

# **Military Family Readiness Council Meeting Minutes**

The Pentagon Library & Conference Center, Room B6

Wednesday, February 15, 2017

1:00 pm to 3:00 pm

## **Meeting Attendees:**

### **Office of the Secretary of Defense:**

Ms. Stephanie Barna, Acting Assistant Secretary of Defense (Manpower and Reserve Affairs),  
MFRC Chair

Dr. Ed Tyner, Associate Director, Office of Special Needs

### **Army:**

Ms. Carla Coulson, representing LTG Gwen Bingham, USA, Assistant Chief of Staff for  
Installation Management

Sergeant Major of the Army Daniel Dailey

Ms. Laura Conley, U.S. Army National Guard Spouse

### **Army National Guard:**

MG Kevin McNeely, Director, Manpower and Personnel (J1)

### **Navy:**

Mr. Thomas Yavorski, representing RDML Ann Burkhardt, Director, Twenty-First Century  
Sailor Office (N17)

Ms. Jennifer Luscher, Navy Reserve Component Spouse

Ms. Elka Franco-Giordano, Spouse of Master Chief Petty Officer of the Navy Steve Giordano

### **Marine Corps:**

Ms. Marie Balocki, representing BGen Kurt Stein, USMC, Director, Marine and Family Programs

Ms. Julie Margolis, Marine Corps Active Duty Spouse

Ms. Andrea Smith Green, Spouse of the Sergeant Major of the Marine Corps Ronald Green

### **Air Force:**

Ms. Tamre Newton, representing Brig Gen Kathleen Cook, USAF, Director of Air Force Services  
Chief Master Sergeant of the Air Force James Cody

Ms. Michelle Padgett, U.S. Air Force Active Duty Spouse

### **Military Family Organizations:**

Dr. Mary Keller, Military Child Education Coalition

Dr. David Rubin, Children's Hospital Association

Ms. Karen Ruedisueli, National Military Family Association

**Also present:**

Dr. Terry Adirim, Deputy Assistant Secretary of Defense, Health Services Policy and Oversight  
CAPT Ed Simmer, Deputy Director, TRICARE/DHA  
Mr. Tom Brady, Director, DoDEA  
Mr. Charles Milam, Acting Deputy Assistant Secretary of Defense (Military Community and Family Policy)  
Mr. Bret Stevens, Office of the Deputy Assistant Secretary of Defense (Warrior Care Policy)  
Ms. Dee Geise, Army Installation Management  
Lt Col Esther Sablan, Chief of Family Programs, National Guard Bureau  
Mr. Alex Baird, Office of the Deputy Assistant Secretary of Defense, Reserve Integration  
Mr. Lernes Hebert, Acting Deputy Assistant Secretary of Defense (Military Personnel Policy)  
Ms. Julie Blanks, Acting Deputy Assistant Secretary of Defense (Civilian Personnel Policy)  
Ms. Ellyn Dunford, Spouse of the Chairman of the Joint Chiefs of Staff, General Joseph Dunford  
Ms. Dawn Goldfein, Spouse of the Chief of Staff of the Air Force, General David Goldfein  
Col Sean Jones, Office of the Chairman of the Joint Chiefs of Staff (J1) (Personnel and Readiness)  
Mr. Marcus Beauregard, Director, Defense State Liaison Office  
Mrs. Holly Dailey, Spouse of Sergeant Major of the Army Daniel Dailey  
CMSgt (Ret) Athena Cody, Spouse of Chief Master Sergeant of the Air Force James Cody  
Chief Master Sergeant of the Air Force (Incoming) Kaleth Wright  
Mrs. Tonya Wright, Spouse of Incoming Chief Master Sergeant of the Air Force Kaleth Wright

**MFRC Designated Federal Officer:**

Dr. Randy Eltringham

**MFRC Support Staff:**

Ms. Betsy Graham  
Ms. Melody McDonald  
Mr. Frank Emery

**Public Submissions: 66**

Executive Summary of Public Submissions: See Attachment 1

**Proceedings of the Meeting:**

On Wednesday, February 15, 2017, the first Military Family Readiness Council meeting of Fiscal Year (FY) 2017 was held in the Pentagon Library & Conference Center (Room B6). The purpose of this meeting was to receive informational and update briefings on the special needs of Exceptional Family Members (EFMs); Defense State Liaison Office (DSLO) Top Ten Issues; and DoD Military Health System Pediatric-Focused Activities and Initiatives.

MFRC Designated Federal Officer (DFO) Dr. Randy Eltringham opened the meeting by welcoming Council members, advisors and public guests. She announced a record number of public submissions and ensured members of the public that their voices, issues and concerns were heard by Council members. Following a review of the meeting agenda, Dr. Eltringham concluded administrative remarks and introduced the MFRC Chair, Ms. Stephanie Barna, Acting Assistant Secretary of Defense for Manpower and Reserve Affairs (ASD(M&RA)).

Ms. Barna welcomed five new Council members (below) and Dr. Eltringham as the new MFRC DFO.

- Major General Kevin McNeely -- Representing the Army National Guard
- Brigadier General Kurt Stein -- Representing Marine Corps Marine and Family Programs
- Ms. Elka Franco-Giordano -- Spouse of Master Chief Petty Officer of the Navy
- Ms. Julie Margolis -- Representing Active Duty Marine Corps Families
- Ms. Jennifer Luscher -- Representing Reserve Component Navy Families

Ms. Barna announced that the number of MFRC Council meetings this year will increase from two to three. Topics to be reviewed during the first two meetings of FY2017 will include those which are related to FY2016 MFRC Recommendations and FY2017 Focus Areas. The final meeting of the year will be dedicated to developing FY2017 Recommendations and FY2018 Focus Areas for consideration by Secretary of Defense James Mattis. Ms. Barna encouraged members to contact either herself or Dr. Eltringham between meetings to share information and ideas which can help facilitate the work of the Council.

As she began her opening remarks, Ms. Barna mentioned that on February 14, 2017, the day before the Council meeting, she testified before the Military Personnel Subcommittee of the Senate Armed Services Committee. She told the Subcommittee that the MFRC Council had a robust calendar and set of objectives. She also shared a communication from Secretary of Defense Mattis, who asked what is being done to support military families and what more can be accomplished. After concluding her remarks, Ms. Barna turned the floor over to Dr. Eltringham.

Dr. Eltringham reminded members that the MFRC Council is a congressionally mandated, non-discretionary federal advisory council that reports to the Secretary of Defense. Its membership is very diverse and balanced, with each member representing a unique constituency. The Council's mission is to review, evaluate and monitor the full range of military family readiness policies, programs, plans and initiatives. She stressed that this year's work will not only address high-priority, long-term issues such as those on today's agenda, but also other important military family readiness concerns that aren't always in the spotlight, but are equally important.

Dr. Eltringham highlighted several administrative changes going into effect this year, including establishing an MFRC Communique which will provide supplemental information and resources

for review and consideration by Council members between meetings. She also highlighted improvements to the MFRC webpage. Next, she advised that the Council is accessible to the public via email at [osd.pentagon.ousd-p-r.mbx.family-readiness-council@mail.mil](mailto:osd.pentagon.ousd-p-r.mbx.family-readiness-council@mail.mil), via the web at [www.militaryonesource.mil/service-providers/mfrc](http://www.militaryonesource.mil/service-providers/mfrc), and via mail at Office of Military Family Readiness Policy, Attention: Military Family Readiness Council, 4800 Mark Center Drive, Suite 03G15, Alexandria, VA 22350-2300.

Ms. Barna then allowed a few minutes for Council members to ask questions. Dr. David Rubin noted that public comments made it clear that the public considers healthcare to be important and asked what the Council's charge was for families with special healthcare needs. Ms. Barna acknowledged that the MFRC may not have the time nor the resources to tackle direct healthcare issues, but said Dr. Terry Adirim's presentation later in the meeting would help clarify what is currently being done to address these issues and how we can work more effectively with Health Affairs and the Defense Health Board.

Ms. Michelle Padgett asked if the Council would consider exploring cost analyses conducted by the DoD Cost Assessment Program and Evaluation (CAPE) Office. Ms. Barna answered that the Council had not considered it but that she and Dr. Eltringham would look into it.

Chief Master Sergeant of the Air Force James Cody noted that most members of the Council are not subject matter experts on healthcare issues and suggested better communication between organizations.

Ms. Barna thanked members for the discussion. She noted that the number of public submissions was higher than for any other single Council meeting and that the response was indicative of the value constituents place on the work of the Council. She explained that Dr. Eltringham had analyzed concerns contained in 66 written public submissions which resulted in the identification of ten major issues (see below). The Council will continue to review, evaluate and monitor progress on these issues in coordination with Health Affairs, Military Personnel Policy, Military Community and Family Policy, and other major stakeholders.

#### **Executive Summary of Public Submissions: Top Ten Issues**

- (1) Applied Behavioral Analysis (ABA) Therapy Services and Policies
- (2) The Negative Impact of Relocation
- (3) Continuity of Care
- (4) Local Information and Referrals
- (5) Gaps in Services
- (6) Improved Training for EFMP Coordinators and Parents
- (7) Respite Care
- (8) Comprehensive Reviews and Better EFM Oversight
- (9) Hospice and Guardianship Issues



## (10) Problems with Special Education

Moving forward, Ms. Barna recognized and thanked Ms. Barbara Thompson, who recently retired as the Director of the Office of Military Family Readiness Policy and Director of the Office of Special Needs. She then welcomed Dr. Ed Tyner, who is currently Associate Director of the Office of Special Needs (a permanent MFRC Council position), to present the first briefing.

### **Presentations to the Council**

#### ***Briefing #1:***

#### ***Office of Special Needs, EFM Programs and EFM Standardization Updates***

Dr. Ed Tyner, Associate Director of the Office of Special Needs (OSN), initially briefed the Council on the programs that DoD offers for families with special medical and/or educational needs before briefing on the responsibilities of the OSN. He began by noting that Department of Defense support for special needs families falls into three separate and distinct policy and program management areas:

- The Exceptional Family Member Program (EFMP)
  - ✓ Identifies families with special needs and enrolls them in the EFM Program
  - ✓ Coordinates assignments between personnel and medical professionals
  - ✓ Provides family support
- Early Intervention and Special Education Services
- Extended Care Health Option (ECHO)

Dr. Tyner explained that OSN provides oversight for the EFMP and Early Intervention/ Special Education Services offered in DoD, while DoD Health Affairs provides oversight for ECHO. Dr. Tyner acknowledged that there is often confusion about these areas of responsibility. He reminded the Council that nonprofit organizations also help military families with special needs.

Dr. Tyner explained that the FY2010 National Defense Authorization Act (NDAA) established the Office of Special Needs and defined its mission and major focus areas. He noted that many initiatives are included in the overarching effort to standardize EFM. For example, there is a major pilot underway to standardize the family member travel screening process.

- The new screening process is called Family Member Travel Screening instead of EFMP Screening.

- This pilot began in January 2017 and will continue for three months.
- To date, OSN has been able to reduce 11 different forms used by the Military Services down to five, which will be used by all the Military Services and will help families begin the screening process at any military medical treatment facility.
- It is important to note that every new EFM standardization initiative is being tested with a pilot program before it is rolled out across the DoD enterprise.

Dr. Tyner acknowledged that significant progress has been made, and that more work is being done through collaborative efforts with Health Affairs and the Military Services. The Council was provided with two read-aheads (handouts) that summarize additional update information. See Attachments 2 and 3.

*Discussion of Dr. Tyner's briefing:*

Ms. Karen Ruedisueli with the National Military Family Association asked Dr. Tyner about help that is available for families with special needs who do not have access to DoD schools. Dr. Tyner acknowledged EFMP has no jurisdiction over public schools, but pointed to a CONUS Directory of Services that is available by school district.

Ms. Barna asked Dr. Tyner to talk about the EFM Family Panel and how it can better interact with the MFRC Council. Dr. Tyner noted that Ms. Barna was instrumental in getting this family panel established, and that they meet quarterly. He said the panel's April meeting will include representatives from TRICARE and ECHO. The formation of the panel also helps identify and fill gaps in educational services.

Building on an earlier question from Dr. Rubin, Ms. Barna asked what OSN is doing to coordinate the paperwork that many families seem to be required to complete more than once. Dr. Tyner said OSN is streamlining these documents, and that the Military Services agree that there is duplication in their forms. OSN is also creating an online form that would allow a family to bypass questions not relevant to that individual family and its circumstances.

Dr. Mary Keller asked Dr. Tyner to discuss training to help eliminate incorrect information from being given out. Dr. Tyner said Military Families Learning Network (MFLN) webinars (reference the link embedded in the EFMP Exceptional Advocate Newsletter <http://www.militaryonesource.mil/efmp/news>) are available to address training needs for service providers, contractors, and interested individuals in the community.

Dr. Eltringham noted that these are some of the resources that will be included in the MFRC Communique, and urged members to check the MFRC webpage often for electronic copies ([www.militaryonesource.mil/service-providers/mfrc](http://www.militaryonesource.mil/service-providers/mfrc)) and updates. She then introduced Mr. Marcus Beauregard for the next presentation.

***Briefing #2:***

***Defense State Liaison Top 10 Initiatives Review***

Mr. Marcus Beauregard, Director of the Defense State Liaison Office (DSLO), briefed the Council on the process of choosing the DoD Top Ten Initiatives; the status of tracking each issue; and more in-depth information on the issue of Medicaid Waivers (See Attachments 4, 5 and 6). Key points of Mr. Beauregard's briefing are as follows:

- DSLO began its work with states across the nation in 2004 because many issues impacting military families are controlled at the state level.
- Every year DSLO seeks out as many ideas as possible for what the Top Ten Initiatives should be.
  - ✓ DSLO researches and develops potential initiatives and gives them to partner organizations, the Military Services, the Joint Staff, and the National Guard for their review.
  - ✓ DSLO sends the final list of top issues to ASD(M&RA) for final review and approval.
- The DSLO team consists of eight regional staff, a senior liaison and two individuals at their DC office.
- Over the last seven years, states have enacted an average of 76 bills each year in support of DoD initiatives (an aggregate of approximately 600 bills since DSLO was established).
- Each issue is part of a two-year process, that includes: developing the issues, sending staff to legislative conferences, preparing for the legislative session, and supporting state legislators who express interest in the issues.
- One issue of particular interest to special needs families is Medicaid Waivers for home and community-based services.
  - ✓ DSLO asked states to allow active duty Service members to use their state of legal residence to sign up for a Medicaid Waiver for a family member with special needs.
  - ✓ Many states have waiting lists to obtain Medicaid Waiver services. Allowing military families to sign-up while on active duty allows them to access services at the time they retire/separate, or otherwise return to the state. This approach maintains equitable access to services by military and non-military state residents. See Attachment 6 for more details.

*Discussion of Mr. Beauregard's briefing:*

Ms. Barna asked about the spouse licensure portability issue and how DSLO's work interrelates with the DoD Spouse Education and Career Opportunities Office. Mr. Beauregard stated DSLO began working on the spouse licensure issue in 2004, but didn't have a way to deal with it until 2009. DSLO worked to get each state to provide endorsements, temporary licensure, or another way to expedite in-state licensing efforts. Mr. Beauregard said Mrs. Michelle Obama and Dr. Jill Biden adopted the issue as a key part of their Joining Forces initiative. Now, all 50 states engage in at least one of these three processes.

Chief Master Sergeant of the Air Force James Cody expressed concern over the optimistic view of Mr. Beauregard's slides, stating there is still much work to do. Mr. Beauregard said DSLO has similar concerns about the status of implementation by occupational boards. For example, questioning how boards have interpreted new state laws that allow for an endorsement of a "substantially equivalent" license from another state. DSLO is now working with the University of Minnesota to review the application of law by boards in all 50 states.

Chief Master Sergeant of the Air Force Cody emphasized that Senators come to the Department of Defense and ask how they can assist military families, so it is important to help them propose legislation.

Mrs. Padgett, U.S. Air Force active duty spouse and MFRC Council member, informed the Council that as a mental health therapist, when she asked about professional license reciprocity she was told she would have to be licensed in each state. However, when she asked if the state had a "professional scholar's license," she found that she was eligible for such a license and that it allowed her to continue working. She was unsure if all states have a professional scholar's license option, but offered that alternative for consideration by the Council, DSLO, and the Spouse Employment Program.

Ms. Barna thanked Mr. Beauregard. Dr. Eltringham reminded Council members that they can submit additional questions for the record to her or Ms. Barna for any of today's speakers to address as a follow-on to their briefings. Ms. Barna then introduced Dr. Terry Adirim and CAPT Ed Simmer from Health Affairs, who made the final presentation.

***Briefing #3:***

***Military Health System: Pediatric-Focused Activities Update***

Dr. Terry Adirim, Deputy Assistant Secretary of Defense for Health Policy and Oversight, and CAPT Ed Simmer, Deputy Directory, TRICARE/DHA, provided the Council with an update

on pediatric-focused activities and initiatives. The key points of their integrated presentation are as follows:

- The Military Health System (MHS) is developing a Pediatric Quality Measures dashboard to monitor key performance metrics. MHS may be one of the first health care systems to have a pediatric-specific dashboard. It contains a core set of measures to assess the delivery of health services to military children.
- A significant portion of TRICARE Prime enrollees are families with special needs. This could affect family readiness.
- Ways of improving coordination between the MFRC and Health Affairs can include:
  - ✓ Sharing MFRC public comments with the Defense Health Board (DHB) so they can see what issues are important to military families.
  - ✓ Creating a liaison relationship between Health Affairs and the DoD Office of Military Family Readiness Policy to develop projects of mutual interest between health and military family readiness.
- 2017 TRICARE contract changes will incorporate enhancements to benefit pediatric patients, including reducing from three regions to two, which will reduce issues when Service members' transfer between regions. Case management services will also be improved, as military treatment enhanced multi-service markets will have case management liaisons.
- Under the FY2017 National Defense Authorization Act (NDAA):
  - ✓ TRICARE Standard and Extra will become TRICARE Select.
  - ✓ Payment for patient care will shift from volume costing to a focus on quality and patient experience.
  - ✓ Access to primary and urgent care will improve.
- By law, MHS must do what Medicare does regarding hospice, and Medicare does not allow for patients to get hospice care and curative care at the same time. However, TRICARE does work with each family to try to provide services that hospice can offer through other TRICARE benefits.
- The Extended Care Health Option (ECHO) helps those with very complex medical conditions, above and beyond traditional TRICARE services. The ECHO option requires enrollment in the Exceptional Family Member Program.
- About 28,000 providers are currently available to serve the 14,000 individuals involved in the Autism Care Demonstration Project. Unlike civilian benefits, TRICARE has no limits on cost or hours under the Demonstration Project.
- TRICARE does not require a re-diagnosis of autism every two years.

*Discussion of Dr. Adirim and CAPT Ed Simmer's briefing:*

Ms. Barna asked if anyone has ideas on how to bring in experts to assist the MFRC with healthcare issues. Dr. Adirim suggested there may be a way to integrate members of the MFRC Council into one of the Defense Health System's subcommittees. Ms. Barna agreed to continue to look into how to better collaborate.

Chief Master Sergeant of the Air Force James Cody asked what kind of oversight there is as providers change due to the new TRICARE contract. CAPT Simmer said there are strict standards in place for the contractors to maintain a certain number and type of providers in each area.

Ms. Ruedisueli asked if it was possible to have specialty care referrals and authorizations transfer with a family that has moved. CAPT Simmer explained this was actually already in place under current contracts, however more education on this option may be necessary.

Ms. Barna thanked Dr. Adirim and CAPT Simmer, then asked Mr. Charles Milam if any current financial literacy courses talk about the changes coming to TRICARE in 2018. Mr. Milam said it was something discussed in early working groups, but he would confirm courses are in place.

**Special Notes:** *Subsequent to the Feb 15, 2017 MFRC meeting:*

- (1) Additional questions from Council member Julie Margolis were submitted to CAPT Simmer on related TRICARE policy and service delivery issues. A DHA response is in progress and will be provided to MFRC Council members as an extension of CAPT Simmer's presentation.*
- (2) A replacement for slide #20 (entitled "Proposed New Pediatric Tasking: Examining Domestic and Child Abuse") in the DHA presentation was submitted to the MFRC Council to correct inaccurate information regarding Family Advocacy research findings. See Attachment 7.*

Ms. Barna then asked if there were any additional comments.

Dr. Keller noted that while the Council discusses issues on a high level, there are good things going on with behavioral health provided in schools, especially at Joint Base Lewis-McChord. She urged the Council to hear what's going on locally.

Ms. Barna asked members if they were aware of the Military and Family Life Counseling (MFLC) program's work in dealing with military family challenges before they become problematic issues. She acknowledged how their process works well, but also stated that many times what comes before the Council is only what is not working well. She asked Council members if there were additional ideas about how leadership can help Council members come to meetings better informed about complex issues.

**Closing remarks:**

Ms. Barna thanked everyone who made written public submissions, assuring that members read each submission and care about what is said. She said the Council wants to address important issues and bring that information to Secretary of Defense Mattis.

Dr. Eltringham thanked the group and announced that topics for review at the April 27, 2017 MFRC meeting will be community collaborations which address issues of mobility and portability; education benefits transfer; and Military OneSource as the central point of information dissemination through which we focus and funnel information and resources, especially to benefit our youngest Service members, families, and our most vulnerable constituencies.

**Next meeting:**

The next Military Family Readiness Council meeting will be on April 27, 2017, from 1 p.m. to 3 p.m., at the Pentagon Library & Conference Center, Room B6.

The meeting adjourned at 3:05 p.m.

Submitted by:



Randy N. Eltringham, EdD  
Designated Federal Officer  
Military Family Readiness Council

Certified by:



A. M. Kurta  
Performing the Duties of the Under Secretary  
of Defense (Personnel & Readiness)

- Attachment 1: Executive Summary of Public Written Submissions
- Attachment 2: High-Level Overview of EFMP Standardization
- Attachment 3: Overview of DoD Special Programs
- Attachment 4: Defense-State Liaison Office (DSLO) / USA4 Military Families
- Attachment 5: Allow Service Members to Retain Their Earned Priority for Receiving Medicaid Home and Community Based Service Waivers
- Attachment 6: DoD Progress Working with States
- Attachment 7: DHA Replacement Slide #20: Proposed New Pediatric Tasking: Examining Domestic and Child Abuse

# Executive Summary of Public Submissions

*For Feb 15, 2017 MFRC Meeting*

## Public Submissions Received

- 49 Family Members
- 17 Advocates, Advocacy Groups and Non-Profit Organizations
  
- 66 TOTAL

## Top Ten Major Issues

- 72 Applied Behavior Analysis (ABA) Therapy** services and policies
- 68 Negative Impact of Relocation** (Assignment Coordination, Homesteading, Stabilization, EFM Enrollment, Support for Active Guard/Reserve)
- 55 Continuity of Care and Inter-Regional Referrals**
- 45 Local Information and Referrals** needed, including expert Navigator Assistance and help with paperwork
- 35 Gaps in Services** (due to differences between Military Service support and lack of access to needed support, equipment and supplies)
- 27 Improved Training** for EFMP Coordinators and parents
- 26 Respite Care**
- 22 Comprehensive Reviews and Better EFM Oversight**
- 10 Hospice and Guardianship Issues**
- 9 Problems with Special Education**



## HIGH-LEVEL OVERVIEW OF EFMP STANDARDIZATION

---

The Office of Special Needs (OSN) and the Services, utilizing ground-level insights and leading practices, have already standardized numerous aspects of the Exceptional Family Member Program (EFMP) and improved support for military families with special needs. While there have been many accomplishments to date, standardization is continuous so that the EFMP can continue to meet the evolving needs of military families and the DoD. In addition, a single DoD Instruction (1315.19) is with the Office of Information Management and should be ready for signature soon after the 2016 elections.

### APPROACH

OSN's systematic and methodical approach recurs for each EFMP standardization initiative. This approach emphasizes collaboration with the Services and consists of the following:

- **Setting the vision and planning the scope of the initiative:** In collaboration with Service-specific, leadership-designated representatives, OSN defines and prioritizes standardization opportunities to address pressing EFMP challenges for families.
- **Standardizing the initiative in collaboration with the Services:** OSN and the Services conduct in-depth analysis and develop and validate standardized tools and processes for use across the Services.
- **Testing the initiative across the Services:** OSN and the Services secure necessary approvals and test the initiative to confirm that it addresses identified challenges. The test enables OSN to determine if the initiative should be implemented as is or modified.
- **Implementing the initiative across the Services:** OSN coordinates the wide-scale implementation with stakeholders and releases official policy. OSN continues to maintain open channels of communication with operational stakeholders to monitor its success.

### EFMP STANDARDIZATION ACCOMPLISHMENTS

OSN and the Services have standardized cross-Service program knowledge and EFMP tools across the four focus areas. The accomplishments provided in the following sections provide a snapshot of the key accomplishments to date, but is not an exhaustive list. Some standardized initiatives have been implemented while others are undergoing piloting or implementation. As a result of this progress, OSN is positioned to standardize core processes across all focus areas.

As part of the EFMP standardization effort, OSN will continuously monitor the changing needs of the DoD and military families with special needs to identify and prioritize additional standardization initiatives.

#### Identification / Enrollment Accomplishments

- OSN conducted a Functional Analysis in collaboration with the Services to gather Service-specific and installation-level insights into current practices and identify challenges, leading practices, and potential improvements.
- The DD Form 2792 "Family Member Medical Summary" and the DD Form 2792-1 "Special Education / Early Intervention Summary" facilitate the enrollment of families into the EFMP. With these updated forms, any Service member, regardless of Service affiliation, can enroll in the EFMP at any installation across the DoD.

Attachment 2

## HIGH-LEVEL OVERVIEW OF EFMP STANDARDIZATION

---

### Assignment Coordination Accomplishments

- OSN conducted a Functional Analysis in collaboration with the Services to gather Service-specific and installation-level insights into current practices and identify challenges, leading practices, and potential improvements.
- OSN and the Services' medical representatives developed five standardized forms (replacing ten forms) to guide the Family Member Travel Screening (FMTS) process and are planning to pilot the forms in a live-orders environment. With these forms, all military families, regardless of Service affiliation or location, will be able to navigate the FMTS portion of assignment coordination consistently.
- OSN and the Services developed standard credentials for FMTS medical staff. These credentials ensure a minimum level of screening expertise in all screening situations, regardless of Service, and set the foundation for a consistent screening experience.

### Family Support Accomplishments

- OSN conducted a Functional Analysis in collaboration with the Services to gather Service-specific and installation-level insights into current practices and identify challenges, leading practices, and potential improvements.
- OSN and the Services developed and piloted the Process and Outcome Metrics (POM) Study, a standard family satisfaction survey on the delivery of family support services. Leveraging family insights, these metrics facilitate the identification of potential program improvements.
- OSN and the Services developed and tested the standard Family Needs Assessment / Inter-Services Transfer Summary (FNA / ISTS), a Family Support intake and sister-Service case notes transfer form. This form will help Family Support offices manage cases and provide continuity of care for military families with cross-Service Permanent Change of Station (PCS) orders. It is now being prepared for implementation.
- OSN initially provided start-up funding for the Navy and Air Force to begin EFMP Family Support services to their families with special needs early in the process.

### Technology Accomplishments

- OSN conducted a Functional Analysis in collaboration with the Services to gather Service-specific and installation-level insights into current practices and identify challenges, leading practices, and potential improvements.
- OSN developed and piloted the EFMP Data Repository across the Services. It will centralize management of EFMP data and improve reporting capabilities for OSN and the Services as outlined in Section 1781c of Title 10, U.S.C. The Data Repository is now being prepared for implementation in 2016.

## FUTURE STEPS

Following the successful standardization efforts to date, OSN will continue to prioritize and pursue additional standardization initiatives. In this way, OSN and the Services will continue to meet the evolving needs of the DoD and military families and improve the experience of military families with special needs.

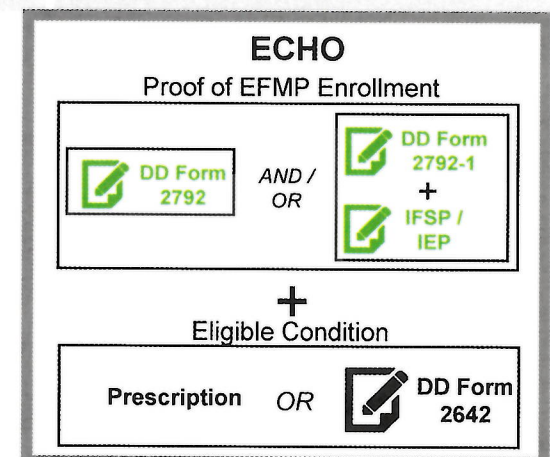
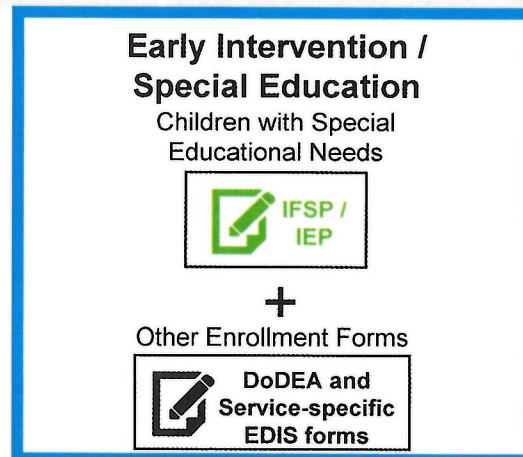
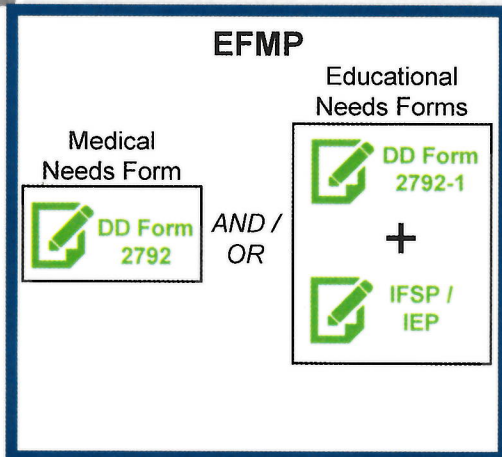


# OVERVIEW OF DOD SPECIAL NEEDS PROGRAMS: EFMP, SPECIAL EDUCATION, AND ECHO

The Exceptional Family Member Program (EFMP), Early Intervention/Special Education services and Extended Care Health Option (ECHO) are different programs supporting military families with special needs, yet these programs use similar enrollment forms.

## OVERVIEW OF SPECIAL NEEDS PROGRAMS

Program	Overview	Benefits	Responsible DoD Component(s)
<b>EFMP</b> <i>(DoDI 1315.19)</i>	A program that supports <b>military families with special needs</b> by identifying/enrolling into EFMP; ensuring that special needs are considered during assignment coordination; and providing families with information on the services, support, and assistance that is available.	Assures that special medical and educational needs of family members are considered during the assignment coordination process between medical and personnel commands.	The Services (Army, Marine Corps, Navy, Air Force) administer the program, and <b>the Office of Special Needs (OSN) develops policy and monitors the program.</b>
<b>Special Education</b> <i>(DoDI 1342.12)</i>	A program that provides early intervention, special education and related services to <b>eligible military and civilian dependents ages birth– 21 and their families.</b>	Developmental evaluations and intervention services, special education, and related services.	DoD Educational Activity (DoDEA) and the Military Medical Departments (Army, Navy and Air Force) administer the program, and <b>OSN monitors the program/services.</b>
<b>ECHO</b> <i>(32 CFR 199.5)</i>	A supplemental program of the TRICARE Basic program provides additional benefits active duty Services family members with special needs such as: <ul style="list-style-type: none"> <li>• Moderate to severe cognitive delays;</li> <li>• A serious physical disability; and</li> <li>• An extraordinary physical or psychological condition.</li> </ul>	There are multiple benefits designed to decrease the debilitating effect of the qualifying condition and may include assistive services, respite care, durable equipment, rehabilitative services and expanded in-home services.	TRICARE administers and develops policy and monitors the program. The managed care support contractors administers the benefit. <b>This is a TRICARE health benefit--OSN has no oversight responsibility for this program.</b>







## Defense – State Liaison Office (DSLO)

### Purpose

Since many issues surrounding quality of life and family well-being can only be addressed by states, the Department of Defense (DoD) started the USA4 Military Families initiative, worked through the Defense-State Liaison Office (DSLO), to engage state policymakers, not-for-profit associations, concerned business interests, and other state leaders about the needs of military members and their families. By developing state/military partnerships, the DoD seeks to work with states to remove unnecessary barriers and significantly improve the quality of life for military families.

### What we do

The DSLO has 8 Liaisons across the country working with the many state leaders who are concerned for the welfare of the Active Duty, Guard, and Reserve Service members and their families living within their borders. We broadly educate state leaders on key issues, and as this education process proceeds, build relationships with interested state leaders. If one of these leaders (normally members of the legislature) wants to tackle an issue, we can provide assistance in the form of identifying ‘best practice’ legislation from other states and providing testimony as it is requested.

### Track record

The USA4 Military Families initiative has been very successful and much progress has been made. Over the past few years, states have addressed several key quality of life issues, to include the impact of frequent school transitions experienced by military children, the lost income by military spouses as a result of military moves, and credit for military training/experience for separating Service members. In this regard, all 50 states have joined the Interstate Compact on Educational Opportunity for Military Children, 46 states now provide eligibility for unemployment compensation to military spouses, and 47 states facilitate licensure for separating Service members.

### Regional Liaison contact information

<b>Liaison</b>	<b>States within Region</b>	<b>Phone</b>	<b>Email</b>
Harold Cooney	CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT	571-309-7598	<a href="mailto:harold.e.cooney.civ@mail.mil">harold.e.cooney.civ@mail.mil</a>
Kevin Bruch	GA, NC, SC, VA	571-309-8443	<a href="mailto:mark.k.bruch.civ@mail.mil">mark.k.bruch.civ@mail.mil</a>
Eric Sherman	AL, FL, KY, MS, TN	571-309-7589	<a href="mailto:eric.s.sherman2.civ@mail.mil">eric.s.sherman2.civ@mail.mil</a>
Martin Dempsey	CO, IA, KS, MN, MO, NE	703-380-6625	<a href="mailto:martin.l.dempsey.civ@mail.mil">martin.l.dempsey.civ@mail.mil</a>
James Rickel	IL, IN, MI, ND, OH, SD, WI, WV	571-239-9895	<a href="mailto:james.d.rickel.civ@mail.mil">james.d.rickel.civ@mail.mil</a>
Dale Vande Hey	AR, LA, NM, OK, TX	571-236-7833	<a href="mailto:dale.m.vandehey.civ@mail.mil">dale.m.vandehey.civ@mail.mil</a>
Laurie Crehan	AZ, CA, HI, NV, UT	703-380-6538	<a href="mailto:laura.j.crehan.civ@mail.mil">laura.j.crehan.civ@mail.mil</a>
Mark San Souci	AK, ID, MT, OR, WA, WY	571-309-4622	<a href="mailto:mark.b.sansouci.civ@mail.mil">mark.b.sansouci.civ@mail.mil</a>

Staff point of contact: Marcus Beauregard, 571-236-2893,  
[marcus.j.beauregard.civ@mail.mil](mailto:marcus.j.beauregard.civ@mail.mil)  
[www.USA4MilitaryFamilies.dod.mil](http://www.USA4MilitaryFamilies.dod.mil)





## Key Personnel and Readiness Issues Supporting Service Members and Families 2017

**State policy to support identification and reporting of child abuse and neglect:** State laws do not require child protective services to identify military families in cases of child abuse and neglect, or to report cases to the appropriate military authorities. Changes in state law can support both local government and the Military Services concurrently assisting in child abuse or neglect cases involving military families.

**National Guard employment protections during state-sponsored activation:** State laws that cover Guard members during state-sponsored mobilizations impact employers within the state. States can modify their laws to protect rights of members of the National Guard during state-sponsored mobilizations who drill outside of the state in which they are employed.

**Allow Service members to retain their earned priority for receiving Medicaid home and community care waivers:** Because states frequently have long waiting lists, Service members face large gaps in service every time they transfer across state lines. Allowing Service members to enroll their exceptional family member in the State they designate as their legal residence (e.g. where they pay taxes, vote) can stabilize their request for support.

**Allow private sector employers to offer hiring preference to veterans:** Private sector employers attempting to offer hiring preferences to veterans may be risking claims of discrimination from applicants lacking military experience. States may establish laws or policies that protect private sector employers from discrimination claims when offering hiring preference to veterans.

**Facilitate military spouse teacher certification:** Military spouse teachers often encounter difficulty acquiring licensure in a state after a move. Providing flexibility in states accepting an existing standard certificate, establishing a temporary certificate, or expediting application and adjudication processes may alleviate the delays in garnering certification to teach in that particular state.

**Facilitate Service members receiving academic credit for military education, training and experience:** Separating Service members may be held back from finishing a degree. States can assist separating Service members to obtain academic credit by not having to repeat requirements completed while in the military.

**Licensing Compacts recognizing separating Service members and military spouses:** The Emergency Medical Services (EMT) and Physical Therapy (PT) licensing compacts both feature specific provisions supporting separating Service members and military spouses and are currently being considered by states. Having states enact laws approving these compacts further expedites licensure in these occupations for separating Service members and military spouses.

**Increase protection under state Service members Civilian Relief Act:** Many Service members find difficulty terminating or suspending certain service contracts when transitioning from one duty location to another, when mobilized or when deployed. Certain provisions could be enacted eliminating or reducing the penalties associated with termination of service on short notice.

**Facilitate military representation on certain state boards and councils:** Governors have boards and councils to provide policy and budget recommendations on issues important to health and productivity of communities. Military representatives on these boards/councils may provide insight on the military community's needs, priorities and available resources, which may help boards/councils to better accommodate military members and families into their agenda.

**Pro-bono legal representation for military families:** Military families have access to legal assistance attorneys for advice and help with important documents, but they must generally obtain their own counsel to represent them in court. State governments can assist by organizing pro-bono programs that can connect qualified attorneys with Service members and their families in need.





## ALLOW SERVICE MEMBERS TO RETAIN THEIR EARNED PRIORITY FOR RECEIVING MEDICAID HOME AND COMMUNITY BASED SERVICES WAIVERS

*States can alleviate barriers experienced by military families who lose access to valuable medical benefits as a result of transitioning out of the Service.*

**KEY MESSAGE:** State Medicaid eligibility requirements, and lengthy waiting lists, can hinder military families from obtaining supplemental support for members with special needs during critical transition periods. States can assist military families by facilitating their ability to earn the same priorities afforded to every eligible state resident.



**DISCUSSION POINTS:** States can assist separating Service members and their families by recognizing that the mobile military lifestyle hinders reasonable participation in state Medicaid options and waiver programs.

- By states extending active duty Service members' use of their state of legal residence (i.e. where they pay taxes, vote, register their vehicles, hold a driver's license, etc.), they can register their family member with special needs for a Medicaid waiver.
  - Enrollment for waivers in their resident state would allow the family member to progress along with other state citizens until he or she becomes eligible to receive benefits.
  - Eligibility status is retained as long as the Service member maintains the state as his/her legal resident and returns to the state after military separation.<sup>1</sup> The family member either receives credit for time on the list or begins receiving benefits when the family returns home.
- As an alternative, states may consider modifying one of their existing waiver categories (such as individuals with critical need), to include military families transitioning out of the military, in order to expedite services through Home and Community Based Services.
  - This option may also facilitate expediting services to family members with special needs during an assignment where a family member may have lost services provided by the previous state as a result of receiving a government-directed relocation.

The Department of Defense established the TRICARE ECHO program to provide \$36,000 of additional coverage for active duty sponsored family members with condition-specific needs; however, they lose ECHO support upon separation/retirement of the sponsor from the military. Additionally, when families transition out of the military, they generally have to start the entire Medicaid application process in the state in which they settle, resulting in long waiting periods without services. Consequently, families incur significant debt while paying for a family member's care.

<sup>1</sup> Joint Federal Travel Regulation paragraph Ch5 Part A-U5012-I extends the final travel benefits up to six years from effective date of sepa



# DoD progress working with States

2/2/2017

## Highlights of the Week:

- Currently 45 states have convened.
- Significant interest in the physical therapy compact and child abuse and neglect identification and reporting.
- Expect further input from the states.
- Program appears to be on track for the first week of February.

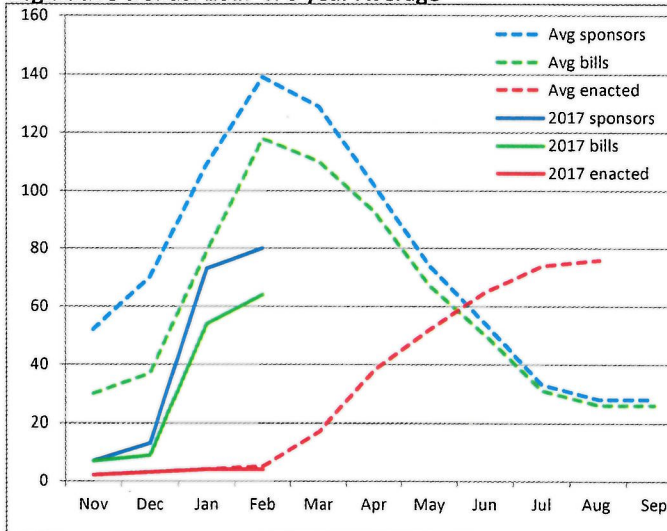
## State status:

	Academic credit	License Compact	Teach Licensing	Councils	Medicaid waiver	Priv sec vet hire	NG emp protect	SCRA Enhance	Pro Bono legal	Child abuse
ALABAMA										
ALASKA						P	P			
ARIZONA	P									
ARKANSAS										P
CALIFORNIA			P							P
COLORADO	P	P								P
CONNECTICUT										
DC										
DELAWARE										
FLORIDA										
GEORGIA										
HAWAII										
IDAHO										
ILLINOIS	P									
INDIANA		P	P							
IOWA										
KANSAS										
KENTUCKY										
LOUISIANA										
MAINE										
MARYLAND										
MASSACHUSETTS										
MICHIGAN										
MINNESOTA										
MISSISSIPPI		P								P
MISSOURI	P		P				P			
MONTANA		P	P							
NEBRASKA			P							
NEVADA										
NEW HAMPSHIRE		P								
NEW JERSEY	P	P						P		
NEW MEXICO								P		
NEW YORK	P					X	P			
NORTH CAROLINA			P							
NORTH DAKOTA		P								
OHIO								X		
OKLAHOMA		P								
OREGON										P
PENNSYLVANIA			X				X			
RHODE ISLAND										
SOUTH CAROLINA										
SOUTH DAKOTA										
TENNESSEE							P			
TEXAS										
UTAH										
VERMONT							P			
VIRGINIA								P		P
WASHINGTON		P						P	P	
WEST VIRGINIA										
WISCONSIN										
WYOMING							P			P

## Status by issue:

Issue	States w/ Policy	Sponsors		Active Bills		Passed Both	Governor Signed
		Total	States	Total	States		
Academic credit	34	8	6	8	6	0	0
License Compacts	4	13	9	11	9	0	0
Teacher License	7	8	7	7	6	0	1
Councils and Boards	0	0	0	0	0	0	0
Medicaid	29	2	2	2	2	0	1
Vet Hire Protection	36	6	5	5	4	0	1
NG Emp Protection	29	5	4	3	3	0	1
SCRA enhancements	3	7	5	5	3	0	0
Pro Bono Legal	5	5	4	2	1	0	0
Child Advocacy	8	12	11	8	7	0	0
Other*		14	12	13	11	0	0
<b>TOTALS</b>		<b>80</b>		<b>64</b>	<b>52</b>	<b>0</b>	<b>4</b>
Aggregate States			32		28	0	3

## Legislative trends: 2017 v. 6 year Average



## Legend:

- Other\* = Previously considered issues active during current year
- P = Proposed legislation
- X = Current year enacted legislation/set policy
- █ = State previously enacted legislation/set policy
- = State not in session

# Proposed New Pediatric Tasking

## Examining Domestic and Child Abuse

### Issue Statement:

- The Military Health System recognizes the importance of providing care and support to prevent, detect, assess, and treat abusive behavior and the resulting injuries that occur in military families.
- While many beneficial DoD programs exist to support military families coping with abuse, real or perceived stigma can thwart efforts to seek mental health and relationship counseling, as well as report incidents of abuse.
- This stigma, coupled with a slight upward trend in the rates of child abuse and neglect incidents per 1,000 military children from FY2009 – FY2014 (58% of the incidents are child neglect), indicates that there is a need to review the existing policies and practices in place surrounding abuse.
- A comprehensive literature review conducted by the University of Minnesota found no direct correlation or indication between deployments and increased incidence of child abuse and neglect.