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

PERSONNEL AND
READINESS

APR 26 2023

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, "TRICARE Comprehensive Autism Care Demonstration Program," is enclosed. Senate Report 114–255, page 205, requests that the Secretary of Defense provide a quarterly report on the effectiveness of the Comprehensive Autism Care Demonstration (ACD). Enclosed is the second quarter report for FY 2022 that covers data from January 2022 to March 2022.

Beneficiary referrals increased during this reporting period while overall participation decreased slightly. Applied behavior analysis (ABA) providers continue to submit applications to become TRICARE-authorized providers. The average number of rendered hours and outcome measures are not reported in this quarterly report. Updates to the ACD, published March 23, 2021, included several revisions to improve accurate and optimal data collection and analysis. The next annual report will begin reporting on data that was a result of this policy update.

The Department is committed to ensuring military dependents diagnosed with autism spectrum disorder have timely access to medically necessary and appropriate ABA services. Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending a similar letter to the House Armed Services Committee.

Sincerely

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Roger F. Wicker
Ranking Member

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

PERSONNEL AND
READINESS

APR 26 2023

The Honorable Mike D. Rogers
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, "TRICARE Comprehensive Autism Care Demonstration Program," is enclosed. Senate Report 114–255, page 205, requests that the Secretary of Defense provide a quarterly report on the effectiveness of the Comprehensive Autism Care Demonstration (ACD). Enclosed is the second quarter report for FY 2022 that covers data from January 2022 to March 2022.

Beneficiary referrals increased during this reporting period while overall participation decreased slightly. Applied behavior analysis (ABA) providers continue to submit applications to become TRICARE-authorized providers. The average number of rendered hours and outcome measures are not reported in this quarterly report. Updates to the ACD, published March 23, 2021, included several revisions to improve accurate and optimal data collection and analysis. The next annual report will begin reporting on data that was a result of this policy update.

The Department is committed to ensuring military dependents diagnosed with autism spectrum disorder have timely access to medically necessary and appropriate ABA services. Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending a similar letter to the Senate Armed Services Committee.

Sincerely,

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

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

TRICARE Comprehensive Autism Care Demonstration Program

April 2023

The estimated cost of this report or study for the Department of Defense is approximately $240.00 for the 2022 Fiscal Year. This includes $0 in expenses and $240.00 in DoD labor.
Generated on 2022SEP06
RefID: E-BEA36A2

EXECUTIVE SUMMARY

This second quarterly report for Fiscal Year (FY) 2022 is in response to Senate Report 114–255, page 205, accompanying S. 2943, the National Defense Authorization Act for FY 2017, "TRICARE Comprehensive Autism Care Demonstration Program," which requests that the Secretary of Defense provide a quarterly report on the effectiveness of the Comprehensive Autism Care Demonstration (ACD). Specifically, the House and Senate Armed Services Committees requested 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 represent the time frame from January 1, 2022 through March 31, 2022. Although the Defense Health Agency (DHA) has improved data collection reporting time frames, the data may be underreported due to delays in receipt of claims.

With the ACD policy update (published March 23, 2021), data reporting requirements were also revised. Therefore, this report is the fourth to report revised data, although not all information is available at the time of this reporting quarter. As of March 31, 2022, there were 1,961 new referrals to the ACD with approximately 16,493 beneficiaries enrolled in the ACD. The total ACD expenditures were $430.3 million (M) in FY 2021. The number of States with average wait times from the date of referral to the first appointment for applied behavior analysis (ABA) services within access standards decreased during this quarter (see Table 3 below for details). Tables 4 and 5 represent the number of ABA providers under the ACD. Lastly, additional revisions were made to the outcome measures reporting with this policy update. Since the format and elements are revised, comparison data is not presently available. Therefore, outcome measure findings will be reported in the next annual report.

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 Pathology (SLP); Occupational Therapy (OT); Physical Therapy (PT); medication management; psychological testing; and, psychotherapy.

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 demonstration ensures consistent ABA service coverage for all eligible TRICARE 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. However, all ABA services must be clinically necessary and appropriate and target the core symptoms of ASD. All ABA services rendered by

ABA providers 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, it was extended to 2028 via a Federal Register Notice published August 4, 2022.

RESULTS

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

The number of new referrals for ABA services under the ACD during the period of January 1, 2022 through March 31, 2022, was 1,961. This number of referrals was an increase from the previous quarter (1,808). It is important to note that as a referral is only one component of enrollment into the ACD, not all referrals result in a subsequent enrollment or authorizations. For example, a referral may be submitted without the administration of a validated assessment tool or documentation of the diagnostic criteria, therefore resulting in an incomplete referral. DHA added non-clinical support services for all beneficiaries with incomplete referrals to ensure these beneficiaries meet all eligibility components for successful enrollment in the ACD. Additionally, a referral may be submitted in one quarter and enrollment may result in a subsequent quarter. A breakdown by State is included in Table 1.

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

State	New Referrals with Authorization
AK	12
AL	36
AR	5
AZ	41
CA	231
CO	78
CT	9
DC	0
DE	5
FL	182
GA	113
HI	91
IA	2
ID	8
IL	18
IN	12
KS	36
KY	34
LA	19
MA	8
MD	38
ME	0
MI	6
MN	1
MO	20
MS	19
MT	4
NC	125
ND	4
NE	5
NH	5
NJ	7
NM	14
NV	26
NY	15
OH	15
OK	24
OR	1
PA	7
RI	0
SC	52
SD	5
TN	52
TX	233
UT	15
VA	196
VT	0
WA	123
WI	4
WV	0
WY	5
Total	**1,961**

2. The Number of Total Beneficiaries Enrolled in the Program

As of March 31, 2022, the total number of beneficiaries participating in the ACD was 16,493; a decrease from the last reporting period (16,877). Of note, while there are 16,493 beneficiaries with an active authorization, only 11,734 had a claim filed during this reporting period, meaning that 29 percent of the beneficiaries with an authorization likely did not receive any ABA services during the quarter. One reason for this discrepancy may be that claim submissions may not have been submitted during this reporting period, which would result in an underrepresention of utilization this quarter. 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	146
AL	253
AR	39
AZ	296
CA	2318
CO	887
CT	57
DC	13
DE	33
FL	1506
GA	722
HI	609
IA	16
ID	26
IL	202
IN	86
KS	242
KY	220
LA	102
MA	45
MD	2
ME	366
MI	62
MN	9
MO	181
MS	135
MT	44
NC	1100
ND	25
NE	92
NH	15
NJ	109
NM	79
NV	308
NY	73
OH	130
OK	128
OR	24
PA	56
RI	16
SC	271
SD	15
TN	362
TX	2067
UT	194
VT	1
VA	1639
WA	1090
WI	22
WV	11
WY	49
Total	**16,493**

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

For 34 States, the average wait time from date of verified referral to the first appointment for ABA services under the program is within the 28-day Access-To-Care (ATC) standard for specialty care. For the States and the District of Columbia that were beyond the ATC standard, five States had access within 1 week of the ATC standard, one State within 2 weeks of the ATC standard, one State within 3 weeks of the ATC standard, and ten States exceeded the ATC standard by more than 4 weeks. 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 ATC standards (specific provider, specific time, specific days, specific locations); families changing providers after availability had

been confirmed; providers waiting to complete an assessment to ensure they have treatment access or Behavior Technician (BT) 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, 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	0
AL	72
AR	65
AZ	28
CA	29
CO	7
CT	59
DE	68
DC	65
FL	53
GA	53
HI	28
IA	0
ID	0
IL	29
IN	0
KS	0
KY	27
LA	73
MA	0
MD	48
ME	0
MI	0
MN	0
MO	24
MS	27
MT	0
NC	25
ND	0
NE	0
NH	0
NJ	23
NM	0
NV	18
NY	19
OH	59
OK	18
OR	0
PA	0
RI	2
SC	42
SD	0
TN	26
TX	23
UT	35
VA	32
VT	0
WA	29
WV	134
WI	0
WY	0

4. <u>The Number of Practices Accepting New Patients for Services under the Program</u>

As part of the ACD policy update, DHA revised the reporting requirements to report the number of unique ABA providers, as identified by their individual National Provider Identifier (NPI) who are authorized to render ABA services under the ACD. The total number of unique authorized ABA providers within the East and West regions is 78,948 (20,482 authorized ABA supervisors; 1,432 assistant behavior analysts; and, 57,034 BTs). Since referrals can be authorized to only the authorized ABA supervisor or ABA practice, highlighted below are the number of new authorized ABA supervisors certified or credentialed by State (725). The previous quarter added 582 authorized ABA supervisors to the demonstration. A breakdown by State is included in Table 4 below.

Table 4 – Number of Unique Authorized ABA Supervisors New to the ACD

State	New Authorized ABA Supervisors
AK	6
AL	3
AR	3
AZ	34
CA	131
CO	72
CT	6
DC	0
DE	3
FL	48
GA	19
HI	33
IA	1
ID	2
IL	17
IN	5
KS	3
KY	5
LA	4
MA	10
MD	2
ME	11
MI	35
MN	5
MO	11
MS	1
MT	2
NC	10
ND	3
NE	6
NH	1
NJ	12
NM	14
NV	11
NY	1
OH	6
OK	4
OR	7
PA	10
RI	0
SC	7
SD	1
TN	8
TX	68
UT	13
VA	18
VT	0
WA	40
WV	0
WI	7
WY	6
Total	**725**

5. <u>The Number of Practices No Longer Accepting New Patients under the Program</u>

As part of the ACD policy update, DHA revised the reporting requirements to report the number of unique authorized ABA supervisors, as identified by their individual NPI, who have terminated their authorized ABA provider status with the East or West region contractor. The total number of terminated ABA supervisors with unique NPIs in this reporting quarter is 63. A breakdown by State is included in Table 5 below.

Table 5 – Number of ABA Supervisors who Terminated their TRICARE Status

State	Terminated ABA Supervisor
AK	2
AL	0
AZ	5
AR	0
CA	10
CO	3
CT	0
DE	0
DC	0
FL	0
GA	2
HI	6
ID	0
IL	0
IN	3
IA	0
KS	1
KY	0
LA	0
MA	0
MD	1
ME	1
MI	0
MN	0
MO	1
MS	1
MT	0
NC	0
ND	2
NE	2
NH	0
NJ	1
NM	0
NV	2
NY	0
OH	2
OK	1
OR	0
PA	2
RI	1
SC	1
SD	0
TN	0
TX	0
UT	4
VT	0
VA	2
WA	4
WV	1
WI	1
WY	1
Total	**63**

6. <u>The Average Number of Treatment Sessions Required by Beneficiaries</u>

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, or other non-medical support for the best outcomes for any one beneficiary. Therefore, DHA reported the average number of paid hours of one-to-one ABA services per week per beneficiary receiving services. 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.

With the ACD policy update and revisions to the reported data, DHA revised the data requirement so that utilization data and authorization dates are reported. However, since beneficiary authorization start and end dates do not align with each quarter, and claims data is often incomplete at the time of the reporting period, utilization trends will be reported in the next annual report.

7. Health-Related Outcomes for Beneficiaries under the Program

DHA continues to support evaluations on the nature and effectiveness of ABA services. As of the date of this reporting period, three clinical outcome measures were required under the ACD: the Vineland Adaptive Behavior Scales, 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 Disorder 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 measures are completed by eligible providers (PDDBI completed by Board Certified Behavior Analysts only, remaining measures 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 2 years thereafter, and the PDDBI is required at baseline and every 6 months thereafter.

The March 23, 2021 ACD policy update published a revision to the outcome measures' requirements. Specifically, revisions 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 and eligible providers for completing the measures); removing the 1-year grace period to complete the initial outcome measures (requiring measures to be completed prior to treatment authorization and reauthorization); and, revising the timeline for two outcome measures' completion from every 2 years to annually. The ACD policy update also added the parent stress measures, not as an outcome of ABA effectiveness, but rather as a measure to assess parental stress and the impact of the comprehensive services offered under the policy update to reduce parent stress. Each of these revisions was designed to improve accurate and optimal outcome measures that will inform the individual beneficiary's progress, and on the effectiveness of ABA services under the ACD, as well as overall program effectiveness. Data collection and reporting of the revised requirements have begun. However, to begin analyses, sufficient data must be completed and submitted. DHA anticipates that the next annual report will be the first report to incorporate the implemented revisions regarding the outcome measures.

CONCLUSION

DHA made several policy revisions and updates to facets of the ACD such as data collection and reporting, which were published on March 23, 2021. Therefore, this report continues to convey a portion of the revisions while other requirements are transitioning to the new format and are currently incomplete. As of March 31, 2022, 16,493 beneficiaries were participating in the ACD. The number of referrals increased over the reporting period. The number of providers, now reported by unique NPIs, continues to increase as evidenced by the 725 authorized ABA supervisors newly added under the ACD. The average number of States that met ATC standards decreased over the last quarter. Determining health-related outcomes continues to be an important requirement of the ACD. However, until the outcome measures' revisions take effect and data is received in accordance with these revisions and updates, the DHA continues to pause reporting outcome measures in the quarterly reports.

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 policy revisions and updates published March 23, 2021, 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 the beneficiary's and family's needs into one comprehensive approach focused on the use of evidence-based interventions. The policy revisions and updates also aim to improve data collection and reporting abilities. DHA will continue to field questions as the policy updates are implemented.