**United States Government Accountability Office**
**Washington, DC 20548**

March 16, 2007

The Honorable Carl Levin
Chairman
The Honorable John McCain
Ranking Minority Member
Committee on Armed Services
United States Senate

The Honorable Ike Skelton
Chairman
The Honorable Duncan Hunter
Ranking Minority Member
Committee on Armed Services
House of Representatives

Subject: *Military Personnel: Medical, Family Support, and Educational Services Are Available for Exceptional Family Members*

The Department of Defense's (DOD) Exceptional Family Member Program (EFMP) is a mandatory enrollment program for active duty servicemembers who have family members with special medical needs.[1] When military servicemembers are considered for assignment to an installation within the United States, EFMP enrollment is used to determine whether needed services, such as specialized pediatric care, are available through the military health system at the proposed location. Due to this consideration, each military service assigns servicemembers with exceptional family members who have significant needs to certain locations because of the resources available through DOD's health care system in these communities.[2] Further, DOD policy allows (but does not require) the military services to provide family support services specifically for exceptional family members.[3] State and local medical, family support, and educational services in these communities may also serve the military's exceptional family members as part of providing services to local residents.

[1]While EFMP also considers educational needs when assigning service members outside the United States, this report only focuses on EFMP within the United States. Within the United States, federal law ensures that a free, appropriate public education is made available to all eligible children. This education may include special education and related services, as appropriate.

[2]Throughout this report we refer to family members with special needs as "exceptional family members."

[3]See DOD Instruction 1342.22, *Family Centers*, December 30, 1992.

The Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 directed us to evaluate the effect of EFMP on health, support, and education services in selected civilian communities with a high concentration of EFMP enrollees.[4] As discussed with the committees of jurisdiction, this report describes (1) the services provided by the military health and family support systems that are available to meet the needs of exceptional family members within the United States, and (2) state and local services—including medical, family support, and educational services—available for the exceptional family members in select communities.

To describe the services provided by the military health and family support systems that are available to meet the needs of exceptional family members within the United States, we reviewed federal law and regulations, TRICARE policies, agency documentation, and other sources related to EFMP.[5] In addition, we interviewed TRICARE Management Activity (TMA) officials and EFMP officials for each military service—Army, Navy, Air Force—and the Marine Corps.[6] We interviewed local military officials in the following four selected communities to obtain information on the EFMP administrative process, types of medical conditions typically associated with exceptional family members in these communities, types of services needed, and whether services are available to meet these needs within the military health and family support systems: San Diego, California (Navy and Marine Corps); Fayetteville, North Carolina (Army and Air Force); San Antonio, Texas (Army and Air Force); and the Hampton Roads area, Virginia (Army, Navy, and Air Force). (See app. I for site selection methodology.)

To describe state and local services—including medical, family support, and educational—available to exceptional family members in these four communities, we interviewed officials from state and local agencies that provide these services within the four communities we selected. Because local government officials from one of the selected communities had previously expressed concern to the Secretary of Defense that EFMP was placing an undue financial burden on its local resources, we also requested data on the number of exceptional family members these agencies serve, types of services provided, and associated costs. We conducted our work from June 2005 through January 2007 in accordance with generally accepted government auditing standards. (For more detail on our scope and methodology, see app. II.)

**Results in Brief**

Through TRICARE and its supplementary coverage program, DOD provides exceptional family members located at installations within the United States with basic medical services—including inpatient and outpatient care, drugs, and durable medical equipment—and, when needed, additional medical services such as health care provided in the home and respite care. However, DOD officials with whom we spoke in all four communities said that certain medical services requested by exceptional family members may be difficult to obtain because of a limited number of specialists available in DOD's health care system in these communities. For example, the only developmental pediatrician on staff at Naval Medical

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[4]See Pub. L. No. 108-375, § 712, 118 Stat. 1811, 1984-85 (2004).

[5]TRICARE is the managed health care program established by the Department of Defense under the authority of title 10, U.S. Code.

[6]TMA officials are responsible for overseeing TRICARE.

Center San Diego told us that, in addition to seeing patients from San Diego, he also sees patients from other installations, including a Nevada Air Force base, because these installations do not have a developmental pediatrician on staff. Due to a lack of data on exceptional family members and their medical conditions, we were unable to determine the extent to which medical services are utilized by exceptional family members. Family support services are also available to exceptional family members through military service family centers, which provide information about specialized services—including day care, after-school care, and recreational programs. However, some family support services may not be available to accommodate exceptional family members with certain medical conditions. For example, at one installation that we visited, a military official reported that an exceptional family member with severe autism could not be enrolled in an after-school program located on base because the program was unable to meet the child's supervisory needs.

State and local medical, family support, and educational services are available to exceptional family members. Some of the services available include mental health counseling, respite care, therapies for children with developmental delays, and therapy for autism. However, state and local agency officials in the four communities we visited were unable to provide data that could be used to determine the specific service needs of exceptional family members or their utilization of services. Even though data on EFMP were not collected, local officials said that it may be difficult to obtain some services because of the limited number of specialist providers practicing in the community. For example, in all four communities that we visited, local officials reported that there were very few child psychologists or psychiatrists in their communities, which resulted in difficulties accessing care due to such factors as lengthy wait times for appointments for exceptional family members or any other local residents who require mental health counseling. The availability of services also may depend on the laws and policies of the state where the exceptional family member resides. For example, some services may be easier to obtain in states with laws and policies requiring the provision of those services for a specific population, which may include exceptional family members. In addition, under federal law, exceptional family members attending a U.S. public school may be eligible for special education and related services from age 3 through 21. However, we could not identify the type or amount of special education services used by exceptional family members in the communities that we visited due to the absence of specific data on exceptional family members.

We provided a draft of this report to DOD and the Department of Education for their review. Both agencies provided technical comments, which we have incorporated as appropriate.

## Background

To help with personnel recruitment and retention, DOD established EFMP, which takes into consideration the special needs of family members during the process of assigning servicemembers to an installation. The Army set up the first EFMP in 1979; since that time, the Navy, Air Force, and Marine Corps incorporated EFMP into their assignment processes. Each service's EFMP considers the availability of DOD's specialized medical services for family members when making assignment decisions for servicemembers within the United States. The educational needs of exceptional family members are not taken into consideration within the United States because federal law requires the availability of a free, appropriate public education, which may include specialized instruction and related services,

for all eligible children attending U.S. public schools.[7] EFMP applies to all eligible, active-duty servicemembers. Currently, federally appropriated funds are not separately earmarked for EFMP. Rather, the military services must allocate funds for its administration from within other budget sources, such as personnel or family support programs.

EFMP has two components—personnel assignment and family support services. Under the personnel component, the military services identify exceptional family members, document the services needed by exceptional family members, and then take into consideration those needs during the personnel assignment process. Additionally, DOD policy allows (but does not require) the military services to provide family support services specifically for exceptional family members at family centers on military installations with an EFMP.[8] When the family centers provide support services for exceptional family members, the assistance generally includes providing information about and referrals to programs and services that can accommodate an exceptional family member.

Enrollment in EFMP is mandatory for servicemembers with eligible family members. In 2006, there were an estimated 102,596 exceptional family members enrolled in EFMP.[9] A family member is identified as a potential candidate for EFMP through self-reporting, screening, or routine medical care. After a family member is identified as a potential candidate, a medical summary is prepared by a qualified medical authority. Once the summary is completed, each military service has its own medical review process to validate eligibility for EFMP. The medical review process identifies specific diagnoses and medical conditions such as cancer, sickle cell disease, insulin-dependent diabetes, asthma, current and chronic mental health conditions, and attention deficit/hyperactivity disorder that would allow an individual to become eligible for EFMP. Conditions that require adaptive equipment (e.g., wheelchair, hearing aid, home oxygen therapy, home ventilator), assistive technology devices (e.g., communication devices) or environmental and architectural considerations (e.g., wheelchair accessibility) are also included. (See app. III for further details on DOD's definition of special medical needs.)

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[7]For purposes of this report, we do not include DOD-operated schools in the terms "public schools" or "public school systems." However, DOD operated elementary and secondary schools are required to provide a free appropriate public education to eligible children attending those schools. See 32 C.F.R. Part 80 and DOD Instruction 1342.12, *Provision of Early Intervention and Special Education Services to Eligible DOD Dependents*, April 11, 2005.

[8]Family centers provide support services—such as career planning and personal financial management— to assist all military families. These centers include the Army Community Service (Army), Fleet and Family Support (Navy), Airmen and Family Readiness Centers (Air Force), and Community Service (Marine Corps).

[9]The Army was able to report the actual number of exceptional family members as of September 2006. The Navy, Air Force, and Marine Corps reported EFMP enrollment data by servicemember as of October 2006, September 2006, and December 2006, respectively. Therefore, this is the minimum number of exceptional family members, since a servicemember might have more than one family member enrolled in the program. Because of limitations in the Army, Navy, and Marine Corps data systems, these systems could not provide separate 2006 EFMP enrollment data for installations located within and outside the United States. Therefore, we could only report a total EFMP enrollment figure that includes enrollment at military installations both within and outside the United States.

The services differ in how they maintain data on exceptional family members once they are enrolled in EFMP. For instance, the Army and the Navy maintain specific medical data on each exceptional family member and are able to electronically generate reports by location on the number of exceptional family members and their medical diagnoses. The Air Force and Marine Corps, however, while maintaining complete individual paper files on each exceptional family member, are only able to electronically generate reports on the number of servicemembers who may have one or more family members enrolled in EFMP and the installation where these servicemembers are located (see table 1).

**Table 1: EFMP Data Fields**

| Military service | By exceptional family member | By servicemember with exceptional family member(s) | By installation | Medical diagnosis of exceptional family member by installation |
|---|---|---|---|---|
| Army | ✓ | ✓ | ✓[a] | ✓ |
| Navy | ✓[a] | ✓ | ✓[a] | ✓[a] |
| Air Force | | ✓ | ✓ | |
| Marine Corps | | ✓ | ✓[a] | |

Source: Army, Navy, Air Force, and Marine Corps.

[a]The data system can provide current data, which are routinely updated; the system cannot provide historical data.

DOD provides medical services to servicemembers and their family members through its TRICARE program, which encompasses both the military services' hospitals and clinics as well as civilian providers who agree to accept TRICARE beneficiaries as patients. As a supplement to TRICARE's basic program, the DOD health care system has provided additional medical coverage for family members with certain medical conditions. For example, in 1997, DOD established the Program for Persons with Disabilities (PFPWD), which replaced the former Program for the Handicapped, to provide a mechanism for obtaining diagnostic procedures, services, equipment, treatment, and training. In September 2005, TMA replaced PFPWD with the Extended Care Health Option (ECHO).[10] Similar to PFPWD, ECHO is a supplementary health care option that offers additional coverage for exceptional family members. In order to qualify for ECHO, servicemembers with exceptional family members must be enrolled in EFMP and the exceptional family member must have a qualifying condition.[11] Enrollment in ECHO requires a monthly payment ranging from $25 to $250, depending on the servicemember's rank.[12] After an exceptional family member is enrolled, TRICARE will pay up to $2,500 per month for a number of authorized benefits such

[10]See 32 C.F.R. § 199.5.

[11]Qualifying conditions include moderate or severe mental retardation, certain physical disabilities, or physical or psychological conditions that result in the exceptional family member being homebound.

[12]Even if a servicemember has more than one exceptional family member enrolled in ECHO, the servicemember is only required to make a monthly payment for one exceptional family member.

as respite care and therapy for autism.[13] As of December 2006, approximately 1,980 exceptional family members were enrolled in ECHO.[14]

DOD does not limit assignments based on special educational needs when making assignments for servicemembers within the United States because eligible, exceptional family members are entitled to receive special education and related services from their local school system. Public school systems in the United States are subject to the provisions of section 504 of the Rehabilitation Act of 1973,[15] title II of the Americans with Disabilities Act (ADA),[16] and the Individuals with Disabilities Education Act (IDEA).[17] Under these laws and related regulations, public school districts must make available a free, appropriate public education to elementary and secondary school students with disabilities. Where appropriate to meet a particular child's needs, this education will include special education and related services, such as physical therapy and speech therapy. IDEA provides partial federal funding for special education and related services through federal formula grants made to states.[18] Public local educational agencies meeting certain criteria may also receive federal funding for special education and related services through Impact Aid,[19] a program which was established to provide financial assistance to compensate local educational agencies for tax revenue lost due to the presence of federal properties in communities.[20] In addition, DOD is authorized to supplement Impact Aid to compensate for the cost of providing educational

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[13]Instead of the monthly limit, ECHO home health care, including home health care respite services, is subject to an annual fiscal year maximum that is based on the amount TRICARE would pay if the beneficiary resided in a TRICARE-authorized skilled nursing facility.

[14]Enrollment includes exceptional family members located at installations both within and outside the United States.

[15]Pub. L. No. 93-112, § 504, 87 Stat. 355, 394 (codified as amended at 29 U.S.C. § 794).

[16]Pub. L. No. 101-336, §§ 201-205, 104 Stat. 327, 337-38 (1990) (codified as amended at 42 U.S.C. §§ 12131-12134)

[17]Pub. L. No. 91-230, title VI, as added Pub. L. No. 105-17, 111 Stat. 37 (1997) (codified as amended at 20 U.S.C. §§ 1400-1482). The purposes of IDEA include assisting States and other agencies with the provision of an education to all children (generally ages 3 through 21) with disabilities and assisting States with the implementation of comprehensive systems of early intervention services for infants and toddlers (generally under the age of 3) with disabilities and their families.

[18]See 20 U.S.C. § 1411-1419. These grants are for the provision of services to children with disabilities aged 3 through 21. In addition, federal grants are available to state agencies to provide early intervention services to infants and toddlers with disabilities and their families. See 20 U.S.C. § 1431-1444.

[19]See 20 U.S.C. §§ 7701-7714. In order to be eligible for Impact Aid payments, a local educational agency must have at least 400 federally-connected students enrolled or the number of those children must be at least 3 percent of the average daily attendance at the agency's schools. In addition to basic support payments, eligible local agencies receive funding for special education and related services using a formula that is based on the number of certain IDEA-eligible students served by a particular agency.

[20]Federal property is exempt from local property taxes.

services to children with severe disabilities and for the reduction to the local tax base, among other things.[21]

### Medical and Family Support Services Are Available but Exceptional Family Members May Face Difficulties Obtaining Some Needed Services

Through TRICARE, DOD provides exceptional family members with basic medical services, such as inpatient and outpatient care, drugs, mental health services, and durable medical equipment. In addition to basic medical care, some exceptional family members require additional supplemental medical services, such as health care provided in the home, therapies for autism, and respite care. DOD provides these services through TRICARE and ECHO. (See table 2.)

**Table 2: Selected DOD Benefits for Exceptional Family Members**

| Selected benefits | TRICARE benefit | Extended Care Health Option (ECHO) supplemental medical services |
|---|---|---|
| **Home health care**<br>The following medically necessary services may be covered when provided in the beneficiary's home by a TRICARE-authorized home health agency that participates in the TRICARE program:<br>• skilled nursing care from a registered nurse, or by a licensed or vocational nurse under the direct supervision of a registered nurse;<br>• services provided by a home health aid under the direct supervision of a registered nurse;<br>• physical therapy, occupational therapy, and speech-language pathology services;<br>• medical social services under the direction of a physician;<br>• teaching and training activities; and<br>• medical supplies. | Up to 28 to 35 hours per week of medically necessary services provided under a plan of care established and approved by a physician. | ECHO home health care benefits provide medically necessary services to eligible homebound beneficiaries who generally require more than 28 to 35 hours per week of home health services and are being routinely followed by a case manager. Beneficiaries are considered homebound if their condition is such that they do not have the normal ability to leave home and consequently leaving home requires considerable and taxing effort. Coverage for the home health care benefit is capped on an annual basis. The cap is based on the beneficiary's geographic location and is equivalent to what TRICARE would pay if the beneficiary resided in a skilled nursing facility. The home health care cap does not count toward the $2,500 monthly ECHO cap. |

[21]See 20 U.S.C. §§ 7703a and 7703b.

| Selected benefits | TRICARE benefit | Extended Care Health Option (ECHO) supplemental medical services |
|---|---|---|
| **Mental health services**<br>Psychotherapy provided on an outpatient basis or at a hospital. | Eight outpatient sessions without prior approval. If there is a need for more than eight outpatient sessions in a fiscal year, approval is required. If more than two sessions a week are needed as an outpatient, a review of the medical necessity for care is conducted.<br>Up to two medication management visits per month are covered without preauthorization when provided as an independent procedure and rendered by a TRICARE-authorized provider. Medication management sessions exceeding two visits per month must be preauthorized.<br>If more than five sessions are needed in a hospital, a review of the medical necessity for care is conducted. Inpatient care is limited to 45 days per fiscal year for patients under the age of 19 and 30 days per fiscal year for patients 19 years old and over.<br>Residential treatment center stays, which are available only for beneficiaries under 21 who require mental health care, are limited to 150 days per fiscal year or per admission. | No additional benefits. |
| **Therapy for autism**<br>Early, intense education for children, which may include the structured teaching of skills that help the child talk, interact, play, and learn. | No benefit. | Applied behavioral analysis when provided by an authorized TRICARE provider.[a] |
| **Respite care**<br>Short-term care of a beneficiary in order to provide rest and change for those who have been caring for the patient at home. | Not a stand-alone benefit but may be provided through other benefits such as hospice care. | ECHO respite care–16 hours per month when receiving other authorized ECHO benefits. Unused hours from one week cannot be carried over into another week.<br>ECHO beneficiaries who also qualify for the ECHO home health care benefit may receive up to 40 hours per week (8 hours per day, 5 days per week) of respite care under certain circumstances. However, only one ECHO respite care benefit can be used in a calendar month. The 16-hour respite care benefit and the 40-hour respite care benefit cannot be used in the same calendar month. |

Source: GAO analysis of DOD documents.

[a]Applied behavior analysis is a behavior modification approach to learning that uses a highly structured, systematic, and consistent teaching method.

However, DOD officials whom we spoke with in all four communities said that access to certain medical services requested by exceptional family members may be difficult to obtain because of a limited number of specialists available in DOD's health care system in these communities. For example, the only developmental pediatrician on staff at the Naval Medical Center San Diego told us that in addition to seeing patients from San Diego, he also sees patients from Camp Pendleton and from as far away as Nellis Air Force Base, Nevada, because neither of these installations has a developmental pediatrician on staff. Consequently, his patients must schedule their appointments months in advance. Due to the lack of data on exceptional family members and their medical conditions, we could not identify the medical services being utilized or the difficulties experienced by exceptional family members in accessing care in the four communities we visited.

Exceptional family members also have access to family support services. In providing services to exceptional family members, family centers and some military treatment facilities deliver family support services such as information about specialized services—including day care, after-school care, and recreational and cultural programs—that can accommodate an exceptional family member with special needs. Family centers and some military treatment facilities may also provide information about relevant support groups, available advocacy services, and housing to accommodate special needs. We found that the military services vary in their approach towards assisting exceptional family members. For instance, at one Air Force location and at each of the two naval locations we visited, the installations employ one staff member who, in addition to helping identify needed services for exceptional family members, has other duties not related to EFMP. At another Air Force installation and the Marine Corps and Army locations we visited, dedicated staff are available to assist servicemembers in finding needed services.[22] Additionally, the Army brings together staff from different areas, such as medical command and recreational services, to meet directly with the servicemember to determine the needs of the exceptional family member.

According to officials with whom we spoke, some family support services may not be available to accommodate exceptional family members with certain medical conditions. For example, at one installation that we visited, a military official reported that an exceptional family member with severe autism could not enroll in an after-school program located on-base because the program was unable to meet the child's supervisory needs.

**State and Local Services—Including Medical, Family Support, and Educational Services—Are Available to Exceptional Family Members, but Availability Can Vary By Community**

Medical and family support services provided by state or local agencies are available to exceptional family members in the locations we visited. Some of the services available include mental health counseling, respite care, therapies for children with developmental delays, and therapy for autism. However, we found that agencies providing medical and family support services do not collect data on whether the clients they serve are enrolled in EFMP. Local officials in each state that we visited—including agency officials in one community that expressed concern over the financial impact of EFMP on local resources—were unable to provide data on the specific service needs of exceptional family members or their use of these services. Therefore, we could not assess the extent to which exceptional family members were using these services. Even though data on EFMP were not collected,

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[22]An Air Force official stated that only a few Air Force bases have staff dedicated to EFMP. For most bases, EFMP is an additional responsibility.

local officials said that it may be difficult to obtain some medical services because of the limited number of specialist providers practicing in the community— reasons similar to those cited by DOD officials for the limited availability of some medical services provided by DOD's health care system. For example, in all four communities that we visited, local officials reported that there were very few child psychologists or psychiatrists in their communities, which resulted in difficulties accessing care. Problems included lengthy wait times for appointments and delays in obtaining an initial mental health assessment for exceptional family members or other local residents under the age of 3 years who require mental health counseling or have a behavioral health disability. In addition, two of the four states we visited reported to the Department of Education problems in the timely provision of certain services, due in part to a lack of available providers.

We also found in the four communities we visited that the availability of medical and family support services for specific populations, which could include exceptional family members, may also depend on state laws and policies. For instance, Texas law requires that certain children younger than 21 years of age with a chronic physical or developmental condition be provided services such as rehabilitative, case management, and family support by local agencies.[23] In California, a state law provides that all individuals with developmental disabilities—regardless of their age—are eligible to receive a variety of services including counseling and case management from the Department of Developmental Services' regional centers.[24] In North Carolina, the Department of Social Services provides subsidized child day care services through the age of 17 to eligible parents if the child meets certain criteria, such as having a special need. Virginia law requires counties and cities to establish community service boards for the purpose of providing mental health, mental retardation, and substance abuse services. However, the only services those boards must offer by law are emergency services and case management.[25] As a result, some services may be easier to obtain in states in which the provision of those services is required for a specific population, which might include exceptional family members.

Federal law requires that eligible exceptional family members attending U.S. public schools must be provided with a free, appropriate public education. This includes access to special education and related services, such as physical therapy and speech therapy, to meet each child's unique needs. School officials in the four communities we visited told us that while they collect data on children with special education needs, they were unable to identify which of those children were exceptional family members or the costs associated with providing educational services to them. Therefore, we could not identify the type or amount of special education services used by exceptional family members in the communities that we visited.

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[23]See Tex. Health & Safety Code §§ 35.001-35.012 (2006).

[24]The Lanterman Developmental Disabilities Services Act of 1969 states that persons with developmental disabilities have the same legal rights and responsibilities guaranteed all other persons by federal and state constitutions and laws, and charges the regional center with advocacy for, and protection of, these rights. Regional centers are nonprofit, private corporations that are under contract to the Department of Developmental Services to provide or coordinate services and support for individuals with developmental disabilities. See generally Cal. Welf. & Inst. Code §§ 4400-4906 (2006).

[25]See Va. Code Ann. § 37.2-500 (2006).

**Agency Comments and Our Evaluation**

DOD and Department of Education officials reviewed a draft of this report and provided technical comments, which we incorporated as appropriate.

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We are sending copies of this report to the Secretary of Defense, appropriate congressional committees, and other interested parties. We also will make copies available to others upon request. In addition, this report will be available at no charge on GAO's Web site at http://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7119 or at crossem@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Key contributors to this report included Bonnie Anderson, Arthur Merriam Jr., Christina Ritchie, Seth Wainer, and Julianna Weigle.

Marcia Crosse
Director, Health Care

## Site Selection Methodology

The Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 mandated that we examine at least four communities with each community having multiple military installations representing at least two different military services and high concentrations of exceptional family members.[1] To identify communities with high concentrations of exceptional family members, we interviewed TRICARE Management Activity (TMA) and Department of Defense (DOD) officials from each military service responsible for the Exceptional Family Member Program (EFMP).[2] Based on interviews with DOD officials and available data collected from the military services, we identified communities with high numbers of either exceptional family members or servicemembers with exceptional family members. With this information, we used the following criteria to select the four sites, as shown in table 3:

- high numbers of exceptional family members,
- more than one military service present in the community,
- at least one installation from each military service among the four sites, and
- geographic dispersion.

[1]Pub. L. No. 108-375, § 712, 118 Stat. 1811, 1984-85 (2004).

[2]TMA officials are responsible for overseeing TRICARE, which is DOD's health care system.

**Table 3: Description of Sites Selected**

| Community | Number of exceptional family members by community[a] | Percentage of exceptional family member population[b] | Criteria met |
|---|---|---|---|
| San Diego, California<br>San Diego area Naval Bases<br>Camp Pendleton | 4,959 | 4.8% | • More than one military service present in the community.<br>• Second largest number of Navy exceptional family members.<br>• Largest number of Marine exceptional family members. |
| Fayetteville, North Carolina<br>Fort Bragg<br>Pope Air Force Base | 3,951 | 3.8% | • More than one military service present in the community.<br>• Second largest number of Army exceptional family members.[c] |
| San Antonio, Texas<br>Fort Sam Houston<br>Brooks City Base<br>Lackland Air Force Base<br>Randolph Air Force Base | 2,332 | 2.2% | • More than one military service present in the community.<br>• Largest number of Air Force servicemembers with exceptional family members. |
| Hampton Roads community, Virginia[d]<br>Fort Eustis<br>Fort Monroe<br>Fort Story<br>Norfolk Naval Bases<br>Langley Air Force Base | 6,152 | 5.9% | • More than one military service present in the community.<br>• Largest number of Navy exceptional family members.<br>• Second largest number of Air Force servicemembers with exceptional family members. |

Source: GAO analysis of DOD data.

[a]Since the Navy and Air Force only provided exceptional family member data by servicemember, and a servicemember might have more than one exceptional family member, the number of exceptional family members provided is the minimal number of exceptional family members and is based on the number of servicemembers with an exceptional family member designation at each installation in the communities we visited. Data were provided as of March 2005 for the Army, September 2005 for the Air Force, and September 2005 for the Marine Corps. The most recent data available for the Navy at the time of our site selection were for August 2004.

[b]These percentages are an estimate since the number of exceptional family members provided by the Navy and Air Force is based on the number of servicemembers with an exceptional family member designation at each installation in the communities we visited and servicemembers might have more than one exceptional family member.

[c]Fort Hood, Texas, had the highest number of Army exceptional family members in 2005, but was not selected for our study since it did not meet two of the site selection criteria.

[d]The Hampton Roads community encompasses the cities of Chesapeake, Franklin, Hampton, Newport News, Norfolk, Portsmouth, Poquoson, Suffolk, Virginia Beach, and Williamsburg, and the Counties of Gloucester, Isle of Wight, James City, Southampton, Surry, and York.

## Scope and Methodology

To describe the services provided by the military health and family support systems that are available to meet the needs of exceptional family members, we reviewed federal laws and regulations, TRICARE policy, agency documentation, and other sources related to EFMP. In addition, we interviewed TMA officials and EFMP officials from each military service. We also obtained and reviewed data from each military service on the number of exceptional family members or servicemembers by location to identify four communities that each had high numbers of exceptional family members from more than one military service. Given that the service data are used for background and methodological purposes only, we did not assess the reliability of these data. (See app. I for site selection methodology.) Among the communities that met these criteria, officials from one of our selected sites had previously expressed concern to the Secretary of Defense that EFMP was placing an undue financial burden on its local resources. We interviewed local military officials in this community and the other selected communities to obtain information on the EFMP administrative process, types of medical conditions typically associated with exceptional family members in these communities, types of services needed, and whether services were available to meet these needs within the military health and family support systems.

To describe state and local services—including medical, family support, and educational—available to exceptional family members, we interviewed officials from state and local agencies that provide these services within the four communities we selected. These agencies included the state departments of social services, public school systems, and other similar organizations that address needs such as mental health and early childhood intervention. We also requested available data on the number of exceptional family members these agencies serve, types of services provided, and associated costs. We conducted our work from June 2005 through January 2007 in accordance with generally accepted government auditing standards.

## DOD's Definition of Special Medical Needs

Family members of active-duty servicemembers who meet certain criteria set out in DOD Instruction 1315.19 are identified as family members with special medical needs.[1] The criteria include one or more of the following:

- Potentially life-threatening conditions and/or chronic medical/physical conditions—such as high-risk newborns, patients with a diagnosis of cancer within the last 5 years, sickle cell disease, insulin-dependent diabetes—requiring follow-up support more than once a year or specialty care.

- Current and chronic (duration of 6 months or longer) mental health condition (such as bi-polar, conduct, major affective, or thought/personality disorders); inpatient or intensive outpatient mental health service within the last 5 years, or intensive (greater than one visit monthly for more than 6 months) mental health services required at the present time. This includes medical care from any provider, including a primary health care provider.

- A diagnosis of asthma or other respiratory-related diagnosis with chronic, recurring wheezing which meets one of the following criteria:

  - scheduled use of inhaled anti-inflammatory agents and/or bronchodilators,

  - history of emergency room use or clinic visits for acute asthma exacerbations within the last year,

  - history of one or more hospitalizations for asthma within the past 5 years, or

  - history of intensive care unit admissions for asthma within the past 5 years.

- A diagnosis of attention deficit disorder/attention deficit hyperactivity disorder that meets one of the following criteria:

  - a co-morbid psychological diagnosis,[2]

  - requires multiple medications, psycho-pharmaceuticals (other than stimulants), or does not respond to normal doses of medication,

  - requires management and treatment by mental health provider (e.g., psychiatrist, psychologist, social worker),

  - requires specialty consultant, other than a family practice physician or general medical officer, more than twice a year on a chronic basis, or

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[1]DOD Instruction 1315.19, *Authorizing Special Needs Family Members Travel Overseas at Government Expense*, December 20, 2005. DOD officials stated that while this guidance was intended for overseas travel, DOD also uses it to identify family members with special medical needs within the United States.

[2]A co-morbid psychological diagnosis is the diagnosis of a psychological condition in the presence of additional diseases.

    - requires modifications of the educational curriculum or the use of behavioral management staff.

- Requires adaptive equipment (such as an apnea home monitor, home nebulizer, wheelchair, splints, braces, orthotics, hearing aids, home oxygen therapy, or home ventilator).

- Requires assistive technology devices (such as communication devices) or services.

- Requires environmental/architectural considerations (such as limited numbers of steps, wheelchair accessibility, and air conditioning).

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