

Annual Report to the Congressional Defense Committees on the Activities of the Office of Special Needs for Fiscal Year 2021

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Introduction

The Department of Defense (DoD) is committed to improving the support and services provided to Service members and their families. The Office of Special Needs (OSN) under the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy is responsible for standardizing, enhancing, and improving DoD support for military families with special needs by developing appropriate policies and performing program oversight.

This report is required by 10 U.S.C. § 1781c(g), and highlights key developments of OSN during Fiscal Year (FY) 2021, which runs from October 1, 2020 through September 30, 2021. The report contains:

- A review of the actions performed to enhance and improve the Exceptional Family Member Program (EFMP); and
- Identified gaps and trends affecting military families enrolled in the EFMP.

For the reporting period, OSN focused on enhancing the program and improving the services provided to military families with special needs by standardizing components of the program, refining systemic oversight, and continuing strategic communication efforts targeted to the needs of military families with special needs.

This report also meets the requirements of section 704 of the William M. (Mac) Thornberry National Defense Authorization Act (NDAA) for FY 2021 (Public Law 116-283) as amended in 10 U.S.C. § 1781c(g)(2). The information in response to these requirements is provided in Appendix A.

Standardization

The Department continued to enhance the EFMP through standardization. OSN's efforts in this area included addressing the following:

- Processes for identification and enrollment, continental United States (CONUS) assignment coordination, and disenrollment;
- EFMP respite care;
- Family Member Travel Screening (FMST);
- Process for the EFMP Family Support warm hand-off; and
- EFMP Family Support Case Management and Staffing Pilot

EFMP Standardization: Identification and Enrollment, Respite Care, and CONUS Assignment Coordination

In alignment with section 582 of the NDAA for FY 2021, the standardization of the core processes of the EFMP centered on the following outcomes:

- Establishing processes and procedures to increase confidence in the program;
- Developing standard and transparent processes for the EFMP;
- Providing mechanisms for clear communications that support families enrolled in the EFMP; and
- Ensuring families can easily navigate the program.

The standardization efforts resulted in establishing an identical user experience for CONUS assignment coordination, enrollment in the EFMP, and disenrollment from the EFMP for military families with special needs regardless of Service affiliation. In addition to establishing uniform processes, these efforts resulted in developing a common tool for determining the eligibility for respite care, a standard number of respite care hours across the Department, training and qualifications for respite care providers, and expansion of the performance measurement framework.

The performance measurement framework consists of three strategic mission-critical objectives for the EFMP. The three strategic objectives are access, execution, and satisfaction¹. The alignment of the standard performance metrics to the strategic objectives provides an oversight

¹ For these objectives, OSN defined "access" as enhancing mission readiness through access to services and support; "execution" as timely, efficient, and transparent performance of EFMP programs; and "satisfaction" as high quality, personal, and consistent experience for families enrolled in the EFMP that builds trust.

mechanism for measuring the components of the program both across the Department and with respect to each Service.

The standardization efforts to address improvements to the EFMP pursuant to the NDAA for FY 2021 indicated that some families experience challenges in accessing the required supports and services necessary to meet their family members' medical or educational needs, because those supports and services are not a component of the EFMP. Based on qualitative information, OSN identified the lack of strategic coordination and planning among the various DoD offices (e.g., Office of the Deputy Assistant Secretary of Defense for Housing, Defense Health Agency (DHA), Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)), Military Departments, and OSN) responsible for supporting military families with special needs as a gap in the EFMP. Coordination and planning among all agencies that serve military families with special needs increases the development of seamless processes, procedures, and policies designed to minimize barriers for military families while enhancing the level of support and services provided by the Department.

To address this gap, OSN will continue collaborating with DoD agencies that provide services to families enrolled in the EFMP by implementing a reoccurring workgroup designed to identify and resolve issues and challenges affecting military families. The provision of support and resources for military families enrolled in the EFMP requires an intentional effort across the DoD. The Department is focused on performing the necessary actions for full implementation of the requirements across the Department, including leveraging automation to enhance oversight capabilities, program monitoring and analysis, and establishing strategic partnerships to further enhance and improve the support provided to military families with special needs.

EFMP Family Support Warm Hand-Off

OSN focused on increased standardization of the EFMP Family Support warm hand-off process between the losing and gaining EFMP Family Support offices. Frequent moves are already stressful. When those moves involve accessing or re-establishing services at new locations, these events can become even more difficult for families. EFMP Family Support providers help families bridge that gap by providing a warm hand-off to maintain continuity of support services when a family moves to a new installation. In addition, OSN updated the standardized EFMP Family Needs Assessment² form to help ensure EFMP Family Support providers document current support services of families requesting a warm hand-off. The EFMP Family Support provider will relay the family's needs to the gaining installation's EFMP Family Support office to allow initiation of contact.

² The EFMP Family Needs Assessment is a standardized form, which contains three components: 1) The Family Needs Assessment, which organizes family information and contains open-ended questions to identify the needs of families; 2) The Family Services Plan which outlines strength-based and family-centered goals and strategies to help a family meet goals and objectives, as mandated by the NDAA 2010; and 3) The Warm Hand-off which documents current needs and goals of the family to enhance a warm hand-off with a gaining EFMP Family Support office to maintain continuity of services.

Re-issuance of Department of Defense Instruction (DoDI) 1315.19, “The Exceptional Family Member Program (EFMP)”

The publication of the revised DoDI 1315.19 will include the established, standard EFMP processes and procedures into guidance for implementation, including the roles and responsibilities of all stakeholders. Additionally, it will outline all provider requirements and expectations established by OSN, including those related to oversight of respite care services.

FMTS

OASD(HA) is the proponent for the FMTS policy, which is in the issuance coordination process. To aid in the implementation of FMTS upon the policy release, OSN developed the interactive FMTS e-learning curriculum and knowledge check for the Administrative and Medical Staff that conduct the overseas screenings. OSN continues to collect FMTS baseline data and actively engages with the Services to identify areas for improvement in data quality and collection capability.

EFMP Family Support Case Management and Staffing Pilot

OSN conducted the final year of the EFMP Family Support Case Management and Staffing Pilot, designed to help establish a common caseload across DoD. The project began in November 2019 and concludes concluded in November 2021. OSN will review the information gathered and develop a plan for further action. Additionally, OSN will brief the DoD Coordinating Committee in April 2022 on project outcomes and request approval on proposed recommendations for establishing a common caseload.

Systemic Oversight

OSN relies on input from DoD leaders, the Military Departments, internal and external stakeholders, data collected through the EFMP data repository, and families with special needs to gather information on the operation of existing programs, prioritize areas of focus for improvement, and assess the effectiveness of EFMP policies and procedures. This activity is a key component in meeting legislative and policy oversight requirements.

EFMP Family Support Monitoring and Oversight

OSN performs oversight responsibilities in accordance with 10 U.S.C. § 1781c and as addressed in policy through DoDI 1342.22, “Military Family Readiness,” and DoDI 1315.19, “The Exceptional Family Member Program (EFMP).” OSN monitors and evaluates the installation-level EFMP Family Support programs and the other Military Family Support programs through oversight of the Service-level certification requirement outlined in DoDI 1342.22.

DoDI 1342.22, published in August 2021, established the DoD Military Family Readiness program standards for EFMP. These are the minimum standards that the Military Departments are required to incorporate into their existing program standards. Implementation plans for oversight monitoring activities are under development. OSN conducts site visits as part of its

monitoring activities, in coordination with the respective Service certification teams. The results of these monitoring activities are used to address potential issues and challenges in the implementation of EFMP.

EFMP Data Repository

The EFMP Data Repository contains centralized Service-submitted data related to assignment coordination, EFMP enrollment, family support staffing levels, and EFMP services. As of the fourth quarter of FY 2021, EFMP enrollment consisted of approximately 104,690 Service members and approximately 145,060 family members³. These enrollment totals accounted for approximately eight percent of Service members and nine percent of family members across the DoD. The overall percentages are consistent with the enrollment data for the fourth quarter of FY 2020.

During FY 2021, OSN staff reviewed the quarterly data submitted by each Service to identify trends or outliers as compared to previous quarters and past years. OSN analyzed these findings with the respective Service to determine needs for additional staff training, overall program or policy improvements, or additional refinement and standardization of data terms.

The EFMP Data Repository revealed an increase in educational problematic assignments, which resulted in OSN taking action to improve training and refinement of data. As a result, additional training was conducted on the educational screening process at the installation level. Additionally, a rise in reported problematic assignments was determined to be due to an increased capacity of data systems to collect and report on the expanded categories of problematic assignments. Furthermore, OSN's consistent efforts to clarify the data with the Services each quarter revealed the need to further refine and standardize some Assignment Coordination and Family Support related data terms to ensure that the same data points are tracked in a similar way across the DoD.

As OSN continued refinement of systemic oversight of the EFMP, enhancements and modifications to the EFMP Data Repository allowed the capability to collect and store additional data points and performance metrics to further expand the identification of gaps and trends. For example, OSN expanded the Problematic Assignment data point into additional categories to better understand the root cause of reassignment to a new location for military families enrolled in the EFMP. OSN began collecting the data in quarter four of FY 2021 and is utilizing a phased-in approach for submission as the Services modify their data systems; thereby improving their ability to collect data for problematic assignments both CONUS and outside the continental United States.

³ Total Force and family figures captured from the 2020 Demographics Profile of the Military Community Report. Percentages based on a DoD population of 1,333,822 Active Duty Service members and 1,569,841 family members (includes spouses, children, and adult dependents). Available from: <https://download.militaryonesource.mil/12038/MOS/Reports/2020-demographics-report.pdf>.

EFMP Family Support Feedback Tool

The EFMP Family Feedback Tool, launched in October 2020, is an important tool in the monitoring and oversight of EFMP Family Support services. The tool gathers feedback from families about their most recent experience with EFMP Family Support. There were 151 total Feedback Tool submissions during FY 2021, a number OSN aims to expand in FY 2022.

Although based on a limited sample size, OSN is able to glean valuable information about the efficacy of the EFMP Family Support services provided to families across the DoD from response data gathered via the Feedback Tool.

- When asked about overall satisfaction with EFMP Family Support, families reported the following being “Very satisfied” or “Satisfied” 57 percent of the time, “Neither satisfied nor dissatisfied/not sure” 4 percent, “Very dissatisfied” or “Dissatisfied” 11 percent of the time, and chose not to respond to the question 28 percent of time.
- When asked about how well their needs were met during the most recent contact with EFMP Family Support, families indicated their needs were “Completely met” 53 percent of the time and “Partly met” 4 percent of the time, while only indicating that their needs were “not met” 10 percent of the time. Approximately one-third of respondents chose not to answer this question.
- When asked about the amount of time EFMP Family Support staff spent to help develop a service plans with goals and objectives for a family, families report they felt “The right amount of time” was spent 52 percent of the time compared to only 14 percent reported “Too little time” was spent. This question did not apply to approximately one-third of respondents.
- When asked about the likelihood of using EFMP Family Support again, 51 percent of respondents indicated they were “Very likely” to use EFMP Family Support services again and 4 indicated they were “Somewhat likely” to use EFMP Family Support services again, compared to only 2 percent that indicated they were “Not Likely” and 5 percent “Not at all likely” to use EFMP Family Support services again. Approximately 31 percent of respondents chose not to answer this question, and 7 percent chose “Not sure” as their response.

Exploration and understanding of the underlying reasons for patterns and outliers observed in the data elements currently collected continues to help determine areas where both the Services and the Department can benefit from implementing process improvement measures, policy changes, and additional trainings. The tool offers insights into families’ attitudes towards EFMP Family Support Services. Preliminary results, while limited, indicate an overall positive attitude toward EFMP Family Support services. During FY 2021, the primary concerns identified were related to Service-specific Assignment Coordination processes rather than EFMP Family Support services. In those instances, OSN relayed the concerns to the Services as needed. If potential provider training needs or identified gaps in the provisions of services are detected from the review of the review of the response data, those needs will continue to be address with the

Services, as appropriate. Also, OSN will continue to work with the Services to increase family awareness of the toll in order to improve response rates and to refine the process for systemic oversight.

Subcommittee for Inter-Component Coordination

OSN relies on input from the Subcommittee for Inter-Component Coordination (SICC), comprised of the Service Educational and Developmental Intervention Services Program Managers, representatives from the Department of Defense Education Activity (DoDEA), and OSN. The SICC meets quarterly to identify and develop appropriate methods for measuring disproportionality in DoDEA special education programs to enhance compliance with DoD policy and Federal law. DoDEA will begin to report disproportionality during the 2021-2022 school year.

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

Obtaining feedback from military families is an integral component of program improvement. In addition to the Family Support Feedback Tool, OSN leverages the Advisory Panel on Community Support for Military Families with Special Needs, commonly referred to as “the Special Needs Advisory Panel.” In January 2021, the Secretary of Defense directed a zero-based review of all DoD Federal advisory committees and an immediate suspension of all Federal advisory committee operations until completion of the review. In September 2021, following the review, the Secretary of Defense authorized the reconstitution of the Special Needs Advisory Panel and directed OSN to complete the nomination process and to resume operations contingent on the approval and appointment of new members in accordance with DoD policies and procedures.

Strategic Communication

Providing families with the necessary resources and tools to navigate the wealth of available Federal, State, and local resources designed to meet their needs requires a committed focus on developing and implementing a robust strategic communications campaign.

EFMP & Me

“EFMP & Me” is a web-based tool, through Military OneSource, that provides 24/7 access to information and resources designed to help families with special needs navigate the DoD’s network of services and supports. The tool is customizable to meet a family’s unique needs, and users can easily and quickly navigate information about EFMP, identify pertinent resources, and find referrals if additional assistance is needed. Since its inception in June 2020, the EFMP & Me user base has continued to grow. The total number of EFMP & Me users increased by 44 percent in FY 2021, growing to nearly 25,000 total users, of which 50 percent are enrolled in EFMP.

In order to increase usability, OSN has expanded the number of user roles available from the original Family Member and Service Member roles to include Service Provider and Leader roles.

These new roles provide customized information to those supporting military families with special needs. Among the four profile types, 87 percent identify as a Service Member or Family Member, 8 percent as a Service Provider, and 4 percent as a Leader. Page visits increased by 91 percent in FY 2021, with users visiting nearly 82,000 pages of resources. The most visited content areas were the “About EFMP and enrollment,” “Medical,” and “PCS” pages.

OSN launched a series of podcasts designed to bring authoritative, vetted content from EFMP & Me into an audio format. It allows members of the military community and their families one more way to connect with information and support while encouraging families to visit EFMP & Me for additional support. In the first 5 months, the podcast page on Military OneSource received over 1,500 views. The top three episodes listened to were “Exceptional Family Member Program Overview, Enrollment and Disenrollment”, “Education”, and “PCS”. OSN has received feedback from military families on additional areas of interest for future podcast episodes.

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 articles include information on disabled employee work environment improvements, advocating for your child with special needs, caregiver support services, tax breaks for families with special needs, the Special Care Organizational Record to organize information for family members with special needs, updates to the TRICARE Autism Care Demonstration, and Service and provider spotlights. The Exceptional Advocate gained 2,576 new subscriptions, with 24,609 total subscriptions in FY 2021. Families can register to receive future content or view and download previous editions of the Exceptional Advocate on Military OneSource.

Conclusion

The Department is committed to enhancing the services provided to military families with special needs, as evidenced by the continuous improvement and enhancement measures outlined in this report. Yet, we recognize there is more work needed to advance and adapt our efforts. This report reflects the Department’s continued efforts to increase transparency and accountability, which strengthen program oversight and policies and assist the Department in its commitment. OSN looks forward to continuing the program's growth across the Department alongside the Services and their EFMP families.

Appendix A: Section 704 of the NDAA for FY 2021 Requirement

Section 704 of the NDAA for FY 2021 amended 10 U.S.C. § 1781c(g)(2) requiring the OSN to include the Extended Care Health Option (ECHO) program data in the annual report. The required data includes:

- The utilization rates of services under such program by eligible dependents during the prior year;
- A description of gaps in such services, as ascertained by the Secretary of Defense from information provided by families of eligible dependents;
- An assessment of factors that prevent knowledge of and access to such programs, including a discussion of actions the Secretary may take to address these factors; and
- An assessment of the average wait time for an eligible dependent enrolled in the program to access alternative health coverage for a qualifying condition, including a discussion of any adverse health outcomes associated with such wait.

DHA manages the provision of TRICARE ECHO. Appendix A contains compiled data and information obtained from DHA.

Expansion of TRICARE ECHO Program Benefits

ECHO is a supplemental program to the TRICARE Basic Program. It provides eligible active duty family members (ADFMs) with additional financial resources to integrated services and supplies designed to assist in the reduction of the disabling effects of the beneficiary's qualifying condition. Qualifying conditions include autism spectrum disorder, serious physical disability, moderate to severe intellectual disability, multiple disabilities, or an extraordinary physical or psychological condition rendering the beneficiary homebound.

The ECHO Home Health Care (EHHC) benefit is available to homebound ECHO beneficiaries and provides medically necessary skilled nursing services. The coverage limit for all ECHO benefits combined, excluding the EHHC benefit, is \$36,000 per year, per beneficiary. The ECHO benefit cap is applied based on a calendar year (January 1–December 31). Coverage for the EHHC benefit is capped annually. The cap is limited to the maximum fiscal year October 1 - September 30 amount TRICARE would pay if the beneficiary resided in a skilled nursing facility. This amount is based on the beneficiary's geographic location.

TRICARE ECHO Utilization Rates of Service

As shown in Table 1, 2,750 ECHO patients utilized a total of \$101.5 million in ECHO government expenditures (an average of nearly \$37,000 per patient) during FY 2020. These costs exclude all TRICARE Basic program expenditures of these patients. The vast majority of these ECHO expenditures were associated with the EHHC program. 1,003 EHHC patient participants had total paid claims of \$95.2 million, an average expenditure of nearly \$95,000 per

patient. Sixty percent of these EHHC patients (604 of 1,003) had annual expenditures over \$36,000 during FY 2020. Roughly 96 percent of EHHC patients were younger than 18, with 82 percent age 10 or younger. Table 1 includes the top five EHHC principal diagnoses by annual expenditures.

1,747 ECHO patients did not participate in the EHHC program during FY 2020. These patients had total government expenditures of \$6.3 million or slightly more than \$3,600 per patient (excluding any TRICARE Basic expenditures). Roughly, 97 percent of the patients were younger than 18, with 83 percent age 10 or younger. Table 1 includes the top five principal diagnoses for these patients by annual expenditures during FY 2020. Similar to the EHHC program, patients diagnosed with cerebral palsy had the highest level of paid expenditures per patient at nearly \$5,000 on average.

Table 1			
FY2020 ECHO Paid Government Amounts, ECHO Patients, and Paid Government Costs Per Patient for ECHO Home Health Care (EHHC) and Other non-EHHC Patient Users By Diagnosis			
Patients' Most Prevalent Primary Diagnosis	TRICARE Paid	Patients	Paid/Patient
ECHO Home Health Care Patients			
Cerebral Palsy or Other Brain Damage	\$19,238,386	146	\$131,770
Spina Bifida or Other Congenital Anomalies	\$13,823,323	126	\$109,709
Pulmonary/Respirator/Trach Conditions	\$12,967,276	77	\$168,406
Diseases of the Digestive System	\$10,237,383	88	\$116,334
Downs or Other Intellectual Disabilities	\$8,285,524	83	\$99,826
All Other Diagnoses	\$30,642,935	483	\$63,443
Subtotal	\$95,194,826	1,003	\$94,910
Other Non-EHHC Patients			
Autism Spectrum Disorder	\$1,732,657	396	\$4,375
Spina Bifida or Other Congenital Anomalies	\$1,593,464	331	\$4,814
Cerebral Palsy or Other Brain Damage	\$904,504	183	\$4,943
Delays in Physiological Development	\$761,022	348	\$2,187
Downs or Other Intellectual Disabilities	\$334,572	72	\$4,647
All Other Diagnoses	\$1,004,191	417	\$2,408
Subtotal	\$6,330,410	1,747	\$3,624
Total: Patient Types and Diagnoses			
EHHC Program Participant	\$95,194,826	1,003	\$94,910
Not Participating in EHHC Program	\$6,330,410	1,747	\$3,624
Total	\$101,525,235	2,750	\$36,918

Note: Paid amounts above only include ECHO claims (i.e. Basic TRICARE costs not included).

For ADFMs to use the ECHO program or the Autism Care Demonstration, patients must register in the ECHO program. During FY 2020, 24,004 ADFM patients registered in ECHO. The top five states in terms of enrollment were:

1. Virginia (3,129)
2. California (2,954)
3. Texas (2,490)
4. North Carolina (1,739)
5. Florida (1,647).

More than 69 percent of these ADFM patients had sponsors who had a rank of senior enlisted (E5-E9), 17 percent had senior officer sponsors (O4-O10), 6 percent had junior officer sponsors

(O1-O3), 4 percent had junior enlisted sponsors (E1-E4), and 4 percent had warrant officer sponsors (W1-W5).

Family-Provided Information Regarding Gaps in ECHO Services

DHA is unable to provide the requested information at this time. Over the next year, DHA will work with their internal division that specializes in developing and implementing surveys of TRICARE families and patients. DHA expects to provide Congress with answers regarding gaps in ECHO services as part of OSN's Report to Congressional Defense Committees by next year.

Assessment of the Factors Preventing Knowledge of Access to ECHO

Once a survey of families of ECHO participants is completed, DHA will be in a 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. DHA expects to provide Congress with an assessment of these factors and actions the Secretary may take to address these factors as part of OSN's Report to the congressional defense committees by next year.

Average Wait Times for Eligible Dependents to Access ECHO Coverage

The average wait time for alternative health coverage, which is usually Medicaid, varies from state to state. It may be that adverse health outcomes related to wait times may affect the amount of home health nursing beneficiaries can access. The state processing of the alternative health coverage application is out of the Managed Care Support Contractor's (MCSC) control.

To evaluate wait times for beneficiaries registered in the ECHO program, DHA identified ECHO patients who had a paid claim over the FY 2019-2021. DHA identified 1,557 unique patients who met these criteria had a record of registering in ECHO. DHA's analysis of these patients calculated the wait time between ECHO registration and the first ECHO claim. Focusing on these 1,557 patients who had a record of registering in the ECHO program, the median time from enrollment in the Defense Enrollment Eligibility Reporting System to the first ECHO claim was 1 month, as indicated in Table 2 below.⁴

⁴ 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 in their data system, 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.

Table 2		
Amount of Time From DEERS Enrollment to First ECHO Claim		
Time From DEERS Enrollment to First ECHO Claim	Number of ECHO Patients	Percent Distribution of Patients
Greater Than One Year	277	17.8%
Two Months to One Year	439	28.2%
Same Month or One Month After Enrollment	717	46.1%
ECHO Claim Prior to Enrollment	<u>124</u>	<u>8.0%</u>
Total	1,557	100.0%
Median Time to First ECHO Claim:	One Month	

Nearly 18 percent (277 of 1,557 patients) of those registering in ECHO waited greater than 1 year to obtain ECHO services. DHA indicated they do not currently know the precise reasons for the length between registration and ECHO service delivery. Without knowing the reasons for these delays, DHA cannot speculate about such outcomes at this point. Of note, the ECHO program registration is set up to be flexible to meet the immediate needs of ECHO families through the provisional registration status approach. The analysis above concluded that the MCSCs granted provisional registration to at least 80 percent of ECHO patients who went on to use the program without formal registration.

Appendix B: Acronyms

ADFM – active duty family member

CONUS – continental United States

DHA – Defense Health Agency

DoD – Department of Defense

DoDEA – Department of Defense Education Activity

DoDI – Department of Defense Instruction

ECHO – Extended Care Health Option

EFMP – Exceptional Family Member Program

EHHC – ECHO Home Health Care

FMTS – Family Member Travel Screening

FY – Fiscal Year

MCSC – Managed Care Support Contractor

NDAA – National Defense Authorization Act

OASD(HA) – Office of the Assistant Secretary of Defense for Health Affairs

OSN – Office of Special Needs

SICC – Subcommittee for Inter-Component Coordination

U.S.C. – United States Code