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# Defense Health Primer: TRICARE Comprehensive Autism Care Demonstration

Since the 1950s, Congress has enacted numerous Department of Defense (DOD) health entitlements and benefits under the TRICARE program to support servicemembers, military retirees, and their dependent family members. The Defense Health Agency (DHA) administers the TRICARE program, which offers or pays for a range of services for military families who have special needs, including those diagnosed with autism spectrum disorder (ASD).

In Fiscal Year (FY) 2020, DOD estimated that a total of 35,473 dependent family members have an ASD diagnosis. TRICARE policies authorize coverage of certain health care and support services to mitigate the effects of ASD; however, not all available therapies have been covered under the basic TRICARE benefit. Over the past two decades, Congress has directed permanent or temporary TRICARE coverage policy modifications to include additional autism care services for military families. DOD administers part of these services under the Comprehensive Autism Care Demonstration (ACD).

This In Focus describes the evolution of DOD's coverage of autism care services, the ACD, and certain ACD challenges for potential congressional consideration.

## Background

According to the U.S. Centers for Disease Control and Prevention (CDC), an estimated 1 in 44 children in the United States lives with ASD. The National Institute of Mental Health defines ASD as a “neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave.” Individuals with ASD may present with a range of signs and symptoms, including challenges with social communication, interaction skills, restrictive or repetitive behaviors, and other characteristics.

Generally, there is no known cure for ASD. CDC identifies a number of treatment types (e.g., behavioral, educational, pharmacological, psychological) that can be tailored by health care providers to help “reduce symptoms that interfere with daily functioning and quality of life.” These interventions often involve an interdisciplinary team of medical providers, allied health professionals, and behavioral health therapists. Parents and families of children with ASD also play a role in these interventions. Treatment and therapy can take place in a variety of settings (e.g., a health care facility, school, playground, or at home).

Since 2001, DOD has offered certain autism care services, including a behavior modification and learning therapy known as Applied Behavior Analysis (ABA). These services have been incorporated as part of permanent or temporary TRICARE coverage expansions, some of which

have been facilitated or directed by Congress. These expansions include:

- **ABA services through the TRICARE Extended Care Health Option (ECHO).** In 2001, DOD added ABA services as part of the supplemental services offered through TRICARE ECHO (previously known as the *Program for Persons with Disabilities*) to military families with special needs.
- **Enhanced Access to Autism Services Demonstration (i.e., ECHO Autism Demo).** DOD established the ECHO Autism Demonstration in 2008 in response to Section 717 of the FY2007 National Defense Authorization Act (NDAA; P.L. 109-364). The ECHO Autism Demo expanded coverage of intensive behavioral intervention and ABA services for military families with ASD using a tiered delivery and reimbursement model.
- **ABA Pilot.** DOD established a one-year ABA pilot as required by Section 705 of the FY2013 NDAA (P.L. 112-239). The pilot extended coverage of ABA services to eligible dependent family members of military retirees.

## Comprehensive Autism Care Demonstration

In 2014, DHA recognized that ABA services were offered “under a patchwork” of TRICARE coverage and announced the consolidation of these expanded services under the ACD. The ACD began on July 25, 2014, and is scheduled to conclude on December 31, 2023. DHA's goals for the ACD are to:

- evaluate the appropriateness of the ACD;
- determine the appropriate provider qualifications for diagnosing and delivering ABA services;
- assess the effects of using different ABA delivery models;
- understand which beneficiaries utilize ABA services and its effect on those with ASD;
- assess the relationship between ABA services and other interventions to treat ASD; and,
- assess the “feasibility and advisability” of establishing a beneficiary cost share for ABA services.

The ACD features an ABA services navigator which is designed to help coordinate medical and non-medical care, a comprehensive care plan, and parent and family support resources.

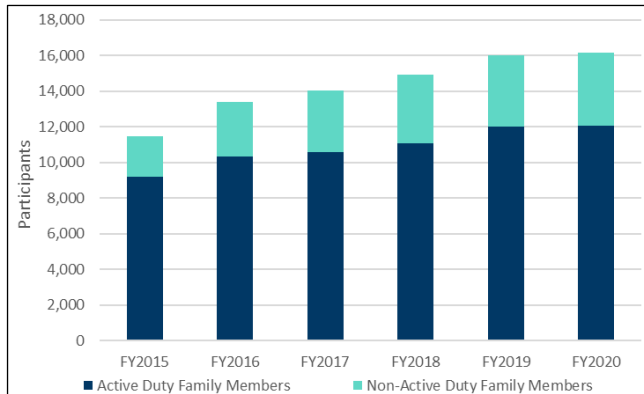
## ACD Eligibility and Participation

To be eligible for the ACD, DHA requires a dependent child to be (1) enrolled in a TRICARE health plan; (2) diagnosed with ASD by a qualified health care provider (e.g., primary care provider, clinical psychologist, developmental-behavioral pediatrician); and (3) referred to

the ACD by the health care provider and preauthorized for ABA services. Children of active duty servicemembers must also enroll in the Exceptional Family Member Program and TRICARE ECHO.

In FY2020, DHA estimated that 16,160 beneficiaries participated in the ACD with over 80% being between the ages of 0 and 12 years old. DHA observed that at the start of FY2022, the total number of participants grew to 17,324. **Figure 1** shows that in FY2020, 75% of ACD participants were active duty family members, while 25% participants were non-active duty family members (i.e., dependents of military retirees and other beneficiaries).

**Figure 1. ACD Participants, FY2015-FY2020**



**Source:** CRS graphic based on DHA, *Comprehensive Autism Care Demonstration Annual Report 2021*, December 3, 2021, p. 6.

### Beneficiary Costs

Eligible beneficiaries incur no out-of-pocket costs to participate in the ACD. However, participants are subject to cost-sharing requirements for ABA services based on their TRICARE health plan, beneficiary category, and type of medical or support service received.

### Recent Legislation

Congress has held a sustained interest in the provision of autism care services for military families. The 117<sup>th</sup> Congress enacted two provisions (P.L. 117-81 §737; P.L. 117-263 §732) that direct the Secretary of Defense to partner with the National Academies of Sciences, Engineering, and Medicine (NASEM) to conduct an “analysis of the effectiveness” of the ACD and develop recommendations on the program’s delivery. These provisions also require NASEM to submit a report to Congress no later than 31 months after the Secretary establishes the partnership with NASEM for this study.

### Considerations for Congress

Congress may consider legislation or conduct oversight activities to address the ACD, including on selected issues identified by various stakeholders and observers.

**ABA Medical Necessity and Coverage Policies.** By law (10 U.S.C. §1079(a)(12)), TRICARE may only cover “medically or psychologically necessary” services as part of the permanent benefit. DOD currently offers ABA as a temporary covered service under the ACD. Offering ABA as a permanent TRICARE covered service would require DOD to make a determination of *medical necessity*. A growing number of commercial and Medicaid health insurance plans have incorporated ABA as a covered

service. However, DOD continues to assert that “ABA services do not meet the TRICARE hierarchy of evidence standard for medical and proven care.” Congress could consider the permanency of coverage for ABA services, including codification in statute, extension of the ACD’s temporary coverage, or deferring to DOD’s determination of medical necessity process.

**Participant Concerns and Access to Care.** In 2021, DHA revised its ACD policy to clarify health care provider qualifications for ASD diagnosis and treatment, specify referral and authorization requirements, add a new outcome measurement, increase quality monitoring and program oversight, and introduce the autism services navigator and comprehensive care plan features. In response to certain aspects of this policy revision, military family advocates have raised concerns on the updated diagnosis criteria for ABA services, introduction of a parenting stress outcome measure, and the elimination of coverage for behavioral technician support in school settings.

Participants have also expressed concern with accessing ABA services in a timely manner. In 2022, DHA reported that across all states, the average wait-time from the referral date to the first ABA appointment ranged from 0 days to 56 days. ACD participants in 36 states and Washington, DC, were able to obtain their first ABA appointment within TRICARE’s 28-day access standard for specialty care. In total, the TRICARE network includes 20,557 authorized ABA supervisors who may receive referrals for new patients. DHA also noted that at the start of FY2022, 582 new ABA supervisors were added to the network, while 654 left the network in the last quarter.

Congressional oversight considerations for these issues could include enhanced reporting or briefing requirements to monitor DHA’s response to participant concerns and their effects on access to care and beneficiary satisfaction.

Relevant Policies
Chapter 18, Section 4 of the TRICARE Operations Manual 6010.59-M DOD, “Comprehensive Autism Care Demonstration,” 79 Federal Register 34291-34296, June 16, 2014
CRS Products
CRS In Focus IFI 1002, <i>Defense Health Primer: TRICARE Extended Care Health Option (ECHO)</i> , by Bryce H. P. Mendez CRS In Focus IFI 1049, <i>Defense Primer: Exceptional Family Member Program (EFMP)</i> , by Bryce H. P. Mendez
Other Resources
DHA, <i>Comprehensive Autism Care Demonstration Annual Report 2021</i> , December 3, 2021 GAO, <i>Federal Autism Activities: Agencies Are Encouraging Early Identification and Providing Services, and Recent Actions Could Improve Coordination</i> , GAO-16-446, May 2016

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