August 22, 2016

Dear Military Family Readiness Council:

In June of 2016, the DoD Military Family Readiness Council (MFRC) asked the Defense Health Agency (DHA) to update the Council on its findings and implementation of Section 735 of the 2013 National Defense Authorization Act (NDAA), otherwise known as the TRICARE for Kids legislation, which directed the Secretary of Defense to evaluate the healthcare and supports provided to military children. This MFRC request for a specific update was a natural progression of its commitment to military children, consistent with its FY 2013 annual report, when the Council recommended that DoD consider the input of our organization, the Military Special Needs Network, as it prepared the pediatric report required by the 2013 NDAA.[1]

The Military Special Needs Network (MSNN) is a global organization founded to respond to the support needs of our exceptional family members in all branches of the military. As a group of military parents impacted by our children's disabilities, we represent tens of thousands of military families. We were proud to provide DHA input related to Section 735, which included the signatures of over 900 military families, concluding with this comment,

> "*While we thoroughly appreciate the importance of this study, our hope is that this is the last of many preliminary steps….**the time has come to take action**. The families listed throughout this study are real, active-duty military families, serving our great country, while facing extreme challenges, and they, along with over 120,000 others, desperately need your attention. It is our sincerest hope that this study will create ample momentum towards taking action to support our military families.*"[2]

Element 5 of Sec 735 directed DoD to conduct "*An assessment of the adequacy of the ECHO program in meeting the needs of dependent children with extraordinary health care needs*." Unfortunately, the final Sec 735 report by DoD didn't provide such information, and the DHA briefing at the June 2016 meeting turned out to be a much more general pediatric briefing, not focusing on specifics of the Tricare for Kids/Section 735 report.

Thankfully, although not focused on TFK specifics, the Extended Care Health Option (ECHO) benefit was briefly covered in the DHA presentation at the June MFRC meeting. However, it was obvious the intent is more studying and delay before implementation of reform. In addition, there were a number of factually incorrect/inappropriate statements provided to the MFRC. Because they were stated as fact versus opinion, and potentially could cause even more delay or create an inaccurate basis for reform implementation, we believe the record needs to be corrected:

- Regarding an anticipated September 2017 survey of ECHO beneficiaries, the briefer stated, "*The MCRMC asked us to do a survey of ECHO beneficiaries*." The MCRMC (Military Compensation and Retirement Modernization Commission) actually recommended that DHA **not** conduct a survey as the MCRMC has

[1]2013 MFRC Annual Report: http://download.militaryonesource.mil/12038/MOS/Reports/FY2013-MFRC-Report.pdf
[2]Sec 735 2013 NDAA Military Special Needs Network Report
http://issuu.com/militaryspecialneedsnetwork/docs/tfk_study_-_with_pics?e=9350666/37962587

already provided DHA with the necessary information to reform the ECHO program[3]–reform that Secretary of Defense Carter has already endorsed in an April 2015 letter to President Obama[4]. We have significant concerns that this DHA survey is merely kicking the can down the road when so many military families need the ECHO program to be reformed immediately.

- Responding to a question from the NMFA Council member, the DHA briefer stated,

  "*It's not my understanding that ECHO was made to be a bridge [to replace Medicaid waiver services]. ECHO is an extended health care benefit that the folks that get into ECHO need to meet certain criteria, which is very different criteria than you would have in a state Medicaid waiver program.*"

  A review of ECHO regulations, state Medicaid waiver programs, and the legislative history plainly demonstrates this to be an incorrect statement. The conclusion reached by the MCRMC was

  "*As evidenced by the similarity in benefits authorized under the HCBS and ECHO programs, as well as the directive to use state and local services before accessing ECHO, the Congress intended ECHO as an alternative to unavailable waiver benefits. Yet ECHO benefits, as currently implemented, are not robust enough to replace state waiver programs when those programs are inaccessible to Service members and their EFMs.*"[5]

- The DHA briefer noted that the 16 hours a month ECHO respite care provision requires an ECHO beneficiary to utilize another ECHO benefit on a monthly basis in order to use the respite service in any given month. She stated that requirement was put in place in order to ensure that respite care wasn't a "babysitting service". This trite, and frankly offensive answer is consistent with a previous DoD ECHO study from May of 2013. In that study, TRICARE's answer to military family dissatisfaction with the respite benefit was,

  > "*Requiring other ECHO-authorized benefits to be in-place as a condition of receiving ECHO respite care is a reasonable demand management tool*."[6]

  Our families need respite care to survive, no differently than those parents and spouses taking care of our wounded warriors. We are "military caregivers", even if we aren't officially recognized as such; as our ability to ensure the well-being of our children with disabilities ensures our active duty spouses can focus on the missions our nation calls on them to accomplish.

  The attitude that respite service is in need of "demand management" or is in anyway "babysitting" is to not understand the need for respite, the nature of our situations and honestly, disappointing coming from the Defense Health Agency.

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[3] MCRMC Addendum to Final Report on ECHO Benefit: https://www.dropbox.com/s/dnjyi21cqkxk1uo/MCRMC%20ECHO%20Recommendation.pdf?dl=0

[4] Memorandum for the President from Secretary of Defense Ashton Carter, Dated 27 April 2015, Subject: Department of Defense Review of the Military Compensation and Retirement Modernization Commission Recommendations.

[5] MCRMC Final Report, pg 120: http://www.mcrmc-research.us/02%20-%20Final%20Report/index.html

[6] http://www.health.mil/Reference-Center/Reports/2013/05/30/Participation-in-the-Extended-Care-Health-Option

- Finally, the briefer noted that the MCRMC recommended 16 hours of respite care a month for the ECHO program. This is incorrect. The MCRMC, in evaluating the average state waiver program compared to the ECHO program, found that the average Medicaid waiver program provides 695 hours of respite annually compared to the 192 hours ECHO provides (available only if you utilize another ECHO benefit). The MCRMC's clear recommendation to have the ECHO benefit mirror state Medicaid waiver programs clearly would indicate an increase in the amount of respite care provided by the ECHO program.

We appreciate that these comments may have been misstatements, but we are concerned that the agency tasked by the Secretary of Defense with reform of the ECHO program could be so mistaken. Furthermore, we are concerned that the misunderstandings or misstatements will lead to further delay and ineffective changes when reform finally occurs.

We look forward to the Defense Health Agency correcting the record. Given the level of leadership represented on the Military Family Readiness Council, and the Council's long term engagement, we felt it important to set the record straight. We appreciate the council's consistent leadership in ensuring our EFMP families have a seat at the table and in ensuring that DoD continues to take appropriate steps across the Personnel and Readiness portfolio.

Our request to the Council is the following: Please consider including a recommendation to the Secretary of Defense that he implement the MCRMC's ECHO recommendation to update benefits to meet the actual needs of families by aligning the program with state Medicaid waiver programs, as recommended and detailed in the MCRMC research and report.

Thank you for your consideration.

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