Annual Report to the
Congressional Defense Committees

Activities of the Office of Special Needs for Fiscal Year 2023

The estimated cost of this report or study for the Department of Defense is approximately $2,850 in Fiscal Years 2022 - 2023. This includes $0 in expenses and $2,850 in DoD labor.

Generated on 2024Jan12   RefID: B-1360A77

Introduction

The Department of Defense (DoD) remains 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 fifteenth annual report to the congressional defense committees, as required by 10 U.S.C. § 1781c(g)(2), as amended.

This report details activities by the OSN during Fiscal Year (FY) 2023, which runs from October 1, 2022 through September 30, 2023. The report includes the following:

- A description of any gaps in services available through the DoD for military families with special needs.

- A description of actions being taken, or planned, to address the identified gaps in services available through the DoD for military families with special medical or educational needs.

- Extended Care Health Option (ECHO) program data.

During the reporting period, the activities of OSN focused on the areas of enhancing and improving the Department's mechanism for oversight and monitoring the Exceptional Family Member Program (EFMP), further standardization of the EFMP, enhancing mechanisms to obtain feedback from military families with medical or educational needs, and maintenance of strategic communication and outreach materials.

EFMP Demographic Data

As of September 30, 2023 (Quarter 4 (Q4), FY 2023), enrollment for the EFMP was 107,701 Service members and 140,636 family members, accounting for approximately 8 percent and 9 percent of the total force population, respectively.[1] EFMP enrollment is continual. Therefore, the enrollment data will vary slightly throughout the FY. The percentages of Service members and family members enrolled in the program remain consistent with previously reported EFMP demographic data.

Table 1 illustrates the number of family members enrolled in EFMP by relationship to their sponsor (i.e., child, spouse, or other adult dependent) as of Q4, FY 2023. Notably, children account for 58.7 percent of the total number of family members enrolled, while spouses and other adult dependents represent 41.3 percent. The data addresses a common misconception that EFMP is a program predominately for children.

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[1] Source of total force data is the 2022 Demographics Profile of the Military Community via Military OneSource (https://www.militaryonesource.mil/data-research-and-statistics/military-community-demographics/2022-demographics-profile/), while the EFMP Enrollment data is collected from the EFMP Data Repository.

Table 1: Family Member Enrollment by Relationship to Sponsor			
	Adult Dependent	**Child**	**Spouse**	**Total**
Q4, FY 2023	7,775	82,534	50,327	140,636

Table 2 below depicts the number of family members enrolled in the EFMP by age group as of Q4, FY 2023. The adults (18 and older) comprised the largest population of family members enrolled in the EFMP at 42.6 percent. Dependents ages 13 through 17 represented 14.6 percent of enrollees, dependents ages 6 through 12 represented 29.5 percent of enrollees, dependents ages 3 through 5 represented 10.3 percent of enrollees, and dependents ages zero to two were the lowest represented age group at 3 percent.

Table 2: Family Member Enrollment by Age					
	0-2 Years	**3-5 Years**	**6-12 Years**	**13-17 Years**	**18+ Years**	**Total**
Q4, FY 2023	4,250	14,458	41,522	20,475	59,931	140,636

Oversight and Monitoring of the EFMP

The collection and analysis of performance data is a critical component of the actions performed by OSN. During the reporting period, OSN collected and analyzed data on the development of services plans for military families with educational or medical needs, monitored the provision of adequate staffing for EFMP Family Support services, conducted certification oversight and monitoring visits, and performed the necessary actions to address gaps within the current EFMP oversight and monitoring framework.

EFMP DD Form 3054 Data and Analysis: Family Needs Assessments (FNAs), Family Services Plans (FSPs), and Inter-Services Transfer Summaries (ISTS)

The DD Form 3054 consists of three sections: 1) The FNA, which organizes family information and includes open-ended questions to identify the needs of families; 2) The FSP, which outlines strength-based and family-centered strategies to help a family develop and meet goals and objectives; and 3) The ISTS, which documents current needs and goals to enhance a warm hand-off with a gaining sister-Service EFMP Family Support office to maintain continuity of services.

In FY 2023, the Military Services used the DD Form 3054 to provide comprehensive FNAs and develop individualized services plans for families who choose to do so in coordination with EFMP Family Support providers pursuant to 10 U.S.C. § 1781c(g)(2), as amended. As depicted in Table 3-5 and Figures 1-2, approximately two-thirds of families completed a FNA when offered, while around one-third of families developed a FSP to identify goals and methods to achieve those goals based on their own family needs.

Table 3: EFMP FNA Completion			
	Completed FNA	**Declined FNA**	**FNA Offered**
Q4, FY 2023	3,995	1,567	**5,562**
Q3, FY 2023	4,472	1,457	**5,929**
Q2, FY 2023	4,623	1,188	**5,811**
Q1, FY 2023	3,263	1,317	**4,580**

Figure 1 demonstrates the percentage of families completing a FNA when offered by the EFMP Family Support office.

Figure 1: Quarterly EFMP FNAs Completed/Declined by Percentage
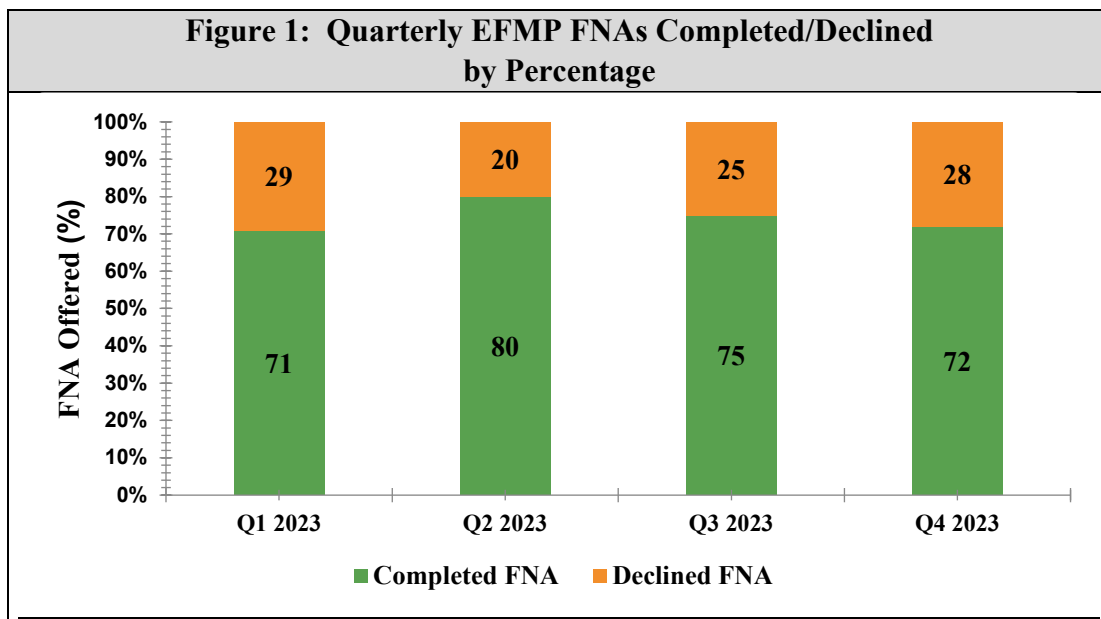
In contrast to Table 3 and Figure 1, which depict a high completion of FNAs, Table 4 and Figure 2 show an inverted rate with 60-70 percent of families declining a FSPs after completing an FNA.

Table 4: DD Form 3054, EFMP FSP Historical Comparison			
	Completed FSP	**Declined FSP**	**FSP Offered**
Q4, FY 2023	959	1,696	**2,655**
Q3, FY 2023	1,052	1,718	**2,770**
Q2, FY 2023	1,040	1,588	**2,628**
Q1, FY 2023	617	1,473	**2,090**

Figure 2: Quarterly EFMP FSPs Completed/Declined by Percentage

	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Declined FSP	70	60	62	64
Completed FSP	30	40	38	36

FSP Offered (%) — vertical axis (0% to 100%)
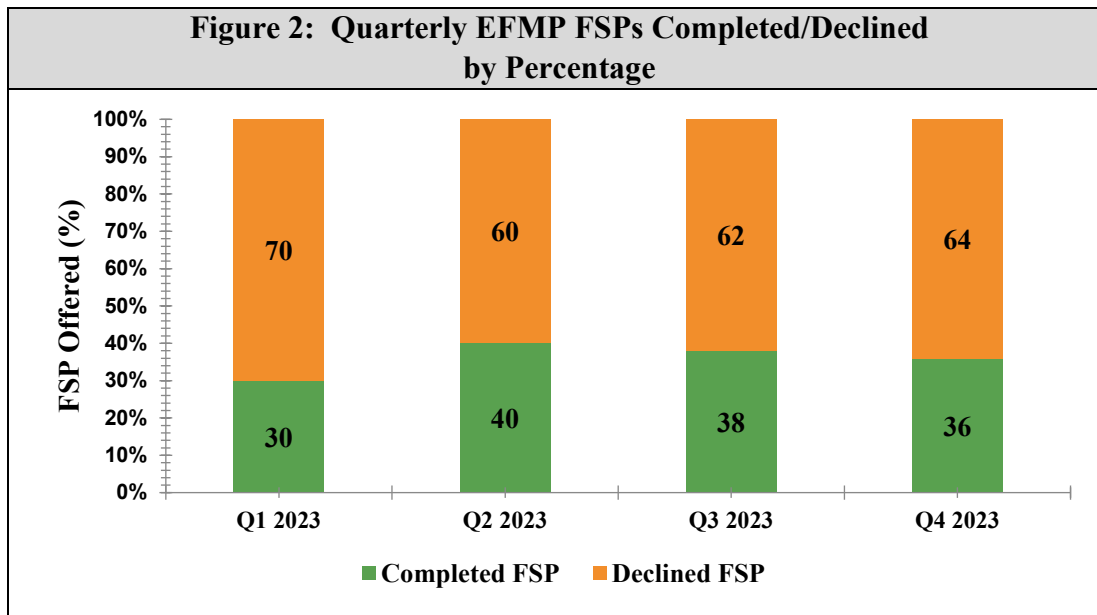
Legend: ■ Completed FSP ■ Declined FSP

Table 5 illustrates the use of the DD Form 3054 with families throughout the Department. Based on the revealed trend of lower totals of families electing to complete a FSP compared to the number offered the tool, OSN will redistribute FNA marketing resources to help increase families' understanding of the purpose and potential benefits of creating an FSP.

OSN will continue to monitor the form's usage by implementing new evaluation and performance metrics to enhance the oversight and monitoring of EFMP Family Support services. Implementing new performance metrics will enable OSN to develop strategies to increase completion rates for the FNA and FSP to enhance services and support to military families.

	Table 5: DD Form 3054 Historical Comparison from FY 2020-FY 2023						
	Completed FNA	Declined FNA	Completed FSP	Declined FSP	Completed ISTS	Declined ISTS	Total
FY 2023	16,353	5,529	3,668	6,475	781	1,795	**34,601**
FY 2022	14,792	6,733	3,097	8,564	548	2,288	**36,022**
FY 2021	17,645	8,662	3,945	9,803	740	2,978	**43,773**
FY 2020	15,819	8,277	2,851	8,386	574	6,460	**42,367**

EFMP Family Support Case Management and Staffing Pilot

Upon completion of the EFMP Family Support Case Management and Staffing Pilot in November 2021, OSN developed a recommended ratio of one installation EFMP Family Support staff for every 250 Military Sponsors enrolled in the EFMP (1:250). In November 2022, the DoD Coordinating Committee adopted the recommended staffing ratio for implementation across the Department. Each Military Service not in compliance with the staffing ratio submitted a plan specifying the timeline for completing the actions to meet the ratio.

As shown in Table 6, the Navy and Marine Corps met the 1:250 staffing ratio in Q3 and Q4, and the Air Force met the ratio in Q4. The staffing variances are partly due to constant cycles of attrition and subsequent time needed to recruit and fill EFMP Family Support vacancies. While the Army continues its efforts to meet the staffing ratio, OSN noted substantial improvement in the latest quarter. OSN continues to monitor the Military Services' staffing numbers through quarterly data reports to ensure compliance with the ratio.

	Table 6: Q3-Q4, FY 2023 Family Support Staffing Ratio			
	Army	**Marine Corps**	**Navy**	**Air Force**
Q3, FY 2023	1:396	1:126	1:152	1:376
Q4, FY 2023	1:294	1:123	1:140	1:224

Certification Oversight Monitoring Visits

During FY 2023, OSN conducted four Certification Oversight Monitoring Visits of the Military Services' certification processes, along with the Family Readiness branch within the Office of Military Family Readiness Policy Family Programs, as mandated by Department of Defense Instruction (DoDI) 1342.22, "Military Family Readiness" August 5, 2021. The certification visits align with Recommendation 3 of the 2018 Government Accountability Office report, "DoD Should Improve Its Oversight of the Exceptional Family Member Program," which emphasizes the implementation of a systematic process for evaluating the results of monitoring activities conducted by each Military Service's EFMP. OSN monitored the Military Services' evaluation methods, as conducted by their team of reviewers, by observing interviews, document and case note reviews, and team meetings. Based on the visits, OSN identified the need to reassess the current EFMP certification standards for potential improvements and enhancements to the standards. OSN anticipates completing the assessment in FY 2024.

The monitoring of the Military Services' installation-level evaluations of the EFMP Family Support services remains an important factor in the continued efforts to further standardize the EFMP across the DoD. Increased compliance with the EFMP standards and the certification process outlined in DoDI 1342.22 will improve the consistency and efficacy of support services experienced by families.

Enhancing the Oversight and Monitoring Model

Standardization of the EFMP and published reports on the program highlighted a gap within OSN's model for program oversight. To resolve the gap, OSN identified the need to establish and implement an outcome-based model for conducting program monitoring and oversight, incorporating best practices for measuring performance.

In FY 2023, OSN collaborated with Pennsylvania State University (PSU) to develop visual representations of the components of the EFMP to provide a clear program pathway from inputs to specified outcomes. The collaboration with PSU centered on developing policy-level short-term and intermediate outcome metrics, the necessary tasks to be performed by OSN to obtain the policy-level data, and the mechanism for identifying gaps. OSN utilized the information and products developed through the PSU collaboration to identify performance metrics that enable

the ability to evaluate the program against established outcomes for determining program effectiveness.

Notably, OSN initiated the revision of the EFMP Data Dictionary by establishing clear definitions for each metric, outlining the measurement indicator, and establishing formulas for the indicators to ensure collection of consistent data across the Department. The increased clarity of the EFMP Data Dictionary will promote consistent interpretation and application of performance standards, reducing ambiguity and potential variations in data reporting. OSN anticipates the finalization of the revised EFMP Data Dictionary in April 2024. To assist with the collection of accurate and timely data, OSN developed a process for elevating disputes to leadership to ensure the timely implementation of program enhancements and data collection methods.

With improved clarity and accuracy of data, OSN will gain a comprehensive understanding of the EFMP operations and outcomes across the DoD. This enhanced oversight will enable the identification of areas of success, as well as potential gaps or deficiencies, thereby facilitating targeted interventions and improvements where needed. OSN anticipates the implementation of the revised model for oversight and monitoring by June 2024.

Family Feedback

OSN recognizes the significance of obtaining feedback from military families to drive program improvements. OSN aims to enhance the current mechanisms for obtaining family feedback to better support families with medical and educational needs.

EFMP Family Support Feedback Tool

OSN utilized the EFMP Family Support Feedback Tool (FSFT) to obtain feedback from military families on their recent experience with EFMP Family Support services. Figure 3 shows that response rates increased slightly from FY 2022 by 38 for 129 total responses.

Figure 3: FY 2023 DoD-wide Family Support Feedback Tool Response Rates
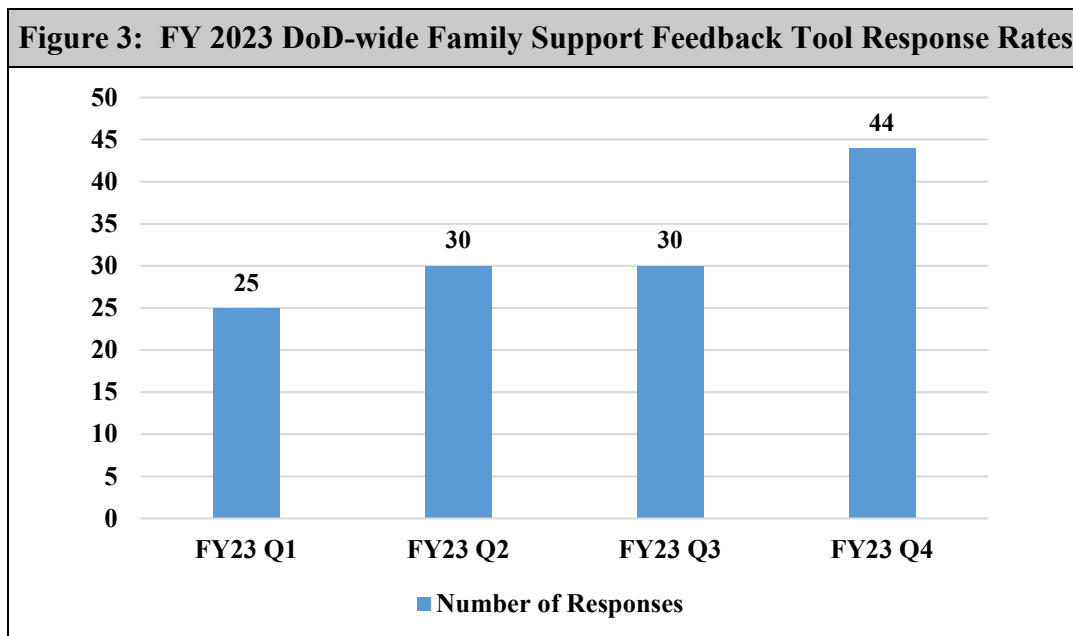
The participation rate with the FSFT is an identified gap. To increase participation, OSN is restructuring the FSFT by reducing the number of questions and by expanding the tool to include assignment coordination, enrollment, and retention. OSN is designing the tool to obtain family feedback after they experience various components of the program, which provides real-time satisfaction and experience data. During FY 2024, OSN will perform the necessary actions to obtain formal approval for implementation of the tool. OSN aims to utilize the data the tool provides to make proactive policy enhancements while addressing the needs of military families.

EFMP Survey

During FY 2022, OSN partnered with the Office of People Analytics to administer the first Department-wide, scientific survey assessment of the EFMP. OSN distributed the survey to 100,000 members and obtained a weighted response rate of 13 percent.[2] The topics covered within the survey included satisfaction with the EFMP; aspects that impacted families before, during, and after their most recent permanent change of station (PCS) move; use of programs and services; and retention. OSN is performing the necessary actions to obtain approval for publication of the survey results and anticipates publishing the data on Military OneSource by December 2024.

OSN will utilize the survey data to inform the current efforts to further improve the program through standardization, improve the programmatic data collection and reporting process to identify gaps and strengths across the Department, and develop additional mechanisms to obtain feedback from families to drive continual improvements.

EFMP Standardization

OSN completed the necessary actions to publish the revised DoDI 1315.19, "Exceptional Family Member Program," in June 2023. The DoDI establishes clear processes and procedures for program implementation across the Department. OSN has made considerable progress towards standardization of the program, consistent with applicable law, by codifying the following responsibilities and requirements across the Military Services:

- The processes for enrollment, disenrollment, and Continental United States Assignment Coordination.
- Communication of final decisions to the Service member throughout the program.
- For Family Support providers to complete at least one annual contact to each family assigned to their caseload.
- The provision of the Family Support warm handoff (WHO) to families when relocating to a new duty station.
- The establishment of a collaborative partnership between EFMP Family Support providers and the School Liaison Office.
- The provision of standard EFMP respite care hours with the ability to provide additional support to meet the needs of caregivers.

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[2] The response rate was similar to the 2022 Status of Forces Survey.

EFMP Family Support WHO

OSN recognized the need to set performance standards and metrics to better serve families making a PCS. With that, a key benchmark in EFMP standardization during this reporting period was the revision of the WHO process. From June-December 2023, OSN collaborated with the Military Services to create a process standard checklist with a supplemental map and guide to provide consistent and comprehensive support to families during a PCS. This enhancement will support the requirement for EFMP Family Support providers to coordinate the WHO between the family's gaining and losing installation by adding clarity to the required actions and timeline for completion. Lastly, OSN is incorporating the collection of WHO data in the process of measuring program effectiveness, to include satisfaction data from families.

Strategic Communications & Outreach

OSN's strategic communication initiative focused on fostering relationships between OSN and non-profit military support organizations that provide direct services to military families with special medical or educational needs. OSN recognizes that building open communication channels with key stakeholders ensures that families learn of the supports available to them through various stakeholders, organizations, and programs they may encounter throughout the military lifecycle.

In FY 2023, OSN was able to broaden its reach of communication to families by continuing to leverage the Exceptional Advocate, a quarterly e-newsletter that provides relevant, informative, and supportive resources to military families with special medical and educational needs and the providers and leaders who serve them. Exceptional Advocate subscriptions increased by 11 percent during the reporting period with 29,552 subscriptions.

OSN continued to promote its key one-stop shop digital resource, EFMP & Me. EFMP & Me page views increased by 32 percent to 85,112 views, and the total number of users increased by 32 percent to 21,983. Among those who identified a user type, 7,395 identified as a family member, 5,261 as a Service member, 997 as a service provider, and 303 as a leader. The top visited resource topics were "About EFMP and Enrollment," "Permanent Change of Station," and "Medical." Overall, the data reflects that, potentially due to increased stakeholder engagement and resource sharing, the standardized OSN resources continue to be of value to military families with special medical or educational needs.

Section 704 of the National Defense Authorization Act (NDAA) for FY 2021: Expansion of TRICARE ECHO Program Benefits

Section 704 of the NDAA for FY 2021 amended 10 U.S.C. § 1781c(g)(2), directing OSN to include data with respect to the ECHO program in the Annual Report to the Congressional Committees on the Activities of the OSN. According to the statute, this information shall include: 1) the utilization rates of services under ECHO by eligible dependents during the prior year (FY 2022 in this case); 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 ECHO 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.

ECHO is a supplemental program to the TRICARE Basic program. It provides eligible active duty family members (ADFMs) with additional financial resources for an integrated set of services and supplies designed to assist in reducing the disabling effects of the ECHO-eligible and enrolled dependent'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, Defense Health Agency (DHA)); or an extraordinary physical/psychological condition rendering the beneficiary homebound. Note that Applied Behavior Analysis (ABA) services for Autism Spectrum Disorder are 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 (RUG-III) 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 Figure 4, 3,268 beneficiaries with ECHO expenditures (referred to as ECHO patients) used approximately $101.3 million of ECHO benefit expenditures (an average of nearly $31,000 per patient) during FY 2022. These costs exclude all the TRICARE Basic program expenditures for these patients. The vast majority of these ECHO expenditures were associated with the EHHC program. The claims for the 995 EHHC patients were approximately $88.1 million, an average of nearly $89,000 per patient. Sixty-one percent of these EHHC patients (610 of 995) had annual expenditures over $36,000 during FY 2022. Roughly 96 percent of EHHC patients were younger than 18, with 81 percent being 10 or younger. 2,273 ECHO patients did not participate in the EHHC program during FY 2022.

These patients had total Government expenditures of roughly $13.2 million or nearly $5,800 per patient (excluding any TRICARE Basic program expenditures). Figure 4 provides information regarding the top principal diagnoses for these patients by annual expenditures during FY 2022. Please note the ECHO paid services below were not for ABA services.

Figure 4: FY 2022 ECHO Paid Government Amounts, ECHO Patients, and Paid Government Costs Per Patient for EHHC and Other Non-EHHC Patients by Most Prevalent Primary Diagnoses

Patient's Most Prevalent Diagnosis	TRICARE Paid	Patients	Paid/Patient
ECHO Home Health Care (EHHC)			
Cerebral Palsy or Other Brain Damage	$20,148,041	175	$115,132
Spina Bifida or Other Congenital Anomalies	$14,040,926	161	$87,211
Pulomnary/Respirator/Trach Conditions	$12,340,510	92	$134,136
Diseases of the Digestive System	$11,853,493	126	$94,075
Downs or Developmental Disabilities	$8,198,554	66	$124,221
Conditions Associated With the Perinatal Period	$7,084,756	70	$101,211
Other Metabolic or Immunicty Disorders	$4,474,759	39	$114,737
Delays in Physiological Development	$3,406,851	42	$81,115
Autism Spectrum Disorder	$2,309,424	161	$14,344
Mental Disorders or Developmental Delays	$986,653	19	$51,929
All Other Diagnoses	$3,248,435	44	$73,828
Total	$88,092,401	995	$88,535
Other Non-EHHC Patients			
Spina Bifida or Other Congenital Anomalies	$5,113,096	753	$6,790
Autism Spectrum Disorder	$3,988,086	598	$6,669
Cerebral Palsy or Other Brain Damage	$1,267,245	170	$7,454
Delays in Physiological Development	$1,171,438	342	$3,425
Downs or Developmental Disabilities	$495,096	76	$6,514
Diseases of the Genitourinary System	$395,601	208	$1,902
Mental Disorders or Developmental Delays	$244,731	44	$5,562
Conditions Associated With the Perinatal Period	$126,965	14	$9,069
Diseases of the Musculoskeletal System	$74,413	10	$7,441
Neoplasms	$67,191	3	$22,397
All Other Diagnoses	$217,880	55	$3,961
Total	$13,161,741	2,273	$5,790
Total Patient Types and Diagnoses			
ECHO Home Health Care	$88,092,401	995	$88,535
Other Non-EHHC Patients	$13,161,741	2,273	$5,790
Total	$101,254,142	3,268	$30,984

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

ADFMs using the ECHO program must be registered in the ECHO program. During FY 2022, 25,254 ADFMs were registered in ECHO.[3] The top five States in terms of enrollment were: 1) Virginia (3,263); 2) California (3,026); 3) Texas (2,658): 4) North Carolina (1,904); and 5) Florida (1,842). Roughly 93 percent of these registrants were younger than 18, with 64 percent age 10 or younger. More than 70 percent of these ADFM ECHO registrants had sponsors who had a rank of senior enlisted (E-5 through E-9), 16 percent had senior officer sponsors (O-4 through O-10), 5 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, 26 percent had Navy sponsors,

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[3] While there were 25,254 ADFMs registered in ECHO, as noted in Table 1, only 3,268 patients (13 percent) used ECHO services. The majority of ADFMs register in ECHO to use the ACD. During FY 2022, more than 12,000 ADFMs used the ACD.

22 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 currently unable to provide the requested information. 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 Department may take to address these factors.

Average Wait Times for Eligible Dependents to Access ECHO Coverage

For ECHO-enrolled patients, the average "wait time" (defined as the time between enrollment and the production of the first claim) for EHHC services is 3 months; for other ECHO services, the average wait time is 9 months. Importantly, only 20 percent (1,755) of patients enroll in ECHO prior to submitting a claim for EHHC or ECHO services. However, patients requiring EHHC or ECHO services may seek services through provisional coverage as needed. The Department does not have a means of calculating "wait times" for those seeking services without enrolling first.

Eligible ADFM patients must be registered in the ECHO program by their Managed Care Support Contractor (MCSC) to obtain ECHO benefits. On receipt of the required documentation from the ECHO-eligible patient's 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 a period of 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 2021-FY 2023 (looking back as far as FY 2018 to verify). There were 10,644 first-time ECHO patients over the FY 2021-FY 2023 period, with 575 (5 percent) having used the EHHC program. Of the first-time ECHO users during FY 2021-FY 2023, only 1,755 (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 with only one or two ECHO claims. Nearly all users of the EHHC program had registered in ECHO (425 of 431 patients), while only 16 percent of other (non-EHHC) users (1,330 of 8,564 patients) had registered in ECHO prior to use of the program.

The median time from ECHO registration to the first ECHO claim was 1 month for EHHC users and 2 months for other non-EHHC users.[4] However, 17 percent (293 of 1,755 patients) of those registering in ECHO waited greater than 1 year to obtain ECHO services (only 5 percent of EHHC patients waited for 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 greater than 1 year, which substantially increases the average.[5]

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 about such outcomes. DHA would like to note 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 the MCSCs granted provisional registration to at least 80 percent of ECHO patients who went on to use the program without formal registration.

Conclusion

Serving our military families with special needs is critical to achieving the country's national security objectives. The accomplishments and activities detailed in this report demonstrate a continual effort from OSN to improve and enhance the EFMP. Sustained success relies on collaborative partnerships across the Military Services and maintaining relationships with our internal and external stakeholders. The Department will remain vigilant and responsive to the evolving needs of our military community.

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[4] DHA attempted to determine the 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 between a diagnosis and registration in the ECHO program as a measure of effectiveness because some patients wait for an extended period before deciding to register and use the ECHO program.

[5] For example, assume that 9 patients waited one 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
DoDI – Department of Defense Instruction
ECHO – Extended Care Health Option
EFMP – Exceptional Family Member Program
EHHC – ECHO Home Health Care
FNA – Family Needs Assessment
FSP – Family Services Plan
FY – Fiscal Year
MCSC – Managed Care Support Contractor
NDAA – National Defense Authorization Act
OSN – Office of Special Needs
PCS – permanent change of station
Q – Quarter
U.S.C. – United States Code
WHO – warm handoff