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The Comprehensive Autism Care Demonstration

Solutions for Military Families

Report Release Webinar

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REPORT BRIEFING



The Comprehensive Autism Care Demonstration

Solutions for Military Families

Consensus Study Report

New Report!

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of the report, go to nap.edu

Study Sponsor

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Committee Findings and Recommendations



Statement of Task

- Charge and questions to the committee articulated in Section 737 of Public Law 117-81, FY 2022 NDAA and amended in FY 2023 NDAA.
- Committee asked to conduct an independent analysis of DoD's Comprehensive Autism Care Demonstration.
- The demonstration is a pilot mechanism to provide and evaluate the delivery of applied behavior analysis, also referred to as ABA, to TRICARE-eligible beneficiaries with an autism diagnosis
- The report is the deliverable of the independent analysis and presents the committee's review of the scientific literature and of other information available to it. The report also provides background on autism, ABA, and the demonstration.
- The final chapter, Chapter 7, summarizes the committee's findings and offers five recommendations.

Recommendations to the Defense Health Agency

- 1) Discontinue the ACD and authorize coverage of ABA as a Basic benefit under the TRICARE program
- 2) Eliminate the requirement to administer a specific set of assessment tools (PDDBI, SRS, Vineland-3) as well as the parenting stress indices, though encourage individualized assessments
- 3) Reduce administrative barriers that limit flexibility and access to ABA services for military-connected families
- 4) Align TRICARE ABA coverage policies with generally accepted standards of care
- 5) Establish an advisory council for further guidance

Autism Diagnosis

ABA Coverage in the Military Health System

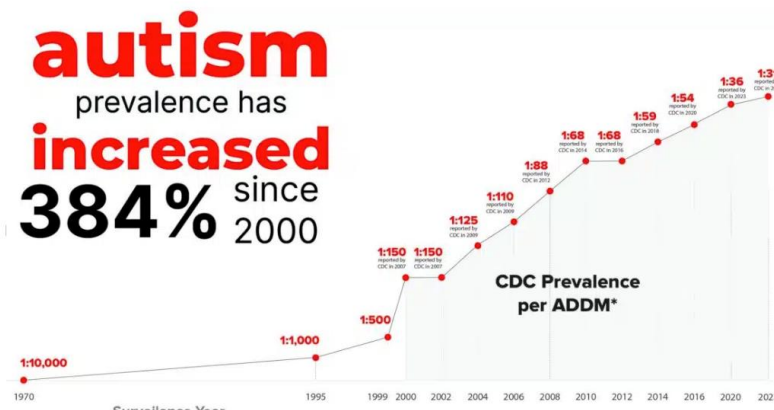


SHIFTS IN THE UNDERSTANDING OF AUTISM AND PROVISION OF ABA

Autism Diagnosis and Prevalence

- Autism Spectrum Disorder (ASD) is a complex, lifelong, neurodevelopmental condition
- Limited information comparing autism prevalence between military versus non-military communities
- More licensed providers are diagnosing children with autism and manage their care
- Applied behavior analysis (ABA) is one of a variety of interventions for autism and the focus in the report

New CDC Data Show Autism Rates Soar: 1 in 31 U. S. Children Diagnosed



Source: The Autism Community in Action
Note: ADDM, CDC's Autism and Developmental Disabilities Monitoring Network

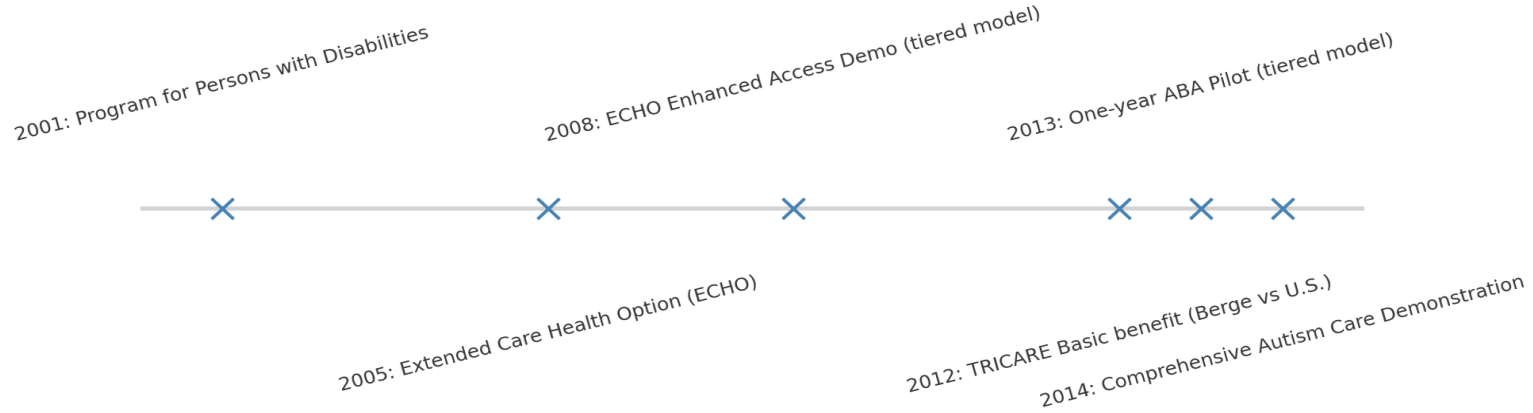
Applied Behavior Analysis (ABA)

- Applied Behavior Analysis (ABA) is the application of learning theory and behavior analytic principles, using knowledge from science to develop interventions to teach helpful skills and reduce harmful behaviors.
- The nature of ABA services has evolved, with the common format expanding from clinic-based therapy to interventions in naturalistic contexts such as home, community, and developmentally appropriate activities.
- ABA is an evidence-based **scientific approach to understanding and changing behavior**.
 1. In delivery of ABA, trained providers observe and record data on one's behavior to examine how it is affected by the environment and how one learns
 2. ABA providers (e.g., Board Certified Behavior Analysts) create support plans to help people
 - a. **Increase positive behaviors** (like communication, social skills, or self-care)
 - b. **Decrease challenging ones** (like aggression or unsafe actions).

History of ABA Services in the Military Health System

- From 2001, ABA coverage under TRICARE has evolved from the Program for Persons with Disabilities to ECHO programs and demonstrations, through legal rulings and pilot programs, culminating in the 2014 launch of the Comprehensive Autism Care Demonstration.

Timeline of ABA Services to Military-Connected Families



Comprehensive Autism Care Demonstration (ACD)

- Established in 2014
- Key Dates
 - FY 2017, Quarterly reports were requested by Congress
 - Initiated required set of standardized assessment tools (PDDBI, SRS, Vineland-3) for participants.
 - FY 2018, ACD authority extended to December 31, 2023
 - FY 2021, DHA released an extensive policy revision for the ACD. Notable changes included:
 - DSM-5 checklist
 - Parenting stress indices
 - Autism Services Navigators
 - Parent training.
 - FY 2022, ACD authority extended to December 31, 2028
 - FY 2023, Committee's independent analysis of ACD launched

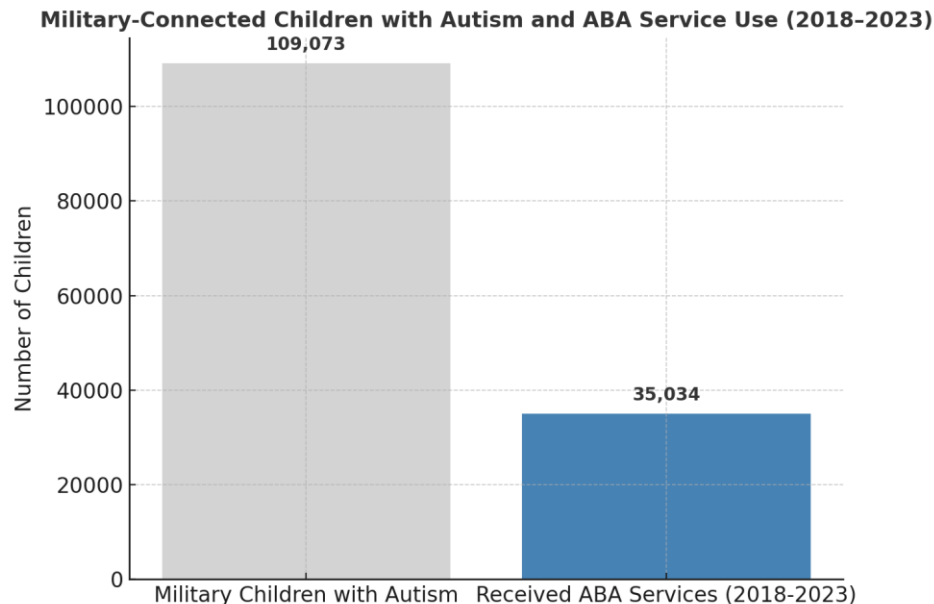
Utilization of the ACD



COMMITTEE'S DATA ANALYSES

Data from DHA on Beneficiaries with Autism

- Received patient-level encounter data, claims data, and ACD records data from calendar years 2018 through 2023 for individuals aged 1 to 18 years old with an autism diagnosis.
- Process to acquire the data was very lengthy (> 18 months).
- We prioritized analyses within the limits of the available data and timeframe,
 - Focused on insights that could inform the utilization of the Autism Care Demonstration (ACD) and ABA



Utilization of the ACD (2018–2023) – Committee Observations

ACD Participants

- **Age:** 58% under age 6; 89% under age 12.
- **Gender:** Majority male (80%).
- **Service patterns:** Continuous ABA recipients were younger, had more co-occurring conditions (e.g., delayed milestones), and used more additional services.
- **ABA intensity:**
 - Most received **<5 hrs/week** (60%).
 - Only **4% received 20+ hrs/week**.
 - Higher intensity was associated with increased use of other services and higher co-occurrence of some conditions (e.g., delayed milestones) but not others (e.g., mental health issues)

Non- ACD Participants

- Less use of other services (e.g., OT/SLP) overall
- Identified with higher co-occurrence of ADHD and mental health issues (depression, anxiety), particularly among older autistic children, and lower presence of other conditions (e.g., delayed milestones, sleep/genetic disorders) compared to ACD participants

Perspectives from Military Families and ABA Providers



PUBLIC COMMENTS AND RECORDS

Input Received from Military Families and ABA Providers on ACD Policies

- Recognized unique stressors of military service
- Expressed concerns about
 - Difficulty navigating the ACD eligibility requirements
 - Frequency, length, and intrusiveness of assessments
 - Parent/Caregiver Training
 - Focus on core symptoms in treatment goals
 - Limitations of ABA delivery in schools and community settings

Input Received from Military Families and ABA Providers on ACD Policies

- Expressed concerns (continued)
 - Assignment to Autism Services Navigator
 - Use of the DSM-5 Checklist
 - ABA provider challenges
 - Adherence to generally accepted standards of care
 - Future DHA policies that could create delays or barriers in access to care

Review of Health Outcomes for Individuals who have received ABA



FINDINGS FROM THE SCIENTIFIC LITERATURE

DoD Criteria for Reliable Evidence of Proven Medical Effectiveness

(1) As used in § 199.4(g)(15), the term reliable evidence means only:

- (i) Well controlled studies of clinically meaningful endpoints, published in refereed medical literature.
- (ii) Published formal technology assessments.
- (iii) The published reports of national professional medical associations.
- (iv) Published national medical policy organization positions; and
- (v) The published reports of national expert opinion organizations.

Source: Definitions, 32 CFR § 199.2

DoD Reports to Congress have indicated no reliable evidence for ABA

Controlled studies of clinically meaningful endpoints, published in refereed medical literature.

- Many efficacy studies have documented robust evidence of efficacy
- Convergency of evidence documented through meta-analyses and summarized in umbrella reviews
 - Reichow et al. (2025)-Commissioned
 - Six Metas of Comprehensive Program (37 studies)
 - IQ and Adaptive Behavior Strong Outcomes
 - Low risk of Bias
 - Song et al. (2025)-Peer Reviewed
 - Five Metas of Naturalistic Developmental Behavior Programs
 - Cognitive, Communication, Adaptive Behaviors Strong Outcomes
 - High risk of Bias
 - Umbrella review of metas for focused intervention practices (Committee conducted)
 - 65 meta of 10 focused intervention practices
 - Strong effects

ABA Intensity

- General Finding - Greater intensity and duration of ABA produces significantly stronger positive outcomes.
- However, lower intensity programs can also produce positive outcomes.
- Most research operationalizes high intensity as 15 to 20 hours of services and lower intensity as 10 to 12 hours per week.
- More research is needed on the effects of low-intensity ABA (less than 10 hours per week) as well as the integration of ABA with other interventions and services.

Conclusion

There is a substantial body of literature, supported by multiple meta-analyses, that does meet Department of Defense's own criteria of reliable evidence.

Recommendation 1

The Defense Health Agency should discontinue the Comprehensive Autism Care Demonstration (ACD) and authorize coverage of applied behavior analysis (ABA) as a Basic benefit under the TRICARE program....

Review of Methods Used in the ACD – Standardized Assessment Tools



REQUIRED ADMINISTRATION OF PDDBI, SRS, AND VINELAND-3
(AND STRESS INDICES)

Required Assessment Tools and Data Collection – Committee Findings

- Current tools not useful for **clinical planning or progress**
 - Different treatment goals necessitate different assessment approaches
 - Measurement community has concerns about this set of tools for the ACD/ABA population
- Not useful for **program evaluation** of the ACD.
 - Tools are not linked to an evaluation plan or objectives.
 - Tools not linked to goals of ABA programs and do not consider autism heterogeneity.
- Not useful for **research** purposes
 - Poor data quality
 - DHA not conducting research. However, reports to Congress “look like” trying to measure health outcomes tied to ABA (a scientific question).
 - Any generalizations about ABA effectiveness from the analyses in the reports to Congress are inappropriate.

Recommendation 2

The Defense Health Agency (DHA) should immediately halt the requirement to periodically administer a specific set of assessment tools (PDDBI, Vineland-3, and SRS) purported to monitor health-related outcomes of ABA and the administration of parenting stress indices....

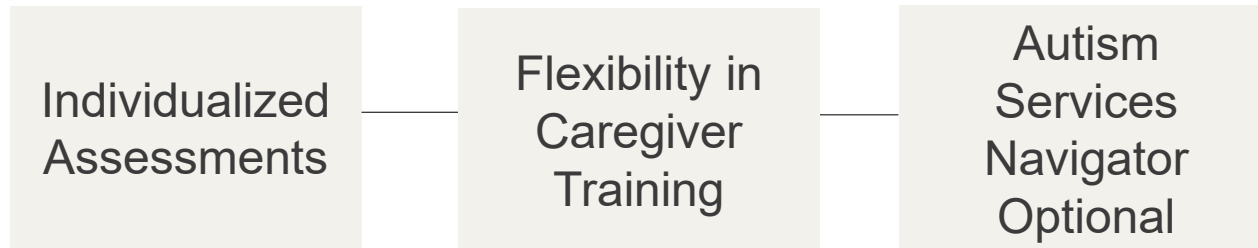
Other Practices Used in the ACD limiting Flexibility for Families

Flexibility to Support Individual Health Needs

- **Regular assessment** and use of assessment tools are valuable to the delivery of ABA.
 - Customized toward clients' goals
 - Draw on multiple sources of information and data
- **ABA Intensity** – decisions on number of hours based on:
 - Number and type of goals addressed
 - Other services provided
 - Client's learning rate
 - Family and client input
- **Caregiver training**
 - Co-development of treatment goals and family engagement can improve outcomes
 - Form of caregiver involvement moderated by family capacity to engage
- **Care coordination or navigation**
 - Key role to address client/family needs and ensure their feedback is heard

Recommendation 3

In providing coverage for applied behavior analysis (ABA) to TRICARE beneficiaries, the Defense Health Agency (DHA) should take steps to ensure that administrative processes do not impede access to care. In particular, DHA should eliminate required aspects of the demonstration that limit flexibility to support individual health needs and are burdensome to military-connected families and ABA providers....



Review of Guidelines and Industry Standards of Care



RECENT DEVELOPMENTS

Recent Developments in ABA Industry

- 1999: The Behavior Analyst Certification Board begins issuing BCBA and BCaBA credentials
- 2007-2019: State adoption of laws or rules requiring certain commercial health plans to cover ABA for autistic individuals (50 states)
- 2010-2024: State adoption of behavior analyst licensure laws (38 states)
- 2014: Category III (temporary) Current Procedural Terminology (CPT) codes were issued by AMA for ABA services
- 2015: The Behavior Analyst Certification Board begins issuing RBT credential
- 2016: Healthcare provider taxonomy codes have been issued
- 2019: Category I CPT codes were issued for ABA services
- 2024: The 3rd edition of ABA guidelines and standards was published by CASP

Industry Guidelines

- Some ACD policies more favorable than other healthcare plans
 - Dollar limits and maximum weekly amount of ABA allowed
 - No age restrictions
- Some ACD policies more stringent, overly prescriptive
 - Required set of assessment tools to evaluate progress
 - Required assignment to Autism Services Navigator
 - Required caregiver training
- Some ACD policies do not adhere to industry guidelines
 - Exclusion of ADLs as treatment goals
 - Limited authorization of CPT codes that can be billed
 - Constraints on delivery of ABA in schools and community settings

Recommendation 4

In providing coverage for applied behavior analysis (ABA) to TRICARE beneficiaries, the Defense Health Agency (DHA) should update their health benefit and coverage policies for ABA services to align with generally accepted standards of care and industry guidelines....



Transitioning to a Basic benefit and Improving Delivery of ABA

Recommendations to the Defense Health Agency

- 1) Discontinue the ACD and authorize coverage of ABA as a Basic benefit under the TRICARE program
- 2) Eliminate the requirement to administer a specific set of assessment tools (PDDBI, SRS, Vineland-3) as well as the parenting stress indices, though encourage individualized assessments
- 3) Reduce administrative barriers that limit flexibility and access to ABA services for military-connected families
- 4) Align TRICARE ABA coverage policies with generally accepted standards of care
- 5) Establish an advisory council for further guidance

Recommendation 5

The Defense Health Agency should establish an independent advisory council to provide guidance on implementing these recommendations and monitoring delivery of applied behavior analysis (ABA) services to ensure high quality care and minimal disruptions to continuity of care.



Moving Forward with help from Advisory Council

- Transitioning ABA services from the demonstration to a Basic benefit
- Avoiding potential risks and disruptions to care during the transition.
- Keeping pace with further developments in the understanding of autism, assessment practices, and effectiveness of ABA on short-term and long-term health outcomes
- Navigating increased emphasis on person-centered approaches, functional goals, naturalistic settings, and respect for neurodiversity
- Addressing questions on service fidelity and monitoring

Questions?
