



# Things to Think About!

## Special Needs Family Readiness for National Guard and Reserve Part II: Military Special Needs Programs

By Linda Jorgensen

**\*Author/Editor's Note:** To say that I have had a little experience with the military medical system would be a gross understatement. Over the last 31 years I've been the Service Member, Military Medical Service Provider working in various medical facilities and environments, the Sponsor, the Dependent and the Sponsor/Dependent parent with a Special Needs Child required to utilize Base care facilities and the TriCare Military Health Plan. At the same time I've spent 27 years working as a nurse and receiving services in the civilian medical system in my state. The following information is my personal opinion, based on my own experiences, regarding the military medical system and Special Needs individuals. All views are strictly from my own personal experiences with these programs.

### EFMP (Exceptional Family Member Program)

There seems to be a good deal of confusion in many National Guard and Reserve units regarding the military's Exceptional Family Member Program (EFMP) provided to Active Duty military families. This program is designed for use by Active Duty Personnel with very little attention given to National Guard and Reserve component dependents as outlined below:

*...The EFMP is a mandatory enrollment program for Active Duty Soldiers and their families, based on carefully defined rules. EFMP works with other military and civilian agencies to provide comprehensive and coordinated medical, educational, housing, community support and personnel services to Soldiers with special needs dependents. EFMP enrollment works to ensure that needed services are available at the receiving command before duty assignments are made. The EFMP operates I.A.W. AR 608-75 and applies to Active Duty and National Guard personnel serving under authority of Title 10 and Title 32, United States Code.*

*Mobilized and deployed National Guard/Reserve Soldiers are NOT ELIGIBLE for enrollment in EFMP. (Paraphrased using Army Regulation text. All branches of*

*service fall under the same requirements. See AR 608-75 for full text)*

Our family has fallen under the Title 10 EFMP requirement and been "enrolled" in the EFMP program 5 times over the last 12 years. EFMP enrollment took months and is a ponderous process to be repeated, by regulation, every time we were issued orders under Title 10. Why, I can't tell you. The application process often took so long an eligibility determination quite often came within days of the expiration of our Title 10 orders. No small feat as our orders often extended past 365 days.

The EFMP enrollment process was, and continues to be, a huge waste of this National Guard member/spouses time. I often had to work hard at keeping our civilian services as the Military EFMP "should" supersede several of the civilian programs our child is enrolled in. Our civilian services were often jeopardized due to lack of communication and clarification from the military authority to civilian program administrators regarding services they would never actually be providing. We were simply jumping through hoops as required by regulation. Enrollment in an EFMP program meant for long term Active Duty military members can cause National Guard and Reserve families to **LOOSE SERVICES IN THE CIVILIAN COMMUNITY WHILE WAITING FOR ENROLLMENT**. We are, and continue to be, a stationary National Guard/ Reserve family. There is no need for a reassignment evaluation when the National Guard/Reserve member will not be moving. We receive all our services through the civilian community and will continue to do so as these services are NOT available on active duty military bases. We never received benefits or services through an EFMP program. Our orders most often expired before we were accepted on the program.

### EFMP and the TriCare Extended Health Care Option (ECHO)

TriCare ECHO is a supplemental program designed to provide access to benefits and services not otherwise available through TriCare. It is designed to provide financial assistance to beneficiaries who qualify, based on specific mental and/or physical disabilities. Current program limits for the cost of certain ECHO benefits combined is currently \$36,000.00 per fiscal year.

National Guard/Reserve members are eligible for the ECHO program with activation orders longer than 30 days and proof of medical necessity. There is no formal ECHO application. The forms used to enroll in the EFMP (DD2792 or 2792-1) for each branch of service serve that purpose. As the EFMP process is lengthy, this can draw out enrollment in the ECHO program which means the individual does not have coverage in the interim.

### **Program Impact**

The ECHO idea is a good one, as far as it goes, but is limited in scope and the services that we could actually use. I spent a great deal of time doing paperwork (LOTS of paperwork) and on the phone with out-of-state case managers who were unfamiliar with our community and uneducated regarding the programs available to us locally. Enrollment in the program actually slowed down the process of receiving needed medical goods and services. The exception being needed home health care. Any other services or goods we needed were impossible to receive while on the ECHO program. Once it became obvious I was spending a great deal of time for a single benefit covered by other available programs we formally opted out of ECHO and sped up the approval process for durable medical goods such as wheelchairs, walkers, leg braces and therapies for our daughter considerably.

Case in point, my daughter spent 20 months waiting for a wheelchair authorization/denial through the military's EFMP and TriCare ECHO programs. Once the final denial was issued we were able to submit the same request to our state Medicaid office. Two weeks later a letter of approval was received and a STAT order for the much needed equipment was made through our local equipment supply company. She had her much needed wheelchair in less than 60 days.

Once we opted out of the TriCare Echo program completely we were able to use our state Medicaid Waiver program as secondary insurance for our daughter within the civilian medical system in our community. We were able to preserve continuity of care while still receiving much needed goods and services in a more timely and efficient manner through companies and facilities we use when not on orders. Active Duty military members generally fair better enrolling in TriCare Prime and ECHO than do Reserve and National Guard members under Title 10 regulations.

### **TriCare and Continuity of Care**

TriCare policies and benefits are governed by public law. Basically, all changes made to the program must pass through the House and the Senate then signed into law either as a bill in their own right or as an attachment to another

law. Changes to TriCare programs are continuous and new benefits are often added or existing policies changed as new laws are passed at the Federal level. Keeping up with these changes can be a daunting task.

Many special needs children are unable to tolerate disruptions in their medical care. National Guard and Reserve families receiving TriCare benefits are often expected to move their medical care to the nearest military medical facility. Active Duty families are expected to receive all medical services on Base/Post unless otherwise referred out. Military medical facilities are tasked primarily with providing force preservation medical care while providing dependent medical care as a secondary tasking. The fighting force comes first.

Military medical staffs are a transient population moving from a wide variety of military facilities and duties, training courses (TDY), deployments, permanent changes in station (PCS) etc. which makes it difficult to maintain a continuum of care by staff who are knowledgeable in both the physical condition and the individual themselves. The year my daughter was assigned a PCM who specialized in proctology was the year we moved all our medical services off post. The doctor was great but he was clueless as to what to do about our daughter's orthopedic and neurologic needs, among others. He tried hard but we needed her regular pediatric specialists without the "middleman" required by TriCare Prime.

As a family we received more timely and appropriate medical coverage by moving the entire family from the TriCare Prime program on our local base to the TriCare Standard program which enabled us to continue medical care in the civilian community without pause. Using TriCare Standard allowed us the freedom to do that with much less hassle and paperwork.

It is my opinion that the United States Military Medical Care System, tasked with providing force preservation medical care while providing dependent medical care, is incapable of fully providing appropriate and timely medical services and supports for military special needs dependents. Allowing special needs individuals to quickly move into civilian programs that will more closely meet their medical needs is a much better option for everyone.

If there is anything that is not discussed in our newsletters and you would like to see it discussed, or you would like to be added to our newsletter mailing list, please contact us at [snrproject@hotmail.com](mailto:snrproject@hotmail.com)