



## DoD INSTRUCTION 1315.19

### EXCEPTIONAL FAMILY MEMBER PROGRAM

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<b>Originating Component:</b>	Office of the Under Secretary of Defense for Personnel and Readiness
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<b>Approved by:</b>	Gilbert R. Cisneros, Jr., Under Secretary of Defense for Personnel and Readiness

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**Purpose:** In accordance with the authority in DoD Directive 5124.02, this instruction:

- Establishes policy, assigns responsibilities, and prescribes procedures for the implementation of the Exceptional Family Member Program (EFMP), including:
  - Identifying family members with special needs who meet the criteria for enrollment in the EFMP and are eligible for family support services.
  - Processing DoD civilian employees who have family members with special needs for an overseas assignment.
- Assigns oversight responsibilities and establishes a system of monitoring for the EFMP.
- Establishes the DoD Coordinating Committee as an oversight component to review the implementation of EFMP policy and procedures.

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## SECTION 1: GENERAL ISSUANCE INFORMATION

### 1.1. APPLICABILITY.

This instruction:

a. Applies to:

(1) OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this instruction as the “DoD Components”).

(2) Service members who have family members with special needs in accordance with Section 3.

(3) All DoD civilian employees in overseas locations and selectees for overseas positions who have family members with special needs.

b. Does not create any rights or remedies in addition to those already otherwise existing in law or regulation, and may not be relied upon by any person, organization, or other entity to allege a denial of such rights or remedies.

### 1.2. POLICY.

a. The EFMP provides comprehensive support to military families with individuals with special needs through:

(1) Identification and enrollment.

(2) Assignment coordination.

(3) Family support services.

b. Active and Reserve Component Service members serving on active duty whose families include a member with special needs must enroll in the EFMP to ensure their family member’s special needs are considered during the assignment process.

c. The EFMP identifies family members with special needs, enrolls sponsors in the program, and participates in coordination of assignments for active duty Service members so the special needs of the family members are considered during the assignment process.

d. The EFMP provides family support services, including non-clinical case management, to military families with individuals with special needs regardless of the sponsor’s Service affiliation or enrollment status in the EFMP in accordance with Section 8 of this issuance.

e. Hiring officials will not consider the special needs of a civilian employee's family member in the selection of a civilian for an overseas position.

f. A commanding officer cannot override a medical recommendation for an approved assignment.

g. Service members enrolled in the EFMP can continue receiving all services within the program and a family separation allowance if the Secretary of the Military Department concerned determines it would be inequitable to deny the allowance due to unusual family or operational circumstance, or a Service member's dependent(s) cannot accompany them to the new duty station for certified medical reasons in accordance with DoD Instruction (DoDI) 1340.24.

### **1.3. INFORMATION COLLECTIONS.**

a. The annual report to Congress on the activities of the Office of Special Needs (OSN), referred to in Paragraph 2.1.c. of this issuance, is submitted to Congress in accordance with Section 1781c of Title 10, United States Code (U.S.C.).

b. The DD Form 2981, "Basic Criminal History and Statement of Admission (Department of Defense Child and Youth (C&Y) Programs)," located at <https://www.esd.whs.mil/Directives/forms> and referred to in Paragraph 8.3.c.(1) of this issuance, has been assigned an Office of Management and Budget (OMB) control number 0704-0516. The expiration date of this information collection can be found on the Office of Information and Regulatory Affairs Website at <https://www.reginfo.gov/public/do/PRASearch>.

c. The EFMP enrollment forms (DD Form 2792, "Family Member Medical Summary", and DD Form 2792-1, "Early Intervention/Special Education Summary," located at <https://www.esd.whs.mil/Directives/forms>) referred to in Paragraph 4.a.(2) of this issuance, have been assigned OMB control number 0704-0411 in accordance with the procedures in Volume 2 of DoD Manual (DoDM) 8910.01. The expiration date of these information collections can be found on the Office of Information and Regulatory Affairs Website at <https://www.reginfo.gov/public/do/PRASearch>.

d. The DD Form 3054, "Exceptional Family Member Program (EFMP) Family Needs Assessment," located at <https://www.esd.whs.mil/Directives/forms> and referred to in Paragraph 8.1.a.(3) of this issuance, and also known and referred to in this instruction as the EFMP Family Needs Assessment (FNA), has been assigned OMB control number 0704-0580 in accordance with the procedures in Volume 2 of DoDM 8910.01. The expiration date of this information collection can be found on the Office of Information and Regulatory Affairs Website at <https://www.reginfo.gov/public/do/PRASearch>.

## **SECTION 2: RESPONSIBILITIES**

### **2.1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)).**

The USD(P&R):

- a. Provides for an OSN pursuant to Section 1781c of Title 10, U.S.C.
- b. Submits an annual report to Congress, pursuant to Section 1781c(g) of Title 10, U.S.C., on the activities of the OSN not later than April 30 each year, including:
  - (1) A description of any gaps in services available through the DoD for military families with individuals with special needs.
  - (2) A description of the actions being taken or planned to address the gaps.

### **2.2. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS (ASD(M&RA)).**

Under the authority, direction, and control of the USD(P&R), the ASD(M&RA):

- a. Consults with the Secretaries of the Military Departments, as appropriate, to ensure the implementation and monitoring of an effective EFMP across the DoD, pursuant to this issuance.
- b. Resolves disputes among the DoD Components regarding the implementation of this issuance's procedures.
- c. Requires the Military Departments and the DoD Education Activity (DoDEA) to notify OSN of additions, deletions, or substitutions to the location of early intervention services (EIS) and special education in overseas military communities.
- d. Ensures the implementation of systematic program monitoring and oversight of the EFMP to measure program performance across the DoD.

### **2.3. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).**

Under the authority, direction, and control of the USD(P&R), the ASD(HA):

- a. Ensures the dissemination of policies and guidance for implementation of the EFMP's components pertaining to EFMP medical staff, including:
  - (1) Processes and requirements for training Military Health System (MHS) providers operating in military medical treatment facilities (MTF) and in purchased care on the EFMP.

(2) Procedures to ensure MHS providers are aware of the mandatory enrollment requirements and complete the DD Form 2792 when requested by the family or when the family member has a condition(s), which may result in enrollment.

(3) Processes to ensure MHS providers inform Service members of the mandatory enrollment requirement and facilitate the referral of Service members to the MTF EFMP Office for enrollment assistance.

(4) Procedures for transitioning medical care for military families enrolled in the EFMP during permanent change of station (PCS) moves.

(5) Procedures for the management of the EFMP medical components pursuant to this instruction.

b. Establishes guidelines for maintaining accurate information on the availability of TRICARE services by location to help EFMP medical staff and Service-specific designees complete the assignment coordination process.

c. Budgets and allocates resources to meet the policy and implementation objectives of this instruction.

d. Ensures policies and procedures to safeguard personally identifiable information and protected health information are established in accordance with DoDIs 1000.30, 5400.11, 6025.18, 8580.02, and DoD 5400.11-R.

e. Collaborates with OSN on medical issues related to this instruction.

#### **2.4. DIRECTOR, DEFENSE HEALTH AGENCY (DHA).**

Under the authority, direction, and control of the USD(P&R), through the ASD(HA), and in addition to the responsibilities in Paragraph 2.6. of this issuance, the Director, DHA:

a. Establishes guidance in support of implementation and management of the EFMP medical components (i.e., identification, enrollment, and assignment coordination) pursuant to this instruction.

b. Establishes a MTF EFMP Office to identify a MTF point of contact (POC) for completion of the EFMP medical components.

c. Ensures assigned EFMP-designated DHA staff supports the EFMP medical component pursuant to this issuance.

d. Develops guidance for providing medical transitions of care to eligible beneficiaries.

e. Coordinates with the Secretaries of the Military Departments to ensure the family member medical summary is accessible in the DoD's electronic health record.

f. Establishes procedures to ensure DoD EIS providers inform Service members of the mandatory EFMP enrollment requirement and facilitate the referral of Service members to the MTF EFMP Office when a family member meets the enrollment criteria in Section 3 of this issuance.

## **2.5. DIRECTOR, DODEA.**

Under the authority, direction, and control of the USD(P&R), through the ASD(M&RA), and in addition to the responsibilities in Paragraph 2.6. of this issuance, the Director, DoDEA:

a. Designates a POC to review the DD Form 2792-1 for students with disabilities between the ages of 3 and 21 years old or before 3 years old, transitioning from EIS with an individualized family services plan (IFSP) and make recommendations to the Military Departments and Defense Agencies on the availability of special education services for overseas locations.

b. Establishes policies and procedures to inform the families of DoDEA-enrolled children of the mandatory enrollment requirement and facilitate the referral to the MTF EFMP Office when a child is found eligible for special education services.

c. Requests reimbursement from the sending Military Service when there is a failure to coordinate an overseas assignment with DoDEA that results in the assignment of the Service member to an overseas location when one or more of these conditions are met:

(1) DoDEA does not have the staffing allocations or resources and incurs expenses beyond normal operations to provide the special education services pursuant to the child's individualized education program (IEP); or

(2) There is no DoD school in the overseas location and DoDEA has the responsibility to provide special education services pursuant to the child's IEP.

## **2.6. DIRECTOR, DHA; DIRECTOR, DODEA; AND SECRETARIES OF THE MILITARY DEPARTMENTS.**

The Director, DHA; the Director, DoDEA; and the Secretaries of the Military Departments ensure records and information (including, but not limited to, information systems, databases, applications, and social media) identified within this instruction are maintained and retained pursuant to DoDI 5015.02, records disposition schedules, policies, procedures, and authorized retention disposition authorities regardless of format, location, or classification.

## **2.7. SECRETARIES OF THE MILITARY DEPARTMENTS.**

In addition to the responsibilities in Paragraph 2.6. of this issuance, the Secretaries of the Military Departments:



- a. Establish a single EFMP office located at the Military Service's headquarters to oversee program implementation and to coordinate identification, enrollment, assignment coordination, and family support services.
- b. Establish an EFMP office at each military installation with non-clinical case managers to help enrolled families develop a family services plan (SP) to address their needs.
- c. Ensure attorneys trained in education law provide legal services to support military families with special education needs.
- d. Ensure the development of policies and guidance, pursuant to this instruction, to govern the implementation, monitoring, and evaluation of the EFMP.
- e. Ensure monitoring and evaluation of the EFMP, including evaluation of the EFMP family support as part of the Military Family Readiness Program accreditation in accordance with Section 6 of DoDI 1342.22.
- f. Ensure Service members are assigned to locations where care and support for family members with special needs are available in a manner consistent with the needs of the Military Services and responsive to the career development of active duty Service members.
- g. Publish the policies, procedures, and guidelines that govern the EFMP on the appropriate headquarters Service website and ensure all installation websites link to this official information.
- h. Program and allocate funding and other resources, including staffing, to meet the policy objectives of this issuance.
- i. Ensure the establishment of generic e-mail addresses for installation EFMP family support services office, EFMP medical offices, and installation legal offices to provide Service members and their families easy access to support capabilities.
- j. Ensure key EFMP staff (i.e., family support providers) receive annual training and professional learning on the policies and procedures in this instruction and topics appropriate to the facilitation of family support services. The topics may include, but are not limited to:
  - (1) Special education and EIS.
  - (2) General requirements for family support services.
  - (3) Medicaid.
  - (4) TRICARE benefits and the Extended Care Health Option.
  - (5) Supplemental security income.
  - (6) Incapacitated adults.
- k. Ensure the coordination of all assignments of Service members enrolled in the EFMP, regardless of location, including coordination with the responsible Military Service or other DoD

Component. Refer to the Joint Travel Regulations for PCS travel and transportation allowances for eligible Service members and family members.

l. Establish policies and procedures to reimburse DoDEA when a failure to coordinate such assignments results in the conditions described in Paragraph 2.5.c. of this issuance.

m. Coordinate with the Director, DHA, to ensure a family member medical summary is accessible in the DoD's electronic health record.

n. Permit a Service member who receives PCS orders to select an assignment from a list of at least two locations that provide support for the dependent with special needs not later than 14 days after such receipt, if determined feasible.

o. Address assignment or stabilization requests of Service members who are members of military families with special needs, in a manner consistent with the needs of the Military Services and responsive to the career development of active duty Service members.

p. Require DoD human resources representatives to advise civilian employees and selectees for an overseas position on the availability of services to meet the family member's needs at the location and the procedures for overseas assignments.

## SECTION 3: CRITERIA FOR IDENTIFYING FAMILY MEMBERS WITH SPECIAL NEEDS

### 3.1. SPECIAL MEDICAL NEEDS.

Individuals who meet one or more of the standards in this paragraph will be identified as a family member with special needs:

a. Potentially life-threatening conditions or chronic (i.e., duration of 6 months or longer) medical or physical conditions requiring follow-up care from a primary care manager (to include pediatricians) more than once a year or specialty care.

b. Current and chronic (i.e., duration of 6 months or longer) mental health conditions (e.g., bipolar, conduct, major affective, thought or personality disorder) requiring inpatient or intensive (i.e., greater than one visit monthly for more than 6 months) outpatient mental health service within the last 5 years, or requiring intensive mental health services at the present time. This includes medical care from any provider, including a primary care manager.

c. A diagnosis of asthma or other respiratory-related diagnosis with chronic recurring symptoms that involves one or more of these conditions:

(1) Scheduled use of inhaled or oral anti-inflammatory agents or bronchodilators;

(2) History of emergency room use or clinic visits for acute asthma exacerbations or other respiratory-related diagnosis within the last year; or

(3) History of one or more hospitalizations for asthma or other respiratory-related diagnosis within the past 5 years.

d. A diagnosis of attention deficit disorder or attention deficit hyperactivity disorder that involves one or more of these conditions:

(1) Includes a comorbid psychological diagnosis;

(2) Requires multiple medications, requires psycho-pharmaceuticals (other than stimulants), or does not respond to normal doses of medication as determined by a medical provider;

(3) Requires management and treatment by a mental health provider (e.g., psychiatrist, psychologist, social worker, or psychiatric nurse practitioner);

(4) Requires the involvement of a specialty consultant, other than a primary care manager, more than twice a year on a chronic basis; or

(5) Requires modifications of the educational curriculum or the use of behavioral management staff.

e. A chronic condition that requires:

(1) Adaptive equipment (e.g., an apnea home monitor, home nebulizer, wheelchair, custom-fit splints/braces/orthotics (not over-the-counter), hearing aids, home oxygen therapy, home ventilator);

(2) Assistive technology devices (e.g., communication devices) or services; or

(3) Environmental or architectural considerations (e.g., medically required limited numbers of steps, fenced yard, wheelchair accessibility, or housing modifications and air conditioning).

### **3.2. SPECIAL EDUCATION NEEDS.**

Family members of active duty Service members, regardless of location, and DoD civilian employees selected for an overseas location eligible for enrollment in a DoDEA school on a space-required basis will be identified as a family member with special needs if they have or are found eligible for an IFSP or an IEP in accordance with DoDI 1342.12 and DoDM 1342.12.

## SECTION 4: EFMP ENROLLMENT

The EFMP identifies family members with special needs and enrolls the Service member in the program, as shown in Figure 1 in this issuance. A MHS provider, DoDEA representative, or EIS representative will directly refer a Service member by completing the enrollment forms and submitting the documents to the MTF EFMP Office, if they suspect the need of enrollment. A Service member must initiate the enrollment process if suspecting the need for EFMP enrollment and not referred by a MHS provider, DoDEA representative, or EIS representative.

### a. Active Duty Service Members.

(1) The Service member contacts the MTF EFMP Office to initiate the enrollment process upon becoming aware a family member may meet the criteria for special needs, as specified in Section 3 of this issuance.

(2) The Service member collaborates with the MHS medical provider, EIS representative, or school representative to complete the DD Form 2792 or the DD Form 2792- 1, as applicable.

(a) The Service member will provide the demographic information required to complete the DD Form 2792 or the DD Form 2792-1, as applicable. An active duty Service member who fails to provide the required information for a dependent or who knowingly provides false information about a dependent, may be subject to disciplinary actions. A Service member who fails to provide the required information or provides false information may be denied command sponsorship.

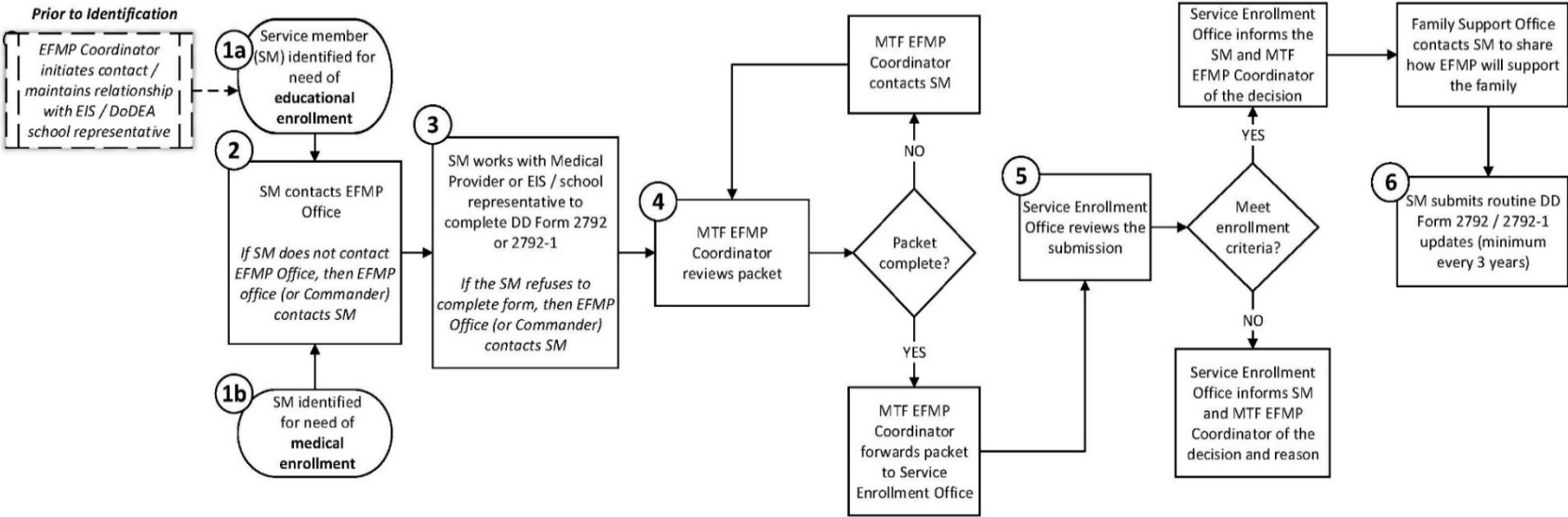
(b) The current EIS provider or the current school providing special education services completes the DD Form 2792-1.

(c) The medical provider completes the DD Form 2792.

(3) The Service member sends the completed forms, along with the IFSP or IEP as applicable, to the MTF EFMP Coordinator or Service designee, if the MHS, EIS, or DoDEA school provider doesn't provide the forms to the MTF EFMP Coordinator.

(4) If enrolled, the EFMP requires the Service member to submit updates to the DD Form 2792 or DD Form 2792-1 every 3 years, or as the family member's needs change.

Figure 1. Identification and Enrollment Process Map



**b. MTF EFMP Coordinator.**

- (1) The EFMP Coordinator or Service designee reviews the DD Form 2792 or DD Form 2792-1 for completion and the IFSP and IEP, if required.
- (2) If the forms are incomplete or additional information is needed, the EFMP Coordinator or Service designee helps the Service member obtain the information until the forms are completed.
- (3) The EFMP Coordinator or Service designee submits the completed documents to the Service Enrollment Office.
- (4) If a Service member is non-compliant with the enrollment procedures, the EFMP Coordinator or Service designee will inform the Service member that EFMP enrollment refusal may delay the assignment coordination process to ensure the services at the projected location can meet the family member's needs. The EFMP Coordinator or Service designee may also contact the Service member's command for assistance.
- (5) Upon notification of a Service member's enrollment in the EFMP, the EFMP Coordinator provides the installation family support office with the demographic information from the DD Form 2792 or DD Form 2792-1, as applicable.

**c. Service Enrollment Office.**

- (1) The Service Enrollment Office reviews the enrollment documents.
- (2) The Service Enrollment Office informs the Service member and the MTF EFMP Coordinator or Service designee as to whether the submission meets the enrollment criteria.
- (3) The Service Enrollment Office informs the Family Support Office of Service member enrollment.
- (4) The MTF EFMP Coordinator or Service designee updates the EFMP case management or enrollment system with the enrollment decision.

**d. Family Support Office.**

For enrolled Service members, the EFMP family support office contacts the Service member to provide information on the support services available to military families.

## SECTION 5: DISENROLLMENT FROM THE EFMP

The EFMP prohibits disenrollment unless there is new supporting medical or educational information indicating the original condition of the Service member's family member(s) is no longer present, as determined by a qualified medical or educational provider, as applicable. Disenrollment also occurs when the family member is no longer the sponsor's dependent, to include reaching age of majority without guardianship by the sponsor, divorce, loss of custody, and death.

### a. Active Duty Service Members.

(1) The Service member contacts the MTF EFMP Coordinator to request disenrollment from the EFMP and obtains the DD Form 2792 or DD Form 2792-1, as applicable, for completion, as shown in Figure 2 in this issuance.

(2) For medical or educational disenrollment requests, the Service member collaborates with the MHS medical provider, EIS representative, or school representative to complete the DD Form 2792 or the DD Form 2792-1, as applicable.

(a) The medical provider completes the DD Form 2792 indicating the family member no longer meets the enrollment standards in Section 3 of this issuance.

(b) The current EIS provider or school representative that can certify the family member exited the program and no longer receives special education services nor requires an IEP or IFSP completes the DD Form 2792-1.

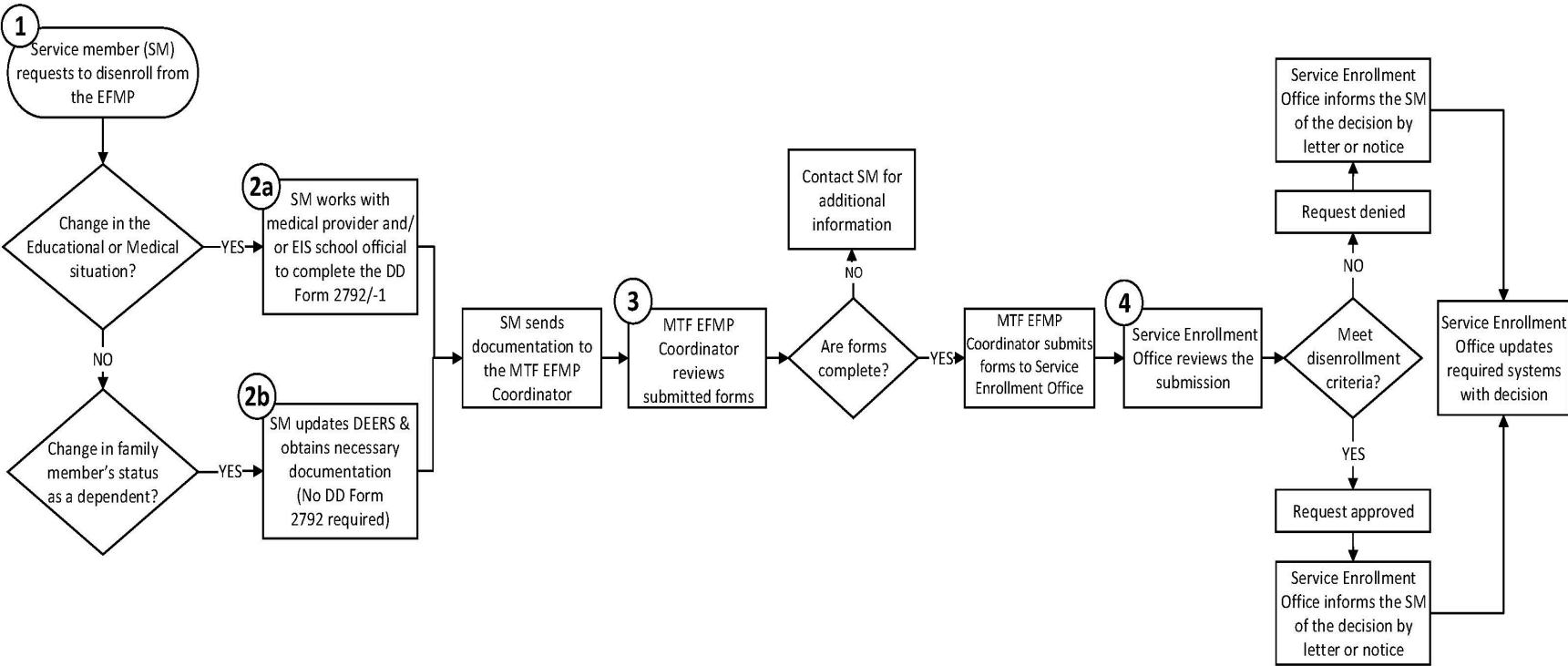
(3) For disenrollment requests when a family member is no longer a dependent, the Service member updates the Defense Enrollment Eligibility Reporting System and provides the necessary documentation, as required by the responsible Military Department, to the MTF EFMP Coordinator or Service designee.

(4) The Service member sends the completed form(s) along with documentation of the exit from medical or special education services, as applicable, to the MTF EFMP Coordinator or Service designee.

(5) If the disenrollment request does not meet the standards in Section 5 of this issuance, the Service member remains enrolled in the EFMP and continues to submit routine updates every 3 years, or as the family member's needs change.



Figure 2. Disenrollment Process Map.



**b. MTF EFMP Coordinator.**

(1) For disenrollment requests, the MTF EFMP Coordinator or Service designee reviews the DD Forms 2792 or 2792-1, as applicable, and the documentation certifying exiting from special education services, if required, for completion.

(2) If the forms are incomplete or additional information is needed to determine eligibility for disenrollment, the MTF EFMP Coordinator or Service designee helps the Service member obtain the information needed.

(3) For disenrollment requests when a family member is no longer a dependent, the MTF EFMP Coordinator or Service designee reviews the documentation, if applicable.

(4) The MTF EFMP Coordinator or Service designee submits the completed documents to the Service Enrollment Office.

(5) The MTF EFMP Coordinator or Service designee updates the EFMP case management or enrollment system with the disenrollment decision.

(6) The MTF EFMP Coordinator or Service designee notifies the installation EFMP family support office of Service member disenrollment.

**c. Service Enrollment Office.**

The Service Enrollment Office reviews the disenrollment documents, determines whether the request meets the disenrollment standards, and informs the Service member and the MTF EFMP Coordinator or Service designee of the decision whether the request meets the disenrollment standards.

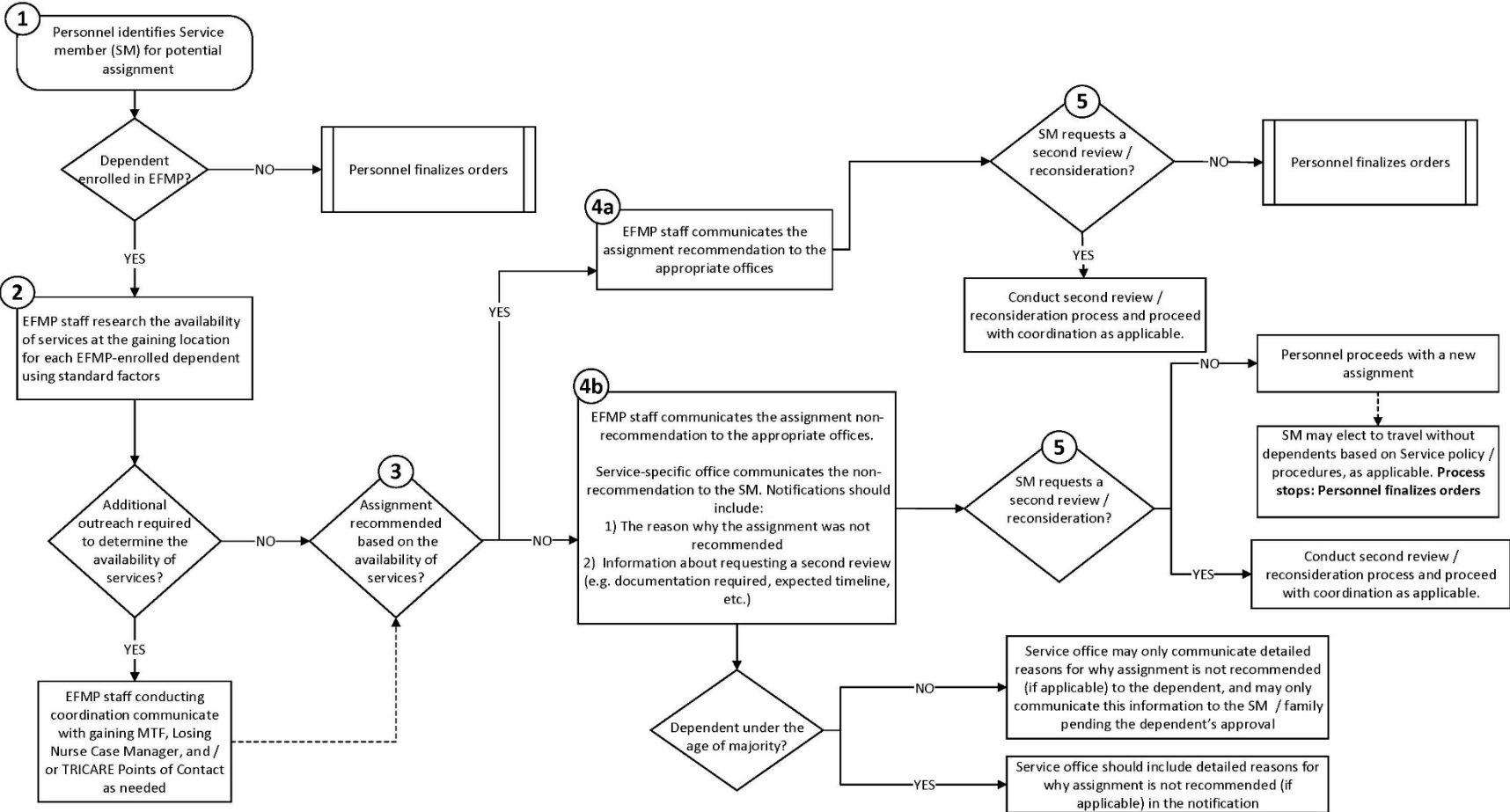
## SECTION 6: COORDINATING ASSIGNMENTS IN THE CONTINENTAL UNITED STATES (CONUS)

Designated EFMP staff conducts assignment coordination activities to verify the availability of the required medical services at the projected location(s) based on the documented needs of a family member(s), as shown in Figure 3 in this issuance. Military Services can research the availability of services before issuing an assignment.

### a. Military Personnel Activities.

- (1) The military personnel office identifies the Service member for a potential assignment.
- (2) The military personnel office or the designated Service-specific office communicates the assignment travel recommendation and information about requesting a second review of the assignment to the Service member.
- (3) For a declined order for assignment, the military personnel office or the designated Service-specific office notifies the Service member and indicates the reason for declination.
  - (a) For family members or a dependent adult without the capacity to consent, the notification will include the specific reasons (i.e., unavailability of a pediatric cardiologist) for non-recommendation.
  - (b) For family members at the age or above of majority, the notification will include the specific reasons for non-recommendation upon receipt of the family member's consent.
- (4) The military personnel office will finalize the assignment orders if the EFMP medical or assignment staff recommends travel based on the availability of medical services at the gaining installation. The Service member has 14 business days from date of assignment notification to request a second review.
- (5) The military personnel office will proceed with a new assignment or cancellation if the EFMP medical or assignment staff does not recommend travel based on the unavailability of medical services at the gaining installation and the Service member does not request a second review within 14 business days.
- (6) If the Service member requests a second review, the military personnel office or the designated Service-specific office will provide a final assignment notification to the Service member within 30 calendar days from the date of the original assignment notification.
- (7) The military personnel office cannot finalize the assignment orders until completion of the second review, if applicable.
- (8) The military personnel office will notify the EFMP Service Enrollment Office of the finalized assignment location.

Figure 3. CONUS Assignment Coordination Process Map



**b. EFMP Medical and EFMP Assignment Staff.**

(1) The EFMP medical or EFMP assignment staff researches the availability of services at the gaining location for each enrolled family member using:

- (a) The availability of MTF and TRICARE providers.
- (b) The TRICARE Access to Care Standards.
- (c) The distance to care.
- (d) The wait time for medical providers.
- (e) The severity of the family member's need.
- (f) The frequency of the care.

(2) Determining the availability of services at the gaining location for each enrolled family member includes the individual needs of the Service member and family.

(3) The EFMP medical or EFMP assignment staff uses a variety of tools and confers with various individuals at the gaining location for each enrolled family member as a component of researching the availability of services.

**c. Active Duty Service Member.**

(1) The Service member has up to 14 calendar days from the date of the original assignment notification to request a second review of the assignment and submit additional information (e.g., new documentation from a medical provider, the updated DD Form 2792 or the updated DD Form 2792-1) to the designated Service-specific office.

(2) The Service member may elect to travel without family members based on Service-specific policy and procedures, as applicable.

(3) Active duty Service members whose families include a member with special needs may obtain stabilization in a CONUS assignment location for a minimum of 4 years when:

- (a) The Service member initiates the request.
- (b) There is a documented substantial risk of transferring medical care or educational services to a new provider or school at the specific time of PCS, as determined by Service-specific guidance.
- (c) Stabilization does not adversely affect the Military Department's mission requirements or the Service member's career development.

## SECTION 7: COORDINATING ASSIGNMENTS OVERSEAS

Designated EFMP and Military Personnel staff conduct assignment coordination activities to verify the availability of the medical and educational services at the projected location(s) based on the documented needs of a family member(s).

### **a. Standards for Authorizing Overseas Travel of Family Members with Special Needs.**

(1) Family member travel at government expense overseas will be denied by the military personnel office if an active duty Service member has a family member with special needs and the medical services to meet those needs are unavailable in a duty location, as determined by the MHS. The Military Department concerned will follow the procedures in this issuance regardless of the sponsor's location when processing a Service member with a family member with special needs.

(2) Active duty Service members may not be denied consideration for an essential (as defined by the Military Personnel Assignment System) duty assignment overseas solely because of a family member's special needs. They will receive the same consideration for travel at the government's expense to any duty location as families without such members.

(3) The failure to assign an active duty Service member to a pinpoint location overseas is never a basis to deny EIS or special education to the active duty Service member's eligible child, pursuant to Chapter 33 of Title 20, U.S.C. (also known as the "Individuals with Disabilities Education Act"), as implemented by DoDI 1342.12 and DoDM 1342.12.

(4) A pinpoint location must be a specific geographic location recommended for an active duty Service member's assignment because it has:

(a) A valid requirement for the active duty Service member's grade and military occupational specialty.

(b) Required medical services available.

(c) Staff available to provide required EIS and special education services pursuant to the IFSP or IEP to the active duty Service member's child (i.e., from birth to 21 years old, inclusive).

(5) Active duty Service members, whose families include a member with special needs, may obtain stabilization in Alaska or Hawaii for a minimum of 4 years when:

(a) The Service member initiates the request.

(b) There is a documented substantial risk of transferring medical care or educational services to a new provider or school at the specific time of PCS, as determined by Service-specific guidance.

(c) Stabilization does not adversely affect the Military Department's mission requirements or the Service member's career development.

(6) The responsible Military Department may request reimbursement from the sending Military Department if failure to coordinate an assignment with the responsible Military Department results in:

(a) The assignment of the Service member to an overseas location where responsible Military Department personnel are not available to provide EIS pursuant to the child's IFSP or related services pursuant to the child's IEP; or

(b) The assignment causes the responsible Military Department to incur extraordinary expenses (i.e., hiring additional staffing) to provide EIS as required by the child's IFSP or related services as required by the child's IEP.

(7) The receiving Military Department may also require the sending Military Department to provide services that are pursuant to the child's IFSP or IEP when there is failure to coordinate an assignment.

(8) The Military Departments will establish procedures to enroll active duty Service members who have family members with special needs, upon confirmation that a family member meets the enrollment criteria in Section 3 of this issuance during the assignment process through completion of the DD Form 2792 or DD Form 2792-1, as applicable.

(9) The responsible Military Department will ensure coordination with the DoDEA to review the educational requirements for the dependent(s) early intervention and special education special needs.

**b. Military Personnel Activities.**

(1) Coordinate with the gaining medical review office to verify required medical and educational services are available, if the Service member has a dependent eligible for such services, before authorizing family member travel at the government's expense.

(2) Remove active duty Service members who have family members with special needs from overseas orders if no suitable overseas assignment location can be found, there is no adverse impact on the military mission or on the active duty Service member's career, and the Service member did not elect to travel without family members based on Service-specific policy and procedures, as applicable.

## SECTION 8: EFMP FAMILY SUPPORT SERVICES

### 8.1. GENERAL REQUIREMENTS.

#### a. Family Support Services and Personnel.

Family support providers will:

(1) Provide information and referral (e.g., financial literacy, child care, spouse employment, and State resources and support located within the local community) to military families with individuals with special needs.

(2) Offer assistance, including non-clinical case management, to families of active-duty Service members with special needs who request more than information and referral services.

(3) Collaborate with military families to complete the DD Form 3054 to assess, document, and prioritize the unique needs and goals of the family. Each section of the form is voluntary for families and requires their approval for completion. The DD Form 3054 contains three parts:

(a) The FNA guides the initial intake process and organizes the family's information to help EFMP family support providers understand the family's needs.

(b) The family SP outlines a family's current needs and required support services using strengths-based and family-centered strategies to help the family meet their tailored goals and objectives, pursuant to Section 1781c of Title 10, U.S.C.

(c) The PCS warm hand-off summary documents the support services the family receives. Family support providers will use the information to facilitate a warm hand-off between the losing and gaining EFMP family support office to maintain continuity of services. The losing EFMP family support office initiates the warm hand-off.

(4) Offer families who are moving to a new location a warm hand-off to the gaining installation's EFMP family support office. If a family agrees to a warm hand-off:

(a) The losing family support provider updates or completes the DD Form 3054, including the PCS warm hand-off summary, and forwards this information, along with respite care and housing needs, as applicable, to the gaining EFMP family support office.

(b) If the gaining installation is of the same Service, the losing family support provider also transfers the case file within the Service-specific client database.

(c) If the family has a housing need as documented during enrollment, the losing family support provider contacts the gaining family support office to request assistance with notification to the gaining military housing office (MHO) of the incoming family.



(d) The gaining family support provider confirms receipt of the warm hand-off to the losing family support provider and offers to help the family reestablish support at the new installation.

1. If the family has disability-related housing needs, the gaining family support office, with family permission, notifies the MHO of the housing needs.

2. The gaining family support office assists the family and the MHO with transitioning the disability-related housing needs, as needed.

(e) Both the gaining and losing family support providers document and track the process within their Service-specific case management system in accordance with Service-specific guidance.

(5) Provide assistance before, during, and after relocation, including the coordination of services (e.g., disability-related housing needs, EFMP respite care, and school liaison program) with the gaining installation's EFMP family support services program.

(6) Document the support provided to families including follow-on contacts in the Service-specific case management system in accordance with Service-level guidance.

(7) Complete at least 1 annual personal contact to each family assigned to the family support provider's caseload, including sister Service families who request local case management. Ensure every family using the respective Service respite care receives annual contact.

(8) Maintain a contact list consisting of the names of the assigned EFMP-enrolled military families for annual personal contact. The contact list is not limited to the families on the EFMP family support provider's working caseload.

(9) Conduct ongoing outreach with military units, Service members and their families, other service providers, military organizations, and community organizations to promote an understanding of the EFMP and encourage families with special needs to seek support services when needed.

(10) Serve as the POC with Military Service leadership in identifying and addressing the community support requirements of military families with special needs.

(11) Deliver services pursuant to principles in Paragraph 4.3. of DoDI 1342.22.

(12) Collaborate with military, Federal, State, and local organizations to share and exchange information, to the extent authorized by law, in developing a comprehensive EFMP family support program.

(13) Educate and assist Service members and their families about the EFMP family support services, enrollment process, assignment coordination process, available military and community resources related to special needs, and other topics as needed.

### **b. Collaboration with the School Liaison Program.**

Family support providers establish a collaborative partnership with the school liaison, in accordance with Service-level policy, to provide education-related assistance and support to military families with special education needs, including:

- (1) Obtaining key resources and POCs within the local education agency.
- (2) Referring families to the school liaison for education assistance.
- (3) Supporting the youth sponsorship efforts.
- (4) Consulting with the school liaison when questions arise which impact the education and school transition of military students with disabilities.
- (5) Partnering with the school liaison to conduct outreach activities and training.

## **8.2. RESPITE CARE.**

Family support services will include respite care for military families who meet the eligibility criteria. Respite care is a program benefit, not an entitlement. Respite care services are typically provided in the family member's home, unless specified by Service-specific policy, and do not require a family member or caregiver 18 years old or older to be at home while they are provided.

a. The Military Services will use the EFMP respite care age-specific level of need (LoN) rubrics to determine the eligibility of respite care for all military families with special needs.

b. The standard allotment of hours will be offered monthly per family based on eligibility categories defined by the LoN rubrics. Dependents scored as LoN 3 are eligible for 20 hours per month. Dependents scored as LoN 4 are eligible for 32 hours per month. Dependents with LoN 1 or LoN 2 are not eligible for EFMP respite care services.

c. The Military Services will not limit the availability of the respite care benefit to eligible families receiving external respite care services.

d. Respite care does not include providing sibling care.

e. Providing respite care will not include rollover hours from month-to-month.

f. The Military Services will establish policy and procedures for Service members to request additional EFMP respite care support if a Service member is:

(1) Experiencing an exceptional circumstance that significantly impacts the wellness of a caregiver who is providing care to a family member with special needs; or

(2) Experiencing an exceptional circumstance that requires additional support to give temporary relief to the caregiver.

g. The Military Services policy and guidance for additional EFMP respite care support, in accordance with this issuance, will include:

- (1) The eligibility criteria to receive additional respite care support.
- (2) The procedures and requirements for requesting additional respite care support.
- (3) The requirement for Service-specific EFMP staff to review requests and determine if the request is approved, denied, or requires modification, within 30 business days of receipt of the request.
- (4) The requirement for Service-specific EFMP staff to communicate the adjudication decision to the Service member. The communication must include the decision, describe the additional support granted, describe the usage parameters of the additional support, and outline the exact duration of the additional support.
- (5) The ability for a Service member to request a renewal of the additional respite care support.
- (6) The requirement for Service-specific EFMP staff to review all approved requests for additional respite care support at least annually.

h. The Military Services will establish a process to monitor the provision of respite care to ensure compliance with DoD and Service-specific policies.

i. The Military Services will establish standard operating procedures to prevent child abuse and promote early identification and reporting of cases of suspected child abuse or neglect in accordance with Section 20341 of Title 34, U.S.C. and DoDI 6400.01.

j. The Military Services will establish standard operating procedures to prevent problematic sexual behavior in children and youth, and promote early identification and reporting of cases of suspected problematic sexual behavior in children and youth in accordance with Section 1089 of Public Law 115-232, and DoDIs 6400.01 and 6400.10.

k. The Military Services will establish standard operating procedures for reporting medical incidents and accidents occurring during the provision of respite care services.

## SECTION 9: OSN

### 9.1. PURPOSE.

Pursuant to Section 1781c of Title 10, U.S.C., the purpose of the OSN is to standardize, enhance, and improve DoD support around the world for military families with special needs by developing policy, enhancing and disseminating information throughout the DoD, and overseeing the EFMP.

### 9.2. REQUIREMENTS.

The OSN:

- a. Develops and implements a comprehensive and standard policy on supporting military families with special needs.
- b. Develops guidance and forms necessary to operate and implement the EFMP in accordance with this issuance.
- c. Develops and disseminates strategic communication resources, tools, and professional learning to enhance the support provided to military families with special needs and promote the EFMP.
- d. Oversees implementation of the EFMP across the DoD and with respect to each Military Service using a systematic process for evaluation, including:
  - (1) Collecting performance metrics aligned to the EFMP's goals and expected activities.
  - (2) Establishing measurable targets for evaluating the EFMP.
  - (3) Analyzing the performance metrics data to identify, monitor, report trends, strengths, and gaps within the EFMP.
  - (4) Establishing and implementing a mechanism to obtain the level of satisfaction of military families with special needs enrolled in the EFMP with the support provided.
  - (5) Identifying availability and accessibility of programs provided by other State and Federal agencies to military family members with special needs.
  - (6) Developing plans to address gaps through appropriate mechanisms (e.g., enhancing resources and training and the provision of training and seminars to military families).
  - (7) Refining performance measures, as needed, to promote continued improvement of the EFMP.

(8) Conducting installation EFMP oversight visits annually to assess compliance with Section 1781c of Title 10, U.S.C. and the DoD Military Family Readiness Program certification standards pursuant to DoDI 1342.22.

e. Conducts periodic reviews of best practices in the provision of services for military families with special needs.

f. Collaborates with the Office of the ASD(HA) on medical services regarding family members with special medical needs.

g. Develops and implements a web-based data management system to support the EFMP with the Military Departments.

h. Convenes the Advisory Panel on Community Support for Military Families with Special Needs in accordance with Section 582 of Public Law 111-383, to solicit feedback from military families with special needs to include challenges and best practices of the EFMP.

## SECTION 10: MONITORING AND OVERSIGHT

Monitoring and oversight of the EFMP involves the DoD Coordinating Committee and the reporting and analysis of performance metrics. The DoD Coordinating Committee advises the inter-Department EFMP activities and approves programmatic enhancements.

### a. DoD Coordinating Committee.

(1) The ASD(M&RA) convenes an overarching committee meeting at least biannually to review the implementation of policies, procedures, and programs that support military families with special needs.

(a) The mandatory functional areas are:

1. Military medical.
2. Military and civilian personnel.
3. Housing.
4. Education.
5. Legal.
6. Child and youth services.
7. Morale, welfare, and recreation.
8. Community support activities.

(b) Mandatory participants are:

1. The ASD(M&RA).
2. Representatives from Military Community and Family Policy.
3. The ASD(HA).
4. Representatives from the General Counsel of the Department of Defense.
5. Representatives from the Secretaries of the Military Departments.
6. A representative from DoDEA.

(2) The Office of the ASD(M&RA) will invite a representative of the Commandant of the U.S. Coast Guard to attend.

(3) The representatives for mandatory participants will serve as the voting member and authoritative source during the meeting.

**b. Reporting Requirements for the EFMP.**

(1) The Secretaries of the Military Departments submit a quarterly data report within 30 business days after the end of the quarter to the ASD(M&RA) through the EFMP Data Repository. The data report will contain:

(a) EFMP enrollment and assignment function by installation for the reporting period:

1. Total number of Service members currently enrolled.
2. Total number of family members with disabilities by sponsor enrollment.
3. Total number of Service members newly enrolled and newly disenrolled.
4. Total number of family members newly enrolled and newly disenrolled.
5. Total number of assignments of Service members enrolled in the EFMP that were coordinated in the reporting period for CONUS and overseas.

6. Total number of accompanied assignment decisions in which EFMP staff determined the unavailability of medical or educational services in the reporting period for CONUS and overseas.

7. Total number of problematic assignments, including early return of family members or reassignments of the Service members for both CONUS and overseas resulting from:

- a. Failure to disclose.
- b. Screening failure.
- c. Educational problematic assignment.
- d. New or worsening medical or educational condition after arrival.
- e. New or worsening medical or educational condition after coordination or screening.
- f. Loss of services at installation after arrival.
- g. Other reasons.

8. Total number of requested stabilizations, the number approved, the number denied, and the location.

9. EFMP identification and enrollment process cycle time.

10. EFMP disenrollment process cycle time.

11. EFMP CONUS assignment coordination process cycle time.

12. Total number of assignment coordination second level reviews, including the number of decisions overturned and the number of decisions upheld.

13. The percentage of assignments or orders, by location and reason, that had to change due to the inability to meet the family member's needs before relocation.

14. The total number of reassignments, including how often Service members request reassignments, the reason for the request, and from what military installation reassignments are requested.

15. The average number of EFMP respite care hours used per month for each LoN.

(b) The number of military families using EFMP respite care in comparison to the number of families eligible for respite care, including the reason why families cannot use respite care.

(c) EFMP family support services program by installation, including:

1. Type and number of EFMP family support services personnel.

2. Total number of families supported through the EFMP, including the number of completed and declined sections of the EFMP FNA by the three areas:

a. FNAs.

b. Family SPs.

c. PCS warm hand-off summaries.

3. Total number of support services provided in the areas of information and referrals, educational briefs, outreach activities, and warm hand-offs between the losing and gaining installation family support offices.

(d) Other performance and effectiveness measures, as needed, to support OSN's oversight and monitoring of the EFMP and to promote continued improvement and standardization of the program.

(2) The Director, DoDEA submits a quarterly data report within 30 business days after the end of the quarter to the ASD(M&RA) through the EFMP Data Repository. The data report will contain:

(a) The number of assignments coordinated with DoDEA by location, associated Military Department, and travel recommendations.

(b) The number of educational problematic assignments, including the reason and estimated cost to provide the required special education services.

(c) The number of educational problematic assignments for which DoDEA considered reimbursement from the Military Department.



## **SECTION 11: CIVILIAN EMPLOYEES ON OVERSEAS ASSIGNMENTS**

### **11.1. VOCABULARY.**

The Glossary provides a definition of “family member” that applies only to this section.

### **11.2. EMPLOYEE RIGHTS.**

a. The DoD Components must select civilian employees for specific positions based on job requirement and merit factors. Selections must comply with all applicable legal requirements including, Section 2302 of Title 5, U.S.C. and Sections 791 through 794d of Title 29, U.S.C. The special needs of a civilian employee’s family member(s) or any other prohibited factor must not influence the selection for an overseas position.

b. The civilian employee or selectee will be given comprehensive medical, dental, and educational information about the overseas community where the position is located after the medical and educational authorities review the medical and educational information provided to help the employee make an informed choice about the position.

c. Refer to the Joint Travel Regulations for PCS travel and transportation allowances for eligible civilian employees and their family members.

d. Civilian employees or selectees assigned to positions overseas are generally responsible for obtaining medical and dental services and paying for such services, except services provided pursuant to DoDI 1342.12 and DoDM 1342.12. Their family members may have access to the MHS on a space-available, reimbursable basis only, except for services pursuant to DoDI 1342.12 and DoDM 1342.12.

(1) DoDEA and the military medical department responsible for providing related services to support DoDEA at the duty station must evaluate school-aged children (ages 3 through 21 years, inclusive) eligible for enrollment in a DoDEA school on a space required basis and provide them with the special education and related services stipulated in their IEPs, in accordance with DoDM 1342.12.

(2) The Military Departments must provide infants and toddlers (from birth up to 3 years of age, inclusive) eligible for enrollment in a DoDEA school on a space-required basis with the EIS stipulated in the IFSPs, in accordance with DoDM 1342.12.

### **11.3. PROCESSING A CIVILIAN FOR AN OVERSEAS POSITION.**

a. When recruiting for an overseas position, DoD human resources representatives will:

(1) Provide information on the requirements of this issuance related to civilian employees or applicants for employment, including employee rights provided in Paragraph 11.2. of this issuance.

(2) Provide information on the availability of medical and educational services, including a POC for the applicant to ask about specific special needs. This information must be contained in any document used for recruitment for overseas positions.

(3) Include these statements in recruitment information:

**Figure 4. Required Recruitment Information**

If an employee brings a child to an overseas location and that child is entitled to attend a DoD school on a space-required basis in accordance with DoDEA Regulation 1342.13, the DoDEA and the Military Department responsible for providing related services will ensure the child, if eligible for special education, receives a free appropriate public education, including related services pursuant to DoDI 1342.12 and DoDM 1342.12.
If an employee brings an infant or toddler (up to 3 years of age) to an overseas location, and that infant or toddler, but for the child's age, is entitled to attend the DoDEA on a space-required basis in accordance with DoDEA Regulation 1342.13, the Military Department responsible for EIS will provide the infant or toddler with the required EIS in accordance with the eligibility criteria pursuant to DoDI 1342.12 and DoDM 1342.12.
If an employee brings a family member who requires medical or dental care to an overseas location, then the employee will be responsible for obtaining and paying for such care. Access for civilian employees and their families to military medical and dental treatment facilities is on a space-available and reimbursable basis only.

b. When the gaining or servicing human resources representatives process a civilian for an overseas position where family member travel is authorized at the government's expense, then they must ask the selectee to determine whether a family member has special needs using the criteria in Section 3 of this issuance. All selectees must be asked only after they have been notified of their selection consistent with Sections 791 through 794d of Title 29, U.S.C. and Section 1630.14 of Title 29, Code of Federal Regulations. If the selectee indicates a family member has special needs:

(1) The DoD civilian human resources representatives may not coerce or pressure the selectee to decline the job offer in light of information a family member has special needs.

(2) The selectee may voluntarily forward to the civilian human resources representative completed DD Forms 2792 for each family member with special needs to provide information on the availability of medical and educational services. The selectee must submit the DD Form 2792-1 if they intend to enroll their child in a school funded by the DoD or a school in which the DoD is responsible for paying the tuition for a space-required family member.

c. The gaining human resources activity will coordinate with the appropriate military medical and educational personnel on availability of services and inform the selectee in writing

of the availability of medical, educational, and early intervention resources and services to allow the civilian employee to make an informed choice whether to accept the position. The notice will include:

- (1) Comprehensive medical, dental, and educational information on the overseas community where the position is located.
- (2) A description of the local DoDEA facility and programs, specifying the programs for children with special education needs.
- (3) A description of the local EIS available for infants and toddlers with developmental disabilities.
- (4) A statement indicating that the lack of EIS or special education resources (including related services assigned to the military medical departments) cannot serve as a basis for the denial of family travel at the government's expense and that required services will be provided, even if a local program is not currently established in accordance with DoDM 1342.12.

#### **11.4. USE OF EFMP FAMILY SUPPORT SERVICES.**

Civilian employees may use EFMP family support services on a space-available basis.

## GLOSSARY

### G.1. ACRONYMS.

<b>ACRONYM</b>	<b>MEANING</b>
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(M&RA)	Assistant Secretary of Defense for Manpower and Reserve Affairs
CONUS	continental United States
DHA	Defense Health Agency
DoDEA	DoD Education Activity
DoDI	DoD instruction
DoDM	DoD manual
EFMP	Exceptional Family Member Program
EIS	early intervention services
FNA	family needs assessment
IEP	individualized education program
IFSP	individualized family services plan
LoN	level of need
MHO	military housing office
MHS	Military Health System
MTF	military medical treatment facility
OMB	Office of Management and Budget
OSN	Office of Special Needs
PCS	permanent change of station
POC	point of contact
SP	services plan
U.S.C.	United States Code
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

**G.2. DEFINITIONS.**

Unless otherwise noted, these terms and their definitions are for the purpose of this instruction.

<b>TERM</b>	<b>DEFINITION</b>
<b>active duty Service members</b>	Includes active National Guard and Reserve members on orders over 30 calendar days who have family members who meet the criteria in Section 3 of this issuance and are performing in active duty status in accordance with Section 101(d)(1) and 101(d)(5) of Title 10, U.S.C.
<b>annual personal contact</b>	Contact made by telephone, individual e-mail, or face-to-face (in-person or virtual) in which there is interaction between the EFMP family support provider and the family. A warm hand-off is not the annual personal contact.
<b>assistive technology device</b>	Defined in DoDM 1342.12.
<b>assistive technology service</b>	Defined in DoDM 1342.12.
<b>chronic</b>	Duration of 6 months or longer.
<b>contact list</b>	The names of EFMP-enrolled military families assigned to an EFMP family support provider for annual personal contact. May include families on the EFMP family support provider's working caseload.
<b>CONUS</b>	Defined in DoDI 1315.18.
<b>EFMP FNA</b>	This form (i.e., DD Form 3054) is a tool that guides the FNA process by which the EFMP family support provider, in partnership with the family, assesses, documents, and prioritizes the family's unique needs.
<b>EFMP medical staff</b>	Designated staff in the MTF who conducts the EFMP assignment coordination process functions, which includes coordination with appropriate medical providers. The function of EFMP medical staff is not the provision of medical care.
<b>EIS</b>	Defined in DoDI 1342.12.
<b>evaluations</b>	Medical, psychological, and educational assessments required to define a medical or educational condition suspected after a screening procedure.

<b>failure to disclose</b>	Total number of problematic assignments in CONUS and overseas identified during the reporting period resulting from the family not disclosing a condition or providing inaccurate or incomplete information during the assignment coordination process.
<b>family member</b>	<p>A dependent (a spouse and certain children, in accordance with Section 8901(5) of Title 5, U.S.C.) of a Service member who is eligible to receive a DoD identification card, medical care in a DoD medical treatment facility, and command sponsorship or DoD-sponsored travel. To the extent authorized by law and in accordance with Service implementing guidance, the term may also include other nondependent family members of a Service member.</p> <p>For the purposes of Section 11 of this issuance only, this definition also includes civilian employees on an overseas assignment, or being considered for an overseas assignment, and their dependents who are, or will be, eligible to receive a DoD identification card during that overseas assignment. To the extent authorized by law and in accordance with Service implementing, guidance, the term may also include other non-dependent family members of a civilian employee on an overseas assignment.</p>
<b>family member travel</b>	Refers exclusively to PCS actions. In this context, a family member is the same as a “dependent,” as defined in Section 401 of Title 37, U.S.C.
<b>family support services</b>	Encompasses information and referral, and non-clinical case management support for families with disabilities, including the development and maintenance of an individualized SP.
<b>IEP</b>	Defined in DoDI 1342.12.
<b>IFSP</b>	Defined in DoDI 1342.12.
<b>information and referral</b>	The provision of materials, tools, military and community resources, and connecting families with other entities to obtain general assistance in the area of special needs.
<b>LoN rubrics</b>	Quantitative age-specific rubrics used by designated Service-specific staff to determine the eligibility for EFMP respite care. The rubric scores are not EFMP or disability categories.

<b>LoN 1 and 2</b>	Lowest LoN based on the LoN rubric. A score of 1 or 2 on the LoN rubric does not meet the criteria for respite care eligibility.
<b>LoN 3</b>	Second highest LoN based on the LoN rubric. A score of 3 on the LoN rubric meets the eligibility criteria for 20 hours of respite care per month.
<b>LoN 4</b>	Highest LoN based on the LoN rubric. A score of 4 on the LoN rubric meets the eligibility criteria for 32 hours of respite care per month.
<b>medical transition of care</b>	The coordination and continuity of health care during a transition from one setting to another for military families enrolled in the EFMP requiring support.
<b>military personnel office</b>	The office that provides coordinated and comprehensive support for Service member assignment actions to support both the accomplishment of the mission and the family's needs.
<b>MTF EFMP Coordinator</b>	EFMP Coordinator located at the MTF designated to conduct the functions of the EFMP pursuant to this issuance.
<b>non-clinical case management</b>	The provision of supportive services, more than information and referral, to families and individuals that help them make informed decisions and navigate resources to improve their quality of life, such as educational, social, community, housing, legal, and financial services. This does not involve coordination and follow-up of medical treatments.
<b>overseas</b>	Any area of the world other than the CONUS.
<b>pinpoint location</b>	<p>A specific geographic location recommended for an active duty Service member's assignment because it has:</p> <p>A valid requirement for the active duty Service member's grade and military occupational specialty.</p> <p>Availability of required medical services.</p> <p>Availability of educational staff needed to provide EIS and special education to the active duty Service member's child with special education needs.</p>

<b>problematic assignment</b>	Number of coordinated assignments identified during the reporting period that result in the early return of dependent(s) or the reassignment of the Service member and their family due to the unavailability of medical services or other medical considerations.
<b>process cycle time</b>	The time from the start to the end of a process.
<b>related services</b>	Defined in DoDI 1342.12.
<b>related services assigned to the Military Departments</b>	Defined in DoDM 1342.12.
<b>respite care</b>	A program that provides temporary relief to family members responsible for regular care of eligible dependents with disabilities ranging from moderate to profound. For respite care, the terms moderate, severe, and profound indicate the level of support required to perform the activities of daily living. The terms are not associated with disability categories.
<b>responsible Military Department</b>	The Military Department responsible for providing EIS or related services in the geographic areas assigned pursuant to DoDI 1342.12 and DoDM 1342.12.
<b>school liaison</b>	Defined in DoDI 6060.04.
<b>service designee</b>	A POC designated by the Military Service to conduct the actions outlined in Sections 5 and 6 of this issuance to ensure adherence to the policy requirements.
<b>SP</b>	An individualized plan written in collaboration with the family or the family member with special needs that documents current needs and steps to achieve their desired outcome.
<b>special education</b>	Defined in DoDI 1342.12.
<b>special needs</b>	Includes special medical and educational needs of family members who meet the criteria in Section 3 of this issuance for enrollment.
<b>specialty care</b>	Specialized health care required for health maintenance and provided by a physician whose training focused primarily in a specific field (e.g., neurology, cardiology, rheumatology, dermatology, oncology, orthopedics, or ophthalmology).



<b>sponsor</b>	Defined in Volume 2 of DoDM 1000.13.
<b>stabilization</b>	The ability to remain at the current installation for up to 4 years due to concerns with disruption to the continuity of medical or educational services.
<b>warm hand-off</b>	The process of the EFMP family support office at the losing location contacting the gaining EFMP family support office to communicate a family's needs to proactively prepare for the family's arrival and the continuation of EFMP family support services before a family transitions to the new installation. The warm hand-off may include information for transitioning respite care, transitioning disability-related housing needs, obtaining educational support, or connecting to local support groups upon arrival at the new location, regardless of Service.
<b>working caseload</b>	The total number of EFMP families an EFMP family support provider is actively supporting. This is the used when reporting a staff member's caseload.

## REFERENCES

- Code of Federal Regulations, Title 29, Section 1630.14
- Department of Defense Education Activity Regulation 1342.13, “Eligibility Requirements for Education of Elementary and Secondary School-Age Dependents in Overseas Areas,” September 20, 2006, as amended
- DoD 5400.11-R, “Department of Defense Privacy Program,” May 14, 2007
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Instruction 1000.30, “Reduction of Social Security Number (SSN) Use Within DoD,” August 1, 2012, as amended
- DoD Instruction 1315.18, “Procedures for Military Personnel Assignments,” October 28, 2015, as amended
- DoD Instruction 1340.24, “Family Separation Allowance (FSA),” September 17, 2009
- DoD Instruction 1342.12, “Provision of Early Intervention and Special Education Services to Eligible DoD Dependents,” June 17, 2015
- DoD Instruction 1342.22, “Military Family Readiness,” August 5, 2021
- DoD Instruction 5015.02, “DoD Records Management Program,” February 24, 2015, as amended
- DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019, as amended
- DoD Instruction 6025.18, “Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs,” March 13, 2019
- DoD Instruction 6060.04, “Youth Services (YS) Policy,” December 4, 2019
- DoD Instruction 6400.01, “Family Advocacy Program (FAP),” May 1, 2019
- DoD Instruction 6400.10, “DoD Coordinating Community Response to Problematic Sexual Behavior in Children and Youth,” December 30, 2021
- DoD Instruction 8580.02, “Security of Individually Identifiable Health Information in DoD Health Care Programs,” August 12, 2015
- DoD Manual 1000.13, Volume 2, “DoD Identification (ID) Cards: Benefits for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals,” January 23, 2014, as amended
- DoD Manual 1342.12, “Implementation of Early Intervention and Special Education Services to Eligible DoD Dependents,” June 17, 2015
- DoD Manual 8910.01, Volume 2, “DoD Information Collections Manual: Procedures for DoD Public Information Collections,” June 30, 2014, as amended
- Joint Travel Regulations, current edition
- Public Law 111-383, Section 582, “Ike Skelton National Defense Authorization Act for Fiscal Year 2011,” January 7, 2011
- Public Law 115-232, Section 1089, “John S. McCain National Defense Authorization Act for Fiscal Year 2019,” August 13, 2018

TRICARE Access to Care Standards<sup>1</sup>  
United States Code, Title 5  
United States Code, Title 10  
United States Code, Title 20, Chapter 33  
United States Code, Title 29  
United States Code, Title 34, Section 20341  
United States Code, Title 37, Section 401

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<sup>1</sup> TRICARE Access to Care Standards available from: [https://www.tricare-west.com/content/hnfs/home/tw/bene/auth/access\\_standards.html](https://www.tricare-west.com/content/hnfs/home/tw/bene/auth/access_standards.html)