has been largely focused on the implementation of ABA services; however, since the ACD is a comprehensive demonstration, the DHA is directing efforts toward expanding services for children diagnosed with ASD and supporting the family. These improvements are discussed further below.

FINDINGS

The following information was generated using TRICARE purchased-care claims incurred during the last four FYs (FY 2015 – FY 2018), for which full year data is available for the ACD. All claims data examined in this report were extracted from the Medical Data Repository (MDR) on February 1, 2019, and the results are based upon data entered into the MDR by that date.

TRICARE ACD Program Participants

At the end of FY 2018, there was a total of 14,820 beneficiaries with a diagnosis of ASD participating in the ACD: 11,016 ADFMs and 3,804 NADFM (Table 1). This number reflected a 29 percent increase in total participants from the FY 2015 level (11,461): a 20 percent increase for ADFMs (9,178) and 67 percent increase for NADFM (2,283).

Table 1 – Historical Number of TRICARE ADFM and NADFM ACD Program Participants

FY	Number of Participants	% Growth in Participants from Prior FY
ADFM Participants		
FY 2015	9,178	
FY 2016	10,321	12%
FY 2017	10,596	3%
FY 2018	11,016	4%
NADFM Participants		
FY 2015	2,283	
FY 2016	3,070	34%
FY 2017	3,431	12%
FY 2018	3,804	11%
Total Participants		
FY 2015	11,461	
FY 2016	13,391	17%
FY 2017	14,027	5%
FY 2018	14,820	6%
Source: MDR Data as of February 1, 2019		

ABA Program Costs

Total government costs for the ACD increased 94 percent from the FY 2015 level to FY 2018 (\$161.5 million (M) in FY 2015 and \$313.7M in FY 2018) (Table 2). Government costs for ADFMs increased 83 percent from the FY 2015 level to FY 2018 (\$132.1M in FY 2015 and \$241.7M in FY 2018) and 145 percent for NADFM (\$29.4M in FY 2015 and \$72.0M in FY 2018). Of note, effective October 1, 2015, the maximum government payment or annual cap for ABA services of \$36,000 was lifted, and all beneficiary cost-sharing and deductibles and enrollment fees were aligned with the TRICARE Basic Program. This partially accounts for the percentage rise in total costs (94 percent) from FY 2015 to FY 2018 that was higher than the percentage rise in total participation (29 percent). The annual catastrophic cap protections were applied to all ABA services for beneficiaries in the ACD.

Table 2 – Historical Government Expenditures for TRICARE ADFM and NADFM ACD Program

FY	Dollars in Millions	% Growth in Dollars from Prior FY
ADFM		
FY 2015	\$132.1	
FY 2016	\$185.6	41%
FY 2017	\$210.1	13%
FY 2018	\$241.7	15%
NADFM		
FY 2015	\$29.4	
FY 2016	\$46.5	58%
FY 2017	\$58.2	25%
FY 2018	\$72.0	24%
Total		
FY 2015	\$161.5	
FY 2016	\$232.1	44%
FY 2017	\$268.3	16%
FY 2018	\$313.7	17%
Source: MDR Data as of February 1, 201		

The average ADFM cost per ACD participant (Table 3) was \$14,393 in FY 2015, \$17,986 in FY 2016 (25 percent increase from prior year), \$19,829 in FY 2017 (10 percent increase), and \$21,943 in FY 2018 (11 percent increase). Average NADFM expenditures per ACD participant increased 47 percent from \$12,878 in FY 2015 to \$18,924 in FY 2018.

Table 3 – Historical Government Expenditures per Participant for TRICARE ADFM and NADFM ACD Program

FY	Dollars per Participant	% Growth in Dollars from Prior FY
ADFM Participant Expenditures		
FY 2015	\$14,393	
FY 2016	\$17,986	25%
FY 2017	\$19,829	10%
FY 2018	\$21,943	11%
NADFM Participant Expenditures		
FY 2015	\$12,878	
FY 2016	\$15,143	18%
FY 2017	\$16,951	12%
FY 2018	\$18,924	12%
Total Participant Expenditures		
FY 2015	\$14,091	
FY 2016	\$17,335	23%
FY 2017	\$19,125	10%
FY 2018	\$21,168	11%
Source: MDR Data as of February 1, 2019		

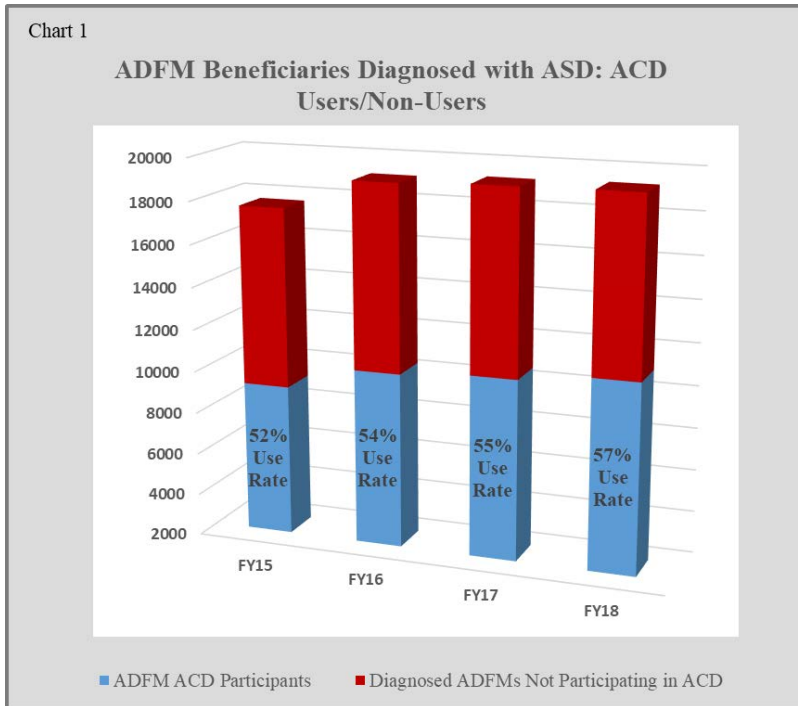
Potential for Future Growth

With the moderation of annual ADFM ABA service user growth rates of three percent in FY 2017 and four percent in FY 2018 (Table 1), it is important to understand the potential for program growth in the future. One approach is to examine the proportion of current ADFM beneficiaries diagnosed with ASD who are currently receiving ABA services. To estimate the total number of ADFM beneficiaries diagnosed with ASD in a given year, both direct and purchased care claims files were queried to determine the number of ADFM beneficiaries ages 2 to 17 that had 2 or more separate claims with a diagnosis of ASD in any position (i.e., primary or secondary position).³ Based on this analysis, the estimated number of ADFMs diagnosed with ASD in FY 2018 was 19,582.

³ DHA previously used this operational definition of two or more claims to estimate the number of beneficiaries with ASD diagnoses. Beneficiaries with only one claim are excluded because they likely would have been diagnosed with a non- ASD diagnosis as a result of additional testing.

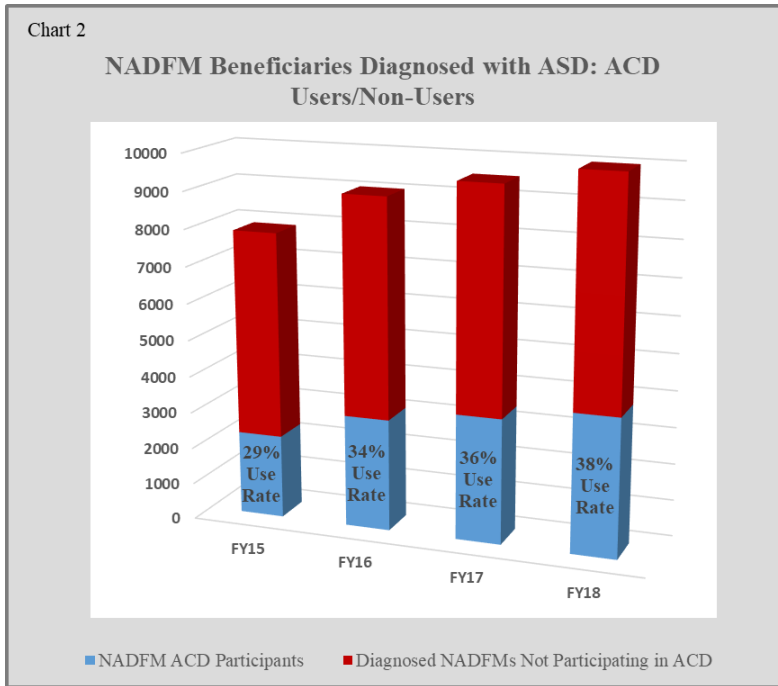
In FY 2017, 11,016 ADFMs participated in the ACD. Thus, 57 percent of those diagnosed with ASD (11,016/19,582) were using ABA services under the ACD. Because 43 percent of ADFMs diagnosed with ASD are not currently using ABA services under the ACD, there is room for continued growth in the future. This potential growth is demonstrated in Chart 1 (the red area on top of bars shows the potential for future growth). However, Figure 1 also appears to demonstrate the share of ADFM beneficiaries diagnosed with ASD using ABA services may be plateauing (the blue areas), at about 55 to 60 percent.

Figure 1



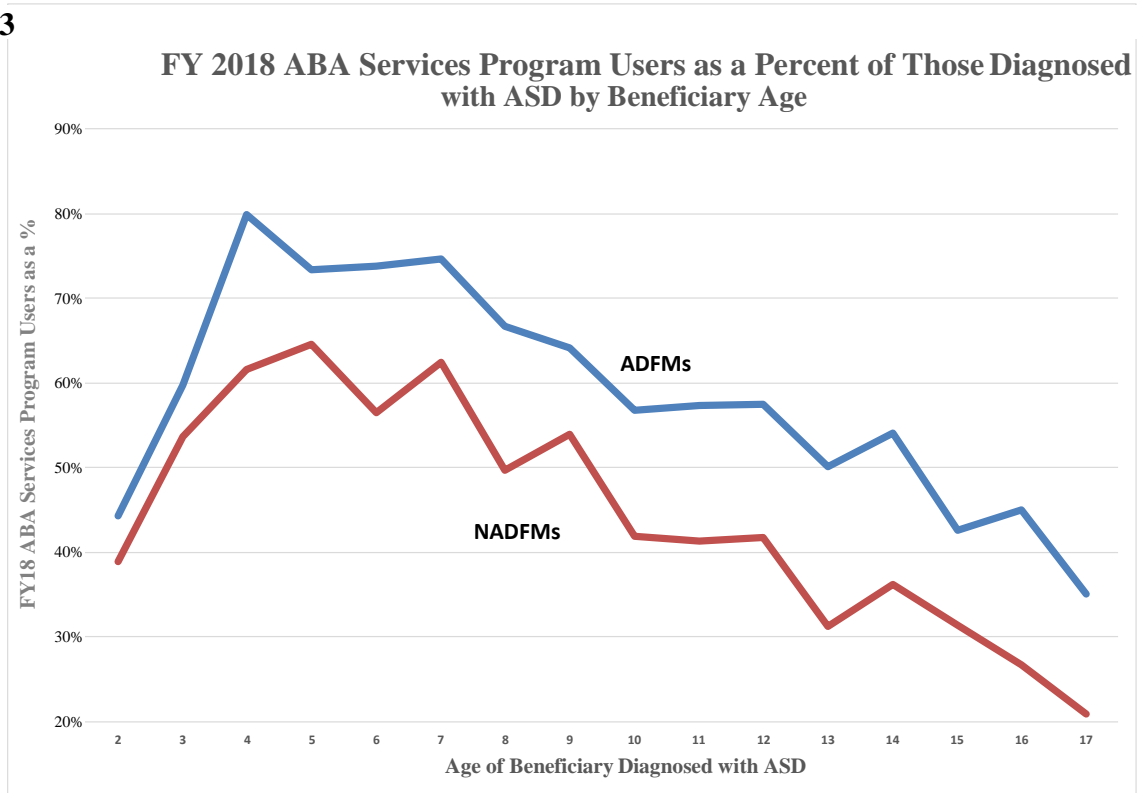
The share of NADFM diagnosed with ASD and using the ACD was 36 percent in FY 2017 and 38 percent in FY 2018. Because more than 60 percent of the NADFM population diagnosed with ASD is not receiving TRICARE ABA services, there is ample opportunity to expand additional services to beneficiaries who might have opted not to utilize ABA services (the red area on top of bars in Figure 2).

Figure 2



One factor affecting the overall use rate is that NADFMs diagnosed with ASD tend to be older than ADFMs (median age of 10 for NADFMs and 7 for ADFMs), and according to Figure 3, use rates decline substantially with age.

Figure 3



Expenditures for Physical/Speech/Occupational Therapy and Prescription Drugs

In addition to the \$313.7M in FY 2018 expenditures in the ACD, participating beneficiaries also use other TRICARE medical services for PT, SLT, and OT in both the purchased and direct care systems. Further, beneficiaries diagnosed with ASD also use the retail pharmacy, TRICARE Mail Order Pharmacy, and direct care pharmacy for prescription medications to treat behaviors impacting the symptoms of ASD, Attention Deficit Hyperactivity Disorder (ADHD), and related mental health conditions. The 14,820 TRICARE beneficiaries who participated in the ACD in FY 2018 received \$43.1M in PT, ST, and OT services (purchased care paid amounts and direct care full cost amounts) and \$15.6M in prescription medications. Combined expenditures increased by 7.3 percent in FY 2018, increasing from \$54.8M in FY 2017 to \$58.8M in FY 2018 (Table 4).

Table 4 - Historical Government Expenditures for PT/OT/ST and Prescription Medication for TRICARE ADFM and NADFM ACD Program Participants

FY	PT/SLT/OT Services	Prescription Medications ¹	Total
ADFM Participant Expenditures			
FY 2015	\$28,028,408	\$13,852,350	\$41,880,758
FY 2016	\$31,516,590	\$12,222,371	\$43,738,961
FY 2017	\$33,723,148	\$10,715,214	\$44,438,362
FY 2018	\$36,846,235	\$11,210,508	\$48,056,743
NADFM Participant Expenditures			
FY 2015	\$3,775,274	\$4,674,041	\$8,449,315
FY 2016	\$5,018,476	\$4,297,492	\$9,315,968
FY 2017	\$5,877,184	\$4,497,166	\$10,374,350
FY 2018	\$6,287,157	\$4,441,246	\$10,728,403
Total Participant Expenditures			
FY 2015	\$31,803,682	\$18,526,391	\$50,330,073
FY 2016	\$36,535,066	\$16,519,863	\$53,054,929
FY 2017	\$39,600,332	\$15,212,380	\$54,812,712
FY 2018	\$43,133,392	\$15,651,754	\$58,785,146
Source: MDR Data as of February 1, 2019			
Note: Include paid Government amounts for purchased care and full costs for the direct care.			
¹ /Includes medication for ASD, ADHD, and other types of mental health diagnoses.			

Provider Availability

Under the ACD, an authorized ABA supervisor plans, delivers, and supervises an ABA program subject to approval by the Managed Care Support Contractor (MCSC). Based on reports submitted by the MCSCs, as of January 31, 2019, there were 10,688 TRICARE-authorized ABA supervisors across all TRICARE regions, and there were 944 assistants and 22,839 BTs supporting authorized ABA supervisors. This totals 34,471 certified⁴ providers delivering ABA services to TRICARE beneficiaries.

⁴ TRICARE accepts certification through the Behavior Analysis Certification Board; Behavior Intervention Certification Council; and the Qualified Applied Behavior Analysis Certification Board.

DISCUSSION OF THE EVIDENCE REGARDING CLINICAL IMPROVEMENT OF CHILDREN DIAGNOSED WITH ASD

While there is some limited research suggesting early behavioral and developmental interventions (based on the principles of ABA services delivered in intensive and comprehensive programs) can significantly affect the development of some children diagnosed with ASD, not all children diagnosed with ASD receiving ABA services show improvements, and a recent (2018) Cochrane review of the research described the evidence as “weak.” The review also noted the quality of research was “low or very low.”⁵ The research literature available regarding ABA services predominantly consists of single-case design studies which does not meet criteria for “reliable evidence” under TRICARE standards.⁶ There are still methodological concerns limiting the strength of the research such as identified characteristics of children (including symptom severity), providers, and types of treatment for positive outcomes. These include frequency, intensity, duration, and treatment fidelity, few studies use a control group, few longitudinal studies demonstrate long-term effectiveness, and no replicate similar results.

Currently, there are no defined ASD treatment standards of care (SoC). Practice parameters have been developed by various interest groups to guide the assessment, diagnosis, and treatment of ASD but research has not been able to demonstrate effective and consistent results to identify a clear SoC. No one intervention has been shown to be beneficial across all core symptoms of ASD. Consensus among recognized national organizations endorse the use of a comprehensive program that includes PT, OT, ST, as well as ABA, all targeted at deficits in the areas of: social communication, language, play skills, maladaptive function/behaviors, and ongoing parent education. Research has demonstrated ABA services have produced the best results for targeted maladaptive behavior and the strongest intervention evidence appears to be for parent training and support.

The DoD continues to support evaluations into the nature and effectiveness of ABA services. The TRICARE Operations Manual (TOM) Change 199 implemented norm-referenced, valid, and reliable outcome measures; the data collection began on January 1, 2017. Currently, there are three outcome measures required under the ACD: the Vineland Adaptive Behavior Scale – Third Edition (Vineland – 3) which is a measure of adaptive behavior functioning; the Social Responsiveness Scale, Second Edition (SRS-2) which is a measure of social impairment associated with ASD; and the Pervasive Developmental Disabilities Behavior Inventory (PDDBI) which is a measure designed to assist in the assessment of various domains related to ASD. Additionally, the PDDBI is a measure designed to assess the effectiveness of treatments for children with pervasive developmental disabilities, including ASD, in terms of response to interventions. The outcome measure scores are completed and submitted to the MCSCs by eligible providers authorized under the ACD. The Vineland-3 and SRS-2 are required every 2 years and the PDDBI is required every 6 months.

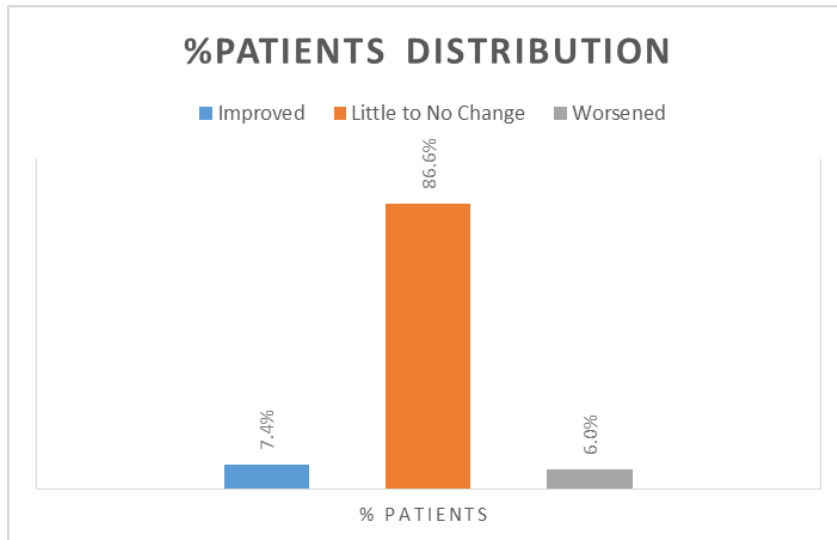
⁵ Reichow B, Hume K, Barton EE, Boyd BA. Early intensive behavioral intervention (EIBI) for young children with autism spectrum disorders (ASD). *Cochrane Database of Systematic Reviews* 2018, Issue 5. Art. No.: CD009260. DOI:10.1002/14651858.CD009260.pub3

⁶ Title 32, Code of Federal Regulations, part 199.2 (32 CFR 199.2) Definitions: “Reliable Evidence”

The DoD completed the first review of PDDBI scores for 1,577 beneficiaries in the West region. Current contract requirements did not specify reporting scores by outcome measure form type (Parent versus Teacher Form) and the East region MCSC complied with the reporting requirements, but their data could not be used due to an inability to determine what forms (Parent versus Teacher) were reported. The DoD noted this as a lesson learned and plans to change this requirement.

About 87 percent of (1365) beneficiaries made little to no change in their symptom presentation after 6 months of ABA services based on the analysis of the PDDBI scores displayed in Figure 4, the Autism Composite Score on the Parent Form of the PDDBI (a measure of lack of appropriate social communication skills along with repetitive/ritualistic behaviors). Of significance, six percent of the population had a decline of one Standard Deviation (SD) or more, indicating worsening symptom presentation. Only seven percent of the sample had a symptom presentation improvement (one SD or better) after 6 months of ABA services.

Figure 4



Also reviewed was the concordance/discordance between parent and teacher (or BCBA) completed forms. Of the 1,577 beneficiaries pulled for this analysis, 755 beneficiaries had both parent and teacher forms submitted for this reporting quarter. Approximately 60 percent of the completed parent and teacher forms were within 10 points or one SD of one another suggesting that there was agreement in more than half of the T-scores for the Autism Composite Score regarding the perception of symptom presentation. Of the remaining 40 percent where there was greater difference in scores (one SD or greater), 70 percent of the parents scored worse symptom presentation than the teacher or BCBA. According to the research regarding the PDDBI, there is a high degree of interrater reliability between parent and teacher forms. This discrepancy in TRICARE beneficiaries requires further exploration. The Government is currently compiling additional data to compare and analyze the next 6 months of scores.

DHA Annual TRICARE Quality Monitoring Contract (TQMC) ACD Audit

The DHA conducted the first TQMC audit of ACD in 2016. The purpose of this study was to conduct an audit of the TRICARE ACD that serves as a pilot study for the full implementation of the required annual audits that began in 2016. This audit provided valuable information regarding the ACD, the beneficiaries who utilize ABA services under the ACD, and the administration and compliance of the ACD as outlined in the TOM. The second audit has been completed; however, the report is not yet complete for inclusion in this report.

Congressionally Directed Medical Research Program (CDMRP) Study

To acquire additional information on ABA services under TRICARE, the DHA has been working with the CDMRP to award a contract to a research group to study ABA service delivery models. The CDMRP study was awarded to a research group from the University of Rochester in September 2018. This study will compare an “adaptive” model (20 hours or less per week) to the standard early intensive intervention (20 hours or more per week), including outcome measures for each group. The results of the CDMRP study will further the DHA’s understanding of the impact of ABA services delivered to ACD participants. Additionally, findings from this study may benefit the larger community of individuals diagnosed with ASD and their families in several ways, including but not limited to, offering more choices to families, potentially identifying response to treatment through predictive factors, and lowering cost while increasing access. This study will provide an annual report starting in 2020 and have a duration of 5 years.

Category I Current Procedural Terminology (CPT) Codes

TRICARE implemented new Category I CPT Codes titled Adaptive Behavior Services for the billing of ABA services on January 1, 2019. As with all CPT codes, these codes were developed by the American Medical Association for use in medical billing of specific procedures by qualified healthcare professionals. These ABA codes are currently listed on the Government No Pay List, as are many other Category I CPT codes. The ACD has a special processing code under the demonstration authority to reimburse for these specific CPT codes for ABA providers only. This change resulted in the elimination of reimbursement for supervision, as there is no Category I CPT code specifically for supervision of paraprofessional ABA providers by ABA supervisors. All other ABA services that were previously covered will continue to be covered under the ACD without change. Additionally, TRICARE-specific supervision requirements were also eliminated; however, certifying and licensing bodies for behavior analysis continue to require supervision as a criteria for certification. This change now allows ABA supervisors more flexibility in meeting the certifying bodies’ supervision requirements.

The focus for implementing this change was to ensure no disruption to beneficiary care, and to minimize the work required by providers related to this change. A communication plan, including multiple provider information sessions, materials posted to the health.mil web site, and informational messages sent to the provider’s e-mail and GovDelivery (a new form of proactive outreach that allows ACD parents, providers, and stakeholders to subscribe for ACD related information) lists accompanied this change. The DHA also hosted five meetings throughout December 2018 and January 2019 addressing a variety of stakeholders including three provider information meetings (attendee total approximately 1,400), one MTF meeting (attendee total

approximately 250), a briefing to the quarterly Military/Veterans Service Organizations, and two small group meetings with ABA stakeholders.

LESSONS LEARNED

Since implementation of the ACD in July 2014, the DoD has conducted 14 ACD round table and provider information session events. The most recent provider information session event was held on January 9, 2019. These events were well-attended, and senior officials listened to concerns, answered questions, and took matters for further analysis and action. DHA representatives have also presented in several behavior analytic annual conferences on medical documentation and have met with numerous experts in the field of autism care. The DHA received constructive feedback from each event and directly from interested stakeholders. The DHA greatly appreciates the participation of all interested parties and, through this process, gains additional insights about how to further refine and implement an optimum care delivery and reimbursement system for TRICARE beneficiaries diagnosed with ASD. Communication will continue with stakeholders, which is crucial to successful implementation of the comprehensive change that is underway.

Future Comprehensive Manual Revision

With the extension of the ACD to December 31, 2023, the Government is developing a comprehensive revision of the ACD that will, pending approval, significantly expand TRICARE services to beneficiaries diagnosed with ASD and their families, with a major emphasis on support to the family. The revision will also improve management and controls, and coordination of all services delivered to TRICARE beneficiaries diagnosed with ASD. These changes will not only improve the quality of and access to care and services, but will also improve accountability. In 2017, the Government released a request for information regarding ABA best practices to include management and oversight of an ABA program. Fourteen responses were received, which were followed by a 3-day industry day meeting where 13 organizations made presentations. Based on the information obtained, as well as lessons learned during the first 5 years of the ACD, the DHA determined that making significant changes to the ACD utilizing the existing MCSCs would be the most prudent, effective, and efficient way to make the needed changes to the ACD. Major areas of proposed improvement and program revisions will include:

- Creating a beneficiary and parent-centered model of care and support that encompasses all of the beneficiary and family's needs into one comprehensive approach. This will include incorporating all needed services into one treatment plan, and empowering parents to have a greater role in determining services for their child. It will also include treatment team meetings with participation by all providers treating the child with participation by the family (and when appropriate, the beneficiary). This will move the ACD from the current ABA-centric model to one focused on the beneficiary and family with the goal of helping the beneficiary with ASD reach his/her maximum potential.

- To support this model, the following changes are being proposed.
 - Specialized case management and/or care coordination assigned to each family, which are essential to the comprehensive management of this unique population. Case managers should manage the full range of care for both medical and behavioral health services. Case managers and/or care coordinators focus on the beneficiary, to include reviewing prior interventions, cultural factors, family resources as well as community resources, and can help determine appropriate treatment options. They will also help ensure beneficiaries receive needed services in a timely fashion. Case managers will provide a centralized focus around the special needs of military families including continuity of care as families transition from region to region due to permanent change of station or retirement from active duty. Families should have a single point-of-contact who guides them through the system related to their child's care.
 - Most health plans do not have clearly defined or well established criteria for the treatment and management of ASD. Utilization management is a critical element for a successful ACD treatment program. Several solutions to utilization management have introduced decision support for ASD, and the DHA is exploring such solutions as part of a way forward. The DHA will implement evidence based utilization management solutions that consistently review impairments, level of functioning, and treatment goals and protocols using standardized outcomes measures when possible/appropriate to ensure the needs of the beneficiary and family are being met.
 - Parental involvement and support is imperative to a beneficiary's success. Per available research, outcomes are better when parents are actively involved. Their participation in the process, and commitment to their child's ABA treatment plan with reinforcements or consequences, also enables the managed benefit to move from an external dependency to a family competence model for long term care. Evidence suggests that family support is the most effective modality for the treatment of ASD. If families cannot support intensive services for ASD, then family issues should be addressed first.
 - Additionally, parents of children diagnosed with ASD have a great deal of stress and need support. Thus, respite care is an important component of a supportive ABA program. The DHA currently offers 16 hours of respite care per month for active duty families under the Extended Care Health Option. Expansion of respite care to all families with a child who has a diagnosis of ASD was recommended, as it can provide needed relief and enhance parental involvement by means of resilience in the family members.

DoD Office of the Inspector General (OIG) Reports

The DoD OIG recently completed two audits of ABA services in the former TRICARE North and South Regions at the request of the Director, TRICARE Health Plan (THP). The audit results were released to the public on March 10, 2017 and March 16, 2018. The Director, THP requested this audit after a more limited audit of five large ABA providers in the former

TRICARE South Region. The DoD OIG found that beneficiary progress notes (medical records) either lacked documentation or had insufficient documentation to support the payment to the ABA companies. The DoD OIG recommended that the Director, DHA, revise policy to require the following:

“Annual comprehensive medical reviews on a statistically representative sample of ABA providers' claims for the TRICARE North, South, and West Regions (TRICARE East and West Regions as of January 1, 2018) to ensure an adequate number of claims are reviewed. Reviews should compare the beneficiaries' session notes to the providers' claims to determine whether all required documentation exists and adequately supports payments received. The reviews should cover claims from 2015 and all future years.”

The DHA concurred with the DoD OIG findings and recommendation. As a result, the DHA implemented policy changes to the TOM, Chapter 18, Section 4, ACD, on January 29, 2018. That change enhanced quality monitoring and better claims oversight and reflects the DoD OIG's recommendations for conducting annual comprehensive medical reviews of ABA providers' claims. A cost estimate was also completed by an independent government agency and it was determined that even when considering costs savings related to possible recoupments, it would cost nearly \$182M to review and reprocess all ABA claims from the former North Region during the recommended period from the audit.

NEW LEGISLATIVE AUTHORITIES REQUIRED TO IMPROVE THE PROVISION OF ABA SERVICES

There continues to be advocacy from beneficiaries, advocacy groups, legislators, and others, for the DoD to expand coverage of ABA services. Such TRICARE coverage expansions, however, are not discretionary. TRICARE Basic Program benefit coverage determinations must be based solely on the hierarchy of “reliable evidence” defined in federal regulation as follows.

1. Well-controlled studies of clinically meaningful endpoints, published in referred medical literature;
2. Published formal technology assessments;
3. Published reports of national professional medical associations;
4. Published national medical policy organization positions; and,
5. Published reports of national expert opinion organizations.⁷

As of now, ABA does not meet the TRICARE hierarchy of evidence standard for medical and proven care. Two well-respected medical review services, Hayes, Inc. and the Cochrane Review, in recent reviews (2018), found weak evidence for ABA services for the diagnosis of

⁷ 32 CFR 199.2

ASD. The DoD continues to track the literature for research on ABA services, and the CDMRP study noted above will also contribute to the field.

The DoD does not currently require additional authority from Congress to support providing ABA services because the current demonstration fully supports the TRICARE benefit in place. Additional authority may be needed at the end of the ACD, expected December 2023, after review and analysis of the ACD's goals: analyzing, evaluating, and comparing the quality, efficiency, convenience, and cost effectiveness of those ABA services that do not constitute the proven medical care provided under the medical benefit coverage requirements that govern the TRICARE Basic Program.

CONCLUSION

The DoD is committed to ensuring all TRICARE-eligible beneficiaries diagnosed with ASD reach their maximum potential, and that all treatment and services provided support this goal. At the end of FY 2018, there was a total of 14,820 beneficiaries with a diagnosis of ASD participating in the ACD with a cost of \$313.7M. Therefore, the DoD is pursuing a more effective method of delivering and validating the effectiveness of these ABA services. The DoD will implement the comprehensive revisions of the ACD through contract modification to the current managed care support contracts.

The ACD provides TRICARE reimbursement for ABA services delivered to TRICARE-eligible beneficiaries diagnosed with ASD. Based on the DHA's experience in administering ABA services under the ACD, including engagement with beneficiaries, providers, advocates, associations, and other payers, much more analysis and experience is required in order to determine the appropriate characterization of ABA services as a medical treatment, or other classifications, under the TRICARE program coverage requirements – to include further research and evaluation of the results, whether BCBAs may appropriately be recognized and treated as independent TRICARE authorized providers of a proven medical benefit, and what authorities are required to add ABA services as a permanent benefit under the TRICARE program – whether as a proven medical benefit or otherwise.

The first analysis of the PDDBI found the majority of TRICARE beneficiaries (86 percent) had little to no change in symptom presentation over the course of 6 months of ABA services. It may be that more time is required to see change; however, input on treatment progress should be collected in short intervals so that time does not pass with ineffective treatment. Additionally, the 40 percent discrepancy in responses between parents and teacher/BCBA is also of note suggesting the DHA should explore the possible reasons for the wide range in perceptions of symptom presentation, to include evaluating the utility of the parent form and of this measure generally. Further analysis is required to observe trends and utility. While it is concerning that 86 percent of the population saw little to no change, the MCSCs (with government oversight) will work with the providers to ensure effective treatment is being delivered.

The DoD has conducted a series of ACD round table discussions and provider information session events since implementation of the ACD. These events were well attended by various stakeholders and provided the DoD with invaluable feedback on how to improve the

delivery of ABA services. As the DoD revises the ACD as noted above, extensive communication, similar to that conducted with the recent CPT coding changes, will occur.

The DoD is committed to ensuring all TRICARE-eligible beneficiaries diagnosed with ASD reach their maximum potential, and that all treatment and services provided support this goal. TRICARE continues to be the most robust ABA benefit nationwide, as some commercial plans still have age, dollar, and duration limits. TRICARE is leading the nation in fielding an effective ABA program model as one component of comprehensive treatment for ASD. The DoD fully supports the continued research on the nature and effectiveness of ABA services, and the evolution of the field from an educational discipline toward a health care discipline.