



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

PERSONNEL AND
READINESS

JAN 18 2022

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

Dear Mr. Chairman:

The Department's response to Senate Report 114-255, page 205, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year (FY) 2017, on the effectiveness of the Autism Care Demonstration (ACD), is enclosed. The first-quarter report for FY 2021 covers data from October 1, 2020 to December 31, 2020.

Participation in the ACD by beneficiaries decreased slightly while providers accepting new beneficiaries increased during this reporting period. Outcome measures are not reported in this quarterly report. Changes to the ACD, published March 23, 2021, included several revisions to the outcome measures sections. Each of those changes is geared towards improving accurate and optimal outcome measures collection and analysis.

The comprehensive revision of the ACD will improve support to beneficiaries and their families by providing more information about Autism Spectrum Disorder (ASD) and linking beneficiaries to the right care at the right time. The Department is committed to ensuring military dependents diagnosed with ASD have timely access to medically necessary and appropriate applied behavior analysis services.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and families. I am sending a similar letter to the Committee on Armed Services of the Senate.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Mike D. Rogers
Ranking Member



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

PERSONNEL AND
READINESS

JAN 18 2022

The Honorable Jack Reed
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to Senate Report 114-255, page 205, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year (FY) 2017, on the effectiveness of the Autism Care Demonstration (ACD), is enclosed. The first-quarter report for FY 2021 covers data from October 1, 2020 to December 31, 2020.

Participation in the ACD by beneficiaries decreased slightly, while providers accepting new beneficiaries increased during this reporting period. Outcome measures are not reported in this quarterly report. Changes to the ACD, published March 23, 2021, included several revisions to the outcome measures sections. Each of those changes is geared towards improving accurate and optimal outcome measures collection and analysis.

The comprehensive revision of the ACD will improve support to beneficiaries and their families by providing more information about Autism Spectrum Disorder (ASD) and linking beneficiaries to the right care at the right time. The Department is committed to ensuring military dependents diagnosed with ASD have timely access to medically necessary and appropriate applied behavior analysis services.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and families. I am sending a similar letter to the Committee on Armed Services of the House of Representatives.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

Report to House and Senate Armed Services Committees



The Department of Defense Comprehensive Autism Care Demonstration Quarterly Report to Congress First Quarter, Fiscal Year 2021

**In Response to: Senate Report 114–255, Page 205, Accompanying S. 2943, the
National Defense Authorization Act for Fiscal Year 2017**

The estimated cost of this report or study for the Department of Defense is approximately \$320 for the 2021 Fiscal Year. This includes \$0 in expenses and \$320 in DoD labor.
Generated on 2021 Apr 26 RefID: F-4BFE03B

EFFECTIVENESS OF THE DEPARTMENT OF DEFENSE COMPREHENSIVE AUTISM CARE DEMONSTRATION

EXECUTIVE SUMMARY

This first quarterly report for Fiscal Year (FY) 2021 is in response to Senate Report 114–255, page 205, accompanying S. 2943, the National Defense Authorization Act for FY 2017, which requests the Department of Defense (DoD) provide a quarterly report on the effectiveness of the Comprehensive Autism Care Demonstration (ACD). Specifically, the committee requests the Department 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 was reported by the Managed Care Support Contractors (MCSCs), with oversight from the Government, and represents the timeframe from October 1, 2020 through December 31, 2020. Although the Defense Health Agency (DHA) has improved data collection reporting timeframes, the data may be underreported due to delays in receipt of claims.

As of December 31, 2020, approximately 15,695 beneficiaries were enrolled in the ACD where claims were filed for Applied Behavior Analysis (ABA) services. Total ACD program expenditures were \$385.6M in FY 2020. The number of States with average wait times from the date of referral to the first appointment for ABA services within access standards increased during this quarter meaning that, on average, more States met access to care standards (see Table 3 below for details). The average number of rendered ABA sessions is outlined by State in Table 6. These sessions were reported as the average number of paid hours per week per beneficiary, as the number of sessions does not represent the intensity or frequency of services. Further, conclusions about variations in ABA services utilization by locality cannot be confirmed due to the unique needs of each beneficiary. Although this report generally provides a summary on the outcome measures of the ACD, reporting of outcome measures will pause until the ACD manual changes, including changes that impact outcome measures, take effect and then are subsequently submitted to DHA for analysis.

BACKGROUND

ABA services are one of many services currently available to TRICARE covered beneficiaries who meet applicable criteria to mitigate symptoms of Autism Spectrum Disorder (ASD). Other medical services include, but are not limited to: speech and language therapy (SLP); occupational therapy (OT); physical therapy (PT); medication management; psychological testing; and psychotherapy. In June 2014, TRICARE received approval from the Office of Management and Budget to publish the ACD Notice in the Federal Register. In July 2014, three previous programs were consolidated to create the ACD. The ACD is based on limited demonstration authority with the goal of striking a balance that maximizes access while ensuring the highest 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-ADFM diagnosed with ASD. ABA services are not limited by the beneficiary's age, dollar amount spent, number of years of services, or number of sessions provided. All ABA services are provided through the private sector care component of the Military Health System.

The ACD began July 25, 2014 and was originally set to expire on December 31, 2018; however, an extension of the authority for the demonstration until December 31, 2023 was approved via a Federal Register Notice published on December 11, 2017. The Notice stated that additional analysis and experience are required in order to determine the appropriate characterization of ABA services as a medical treatment, or other modality, under the TRICARE program coverage requirements. By extending the demonstration authority, the Government will gain additional information about what services TRICARE beneficiaries are receiving under the ACD and how to most effectively target services where they will have the most benefit, collect more comprehensive outcomes data, and gain greater insight and understanding of the diagnosis of ASD in the TRICARE population.

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 during the period of October 1, 2020 through December 31, 2020 was 1,294. This was a decrease from the previous quarter (1,510). This decrease in referrals is consistent with the previous year's quarterly report. A breakdown by State is included in Table 1.

Table 1 – Number of New Referrals with Authorizations for ABA Services under the ACD

State	New Referrals with Authorization				
AK	12	KS	23	OH	16
AL	25	KY	22	OK	12
AR	4	LA	9	OR	2
AZ	15	MA	6	PA	6
CA	151	MD	25	RI	0
CO	48	ME	0	SC	32
CT	5	MI	7	SD	0
DC	2	MN	1	TN	32
DE	4	MO	11	TX	176
FL	97	MS	11	UT	5
GA	73	MT	3	VA	146
HI	47	NC	85	VT	1
IA	0	ND	4	WA	89
ID	3	NE	6	WI	3
IL	13	NH	2	WV	0
IN	11	NJ	7	WY	5
		NM	7	Total	1,294
		NV	18		
		NY	12		

2. The Number of Total Beneficiaries Enrolled in the Program

As of December 31, 2020, the total number of beneficiaries participating in the ACD was 15,695, a slight decrease from the last reporting period (15,808). This decrease in beneficiary enrollment is consistent with the previous year's quarterly report. A breakdown by State is included in Table 2 below.

Table 2 – Number of Total Beneficiaries Participating in the ACD

State	Total Beneficiaries Participating				
AK	120	KS	211	OH	132
AL	266	KY	258	OK	166
AR	42	LA	114	OR	18
AZ	240	MA	46	PA	90
CA	1834	MD	396	RI	16
CO	744	ME	8	SC	290
CT	53	MI	73	SD	14
DC	14	MN	9	TN	361
DE	38	MO	176	TX	1922
FL	1517	MS	138	UT	166
GA	724	MT	39	VT	5
HI	467	NC	1151	VA	1862
IA	6	ND	16	WA	933
ID	11	NE	83	WI	29
IL	192	NH	16	WV	6
IN	126	NJ	118	WY	47
		NM	62	Total	15,695
		NV	245		
		NY	85		

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

For 46 States and the District of Columbia, 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. For those States beyond the access to care standard, one State had access within 30 days, and three States were slightly past the standard (within 45 days). This reporting period had a notable increase in the number of States who met the access to care standard. The MCSCs reported that key factors impacting wait times are: families requesting an extension/delay in obtaining appointments, military medical treatment facility-directed referrals (where the named provider did not have timely access), family preferences to wait despite available appointments within access to care standards (specific provider, specific time, specific days, specific locations), families changing of providers after availability has been confirmed, providers waiting to complete an assessment to ensure they have treatment access or availability, and beneficiary preference to prioritize other services (SLP/OT/PT).

The MCSCs, with oversight from the Government, continue to review causative key factors. The MCSCs work diligently to identify available providers and build provider networks, and provide outreach to beneficiaries/families who require assistance with locating providers who can meet the needs of the beneficiary. A breakdown by State is included in Table 3 below.

Table 3 – Average Wait Time in Days

State	Average Wait Time (# days)				
AK	13	IN	30	NV	20
AL	28	KS	25	NY	9
AR	1	KY	21	OH	22
AZ	21	LA	3	OK	14
CA	21	MA	0	OR	0
CO	19	MD	41	PA	20
CT	12	ME	0	RI	0
DE	0	MI	47	SC	10
DC	10	MN	0	SD	0
FL	23	MO	15	TN	15
GA	21	MS	8	TX	19
HI	24	MT	0	UT	21
IA	0	NC	23	VA	22
ID	22	ND	0	VT	0
IL	27	NE	0	WA	23
		NH	19	WV	0
		NJ	45	WI	0
		NM	13	WY	0

4. The Number of Practices Accepting New Patients for Services Under the Program

For this reporting quarter, the number of ABA practices accepting new patients under the ACD is 6,474, an increase from the last reporting period (6,153). A breakdown by State is included in Table 4 below.

Table 4 – Number of Practices Accepting New Beneficiaries

State	Practices Accepting New Beneficiaries				
AK	13	IN	316	NY	123
AL	88	KS	17	OH	139
AR	41	KY	160	OK	48
AZ	16	LA	164	OR	6
CA	219	MA	98	PA	129
CO	59	MD	14	RI	12
CT	40	ME	184	SC	97
DC	10	MI	388	SD	1
DE	8	MN	110	TN	211
FL	1232	MO	128	TX	797
GA	300	MS	21	UT	17
HI	20	MT	5	VA	409
IA	9	NC	125	VT	6
ID	6	ND	5	WA	43
IL	372	NE	5	WV	13
		NH	26	WI	135
		NJ	68	WY	2
		NM	15	Total	6,474
		NV	4		

5. The Number of Practices No Longer Accepting New Patients Under the Program

The number of ABA practices that stopped or are currently at capacity for accepting new TRICARE beneficiaries for ABA services under the program is 211, which is a decrease from the previous reporting quarter (222). Of note, “at capacity” means that during the reporting period, the provider/practice was not able to take new cases, but they are still considered TRICARE authorized providers under the ACD. A breakdown by State is included in Table 5 below.

Table 5 – Number of Practices No Longer Accepting New Beneficiaries

State	Practices No Longer Accepting New Beneficiaries				
AK	0	IA	0	NY	0
AL	0	KS	0	OH	0
AZ	0	KY	1	OK	5
AR	0	LA	0	OR	0
CA	0	MA	33	PA	0
CO	0	MD	1	RI	0
CT	0	ME	0	SC	0
DE	0	MI	0	SD	0
DC	0	MN	0	TN	2
FL	9	MO	0	TX	101
GA	40	MS	2	UT	0
HI	0	MT	0	VT	0
ID	0	NC	9	VA	2
IL	1	ND	0	WA	0
IN	1	NE	0	WV	3
		NH	0	WI	0
		NJ	1	WY	0
		NM	0	Total	211
		NV	0		

6. The Average Number of Treatment Sessions Required by Beneficiaries

The average number of ABA sessions required by beneficiaries is difficult to answer in isolation. ABA research has not established a dose–response relationship between severity, treatment needs, and intensity of services. Additionally, ABA services may be one component of a comprehensive treatment plan for a beneficiary diagnosed with ASD. A comprehensive treatment plan may include SLP, OT, PT, psychotherapy, medications, etc., or other non-medical supports for the best outcomes for any one beneficiary. Therefore, the numbers outlined by State in Table 6 below, report only the average number of paid hours of 1:1 ABA services per week per beneficiary receiving services. The current average rendered hours by State of 1:1 ABA services is 10 hours per week. This average is consistent with previous reports of utilization from the two MCSCs. As noted in previous reports, we are unable to make conclusions about the variation in ABA services utilization by locality due to the unique needs of each beneficiary.

Table 6 – Average Hours Per Week Per Beneficiary

State	Average Hours/Week per Beneficiary				
AK	6	KS	7	OH	11
AL	13	KY	11	OK	11
AR	15	LA	10	OR	11
AZ	6	MA	9	PA	9
CA	7	MD	13	RI	3
CO	7	ME	9	SC	11
CT	12	MI	13	SD	12
DC	12	MN	9	TN	10
DE	10	MO	5	TX	15
FL	13	MS	13	UT	7
GA	12	MT	4	VT	23
HI	8	NC	12	VA	9
IA	6	ND	9	WA	7
ID	5	NE	6	WV	18
IL	5	NH	11	WI	13
IN	19	NJ	12	WY	6
		NM	8	Total	10
		NV	6	Average	
		NY	9	Hrs/Wk	

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, November 29, 2016, for the ACD included the evaluation of health-related outcomes through the requirement of norm-referenced, valid, and reliable outcome measures; the data collection began on January 1, 2017. As of the date of this reporting period, three outcome measures are required under the ACD: the Vineland Adaptive Behavior Scales, Third Edition (Vineland-3) is a measure of adaptive behavior functioning; the Social Responsiveness Scale, Second Edition (SRS-2) is a measure of social impairment associated with ASD; and the Pervasive Developmental Disorder Behavior Inventory (PDDBI) 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 by eligible providers authorized under the ACD and submitted to the MCSCs. The Vineland-3 and SRS-2 are required at baseline and every two years thereafter, and the PDDBI is required at baseline and every 6 months thereafter.

As of March 23, 2021, DHA published a revision to the ACD that revised the outcome measures requirements. Specifically, changes to the outcome measures include: removal of the referral requirement for the specialized ASD provider who cannot complete the measures (allowing faster access to all options for completing the measures); removing the one-year grace period to complete the initial outcome measures (requiring measures to be completed prior to treatment authorization); revising the timeline for two outcome measures completion from every two years to annually, and the addition of the parent stress measures. Each of these changes is geared towards improving accurate and optimal outcome measures that will inform both the individual beneficiary's progress, but also the effectiveness of ABA services under the ACD. As a result, DHA will pause reporting outcome measures until the policy change revisions take effect and DHA has received data in accordance with these changes. DHA anticipates that the next annual report will be the first report to incorporate implemented changes.

CONCLUSION

As of December 31, 2020, 15,695 beneficiaries were participating in the ACD. The number of referrals decreased over the reporting period. The number of providers continues to increase. The average number of States that met access to care standards increased over the last quarter. Determining health-related outcomes continues to be an important requirement of the ACD. The DHA made several changes in the policy revisions published on March 23, 2021. Until these changes take effect and data in accordance with these changes is submitted, the DHA will pause reporting outcome measures.

DHA remains committed to ensuring all TRICARE-eligible beneficiaries diagnosed with ASD reach their maximum potential and all treatment and services provided support this goal. To that end, the changes published aim to improve support to beneficiaries and their families and empower them to make the best choices about their care by providing more information about ASD and potential service and treatment options, linking beneficiaries to the right care and right services at the right time, and increasing utilization of services by eligible family members (especially parents). The improvements aim to create a beneficiary- and parent-centered model of care and support that encompasses all of the beneficiary's and family's needs into one comprehensive approach focused on the use of evidence-based interventions. The changes also aim to improve data collection and reporting abilities. The DHA hosted four webinars detailing the changes and the impact to beneficiaries and providers. Each webinar had over 400 participants in attendance. Additionally, all recording and briefings are available at www.health.mil/autism. The DHA will continue to field questions as this policy change is implemented.