

**BY ORDER OF THE
SECRETARY OF THE AIR FORCE**

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15 FEBRUARY 2012



Medical Command

**MEDICAL SUPPORT TO FAMILY MEMBER
RELOCATION AND EXCEPTIONAL
FAMILY MEMBER PROGRAM (EFMP)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive (AFPD) 40-7, *Special Needs Identification and Assignment Coordination*. It describes the responsibilities of AF personnel with regard to the Exceptional Family Member Program-Medical (EFMP-M) process, in Military Treatment Facilities (MTFs), the Air Force Personnel Center (AFPC), and in other agencies that are instrumental to the implementation and operation of the Air Force EFMP process. EFMP-M encompasses the medical and educational review functions that support accompanied military assignments, the EFMP and the Department of Defense's Educational and Developmental Intervention Services (EDIS). This instruction supports portions of Air Force Instruction (AFI) 36-2110, *Assignments*, AFI 36-3020, *Family Member Travel*, , and AFI 36-2102, *Base-Level Relocation Procedures*. This instruction applies to all military and civilian personnel and their family members entitled to receive medical care in military treatment facilities as specified in AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System*. It also applies to Department of Defense (DoD) civilian employees with regard to seeking information about availability of services overseas for family members with special needs. The Air National Guard (ANG) and Air Force Reserve Command (AFRC) do not have separate systems to determine services availability. Family members of Reserve Component members who are on Active Duty for more than 30 days may be eligible for supportive services upon request. ANG and AFRC personnel agencies are responsible for screening all Air Reserve Component (ARC) members with accompanied assignments and referring those with special needs family members to the nearest MTF to complete the services availability determination prior to travel.

Public Law, DoD issuances, and Air Force publications provide overarching policy and guidance for the management and safeguarding of health care information. This publication requires the

collection and or maintenance of information protected by the Privacy Act (PA) of 1974. The authority to collect and maintain these records is prescribed in Title 10, United States Code, Section 8013, Privacy Act System Notice F044 AF SG U, Special Needs and Educational and Developmental Intervention Services (EDIS), and AFI 33-332, *Privacy Act Program*. The Privacy Act Program, AFI 41-210, *Patient Administration Functions*, and the administrative provisions of the Health Insurance Portability and Accountability Act of 1996 guide the protection and privacy of individually identifiable health care information. DoD 5400.7-R_AFMAN 33-302, *Freedom of Information Act (FOIA) Program*, applies to the disclosure of health care information to the public. This AF Instruction (AFI) may be supplemented at any level, but all supplements must be routed to Air Force Medical Operations Agency (AFMOA)/SGHW, 3515 S. General McMullen, San Antonio, TX 78226, for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, Recommendation for Change of Publication; route AF Form 847s from the field through appropriate chain of command.

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Chapter 1

PROCESS STRUCTURE AND ADMINISTRATIVE OVERVIEW

1.1. Exceptional Family Member Program-Medical Component (EFMP-M). The mission of the EFMP-M is to identify medical and educational service requirements of family members in support of active duty sponsor reassignment and civilian employment overseas. The EFMP-M proactively identifies those family members who have special needs in order to coordinate accompanied travel orders and family relocations IAW with DoDI 1315.19, *Authorizing Special Needs Family Members Travel Overseas at Government Expense*. DoDI 1315.19 implements federal laws protecting persons with disabilities. EFMP implements DoD policy by providing assignment considerations for active duty sponsors where special medical and educational conditions of family members have been identified. Enrollment in EFMP is mandatory for active duty members where family member conditions are identified that meet enrollment criteria, as specified in DoDI 1315.19. Assignment coordination activities for those family members with medical needs that do not meet the DoD definition of special needs are also described in this instruction. EFMP families may be entitled to further community support services, beyond medical/educational capability determinations, which are described separately in AF policy. Additionally the AF EFMP-M provides for coordination of medical care to families enrolled in EFMP.

1.1.1. AFPC operates the EFMP IAW AFI 36-2110, Attachment 25, and with personnel regulations pertaining to accompanied permanent change of station (PCS) travel. EFMP-M functions include the collection of health information needed by medical authorities to recommend assignment considerations in support of EFMP reassignments. EFMP-M supports routine PCS actions for EFMP sponsors and for others with needs for specialized medical support or special educational services.

1.1.2. The EFMP-M is a set of interrelated activities linking the medical treatment facility with multiple base and community agencies to support sponsors and their family members. The EFMP-M relies on the coordination of information and integration of services that support sponsors, DoD employees, and family members. EFMP-M functions directly support the EFMP through the application of medical information technology and the sharing of global resource information to ensure appropriate relocations of family members at government expense.

1.2. Process Components. The EFMP-M process is composed of four components: special needs identification, FMRC process, healthcare coordination and research and evaluation.

1.2.1. Special Needs Identification. The purpose of identifying sponsors and their family members with special needs is to determine the ongoing necessary medical and educational services required for family members based on specific conditions, to support access to specialized services at the current and projected duty assignment, and to protect federal rights and entitlements for mobile family members. Upon identification of special needs, the family is enrolled in EFMP and an assignment limitation code Q is placed on the sponsor's personnel record after notification received by the Military Personnel Section (MPS). Early identification and documentation of special needs in family members of active duty sponsors by the MTF streamlines the assignment process when relocation is initiated. The coordinated

identification of special needs assists with the continuity of family member care through the sponsor's PCS and Temporary Duty (TDY). Civilian sponsors, AFRC, and ANG members are not enrolled in EFMP but may be provided information by EFMP-M upon request. Additionally, AFRC and ANG may utilize healthcare when activated.

1.2.1.1. DoDI 1315.19 defines "special medical needs" and "special educational needs" as the needs of family members who meet DoD criteria for identifying a family member with special needs, specified in Enclosure 4 of the DoD Instruction. The AF uses these definitions for all accompanied assignment actions, in the Continental United States (CONUS) and Outside the Continental United States (OCONUS). DoDI 1315.19, Enclosure 4, establishes the criteria for mandatory EFMP enrollment for active duty members. Special needs in this context are typically of an enduring nature, likely to require specialized forms of medical/educational assistance regardless of the location of the family members. Family members who are identified with conditions that meet DoD criteria as special needs are registered in AF-sanctioned databases in order to expedite the consideration of service needs during relocation.

1.2.1.2. In addition, needs for specialized services that do not meet EFMP enrollment criteria may be identified in the course of family member relocation processes in order to ensure appropriateness of family member travel to locations OCONUS under government sponsorship. The nature of these service needs may be shared with gaining treatment facilities in order to ensure appropriateness of family member travel OCONUS. These needs for services are typically temporary in nature or mild in severity, not meeting EFMP enrollment criteria as described in the DoDI. However, they are identified and evaluated prior to completion of the OCONUS Family Member Relocation Clearance (FMRC) process to ensure family member safety and the availability of needed care in overseas locations. OCONUS locations may recommend delay of travel or recommend against travel under command sponsorship where service needs exceed the capabilities of the military health system, regardless of EFMP enrollment status.

1.2.1.3. Identification of special needs in family members of Department of Defense (DoD) civilians may not be considered in the hiring process. OCONUS, DoD civilians are required by DoDI 1315.19 to disclose the existence of family member special needs to the hiring agent prior to initiating family member travel OCONUS at government expense. Upon hiring and accepting an assignment, DOD civilians will be queried using AF Form 4380, *Special Needs Screener*, to determine whether any member(s) of the selectee's family has one or more special need(s). Applicants for employment shall not be queried unless or until an offer of employment has been made. The selectee shall sign to certify responses on the form are accurate. These employees will be made aware of general information on the availability of medical and educational services at the gaining location to include a point of contact for the employee to query about specific special needs or access concerns by the hiring authority. The hiring authority will inform employees of the Department of Defense Education Activity (DoDEA) requirements under DoDI 1342.12, *Provision of Early Intervention and Special Education Services to Eligible DoD Dependents*, and DoDEA Regulation 1342.13, *Eligibility Requirements for Education of Elementary and Secondary School-age Dependents in Overseas Areas*. Additionally they will be informed that if they bring a family member to an overseas location that requires medical or dental care, the employee will be responsible for

obtaining and paying for such care, to include any necessary transportation. Access for civilian employees and their families to military medical and dental treatment facilities is on a space-available and reimbursable basis only.

1.2.1.4. Information about family members with service needs, as distinguished from the DoD definition of special needs, is not maintained in EFMP-M databases any longer than needed to coordinate the requested relocation. The coordination documentation of travel recommendations on behalf of these family members may be retained for process accountability for time periods specified in para. 3.5.1.2 of this instruction.

1.2.1.5. Removal from the EFMP is accomplished through retirement of the AD member, majority age of the identified child in which they no longer qualify as a dependant, divorce or death of the identified spouse, or change in circumstance in which the identified special need no longer exists. To initiate disenrollment from EFMP, AD sponsor or adult family member will take documentation of the change in status or condition to the SNC who will validate and disenroll the sponsor from the EFMP by requesting removal of the Q-code from the AD member's personnel record. This documentation may be in the form of court documents, updated medical summary from the treating specialist/provider or other validated forms.

1.2.2. Family Member Relocation Clearances (FMRC). The EFMP-M implements Air Force responsibilities under Title 10, United States Code, for medical entitlements of military family members, the Individuals with Disabilities Education Act (IDEA) to support access to special education services, the Joint Federal Travel Regulation for family member travel allowances and household goods shipment, and DoDI 1315.19. The goals of the EFMP-M FMRC process are to prevent active duty assignment failures due to unavailable resources for family members, to support DoD civilians through the provision of information about services availability OCONUS, and to enhance access to medical and educational resources for all family members through the relocation process. These actions support mission readiness. Successful relocation reduces stress for sponsors, family members, and units. Coordinated relocation prevents the unnecessary loss of allocated fiscal resources and supports the equitable use of finite medical resources.

1.2.2.1. In no way will the EFMP-M FMRC process affect offers of employment to DoD civilians. DoD civilians IAW DoDI 1315.19 may voluntarily disclose the details of special needs of family members to the hiring agent prior to initiating family member travel OCONUS at government expense. Civilians request completion of DD Forms 2792, *Family Member Medical Summary*, and DD Forms 2792-1, *Family Member Educational Summary*, from their qualified service providers. These disclosures are used to advise civilian sponsors about availability of needed services. Decision-making about travel resides with the civilian sponsor.

1.2.2.1.1. Civilian personnel agents working with selectees planning OCONUS travel inquire about the presence of special needs using AF Form 4380. Negative responses (no special needs reported) are filed in the civilian personnel office with other hiring actions for the employee. The hiring authority forwards any positive response (indication of potential needs) to the MTF EFMP-M office for information as needed.

1.2.2.2. All relocation responsibilities for contractors, to include family member relocations and access to medical care, reside with the employing contractor and the employee.

1.2.2.3. Active duty personnel who have family members with special needs that meet EFMP enrollment criteria will support family participation in the FMRC process prior to government-sponsored family travel to either CONUS or OCONUS locations. Additionally, all active duty sponsors will support the FMRC process used to screen family members for any service needs that may require additional relocation coordination prior to OCONUS relocation.

1.2.2.4. Active duty personnel residing in locations under government sponsored travel that are not served by a MTF (such as Embassy) will have a DD Form 2792, DD Form 2792-1, *Family Member Special Education/Early Intervention Summary*, or certified letter in lieu of forms completed by a qualified medical authority for each family member and forwarded to their servicing SNC for determination of medical and educational needs prior to issuance of orders for permanent change of station. The services SNC is normally determined by the Personnel Accounting Symbol (PAS) code of the sponsor's current assignment. Consult AFMOA/SGHW for processing requirements when not located in a MTF catchment area.

1.2.2.5. All personnel planning accompanied family travel to the first duty station in the course of accession to active duty will participate in the FMRC process, using the same procedures and forms as other active duty members. Failure of family member's full participation may result in non-approval for travel of family member at government expense. Accession programs (ROTC, recall to active duty programs, etc.) will ensure accession candidates are briefed on and supported in procedures for clearing family members for travel prior to the issuance of accompanied orders.

1.2.3. Healthcare Coordination: The EFMP-M assists special needs family members with navigation of the healthcare services necessary and may involve the following: planning treatment strategies; monitoring outcomes and resource use; coordinating visits with subspecialists; organizing care to avoid duplication of diagnostic tests and services; sharing information among health care professionals, other program personnel, and family; facilitating access to services; planning a hospital discharge; and ongoing reassessment and refinement of the care plan. The amount of coordination is dependent on the needs of the family member(s) and is crucial during PCS.

1.2.4. Research and Evaluation: The EFMP-M supports system-wide research and evaluation of its process components. Research projects are conducted through collaborative partnerships with prominent researchers who understand the unique needs of military families. Projects are selected based on their potential to inform EFMP-M's key processes, special needs identification and family member relocation. The AF-provided special needs data management information system maintains a database for management of the EFMP-M. Statistical reports are generated from data collected through AF data management systems to assess the impact of the process components and to support continuous process improvement. EFMP-M partners with AFPC, with the AF Inspection Agency, and other monitoring entities to identify trends in service delivery in order to enhance the coordination of care for military families.

1.3. Additional Administrative Elements. To ensure process effectiveness, the following key features will exist as part of each installation EFMP-M.

1.3.1. An EFMP-M installation directive for implementation of all EFMP-M processes. The installation commander ensures all involved agencies develop, coordinate, and publish an installation directive, which may integrate several topics outlining interagency support to families. The installation directive will:

1.3.1.1. Establish procedures for training staff and students on EFMP-M operating procedures at bases with student training squadrons, to include the completion of the FMRC process by students who are sponsors of family members prior to the subsequent duty assignment. These instructions will outline methods for training students on requirements for the completion of the FMRC process if new dependents are added to the family while en route PCS.

1.3.1.2. Emphasize and coordinate the cross-functional processes of base agencies that identify and assist special needs family members, that specify the coordination of assignments for all active duty members requesting accompanied travel, that describe processes for the employment of DoD civilians who have dependent family members requesting overseas travel at government expense, and which promote access of sponsors and family members to community resources. Mechanisms/forums for educating sponsors and key leaders will be specified.

1.3.1.3. Identify the Community Action Information Board (CAIB) and Integrated Delivery System (IDS) as groups which can identify the community issues related to the quality of life for family members with special needs. Using the expertise of their representatives, CAIB and IDS can provide workable solutions to specific issues and may be able to influence policy above the local level.

1.3.1.4. Specify the community-specific supports offered to families with special needs and describe base locations to apply for services as needed, including but not limited to the Airman and Family Readiness Center and TRICARE Service Center.

1.3.2. Memoranda of understanding are completed between closely geographically located military installations' medical treatment facilities (Air Force or other Services) to delineate procedures for identifying special needs and for conducting EFMP or FMRC processes and are reviewed every two years. Examples include methods for conducting the FMRC process:

1.3.2.1. At remote locations.

1.3.2.2. Where family members of active duty AF personnel are empanelled to MTFs of other branches of Service,

1.3.2.3. Where AF active duty members are assigned to other Services' installations, including joint basing locations, and

1.3.2.4. Methods to support other Services' EFMP relocation functions where their family members are served by AF MTFs.

1.3.3. Memoranda of agreement are completed for managing special needs identification and FMRC processes between geographically separated units and their supporting MTFs and personnel agents. These agreements are particularly necessary to support locations where

independent duty medical technicians are the sole medical staff assigned and where assignments are processed from a different location than the sponsor's duty site.

Chapter 2

RESPONSIBILITIES AND DUTIES OF KEY POSITIONS

2.1. The Secretary of the Air Force (SAF). Maintains overall responsibility for the EFMP-M process, including policy, budget, personnel, physical resources, and reporting responsibility. Ensures compliance with Department of Defense (DoD) guidance on the identification of family members with special medical and educational conditions, enrollment in EFMP, and assignment coordination.

2.1.1. The Assistant Secretary of the Air Force (Manpower & Reserve Affairs) (SAF/MR) provides policy oversight and guidance for EFMP-M policy.

2.1.2. Deputy Under Secretary of the Air Force, International Airmen Division (SAF/IAPA), reviews and coordinates family member relocation packages regarding Air Force Attaché assignments. Ensures the SNC representing losing and gaining locations are consulted in the FMRC process.

2.2. The Air Force Surgeon General (AF/SG). AF/SG agencies and personnel support the EFMP-M as described below:

2.2.1. The AF/SG maintains management responsibility for the EFMP-M. The SG implements policy, advocates for the EFMP-M, supports personnel and resource requirements, and is involved in strategic planning of the EFMP-M.

2.2.1.1. The Air Force Medical Operations Agency (AFMOA) acts as the agent to carry out the Air Force's approved policies in record keeping, reporting, research, training, operational oversight, and program evaluation.

2.2.1.2. The SG assigns the Program Manager, AF Programs for Families with Special Needs, to oversee the implementation of the process according to DoD and AF policy.

2.2.2. The Program Manager, AF Programs for Families with Special Needs (AFMOA/SGHW):

2.2.2.1. Recommends guidance for implementing the Air Force EFMP-M. Serves as consultant to HQ USAF, to the Major Commands (MAJCOMs), to representatives from sister Services, and to other DoD components in implementing policy for EFMP-M operations.

2.2.2.2. Develops and manages the budget for the Air Force EFMP-M.

2.2.2.3. Publishes practice standards or procedures detailing the operations of the Air Force EFMP-M.

2.2.2.3.1. Ensures best practices and current research findings from DoD and civilian subject matter experts are incorporated into AF EFMP-M practice standards or procedural guides.

2.2.2.3.2. Ensures current practice standards or procedural guides, including necessary contacts to coordinate relocation clearances, are accessible to all EFMP-M staff world-wide. Advocates for implementation of standards across AF EFMP-M.

- 2.2.2.3.3. Establishes routing procedures and identifies points-of-contact to review family member relocation clearances into any OCONUS location not served by an MTF or MAJCOM EFMP-M Liaison.
- 2.2.2.4. Ensures the maintenance of a data collection system and informational website for EFMP-M staff, sponsors, and family members. Ensures access to protected health information stored in AF-wide data systems is appropriately controlled and monitored.
- 2.2.2.5. Conducts evaluation of AF-wide data, performance standards, program components, and other research that directly contributes to the success of the EFMP-M and continuous process improvement.
- 2.2.2.6. In collaboration with the Air Force Inspection Agency (AFIA), monitors the implementation of approved policy, of current practice standards, and the overall quality of installation EFMP-M programs/services. Analyzes noted trends from program evaluation processes, and applies findings from research, to recommend enhancements to quality monitoring standards.
- 2.2.2.7. Provides oversight, resources, education, training, and program guidance to all personnel involved in the AF EFMP-M to ensure compliance with Air Force guidance for EFMP-M. Provides data and information in support of training or briefing development to MAJCOMs, to unit commanders, and to AFMOA-sanctioned entities upon request.
- 2.2.2.8. Provides data to DoD as requested or as required by directive.
- 2.2.2.8.1. Sends notices through the MAJCOM EFMP-M Liaisons to all MTF EFMP-M staff detailing reporting dates and methods of data submission to support required DoD-level reports.
- 2.2.2.8.2. Works with MAJCOM EFMP-M Liaisons/SNCs to ensure data integrity in AF special needs data management systems that support annual or 'as needed' data submissions to DoD, AF/SG, or other oversight agencies.
- 2.2.2.9. Provides consultation on the Air Force EFMP-M to DoD and other officials. Contributes to the development of DoD Directives, Instructions, data requirements, and participates in DoD Integrated Process Teams. Interacts with US Army, US Navy, and Marine Corps EFMP Managers and supports joint initiatives that enhance services to DoD families.
- 2.2.2.10. Serves as consultant to AF Civilian Personnel (AF/A1) and inter-Service coordinating committees in implementing relocation support to DoD civilians IAW DoDI 1315.19.
- 2.2.2.11. Serves as consultant to AFPC/DPAPH to support EFMP reassignments, investigations into failures of the FMRC process, or other assignment actions for active duty sponsors of special needs family members.
- 2.2.2.12. Serves as consultant to DoD Education Activity in implementing the Air Force's approved policies with regard to relocating dependents eligible for education in DoDEA schools, both in CONUS and OCONUS.
- 2.2.2.13. Serves as consultant to the MAJCOM/SG for EFMP-M.

2.2.2.14. Reviews base-level MTF data collection and Facility Determination Inquiry (FDI) package transfers in AF special needs data management systems. Identifies trends or base-specific challenges and works with the respective bases' Special Needs Coordinators (SNCs) and Family Member Relocation Clearance Coordinators (FMRCCs) to ensure compliance with AF implementing guidance.

2.2.2.15. Consults with MTF Commanders and Chief of Medical Staff (SGH) when notified of an FDI package from a base that repeatedly contains administrative or procedural errors that impede the FMRC process or that result in re-assignment considerations.

2.2.3. The Special Needs Nurse (AFMOA/SGHW) additionally:

2.2.3.1. Provides consultation/training/guidance to MTFs regarding cases that require higher level review; consults with MTF healthcare personnel on medical recommendations that support EFMP and family relocations, as well as process/policy.

2.2.3.2. Reviews medical summaries, searches military medical electronic health records in the Armed Forces Health Longitudinal Technology Application (AHLTA), extracts relevant data from other AF sanctioned databases, and evaluates medical information submitted from various agencies in support of clearances requiring assistance beyond the base level EFMP-M office.

2.2.3.3. Coordinates relocation actions with non-medical AF and DoD entities, advocating for medical needs of family members, while ensuring appropriate protections of family member privacy/confidentiality.

2.2.3.4. Supports the AFMOA Program Manager in developing operational guidance, evaluating outcomes and processes, and providing reports or briefings as needed.

2.2.3.5. Develops training materials for MTFs on care coordination through PCS.

2.2.4. The Special Needs Senior Program Support Specialist (SPSS) additionally:

2.2.4.1. Maintains a log of clearances and associated record-sets/correspondence managed by AFMOA for accountability on clearance recommendations. Tracks suspenses/timelines on clearances to ensure timely responses, and notifies team members of impending due-dates. Develops summary reports under guidance of Program Manager.

2.2.4.2. Briefs AFMOA leadership on the status of initiatives, develops and presents reports, briefs AFMOA staff members on administrative processes for time-sensitive patient care coordination, and other program management duties in the absence of the Program Manager.

2.2.4.3. Tracks task due dates, assesses project(s) status, and coordinates business processes among various military and civilian entities as core activities. The SPSS shall advise other AFMOA EFMP-M team members of projects as needed.

2.2.4.4. Responds to base-level, and MAJCOM-level customer requests for assistance in applying procedural guidance and operating EFMP-M specific data systems, while validating the appropriateness of any sensitive information release in these consultations.

2.2.4.5. Ensures all bases within the MAJCOM submit current appointment letters for all EFMP-M positions, signed by the MTF/CCs, to AFMOA/SGHW. Works with MTF/CCs to ensure only appointed staff have access to sensitive information maintained in AF special needs data management systems.

2.2.4.6. Extracts relevant data from AF sanctioned databases and evaluates completion of medical information forms submitted from various agencies; reviews completeness of needed special education information. Advises submitting agencies of needed corrections/completions, and provides training where needed on required process steps or form completion. Collaborates with clinical staff to validate adequacy of available clinical information, and pursues necessary information from base or MAJCOM-level staffs.

2.2.4.7. Sends notices through the MAJCOM EFMP-M Liaisons to all MTF EFMP-M staff detailing reporting dates and methods of data submission to support required DoD-level reports.

2.2.5. The AFMOA Family Medical Consultant (AFMOA/SGHM or designee if unavailable) provides support to the EFMP-M as needed. SGHM supports the FMRC process for members with embassy attaché and/or State Department duties. With AFMOA/SGHW, coordinates FDI packages with the SAF/IAPA, and gaining OCONUS MAJCOMs regarding Air Force Attaché assignments.

2.2.5.1. Where necessary, AFMOA/SGHM requests assistance from Health Affairs/TRICARE Management Activity to assess host nation medical capabilities in support of families traveling to remote locations.

2.2.5.2. AFMOA/SGHM serves as the final review authority for family member clearances into areas not served by a MAJCOM EFMP-M Liaison.

2.2.5.3. AFMOA/SGHM provides medical consultation and recommendations to AFPC and to MTF Chiefs of the Medical Staff (SGH) in support of EFMP Reassignment applications.

2.3. The Deputy Chief of Staff, Manpower, Personnel, and Services (AF/A1) will ensure coordination with AF/SG and with AF A4/A7 as needed to support mobile military families who have special medical or educational needs.

2.3.1. Human Resources, Overseas Employment Action Officer, Civilian Force Policy (AF/A1PC), recommends policy for the integration of the EFMP-M into civilian employee recruitment and hiring practices for OCONUS employment. AF/A1PC serves as consultant to the Program Manager, Air Force Programs for Families with Special Needs, to ensure compliance with DoDI 1315.19.

2.3.2. Oversight of EFMP Family Support (EFMP-FS) and coordination with EFMP-M.

2.4. The Deputy Chief of Staff, Logistics, Installations and Mission Support (AF A4/A7) will support mobile military families who have special medical or educational needs upon request by AF/SG or AF/A1.

2.5. The Chief of Chaplains (AF/HC) will be a consultant to the AF/SG and designees to support programs for families with special medical or educational needs.

2.6. The Judge Advocate General (AF/JA) will be a consultant to the AF/SG and designees to support programs for families with special medical or educational needs.

2.7. Major Commands (MAJCOM).

2.7.1. The commander of each major command (MAJCOM/CC):

2.7.1.1. Ensures that each installation in the command establishes and maintains the EFMP-M IAW AF guidance.

2.7.1.2. Assigns the command surgeon to monitor the EFMP-M within the command and to elevate any concerns to AFMOA/SGHW as needed.

2.7.2. The Command Surgeon (MAJCOM/SG):

2.7.2.1. Appoints a clinical officer, or civilian officer-equivalent, as the MAJCOM EFMP-M Liaison to AFMOA. This is not necessarily a full-time responsibility; however, designation of a specific EFMP-M Liaison ensures efficient communications among MTF, AFMOA, and assignments personnel.

2.7.3. The OCONUS MAJCOM/SG, additionally:

2.7.3.1. Ensures completion of an annual memorandum of geographic area of responsibility for FMRC that outlines the routing process for FDI packages to bases and countries where military members and their families could be assigned. Ensures the MAJCOM EFMP-M Liaison provides updated memoranda to AFMOA/SGHW.

2.7.3.2. Reviews base-level FDI packages in conjunction with the MAJCOM EFMP-M Liaison that have violated the EFMP-M process within the respective command. Resolves process issues with the base EFMP-M staff, the gaining MAJCOM EFMP-M Liaison, AFPC/DPAPH, and AFMOA/SGHW or AFMOA/SGHM as needed.

2.7.4. The MAJCOM EFMP-M Liaison:

2.7.4.1. Serves as point-of-contact for MAJCOM-specific inquiries or functions in support of EFMP-M.

2.7.4.2. Generates MAJCOM-level reports using data management systems upon official request, providing data as needed. Provides MAJCOM specific data to AFMOA/SGHW upon request to facilitate process management.

2.7.4.3. Advises AFMOA/SGHW of:

2.7.4.3.1. Noted trends in FMRC process violations and the resolution of issues. Elevates concerns from base EFMP-M staff where there are AF policy implications.

2.7.4.3.2. Bases within the command where inadequate or unavailable special educational services, related services, early intervention services, or regional medical service limits appropriateness of accompanied assignments.

2.7.4.3.3. Occurrences when medical case management does not effectively support accompanied assignment coordination among the TRICARE regions.

2.7.4.3.4. Inter-Service challenges within the FMRC process.

2.7.4.3.5. Incidents within the active duty or civilian FMRC processes that warrant higher-level review.

- 2.7.4.4. Assesses the need for and coordinates Staff Assistance Visits (SAV).
- 2.7.4.5. Provides consultation to the Program Manager, Air Force Programs for Families with Special Needs, on identified MAJCOM EFMP-M issues and resolution of Air Force Inspection Agency findings at the MTF regarding EFMP-M.
- 2.7.4.6. In collaboration with the senior medical advisor at the MAJCOM, serves as the review authority for appeals to FDI decisions when submitted by sponsors.
- 2.7.4.7. Recommends and disseminates additional policy or guidance specific to the MAJCOM to promote efficient and effective EFMP-M operations. Considers Joint Basing requirements at installations within the command.
- 2.7.4.8. The OCONUS MAJCOM EFMP-M Liaison, additionally:
- 2.7.4.8.1. Coordinates and provides to the MAJCOM/SG and Program Manager, Air Force Programs for Families with Special Needs, an annually reviewed memorandum specifying geographic areas of responsibility for FMRCs, updated as needed.
 - 2.7.4.8.1.1. The memorandum outlines the routing process for FDI packages to OCONUS bases and countries where military, Attaché, civilian personnel, and their families are assigned/employed and located under government sponsorship.
 - 2.7.4.8.2. Serves as POC as needed for EFMP staff of other military branches in support of family member travel considerations into AF areas of responsibility. Provides oversight to MTFs to ensure appropriate coordination of FDIs involving anticipated EDIS that would be delivered by other branches of Service IAW DoDI 1315.19.
 - 2.7.4.8.3. In collaboration with the senior medical advisor at the MAJCOM, reviews FDI packages from gaining bases within the command when medical or educational services are not available at a given base to support active duty assignments. Works with AFPC and their designees to determine “pinpoint” assignments within the MAJCOM. Reviews reasons for travel denials from local bases when considering pinpoint assignments. Notifies the appropriate AF/A1 Senior Leader office (AF/DPE, AF/DPG, AF/DPO or AF/DPS) of recommendations against travel for Senior Leaders’ family members to determine courses of action, which may include maintaining the assignment in an unaccompanied status. Maintains logs of pinpoint FDIs and documentation of decisions made.
 - 2.7.4.8.4. Ensures family requests for appeal of recommendations against travel are processed IAW para. 3.4.2. of this instruction.
 - 2.7.4.8.5. Maintains cooperative working relationships with the DoD Educational Activities (DoDEA) Overseas Representatives. Consults with DoDEA as needed to coordinate relocation processes within the MAJCOM with mechanisms that ensure availability of special education services to eligible beneficiaries.
 - 2.7.4.8.6. Provides annual training to the:
 - 2.7.4.8.6.1. MTF EFMP-M staff at remote and unaccompanied OCONUS assignments to ensure that sponsors enrolled in EFMP (“with Q-Codes”) initiate the FMRC process to follow-on assignments six-months prior to permanent

change of station, when their families have remained at the previous losing base or a location other than the follow-on assignment.

2.7.4.8.6.2. MTF EFMP-M staff within MAJCOMs to ensure that the FMRC process is completed for all sponsors and family members electing Consecutive Overseas Tours (COT).

2.7.4.8.7. In collaboration with MAJCOM Health Benefits Advisor, consults with liaison services as needed for service availability in host nations to support embassy/attaché family member relocation clearances, pinpoint assignments for active duty sponsors, and other MAJCOM-level coordination of relocation actions as necessary.

2.8. The Installation Commander

2.8.1. Directs through the IDS/CAIB inter-agency, base-wide outreach and support activities to military personnel regarding the identification of special needs in family members, and referrals for needed services.

2.8.2. Ensures command sponsorship is not offered to family members in locations where appropriate services do not exist, or where undue hardship or expense would be incurred to deliver such services, if sponsors were previously informed of service limitations.

2.8.3. Approves/Signs an installation directive outlining working agreements between Military Personnel Section, Civilian Personnel, the MTF, and others as deemed locally appropriate, e.g., Mission Support, Command Support Staff (CSS), Family Member Housing, TRICARE, and Services personnel. This installation directive, to be coordinated by the SNC, will ensure base-level responsibilities for the implementation of the provisions of DoDI 1315.19, AFPD 40-7, and this instruction are specified. These responsibilities include but are not limited to: specified roles in screening newly arrived families for the presence of special needs, sharing rosters of assigned sponsors with family members who have special needs between Personnel agents and EFMP-M offices, sharing information about service limitations that might impact the travel screening process, educating base personnel on resources, and ensuring proper completion of the family member relocation screening process prior to the issuance of permanent-change-of-station orders.

2.8.4. OCONUS, specifies in conjunction with SJA/MDG/FSS limitations to government-provided benefits that may be offered to families who have bypassed the EFMP-M or traveled against recommendations made in the FMRC process. These limitations may include restriction from base privileges and housing entitlements or other benefits IAW the applicable Status of Forces Agreement.

2.9. The Installation Staff Chaplain.

2.9.1. Encourages staff and chapel organizations to support special needs activities, counseling, and provide ministries, as needed.

2.9.2. Refers families with special needs members to the SNC for services as needed.

2.10. The Staff Judge Advocate (SJA).

2.10.1. As needed, provides legal assistance to active duty sponsors regarding government-sponsored family member travel and the legal rights of family members with special medical

and/or educational conditions, IAW AFI 51-504, *Legal Assistance, Notary, and Preventive Law Program*.

2.10.2. Provides legal advice regarding the establishment or revision of Memoranda of Understanding or Memoranda of Agreement, as requested by the SNC.

2.10.3. Advises commanders on investigatory, administrative and disciplinary actions, and limitations to government provided benefits when notified by the MTF/CC of an alleged violation of the FMRC process.

2.10.4. Advises MTFs on the applicable age of majority for consent to obtain medical treatment and to release health information. Provides consultation and training, upon request, to the medical staff and MTF EFMP-M staff on the law as it relates to reproductive rights, mental health, substance abuse treatment, Privacy Act, and Health Insurance Portability and Accountability Act (HIPAA). Consults with regional Medical Law Consultant, when necessary, for guidance on unique issues that may arise.

2.11. Air Force Personnel Center (AFPC), Military Personnel Section (MPS), and the Commander's Support Staff (CSS).

2.11.1. Ensures all AFPC, MPS, and CSS staff members receive training on EFMP and responsibilities that support enrollment processes to assist sponsors with family members who have special medical and educational needs. Ensures those who process assignments are trained in FMRC requirements for both CONUS and OCONUS travel.

2.11.2. Coordinates all applications for EFMP Reassignments/Deferments with the unit commander and the MTF (see AFI 36-2110, Attachment 25, EFMP Assignment/Deferment).

2.11.3. Ensures notification to the losing and gaining SNC and FMRCC of EFMP reassignment and deferment request results.

2.11.4. Ensures the establishment of Assignment Limitation Code "Q" for each identified sponsor at the request of the SNC appointed at the installation where the sponsor's Personnel functions reside.

2.11.5. Ensures all outbound active duty sponsors not previously enrolled in EFMP are queried regarding the presence of special needs family members prior to the issuance of orders for permanent change of station (PCS) relocation, using DoDI 1315.19, Enclosure 4, as a guiding reference. Provides AF Form 4380 to outbound active duty sponsors prior to CONUS assignments and unaccompanied OCONUS assignments. Ensures completed responses that indicate the presence of special needs are forwarded to the SNC for completion of the FMRC process prior to issuing orders for accompanied travel or government-funded travel to follow-on locations. Documents sponsor's negative responses, and directs affirmative responses to the FMRCC to initiate enrollment/relocation actions.

2.11.6. Ensures the FMRC process has been completed in its entirety for all Q-coded sponsors and for all traveling OCONUS prior to issuing PCS orders. Ensures all family members who appear on government-authorized travel orders have been appropriately screened by the EFMP-M office.

2.11.7. Informs all Q-coded sponsors, and all sponsors who intend to relocate with family members OCONUS that the FMRC process may require as much as 90 days. Provides

sponsors with MTF contact information to initiate the FMRC process immediately upon notification of assignment.

2.11.8. Supports the MTF and EFMP-M staff in screening all incoming active duty members with family members for special needs according to the roles specified in the installation instruction. Ensures the SNC is notified on a regular basis of all sponsors who have family members with special needs that are assigned to the installation.

2.11.9. Advises sponsors on dependency determinations that might impact EFMP enrollment and/or the FMRC process.

2.12. Civilian Personnel Flight, Gaining Human Resources Office (HRO).

2.12.1. Ensures all civilian personnel offered employment overseas are informed of the FMRC process prior to travel with family members. Informs employees that overseas commands may deny logistical support to family members with medical needs where medical facilities and services are limited.

2.12.2. Ensures all civilian employees planning to relocate OCONUS with family members are asked about the presence of special needs using AF 4380, and are educated on the DoD criteria for special needs using DoD-authorized educational materials. Retains documentation of responses that indicate no special needs, and offers those who do indicate potential special needs on AF 4380 or other documents the opportunity to participate in the FMRC process. Refers those accepting assistance to the EFMP-M office closest to the current location of the employee.

2.12.2.1. Prior to finalizing a selection involving a PCS move to an overseas location, the overseas HRO must engage in dialogue or in writing with the tentative selectee regarding the presence of family member needs. The tentative selectee has the responsibility to provide all relevant information concerning any special needs of his or her family members, whether medical, educational, or other that may require accommodation at the overseas location.

2.12.2.2. If special needs are reported, the HRO provides the selectee with the DD Form 2792 and DD Form 2792-1 which the selectee processes with their family members' medical and educational service providers. These forms are then sent by the selectee to the FMRC at the gaining AF MTF for the catchment area of the prospective employment. The closest AF MTF at the losing location may assist with package transmission upon request of the selectee. The selectee provides the reviewer with contact information for the response with the package submission. A review of medical and educational needs is completed by the designated review authorities for the receiving installation, based on existent staff knowledge of host nation resources and DoD services for which the family member(s) maintain(s) eligibility. EFMP-M submits considerations directly to the selectee, and does not release protected health information to the HRO. The selectee is responsible for notifying HRO (and the losing EFMP-M office, if assistance was provided) of the completion of the review and signing a statement of awareness and understanding of service limitation or unavailability.

2.12.2.3. The gaining installation MTF for the catchment area provides the selectee written information regarding potential limitations or considerations in the identified location. Where no MTF provides support, the gaining MAJCOM, in coordination with

EFMP-M POC, TRICARE, and host nation resources provides a written response to include information on availability of resources and recommendations. The selectee will make informed decisions regarding the needs and well being of their family members. Gaining HROs ensure selectees are informed that neither the AF, HRO, nor EFMP-M makes any warranties regarding services availability or adequacy in host nations. Gaining HROs ensure selectees understand their options and responsibilities with regard to payment for services procured overseas and health insurance options available to them. Gaining HROs may require proof of health insurance for special needs family members prior to authorizing OCONUS travel at government expense.

2.12.3. Coordinates with the EFMP-M staff as needed to maintain and improve the FDI process for DoD civilians' family members planning to travel OCONUS, IAW DoDI 1315.19, and any AF implementing publications.

2.12.4. May serve as liaison between the EFMP-M staff and the DoD civilian employee as needed during the facility determination inquiry process.

2.13. The Installation's Force Support Squadron Commander/Director

2.13.1. Ensures coordination of accompanied relocations through family member screening process for personnel planning travel OCONUS or who have been identified via Q-code as having a family member with special needs. Ensures orders for PCS will not be issued without proper travel recommendation/clearance.

2.13.2. Ensures that Airman and Family Readiness staff working with children aged birth to three years, are aware of and support the Child Find requirements of the state education authority or of EDIS, as applicable. Ensures children with delays or risks of delay are referred to the appropriate agency for further evaluation once identified. Ensures families are referred to the SNC for EFMP enrollment when an IEP or IFSP is established.

2.13.3. Ensures accessibility and reasonable accommodation for special needs family members to activities, buildings, housing, parking, transportation and programs IAW existing legal requirements, as well as DoD and Air Force policy and directives.

2.13.4. Advises and provides the Installation Commander information regarding limitations to government provided benefits that may be offered to families who have bypassed the EFMP-M or traveled against recommendations made in the FRMC process.

2.13.5. . Ensures that a Special Needs Accommodation Process is in place.

2.14. The Exceptional Family Member Family Support Coordinator (EFMP-FS):

2.14.1. Works with the SNC to provide information to Child/Youth and Airman and Family Readiness Center staff members about special needs and about referral procedures to assist families with special needs.

2.14.2. Provides input to the SNC on services in the local area that support families with special needs.

2.14.3. Ensures families who are offered specialized support, i.e. respite care, are appropriately enrolled in the appropriate perspective Service's EFMP, through consultation with the MTF EFMP-M staff.

2.14.4. Works with base recreational and club programs to provide nondiscriminatory inclusion with consideration given to family members with special medical and/or educational needs.

2.14.5. Ensures accessibility for family members with special needs to all base facilities in compliance with public law.

2.14.6. Participates in installation's IDS to identify and assist with community level issues that impact the quality of life for families with special needs.

2.14.7. Provides joint briefings in conjunction with EFMP-M for newcomer's orientation, relocation, and out-processing briefings in order to appropriately assist special needs families with transition through PCS.

2.14.8. Appoints in writing the EFMP-FS to provide support at Exceptional Family Member quarterly case reviews.

2.14.9. Receives HIPAA training from local MTF to ensure protection of patient medical information.

2.15. The Installation Public Affairs Office.

2.15.1. Distributes EFMP process news releases to installation newspapers and other news media, after approval by the SNC.

2.15.2. Serves as the point of contact for response to press inquiries.

2.16. Recruiting Command.

2.16.1. Ensures that local recruiting squadrons receive training on the EFMP-M, and on access to the closest EFMP-M office for assistance with enrollment in EFMP and with relocation of special needs family members. Consults Military One Source and AFMOA/SGHW as needed.

2.17. Medical Treatment Facility Commander (MTF/CC).

2.17.1. The MTF/CC ensures the organizational location(s) of EFMP-M functions within the MTF are under the direct oversight of the SGH. The MTF/CC is responsible for aligning resources within the MTF to ensure adequate program support exists to accomplish the EFMP-M mission, to augment designated EFMP-M staff as needed. The MTF/CC ensures both clinical and administrative resources are applied to the functions of identification of special needs and the FMRC process.

2.17.2. The MTF/CC maintains overall responsibility for EFMP-M staffing, training, process delivery and process administration. The MTF/CC delegates clinical oversight roles to the SGH. With regard to staffing and training, the MTF/CC:

2.17.2.1. Appoints in writing the SNC, Medical Review Officer (MRO), and FMRCC, and designates alternates for each role to ensure EFMP-M continuity. Directs the SNC to submit the letter of appointment to AFMOA/SGHW to enable access to protected data systems.

2.17.2.2. Ensures sufficient administrative and clinical expertise are applied to support the EFMP-M functions of identification of special needs, registration of family members who meet EFMP enrollment criteria, and the FMRC process.

2.17.2.3. Supports the Installation Commander and unit commanders as needed in developing training initiatives that educate base personnel on the special needs identification process, provisions of DoDI 1315.19, and the FMRC process.

2.17.2.4. With the SGH, ensures key medical staff is trained annually on the EFMP-M process, including but not limited to personnel from: EFMP-M, Family Practice, Pediatric Clinic, specialty medical staff, Family Advocacy Program, Mental Health Clinic, Aerospace Medicine, Dental Clinic, Nursing, Medical Technicians, TRICARE case managers, Beneficiary Counseling and Assistance Coordinators (BCACs), and Patient Administration. Ensures the SGH and SNC develop and document all EFMP-M training provided within the MDG. Ensures MTF personnel participate in training and implement their roles, responsibilities, and procedures for EFMP-M, as outlined in this instruction and any subsequent AFMOA or MTF implementing guidance.

2.17.2.4.1. Ensures all MTF staff with direct patient involvement (clinical and administrative) are trained on both purposes for screening family members of active duty members: EFMP enrollment and family member relocation clearances. Ensures staff are trained that family members of active duty who travel OCONUS without prior travel clearance are not command sponsored and cannot have TRICARE Prime benefits.

2.17.2.4.2. Ensures all staff involved in reviewing FDIs are trained that family members of civilian personnel may not be denied travel OCONUS to accompany their sponsor. Ensures staff are trained that EFMP-M serves these families through the provision of information about the gaining location to inform family decision-making prior to travel.

2.17.2.5. Supports the provision of EFMP-M educational material to IDS members and to personnel in key agencies, including commanders, first sergeants, child development and youth centers, Airman and Family Readiness Center, Family Member Housing Management, and Department of Defense Educational Activities (DoDEA).

2.17.2.6. Ensures all EFMP-M volunteers or students with Training Affiliation Agreements are screened, receive orientation and supervision, and receive training and oversight from the American Red Cross or another authorized organization.

2.17.3. With regard to process delivery, the MTF/CC:

2.17.3.1. Ensures the MTF publishes an operating instruction, which clarifies policies, responsibilities, and procedures for all medical personnel who have roles in the EFMP-M process.

2.17.3.2. Ensures policies and procedures are established for effective coordination of EFMP-M services and information between all clinical and administrative medical services to support the FMRC process.

2.17.3.3. Ensures the DoD criteria for identification of special medical and education conditions, found in DoDI 1315.19, are used by all medical staff to identify and document special needs.

2.17.3.4. Ensures referrals to the SNC are initiated immediately when special needs are identified, and monitored until referral resolution.

2.17.3.5. Ensures AF Forms 4380 which are collected and submitted by AFPC, MPS, or CSS as part of relocation processing, are reviewed and acted upon by the SNC or designee in a timely manner and stored appropriately.

2.17.3.6. Assumes responsibility for managing health care aspects of the EFMP-M. Delegates where appropriate to the SGH.

2.17.3.7. Ensures medical records (electronic and hardcopy, as needed) are accessible to EFMP-M in order to support special needs identification and the FMRC process.

2.17.3.8. Ensures that services for special needs families are integrated with other MTF and installation IDS initiatives.

2.17.3.9. Generally oversees the administration of the FMRC process and management of FDI packages IAW AF guidance. Provides command support as needed to resolve complex issues.

2.17.3.10. Establishes procedures for notifications to local MPS where possible, and to sponsors' squadron commanders and/or CSS, of sponsors and family members who arrive at the gaining base without prior completion of the FMRC process.

2.17.3.11. Advises sponsors' unit commanders of situations in which sponsors have circumvented the FMRC process after advisement that medical and educational services were not available at the gaining base and have paid for family relocation at their own expense. Requests that unit commanders direct sponsors to complete a memorandum that acknowledges they were advised of unavailable medical services or educational services, but chose to relocate their family member(s) without government sponsorship. Administrative/disciplinary action is the purview of the sponsor's squadron commander IAW AFI 36-2110.

2.17.3.12. Recommends denial of command sponsorship, to the Installation Commander, for family members in locations where appropriate services do not exist, or where undue hardship or expense would be incurred to deliver such services, if sponsors were previously informed of service limitations.

2.17.3.13. With the SGH, carefully reviews requests for command sponsorship of family members that have already arrived on station without completion of the FMRC process, vigilant for evidence of any intent to bypass the FMRC process that occurred prior to relocation.

2.17.3.14. Ensures that notifications of suspected violations of the FMRC process are sent to gaining and losing MAJCOM EFMP-M Liaisons, to AFPC/DPAPH IAW AFI 36-2110, and to AFMOA/SGHW for investigation. Advises squadron commanders of suspected violations by service-members under their command.

2.17.3.15. With the SNC, and in coordination with the sponsor's squadron commander, ensures the base Staff Judge Advocate (SJA) is notified when an active duty member assigned to the installation is under investigation by AFPC/DPAPH for suspicion of falsifying EFMP-M documents or otherwise violating EFMP-M processes.

2.17.4. With regard to process administration, the MTF/CC:

- 2.17.4.1. Appoints the SNC as the EFMP-M representative to the Integrated Delivery System, who therefore serves as the installation POC for healthcare resources in support of families with special needs.
- 2.17.4.2. Provides office space, equipment and furnishings, operating supplies, utilities, maintenance, and other required resources. Ensures EFMP-M office space is readily identified in the MTF, is accessible by those with mobility limitations, and allows privacy of communication with the EFMP-M staff and providers involved in the FMRC process. Ensures needed assistance is provided to family members with communication disabilities during the FMRC process.
- 2.17.4.3. Provides office equipment, computer hardware, software, and Internet access to support the EFMP-M and to meet AF and DoD data reporting requirements.
- 2.17.4.4. Ensures appropriate availability of appointments with the MRO and SNC for face-to-face family member travel screenings and the timely processing of FDIs.
- 2.17.4.5. Provides environmental and security measures IAW Air Force Inspection Agency (AFIA) or other medical monitoring agency requirements, and with state and federal guidelines for sensitive information services.
- 2.17.4.6. Ensures appropriate safeguards for the protection of sensitive information processed and stored by all MTF staff when supporting the EFMP-M.
- 2.17.4.7. Ensures the establishment of an EFMP-M process improvement program to monitor local processes, which is included in the MTF quality management program.
- 2.17.4.8. Ensures appropriate clinical and command involvement necessary to ensure the quality of EFMP-M, including FMRC actions.
- 2.17.4.9. Ensures that Memoranda of Understanding are completed between closely geographically located military installations' medical treatment facilities (Air Force and other Services) to delineate procedures for identifying special needs and conducting relocation clearances for family members of active duty personnel from all branches of Service.
- 2.17.4.10. Ensures that Memoranda of Agreement are completed for managing special needs identification and FMRC processes with Geographically Separated Units (GSUs), particularly to support locations where Independent Duty Medical Technicians are the sole medical staff assigned.
- 2.17.4.11. With the SNC, ensures that installation EFMP-M operating instruction at bases with student training squadrons include an established process for training staff and students on EFMP-M and the requirements of DoDI 1315.19. Additionally ensures plan exists for training of newly assigned unit commanders, first sergeants and other key personnel on the requirements of DoDI 1315.19 and the AF EFMP-M, including identification of special needs and the FMRC process. At extended technical training sites, this plan should include requirements for active duty sponsors who plan to marry or otherwise gain new dependents while in route to PCS.
- 2.17.4.12. With the SNC, ensures an organizational e-mail account is established and maintained permitting direct communications with the EFMP-M office for AFPC and representatives of DoD components. The format of this e-mail account will be

“basename.EFMPM@us.af.mil”, and will appear in the global address listing as “Base name <space> EFMPM <space>”. To comply with AF and DOD provisions for safeguarding PII/PHI, emails containing such material are to be sent encrypted or otherwise sent securely.

2.17.4.13. Ensures that EFMP-M staff participates in joint Newcomer’s Orientation and Out-processing briefings with EFMP-FS staff to provide integrated support to EFMP families.

2.17.4.14. Ensures participation of SNC, Family Health, and Pediatric specialists in quarterly Exceptional Family Member case reviews to determine/assure appropriate level of supportive services and medical care coordination.

2.17.4.15. Appoints medical advisor and nurse liaison to center-based childcare for children six weeks to 12 years to perform responsibilities including infection control inspections, staff training, and serving as medical consultants to the Special Needs Accommodation Process (SNAP).

2.17.4.16. Ensures with SGH, HIPAA training is provided to EFMP-FS staff as necessary.

2.18. Chief of the Medical Staff (SGH).

2.18.1. Maintains overall responsibility for the clinical quality and program integrity of the EFMP-M. Provides direct oversight to appointed EFMP-M staff in the completion of EFMP enrollment, FMRC procedures, and care of special need family members. All EFMP-M functions will be aligned under the SGH and co-located if possible with Medical Management functions.

2.18.2. Ensures all providers employed by the MTF are trained upon assuming duties and annually on the provisions of DoDI 1315.19, including the criteria for enrollment in EFMP described in Enclosure 4 of the DoDI. Ensures providers are trained annually regarding mandatory referrals to the SNC for any identified special need in a family member of an active duty service member (any branch of Service).

2.18.3. In the FMRC process, reviews information collected by the SNC and MRO during the outbound review process. Determines when consideration of identified needs by the gaining installation SGH is warranted prior to recommending travel. When indicated, ensures all information is forwarded via FDI package. If no conditions are identified after thorough review of all data sources, may recommend travel with no FDI needed via signature in the designated section of the AF Form 1466, *Request for Family Member’s Medical and Education Clearance for Travel*. Serves as final approval authority for CONUS FDIs and appeal requests.

2.18.3.1. Ensures clinical sufficiency and legibility of all documents supporting the outbound FMRC process, including FDI packages. Works with providers where necessary (both within the MTF and with civilian network providers as needed) to clarify information pertaining to severity, duration, prognosis, and services needed for all healthcare, education, or environmental considerations on outbound FDIs. Where necessary, the SGH ensures appropriate referral of patient or obtains consultation in order

to document sufficient medical information for medical decision-making regarding safety of travel.

2.18.3.2. Certifies, by signing the AF Form 1466 (whether for initiation of FDI or local recommendation for travel) that all available data sources have been reviewed and that the appropriate medical staff members have been involved in the relocation clearance process.

2.18.3.3. Ensures the gaining MTF (or appropriate review authority) has the opportunity to review via FDI any projected service needs that might exceed limited capabilities.

2.18.4. Reviews inbound FDIs in conjunction with the medical staff to determine sufficiency, availability, and appropriateness of existent services to support the needs identified in inbound family members.

2.18.4.1. In CONUS MTFs, inbound FDIs are only received where the active duty sponsor is Q-coded (where family members have previously been identified with special needs) or a temporary condition (not requiring EFMP enrollment) is needed to determine resources. The SGH will, in conjunction with the SNC:

2.18.4.1.1. Consult with TRICARE to determine existent services in the local network and distances of such services when making determinations for travel recommendations.

2.18.4.1.2. Ensure special educational needs, to include early intervention, are not used in isolation from medical needs when making travel recommendations. Information about location-specific early intervention and special education services may be obtained to inform the family, but cannot be the only basis for not recommending travel into CONUS locations for special needs family members.

2.18.4.1.3. Consult with dental benefits plans advisors as needed, and with MTF senior dental providers where appropriate, to consider local availability of specialized dental services which may be specified on the AF Form 1466D, *Dental Health Summary*, for special needs family members.

2.18.4.1.4. Ensure an available and qualified medical provider's ability to speak a language other than English is not a discriminating factor when recommending relocation to a CONUS installation. For special education needs, may confirm the presence or absence of English as a Second Language (ESL) services when providing travel recommendations. However, clearances into CONUS areas may not be denied based solely on educational conditions.

2.18.4.2. In OCONUS MTFs, inbound FDIs may be received for all family members of active duty sponsors who have identified needs for specialized services, to include those with no prior qualifying EFMP enrollment conditions. FDIs are forwarded for gaining base review for families of active duty members wherever specialized service needs are identified by the losing base SGH. FDIs are received OCONUS for DoD civilian sponsors requesting government-sponsored travel where special needs are identified and where DoD civilians have requested information about the gaining location. The gaining/reviewing SGH will:

- 2.18.4.2.1. Be aware of the sufficiency, availability, and appropriateness of services to meet the needs for which the family is entitled to receive upon arrival.
 - 2.18.4.2.2. Ensure local procedures are established to specify the extent and methods of consideration of TRICARE Network resources in the local host nation when making travel recommendations for inbound active duty families.
 - 2.18.4.2.3. Where the adequacy of services for family members of civilian employees in the host nation is unknown or not verifiable, the SGH will ensure employees are informed of this prior to travel.
 - 2.18.4.2.4. In OCONUS areas refer to TRICARE for advisement on enrollment in the TRICARE Overseas Program Prime and Global Remote overseas to support military families.
- 2.18.5. Ensures appropriate safeguards for the protection of sensitive information contained in FDIs and in Special Needs (SN) files are IAW Privacy Act and HIPAA requirements.
- 2.18.6. Monitors and provides oversight to MTF staff to identify and refer family members of active duty sponsors eligible for Extended Care Health Options (ECHO) or other health benefits to the TRICARE/Health Benefits Advisor.

2.19. Special Needs Coordinator (SNC).

- 2.19.1. Where manning is provided for SNC duties, the SNC is most often a social worker or nurse. The SNC may serve in this position in addition to other responsibilities, such as utilization management or case management, where workload does not justify a full-time SNC. Where no centrally funded manning is provided for SNC duties, the SNC is appointed by the MTF/CC as an additional duty. The SNC must be a clinical officer: Biomedical Science Corps, Dental Corps, Nurse Corps, or civilian equivalent. Medical Service Corps officers will not serve as SNCs. The SNC should have senior rank and/or had an overseas assignment, wherever possible. The SNC must have familiarity with clinical conditions that require specialized care, and demonstrated skills in interviewing families for the purposes of identifying special needs and for coordinating needed care. The SNC reports to the SGH (or the Health Care Integrator, where specified in local instructions) when fulfilling SNC duties.
- 2.19.2. The SNC oversees and manages the installation EFMP-M IAW DoD and Air Force policy, and any subsequent implementing guidance. The SNC:
- 2.19.2.1. Establishes and maintains procedures to identify sponsors whose family members have special medical and educational needs in a timely manner. The SNC uses a multi-disciplinary and collaborative approach with other key service providers, such as installation youth and childcare facilities, and officer and enlisted spouses groups, to ensure effective outreach and identification of special needs.
 - 2.19.2.1.1. Ensures all active duty sponsors known to the MTF as having a special needs family member according to DoD criteria are identified to the AFPC (via the local MPS and/or CSS, where applicable) for issuance of assignment limitation code "Q", regardless of the location of family members or the source of family health care.
 - 2.19.2.1.2. Ensures all Army, Navy, and Marine Corps active duty sponsors of family members with special needs are referred to their Services' EFMP points-of- contact for enrollment and relocation support IAW Service-specific guidance. Consults with

the MAJCOM EFMP-M Liaisons and/or AFMOA/SGHW as needed to support members of other DoD branches.

2.19.2.1.3. Ensures all active duty sponsors known to the AFPC, and local MPS and/or CSS where applicable, as having family members with special needs are identified in AF medical special needs data management systems.

2.19.2.1.4. Coordinates, with AFPC (and the local MPS and/or CSS, where applicable) all assignment actions for all "Q-coded" (EFMP-enrolled) AF sponsors assigned to the installation, or whose personnel functions are handled at the installation, regardless of location of family members.

2.19.2.2. Provides training to medical staff, and consultation as needed to support the implementation of EFMP-M base-wide.

2.19.2.2.1. The SNC, with the SGH, ensures training and reference material is provided to the personnel listed in the following paragraphs within 90 days of trainee's assumption of responsibilities and on an ongoing basis as needed. Ensures annual refresher training or procedural reviews, at a minimum to:

2.19.2.2.1.1. The alternate SNC(s), Medical Review Officer (MRO) and alternate(s), FMRCC and alternate(s), and other MTF staff with EFMP-M duties, regarding DoD and AF policy and their assigned responsibilities.

2.19.2.2.1.2. All MTF clinical personnel on the use of DoD criteria (DoDI 1315.19, Enclosure 4) for identifying family members with special medical and educational needs, and EFMP-M referral procedures. This training may be delivered as part of existing professional staff orientation, training forums and/or computer based training.

2.19.2.2.2. The SNC supports base-wide training on EFMP through the provision/review of training materials for unit commanders, their representatives, and training monitors. The SNC reviews training materials and references used by installation-level Civilian Personnel staff involved with screening family members of civilian employees for OCONUS travel upon request.

2.19.2.3. Is integrally involved in the FMRC process. Follows procedures outlined in this instruction and refers to subsequent AF implementing guidance as needed. Ensures all FMRC requirements are implemented by all EFMP-M staff. Works with supervisors/raters of other EFMP-M staff as needed to correct noncompliance and to ensure appropriate interactions with family members.

2.19.2.3.1. For outbound FDIs, the SNC participates with the MRO in jointly-scheduled interviews with all family members requesting government-authorized travel to accompany a sponsor in PCS (face-to-face interviews are required for families of active duty and recommended for families of DoD civilians). Exceptions may be made IAW para.s 2.19.2.3.1.4 and 3.4.3.4.1 of this instruction. Prior to the joint interview, the SNC reviews all medical records and MTF clinical data sources and summaries available, and plans the interview(s) with the MRO, ensuring options for private discussions with adult family members. Where face-to-face interviews are not possible due to extreme distances from any MTF, or due to the family member's

inpatient/residential status or other serious medical condition, the SNC notes the exception in the FDI package to the gaining review authority.

2.19.2.3.1.1. Conjoint interviews with families reduce the burden on customers by allowing “one-stop” processing of their travel screenings. Where it is not feasible to offer conjoint interviews, the SNC ensures modifications to the conjoint interview procedure are detailed in local operating instructions that address how the needs of families are considered in the FMRC process.

2.19.2.3.1.2. For families of active duty members, the SNC first ensures all family members are listed on either page 1 or page 2 of the AF form 1466 for OCONUS travel requests; ensures all family members with special needs are listed on either page 1 or page 2 of AF form 1466 for CONUS travel. The SNC documents in the designated section on the AF Form 1466 the findings from record reviews and interviews with family members to support travel recommendations. Ensures any “yes” items specifying needs for housing modifications, adaptive equipment, etc., are addressed in the designated sections of the DD Form 2792 for the specified family member.

2.19.2.3.1.3. For DoD civilian families who volunteer for an FDI prior to relocation, interviews special needs family members upon request, and forwards information via DD Form 2792 and DD Form 2792-1 with any cover summaries as appropriate. May use, but does not require, AF Form 1466 for FDIs of DoD civilian families with special needs.

2.19.2.3.1.4. If the family members are geographically separated from the MTF supporting the FMRC, they may be seen by a civilian provider or a provider at a sister Service MTF. The provider(s) or MTF(s) with the most recent information available about family care needs provides the needed information to support the review. The family member(s) provide written consent to their medical provider(s) to release information to the EFMP-M staff for the purpose of coordinating care through relocation. In these cases the SNC and MRO collaborate to communicate with the provider interviewing family members to ensure understanding of the purpose of such screening, the limitations of service availability in many locations, and the documentation needed to support the gaining installation in making travel recommendations. When it is necessary to involve a civilian provider in completing DD Forms 2792, the MRO and SGH at the sponsor’s base retain responsibility for completion of the AF Form 1466 for families of active duty members. MTFs of any Service branch that are located near geographically separated family members may provide input to the AF Form 1466 as supporting bases. See para. 3.4.3. A cover memo may be sent in the FDI in lieu of AF Form 1466 for families of DoD civilians.

2.19.2.3.1.5. The SNC, with the SGH, ensures outbound documentation that supports the FMRC is processed in an expeditious manner toward timely assignment recommendations. The SNC intervenes/elevates through the medical chain of command as needed where delays potentially impact timely assignments or employments of sponsors.

2.19.2.3.2. For inbound FDIs (active duty and civilian sponsors), the SNC works with the FMRCC and the SGH to ensure all medical and educational authorities that might be involved in the care of identified needs are consulted for service availability. Supports the SGH in providing written responses that either recommend or do not recommend travel for families of active duty members, or that outline potential limitations of services for families of civilian sponsors. Where necessary housing modifications are identified in the FDI package, ensures the base housing office is advised of the anticipated modification(s) during the 14-day relocation review period. Includes accessibility information provided by the housing office, where applicable, in the response to the losing installation.

2.19.2.3.3. With the FMRCC, the SNC ensures all FDIs are appropriately logged and tracked during the review process. Ensures the inbound FDI process is completed within 14 calendar days from submission of a completed package to response from the gaining installation. If a response is not possible within this timeframe, ensures the losing FRMC Coordinator is notified of the reasons for delay and intervenes as needed to expedite response.

2.19.2.3.4. With the FMRCC, the losing installation's SNC ensures all considerations about potential limitations, types of housing modifications possible, etc., that are submitted by the gaining installation via FDI response are provided to the sponsor and/or adult family member(s) upon receipt.

2.19.2.3.5. With the FMRCC, ensures sponsors receiving an initial recommendation against OCONUS family member travel are advised of the pinpoint process and of further MAJCOM consideration of OCONUS travel options.

2.19.2.4. Complies with requirements for data security, maintenance, collection, and reporting IAW AFD 40-7 and any subsequent AFMOA, MAJCOM, or MTF implementing guidance. The SNC:

2.19.2.4.1. Maintains responsibility for base-level data entry in AF-provided data management systems used in the management of EFMP-M. Ensures all family members of active duty personnel that have been identified as having special needs according to the DoD criteria are entered into the database, with the number of special needs family members identified reported upon request to AFMOA/SGHW. Tracks FDIs involving active duty personnel and DoD civilians using tracking mechanisms specified by the MTF and/or AFMOA, to include AF-sanctioned electronic data systems.

2.19.2.4.2. Provides on-going training, support and oversight for FMRCCs performing data collection and information processing to support reassignment coordination in AF-provided data management systems.

2.19.2.4.3. Provides AFMOA/SGHW the MTF/CC-signed appointment letters for the SNC, FMRCC, and alternates for access to password-protected data systems. Ensures all primary and alternate SNCs and FMRCCs register on the Special Needs site to activate their database access upon appointment by the MTF/CC. Consults with AFMOA/SGHW as needed for access assistance. Immediately submits requests for

- termination of accounts to AFMOA/SGHW when staff members no longer hold appointed EFMP-M roles.
- 2.19.2.4.4. Ensures currency of EFMP-M office(s) contact information (e.g., phone numbers, fax numbers, email addresses) hosted within the AF-provided web-based communications and data management systems. Updates the EFMP-M office's contact information in all AF-sanctioned directories, and ensures currency of access to organizational e-mail accounts.
- 2.19.2.5. Ensures documentation is maintained IAW para. 3.5 of this instruction and works collaboratively with MTF patient administrative functions to comply with these requirements. Establishes procedures for the creation, maintenance, secure storage, transfer and retirement of SN files and FDI files IAW Air Force policy, EFMP-M implementing guidance, and MTF guidance for the protection of sensitive medical information. The SNC:
- 2.19.2.5.1. Ensures every AF sponsor with one or more family members with special needs that is assigned to the installation has a SN file maintained at the MTF.
- 2.19.2.5.2. Ensures a case entry is established/updated in the AF electronic data management system indicating the sponsor's current duty location. The SNC ensures the location and identifying information (such as Social Security Numbers and special medical/educational conditions) of all family members is accurate in both SN file and the electronic data management system.
- 2.19.2.6. Participates in the MTF quality assurance program for EFMP-M.
- 2.19.2.6.1. The SNC performs periodic self-assessments using MTF Operating Instructions, installation instructions, AFIA or other monitoring agency inspection criteria, AFMOA implementing guidance, and AF and DoD policy.
- 2.19.2.6.2. The SNC, under the direction of the MTF/CC and SGH, tracks indicators of process efficiency, and elevates trends as needed toward continuous process improvement. Reports data collected to the MAJCOM EFMP-M Liaison for submission to AFMOA/SGHW upon request.
- 2.19.2.6.3. The SNC elevates areas of non-compliance or resource constraints through the MTF according to existent quality assurance mechanisms. Where quality of care may be compromised, the SNC immediately elevates the concern to the SGH.
- 2.19.2.7. Conducts assessments of family members of active duty personnel to determine if special medical or education conditions exist that require EFMP enrollment. These assessments include interviews with family members and review of medical records or other medical documentation.
- 2.19.2.7.1. Where special medical needs are identified that meet DoD criteria for EFMP enrollment, the SNC will ensure the completion of the DD Form 2792 for each eligible family member. These forms are maintained in the SN file. The SNC ensures the release of these documents according to the following:
- 2.19.2.7.1.1. Copies of DD Form 2792 pertaining to minor dependents may be provided to the sponsor, parent or legal guardian for use as needed, providing state and federal laws and AF policies are followed pertaining to the protection of

health information. Ages of majority for consent to release protected health information may vary according to the types of treatment sought. The SNC consults with the SJA as needed to determine when written consent of the minor must be obtained prior to release of the DD Form 2792 to the sponsor, parent or legal guardian.

2.19.2.7.1.2. Copies of DD Form 2792 pertaining to adult dependents are only provided to the patient described on the DD Form 2792, unless the identified patient provides express written permission to release it to others outside the DoD healthcare network, including to the sponsor.

2.19.2.7.2. Where special educational needs and/or developmental delays are identified in a child up to 21 years of age, or where a child aged birth to 6 years of age has or is at risk of developmental delays that might require early intervention or early childhood special education, the SNC ensures the completion of the DD Form 2792-1 by qualified early intervention or school personnel. Copies of this information are provided to the sponsor, parent, or guardian.

2.19.2.7.3. DD Form 2792s and DD Form 2792-1s are not released to Personnel agents or to other non-medical entities without express written consent by the patient of majority age or parent/legal guardian. Exceptions are noted in this instruction for the processing of EFMP Reassignment Requests or necessary releases to process family member travel requests into remote areas not served by the AFMS. The information is protected as are other identifiable health information documents within the Health Affairs system.

2.19.2.8. Determines appropriateness of all EFMP enrollment or disenrollment actions based on review of medical or educational documentation. Signs all memoranda to initiate EFMP enrollment for active duty AF members. Ensures that initiation or deletion of authorization letters for the assignment limitation code-Q for active duty AF members are written and submitted in a timely manner to the installation MPS or CSS, as appropriate. Copies are maintained in the SN file and provided to the sponsor to document enrollment in the AF EFMP (personnel system) as well as the AF EFMP-M (medical system). The SNC sends a copy of the Q-code initiation letter to the gaining base with an FDI when the need for enrollment was newly identified in the course of the FMRC process.

2.19.2.8.1. The SNC notes the EFMP enrollment with effective date in the progress notes pages of outpatient medical records of the eligible family member(s) and of the sponsor. May annotate on the left side (summary) of these medical records "Q-coded."

2.19.2.8.2. Where there is disagreement between SNC and other medical provider(s) on whether enrollment criteria are met, the case is forwarded to the SGH for final decision making. Documentation of the reason for the decision made is entered in the medical record of the identified family member.

2.19.2.9. Ensures that sponsors are provided all necessary documents for enrollment in TRICARE, Extended Health Care Options. Where the SNC may not release protected health information to the sponsor, the SNC provides the needed documentation to the

identified patient of majority age, or forwards the information directly to the TRICARE Managed Care Support Contractor or other authorized Health Affairs agent upon request.

2.19.2.10. Coordinates with MTF TRICARE representatives to provide information to beneficiaries about community and national resources specific to the special needs population. Informs families of existing information and referral services such as Military One Source, Military Homefront, and Airman and Family Readiness Centers.

2.19.2.10.1. Coordinates with primary care providers to provide referrals for counseling related to special medical and educational conditions.

2.19.2.10.2. Through collaboration with IDS and other interagency forums, assists in providing families information and referrals to base and civilian agencies to enhance services to family members with special needs. Refers all EFMP families to the Airman and Family Readiness Center for additional community assistance as needed.

2.19.2.11. Ensures Q-coded sponsors assigned to the installation are contacted annually to determine if there are unmet needs and to request updates of information as needed. Ensures these contacts are documented and that data systems are updated where appropriate. These contacts do not require a face-to-face visit, but sponsors who report changes (in diagnoses, family composition, etc) will be asked to update their information in person, with supporting documentation.

2.19.2.11.1. These annual contacts may be an e-mailed request to the sponsor to update demographic information, family composition, and the type(s) of special need, so long as the e-mailed contact does not result in any release by the MTF of confidential or protected information. Each sponsor contacted by email must not be able to view the names of other sponsors in the address list. Sponsors will be directed to contact the EFMP-M office by phone or in person to discuss health information. Annual contact attempts will be printed and placed in the SN file. To comply with AF and DOD provisions for safeguarding PII/PHI, emails containing such material are to be sent encrypted or otherwise sent securely.

2.19.2.12. Ensures the coordination of enrollment processes for all active duty members, and travel screening processes for families of civilian sponsors and active duty members representing all branches of the military. Uses information posted on the AF Special Needs website and Military Homefront website for forms and processes unique to other branches of Service. Contacts the MAJCOM EFMP-M Liaison or nearest sister Service EFMP Coordinator for additional guidance as needed.

2.19.2.13. Maintains a cooperative working relationship with AFPC, installation MPS, CSS, and all other associated offices for the following duties:

2.19.2.13.1. Completion of the AF Form 4380 for outbound personnel, authorization letters for initiation and deletion of Q-Codes, prompt initiation of the FMRC process at notification of pending assignment or 6 months prior to follow-on after an unaccompanied assignment, support to EFMP reassignment/deferments, and regular delivery of the base Q-Code roster from AFPC or local MPS/CSS to the SNC.

2.19.2.13.2. Develops an installation directive, for Installation Commander approval, to coordinate these installation functions (see 2.8.3).

- 2.19.2.13.3. The OCONUS MAJCOM EFMP-M POC will work with losing and gaining SNCs and coordinate with AFPC and TRICARE to pinpoint location with appropriate resources.
- 2.19.2.14. Ensures the timely identification of family members with special needs through collaborative outreach with installation youth and childcare facilities, officer and enlisted spouses groups, public education forums and interaction with community key personnel.
- 2.19.2.15. Ensures the appropriate documentation of EFMP-M workload as a military-specific mission in consultation with the MTF Medical Expense and Performance Reporting System (MEPRS) monitor.
- 2.19.2.16. Ensures SNC interest documentation in Q-base system annotating the reason for interest to facilitate appropriate tracking of special needs family members.
- 2.19.2.17. Adheres to any AFMOA, MAJCOM, or MTF EFMP-M implementing publications for completion of SNC duties.
- 2.19.2.18. Actively supports the integration of EFMP-M, EFMP-FS and EFMP-A services at the installation.
- 2.19.2.18.1. Participates with EFMP-FS in Newcomer's Orientation and Relocation briefings to ensure coordinated transitions for EFMP families. Provide information, appropriate contact information, and coordinate referrals as appropriate.
- 2.19.2.18.2. Participates in IDS to address EFMP needs at the installation.
- 2.19.2.18.3. Participates in Exceptional Family Member quarterly case reviews to discuss newly identified families, complex or unmet needs and determine appropriate resources necessary for families. Documents in AHLTA/SN record the outcomes of these reviews and plan of action for special need family member. Retains meeting minutes without specific patient information documented. Specific patient information will be documented in AHLTA/SN record.

2.20. FMRCCs.

2.20.1. FMRCC and alternate(s):

2.20.1.1. Are appointed in writing by the MTF/CC, can be any active duty enlisted medical Air Force Specialty Codes (AFSC), or civilian equivalents hired by the MTF. FMRCCs should be non-commissioned-officer (NCO) level enlisted personnel, and have had overseas assignments, wherever possible.

2.20.1.1.1. The appointment letter from the MTF/CC authorizes access to protected health information in the completion of official duties.

2.20.1.1.2. The primary FMRCC for the facility will be located with the SNC and function under the oversight of the SGH. The organizational location of alternate FMRCC(s) may be in a centralized Patient Administration flight, or may be in any clinical areas that support EFMP-M. All EFMP-M staff appointments are determined by the MTF/CC who may appoint an FMRCC and alternate(s) from multiple functional areas as needed.

2.20.1.2. Participate in training and supervision from the SNC on EFMP-M duties.

2.20.1.3. FMRCCs carry out the administrative aspects of the EFMP-M, including but not limited to scheduling appointments, assisting in records review, establishing and maintaining logs and SN files, and explaining forms or processes to families. The FMRCCs:

2.20.1.3.1. Provide sponsors and family members with needed forms based on destination of relocation and family composition.

2.20.1.3.2. Assist families in determining the sources of needed documentation based on locations where family members have received medical, dental, and educational services.

2.20.1.3.3. Review submitted forms to ensure all documentation is complete prior to the interview(s) with the SNC and MRO. Advise sponsors and family members as needed to obtain missing information.

2.20.1.3.4. Track each clearance from initiation to completion, ensuring documentation of recommendations are maintained at both losing and gaining installations. Ensure a response is provided from the gaining location review authority within 14 calendar days of receipt of a complete FDI package. Where the decision to recommend travel is made at the losing installation, ensure this response is submitted to the orders issuing agent within 14 days of completion of the screening process. Advises the SNC of each FDI or clearance package that exceeds the 14-day requirement for response and documents extenuating circumstances.

2.20.1.4. Use the AF-provided special needs data system (Q-base) to register special needs family members and their sponsors assigned to the installation, to administratively manage cases, to process FDIs, and to transfer cases to gaining facilities.

2.20.1.5. Serve as installation POC for other EFMP-M offices, or Civilian Personnel Human Resources Offices, regarding the initiation of the FMRC process. Assist other installations or DoD agencies in the timely processing of relocations actions, and elevate delays or barriers to a smooth FMRC process to the SNC as needed.

2.20.1.6. Coordinate with MPS, CSS, and/or AFPC on assignment-related administrative processes in support of special needs families, such as checking Assignment Limitation Code "Q" rosters and distributing/collecting AF Forms 4380.

2.20.1.7. Notify sponsors and orders-issuing agents of travel recommendations upon the completion of the FDI process. For Senior Leaders' assignments, the gaining FMRCC (or MAJCOM EFMP-M Liaison, where applicable) notifies the appropriate branch of AF/A1 Senior Leader office (AF/DPE, AF/DPG, AF/DPO or AF/DPS), as well as the losing installation, where travel is not recommended for one or more family members (see para. 3.2.11.2).

2.20.1.8. Assist sponsors with appeal of "not recommended for travel". The appeal process must be initiated within 21 days of travel recommendation. Appeals will be processed based on new or omitted information that may result in a different travel recommendation. Processes appeal package in Q-base as appropriate.

2.20.1.9. Maintain files, logs and records that implement the FMRC process and all EFMP-M functions IAW established policy and with the support of the SNC.

2.20.1.10. Assist the SNC in the tracking and reporting of DoD and AF-required data, such as numbers of family members with special needs located at the installation.

2.20.1.11. Assist the SNC and Medical Review Officer in capturing workload data and process efficiency measurements for EFMP-M IAW AF and MTF guidelines.

2.20.1.12. Adhere to any AFMOA, MAJCOM, or MTF EFMP-M implementing publications for completion of FMRC duties.

2.21. Medical Review Officers (MRO).

2.21.1. The installation Medical Review Officer (MRO) and alternates:

2.21.1.1. Are appointed in writing by the MTF/CC. MROs are active duty physicians, physician assistants, nurse practitioners, or other competent/credentialed medical authorities. They may be civilian equivalents employed by the MTF who understand the variability of services across MTFs and the limitations of medical and educational services worldwide. MROs are ideally senior medical providers with overseas experience, wherever possible. The SGH may serve as the MRO, primary or alternate, where it is supported by the MTF/CC.

2.21.1.2. Support the SNC for EFMP enrollments upon request by reviewing family member medical documentation. MROs use the DoD criteria specified in Enclosure 4 of DoDI 1315.19 for identifying special needs, and provide recommendations to the SNC regarding enrollment determinations.

2.21.1.3. Participate in training on all EFMP-M functions including their family member relocation duties provided by the SGH and SNC.

2.21.1.4. Support the FMRC process by reviewing all family members' medical records, AF Form 1466s, AF Form 1466Ds, DD Form 2792s, documentation from TRICARE Network providers and privately insured medical providers, pharmacy records, laboratory records, patient encounter histories, and reports from specialty care clinics prior to the joint interview of family members.

2.21.1.5. Provide conjoint face-to-face interviews with the SNC of all family members of active duty who plan to travel overseas, and all identified special needs family members for CONUS travel, in support of the FMRC process. With the SNC, support the FMRC process for families of DoD civilians requesting information on service availability prior to OCONUS relocation. Where conjoint interviews cannot be provided, work with the SNC to publish local guidance detailing the process with an emphasis on maintaining family-friendly procedures.

2.21.1.5.1. The performance of a physical exam is not expected by the MRO for traveling family members, however the MRO will physically see all family members of active duty sponsors requesting government sponsored travel to make general observations of evident conditions or needs that need documentation in the FMRC process. Face-to-face interviews support the opportunity to discuss sensitive topics with adult family members that may not be evident in medical records or known to

the sponsor. Permissible exceptions to face-to-face interviews are noted in para.s 2.19.2.3.1.4, 2.21.1.5.4. , and 3.4.3.4 of this instruction.

2.21.1.5.2. The MRO documents in the designated section on the AF Form 1466 (for families of active duty members) the findings from record and database reviews, and from interviews with family members, to support travel recommendations. The MRO, in collaboration with the SNC, provides supporting memoranda as needed in lieu of the AF Form 1466 for family members of DoD civilians as needed.

2.21.1.5.3. The MRO will interview parent(s) or legal guardians regarding health histories of minors and will see the child(ren). All majority age family members will be offered a private interview to discuss health histories, diagnoses, treatments and prognoses.

2.21.1.5.4. If the family members are geographically separated from the MTF supporting the FMRC, they may be seen by a civilian provider or a provider at a sister Service MTF. The family member(s) provide written consent to all medical provider(s) involved to release information to the EFMP-M staff for the purpose of coordinating care through relocation. In these cases the MRO communicates with the provider interviewing family members to ensure understanding of the purpose of such screening, the limitations of service availability in many locations, and the documentation needed to support the gaining installation in making travel recommendations. See para. 3.4.3. when it is necessary to involve a civilian provider in completing DD Form 2792s, the MRO and SGH retain responsibility for completion of the AF Form 1466 for families of active duty AF personnel.

2.21.1.6. Review and complete the required AF and DD Forms with sufficient documentation to support SGH decision-making regarding family member travel recommendations.

2.21.1.7. Ensure appropriate capture of EFMP-M workload using MTF coding systems. Elevate as needed to ensure the time needed to perform this vital military unique mission is appropriately considered in scheduling and manning considerations.

2.21.1.8. Adhere to any AFMOA, MAJCOM, or MTF EFMP-M implementing publications for completion of their duties.

2.22. Other Medical Treatment Facility Flight/Element Responsibilities.

2.22.1. The Mental Health Flight Commander/Element Chief supports the functions of EFMP enrollment and the FMRC process as a clinical consultant where mental health or substance abuse issues are identified. The Mental Health Flight Commander/Chief:

2.22.1.1. Ensures the delivery of needed documentation to the SNC upon request for outbound FDIs regarding Mental Health or Substance Abuse services obtained by family members in the MTF, or regarding those family members known to the providers of the MTF as requiring special services.

2.22.1.2. Provides consultation to the SNC or SGH upon request for outgoing FDIs regarding information gained during the interview, medical records review, or electronic data review (such as medication histories) in order to support thorough documentation of mental health needs in family members.

2.22.1.3. Reviews incoming FDIs in locations where MTF mental health/substance abuse services are provided to family members and makes recommendations regarding service availability. Provides consultation to the SNC/SGH as needed regarding whether host nation or local network capabilities meet AF medical standards of practice for mental health needs specified on incoming FDIs.

2.22.2. The Family Advocacy Officer (FAO) ensures the delivery of needed documentation to the SNC upon request regarding prior family member involvement with Family Advocacy Program (FAP) maltreatment services, in support of the outbound FMRC process. FAP clinic records maintained locally may be reviewed to provide service summaries, but Family Advocacy Central Registry Database searches are not authorized for the purpose of processing relocation clearances. The FAO reviews incoming FDIs upon request to make recommendations regarding service availability.

2.22.2.1. The FAO ensures the SNC is notified of allegations of family maltreatment in any family known to be involved in the family member relocation process, at any time prior to arrival at the new duty station.

2.22.2.2. The FAO ensures coordination of care with the gaining installation's FAO as needed after family relocation.

2.22.3. The Dental Flight/Element Chief:

2.22.3.1. Ensures the delivery of needed documentation to the SNC upon request regarding dental services received and required by family members in support of the outbound FMRC process. The Dental Treatment Facility (DTF) is consulted only where dental services have previously been delivered to the specified family members at the DTF.

2.22.3.2. Ensures a qualified dental provider completes the AF Form 1466D upon request to support outbound FDIs, noting the need for specialized dental procedures at the gaining installation.

2.22.3.3. Reviews incoming FDIs upon request to make recommendations regarding service availability at the DTF.

2.22.4. TRICARE staff:

2.22.4.1. Provide information to beneficiaries and sponsors regarding the requirements of DoDI 1315.19, and the criteria for enrollment in EFMP contained in Enclosure 4 of the DoDI. Ensure active duty families who have special needs family members are referred to the SNC for enrollment in EFMP.

2.22.4.2. Use the SNC's letters sent to MPS/AFPC requesting enrollment of active duty AF sponsors as proof of enrollment for ECHO eligibility.

2.22.4.3. Advise the SNC and/or SGH of local network resources and limitations in support of the FMRC process. Review inbound FDIs upon request and make recommendations to the SNC/SGH regarding availability of needed medical services not normally delivered to family members by the MTF. Assist as needed in identifying sources of information regarding dental service availability.

2.22.4.4. Advise and educate TRICARE network providers on the EFMP-M, on the need to refer active duty sponsors' family members with special medical and educational conditions to the SNC, and support the provision of medical documentation upon request and with proper consent to support the FMRC.

2.22.4.5. Advise medical group commanders and other MTF staff as needed on civilian government employees' use of overseas medical treatment facilities.

2.22.5. MTF healthcare providers will:

2.22.5.1. Refer active duty sponsors to the SNC for enrollment when, in the course of evaluation or treatment, a special need is identified in a family member that meets enrollment criteria as specified in DoDI 1315.19, Enclosure 4. Enrollment of the sponsor in EFMP when conditions are identified is mandated by DoD policy. Provide DD Form 2792 to support enrollment upon request of the SNC.

2.22.5.2. Support the EFMP-M through the timely completion of all medical summaries, DD Forms, and AF Forms related to all EFMP-M processes.

2.22.5.3. Provide CDC medical advisor and nurse liaison with documentation to determine appropriateness of children who have special needs for enrollment in the CDC through the SNAP. The medical advisor/nurse liaison will conduct staff training and consultation on the provision of medical care provided to special needs children.

2.22.6. Patient Administration Element/Flight will advise and support EFMP-M staff regarding AF and MTF requirements for the proper transmission, maintenance and disposition of files and records containing health information on family members.

2.22.6.1. Where designated EFMP-M responsibilities by the MTF/CC, to include roles in the FMRC process, patient administration staff work collaboratively with the SNC and under the direction of the SNC. Supervisors of Patient Administration staff support the SNC to ensure all assigned EFMP-M responsibilities are conducted in compliance with this instruction and any local guidance.

2.22.7. Medical Management Element/Flight: SNC and FMRCC functions will be aligned and co-located, if possible, with Medical Management, under SGH and Health Care Integrator (HCI) oversight to ensure standardization of EFMP-M functions at all installations.

2.22.7.1. Health care coordination will be provided to EFMP families with multiple and/or severe medical needs to ensure that appropriate services/referrals are provided throughout the relocation process and at duty station as deemed appropriate by the Exceptional Family Member quarterly case reviews and/or physician treating the family member.

2.23. Commanders, First Sergeants, and Supervisors.

2.23.1. Participate in training on the EFMP-M upon assignment and periodically thereafter, as offered. Proactively identify active duty families who may have special needs according to DoDI 1315.19, Enclosure 4, and inform them of the EFMP-M.

2.23.2. Refer active duty sponsors to the EFMP-M office when medical and/or education conditions exist that may warrant enrollment in EFMP. Ensures that all active duty sponsors

comply with requirements to report to EFMP-M personnel any family members' special medical and educational conditions in order to support EFMP enrollment and assignment coordination functions. Intentional violations of the process are considered actionable for administrative disciplinary action without regard to otherwise applicable criminal or civil sanctions for violations of related laws.

2.23.3. Ensure that sponsors whose Family Care Plans (AF Form 357, *Family Care Certification indicate*) plans for special needs family members are identified to the SNC to determine eligibility for EFMP enrollment.

2.23.4. Inform active duty sponsors who plan to marry or otherwise gain new dependents while en route PCS of the requirement to complete the FMRC process prior to arriving at the new duty station with new dependents.

2.23.5. Educate active duty members periodically about the requirements of DoDI 1315.19 that pertain to family member relocation as specified in AF policy, and of installation services available to family members with special needs. Commander's calls, unit training events, out-processing activities and other existent forums may be used. Consult as needed with the base SNC for resource materials and information.

2.23.6. Consult with SJA when notified by an MTF/CC, by AFMOA, or by AFPC that a service member under their authority has allegedly violated or bypassed the EFMP-M process, or has ignored medical recommendations made on behalf of family members in the context of the FMRC process or in EFMP service coordination.

2.23.7. Ensure active duty sponsors are briefed on possible consequences of taking family members with special needs to locations where services are not available when informed of this intent.

2.23.8. When there has been or there is an active Family Advocacy Program (FAP) case and an effective family advocacy program cannot be established locally, or if the family's needs exceed local capabilities, involuntary curtailment or humanitarian reassignment may be requested by the commander if the Airman chooses not to apply for reassignment under humanitarian provisions. AFI 36-2110, para 3.8.10.2 and Atch 24 apply.

2.24. Active Duty Members.

2.24.1. Every active duty AF sponsor will comply with EFMP-M procedures.

2.24.1.1. All active duty members will notify the installation SNC as soon as one or more family members are identified with special medical and/or educational needs. All sponsors previously identified as EFMP sponsors who identify additional family members with special needs must notify the SNC.

2.24.1.2. All active duty members will comply with special needs identification and documentation processes, and any needed FMRC screening processes for family members prior to Permanent Change of Station travel. Active duty members will inform the SNC of any changes to a family member's health status between the start of the FMRC process and the initiation of any recommended travel.

2.24.1.3. Active duty members will provide necessary supporting documentation upon request and cooperate with periodic updates when contacted by EFMP-M staff.

2.24.1.4. It is the active duty member's responsibility for ensuring FMRC related paperwork is completed and returned to the EFMP-M staff in a timely manner.

2.24.1.5. Active duty members will work cooperatively with the EFMP-M office when it is determined that needed services for special needs family members are not available in the existing location.

2.25. All DoD Personnel.

2.25.1. Medical treatment facility personnel, base agencies, commanders, and supervisors will refer active duty sponsors whose family members have special educational and medical needs to MTF EFMP-M personnel for access to required services, enrollment determinations, and support with family member relocation clearances.

2.25.2. AF personnel are required to report incidents of family maltreatment or neglect, substance abuse, and threats of harm to self and others to the appropriate Offices of Primary Responsibility. This may include notifying the unit commander and/or the MTF/CC of unsafe situations involving family members with special needs residing against recommendations in locations where needed medical services are not available.

Chapter 3

OPERATING PROCEDURES AND STANDARDS

3.1. Identification of Special Needs in Family Members of Active Duty Sponsors

3.1.1. Upon Sponsor In-processing: The EFMP-M staff members within the MTFs (SNCs and FMRCCs) establish procedures, working with TRICARE and other MTF staff as needed, to ensure prompt identification of families with special needs during base in-processing procedures. Existing base or medical in-processing forums (such as “Right Start”) may be used.

3.1.1.1. If necessary, the FMRCC contacts the losing base to obtain an existing SN file.

3.1.1.2. The FMRCC ensures updated contact information is entered into AF Special Needs Data Management Systems.

3.1.2. In the course of routine medical care: All medical staff will refer family members to the EFMP-M office when conditions are identified that meet EFMP eligibility criteria as specified in DoDI 1315.19, Enclosure 4. Enrollment of the sponsor in EFMP is mandatory once eligibility is established, and does not require consent of family members or sponsors. Medical providers work collaboratively with the SNC to explain the EFMP to families and to elicit their cooperation.

3.1.3. Upon notification of assignment action: The orders issuing agent (installation MPS outbound assignments offices, CSS, or AFPC through central orders processing functions) will query sponsors and data systems to determine if special needs exist in family members as soon as an assignment is identified (“RIP” generation), regardless of gaining location.

3.1.3.1. MPS/CSS and/or AFPC will query all active duty sponsors not previously Q-coded about the presence of potential special needs in family members, using AF Form 4380. MPS/CSS and/or AFPC directs sponsors to the DoD definitions of “special needs” in DoDI 1315.19, Enclosure 4, as needed when forming their responses. Negative responses are documented and assignment processing is continued. Sponsors providing responses indicating the presence of special needs or uncertainty are referred to the EFMP-M office for guidance; orders will not be issued pending determination of EFMP eligibility by the SNC.

3.1.3.2. All service members who have been previously Q-coded and all service members who plan to take family members OCONUS are referred to the EFMP-M office to initiate the FMRC process as soon as possible after notification of projected assignment.

3.1.4. When special needs that meet DoD criteria are identified by medical personnel, the following forms and documents are used as appropriate to initiate enrollment of AF active duty sponsors in EFMP.

3.1.4.1. AF Form 2523, *Family Member Program-Medical (EFMP-M) Information Form*

3.1.4.2. DD Form 2005, *Privacy Act Statement – Health Care Records*

3.1.4.3. DD Form 2792 with copies of supporting medical documentation specifying the condition(s)

3.1.4.4. DD Form 2792-1 with copies of supporting educational documentation specifying the condition(s)

3.1.4.5. Special Needs Coordinator's memorandum to AFPC, local MPS or CSS (as appropriate), requesting initiation of Assignment Limitation Code "Q." All EFMP enrollment or disenrollment actions addressed to AFPC, MPS or CSS must be signed by the appointed SNC at the base where the sponsor's personnel functions are managed.

3.1.5. The AF Form 2523 informs the sponsor of the purpose of enrollment, the ways that information collected is used, and the limits to confidentiality. It is read and signed by the sponsor (as well as by adult family members where appropriate) and witnessed by the EFMP-M staff at the time of enrollment to document the provision of this information.

3.1.6. All other forms listed above are adopted for use in the EFMP-M and are described in their prescribing publications.

3.2. The FMRC Process

3.2.1. All active duty sponsors who desire to travel OCONUS with family members, any who are accepting a remote unaccompanied assignment with an accompanied OCONUS follow-on, or are accepting a Consecutive Overseas Tour, must initiate the FMRC process at the EFMP-M office as soon as possible in the relocation process. All active duty sponsors already enrolled in the EFMP must also initiate the FMRC process at the EFMP-M office for all CONUS assignment locations and report if the family member(s) with special needs request government-sponsored travel. DoD civilians accepting overseas employment who report special needs in family members and who request information about capabilities in the gaining location are supported using the same methods as those provided to families of active duty members.

3.2.2. The FMRC process consists first of a review of medical, dental, and educational records, and a survey of existing data bases (such as pharmacy records and/or patient encounter histories in AHLTA, and TRICARE referrals) in order to elicit information about service needs projected at the gaining location. All known conditions or treatments that may present increased risk are considered. The SNC, or qualified designee, reviews all electronic and hardcopy medical records, mental health summaries, service history documentation from Family Advocacy Program, educational documentation, or other information available and plans a conjoint interview with the MRO. The FMRC process should be initiated no earlier than 6 months prior to PCS with the exception of preliminary relocation requests for individuals required to attend any training course over 90 days that is to be performed en route and is a requirement for the end assignment.

3.2.2.1. All family members of active duty sponsors relocating OCONUS must be seen and interviewed by the SNC and MRO. Family members of majority age, this varies by state, are offered private interviews, and the MTF staff ensures no unauthorized disclosures of protected health information are made during the relocation process. Where the family member is a minor, the parent/legal guardian is interviewed for pertinent health history of the minor child, and the child must be seen by the SNC and MRO. The SNC and MRO remain vigilant for documented health services that are

protected from disclosure to the parent(s) and ensure private interviews are offered where warranted. Where these procedures are not possible, exceptions are noted and forwarded to the gaining base for consideration.

3.2.2.2. All family members of active duty sponsors relocating to the CONUS who have identified special needs are seen and interviewed by the SNC and MRO. Family members of majority age are offered private interviews. Where the family member is a minor, the parent/legal guardian is interviewed for pertinent health history of the minor child, and the child must be seen by the SNC and MRO. The SNC and MRO remain vigilant for documented health services that are protected from disclosure to the parent(s) and ensure private interviews are offered where warranted.

3.2.2.2.1. The sponsor must report all family members requesting travel via AF Form 1466, and indicate the presence of any service needs, or recent history of specialized care, for further evaluation as a potential special need. The SNC and MRO may request an interview with a family member not previously identified as having a special need prior to CONUS relocation where further review may be warranted. Where these procedures are not possible, exceptions are noted and forwarded to the gaining base for consideration.

3.2.3. Family members of DoD civilians are offered an interview with the SNC and MRO where the civilian sponsor has requested assistance in determining availability of services in the overseas location. They are not required to participate in any component of the FMRC process. DoD civilian sponsors are not required to complete the AF Form 1466, but it may be used if the sponsor voluntarily agrees to the use of the form for process coordination. The DD Form 2792 and DD Form 2792-1 are required to document special needs of family members of DoD civilian sponsors where OCONUS relocation assistance is requested by the family.

3.2.4. Wherever medical records are not readily available to the MTF, the family members must provide copies to the EFMP-M FMRCC. Any request for medical information that is not provided or released by a family member may result in the inability of the EFMP-M office to process the clearance review. For families of DoD civilians, this may limit the ability to provide information about services in the gaining location. For families of active duty members, refusal to provide or release needed information will limit the ability of the EFMP-M office to process an FDI and will therefore preclude authorization for government-sponsored travel.

3.2.5. The SNC at the losing installation ensures accuracy/legibility of all documentation, and forwards the complete relocation package to the losing installation's SGH for review and signature.

3.2.5.1. All packages involving a special needs family member of an active duty member (sponsor is "Q-coded") must be forwarded via FDI to the gaining base after review by the SGH at the losing base.

3.2.5.2. Where there are no special needs that meet enrollment criteria for a family of an active duty sponsor, the SGH determines if the package requires review by the gaining base. Generally, if there are needs identified that might require services other than those deliverable by a primary care manager, the entire FDI package is transmitted to the

gaining base for review and travel recommendations. This includes pregnancy during the course of the anticipated permanent-change-of-station travel.

3.2.6. If there are any conditions newly identified in the course of the FMRC process that meet EFMP enrollment criteria as specified in DoDI 1315.19, Enclosure 4, the SNC ensures enrollment of the sponsor in EFMP is initiated at the losing installation prior to sending the FDI to the gaining installation for review. A copy of the Q-code initiation letter is attached to the FDI package, indicating the date the request for enrollment was sent and to whom. Where the special need is identified in an adult family member, the EFMP-M staff does not disclose the nature of the special need to the sponsor without the adult family member's consent.

3.2.7. Every FDI is tracked electronically through AF authorized data management systems, such as "Q-base", in order to facilitate review at all levels within EFMP-M. This enables MAJCOM and AF-level oversight for purposes such as data collection, workload monitoring, and assistance where needed.

3.2.7.1. Information pertaining to FDIs of Q-coded sponsors will be noted separately within databases from those of non-Q-coded sponsors (active duty and DoD civilians).

3.2.8. Written consent from adult family members is not required to release information between military medical departments to support the family's request for government sponsored travel. The military health system may use existent databases in order to identify individuals with health conditions that require further consideration prior to making recommendations for government-sponsored travel, and may recommend against travel where insufficient information has been provided to support decision-making.

3.2.8.1. Family members of majority age are asked to provide consent to release health information to support their applications for government sponsored travel wherever release outside the military health system is needed to coordinate travel recommendations. Examples include travel to OCONUS areas where host nation providers must be consulted. However, where this consent is not obtained, information about family member health histories that is known to the MTFs may be forwarded to Health Affairs agents with a need to know via the FMRC process for the stated purpose of assignment coordination.

3.2.8.2. Where a family member of majority age (consult with SJA as needed, age of majority varies depending on types of treatment obtained) has not provided consent to release health information to the sponsor, MTF staff may not disclose such information to the sponsor or other family member(s). Responses to inquiries from the sponsor/parent or from the unit regarding recommendations against travel for family members of majority age who have not given consent to release health information are coordinated with the SGH and SJA.

3.2.9. Where no needs are identified in the outbound review process for families of active duty sponsors, the losing base SGH may recommend travel. The SGH at the losing base returns the signed AF Form 1466 with supporting documentation to the FMRCC. The FMRCC then logs the disposition and forwards the necessary information to the orders issuing agent indicating "no needs, travel recommended for all family members." All pages

of the AF Form 1466 are forwarded to the orders issuing agent where there is no health information requiring protection.

3.2.10. All documentation of the review process for families of DoD civilian sponsors is forwarded to the gaining base (or designated review authority) for review and evaluation of service availability.

3.2.11. When an FDI is indicated, the package is logged by the losing FMRCC and is sent in a HIPAA-compliant manner to the gaining location's FMRCC or other designated review authority (e.g., to the gaining OCONUS MAJCOM/SGO where there is no MTF). The gaining SGH or designated review authority makes the determination on appropriateness of family member travel and lists recommendations individually by family member name on appropriate page of the AF Form 1466, ensuring a response is returned to the sending base within 14 calendar days of receipt of a completed FDI package. The FMRCC at the receiving base also logs all inbound FDIs with disposition/recommendations noted.

3.2.11.1. For active duty sponsors, the recommendations ("travel recommended" or "travel not recommended" for each family member) are returned to the FMRCC for documentation. The FMRCC at the gaining installation forwards the determination to the FMRCC at the losing installation for action. When coordinating with orders-issuing agents, the FMRCC at the losing installation appropriately protects any protected health information on the AF Form 1466 and in the FDI package, and forwards only the information pertaining to the travel recommendations for each specified family member to the orders' issuing agent. The FMRCC (s) ensure any health information contained on any page of the AF Form 1466 is masked or removed prior to release to orders-issuing agents.

3.2.11.1.1. If providing a response of recommendation against family travel to any active duty AF sponsor, informs the sponsor of the pinpoint process for OCONUS assignments and of the option to apply for EFMP reassignment via the vMPF, if applicable as well as the appeal process for CONUS assignments

3.2.11.2. For senior leader assignments, the gaining review authority notifies the appropriate assignment coordinating office of any recommendations against family member travel, in addition to notifying the losing FMRCC. These notifications do not release the medical or educational reasons, only the status of the recommendations for each family member. If a request to an OCONUS location for accompanied family member travel is returned with "travel not recommended", the gaining MAJCOM EFMP-M Liaison notifies the agencies below after review of the base level recommendations against travel. If a request for accompanied family member travel to a CONUS location is returned "not recommended," the gaining EFMP-M office notifies the following agencies:

3.2.11.2.1. AF/DPG for no-travel recommendations for general officer's family members.

3.2.11.2.2. AF/DPO for no-travel recommendations for colonel and colonel-selects' family members.

3.2.11.2.3. AF/DPE for no-travel recommendations for chief master sergeant's family members.

3.2.11.2.4. AF/DPI for limitations in family service capabilities for Senior Executive Service's (SES) family members.

3.2.11.2.5. AFMOA/SGHW and AFMOA/SGHM or designee if unavailable will ensure coordination with these agencies for senior leader clearances into areas not reviewed by an AF EFMP-M office or MAJCOM EFMP-M Liaison.

3.2.11.3. For all DoD civilians, information about service availability and limitations related to the identified needs are returned to the selectee. They may be transmitted through the losing FMRCC upon request. It is the selectee's responsibility to notify the hiring civilian personnel agency any decisions regarding relocation of family members.

3.2.11.4. Where the gaining base has provided comments in response to an FDI about location-unique considerations, about types of housing modifications planned, etc., this type of information is shared with the sponsor and/or adult family member(s) by the losing EFMP-M office upon receipt.

3.2.12. For OCONUS assignments: The FMRC process is initiated for ALL active duty sponsors who intend to take family members to OCONUS areas, regardless of prior EFMP status. Family members who travel overseas without command sponsorship are at risk of reduced or non-available medical care, loss of benefits such as base privileges or housing, and may incur significant personal expense when further relocation is needed. All sponsors who intentionally bypass the clearance process or who falsify information risk disciplinary action.

3.2.12.1. The FDI package for OCONUS assignments, including consecutive overseas tours (COTs) and follow-on from unaccompanied tours, consists of one AF Form 1466 per family (permissible but not required for DoD civilian families), the AF Form 1466D for every family member 2 years of age and older, the DD Form 2792 for each family member with special needs or needs for specialized medical services, and the DD Form 2792-1 for ALL children aged 3 – 21 years.

3.2.12.1.1. Family members of active duty sponsors requesting accompanied OCONUS relocation who have a history of, or potential future need for, any medical service(s) beyond routine primary care will submit DD Form 2792 as the medical summary. This form is used to support review for EFMP enrollment eligibility, as well as for assessment of availability of needed care via FDI if it is determined that EFMP enrollment criteria are not met.

3.2.12.1.2. The DD Form 2792-1 is additionally completed for all children birth to 3 years of age that have been identified with (or are at risk of) developmental delay. DD Forms 2792-1 are signed by early intervention and/or special educational authorities. Families with home-schooled children must submit a DD Form 2792-1 for each child over the age of 3 years signed by the parent/guardian.

3.2.12.2. The AF Form 1466 must be signed by the appointed SGH and final review/authorization for travel of families of active duty AF members may not be provided by network or sister Service providers. Sister Service providers may assist in the collection of information on the AF Form 1466 for review by the AF SGH. All other forms must be signed by a qualified medical provider/educational authority and only current versions of all AF and DD forms may be used. Medical summaries or cover

memos may be used in lieu of AF Form 1466 for special needs family members of DoD civilians.

3.2.12.3. When an active duty AF sponsor assigned OCONUS has a child, or adopts a child, in a location outside the theater of assignment, the FMRC process is completed by the closest AF installation for the new dependent, prior to accompanied travel to the duty location. Where necessary, the closest AF MTF may request documentation from civilian providers or sister Service MTF staff to support review of medical needs by the gaining base. These circumstances are documented on the AF Form 1466, with the base of assignment of the sponsor noted as the gaining location. The SGH at the sponsor's current duty location OCONUS makes travel recommendations based on review of documented health status.

3.2.12.3.1. MTF staff involved in coordinating arrangements for active duty AF families to travel in order to deliver the infant(s) safely (e.g., "storknesting" programs) must advise families of this procedure prior to departure from the base of assignment.

3.2.12.3.2. MTF staff involved in perinatal care of families of active duty AF, known to reside under government sponsorship OCONUS but who have traveled outside the country of assignment to deliver or adopt a child or children, must advise families of this procedure and assist in the process prior to release from care.

3.2.12.3.3. MTF staff involved in infant care at OCONUS installations will monitor through well-baby checks all infants that are newly presented for care and ensure the family is counseled on requirements for command-sponsorship OCONUS. Where necessary, the clinical staff delivering infant care will consult with the SNC.

3.2.12.3.4. If it is determined that the new dependent cannot be adequately cared for in the location of the sponsor's OCONUS assignment, EFMP enrollment and reassignment is initiated immediately. Families are cautioned against traveling with an infant or young child into OCONUS areas without command sponsorship.

3.2.12.4. When an FDI to an OCONUS location is returned with one or more family members "not recommended" for travel, the base that cannot accommodate the family redirects the FDI to the gaining MAJCOM EFMP-M Liaison for "pinpoint" assignment consideration. This ensures all active duty sponsors are given opportunities to serve tours of duty OCONUS IAW Assignments policy. The gaining MAJCOM EFMP-M Liaison determines alternate location(s), if any, within the command that can accommodate the needs of family members.

3.2.12.5. Where travel is not recommended OCONUS for Senior Leaders' family members, the gaining MAJCOM EFMP-M Liaison advises the appropriate branch AF/A1 Senior Leader Office as listed in para. 3.2.11.2. of this instruction, in addition to other required notifications. The appropriate Senior Leader Office will work with all affected parties to develop courses of action, which may include continuing forward with the assignment in unaccompanied status. Where no AF MAJCOM EFMP-M Liaison exists for the region of the potential assignment, AFMOA/SGHW and AFMOA/SGHM will ensure coordination with AF/A1.

3.2.13. For CONUS assignments: The FMRC process is required for active duty sponsors who have assignment limitation code “Q”, also known as Q-coded. It may additionally be completed where medical conditions are known to the MTF that are determined to be a risk for family member travel to the identified location, but that do not meet DoD criteria for enrollment. This includes temporary conditions (such as high risk pregnancy), or conditions that are mild in the current location but are expected to exacerbate in the environment of the proposed location. All family members are listed by the sponsor on the AF Form 1466, who indicates the presence or absence of service needs or special needs for each family member in the appropriate sections of the form.

3.2.13.1. The losing base SNC and MRO will evaluate any reported needs to determine if they meet the definition as a special need prior to completion of the FMRC process. Initiation of Q-code request letter is the responsibility of the sending base where eligibility is determined in the relocation process. A copy of the letter requesting assignment limitation code “Q,” signed by the SNC, is forwarded with the FDI where the condition meeting enrollment criteria is newly identified. Information pertaining to the family member(s) whose conditions meet the DoD criteria as special needs are forwarded to the gaining MTF via FDI using DD Forms 2792 and 2792-1.

3.2.13.2. If MPS, CSS, or AFPC identifies the potential for special needs in a family member of a non-Q-coded sponsor based on a report by the sponsor or unit command representative, AFPC, the MPS, or the CSS will refer the sponsor to EFMP-M first for enrollment eligibility determination prior to the issuance of orders. Where possible, this referral includes a completed AF Form 4380.

3.2.13.3. The FDI package for CONUS assignments consists of one AF Form 1466 per family, the DD Form 2792, DD Form 2792-1 (for school aged children), and the AF Form 1466D, one each for the identified special needs family member(s) only who is 2 years of age and older. All forms used must be in the most current published version. All specified forms are required for each special needs family member to certify the presence or absence of specialized care/service needs. All forms must be signed by a qualified medical provider/educational authority, and the AF Form 1466 must be signed by the appointed SGH at the AF MTF. Sister Service providers may assist in the collection of information on the AF Form 1466 for review by the AF SGH. DD Forms 2792 and AF Forms 1466D may be completed by civilian specialists familiar with the care provided as outlined in para. 3.4.4. FDIs for active duty families relocating within CONUS do not meet EFMP criteria but who require or request a review to ensure travel safety may include medical summaries or treatment histories in lieu of DD Forms 2792 where enrollment criteria are not met.

3.2.13.4. . Specialized child care services for children 0 to 12 years who have special needs may not be available on the installation in child development centers, school age centers or family child care homes in certain locations. EFMP-M may make inquiries into levels of service available on the installation before an assignment is made, at the request of the family. Where limitations are reported, the information is provided to the family by the SNC to support the family’s pursuit of other alternatives in the local community. Availability of child care may not be the sole basis for recommending against government sponsored PCS of family members.

3.2.13.5. Where travel is not recommended for family members to CONUS locations due to the non-availability of needed medical services, the losing FMRCC, in coordination with the SNC, notifies the orders-issuing agent that travel was not recommended. The sponsor must apply to AFPC for EFMP reassignment via the virtual MPS. AFPC will work to identify an alternate assignment location and conduct the FMRC process with the potential alternate locations.

3.2.13.6. Where travel is not recommended to a CONUS location for senior leader family members, the gaining FMRCC advises the appropriate AF/A1 Senior Leader Office as listed in para. 3.2.11.2. of this instruction, in addition to other required notifications. The reasons for the no-travel recommendation are not released to the Senior Leader Office, only the status of the recommendations. The appropriate Senior Leader Office will work with all affected parties to determine courses of action, which may include continuing forward with the assignment in unaccompanied status.

3.2.14. Where special needs are known via Q-code, or prior to any OCONUS relocation, an FMRC review must be initiated within 6-months of government sponsored family member travel with the exception of training courses over 90 days that are performed en route and required by gaining assignment. These reviews must be initiated in accordance with the training requirements/reporting. This is to ensure the most recent medical and educational information is available to the review authorities. The sponsor must notify the SNC at the base of current assignment of any changes in family member conditions or in needed services that are identified after the initiation of the clearance process and before initiation of family travel.

3.2.15. The EFMP-M office at the current base of assignment of the sponsor retains responsibility for the coordination of the FDI at each stage of the process and requests support from the MTF closest to the family in conducting interviews, records reviews, etc. If there is no MTF within a reasonable travel distance, documentation from the civilian providers is requested by the sponsor's EFMP-M office. After review for clinical sufficiency by the SGH at the sponsor's base of current assignment, the documentation is submitted to the gaining location for consideration. Refer to section 3.4.3. of this instruction for additional guidance where sponsors and family members are geographically separated at the time of initiation of the FMRC process.

3.2.15.1. In limited circumstances it may be necessary for AFMOA/SGHW to designate non-medical points-of-contact (POCs) to coordinate FDIs into OCONUS locations not served by a gaining MTF. When this is necessary, AFMOA/SGHW, and any MTF that releases specific protected information, will instruct those POCs in the proper storage, transmission, and protection of family member information from unauthorized disclosure or release. The losing EFMP-M office ensures the authorization to release medical information is noted to specify the designated non-medical POC and the specific purpose of the release. Consents obtained to release this information are retained as required under MTF HIPAA guidance. AFMOA/SGHW will specify routing procedures to ensure qualified AF medical authorities make final travel recommendations for government sponsored travel.

3.2.16. The following procedures apply when any active duty AF sponsor is scheduled for an OCONUS unaccompanied assignment of 15 months or less.

3.2.16.1. Sponsor may choose a designated location move, and relocate family members to any location within the CONUS while serving overseas in unaccompanied status. Relocation of family members to a follow-on location may only be authorized if the follow-on assignment is approved; see para. 3.2.16.3. Where special needs have been identified prior to a designated location move within the CONUS, an FDI is forwarded to the closest AF EFMP-M office for recommendations since the family will relocate at government expense. The reviewing AF SGH will ensure the family is advised regarding the extent of MTF services available at their chosen location and which services will be provided by TRICARE network providers.

3.2.16.2. Sponsor may choose a home-basing option and, if approved, will be reassigned back to the same CONUS location of prior assignment after completion of the short overseas tour. No FMRC process is needed since the family will not be traveling at government expense.

3.2.16.3. Sponsor may request and receive a follow-on assignment to either a CONUS or OCONUS location. This assignment is provided prior to the member's departure for the short overseas tour.

3.2.16.3.1. All sponsors requesting family travel to an OCONUS follow-on location initiate the FMRC process prior to sponsor's departure to the unaccompanied tour. All EFMP-enrolled sponsors ("Q-coded") selected for an unaccompanied assignment with an accompanied follow-on to either a CONUS or an OCONUS location initiate the FMRC process and an FDI is generated to the follow-on base prior to the issuance of orders to the unaccompanied assignment. If travel is not recommended for one or more family members in either situation, the sponsor may apply for reassignment consideration prior to departure for the short overseas tour.

3.2.16.3.1.1. If travel to the follow-on is recommended for all family members, the family may initiate travel to the follow-on at government expense prior to the sponsor's departure for the short overseas tour. When the sponsor returns to the follow-on from the unaccompanied location, there is no FMRC process needed (even if sponsor is Q-coded) as the family will not be traveling at that time. The sponsor receives orders for unaccompanied travel to the follow-on location.

3.2.16.3.1.2. If the family does not proceed to the follow-on location at that time but remains in place, a second FDI is initiated within 6 months prior to the relocation of family members to the follow-on location. The FDI is processed according to the guidance on geographically separated families in paragraph 3.4.3. of this instruction. All family members authorized travel in the second FDI will be listed on the sponsor's orders to the follow-on location to support travel at government expense.

3.2.16.4. A sponsor may relocate the family to any location at personal expense. Where special needs are known, an FDI to the proposed location is advised to support decision making and to determine accessibility to needed services. Sponsors remain responsible for promoting the well-being of family members regardless of location.

3.2.17. Once a completed FDI package is received (in both CONUS and OCONUS locations), the gaining installation MTF has 14 calendar days to review all specified needs

and provide a response to the losing installation FMRCC. If the gaining installation is unable to provide a response to the losing base within that time frame, a message must be sent to the losing FMRCC indicating the status and reason(s) for delay. If additional information is subsequently requested by the gaining base, the 14-day timeline is initiated upon receipt of all the information needed to review the FDI package.

3.2.18. When there are no special needs identified in the clearance process, the FMRCC at the losing installation will forward to the orders issuing agent all pages of the AF Form 1466. Page 4 will be blank since an FDI is not sent to a gaining installation. When special needs or needs for care have been identified in the clearance process, FRMC Coordinators at the losing installation will send pages 1, 4, and 5 of the AF Form 1466 to the orders issuing agent, once the completed package is returned from the gaining installation. Page 4 will list by name all family members cleared for government-sponsored travel and all not recommended for travel. Page 4 must be signed by the gaining location MTF's SGH or designated review authority. Where needs are identified, pages 2 and 3 will not be provided to orders issuing agents as they may contain sensitive medical information that must be protected. The FMRCC ensures no health information is marked on any page sent to an orders issuing agent.

3.2.19. The losing FMRCC or SNC advises active duty sponsors of medical recommendations generated through the FMRC/FDI process, emphasizing that orders issuing agents retain final authority to authorize accompanied family travel.

3.3. Research and Evaluation

3.3.1. Research that supports professional knowledge about families with special needs, and that is designed to enhance the quality of life for families with special needs, may be supported by AFMOA and by EFMP-M staff. All research proposals must meet current academic standards for research methods, must be approved by an Air Force Institutional Review Board, and must be authorized by AFMOA. All publications that report results of such research must be approved by AF Public Affairs prior to release.

3.3.2. Program and Process Evaluation. AF EFMP-M is committed to the delivery of effective and efficient services which support assignments, appropriate family member travel, and quality of life for military families.

3.3.2.1. The AF EFMP-M participates in all MTF, MAJCOM, and AF-level initiatives designed to monitor and enhance services to beneficiaries.

3.3.2.2. IAW DoDI 1315.19, the AF will report annually to OSD (P & R) on the numbers of special needs family members of active duty sponsors and on the effectiveness of any processes implemented for the authorization of government-sponsored travel. AFD 40-7 specifies key benchmarks for evaluating EFMP-M effectiveness for this purpose.

3.3.2.2.1. EFMP-M staff members will use the AF-provided data management systems to collect and manage data used to generate process evaluation reports.

3.3.2.3. AFMOA and MAJCOM EFMP-M Liaison may use aggregated data to enhance delivery of services and program evaluation.

3.4. Special Considerations

3.4.1. EFMP Reassignments and Deferments: EFMP reassignments/deferments are made at the sponsor's request only, and are submitted through the vMPF online. EFMP reassignments cannot be mandated by the commander or requested by the family member. Typically they are warranted where there is a lack of needed medical care for a family member with special needs, or where special education services required on an IEP or IFSP do not exist in the current location. AFPC provides information to the sponsor on what he or she needs to submit in the application package once initiated thru vMPF. AFPC/DPAPH determines the appropriateness of the request and makes the final decision on all assignment actions, excepting those for Senior Leaders, which are forwarded by AFPC/DPAPH to the appropriate branch of AF/DP for review.

3.4.1.1. For EFMP Reassignment Requests, EFMP-M staff at the base of sponsor assignment may release to DPAPH any medical or educational documentation needed to process the request. EFMP-M staff must attempt to contact family members of majority age to notify them of the release of this information, and the purpose for the release. EFMP-M staff documents these attempts in the SN file. However, inability to contact the family members directly does not prevent release of information to AFPC/DPAPH to expedite timely reassignment considerations.

3.4.1.2. If the EFMP reassignment request warrants approval by AFPC/DPAPH, the medical and educational documentation is forwarded to the SNCs at several potential assignment locations simultaneously to expedite review. FDI packages sent to potential locations from AFPC/DPAPH will include all the medical and educational documentation provided with the request. In most cases, this will include the DD Form 2792, DD Form 2792-1 and IEP when applicable. It will not, as a rule, include an AF Form 1466. Gaining bases provide response directly to AFPC/DPAPH via locally designed memorandum or other means acceptable to AFPC/DPAPH. Gaining bases will prioritize responses on FDIs generated as a result of EFMP Reassignment Requests and provide recommendations within 5 business days, or notify AFPC/DPAPH of necessary response delays within 5 business days.

3.4.1.3. In OCONUS areas, where the SNC and SGH concur that remaining in the local area poses a significant risk to the health and/or wellbeing of family members due to the lack of needed medical services or the limitation of resources, they may recommend to the MTF/CC the coordination of Early Return of Dependents (ERD) pending reassignment consideration.

3.4.1.4. Where maintaining family members OCONUS in the absence of needed medical care, and where there is evidence of spousal or child abuse or neglect and an effective family advocacy program cannot be established locally, or if the family's needs exceed local capabilities, involuntary curtailment or humanitarian reassignment may be requested by the commander if the Airman chooses not to apply for reassignment under humanitarian provisions. AFI 36-2110, para 3.8.10.2 and Atch 24 apply.

3.4.1.5. The SNC will assist the sponsor in compiling appropriate medical/educational documentation for the EFMP Reassignment Package upon request.

3.4.1.6. The SNC at the sponsor's current base of assignment will, in collaboration with the MRO and SGH, assess the availability of medical/educational services and will provide a letter regarding availability of services. The letter will contain the specifics of

what services can or cannot be obtained at the sponsor's current location. The SNC does not make reassignment recommendations in the letter.

3.4.1.7. Requests for deferment of assignment or deployment can only be made through AFPC and the sponsor's unit once the sponsor has been notified officially of a pending assignment or deployment. SNCs may support sponsors with similar documentation upon request, and must focus on the identified needs of family members and what benefit is expected by the authorization of a deferment, or what harm to the family member is anticipated by the timing of subject assignment or deployment. SNCs do not make deferment recommendations but rather provide supporting documentation as described.

3.4.2. Requests to Reconsider Family Member Travel Denials ("Appeals")

3.4.2.1. Within 21 calendar days of family receipt of a recommendation against family member travel ("denial"), the family may submit additional new information for consideration through the losing base SNC. The intention of this provision is to allow the submission of significant information that the family believes was not available at the time of the initial review and determination, consideration of which might substantially change the risk assessment for the identified family member. The additional information provided is forwarded directly via Q-base from losing base SNC to gaining base SNC, with no additional review by the losing installation needed. The losing FMRCC notifies the orders issuing agent that a review is pending, and notes the appeal on the FDI log.

3.4.2.1.1. OCONUS, the gaining SNC who receives information submitted for an "appeal" of the FDI recommendation notifies the gaining OCONUS MAJCOM EFMP-M Liaison of the appeal and coordinates the review of information for either a base-level recommendation or a pinpoint review, as needed.

3.4.2.2. The gaining SGH (or OCONUS MAJCOM SG, as needed) is the final authority on what constitutes new information. The gaining SGH or OCONUS MAJCOM SG may determine that subsequent information received does not constitute new or compelling information that would change the initial recommendation against travel, and the gaining EFMP-M office will notify the losing SNC and/or FMRCC within 7 calendar days that the recommendation against travel stands. Where there is no MAJCOM SG, AFMOA/SGHM serves as the final authority for FDI appeals.

3.4.2.3. Upon receipt of new information that is determined significant, the gaining SNC (or MAJCOM EFMP-M Liaison) will send within 7 calendar days a reply to the losing SNC a message that the new information submitted is under evaluation. A response is provided to the losing installation within 14 days of receipt of the newly submitted information. If the initial decision is amended and family member travel that was previously denied is subsequently recommended on the basis of new information, the gaining SGH and SNC (or MAJCOM EFMP-M Liaison) will provide a statement recommending travel to the losing EFMP-M office, and may do so using the AF Form 1466 (or other official messaging system) noting the change and date. The losing SNC and/or FMRCC will contact the orders-issuing agent to advise of the completion of the review process, will submit any needed notification of the results of the appeal review process, and will inform the family of the final determination, regardless of outcome.

3.4.2.4. Expeditious assignment processing is paramount and requests to consider further information after two denials (the initial recommendation and the appeal) will not be considered, unless authorized by the gaining MAJCOM/SGO and the orders-issuing agent.

3.4.3. Geographically Separated Sponsors and Families

3.4.3.1. When family members are geographically separated from their sponsors (unaccompanied tours), the EFMP-M office at the base of assignment of the sponsor (or base where sponsor's AF Personnel functions reside, for sponsors not assigned to AF installations) is responsible for coordinating all EFMP-M functions.

3.4.3.2. When it is necessary to accomplish EFMP-M clinical functions involving the family members (such as interviewing family members and/or reviewing current medical records for identification or family member relocation), the base where the sponsor is assigned may request assistance of the base nearest to the family (supporting base). The sponsor's base SNC or FMRCC initiates the request to the supporting base, specifying what is needed. Where the supporting base has never provided medical care and has no information to support the clearance, they may serve as a conduit of information between the sponsor's base EFMP-M office and any civilian providers delivering care. The supporting base may conduct face-to-face interviews on behalf of the sponsor's base if located within a reasonable travel distance to allow family participation.

3.4.3.3. It is the AD sponsor's responsibility to ensure FMRC related paperwork is completed and returned to the EFMP-M staff, to include appropriately signed release of information documents as needed, when AD personnel are geographically separated from their family member(s).

3.4.3.4. The supporting base completes needed processes as possible given the availability of records, access to family members for interview, etc., and documents for the sponsor's base what was accomplished and what sources of information were available. Where civilian network providers have delivered all recent medical care, or where family members are located at great distance from any MTF, the sponsor's base may work directly with the civilian providers to obtain completed forms and information to process the clearance, documenting the limitations on the available information. The supporting base may coordinate these requests with any civilian providers as needed at the request of the sponsor's base (obtaining appropriate consents to release health information as appropriate), ensuring all information flows through the sponsor's base as the process owner.

3.4.3.4.1. Face-to-face interviews at a DoD MTF must be conducted except where extreme geographic distances, inpatient status, or other compelling health contraindications prohibit family travel to participate in the interview. In these rare circumstances, a sponsor's base or a supporting base may involve civilian providers to query family members on health conditions, providing specific instructions regarding the types of information needed. The SGH at the sponsor's base retains final discretion on the use of civilian providers in lieu of travel to an MTF for travel screening purposes.

3.4.3.5. The supporting base does not generate enrollment (“Q-code initiation letters”), but rather sends documentation to the sponsor’s base to do so as needed.

3.4.3.6. Where a supporting base is involved in screening family members, the supporting base SGH signs on all AF Form 1466s but documents “Clearance performed to support (name of sponsor’s base)”. The entire clearance package is then forwarded to the sponsor’s base for action as the losing base. The sponsor’s base SNC and SGH review all recommendations and the sponsor’s base FMRCC logs/processes the package in the same manner as all other outbound clearances. The SGH at the sponsor’s base of assignment (losing base) determines when an FDI is warranted, regardless of whether a civilian network provider or supporting MTF provided information.

3.4.3.7. Any questions or concerns by the sponsor’s base about the review performed by the supporting base are addressed between sponsor base SNC and supporting base SNC, or between sponsor base SGH and supporting base SGH. The sponsor’s base is considering the losing base when coordinating an FDI to the gaining base. The gaining base EFMP-M staff may contact the supporting base with any questions but should only do so in coordination with the sponsor’s base.

3.4.4. Medical care delivered by a Sister Service or civilian health care provider: When family members of active duty sponsors are empanelled to the MTF of a Sister Service, or when family members receive their primary and/or specialty care outside of the MTF, the AF SNC at the base of assignment of the AF sponsor (or where the AF personnel functions for the service member are located) remains the primary POC for EFMP-M functions, both identification and family relocation.

3.4.4.1. The SNC, or designee, will advise AF sponsors and families that neither civilian providers nor providers in Sister Service MTFs may provide authorization for AF family member travel. Non-AF care providers and all school authorities contribute supporting information for AF decision-making through the SNC at the losing installation. Only AF SGHs may make official travel recommendations for families of active duty AF service members under government sponsorship.

3.4.4.2. When the SNC/SGH at the losing installation need information from outside sources to conduct the FMRC process (such as health summaries, medication histories, dental summaries, etc), the EFMP-M office will provide the sponsor, and family members of majority age if geographically separated, with written instructions to share with service providers that specify what is needed and how to submit the information (e.g., proper completion of AF Form 1466D, DD Form 2792, and any other forms or documentation as needed.). EFMP-M staff will ensure families are instructed in how to provide their civilian providers the appropriate consent to release this information to the military health system for FMRC purposes.

3.5. Maintenance of Documentation:

3.5.1. Administrative notes of processes and forms used to review medical or educational information for the purpose of determining EFMP enrollment eligibility, or for the purpose of coordinating family member travel where there are no special needs identified (FMRC and FDI packages for non-Q-coded sponsors), are not considered medical care records. Files

may be created electronically and/or in hardcopy to store copies of forms and documents used in the decision making process to ensure process accountability.

3.5.1.1. Logs of all relocation clearances performed will be maintained in each EFMP-M office and OCONUS MAJCOMs (for pinpoint assignment considerations) and will document disposition/status of all clearances. They are maintained in accordance with the Health Insurance Portability and Accountability Act (HIPAA), the Privacy Act, and other MTF requirements in the EFMP-M office for 2 years past the conclusion of the process, to support any needed investigation by MAJCOM, AFPC or AFMOA. Documents that have been requested to support a review may not be shredded until released by AFPC/DPAPH and AFMOA. Logs of disclosures outside the military health system for the purpose of determining suitability for government sponsored travel are maintained for the duration specified under MTF HIPAA guidance. Otherwise, these logs are shredded 2 years after completion of the last clearance on the page, IAW AFRIMS Table 41 – 12, Rule 22.00.

3.5.1.2. Documentation pertaining to the relocation process for non-Q-coded sponsors, including any FDIs generated, forms completed, and correspondence, are filed by name of sponsor, with date of review completion. This FMRC/FDI documentation is maintained at both the losing and gaining installations (following HIPAA, Privacy Act, and MTF requirements) for 2 years after completion of the review process to support any investigation by MAJCOM, AFPC or AFMOA. Those documents that have been requested to support a review may not be shredded until released by AFPC/DPAPH and AFMOA. Signed consents used to release information to entities outside of the military health system for the purpose of determining suitability for government sponsored travel are maintained in the manner and for the duration specified in MTF HIPAA guidance. If not requested to support a review and if not involving release of information outside of the military health system, they may be shredded 2 years after completion of the review process IAW AFRIMS.

3.5.1.3. Documentation pertaining to the relocation process for civilian employees who have requested assistance will be shredded after completion of relocation assistance provided by the gaining and losing MTF. This includes the AF Form 4380 if utilized.

3.5.2. Where special needs are identified in an active duty family member, and upon initiation of assignment limitation code-Q, a Special Needs (SN) file is established and is maintained separately from medical records.

3.5.2.1. The SN file is a compilation of documents and summaries of information that exist in original form in medical records and in educational records, and is considered a secondary medical record.

3.5.2.2. SN files are maintained in accordance with HIPAA and other MTF requirements in order to protect the sensitive information contained therein. Access is limited to MTF staff with a need to know in order to support assignment recommendations.

3.5.2.3. SN files are transferred to the gaining EFMP-M office with each PCS and are maintained so long as the sponsor remains active duty, the condition(s) exist in the family member(s) which met eligibility criteria, and so long as the family member(s) identified with special needs remain(s) in official dependent status. If any one of these conditions

changes, the SN record is maintained locally for 2 years at the last base where EFMP enrollment was in effect, and then shredded IAW AFRIMS.

3.5.2.3.1. A copy of the SN file may be kept at the location closest to the family member(s) when geographically separated from the sponsor, or at the losing base pending confirmation of receipt of the original SN file when transferred for PCS.

3.5.2.3.2. When an EFMP sponsor arrives at a new duty station, the gaining FMRCC reviews the SN file for completeness and may contact the family to update contact information, etc. The FMRCC, with the SNC, may contact the family to provide any missing information. However, it is not necessary to require periodic completion of forms while the family remains on station, unless there is a significant change in diagnosis, family composition or other information that could impact Q-code status. Six months prior to PCS, or upon notification of projected PCS, the DD 2792, DD 2792-1 and other information needed to support the PCS will be re-completed unless needed earlier to support participation in training requirements for the projected assignment.

3.5.3. The SN file contains:

3.5.3.1. The EFMP-M demographic information page, original informed consent documents, eligibility for services, and other materials obtained during the enrollment process. These materials are maintained during the sponsor's entire AF career, and may be updated. All consents, whether original or updates, are maintained the entire life of the SN record.

3.5.3.2. The names of all family members with special needs and the qualifying enrollment conditions identified for each, with supporting documentation obtained from the family or service providers. These pages are updated as needed, with previous documentation related to names and conditions maintained for the life of the record.

3.5.3.3. The FDI documentation pertaining to relocation actions for the family for the last two assignments. FDI documentation for assignments prior to the previous two FDIs (with the exception of consents received that must be retained under existing HIPAA guidance) may be shredded with a dated, signed note entered in the SN record of appropriate disposal of prior FDI documentation.

3.5.3.4. Documentation of coordinating services delivered by EFMP-M, such as follow-up contacts and referrals made, are maintained in the SN record during two full assignments. Service notes from a location more than two assignments prior may be shredded or kept at the discretion of the SNC. If shredded, a dated, signed note is entered in the SN record indicating such disposition.

3.5.3.5. E-mailed or faxed correspondence pertaining to service coordination.

3.6. Standards of Care. EFMP-M will comply with Air Force Inspection Agency, Health Services Inspection, the Joint Commission on Accreditation of Healthcare Organization standards, or Accreditation Association for Ambulatory Health Care standards, and other AF-sanctioned quality assurance mechanisms.

3.7. Standards of Practice. Standards of practice are the parameters of service provision as permitted by licensure and/or an accredited body. The scope of practice for medical providers is covered in AFI 44-119, *Medical Quality Operations*.

3.8. Application of Standards. The standards and guidance stated in this document apply to active duty, civilian, and contract personnel providing special needs identification, Family Member Relocation Clearances, process evaluation to include data collection and data management, and support to AF sponsors with family members.

THOMAS W. TRAVIS, Major General, USAF,
MC, SFS
Deputy Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

Public Law 104-191, *Health Insurance Portability and Accountability Act of 1996*, August 21, 1996

DoD 6025.18-R, *DoD Health Information Privacy Information*, January 24, 2003

DoDD 1342.20, *Department of Defense Education Activity (DoDEA)*, October 19, 2007

DoDD 1400.6, *DoD Civilian Employees in Overseas Areas*, certified current December 1, 2003

DoDD 6010.04, *Healthcare for Uniformed Services Members and Beneficiaries*, March 15, 2007

DoDI 1315.18, *Procedures for Military Personnel Assignments*, January 12, 2005

DoDI 1315.19, *Authorizing Special Needs Family Members Travel Overseas at Government Expense*, December 20, 2005

DoDI 1342.26, *Eligibility Requirements for Minor Dependents to Attend Department of Defense Domestic Dependent Elementary and Secondary Schools (DDESS)*, March 4, 1997

DoDI 6015.23, *Delivery of Healthcare at Military Treatment Facilities; Foreign Service Care; Third Party Collection; Beneficiaries Counseling and Assistance Coordinators (BCACs)*, October 30, 2002

DoDEA Regulation 1342.12 *Provision of Early Intervention and Special Education Services to Eligible DoD Dependents*, April 11, 2005

AFPD 40-6, *Educational and Developmental Intervention Services*, June 30, 2006

AFPD 40-7, *Special Needs Identification and Assignment Coordination*, March 16, 2007

AFI 33-332, *Privacy Act Program*, May 16, 2011

AFI 36-2102, *Base-Level Relocation Procedures*, September 18, 2006

AFI 36-2110, *Assignments*, September 22, 2009

AFI 36-3020, *Family Member Travel*, Oct 22, 2009

AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)*, December 28, 2001

AFI 41-210, *Patient Administration Functions*, March 22, 2006

AFI 44-119, *Medical Quality Operations*, September 24, 2007

AFI 51-504, *Legal Assistance, Notary, and Preventive Law Programs*, Oct 27, 2003

AFI 90-501, *Community Action Information Board and Integrated Delivery System*, August 31, 2006

DoD 5400.7-R_AFMAN 33-302, *Freedom of Information Act (FOIA) Program*, 21 October 2010

AFMAN 33-363, *Management of Records*, March 01, 2008

AFRIMS, Table 41-12, Rule 22.00, Special Needs Identification and Assignment Coordination
DoDEA Policy Memorandum, 02-OD-02, “*Home Schooling*,” November 6, 2002

DoDEA Regulation 1342.13, *Eligibility Requirements for Education of Elementary and Secondary School-age Dependents in Overseas Areas*, September 20, 2006

Health Affairs Policy Memorandum, “*Geographic Areas of Responsibility for the Provision of Early Intervention and Medically Related Services*,” May 2004

Prescribed Forms

AF 4380, *Special Needs Screener*

AF Form 2523, *Exceptional Family Member Program-Medical (EFMP-M) Information Form*

Adopted Forms These forms are used in the EFMP-M as described in this instruction, refer to their prescribing instructions for uses and further information.

DD Form 2005, *Privacy Act Statement – Health Care Records*, prescribed in AFI 41-210.

DD Form 2792, *Family Member Medical Summary*, prescribed in DoDI 1315.19.

DD Form 2792-1, *Special Education/Early Intervention Summary*, prescribed in DoDI 1315.19.

AF Form 1466, *Request for Family Member’s Medical and Education Clearance for Travel*

AF Form 1466D, *Dental Health Summary*

AF Form 357, *Family Care Certification*, prescribed in AFI 36-2908, *Family Care Plans*, 1 October 2000.

Abbreviations and Acronyms

AFI—Air Force Instruction

AFIA—Air Force Inspection Agency

AFMOA/SGHW—Air Force Medical Operations Agency/Community Behavioral Health Division

AFMOA/SGOQ—Air Force Medical Operations Agency/Clinical Quality Management

AFPC—Air Force Personnel Center

AFPC/DPAPH—Air Force Personnel Center, Humanitarian/EFMP Assignments Branch

AFPD—Air Force Policy Directive

CC—Commander

CONUS—Continental United States

DDESS—Domestic Dependent Elementary and Secondary Schools

DoD—Department of Defense

DoDD—Department of Defense Directive

DoDDS—Department of Defense Dependent Schools

DoDEA—Department of Defense Education Activities

DoDI—Department of Defense Instruction

ECHO—Extended Care Health Option

EDIS—Educational and Developmental Intervention Services

EFMP—Exceptional Family Member Program

EFMP-FS—Exceptional Family Member Program-Family Support

EFMP-M—Exceptional Family Member Program-Medical

FAP—Family Advocacy Program

FDI—Facility Determination Inquiry

FMRC—Family Member Relocation Clearance

FMRCC—Family Member Relocation Clearance Coordinator

GAOR—Geographical Area of Responsibility

GSU—Geographically Separated Unit

HIPAA—Health Insurance Protection Accountability Act

HSI—Health Services Inspection

HQ—Headquarters

HQ USAF/SG—Headquarters United States Air Force Surgeon General

IAW—In Accordance With

IEP—Individualized Education Program

IFSP—Individualized Family Service Plan

JCAHO—Joint Commission on Accreditation of Healthcare Organizations

MAJCOM—Major Command

MAJCOM/CC—Major Command Commander

MAJCOM/SG—Major Command Surgeon General

MPS—Military Personnel Section

MRO—Medical Review Officer

MTF—Medical Treatment Facility

MTF/CC—Medical Treatment Facility Commander

OCONUS—Outside the Continental United States

OPR—Office of Primary Responsibility

PAS Code—Personnel Accounting Symbol

PCS—Permanent Change of Station

SAF—Secretary of the Air Force

SAV—Staff Assistance Visit

SGH—Chief of the Medical Staff in the MTF

SNAP—Special Needs Accommodation Process

SNC—Special Needs Coordinator

TDY—Temporary Duty

Terms

Chief of the Medical Staff (SGH)—The medical provider at the MTF appointed by the MTF/CC to oversee all clinical care at the installation. Makes travel recommendations for family members with special needs who intend to relocate with their sponsor, or for family members with service needs who intend to relocate OCONUS under government sponsorship.

Child Find—Inter-agency collaboration for proactive identification of infants and young children with developmental delays or disabilities in support of Early Intervention Services, mandated by the Individuals with Disabilities Education Act (IDEA).

Early Intervention Services (EIS)—Services provided by the Military Departments' Educational and Developmental Intervention Services (EDIS), for children, ages birth to three, or the State Parts B and C Programs for children, ages birth through five, who have developmental delays or are suspected of having developmental delays.

Exceptional Family Member Program (EFMP)—A DoD-wide program that provides special assignment considerations for those military sponsors who have one or more family members with ongoing special medical or educational needs. In the Air Force, EFMP refers specifically to

the assignment considerations provided by the AFPC. In other Services, the term EFMP is additionally used for specialized services delivered by the MTF or community service organizations to military families with special needs.

Family Members—The spouse, child, or other person actually residing in the member's household who is dependent on the member for over half of his or her financial support.

FDI package—Required Air Force and Department of Defense forms for the FMRC process, to include: AF Form 1466, AF Form 1466D, DD Form 2792 with Addenda 1 and 2, and DD Form 2792-1, with supporting documentation.

Family Member Relocation Clearance (FMRC)—The specific process under EFMP-M that identifies medical and/or educational needs in family members who request government-sponsored travel. Pertains only to accompanied travel for active duty Permanent Change of Station or for accompanied civilian employment overseas.

Family Member Relocation Clearance Coordinator (FMRCC)—sometimes referred to as FMRC Coordinator: The medical, enlisted technician or civilian equivalent who manages the administrative operations of the FMRC process.

Human Resources Office (HRO)—Those agents responsible for hiring civilian personnel and for advising selectees who intend to travel OCONUS with family members who have special needs.

Individualized Family Service Plans (IFSP)—The written document that ensures each eligible child and family has a plan for EIS to meet their unique needs through a collaborative partnership between the family and providers. Areas addressed include: cognitive, physical, social and emotional, communication, and adaptive development.

Individualized Education Program (IEP)—The IEP is a written document developed by the Case Study Committee and contains input from parents and RS providers. The IEP defines specially designed instructional goals for a student with special education service needs. Intensity, frequency, location, and methodology of service delivery are specified.

Medical Group (MDG)—The base-level organization responsible for the coordination and delivery of health care services to eligible beneficiaries.

Medical Review Officer—The physician, physician's assistant or nurse practitioner who provides qualified medical records review and interviews to support the EFMP-M process of identification of special needs and the FMRC process.

Military Homefront, Military One Source—On-line communication and technology centers designed to respond to military family members' simple and complex questions with resource information.

Military Treatment Facility (MTF)—A DoD health care provision location, whether clinic or hospital.

Pinpoint—The process of medical clearance and assignment/manning verification that an OCONUS MAJCOM uses to identify potential alternate assignment locations within their own MAJCOM after a potential gaining base determines that travel is not recommend for one or more family members.

Q-code—Designation for the assignment limitation code “Q” that is placed in AFPC’s database of Air Force personnel when a sponsor has one or more family members that meet(s) DoD criteria for the Exceptional Family Member Program.

Related Services (RS)—Services provided by Military Departments EDIS clinics or the states’ school systems special education program in support of free, public education for those with special needs. Services may include developmental pediatrics, occupational therapy, physical therapy, audiology, mental health services, and others.

Senior Leader—An Air Force service member in the rank of Chief Master Sergeant, Colonel, Brigadier General, Major General, Lieutenant General, General, or selected to serve in one of these ranks; also an individual in Senior Executive Service (SES).

Service needs—Needs for treatment, care or for the availability of medical services that do not meet the criteria for enrollment in the EFMP, but that are considered significant enough by informed medical opinion to warrant review prior to authorizing OCONUS relocation of family members under government sponsorship.

Special Needs Coordinator (SNC)—Designated in writing by the MTF/CC, the SNC is the medical officer or officer-equivalent responsible for implementation of EFMP-M at the base level.

Special Needs Family Members—Family Members who meets DoD criteria, as outlined in Enclosure 4 of DoDI 1315.19 for special medical and educational conditions.

vMPF—The virtual Military Personnel Flight, an electronic communication medium that supports personnel functions globally.