

# Annual Report to the Congressional Defense Committees



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## Activities of the Office of Special Needs for Fiscal Year 2022

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## **Introduction**

The Department of Defense (DoD) remains steadfastly committed to improving the support and services provided to Service members and their families.

The Office of Special Needs (OSN) within the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy submits this fourteenth annual report to the congressional defense committees, as required by 10 U.S.C. § 1781c(g)(3), as amended.

This report details activities by the OSN during Fiscal Year (FY) 2022, which runs from October 1, 2021 through September 30, 2022. The report includes the following:

- A description of any gaps in services available through DoD for military families with special needs;
- A description of actions being taken, or planned, to address the identified gaps in services available through DoD for military families with special needs; and
- Extended Care Health Option (ECHO) program data.

During the reporting period, the activities of OSN focused on the areas of Exceptional Family Member Program (EFMP) standardization, family feedback, strategic communications, and oversight and monitoring.

## **EFMP Standardization**

Enhancing and improving the support and services provided to families enrolled in EFMP is of the upmost importance to OSN. The standardization of EFMP is one strategy employed by OSN to achieve enhanced support to military families.

### **Standard EFMP Information Technology (IT) Solution**

OSN initiated the development and implementation of a standard IT solution to facilitate the case management, data collection, and reporting functions of EFMP across the Department to enhance standardization efforts further. To develop and implement a standard IT system, OSN identified how leveraging an existing Service EFMP IT system would allow for more immediate development and implementation of a standard system.

Implementation of a standard IT system will establish interoperability, while increasing program efficiencies to enhance timely services and supports to military families. A standard system will provide consistency with data collection and reporting, will increase the ability for direct program oversight at all program levels, and will reduce the data collection and reporting burden among Service-level staff. Particularly, the system will enable programmatic improvements for military families by implementing fully aligned performance data collection and enhanced reporting procedures. Importantly, the system will deliver a single, consistent user experience to

Service members and their families while providing transparency and timely communication. The Department is taking a collaborative approach with the Services for development and implementation of a standard IT solution to avoid detriment to the mission and, more important, prevent negative impacts to families.

### **Department of Defense Instruction (DoDI) 1315.19, “The Exceptional Family Member Program (EFMP)”**

During FY 2022, OSN completed drafting the revision of DoDI 1315.19, which includes program procedures and requirement modifications based on the EFMP standardization efforts required by section 582 of the National Defense Authorization Act (NDAA) for FY 2021 (Public Law 116–283). OSN coordinated the issuance with the required primary and collateral parties. Coordination of the issuance involved collaborating with various agencies to ensure the final product enhances and improves services and support for military families. Importantly, the coordination process involved addressing areas of non-concurrence with strategic stakeholders to obtain a resolution to the extent practicable.

### **EFMP Family Support Warm Hand-off**

To further advance support to military families, OSN worked to enhance the EFMP Family Support warm hand-off process by completing a standardized EFMP Family Support warm-handoff process map. Installation EFMP Family Support personnel assist families in navigating the relocation process and connect them with services and resources at their new location. A warm hand-off between the losing and gaining EFMP Family Support offices is a key element in providing effective assistance to families, regardless of Service affiliation.

### **Family Member Travel Screening (FMTS)**

In FY 2022, OSN continued baseline FMTS data collection and facilitated cross-Service collaboration to process data submissions and to improve the data collection process, to include data quality. To support expanding data collection, OSN enhanced the reporting capabilities of the EFMP Data Repository FMTS module by introducing custom, automatically generated FMTS reports. OSN also completed the development of the interactive FMTS Administrative and Medical Staff e-Learning curricula. The Department will implement the FMTS process once it meets all policy requirements and the relevant policies are published.

As the proponent of the FMTS policy, the Office of the Assistant Secretary of Defense for Health Affairs made considerable progress toward the approval of the FMTS DoDI.

### **EFMP Family Support Case Management and Staffing Pilot**

OSN completed the EFMP Family Support Case Management and Staffing Pilot from November 2019 to November 2021. OSN reviewed and analyzed the collected data and recommended establishing a standard, maximum caseload for all Military Departments. OSN identified 250 sponsors to 1 installation EFMP Family Support provider (250:1) as the standard maximum caseload ratio for all Military Departments to meet. This ratio ensures installation EFMP Family Support offices are adequately staffed to provide the individualized EFMP Family Support

services for military families with special needs. OSN prepared to submit the proposed ratio for review and approval by the DoD Coordinating Committee for Military Families with Special Needs at the November 2022 meeting.

## **Family Feedback**

### **EFMP Family Support Feedback Tool**

Feedback from military families enrolled in EFMP is critical to providing proactive programmatic improvements. OSN utilizes data captured by the EFMP Family Support Feedback Tool<sup>1</sup> to monitor and oversee EFMP Family Support services and obtain feedback from families on their experiences. During FY 2022, there were 99 total responses submitted via the tool, which OSN identified as a programmatic gap. Therefore, OSN engaged in activities to reestablish and expand the strategic communications plan to increase family awareness of the tool. Additionally, OSN initiated the exploration of potential modes of communication and other strategies to obtain feedback from families who have recently used EFMP Family Support services via the EFMP Family Support Feedback Tool.

### **EFMP Survey**

OSN developed the first Department-wide EFMP survey to serve as an additional mechanism to obtain feedback from military families enrolled in the program. OSN partnered with the Office of People Analytics, Office of Management and Budget, and Joining Forces to develop a tool, to be released in the first quarter of FY 2023 that would enable the Department to obtain data on military families' lived experiences with EFMP, as well as gauge access and satisfaction with services and support provided by EFMP and other outside agencies. OSN will utilize the data from the survey to develop an action plan outlining strategies for enhancing and improving EFMP. The survey data will enable OSN to enhance and improve EFMP through further policy revisions and future outreach efforts.

### **The Advisory Panel on Community Support for Military Families with Special Needs**

In September 2021, the Secretary of Defense authorized the Advisory Panel on Community Support for Military Families with Special Needs to resume operations following the zero-based review contingent upon his approval and appointment of a diverse set of panel members that capture perspectives from various backgrounds and experiences, and alignment with statutory requirements. The NDAA for FY 2022 amended the panel's size and composition, which significantly extended the appointment process and directly impacted the panel's reconstitution. With assistance from the Military Departments, OSN identified members who met all the NDAA requirements and submitted the nomination package to the Advisory Committee Management Office for legal review. OSN will notify the Military Departments once the Secretary of Defense appoints new members.

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<sup>1</sup> The EFMP Family Support Feedback Tool collects feedback from families about their most recent experience with the services provided by EFMP Family Support.

## **Strategic Communications**

The Department promotes and increases visibility and access to critical resources through integrated efforts across DoD and encourages stakeholder and community engagement to meet the needs of our families. OSN implemented a strategic communications plan to provide access to information and resources through integrated efforts across various platforms as discussed below. In FY 2022, OSN built upon the enclave of standardized communication tools intended to complement EFMP Family Support services at the installation. These standard tools provide direct self-service 24/7 access to accurate, vetted, and current information across multiple audiences regardless of geographic location.

### **EFMP & Me**

During FY 2022, EFMP & Me remained a key component in the OSN strategic communications plan as a web-based resource guide available on any computer or mobile device. EFMP & Me increases direct accessibility to standard, streamlined resources that Service members and family members can access through various stages of the military life cycle. It also provides consistency among the professionals who support military families with special needs by providing a dashboard of current policy updates and resources. EFMP & Me page views increased by 20 percent, from 53,724 in FY 2021 to 64,602 in FY 2022, and the total number of users increased by 13 percent, from 14,713 in FY 2021 to 16,685 in FY 2022. Among those who identified a user type, the breakdown included 4,700 Service members, 7,141 family members, 866 service providers, and 340 leaders. Based on user feedback, OSN launched EFMP & Me enhancements to increase the ease of navigation from page to page and to ensure users clearly understand the difference between EFMP & Me, the digital tool, and EFMP. OSN will continue to enhance EFMP & Me with additional structure modifications and added resources to content areas.

### **OSN EFMP Podcast Series**

OSN launched six new episodes in Season 2 of the OSN EFMP podcast series. These podcasts allow for an additional communication modality to meet the needs of military families with special needs and those who support them. Each episode features a conversation with subject matter experts who provide in-depth knowledge and specific resources related to topics of interest to military families with special needs, including: EFMP and the Medical Component; Advocating for Yourself and Others; Building a Support System; Preparing for Separation and Retirement from the Military; Safety and Emergency Considerations; and Preparing for Deployment. Users accessed both seasons of the podcast series over 730 times on the Military OneSource podcast page. As of April 1, 2022, OSN expanded its outreach and accessibility by providing both podcast seasons on streaming services such as Spotify, Apple Podcasts, Google Podcasts, Stitcher, Amazon Music, and DVIDS. Although tracking data for podcast listens is unavailable for Stitcher and Amazon, the data from Apple, Google, Spotify, and DVIDS show that the podcasts were listened to or downloaded 485 times since the April launch. The most popular topics include “Preparing for Deployment,” “EFMP Overview,” “Caregiving,” “EFMP and the Medical Component,” and “Preparing for Separation and Retirement from the Military.”

## **The Exceptional Advocate**

The Exceptional Advocate, a quarterly e-newsletter, provides readers with the most up-to-date information about program enhancements, events, and resources for military families with special medical and educational needs and the professionals and leaders who support them. Published topics include: school liaisons; Season 2 of the OSN EFMP podcast series; tax breaks for military families with special needs; caregiver support; Military OneSource special needs consultations; Relationship Wellness Summit videos; Special Care Organization Record for organizing medical or educational documents during a permanent change of station (PCS) move; EFMP & Me; highlighting respite care providers; ongoing EFMP enhancements working toward standardization; MilLife Learning courses; and OneOp archived professional development webinars for service providers. The Exceptional Advocate subscriptions increased by 8 percent, with 26,511 subscriptions in FY 2022.

## **EFMP Resource Overview Webinar**

OSN identified that to provide equitable support across the Services, all EFMP Family Support providers would benefit from a standardized professional development opportunity. On June 29, 2022, OSN hosted two live interactive sessions of a foundational webinar titled “Exceptional Family Member Program Resource Overview” to 183 family support providers across all Services. This professional development webinar for service providers offered helpful background on the program and policy and gave an overview of standard resources available through the Department. Upon learning about the available resources, participants stated that the top five resources they would share with families are EFMP & Me, the OSN EFMP podcast series, the Education Directory for Children with Special Needs, MilLife Learning, and the Exceptional Advocate. Webinars are archived for 24/7 access on the Service Provider section of EFMP & Me. OSN will continue to leverage live interactive webinars as opportunities to provide tools and resources and increase provider knowledge.

## **Systemic Oversight**

Responsibilities of OSN include:

- EFMP policy development and execution oversight;
- Early intervention and special education services policy development; and
- Execution for eligible DoD dependents.

Oversight activities conducted by OSN assist with standardization, operational efficiency, improved military readiness for families with special needs, and compliance with Federal laws and DoD guidelines. This section outlines the actions of OSN to conduct oversight of EFMP and the provision of early intervention and special education services to eligible DoD dependents through data collection methods and monitoring visits.

## **EFMP Family Support Certification**

Military Family Readiness (MFR) programs must meet programmatic requirements and are evaluated based on DoD MFR program certification standards outlined in DoDI 1342.22, “Military Family Readiness.” Personnel from the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy, Office of Military Family Readiness Policy (OMFRP) coordinate and conduct oversight visits with the Military Services. This standardized evaluation process contributes to improved experiences for military families with special needs. It helps to ensure they can expect consistent experiences when moving from installation to installation, regardless of the location or Service. In 2022, OSN participated in the oversight of one Service led certification site visit for EFMP. During the certification monitoring visit, OSN augmented the OMFRP certification oversight staff to specifically focus on EFMP. This initial oversight visit and subsequent visits will contribute to standardization by allowing OSN to evaluate the Services certification process for the EFMP standards. OSN will continue to conduct certification oversight visits in conjunction with OMFRP certification oversight staff during FY 2023.

## **EFMP Data Repository**

The EFMP Data Repository houses critical Service-submitted data that allows OSN to monitor and oversee the activities of EFMP and expands OSN’s capability to make data-driven decisions. The Data Repository was enhanced this year to improve data collection and reporting capabilities and enhancements which included:

- 1) Expanding EFMP enrollment data collected to include the number of newly enrolled and disenrolled Service members and family members;
- 2) Adding the capability to collect and report on EFMP assignment coordination and EFMP enrollment data at the installation level; and
- 3) Creating new reporting capabilities to be used to inform DoD and Service leadership on EFMP program execution.

OSN continues to work on change management activities related to implementing data collection for each of the new data points introduced in this set of enhancements.

In addition to enhancing the EFMP Data Repository’s capabilities, OSN focused on improving standardization and accuracy of the submitted data. OSN carefully reviewed all data submissions to identify anomalies and errors and detect trends and/or gaps in Service-submitted data. This allows the data to be used to help inform EFMP program and policy improvements, further standardize the program, and increase OSN’s oversight of the Service’s delivery of the program to Military families with special needs.<sup>2</sup>

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<sup>2</sup> The reporting period for this data section is FY 2021, Q4, through FY 2022, Q3.

The EFMP Data Repository stores data related to the three components of EFMP: (1) identification and enrollment; (2) assignment coordination; and (3) family support. The following section summarizes data related to these components as submitted by the Services during this reporting period. There were approximately 104,550 Service members and 145,130 family members enrolled in EFMP as of FY 2022, Quarter (Q) 3.<sup>3</sup> These totals represent roughly 8 percent of all DoD Service members and 9 percent of family members across the DoD, which is consistent with past years.<sup>4</sup> As the standardization of EFMP processes and data collection continues to improve, OSN will monitor the enrollment data for any potential changes or trends.

Regarding data related to the assignment coordination process for families enrolled in EFMP, OSN continued to work toward standardizing the data terms and collection practices. These efforts continue because reviewing and improving the method of data collection enables OSN to gain insight on potential process issues that reveal the need for more accurate and standardized data. The intent is to gain more in-depth information about when and why families may need to request reassignment based on the services needed to support the special needs of their family member. This also provides OSN with more insight into issues that may impact a military family's access to services with the goal of overall assignment coordination process improvement and proactive identification of potential concerns. OSN continued to coordinate with the Military Services on their submitted data and explore potential reasons for differences while monitoring for trends and gaps. In addition, OSN continued coordination with the Department of Defense Education Activity (DoDEA) and the Services to gather consistent data on the coordinated assignments for families with educational needs. OSN also reviewed the submitted data for inconsistencies and differences and investigated the data further with DoDEA and the Services to uncover any potential process concerns or training needs.

OSN collected and analyzed data related to the provision of EFMP Family Support services to assess the frequency and types of services provided and the use of resources and tools (e.g., staffing levels, use of DD Forms). Toward the end of the reporting period, specifically in FY 2022, Q3, the submitted data showed an increase in the Family Support services provided to military families with special needs. This increase, as depicted in Table 1 below, may be due to the continued lessening impact of the coronavirus disease 2019 pandemic and the improved capability to provide more in-person support services to families. Specifically, the increased number of outreach activities conducted in FY 2022, Q3, showed an upward trend compared to the previous quarters of this reporting period.

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<sup>3</sup> EFMP enrollment totals include data from FY 2022, Q3, for three of the Services, and FY 2022, Q1, for one Service due to outstanding data of a newly employed data system used by that Service. OSN is coordinating with the Service on the collection of this data.

<sup>4</sup> The source used to determine the percentage of EFMP enrollment to total force is the 2021 Demographics Profile of the Military Community located on Military OneSource here: <https://www.militaryonesource.mil/data-research-and-statistics/military-community-demographics/2021-demographics-profile/>.



Table 1. EFMP Family Support Services Provided in FY 2021, Q4, through FY 2022, Q3.

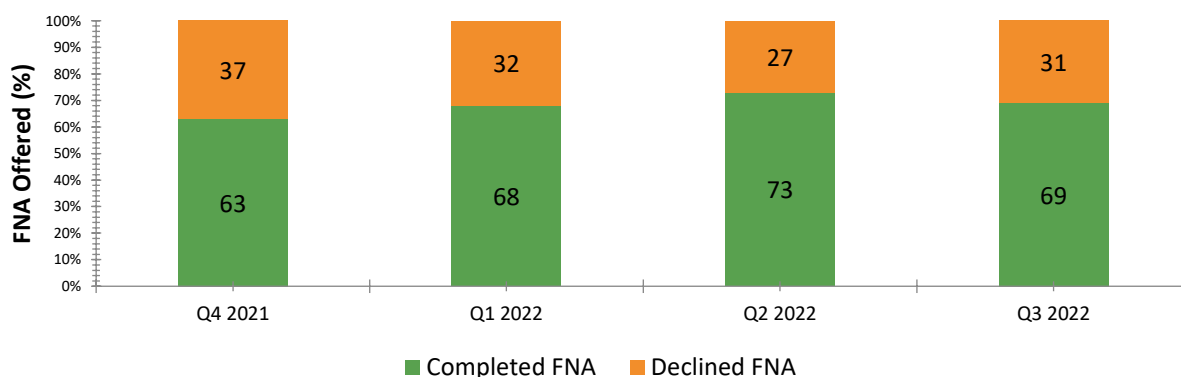
	<b>I&amp;R<sup>5</sup></b>	<b>Outreach Activities</b>	<b>Warm Hand-off (Losing Office)</b>	<b>Warm Hand-off (Gaining Office)</b>	<b>Sister-Service Family Support</b>	<b>Educational Brief</b>
FY 2022, Q3	214,765	8,918	3,213	2,449	1,227	391
FY 2022, Q2	317,655	4,834	2,155	1,810	891	1,234
FY 2022, Q1	212,728	5,920	1,612	1,245	880	839
FY 2021, Q4	254,248	5,589	2,009	1,651	1,038	1,164
<b>Total</b>	<b>999,396</b>	<b>25,261</b>	<b>8,989</b>	<b>7,155</b>	<b>4,036</b>	<b>3,628</b>

There were also trends identified in the number of EFMP Family Needs Assessments (FNA) and Family Services Plans (FSP), both included in the DD Form 3054, see Graphs 1 and 2 on the next page.<sup>6</sup> Consistently over the four quarters, approximately two-thirds of the families who were offered an FNA chose to complete the assessment. Of the families who completed the FNA, approximately one-third chose to develop an FSP to help identify their family's needs, goals, and required support services. Whereas, two-thirds declined to complete an FSP with an EFMP Family Support provider. This trend confirms that not all families requesting assistance from EFMP Family Support providers also choose to develop an FSP. This may be because all families have different needs and capabilities. Some families may have already established support systems and may not require the development of a specialized FSP at that time. Also, some families may not be aware of the potential benefits of developing an FSP, such as developing specific goals, and actionable next steps to help meet their needs. OSN will continue to review and adjust strategic communications plans, as needed, to raise awareness among families about this available resource and monitor feedback from families collected via the EFMP Family Support Feedback Tool.

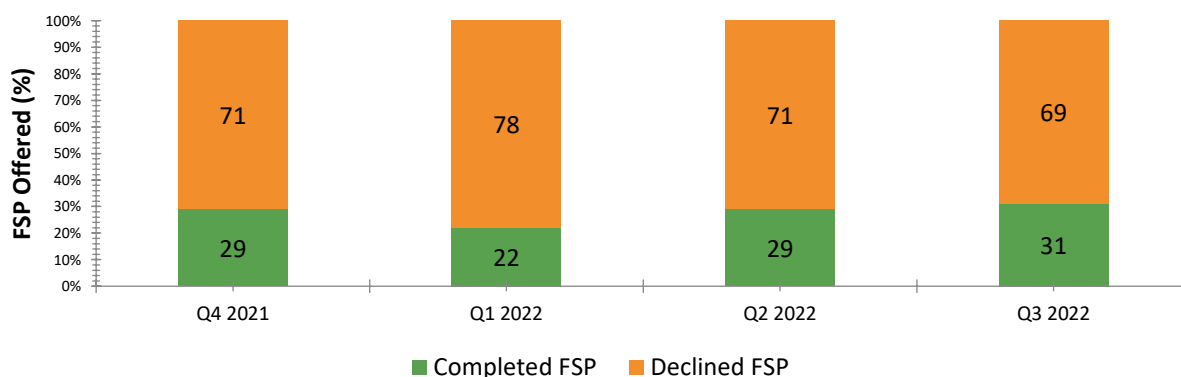
<sup>5</sup> I&R stands for Information and Referral support services.

<sup>6</sup>The DD Form 3054, "EFMP Family Needs Assessment (FNA)," consists of three sections: (1) Family Needs Assessment (FNA); (2) Family Services Plan (FSP); and (3) Inter-Service Transfer Summary. Completion of the form is voluntary.

Graph 1. The Number of EFMP FNAs, from the DD Form 3054, Offered and Percentages Completed or Declined by Families in FY 2021, Q4, through FY 2022, Q3.<sup>5, 8</sup>



Graph 2. The Number of FSPs Offered and Percentages Completed or Declined by Families in FY 2021, Q4, through FY 2022, Q3.<sup>5, 8</sup>



In addition, OSN initiated the review process of all the Family Support data terms collected by the Services during the reporting period. Plans are underway to expand the data collected to include EFMP Family Support performance metrics on the warm hand-off process. Additional data points related to the provision of support services to families, such as the number of sessions provided and reasons for the visits (e.g., respite care, EFMP enrollment, and local community resources). These expanded data terms will increase OSN's ability to oversee and monitor the provision of EFMP Family Support Services, the use of EFMP-related activities, and resources available to military families with special needs. The additional information will help guide overall EFMP policy and programmatic improvements.

### Provision of Early Intervention and Special Education Services to Eligible DoD Dependents

OSN and strategic stakeholders conducted an extensive review of existing processes associated with reporting and resolving breaks in delivering special education-related services at overseas locations. These breaks, known as Notification of Unavailability of Education Related Services (NUERS), typically result from known or sudden staff shortages due to retirement,

illness/extended leave, or PCS. The review resulted in a clarified communication process developed and mapped out on a flowchart for all stakeholders. The flowchart encompasses the entire NUERS cycle. It starts with the recognition of an impending absence, then moves to communicating with the parents and exploring acceptable alternative service delivery methods (e.g., virtual service delivery), and finally, if necessary, classifying the absence as unavailability of education-related services and recording the need for compensatory services. The revised process increases opportunities for direct communication between educational and developmental intervention services (EDIS) providers, DoDEA educators, and parents, and improves the development of solutions to ensure the student's needs can still be met satisfactorily or compensatory services can be offered once the NUERS is dismissed.

Additionally, OSN and the Military Departments' EDIS program managers launched the EDIS Compliance Monitoring e-Tool in September 2022, which provides a standardized method for compliance measurement across the Department. This new tool is foundational to an improved, uniform compliance monitoring system. It assigns DoD-developed criteria to each compliance standard used to measure gaps or successes at the installation, region, and Military Department level. The addition of standard criteria across the Department enhances OSN's ability to determine overall program compliance and measures the program's success in improving the functional outcomes of the infants and toddlers enrolled in EDIS programming. All EDIS providers will use the e-Tool beginning in FY 2023.

#### **Section 704 of the NDAA for FY 2021: Expansion of TRICARE ECHO Program Benefits**

Section 704 of the NDAA for FY 2021 (Public Law 116–283), as amended in 10 U.S.C. § 1781c(g)(2) directed the OSN to include TRICARE ECHO program data in the annual report. According to the statute, this information shall include:

- 1) The utilization rates of services under ECHO by eligible dependents during the prior year (FY 2021);
- 2) A description of gaps in such services obtained from information provided by families of eligible dependents;
- 3) An assessment of the factors that prevent knowledge of access to such a program including a discussion of actions the Secretary may take to address these factors; and,
- 4) An assessment of the average wait time for an eligible dependent enrolled in the program to access ECHO coverage, including a discussion of any adverse health outcomes associated with such wait.

The Defense Health Agency (DHA) manages the provision of the ECHO. ECHO is a supplemental program to the TRICARE Basic program and provides eligible active duty family members (ADFM) with additional financial resources for an integrated set of services and supplies designed to assist in the reduction of the disabling effects of the beneficiary's qualifying condition. Qualifying conditions include:

- Serious physical disability;

- Moderate to severe intellectual disability;
- Multiple disabilities (two or more affecting separate body systems);
- Neuromuscular developmental conditions or other conditions affecting infants or toddlers that are expected to precede diagnoses of moderate to severe intellectual or serious physical disability (as criteria for such are established by the Director, DHA);or
- An extraordinary physical/psychological condition rendering the beneficiary homebound.

Note that Applied Behavior Analysis (ABA) services for autism spectrum disorder is cost-shared separately under the Comprehensive Autism Care Demonstration (ACD) and are not discussed in this report.

The ECHO Home Health Care (EHHC) benefit provides medically necessary skilled services to eligible homebound beneficiaries. The maximum annual program year Government cost-share per EHHC-eligible beneficiary for EHHC, including EHHC respite care, may not exceed the local wage-adjusted highest Medicare Resource Utilization Group category cost for care in a TRICARE-authorized skilled nursing facility, while all other non-EHHC ECHO participants have an ECHO expenditure cap of \$36,000 per program year (which excludes their TRICARE Basic program expenditures).

### **Utilization Rates of Service**

As shown in Table 2, 2,943 beneficiaries with ECHO expenditures, referred in this section as ECHO patients, utilized a total of \$104.4 million in ECHO benefit expenditures (an average of more than \$35,000 per patient) during FY 2021. These costs exclude all the TRICARE Basic program expenditures of these patients. The vast majority of these ECHO expenditures were associated with the EHHC program. The claims for the 983 EHHC patients were approximately \$94.9 million, an average of more than \$96,000 per patient. Sixty-four percent of these EHHC patients (628 of 983) had annual expenditures over \$36,000 during FY 2021. Roughly 96 percent of EHHC patients were younger than 18, with 82 percent being age 10 or younger. 1,960 ECHO patients did not participate in the EHHC program during FY 2021. These patients had total Government expenditures of \$9.6 million or nearly \$4,900 per patient (excluding any TRICARE Basic program expenditures). Table 2 provides information regarding the top primary diagnoses for these patients by annual expenditures during FY 2021. Please note that the ECHO paid services below were not for ABA.

Table 2. FY 2021 ECHO Paid Government Amounts, ECHO Patients, and Paid Government Costs Per Patient for ECHO Home Health Care (EHC) and Other non-EHC Patient Users by Most Prevalent Primary Diagnoses

<b>FY2021 ECHO Paid Government Amounts, ECHO Patients, and Paid Government Costs Per Patient for ECHO Home Health Care (EHC) and Other non-EHC Patient Users by Most Prevalent Primary Diagnoses</b>			
<b>Patients' Most Prevalent Primary Diagnosis</b>	<b>TRICARE Paid</b>	<b>Patients</b>	<b>Paid/Patient</b>
<b>ECHO Home Health Care</b>			
Cerebral Palsy or Other Brain Damage	\$21,803,113	169	\$129,013
Spina Bifida or Other Congenital Anomalies	\$14,657,243	162	\$90,477
Pulmonary/Respiratory/Trach Conditions	\$12,920,890	87	\$148,516
Diseases of the Digestive System	\$11,117,894	115	\$96,677
Downs or Other Intellectual Disabilities	\$9,327,722	70	\$133,253
Conditions Associated with the Perinatal Period	\$7,836,278	66	\$118,731
Delays in Physiological Development	\$4,535,224	54	\$83,986
Other Metabolic or Immunity Disorders	\$4,225,420	35	\$120,726
Autism Spectrum Disorder	\$4,074,375	179	\$22,762
All Other Diagnoses	<u>\$4,357,149</u>	<u>46</u>	<u>\$94,721</u>
<b>Grand Total</b>	<b>\$94,855,307</b>	<b>983</b>	<b>\$96,496</b>
<b>Other Non-EHC Patients</b>			
Autism Spectrum Disorder	\$3,160,668	627	\$5,041
Spina Bifida or Other Congenital Anomalies	\$2,828,657	498	\$5,680
Cerebral Palsy or Other Brain Damage	\$1,275,935	186	\$6,860
Delays in Physiological Development	\$1,106,344	356	\$3,108
Downs or Other Intellectual Disabilities	\$503,638	88	\$5,723
Diseases of the Genitourinary System	\$195,718	89	\$2,199
Mental Disorders or Developmental Delays	\$134,049	33	\$4,062
Conditions Associated with the Perinatal Period	\$102,920	15	\$6,861
Diseases of the Musculoskeletal System	\$76,602	17	\$4,506
All Other Diagnoses	<u>\$188,702</u>	<u>51</u>	<u>\$3,700</u>
<b>Grand Total</b>	<b>\$9,573,232</b>	<b>1,960</b>	<b>\$4,884</b>
<b>Total Patient Types and Diagnoses</b>			
<b>ECHO Home Health Care</b>	<b>\$94,855,307</b>	<b>983</b>	<b>\$96,496</b>
<b>Other non-EHC Patients</b>	<b><u>\$9,573,232</u></b>	<b><u>1,960</u></b>	<b><u>\$4,884</u></b>
<b>Total</b>	<b>\$104,428,539</b>	<b>2,943</b>	<b>\$35,484</b>

Note: Paid amounts above only include ECHO program claims (i.e., Basic TRICARE costs and Autism Care Demonstration costs are not included).

For ADFMs to use the ECHO program or the ACD, they must register in the ECHO program. During FY 2021, 24,723 ADFMs were registered in ECHO.<sup>7</sup> The top five States in terms of enrollment were:

1. Virginia (3,167);
2. California (2,955);

<sup>7</sup> While there were 24,723 ADFMs registered in ECHO, as noted in Table 2, only 2,943 patients (12 percent) used ECHO services. The majority of ADFMs register in ECHO to use the ACD. During FY 2021, more than 12,000 ADFMs used the ACD.

3. Texas (2,569);
4. North Carolina (1,798); and
5. Florida (1,784).

Roughly 97 percent of these registrants were younger than 18, with 82 percent age 10 or younger. More than 69 percent of these ADFM ECHO registrants had sponsors who had a rank of senior enlisted (E-5 through E-9), 17 percent had senior officer sponsors (O-4 through O-10), 6 percent had junior officer sponsors, 5 percent had junior enlisted sponsors (E-1 through E-4), and 4 percent had warrant officer sponsors (W-1 through W-5). Nearly 41 percent of ADFM registrants had Army sponsors, 25 percent had Navy sponsors, 23 percent had Air Force sponsors, 8 percent had Marine Corps sponsors, and 3 percent had Coast Guard sponsors.

### **Family-provided Information Regarding Gaps in ECHO Services**

DHA is unable to provide information provided by families regarding gaps in ECHO services at this time. However, DHA is currently developing the survey necessary to retrieve the requested information.

### **Assessment of the Factors Preventing Knowledge of Access to ECHO**

Once an appropriate survey is developed and completed, DHA will be in a better position to assess the factors that prevent knowledge of access to the ECHO program, including a discussion of actions the Secretary may take to address these factors.

### **Average Wait Times for Eligible Dependents to Access ECHO Coverage**

The average wait time for eligible dependents to produce their first claim for EHHC services is three months; for other ECHO services, the average wait time is 12 months. In sum, for all ECHO services, the average wait time is nine months.

Note that to obtain ECHO benefits, eligible ADFM patients must be registered in the ECHO program by their managed care support contractor (MCSC) on receipt of the required documentation from the ECHO-eligible patient's active duty Service member sponsor. The MCSC then enrolls the eligible ADFM patient in the Defense Enrollment Eligibility System (DEERS) with an ECHO-qualifying Health Care Delivery Plan code 400. In the interim, the MCSC may grant otherwise ECHO-eligible and enrolled patients a provisional eligibility status for up to 90 days during which ECHO benefits will be authorized and payable without finalizing enrollment in DEERS.

To evaluate wait times for beneficiaries enrolled in the ECHO program, DHA identified ECHO patients who used the program for the first time during the period FY 2020-FY 2022 (looking back as far as FY 2016 to verify). There were 9,355 first-time ECHO patients over the FY 2020-FY 2022 period, with 586 (6.3 percent) having used the EHHC program. Of the first-time ECHO users during FY 2020-FY 2022, only 1,584 (20 percent) had a record of registering in ECHO. In other words, 80 percent of these first-time patients used the ECHO program without going through the formal registration process. DHA found that higher-volume users were more

likely to be registered than users who only had one or two ECHO claims. Nearly all users of the EHHC program had registered in ECHO (442 of 449 patients) while only 14.9 percent of other (non-EHHC) users (1,142 of 7,670 patients) had registered in ECHO prior to use of the program. The median time from ECHO registration to first ECHO claim was 1 month—this is true for both EHHC and other non-EHHC users.<sup>8</sup> However, more than 17 percent (276 of 1,584 patients) of those registering in ECHO waited longer than one year to obtain ECHO services (only 4 percent of EHHC patients waited more than a year). While 50 percent of the patients wait a month or less (the median), the average wait time for all patients is 9 months (3 months average for EHHC patients). The average wait time exceeds the median wait time because 17 percent of the population waits for longer than 1 year, which substantially increases the average.<sup>9</sup>

DHA does not currently know the precise reasons for the length of time between registration and ECHO service delivery. Without knowing the reasons for these delays, DHA cannot speculate as to such outcomes. However, ECHO program registration is set up to be flexible to meet the immediate needs of ECHO families through the provisional registration status approach described above. These results indicate that the MCSCs granted provisional registration to at least 80 percent of ECHO patients who went on to use the program without formal registration.

## **Conclusion**

The health, safety, and well-being of our military community is paramount to the readiness of the Total Force. The activities and accomplishments outlined in this report highlight OSN's efforts to ultimately achieve our shared mission of enhancing and improving services and support for military families with special needs. The Department stands prepared and committed to continue to address and respond to the needs of our military families.

<sup>8</sup> DHA attempted to determine the amount of time from a patient's initial qualifying diagnosis to registration in ECHO. However, due to technical limitations in the way the data is coded, it is not always possible to determine the exact date of a qualifying diagnosis. DHA also advised there are limitations on using the time it takes between a diagnosis and registration in the ECHO program as a measure of effectiveness, because some patients wait for an extended period of time before deciding to register in and use the ECHO program.

<sup>9</sup> For example, assume that nine patients waited 1 month and one patient waited 80 months. The median (or 50th percentile) wait time would be 1 month and the average wait time would be 9 months. The presence of one outlier (who waited 80 months) skews the average wait time but does not affect the median wait time.

## **Appendix: Acronyms**

**ABA** – Applied Behavior Analysis  
**ACD** – Autism Care Demonstration  
**ADFM** – active duty family member  
**DEERS** – Defense Enrollment Eligibility System  
**DHA** – Defense Health Agency  
**DoD** – Department of Defense  
**DoDEA** – Department of Defense Education Activity  
**DoDI** – Department of Defense Instruction  
**ECHO** – Extended Care Health Option  
**EDIS** – educational and developmental intervention services  
**EFMP** – Exceptional Family Member Program  
**EHHC** – ECHO Home Health Care  
**FMTS** – family member travel screening  
**FNA** – Family Needs Assessment  
**FSP** – Family Services Plan  
**FY** – fiscal year  
**IT** – information technology  
**MCSC** – managed care support contractor  
**MFR** – Military Family Readiness  
**NDAA** – National Defense Authorization Act  
**NUERS** – Notification of Unavailability of Education Related Services  
**OMFRP** – Office of Military Family Readiness Policy  
**OSN** – Office of Special Needs  
**PCS** – permanent change of station  
**Q** – quarter  
**U.S.C.** – United States Code