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Annual Report on the Activities of the Office of Special Needs for Fiscal Year 2024

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Introduction

The Department of Defense (DoD) continues its commitment to advancing support and services for 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 16th annual report to the congressional defense committees, as required by 10 U.S.C. § 1781c(g)(2).

This report outlines the progress of OSN during Fiscal Year (FY) 2024, which runs from October 1, 2023 through September 30, 2024, and provides a roadmap for ongoing improvements to sustain, strengthen, and standardize support for military families with special medical or educational needs. 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.

Building upon the progress made in previous years, OSN remains committed to addressing the unique challenges faced by Service members and their families, enhancing access to critical services, and developing policies that foster resilience within these communities. 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 program, enhancing mechanisms to obtain feedback from military families, and continuation of strategic communication and outreach materials. A steadfast focus on collaboration, innovation, and adaptability to meet the evolving needs of military families across the Department guided these efforts.

EFMP Demographic Data

As of the end of quarter (Q) 4, FY 2024, or September 30, 2024, enrollment of Service members and family members in the EFMP represented approximately 8 percent and 9 percent of the total force population, respectively as shown in Table 1. The percentages of Service members and family members enrolled in the program have remained consistent throughout the years.

Table 1: EFMP vs. Total Force Enrollment

Total Enrolled in EFMP (Q4, FY 24)	Total DoD (2023)¹	% of DoD
105,702 Service Members	1,273,382	8%
136,778 Family Members	1,455,869	9%

Table 2 depicts 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 2024. Children comprise 57 percent of the total number of family members enrolled, while spouses and other adult dependents represent 36 percent and 7 percent, respectively. This data is crucial from a programmatic view as it highlights the demographics of those supported by the EFMP, allowing for targeted resource allocation and support services. Importantly, this speaks to a common misunderstanding that the EFMP is exclusively for children despite the data indicating adults also make up a large portion of the enrollment. Recognizing the enrollment types assists the Department with enhancing program outreach and ensuring the implementation of services designed to assist all enrolled family members receive the appropriate support.

Table 2: Family Member Enrollment by Relationship to Sponsor

	Adult Dependent	Child	Spouse	Total
Q4, FY24	9,244	78,357	49,177	136,778
Q3, FY24	8,394	86,252	52,543	147,189
Q2, FY24	7,997	84,088	51,123	143,208
Q1, FY24	7,915	81,279	49,515	138,709

Family Satisfaction Feedback

Integrating data and family feedback into our policy and program development is essential for creating responsive and effective solutions that meet the needs of our community. By systematically collecting and analyzing quantitative data alongside qualitative insights from families, we can identify gaps in service, understand diverse perspectives, and prioritize areas for improvement. The dual approach ensures our policies are not only evidence-based but also grounded in real-world experiences. Engaging families in the feedback process fosters a sense of ownership, leading to increased trust and commitment to our initiatives. As a result, OSN is better positioned to develop targeted programs that enhance service delivery and improve outcomes for families with disability-related needs.

¹ Source of total force data is the 2023 Demographic Profile of the Military Community via Military OneSource (<https://www.militaryonesource.mil/data-research-and-statistics/military-community-demographics/>).

The 2022 EFMP Survey

On July 20, 2024, OSN published the results of the 2022 EFMP survey via Military OneSource. The Department distributed the survey to approximately 100,000 active duty Service members to assess the lived experience of military families enrolled in EFMP as they navigate the program and to gauge access and satisfaction with services and support provided by the EFMP and related outside agencies. The survey period was November 2022 to March 2023 with a weighted overall response rate of 13 percent.

A key component of the survey was obtaining data on program satisfaction from individuals enrolled in the program. Forty-three percent of respondents were satisfied with the overall EFMP while 25 percent were neither satisfied nor dissatisfied, and 33 percent were dissatisfied. In addition, 83 percent of EFMP-enrolled service members indicated their family needs were met, to some extent, in the past 12 months.

To further analyze satisfaction, the Department sought to obtain data on the enrollment process, assignment coordination, and family support. The assignment coordination process and support received when relocating to a new duty station is critical to the lived experiences of military families enrolled in the EFMP. Overall satisfaction rates were reported as follows:

- Enrollment: 46 percent of respondents were satisfied, 26 percent were neither satisfied nor dissatisfied, and 28 percent were dissatisfied with the process overall.
- Assignment Coordination: 33 percent of respondents were satisfied, 27 percent were neither satisfied nor dissatisfied, and 40 percent were dissatisfied with the process overall.
- Family Support: 79 percent of respondents who received services from their local EFMP Family Support office were satisfied with the professionalism of the Family Support provider, 65 percent were satisfied with the provider accurately acknowledging concerns, and 64 percent were satisfied with providers tailoring support to meet their needs.

In addition, the Department sought to gain insight on the impact of the EFMP on career retention. Notably, 49 percent of respondents indicated that EFMP enrollment would not have an impact on their decision to stay on active duty, while 25 percent indicated enrollment would have a positive impact, and 26 percent indicated enrollment would have a negative impact. 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, identify gaps and strengths across the Department, and develop additional mechanisms to obtain feedback from families to drive continual improvements.

OSN will continue to evaluate processes and identify areas of improvement to promote program effectiveness for Service members and their families. This includes open and transparent engagement with internal and external stakeholders. Through our commitment to data-driven decision-making and family engagement, OSN will drive meaningful change, enhance program effectiveness, and ensure that our policies reflect the voices and needs of those we serve.

Oversight and Monitoring of the EFMP

The collection and analysis of performance data is an important element of the oversight and monitoring actions executed by OSN. OSN identified the need to continue monitoring insight data in the area of Family Support. EFMP Family Support is an essential component of the program, providing information, referral services, non-clinical case management, training, and other support to military families to assist them with identifying and accessing needed services and support. One critical measure is the DoD-wide utilization rates of the DD Form 3054, “Exceptional Family Member Program Family Needs Assessment,” with military families with educational or medical needs. Data from the DD Form 3054 assists the Department with assessing performance of EFMP Family Support activities and gaining further insights in topics and needs families request at each installation. Specifically, the Department uses the rates of completion and declination to determine if Family Support providers need additional training with administering the DD Form 3054, are communicating the benefits and overall importance of completing a Family Needs Assessment (FNA) with families as appropriate, and if the Department needs to enhance information provided to families on the importance of the form and EFMP Family Support.

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 Family Services Plan (FSP) which outlines strength-based and family-centered strategies to help a family develop and meet goals and objectives; and 3) the Inter-Services Transfer Summary (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.

Tables 3 and 4 below show the use of the DD Form 3054 in FY 2024 by the Military Services to provide comprehensive FNAs and develop individualized services plans for families who choose to do so in coordination with EFMP Family Support providers. Consistent with FY 2023 EFMP Family Support performance data, 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: FNAs by Quarter

	Completed FNA	% Completed FNA	Declined FNA	% Declined FNA	FNA Offered
Q4, FY24	4,898	59.6%	3,319	40.4%	8,217
Q3, FY24	5,960	74.7%	2,022	25.3%	7,982
Q2, FY24	4,461	69.8%	1,928	30.2%	6,389
Q1, FY24	4,019	72.4%	1,532	27.6%	5,551

Figure 4: FSPs by Quarter

	Completed FSP	% Completed FSP	Declined FSP	% Declined FSP	FSP Offered
Q4, FY24	731	16.4%	3,737	83.6%	4,468
Q3, FY24	1,095	28.0%	2,817	72.0%	3,912
Q2, FY24	983	31.3%	2,157	68.7%	3,140
Q1, FY24	893	36.6%	1,529	63.4%	2,422

Table 5 illustrates the DoD-wide use of the DD Form 3054 historical data for four fiscal years ending FY 2020-FY 2024, demonstrating a gradual decline in the completions of FNAs, FSPs, and ISTSs. This decline is significant as it highlights fewer families completing the DD Form 3054, which could affect program effectiveness. To address this, OSN has initiated training sessions with the Military Services and Family Support providers to emphasize the intent and importance of conducting FNAs and when applicable, FSPs with families. OSN will continue to monitor DD 3054 Form utilization data to assess the effectiveness of training and outreach efforts, promoting the benefits of using the tool with families, and adjusting as necessary to enhance engagement and support for families.

Table 5: DD Form 3054 for Four Fiscal Years Ending FY 2024

	Completed FNA	Declined FNA	Completed SP	Declined SP	Completed ISTS	Declined ISTS	Total
FY24	15,920	8,183	2,831	9,347	339	2,849	39,469
FY23	16,353	5,529	3,668	6,475	781	1,795	34,601
FY22	14,792	6,733	3,097	8,564	548	2,288	36,022
FY21	17,645	8,662	3,945	9,803	740	2,978	43,773
FY20	15,819	8,277	2,851	8,386	574	6,460	42,367

OSN recognizes the importance of the DD Form 3054 in enhancing support for families with disability-related needs. In our ongoing commitment to improving support for families with disability-related needs, OSN will promote the DD Form 3054 through targeted outreach and educational initiatives and continue to engage with key stakeholders to disseminate information and gather feedback on the effectiveness of the form. Notably, OSN will continue to monitor the use of the form and evaluate its impact on EFMP Family Support services, ensuring continuing improvement and responsiveness to family needs. These efforts will aim to raise awareness about the form's importance in accessing essential services and foster a comprehensive understanding of the DD Form 3054, ultimately leading to better support for families enrolled in the EFMP.

EFMP Outcomes and Accountability Model (OAM)

OSN identified the need to strengthen and enhance the mechanism for conducting oversight and monitoring to improve the collection and analysis of performance data to measure the effectiveness of the EFMP in respect to each Service and across the Military Departments. In alignment with the recommendations from the August 2023 DoD Inspector General (IG) Report, “Audit of the DoD Exceptional Family Member Program” (DODIG-2023-102), OSN developed an Oversight Strategy and Action Plan to enhance the evaluation and effectiveness of the EFMP. The initiative aimed to improve program access, execution, and satisfaction for military families with disability-related needs.

The effort encompassed the completion of a comprehensive analysis of legislative and policy oversight responsibilities, establishing a clear framework for compliance and accountability within the EFMP, and developing performance measurement and evaluation tools to facilitate data-driven decision-making, enabling the assessment of program effectiveness and informed adjustments based on measurable outcomes. The actions led to the development and implementation of the new EFMP OAM.

OSN designed the EFMP OAM to proactively identify needs, best practices, and current strengths across the Services while measuring and enhancing program access, execution, and satisfaction. The model provides clarity and granularity to the data collection and reporting process for internal and external stakeholders. It also includes the development and dissemination of an enhanced EFMP data dictionary that establishes standard key performance indicators and calculation formulas. Furthermore, the model includes a process to elevate barriers to implementation from the Military Services and other agencies to leadership, alongside the new data reporting structures on the program’s performance. The Department deployed the initial phase of the OAM on July 1, 2024, and anticipates full implementation by spring 2025.

A component of the enhancements to the oversight procedures included addressing recommendations identified in the August 2023 DoD IG audit of the EFMP. As of September 30, 2024, OSN closed the following recommendations:

- Development and implementation of a new data dictionary with increased granularity of data terms, standardized formulas across all EFMP components, and installation-level collection to improve accuracy of submitted data to identify areas of improvement at specific installations.
- Addition of an EFMP identifier to the outside the continental United States family member travel screening data collection templates.
- Development and implementation of a process to conduct in-depth reliability testing of data submissions and collection methodology and developing an oversight strategy and action plan.

- Establishment and implementation of a process to track disputes with DoD stakeholders and promptly elevate disputes to the Assistant Secretary of Defense for Manpower and Reserve Affairs for resolution.

By implementing the actions outlined in the OAM, OSN aims to enhance oversight and effectiveness of the EFMP. OSN designed the initiative to help improve support and outcomes for military families with disability-related needs, ensuring they receive the necessary resources and services to thrive. The structured approach outlined reflects OSN's commitment to continuous improvement and accountability in fulfilling its mission.

EFMP Standardization

Following the reissuance of Department of Defense Instruction 1315.19, "Exceptional Family Member Program," in June 2023, OSN continues to advance enhanced standardization through an in-depth analysis of gaps in program functions and continuous engagement with internal and external stakeholders in the following areas:

EFMP Family Support

Following an analysis of EFMP service delivery, OSN initiated a plan to further address the variability in EFMP Family Support services across the Military Services. In January 2024, OSN met with internal stakeholders to discuss the further standardization of EFMP Family Support provider roles and responsibilities. This is in response to feedback from internal and external stakeholders for OSN to provide increased granularity in EFMP Family Support services and promote consistent and quality services for all families regardless of location and Military Service.

In collaboration with the Military Services, OSN developed programmatic enhancements in the areas of special education support, information and referral, case management, and EFMP outreach and education.

EFMP Identification and Enrollment Criteria

After reviewing feedback from EFMP Identification and Enrollment staff, OSN determined the need to update the EFMP enrollment criteria to provide greater clarity and detail on eligibility. This is crucial to ensure consistent application of enrollment processes across the Department and strengthen the program's ability to meet families' needs and provide the necessary support to improve quality of life.

In September 2024, OSN initiated revisions to the criteria for identifying family members with special needs and subsequently convened a working group with essential stakeholders to ensure the finalization of accurate and transparent enrollment criteria. Additionally, the working group identified the need to create an enrollment reference guide and implement training to provide standardized, and efficient guidance for EFMP identification and enrollment staff.

Strategic Communications and Outreach

In FY 2024, OSN continued to prioritize strategic communication efforts to foster robust connections with military families with special medical or educational needs. This reporting period highlights progress in resource utilization, engagement, and key growth trends.

EFMP & Me

In FY 2024, the EFMP & Me digital tool on Military OneSource demonstrated growth across various user engagement metrics. Note that as of April 2024, the data analytics platform underwent a mandatory upgrade, which shifted the data collection method. This mandatory upgrade better adapts to changing consumer behavior while providing a more holistic view of user interactions across devices. Each platform uses different measurement models, and therefore, it is not advised to compare data between the two different platforms. During this transition period, FY 2024 EFMP & Me data will be reported with Q1 and Q2 using the previous data analytic platform and Q2 and Q3 using the new platform.

With a total of 44,838 page views and 12,649 active users during Q1 and Q2, EFMP & Me continues to serve as a critical resource for military families, service providers, and leaders. The reported 4,003 family members and 2,681 Service members continue to be the dominant user groups while service providers and leaders reflect lower levels of engagement with 427 and 143 users, respectively. The five most frequently accessed resources during Q1 and Q2 are:

- About EFMP and Enrollment
- Medical
- Permanent Change of Station
- Ages 3 through 21
- Childcare

Notably in Q1 and Q2, the largest traffic source was referral traffic, which comprised 69 percent of all site traffic, followed by direct traffic, which was 18 percent of all traffic. This trend could suggest that sources such as military organizations and helping professionals such as EFMP Family Support providers continue to play a significant role in driving users to EFMP & Me.

In Q3 and Q4, EFMP & Me noted 54,527 page views and 14,140 active users. Family members and Service members are the reported dominant user group at 3,358 and 2,219 users respectively. Service providers and leaders report 396 and 150 users respectively. Additionally, analysis of user enrollment data in Q3 and Q4 show that 53 percent of users are enrolled in EFMP, 33 percent are not enrolled, and 14 percent identify as unsure of their enrollment status. The five most frequently accessed resources remain the same in Q3 and Q4, reflecting that these topics continue to be ongoing needs affecting military families with special medical or educational needs.

Notably, 62 percent of users in Q3 and Q4 remained actively engaged with the digital tool once they accessed it, highlighting the relevance and utility of the information provided.

Additionally, in Q3 and Q4, 11 percent of all site traffic stemmed from referral sources while 72 percent came from direct traffic. This could indicate a growing familiarity with EFMP & Me among returning users, reflecting sustained engagement after initial exposure. Leveraging this familiarity with EFMP & Me with ongoing updates and relevant content will be essential to sustaining user interest and engagement in the coming fiscal year.

Exceptional Advocate eNewsletter

In FY 2024, Exceptional Advocate subscriptions saw a 15 percent increase, bringing the total number of subscribers to 34,051. This growth reflects the continued demand for reliable, informative resources tailored to military families with special medical or educational needs. The quarterly e-newsletter remains a key touchpoint for communicating crucial updates and providing support, contributing to OSN's broadened outreach efforts.

MilLife Guides

To expand knowledge and usage of digital resources, new MilLife Guides on Military OneSource provide significant informational content for military families and those who support them. This first year of foundational data derived from Q3 and Q4 is taken into consideration to highlight potential areas for increased promotion:

- The “Adults with Special Needs” MilLife Guide received 945 views.
- The “Special Education” MilLife Guide received 1,130 views.
- The “EFMP Resources” MilLife Guide was the most popular, with 4,872 views, demonstrating continued interest in streamlined digital EFMP resources.

OSN will continue to focus on enhancing visibility, reaching a broader audience, and increasing referrals and promotions of standard resources, ultimately ensuring more military families can benefit from available support.

Section 704 of the William M. (Mac) Thornberry National Defense Authorization Act (NDAA) for FY 2021 (Public Law 116–283), “Expansion of TRICARE Extended Care Health Option 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 must include: 1) the utilization rates of services under ECHO by eligible dependents during the prior year (FY 2023 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 and 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 and provides eligible active duty family members (ADFM)s with additional financial resources for an integrated set of services and supplies designed to assist in the reduction of 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 Table 1, 3,989 beneficiaries with ECHO expenditures (referred to as ECHO patients) used approximately \$104.7 million worth of ECHO benefits (an average of more than \$26,000 per patient) during FY 2023. These costs exclude all the TRICARE Basic program expenditures for these patients. Most of these ECHO expenditures were associated with the EHHC benefit. The claims for the 1,027 EHHC patients were approximately \$86.8 million, an average of nearly \$85,000 per patient. Fifty-five percent of these EHHC patients (563 of 1,027) had annual expenditures over \$36,000 during FY 2023. Roughly 95 percent of EHHC patients were younger than 18, with 81 percent being age 10 or younger. During FY 2023, 2,962 ECHO patients did not participate in the EHHC program.

These patients had total Government expenditures of roughly \$17.9 million or over \$6,000 per patient (excluding any TRICARE Basic program expenditures). Table 6 provides information regarding the top principal diagnoses for these patients by annual expenditures during FY 2023. Please note the ECHO paid services below were not for ABA services.

Table 6: 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	Paid Amount	Patients	Paid/Patient
ECHO Home Health Care (EHHC) Patients			
Cerebral Palsy or Other Brain Damage	\$19,744,904	173	\$114,132
Spina Bifida or Other Congenital Anomalies	\$13,858,789	180	\$76,993
Pulmonary/Respirator/Trach Conditions	\$12,341,337	80	\$154,267
Diseases of the Digestive System	\$11,247,187	117	\$96,130
Downs or Other Developmental Disabilities	\$9,313,765	80	\$116,422
Conditions Associated With the Perinatal Period	\$6,698,993	67	\$99,985
Other Metabolic or Immunity Disorders	\$3,071,731	28	\$109,705
Delays in Physiological Development	\$3,005,452	49	\$61,336
Autism Spectrum Disorder	\$2,493,392	187	\$13,334
Diseases of the Heart or Circulatory System	\$1,544,355	15	\$102,957
All Other Diagnoses	\$3,506,276	51	\$68,751
Total	\$86,826,183	1,027	\$84,544
Other Non-EHHC Patients			
Spina Bifida or Other Congenital Anomalies	\$7,732,849	1,049	\$7,372
Autism Spectrum Disorder	\$5,917,408	940	\$6,295
Delays in Physiological Development	\$1,230,865	361	\$3,410
Cerebral Palsy or Other Brain Damage	\$1,205,354	178	\$6,772
Downs or Other Developmental Disabilities	\$795,082	127	\$6,260
Diseases of the Genitourinary System	\$403,646	220	\$1,835
Diseases of the Musculoskeletal System	\$149,787	14	\$10,699
Conditions Associated With the Perinatal Period	\$91,280	11	\$8,298
Other Metabolic or Immunity Disorders	\$71,108	9	\$7,901
Diseases of the Heart or Circulatory System	\$44,625	4	\$11,156
All Other Diagnoses	<u>\$224,010</u>	<u>49</u>	<u>\$4,572</u>
Total	\$17,866,014	2,962	\$6,032
Total Patient Types and Diagnoses			
ECHO Home Health Care	\$86,826,183	1,027	\$84,544
Other Non-EHHC Patients	<u>\$17,866,014</u>	<u>2,962</u>	<u>\$6,032</u>
Total	\$104,692,196	3,989	\$26,245

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

ADFM's using the ECHO program must be registered in the ECHO program. During FY 2023, 26,042 ADFM's were registered in ECHO.² The top five states in terms of enrollment were: 1) Virginia (3,362); 2) California (3,137); 3) Texas (2,744); 4) North Carolina (1,908); and 5) Florida (1,895). 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 to E-9), 16 percent had senior officer sponsors (O-4 to O-10), 6 percent had junior officer sponsors, 5 percent had junior enlisted sponsors (E-1 to E-4), and 4 percent had warrant officer sponsors (W-1 to W-5). A total of 41 percent of ADFM registrants had Army sponsors, 26 percent had Navy sponsors, 22 percent had Air Force sponsors, 8 percent had Marine sponsors, and 3 percent had Coast Guard sponsors.

² While there were 26,042 ADFM's registered in ECHO, as noted in Table 6, only 3,989 patients (15 percent) used ECHO services. The majority of ADFM's register in ECHO to use the ACD. During FY 2023, more than 12,000 ADFM's used the ACD.

Family-Provided Information Regarding Gaps in ECHO Services

OSN conducted a survey of EFMP families from November 2022 to March 2023. To avoid survey fatigue among families enrolled in the EFMP, DHA determined a survey is not the best way to ascertain gaps in ECHO services. Instead, DHA has been working closely with the TRICARE contractors, the Government Accountability Office (GAO), external stakeholders, and families enrolled in ECHO to determine the biggest gaps in ECHO services. One gap the GAO identified was a barrier caregivers may face when trying to access ECHO respite care. They determined DHA officials miscommunicated to EFMP staff a requirement that another adult remain in the home during the provision of ECHO respite care. This requirement effectively rendered the respite care benefit unusable for eligible families. The GAO determined DHA could address this incorrect information by communicating to each military branch's EFMP that there is no TRICARE requirement that another adult remain in the home to access ECHO respite care. DHA completed a manual change that adds a paragraph to the ECHO respite care manual language (TRICARE Policy Manual, Chapter 9, Section 12.1) clarifying ECHO respite care requirements. This clarification provided written instruction to the TRICARE managed care support contractors (MCSCs) that ECHO respite care does not require the presence of an adult (other than the clinician providing the services) for such care to be covered under the ECHO benefit. The manual change was also shared with the Services, EFMP offices, DHA customer service, and ECHO families during multiple trainings held throughout the year. DHA continues to work with the TRICARE MCSCs and ECHO families to identify and resolve additional gaps in ECHO services.

Assessment of the Factors Preventing Knowledge of and Access to ECHO

As discussed above, DHA surveyed the MCSCs to provide an assessment of factors that prevent knowledge of and access to the ECHO program. The MCSCs acknowledged that some Service members feel enrollment in the EFMP has career limiting implications and are reluctant to register in the program. While there has been a great deal of emphasis and education on the benefits available through the EFMP and registration will not limit a Service member's career, they noted continued reinforcement of this is needed, especially in addressing questions concerning access to the ECHO program.

As a result, the MCSCs have identified that in-person briefings, health fairs, or other in-person offerings are excellent avenues to brief "newcomers" to the area on aspects of the ECHO program. The MCSCs have been attending health fairs, providing contact numbers for ECHO case managers, and referring beneficiaries to the ECHO case managers to address any questions or need for resources the beneficiaries may have. In addition to in-person offerings, they provide focused web-based seminars to increase awareness of the ECHO program within the military community and provide important contact information on their website.

Another potential factor limiting engagement in the ECHO program is the differences in knowledge levels of Tricare ECHO within the Military Services. In discussions between some installation Family Support providers and the MCSCs, it was determined that some Family Support providers were not familiar with the ECHO program, its benefits, or how to access the program.

In addition to the miscommunication that GAO recognized regarding ECHO respite care, DHA determined the best way forward is for the MCSCs and DHA to continue to provide training to the Services' EFMP offices so they can educate beneficiaries on the ECHO program's benefits. DHA also held two summits to bring together the EFMP policy office, the Military Services, and agencies who support families in the EFMP. This will improve EFMP families' access to all the ECHO program's benefits and services. DHA will work tirelessly to continue to educate EFMP offices and TRICARE families on the ECHO program and all its benefits through constant and consistent training seminars, providing important contact and program information on all TRICARE websites, and providing web-based seminars to any TRICARE member interested in the ECHO program.

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 ECHC services was 4 months; for other ECHO services, the average wait time was 10 months. Importantly, only 20 percent (2,555) of patients enroll in ECHO prior to submitting a claim for ECHC or ECHO services. However, patients requiring ECHC 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 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 Reporting System (DEERS) with an ECHO-qualifying Health Care Delivery Plan (HCDP) code 400. In the interim, the MCSCs may grant otherwise ECHO-eligible and enrolled ADFM 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 patients who used the ECHO program for the first time during the period FY 2021-FY 2024 (looking back as far as FY 2018 to verify). There were 15,076 first-time ECHO patients over the FY 2021-FY 2024 period, with 763 (5 percent) having used the ECHC program. Of the first-time ECHO users during FY 2021-FY 2024, only 2,555 (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 ECHC program had registered in ECHO (557 of 562 patients) while only 17 percent of other (non-ECHC) users (1,998 of 12,082 patients) had registered in ECHO prior to use of the program.

The median time from ECHO registration to the first ECHO claim was one month for both EHHC and non-EHHC users.³ However, 16 percent (407 of 2,555 patients) of those registering in ECHO waited greater than one year to obtain ECHO services (only 5 percent of EHHC patients waited for more than a year). While 50 percent of the patients waited a month or less (the median), the average wait time for all patients is 9 months (4 months average for EHHC patients). The average wait time exceeds the median wait time because 16 percent of the population waits for greater than one year, which substantially increases the average.⁴

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 is critical to achieving a ready and resilient fighting force. By prioritizing the unique needs of military families with special medical or educational needs, OSN continues to make significant progress and accomplishments that enhance quality of life for Service members and their families. This momentum will continue with the support from collaborative partnerships across the Military Services and with internal and external stakeholders. The Department remains steadfast in its mission to support and respond to the unique and evolving needs of military families.

³ 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 before deciding to register and use the ECHO program.

⁴ For example, assume that 9 patients waited one month, and one patient waited 80 months. The median (or 50th percentile) wait time would be one 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
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
GAO – Government Accountability Office
HCDP – Health Care Delivery Plan
IG – Inspector General
ISTS – Inter-Services Transfer Summary
MCSC – managed care support contractor
NDAA – National Defense Authorization Act
OAM – Outcome and Accountability Model
OSN – Office of Special Needs
Q – quarter