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

PERSONNEL AND READINESS

FEB 17 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 fourth-quarter report for FY 2020 covers data from July 2020 to September 2020.

Participation in the ACD by both beneficiaries and providers increased during this reporting period. This reporting period includes the next quarter of months during the coronavirus disease 2019 (COVID-19) pandemic period. Initial findings of the impact of this pandemic period demonstrated a slight increase in parent participation in beneficiary treatment as a result of the decision to allow unlimited usage of the telehealth platform for provision of family adaptive behavior treatment guidance to parents or caregivers. However, parent participation quickly declined after the second month. Clinical outcomes are not reported until the impact of COVID-19 on applied behavior analysis services delivery is analyzed.

A comprehensive rewrite of the ACD, published on March 23, 2021, is improving support to beneficiaries and their families by providing more information about autism spectrum disorder and linking beneficiaries to the right care at the right time. The Department is committed to ensuring military dependents diagnosed with autism spectrum disorder have timely access to medically necessary and appropriate applied behavior anlaysis 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,

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

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PERSONNEL AND READINESS

FEB 17 2022

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

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Sincerely,

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Mike D. Rogers
Ranking Member

Report to Congressional Armed Services Committees

The Department of Defense Comprehensive Autism Care Demonstration Quarterly Report to Congress Fourth Quarter, Fiscal Year 2020

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 DoD is approximately $320 for the 2020 Fiscal Year. This includes $0 in expenses and $320 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 of Defense 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 July 1, 2020 through September 30, 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 September 30, 2020, approximately 15,808 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 decreased during this quarter as described in Table 3 below. 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, the coronavirus disease 2019 (COVID-19) pandemic may have had an impact on the overall utilization and potentially a subsequent impact on outcome measures. Therefore, while this report does not contain any analysis of outcome measures, DHA will analyze the impact that COVID-19 may have had on this beneficiary population.

BACKGROUND

ABA services are one of many services currently available to eligible TRICARE beneficiaries 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 (ADFMs) and non-ADFMs 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. Additionally, several innovative programs are ongoing at military medical treatment facilities (MTFs) to support beneficiaries diagnosed with ASD and their families. Several of these programs are described in more detail in the 2020 Annual Report (https://health.mil/Reference-Center/Congressional-Testimonies/2020/06/25/Annual-Report-on-Autism-Care-Demonstration-Program).

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 issued 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 July 1, 2020 through September 30, 2020 was 1,510. This was an increase from the previous quarter (1,131). Both the East and West TRICARE regions received increasing numbers of referrals each month, and several States had double the number of referrals this reporting period compared to the previous reporting period. 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	9
AL	17
AR	2
AZ	21
CA	169
CO	74
CT	5
DC	1
DE	6
FL	120
GA	94
HI	44
IA	1
ID	1
IL	20
IN	15
KS	20
KY	30

LA	13
MA	2
MD	34
ME	3
MI	2
MN	1
MO	24
MS	10
MT	9
NC	113
ND	4
NE	10

NH	2
NJ	12
NM	6
NV	12
NY	8
OH	8
OK	22
OR	3
PA	15
RI	0
SC	38
SD	1

TN	38
TX	183
UT	16
VA	175
VT	0
WA	85
WI	5
WV	0
WY	7
Total	**1,510**

2. The Number of Total Beneficiaries Enrolled in the Program

As of September 30, 2020, the total number of beneficiaries participating in the ACD was 15,808, a slight increase from the last reporting period (15,450). 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	130
AL	270
AR	42
AZ	246
CA	1796
CO	762
CT	48
DC	17
DE	37
FL	1531
GA	738
HI	445
IA	4
ID	7
IL	192
IN	128

KS	219
KY	256
LA	122
MA	54
MD	405
ME	9
MI	78
MN	7
MO	174
MS	137
MT	46
NC	1170
ND	15
NE	86
NH	15
NJ	128
NM	63
NV	243
NY	89

OH	120
OK	179
OR	15
PA	99
RI	21
SC	289
SD	10
TN	369
TX	1900
UT	165
VT	2
VA	1883
WA	966
WI	28
WV	8
WY	45
Total	**15,808**

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

For 35 States and the District of Columbia, the average wait time from date of referral to the first appointment for ABA services under the program was within the 28-day access standard for specialty care. For those States beyond the access to care standard, 7 States had access within 35 days, 4 States slightly past the standard (within 42 days), and 5 States that notably exceeded the standard (43 days or more). This reporting period had a notable decrease 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, MTF-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 to be beneficiary. A breakdown by State is included in Table 3 below.

Table 3 – Average Wait Time in Days

State	Average Wait Time (# days)
AK	30
AL	14
AR	8
AZ	45
CA	37
CO	29
CT	27
DE	47
DC	34
FL	17
GA	16
HI	32
IA	0
ID	0
IL	28
IN	25
KS	36
KY	16
LA	14
MA	59
MD	24
ME	0
MI	66
MN	0
MO	27
MS	19
MT	0
NC	21
ND	0
NE	0
NH	37
NJ	14
NM	44
NV	35
NY	8
OH	23
OK	29
OR	0
PA	18
RI	0
SC	23
SD	0
TN	18
TX	25
UT	36
VA	21
VT	0
WA	7
WV	0
WI	27
WY	27

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 was 6,153, an increase from the last reporting period (5,549). 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
AL	75
AR	40
AZ	16
CA	219
CO	59
CT	40
DC	10
DE	11
FL	1240
GA	261
HI	20
IA	8
ID	6
IL	340
IN	320
KS	17
KY	151
LA	130
MA	78
MD	14
ME	172
MI	356
MN	103
MO	121
MS	19
MT	5
NC	118
ND	5
NE	5
NH	24
NJ	75
NM	15
NV	4
NY	127
OH	137
OK	42
OR	6
PA	121
RI	11
SC	103
SD	1
TN	190
TX	750
UT	17
VA	370
VT	7
WA	43
WV	13
WI	123
WY	2
Total	**6,153**

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 was 222, which is a slight increase from the previous reporting quarter (206). 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
AL	0
AZ	0
AR	0
CA	0
CO	1
CT	0
DE	0
DC	0
FL	8
GA	35

HI	0
ID	0
IL	3
IN	1
IA	0
KS	0
KY	1
LA	0
MA	41
MD	1
ME	1
MI	1
MN	0
MO	0

MS	2
MT	0
NC	10
ND	0
NE	0
NH	0
NJ	1
NM	0
NV	0
NY	0
OH	0
OK	6
OR	0
PA	0

RI	0
SC	0
SD	0
TN	2
TX	104
UT	0
VT	0
VA	3
WA	0
WV	1
WI	0
WY	0
Total	**222**

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 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
AL	15
AR	15
AZ	7
CA	8
CO	9
CT	10
DC	9
DE	7

FL	14
GA	14
HI	7
IA	4
ID	4
IL	12
IN	24
KS	7
KY	14
LA	9
MA	14
MD	13

ME	20
MI	13
MN	4
MO	6
MS	12
MT	4
NC	14
ND	6
NE	7
NH	7
NJ	11
NM	10

NV	7
NY	10
OH	11
OK	13
OR	11
PA	10
RI	8

SC	12
SD	11
TN	12
TX	16
UT	8
VT	13
VA	10

WA	8
WV	11
WI	17
WY	6
Total Average Hrs/Wk	**10**

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. Currently, 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.

While DHA continues to collect outcome measures from ACD participants, this reporting period continues through the COVID-19 pandemic, which may have had an impact on access to ABA services, treatment utilization, and subsequent outcome measures. In response to the COVID-19 pandemic, TRICARE authorized an exception to the ACD policy regarding the use of telehealth (TH) capabilities for ABA services specifically during this period. Effective March 31, 2020, TRICARE authorized the unlimited use of Current Procedural Terminology (CPT) code 97156 "Family Adaptive Behavior Treatment Guidance" via only synchronous (real-time HIPAA compliant two-way audio and video) TH services to beneficiaries with an authorization from the contractors. The initial period of exception was authorized through May 31, 2020, but was subsequently extended through the end of the public health emergency declared by the President. The impact of the COVID-19 period and outcomes measures during this period will be analyzed in a future report.

While this report does not report on the outcome measures collected during this pandemic period, this report describes initial findings regarding ABA services utilization for the COVID-19 provision. Table 7 displays the initial finding of the utilization of CPT Code 97156 (Family Adaptive Behavior Treatment Guidance) over a 7-month period, including the impact of the exception to the ACD policy regarding the unlimited use of this CPT code. Table 7 describes individual beneficiary utilization of the parent training code for both in-person and via TH. Reported below is the total number of hours rendered as well as the average number of hours

utilized per beneficiary. The final column, Beneficiary Count Total Percent, represents the percentage of participation compared to the total number of beneficiaries for that month. While overall parent engagement/participation and average number of hours increased initially during the pandemic period (25 percent in March to 46 percent in April), utilization remains low both in beneficiary count and number of rendered hours per month for both in-person and via TH. Note that the highest average utilization of the unlimited provision for parent training via TH is 4.41 hours for the month of April (1 hour per week). Additionally, after the initial peak utilization (April 2020), parent engagement consistently declined month after month for both in-person and TH rendered services.

Table 7 – Utilization of CPT Code 97156 "Family Adaptive Behavior Treatment Guidance" During the COVID-19 Pandemic Period

	CPT Code 97156 - in person			CPT Code 97156 - via TH			
Date	Unique Beneficiary Count	Total # of Rendered Hrs	Average Hrs by Month	Unique Beneficiary Count	Total # of Rendered Hrs	Average Hrs by Month	Beneficiary Count Total %
2020-03	3,674	6654	1.81	213	301	1.41	24%
2020-04	4,105	15884	3.87	2,974	13,108	4.41	46%
2020-05	3,861	12791	3.31	2,412	10,096	4.19	41%
2020-06	3,652	9370	2.57	1,274	4,499	3.53	32%
2020-07	3,605	9383	2.60	1,192	4,591	3.85	30%
2020-08	2,969	7405	2.49	769	2,859	3.72	24%

Additional analyses tracking the impact of COVID-19 on ABA services utilization and outcome measures will be included in the next Annual Report for the ACD.

CONCLUSION

As of September 30, 2020, 15,808 beneficiaries were participating in the ACD. The number of referrals increased over the reporting period. The number of providers continued to increase as well. The average number of States that met access to care standards decreased over the last quarter; however, the reasons for delays primarily relate to parent choice. The increase in referrals indicates that beneficiaries are able to engage with various providers despite the COVID-19 impact. The initial findings of the exception to policy provision allowing the unlimited use of parent training during the pandemic period demonstrated an increase in the number of users as well as number of hours during the initial months of COVID-19 pandemic. However, both users and average number of hours declined, and continue to decline, after the second month into the COVID -19 pandemic. DHA will continue to monitor CPT code usage, including the pandemic exception to policy provision regarding CPT code 97156. Additionally, determining health-related outcomes continues to be an important requirement added to the ACD. However, it is important to view these measures within the context of this unique period. The next Annual Report will provide detailed analyses of outcome measures to include any potential impact of the pandemic period.

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, DHA published significant changes to the ACD on March 23, 2021. These changes 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. DHA will host several provider information sessions and stakeholder meetings detailing the changes and the impact to beneficiaries and providers.