

**Instructions for completion of EFMP Family Member Medical Summary –
DD Form 2792, dated APR 2011**

Please note that this form has been updated. You may find the new form at: <http://efmp.amedd.army.mil/forms.html>

Sponsor/Spouse:

For updates, please pick up a copy of your current PERnet EFMP enrollment summary from the EFMP office. You must complete and sign page 1 (Authorization for Disclosure of Medical Information) and provide *all* information in blocks 1-5 on page 2. **Do NOT sign and date block 6. This will be done at the time of your EFMP appt.** Complete the top blocks (Patient Name, Sponsor Name, SSN and Family Member Prefix) of pages 3-11.

EFMP Coordinator/Nurses:

Page 3 will be completed at the time of the EFMP appt. The nurses conducting your screening will fill it out and it will be verified, signed, stamped, and dated by EFMP Staff during the administrative review.

Provider:

Must complete pages 4-11, and sign on pages 7, 8, 10, and 11. For updates, use the Family Member's most recent PERnet summary of EFMP enrolled diagnoses as a guide, and address all actively enrolled diagnoses. List the diagnosis and state "resolved", if this is the case. **Please refer to the next page for a list of enrollable diagnoses.** PCMs must fill out the addendums for Asthma, Mental Health and Autism Spectrum Disorders and Significant Developmental Delays, if applicable. All diagnoses on addendums need to be listed on page 4 of the form as well, and stated frequencies and types of services on pages 4 and 6 must match with the addendum data. **Complete all blocks of the addendums, when applicable.** If the patient does not have diagnoses needing documentation on the Addendum(s), **check NO** on the form(s) and sign and date. **Please sign and date the addendums even if an item is not applicable.**

Part A-Patient Status:

- *Temporary conditions are those that are expected to impact travel only within the next year.
- *Active Diagnoses *ICD/DSM Codes *Medication and Special Therapies
- *Number of Visits in the Past Year: Outpatient, ER, Hospitalizations and ICU Admissions. (If none, put a zero (0) in the blank).
- *Prognosis and Treatment for **each** diagnosis listed on page 4.
- *Cancer History (If not applicable, place NA in the block).

Part B-Required Care:

- *Required Care Provider – place an "X" as appropriate
- *Frequency of **MINIMALLY REQUIRED** Care (do not include specialists that would be nice to have, but are not necessary for the recommended treatment plan). Use codes provided on the form.
- *Artificial Openings/Prosthetics
- *Environmental/Architectural Needs
- *Adaptive equipment (Make and Model numbers are needed for Hearing Aids, Insulin Pumps, Pacemakers, and any other equipment that applies).

Part C-Provider Information

- *Provider Printed Name or Stamp, and Signature
- *Date
- *Contact Information

Addendum 1, page 8: Asthma/Reactive Airway Disease - (See Provider instructions above)

Addendum 2, pages 9-10: Mental Health - (See Provider instructions above)

Addendum 3, page 11: Autism Spectrum Disorders and Significant Development Delays - (See Provider instructions above)

Once the form is completed, the hard copy is given to the patient/parent, who then brings it to or calls the EFMP office to set up an appt. If you require additional assistance completing the forms or need an appt., contact us at (910) 907-3367 or visit us on the 5th floor, South (Reilly Road entrance) of Womack Army Medical Center.

March 16, 2012

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)

Program Overview and Common Enrollable Conditions

EFMP is a mandatory enrollment program per AR 608-75 that works with military and civilian agencies to provide comprehensive and coordinated community support, housing, educational, medical and personnel services to families with special needs. EFMP benefits the family by considering medical and special education needs in the military personnel assignment process. An exceptional Family Member (EFM) is an active duty family member (adult or child) with any physical, emotional, developmental or intellectual disorder that requires special treatment, therapy, education, training or counseling.

Enrollment in the EFMP is MANDATORY if any of the following criteria are met. Commanders are required to enforce AR 608-75 and take appropriate action against soldiers who knowingly provide false information (art 107, UCMJ) or fail/refuse to enroll an eligible family member in EFMP(art 107, UCMJ). Adverse actions taken against the soldiers will include a general letter of reprimand at the minimum.

In general, an active duty family member qualifies for EFMP if they:

- Have potentially life-threatening conditions and/or chronic medical/physical conditions
- Have medical conditions that require outpatient follow-up support more than once a year with a medical provider beyond the level of a Family Medicine physician
- Have a mental health condition of greater than 6 months duration that has required inpatient or outpatient mental health follow up within the past five years. This includes medical care provided by a primary health care provider
- Have a developmental or developmental disability that requires early intervention (i.e. have an IFSP, or Individualized Family Service Plan) or special education services (i.e. have an IEP, or Individualized Education Plan)

Common Diagnoses for Enrollment:

- ✓ **ADD/ADHD** (only for patients who take more than one medication, take more than usual therapeutic medication dosages, have a co-existing mental health condition , require counseling by a mental health provider, or require medication management by a psychiatrist)
- ✓ **Allergies** (only if patient requires allergy shots or follow up with allergist more than once a year)
- ✓ **Asthma/RAD** (if scheduled inhaled anti-inflammatory agents or bronchodilators are required, patient has required an emergency room visit for acute flare within the past 12 months, or has been hospitalized for asthma within 5 years)
- ✓ **Autism/Pervasive Developmental Disorders** (all require medical enrollment; may also require educational enrollment)
- ✓ **Autoimmune/Neuromuscular Disorders** (such as Muscular Dystrophy, Lupus, Multiple Sclerosis, Rheumatoid Arthritis)
- ✓ **Cancer** (unless patient has completed treatments, is in remission > 5 years, and is requiring no further follow-up)
- ✓ **Cervical Dysplasia/Abnormal pap Smear** (if patient requires pap smears 2x/year or greater or if requires colposcopy)
- ✓ **Cerebral Palsy or Loss of Mobility** (requiring use of wheelchair, walker, or other aide; requiring PT or OT)
- ✓ **Cleft Lip/Palate** (unless full repair is completed and patient is no longer receiving any services or follow-up)
- ✓ **Developmental Delay** (including those receiving early intervention services, speech therapy, PT, or OT)
- ✓ **Diabetes** (all Insulin Dependent DM; any Non-Insulin Dependent DM requiring frequent or specialist follow-up.)
- ✓ **Requirement for Equipment or Internal Medical Devices** (e.g., g-tube, oxygen, pacemaker, v-p shunt, tracheostomy, wheelchair, hearing aide, insulin pump. Need brand and model number for hearing aids, pacemakers, insulin pumps)
- ✓ **Genetic Disorders/Congenital Anomalies** (e.g., Cystic Fibrosis, Trisomy 21, Hydrocephalus, Spina bifida)
- ✓ **Hearing Impairments/Deafness** (requiring hearing aids or special services.)
- ✓ **Heart Conditions** (congenital and acquired heart disease requiring frequent follow up or cardiology consultation more than yearly)
- ✓ **Inflammatory Bowel Disease** (Crohn's, Ulcerative Colitis)
- ✓ **Immunodeficiency** (primary or secondary, including HIV/AIDS)
- ✓ **Mental Health Conditions** (Anxiety Disorder, Bipolar Disorder, Depression, Eating Disorder, Obsessive Compulsive Disorder, PTSD, Schizophrenia, etc. (All with chronic conditions of greater than 6 months duration must be enrolled if treated with medication or counseling within the last 5 years.)
- ✓ **Premature or High Risk Infants** (requiring pediatrician or higher level care more than once a year)
- ✓ **Seizure Disorders/Epilepsy**
- ✓ **Sickle Cell Disease/Bleeding disorders** (such as Hemophilia, or requiring frequent or hematology f/u)
- ✓ **Substance Abuse** (Drug/Alcohol)
- ✓ **Thyroid Problems** (Graves or requiring frequent or endocrinology follow up.)
- ✓ **Vision Problems/Blindness** (sight not corrected with glasses or any conditions requiring ophthalmology more than annually)
- ✓ **Children receiving Special Education/Early Intervention** services required per IFSP or IEP). Form DD 2792-1 must be completed by school/early intervention personnel
- ✓ **Any other medical, psychological or educational condition should be considered if specialist follow-up (to include Internal Medicine and Pediatrics) is required more than once a year.**