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EXCEPTIONAL FAMILY MEMBER PROGRAM—ARE THE MILITARY SERVICES REALLY TAKING CARE OF FAMILY MEMBERS?

HEARING

BEFORE THE

SUBCOMMITTEE ON MILITARY PERSONNEL

OF THE

COMMITTEE ON ARMED SERVICES
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EXCEPTIONAL FAMILY MEMBER PROGRAM— ARE THE MILITARY SERVICES REALLY TAKING CARE OF FAMILY MEMBERS?

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ARMED SERVICES,
SUBCOMMITTEE ON MILITARY PERSONNEL,
Washington, DC, Wednesday, February 5, 2020.

The subcommittee met, pursuant to call, at 2:00 p.m., in room 2212, Rayburn House Office Building, Hon. Jackie Speier (chairwoman of the subcommittee) presiding.

OPENING STATEMENT OF HON. JACKIE SPEIER, A REPRESENTATIVE FROM CALIFORNIA, CHAIRWOMAN, SUBCOMMITTEE ON MILITARY PERSONNEL

Ms. SPEIER. Good afternoon, everyone. I am Jackie Speier. I chair the Military Personnel Subcommittee. We are here very interested in hearing from all of you.

We have an overflow crowd on the outside, and we are going to try and accommodate them at another committee room, so they can at least hear what is going on in here. By virtue of you all being here, you underscore the fact that we have an issue that has not gone addressed appropriately, and you have our attention.

In reading the statements of a number of you who are going to testify, I was particularly struck by one of the service members who said, "As service members, I was willing to give up my life for my country, but families can't be afterthoughts in this process." And I think that says very powerfully what many of you are probably thinking, that somehow the families are being taken for granted and not being provided the services that they both deserve and are required to have by law.

We are here today to address longstanding issues impacting military families. Throughout my time on this subcommittee, and especially since becoming chair, I have heard alarming complaints from families and advocates about the efficiency and efficacy of the EFMP [Exceptional Family Member Program]. The Department and services have been far too slow to respond, treating this as some sort of niche issue, when it has significant readiness and retention impacts.

The fact is, parents focused on finding appropriate care for their kids will be less focused on their jobs. If we make them choose between their families and jobs, they will choose their families, as they should. And I don't want to hear that this problem is new or novel. Major documented issues in EFMP go back years, if not decades.

I am deeply skeptical that the program has improved over time. The services violate both law and DOD [Department of Defense] policy when they fail to ensure family members receive the medical and administrative support required under EFMP. Recent public reporting showed that families have a hard time navigating the program, that information in the system is inaccurate, and matches aren't consistently made.

A 2018 GAO [U.S. Government Accountability Office] report showed that a lack of common performance metrics makes it impossible for the military to properly verify these claims by assessing coordination and family support. The news reports and letters I have seen on this issue are confirmed by recent firsthand experiences shared with me and Ranking Member Kelly.

Several months ago, we traveled to installations in the Pacific Northwest where we repeatedly heard about similar struggles that family members have with the program. The program is supposed to ensure that proper medical services are available for enrolled family members before they are assigned to a new duty station. [Yet] we heard over and over that when families arrive, the proper services were not available.

I can only imagine the nightmare of completing a cross-country move, starting a new job, and then having to struggle to get your kids the support they need. This could, in part, be because requirements or provider availability haven't been verified. That is no excuse and undermines the priorities that we ostensibly give to these programs.

We also heard stories of families having to fight their own legal battles with State and local school districts for services that schools are legally required to provide with no legal support from military services. Families should not have to advocate for themselves if the law is on their side.

And when this subcommittee convened to hear about the challenges facing enlisted spouses, we heard repeatedly that not only are services insufficient, but that some eligible families don't even sign up for EFMP because the stigma is considered a career killer.

That is unacceptable. We are always going to have situations where kids and families need a little extra support. That reputation should be four-alarm fire warning for program implementers.

These are just three of the common concerns we have heard. Without changes to the oversight and policies from DOD and the services, I worry these types of issues and many others will continue to plague our service members and their families. We owe them more.

Today we will be joined by two panels. The first will consist of representatives from military family organizations that advocate for families on these issues, as well as two parents who have struggled through the system and also advocate for other families.

On the second panel we will have DOD and military service officials responsible for the oversight and implementation of policies, as well as GAO to discuss their report.

What I would like to hear from the witnesses today are solutions to the problems, some of which may have been identified by GAO, but have been slow to be implemented. Others may be novel, that we have never heard of before.

I would like to discuss what else we can do collaboratively to improve and raise the program to the world-class level it needs to get to. I would also like to know what the services do to educate and promote the program and how the services combat any associated stigma.

Before I introduce our first panel, I would like to offer Ranking Member Kelly an opportunity to make his opening remarks.

[The prepared statement of Ms. Speier can be found in the Appendix on page 41.]

STATEMENT OF HON. TRENT KELLY, A REPRESENTATIVE FROM MISSISSIPPI, RANKING MEMBER, SUBCOMMITTEE ON MILITARY PERSONNEL

Mr. KELLY. Thank you, Chairwoman Speier. First of all, I want to say people, more specifically and families, are our most precious commodity. And as a warrior who has gone down range, our warriors and their families are here to fight and win our Nation's wars. Warriors can't do that if things aren't properly taken care of at home. They can't focus. They can't do the things that are necessary if they can't be 100 percent sure that their families are being taken care of at home.

They can only focus on their mission if they know everything home is well, and today I think our EFMP, Exceptional Family Member Program, is not making sure that our warriors have that peace of mind. It is important that they have that peace of mind.

There are many things that we can do, and I am looking for hearing solutions. But I thank each of the witnesses here for being here today. I thank you for telling your stories, but I want to hear real solutions, and I want to hear how to get it right and to get it right now.

Our families are too important to have a solution that is in the future. We have to start making positive strides immediately.

Let me start by saying our military families are a vital component, maybe the most important component to overall readiness to the Armed Forces. Our military families endure deployments, training cycles, frequent moves, and many new beginnings. Our military families are challenged in so many ways, yet time and again they find a way to succeed and try to make the best out of any situation. My hat is off to all of you. Thank you.

Now let's think about the other side of the equation. If our service members are deployed and away for training, they will not be fully effective if they worry about what is going on back home. When a service member knows their family is taken care of, they are more ready to focus on the mission at hand. EFMP is about readiness.

When we think about EFMP, it's important to understand the scope of those impacted. At last count, there are over 103,000 sponsors and over 139,000 family members across DOD that are in EFMP. That means roughly 8 percent of the military and 9 percent of the family members are enrolled in EFMP.

The Exceptional Family Member Program is charged with taking care of those military family members with special needs. The program was established to ease the burden of finding specialized healthcare providers, school systems with dedicated support serv-

ices, and community support assistance. It is also supported to assist service members in the assignment coordination process. We know what the program should be doing, but is it carrying out its mandate?

This past October, Chairwoman Speier and I hosted a roundtable discussion with enlisted spouses on financial literacy and military family support programs. The discussion quickly evolved and became consumed with challenges surrounding the Exceptional Family Member Program.

I think some of you on Panel 2 were here for that discussion. We heard repeatedly about issues with the assignment process, access to medical services, and a perception by a few that enrollment in EFMP would be a career killer.

We wanted to understand this at an installation level, so in November, Chairwoman Speier and I traveled to Joint Base Lewis-McChord and had several meetings with spouses and service members. And every one of those meetings we again heard about challenges with EFMP.

One of the comments that stuck with me came from a spouse that said, "Why would they move our family from a duty station where we had the established health care, education, and family services that we needed to a duty station where we were challenged to find any of these things?" It is a good question.

As I prepared for this hearing, and read some of my witness statements, I scratched my head even more. Some of these issues have been around for a long, long time, and things don't seem to be changing. I am looking forward to hearing the perspectives of EFMP from Panel 1. Then I want to understand from Panel 2 how DOD and the services are addressing these EFMP issues and the roadmap forward.

Once again, I want to thank our witnesses for their dedication to our military families, and our chairwoman for having a hearing on this important topic.

Thank you, Chairwoman.

Ms. SPEIER. Thank you, Ranking Member Kelly.

Each witness will have the opportunity to present his or her testimony, and each member will have an opportunity to question the witnesses for 5 minutes. We respectfully ask the witnesses to summarize their testimony in 5 minutes or less. Your written comments and statements will be made part of the hearing record.

I ask unanimous consent to accept the following submitted additional written testimony from the Military Special Needs Network, the National Council on Disabilities' Executive Summary of the United States Marine Corps Exceptional Family Members, and TRICARE for Kids Coalition, into the record.

Mr. KELLY. Without objection.

Ms. SPEIER. Without objection, so ordered.

[The information referred to can be found in the Appendix beginning on page 213.]

Ms. SPEIER. Let's welcome our first panel. First, Ms. Kelly Hruska, Government Relations Director for the National Military Family Association; Ms. Karen Ruedisueli, Director of Health Affairs for Military Officers Association of America; Dr. Becky Porter, President and CEO [Chief Executive Officer] of Military Child Edu-

cation Coalition; Michelle Norman, Navy spouse, 2019 Armed Forces Insurance Navy Spouse of the Year, co-founder of Parents for FAPE [Free Appropriate Public Education]; Austin Carrigg, Army spouse and special needs advocate.

We welcome you all here today.

All right. Please begin.

STATEMENT OF KELLY HRUSKA, GOVERNMENT RELATIONS DIRECTOR, NATIONAL MILITARY FAMILY ASSOCIATION

Ms. HRUSKA. Madam Chairwoman, Ranking Member Kelly, and members of the subcommittee, thank you for the opportunity to present testimony concerning the Exceptional Family Member Program. We appreciate your recognition of the service and sacrifice of military families, as well as the unique challenges facing families who have a child or other family member with special needs. Your response through legislation to the ever-changing need for support has resulted in programs and policies that have helped sustain these families through difficult times.

Military families complain EFMP assignment coordination is not thorough. Some say they are sent to areas with insufficient medical or educational assets to meet their needs. In other cases, providers exist, but long wait lists preclude access.

This seemed to be a problem for families with children in the autism spectrum at Joint Base Lewis-McChord [JBLM]. Many families being sent to JBLM report long wait lists for therapies, even with the opening of the Center for Autism Resources, Education, and Services. We ask Congress to require DOD to develop and publish performance metrics to evaluate assignment coordination effectiveness, to include evaluation of capacity of the available medical services and therapies, and not just a yes/no availability.

Our association believes there needs to be more transparency in the assignment coordination process. Assignment coordinators need to provide more explanation to service members when they are not screened for an assignment. It is not uncommon to hear from families that they did not screen for an overseas assignment, but they know someone else with a similar diagnoses in their desired location.

There are many reasons why families could be denied. Possibly that healthcare specialty is at capacity or a provider has just recently transferred from the duty station. Without a proper explanation, the family makes assumptions and then present those assumptions as fact.

Service members also need to be more transparent in the assignment coordination process. A recent report on the well-being of military families noted families enrolled in the EFMP express concerns regarding stigma surrounding special needs family members and military career advancement.

Some family members don't enroll their family members in EFMP, even though enrollment is mandatory for Active Duty service members with a family member with special needs, because they are concerned it will hurt their career progression.

Some service members have moved their families overseas without command sponsorship because they were told there wasn't adequate medical or educational services in their gaining location.

While service members may not be able to have it all, open communication may allow them to have a long and satisfying military career while their family has access to the proper educational and medical supports and resources along the way.

A 2018 GAO report on EFMP indicates each service uses various mechanisms to monitor how service members are assigned to installations, but the report contains no details on how the individual services are monitoring assignment coordination effectiveness.

We agree with GAO's recommendations that the Office of Special Needs [OSN] develop performance metrics for assignment coordination. Specifically, OSN should develop common assignment coordination performance metrics across the services. Metrics should include measures of military family satisfaction with the assignment coordination process focused on the ability to obtain necessary medical care at the gaining installation.

Metrics should track compassionate reassignments, off-schedule PCS [permanent change of station] moves due to inadequate medical resources at the gaining installation, for EFMP families approved for that location. Compassionate reassignments of this nature indicate system failure and should be monitored to identify and address process breakdowns.

Metrics should be reported on the installation level to provide actionable information. While our association and military families may be frustrated with the slow pace of process and service improvement, it is important to note that DOD and the services offer many services and supports to help our special needs families successfully navigate military life.

We appreciate the help Congress has provided over the years and look forward to continuing to work together to ensure the system works for everyone.

[The prepared statement of Ms. Hruska can be found in the Appendix on page 43.]

STATEMENT OF KAREN RUEDISUELI, DIRECTOR, HEALTH AFFAIRS, MILITARY OFFICERS ASSOCIATION OF AMERICA

Ms. RUEDISUELI. Chairwoman Speier, Ranking Member Kelly, and members of the subcommittee, thank you for hosting this hearing on the Exceptional Family Member Program and inviting me to speak on behalf of the Military Officers Association of America and the families we serve.

We appreciate this opportunity to speak about EFMP with a focus on access to medical care. The EFMP is an important tool for ensuring military families are not sent to locations that lack necessary medical and educational services for their special needs family members.

This topic is especially important given recent study findings by the Children's Hospital of Philadelphia PolicyLab that indicate military kids are 40 percent more likely than civilian kids to have at least one special healthcare need. PolicyLab's research also found that military families reported worse healthcare access and lower quality care than their civilian counterparts.

Surely some of this is due to challenges all military families face with reestablishing care after repeated PCS moves. However, we also know there are numerous issues with the military health sys-

tem and EFMP that must be addressed to narrow these gaps in access and quality of care.

Some EFMP families report that the medical screening process does not always work as intended, and families are sometimes approved for areas that may have providers but not appointments, or at least not without a long wait list. EFMP medical screening must not only identify providers at the gaining location, but also better determine actual appointment availability.

While critical, improved medical screening alone won't address gaps in care. Current TRICARE Prime policy requires families to PCS before they can transfer their TRICARE enrollment, schedule an appointment with the new primary care manager [PCM], get specialty care referrals from the PCM, and then wait for those referrals to be processed. Only then can families contact specialty providers at their new location to make appointments.

This means some EFMP families report a 1- to 2-month gap in care before they even get on specialist wait lists. This process could be streamlined and disruptions in care minimized by allowing families to get specialty care referrals for the gaining location before they PCS.

Although not part of EFMP, another important program for military special needs families is the TRICARE Extended Care Health Option, or ECHO. Congress established ECHO as a substitute for state Medicaid waiver services that often have wait lists and are unavailable to mobile military families who never reach the top of the list before they move on.

The current ECHO respite level of 16 hours per month disadvantages military families relative to Medicaid waiver recipients who get on average 58 respite hours per month. We urge DOD and Congress to increase ECHO respite to bring it on par with Medicaid.

EFMP families face many challenges in navigating military life while also caring for their special needs family members. We appreciate that Congress and DOD established EFMP to ensure families can access needed medical care, but it is falling short of serving families as intended.

With the PolicyLab study, we now have evidence that military families, and particularly those with special needs, face greater problems with access and quality of care than their civilian counterparts. These problems must be addressed to ensure military health care is an unmitigated benefit, not another sacrifice to add to the many that service members and their families already make in support of our Nation.

We appreciate the subcommittee's attention to these issues and look forward to answering your questions.

[The prepared statement of Ms. Ruedisueli can be found in the Appendix on page 59.]

Ms. SPEIER. Thank you.

Ms. Norman.

STATEMENT OF BECKY PORTER, PRESIDENT AND CEO, MILITARY CHILD EDUCATION COALITION

Dr. PORTER. Chairwoman Speier, Ranking Member Kelly, and members of the Military Personnel Subcommittee, thank you for the invitation to be here today.

The Military Child Education Coalition is a globally recognized nonprofit that works to ensure inclusive, quality educational opportunities for all military-connected children affected by mobility, transitions, deployments, and family separation.

Given our mission, we are not infrequently contacted by family members who have concerns or questions about their children's education. In recent months, it has come to our attention that an apparently growing number of military-connected parents of children with special needs feel that the basic education needs of their children are not being adequately or appropriately addressed by the schools they attend.

Moreover, their efforts to garner assistance through the Exceptional Family Member Program or the military installation's school liaison officers are largely ineffective. Several families reported to us that the EFMP is broken, clearing them for assignment to locations where nearby schools do not have the resources to meet their children's educational needs. According to their reports, many families undergo undue emotional and financial stress as a result.

A theme for many EFMP families is that they have to repeatedly fight for basic special education services. What is especially difficult for these families is the fact that even if they are able to eventually get some modicum of appropriate support for their children with special needs, it might be just as the service member receives orders to move, and the process starts all over again in a new State, with a new school district, and new special education processes and resources.

The interruption in services and instruction and the prolonged period to reestablish an appropriate individualized education plan take precious time during which children with special needs may regress and ultimately require even more support.

This paradigm, compounded over multiple PCS cycles, adds up to years of lost learning and development. Some families are deciding to remain at a location where they have established qualified individualized services while the service member PCSs to the new duty station.

This decision puts additional stress on the family—much as separation from a deployment would—and forces the spouse to manage all of the requisite meetings and appointments, not to mention the needs of the other children in the family, without the benefit of the service member being present to assist.

Other families are deciding to school their children at home where they feel they can more adequately control their children's individual instruction, medical appointments, and academic schedule. The spouses in these families take on an incredible burden when they feel the service member has been assigned to a location that clearly cannot meet their needs, and not all spouses have the necessary skill set, education, or financial means to accomplish home schooling responsibly.

While we have heard from some families that there are installations where EFMP works well, and school systems work proactively to meet the needs of their children, we have heard far more reports of varying standards and poor execution of the EFMP. School liaison officers are often not trained or lack the time to adequately as-

sist in accessing the necessary services for children with special education needs.

As a coalition, we want to partner on a collaborative solution. We think that solution should include all of the stakeholders. Among the other recommendations in our written testimony, we suggest a coordination that seems to be a major issue. We recommend a person at each installation be identified with the sole mission of providing liaison among the school liaison officers and EFMP coordinators, not a handout and not a website, but a hands-on solution.

I would like to thank the members of the subcommittee for your interest in this very important issue, and I look forward to your questions.

[The prepared statement of Dr. Porter can be found in the Appendix on page 88.]

Ms. SPEIER. Thank you, Dr. Porter.

Ms. Norman.

STATEMENT OF MICHELLE NORMAN, ADVOCATE FOR SPECIAL NEEDS FAMILY MEMBERS

Ms. NORMAN. Madam Chairwoman, Ranking Member Kelly, and distinguished members of the subcommittee, thank you for the opportunity to discuss EFMP and special education challenges our military families face.

I am a proud Navy spouse of 25 years. My husband Cassidy currently commands the forward-deployed USS *Mount Whitney*. We have moved 10 times and have spent over 3 years geographically separated.

Our children and I were not able to move overseas with him due to our EFMP status. In 2003, our lives changed drastically when my daughter Marissa was born prematurely at 27 weeks weighing 2 pounds, 3 ounces. She lived in the NICU [neonatal intensive care unit] for 8 months and has 21 diagnosed disabilities. Providing opportunities for Marissa, including those required by Federal law, has taken an incredible toll on us, both emotionally and financially.

In 2014, Marissa entered Virginia Beach City Public Schools with an Individualized Education Program, known as an IEP. In the first 30 days, goals and services were removed. The school continued this pattern of minimizing Marissa's disabilities and telling us that everything was fine. Our concerns were discounted. This is common for many EFMP families, to be gaslighted.

When we pushed back, meetings became hostile, not collaborative, and, worse, the school district was not allowing her access to the education as outlined in her IEP. Imagine how hard this was for Marissa. She regressed socially and academically, failing all benchmark testing.

To make matters worse, Cassidy was out of State for 22 months. Meanwhile, school officials kept asking when we would receive military orders, following the same pattern of school districts waiting us out that military families all across the U.S. had experienced.

Stressed and exhausted, I called the EFMP case manager. She told me that they could not advocate for families. Similarly, the parent liaison couldn't help, the SLO [School Liaison Officer] couldn't help, the VDOE [Virginia Department of Education]

couldn't help, and the JAG [Judge Advocate General] couldn't help. Only the Marine Corps has attorneys for their EFMP families.

So this is a problem. When we know a school is breaking the law by not implementing an appropriate IEP, how do we hold a school accountable? Webinars and Military OneSource information do not hold any weight in an IEP meeting. If parents speak out publicly, they and their children suffer from reprisal from the school district.

We knew we needed to try to do the right thing, not just for us but for others who do not have a voice. We borrowed money, hired a special education attorney, and placed Marissa in a private school—a decision that improved her life significantly, even though she had to repeat fifth grade.

We won our first due process hearing in 2016. We won an appeal to the Fourth Circuit Court in 2018, and we won numerous VDOE State complaints in between, yet Virginia Beach refused to comply with the orders from VDOE, a hearing officer, and a Federal district judge. A few days after Christmas last year, right before Cassidy was to leave for a 15-month overseas deployment, Virginia Beach sued my daughter to get her back in public school.

The Individuals with Disabilities Education Act was now being used as a weapon against my family. Marissa has now testified twice. It will literally take her years of therapy for her to heal from the trauma and anxiety the school district created.

But this story is not just about Marissa. It is about the tens of thousands of military families in EFMP. If, after spending over $220,000 in legal expenses out of our own pockets and winning all legal decisions, the school district with deep pockets of taxpayer money continues to violate law with impunity and without penalty, how can an enlisted service member even begin to fight?

Our deployed service members are distracted and worried about their children while their spouses are being forced to fight an unfair fight for education already mandated by law. We are too burdened, too scared of reprisal, too tired, too spent on deployments, and too broke to obtain the resources our children need. That is why we need data and legislation to universally fix EFMP.

Recognizing we need more data on special education, we worked with congressional leaders to insert language in the NDAA [National Defense Authorization Act] 2020 to mandate DOD study those challenges. After presenting at the Congressional Military Families Caucus Summit last October, three military spouses and I designed a special education survey.

The results confirmed that special education is an unspoken challenge for military families, illustrating systemic problems that transcends all ranks and all services for military families at duty stations across the world.

At the request of the military family caucus, we drafted the PROMISE [Protecting the Rights of Military children In Special Education] Act to provide safeguards for military children with special needs, provide accountability and transparency of taxpayer dollars, and support military families forced to pursue due process.

We love our teachers, and we all agree that more funding will help. Yet the survey shows that providing more Impact Aid to EFMP-centric school districts years ago did not help. Ironically,

those schools were among the worst offenders for special education violations. We have to establish accountability and transparency.

In conclusion, access to reliable special education resources affects and touches all citizens in our society, and the lack of access impacts thousands who serve this great country. Military families and children are suffering, which in turn is severely impacting military readiness and retention. With the PROMISE Act, we can fix this. Let's do the right thing and fix it.

Thank you.

[The prepared statement of Ms. Norman can be found in the Appendix on page 96.]

Ms. SPEIER. Thank you.

Ms. Carrigg.

STATEMENT OF AUSTIN CARRIGG, ADVOCATE FOR SPECIAL NEEDS FAMILY MEMBERS

Ms. CARRIGG. I would like to thank Chairman Speier, Ranking Member Kelly, and members of the subcommittee for this opportunity to speak before you about the EFMP program. My husband has been Active Duty for 17 years and is now a first sergeant in the Old Guard.

During his career, we have been through five PCS moves, and my husband has deployed and gone to training away from our family more times than I can count, often while our children were in crisis or in the hospital. It was at my husband's fourth duty station, while on a compassionate reassignment for our son, that we brought our daughter Melanie home. What should have been the most exciting time of our lives turned into a nightmare.

Melanie was born with Down Syndrome and a congenital heart defect that would lead to her hospitalization just 3 days after joining our family. We learned that in order to survive she would need open-heart surgery at 8 weeks old. The process to get her covered by TRICARE would be long and protracted, and to do so we would be forced to drive to the nearest Army Guard base to complete the paperwork, then wait for it to be processed.

The process could not be expedited, and our daughter's surgery could not wait. As we met with the hospital's finance department, they explained that we needed to put down a 10 percent deposit to proceed with surgery, and the deposit was $100,000. Ultimately, the cost of saving my daughter's life was $1 million, and time was not on our side.

Someone suggested we explore Medicaid as an option, and I am thrilled to share with you today that thanks to Medicaid coverage she had a successful open-heart surgery. For any family, this alone would have been the most stressful event of their lives.

However, it was while Melanie was in the hospital recovering that we were told my husband had two options. He could move our family for his upcoming PCS or voluntarily separate from the Army. He begged for alternative, explaining that he deeply valued his military career and most certainly did not want to separate, but that our daughter simply could not be discharged so quickly after surgery.

The response he received is seared in our memories. While sitting at her bedside in cardiac ICU [intensive care unit], he received

a phone call from Army Branch. The room was full of doctors on morning rounds, and my husband was told, "Maybe you can return that one and get a different one once you are there" in regards to our newly adopted daughter.

The conversation happened on speakerphone and the entire room went silent upon hearing those words. This is the moment we realized our family meant nothing to the military. We reached out to the gaining station's EFMP office only to be told there was nothing they could do. All of our children's needed services were available in the local area, and 3 weeks later I was forced to discharge my daughter against doctor's advice because we didn't have the finances to support two households.

Once we arrived, it became clear that although services were available in the area, the wait lists were over a year long for some specialties. Our first stop to the EFMP office was where I begged them for help. I remember explicitly asking, "You said there was care. You know there is a 28-day standard. Where did you find the providers you did to bring our family here?"

The EFMP provider replied, "It is not our job to check or track wait lists. We just look at the TRICARE website to see if a provider is listed and taking new patients."

It took us 2½ years of fighting and 2½ years of heartache and 2½ years of constant stress and 2½ years of delayed and inefficient care for our children before we were able to get out of there.

In 2015, my husband was granted a compassionate reassignment to the metro DC region. Here my family has unequivocally received better medical care than anywhere my husband has ever been stationed in his career, but that means we access care across three States and the District of Columbia.

The move, from an education standpoint, has been flat-out dismal. In the 5 years since we arrived here, we have had to sue the local school district three times on behalf of our sons, and we are currently in the middle of a due process complaint on behalf of our daughter, as well as two Federal complaints because she has been excluded from school for 2 years.

Earlier I mentioned my daughter had surgery covered by Medicaid, but that is not where her need for Medicaid ended. Despite having ECHO, which was supposed to be the military's answer for things not covered by TRICARE—I am sorry. Despite having ECHO, which was supposed to be the military's answer for families like mine needing Medicaid, we still rely heavily on it for things not covered by TRICARE, such as a continuous glucose monitor that alerts us to dangerously low blood sugar levels that can cause long-term neurological damage.

Secretary of Defense Esper recently said, "I understand well the sacrifices our service members and their families make to protect this great country. This is why I am committed to taking care of families and assuring they have the resources they need to thrive."

One thing I know beyond a shadow of a doubt is that your military members living with children on EFMP are far more resilient than those that are not. The skill set to remain calm under constant pressure while juggling life-or-death decisions is a skill we know the military needs and our families practice daily.

I wish I could say that my family is alone in the things that we have experienced and the opportunities that we have lost, but I have spent the last 7 years advocating for families like mine, and I would implore you to read my written testimony about Willow, whose father was stationed at an installation without a required neurosurgeon and has suffered loss of vision in one eye because of it; about the Olson family who is dual military and has been forced to initiate the retirement process and separate their twins to assure appropriate and timely medical care.

I could continue on for hours with the stories of the families I have assisted, the families who the military has failed. Why does the DOD continue to fail on issues like this, whether it is housing where we allow contractors to risk the health and well-being of our families, childcare, health care, or special needs children?

[The prepared statement of Ms. Carrigg can be found in the Appendix on page 120.]

Ms. SPEIER. Thank you all, in particular Ms. Norman and Ms. Carrigg, for those profound and gut-wrenching words.

Now, I don't actually know where we should start. And let me disclose as well that, as a mother of two children, one of my children had an IEP. So I am very familiar with the process. She was diagnosed with auditory processing disorder, ADHD [attention-deficit/hyperactivity disorder], and OCD [obsessive-compulsive disorder].

So while I haven't traveled the same roads that all of you have traveled, I have some experience in knowing what the process is like.

It would seem to me, based on the testimony of our two mothers here, that what we need more than anything are dedicated legal personnel at each base that can provide the legal advice and counsel for families as they try to get the IEP for their children that they deserve. Do you have any comments on that?

Ms. NORMAN. I agree with you, Chairwoman Speier. The Marine Corps does a really good job. They do offer special education attorneys on both coasts, and they offer extensive training to their EFMP case coordinators as well, who are able to attend IEP meetings and work in conjunction with the special education attorneys.

I think that their model exists, and we do not need to reinvent the wheel. We just need all of the other branches to follow their lead.

Ms. SPEIER. Thank you.

Ms. Carrigg, do you have anything that you would like to add?

Ms. CARRIGG. I think it is important to remember that even if we have the attorneys in place, that is a great first step, but schools are not following the law because they know they cannot follow the law and be allowed to get away with it because we are going to be moved. There needs to be something else in place that holds them accountable.

They are getting Impact Aid. There is no reason that aid isn't going towards our children with disabilities. And they are not telling us where it is going. Nobody knows where the money that they are receiving for military children is actually being used in the school districts. There should be accountability.

Ms. SPEIER. I would agree with that.

Dr. Porter, you reference a study that was done that showed that the children of military families were 40 percent more likely to have at least one special healthcare need than the civilian population. Can you expand on that further?

Ms. RUEDISUELI. That was actually me, yes. Last summer, the Children's Hospital of Philadelphia did a research study using a panel database called the Medical Expenditure Panel Survey, I believe, that asks families a variety of questions about their access to care, their health conditions for their children.

It also asks what coverage they get from—you know, where their source of healthcare coverage is. That is how they are able to pull out military families as identified by their TRICARE coverage. And in that survey, it was 40 percent—it was a 40 percent higher rate of special needs among military-connected families versus civilian families or families who did not get their insurance through TRICARE.

We speculate that, you know, there is a lot of challenges to getting medical care when you are moving regularly, and that that contributes to some of that reporting in terms of access challenges. But we are also aware of many issues within EFMP and the military health system that can contribute to access problems, like appointment shortages in the direct care system, the many assignment process issues that we have talked about here today.

Ms. SPEIER. When we were visiting in the Pacific Northwest, what kept coming up were the number of families with children with autism. Have there been any studies that address the incidence of autism? Is it equal to what it is in the civilian population, or is there a higher incidence?

Ms. RUEDISUELI. I am not sure about autism specifically. Behavioral health diagnoses are 35 percent more likely in military families versus civilian families per this research study that was done, and that does include autism as part of the behavioral health diagnoses.

Ms. SPEIER. Can you define what else is in behavioral health?

Ms. RUEDISUELI. Things like ADHD, anxiety, adjustment disorder.

Ms. SPEIER. All right. Thank you.

Dr. Porter, you indicated that in your experience you have seen some EFMP programs that work well. Can you identify any specifically?

Dr. PORTER. Madam Chairwoman, I cannot identify them specifically. The way that they were communicated to us was mostly in the way of a family saying, "We had everything set up finally, and then we had to move." They did note that there were some places where it worked better than others, but they did not specify where they were.

Ms. SPEIER. All right. And, finally, let me just ask about these EFMP coordinators. Are they sufficiently educated in their roles to provide advice, or are they basically just railway conductors sending people from one location to another?

Ms. HRUSKA. Our association has heard a mixed review of EFMP coordinators. There are I think, unfortunately, like many services provided that sometimes the assistance that is provided is only good—as good as the person sitting in the seat. So we have heard

from families that they have received outstanding service from individuals at installations across the country—I want to say Fort Bragg comes to mind—that they have a systems navigator there that we have heard a lot of really positive feedback about.

But then there are others that find that the path of least resistance is it is easier just to say, “Oh, I am sorry, you know, here is a website.” And so there is some inconsistency there.

I think that there are some really dedicated professionals out there that truly want to help families. I think it is just, again, inconsistent.

Ms. SPEIER. All right. My time has expired.

Ranking Member Kelly.

Mr. KELLY. Thank you, Chairwoman Speier. And thank you, witnesses. And thank you for telling us your story, and more importantly telling us what is wrong, so that we can try to figure out what to do to make it better.

The first thing, Chairwoman Speier, is that this—it is shocking to me that we have public school systems that are denying care against Federal law. That is outside of our purview, but we need to figure out something to make sure we can enforce that.

Ms. SPEIER. Would the gentleman yield?

Mr. KELLY. Yes, ma’am.

Ms. SPEIER. I was also taken by one of the comments that they will, quote, “wait you out,” because they know you are a military family, so if they wait long enough, you will just be PCSed somewhere else. And that appears to be one of the techniques that is used.

Go ahead.

Mr. KELLY. I think you and I can be very bipartisan on that issue.

Ms. SPEIER. I think we can.

Mr. KELLY. Second, you know, the Marine Corps has a system that is at least partially working and doing things with legal aid, okay? And I think the DOD folks in the back need to be listening to that. When we have something that works, we don’t need to reinvent the wheel. We need to use it and apply it.

So that makes it better for everyone. So I just encourage DOD to think about looking at what the Marine Corps is doing because it is right.

As to the panel—and this is any of you—are you aware of any civilian programs that are similar or on the same level as EFMP that are working right or that we can get good ideas from or develop or to see how to make it work better?

Ms. RUEDISUELI. I would just say—and I focus on medical issues—I would say there needs to be an improvement to medical case management, so that it is more akin to what you find in high-performing civilian hospitals. In civilian children’s hospitals, if a child is brought in as an in-patient, the case managers or social workers proactively approach the families and start asking, “Have you thought about this? Have you thought about this? Do you need a letter stating the condition of your child, so that you can get some time off work? Do you need us—our support in any way?” And they start proactively raising issues.

I think that is lacking within the military system. The case management is fragmented. There is no medical component to case management within EFMP, so once EFMP identifies the family member, and once they are screened for the assignment, their responsibility on the medical end is over.

And so if the family encounters problems once they get to the new duty station with medical issues, there really isn't an EFMP resource to help them. So I would recommend highly improved case management in line with high-quality civilian hospitals.

Mr. KELLY. Thank you.

And for our two service members—I consider you service members. When you are a spouse, I mean, you guys serve as much as the guys in. Do you think that the military families should be able to opt in and out very easily? Because there are—sometimes there are certain jobs and key assignments that you want to take, and you are willing to opt out because there is a sacrifice, but it means a promotion later, and sometimes you want to opt back in. But it should be the service member—do you think maybe it should be the service member's choice to opt in and out and not necessarily—because once you are in now, you are in, and many times it costs you assignments which could be career progression assignments.

Ms. CARRIGG. So I think that can be tricky. I think that it is not a matter of opting in or out. I think it is a matter of offering a family an assignment together with your family or offering your family an assignment that perhaps you couldn't have with them that you can move on with your career, because it is extremely difficult to get out of EFMP. It is a lot of paperwork. If a child dies, a family has to go through a process to have that child removed from their EFMP packet, once it has expired.

So it should be a matter of assignments. Here is an assignment with your family. Here is an assignment without your family, and you can choose which one you want.

Mr. KELLY. Absolutely. I think you answered my question, and I agree wholeheartedly. It shouldn't be that hard to get out or to waive or do something. You shouldn't just—it shouldn't affect your whole career when the circumstances no longer apply—a child is emancipated or you decide there is something different.

What should DOD focus on first in the EFMP program to make immediate gains?

Ms. NORMAN. I think the first thing we should do to make immediate gains is to standardize EFMP among the branches. That is definitely number one. And I think when you do that, we can start taking a look at the special education piece, and we just need to force school districts to follow the law and hold people accountable.

You know, Federal funding needs to be transparent, and it needs to be auditable. This is Federal funding. So we can start working towards that solution with passing the PROMISE Act and looking at those initiatives to bring in that transparency.

Mr. KELLY. I agree with the—across the spectrum, we don't need to have four different systems. And number two is, I think we can look—maybe DOJ [Department of Justice] or somebody is listening right now, because if all the school systems around these places are doing the same thing, maybe we need to turn up the heat from this level, so they understand we mean business. You are going to take

care of our soldiers, sailors, airmen, Marines, and their families and their kids.

And with that, I yield back, Chairwoman.

Ms. SPEIER. Thank you, Mr. Kelly.

You know, we actually have to look in our own house as we address this issue, because we don't fund the IDEA [Individuals with Disabilities Education Act] program at the level we are supposed to. I think we only fund it—and maybe Ms. Davis can respond to this—at 40 percent. So school districts are underfunded by the Federal Government for these services, and so they look at ways to cut costs.

We might even want to look at this additional funding we give school districts near bases and give it to the families to use that money for personal services in lieu of that as maybe another way of looking at it.

Mrs. Davis, you are recognized.

Mrs. DAVIS. Thank you, Madam Chair, and thank you all for being here and sharing your very compelling stories and your background and working with this for such a long time. It saddens me because we actually had worked hard, as we went into Iraq and Afghanistan, to try and be far more responsive to families, because initially there was really no there there when it came to the kind of resources, and I think the culture of acknowledging the critically, critically important role of families in readiness, as well as just about everything else, you know, when it comes to our national security.

What I wanted to try and sort out a little bit—and, again, I was a school board member as well. And so I know how hard and yet how—I don't want to say difficult because everybody knew what job had—the job that had to be done. And yet I think our schools, because—we talk about 40 percent. We are supposed to be funding special needs at 40 percent. We are nowhere near there, and that is part of the thing. So we have got to look in the mirror on that, too.

And I have always been struck by, I can't think of a more bipartisan important issue for Members of Congress to deal with, and yet, you know, we fall short continually, and that puts it all on local school districts. But I want to ask you a little bit about that, because you seem to be saying—and I think it is a very important thing to try and bring attention to—that there is resources.

We don't have the resources, whether it is in Impact Aid, or whether it is generally the amount of money that goes towards special education, so that has to be changed. But culture also plays an important role, and that whole idea that somehow people feel that their careers would be impacted if they come forward and say they need to take advantage of any policy that is out there that they can access, that that hurts them.

So if you could just, whoever wants to respond to this, I mean, how big a role does culture play? And that seems like something that we absolutely have to be able to address. Do you want to—whoever wants to start.

Ms. HRUSKA. I will. I think that the EFMP and the Office of Special Needs tries to reinforce that enrollment in EFMP is not going to be a career-killer and tries to address those concerns. But I

think the problem is that we also—you know, it is one thing to say something, but then it is another thing to get to the deck plates, or to the service leadership and they have to model that as well.

And it is our experience that that always hasn't been the case. We were contacted 2 years ago by a loop [aide] of an Army general who had been told that he wasn't going to be getting an assignment, because he had a special needs family member and was going overseas. And his aide was trying to figure out how they could get around it.

And I was struck as I talked with him that, I mean, here is an opportunity for a leader to be modeling behavior for their service members, and to say that this is an important—this is important and you need to address it, and it is not a career-killer. And they weren't doing that.

And so I think it takes more than just the Office of Special Needs and the services to say something, that behavior has to be modeled by the services and the leadership as well.

Mrs. DAVIS. And I don't know whether—and I want to ask this of the DOD as well—is how much time and effort is spent in—whether it is orientation or whether it is really learning seminars to help educate our leaders about these issues? Because it may be that in many cases they don't get it. You know, they get it if they have had that experience. But if they haven't, they may not.

So that is something that we need to look at. We face this in sexual harassment, sexual assault issues, you know, of—we can't guarantee that everybody is going to come out of an experience utilizing the information that they should have received. But you can at least expose them, and I think that that is something that we need to take a harder look at. And you might have had some experience with that and can help us out because that educational piece is really quite important.

I am pleased to hear that the—and I know that the Marines are doing this better. I mean, I think that what we have to do is embed legal experts with—on these issues. We have learned a lot about the National Guard and how we embed our behavioral health providers with our Guard units and how important that was to families.

So this is an area that we can do a better job. I am glad to hear what you said about the PROMISE Act, and that is something that we have to really take a look at, be sure that that is followed through. We can write legislation, but, you know, we sometimes can't be sure that it is enacted the way—and there are some very important issues in that. So thank you very much for being here.

Dr. PORTER. Congresswoman, if I may, I wanted to add something about the education and the legal advocates and legal assistance for education issues. I think it is important for the members of the subcommittee to—and the services to understand that simply assigning a JAG officer to the issue is not going to be sufficient. As you know, it requires somebody who has special expertise in education law, and I think that needs to be kept in mind as we proceed with this.

Thank you.

Mrs. DAVIS. Thank you.

Ms. SPEIER. And, certainly, the special education law in one State can be different from the special education law in another State, and that is why you have to have local attorneys who specialize in special education in that State to really be able to provide expert services.

Mr. Cisneros, you are recognized for 5 minutes.

Mr. CISNEROS. Thank you, Madam Chairwoman, and thank you all for being here today. And I especially want to thank our two military spouses for being here, for your sacrifice and the sacrifice of your families for our country.

Ms. Norman, you kind of touched on the standardization or the lack of standardization amongst the services. So I kind of want to touch on that. And, really, you know, as the military operates now, it is very joint, you know, a lot of cross. You know, you may be on an Army base. You may be on an Air Force base. You may be in another service.

And because there is a lack of standardization, and you are in—we will use your example. You are in the Navy program. When you have gone to these bases, or have you heard stories of families going to different bases, and not being in a non-Navy or non-Army from the branch that they are in, has there been a lack of service, or has it been harder to get services from the current program of the base that they might be on, the service?

Ms. NORMAN. You are absolutely right. It seems to me that more and more there are more duty assignments at joint bases. And if you are Navy and on an Air Force base, you don't really have anyone to go to for your EFMP concerns. I know we just—we have had many families contact us and let us know that that has been a huge challenge for them, particularly—we were just talking earlier about Respite Care Program, which is a fantastic program. That is the single reason why we are still in the Navy, which offers 40 hours of respite per month.

And a lot of folks are moving to these joint bases where they have no respite care, no one to talk to when they can't get on certain wait lists. It is a huge obstacle for them.

Ms. CARRIGG. So I think that it is not just respite, it is not just education. EFMP packets, if you are at a joint base, they have to be taken to the nearest installation that is your branch. So I know I spoke about, we were at an Air Force base. We had to drive to the nearest National Guard base with a baby in the hospital.

Why, if we literally live on the Air Force base and there is an EFMP office there? The same is said when you do transfers. If you are transferring to a joint base, they don't always know you are coming because you are Army and you are transferring to a joint base that is run by the Air Force.

Mr. CISNEROS. So there is no current plan right now for you—allow you to kind of opt into the current system of the branch or the base that—or the service that operates the base that you are going to?

Ms. CARRIGG. No, there is not. So for respite care, for example, the Army has a different program for respite care than the Navy does. So you have to go through the Army for the program the Army uses. We live in DC. The nearest respite care providers for the Army are in Quantico. So we have not received respite care for

any of our three children on EFMP since we have been here, and it has been 5 years.

Mr. CISNEROS. That is horrible. But that just really kind of stipulates, really, why it is so important that we kind of go and get to one system, so you don't really have to—the fact that you are going to a joint base that may be run by another service, now your child isn't receiving the services that they are entitled to, and so this is really where we need to go.

The other area I want to kind of touch on again is something that you both have talked about, or really is the career path for the service member and really kind of putting them—you know, the lack of not being able to go everywhere where—because services may not be provided, especially going overseas, has this really affected a negative view amongst the families that you have dealt with and that you know really kind of caused a negative view of the EFMP program?

Ms. CARRIGG. So I can say that it absolutely has, and it really comes down to the fact that Joint Base Lewis-McChord is a perfect example of a perfect storm. We are sending all of these special needs families there. We are saying our service is there; you have to go there; you can't go somewhere else. And they get there and they are waiting 18 months for care. When your baby is 3 months old, 18 months is a very long time to wait.

And there is this variability between where you are going to be able to go and where you are not. One family might only have an educational piece, but the education portion of EFMP, all they say is districts are required to provide FAPE. If they are providing a free and appropriate public education, which they are required by law, we can send you there.

Nobody is verifying that they actually have the needs to—that they can meet the needs of the children in the actual IEPs. Nobody reads those parts of the packet. The packet is useless.

Ms. NORMAN. I want to address, sir—you were talking about career opportunities in the EFMP. And many EFMP families do opt to geo-bach [geographic bachelor], so that their spouses can go and serve their country for a year or 2 years while we stay behind, once we have finally found a location that can attempt to meet the needs of your child.

There have been instances where I know families will write a letter, a waiver, to the EFMP coordinator saying, "I understand that there are no services within one hour or within 50 miles of the branch or the base that my spouse is going to be at, but I am willing to drive an hour and a half."

One example would be Newport, Rhode Island. I know that several have written letters to go to the Leadership War College there, but also writing a letter saying, "I understand, but there is Boston Children's about an hour and a half away. So please, you know, consider this for this next location." But there are many, many EFMP families that are making those sacrifices and taking those burdens, knowing that the next location cannot meet the needs of their family.

Mr. CISNEROS. Well, I just want to thank you both, and all of you, for your testimony here today. My time has expired, but thank

you again for the service that your family has provided to this country.

I yield back.

Ms. SPEIER. Do you want to do a second round or no? Okay. We are not going to do a second round, but Mr. Kelly does have one question. Okay.

Mr. KELLY. And this is specifically to you, Ms. Norman. I mean, does the Navy or do the services pay any separation pay when you choose, okay, it is not really—do you understand what I am saying, though? Or that, you know, there is an additional BAH [Basic Allowance for Housing] if you are deployed and your family gets—for you to stay there when it is career enhancing. Is there—do they have any of those special pays? And, if not, would it be helpful if they did?

Ms. NORMAN. It would be very helpful.

Ms. SPEIER. All right. Ms. Carrigg, you indicated that you have no ECHO benefits because the closest provider of those benefits is at Quantico for your service; is that correct?

Ms. CARRIGG. No. So respite care, there are two forms of respite care, one through ECHO, one through the community service portion of the armed services. So for us, Army Community Services, EFMP respite care. So the nearest provider for EFMP respite care is through Quantico. And as far as ECHO care, because my child gets in-home nursing care, she doesn't get her ECHO care hours through ECHO.

So, at this point, it is up to Medicaid to fund those hours, and they do. But if we didn't have Medicaid——

Ms. SPEIER. So as a military family, if you had not taken advantage of Medicaid, you would have been paying for the operation and hospitalization out of your own pockets?

Ms. CARRIGG. The reality is we didn't have the deposit to give them. We had no way to pay them. They suggested we mortgage a house that we didn't have because we have always lived in military housing. I think that that is the most difficult part of this is we know we could have lost our daughter. We had days to come up with the money to pay for a surgery that we didn't have.

Ms. SPEIER. And the reason why the military was unwilling to provide the surgery was what?

Ms. CARRIGG. The way it works when you bring a baby home through adoption is you have to submit a packet through the nearest installation DEERS [Defense Enrollment Eligibility Reporting System] office. Because we were Army and not Air Force, we had to go to the Army to do that. And when we submitted the packet, it takes them time to process it.

So nobody could expedite it. We explained what the situation was, and they said, "Well, 28 to 45 days it will be done." My baby was having surgery in less than 5.

Ms. SPEIER. I see. All right.

All right. Your testimony has all been very valuable to us. Thank you very much. We will take a, you know, 3-minute recess so that we can change out the panels. Thank you.

[Recess.]

Ms. SPEIER. Good afternoon. We would like to welcome now Ms. Carolyn Stevens, who is the Director, Office of Military Family

Readiness Policy at the Department of Defense; Captain Edward Simmer, Chief Clinical Officer, TRICARE Health Plans, Defense Health Agency; Colonel Steve Lewis, U.S. Army, Deputy Director, DA [Department of the Army] Quality of Life Task Force and DA Family Advocacy Program Manager; Mr. Ed Cannon, Director, Fleet and Family Readiness, Commander, Navy Installations Command; Ms. Norma Inabinet, Deputy Director, Military Personnel Programs, Air Force Personnel Center; Ms. Jennifer Stewart, MSW [Master of Social Work], Manager, Exceptional Family Member Program, Headquarters U.S. Marine Corps; Ms. Jackie Nowicki, Director, K–12 Education, U.S. Government Accountability Office.

Thank you all for being here. Ms. Stevens, you may begin.

STATEMENT OF CAROLYN STEVENS, DIRECTOR, OFFICE OF MILITARY FAMILY READINESS POLICY, DEPARTMENT OF DEFENSE

Ms. STEVENS. Thank you. On behalf of Mr. Matthew Donovan and a cadre of dedicated and expert professionals in Personnel and Readiness, thank you, Chairwoman Speier, Ranking Member Kelly, and members of the distinguished subcommittee for your continued support of our military families and quality of life programs.

As a former military spouse, I care about issues impacting our military families, and I am personally committed to addressing quality of life issues. I appreciate the opportunity to appear before you today to highlight some of the Department's efforts in support of our military families and their adult family member or child who is enrolled in the EFMP.

Through our many feedback mechanisms, we are aware that service members and spouses have concerns regarding the management and the execution of EFMP. And I want to take a moment to thank the witnesses today for sharing their very personal stories.

I want to reaffirm the Department's commitment in addressing the challenges that the witnesses have brought forth today. These personal experiences that we hear, and the data we collect, combine to offer a broader understanding of the challenges facing our military families and help us to better define our courses of action.

We can address some of these challenges head on, while others, such as education and off-installation services, require coordination with our partners and other Federal agencies, the States, and local education agencies.

We are committed to balancing individual experiences with an evidence-informed strategy and have placed a special focus on the results of recent department-wide surveys and the conclusions of the recent GAO report. I would like to take a moment to highlight some of the initiatives that were included in my written testimony.

We have re-energized the DOD coordinating committee for military families with special needs to ensure a senior executive-level oversight. We continue to refine the EFMP data repository, the OSN's centralized data collection system. We have developed and implemented a standard EFMP family needs assessment form. The form includes a component which provides for individualized services plans.

We developed standardized family member travel screening forms and are working with Health Affairs and the Defense Health Agency to develop and publish policy. And we have engaged with our U.S. Department of Labor Land Grant University partners to assist in developing a staffing tool, and we have launched a pilot program that will assist the services in determining adequate staffing levels at each installation.

Improving EFMP is a priority for the Department. We know we have more work to do. We thank the witnesses for their appearances today, and for continuing to advocate for both themselves and for others on this important topic.

Thank you again for your continued support of our families. I look forward to your questions.

[The joint prepared statement of Ms. Stevens and CAPT Simmer can be found in the Appendix on page 149.]

Ms. SPEIER. Next, Mr. Lewis.

STATEMENT OF CAPT EDWARD SIMMER, USN, CHIEF CLINICAL OFFICER, TRICARE HEALTH PLANS, DEFENSE HEALTH AGENCY

Captain SIMMER. Chairwoman Speier, Ranking Member Kelly, and distinguished members of the subcommittee, thank you for the opportunity to discuss the very important issue of caring for exceptional military family members.

At the Defense Health Agency, we are committed to ensuring every military child, and especially those with special needs, receive the healthcare services they need to read their maximum potential. We also recognize that family readiness is a key part of service member readiness. As a psychiatrist who has deployed to combat areas, I have seen firsthand the impact that concerns about family members and the care they are receiving can have on service member readiness while deployed.

Collaborating with and supporting the services' Exceptional Family Member Programs is a very important part of our efforts to ensure family readiness. The DHA [Defense Health Agency] works closely with EFMP programs at the installation, service, and DOD levels. DHA support for EFMP and the families we serve includes identifying and evaluating families who qualify for EFMP, providing outstanding medical care and services to eligible family members, including through the Extended Care Health Option, also known as ECHO, and assisting with assignment decisions by providing information about available medical services at potential duty locations worldwide.

TRICARE provides a very robust benefit with some of the lowest out-of-pocket costs of any health plan in the country. Our beneficiaries, who earned this benefit through their service to the Nation, deserve nothing less. DHA and our managed care support contractor partners work very hard to ensure our beneficiaries have access to high-value health care and services wherever and whenever they need it.

Despite our best efforts, however, we know that we still have room for improvement. Access to care, especially subspecialty care, is challenging in some areas, particularly in remote areas where some of our bases are located.

During our first panel today, we heard from families, and I very much appreciate their courage in coming forward and sharing their stories. But they have had significant problems accessing the care they need, and that is unacceptable.

We can and should do better. We are committed to addressing these issues and finding effective solutions. Our contractor partners are continuously working to add high-quality providers to the TRICARE network, especially in areas of limited access, and we have expanded access at many military treatment facilities as well.

We have also enhanced the telehealth benefit, including covering telehealth into the home to further increase access and have reduced barriers to receiving mental health care. We also offer a robust medical case management benefit.

So thank you again for your continued support for our service members and their families, and I look forward to your questions.

Ms. SPEIER. Thank you, Captain Simmer.

Now Colonel Lewis.

STATEMENT OF COL STEVE LEWIS, USA, MS, DEPUTY DIRECTOR, QUALITY OF LIFE TASK FORCE AND FAMILY ADVOCACY PROGRAM MANAGER, DEPARTMENT OF THE ARMY

Colonel LEWIS. Thank you, Chairwoman Speier and Ranking Member Kelly. On behalf of the over 43,000 soldiers who have family members with special needs, we are grateful for your diligent work, support, and focus on the area of the Exceptional Family Member Program.

To the families and advocates who testified in the prior panel, thank you for helping us see ourselves and highlighting where we need to improve. The Secretary and the Chief of Staff of the Army established people as the number one priority, and I am here to attest to their commitment to the Exceptional Family Member Program, one of the most important programs in support of our most valuable asset: our people.

As a professional social worker, I have dedicated my nearly 30-year career to helping people in need, especially those most vulnerable and at risk. In my current capacity as the Deputy Director for the Army's Quality of Life Task Force, and the Chief of Family Programs, I have the distinct honor to apply my professional knowledge in order to manage critical programs and policy that will improve the well-being of soldiers and families.

I am committed to ensuring that special needs family members are the benefactors of the Quality of Life Task Force initiatives and that their equities are represented as we address quality of life.

The individuals and teams established to support the Army's Exceptional Family Member Program share a unified purpose—to ensure a soldier's assignment is fully capable of meeting the medical and/or educational needs of the soldier's family member. To achieve this purpose, the EFMP team, consisting of healthcare providers, care coordinators, assignments managers, family support staff, educators, child needs staff, and the soldiers' commander, just to name a few, are charged to work collaborative with the soldier and his or her family members to achieve the right fit.

The Exceptional Family Member Program is the safety net of resources and support for our most vulnerable and at-risk families in

order to enhance readiness and promote resilience. However, we know that challenges remain and we have room to improve. We need to make sure that we are effectively connecting and communicating with soldiers and families in order to help them leverage predictable and quality installation and community resources to assist them.

We are actively working on solutions to make the enrollment and assignment process more effective and transparent to the soldiers and family members. And, finally, we continue to build in processes that include the voice of the soldier and his or her family members as we focus on the Secretary and the Chief of Staff of the Army's people strategy.

I greatly appreciate the opportunity to hear from the committee members and the previous witnesses on how we can improve. We must get this right. In the words of the Chief of Staff of the Army, General McConville, "Winning matters." The Army wins and our families win when we support the soldiers and families in the Exceptional Family Member Program.

And, again, thank you for this opportunity. I look forward to your questions.

[The prepared statement of Colonel Lewis can be found in the Appendix on page 169.]

Ms. SPEIER. Thank you.

Mr. Cannon.

STATEMENT OF EDWARD J. CANNON, DIRECTOR, FLEET AND FAMILY READINESS, COMMANDER, NAVY INSTALLATIONS COMMAND

Mr. CANNON. Chairwoman Speier, Ranking Member Kelly, and distinguished members of this subcommittee, thank you for this opportunity to testify on the Navy's Exceptional Family Member Program.

I would also like to thank the family members who testified before this panel and the family members in the room today. Thank you for being here, for sharing your experiences, and for allowing us to continue the conversation with you to work to better meet your needs.

The Navy asked your spouses to be ready to serve and ready to deploy, and we need to continue to do better to ensure that you are supported when your loved ones are called to serve.

The Chief of Naval Operations has stated that stronger families make a stronger fleet. I firmly believe Navy's Exceptional Family Member Program plays a critical role in obtaining mission readiness for our sailors. We must ensure our Navy families have the medical and educational resources they need for their exceptional family members.

Enrollment in Navy EFM has tripled since 2016, and today we have nearly 23,000 Navy families enrolled. The Navy has 85 full-time personnel supporting our Exceptional Family Member Program. We have increased our outreach to families, expanded training, and increased the resources available to family support staff at Navy installations.

In fiscal year 2019, Exceptional Family Member Program case liaisons at Navy installations held thousands of private consulta-

tions with sailors and family members and offered hundreds of group classes and workshops. Case liaisons also worked with families to develop individual service plans, coordinate non-medical care, work with local school districts, and provide information and referrals for community support resources.

While I am proud of our accomplishments, I know we must find ways to improve. We will continue to seek feedback and to listen to the needs of our sailors and their families. This dialogue and the lessons we are learning from our sister services will help us to make changes to the program and improve the support we provide to Navy families.

Thank you for your sustained commitment and unwavering support of the Navy's Exceptional Family Member Program. I look forward to your questions.

[The prepared statement of Mr. Cannon can be found in the Appendix on page 174.]

Ms. SPEIER. Thank you, Mr. Cannon.

Ms. Inabinet. Did I pronounce that right?

STATEMENT OF NORMA L. INABINET, DEPUTY DIRECTOR, MILITARY PERSONNEL PROGRAMS

Ms. INABINET. Ms. Inabinet. Thank you, ma'am. Appreciate it.

Chairwoman Speier, Ranking Member Kelly, and distinguished members of the subcommittee, thank you for your continued support of the armed services and your interest in the Department of the Air Force's Exceptional Family Member Program.

It is an honor to speak to you today on behalf of our air and space professionals and their family. I would also want to thank our family that are witnesses today and appreciate their advocacy for this very important program.

Today we have 33,181 Active Duty members coded as EFMP sponsors and 50,987 family members that are enrolled in EFMP. The Department of the Air Force Exceptional Family Member Program is based on a foundation of collaboration, coordination, and care, among three EFMP components: medical, family support, and assignments.

The Department of the Air Force has made strides by reforming EFMP processes and expanding family support capabilities to our EFMP members, and I would like to take the opportunity to highlight some of those. The following are a few.

In November 2019, the Department of the Air Force partnered with CareStarter, a patient-focused IT [information technology] company that offers mobile app capability to access real-time medical, therapy, and educational information by location. It also offers a capability to create a unique profile for each of our family members by diagnoses and age.

The CareStarter Program is currently being tested at Travis Air Force Base, California, and we are excited about the possibility of linking CareStarter to our assignment process as it will provide valuable information to our EFMP families when they are applying for or are selected for new duty assignments.

Since 2017, 59 additional family support coordinator positions were added to our airmen and family readiness centers. In total, the Air Force has 99 EFMP force support coordinators and 4 pro-

gram management positions for a grand total of 103 personnel supporting 78 main operating installations and 4 satellite offices for a total of 82 locations.

Our coordinators are committed to enhancing the quality of life of our special needs families by providing them assistance and information on community services and developing family assessments and individual plans.

The Department of the Air Force also launched a very comprehensive EFMP communications strategy that are consisting of face-to-face and virtual annual and quarterly events. The intent of these events is to inform our EFMP members and families about the available resources, assistances, and processes, but most importantly is to get real-time feedback from our airmen and their families.

Our annual EFMP virtual Facebook Live webinar in September of 2019 reached a notable 27,000 participants. The feedback we have received to date has led to numerous process improvements and have provided a more positive experience for our air and space professionals and their families.

While the Department of the Air Force has made strides towards enhancing our EFMP program, we know there is still much to be done. Our team of professionals will continue to evaluate our processes and are committed to making changes that will positively impact the quality of life, the well-being, and the readiness of our airmen.

Chairman Speier, Ranking Member Kelly, and distinguished members of our subcommittee, thank you for your continued advocacy and representation today. We appreciate your support.

[The prepared statement of Ms. Inabinet can be found in the Appendix on page 179.]

Ms. SPEIER. Thank you.

Ms. Jennifer Stewart. Now teach us all what you are doing right in the Marine Corps.

STATEMENT OF JENNIFER STEWART, MSW, MANAGER, EXCEPTIONAL FAMILY MEMBER PROGRAM, HEADQUARTERS UNITED STATES MARINE CORPS

Ms. STEWART. Thank you, ma'am. Chairwoman Speier, Ranking Member Kelly, and distinguished members of the subcommittee, on behalf of your Marine Corps, I would like to thank you for inviting me here today to discuss our Exceptional Family Member Program.

We are grateful for your continued active engagement in making lasting improvements to the overall health, well-being, and quality of life for Marines and their families. I want to thank you for holding this hearing, the family caucus in October, and the more informal briefing last month. These events have put vital focus on the EFMP, both the things we do well and the things we can improve upon.

I appreciate the families who have bravely shared their personal stories today in an effort to effect change. They have shared the challenges they face with transferring and establishing medical care and educational plans, receiving consistent support from EFMP staff, and managing the demands of career and family while advocating and caring for a family member with a disability.

While we will never be able to remove all the challenges and stresses, we must continue to strive to do what we can to alleviate them. Customer and stakeholder engagement and input has been and will continue to be a key element of your Marine Corps EFMP.

Customer feedback was central to the transformative changes we made in 2007, assessing customer satisfaction with our program in 2013 and 2015, and most recently a vital element of our 2019 program evaluation effort. We are committed to evaluating the effectiveness of our program and making necessary changes when evaluation indicates we have missed the mark.

A 2017 study analyzed the career progression of more than 20,000 EFMP-enrolled Marines compared to their non-enrolled peers over the course of 25 years. It found that EFMP enrollment does not negatively impact career progression in the aggregate. Marines enrolled in EFMP remain in service slightly longer than and achieve the same rank as their non-enrolled peers, and they achieve this highest grade in the same or shorter amount of time as the average of their non-enrolled peers.

We are looking forward to the results of a comprehensive fiscal year 2019 program evaluation of EFMP that included, among other things, a customer needs assessment, customer and staff satisfaction survey, staffing model review, and validation of our measures of performance and effectiveness. We anticipate the results in the spring of this year.

Taking care of Marines and their families is a key element of overall readiness and combat effectiveness. The adage "We recruit Marines; we retain families" is as true today as ever.

Our EFMP has come a long way since its inception. We realize that with our success stories, our other stories of continued challenge and stress, we must continue to work hard to help those who feel the program has not done all it can. By ensuring that we take care of EFMP-enrolled Marines and their families, we fulfill our responsibility to keep faith with the honor, courage, and commitment they have so freely given.

Thank you for the opportunity to present this statement on this important topic, and I am happy to answer any questions you may have.

[The prepared statement of Ms. Stewart can be found in the Appendix on page 187.]

Ms. SPEIER. Thank you, Ms. Stewart.

Ms. Nowicki.

STATEMENT OF JACKIE NOWICKI, DIRECTOR, K–12 EDUCATION, U.S. GOVERNMENT ACCOUNTABILITY OFFICE

Ms. NOWICKI. Good afternoon, Chairwoman Speier, Ranking Member Kelly, and members of the subcommittee. Thank you for inviting me here today to discuss GAO's work on DOD's Exceptional Family Member Program.

As we have heard, military families with special needs face unique challenges, which are complicated by frequent moves, and families are often frustrated by a program that is intended to help them but does not always meet their needs.

In May 2018, we made three recommendations to remedy significant weaknesses with OSN's oversight of the EFM [Exceptional Family Member] programs. DOD agreed with all of them.

My statement today focuses on the two main types of challenges we identified and the status of DOD's efforts to address them. First, we found wide variation, as you know, in EFM programming among the services, which could lead to gaps in assistance. For example, only the Marine Corps specified a minimum frequency with which EFM families should be contacted by their family support providers.

The Air Force and Army did not have requirements for regular contact, and the Navy only required contact for certain families. The Marine Corps, as you know, is the only service to employ special education attorneys, which may have particular implications for families who believe their children are not receiving special education services outlined in their IEPs or who are having difficulty obtaining an IEP.

Special education is often an area of great frustration when families move from State to State as the Federal special education law gives States a fair amount of flexibility to determine eligibility for services and defined disability categories, meaning a child could be eligible for services in one State but not in another, even with no change in diagnoses.

Officials from the other branches told us that they have found other ways to try and help families who are seeking special education legal advice. For example, they might connect families to outside organizations that provide specialized legal support, though often at the family's expense, or they might refer them to general military lawyers, though these attorneys may lack expertise in special education law.

At the time we did our work, we also found that the Air Force EFM program did not include a training component for EFM families, and neither the Air Force nor the Navy provided family support relocation services to EFM families, both of which are required by DOD policy.

Further, although services' plans are used to document the services and support each family needs, and are required, we found that there are tens of thousands of military families who lack them. In April 2017, the services—DOD directed the services to allocate sufficient funds and resources, including staffing needed to achieve DOD's policy objectives, for the EFM programs.

However, DOD has not provided guidance nor developed a standard as to what sufficient funding and resources look like, relying instead of each service to determine this for themselves. As a result of these types of shortcomings, we concluded that some families with special needs may not get the assistance they require, particularly when relocating.

We recommended that DOD assess the extent to which each military service provides sufficient funding and resources for their programs, and the extent to which service plans are being developed, and that DOD include this information in a gap analysis in its annual report to Congress on EFMP.

DOD has made only limited progress implementing this recommendation because, for example, it only began collecting data on services' plans in the last quarter of 2019.

Regarding staffing and funding, DOD officials told us last April that they were piloting a staffing tool to help determine the number of family support providers needed at each installation, and they expected the pilot to last for 2 years.

The second group of challenges we identified broadly relates to OSN's oversight of the EFM programs. For example, we found that DOD lacked a common set of performance measures for EFM programs, and is, therefore, unable to fully assess the effectiveness of assignment coordination and family support at each installation.

DOD officials told us that past efforts to create these types of measures have been unsuccessful because the services cannot agree on what these measures should be. OSN also lacks a process to systematically monitor the EFM programs, and instead relies on each service to self-monitor.

As of January, our recommendations to develop these performance measures and develop a systematic monitoring process remain unaddressed, and DOD remains unable to determine the adequacy of the services' EFM programs as required by Federal law.

In conclusion, developing a policy for families with special needs that works across DOD's four military services is challenging, given DOD's size and complexity and mission. But the lack of direction from DOD on how to provide EFM services, or what the scope of those services should be, means that some service members get more or less from the EFM every time they relocate, making an already stressful situation worse.

And until DOD is able to assess EFM performance across all its services, it will not be able to ensure that military families with special needs receive adequate, consistent, reliable support no matter where they are stationed.

This completes my prepared remarks, and I look forward to responding to any questions you may have.

[The prepared statement of Ms. Nowicki can be found in the Appendix on page 194.]

Ms. SPEIER. Thank you, Ms. Nowicki.

So at the outset, let me say this. I find the GAO report to be stinging in terms of its criticism of many of the services. And it is not good enough to come here and make happy talk about how you want to be helpful and how grateful you are for the courage of these parents that come forward and speak about their experiences.

It reminds me a whole lot about the many hearings we had on sexual assault in the military and how every service official who came said they had zero tolerance for it, but it continues.

So I am telling you at the outset that we are going to be hawks on this. And we are going to have all of you come back every 3 months to give us a briefing on whether or not you have met the specific requirements that GAO has asked you to do, until you get it done, because it sounds like it is not happening.

So let me start with this chart that is in our—let me ask you, first, this question. Have any of you read the statements of the two

parents that testified today? Just raise your hands. Only two of you. No, you have not.

Okay. For your homework, I would like for each of you to read their statements, because within their statements, particularly Ms. Carrigg's, are numerous vignettes about other service member families and what they have dealt with.

I don't think there is a true appreciation of what these families are going through. We have another room filled with families here. We have an overflow crowd of families who came today, none of whom are testifying, but all of whom have issues with the EFMP program.

So the chart we have shows that the Marine Corps has 107 full-time-equivalent family support staff. It is one of the smallest branches. It has 107. How many does the Navy have? 71. How much does the Army have? 119, and yet you have manyfold more service members and manyfold more family members who are enrolled.

In fact, in the Marine Corps, they have 107 full-time-equivalent family support staff for 11,000 families. The Army has 119 family support for 54,000 families. So there should be no question in anyone's mind that the services the families in the Army are receiving are not adequate.

So I guess my first question is, Ms. Stewart mentioned that they were doing satisfaction surveys within the Marine Corps of the EFMP program. Have any of the other services done that?

Colonel LEWIS. Chairwoman Speier, for the Army, I would like to say back in February of last year, Secretary of the Army Esper at the time, was very concerned about the EFMP program, and he directed that the Army conduct a comprehensive survey of the families in the—enrolled in the EFMP program.

We reached out to over 21,000 family members enrolled in the EFMP program, received back 3,000 surveys, which allowed us, again, to identify very similar findings that were both in the GAO report but also what was described today that we still have gaps and vulnerabilities in the program.

Ms. SPEIER. So what is your game plan to address those gaps? I mean, if you only have 119 family support staff for 54,000 families, you need to add like 400 to meet what the Marines are doing for their families.

Colonel LEWIS. The survey did allow us an opportunity to recognize that we do have challenges in reaching out and engaging and communicating with families to ensure that they know what family support services are available. The staffing for the EFMP program, we do use utilization trade as—utilization data as well as enrollment trends that help us to identify the staffing available previously.

Ms. SPEIER. Ms. Stevens, you said that you have re-energized this advisory panel. But to my knowledge, there aren't any parents that serve on them; are there?

Ms. STEVENS. There are no parents on the coordinating committee. We do, however, have a family advisory panel made up of seven family members nominated by the service. We meet with them on a quarterly basis. That is where our families come into play.

Ms. SPEIER. Why wouldn't you have family members serving on this advisory panel?

Ms. STEVENS. So the advisory panel that I reference, the coordinating committee for special needs is designed to bring together Health Affairs, our General Counsel, representatives from the military departments, where we are talking through some of the very processes we have discussed, with a particular focus this past year on standardization.

So we are looking for leadership from the military service level in those organizations.

Ms. SPEIER. You know, that was a lot of alphabet soup to me. I mean, if in fact you have got programs that aren't working for the families, wouldn't it behoove you to bring the family members in to find out what their needs are?

Ms. STEVENS. We do rely on the family advisory panel for one means of getting information from the family. In the next couple of months, we will be launching a family feedback tool, which will allow us to get much more current feedback from families as they access family support systems.

Ms. SPEIER. All right. Thank you. My time has expired.

Mr. Kelly.

Mr. KELLY. I am going to do more talking than I am listening, and that is probably—that is against my better judgment and what I know is not—but number one is, if it was easy, or if it wasn't hard, somebody would already been doing it. So you guys are executives. You get paid to do hard things. You get paid to make decisions that makes people's lives better.

So I want to start with, number one, I heard a whole lot of talking about processes. We are not talking about processes or processes or however you correctly enunciate and pronounce that. What we are talking about is people. People. And we are talking about those very most vulnerable people that we should be helping.

We shouldn't make it harder. We have got to make it easier. And so I ask each and every one of you—and this isn't—this is—each one of you should ask yourself every single day: what have I done today that made their life better? What have I done today that made those kids or family members or that soldier or that sailor, what have I done that made it better today?

Because I can guarantee you every one of you can find one simple thing every day you can do, and we are not doing that because we are talking about processes. We are not talking about people. But if it is your people, we talk about it.

The second thing—and I do want an answer—just when was the last time you met with an EFMP family that you did not know, and how often do you do that? How often have you done that in the last 3 months? When is the last time you met with an EFMP family in their place and met with them and see what their issues are, and how often do you do that?

Ms. STEVENS. Sir, I have not personally met with an EFMP family in the last 3 months. My staff——

Mr. KELLY. That is good.

Ms. STEVENS. Thank you.

Captain SIMMER. I have met with an EFMP family about a month ago, sir.

Mr. KELLY. Okay.

Colonel LEWIS. Sir, I have not met with an EFMP family in the last 3 months.

Mr. CANNON. Sir, I have not met with an EFMP family member in the last 3 months.

Ms. INABINET. Sir, I have met with an EFMP family within the last week.

Ms. STEWART. I have met with families in the last week, and I talk to families every day on the phone.

Mr. KELLY. And you are opting out because that is not part of your job. It is a hard question for you.

And I don't do that—we so often get at high levels, we have got to walk around. You have got to talk to the people that it is impacting, and you have got to make it personal. And if it is not personal, we are not going to get the right results, because every one of these people are people, and we can all do things.

You guys have amazing power in your jobs. You have amazing power, and we let all of this bureaucracy make the decisions that you are allowed to make. And if you have the authority, take it and use it for good. Use it to help those families. And if you don't have the authority, you ask me and Chairwoman Speier, and I promise you, we may not get it, but we are going to bust our tail trying. That is how important this is to us.

General McConville says, "People first, winning matters, and Army strong." I will tell you people first. You can't take care of people if you are not taking care of their family, and I know that General McConville agrees with that. I know at his level winning matters. It matters to readiness that these warriors are able to go down range without worrying about what they do.

So winning matters, and that means winning with their family. That means for you, in my opinion—and I won't quote General McConville—but what that means is the little things I was talking about, winning every day to make those service members' lives better. Winning every single day, even if it is a small thing, win every single day. Measure winning.

And the final thing is Army strong. Strong families equal a strong Army. And my dad, the smartest guy I ever knew with a high school education, used to say, "We do well the things that we measure." If we don't measure, if we don't have things that show, if we are not doing what the GAO says, if we don't have our own parameters and criteria and things that we intend to make, we are not going to get better. You have got to measure it or you won't do it better. You have got to be able to articulate the measurement of what makes us better.

Oh my goodness. I am just—here is—let me just tell you all a few things that I think you can do. Number one is let's either get the authorities with TRICARE—that when someone is ready to move, when they get their notification that they are moving, a PCS, they immediately get enrolled in the waiting list. Immediately. That is easy. So just tell us what you need from us to make it happen.

Travel—you know, we had the thing at JBLM where they are 50 miles, but you have got to get on a ferry and everything else, so we can't pay it. Holy cow, surely a two-star general or one-star gen-

eral somewhere can write that and say, "You are an exception, and we are going to pay your travel for this." Surely we can do that when it takes a half a day to get there and a half a day to get back, but it is not in the 50-mile.

I am sorry. I am going to go just a little over, Chairwoman. I am going.

BAH and separation pay, you heard me say that today. Holy cow. I mean, surely at the two-star level we can say if a person chooses a promotion assignment and they are separated from their family, we are going to give them separation or the additional BAH. Those are easy fixes.

And I think there is one more, but I am going to leave with that.

And, Ms. Nowicki, if you would just tell us how to get somebody else engaged, so we can like the Marine Corps, but these school systems should be compliant. And I would really appreciate any thoughts you have after the hearing on that.

Thank you, Chairwoman, and I yield back.

Ms. SPEIER. All right.

Ms. Haaland.

Ms. HAALAND. Thank you, Chairwoman, and thank you to the panelists and the families for being here today and for sharing your concerns and ideas on how we can improve the care for EFMP families.

As some of you may know, my father served in the Marines for 30 years. Having been raised in a military family, I am deeply interested in how we care for our military members and their families. In my district, I have 475 EFMP families. While many families have expressed appreciation for the Airmen and Family Readiness Center, they have also shared their frustrations with other aspects of the program.

They can quickly access forms and get them processed, but they struggle to find someone knowledgeable enough to help them navigate all of the resources and the related educational and medical system.

One family has been in the military for 17 years, was recently surprised to learn they are eligible for a service dog. They learned this through their own research, not from help of anybody. Another constituent equated navigating through EFMP to learning a foreign language.

So I want to just put this question out there, and whoever would like to answer it, I think it is important for all of you. But who is responsible for ensuring EFMP families understand the benefits and resources available to them? And what steps do you propose the DOD take to resolve this gap in information and comprehensive care?

Ms. Stevens.

Ms. STEVENS. Thank you for that question. I would like to start with the who is responsible piece, if I may. We recognize that our families have an overload of information at times, and it is very hard to know where to look and who to turn to.

And one of the initiatives that we have in place that is ready to launch in about 2 months is something called EFMP and Me. EFMP and Me is a web application that allows a family to drill

down in subject areas that are either of interest to them or for which they may need particular services.

The purpose behind EFMP is to help remove the noise of too much information, provide checklists that can help a family determine the kinds of questions they need to be asking, point them in a direction for individuals who can help them with some of their questions.

Regarding your question about medical care, I would have to defer.

Captain SIMMER. So I think for medical care, ma'am, it is very important that we provide a number of different sources of information, make sure that information is reliable, accurate, and at a level that the family can use.

And I think we have a number of ways that we do that currently. Our contractors have educators located on major bases to teach them about the TRICARE benefit and their health benefit. All of our military treatment facilities provide education to our beneficiaries as well.

We also have two projects that we are launching now. One is the TRICARE Select Navigator Program, thanks to this committee, where we are going to have navigators for—where we will have navigators for our TRICARE Select patients with complex medical problems, and their families, who will help them find the right care, find the best quality care, and help them understand what the out-of-pocket costs will be in advance.

So that is a very important program for us that we are rolling out. We also work very closely with, as I mentioned previously, our Medical Case Management Program. Those folks help our patients understand where to get care. They help with transfers of care when they move from one location to another, and make sure that they know what benefits are available for their family member and get them the help that they need.

Ms. HAALAND. Thank you so much.

I want to move on to another question in the interest of time. I understand that with EFMP there are several tiers of severe and non-severe disabilities that address educational and physical needs. But I have heard from families that their child's conditions are not adequately being assessed, and that many military families are being left behind.

They have expressed challenges in finding appropriate care and resources for conditions that are not even listed with EFMP, causing them to miss time at school and creating unacceptably high out-of-pocket medical costs. For example, the limited pain management in some families not enrolled in EFMP has led to emotional distress and even depression in some patients.

How does TRICARE and the services assess what conditions should not be considered and diagnosed as debilitating within EFMP?

And, Mr. Simmer, I guess you would be best to answer that as well.

Captain SIMMER. So I can certainly answer for the medical part of that. You know, our providers, especially those in the military treatment facilities, are familiar with which conditions may be limiting, which conditions should be referred for potential enrollment

in the EFMP program. They work with families to identify, you know, the level of severity and help the family determine, should we apply for EFMP or not.

In the end, the family makes that decision, but certainly our providers can help the families understand the level of severity and the potential implications of that condition in the family's future.

Ms. HAALAND. Thank you.

Chairwoman, I yield.

Ms. SPEIER. Thank you, Ms. Haaland.

I think you have heard from a number of us today about our dissatisfaction with what we have heard. I can just state for myself that we are going to fix this this year. And we are going to start off with town halls, so that all of the people that came here today are going to have an opportunity to tell us what their experiences are.

And I am going to ask each of you to come to those town halls. They may be in the evenings when people can get off work, and we are going to find out the gravity of this issue service by service.

And I would say to you, Ms. Stevens, that we could solve a lot of our problems if we just take the Marine Corps model and implement it in every one of the services. That would be a really good first start, because they obviously get it. And the GAO has made it crystal clear that part of what is successful is when you have contact with the families.

And in the Marine Corps, they have contact, did you say monthly?

Ms. NOWICKI. Chairwoman, they specify a level of contact that they are supposed to have, but quarterly, quarterly contact.

Ms. SPEIER. Quarterly. And if I recall correctly in your report, in one or two of the services there may be no contact the entire year. So we are going to change the system, so it is responsive to the families, because words don't have any weight unless they are followed up with actions.

And you can all say that we are here for the families, but unless we are going to show it by action, we are not achieving that result. And these families deserve so much more. They are struggling not just with being military families, and the normal course of being moved every 3 or 4 years, or having spouses that are away from them, or all of the other trials and tribulations. They also have kids with special needs, and we have got to recognize there is a high propensity for that in the military evidently, and we have got to address it.

It is going to take resources, but there is lots of ways that we can provide those resources and take them from other less significant needs in the Federal Government.

So that is my commitment to all of the families that are here. And I am going to have Ms. Nowicki become my best friend over the next few months, and I am sure that Mr. Kelly will as well, because we are going to make sure that she can be able to come back to us in short order and say that all of the services have followed through on all of the recommendations.

So with that, we stand adjourned.

[Whereupon, at 3:58 p.m., the subcommittee was adjourned.]

APPENDIX

FEBRUARY 5, 2020

PREPARED STATEMENTS SUBMITTED FOR THE RECORD

FEBRUARY 5, 2020

Opening Statement for
Chairwoman Jackie Speier
Exceptional Family Member Program (EFMP)—Are the Military Services Really Taking Care of Family Members?
5 February 2020

The hearing will now come to order. I want to welcome everyone to this hearing of the Military Personnel subcommittee on the Military Services Exceptional Family Member Program (EFMP).

We are here today to address long-standing issues impacting military families. Throughout my time on this subcommittee, and especially since becoming chair, I have heard alarming complaints from families and advocates about the efficacy of EFMP. The Department and services have been far too slow to respond, treating this as some sort of niche issue when it has significant readiness and retention impacts. The fact is parents focused on finding appropriate care for their kids will be less focused on their jobs. If we make them choose between their families and jobs, they'll choose their families – as they should.

And I don't want to hear that this problem is new or novel—major, documented issues in EFMP go back years if not decades. I'm deeply skeptical that the program has improved over time.

The services violate both law and DOD policy when they fail to ensure family members receive the medical and administrative support required under EFMP. Recent public reporting showed that families have a hard time navigating the program, that information in the system isn't accurate, and matches aren't consistently made. A 2018 GAO report showed that a lack of common performance metrics makes it impossible for the military to properly verify these claims by assessing coordination and family support.

The news, reports, and letters I've seen on these issues are confirmed by recent, first-hand experiences shared with me and Ranking Member Kelly. Several months ago, we travelled to installations in the Pacific Northwest where we repeatedly heard about similar struggles that family members have with the program. The program is supposed to ensure the proper medical services are available for enrolled family members before they are assigned to a new duty station. Yet we heard over and over that when family members arrived, the proper services were not available. I can only imagine the nightmare of completing a cross-country move, starting a new job, and then having to struggle to get your kids the support they need. This could, in part, be because requirements or provider availability haven't been verified, but we must do better.

We also heard stories of families having to fight their own legal battles with state and local school districts for services that schools are legally required to provide with no legal support from the military services. Families should not have to advocate for themselves if the law is on their side.

And when this subcommittee convened to hear about the challenges facing enlisted spouses, we heard repeatedly that not only are services insufficient, but

that some eligible families don't even sign up for EFMP because the stigma is considered a career killer. That's unacceptable. We're always going to have situations where kids and families need a little extra support—that reputation should be four-alarm fire warning for program implementers.

These are just three of the common concerns we have heard. Without changes to the oversight and policies from DOD and the services, I worry these types of issues and many others will continue to plague our servicemembers and their families. We owe them better.

Today we will be joined by two panels. The first will consist of representatives from military family organizations that advocate for families on these issues, as well as two parents who have struggled through this system and also advocate for other families. On the second panel, we'll have DOD and military service officials responsible for the oversight and implementation of policies as well as GAO to discuss their report.

What I would like to hear from the witnesses today are solutions to the problems, some of which may have been identified by GAO but have been slow to be implemented. I would like to discuss what else we can do collaboratively to improve and raise the program to the world class level it needs to get to? I would also like to know what the services do to educate and promote the program and how the services combat any associated stigma.

Before I introduce our first panel, let me offer Ranking Member Kelly an opportunity to make any opening remarks.

Statement

by the

NATIONAL MILITARY FAMILY ASSOCIATION

for

Subcommittee on
Military Personnel

of the

UNITED STATES HOUSE
ARMED SERVICES COMMITTEE

February 5, 2020

Not for Publication Until Released by
The Committee

The National Military Family Association (NMFA) is the leading nonprofit dedicated to serving the families who stand behind the uniform. Since 1969, NMFA has worked to strengthen and protect millions of families through its advocacy and programs. We provide spouse scholarships, camps for military kids, and retreats for families reconnecting after deployment and for the families of the wounded, ill, or injured. NMFA serves the families of the currently serving, retired, wounded or fallen members of the Army, Navy, Marine Corps, Air Force, Coast Guard, Space Force and Commissioned Corps of the USPHS and NOAA.

Association Volunteers in military communities worldwide provide a direct link between military families and the Association staff in the Nation's capital. These volunteers are our "eyes and ears," bringing shared local concerns to national attention.

The Association does not have or receive federal grants or contracts.

Our website is: *www.MilitaryFamily.org*.

Kelly B. Hruska, Government Relations Director
Kelly is the Government Relations Director of the National Military Family Association and took on this role in 2015. In this role, she leads the Association's advocacy for the families of the eight Uniformed Services and monitors the range of issues relevant to their quality of life. She began her work with the Association in 2007 as a Government Relations Deputy Director and served as Outreach Coordinator in 2014.

Kelly has represented military families on several committees and task forces for offices and agencies of the Department of Defense (DoD) and military services. She is co-chair of The Military Coalition (TMC), an organization of 34 military-related associations. She is also co-chair of TMC's Survivor Committee. In 2008-2011, she represented NMFA on the first DoD Military Family Readiness Council.

Prior to joining NMFA, Kelly worked to develop the next generation of entrepreneurs as the chief of staff of CONNECT and the chief of staff of the San Diego Regional Economic Development Corporation.

A Navy spouse for 26 years, Ms. Hruska has served in various volunteer leadership positions in civilian and military community organizations including COMPASS mentor, Navy-Marine Corps Relief Society, The Girl Scouts, and Navy Spouses Clubs. She was also appointed to the City Commission on Children and Youth by the Corpus Christi City Council.

Kelly is a recipient of the Navy's Meritorious Civilian Service Medal in recognition of her work on behalf of service members and their families at Navy Region Center Singapore.

A Pennsylvania native, Kelly earned her B.A. in Political Science from La Salle University and a Master of Public Administration from Shippensburg University. Ms. Hruska and her husband, Captain Jim Hruska, USN (Ret) reside in Annandale, Virginia with their daughter, Emily.

Thank you for the opportunity to present testimony concerning the Exceptional Family Member Program. After an unprecedented 18 years of continuous war, we continue to see the impact of repeated deployments and separations on our service members and their families. We appreciate your recognition of the service and sacrifice of these families, as well as the unique challenges facing families who have a child or other family member with special needs. Your response through legislation to the ever-changing need for support has resulted in programs and policies that have helped sustain these families through difficult times.

The Exceptional Family Member Program (EFMP) has evolved since its inception in 1979. Its original purpose was to make sure families had adequate medical services as they moved from installation to installation throughout the United States and overseas. Started by the Army, the other Services soon created their own programs that reflected the unique circumstances their families experienced. Over 40 years, the EFMP has expanded its scope and services to include three components – identification and enrollment, assignment coordination, and family support.

Military families tell our Association the issues they face in caring for a family member with special needs are complex. Most often, meeting these needs requires the coordination of many distinct military and community entities, with the responsibility for that coordination too often falling to the family. Military families caring for a special needs family member not only need medical and/or educational support, they also may require assistance from state and local agencies, relocation help, respite, and family support, especially if they are also faced with the deployment of their service members.

The accommodations and services provided through the EFMP are an incentive to remain on active duty for some military families. According to a 2019 study, *Strengthening the Military Family Readiness System for a Changing American Society*, by the National Academies of Sciences, Engineering and Medicine:

> For some families, the benefits and accommodations the military makes to support families with special needs are an incentive to remain on active duty. The advantages include medical benefits afforded to the EFMP family members and assistance coordinating with schools and other programs and services. They also include the service member having the ability to take time off work to manage the special needs (although some supervisors might be more stringent) without worrying about getting fired or losing money the way one might in a civilian job if required to "clock out."[1]

In the Fiscal Year 2010 (FY10) National Defense Authorization Act, Congress created the Department of Defense (DoD) Office of Community Support for Military Families with Special Needs – now Office of Special Needs (OSN). OSN was created to enhance and improve DoD support around the world for military families with special needs, whether medical, educational, relocation, or family support. Over the years, OSN has worked to standardize the military services' assignment coordination procedures and family support, as well as to provide more information to families about the resources available to them.

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[1] National Academies Press, Strengthening the Military Family Readiness System for a Changing American Society (2019), Chapter 4, p.164.

Although OSN has made some progress, an integrated approach to supporting these families remains the goal and not the reality for many. Families need a seamless transition and a warm hand-off between installation family support, TRICARE regions, the mix of military and civilian medical providers, and a universal case management process across the Military Health System (MHS). MHS leaders and their TRICARE contractor partners must be more engaged with their family support counterparts both through the OSN and at the local levels to develop a coordinated case management system that includes military and community resources, as well as health care.

ASSIGNMENT COORDINATION

Military families complain EFMP assignment coordination is not thorough. Some say they are sent to areas with insufficient medical or educational assets to meet their needs. In other cases, providers exist, but long waitlists preclude access. This seems to be a problem for families with children on the autism spectrum at Joint Base Lewis-McChord (JBLM.) Many families being sent to JBLM report long wait lists for therapies even with the opening of the Center for Autism Resources, Education and Services (JBLM CARES.) ***We ask Congress to require DoD to develop and publish performance metrics to evaluate assignment coordination effectiveness to include evaluation of capacity of the available medical services and therapies and not just a yes/no availability.***

Our Association believes there needs to be more transparency in the assignment coordination process. Assignment coordinators need to provide more explanation to service members when they are not screened for an assignment. It is not uncommon to hear from families that they did not screen for an overseas assignment, but they know someone else with a similar diagnosis in their desired location. There are many reasons why families could be denied – possibly that health care specialty is at capacity or a provider has recently transferred from the duty station. Without a proper explanation, the family makes assumptions and then present the assumptions as fact.

Service members also need to be more transparent in the assignment coordination process. In a recent report on the well-being of military families, the National Academies of Sciences referenced the Department of Defense Exceptional Family Member Benchmark Study (Bronfenhrenner Center for Translational Research, 2013) indicating that, "military families enrolled in the EFMP expressed concerns regarding stigma surrounding special needs family members and military career advancement."[2] Families have told us they've reduced school services for their child so they can go to their choice location. Some service members have moved their families overseas without command sponsorship because they were told there wasn't adequate medical or educational services in their gaining location. Some service members don't enroll their family members in the EFMP, even though enrollment is mandatory for active duty service members with a family member with special needs, because they are concerned it will hurt their career progression. While service members may not be able to have it all, open communication may allow them to have a long and satisfying military career while their family has access to the proper educational and medical supports and resources along the way.

A May 2018 Government Accountability Office (GAO) report *DoD Should Improve Its Oversight of the Exceptional Family Member Program*[3], indicates each service uses various mechanisms to monitor

[2] National Academies Press, Strengthening the Military Family Readiness System for a Changing American Society (2019), Chapter 4, p. 161.
[3] https://www.gao.gov/products/GAO-18-348

how service members are assigned to installations, but the report contains no details on how the individual services are monitoring assignment coordination effectiveness. We agree with GAO's recommendation that the OSN develop performance metrics for assignment coordination, specifically:

- OSN should develop common assignment coordination performance metrics across the Services. Metrics should include measures of military family satisfaction with the assignment coordination process focused on the ability to obtain necessary medical care at the gaining installation.
- Metrics should track compassionate reassignments/off schedule PCS moves due to inadequate medical resources at the gaining installation for EFMP families that were approved for that location. Compassionate reassignments of this nature indicate system failure and should be monitored to identify and address process breakdowns.
- Metrics should be reported at the installation level to provide actionable information.

MILITARY CHILDREN'S EDUCATION

Like most families, military families care deeply about the quality of their children's education. Military parents also worry about the effect that the military lifestyle has on their children's education – specifically, frequent military-ordered moves. Typically, military families move every two to three years, so a military-connected child can expect to attend six or more schools by the time they complete high school.

The Interstate Compact on Educational Opportunity for Military Children, which has been adopted by all 50 states and the District of Columbia, as well as the Department of Defense Education Activity (DoDEA), addresses many of the most common transition-related challenges faced by military-connected children moving to new schools. The widespread adoption of Common Core or similar standards means that military children are more likely to find familiar curricula and academic standards in their new schools. Together, the Interstate Compact and Common Core, help provide today's military children with smoother transitions and a more consistent academic experience than previous generations. Still, public schools are locally controlled – and financed – so policies, resources, and requirements vary from state-to-state and even district-to-district. Understandably, this is a source of stress for military families, who want their children to have the best possible education.

In February 2018, the Secretaries of the Army, Navy and Air Force sent a letter to the National Governor's Association affirming the importance of education to military families and calling on governors to ensure military-connected children in their state receive the best possible education. We commend the Secretaries for highlighting the importance of education and agree states and districts should set policies and allocate resources to support military children and provide them with a high-quality education. We also believe the federal government has a role to play.

Districts serving large numbers of military children rely on Impact Aid funding from the Department of Education and the DoD to help offset the additional expenses they incur, as well as compensate for lost property tax revenue when a district includes federal property such as a military installation. It is incumbent on DoD and the federal government to ensure school districts charged with serving military-connected children have the support they need to provide the best possible education. We are grateful to Congress for authorizing $50 million for DoD Impact Aid and

$20 million in Impact Aid for schools serving military children with special needs in the FY20 Appropriations. ***We ask Congress to protect this funding to offset the costs incurred by districts educating large numbers of military children.***

We continue to be concerned about the financial burden posed on school districts educating large numbers of military children with special needs. We wholeheartedly support sending military families with special needs family members to locations where their medical and educational needs can be met. However, in practice, this has led to concentrations of special needs military families in locations such as JBLM, where a large military treatment facility (MTF) and other specialized services are available. While the ready availability of services through the military and local civilian community benefits military families enrolled in the EFMP, we are concerned about the unintended burden on the school districts serving these installations, which must provide special education services. Serving unusually large numbers of children with severe special needs places great strain on the budgets of these school districts. We fear that in the long term this financial pressure will affect the quality of the education services these districts are able to provide. ***We ask Congress to require DoD to study where military families with severe special needs are concentrated and whether DoD Impact Aid for schools serving military children with special needs is appropriately allocated.***

Over the past year, families have reached out to our Association to express concerns about the lack of, or overtaxed educational resources, available to children with special needs in their local schools. In many cases civilian students, as well as military-connected students are affected. Some military families have demanded Impact Aid dollars be withheld from the local schools to force them to correct the problems. We would argue that witbholding Impact Aid is not the solution. Our Association believes a dialogue regarding what an "appropriate" education consists of, within the constructs of the Individuals with Disabilities Education Act (IDEA), is in order. Although IDEA is not in the purview of this Committee, we urge you to reach out to your colleagues on the Education and Labor Committee to begin the dialogue.

MILITARY HEALTH SYSTEM (MHS)

What have families experienced during two years of Military Health System (MHS) Reform? Military families are grateful for referral free civilian urgent care as they now have access to care when their MTFs are full or closed. However, families have seen few other improvements across the system. In fact, TRICARE contractor transition problems plagued families throughout the entire first year of reform implementation with customer service challenges and rampant claims processing problems. Within the direct care system, there were few noticeable improvements to administrative hurdles or the patient experience. Although we recognize the primary objective of MHS reform was cost savings and a re-focus on readiness, we had hoped the higher out-of-pocket costs would be used for improvements across the system to improve the patient experience. Instead, families are paying considerably more for the same broken system.

Our Association is also concerned about the potential for unknown consequences on special needs family members as the MHS reforms refocus the system on readiness and as it reduces the number of military medical professionals. Will these changes limit access to specialized care for special needs family members in MTFs? Could families be sent to a location based on current specialty capacity only to see that specialty capacity reduced due to deployments and/or personnel transfers, forcing those military families to seek care in the community. We already know many special needs

families choose TRICARE Select to allow for greater flexibility or because the specialties their families need are not available at the MTF or in the network. As changes occur in the structure of the MHS over the next few years, the TRICARE Select option could become an important option for this group of families who might find availability of the care their special needs family member requires disappearing from their MTF.

TRICARE PROGRAM

Barriers to Transferring TRICARE Prime Specialty Care During PCS

Military families recognize they must sacrifice continuity of medical care because of the highly mobile military lifestyle. Unfortunately, TRICARE policy hinders rather than facilitates the transition of care during permanent change of station (PCS) moves. Established specialty care requires a new referral at each new duty station – even for chronic conditions (e.g., Type 1 Diabetes) where on-going specialty care is undoubtedly required. To re-establish their specialty care, newly relocated military families must first have an appointment with a new Primary Care Manager and get a new referral processed resulting in delays and disruptions in care. ***We ask Congress for legislation that requires TRICARE to allow valid specialty care referrals to transfer to the new duty station during a PCS.***

> *My daughter has an extremely rare syndrome that has several rare diseases that fall under it. PCSing is always a troubling time in our family, even if we move to an area with every specialist she needs, because we are put into a situation where we can't have her medical specialists set up at our incoming location for IMMEDIATE care. We wait to be enrolled in our new region, we wait for an appointment to see our new PCM, and then we wait for her PCM to refer us to, more often than not, outside civilian specialists. Most of the time there's at least a 3 to 6 month wait for the specialists to see new patients, and that's on top of the weeks that have already passed waiting to get in to see the new PCM and waiting for your referrals. Two of our last three PCSs, we ended up in the emergency room with life threatening complications/illness and no specialists who were familiar with her history and her diseases.*

In Section 701 of the FY17 NDAA, Congress eliminated the specialty care preauthorization requirement for outpatient care. We welcome this attempt to streamline access to specialty care, but it is only a partial solution. Allowing a valid referral to transfer to the new duty station would greatly help military families with the timely transition of specialty care. It would also eliminate unnecessary appointments to obtain new referrals and reduce the health care disruptions inherent in PCS moves.

Pediatric Definition of Medical Necessity

TRICARE's reliance on Medicare reimbursement methodologies, a program designed for seniors, means TRICARE policy is sometimes a poor fit for pediatric care. Fortunately, most military children are healthy and won't encounter major TRICARE reimbursement issues due to their minimal use of the program. For those families with special needs children, however, TRICARE policy can mean administrative or financial burdens on top of their child's health care needs and the demands of military service. Due to their small numbers and the wide variety of TRICARE policy problems they encounter, we will seldom see a large public outcry from these families to fix

a single issue. We need a mechanism to address the wide variety and evolving nature of the gaps between Medicare policy and pediatric care needs. Every year we hear about new instances where TRICARE failed to meet the needs of military kids. For example:

> *"I wanted to let you know about a military family I recently met who had a problem with medical care overseas. Their 4-year old daughter contracted a virus and was an inpatient at a civilian hospital in Germany for several weeks before she passed away. While she was hospitalized her mom slept in the hospital room with her, not realizing that German hospitals – unlike U.S. hospitals – charge a "rooming in" fee. I believe the fee was 75 euros per night, so the total expense was quite large. The service member's unit took up a collection to pay the bill. U.S. hospitals encourage parents to sleep in the hospital room with their child. Shouldn't TRICARE cover something like this?"*
> *-Jenna, Navy Spouse*

International SOS, the TRICARE Overseas contractor, published a reminder on this issue in their provider newsletter with the following recommended action for overseas providers.

> Institutional providers should make parents aware, if they wish to stay overnight to accompany their child, TRICARE will **not** cover the charges and the parent will be issued an invoice to pay the hospital for associated lodging costs, before the child is discharged.
> -International SOS Provider Newsletter, March 2018

This does not really address the issue for parents and could, in fact, increase distress or present parents with a terrible choice to either leave their child alone at night or face significant charges.

Another example:

> *"My child recently had a VCUG, a test that is very difficult for the child because it involves a catheter and voiding on the exam table to assess bladder/kidney function. Her physician recommended partial sedation during the test, but TRICARE did not cover it. Why would TRICARE not cover something my daughter's doctor recommended? She may need to have this test done again in the future, so we didn't want her to have a traumatic experience during it."*
> *-Karen, Army Spouse*

The voiding cystourethrogram (VCUG) is used to diagnose a number of bladder conditions. It is a procedure performed mainly on infants and young children. An NIH article[4] reported that most unsedated children experience an unacceptable level of distress (serious or severe distress or panic) during the VCUG that could be avoided with sedation. Just because Medicare does not have a reimbursement policy for sedation during this procedure (and many other pediatric procedures) does not mean sedation is not the right course of action for pediatric patients.

We believe a pediatric definition of medical necessity is the best way to address TRICARE'S wide variety and evolving pediatric coverage gaps. After our Association, together with the TRICARE for

[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2443423/

Kids Coalition, repeatedly raised this issue at Military Family Readiness Council meetings, senior DoD leadership requested the Defense Health Board (DHB) to examine opportunities to improve the overall provision of health care and related services for children of members of the Armed Forces. The July 2016 report request specifically directed the DHB to:

> Address any issues associated with the TRICARE definition of "medical necessity" as it might specifically pertain to children and determine if the requirement for TRICARE to comply with Medicare standards disadvantages children from receiving needed health care.

The DHB *Pediatric Health Care Services Report*[5] was released December 18, 2017. The report documented TRICARE is out of step with commercial plans and Medicaid and concluded TRICARE's current definition of medical necessity disadvantages children from receiving some needed services. The DHB recommended the MHS:

> Modify the administrative interpretation of the regulatory language in 32 Code of Federal Regulations 199.2 to broaden the use of the "hierarchy of reliable evidence" for the benefit of pediatric beneficiaries. Exclusions to the hierarchy described under "reliable evidence" in 32 Code of Federal Regulations 199.2 should not preclude pediatric services (a) meeting definitions of medical necessity used broadly in civilian practice or (b) recommended by recognized medical organizations.

Unfortunately, the DoD's December 2018 Report to Armed Services Committees, *The Plan to Improve Pediatric Care and Related Services for Children of Members of the Armed Forces*[6], announced DoD is not planning to develop a uniform definition of pediatric medical necessity and presented no alternative plan to address pediatric care coverage gaps. ***We ask Congress to urge DoD to implement the Defense Health Board's recommendation to broaden TRICARE's definition of pediatric medical necessity.*** Fixing TRICARE's reimbursement problems related to pediatric care is an essential part of the TRICARE reform effort.

TRICARE Extended Care Health Option (ECHO)

We appreciate DoD's August 2018 proposed rule[7] eliminating the concurrent ECHO benefit requirement. This would allow beneficiaries enrolled in ECHO to receive respite care regardless of whether another ECHO benefit is received in the same month. We are grateful the proposed rule eliminates this barrier to ECHO respite services. While eliminating the concurrent ECHO benefit requirement is a step in the right direction, ***we ask Congress to expand ECHO respite care hours to align more closely with state Medicaid Waiver programs*** to ensure special needs military families receive adequate support.

Medicaid Waiver programs provide long-term care services in home- and community-based settings to those who would otherwise require care in an institutional environment. Many states

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[5] Defense Health Board *Pediatric Health Care Services Report* – December 18, 2017 https://health.mil/About-MHS/Defense-Health-Agency/Special-Staff/Defense-Health-Board/Reports
[6] https://health.mil/Reference-Center/Congressional-Testimonies/2018/12/26/Report-on-Plan-to-Improve-Pediatric-Care-and-Related-Services-for-Children-of-Armed-Forces
[7] https://www.federalregister.gov/documents/2018/08/17/2018-17463/tricare-extended-care-health-option-echo-respite-care

have lengthy waitlists for their Medicaid Waiver programs leaving military families unable to access services when they PCS from one state to another before reaching the top of the waitlist.

> *"I have two special needs children and have never been able to access Medicaid services till our recent assignment. When we move out of state this summer, we will again lose services. In 9 years, we have received only 9 months of Medicaid waiver services due to frequent military moves. The process takes so long each time we PCS. It is really discouraging."*
> *-Peggy, Navy Spouse*

Congress established TRICARE's ECHO program as a substitute for state Medicaid Waiver services that are often unavailable to mobile military families. Medicaid Waiver program services should serve as the benchmark for ECHO covered services. However, ECHO currently falls short, relative to Medicaid waiver services, particularly in terms of respite care.

The Military Compensation and Retirement Modernization Commission (MCRMC) validated this issue in their 2015 report[8] and recommended ECHO covered services be increased to align with state Medicaid Waiver programs more closely. The MCRMC's state-by-state Medicaid Waiver analysis showed the average state Medicaid Waiver provides 695 respite hours per year while ECHO provides only 192 respite hours annually.

While the proposed rule eliminating the concurrent ECHO benefit requirement is a helpful first step, we believe it is important for DoD to further address ECHO deficiencies by increasing the total number of respite hours available to families. The current level of 16 hours per month disadvantages military families relative to state Medicaid Waiver recipients. The low number of ECHO authorized respite hours also presents a barrier to receiving any respite care, since many families report difficulties finding a respite provider willing to work with them given the low number of hours involved. Managed care support contractors verify that many home health agencies don't want to play in intermittent, low hours care.

To ensure that military families' higher out-of-pocket costs result in improvements to their health care system, ***we ask Congress and DoD to:***

- ***Reduce copays for mental health visits and physical, speech and occupational therapies***
- ***Allow valid TRICARE Prime specialty care referrals to transfer to the new duty station during a PCS***
- ***Implement the DHB's recommendation to broaden TRICARE's definition of pediatric medical necessity***
- ***Require DoD to develop and publish performance metrics to evaluate EFMP assignment coordination effectiveness***
- ***Align TRICARE ECHO respite coverage with Medicaid waiver programs***

[8] https://docs.house.gov/meetings/AS/AS00/20150204/102859/HHRG-114-AS00-20150204-SD001.pdf

MILITARY FAMILIES – OUR NATION'S FAMILIES

While our Association and military families may be frustrated with the slow pace of process and service improvement, it is important to note that the DoD and the Service Branches offer services and supports to help our special needs families successfully navigate military life. We appreciate the help Congress has provided over the years and look forward to continuing to work together to ensure the system works for everyone.

Evolving world conflicts keep our military service members on call. Our military families continue to answer this call as well, even as they are dealing with the long-term effects of almost two decades at war. The government should ensure military families have the resources to remain ready. Effective support for military families with special needs must involve a broad network of federal, state and local government agencies, community groups, businesses, and concerned citizens. Our Nation must continue to fund what works to support military families, protect the most vulnerable, and, above all, value their service.

DISCLOSURE FORM FOR WITNESSES
COMMITTEE ON ARMED SERVICES
U.S. HOUSE OF REPRESENTATIVES

INSTRUCTION TO WITNESSES: Rule 11, clause 2(g)(5), of the Rules of the U.S. House of Representatives for the 116th Congress requires nongovernmental witnesses appearing before House committees to include in their written statements a curriculum vitae and a disclosure of the amount and source of any federal contracts or grants (including subcontracts and subgrants), or contracts or payments originating with a foreign government, received during the current and two previous calendar years either by the witness or by an entity represented by the witness and related to the subject matter of the hearing. As a matter of committee policy, the House Committee on Armed Services further requires nongovernmental witnesses to disclose whether they are a fiduciary (including, but not limited to, directors, officers, advisors, or resident agents) of any organization or entity that may have an interest in the subject matter of the hearing. Committee policy also requires nongovernmental witnesses to disclose the amount and source of any contracts or grants (including subcontracts and subgrants), or payments originating with any organization or entity, whether public or private, that has a material interest in the subject matter of the hearing, received during the current and two previous calendar years either by the witness or by an entity represented by the witness.

Please note that a copy of these statements, with appropriate redactions to protect the witness's personal privacy (including home address and phone number), will be made publicly available in electronic form not later than one day after the witness's appearance before the committee. Witnesses may list additional grants, contracts, or payments on additional sheets, if necessary. Please complete this form electronically.

Hearing Date: Wednesday, February 5th, 2020

Hearing Subject:

Exceptional Family Member Program - Are the Military Services Really Taking Care of Family Members?

Witness name: Kelly B. Hruska

Position/Title: Government Relations Director

Capacity in which appearing: (check one)

○ Individual ● Representative

If appearing in a representative capacity, name of the organization or entity represented:

National Military Family Association

Federal Contract or Grant Information: If you or the entity you represent before the Committee on Armed Services has contracts (including subcontracts) or grants (including subgrants) with the federal government, received during the current and two previous calendar years and related to the subject matter of the hearing, please provide the following information:

2019

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant
None			

2018

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant
None			

2017

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant
None			

Foreign Government Contract or Payment Information: If you or the entity you represent before the Committee on Armed Services has contracts (including subcontracts or subgrants) or payments originating from a foreign government, received during the current and two previous calendar years and related to the subject matter of the hearing, please provide the following information:

2019

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract or payment
None			

2018

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract or payment
None			

2017

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract or payment
None			

Fiduciary Relationships: If you are a fiduciary of any organization or entity that may have an interest in the subject matter of the hearing, please provide the following information:

Organization or entity	Brief description of the fiduciary relationship
None	

Organization or Entity Contract, Grant or Payment Information: If you or the entity you represent before the Committee on Armed Services has contracts or grants (including subcontracts or subgrants) or payments originating from an organization or entity, whether public or private, that has a material interest in the subject matter of the hearing, received during the current and two previous calendar years, please provide the following information:

2019

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment
None			

2018

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment
None			

2017

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment
None			

STATEMENT OF THE

THE MILITARY OFFICERS ASSOCIATION OF AMERICA (MOAA)

before the

House Armed Services Committee
Subcommittee on Military Personnel

On

Exceptional Family Member Program

February 5, 2020

MOAA is the nation's largest and most influential association of military officers. It is an independent, nonprofit, politically nonpartisan organization. With more than 350,000 members across all Uniformed Services – including active duty, National Guard, Reserve, retired, former officers, and their families – the association plays an active role in military personnel matters, and especially proposed legislation affecting the career force, the retired community, and veterans of the Uniformed Services.

MOAA does not receive any grants or contracts from the federal government

Karen Ruedisueli – Director, Health Affairs, MOAA

Karen Ruedisueli is MOAA's director of government relations for health affairs. In this capacity, she also serves as co-chair of The Military Coalition's (TMC) Health Care Committee. Karen joined MOAA from the National Military Family Association where she spent six years advocating for families of the Uniformed Services with a focus on health care and military caregivers. Karen has testified before Congress and built relationships with DoD leaders to advance solutions to Military Health System problems and ensure transparency and accountability in policy implementation. She recently co-authored a *Health Affairs* article, "Families with TRICARE Report Lower Health Care Quality and Access Compared to Other Insured and Uninsured Families," with the Children's Hospital of Philadelphia PolicyLab.

A graduate of the University of Michigan, Karen worked as a marketing professional and management consultant before becoming a military spouse. She has extensive experience in market research, brand strategy, and new product/service development. She has also been a guest lecturer at Northwestern University's Kellogg Graduate School of Management on the topic of brand-based innovation.

As an Army spouse, Karen was an active Family Readiness Group (FRG) member and served as a battery-level FRG leader during the unit's train-up and deployment to Afghanistan. She also volunteered as the co-director of research for Blue Star Families and led the development and analysis of their first Military Family Lifestyle Survey. Karen and her husband, MAJ Kurt Ruedisueli (Ret), currently reside in the Washington, D.C., metro area with their two children.

CHAIRWOMAN SPEIER AND RANKING MEMBER KELLY. On behalf of the Military Officers Association of America (MOAA), thank you for hosting this hearing on the Exceptional Family Member Program (EFMP). We appreciate this opportunity to express our views particularly as they relate to EFMP families' ability to access high-quality medical care.

We are truly grateful for your unwavering commitment to not just the men and women who defend our nation, but to their families as well.

Executive Summary

The Exceptional Family Member Program is an important tool for ensuring military families are not sent to locations that lack necessary medical and educational services for their special needs family members. Many EFMP families express frustration and report ineffective EFMP medical screening leading to gaps in care. Special needs families also report challenges with the Military Health System (MHS) that are exacerbated due to their increased need for medical care.

We believe this topic is particularly important given recent study findings by the Children's Hospital of Philadelphia PolicyLab indicating a heightened prevalence of behavioral health and special health care needs among military children. PolicyLab's research also found that TRICARE families were less likely to report accessible or responsive care compared to civilian peers. Military families whose children had complex health or behavioral health care needs also reported worse health care access and lower quality care than similar non-military families. These gaps in access and quality of care must be addressed.

While improvements to the EFMP medical screening process are much needed, those alone will not address the concerns of special needs families.

MOAA recommends the following steps to improve both the EFMP and MHS to more effectively take care of military families:

EFMP Recommendations

- EFMP medical screening must not only identify providers at the gaining location, but also more effectively assess actual appointment availability before approving families to accompany their service members.

- TRICARE referral policy must allow EFMP families to obtain specialty care referrals for providers at the gaining location in advance of PCS moves to streamline medical transitions and minimize disruptions in care.
- DoD and the Services must develop and publish metrics to evaluate medical screening and assignment coordination effectiveness and identify areas where improvement is needed.
- The Office of Special Needs must implement a continuous quality improvement system to ensure the EFMP is optimized to address not only the critical and evolving needs of EFMP families but also the ever-changing medical and educational systems that serve them.
- DoD must bring TRICARE's Extended Care Health Option (ECHO) respite care in line with State Medicaid Waiver programs by increasing the total number of ECHO respite hours from 192 annually to the Medicaid Waiver program average of 695 respite hours per year. Although ECHO is not part of EFMP, it plays an important role for many EFMP family members.

MHS Reform Recommendations

Transfer of MTFs to DHA

- The Defense Health Agency must develop metrics to measure military treatment facility (MTF) compliance with TRICARE Prime access standards, including appropriate referrals to civilian care when needed. Military families must be assured access to care even when MTFs experience appointment shortages.
- DHA must designate, and publicize, an online tool allowing families to report MTF problems. There is not currently a well understood and effective system for patients to report complaints, get resolution and have their issues tracked and reported to DHA to identify systemic or long-term problems.

Transformation of Direct Care System

- We ask Congress to protect the Uniformed Services University of the Health Sciences and graduate medical education programs to ensure a robust pipeline of military medical professionals in the future.
- For care transitioned from MTFs to civilian providers, DHA must ensure warm hand-offs for medically complex patients. We also ask Congress to monitor the impact of uniformed pediatric billet cuts to ensure military kids are transitioned to appropriate pediatric care and not simply moved to adult providers.

- Anticipating MTF realignment and rightsizing, together with direct care system specialty care consolidation, we ask DHA and Congress to protect patient choice regarding travel and referrals for specialty care.

TRICARE Reform

- Dramatic TRICARE copay increases present barriers to accessing maintenance medications and recurring treatments such as mental health visits and physical, speech, and occupational therapies.
  - We request Congress halt pharmacy copay increases scheduled to occur through 2027 and ensure no future disproportionate pharmacy copay increases.
  - We also ask Congress to return to TRICARE percent cost shares for mental health visits and physical, speech, and occupational therapies — 15% for active duty family members and 20% for retirees.
- We urge DHA to add "dissatisfaction with MTF access or quality of care" to the list of Qualifying Life Events (QLEs) to prevent military families from being trapped in MTFs that do not meet their needs.
- DHA must fix TRICARE coverage gaps for emerging technologies and evolving treatment protocols and implement the Defense Health Board recommendation to broaden TRICARE's definition of pediatric medical necessity. A pediatric-specific definition of medical necessity is needed to avoid pediatric gaps in care due to TRICARE's alignment with Medicare's reimbursement policies that are designed for seniors. As MHS reform moves more care into the TRICARE network, these coverage gaps will present problems for a greater number of beneficiaries.

Military Special Needs Families

PolicyLab Study: Special Needs Prevalence Among Military Families

We appreciate the Subcommittee's attention to the needs of military special needs families. It is particularly important to get medical care right for special needs families given their heightened prevalence within the military community. A recent study by the Children's Hospital of Philadelphia (CHOP) PolicyLab,[1] published in the August 2019 edition of *Health Affairs*, indicates a higher prevalence of special health care needs among children covered by TRICARE compared to their civilian peers:

Children's Hospital of Philadelphia PolicyLab Study:

> There was also a significant difference in the prevalence of complex health care needs, as measured by both the CSHCN Screener and behavioral health diagnoses, across insurance groups. The overall reported prevalence of children with at least one special health care need was 20.2 percent, with that prevalence being highest among children with TRICARE (28.5 percent) and lowest among uninsured children (12.6 percent). The overall prevalence of a behavioral health diagnosis was 11.6 percent. Children ages 0–17 covered by TRICARE had the highest prevalence of behavioral health diagnoses (15.7 percent), a rate nearly twice as high as that among uninsured children (7.9 percent), and the prevalence was 10.7 percent among children with commercial insurance and 13.6 percent among those with public insurance.

Military kids are 40% more likely than civilian kids to have at least one special health care need. They are 35% more likely than civilian kids to have a behavioral health diagnosis. While the PolicyLab study did not address why military kids are more likely to have complex medical needs, we know from talking with special needs families that the military health care benefit is a powerful retention tool for them. Gaining a better understanding of the reasons behind military kids' increased prevalence of special needs would be a worthwhile topic for future research.

Special Needs Military Families Face Unique Challenges

Caring for a special needs family member can be difficult and draining for any family. However, the impact for military families is magnified by the unique challenges associated with military service. Frequent geographic relocations are a fact of life for

[1] "Families with TRICARE Report Lower Health Care Quality and Access Compared to Other Insured and Uninsured Families" – *Health Affairs*, Aug 2019
https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2019.00274

military families and they inevitably disrupt the continuity of care that is so important in managing complex medical conditions. After every move, special needs military families must begin a lengthy cycle of referrals, authorizations and waitlists at each new duty station, resulting in repeated gaps in care. A nationwide shortage in medical specialists means even when families have successfully navigated the authorization and referral process at their new location, they may face a delay of weeks or even months before treatment can restart. Military families fear these repeated treatment delays have a cumulative and permanent negative effect on their special needs family members. Some of this disruption is unavoidable and families understand that. However, we believe the Exceptional Family Member Program (EFMP) medical screening and assignment process is not always entirely effective and certain Military Health System (MHS) policies and processes in both the direct and purchased care systems further impede access to care for special needs families.

Exceptional Family Member Program Medical Screening

The EFMP helps families in two ways: by making sure special needs are considered during assignments and by offering families information and referrals to non-medical support within DoD, the Services and the local community[2]. In the assignment process, personnel are assigned to new duty locations based on military requirements and then the EFMP medically screens family members for eligibility to accompany them based on availability of medical and educational services at the gaining installation. This is important because access to appropriate medical and educational services may be limited in overseas and remote locations.

As of October 2018, approximately 8% (137,000) of military family members received support from EFMP[3].

Military Family Feedback on Medical Screening

Unfortunately, we hear from some family members that the screening process does not always work as intended and families are sometimes sent to areas that lack needed medical care. This can happen when a medical specialist retires or PCS's away from the gaining location in between the screening process and the family's arrival at the new location. More frequently, families perceive that medical screening may identify providers at the gaining location but does not assess actual appointment availability. Some families arrive at their new duty station to find providers no longer accept

[2] https://www.militaryonesource.mil/family-relationships/special-needs/exceptional-family-member/the-exceptional-family-member-program-for-families-with-special-needs
[3] https://fas.org/sgp/crs/natsec/IF11049.pdf

TRICARE or aren't taking new TRICARE patients. Other providers may have long wait lists for new patient appointments that lead to gaps in care for special needs family members.

> *I know that services are reviewed before families arrive at the gaining base, but those services are not always offered as stated. We are currently at a base where half of the services we need are two hours away. This is either because the services offered in our area have a long wait list or those specialties do not treat the age needed. Had someone picked up the phone to call the services before we came, it would have been discovered that this was not the best place for us to be for medical care.*
>
> *—Air Force Special Needs Parent*

Joint Base Lewis-McChord (JBLM) and the Colorado Springs area offer robust services for military special needs families, particularly those who have a family member on the autism spectrum. The JBLM Center for Autism Resources, Education and Services (CARES) is an innovative center providing patient-centered care for military children with autism and their families. JBLM CARES offers occupational, physical and speech therapy, Applied Behavior Analysis, EFMP Systems Navigation and respite care among other services. We appreciate this innovative approach to providing care to military families impacted by autism. Both the JBLM and Colorado Springs areas have an extensive network of TRICARE providers as well. As the number of special needs families assigned to JBLM and Colorado Springs-area installations has increased, demand for some services has outstripped supply, resulting in long wait lists. Educational organizations have also told us that local schools are having trouble meeting demand for special education services due to the high number of special needs military families assigned to these areas. We commend the services for identifying JBLM and Colorado Springs as areas with significant benefits for special needs families, but the **EFMP must do a better job assessing actual appointment availability before approving families to accompany their service members.**

National Provider Shortages Demand TRICARE Referral Policy Change

While improved medical screening for appointment availability is needed, that alone won't address problems families face in transitioning care. Some medical specialties have nationwide provider shortages. Developmental pediatrics is one example. There is probably not a single developmental pediatrician in the U.S. without a waitlist for new

patients. To address this reality, **TRICARE referral policy must allow EFMP families to obtain specialty care referrals for the gaining location in advance of PCS moves.**

Current TRICARE Prime policy requires families to PCS before they can transfer their TRICARE enrollment, schedule an appointment with the new Primary Care Manager (PCM), get specialty care referrals from the PCM, and then wait for the referrals to be processed. Only then can families contact specialty providers at their new location to make appointments or get on waitlists. Between the relocation process, the wait for a PCM new patient appointment, and the referral processing time, some EFMP families report a 1-2 month gap in care before they even get on specialists' wait lists.

> *My daughter has an extremely rare syndrome that has several rare diseases that fall under it. PCSing is always a troubling time in our family, even if we move to an area with every specialist she needs, because we are put into a situation where we can't have her medical specialists set up at our incoming location for IMMEDIATE care. We wait to be enrolled in our new region, we wait for an appointment to see our new PCM, and then we wait for her PCM to refer us to, more often than not, outside civilian specialists. Most of the time there's at least a 3- to 6-month wait for the specialists to see new patients, and that's on top of the weeks that have already passed waiting to get in to see the new PCM and waiting for your referrals. Two of our last three PCSs, we ended up in the emergency room with life threatening complications/illness and no specialists who were familiar with her history and her diseases.*
> *—Active Duty Service Member*

This process could be streamlined, and disruptions in care minimized, by allowing families to get specialty care referrals for the gaining location before they PCS.

GAO Report: Performance Metrics Needed

Effectively addressing the medical screening issue starts with a better understanding of its scope. **We ask Congress to require DoD to develop and publish metrics to evaluate medical screening and assignment coordination effectiveness.** A May 2018 Government Accountability Office (GAO) report, *DoD Should Improve Its Oversight of the Exceptional*

Family Member Program[4], indicates each Service uses various mechanisms to *monitor* how service members are assigned to installations, but the report contains no details on how the individual Services are assessing assignment coordination *effectiveness*. This issue has also been raised on multiple occasions with the Military Family Readiness Council. We agree with GAO's recommendation that the Office of Special Needs (OSN) develop common performance metrics for assignment coordination across the Services. Specifically, EFMP assignment coordination performance metrics should:

- Include measures of military family satisfaction with the assignment coordination process focused on the ability to obtain necessary medical care at the gaining installation.
- Track compassionate reassignments and off-schedule PCS moves due to inadequate medical resources at the gaining installation. Compassionate reassignments of this nature indicate system failure and should be analyzed to identify and address process breakdowns.
- Be reported at the installation level to provide actionable information.

Army EFMP Evolving

At the Family Readiness Initiatives Forum[5] held at AUSA on Feb. 5, 2019, Army leadership announced a new approach to give Soldiers and families a greater voice in the EFMP assignment process. Under the new policy, Soldiers will be given pre-screened PCS location choices to research and choose from. We view the Army's announcement as a positive development and applaud any effort to provide families with more transparency and input to the assignment process. We look forward to hearing about progress and lessons learned on this new initiative from Army EFMP personnel.

National Academies Report Findings

Findings from the 2019 National Academies of Sciences, Engineering, and Medicine report *Strengthening the Military Family Readiness System for a Changing American Society*,[6] a report prepared at the request of the Military Community and Family Policy (MC&FP) office, should also be considered as we examine the EFMP.

The National Academies Committee on the Well-Being of Military Families was formed to study the challenges and opportunities facing military families and what is known about effective strategies for supporting and protecting military children and families.

[4] https://www.gao.gov/products/GAO-18-348
[5] https://www.ausa.org/events/family-readiness-initiatives-forum
[6] https://sites.nationalacademies.org/dbasse/bcyf/military-families-well-being/index.htm

The Committee also developed recommendations for DoD regarding what is needed to strengthen the support system for military families.

The National Academies report recommends a Dynamic Sustainability Framework for military family support programs including:

> A continuous quality monitoring system that utilizes solid measurements is needed to ensure a complex adaptive system that continues to progress in its effectiveness and relevance. The premise of on-going monitoring is not to find fault or blame, but to promote a culture of learning in the system through data-driven feedback loops that support continuous quality improvement.

As EFMP improvements are considered and policy changes such as the Army's attempt to provide more transparency to the assignment process are implemented, **a continuous quality improvement system will help ensure the EFMP is optimized** to address not only the critical and evolving needs of EFMP families but also the ever-changing medical and educational systems that serve them.

TRICARE Extended Care Health Option (ECHO)

Although not part of EFMP, another important program for military special needs families is the TRICARE Extended Care Health Option (ECHO). Congress established ECHO as a substitute for state Medicaid Waiver services that are often unavailable to mobile military families.

Medicaid Waiver programs provide long-term care services in home- and community-based settings to those who would otherwise require care in an institutional setting. Many states have lengthy waitlists for their Medicaid Waiver programs leaving military families unable to access services when they PCS from one state to another moving from waitlist to waitlist.

> *Military families function with one parent gone for long periods. Add to that we do not live by family due to moving constantly. Also add to that we never have deep roots with friends because of the moving. There is no population of special needs parents that need respite more! Our family finally has respite care via Medicaid after an 8-year wait on the waitlist.*
>
> *—Military Special Needs Parent*

ECHO serves a relatively small population of the most severely impacted special needs families including those with intellectual disabilities, serious physical disabilities, multiple disabilities that affect separate body systems, and autism spectrum disorder. In FY17 there were approximately 19,000 beneficiaries registered in ECHO.[7] Because ECHO is intended to fill a gap for families unable to obtain Medicaid Waiver services, Medicaid Waivers should serve as the benchmark for ECHO covered services. However, ECHO currently falls short relative to Medicaid waiver services, particularly in terms of respite care.

The Military Compensation and Retirement Modernization Commission (MCRMC) validated this issue in their 2015 report[8] and recommended ECHO covered services be increased to more closely align with state Medicaid Waiver programs. The MCRMC's state-by-state Medicaid Waiver analysis showed the average state Medicaid Waiver provides 695 respite hours per year while ECHO provides only 192 respite hours annually.

The current ECHO respite level of 16 hours per month disadvantages military families relative to state Medicaid Waiver recipients. The low number of ECHO-authorized respite hours also presents a barrier to receiving any respite care, since many families report difficulties finding a respite provider willing to work with them given the low number of hours involved. Managed care support contractors verify that many home health agencies don't want to engage in intermittent, low hour care.

> *"As the parent of a special needs child whose medical needs can change drastically depending on her current health status, I can say it is impossible to navigate the supposed respite care she qualifies for. Our daughter was/is still nonverbal, "severely" autistic, and requires tube feedings. She also has a serious lung disorder and heart defects that will require multiple open-heart surgeries in the future. I was told by her ECHO case manager... that she qualified for 16 hours a month respite care through that program. We called about that but were unable to get a nursing company to return our call, even with a referral. Nobody is willing to sign on for this. We have been here over a year and still have no respite care or any hope for it."*
>
> *—Military Special Needs Parent*

DoD has taken important steps to improve ECHO including expanding coverage to incontinence supplies and issuing a proposed rule to eliminate the concurrent ECHO benefit requirement for respite coverage (i.e., allowing families to access respite services

[7] https://fas.org/sgp/crs/natsec/IF11002.pdf
[8] https://docs.house.gov/meetings/AS/AS00/20150204/102859/HHRG-114-AS00-20150204-SD001.pdf

even if they don't use another ECHO benefit). **It is critical DoD address the respite deficiency by increasing the total number of ECHO respite hours from 192 annually to the Medicaid Waiver program average of 695 respite hours per year.**

EFMP families face many challenges in navigating military life while also caring for their special needs family members. We appreciate that Congress and DoD have developed the EFMP and ECHO to ensure families can access needed medical care and special education resources, but they are falling short of serving special needs families as intended. We appreciate the Subcommittee's attention to these issues and stand by to assist as you consider ways to optimize these important programs.

Military Health System Reform & Special Needs Families

With the FY17 NDAA, Congress set into motion massive MHS reform measures intended to improve focus on medical readiness, find efficiencies, and address problems patients encounter with access to care, quality of care, and the patient experience. MHS Reform is focused on three main lines of effort:

- **Transition of MTF administration and management from the Services to DHA**. Goals include patient facing standardization across the direct care system; improved health outcomes, access to care and patient experience; lower total management cost. Limits role of Services' Surgeons General in the direct care delivery system but maintains their oversight of the operational medical force readiness.
- **Transformation of the direct care system** with a greater focus on readiness and maintaining medical provider currency including MTF right-sizing and realignment; conversion of some uniformed medical billets to civilian positions; change in the mix of care provided at MTFs; consolidation of specialty care and establishment of centers of excellence; increase in civilian training agreements for combat casualty care skills; expanded eligibility for MTF care for veterans and civilians to support uniformed provider currency.
- **TRICARE Reform** including rebranding of TRICARE Standard/Extra to TRICARE Select; establishment of an annual open enrollment period with qualifying life events; conversion of Standard/Extra percent cost shares to fixed dollar copays; establishment of beneficiary Groups A (grandfathered) and B (new) based on sponsor date of entry into military service;

reconfiguration of TRICARE contracts to provide greater beneficiary choice and value-based care.

PolicyLab Study: Military Family Satisfaction with Access and Quality of Care

We appreciate MHS reform is intended to address problems beneficiaries encounter with the system. For years, we have heard complaints from families who face a variety of barriers to accessing care including challenges getting appointments, high levels of inconvenience in using the system, and TRICARE coverage gaps among other issues. We recognize any large health care system will have some dissatisfied patients and, until recently, it was difficult to know if military families were facing more problems with access and quality of care than their civilian counterparts.

The recent CHOP PolicyLab study[9], in addition to showing higher prevalence of special health care needs among military children, also found that TRICARE families were less likely to report accessible or responsive care compared to their civilian peers. Military families whose children had complex health or behavioral health care needs reported worse health care access and quality than similar non-military families.

Children's Hospital of Philadelphia PolicyLab Study:

The accessibility of care for children on TRICARE was comparable to that for children on public insurance or those who were uninsured. Children in TRICARE-insured families experienced significantly worse responsiveness in care, compared to the other three groups (commercially insured, publicly insured, uninsured.)

TRICARE-insured families, particularly those whose children have complex health care needs, face greater barriers to health care access and receipt of high-quality care than their peers do, which may be indicative of challenges due to mobility between installations and subsequently in getting high-quality, continuous care once a need is recognized.

Many challenges EFMP families encounter with the Military Health System (MHS) are not unique to special needs beneficiaries but have a more pronounced impact on them due to their heavy use of the system. MOAA is hopeful MHS Reform will address these issues, but we are concerned that we have not yet seen many improvements in access, quality of care and the patient experience. While we support MHS reform goals, we also have numerous concerns about how the speed and magnitude of proposed changes — including overhauls to direct care system administration and management, MTF

[9] "Families with TRICARE Report Lower Health Care Quality and Access Compared to Other Insured and Uninsured Families" – *Health Affairs*, Aug 2019 https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2019.00274

rightsizing and realignment, and a new market-based TRICARE construct —may be putting beneficiaries, and particularly special needs military families, at risk.

Transition of MTFs to DHA

MOAA supports MHS reform goals of seeking efficiencies and standardizing policies and processes within the direct care system. However, as the transition of MTFs to DHA administration/management proceeds, we have the following concerns and recommendations for ensuring beneficiary needs are considered during the process:

- MTF policy standardization must include **performance metrics that measure compliance to TRICARE Prime access standards** and don't penalize leakage to TRICARE network.

  Military families must have access to care even when their MTFs have appointment shortages. We understand the importance of maximizing caseloads for military providers and optimizing use of the direct care system infrastructure. We appreciate the challenge of managing appointment availability when both providers and patients regularly PCS in and out of the area and realize appointment shortages will sometimes happen. According to TRICARE Prime Access to Care Standards[10], patients should be referred to the TRICARE network when they can't get a timely appointment but that policy is not consistently followed.

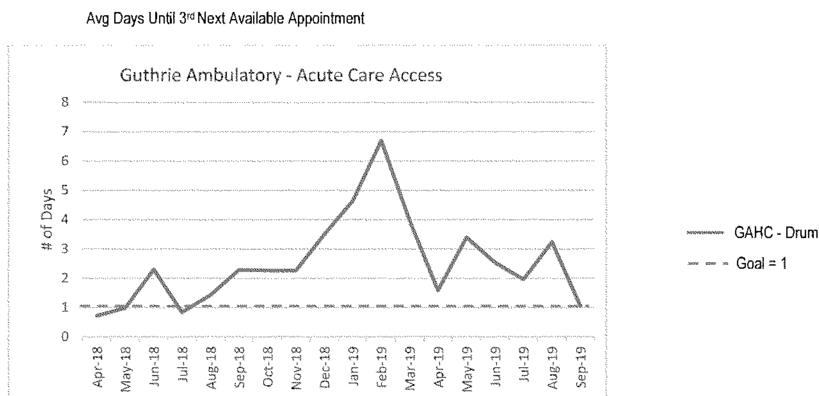
Fort Drum/Guthrie Ambulatory Health Care (GAHC) – July 2019:

Army Spouse: *I've been to urgent care more than my provider and it's very sad. You should be able to see your provider and be able to follow up with whatever you got going on in a month or so. And you can't do any of that. It's ridiculous.*

GAHC Employee: *I work at Guthrie and the real reason everyone is struggling is that all our providers have had to PCS and it is also affecting the soldier clinics and they are aware of this issue. I myself have to wait for care but once fully staffed again it will be better. No one is allowed to change insurance randomly anymore, we now have enrollment periods which should be October, then you can change if need be?*

[10] https://health.mil/Reference-Center/Policies/2011/04/26/TRICARE-Policy-for-Access-to-Care

According to MHS Transparency Data[11], GAHC – Fort Drum has failed to meet the TRICARE Prime acute care access standard for much of the past year.



While we appreciate families can now use urgent care without a referral, urgent care should not become a substitute for a beneficiary's PCM. Also, as noted by the Guthrie employee, families who can't get appointments at the MTF can no longer switch to TRICARE Select as needed to get care in the civilian network —they must wait for the annual open enrollment period or a qualifying life event. Families must rely on MTFs to adhere to access standards or they may not be able to access appropriate care.

MTF appointment shortages pose a particular risk for special needs families since they must obtain all referrals for specialty care from their PCMs:

Fort Benning/Martin Army Community Hospital (MACH) – August 2019
So far this year, the clinics on post have not been able to provide acute services for my family 4 times this year: Feb. 1, May 31, June 5, Aug. 22. Yesterday morning I called to make a same-day appointment. I was informed that the first available appointment was on September 13 —22

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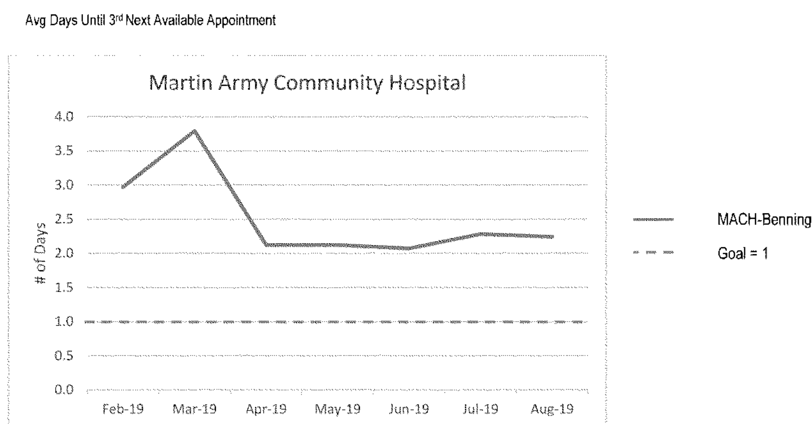
[11] https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Patient-Portal-for-MHS-Quality-Patient-Safety-and-Access-Information/See-How-Were-Doing/MTF-Comparer?DmisIds=0330#pagecolumns_0$content_1$rpComparisonListCategories$ctl00$lvAccordionMeasures$ctrl0$hlAnchor

days away. Tricare access standards state that we be afforded an appointment within 24 hours. I called Tricare East customer service to attempt to change providers to an off-post facility and was informed that I was restricted due to my address being on post. I then called to attempt to speak to a patient advocate and no return call was made to me by close of business. I ended up taking my daughter to urgent care, and while I am thankful for that service, that should not be the answer to acute care issues. My daughter has reactive airways and needed to be seen for a related issue. Urgent care has no way to refer us to a provider that can follow her for this issue or provide follow-up care. It is clear to me that BMACH is unable to provide the necessary services and follow-up care to my family.

—Army Spouse/Special Needs Parent

According to MHS Transparency Data[12], Fort Benning's MACH consistently failed to meet the TRICARE Prime access standard for acute care during the timeframe cited by the Army spouse above:



[12] https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Patient-Portal-for-MHS-Quality-Patient-Safety-and-Access-Information/See-How-Were-Doing/MTF-Comparer?DmisIds=0048#pagecolumns_0$content_1$rpComparisonListCategories$ctl01$lvAccordionMeasures$ctrl0$hlAnchor

We understand appointment shortages will happen. But when a family experiences problems making appointments over a six month period, the MTF must adhere to access standards and refer them out to a civilian PCM. It is critical that DHA monitor MTF compliance to access standards to ensure military families have access to care.

- **DHA must designate, and publicize, an online tool allowing families to report MTF problems.**

No large medical system will be without patient complaints. We appreciate MHS reform is intended to address issues with access, quality and the patient experience, but we are concerned that MHS reform's massive system-wide changes will lead to increased patient problems in the short term. We also fear DHA does not currently have visibility to many of the challenges families face in the direct care system, including appointment shortages but also encompassing many other barriers to accessing care.

I'm so done! We've been waiting for 2 months for this appointment to get my daughter's MRI. At Walter Reed right now and they don't have her on the schedule. They offered me Sunday from 1-6am.

—Military Spouse

Our case manager has been at Ft Campbell for over 18 months and doesn't have a working voicemail. She proceeded to tell me to just keep calling back until she answered.

—Military Spouse/Mom of Special Needs Twins

When families encounter problems at their MTFs, they often do not know where to turn. Many are unclear on whether their problem should be addressed by the MTF or the TRICARE contractor. Patient advocates vary in their responsiveness and effectiveness. Expecting families to go directly to the MTF commander is not realistic —most will not perceive this as an option.

DHA must provide families with a highly publicized, easy-to-use online tool to report access to care and patient experience problems. These problems must be addressed, tracked and reported up to DHA to identify systemic or long-term issues. The Interactive Customer Evaluation (ICE) system may be the right platform, but it

currently has low awareness among families, and it is unclear if problems submitted via ICE are reported up to DHA.

Transformation of Direct Care System

We are looking forward to the FY17 NDAA Sec. 703 report release to better understand plans for direct care system realignment and rightsizing. In general, MOAA doesn't oppose changing how the military health care benefit is delivered, but we do oppose any reductions to the value of the benefit and/or beneficiary access to high quality care.

Last year's proposed medical billet cuts were a shock given the Sec. 703 report on Direct Care System realignment has not yet been released. We remain concerned that without proper research and mitigation plans, proposed billet cuts may negatively impact readiness and beneficiary access to care.

We are not convinced DHA and the Services have properly assessed TRICARE network adequacy given the potential influx of patients displaced from MTFs. Multiple factors have the potential to significantly increase demand for civilian network care including the proposed billet reductions, potential MTF rightsizing pending release of the Sec. 703 report, and the possible inclusion of MTFs in the Department of Veterans Affairs Community Care Networks.

MOAA appreciates the inclusion of Sec. 719 in the FY20 NDAA with reporting requirements intended to verify DHA and the Services are conducting necessary research, analysis and mitigation plan development before cutting uniformed medical billets or otherwise reducing care delivery in MTFs.

Other concerns and recommendations related to Direct Care System transformation include:

- What are plans for military medical education programs? **We ask Congress to protect the Uniformed Services University of the Health Sciences and graduate medical education programs to ensure a robust pipeline of military medical professionals** in the future.
- In MTFs that are downsized or closed, how will patient care be transitioned to civilian providers? **We ask DoD to ensure warm hand-offs for medically complex patients. We also ask Congress to monitor military kids' care impacted by cuts to uniformed**

pediatric billets to ensure military kids are transitioned to appropriate pediatric care and not simply moved to adult providers.

- What will Direct Care System specialty care consolidation look like in practice? Will family preferences be considered in referral decisions? How will travel to MTF Centers of Excellence be handled? **We ask DoD and Congress to protect patient choice regarding travel and referrals for specialty care** related to the establishment of military medical centers of excellence.

TRICARE Reform

TRICARE Copay Increases Present a Barrier to Accessing Care
MOAA is disappointed that, to date, TRICARE reform seems to be primarily focused on DoD savings by shifting more out-of-pocket costs to beneficiaries. We urge Congress and DoD to reconsider out-of-pocket cost increases and focus on fixing TRICARE policies that impede access to care, particularly for special needs families.

- **We ask Congress to return to TRICARE percent cost shares for mental health visits and physical, speech, and occupational therapy visits —15% for active duty family members and 20% for retirees.**
  - TRICARE's current fixed dollar copays have more than doubled beneficiary out-of-pocket costs for these visits. Because therapies (including mental health) are now considered specialty care, families are paying a significant portion of relatively low-cost treatments. Beneficiary cost shares now range from 30-45% of these lower cost appointments.

> *It is the physical therapy copays which make this medical care unaffordable for many. Personally, I am trying to figure out how a copay for PT is equivalent to a copay for a brain surgeon. I fail to understand why and who defined PT as specialty care for this high of copay.*
>
> *—Military Retiree*

  - Because therapies typically require recurring appointments, these excessive copays have a significant cumulative effect on families over a short treatment period. Some families report they have had to skip or cut short treatment plans due to copay increases.

> *We have had to cut back our speech therapy sessions in half because copays have more than doubled and our budget is still the same. What this means is that our child is not receiving the therapies she needs because we cannot afford the high weekly copays!*
>
> — *Military Spouse*

- DoD's September 2019 Report to Congress, *Consolidation of Cost Sharing Requirements under TRICARE Prime and Select*[13], validates these concerns.

> Approximately one-quarter of beneficiaries with household incomes below $50,000 reported postponing primary care sometimes, often, or usually. Rates of postponing specialty care or therapy requiring multiple visits were higher (about 30 percent) and, by beneficiary group, ADFMs were more likely to postpone care due to costs for therapy requiring multiple visits or picking up medications (25 percent) or specialty care (30 percent).

- **We request Congress halt pharmacy copay increases scheduled to occur through 2027** and ensure future pharmacy copay increases are not disproportionate (i.e., do not exceed the military retired pay cost of living adjustment or COLA.)
  - EFMP families without MTF access are hit hard by pharmacy copay increases since their family members often require multiple maintenance medications.
  - The TRICARE pharmacy copay table passed in the FY18 NDAA included annual increases that far exceed typical retiree COLA.
  - Congress passed TRICARE pharmacy copay increases to pay for the Special Survivor Indemnity Allowance (SSIA), a partial fix for the Widow's Tax (or Survivor Benefit Plan-Dependency and Indemnity Compensation (SBP-DIC) offset.[14]) MOAA opposed this because it is the government's responsibility – not military beneficiaries' – to fund the needed compensation for survivors whose sponsors died as a result of military service. Additionally, pharmacy copay increases negatively impacted many of the military survivors intended to benefit from SSIA.

[13] https://health.mil/Reference-Center/Congressional-Testimonies/2019/03/27/Consolidation-of-Cost-Sharing-Requirements-Under-TRICARE-Select-and-TRICARE-Prime

[14] https://www.dfas.mil/retiredmilitary/survivors/Understanding-SBP-DIC-SSIA.html

Now that the FY20 NDAA has eliminated the Widow's Tax, and SSIA will be sunset, Congress must halt pharmacy copay increases.

MOAA is not opposed to modest and predictable out-of-pocket cost increases not exceeding the military retirement cost of living adjustment (COLA.) The dramatic TRICARE copay increases implemented as part of MHS Reform not only diminish the military health care benefit, but they clearly present a barrier to accessing care and they must be addressed.

TRICARE Annual Enrollment Policy May Trap Families in MTFs

We remain concerned about the TRICARE annual open enrollment policy's potential to trap TRICARE Prime families in MTFs that don't meet their needs. We realize an annual open enrollment is a feature of civilian plans and generally have no issues with this new requirement. However, TRICARE Prime's reliance on military hospitals and clinics creates a situation unique to the military and demands a policy tailored to military family needs.

- We **urge DoD to add "dissatisfaction with MTF access or quality of care" to the list of Qualifying Life Events (QLEs)** for the following reasons:
  - For commercial health plans, the annual enrollment period locks in beneficiaries to coverage levels, not a single medical facility. While an annual enrollment period is not unreasonable, preventing military families from leaving their MTF if they experience problems with appointment access or quality of care is unreasonable.
  - Allowing families to switch enrollment from Prime to Select provides an important aspect of MTF accountability and will afford the MHS an opportunity to understand why families leave. Giving the MTFs competition by allowing patients to leave when they are dissatisfied will allow the MHS to identify problematic MTFs and develop improvement strategies for local access and quality of care problems.

TRICARE Coverage Gaps Present Challenges for Special Needs Families

TRICARE offers comprehensive coverage that works well for most families. However, EFMP families, particularly those dealing with medical complexity, sometimes face barriers to accessing care due to TRICARE reimbursement policies that are either outdated or a poor fit for pediatric care.

- We urge Congress and DoD to **fix TRICARE coverage gaps for emerging technologies and evolving treatment protocols.**

Since TRICARE coverage policies are governed by statute, they are often difficult to update to cover new medical technologies or treatment protocols. Even when legislation is not required, TRICARE policy often lags advancements. For instance, TRICARE's Criteria for Use on Continuous Glucose Monitors (CGMs) was written in 2009 and not updated until 2020. We appreciate DHA's recent policy update expanding Continuous Glucose Monitor coverage[15] to Type 2 diabetics and bringing it in line with Medicare coverage policy. We remain concerned TRICARE's updated policy still fails to cover all conditions that could benefit from CGMs. Diagnostic genetic testing is another rapidly advancing technology and we are concerned TRICARE policy is not evolving to ensure beneficiaries have access to the current standard of care.

- We ask Congress to **require DoD to implement the Defense Health Board recommendation to broaden TRICARE's definition of pediatric medical necessity.**

TRICARE's reliance on Medicare reimbursement methodologies, a program designed for seniors, means TRICARE policy is sometimes a poor fit for pediatric care. For families with special needs children, TRICARE policy can mean administrative or financial burdens on top of their child's health care needs and the demands of military service. Due to their small numbers, unique needs, and the wide variety of TRICARE policy problems they encounter, we will seldom see a large public outcry to fix a single issue but it is still critically important to fix pediatric coverage gaps for the small number of impacted families. We need a mechanism to address the wide variety and evolving nature of the gaps between Medicare policy and pediatric care needs.

The Defense Health Board's *Pediatric Health Care Services Report*[16] was released Dec. 18, 2017. The report documented TRICARE's pediatric policies are out of step with commercial plans and Medicaid and concluded TRICARE's current definition of medical necessity puts children at a disadvantage in receiving some needed services. The DHB recommended the MHS:

> Modify the administrative interpretation of the regulatory language in 32 Code of Federal Regulations 199.2 to broaden the use of the "hierarchy of reliable evidence" for the benefit of pediatric beneficiaries. Exclusions to the hierarchy described under "reliable evidence" in 32 Code of Federal Regulations 199.2 should not preclude

[15] https://manuals.health.mil/pages/DisplayManualFile.aspx?Manual=TP08&Change=234&Type=ChangeOnly&Filename=TP08C-234COComposite.pdf

[16] Defense Health Board *Pediatric Health Care Services Report* – December 18, 2017 https://health.mil/About-MHS/Defense-Health-Agency/Special-Staff/Defense-Health-Board/Reports

pediatric services (a) meeting definitions of medical necessity used broadly in civilian practice or (b) recommended by recognized medical organizations.

Case Management Services Need an Overhaul

Effective case management could help EFMP families better navigate barriers to care across the MHS, coordinate care across the direct and purchased care systems, and more readily transfer care during PCS moves. Unfortunately, special needs families report case management services are fragmented (with separate case managers at the MTF, managed care support contractor, for ECHO coverage and EFMP non-medical case management) and often inadequate to address their needs. We appreciate the FY20 NDAA directed DoD to conduct a study on MHS case management including the effectiveness of case management practices at MTFs and by managed care support contractors. **EFMP families need case managers who are knowledgeable about the entire military system of care, as well as civilian resources, and proactively address EFMP family needs.**

MHS access to care, quality of care, and patient experience problems are not unique to EFMP families. However, it is important to consider the cumulative impact on special needs families who are frequent users of the system. Problems getting appointments, TRICARE coverage gaps for needed care and services, and dramatic copay increases add up over time and create barriers to accessing care. With the PolicyLab study, we now have evidence that military special needs families face greater problems with access and quality of care than their civilian counterparts. These problems must be addressed as part of MHS reform to ensure military health care is an unmitigated benefit —not another sacrifice to add to the many that service members and their families already make in support of our nation.

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Hearing Date: Wednesday, February 5th, 2020

Hearing Subject:

Exceptional Family Member Program - Are the Military Services Really Taking Care of Family Members?

Witness name: Karen E. Ruedisueli

Position/Title: Director, Health Affairs

Capacity in which appearing: (check one)

○ Individual ● Representative

If appearing in a representative capacity, name of the organization or entity represented:

Military Officers Association of America

Federal Contract or Grant Information: If you or the entity you represent before the Committee on Armed Services has contracts (including subcontracts) or grants (including subgrants) with the federal government, received during the current and two previous calendar years and related to the subject matter of the hearing, please provide the following information:

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Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

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Organization or entity	Brief description of the fiduciary relationship

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Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment

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...for the sake of the child

909 Mountain Lion Circle, Harker Heights, TX 76548 • (254) 953-1923 • (254) 953-1925 fax • www.MilitaryChild.org • CFC #10261

Testimony in response to invitation from House Committee on Armed Services Subcommittee on Military Personnel for a February 5, 2020 hearing titled, "Exceptional Family Member Program – Are the Services Really Taking Care of Family Members?"

Submitted by: Rebecca I. Porter, Ph.D., Military Child Education Coalition, 909 Mountain Lion Circle, Harker Heights, TX 76548

Dear Representative Speier, Representative Kelly, and members of the Military Personnel Subcommittee,

My name is Dr. Rebecca Porter, and I am the President and Chief Executive Officer of the Military Child Education Coalition (MCEC). MCEC is a globally recognized 501(c)(3) nonprofit that works to ensure inclusive, quality educational opportunities for all military-connected children affected by mobility, transitions, deployments, and family separation. Given our mission as stated above, military-connected parents contact MCEC not infrequently regarding education questions or concerns for their children.

In recent months it has come to our attention that an apparently growing number of military-connected parents of children with special needs feel that the basic education needs of their children are not being adequately or appropriately addressed by the schools they attend or should be attending according to district boundaries. Moreover, their efforts to garner assistance through the Exceptional Family Member Program (EFMP) or the military installation's School Liaison Officers are largely inconsistent and ineffective. Several families reported to us, and through an informal grassroots survey conducted by a group of concerned EFMP spouses, that the EFMP is broken, clearing them for assignment to locations where nearby schools do not have the resources to meet their children's educatiou needs.

According to their reports, many families undergo undue emotional and financial stress as a result of attending multiple confrontational and unproductive meetings, fighting with school officials, and attempting to find and secure community resources on their own. In especially contentious situations, parents report spending hundreds – thousands of dollars on advocates and attorneys to assist in accessing the Free and Appropriate Public Education to which their children are entitled by law. The consistent theme from EFMP families is that they have to repeatedly "fight" for basic special education services. What is especially difficult for these families is the fact that, even if they are able to eventually get some modicum of appropriate support for their children with special needs, it might be just as their service member receives orders to move, and the process starts all over again in a new state with a new school district, and new special education processes and resources. The interruption in services and instruction and the prolonged period to reestablish an appropriate individualized education plan take precious time, during which children with special needs often regress and ultimately require even more support. This paradigm compounded over multiple PCS cycles adds up to years of lost learning and development. There is a perception among these families that school systems simply "wait them out," knowing that a military family is likely to move before any legal action could require them to provide the needed services.

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Military families are resourceful and resilient and work to find ways to get their children's special needs met, in spite of what they perceive to be "the system" having failed them. Some families are deciding to remain at a location where they've established qualified individualized services while the service member PCS's to the new duty station. The decision to "geobach" puts additional stress on the family, much as separation from a deployment would, and forces the spouse to manage all of the requisite meetings and appointments, not to mention the needs of other children in the family, without the benefit of the service member being present to assist. Other families are deciding to school their children at home, where they feel they can more adequately control their children's individual instruction, medical appointments, and academic schedule. The spouses in these families take on an incredible burden when they feel the service member has been assigned to a location that clearly cannot meet their needs, and not all spouses have the necessary skillset, education or financial means to accomplish home schooling responsibly.

While we have heard from families that there are some installations where EFMP works well and school systems work proactively to meet the needs of their children, we have heard far more reports of varying standards and poor execution of the EFMP. School Liaison Officers are often not trained or lack the time to adequately assist in accessing the necessary services for children with Special Education needs. Families report feeling, "helpless, alone, and completely forgotten." This repetitive cycle has left EFMP families, "too stressed, too tired, too spent on deployments, and too broke to get resources". Not only does the child with exceptional needs suffer, the entire family suffers emotionally and financially. It is a disservice to the families who sacrifice so much already for their children to be denied special education services and supports to which they are entitled by federal law.

All of us outside of the EFMP family must more clearly understand the breadth and depth of this issue and to that end I would like to make the following four recommendations:

1. That Congress direct the GAO to study and report on the parents', civilian and military, success rates in achieving education for their child with special needs through special education advocates, state complaints, mediation and due process.
2. That Congress direct the Department of Education to collect the relevant data and publically report the number of special education complaints filed by military parents and what the outcomes were.
3. That Congress direct the Department of Defense to provide special education attorneys across all the services to work in collaboration with EFMP liaisons, coordinators and case managers for each EFMP family.
4. That Congress direct the Department of Defense to provide an annual report to Congress on special education challenges facing military children, including due process filings and state complaints for the previous fiscal year, the results of any EFMP or special education surveys, and actions DoD is taking to assist military families with special education issues.

I would like to thank the members of the committee for your interest in this important issue. I look forward to your questions.

Rebecca Porter, Ph.D.
President and Chief Executive Officer

Colonel (Retired) Rebecca I. "Becky" Porter is the President and Chief Executive Officer of the Military Child Education Coalition, since September 2019.

Dr. Porter's initial Army tour was as a Clerk Typist in the Washington Army National Guard in Seattle, Washington, from 1981 to 1983. Her first assignment on active duty was in 1984 as a Platoon Leader in the 272d Military Police Company in Kaefertal, Germany. From 1985 to 1987, Dr. Porter served as the Adjutant and Personnel Officer of the 95th Military Police Battalion in Mannheim, Germany, before entering the United States Army Reserve as an assistant Operations Officer and Detachment Commander in the 448th Civil Affairs Battalion at Fort Lewis, Washington.

In June 1995, Dr. Porter returned to active duty as a Clinical Psychology Intern at Tripler Army Medical Center in Honolulu, Hawaii. Following the completion of her doctorate in Clinical Psychology, she stayed at Tripler as the Chief of the Chronic Pain Program.

From 1997 to 1999, she served at Fort Bliss, Texas, as the Chief of Community Mental Health. In 1999, Dr. Porter transferred to the Pentagon, where she served first as an Operations Officer and Liaison Officer in the Office of the Chief of Legislative Liaison, and from 2001 to 2003 as a Special Assistant to General Eric K. Shinseki, then serving as the Army's 34th Chief of Staff.

From 2003 to 2005, Dr. Porter completed the post-doctoral fellowship in Clinical Health Psychology and then served as the Director of Psychology Fellowship Programs. From 2005 to 2007, she served as the Director of the Center for Personal Development at the United States Military Academy at West Point, New York. In 2007 and 2008 she was deployed with Joint Task Force (JTF) 34 in Iraq. Upon her redeployment, Dr. Porter served as the Chief of Psychology at Walter Reed Army Medical Center in Washington, DC. From 2009 to 2010, she was the staff Behavioral Health Officer of the JTF Capital Medical (JTF CAPMED). Following that assignment, Dr. Porter transferred to the Office of the Surgeon General in Falls Church, Virginia, where she served as the Director of Psychological Health for the Army from 2010 to 2013.

From 2013 to 2015, Dr. Porter was the Commander of Dunham US Army Health Clinic, with facilities in four Pennsylvania locations: Carlisle Barracks, Fort Indiantown Gap, Letterkenny Army Depot, and New Cumberland. Following command, she served as the Director of the DiLorenzo TRICARE Health Clinic of the Pentagon, from 2015 to 2016.

COL Porter commanded the Public Health Command Europe from July 2017 to July 2019.

Dr. Porter is a 1983 Distinguished Military Graduate from the University of Washington. She holds a Masters of Arts in Counseling Psychology from Chapman University, a Doctorate of Philosophy (Ph.D.) in Clinical Psychology from Fielding Graduate University, and a Masters of Science in National Security and Strategic Studies from the National War College. With more than three decades of military service, Dr. Porter is a board-certified clinical health psychologist, a fellow of the American Psychological Association, and a member of the Order of Military Medical Merit. Dr. Porter's awards include the Lifetime Achievement Award from the Society for Military Psychology, the Legion of Merit (three awards), the Defense Meritorious Service Medal, and the Meritorious Service Medal (six awards). She also holds the Surgeon General's "A" Proficiency Designator as recognition of her significant contributions to the Army Medical Department.

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Hearing Date: Wednesday, February 5th, 2020

Hearing Subject:

Exceptional Family Member Program - Are the Military Services Really Taking Care of Family Members?

Witness name: Rebecca I. Porter, Ph.D.

Position/Title: President and Chief Executive Officer

Capacity in which appearing: (check one)

○ Individual ● Representative

If appearing in a representative capacity, name of the organization or entity represented:

Military Child Education Coalition

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2019

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant
U.S. Navy (Base Yr) Contract	Dept of USAF (line item)	$799,835	supporting military-connected children
U.S. Navy (Base Yr) Contract	Dept of US Navy	$77,354	supporting military-connected children

2018

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant
U.S. Navy (OY4) Contract	Dept of USAF (line item)	$737,497	supporting military-connected children
U.S. Navy (OY4) Contract	Dept of US Navy	$25,879	supporting military-connected children

2017

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant
U.S. Navy (OY3) Contract	Dept of USAF (line item)	$845,406	supporting military-connected children
U.S. Navy (OY3) Contract	Dept of US Navy	$114,233	supporting military-connected children

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Organization or entity	Brief description of the fiduciary relationship
Military Child Education Coalition	President and Chief Executive Officer

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2019

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment
Contracts w/ ten school districts	DoDEA-grant funded districts	$1,468,536	supporting military-connected children

2018

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment
Contracts w/ ten school districts	DoDEA-grant funded districts	$1,607,997	supporting military-connected children

2017

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment
Contracts w/ ten school districts	DoDEA-grant funded districts	$1,658,288	supporting military-connected children

Prepared Statement

of

Michelle Norman

2019 AFI Navy Spouse of the Year

Advocate for Military Children with Special Needs

Regarding

EFMP and Special Education Challenges

for

Military Families

Before the

House Armed Services Committee

Military Personnel Subcommittee

February 5, 2020

Ms. Chairwoman, Congressman Kelly, and distinguished members of the Subcommittee, thank you for the opportunity to discuss the Exceptional Family Member Program (EFMP) and the special education challenges our military families face. It has been almost eight years since the last convening of a Hearing to address issues impacting our military families impacted by disabilities. Sadly, the same issues exist and, in some cases, have increased in severity and frequency.

Thank you for your willingness to take the next step from awareness to action and to do the right thing to support our most vulnerable military families. Tens of thousands of servicemembers need EFMP every day. Many more will need it in the future as families face unexpected medical challenges. Unfortunately, the EFMP system is clearly broken. Due to the lack of EFMP standardization among the service branches, lack of effective resources, and lack of accountability and transparency of Impact Aid funds designed to assist them, our military families and children are suffering, which in turn, is severely impacting military readiness and retention. Military-connected children with disabilities who depend on special education services are caught in systems that operate with impunity because no reasonable enforcement mechanisms exist.

Introduction

I am a proud Navy Spouse of 25 years. My husband, Cassidy, is a Captain in the Navy and commands the forward-deployed USS Mount Whitney based overseas in Italy. My two children, Marisa and Chace, and I are not able to move due to our EFMP status. My husband and I both graduated with engineering degrees from the University of Texas at Austin and shortly afterwards, Cassidy embarked on his Naval career. We married after he was "winged" as a Naval Aviator and have moved together nine times, including both coasts and overseas assignments, not including four additional geobachelor assignments. Cassidy deployed 12 times on 7 ships and will soon command an aircraft carrier. Early on in his career, I managed to find employment as an engineer, first in private industry and then as a civilian engineer with the Department of the Navy.

Life changed dramatically when my daughter Marisa was born prematurely at 27 weeks in 2003 at 2 lbs 3 oz. My daughter suffered a Grade 4 brain bleed and other complications while living her first 8 months in the hospital, resulting in over 21 diagnosed disabilities including cerebral palsy, right hemiplegia, hearing loss, ADHD, OCD, and anxiety. Despite these disabilities and the originally dire prognoses from a myriad of medical specialists, Marisa has beaten the odds and is a bright student of average intelligence. Also, with the hard-won supports and services now in place, she can participate in her private school's volleyball team and

has the opportunity to achieve a standard diploma. However, her current educational and medical situation was only possible by spending hundreds of thousands of dollars out of pocket, in addition to devoting full-time efforts and focus on being Marisa's caregiver and advocate.

EFMP

Despite the challenges of having a medically complex child, my husband has managed to continue to serve this great country, but it has taken an incredible toll on our family, emotionally and financially. Our situation is not unique to EFMP families.

EFMP is still perceived as a detriment to a military family. Although mandated by the services, many service members are hesitant to admit their family members have issues that warrant EFMP registration for fear of promotion challenges or not being assigned to career-enhancing locations. The entire EFMP process seems like an afterthought to detailing assignments. These issues are not unique to the Navy. Air Force Lt Col Oregron noted in a CNAS article,

> **"There is a lack of oversight, standardization of services, and responsibility at the installation level. With multiple offices in charge of different portions of EFMP, MTF organizations that manage important tasks – like ensuring needed medical and educational services are available prior to orders being issues – lack standardization between installations and the military services. This results in decreased support for EFMP families, delays in service, and extended timelines to process enrollments and assignments. Close coordination among MTF medical staff, EFMP family support, and assignment personnel is essential but inconsistent."**[1]

Although approved for a location that should support a medically complex child, many families complain of not having timely access to critical medical appointments and services, lengthy waitlists for those services, lack of providers and never-ending waitlists for Respite Care. Military families also report inadequate support for EFMP adults and those retiring. Throw in a change of regional Tricare providers every couple of years we have to spend hundreds of hours on the phone trying to clear claims or referrals that should have easily transferred. Even Tricare contract changes in participating pharmacies makes our lives increasingly difficult when our children depend on multiple medications. There is no program ownership or "the buck stops here" with EFMP management…no one person is in charge. There is also no standardization between services,

[1] https://www.cnas.org/publications/commentary/helping-special-needs-families-and-improving-military-readiness

resulting in a lack of accountability for ensuring mandates are being met. These problems infiltrate all facets of EFMP, especially on Joint bases, which are becoming more common, causing even more confusion and frustration for our families. These issues are well documented, even within the Pentagon. Former Director of the Office of Special Needs, Dr. Ed Tyner noted

> **"Each service does have [its] own culture and sometimes that is a big factor," he said. "Everybody was in agreement that this [EFMP standardization] is something that should happen, but I have to tell you we did go through some rough times… It was never contentious; it was just like 'I don't know if we can do that…We've probably had over 800 meetings trying to hammer out some issues," he said. "When I first started this I thought, 'Oh good, we could do this in a couple years, this will be easy.' It's been a real learning experience for me with how many road blocks you have to work around."**[2]

There has been some improvement in this past decade within EFMP that have supported our families. Approved Applied Behavioral Analysis (ABA) therapy has significantly improved many of our children's lives. Some families have had positive experiences with EFMP if they are able to extensively research their next duty station and lean on online peer groups to get the information they need for a smoother transition.

The inception of the Respite Program, which is available in varying degrees for all service branches, is a lifesaver for our family. After 7 months on a waitlist, we finally got a coveted slot which includes 40 hours of respite care per month, which offers much-needed relief to the burdened caregivers. We were lucky as most families are waitlisted for longer, often for years. The Navy Respite Care Program is the single reason why my husband is still in the Navy. For many military families, there is no other way to receive respite care because many states, such as Maryland, have different eligibility requirements for their Medicaid Waivers. I implore the other service branches to offer a full 40 hours of Respite Care per month like the Navy, work with community leaders to ensure there are plenty of providers available in EFMP-centric duty stations and commit to increasing funding for this very important service.

The Marine Corps is the golden standard for EFMP. They designed and developed an efficient program from the top down when a senior leader said "Fix it" about a decade ago. Their EFMP not only takes care of Marine Corps families with a well-integrated and well-coordinated model, with robust case management and special education attorneys on staff, but they also provide quality feedback in accordance with US Code

[2] https://www.military.com/daily-news/2015/11/11/pentagons-special-needs-program-to-take-years-longer.html

1781c. Although some may say it is easier for the Marine Corps to reform due to its smaller size, it serves as a blue ribbon program for the other service branches to replicate. They did not use the phrase "It is hard" as an excuse to change EFMP. With buy-in from the DoD Leadership, EFMP can be fixed across the services. Let's not reinvent the wheel. We simply need to use what has been working for our Marine Corps families.

EFMP – Educational

Military children with special needs have been experiencing education challenges at an alarming rate.[3,4] Despite federal and state regulations in place to protect students with special needs, including the 2017 *Endrew F. v. Douglas County School District*, the unique aspects of military life, such as frequent moves, lead to significant educational deficiencies for these vulnerable children. The inconsistent delivery of special education and lack of public school accountability has caused special education to fall well below the legal standards, known as Free Appropriate Public Education (FAPE). The lost instruction and insurmountable challenges for parents create undue burdens on military families and their children with special needs, significantly decreasing military readiness and retention.

Cassidy and I never dreamed about the challenges we would have with a school district. It is difficult to imagine that a public institution would consistently violate the law. It is contrary to our military experience, where service members follow the rules and laws and there are checks and balances in place, to include the Office of the Inspector General (IG). We also never imagined we would be forced to fight alone due to the lack of support from the EFMP program.

Marisa's story

The legal battle for Marisa's education against Virginia Beach City Public Schools (VBCPS) started in 2014 when we moved on military orders from Fairfax County to Virginia Beach, VA. I want to stress that we had several positive experiences in public schools in several states, where Individualized Education Program (IEP) Teams collaborated with us and truly cared to support our daughter's education.

Upon arriving to Virginia Beach for a third time, we immediately noticed a stark difference. In the first 30 days, goals and services were taken away from Marisa's IEP. We didn't realize the implications at first, but the

[3] https://www.wrightslaw.com/blog/tag/military-families/
[4] https://www.sandiegouniontribune.com/news/education/story/2019-10-05/expensive-legal-fights-ensue-when-families-say-theyre-not-getting-the-right-special-education-services

school continued a pattern of minimizing our daughter's disabilities and telling us that everything was "fine." This is common for many EFMP families to be gaslighted. The child receives artificially inflated grades to placate the parents. The concerns of observant parents who advocate for their child are discounted because the schools know they can "wait us out" because we will receive orders again before we can attempt to force the school district to follow the law. When we insisted on appropriate education for our daughter, meetings became hostile, not collaborative, and worse, the school district was not following her IEP. Imagine how hard this was for Marisa. She regressed socially and academically, failing all benchmark testing, yet was placed on the A/B Honor Roll and received a Student of the Month award.

My "gut" was telling me something was not right. To make matters worse, Cassidy was out-of-state for training for 22 months. Meanwhile, school officials kept asking when we were transferring out on military orders, likely following the same pattern military families all across the US have experienced, school districts refusing to provide the legal minimums of special education because they know it is difficult for the parents to fight a school district and military families will likely get military orders and no longer be a burden on the school. Stressed and exhausted, I finally reached out for help. I called the EFMP program. The case manager told me that they could not advocate for families and to try to contact the Parent Liaison at the school district. The case manager also recommended that I contact the Virginia Department of Education (VDOE). I did both. Although sympathetic, both were not able to help me. The IEP meetings became more contentious and less collaborative. Later, I realized that the Parent Liaison was employed by the school district.

We reached into our small savings to pay for a special education advocate as conditions got worse for Marisa and I felt bullied at IEP meetings. Marisa wanted desperately to keep up with the other students but it took her a long time to access the restroom. Out of fear of missing instruction, and frustration that no one would assist her, she avoided using the restroom all day and would hurry to the restroom as soon as she returned home from school. We knew her IEP not being implemented when we saw unfinished classwork and unmodified homework in her backpack. Everything took her longer due to her known physical disabilities and other disabilities we were about to discover. We brought these issues up in meetings so we could help her access the education like her peers. After another contentious meeting, our new advocate confirmed our suspicions that the school was violating federal law.

The process is challenging and frustrating for EFMP families. When a family knows an IEP is not being implemented, how do you hold a school accountable? When EFMP says they cannot advocate and an Education Department (ED) state office says that their hands are tied, what do you do? Webinars and volumes of information available online through Military OneSource (or the internet) do not hold any weight in an IEP meeting. You could be waving the Wrightslaw book in the air quoting the Individuals with Disabilities Education Act (IDEA) law and it won't help you when a school district "interprets" it another way. EFMP families are often put in difficult decisions about their children's right to an appropriate education, whether it be acknowledging a disability or a proper placement.

We reached out to the local Navy JAG for legal assistance. Their office stated that special education was not one of the tiers that they cover. They do make referrals to the Pro Bono Project, however, it was only for E-6 and below and there was no guarantee that the Pro Bono Project would accept the referral. Although the Marine Corps has two disability law attorneys on staff for their EFMP families, none of the other branches employ attorneys. It is notable to state that Special Education law is considered a "boutique" specialty due the complexity of IDEA. A general attorney cannot be hired to represent a family special education case.

At this point, we borrowed money from family to hire a special education attorney, a military spouse herself with a child with special needs, who lived three hours away since there were no special education attorneys in southeastern Virginia. Plus, we knew that we were in a unique position by having access to the large amount of money it takes to pay for representation by a special education attorney. Typically, the only military personnel that make enough money to afford a lawyer are servicemembers with at least 4 years as a non-commissioned or commissioned officer, approximately the top 15% of all military personnel.[5]

Impact Aid funding is distributed to public school districts serving our military children (Section 7003(b)). Separate Impact Aid funding is allocated for military children with IEPs (Section 7003 (d)). Those two pots of money make up the majority of Impact Aid funding to school districts. There is also a third pot of funding for severely disabled military children that schools can apply for that covers expenses such as private tuition or related services (SD Form 816).

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[5] https://download.militaryonesource.mil/12038/MOS/Reports/2018-demographics-report.pdf

VBCPS received $1.4 million of a Congressional $5 million add to support Children with Severe Disabilities in Impact Aid funds and has access to taxpayer-funded city attorneys. In fact, VBCPS received additional payments for military-connected children with disabilities in FY19, increasing from $680,000 to $2 million (see attachment A). How these Impact Aid funds are used is not tracked, reported or audited after being incorporated into school district's General Education Fund. There is no system in place to verify the funds are used as they are intended. However, in VBCPS, the General Education Fund is first utilized to pay in advance for annual cooperative agreements with the City Attorney's office[6], enabling the school district to use taxpayer dollars to fight parents who are simply advocating for the minimum level of education for their children.

After several more IEP Meetings with our attorney in attendance, we pulled our daughter and placed her in a private school for kids with learning differences, a decision that changed my daughter's life for the better, even though she had to repeat 5th grade due to her regression in public school. Again, this is not a feasible financial option for a large majority of EFMP families. When their are IEP issues, most military families will move and live apart from the active duty service member, pull their child to homeschool, or simply give up and accept the substandard education. There are few families who can afford private school. It is also not a given that private schools will accept children with special education needs. We kept working with the school district for another year by attending a total of 16 IEP Meetings, several of which my husband phoned in from an aircraft carrier on a combat deployment in the Arabian Gulf. When presented yet again with an inappropriate IEP, we had no choice but to file for due process. It was the most stressful and emotional time in our family's life, especially because the legal deck is stacked against parents.

We won our first due process hearing in 2016. The Hearing Officer ordered 1) Marisa to be officially placed at the private school providing FAPE and 2) that the public school pay past and future costs of the private school since the public school failed to provide FAPE. Sadly, the emotional relief was short-lived and the school district appealed to the federal district court. During that time, the school district did not follow the Hearing Officer's **mandatory** orders. That trend has continued for several years: we win legal decisions, even at the Fourth Circuit Court level, the school district fails to comply and acknowledge the stay-put decision, fails to make financial payments, requiring more legal action. Although they have yet to follow the law, the

[6] https://www.vbschools.com/common/pages/DisplayFile.aspx?itemId=21510213, page 5.

school district suffers no penalties. VBCPS took the due process rights outlined in the IDEA and have been using them as a weapon against my family.

Three days after Christmas, in 2018, the school district sued my daughter to get her back in public school. We are the only family the school district has ever sued. To us, this was blatant reprisal.

My husband, again away for training, had only one week to spend at home before leaving for a 15-month overseas deployment. Instead of spending it at home with us, he spent it in a 5-day due process hearing - which almost didn't happen because the school district refused to consider a hearing date he could attend. We were forced to invoke the Servicemembers Civil Relief Act to move the hearing date. This is just one of many examples of distasteful and unethical actions by the school district. In the hearing, Marisa testified for the second time in her life, very stressful events that, combined with the school district refusing to support her education and suing her, caused aggravated spikes in her anxiety. In the end, we won, again. Even though the school district did not appeal this latest decision, they are, once again, not following legal orders. We filed a complaint with VDOE in an effort to get them to comply with the previous legal case. We won that case too. We are now 6-0 in legal decisions. However, the school district did not comply with VDOE orders. Despite PBS, Stars and Stripes, and local news stations covering our story, our legal battle still has no end in sight. This level of harassment is undoubtedly intended to deter other EFMP families from advocating for their children.

This whole process for an appropriate education has been a huge financial and emotional burden on our single-income family with husband forward-deployed for the majority of the time. There has been no help available from School Liaison Officers (SLO), EFMP, or any other DoD program. Regulatory efforts by the VDOE fall of deaf ears at the school district because there is no effective enforcement of VDOE legal decision, no penalties of any kind. Plus, VBCPS has "deep pockets" of taxpayer money to prolong the harassment; currently, over $600,000 of taxpayer money has been spent in their fight to bring Marisa back into the public system. Consider all that could be funded instead with those dollars. My husband's readiness has been impacted significantly and it will literally take years of therapy for my daughter to heal from this trauma that the school district created (see attachment B). No family should ever go through what we have gone through for an appropriate education for their child.

Most importantly, this story is not just about Marisa. It's about the tens of thousands of similarly-situated military students in EFMP whose parents do not have the ability to fight. If, after spending over $220,000 in legal expenses out of our own pockets and winning all legal decisions, we are still suffering from the school district failing to adhere to the law and legal orders, how can an enlisted service member even begin to fight? Ironically, while our uniformed service members are fighting to support and defend the Constitution, the school districts are not providing even the minimum education for their children, forcing their spouses to fight for education that is already mandated by law. We are too burdened, too tired, too spent on deployments, and too broke to obtain the resources we need. Since IDEA allows autonomy for each state and school district to determine how it will carry out the law, our military-connected kids, who move on average 6-9 times during their K-12 years, are highly vulnerable to the corrupted special education system. School districts and states can get away with arguing that just because it happens to one student, doesn't mean that it happens to others. It shouldn't happen to any child. IDEA does not take into account a category of students like highly mobile, military-connected students. That is why we need data (Milsped2020) and legislation policy (**PROMISE Act**) to universally address these challenges for all EFMP families.

EFMP – Systemic Issues

It is widely recognized that the EFMP program is broken. There is a lack of general knowledge from EFMP Coordinators of what is mandated by law. Last year, I had to send the EFMP case manager language from US Code 1781c that mandates service plans because she was not educated on the subject. Even so, she still told that the service plans were only completed "by request." Finally, we received a service plan only after my repeated insistence (see attachment C). It was riddled with outdated and ineffective resources. However, it was the best the case manager could do at that time.

We are not alone. Families, even the most determined, need help. EFMP needs educated and energetic coordinators. Our children's health and well-being literally depend on it. It would have been incredibly helpful to have an EFMP case manager attend an IEP meeting with me when my husband was deployed (like Marine case managers do). Or offer personalized advice when I was frustrated and stressed. When military families like the Reardon Family are frustrated with inadequate services offered at the schools for dyslexia or even the acknowledgement of dyslexia as a disability, the EFMP program should help them fight for an IEP and those necessary services. When our military families like the Penhale Family who have children with Autism are bullied to accept a non-appropriate placement for their child, the EFMP program should help

them fight for an appropriate placement instead of what happens now: the family is forced to homeschool. When our military families like the McCarley Family have a child with Down syndrome and are told that he is not allowed to be educated in the same classroom as his peers, the EFMP program should help fight this discrimination and secure an appropriate placement and his basic educational rights. These are military families across all service branches that are already taxed with fighting for a family member with extensive special needs. Fear of reprisal and dealing with these types of struggles are the primary reasons many EFMP families cannot effectively organize or sustain advocacy. Granted, some EFMP programs and locations are better than others, but all fall short of supporting our exceptional children so that they can become productive members of our society. And the incredible stress that our families experience impact the servicemember's readiness and safety every single day. Even while deployed overseas and executing daily combat operations on the USS Harry S. Truman, Cassidy's biggest concern, and worry, was how his daughter was being treated by the public school system back in the US.

2018 IG Complaint

There have been a few studies to try to look into EFMP issues, with most of them lacking any significant data on special education challenges. The most complete study to date to investigate military families and the EFMP program was the 2018 GAO Report GAO-18-348[7], which recommended assessing and monitoring DoD support for EFMP families and develop common performance metrics between the services for assignment coordination.

In the summer of 2018, over 30 families (including mine) petitioned the DoD Inspector General to investigate and correct the multiple discrepancies detailed in the GAO Report, related to DoD's implementation of 10 U.S.C. § 1781c, "*Office of Special Needs*"[8] (OSN) and DoD Instruction 1315.19, "*The Exceptional Family Member Program (EFMP)*[9]. This GAO report, as well as previous GAO reports, other IG complaints and DoD findings from the last decade, consistently illustrate DoD's non-compliance with congressionally mandated support of military families impacted by special needs.

Our story stands out based on the extreme measures a public-school district has gone through to avoid following federal law and harass a military family with a severely disabled child. However, the DoD IG Complaint confirmed that our story is not unique among EFMP families.

[7] https://www.gao.gov/products/GAO-18-348.
[8] Created by the National Defense Authorization Act for Fiscal Year 2010, Pub. L. No.111-84, § 563, 123 Stat. 2190, 2304 (2009). Amended in 2011 and 2016.
[9] https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/131519p.pdf

School districts are eager to receive Impact Aid. In the San Diego Unified School District, the administration will actually threaten students with detention if their parents refuse to sign the Impact Aid federal card. VBCPS, a school district highly recognized as a military-friendly school district, received $10,679,220 in Impact Aid in 2016/17, Impact Aid money is still so valued by the administration that parents are denied parent-teacher conferences in the new school year unless the parent brings a signed impact aid federal card to the meeting.

School districts have become brazen in dismantling or rejecting new family IEPs because they do not want to allocate resources to provide an appropriate special education (e.g., student 4 in attachment D). In other cases, such as the DeBlock's, a school district will sue a military child with a complicated IEP shortly after they arrive to the new duty station. Moreover, military families are at a disadvantage in trying to effect change in the local school district and community. Since military families typically move every 2 to 3 years, the school districts do not have to take military parents seriously. Additionally, many military members are not able to vote for school board members due to having a legal residence out of state. If the family is lucky enough to be a resident of the state, it is unlikely they will live there long enough to participate in a complete school board election cycle of between 2 to 4 years. School boards know this and can discount concerns without sacrificing votes. Since they operate independent of any other government organizations, and with no effective enforcement of the regulatory oversight by the ED, school boards often consider themselves a form of government that operates with "legal autonomy."[10]

Interestingly, two weeks ago, Military One Source sent an email stating that legal assistance was available for all service branches. That was not the answer I received when I asked during an OSN Webinar. I was informed that only the Marine Corps EFMP program allowed for advocacy and retained special education attorneys. When the Navy was questioned about their surveying, we discovered that one was sent in 2017. I am unsure of the scope of the survey. None of my many friends in the EFMP program ever saw the survey. My family, with two EFMP members, did not receive one either, which brings us back to accountability. When asked about the survey, the Navy representative stated that there were no specific questions on special education but the survey did ask if EFMP families were satisfied with the EFMP Program in general. The

[10] "School Board Operating Budget FY 2014-2015" by Virginia Beach City Public Schools, page 51, *https://www.vbschools.com/UserFiles/Servers/Server_78010/File/About%20Us/Our%20Leadership/Our%20Departments/Budget/op_budget_2015.pdf*

results were half and half. The main takeaway is if you don't ask the right questions, you don't get the right answers - you cannot know if there are problems. EFMP program management allows checking a box of having "surveyed" families, even though the survey seems intentionally designed to avoid feedback that could drive action and truly help our families.

Legislative Answers

Students with special needs are often seen as a burden on society and on the educational system. When school districts do not follow the law, it brings irreparable damage to the student in the form of emotional trauma, lost learning, and increased gaps in development. We have proven that it is very difficult to hold a school district accountable and comparable services, as outlined in IDEA, is often unattainable for military families moving from state to state or even district to district. Receiving schools can withhold comparable services with impunity because no reasonable enforcement mechanism exists. IDEA is to be enforced by states upon receipt of federal funds but the State's EDs lack effective ways to force compliance. Special education law may not be simple, but that is not an excuse for inaction from leadership. It is no wonder that very few military service organizations have tried to improve special education for our most vulnerable children, much less fix it. They have too many stakeholders to please. But we military families have only one stakeholder: our children with disabilities, and they need your urgent help.

Despite the fact that U.S Supreme Court rulings on the *Board of Education of the Hendrick Hudson Central School District v. Rowley* and *Endrew F. v. Douglas County School District* were considered huge wins for parents and advocates, there is still no specific legislation to support military-connected students. Military students are a highly-mobile population and due to their unique circumstances, their educational needs are not addressed in IDEA alone. Additionally, even though it is widely known that IDEA is underfunded, providing a FAPE is not intended to be contingent on available funding.

> **"The U.S. Department of Education says even if schools have budget concerns, that doesn't change their legal obligations to your child . . . Under IDEA, special education services depend on the needs of the student, not on money."[11]**

To be clear, military families with children with special needs are not advocating for a *high quality* or even *good quality* of education for their children. We are simply asking for the minimum education mandated by IDEA.

NDAA 2020

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[11] https://www.understood.org/en/school-learning/your-childs-rights/if-losing-services/10-smart-responses-for-when-the-school-cuts-or-denies-services

Recognizing the lack of data on military families and special education, a few of us worked with Congressional leaders to insert the following language in the NDAA 2020.

> **"The Committee is concerned that many families participating in the EFMP program are not provided with consistent educational opportunities throughout each Permanent Change of Station (PCS) move. The Committee is concerned that each PCS is disruptive to the educational plans for the child, as the services provided to special needs children can vastly differ between states and school systems, and that each PCS is disproportionately more difficult for EFMP families, who may need more time to make better educational choices. The Committee is also concerned the Department of Defense and Services lack the common performance measures and metrics to assess assignment coordination and family support."**

The Committee tasks the Secretary of Defense with studying this issue and completing a report by February of 2020. This study was designed to fulfill the requirements of US Code 1781C, which directs DoD to "identify gaps in services…for military families with special needs" and provide recommendations for legislative action to congressional defense committees. Historically, DoD has not met these mandates. We need to demand that this will be a robust, thorough investigation into EFMP and special education compared to the 2012 DoD Study. We all agree that accurate data is needed.

Milsped2020

Despite the service branches' attempts to satisfy their obligation to survey EFMP on a triennial basis (US Code 1781c), there has been no significant data collection or surveying of EFMP families on their educational experience. Parents' voices have been silenced by reprisal from school districts. In the second half of 2019, there was finally an authentic effort to truly "survey" EFMP parents. Our group of 4 military spouses, comprised of Shannon DeBlock, Grace Kim, Kaci McCarley and me, founded the Partners in PROMISE (Protect the Rights Of Military children In Special Education) to bring awareness to special education challenges for our military families. The Partners in PROMISE created the **Military Special Education 2020 Survey (MilSped2020)** (see attachment D), a grassroots advocacy effort to collect feedback from military families across all service branches with children who depend on special education services. Some families contacted us to let us know that they still refused to take the survey for fear of reprisal, but over 200 families from across the different service branches responded because they knew they could trust other military families, who would protect their identities to prevent reprisal from the school districts, which has become common for any family who speaks out publicly about a school district's failure to provide FAPE.

PROMISE Act

Upon the request of the Congressional Military Families Caucus, after a successful Summit in October 2019 that featured our Special Education Reform panel, the Partners in PROMISE drafted proposed legislation named the **PROMISE Act** (see attachment E). This legislation is designed to impose a minimum standard for military students whose unique circumstances are not addressed by IDEA alone, as schools have used it as a weapon against military students in special education rather than it was intended, to provide a FAPE. In many cases, including mine, when the school district used the due process rights outlined in IDEA as a weapon against our children, we military families have nowhere to turn for support.

Through 12 initiatives of re-regulation and directives, the **PROMISE Act** provides safeguards for military families with children with special needs, provides accountability and transparency of taxpayer dollars, and further supports military families forced to pursue legal action to ensure their child receives a FAPE. The legislation, sponsored by Congresswoman McMorris Rodgers and Congressman Bishop, is currently in Legislative Counsel. We understand that several of the proposed initiatives will make various organizations uncomfortable when talking about Impact Aid Funding. We anticipate their focus will be on simply advocating for more school funding. However, it must be emphasized that EFMP challenges will not be solved by increased funding alone. Oversight, accountability, and integrity of services have to accompany the funding. As highly mobile military families, we dearly love our teachers, our schools, and our communities. We all agree that more funding will help our exceptional students. However, our focus is on accountability, transparency, and integrity of spending any funds specifically allocated to support military-connected students with disabilities. Years ago, the formula for Impact Aid funds for children with IEPs was adjusted and more funds were funneled to EFMP-centric base locations. Ironically, the Milsped2020 survey results showed that the school districts that benefited most from those increased Impact Aid funds are now among the worst offenders for FAPE violations. We do not believe throwing more Impact Aid funds at these school districts is the single, correct answer. There needs to be accountability and transparency on what those funds are being used for and the **PROMISE Act** addresses that.

Additionally, within the **PROMISE Act**, we have included provisions for an external entity to collect data versus self-reporting from public school districts to ensure reliability and transparency. For example, a Virginia Department of Education (VDOE) Systemic state complaint was filed against Virginia Beach City Public Schools in 2018 for FAPE violations (see attachment F). The findings, which included grave concerns

for military families, stated that the school district was in systemic non-compliance with developing and implementing secondary IEP goals and transition services, which is mandated by IDEA. Interestingly, VDOE requires public school districts annually to self-report on state-wide benchmarks for special education per IDEA. For the 2017-2018 school year, VBCPS self-reported 100% compliance with secondary IEP goals and transition services.[12] Similarly, Fairfax County Public Schools self-reported to VDOE for years zero incidents of restraint and seclusion when in reality, numerous students were regularly subjected to seclusion and restraint.[13] Self-reporting cannot be trusted. We need checks and balances.

Navy Model

Although in early stages, the Navy Mid-Atlantic Region (NMRA) is making a significant attempt to improve EFMP through actionable items and deadlines to provide educational support to our military families. Using the successful Marine Corps model as its guide, the Navy is looking into boosting support at all levels to include a pilot program for positioning special education attorneys on both coasts, working with state officials to standardize IEP forms and leading working groups to address known concerns. We hope the Army and Air Force would join the Navy in these worthwhile endeavors.

Conclusion

Any military family member, at any time, is one life-changing event away from needing the services of EFMP. Nearly all military members know someone in EFMP. Yet EFMP is a broken system that needs standardization, more effective resources across all service branches, and accountability. In its current state, it is not supporting our most vulnerable families. The resulting problems are negatively impacting military readiness and retention. We are tired of hearing the lip service that "EFMP is hard." Are we going to come back to the table in eight years, recognize no significant improvement, and talk about these very same issues again?

I am attaching family stories regarding EFMP experiences to this written statement (see attachment G). Many are anonymous due to fear of retaliation. I am in awe of how brave and strong these families are as they face significant challenges everyday. Their challenges could be as simple as having an IEP for executive

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[12] http://www.doe.virginia.gov/special_ed/reports_plans_stats/special_ed_performance/division/2017-2018/spp-app/virginiabeach.pdf

[13] https://www.washingtonpost.com/local/education/fairfax-school-district-launches-review-of-seclusion-and-restraint-policies/2019/03/20/f8c880ca-475c-11e9-90f0-0ccfeec87a61_story.html

functioning goals. Other challenges could be life-threatening such as being trained to handle a trach tube change or ensuring the safety of a non-verbal child on the autism spectrum. All of these military families deserve support, medically and educationally, so they can in turn, support their service member while executing his or her military mission on behalf of our nation.

Thank you for the opportunity to address the broken EFMP process. Let's fix this. With a proper functioning EFMP, as it was intended to be, our exceptional military children will be prepared for further education, employment and independent living - productive members of our great country. Let's do the right thing for military-connected children and support those who give the most to our country by ensuring their children receive an appropriate education. They are worth fighting for.

Michelle Norman
2019 AFI Navy Spouse of the Year
Executive Board, Partners in PROMISE
Co-founder, Parents for FAPE

Michelle Norman
2019 AFI Navy Spouse of the Year
Advocate for Military Children with Special Needs

Michelle Norman, 2019 AFI Navy Spouse of the Year, is a Navy spouse of 25 years and mother of a 16-year-old daughter with cerebral palsy and multiple other disabilities. After years of successfully fighting in schools and courts to ensure her daughter receives the minimum education required by law, she was contacted by multiple military families around the country dealing with similar problems in public schools. Seeing that so many children will benefit from her dedicated efforts, the Virginia Beach resident has become a passionate advocate for other military families with kids with special needs.

Norman enacted change through persistent engagement with Congress and Virginia legislators. She successfully pushed for a study on military children and special education in the National Defense Authorization Act 2020. The resulting report will give legislators the information needed to address gaps in education. Norman is raising awareness of education challenges faced by our military children through

Congressional advocacy, to include her speaking at the 2019 Congressional Military Family Caucus Summit and co-authoring the PROMISE Act (Protect the Rights Of Military Children in Special Education) with the 116th United States Congress. On the DoD level, Norman is working to reform Exceptional Family Member Program (EFMP). She also continues to push for teaching parents about student's educational rights.

Locally, Norman has enacted change by supporting bills that now help low income military families access an appropriate education and upcoming legislation to include appointment of military spouses to the Virginia Council on the Interstate Compact on the Educational Opportunity for Military Children. She co-founded the PROMISE Team and the support group Parents for FAPE, participates as a member of the Virginia Department of Education's Military Student Support Process Action Team, and continues to lobby for stronger military spouse participation in organizations that have significant impact on our children's education.

Norman currently lives in Virginia Beach, VA, with her daughter and son, ages 16 and 10. Her husband Cassidy is deployed overseas serving as the Commanding Officer of the USS Mount Whitney. "My family believes strongly in doing the right thing, even when it is difficult. We are starting to make great progress for military families and it is my privilege to advocate and be a voice for our most vulnerable children," she says.

MICHELLE NORMAN
VIRGINIA BEACH, VA

PUBLICATIONS

Norman, M., DeBlock, S., Kim, G., McCarley, K. The PROMISE Act. December 2019. Draft legislation submitted to the Congressional Military Families Caucus for the 116th United States Congress.

Michelle Norman. "The Reform of Special Education." *Military Child Education Coalition On the Move (Fall 2019): 28-30.*

https://www.militarychild.org/upload/files/OTM%20PDF/WEBSITE_OTM_Fall_2019_Transition.pdf?fbclid=IwAR2MQ9brUHYrTA0fpI568fLJeiRaLHeZcwgEYxSU9HJhY3Izoy3XTJFXpTw

MEDIA

https://www.stripes.com/news/falling-through-the-cracks-military-families-say-their-special-needs-children-are-especially-vulnerable-1.463368 (April 2017)

https://www.pbs.org/newshour/show/these-military-families-say-public-schools-arent-supporting-their-special-needs-kids (January 2019)

https://www.stripes.com/the-fight-for-marisa-inside-a-long-legal-battle-over-where-a-sailor-s-special-needs-child-should-go-to-school-1.568225 (February 2019)

https://www.wavy.com/news/parents-virginia-beach-schools-battle-over-special-needs-students-education/ (February 2019)

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https://www.wrightslaw.com/blog/tag/cass-and-michelle-norman/

https://www.today.com/series/veterans/how-military-families-prepare-their-kids-deployments-t171614 (January 2020)

DISCLOSURE FORM FOR WITNESSES
COMMITTEE ON ARMED SERVICES
U.S. HOUSE OF REPRESENTATIVES

INSTRUCTION TO WITNESSES: Rule 11, clause 2(g)(5), of the Rules of the U.S. House of Representatives for the 116th Congress requires nongovernmental witnesses appearing before House committees to include in their written statements a curriculum vitae and a disclosure of the amount and source of any federal contracts or grants (including subcontracts and subgrants), or contracts or payments originating with a foreign government, received during the current and two previous calendar years either by the witness or by an entity represented by the witness and related to the subject matter of the hearing. As a matter of committee policy, the House Committee on Armed Services further requires nongovernmental witnesses to disclose whether they are a fiduciary (including, but not limited to, directors, officers, advisors, or resident agents) of any organization or entity that may have an interest in the subject matter of the hearing. Committee policy also requires nongovernmental witnesses to disclose the amount and source of any contracts or grants (including subcontracts and subgrants), or payments originating with any organization or entity, whether public or private, that has a material interest in the subject matter of the hearing, received during the current and two previous calendar years either by the witness or by an entity represented by the witness.

Please note that a copy of these statements, with appropriate redactions to protect the witness's personal privacy (including home address and phone number), will be made publicly available in electronic form not later than one day after the witness's appearance before the committee. Witnesses may list additional grants, contracts, or payments on additional sheets, if necessary. Please complete this form electronically.

Hearing Date: Wednesday, February 5th, 2020

Hearing Subject:

Exceptional Family Member Program - Are the Military Services Really Taking Care of Family Members?

Witness name: Michelle Norman

Position/Title: 2019 AFI Navy Spouse of the Year and Advocate for Military Children with Special Needs

Capacity in which appearing: (check one)

● Individual   ○ Representative

If appearing in a representative capacity, name of the organization or entity represented:

Federal Contract or Grant Information: If you or the entity you represent before the Committee on Armed Services has contracts (including subcontracts) or grants (including subgrants) with the federal government, received during the current and two previous calendar years and related to the subject matter of the hearing, please provide the following information:

2019

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant
N/A			

2018

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant
N/A			

2017

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant
N/A			

Foreign Government Contract or Payment Information: If you or the entity you represent before the Committee on Armed Services has contracts (including subcontracts or subgrants) or payments originating from a foreign government, received during the current and two previous calendar years and related to the subject matter of the hearing, please provide the following information:

2019

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract or payment
N/A			

2018

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract or payment
N/A			

2017

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract or payment
N/A			

Fiduciary Relationships: If you are a fiduciary of any organization or entity that may have an interest in the subject matter of the hearing, please provide the following information:

Organization or entity	Brief description of the fiduciary relationship
N/A	

Organization or Entity Contract, Grant or Payment Information: If you or the entity you represent before the Committee on Armed Services has contracts or grants (including subcontracts or subgrants) or payments originating from an organization or entity, whether public or private, that has a material interest in the subject matter of the hearing, received during the current and two previous calendar years, please provide the following information:

2019

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment
N/A			

2018

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment
N/A			

2017

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment
N/A			

TESTIMONY OF

Austin Carrigg

Chief Executive Officer, The Youth and Children's Advocacy Network

and

Advocate for Special Needs Family Members

BEFORE THE

United States House of Representatives

Armed Services Committee

Subcommittee on Personnel

ON

"Exceptional Family Member Program- Are the Military Services Really Taking Care of Family Members?"

February 5th, 2020

I would like to thank Chairman Speier, Ranking Member Kelly, and members of the Subcommittee for this opportunity to speak before you and share my family's as well as other families' experiences with the Exceptional Family Member Program (EFMP). I want to be honest and upfront that every single one of these experiences could have been prevented, the services have had years[1] to fix this program and they have failed us at every level and at every step along the way.

My family is probably the typical enlisted success story. My husband and I were high school sweethearts. We married young and had children young. My husband bas been active duty for 17 years and is now a 1SG (E8) in The Old Guard at Fort Myer. During this time we've been through five military moves and my husband has deployed and gone to training away from our family more times than I can count, with many of these absences happening while our children were in crisis or in the hospital often times.

Child 1

Despite our challenges, we managed to keep our heads above water, so to speak until 2006 when our youngest son was diagnosed with a rare, life-threatening medical condition while my husband was deployed to Iraq. A year later, the same child was diagnosed with autism and from that moment our lives would never be the same, and we would struggle to find the care and support necessary. We spent many months flying our son back and forth from my husband's current duty station to Boston, Massachusetts so that our son could receive appropriate medical care by one of the only physicians in the country that treated children with his rare medical

[1] https://fas.org/sgp/crs/natsec/IF11049.pdf

condition. By 2011, after ten ER visits within a fourteen day period it became clear that our son needed medical care that could not be provided at our current installation and these expensive trips to Boston were taking their toll on our whole family with little relief for him between visits. So we started the long process of a Compassionate Reassignment to be near his medical provider. Compassionate reassignments happen quickly, which is appropriate, but there is no one to help families like ours navigate through the process. We arrived in Boston to learn that no one had been notified of our family's arrival. The local Military Treatment Facility (MTF) couldn't provide medical care for our children and advised us that they never would have approved our transfer to Boston had somebody from the Army done their due diligence and contacted the Air Force EFMP office. This didn't occur in our case because my husband is Active Duty Army and the services do not communicate with each other.

On top of this, we also had to work with the school to try and establish appropriate accommodations for our son. Like many families who have children on an Individualized Education Program (IEP), we struggled to come to an agreement with the school on his special education goals, and proper care for his life threatening medical condition while at school. My husband was stationed in Boston for 18 months, and during that time we filed a complaint with the Department of Education based on their refusal to properly manage his healthcare. When it became clear to us that the school would simply rather pay the fine imposed by the government rather than modify their programming to meet our child's needs, we made the difficult decision to break our lease, and move to another school district within the local economy.

Child 2

It was during our time at this duty station that we brought our daughter home. What should have been the most exciting time of our lives turned into a bureaucratic nightmare. Our daughter was born with Down syndrome and a congenital heart defect (CHD) that would land her in the hospital just three days after she joined our family. We soon learned that, in order to survive, she would need open heart surgery at 8 weeks old. Yet, we also discovered that, because we were an Army family stationed at an Air Force base, the process to get her covered by Tricare would be long and protracted. To do so, we'd be forced to drive to the nearest Army National Guard Base to complete the paperwork, then wait for it to be processed. This process could not be expedited, and our daughter's surgery could not be delayed. As we met with the hospital's finance department, they explained that we needed to put down a ten-percent deposit – and that deposit was $100,000. Over the course of the next thirty minutes, we were inundated with forms outlining expected costs: ultimately, the cost of saving my daughter's life was one million dollars - and time was not on our side. Then someone suggested we explore Medicaid as an option. Because of the Medicaid expansion adopted in our state after the passage of the Affordable Care Act, Melanie qualified for Medicaid. I'm thrilled to share with you that thanks to Medicaid coverage this million dollar hospital bill, she had her open heart surgery and at 8 weeks old and not only was it successful but it appears that she will not likely need a second.

For any family, this alone would likely be the most stressful event of their lives. However, it was while our daughter was in the hospital that we were told that my husband had two options:

move our family for his upcoming Permanent Change of Station (PCS) to Joint Base Lewis-McChord or voluntarily separate from the Army. My husband begged for an alternative, explaining that he deeply valued his military career and most certainly did not want to separate, but that our daughter simply could not be discharged so quickly from the hospital following open heart surgery. The response he received is seared into our memories. While sitting at our infant daughter's bedside, waiting for recovery from open heart surgery, he received a phone call from someone at Army Branch. The room was full of doctors on their morning rounds and my husband was told "**maybe you can just return that one and get a different one once you're there**" in regards to our newly adopted daughter. The conversation happened on speaker phone and the entire room went silent upon hearing those words. Neither one of us remembers his specific response, but we do know that is the moment we realized that our family meant nothing to the military.

Our daughter's care team banded together, intervening to see if anything could be done to keep her in the hospital until she was fully recovered. Sadly, they received the same response as my husband and subsequently our daughter was stabilized to the best of their ability and, despite her fragility, was discharged for our upcoming move to Washington state. Just 12 hours later she quit breathing and was readmitted and placed on a ventilator, a difficult situation for any family who thought their child had fought a battle and came out the other side relatively unscathed. For our family, yet again the stress of the upcoming move loomed heavy. We were scheduled to move in less than a month, and she was not stable enough for transport. We reached out to the gaining

station's EFMP office only to be told there was nothing they could do. All of our children's needed services were available in the local area. Three weeks later, I was forced to discharge my daughter against medical advice and take Amtrak with my two youngest children for 5 days across the country to my husband's new duty station in Washington State since neither could be cleared to fly, and we didn't have the finances to support two households and the childcare that would be needed due to the separation.

Once we arrived in Washington, it became clear that although services were available in the area, the waitlists were over a year long for some specialties. Our first stop at the MTF was the EFMP office, where we begged them for help. I remember explicitly asking "you said there was care, you know there is a 28-day standard where did you find the providers you did to approve our move?" The EFMP provider replied "It's not our job to check or tack waitlists we just look at the Tricare website to see if a provider is listed and taking new patients". We then explained that my husband had not checked in with the base yet and we had not secured housing. We asked her to tell the Army Branch that medical and educational services were not available so that we could be moved to a duty station where they were. She told us that if she did that it would affect the hospital's status as an EFMP hub and they were not willing to jeopardize that status, but that we should submit paperwork for another compassionate reassignment. It took us two and a half years of fighting to finally get a compassionate reassignment out of Joint Base Lewis-McChord, Two years of heartache, two years of constant stress, two years of delayed and inefficient care for our children. We know that the military is in the process of setting up Centers Of Excellence. It is my fear and the fear of the families I'm working with that this will set up a system similar

or worse to what had occured for us and all of the other families who are also waiting for services at Joint Base Lewis-McChord, Fort Bragg, Fort Carson and several others. A system in which families are sent to installations with such a high concentration of medical, education and mental health needs that not only have we pushed the MTF providers past sustainable capacity but we've done the same to their civilian counterparts. These decisions are affecting not just military children but civilian children as well.

After two years, struggling to get our children appropriate education services and medical care, we had high hopes for a compassionate reassignment to the Metro DC region. I will say that we have unequivocally received the best medical care that my children have ever received in the military at this Duty station. But that has meant that we have care spread across three states and the District of Columbia. And it is only because we have the option to have multiple medical providers at different MTFs across the region that this has occurred. We finally have the flexibility to choose who we want our children to see for the most part and that choice is what I think all families like ours desire. That being said the move from an education standpoint has not been great, you could actually describe it as flat out dismal. In the five years since we arrived here, we have had to sue the local school district three times on behalf of our sons and we are currently in the middle of a due process complaint on behalf of our daughter as well as a federal ADA complaint and a DC human rights complaint[2] because she has been excluded from school for nearly two years and because of their treatment of her when she has been allowed in school. This is a place where all of you could help families like mine because too often school districts

[2] https://www.courtlistener.com/docket/16065310/1/carrigg-v-gallaudet-university/

feel like they do not have to provide military families and their children with the necessary services because they can wait them out and the families will eventually move. Can you imagine what it is like for a child with a disability if this is how every school district in their entire educational history has treated them?

Earlier I mentioned that my daughter had to be placed on Medicaid in order to get her open heart surgery covered, but that's not where her need for Medicaid ended. Despite having the Extend Health Care Option (ECHO), which was supposed to be the military's answer to families like mine needing Medicaid we still rely heavily on it. A recent report released by the Tricare For Kids Coalition[3] states:

> ***"200,000 military kids — roughly 10 percent of children of active service military families who are covered by TRICARE — also rely on Medicaid for health care coverage, many due to serious medical conditions requiring specialized pediatric "wraparound" programs provided in the Medicaid program. As many as 500,000 children of TRICARE-covered families qualify for Medicaid coverage on the basis of income, which may cover needed pediatric services when TRICARE does not."***

Examples of these needs are the fact that DHA recently updated their coverage for Continuous Glucose Monitors but children like mine with a rare metabolic condition are not covered. Nursing although covered is so restrictive that without Medicaid I wouldn't be able to care for

[3] http://www.tricareforkids.org/wp-content/uploads/2018/11/11152018-TFK-Military-Report.pdf

my other children and we are not alone in this. Dual military families who are forced to have one chaptered because the "primary" parent is not allowed to work or go to school while their children are receiving nursing care.

> ***"EHHC services and EHHC respite care services are not available for the purpose of covering primary caregiver(s) absences due to deployment, employment, seeking employment, or to pursue education. Except for those excluded activities, this exclusion does not otherwise restrict or prohibit the primary caregiver(s) from engaging in other activities they choose, including those outside the beneficiary's primary residence."[4]***

Children who need slide in orthotics and babies that need cranial reshaping helmets.

- ***"Arch supports and shoe inserts designed to change the foot's shape or alignment.***
- ***Orthopedic shoes, unless one or both shoes are necessary to a covered brace.***
- ***Over-the-counter custom made or built-up shoes or other supportive devices of the feet, except where otherwise covered.***
- ***Cranial orthosis and cranial molding helmets for: Flat spots on your baby's head from your baby lying on its back too frequently*** or ***Sole treatment for craniosynostosis, a condition where joints in your baby's skull fuse together before they should"[5]***

Conversions on vehicles so that the child can be safely transported to medical appointments in their wheelchair.

> ***"Vehicle conversions are excluded. That is conversions such as but not limited to, raising the roof, widening the door, or permanent attachments installed (e.g., items that are non-transferable to another vehicle). Purchases and (or) conversions of personal vehicles for a wheelchair bound beneficiary fall outside the scope of the TRICARE medical benefits and, therefore, are excluded."[6]***

- Additional exclusions that we believe should be covered but are not can be found at:

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[4] 7.3- https://manuals.health.mil/pages/DisplayManualHtmlFile/TO15/42/AsOf/tp15/c9s15_1.html
[5] https://tricare.mil/CoveredServices/IsItCovered/ShoeInserts
[6] 3.8.2.3-- https://manuals.health.mil/pages/DisplayManualHtmlFile/TP15/45/AsOf/TP15/c8s2_1.html

http://www.tricareforkids.org/wp-content/uploads/2020/02/Examples-in-support-of-Pediatric-Med-Nec-definition.docx

Addressing the obviously needed ECHO reform, I offer this background. Home and Community Based Services (HCBS) waiver programs (known as Medicaid waiver programs or Katie Beckett waivers) are state run and as such, are nearly impossible for military families to access due to frequent moves between states. Each state has its own waiver program, requirements, and enrollment caps. We must re enroll our dependents in our new state's HCBS waiver program, and existing enrollment caps create lengthy waiting lists, which average 30 months, and make the services offered by these programs inaccessible to active-duty families.

While Congress created the TRICARE Extended Care Health Option (ECHO) program to serve as an alternative to HCBS waivers for families of active-duty service members, ECHO currently fails to provide comparable services. Indeed, the Military Compensation and Retirement Modernization Commission (MCRMC) concluded "ECHO benefits, as currently implemented, are not robust enough to replace state waiver programs when those programs are inaccessible."

The MCRMC provided specific legislative language to fix this issue:

"SEC. ___. EXTENDED CARE HEALTH OPTION (ECHO).

Section 1079 of title 10, United States Code, is amended by adding at the end the following: "(q) In carrying out the Extended Care Health Option (ECHO) the Secretary of Defense, after

consultation with the other administering Secretaries, shall ensure that the services provided under such option are an alternative to, and are comparable to, the services provided under the applicable (as determined by the Secretary of Defense) State plans for medical assistance under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).".

To ensure specific items are enacted immediately as part of this reform, request the following be included in any legislative changes to the ECHO program.

1) Increase hours of covered respite care to 60 hours per month. Respite care is short-term care for a patient to provide rest for the patient's primary caregiver. ECHO currently covers only 16 hours per month while states, on average, cover 60 hours.

2) Codify new regulations on respite care eligibility. Under recently revised regulations, respite care may be offered regardless of whether the eligible dependent receives another ECHO benefit. We request legislative language to codify this policy change.

3) Request codification of currently existing regulations allowing ECHO to cover service and modification of durable equipment and assistive technology devices, as well as training in use, to ensure equipment is fully functional and matches the physical needs of the user.

4) Provide coverage of residence and vehicle adaptations. Most states with HCBS waivers cover medically necessary alterations to residences and vehicles to reduce the disabling effects of a person's qualifying medical condition.

5.) Mandate annual assessment of utilization rates for ECHO services, gaps in covered services, and the barriers military families encounter to program access.

6.) Mirror skilled home nursing care to that of the HSBC Waivers allowing parents to work, and subsequently maintaining a skilled military force.

I wish I could say that my family is alone in the things that we've been through and the experiences that we've had but we aren't. I've spent the last seven years advocating for families like mine being there to help families find resources when their local military services wouldn't or couldn't help them. I'm the person they call at 2 a.m. when they're in the hospital and Neurology won't come in despite their child actively seizing. I'm the one they call when they've arrived in a new Duty station only to learn that it's an 18-month wait for services, and they know that their children are going to regress and nobody will help them. I'm the one they call when the school district is refusing to follow their child's IEP, or writing an IEP that they don't agree with and telling them that they've been outvoted. I shouldn't have to be doing these things, I'm doing them because no one else will. These families, our families should not have to live this way.

Caring for children like ours is overwhelming, we learn to live with a higher threshold of stress than our peers who do not have children with disabilities. Secretary of Defense Esper recently said, **"Having previously served in the Regular Army, National Guard, and Reserve, I understand well the sacrifices our Service Members, Civilians, and their Families make to**

protect this great country. This is why I am committed to taking care of Families and ensuring they have the resources they need to thrive."[7] One thing I know beyond a shadow of a doubt is that your military members living with children on EFMP are far more resilient than those that are not. The skill set to remain calm under constant pressure, while juggling life or death decisions is a skill we know the military needs and our families practice daily. Yet the military services continue to fail us at every level. We've learned the hard way that the more assistance you need the less you get. Why does DoD continue to fail on issues like this? Whether it's housing, child care, healthcare or special needs families? There is a consistent theme that DoD isn't serious about taking care of its military families.

The rest of my testimony will consist of stories from families like mine who have been let down by the military EFM Program. Our hope is that our stories prove to you that this is a system that doesn't just need overhauled but needs to be done with input from families at the lowest levels of your military branches. Our EFMs will continue to be on the frontline of denials, non coverage, and harmful delays in care if Congress does not act specifically to protect them, especially in these times of transition. We collectively ask that you:

1. Enact a pediatric medical necessity standard.
2. Adopt the protections provided by Medicaid's Early Periodic Screening Diagnosis and Testing (EPSDT) standard.
3. Create a stand-alone contract that can provide care management by families for families in all aspects of their lives. We picture a single care manager who can assist and will be knowledgeable about all aspects of our family's lives. The care managers will assist with the handoff of care from one installation to the next assisting with getting the required referrals generated in advance of a PCS. With the next installation care management team

[7] https://news.usni.org/2019/06/24/acting-secdef-espers-first-message-to-pentagon

picking up the care management and families apply for community resources, locate appropriate medical providers and advocate on their behalf if they can not be found. Assist with educational concerns and partner as advocates in education along with educational attorney from the Judge Advocate General that have been suggested by other witnesses. It can be done as Children's hospitals recently completed a federal grant (the CARE Award) in which such care coordination was implemented, studied, and improved upon via a national effort. It was of course, in the civilian environment, but would form a strong basis on which to build a model for our EFMP families"

4. Require that the Office of Special needs makes public the "quarterly advisory panels with military families to assess program satisfaction"[8] and opens this panel up to families from all branches, ranks, and backgrounds.

Dr. Kristi Cabiao, Fort Bragg, NC

"*My family pcs'd from Macdill AFB to Bragg in July 2019. Thankfully we had a smooth transition but I had to push our provider very hard and use my knowledge as a family medicine physician. Our son was diagnosed with ASD level 3 and global developmental delay at age 2 while at macdill AFB. We received 24 hours applied behavioral analysis per week, ST and OT weekly. A few weeks prior to our move to Bragg, I asked our pcm to place referrals for ABA, ST, OT. The request was declined stating the policy for Macdill clinic is to not give referrals for out of state providers. I called back and explained that I already had an appointment with our new civilian pcm, and evaluation appointments scheduled by the new therapy companies a few weeks after our move. The request was again declined stating the clinic policy. I called a third time and spoke with a nurse. I explained that tricare allows referrals to be placed by a pcm for out of state referrals and that as a family medicine physician, I have personally placed those referrals for my patients. I explained that I was prepared to speak with the colonel of the medical group as a peer physician and explain how this denial would interrupt care for my child with a significant disability. The referrals for authorization and one treatment were placed that afternoon. I received a call from a clinic nurse later that afternoon "scolding" me that I called so many times, and that I had better see our new PCM ASAP to have a new referral placed in order to continue care.*"

[8] https://fas.org/sgp/crs/natsec/IF11049.pdf

CPT Jennie A. Olson and SFC Maggie E. Delanne-Olson (Jaxon and Jonah Olson)
Schofield Barracks, HI and Joint Base Lewis McChord, WA

"Before joining the Army I had to be sure I was okay with putting myself in a position to lose my life, I'm well aware of the organization I work for and have made peace with that possibility, but I have also made a deal that my family will be taken care of now and if/when I do give my life. The situation seems absurd and impossible but if you listen to my story you will see how real the circumstances are for me and my family. My family is an afterthought at best.

We were nearing our DEROS, the date we are required to leave our overseas duty station, and my wife and I were in contact with our branch managers regarding our next assignment. We wanted to stay in Hawaii because having twin boys with special needs, one is on the Autism spectrum and the other has a rare growth disorder called Russell-Silver Syndrome (RSS), is a lot to manage as an active duty couple. We had been receiving great care starting during my pregnancy with the twins and couldn't imagine starting the treatment process over. Initial establishment of care for both boys can be nightmarish at best, particularly for Jaxon, diagnosed with RSS, because many providers have never treated a patient with his condition. Couple the rarity of the condition with the number of specialists he is required to see (ophthalmologist, nutritionist, endocrinologist, orthopedist, speech therapist, geneticist, developmental pediatrician, physical therapist, and early intervention) and it is easy to understand how we spent a great amount of time with providers establishing a treatment plan. The fight for diagnosis for Jonah, ASD, was just that…a fight. We spent months having to circumvent his pediatrician and going outside our military treatment facility. Once we received the diagnosis the wait for care began. Because applied behavioral analysis (ABA) therapy, the only scientifically proven treatment for Autism recognized by Tricare, is ongoing and often life long treatment, there is no way to predict when treatment/providers will become available. Fortunately for us we found a great company that could start treatment for Jonah five months after diagnosis. Jonah was doing well in therapy and making strides toward speech, overall communication, eye contact, less elopement, more awareness of danger, and appropriate social interaction.

Before we were officially placed on assignment I requested a tour extension based on Jaxon's treatment requirements. The G1 personnel office in Ft. Shafter, United States Army Pacific (USARPAC), denied the request and refused to send it to the Army Human Resources Command (HRC), because I was stationed in Hawaii for too long and because Jaxon can be treated by specialists in other duty stations for his condition. I started researching ABA companies in the Joint Base Lewis-McChord (JBLM) area with the knowledge that we would likely be placed on assignment there only to find that there were plenty of ABA providers in the area but none of them had openings for treatment. Although there is no way to know when treatment could become available, one of the companies said their waitlist has been a year long for some patients. One year waiting for treatment could mean that our son would never speak to us, have a job, live on his own, get married, or any of the expectations that parents have for their kids. Once again, I tried to apply for an extension in Hawaii. This time I went through the compassionate actions branch. Again, I was told care was available. Not long after receiving the news I heard from other moms/parents that the JBLM EFMP office is not allowed to say no to treatment availability for assignment purposes. Given all the information we had my wife and I were faced with the toughest decision we had to make to date. My wife decided to sacrifice her career and retire so she could stay in Hawaii with Jonah. She ended the life that she knew for the last 20+ years before she was ready to stop serving so our son could maintain the care he needs. Jonah may not ever hold down a job or live on his own, it's far too early to tell, but my wife, without hesitation, chose Jonah and his well-being over her desire to continue to serve her country. Jaxon and I left Jonah and Jen in Hawaii and moved to JBLM in August 2019. We have been separated for five months. Being separated and maintaining two households is expensive. Being separated has been torture on our relationship. I know I would choose to be separated again if it were my only option but it shouldn't have to be the only option. Either one or both of us would have gladly sacrificed promotion potential for our children and their continuity of care. We would have paid any price to ensure the twins were healthy and happy. Please make adjustments to the broken EFMP system. Our children's lives and development depend on it."

Ivy Dailey and Willow Dailey, Fort Bliss, TX
"Hello my name is Ivy Dailey and this is about my daughter Willow Dailey. We are currently in a place where all her needs are met, but it hasn't always been so. Willow was diagnosed with hydrocephalus at 4 months old. When she was 4 turning 5 we received orders to Fort Bliss in El Paso, Texas. Her EFMP packet was sent and subsequently approved we were told that her needs will be met.

Shortly after we arrived at Fort Bliss my daughter developed 6th nerve palsy, I rushed her to the post ER, where they told me they were not comfortable dealing with her and sent us to the local hospital called Providence Hospital. That is where we were informed that while we were enroute to Bliss that the Pediatric Neurosurgeon had left and there was only 1 Adult Neurosurgeon in the city and he covered 2 different hospitals. We sat in the hospital for 10 days getting pushed for test after test. They were claiming all her tests were fine even though she still had an eye that was stuck in place (which she has never had).

They released us after those 10 day. We got an appointment with a pediatrician at the post hospital and 2 days later he sent us 7 hours away to Phoenix Arizona to see a pediatric neurosurgeon and 3 days later my daughter is having brain surgery that resulted in a stroke from too much pressure build up and also the loss of vision in her right eye from going to long with the amount of pressure that built up. We spent 2 weeks in ICU and 2 months in the rehab there in Phoenix, our dogs were left with a family my husband knew but we also had at the time a 2 year old to figure out what to do with 7 hours away from anything or anyone that we knew."

Brenda Evans, Fort Meade, MD
"Our case I think is very extreme. To the point that care is being denied on base due to doctors not being comfortable with care. The education system can not fulfill our daughters needs. We moved from JBLM to VA March 2019, after our daughter did a month in residential in Texas. Care was not able to be obtained. We were told to file a compassionate when we found an accepting behavioral health facility. We found one in VA at Belvoir. The day before we were set

to arrive we were told she would not get care. They denied her admittance into their program on base. It then took 2 months to find a facility, we did but that was over 2 hours away. She was hospitalized from May2 too June 24. When she came home we had already been advised care could not be maintained at Belvoir not in the entire NCR. We have the written statement from her doctor to MEDCOM and our EFMP I would be happy to turn over.

My husband works for Usasa and thankfully they were a great unit. We paid out of pocket for all expenses for our daughter to include our travel back and forth every weekend for therapy sessions with her.

Upon her return, there was not any ABA nor a group therapy placement due to her IQ. Our Nurse case manager and doctors tried hard to find a location to accept her. I also have this documentation. They told us to look for family support. Do a compassionate because that's all we will get for her and our family. The level of care she needs is not out there that Tricare can find. Nowhere!!! Not north south or overseas.

In April after we arrived, we submitted for Kennedy Kreiger. Aubrey was accepted. We lived in Belvoir at the time. The travel alone was killing us. My husband asked for a change in location for his job as Meade had an opening. We were allowed to move as a no pay for our daughters care. No the Army did not pay for us to move.

After arrival, 3 visits, it became apparent that she could not fit in their program due to cognitive functions. So we are here at Meade. The therapist on base and the first PCM said her care was above their level. So here we travel to Walter Reed for a majority of her care.

The education system is something else. In Maryland there is not a placement for her in any school program. She attends a special school with non verbal peers. She is in a classroom of lower level students. She will not be allowed to continue this program. We meet again in May to discuss another placement.

She is Autism level 2, CP, Holoprocscenpaly brain malformation. She can not control her behaviors. She only gets ABA when therapists are available. The recommendation is a full day program with ABA. We have not had it and she's almost 16.

On top of that, my husband is not stabilized. So we are due to PCS again in the near future. Our compassionate became invalid when we moved to Meade on our own.

She is not our only Special Need child. We have one more. We have moved so many times for care since 2004. I think this was our right wrong. They failed us. The military system is what failed us."

Jackie N, Fort Bragg, NC

"Avery was born with a rare genetic disorder called Hemihypertrophy. It causes the left side of her body to grow faster than the right, resulting in a leg length discrepancy. Since it's an overgrowth syndrome it also puts her at risk for certain childhood cancers and tumors. Avery is 600 times more likely to develop cancer than her peers. She has to get routine cancer screenings which consist of blood work and abdominal ultrasounds. The worst form of Avery's genetic disorder is called Beckwith-wiedemann syndrome (BWS). Having BWS puts her at a much higher risk for developing cancer requiring 4 week lab draws instead of having her blood drawn every six weeks. TRICARE does NOT pay for the genetic testing required to determine if Avery has BWS. They said since it's such a rare genetic disorder there isn't as high of a demand compared to the amount of children needing more common genetic testing. We appealed the case and TRICARE still said no, that the protocol for her having BWS compared to just having hemihypertrophy is only a difference of 2 weeks. I get it, just two weeks. That's a difference of 13 blood draws a year on an infant and child compared to 9. When you're the mother having to hold down your little girl as she screams in fear as the phlebotomist comes near her, that difference of two weeks means a little bit more to you. My daughter turned 5 in December and has had well over 30 blood draws in her short life. I can't even tell you how many ultrasounds she's had to date but it's roughly 45. She's had 3 MRI's and countless x-rays. Tricare did not care. My

husband and I had to pay for the genetic testing out of pocket. We were expecting a $3500 bill but by the grace of God the hospital at Children's Mercy Children's Hospital in Kansas City covered all but $200. Besides not providing Avery with the genetic testing she deserves, Tricare also does not pay for her modified shoe lifts. Her leg length discrepancy is over a 1/2 inch so we have to have her shoes specially made to make up the difference for her right foot. Otherwise she develops back pain. It cost us $85 per shoe lift. Don't get me wrong Tricare pays for a lot. She was born 6 weeks premature and was in the NICU for 16 days, we did not have to pay a dime of her $100,000 NICU bill. But since her diagnosis of Hemihypertrophy, I realized how much Tricare doesn't help when you have a child with a rare disorder."

Anonymous Quaintico, VA
This family has asked to stay anonymous for fear of recurrent reprisal.
"*Our family is an EFMP family stationed aboard Marine Corps Base Quantico. Our children have a progressive, life threatening disease that gradually causes respiratory illnesses in their lungs, causing them to sit hours on vest treatments, nebulizer medication, and oral medication. Throughout our time living on base, we had issues with mold growing in our medically fragile children's bathroom shower. Work order after work order was created and we were constantly told it was "just mildew" or "soap scum". It wasn't until my sons' medical tests came back that a rare fungal bacteria was growing in his lungs that his doctors had never seen before, that we needed more help to get rid of the mold in the shower.*

My husband approached his command for help, as well as us reaching out to Military Safe Housing Initiative who subsequently reached out to housing and within a couple days, representatives from housing, maintenance and our advocate was in our home for a walk through. I showed them all my children's medical records showing the fungus he was growing, the deleted work orders that were no longer on my account but I took screenshots of when I made them, and a list of concerns I had. Over a course of two weeks, my house became a construction zone and mold was found in spots where we didn't even know was there. Housing asked if we wanted to be removed for our home during this time, but we decided it was in our Autistic child's best interest to not mess up his routine. They tried to put new flooring over old,

moldy flooring, which my husband had to tell the manager. When they were here working, as their mother I would drive around with them, take them on outings for therapy and tried to keep them far away from the work being done. Housing took our concerns seriously, but we had to stay on top and watch them while they were working to ensure they were doing as promised."

M.Mathews, Joint Base Lewis-McChord, WA

"My son is a sped kiddo who sees Psychiatry, Psychology, and specialty pediatrics At JBLM the wait times were ridiculous on post Specialty peds was always a month booked out Psychiatry and psychology was worse There were times you'd wait 6 weeks for an appointment and psychiatry was ALWAYS running half hour at least behind in appts But at least you could get in Of course trying to get anybody on the phone at JBLM was a fun game and most usually you would have to just go into the clinic itself The OBGYN clinic was not using the appt line that Madigan automatically kicks you to when you call to schedule an appt They would say call the clinic itself But no one ever answered the phone at the clinic and it was sometimes a week before you would get called back.

We were denied orders for Riley because we would have to drive for certain services They gave us Hood instead because all of our services were already being offered on post at Hood

Upon getting to Hood, we had to wait over a month for our first psychology appt only to be told Darnall wont do continuous care and will only see us a max of 6 times So we had to wait over a month for an appt to be told that at our first appt But she would not give us a referral for outside care for TWO more visits So we left WA in Sept and Just Now got a referral for off post services to continue counseling for our son Our wait for Psychiatry was closer to 7 weeks for our first appt Specialty Peds can't even see us on post because they are so overbooked We were instantly referred off post to Scott and White in Temple (which is a bit of a drive from our place in Kempner) But they have a MINIMUM of a one YEAR wait for appts So my son cannot see anyone for a year WITH a drive

There is no continuous care in a PCS And trying to get meds refilled means waiting for a PCM appt (which we were referred off post to a pcm bc of the amount of people being seen on post) His meds needed adjusted before we left but our leaving psych wouldn't adjust them because he was leaving Then we had to wait a month for a PCM appt She wouldn't adjust them because she's not psych. Our first psych appt he wouldn't adjust them bc we just met and he wanted labs So we had to wait another month for the adjustment And then he gave us a lecture on families using Tricare costing the military money And how meds adjustments cost money bc we need a diff dosage and sometimes the better dosage is more so he gave us a smaller dosage (5 instead of 10) and told us to double up bc it was more cost effective than him prescribing the 10 Thanks for the lecture. You know what would help? Being able yo see a provider when needed There has to be a better way for military families, especially those of us enrolled in the EFMP program.

Why is everyone sent to the same post because that's where services are offered Only to get there and find out there are no services because there are so many families already being seen Meanwhile you only have 30 days to switch tricare So you switch to on post and then find out the services are terrible you have to wait until open enrollment comes back around before you can switch to choose providers off post."

Deshawn and Christina Perkins, Kings Bay, G

"*December 2016 our family applied for housing in Kings Bay, GA. With Balfour Beatty. While talking with the leasing agents, and on our application we stated we were an EFMP Category 5. We inquired about EFMP housing, that is when we were told, special housing was for E-6 and above.*

Our first home, we lived in for exactly one year, all of which had standing work orders, finally after getting my husbands command involved, we were to be moved. We have four children. My husband was about to be deployed. Our only respite provider lived in our same cul-de-sac, with there being multiple empty units. We begged and pleaded to be moved to a nearby one, as my son

would have an easier adjustment, and him being a flight risk it would be nice to remain close to our respite provider. To no avail, we were told all of the empty units at that time had already been rented out. However it was 2 1/2 months before the unit directly next to our respite provider, became occupied. We had to move to the other side of Housing. We later learned they did not want our respite provider and our family near each other, for the facts of we turned in a family that we're running loose breaking windows, They were tired of the complaints etc

That following year of being moved my son was admitted to residential long-term facilities, became more aggressive, jumping out of the second-story window, our duplex was not safe for us. They agreed then to give us the ADA home."

Stephanie Waterhouse, Fort Bragg, NC

"Our problem with EFMP was that they were preventing us from going to Bragg over a blood draw. Our EFMP paperwork said that my son needed weekly blood draws and Bragg said they couldn't support it. My son also needs to see a Hematologist which will almost always be too far away (over 50 minutes) because there aren't any Army Hematologists. This was all so frustrating because we were never going to live on post and could prove that the necessary services would be available through UNC. We were not allowed to waive any of these restrictions so that my husband could get to the huge Army base that is Bragg. It makes us fear for the future of his career because under these restrictions, we don't think we would be able to ever find another assignment that will work through EFMP (even when we are willing to take the costs on our own)."

Austin Carrigg is the Founder and Chief Executive Officer of The Youth and Children's Advocacy Network (THEYCAN). She has spent the last seven years tirelessly advocating on behalf of children, youth and families. Her experiences span complex medical needs, adoption, surrogacy, military life, and finding accessibility in an inaccessible world.

In 2018 Austin founded The Youth and Children's Advocacy Network (THEYCAN) with an intense desire to help guide families who feel lost in the diagnosis their family is facing, and to be a voice for those who cannot yet speak for themselves. The Youth and Children's Advocacy Network works to educate and advocate on behalf of families to policymakers and our communities. We seek to empower families who are navigating the complex world of specialized health care needs and educational needs. The Youth and Children's Advocacy Network serves a large military population and has established peer to peer support groups at sixteen major military installations across the globe that serve a multitude of families enrolled in the Exceptional Family Member Program (EFMP).

2017-2018 Austin was the Vice President and a founding board member of Little Lobbyists, an organization whose vision is to ensure that all children with complex medical needs have access to the health care, education, and community inclusion they need to thrive. The Little Lobbyists share healthcare stories of children from across the country with their members of congress.

Austin has been nominated as Military spouse of the year for her work with the Little Lobbyists, the Tricare For Kids coalition, and her individual work with military families across the country. Austin was a 2018 Heroes at Home Awardee and was recognized by Virginia Governor, Ralph Northam, for her work supporting military families. Austin is a certified Army Family Team Building Trainer, which helps Army families acclimate to military life and build resiliency across their lives. She has also received numerous awards for her hard work and dedication to military families and her service as an Army employee.

DISCLOSURE FORM FOR WITNESSES
COMMITTEE ON ARMED SERVICES
U.S. HOUSE OF REPRESENTATIVES

INSTRUCTION TO WITNESSES: Rule 11, clause 2(g)(5), of the Rules of the U.S. House of Representatives for the 116th Congress requires nongovernmental witnesses appearing before House committees to include in their written statements a curriculum vitae and a disclosure of the amount and source of any federal contracts or grants (including subcontracts and subgrants), or contracts or payments originating with a foreign government, received during the current and two previous calendar years either by the witness or by an entity represented by the witness and related to the subject matter of the hearing. As a matter of committee policy, the House Committee on Armed Services further requires nongovernmental witnesses to disclose whether they are a fiduciary (including, but not limited to, directors, officers, advisors, or resident agents) of any organization or entity that may have an interest in the subject matter of the hearing. Committee policy also requires nongovernmental witnesses to disclose the amount and source of any contracts or grants (including subcontracts and subgrants), or payments originating with any organization or entity, whether public or private, that has a material interest in the subject matter of the hearing, received during the current and two previous calendar years either by the witness or by an entity represented by the witness.

Please note that a copy of these statements, with appropriate redactions to protect the witness's personal privacy (including home address and phone number), will be made publicly available in electronic form not later than one day after the witness's appearance before the committee. Witnesses may list additional grants, contracts, or payments on additional sheets, if necessary. Please complete this form electronically.

Hearing Date: Wednesday, February 5th, 2020

Hearing Subject:

Exceptional Family Member Program - Are the Military Services Really Taking Care of Family Members?

Witness name: Austin Carrigg

Position/Title: Chief Executive Officer

Capacity in which appearing: (check one)

☑ Individual ☑ Representative

If appearing in a representative capacity, name of the organization or entity represented:

The Youth and Children's Advocacy Network (THEYCAN)

Federal Contract or Grant Information: If you or the entity you represent before the Committee on Armed Services has contracts (including subcontracts) or grants (including subgrants) with the federal government, received during the current and two previous calendar years and related to the subject matter of the hearing, please provide the following information:

2019

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

2018

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

2017

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

Foreign Government Contract or Payment Information: If you or the entity you represent before the Committee on Armed Services has contracts (including subcontracts or subgrants) or payments originating from a foreign government, received during the current and two previous calendar years and related to the subject matter of the hearing, please provide the following information:

2019

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract or payment

2018

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract or payment

2017

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract or payment

Fiduciary Relationships: If you are a fiduciary of any organization or entity that may have an interest in the subject matter of the hearing, please provide the following information:

Organization or entity	Brief description of the fiduciary relationship

Organization or Entity Contract, Grant or Payment Information: If you or the entity you represent before the Committee on Armed Services has contracts or grants (including subcontracts or subgrants) or payments originating from an organization or entity, whether public or private, that has a material interest in the subject matter of the hearing, received during the current and two previous calendar years, please provide the following information:

2019

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment

2018

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment

2017

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment

STATEMENT OF

MS. CAROLYN STEVENS
DIRECTOR, OFFICE OF MILITARY FAMILY READINESS POLICY,
MILITARY COMMUNITY & FAMILY POLICY
AND
CAPT EDWARD SIMMER
CHIEF CLINICAL OFFICER, TRICARE HEALTH PLANS
DEFENSE HEALTH AGENCY

BEFORE THE
HOUSE ARMED SERVICES
MILITARY PERSONNEL SUBCOMMITEE

EXCEPTIONAL FAMILY MEMBER PROGRAM

FEBRUARY 5, 2020

Chairwoman Speier, Ranking Member Kelly, and members of this distinguished Subcommittee, on behalf of Mr. Matthew P. Donovan, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness, and the cadre of dedicated and expert professionals who comprise the team, I appreciate the opportunity to appear before you today to highlight the Department's many efforts to support our Service members and their adult or child with a special medical and/or educational need. The Department of Defense (DoD) is committed to supporting Service members as they face the unique challenges associated with the demands of military service. We sincerely appreciate the continued Congressional support of programs that help our Service members and their families stay strong and resilient.

During the late 1970s through the early 1990s, each Military Service independently established programs to support families with special needs and focused on various support systems such as assignment coordination, identification and enrollment, and family support. By the late 1980s and early 1990s, all branches provided support under the Exceptional Family Member Program (EFMP), and enrollment into the program was mandatory. In 2010, the National Defense Authorization Act directed the Secretary of Defense to create an office to support families with special needs. In September of that year, the Department established the Office of Community Support for Military Families with Special Needs, later renamed as the Office of Special Needs (OSN), within Personnel and Readiness. The action to stand up an office dedicated to supporting family members with special needs created the catalyst for developing an oversight structure and aligning the efforts of the Office of the Secretary of Defense with the efforts of the Military Services.

The EFMP, an element of OSN, maintains three separate and distinct components, each managed and carried out by either medical and/or personnel staff or family support staff. These three components - identification and enrollment, assignment coordination, and family support - represent the current structure of support to families with special needs and are designed to better address a family's need throughout the military life cycle. More than 103,600 sponsors with over 139,000 military family members with special medical and/or educational needs are enrolled in the Exceptional Family Member Program (EFMP). Active duty Military Service member sponsors of family members with special needs make up eight percent of the total active duty force with Service breakdown for these sponsors as follows: Army: nine percent; Navy: six

percent; Marine Corps: five percent; and Air Force: ten percent. Family members enrolled in EFMP – both adults and children - represent nine percent of active duty family members across the DoD. The Service breakdown for these family members enrolled in EFMP is as follows: Army: eight percent; Navy: six percent; Marine Corps: seven percent; Air Force: thirteen percent.

The Department has increased efforts to collect and analyze data and to solicit feedback on specific usage of, and satisfaction with, the EFMP. The data we collect, as well as the personal anecdotes we hear, combine to offer a broader understanding of the challenges our military families face and help to better define our approach. We are committed to balancing individual experiences with an evidence-informed strategy and program design in order to address a family's needs from both an enterprise and individual level. Today we will discuss the three components of EFMP, some of the challenges facing families enrolled in EFMP, and the Department's approach to addressing their concerns.

Research and Analysis

Research and analysis is critical to the Department's efforts to track, identify, and understand the challenges faced by family members with special needs. The Office of People Analytics (OPA) administers the Active Duty Spouse Survey (ADSS) and the Status of Forces Survey of Active Duty Members (SOFS-A). The target population consists of active duty spouses and DoD members, respectively, of the Army, Navy, Marine Corps, and Air Force, excluding National Guard and Reserve members and General/Flag officers. Questions regarding the EFMP are surveyed every 2 years for the ADSS and every other year with SOFS-A. Responses to these questions provide our office with unbiased feedback from program users. These surveys are population-based surveys and report the percentage estimates which are weighted to accurately reflect the populations being measured.

Over 6,800 active duty spouses responded to the 2017 Active Duty Spouse Survey to create a representative sample of the total active duty spouse population. Of the respondents, 35 percent of active duty spouses were enrolled in EFMP or resided with at least one family member with a special medical/educational need enrolled in EFMP. Survey data indicated that

spouses enrolled in EFMP or who had a family member enrolled in EFMP reported being "satisfied" or "very satisfied" with the military (63 percent) compared to 60 percent of the general spouse population and 56 percent for those who identified a special need but were not enrolled in EFMP. Additionally, 65 percent of active duty spouses enrolled in EFMP favored the Service member staying in the military as compared to 61 percent of the general spouse population and 57 percent of those with a special need, but not enrolled in EFMP. This was statistically significant compared to the average survey respondent response. The 2019 Active Duty Spouse Survey was sent out in July 2019 and the field just recently closed. The results will be available in the Fall of 2020.

In 2017, over 18,040 active duty Service members responded to the Status of Forces survey to create a representative sample of the total active duty population. Six percent responded that they had used EFMP in the last 12 months "fairly often" to "very often", with another seven percent using the program "sometimes". Of those Service members who frequently used EFMP in the last 12 months, 78 percent reported being satisfied/very satisfied with the services received. When looking at satisfaction with the military and career opportunities, the data shows that those members who reported using EFMP services frequently in the past twelve months (72 percent of the respondents) reported being "satisfied" or "very satisfied" with the military compared to 60 percent of non-users and 61 percent of infrequent users. On the topic of retention, this same group of respondents reported being "likely" or "very likely" to stay in the military, and 55 percent perceived that their spouse/significant other favored him/her staying in the military. The frequent users also reported better outcomes than the other two groups: those who never or infrequently (those who responded "almost never" or "somewhat") used the program. Sixty-one percent reported being "satisfied" or "very satisfied" with opportunities for promotion as compared to 55 percent of non-users and 50 percent of infrequent users. Finally, 85 percent reported being "well" or "very well" prepared to perform a wartime job as compared to 77 percent of non-users and 75 percent of infrequent users.

These survey results align with other military surveys and indicate that the majority of those enrolled in EFMP are satisfied with both the program and the military. The Department

recognizes that we still have work to do in some areas highlighted in the report, such as Permanent Change of Station (PCS moves).

Identification and Enrollment

There is no single entry point for identifying a family member with a special need. For example, a routine medical examination may identify a medical need requiring additional supportive services such as physical or occupational therapies. School or child care personnel may identify a child exhibiting possible developmental delays. Once a special medical or educational need is screened and confirmed by medical personnel, they complete the EFMP enrollment process using Department-level standardized forms. There are separate forms for medical and/or educational enrollment.

A family member enrolled in the EFMP is identified in the Service member's records to ensure the family's needs for specialty care and supportive services are addressed during the assignment process. A family member may be disenrolled from the EFMP for administrative reasons related to the Service member sponsor's retirement/separation or other life changes such as divorce or change in custody. Disenrollment due to changes in the medical and/or educational status require coordination with medical personnel who will validate that the medical condition either no longer exists, no longer needs specialty care, or no longer meets medical and/or educational enrollment criteria.

The Defense Health Agency (DHA), working with the Services, is focused on ensuring military beneficiaries with special needs receive the high-value care and support they need and have earned. Families serve just as much as Service members, and we owe them the very best care and services where and when they need them. Providing that care and support is a key component of family readiness, which in turn directly supports the readiness of our Service members. There are several ways TRICARE meets this goal. The first is by directly providing timely, high-value medical care, either through the direct care system of military treatment facilities (MTFs) and also through our extensive network of providers through the TRICARE Network. The TRICARE benefit for families is very robust, and it has low out-of-pocket costs; for active duty families using the Prime option, there is often no out-of-pocket cost, except when

families must obtain prescription medications from mail order or retail networks. In addition, the Extended Care Health Option (ECHO) provides additional non-medical benefits to beneficiaries with special needs, including, but not limited to, modifications to vehicles when needed, translation services, and respite care. This benefit follows families wherever they may be stationed.

The DHA works closely with our colleagues in the Exceptional Family Member Program (EFMP) at individual installations, at Service headquarters, and at the DoD level. As DHA assumes responsibility for management of Military Treatment Facilities (MTFs), we are working with the Military Departments to ensure a seamless transition of management responsibilities.

At the installation level, responsibilities include identifying family members who have a medical condition that warrants enrollment in EFMP, providing the medical evaluations necessary for enrollment, and providing treatment and case management services. Our MTFs also advise on the availability of needed medical services at potential future duty stations with the goal of ensuring family members are located in areas where needed care is available on a timely basis. The MTFs and managed care support contractors (MCSC) work closely together in making these determinations. At the Service and DoD levels, the DHA, Office of TRICARE Health Plans, helps to identify areas where access to care may limit assignments (both for persons enrolled in EFMP and with other serious medical conditions). When possible, we seek to increase the number of providers in the TRICARE network in those areas and when possible, increase direct care access when the Military Departments can offer such solutions. At the OSD level, DHA serves on the DoD Coordinating Committee for Military Families with Special Needs and supports the Military Family Readiness Council. DHA also sponsors periodic Pediatrics Advocacy Forums for pediatric advocacy and professional groups. All of these meetings allow for greater collaboration with EFMP and the Services. DHA and the Office of Special Needs have also created an EMFP/TRICARE liaison position, filled with a full-time GS employee, who works to ensure communication and information flows freely in both directions. The addition of this position has been invaluable to our efforts to improve collaboration.

Particularly important to the EFMP process and providing care to our beneficiaries with special needs is access to high value care on a timely basis. The TRICARE networks ensure

timely access to care in most areas and for most specialties. That said, we recognize that there are areas where access to care is problematic, especially for some pediatric specialties. Where there are medically-underserved communities, or where beneficiaries do not receive timely care, our MCSCs work to expand networks or look to otherwise improve access to care.

The DHA shapes policy to improve access. For example, recent changes to the mental health benefit led to an over 50 percent increase in the number of Network Residential Treatment Facilities for mental health care, an area where access is challenging. In cases where there is simply an insufficient number of providers to serve the total community, we work to mitigate these shortages to the greatest extent possible by either encouraging larger provider groups to try to expand medical presence, and through the use of telehealth. When care from a "network" provider is not available, the MCSCs are required to use non-network providers, if available. If needed, the TRICARE Prime travel benefit, which applies when a TRICARE beneficiary is more than 100 miles from care, can be used to pay for the travel expenses of the beneficiary and an authorized non-medical attendant to ensure access to care.

In addition, we provide care management services to beneficiaries with complex medical needs. Our recently awarded TRICARE Select Navigator contract will help guide EFMP beneficiaries who utilize TRICARE Select to the right care from the highest quality providers. The next generation of TRICARE contracts, known as T-5 will also measure and report outcomes for individual network providers and facilities which will be combined with direct care data so that families, working with their EFMP coordinators and their medical providers, can make informed decisions about their care.

Moving forward, DHA will continue to work with the Services to further enhance the support provided to military families. This includes working with the Services and other stakeholders to proactively identify beneficiary medical needs and arrange for care before the beneficiary actually arrives in a new location, further leveraging the use of telehealth to expand access when appropriate, and building greater liaison between the MCSCs and EFMP into the upcoming T-5 contracts. DHA recently announced that the first four TRICARE markets have been activated, linking MTFs and purchased care to a greater degree, which will in turn allow for

greater coordination of and access to care for all beneficiaries, but especially those in the EFMP program.

Assignment Coordination

The assignment coordination process exists to determine the availability of services at the projected duty station when a Service member is notified of an assignment by the Military Service's personnel office. When Service members receive notification of a new assignment overseas, dependents are screened, in accordance with Service policies, to determine any medical, dental or education needs. Personnel staff coordinate with medical activities to verify that required medical, dental, and education services are available at the gaining location to address these needs before authorizing family member travel at government expense.

If services are not available at the gaining location, family travel at government expense may not be approved. Active duty Service members who have family members with medical, dental, and educational needs may be removed from an overseas assignment if no suitable location can be found and if there will be no adverse impact on the military mission or on the active duty Service member's career. In some cases, the member may be sent unaccompanied to the overseas location, with the family staying behind in an area where needed services are available.

When a life cycle event impacts the family (for example, the birth or adoption of a child), a family member would then be screened by a medical professional for possible enrollment for EFMP. If a family member is already enrolled in EFMP, the enrollment would be updated to reflect any life cycle changes.

Initiatives to Address Challenges with Assignment Coordination

While overall satisfaction with EFMP is statistically significant, we know that some families have expressed concerns about unique special education challenges and the screening process for permanent change of station (PCS) travel overseas. In addition, families have expressed concerns about the lack of legal assistance and challenges with Tricare enrollment. The 2017 SOFS-A results indicate that frequent users of EFMP have more negative outcomes

related to PCS moves when compared to the other two groups. Fifteen percent reported the availability of special medical and/or educational services for spouse to be a problem to a "large extent" or "very large extent". This was true for only seven percent of non-users and 12 percent of infrequent users. In addition, 27 percent reported the availability of special medical and/or educational services for child to be a problem to a "large extent" or "very large" extent, as compared to six percent of non-users and 17 percent of infrequent users. Finally, 32 percent reported having a child changing schools to be a problem to a "large extent" or "very large" extent compared to 19 percent of non-users and 30 percent of infrequent users.

Family Member Travel Screening

All family members of active duty Service members who request government-sponsored travel to locations outside of the continental United States (OCONUS) must be screened prior to their PCS move. In order to address the lack of standardization in the OCONUS screening processes, each of the Military Services collaborated with OSN in a multi-year effort to develop the Family Member Travel Screening (FMTS) forms and standardized processes. This effort crossed functional areas and included OSN, Health Affairs, and the Defense Health Agency. The FMTS process equips all military Services with standard forms, roles, responsibilities, and processing instructions to identify, document, and coordinate potential travel concerns, which may include medical, educational, and/or dental needs. The FMTS also facilitates a more standardized experience for families in cross-Service screening scenarios. Over 400 administrative and medical staff from over 200 MTFs around the world have been trained on the new forms and processes. Health Affairs is the lead agency for policy development and publication with subsequent policy required by the Defense Health Agency. The Office of Management and Budget has approved the forms for release once the policies are published.

Family Support

EFMP family support staff assists families in identifying and accessing community services and provided support services such as information and referral for installation and local community services. Additionally, EFMP family support staff provide non-clinical case management to requesting families by conducting a needs assessment and working with the

family to develop a family services plan. Standard services offered across the Department include: providing requesting families with a "warm hand off" to the installation to which they are moving; informing families on educational and early intervention programs and resources in the area; developing community events for families to meet each other and create a network of support; and assisting families in researching and/or applying for State or Federal benefits and entitlements. All services offered through EFMP Family Support are voluntary.

Initiatives to Enhance Family Support Services

EFMP & Me

Throughout the life cycle, a family's needs change based on events such as marriage, divorce, the birth of a child, or caring for an aging parent. *EFMP & Me*, an online application offered through MilitaryOneSource.mil, is designed to provide comprehensive and easily-accessible information on all three EFMP components: identification and enrollment, assignment coordination, and family support. A virtual, 24/7, self-service portal, *EFMP & Me* allows the user to effectively navigate through the DoD's vast network of services and support created for families with special needs. Within the application, a family can create life event-driven checklists and gather resources specifically tailored to their family's needs, when they need them. The checklists offer "tips" or pertinent information for consideration. Throughout the application, families are directed to installation services and points-of-contact if they need further assistance. *EFMP & Me* launches in April 2020, beginning with family content. Future content for Service members, service providers, and leadership is under development and will be launch in phases throughout 2020.

Family Needs Assessment

As part of the ongoing effort to standardize support to families by the EFMP, OSN, in collaboration with Service-designated EFMP family support representatives, developed the EFMP Family Needs Assessment (FNA) form. The standardized Department-level form provides a single document that supports consistent and improved EFMP family support services for military families with special needs regardless of their location and Service affiliation. The

form includes three main components: the FNA, the Family Services Plan, and the Inter-Services Transfer Summary.

The EFMP FNA form guides the EFMP Family Support case management processes. The forms contain open-ended questions to help staff gain an understanding of a family's needs. The Family Services Plan addendum outlines strengths-based and family-centered goals and strategies to help a family meet goals and objectives and addresses the individualized Services Plan requirement in statute. Finally, the Inter-Services Transfer Summary addendum documents current needs and goals to support warm hand-offs with gaining sister-Service EFMP Family Support Offices to maintain continuity of services for families.

Staffing Pilot

OSN commissioned Auburn University to conduct a literature review of case management staffing ratios used among civilian agencies with functions similar to the type and scope typically done by EFMP family support staff. The study was conducted in response to a recommendation of the General Accounting Office (GAO) report, "DoD Should Improve Its Oversight of the Exceptional Family Member Program," May 2018 (GAO Report No. 18-348).

The Auburn University review proposed a research-based staffing formula. Utilizing the information available from the review, OSN, along with Military Service Family Support representatives, collaborated to refine the report's initial recommendations to reflect EFMP Family Support requirements, establish standard definitions for key criteria, and develop an initial EFMP Family Support Case Management Staffing Tool. The staffing tool identifies both the tasks performed by family support staff and the work effort required to provide services to families and provides a standardized metric designed to assist in determining the number of EFMP Family Support staff needed at each installation. In November 2019, a pilot program was initiated at eight installations across the Department to validate the staffing tool. Six of the eight installations each received a contracted employee and agreed to collect detailed data on work effort and families served. The remaining two installations will provide the same data using existing personnel. The pilot phase is expected to last two years during which time the data collected will be analyzed to validate the standardized metric tool and explore expansion of its use.

Training and Professional Development Resources

We recognize the importance of providing EFMP Family Support staff standardized training materials and opportunities for professional development. The EFMP Family Support Core Competency Training Curriculum's content provides access to information that supports a consistent programmatic knowledge base, increased standardization, and improved delivery of EFMP family support across the DoD. Support materials and trainings, developed in collaboration with the military Services, are available through MilitaryOneSource.mil at https://millifelearning.militaryonesource.mil/MOS/f?p=SIS:2:0: and include a briefing template to be used when briefing installation leadership about EFMP accomplishments, updates, roles, and responsibilities. On-demand training features content on completing case notes, an interactive e-learning module designed to reinforce understanding of the value and components of thorough case notes when working with families with special needs, and training guidance to EFMP Family Support staff on the process of establishing, implementing, maintaining, and enhancing their installation's EFMP Family Support Program.

Additional professional development opportunities are available to DoD program administrators and service providers through the Military Families Learning Network (MFLN). The MFLN engages military family service providers and Cooperative Extension educators in the exchange of experiences and research to enhance professional impact and encourage professional growth. In 2018, nine webinars provided approximately 2,500 continuing education units to service providers worldwide. The webinars provide a mechanism to focus on shared common language and offering strategies to assist in addressing gaps in services.

Respite Care

Family members responsible for the regular care of dependents with moderate to profound special needs can find temporary relief through the Military Services' respite care programs. The family member with special needs must be enrolled in their Service's Exceptional Family Member Program and be living with their sponsor to be eligible for respite care. Each Service provides from 20 hours to 40 hours a month per eligible individual family

member, depending on the Service. Family members with severe, profound, or significant medical needs are eligible to use the program.

Additional Efforts

OSN collaborates with the Military Departments to provide program oversight and to standardize aspects of the EFMP and relies on input from DoD leaders, Military Services, internal and external stakeholders, and, most importantly, families with special needs, to gather information on the operation of existing programs and to assess the effectiveness of EFMP policies and procedures.

Oversight

Developed in 2018 in response to the May 2018 GAO Report, "DoD Should Improve Its Oversight of the Exceptional Family Member Program," OSN developed a comprehensive framework to identify the activities and processes necessary for DoD to provide the full range of support for military families with special needs. The framework provides a structured outline to ensure that these tasks and activities are monitored for timely compliance and an acceptable level of performance. The activities within the framework are executed under the authority and responsibility of the OSN, and with the leadership of the Assistant Secretary of Defense for Manpower and Reserve Affairs (M&RA) and the Deputy Assistant Secretary of Defense (DASD) for Military Community and Family Policy (MC&FP). The framework is a living document requiring a regular review to ensure the changing needs of military families with special needs are appropriately and efficiently addressed.

The DoD Coordinating Committee for Military Families with Special Needs (Coordinating Committee) is comprised of senior executive-level leadership and is a key component in meeting oversight requirements. Members represent the Military Departments, DHA, Military Personnel, Department of Defense Education Activity, and the Office of General Council, among others. The Coordinating Committee is actively engaged in advising the OSN and provides an additional level of oversight of policies, programs, and support that impacts military families with special needs.

Data Collection

The EFMP Data Repository, the Department's centralized data collection system, aggregates EFMP data from all the Services and enables OSN to provide a higher level of oversight and monitoring enterprise-wide. The data repository tracks and maintains key data points in the three EFMP components. These data points provide visibility into the status of standardization efforts. The data repository was successfully implemented in 2017 and expanded in calendar year 2018 to include the collection of a full year of quarterly data submissions across the Services. Future expansion efforts to collect installation-level EFMP Family Support data across all three of the EFMP components are currently underway. Currently, 82 percent of 67 data elements are collectible across all four Services, further supporting standardization and providing the means to identify and analyze historical trends with a focus on assignments, EFMP enrollment, and family support data. Enhancements to the database are underway and will include additional data elements and more granular, installation-level data collection. Program survey questions are routinely reviewed and prioritized to ensure that key indicators are being addressed to facilitate opportunities to be more efficient and effective.

Communication

The OSN utilizes Military OneSource as a primary mechanism for outreach to military families with special needs through various strategies and avenues, such as the *Exceptional Advocate* e-newsletter, a quarterly publication that provides information about EFMP and related initiatives. Social media efforts such as "EFMP Facebook Live" events and the "Did You Know" social media series highlight EFMP resources and support services via Twitter, Facebook, and Instagram. Additionally, numerous resources and tools related to special needs are available through the website.

The Department has also provided a way for families to submit concerns about EFMP through the "DoD Advisory Panel on Community Support of Military Families with Special Needs" (also known as the DoD Family Advisory Panel). The panel, made up of seven members appointed by their respective Services, meets quarterly to provide informed advice on the implementation of EFMP policy and programs throughout the DoD. Each appointee has a

family member with special needs. Families can submit feedback to the panel members via the Military OneSource feedback link which is monitored 24/7 by the Military OneSource call center. Past topics of interest to the panel included TRICARE initiatives, such as the expansion of mental health/substance abuse coverage and the autism care demonstration; community resources available to military families with special needs, including resources that panel members found helpful; ways to enhance panel engagement; and on-line resources. In addition, an online EFMP Family Support Feedback Tool that provides feedback mechanism for families to share their recent experience with installation-level EFMP family support services will be launched on Military OneSource in April 2020. The feedback tool will also assist with evaluating family satisfaction at key touchpoints such as services plan generation and PCS.

Specialty Consultations through Military OneSource

A significant focus has been the effort to increase awareness of resources available to families through Military OneSource and enhance support for military families with special needs. EFMP Resources, Options, and Consultations (EFMP ROC), accessible 24/7 telephonically through Military OneSource, offers information and assistance on topics such as education, the military health care system, and local resources through targeted articles and resources. Masters-level specialty consultants professionally-trained to provide phone consultations are available through EFMP ROC. The EFMP ROC provides supplemental services in addition to services available through the installation Family Support Center and is particularly helpful to Reserve Component members, Service members geographically- separated from an installation, Service members on shift work, and others unable to access support at their installation Family Support Center.

Other Departmental Support

Department of Defense Education Activity

The Department of Defense Education Activity (DoDEA) operates 163 schools in eight Districts located in 11 countries, seven states, and two territories. There are 996,069 military-connected children of all ages worldwide, of which more than 70,000 (11.5 percent) are enrolled in DoDEA schools and served by approximately 8,700 educators. DoDEA serves

approximately 8,737 (8 percent) students with disabilities. All other military students attend public or private schools or are home-schooled.

Impact Aid

Federal Impact Aid is designed to assist United States local school districts that have lost property tax revenue due to the presence of tax-exempt Federal property, or that have experienced increased expenditures due to the enrollment of federally-connected children. The U.S. Department of Education (ED) determines eligibility for the all of the Federal Impact Aid programs, including DoD Impact Aid. DoDEA administers a portion of the Impact Aid, the DoD Impact Aid for Children with Severe Disabilities (CWSD), but does not determine Impact Aid eligibility. In fiscal year 2019, only 38 of the 357 districts that serve an eligible child with disabilities applied to be reimbursed for DoD Impact Aid for CWSD. Of those 38 Local Education Agencies (LEAs), 23 had less than ten eligible students for DoD-CWSD Impact Aid funding. Eighteen of the same 38 LEAs received less than $50 thousand. In other words, for fiscal year 2019, the 18 LEAs that received less than $50 thousand only received partial reimbursement, a percentage of what they spent based on the formula, and not full reimbursement.

The Department appreciates the additional $5 million provided by Congress in fiscal year 2019 for DoD Impact Aid for CWSD. These funds support the goals of Federal support for CWSD by reimbursing school districts that had the greatest financial expenses associated with children from military families' special education costs. The funding, distributed to the districts that had 20 or more children, resulted in additional payments to five school districts that provided education support to 253 military-connected students. Four of the five school districts with the highest numbers of military dependents enrolled received 100 percent reimbursement for their eligible students, while the fifth district received 77 percent of their reimbursement. This is the first time this funding had covered all or most of the funding the district had already expended on the eligible children's education.

In 2014, DoDEA awarded 19 invitational grants to LEAs for projects focused on special education services; all of the projects included and completed professional development for

teachers to support students with disabilities. The project topics were selected by the LEA based on their needs study and included focused support related to Response to Intervention, social emotional well-being for students with disabilities, and reading/language arts curriculum for targeted assistance for identified students.

Legal Assistance

One resource for military families with special needs who face unique challenges, including those impacted by a PCS move, is free legal assistance and educational materials provided by installation legal offices. In some situations, legal support may consist of providing information on topics such as the federal rights to free, appropriate public education and free disability evaluation; advanced estate planning/special needs trusts; guardianship proceedings; and PCS and deployment issues.

Installation legal offices can also refer qualifying military families for more advanced and in-depth legal assistance through the American Bar Association's (ABA) Military Pro Bono Project. The project connects eligible, active duty Service members, typically E-6 and below, with pro bono attorneys to assist with the resolution of civil legal issues. The project matches an eligible military family with a specialist volunteer attorney associated with the ABA to provide further assistance on special needs issues.

Conclusion

Given the mobile military lifestyle and that our force is increasingly joint, it is imperative that we minimize the challenges experienced by our special needs families in the context of intra-Service and cross-Service coordination and support. The partnership created between the EFMP and the families who rely on us for their care while they serve our Nation, provides outstanding support that is among the best anywhere. OSN's efforts to build collaboration and to standardize processes, where possible, contribute greatly to family and mission readiness.

In September 2019, Secretary of Defense Esper addressed a memo to the co-chairs of the Council of Governors announcing that he had informally added a fourth line of effort to the National Defense Strategy focusing on military families. He continues to articulate this

additional priority line of effort – taking care of families. The Department is committed to the importance of evidence-informed strategy and program design as a means to achieve desired results. Individual insights and experiences throughout military life provide ongoing opportunities to assess for trends and potential gaps in services. These personal experiences coupled with data combine to offer a broader understanding of the challenges facing our military families and are an essential touchpoint as we define our data driven approach to the Exceptional Family Member Program and other family support programs.

Carolyn S. Stevens
Director, Office of Military Family Readiness Policy

Carolyn S. Stevens assumed the duties of director for the Office of Military Family Readiness Policy in the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy June 25, 2017.

As director, Ms. Stevens is responsible for programs and policies that promote military families' well- being, readiness and quality of life. In this capacity, she has oversight for Department of Defense child development and youth programs, which serve 700,000 children annually at more than 300 locations worldwide. Ms. Stevens has purview over military family readiness programs, including military family lifecycle and transition support, and community capacity building to support geographically dispersed military members and their families. She also has oversight of the Family Advocacy Program and Exceptional Family Member Program.

Prior to assuming her current duties, Ms. Stevens served as senior program analyst in the Office of Children and Youth for the Office of Military Family Policy beginning in January 2007; she became the associate director in January 2013. In this capacity, she was responsible for programs and policies that support the availability of quality child care for military families worldwide, as well as the team leader for the Office of Children and Youth with oversight of Department of Defense child development and youth programs.

Ms. Stevens has more than 36 years of experience working with children, youth and families in nonprofit, for-profit and federal child care systems. Her work within the federal system includes direct care and management experience in home-based and center-based child development programs at the installation level. An ardent advocate for support to geographically dispersed military families, she served as the first child and youth specialist for the Air Force Reserve Command Headquarters where she provided oversight of programs that served the children, youth and families of Air Guard and reserve families. Her experience in the civilian sector includes work as the primary caseworker for the foster care program in a state Department of Social Services and work in various nonprofit family recreational programs. Ms. Stevens has also served as an adjunct professor for Georgia College and State University graduate students in nonprofit management studies.

Ms. Stevens' awards include the Office of the Secretary of Defense Medal for Exceptional Civilian Service in 2015, an Air Force honoree in 2009 at the 20th anniversary of the Military Child Care Act of 1989, and the Air Force Senior Civilian Manager of the Year Award in 2001. She was an integral part of the installation team that won the General Curtis E. LeMay Award 2001 and has received numerous installation-level program and performance awards.

Ms. Stevens graduated cum laude from Bridgewater College (Bridgewater, Virginia) with a Bachelor of Arts degree in Sociology. She completed a Master of Public Administration at Georgia College and State University.

The Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy is directly responsible for programs and policies, which establish and support community quality-of-life programs for service members and their families worldwide. This office also serves as the focal point for coordination for a broad range of quality-of-life issues within the Department of Defense.

Captain Edward Simmer, MD, MPH, DFAPA
Deputy Chief & Chief Clinical Officer, TRICARE Health Plan Officer in Charge,
DHA Navy Element Defense Health Agency

Captain Edward Simmer currently serves as the Deputy Chief and the Chief Clinical Officer for the TRICARE Health Plan at the Defense Health Agency in Falls Church, VA. In this role he is responsible for overseeing the civilian medical and dental care provided to the 9.4 million beneficiaries of the Military Health System, including through TRICARE's Autism Care Demonstration. He has a M.D. degree from Saint Louis University and completed his Psychiatry Residency at Naval Medical Center, Portsmouth. He also has a M.P.H. degree from Old Dominion University and is Board Certified in General and Forensic Psychiatry.

Captain Simmer has served 29 years of active duty in the Navy, with duties including Commanding Officer of Naval Hospital Oak Harbor, Executive Officer Naval Hospital Beaufort, Senior Executive Director of Psychological Health at the Defense Centers of Excellence for Psychological Health and TBI, and Director for Quality at Naval Medical Center Portsmouth.

RECORD VERSION

STATEMENT BY

COLONEL STEVE LEWIS
DEPUTY DIRECTOR, QUALITY OF LIFE TASK FORCE &
CHIEF FAMILY PROGRAMS BRANCH

BEFORE THE

SUBCOMMITTEE ON MILITARY PERSONNEL
COMMITTEE ON ARMED SERVICES
UNITED STATES HOUSE OF REPRESENTATIVES

SECOND SESSION, 116TH CONGRESS

ON THE EXCEPTIONAL FAMILY MEMBER PROGRAM

FEBRUARY 5, 2020

NOT FOR PUBLICATION UNTIL RELEASED BY THE
COMMITTEE ON ARMED SERVICES

Chairwoman Speier, Ranking Member Kelly, and Members of the Subcommittee: Thank you for your continued support to our Soldiers, Civilians and their Families who serve this nation. The Army is especially grateful for the diligent work of this Committee in support of our exceptional Family members.

The Exceptional Family Member Program, herein after referred to as EFMP or "the program", is a central pillar in support of Soldier readiness. In order to field a highly lethal Army, Soldiers need to be confident that their Family members with special needs, be it medical or educational, have access to the services they require. Army EFMP has three overarching operating tenets: 1) coordinate every assignment for a Soldier ensuring the special needs of their Family members are fully addressed at their duty location while also considering the Soldier's need for professional development and training; 2) provide a coordinated, comprehensive multi-agency approach for community support, housing, medical, educational and personnel services to Families with special needs; and 3) provide a mechanism for Department of the Army civilians assigned overseas to inform the local military treatment facility and education activity of their Family member's needs to determine if medical and educational services are available. Today there are over 54,000 Family members of Soldiers enrolled in EFMP and we are committed to ensuring that each of these Family members receives support and assistance throughout the Soldier's career.

As early as 1978, the Army created a policy to support Soldiers with exceptional Family members. In 1981, the program was further codified in a comprehensive regulation and renamed the Army Exceptional Family Member program. By 1986, the Army mandated enrollment for active duty Soldiers whose Family members had

qualifying conditions. This step ensured that all Soldiers with an exceptional Family member would only be assigned to an installation that could support their Family member's needs. The Army is especially proud of its history in the area of EFMP as it demonstrates our long-standing commitment to Soldier and Family well-being and readiness.

The Headquarters, Department of the Army Deputy Chief of Staff, G9 provides governance and oversight of the program. The execution of EFMP program elements is managed through three commands. U.S. Army Medical Command has the responsibility to identify, enroll, and provide health care for Family members with qualifying conditions. The Army Human Resources Command centrally manages, in close coordination with Army Medical Command, assignments for Soldiers with EFMP Family members in order to ensure that Soldiers are assigned at locations that can fully support their medical and educational needs. Army Materiel Command provides Family support services for Soldiers and Family members with special needs and is also involved with assisting Soldiers and their Family members to establish required care and services at the gaining installation before a permanent change of station move. Relocation is stressful for any Family. The stress and toll of every permanent change of station (PCS) is amplified even more for Soldiers with Family members with special needs. Most recently, the Army instituted changes to the assignment process for Soldiers and Family members enrolled in the EFMP in an effort to provide greater flexibility in assignment choice and additional time for Soldiers to conduct their own research on resources available at various assignment locations. These changes ensure that the voice of the Soldier is heard throughout the re-assignment process, and that the Soldier

and his or her Family member make an informed decision about assignment location. In addition, for some families, stabilization at the current duty station may be the most critical support necessary. Soldiers with exceptional needs Family members can also opt to remain at their installation up to four years and even longer. Alternatively, Soldiers have the opportunity to take advantage of the housing flexibility options that Congress enacted in 2018.

Army Community Services are available at each installation and their staff supports EFMP families. EFMP managers and system navigators provide needs assessments and help families develop individualized service plans as requested by the Soldier or their Family member. Army Community Services also provides employment support, financial counseling, deployment support, and relocation support services.

The Army is committed to constantly evaluating performance and gaining feedback on program delivery. The Army Family Action Plan is one avenue that has resulted in program improvements for EFMP. Last summer, the Army, in concert with the Army Public Health Command, distributed a survey to over 21,000 EFMP families. We are using these findings from this study along with other prior reports to minimize the challenges that Soldiers and their Families face.

Our commitment to every Soldier with an exceptional Family member is to balance the medical and educational needs of their Family member with the Soldier's career requirements thereby enhancing Soldier and Family quality of life. In closing, Soldier and Family readiness is critical to our Army's success -- winning matters. The Secretary and the Chief of Staff of the Army made people their number one priority and this program is one of the most important efforts.

COL Steve Lewis
Deputy Director, Quality of Life Task Force & Family Advocacy Program Manager

COL Steve Lewis is the Chief, Family Programs Branch and Department of the Army Family Advocacy Program Manager; Office of the Deputy Chief of Staff, G-9. COL Lewis is a Social Work Officer (AOC 73A) and he entered on active duty as a First Lieutenant in 1992 after graduating with his Master of Social Work degree from California State University, Sacramento. He received his Bachelor's in Arts degree from the University of Nevada Reno in 1989 and earned a PhD in Social Work from Florida State University in 2003 where he was awarded the Dianne F. Harrison scholarship for best prospectus and his dissertation was recognized at the 16th National Symposium on Doctoral Research in Social Work in 2004.

Prior to entering active duty he served 7 years in both the US Army Reserve and the Nevada Army National Guard. He is a graduate of the Infantry Officer Basic Course; the AMEDD Officer Basic and Advanced Courses; Combined Arms Services Staff School and the Army Command and General Staff College.

In his current position, COL Lewis oversees Army programs dedicated to Soldier and Family readiness ranging from the Family Advocacy Program, Exceptional Family Member Program and Army Community Services. Previously, COL Lewis has served in myriad of operational, academic, staff and clinical leadership roles throughout Army Medicine from Clinic Chief, Theater BH Consultant and Department Chair. He has deployed in support of both peacekeeping and combat operations including Operation Joint Endeavor, Operation Iraqi Freedom and Operation Enduring Freedom. COL Lewis also serves as the Social Work Consultant to the US Army Surgeon General providing subject matter expertise on the career field of social work along with professional development for 73A officers.

His awards and decorations include the Legion of Merit, Bronze Star (2 OLC), Meritorious Service Medal (3 OLC), Army Commendation Medal (3 OLC), Army Achievement Medal (3 OLC) and numerous campaign and service medals. He has been awarded the Combat Medic Badge, the Expert Field Medic Badge and the Senior Parachutist Badge. He is a member of the Order of Military Medical Merit and has been awarded the Surgeon General's prestigious 9A designator for professional excellence and prominence in the field of Social Work.

COL Lewis is married to Tracy Lewis and they have four children and two grandsons.

NOT FOR PUBLICATION UNTIL RELEASED BY
THE HOUSE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON MILITARY PERSONNEL

STATEMENT OF

MR. EDWARD J. CANNON
DIRECTOR, FLEET AND FAMILY READINESS,
COMMANDER, NAVY INSTALLATIONS COMMAND

BEFORE THE

SUBCOMMITTEE ON MILITARY PERSONNEL

OF THE

HOUSE ARMED SERVICES COMMITTEE

ON THE

EXCEPTIONAL FAMILY MEMBER PROGRAM

FEBRUARY 5, 2020

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THE HOUSE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON MILITARY PERSONNEL

Chairwoman Speier, Ranking Member Kelly and distinguished Members of this subcommittee, thank you for this opportunity to testify on the Navy's Exceptional Family Member Program (EFMP).

The Navy recognizes that family support is a critical element in obtaining mission readiness for our Sailors. EFMP supports the quality of life of Navy Sailors and their families by ensuring appropriate medical and educational resources are available for exceptional family members. By reducing the strain on Navy families, we strengthen the resilience of our Sailors and improve the Navy's mission readiness. EFMP improves retention by providing support to Sailors who might otherwise choose to leave the Navy to meet their family's needs. EFMP also decreases costly overseas personnel returns by ensuring special medical and/or educational needs are considered during the assignment process.

Navy EFMP has grown and evolved significantly since its establishment in 1987. Today, there are 85 Navy civilians and military personnel who are working full-time in the EFMP program, supporting nearly 23,000 enrolled Navy families. In Fiscal Year (FY) 2019, Navy dedicated more than $21 million in appropriated funding to this program.

EFMP is a mandatory enrollment program that provides family support throughout a military member's career and ensures the availability of necessary resources at the prospective duty station during the assignment process. EFMP also provides a family needs assessment, networking, information, referral, non-medical case management, systems navigation, individualized service plans and assistance during Permanent Change of Station (PCS) moves.

Navy EFMP consists of three interlocking support elements: identification and enrollment, assignments and family support services.

Identification and enrollment starts with the medical community. A potential enrollee can be self-identified by the family or may be identified by educational personnel at schools, medical personnel at medical treatment facilities (MTF), or by civilian network providers. EFMP coordinators assist families with enrollment, status updates and disenrollment. Enrollment is updated every three years and also 12 months before an anticipated PCS. To enroll, the Sailor submits the completed EFMP enrollment package to the EFMP coordinator at the nearest MTF. The enrollment package is reviewed by a multidisciplinary panel of medical providers, which

recommends EFMP designation in one of six categories, based on the type, severity and frequency of medical/educational intervention required by the exceptional family member. Once in receipt of the recommendation, Navy Personnel Command then assigns a final EFM category and annotates it in the Sailor's record for consideration during the assignment process.

Navy works to ensure Sailors are assigned to geographic areas suitable for their exceptional family members. Every effort is made to match the Sailor's career path with the needs of their family. All Sailors who are EFMP sponsors may be considered for an accompanied overseas assignment based on the availability of required medical and educational services at the gaining location, and successful completion of the overseas and suitability screening process by the sponsor and all family members. Sailors must maintain worldwide assignment deployability, which means it may be necessary for a Sailor to serve on unaccompanied tours to meet the Navy's mission requirements while their family is supported in another location.

Finally, Navy offers EFMP case liaisons at installation Fleet and Family Support Centers to provide non-medical case management and access to resources both on-base and in the local community. EFMP case liaisons work with families to develop Individual Service Plans, coordinate non-medical care, work with local schools, provide information and referrals to local community support resources, and provide access to the EFM Respite Care program. Navy's EFMP Respite Care program provides up to 40 hours of qualified childcare per month tto parents and caregivers of children with special needs -- at no cost to the family – so parents and caregivers can leave the house, go to an appointment, or just rest, while knowing that their child is well cared for.

In FY19, the EFMP case liaisons held nearly 24,000 one-on-one consultations with individuals, couples or families enrolled in EFMP. We had approximately 85,500 family members participate in an EFMP class or workshop. Navy EFMP case liaisons also logged more than 430,000 information and referral contacts, providing information on EFMP to a customer in person, over the phone, by email or via social media. The Navy also provided Respite Care for 2,800 children.

The Navy has – and will continue to – prioritize and invest in EFMP. Enrollment in Navy EFMP has tripled since 2016. We have increased our outreach to families, expanded training and

increased the resources available to the EFMP Family Support staff at Navy installations. Funding for the EFMP Family Support at installations has doubled from FY10 to FY20. And funding for EFMP Respite Care more than quadrupled from FY10 to FY20.

We continually seek ways to better support our Navy families enrolled in EFMP. Navy conducts an annual survey of EFMP enrollees to measure our effectiveness, ask for feedback and identify areas for improvement. For the past several years, approximately 60 percent of survey respondents have reported that EFMP makes a positive contribution to their family's quality of life, and approximately 59 percent of respondents said they were "very satisfied" with the EFMP program overall.

Although our metrics indicate most Navy families are satisfied with the Navy EFMP, we are committed to finding ways to improve the program. In FY20, all EFMP Family Support staff will receive three days of dedicated training to ensure Sailors and families are receiving the best possible non-medical support and customer service. Navy will also convene a senior-level working group to bring together experts from across the Navy to conduct a collaborative and strategic internal review of Navy EFMP, and determine other forms of support that may be provided for exceptional family members.

The Chief of Naval Operations has stated many times that "Stronger Families Make a Stronger Fleet." This tenet both inspires and compels the Navy to work harder every day to meet the needs of our Sailors and families with exceptional family members. I thank the subcommittee for its sustained commitment and unwavering support. I look forward to working with each of you to continue to improve the management and delivery of the Navy's Exceptional Family Member Program.

Edward J. Cannon
Installations Command

Mr. Cannon is the Director, Fleet and Family Readiness Programs for Navy Installations Command. He is responsible for: Morale, Welfare and Recreation, Child and Youth Programs, Fleet and Family Support Programs, Family and Bachelor Housing, Visitors Quarters, Ashore Galley Operations, Deployed Forces Support, and Navy Safe Harbor (Navy and Coast Guard Wounded Warrior Program) with resources totaling over 2.8 billion dollars and over 21,000 employees.

Mr. Cannon was the Region Program Director for Fleet and Family Readiness at Navy Region Europe, Africa and Southwest Asia, providing QOL support during an important time of growth and expanded operational tempo.

Mr. Cannon was previously the Navy Fleet Readiness Program Director at Navy Installations Command. He lead a team that supported MWR, Fitness, Sports and Forward Deployed Support programs, Media Resources, Lodging, Food and Beverage, and other Special Interest Programs.

Prior to coming back to Navy Installations Command, Mr. Cannon was the Executive Director for Naval District Washington, where he oversaw all Base Operating Support functions. These functions include: Military and Civilian Manpower, Security, Fire, Safety, Emergency Management, Facility Management, Business Operations and Future Planning, Financial Management, and various support functions.

Previous positions held include the Regional Community Support Program Director for Naval District Washington and Senior MWR Program Analyst for Navy Installations Command. At Naval Sea Systems Command, Mr. Cannon held positions as: Deputy Director of Sea Enterprise for New Initiatives and Special Projects; Senior Program Analyst for Corporate Operations; and Director of Quality of Life Programs and QOL Program Analyst.

He also held the positions of Director of Morale, Welfare, and Recreation at Naval Surface Warfare Center, Indian Head, Maryland; MWR Director at Naval Activities, United Kingdom, located in London, England, and Deputy MWR Director. Mr. Cannon also held the position of Recreation Director, and prior to that, Athletic Director, at Naval Support Activity, Naples, Italy. Mr. Cannon began his career with the Navy in August 1983, where he worked as the Sports Director at Naval Air Station, Willow Grove, Pa.

Mr. Cannon received his Bachelor of Science in Community Recreation, with a business emphasis, from Temple University and his Masters in Public Affairs from Indiana University.

DEPARTMENT OF THE AIR FORCE

PRESENTATION TO THE SUBCOMMITTEE ON MILITARY PERSONNEL

COMMITTEE ON ARMED SERVICES

UNITED STATES HOUSE OF REPRESENTATIVES

STATEMENT OF

MS. NORMA L. INABINET
DEPUTY DIRECTOR, MILITARY PERSONNEL PROGRAMS
AIR FORCE PERSONNEL CENTER

SUBJECT: THE EXCEPTIONAL FAMILY MEMBER PROGRAM

FEBRUARY 5, 2020

NOT FOR PUBLICATION UNTIL RELEASED
BY THE COMMITTEE ON ARMED SERVICES
UNITED STATES HOUSE OF REPRESENTATIVES

Chairwoman Speier, Ranking Member Kelly, and distinguished members of this subcommittee, thank you for your continued support of the Armed Services and interest in the Department of the Air Force's Exceptional Family Member Program (EFMP). It is an honor to speak on behalf of our Airmen. The Department of the Air Force's tri-component EFMP team consists of EFMP-Medical, EFMP-Family Support (EFMP-FS), and EFMP-Assignments, and is built on a foundation of collaborative coordination and care. We continue to expand our family support capabilities, address assignment and medical related challenges, and open the aperture for ongoing communication to improve the quality of life for our EFMP families.

Today, there are 33,181 active duty Airmen coded as EFMP sponsors and 50,987 family members enrolled in EFMP. When a family is identified as EFMP, the supporting installation Airman & Family Readiness Center EFMP-FS Coordinator connects them with appropriate information, assistance, and resources. The Air Force has 99 EFMP-FS Coordinator positions and four program management positions for a total of 103 personnel supporting 78 main operating installations and four satellite offices for a total of 82 locations to provide the community support functions that enhance quality of life of special needs family members. EFMP-FS Coordinators provide non-medical case management that includes assessing family needs, developing family services plans, and providing related workshops and support events in addition to assisting families in navigating community resources. Examples of these resources include federal, state and local programs; Military OneSource; respite services; and other non-profit organizational support such as Easterseals support services. In concert with our increase of 59 EFMP-FS Coordinators since 2017, the Air Force implemented a one-week in-person training course for newly assigned EFMP-FS staff to standardize the level of services provided to families. We also continue to offer quarterly parent focused training on topics such

as Applied Behavior Therapy, Medicaid, financial planning, individualized education program, and future life planning. These training opportunities help enhance the connection and knowledge of parents as they navigate resources for their special needs children. Additionally, the Air Force funded or hosted over 450 outreach events across our installations in fiscal year 2019, with 100 of those specifically addressing the increased number of special need adults as well as resilience support to caregivers.

The reassignment, or permanent change of station process, affords the military service member an opportunity to make informed elections regarding reassignments, and utilize options available to them. The Department of the Air Force appreciates the balancing act our Airmen must execute between career progression interests and making decisions that are appropriate for their families. Reassignment selection for all Airmen is based on eligibility and qualification factors, regardless of EFMP enrollment, to ensure a fair and equitable assignment selection process. As an improvement to assignment processes for officers, the Department of the Air Force decreased annual cycles from three to two in order to permit Airmen longer lead-times to prepare for assignments. We are pressing hard to do the same on the enlisted side, with multiple groups working through the limiting factors to prepare for the shift. Assignment process changes such as these benefit our EFMP families by allowing more time to accomplish assignment screening actions, learn more about resource availability at the projected new location, and ensure continuous care and support.

When an Airman is selected as the most eligible member for reassignment and coded as EFMP, the Airman and their families work with their local Special Needs Coordinator at the Military Treatment Facility to initiate the Family Member Travel Screening (FMTS). This process determines availability of services at the projected location and subsequent medical and

educational travel recommendations for the EFMP family member. To improve functionality and transparency of information/data between EFMP program areas involved in the travel screening processes, the EFMP-Medical program manager is co-locating to the Assignments Branch at the Air Force Personnel Center. This co-location is projected to improve and expedite the process of determining whether required EFMP services are available in the projected assignment area. If services are available, the Airman receives authenticated permanent change of station orders and proceeds on the assignment. However, when it is determined that services are not available, assignment considerations are offered to the EFMP-enrolled Airmen. Any request to change an assignment is always voluntary and initiated by the Airman. Allowing the Airman to have this type of voice in the assignment process is vital for mission readiness and retention.

Since every EFMP family presents its own unique medical and/or educational concerns, flexibility must be afforded to these families at a higher threshold than an Airman without an EFMP family member. Even so, we are mindful in ensuring fair and equal consideration for all Airmen as we balance mission requirements and family needs. This balancing becomes especially impactful when a final determination is made that remaining at the current assignment location is in the best interest of the Air Force and the member. Airmen remain eligible to request an assignment or deployment deferment during critical junctures in care, especially when the Airman's presence is essential to the success of care for an exceptional family member.

Within the EFMP-Assignments component, we found our greatest challenge remains ensuring our Airmen and families understand the array of options available to them during reassignment. The critical need for continuously educating our Airmen with EFMP families led to a 2019 increase of 3 additional EFMP-Assignment positions at the Air Force Personnel

Center. This increase followed a December 2017 EFMP- Assignments Component launch of its official Facebook page utilizing the platform to close the communication gap with spouses, caregivers and military sponsors. These efforts focus on the spouses and caregivers as they are primarily the individuals engaged daily in making appointments such as those for medical and therapy services and for Individual Education Plan meetings, and so forth. These individuals also carry the burden of gathering required documentation when reassignment occurs. Since Facebook page's inception, the EFMP-Assignment team has answered 2,494 direct messages from Airmen and their family members on a variety of inquiries that include how to process an EFMP reassignment request, where to find a local point of contact, and information on respite care. The current response time to Facebook inquiries is 24-hours.

As an additional synchronization of communication outreach, the Department of the Air Force EFMP tri-component functions launched annual and quarterly virtual events that expanded to Facebook Live webinars in order to provide on-going, continuous open-discussion forums for EFMP families. The popularity of these social media activities has significantly increased since inception and helps us further identify concerns or questions from our EFMP families. Our annual EFMP Virtual Facebook Live webinar in September 2019 reached a notable 27,000 participants and our quarterly Facebook live webinar in November 2019 reached 4,200 participants. The feedback to date has been invaluable as we apply continuous process improvement techniques to enhance the program and improve positive experiences for our customers.

As a precursor to senior leadership hosting the first EFMP summit 2017, the Department of the Air Force launched an EFMP Perceptions and Awareness Survey in 2016. The survey helped us to better focus our communication and feedback venues. We initiated summits

which are now annual events where EFMP families provide valuable feedback that helps improve program responsiveness, and ultimately customer service and care. The summit events are broadcast live with social media to ensure maximum awareness and participation, especially for those unable to travel in-person to the event. Feedback provided by families helped define the core competencies of our tri-component EFMP Orientation curriculum launched on 15 September 2019. Newly enrolled EFMP Airmen and families are introduced to local support providers and points of contact, services offered, and how to navigate EFMP to ensure available care meets family needs. The curriculum's goal is to set the stage for successful support of Airmen who have family members with special needs and to support retention efforts for all Airmen and their families.

In November 2019, the Department of the Air Force EFMP tri-component leads began working with the CareStarter Company. A contract was granted to pilot its "patient focused technology" at Travis Air Force Base and after meeting with the tri-component leads, they defined handoff points and triggers to customize a platform for member access on mobile devices. Some of the expansive care offered through this effort provides network of care ratings, pre-reassignment resources tailored to each family member by diagnosis and age, and an eighteen-month CareMap. These lines of effort provide transparency and program standardization to Airmen and families. We are excited about the possibility of eventually linking CareStarter to our Talent Marketplace platform, an extensive process to ensure we're a competitive "employer of choice," to provide EFMP-coded Airmen with the best possible solution to predictively navigate their career choices and care availability.

As for program disenrollment, upon improvement or changes in exceptional family member conditions, Airmen may request disenrollment by submitting documentation of the

change to the Special Needs Coordinator at the supporting Military Treatment Facility. The Special Needs Coordinator validates the change to ensure an enrollment criteria threshold is no longer met, and advises the supporting Military Personnel Section to update the Airman's personnel record accordingly, as long as no other family members are enrolled in the program. Disenrollment from EFMP may also occur through retirement or separation of the sponsor, when the identified child reaches majority age and no longer qualifies as a dependent, removal of custodial status, divorce of identified spouse, or the death of the identified family member.

We are aware of the perceived stigma associated with EFMP enrollment, which is why our marketing and outreach efforts are targeted at empowering Airmen, spouses and caregivers in utilizing available services and recognizing the benefits of enrollment for enhanced care of family members. As we work to enhance EFMP for Airmen and families, we will remain engaged in soliciting their feedback and developing solutions to issues that affect their quality of life, readiness, and wellbeing. We made strides in our EFMP program, but recognize we still have a ways to go and we remain focused on improving and delivering the highest quality service to our EFMP families. The importance of the EFMP program has visibility at the highest levels and progress on improvement is reviewed quarterly at the 3 and 4-star leadership level. Our team of professionals will continually assess our policies, processes, and communications, as we continuously listen to our customers, and remain relentless in working to ensure world-class care for our Airmen and families.

Chairwoman Speier, Ranking Member Kelly, and distinguished members of the Subcommittee, thank you again for this opportunity to represent our wonderful Airmen and their families. We are grateful for your unwavering support and dedication.

Ms. Norma L. Inabinet

Ms. Norma L. Inabinet is the Deputy Director for the Directorate of Personnel Programs, Headquarters Air Force Personnel Center, Joint Base San Antonio-Randolph, Texas. She is responsible for executing Military Personnel policies and procedures to ensure the expeditious delivery of human resource capabilities for Military Airmen AF-wide. As the Deputy Director, she oversees oversees the execution of programs such as, Accessions, Assignments, AEF Programs, Force Development, and Sustainment and Transition Programs.

Ms. Inabinet has served the Air Force since 1985 and in her 34 year career, she has held numerous positions in the personnel career field at the installation, Major Command, Field Operating Agency (Air Force Personnel Center), Air Staff and Secretariat level. Prior to her current position, Ms. Inabinet was the Deputy Director of Manpower, Personnel and Services, Headquarters Air Combat Command, Langley AFB, Virginia where she was responsible for manpower, personnel, and services for military and civilian Airmen and their families.

Her awards and decorations include the Meritorious Civilian Service Award, Meritorious Service Medal, Air Force Commendation Medal, Air Force Achievement Medal, Air Force Joint Service Achievement Medal, Air Force Organizational Excellence Award, and Air Force Outstanding Unit Award.

Ms. Inabinet earned a Bachelor of Science Degree in Education and Development, from Southern Illinois University and a M.A. Management degree from the Webster University, St Louis, MO.

Her major achievements include, 2014, Civilian of the Year, Assistant Secretary of the Air Force (Manpower and Reserve Affairs), 2011 Civilian of the Year for Headquarters A1 Staff and Personnel Manager of the Year; 2005 Air Force Personnel Center (AFPC) General Dixon award; 2005 Alamo Chapter, AF Association Charlotte & Carlton Loos award; 2005 Directorate of Assignments Civilian of the Year and Personnel Manager of the Year; 1999 Air Force Officer As sessions and Training School (AFOATS) Personnel Manager of the Year; 1994 Randolph AFB Outstanding Woman of the Year; 1994 AFPC's Ten Outstanding Young Americans; 1994 and 1992 AFPC Personnel Technician of the Year

NOT PUBLIC UNTIL RELEASED BY THE
HOUSE ARMED SERVICES COMMITTEE

STATEMENT

OF

MS JENNIFER STEWART

MANAGER, EXCEPTIONAL FAMILY MEMBER PROGRAM

MANPOWER & RESERVE AFFAIRS

UNITED STATES MARINE CORPS

BEFORE THE

SUBCOMMITTEE ON MILITARY PERSONNEL

OF THE

HOUSE ARMED SERVICES COMMITTEE

CONCERNING

EXCEPTIONAL FAMILY MEMBER PROGRAM

ON

FEBRUARY 5, 2020

NOT PUBLIC UNTIL RELEASED BY THE
HOUSE ARMED SERVICES COMMITTEE

Introduction

Chairwomen Speier, Ranking Member Kelly, and distinguished Members of the Subcommittee, on behalf of your Marine Corps, I would like to thank you for inviting me here today to discuss our Exceptional Family Member Program (EFMP). We are grateful for your continued, active engagement in making lasting improvements to the overall health, well-being, and quality of life for Marines and their families.

I want to thank you for holding this hearing, and for conducting the EFMP roundtable back in October and the more informal briefing last month. These events have put vital focus on the EFMP – both the things we do well, and ways we can improve.

The Marine Corps' EFMP began in 1990 as an assignment coordination program. Following a comprehensive evaluation in 2007, substantive changes and enhancements were implemented. These included: (1) transformation of the enrollment and assignment processes to facilitate more efficient and effective outcomes; (2) development of a staffing model to ensure sufficient numbers of dedicated family support staff; (3) implementation of a respite care program for enrolled families; (4) creation of two dedicated legal assistance attorney positions, specializing in disability law; and (5) deployment of a case management system, cohesively integrating the three components of EFMP, supported by a single Headquarters Marine Corps office for policy, budget and oversight.

Today, the program continues to deliver these enhancements, but also remains agile and responsive to customer and stakeholder needs, as well as statutory and DoD-directed requirements. Recent initiatives resulting from customer feedback include: (1) reimbursement to families when they are charged a fee by their TRICARE–authorized provider for completion of the EFMP enrollment form; (2) an agreement between EFMP and Marine Corps housing offices

to accept an EFMP letter in lieu of PCS orders, allowing EFMP-enrolled Marines, awaiting EFMP review of their orders, to apply for base housing at the same time as their non-enrolled peers; and (3) the development and implementation of standard enterprise-wide family training focused on disability-related topics, such as special education, permanent incapacitation, and Medicaid.

In addition, as a result of staff and stakeholder input, we have developed and are continuously updating a comprehensive staff training program with associated job aids; a standardized and codified PCS family support protocol; supervisory audit tools to facilitate appropriate oversight and promote quality coaching in support of effective family support service delivery; and a comprehensive functionality upgrade of the case management system.

Ongoing internal review and analysis of the program has led to the development of a logic model with associated measures of performance and effectiveness, the creation of additional Headquarters EFMP assignment staff to reduce the cycle time for PCS orders review, and more flexible work options to maximize assignment output to better serve our customers. These enhancements to the program support a wrap-around continuum of care model, allowing Marines to focus on the mission, improving individual, family and unit readiness.

Following the 2007 program enhancements, EFMP enrollment doubled from 4,200 Marines to 8,400 Marines by FY13, and continues to increase each year. In FY19, there were 8,921 Marines enrolled in EFMP with 11,264 family members with a special medical and/or educational need. Approximately 70 percent of enrollees are dependent children and 30 percent are dependent adults. The most prevalent diagnosis within the enrolled population are: Asthma and Allergies (13 percent); Attention Deficit Hyperactivity Disorder (13 percent); Pervasive Developmental Disorders, including Autism (13 percent); Anxiety Disorders (9 percent) and

Delayed Milestones in Childhood (7 percent). Of the 7,784 enrolled children, 2,939 (38 percent) are receiving special education and/or related services through an Individualized Education Program (IEP) and 350 (4 percent) are receiving Early Intervention Services through an Individual Family Services Plan.

Your Marine Corps EFMP is focused on providing critical services which include the effective enrollment and assignment of Marines to support the continuum of care, individualized family case management, including Needs Assessments and Service Plans, and training to help families be effective EFMP advocates.

Individualized case management includes special education support. In FY19, EFMP staff attended 381 IEP meetings on behalf of our families. In some circumstances, we also refer families to our legal assistance attorneys who are experts in special education and the state and federal laws and regulations benefitting individuals with disabilities. Attorney support most often includes review of school files, consultation with parents, IEP meeting attendance, negotiation with school attorneys, drafting settlement agreements, and representing parents at hearings. In addition to special education support, our attorneys also provide legal services associated with special needs trusts, conservatorship, Social Security Insurance claims, and other disability related legal issues. In FY19, our attorneys assisted 266 new clients.

To help guide our program results, we collect and evaluate a variety of performance and effectiveness measures. In 2017, the Operations Analysis Directorate (OAD) - the Marine Corps' focal point for operations research, analytic support and studies management - completed a study analyzing the impact of EFMP enrollment on the individual career progression and promotion of Marines. The comprehensive study analyzed the career progression of more than 20,000 EFMP-enrolled Marines compared to their non-enrolled peers over the course of twenty-

five years. It found that EFMP enrollment does not negatively impact career progression in the aggregate; Marines enrolled in EFMP remain in service slightly longer than, and achieve same rank as, their non-EFMP Marine counterparts. EFMP-enrolled Marines actually achieved their highest grade in the same or shorter amount of time than the average of their non-EFMP peers.

Nevertheless, we know that some individual Marines and families enrolled in our EFMP continue to have challenges and stresses beyond their peers. They may find themselves having to play the role of case manager, advocate, health care expert, appointment scheduler, as well as the primary source of emotional support and respite for one another, all while trying to meet the demands of career and family. These stressors can exacerbate when families PCS - leaving behind the resources and services they have worked so hard to acquire and having to re-establish them in a new location.

While we will never be able to remove all the challenges and stresses, we must continue to strive to do what we can to alleviate them as, ultimately, they may impact retention decisions. As such, we are continually looking to improve the EFMP and the services we provide to our Marines and their families. Current initiatives include continued staff training to elevate core competency and service delivery to our customers; robust data collection and analysis of assignment decisions in support of our ongoing efforts to identify and communicate TRICARE network capacity issues to the Defense Health Agency; case management system enhancements to support internal and DoD reporting requirements as well as end user experience and service delivery; and collaboration with our key stakeholders and partners to promote inclusion and remove barriers to participation where EFMP families live, work and play. We are also looking forward to the results of a comprehensive program evaluation of EFMP, expected in spring 2020.

Conclusion

Taking care of Marines and their families is a key element of overall readiness and combat effectiveness. The adage "we recruit Marines, we retain families" remains as true today as ever. Our EFMP program is an important part of our comprehensive package of services seeks the holistic fitness and readiness of our Marines and families.

Our EFMP has come a long way since its inception in 1990. We have dedicated and professional family support staff whose mission is to deliver comprehensive quality case management services. We realize that with our success stories are other stories of continued challenge and stress. We must continue to work hard to help those who need it. We must continue to reach out, engage, listen, and help. By ensuring that we take care of EFMP-enrolled Marines and their families, we fulfill our responsibility to keep faith with the honor, courage, and commitment they have so freely given.

Thank you for the opportunity to present this testimony.

Jennifer Stewart, MSW
Manager, Exceptional Family Member Program Headquarters Marine Corps

Ms. Stewart graduated from Brigham Young University in 1992 with a Bachelor of Social Work degree and began employment with Children's Home Society of Florida, providing case management services to pregnant and parenting teens while she and her husband were stationed in Pensacola, Florida. During a subsequent assignment to Marine Corps Base Hawaii, Ms. Stewart graduated from the University of Hawaii, with a Master of Social Work degree in 1996. After moving to Fort Huachuca, Arizona, Ms. Stewart was employed as a clinical counselor at a residential treatment facility for young men and volunteered as a Court Appointed Special Advocate for children in foster care.

Following her family's overseas move to Marine Corps Air Station Iwakuni, Japan and second tour in Hawaii, Ms. Stewart initiated employment with the Rappahannock Area Community Services Board in Virginia, providing case management services to children with autism, intellectual disability and other developmental delays. She began employment with Headquarters Marine Corps Exceptional Family Member Program in 2009, as an Assignment Case Manager, and has served as the Headquarters Marine Corps EFMP Manager since 2011.

United States Government Accountability Office

Testimony
Before the Subcommittee on Military Personnel, Committee on Armed Services, House of Representatives

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MILITARY PERSONNEL

DOD Has Made Limited Progress toward Improving Oversight of the Exceptional Family Member Program

Statement of Jacqueline M. Nowicki,
Director, Education, Workforce, and Income Security

GAO-20-400T

GAO Highlights

Highlights of [illegible], a testimony before the Subcommittee on Military Personnel, Committee on Armed Services, House of Representatives

Why GAO Did This Study

Military families with special needs face unique challenges because of their frequent moves. To assist these families, each Military Service implements its own program, known as EFMP. The National Defense Authorization Act (NDAA) for Fiscal Year 2017 included a provision for GAO to review the Military Services' EFMPs, including DOD's role in providing guidance for these programs.

This statement focuses on the extent to which (1) each Military Service provides family support in the continental United States and (2) the Military Services monitor and DOD evaluates assignment coordination and family support. This statement is based on a May 2018 GAO report and updates its three recommendations as of January 2020. For the report, GAO analyzed EFMP guidance and documents; reviewed federal laws; analyzed fiscal year 2016 EFMP data; visited military installations, selected for their large numbers of military-connected students; and interviewed officials responsible for implementing, monitoring, and evaluating the EFMPs.

What GAO Recommends

In the May 2018 report, GAO made three recommendations to DOD. DOD concurred, but has made limited progress toward addressing them.

View [illegible]. For more information, contact Jacqueline M. Nowicki at [illegible] or nowickij@gao.gov.

February 5, 2020

MILITARY PERSONNEL

DOD Has Made Limited Progress toward Improving Oversight of the Exceptional Family Member Program

What GAO Found

In May 2018, GAO found that variation in support provided to military family members with special medical and educational needs through the Department of Defense's (DOD) Exceptional Family Member Program (EFMP) could lead to potential gaps in assistance. GAO recommended that DOD assess the extent to which each Military Service is developing services plans for each family with special needs and is providing sufficient resources to staff an appropriate number of family support providers, as required. DOD concurred.

- Services plans are important because they describe the necessary services and support for a family with special needs enrolled in the EFMP as well as during the relocation process, such as when a servicemember is assigned to a new location. In April 2019, DOD reported that the Military Services had adopted a standardized form to use when developing services plans; however, DOD has not yet assessed the extent to which each Military Service is developing these plans. In January 2020, a senior DOD official said that the Department began collecting data related to services plans in the last quarter of 2019.
- In April 2019 (the most recent update), DOD officials said they were planning to pilot a staffing tool to help the Military Services determine the number of family support providers needed at each installation. However, the pilot is expected to last 2 years before it can be implemented across the Military Services.

GAO also found that DOD lacked common performance measures for the EFMP and was unable to compare the program's performance across the Military Services. GAO recommended that DOD develop common performance metrics for the program. DOD concurred, and in April 2019 said that it was still in the process of developing performance metrics for assignment coordination and family support. In January 2020, DOD noted that it had not yet developed guidance regarding use of forms that would help improve its ability to collect common performance measures across the Military Services.

Further, GAO found that DOD does not have a process to systemically evaluate the results of each Military Service's monitoring activities. GAO also reported that DOD did not systematically review the results of monitoring activities because it relies on each Military Service to self-monitor. DOD officials said efforts to standardize certification of EFMPs have been unsuccessful because the Military Services cannot agree on a set of standards that can be used across installations. GAO recommended that DOD implement a systematic process for evaluating the results of the Military Services' monitoring activities. DOD concurred with the recommendation, but has not yet fully implemented it.

Chairwoman Speier, Ranking Member Kelly, and Members of the Subcommittee:

Thank you for the opportunity to discuss issues related to the Department of Defense (DOD) Exceptional Family Member Program (EFMP). Recent executive branch, congressional, and advocacy group initiatives have focused on increasing support for military families with special medical or educational needs.[1] In April 2019, DOD reported that it serves more than 135,000 military family members with special needs through the EFMP.

The National Defense Authorization Act (NDAA) for Fiscal Year 2017 included a provision for GAO to assess the effectiveness of the Military Services' EFMPs, including DOD's role in providing guidance for these programs.[2] These programs include family support services, such as referrals to military or community resources for families with special needs; and a process for considering the medical or educational needs of these families before they are relocated to a different installation (known as assignment coordination).

My statement today is based on our May 2018 report on DOD's EFMP. Specifically, this statement focuses on (1) the extent to which each Military Service has provided family support in the continental United States (CONUS) and (2) the extent to which the Military Services monitor and DOD evaluates assignment coordination and family support. In the 2018 report, we made three recommendations to DOD regarding ways to improve its oversight of the EFMP; this statement includes updated information on DOD's progress addressing our recommendations.

In our May 2018 report, we obtained and reviewed documents to assess how the Air Force, Army, Marine Corps, and Navy provided family support

[1]In this statement, we use the term "special needs" to encompass both family members with disabilities who receive special education services as well as family members who require special medical services. Throughout this statement we refer to them as "families with special needs."

[2]National Defense Authorization Act for Fiscal Year 2017, Pub. L. No. 114-328, § 578, 130 Stat. 2000, 2144 (2016).

services.[3] We also obtained Military Service-level data about family support for fiscal year 2016.[4] In addition, we visited seven installations in five states to learn more about how Military Service-specific guidance for the EFMP is implemented. At each of the seven installations, we interviewed a self-selected group of military family members and caregivers enrolled in the EFMP who have used family support services.[5] We also reviewed each Military Service's procedures for monitoring assignment coordination and family support, and we reviewed DOD's efforts to monitor these procedures across the Military Services. More detailed information about our scope and methodology can be found in appendix I of the issued report. DOD provided information in April 2019 and January 2020 regarding the status of each recommendation, which we have summarized as appropriate.

We conducted the work on which this testimony is based in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

[3]According to DOD guidance, family support services include non-clinical case management assistance, such as documenting a family's current needs and identifying steps to achieve their desired outcome, and referral to additional resources for families with special needs who have serious or complicated medical issues. We did not assess procedures for assignment coordination and family support used by the Coast Guard because it is a component of the Department of Homeland Security.

[4]The Navy provided EFMP family member data as of November 2016 because of reporting limitations with its data system, according to Navy officials.

[5]These seven installations are (1) Marine Corps Base Quantico (Virginia), (2) Fort Bragg (North Carolina), (3) Camp Lejeune (North Carolina), (4) Fort Hood (Texas), (5) Joint Base San Antonio - Lackland (Texas), (6) Joint Base Lewis-McChord (Washington), and (7) Naval Base San Diego (California). We selected these installations because they serve a large segment of the total population of families with special needs enrolled in the Military Services' EFMPs, including high concentrations of military-connected children attending local schools and children attending U.S. DOD schools.

Background

DOD requires each Military Service to establish its own EFMP for active duty servicemembers.[6] According to DOD guidance, EFMPs are to have three components—identification and enrollment, assignment coordination, and family support.

- **Identification and enrollment:** DOD requires servicemembers to enroll in their Military Service's EFMP once eligible family members are identified by medical and educational personnel at each installation. [7]
- **Assignment coordination:** Before finalizing a servicemember's assignment to a new location, DOD requires each Military Service to consider any family member's special needs, including the availability of required medical and special educational services at a new location.[8]
- **Family support:** DOD requires each Military Service's EFMP to help families with special needs identify and gain access to programs and services at their current, as well as proposed locations.[9]

As required by the NDAA for Fiscal Year 2010, DOD established the Office of Community Support for Military Families with Special Needs (Office of Special Needs or OSN) to develop, implement, and oversee a policy to support these families.[10] Among other things, this policy must (1) address assignment coordination and family support services for families with special needs; (2) incorporate requirements for resources and staffing to ensure appropriate numbers of case managers are available to

[6]DOD Instruction (DODI) 1315.19, *The Exceptional Family Member Program (EFMP)* (Apr. 19, 2017), para. 2.5.a. DOD guidance uses the term Military Department, but for purposes of this statement we use the term Military Service. Servicemembers assigned to a joint base installation will generally receive family support from the Military Service that is responsible for running that installation.

[7]DODI 1315.19, para. 2.5.d.

[8]DODI 1315.19, para. 1.2.a,b. Our review did not assess the extent to which special education and medical providers have the capacity to provide required services at proposed locations. For example, we did not review the extent to which waitlists and staff availability affected servicemembers' access to required services to meet their special needs. According to DOD officials, a portion of the assignment coordination process is conducted under the authority of the Military Medical Departments.

[9]DODI 1315.19, para. 6.1.

[10]National Defense Authorization Act for Fiscal Year 2010, Pub. L. No. 111-84, § 563, 123 Stat. 2190, 2304 (2009) (codified at 10 U.S.C. § 1781c).

develop and maintain services plans that support these families;[11] and (3) include requirements regarding the development and continuous updating of a services plan for each military family with special needs.[12]

OSN is also responsible for monitoring the Military Services' EFMPs and collaborating with the Military Services to standardize EFMP components as appropriate.[13] For example, as part of its guidance for monitoring the Military Services' EFMPs, DOD requires each Military Service to certify or accredit its family support services provided through the EFMP.[14] In addition, DOD states that each Military Service must balance the need for overarching consistency across EFMPs with the need for each Military Service to provide family support that is consistent with their specific mission. Table 1 provides an overview of the procedures each Military Service must establish for the assignment coordination and family support components of the EFMP that we identified in our May 2018 report.

[11] 10 U.S.C. § 1781c(d)(4)(E). The NDAA for Fiscal Year 2010 refers to these plans as "individualized services plans." However, DOD officials with whom we spoke said they refer to these plans as "services plans" to avoid confusing them with individualized family services plans (IFSP), which are used by DOD's Educational and Developmental Intervention Services programs for eligible infants, toddlers and their families. A services plan describes the necessary services and support for a family with special needs, as well as documents and tracks progress toward meeting related goals. It also helps families identify family support services and plan for the continuity of these services during the relocation process by providing a record for the gaining installation. According to DOD, the most effective plan will meet its service goals and identify resources and information for the family.

[12] 10 U.S.C. § 1781c(d)(4)(F).

[13] DODI 1315.19, sec. 7.

[14] DOD Instruction 1342.22, *Military Family Readiness* (April 11, 2017).

Table 1: Selected Department of Defense (DOD) Procedural Requirements for the Assignment Coordination and Family Support Components of the Exceptional Family Member Program (EFMP)

Procedures for Assignment Coordination	Procedures for Family Support
Prior to relocation, each Military Service must • consider the needs of the armed forces when addressing assignment or stabilization requests from families with special needs;[a] • consider the needs of family members enrolled in the EFMP when coordinating assignments for active duty servicemembers; • consider the career development of the servicemember when addressing assignment or stabilization requests from families with special needs; and • permit servicemembers from families with special needs to be stabilized in Alaska, Hawaii, or a continental U.S. assignment location for a minimum of 4 years under certain conditions. **After relocation, each Military Service must** • update the status of family members with special needs when conditions occur, change, or no longer exist, and when required by Military Service-specific guidance; • coordinate the availability of medical and educational services; and • maintain records on the effectiveness of assignment coordination procedures including any problems that result from the inadequacy or failure to comply with Military Service-specific guidance.	• Educate military family members about the EFMP • Provide information and referrals to families with special needs • Provide assistance to families with special needs through the development and maintenance of a services plan that identifies current needs and documents the support provided • Refer families with special needs who have serious or complicated medical issues for medical case management • Conduct ongoing outreach with military units, individuals and their families, other service providers, and military and community organizations to promote an understanding of the EFMP and to encourage families with special needs to seek support services when needed • Serve as the point of contact with leadership in identifying and addressing the community support requirements of families with special needs • Collaborate with military, federal, state, and local agencies to share and exchange information for developing a comprehensive program • Provide assistance before, during, and after relocation, including coordination of services with the gaining installation's family support personnel

Source: GAO analysis of DOD Instruction 1315.19. | GAO-20-400T

[a]Stabilization refers to assigning a servicemember for an extended period of time to a location that has the required medical and/or educational services available for a family member enrolled in the EFMP.

Key Aspects of Assistance for Families with Special Needs Vary Widely Across DOD Which Leads to Potential Gaps in Support

In May 2018, DOD reported that each Military Service provides family support services in accordance with DOD guidance, as well as Military Service-specific guidance. However, we found that, the type, amount, and frequency of assistance families with special needs receive varied by Military Service, which could lead to gaps in assistance (see table 2).

Table 2: Selected Military Service-Specific Requirements for Exceptional Family Member Program (EFMP) Family Support as of May 2018

Military service[a]	Provides information and referral	Provides enhanced assistance to families with special needs (promotes support groups and develops services plans, etc.)	EFMP personnel can attend individualized education program (IEP) meetings[b]	Provides a minimum amount of contact for families with special needs enrolled in the EFMP	Provides special education legal services	Conducts outreach and collaborates with various EFMP stakeholders	Conducts training	Provides relocation services[c]
Air Force	●	●	○	○	○	●	○	○
Army	●	◐	◐	○	○	●	●	◐
Marine Corps	●	●	●	●	●	●	●	●
Navy	●	◐	○	◐	○	●	●	○

Legend:
● Provides
◐ Partially provides
○ Does not provide

Source: GAO analysis of Military Service-specific documents and responses from agency officials. | GAO-20-400T

[a]With the exception of attending individualized education program (IEP) meetings, providing a minimum amount of contact, and providing special education legal services, all other types of support are required by Department of Defense guidance.

[b]An IEP under the Individuals with Disabilities Education Act describes a child's present levels of academic achievement, goals for progress, and the special education and related services needed to attain those goals.

[c]These services refer to providing to families with special needs that are in the process of relocating information about and referral to various services at their new installation.

For example, in our May 2018 report, we found that the Marine Corps is the only Military Service that specifies a minimum frequency (quarterly) with which families with special needs should be contacted by their family support providers.[15] The other Military Services either do not have requirements for regular contact with these families (Air Force and Army) or require contact only for selected families (Navy). In addition, we

[15]Each Military Service employs "family support providers" who are primarily responsible for assisting families with special needs.

reported that unlike the Marine Corps, the Air Force, Army, and Navy choose not to employ special education attorneys. For example, Marine Corps attorneys may represent families with special needs who fail to receive special education services from local school districts, as specified in their children's individualized education programs (IEP).[16] Officials from the Air Force, Army, and Navy told us that they find other ways to help families with special needs resolve special education issues. For example, Army officials said EFMP managers could refer families with special needs to other organizations that provide legal support.

Services Plans

As we reported in May 2018, services plans are an important part of providing family support during the relocation process because they describe the necessary services and support for a family with special needs and provide a record for the gaining installation. However, we found that every Military Service had created relatively few services plans compared to the number of servicemembers or the number of family members enrolled in the EFMP (see table 3).

Table 3: Number of Services Plans Created by Each Military Service at Continental United States (CONUS) Installations, Fiscal Year 2016

Military service	Total number of CONUS installations[a]	Total number of servicemembers enrolled in the Exceptional Family Member Program (EFMP)[b]	Total number of exceptional family members (EFM)	Total number of services plans created (can include more than one enrolled family member)[c]
Air Force	58	N/A[d]	34,885	160
Army	39	33,436	43,109	5,004
Marine Corps	13	7,396	9,150[e]	552
Navy	50	13,319[f]	17,533[g]	31[h]

Source: GAO analysis of the Military Services' fiscal year 2016 EFMP data. | GAO-20-400T

[a]As defined by the Department of Defense (DOD), Alaska and Hawaii are not included in CONUS installations.

[b]Family members enrolled in the EFMP must have a sponsor (i.e. servicemember) to be eligible for family support services. DOD guidance requires that each family or family member have a services plan.

[c]A services plan covers all enrolled family members and documents current needs and steps to achieve desired outcomes. Because some families have more than one enrolled family member, the total number of services plans created will be less than the total number of enrolled family members.

[d]The Air Force officials with whom we spoke could not provide EFMP sponsor data for fiscal year 2016. As of May 2018, the Air Force's data system could only provide information on the current number of sevicemembers enrolled in the EFMP.

[16]An individualized education program (IEP) under the Individuals with Disabilities Education Act (IDEA) describes a child's present levels of academic achievement, goals for progress, and the special education and related services needed to attain these goals.

[e]According to Marine Corps officials, nine of the EFMs enrolled in the program were not eligible to have individualized services plans created for them because they were in the process of being discharged.

[f]The Navy could not provide EFMP sponsor data for all of fiscal year 2016 because of reporting limitations related to its data system. Instead, it provided these data as of March 2016, according to Navy officials.

[g]The Navy provided EFMP family member data as of November 2016 because of reporting limitations with its data system, according to Navy officials.

[h]According to Navy officials, additional services plans may have been modified in fiscal year 2016, but could not be reported because of limitations with its data system.

The Military Services and OSN provided a number of reasons as to why they do not develop and maintain a services plan for each family with special needs. For example, Air Force officials said they first consider whether a services plan will help each family receive the required services. In addition, Army and Marine Corps officials said they may not develop a services plan if a family does not request it. According to a Navy official, some families also lack the required services plans because installations may not have the staff needed to develop them. Finally, OSN officials said the Military Services may not have developed many services plans during fiscal year 2016 because DOD had not yet approved a standardized form that all of the Military Services could use, and because some families' circumstances did not require a services plan.[17]

In our May 2018 report, we recommended that DOD assess the extent to which each Military Service is developing a services plan for each family with special needs. DOD concurred with our recommendation, but as of January 2020, we determined that DOD has not fully implemented the recommendation because it has not yet assessed the extent to which each Military Service is developing services plans for each family with special needs. In its annual report to the congressional defense committees in April 2019, DOD stated that it was exploring legislative changes to the law that would require a services plan to be developed and updated only for those families who request services. A senior official from DOD stated that although this proposal received Office of Management and Budget approval, it was not included in the NDAA for fiscal year 2020. Also, in April 2019, in response to our recommendation, DOD reported to us that the Military Services had begun using a standardized form to develop services plans. In January 2020, a senior DOD official said its standardized form provides an option for a family to

[17]DOD's standardized family needs assessment form includes a family services plan, which helps identify goals and coordinate support services, as well as an Inter-Services transfer summary that helps document special needs during the relocation process.

decline a services plan, and that the Department began collecting data related to services plans in the last quarter of 2019.

Resources

To meet requirements of the NDAA for Fiscal Year 2010, in April 2017, DOD stated that it issued to the Military Services guidance that directed them to "[p]rogram, budget, and allocate sufficient funds and other resources, including staffing," to meet DOD's policy objectives for the EFMP.[18] We reported in May 2018 that DOD relies on each Military Service to determine what level of funds and resources are sufficient and what constitutes an appropriate number of family support personnel. To determine the appropriate number of family support providers and staffing levels, the Military Service officials with whom we spoke said they consider a number of factors, including the number of families with special needs enrolled in the EFMP at any given installation. See Table 4 for a summary of EFMP family support providers and other key personnel at CONUS installations.

Table 4: Summary of Family Support Personnel by Continental United States (CONUS) Installations, Fiscal Year 2016

Military service	Total number of CONUS installations[a]	Total number of exceptional family members	Total number of family support providers and related personnel at CONUS installations[b]
Air Force	58	34,885	58
Army	39	43,109	92
Marine Corps	13	9,150	88
Navy	50	17,533[c]	74

Source: GAO analysis of the Military Services' fiscal year 2016 Exceptional Family Member Program (EFMP) data. | GAO-20-400T

[a]As defined by the Department of Defense, Alaska and Hawaii are not included in CONUS installations.

[b]Each Military Service employs family support providers who primarily assist families with special needs as well as other personnel who support the EFMP.

[c]The Navy provided EFMP family member data as of November 2016 because as of May 2018 its data system did not provide historical data prior to the second quarter of 2017, according to Navy officials.

In May 2018, based on our analysis of EFMP family support providers and other key personnel at CONUS installations, we found that DOD had not developed a standard for determining the sufficiency of funding and resources each Military Service allocates for family support. As a result, the Military Services may not know the extent to which their funding and

[18]See DODI 1315.19.

resources for family support comply with DOD's policy. Federal internal control standards require that agencies establish control activities, such as developing clear policies, in order to accomplish agency objectives, such as those of the Military Services' EFMPs.[19]

Because DOD had not identified and addressed potential gaps in family support across the Military Services' EFMPs, such as those we identified in types of assistance, services plans, and resources, we concluded that some families with special needs may not get the assistance they require, particularly when they relocate. We recommended in our May 2018 report that DOD assess the extent to which each Military Service is providing sufficient resources to staff an appropriate number of family support providers. DOD concurred with our recommendation. In April 2019, the most recent update DOD provided on this recommendation, DOD officials said they were planning to pilot a staffing tool to help the Military Services determine the number of family support providers needed at each installation; the pilot is expected to last 2 years before it can be implemented across the Military Services.

DOD Described Plans to Improve EFMP Oversight, but Lacks a Way to Fully Assess Performance across the Military Services and a Process for Evaluating Their Monitoring Activities

We reported in May 2018 that OSN had several efforts underway to improve its oversight of the EFMP. For example, to help provide a more consistent EFMP screening process across the Military Services and improve the collection of comparable assignment coordination data, OSN had planned for each Military Service to use standard screening forms for family members with special medical or educational needs prior to making new assignments. In January 2020, DOD told us that the forms were approved, but related guidance had not yet been developed for implementation across all of the Military Services. In addition, OSN planned to centralize the management of EFMP data across the Military Services. In April 2019, DOD reported that 82 percent of the EFMP related data terms were collectable across the Military Services which can improve OSN's monitoring and reporting capabilities of the EFMP.

Despite OSN's initial efforts, we found that DOD lacked common performance measures for assignment coordination and family support, and therefore is unable to fully assess EFMP performance across the Military Services. In our May 2018 report, we recommended that DOD direct OSN to develop common performance metrics for assignment coordination and family support, in accordance with leading practices for

[19]GAO, *Standards for Internal Control in the Federal Government*, GAO-14-704G (Washington, D.C.: September 2014).

performance measurement. DOD concurred with our recommendation. In April 2019, the most recent update DOD provided on this recommendation, DOD officials told us that each Military Service submits data on assignment coordination and family support to the EFMP data repository on a quarterly basis, and that OSN was currently developing additional performance metrics for assignment coordination and family support. Until these metrics are fully developed and implemented, DOD will remain unable to fully assess the effectiveness of its efforts related to assignment coordination and family support at each of its installations.

We also found in May 2018 that OSN did not have a process to systematically evaluate the results of the Military Services' monitoring activities. Instead, DOD requires each Military Service to monitor its own assignment coordination and family support provided through the EFMP and requires each Military Service to assess performance at least once every 4 years using standards developed by a national accrediting body.[20] In addition, DOD requires personnel from each of the Military Service's headquarters to periodically visit installations as part of their monitoring activities.[21] We also reported that the Military Services' family support programs were not accredited by a national accrediting body because, according to Military Service officials, they were unable to obtain funding for engaging in that process. Instead, each Military Service has a self-certification process based on standards that meet those of a national accrediting body, Military Service-specific standards, and best practices. We also reported in May 2018 that OSN officials did not systematically review the results of monitoring activities, such as the certification process, because they rely on each Military Service to self-monitor. In addition, officials said efforts to standardize certification of EFMPs have been unsuccessful because the Military Services cannot agree on a set of standards that can be used across installations.

We recommended in our May 2018 report that DOD implement a systematic process for evaluating the results of the Military Services' monitoring activities. DOD concurred with our recommendation but has not yet fully implemented it. DOD last commented on this recommendation in April 2019 and said the family support component is monitored and evaluated through each Military Service's certification process, which includes specific standards for the EFMP. In addition,

[20]DODI 1342.22, para. 6(b).

[21]DODI 1342.22, para. 6(c). These visits can be a part of the accreditation or certification process.

OSN participated in a monitoring site visit to Marine Corps Base Quantico in December 2018 and plans to participate in additional site visits that are coordinated by each Military Service's certification team. We will consider this recommendation implemented only when DOD provides evidence that it has implemented a systematic process to evaluate the results of each Military Service's monitoring activities.

In conclusion, DOD relies on each Military Service to implement its policy on support for families with special needs. In doing so, they also rely on each Military Service to determine the extent to which its assistance to families with special needs complies with this policy. As it plans for the future, DOD will need to balance the flexibility it provides each Military Service to implement its policy with the need to assess the adequacy of the Military Services' EFMPs in serving families with special needs, including any gaps in services these families receive.

Chairwoman Speier, Ranking Member Kelly, and Members of the Subcommittee, this completes my prepared statement. I would be pleased to respond to any questions that you may have at this time.

Contact and Staff Acknowledgements

For further information regarding this testimony, please contact Jacqueline M. Nowicki, Director of Education, Workforce, and Income Security Issues at (617) 788-0580 or nowickij@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement.

GAO staff who made key contributions to this statement include Bill MacBlane (Assistant Director), Brian Egger (Analyst-in-Charge), Holly Dye, Robin Marion, James Rebbe, Shelia Thorpe, Walter Vance, Kelsey Kreider, and Mimi Nguyen.

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Biography for Jacqueline M. Nowicki
Director, U.S. Government Accountability Office

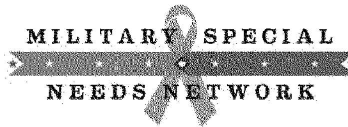
Ms. Nowicki is a Director in the Education, Workforce, and Income Security Team at the U.S. Government Accountability Office. Her current portfolio covers a wide range of K-12 education issues, including special education, educational outcomes and access for vulnerable populations, data privacy, and school choice. She also has 20+ years of experience with federal budgeting and grants management issues, including user fees, performance budgeting, and the congressional appropriations process. Her work has resulted in billions of dollars of savings, as well as legislative and programmatic changes. Additionally, she teaches and facilitates leadership and writing courses at GAO, and is a certified Diversity, Equity, and Inclusion Facilitator.

Ms. Nowicki joined GAO in 1998 and has received numerous awards during her GAO career, including a Client Services award for exemplary commitment to providing expert and timely service to Congressional clients; the EEO/Diversity award for her leadership and commitment to creating an inclusive work environment audit products; and a Meritorious Service award for her dedication to staff development and motivating staff to achieve high levels of performance.

Prior to joining GAO, Ms. Nowicki worked in private sector consulting and led projects on education, job training and social policy issues for state and local government clients, and served as a Senior Fiscal Analyst at the Pennsylvania Department of Revenue. She earned a Master's degree in public policy from the University of Maryland's School of Public Policy and a Bachelor's degree in finance from Lehigh University.

DOCUMENTS SUBMITTED FOR THE RECORD

FEBRUARY 5, 2020



February 3, 2020

House Armed Services Committee
Subcommittee on Military Personnel Hearing
2216 Rayburn House Office Bldg.
Washington, DC 20515

Dear Subcommittee Members,

Distinguished members of the Subcommittee, the Military Special Needs Network is honored to be able to address the issues of the Exceptional Family Member Program (EFMP) and the concerns over whether the military services are really taking care of family members.

Due to the overwhelming need for peer-to-peer and family support for military families enrolled in the Exceptional Family Member Program, the Military Special Needs Network was founded in 2010 as a global, grassroots, online network for military families who have a dependent with an identified medical, educational, or behavioral need. Our mission is to offer supportive peer-to-peer networking, education, empowerment, and information for active duty EFM families, reserve, and retired personnel and their families regardless of branch affiliation, disability, or diagnosis. Our staff of volunteers are military spouses who are parents of children with special needs, or exceptional family members themselves. This allows us the unique ability to connect with our families as we navigate the complex systems, including EFMP, within the military system together. For the past ten years, we have offered a variety of online programs, allowing our families to be part of the conversations that directly impact them, and we serve as a voice for over 15,000 military families around the globe.

The 2012 and 2018 Government Accounting Office (GAO) investigations repeatedly identified dissatisfactions with support for special needs families and the entire EFMP process and recommended increased oversight and standardization across all Services. In addition to these reports, the Military Special Needs Network, along with many other military family advocacy organizations, have also provided a myriad of discussion points regarding our concerns with EFMP. Over the years, we have provided countless personal stories and recommended practices with the hope that, not only would our collective voices be heard, but timely change could be implemented. Unfortunately, our despair over the past decade has mostly been overlooked. The DoD's continued failure to address the mismanagement and inconsistencies of EFMP undoubtedly have created anger and animosity from our military special needs families regarding this broken program.

Today we aim to provide the Committee with a "boots on ground" experience by examining some of the most prevalent issues that our families face with EFMP and military services. Through our recent social media poll and engaging discussions within our online groups, we asked our families what they felt that are the most significant concerns regarding EFMP. Overwhelmingly, three themes emerged:

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1. Significant lack of knowledge of the Program by EFMP staff and personnel Service-wide, active-duty leadership and personnel Service-wide, and civilian providers.
2. Lack of standardization across the Services; and
3. Insufficient EFMP Respite Care programs

Concern #1: Significant Lack of Program Knowledge of the EFM program by its own EFMP staff and personnel, Service-wide; active duty leadership and personnel, Service-wide, and civilian providers.

We asked our military special needs families what their specific experiences were regarding the **lack of program knowledge of the EFM program by its own EFMP staff**. Here are just a few examples:

"They (EFMP workers) have no understanding of what medical or therapy services are available in our own area, let alone at any other duty station."

"All the EFMP employee could give me was a brochure. She said that they (EFMP) can't provide direct help, they can only point me to another group. I thought that was their job to help us find resources?"

"EFMP is out of touch with duty stations. They have no idea about resources or providers and therapies. EFMP told us that our new duty station would have all the supports that we need for our children. When we arrived, there was only one developmental specialist...with an 18-month waiting list. And the therapy waitlists are at least 2 years long. EFMP should not get to dictate where our family PCS's."

In addition to EFMP personnel not having appropriate knowledge of their own program, **active-duty leadership and personnel do not understand EFMP** either.

"EFMP is merely a line-item on our PQS. It is not part of our conversation in command leadership unless there is a problem. Then we treat the individual's problem. But EFMP is not really our concern."

"My Unit Commander says that we can be punished by UCMJ if we do not enroll our dependents in EFMP. When I asked him about the program, he couldn't tell me anything but that we had to enroll. Now I am afraid of career repercussions."

"EFMP is a collateral duty for admin purposes at Commands. We don't need to know anything more than names and when your EFM package expires. If the servicemember has questions, we just tell them to call someone else."

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"There is no communication between EFMP and the Detailer. We got orders overseas when we have a medically fragile kid! Detailer had no idea because EFMP didn't send in the paperwork and then didn't care because the billet needed to be filled."

"My CO discouraged me from enrolling my son in EFMP. He said the program would kill my chances of advancing and delay me from getting selected for certain programs."

Moreover, families noted that the **civilian providers they see for care have very limited knowledge, if any, of EFMP.**

"The majority of my specialists have no clue what EFMP is, nor are they willing to fill any paperwork or send any info in about it."

"My kids' doctors won't even sign the EFMP paperwork because they do not understand it and don't want to assume any kind of liability by signing it."

"As a civilian provider myself, I can tell you there is ZERO information provided to us about EFMP."

"My civilian doctor will complete the DD-2792, but he charges $5/page and an office visit co-pay. We have asked if the EFMP can reimburse since the paperwork is mandatory, but they don't."

The Office of Special Needs (OSN) was established by the NDAA 2010, Public Law 111-84. Their purpose is to "enhance and improve Department of Defense (DoD) support around the world for military families with special needs (whether medical or educational) through the development of appropriate policies, enhancement and dissemination of appropriate information throughout the DoD, support for such families in obtaining referrals for services and in obtaining service, and oversight of the activities of the Military Departments in support of such families." The OSN operates in and oversees the EFMP, services pursuant to the IDEA, and the sponsorship and facilitation of the DoD Advisory Panel on Community Support for Military Families with Special Needs. The OSN claims that they have "continued to make significant progress" yet our special needs military families aren't so sure.

In the 2018 Annual Report to the Congressional Defense Committees on the Activities of the Office of Special Needs 2017, OSN claims that, although each military Service operates its EFMP independently, they have "engaged in a long-term process to formulate and refine program guidance; standardize EFMP policies, procedures, and activities to the greatest extent possible; and provide oversight across the Department to ensure military families with special needs have full access to any and all services, resources, and support they may need." In addition, OSN claims that they have "continued development of a standardized core competency training curriculum to ensure EFMP Family Support staff have a standard knowledge base of EFMP and other information related to special needs and are positioned to consistently communicate such

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information to Service members, families, and installation-level leadership across the Military Services." What our military special needs families want to know is...how? Has the development of this training been completed? What is the status>? It has been nearly two years, surely by now our EFMP employees and personnel staff can be trained to effectively have knowledge of their own program.

The Department stated that EFMP staff must have knowledge of areas of importance to families with special needs, however the Military Departments' hiring practices are beyond their scope. The revised DoD instruction 1315.19 requires annual training on EFMP policies and procedures, as well as topics such as Medicaid, SSI, and TRICARE. Are these trainings occurring? Or are they still in the development phase with this, too?

It is clear from the comments submitted by our families that there is a significant lack of program knowledge by EFMP personnel and leadership. We must assume that the development of curriculum, trainings and performance measures have NOT been completed.

Concern #2: Continued Lack of Standardization for EFMP

In addition to the above lack of knowledge by EFMP, military special needs families experience **very little standardization** for EFMP across the Services. This concern is nothing new: it has been discussed and reported for years. Since each Service implements their own EFM programs, there are often inconsistencies with standards of the program, staff, and cross-Service coordination. And our families are frustrated with the lack of standardization. Some comments that families shared:

> *"The disconnect between bases is insane. While one EFMP office works good, the other one at the base 10 miles down the road is horrible."*

> *"How can EFMP approve one family to PCS overseas with the same disabilities as mine and not approve us? It is ridiculous! There are too many hands in the pot."*

> *"If the military is going to send soldiers of different branches to other branch bases, you need to be prepared to handle all of their EFMP needs on your own. We are an Army family stationed at an AF base (not a joint-base). AF gets the privilege of EFMP – I have to contact an Army base far from here if I need help. EFMP should be 100% same regardless of where you're stationed at."*

In 2012 and 2018, GAO found that EFMP "var[ies] widely for each branch of Military Service," and that the overall program lacks standardization. GAO recommended that DOD 1) assess and report to Congress how each service provides support to its members; 2) develop a common set of performance metrics; and 3) evaluate the monitoring activities of each service. Although the recommendation remains open for DOD action, has there been nothing completed?

The 2018 Annual Report also states that an Advisory Panel on Community Support for Military Families with Special Needs was established to "provide informed advice to OSN on the

implementation of EFMP policy and programs throughout DoD." Who are these individuals? What qualifies them to advocate for our EMFP family population and make decisions about us, without us? How were these individuals selected? Does the Panel provide an adequate representation of officer and enlisted personnel? What is their term of appointment? How do our EFMP military families provide feedback to the Panel?

According to the Report, resources that are discussed with this elusive Advisory Panel on Community Support for Military Families with Special Needs are available through the Military One Source online newsletter, "The Exceptional Advocate." This "newsletter" is relatively unknown to most of our families, yet it sounds as if this is the ONLY way that EFMP families can get information.

The OSN acknowledged in the 2018 annual report the challenges in cross-Service coordination and standardization, and they admit that they have no performance measuring standards to ensure a consistent family experience. OSN says they are "developing a plan to implement the [feedback instrument that ensures standardized reporting and program effectiveness] so that the feedback can be used by the OSN and Services for continued oversight and policy development. Again, we must ask: Has this been done yet? Are there performance measures in place? It has already been eight years since GAO initially recommended performance metrics. How long is it going to take?

In 2017, OSN attempted to solve part of the standardization problem by piloting the Family Member Travel Screening (FMTS) with the goal of improving streamlined processes for family members. Because of the pilot's success, nine service-specific forms will be eliminated and replaced with the five DoD standardized forms. When we asked our special needs families what their thoughts were on standardization, not one person was grateful for less paperwork, especially since special needs families are often discouraged from applying for overseas or remote-stateside duty due to inadequate care from TRICARE-approved providers. While we applaud the OSN's successful pilot program, they certainly missed the mark when it comes to helping solve standardization issues for special needs families.

Within the Annual Report, OSN states that "efforts are underway to standardize criteria across the Department." For example, the Secretary of the Army announced last year that the Army would be "reducing the stress of transfers on troops enrolled in the Exceptional Family Member Program by giving soldiers more input into the assignment process." According to Secretary Esper, those families would be "provided a list of screened location choices to choose from and new screening processes should ease their moves." Is this an Army-specific EFMP change only? Or will it be applied across the Services? If this will not be a standard policy across DoD, why not?

The OSN created the establishment of the Military One Source website as the EFMP "go-to" resource, touting a centralized, one-stop shop for EFMP-related information, resources, and support. When we asked our families about their experiences with One Source, the majority noted that most EFMP-specific questions and concerns are deferred to the local installation's EFMP. Families are also unaware and confused of what the EFMP ROC program is, and why there are so many outdated, unusable resources. How is the Department measuring the success of its strategic communications, related to its "9-month outreach campaign with a high-visibility "ribbon cutting" and public rollout of the new and improved Military One Source? In addition, how was the success

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of this campaign measured? It surely isn't considered to be a "Center of Excellence" by special needs families.

While Military One Source could become a valuable tool, we believe that, once again, OSN missed the mark on this EFMP initiative. Families want real-time, accessible, online information and advice about care and services in their regions and locales – not to be deferred to the local branch EFMP. Most families have already visited their local EFMP office asking for help, just to be referred to Military One Source. If the local EFMP office doesn't know the answer, and Military One Source cannot provide the resources, how will the EFMP family get the assistance they need?

In March 2019, the DoD Instruction 1315.19 "The Exceptional Family Member Program (EFMP)" was updated and in effect to reflect the restructuring of the final rule after 99 comments were received through the federal registry. Many commenters requested changes to Service-specific EFMP policies and programs, including allowing families more of a voice in the assignment coordination process and requests for information packets about EFMP and local resources at the time of enrollment and PCS, just to name a few. However, DoD ruled that no changes were to be made because the "Department believes the Services must have the flexibility to tailor their EFMP policies to meet the specific needs of their missions and communities." This statement is repeated over and over throughout the Registry, and it is clear that DoD has no interest in the standardization of EFMP across the Services.

Concern #3: Inconsistencies of the EFMP Respite Care Program

Our military special needs families are **extremely dissatisfied with the EFMP Respite Care Program**. Here is an excerpt of some comments:

"We have been on the waiting list for over two years for respite. This program is a joke."

"Respite is completely inaccessible, and management of the program is horrendous. Siblings are no longer covered and the very definition of respite for the parents does not exist. Thanks EFMP."

"We are Army stationed on an Air Force base. We can't access the respite care program because we are not Air Force and because they have different contracts and requirements, us Army families have to go without any help."

"I am an adult EFM and I desperately need respite but it is only for kids."

The EFMP Respite Care program has often been described as one of the greatest benefits of EFMP enrollment, because accessing community-based respite care is one of the biggest challenges for most EFM families. However, the EFMP Respite care program is managed vastly different between Services. The program is mostly inaccessible, and according to our families, is

grossly underfunded. There are exorbitant waiting lists, lack of qualified providers, and reduced hours and availability which negate the purpose of the respite care program.

Adult EFM's are most always overlooked when it comes to respite care. Although the DoD instruction 1315.19 states that "family support services may include respite care for family members who meet the eligibility criteria, regardless of age...", it is up to the Service to decide what is the age limit of its respite care enrollees. Adults who are EFM's themselves may not qualify for home health services through TRICARE and are often left with limited, if any, help.

While we understand that the EFMP respite care program is based on each Service's funding and availability, the lack of respite care has become one of the most contentious problems that EFMP families face. The lack of respite can become a readiness issue, affecting the Servicemember's ability to be mission-focused, when their family at home desperately needs help. If respite care falls under the Family Support function of EFMP, why aren't the needs of the program being addressed?

Conclusion

Each and every day, our military special needs families face insurmountable challenges with the Exceptional Family Member program. Our families are under enormous stress trying to navigate not only their dependent's unique special needs, but the complexities of medical, educational, TRICARE, current-and-future assignments, PCS availability, respite care, local and state resources, services, and referrals. The Exceptional Family Member Program was designed to help and assist our families, yet unfortunately, it is in dire need of a complete overhaul. In its current state, EFMP is a convoluted program with significant areas of concern, as noted in a decade's worth of reports from dozens of organizations. EFMP is inefficient and lacks sufficient oversight, standardization, and transparency.

It appears that DoD is still in the "planning stages" of addressing the GAO recommendations that were made in 2012 and again in 2018. Meanwhile, over 137,000 EFMP enrollees are left with inadequate assistance, ineffective control, sluggish standardization, and decreased support. Year after year, special needs families feel that DoD merely adds short-term solutions to long-term problems within the EFMP and it is time for change. OSN has acknowledged the challenges in cross-Service coordination. They have admitted there are gaps in support. The time has come to tackle these problems now. The needs of our most vulnerable families must be addressed. We must create accountability by setting forth responsibility of the EFMP to do its job.

The Military Special Needs Network appreciates the opportunity to share this information with the Committee and advocate on behalf of our families. We look forward to a continuing dialogue with leadership and staff and welcome the opportunity to work collaboratively with others to improve EFMP for all military families with special needs dependents.

Very Respectfully,

Military Special Needs Network

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United States Marine Corps Exceptional Family Members:

How to Improve Access to Health Care, Special Education, and Long-Term Supports and Services for Family Members with Disabilities

National Council on Disability
November 28, 2011

Executive Summary

U.S. Marine Corps (USMC) family members serve and sacrifice alongside their active-duty service members.

Among the challenges that military families face are separation from extended family, military member absences, permanent changes of station (PCS), and the stresses of deployment. For families that include members with disabilities, the challenges of this lifestyle are compounded. In addition to being a human concern, appropriate access to adequate supports and services for family members with disabilities can have far-reaching implications for force readiness and mission focus. The USMC's chief instrument for addressing the needs of USMC family members with disabilities is the USMC Exceptional Family Member Program (EFMP), established by the Marine Corps in 1990, through which it coordinates assignments and provides family support. Since 2008, at the behest of USMC leadership, EFMP has been expanded and enhanced, and the transformation of EFMP is ongoing.

At the request of the USMC, the National Council on Disability (NCD) conducted a study to systematically examine the challenges experienced by this segment of the USMC community and to identify steps toward ameliorating these challenges. The objectives for this study were to (1) document the experiences of USMC families with members with disabilities in accessing appropriate and effective services in health care, special education and related services, and long-term supports and services; (2) identify barriers impeding access to appropriate resources; and (3) develop recommendations to improve access.

NCD conducted focus groups and interviews of caretakers, family members with disabilities, and service providers between January and March 2010 at Marine Corps Base (MCB) Quantico, Camp Lejeune, and Camp Pendleton—three large USMC bases to which many EFMP families are assigned.

Findings

Exceptional family members (EFMs) and their families described barriers that span the domains of health care, education, and long-term supports and services. For caretakers, navigating the service systems and obtaining and maintaining disability-related services require relentless hard work. For some—particularly young parents, families with more than one EFM, parents who are themselves EFMs, and families with a deployed sponsor—it is an overwhelming prospect. Despite having health insurance, some families experience substantial unreimbursed costs, if not financial hardship, and the demands of caring for the family member with a disability can make it impossible for the caretaker to work outside the home.

Access to Health Care

Families that were successful at navigating the complex health care service and reimbursement systems often attributed their success, in large part, to the assistance of case managers, for example, through EFMP, Tricare, or Tricare Extended Care Health Option (ECHO). Most families, however, reported not having been assigned a case manager, not being able to access their case manager, or not knowing whether they were eligible for case manager services. Others reported that their Tricare case manager withheld information about how to get services covered. Some families benefited from the assistance of health care providers described as exemplary in assisting families to navigate the health care system.

Participants consistently said there is a dearth of nearby specialists (especially in behavioral health), requiring them to routinely travel long distances to obtain specialty care. Some families also described difficulties navigating Tricare processes, particularly for obtaining health care referrals. Many lamented the limitations of Tricare coverage—particularly coverage of applied behavior analysis (ABA) therapy, offered under ECHO, which falls short of the recommended standard of care.

Access to Special Education

Because bases with Department of Defense Education Activity (DoDEA) schools are the exception rather than the rule, USMC students frequently attend public schools. Parents described DoDEA schools as well-resourced and praised DoDEA's inclusive model for students with disabilities. Similarly positive remarks were made about Early Development Intervention Services (EDIS), a base program that feeds into the DoDEA system. Participants also mentioned valuable national-level civilian resources for advocacy and advocacy training within the educational environment—most notably Specialized Training of Military Parents (STOMP). Despite such resources, EFMP families encounter obstacles to special education-related services. With great regularity, parents described feeling that they must fight schools to secure disability-related resources for their children—a lengthy process that may not be resolved before a family has another permanent change of station. This can involve incurring legal fees that the family will not be reimbursed unless they see the case to a successful conclusion. Several parents and providers observed that schools and other educational facilities (including on- and off-base facilities) are not fully accessible to students with disabilities.

Access to Long-Term Supports and Services

Relatively few of the focus group participants had experience in this arena. For the most part, unlike health care and education, other than respite care, the military is not involved in the delivery of long-term supports and services, and USMC EFMs who need such resources must look to the civilian sector. The greatest barrier to long-term services raised by the study participants is the absence of Medicaid portability when USMC families move from state to state. It was also noted that adult EFMs currently lack access to services such as transportation for medical appointments and personal care attendants. These services are provided under Medicaid waivers; however, there can be multiyear waiting lists for waiver eligibility, and many military families do not live in one state long enough to qualify.

PCSing and Access to Disability-Related Services

The requirement to move, or PCS, frequently, often to destinations not of one's choosing, is a constant in military life that entails logistical, emotional, and financial stressors. The focus group results reinforce that PCS challenges can be significantly more arduous for families with EFMs, especially if the families are young or the EFM's disability is severe. Every time family members PCS, they must reeducate themselves about the available resources and the process for accessing them. Then they must reassemble their EFM's continuum of care—that is, request, coordinate, and potentially fight for the services their EFM needs. Families often PCS without knowing exactly where they will be living (e.g., on-base/off-base, school district), which significantly hinders their ability to plan in advance and can result in substantial delays in services. On arrival, there may be a wait for housing (on-base or off-base), necessitating a difficult if not costly stay in temporary lodging. A number of resources can potentially facilitate the PCS move. The EFMP assignment policy, for example, is intended to ensure that families are assigned to locations that meet their EFMs' needs; however, in practice this often is not the case. Priority on-base housing is a significant resource for PCSing EFMP families. Some families were concerned that the current elimination of the EFMP category system, which grades level of need based on disability severity, may jeopardize continued access to priority housing. Families and providers also described EFMP caseworkers as PCS resources, at least for families who are familiar with EFMP services and have an EFMP caseworker. Caretakers mentioned additional resources for all PCSing families, for example, Family Readiness Officers (FROs), Military OneSource, the PCS planning tool on the Military Home front website, and the Interstate Compact on Educational Opportunity for Military Children.

PCSing and Access to Health Care

The cycle of interrupting and reestablishing health care is part and parcel of the PCS experience. The more severe and involved the family member's condition, the more challenging the process of reestablishing the continuum of care. Many families noted that finding new providers is time-consuming and prolongs the lag in health care

services. The new location may fall under a different Tricare region, necessitating burdensome reenrollment. EFMs lose momentum and ground in progress toward their treatment goals. There can be problems accessing health care, including prescriptions, while in transit and before meeting with the new primary care manager (PCM). Although the obstacles to health care during PCS are substantial, there are resources to help families deal with them. Notwithstanding limitations in community awareness, EFMP is available to help coordinate the health care transition. Various medical and nonmedical case managers, including EFMP caseworkers, can help families with the health care transition, although it is not clear which, if any, is specifically assigned this responsibility. Some individual physicians go out of their way to suggest or talk with specialists at the new location, although a "warm handoff" from doctor to doctor is not the norm. Military OneSource and Tricare websites list of health care providers by geographic area, although some study participants reported that the Tricare lists are not always accurate or easy to navigate.

PCSing and Access to Special Education

Many PCSing families are dealing with the public schools, rather than DoDEA schools, on one or both ends of the PCS. The primary difficulty that parents encounter is inconsistency across states and installations in education policies and resources, which often leads to discontinuity and gaps in the special education services offered to their child. The perception of degradation in services, real or otherwise, causes parents great frustration, which both educators and parents said contributes to an adversarial dynamic between parents and the schools. Participants noted that a number of base resources are in place to facilitate EFMs' educational transition. EFMP and the school liaison (SL) office are two prime examples; however, many suggested that PCSing EFMP families underuse both resources owing to a lack of awareness of the PCS-related services these programs offer. Also notable is that EFMP and SL staff cannot provide families specific school support until the families can tell them where they will be living—information that frequently is unavailable before the family's departure. EDIS was touted as another reliable base resource for facilitating the educational transition of early intervention clients. Although the participants acknowledged that the public schools, and

public school/DoDEA directors of special education, have the potential to play meaningful roles in the educational transition of military students with disabilities, it does not appear that systems are in place to support this.

PCSing and Access to Long-Term Supports and Services

EFMs must start anew each time they move, learning the services and policies of the new jurisdiction and complying with often-complex application procedures. State-to-state differences in services and eligibility criteria create the risk of privation for PCSing EFMs—that is, gaps in services—and potentially expose the family to financial hardship. The lack of Medicaid waiver portability, specifically, is a significant obstacle to obtaining and keeping long-term supports and services for PCSing EFMs, because there are long waiting lists for these waivers and the EFM's name starts at the bottom of the wait list each time the family moves to a new state. Study participants identified no resources that facilitate access to long-term supports and services during PCS; they did, however, point out the absence of a mechanism to help individuals retain Medicaid benefits. Additionally, although the current study did not target EFMs of retirees, it was evident that some currently serving EFMP families are concerned about continuity of care for their EFM upon retirement, for example, how access to services will be affected by the loss of ECHO.

EFMP and Other Base Programs

The USMC relies on the EFMP as the primary resource for families with special needs. Participants almost unanimously recognized that EFMP, as a program in transition, has grown significantly in the past few years and is continuing to increase its capacity to serve EFMs and their families. Many families and providers affiliated with other base and off-base programs praised the work EFMP is doing, and described a number of EFMP providers as exceptional. EFMs, caretakers, and providers also identified areas for improvement within EFMP.

EFMP Program Entry

Several factors potentially interfere with entry of eligible families into the program. There continues to be a lack of awareness among potential enrollees about EFMP, as mentioned earlier, as well as misinformation regarding eligibility to enroll and the benefits of enrollment. A lingering stigma associated with EFMP, and its impact on a Marine's career, may affect a family's willingness to enroll. Finally, providers—including physicians—do not consistently refer appropriate candidates to EFMP, which needlessly delays some families' enrollment and timely receipt of invaluable services (e.g., respite care, services covered by ECHO).

EFMP Communications

Communication among base-level EFMP proponents about PCSing families apparently is inconsistent, and sometimes EFMP offices are unaware of incoming families with disabilities. Shortfalls in communication between local programs and enrollees also were identified, with many families saying they do not receive the information they should from the local EFMP office. Many families voiced frustration that the EFMP office frequently sends communications only to the Marine, rather than directly to the spouse who typically is the primary caretaker of the EFM or the EFM herself (or himself).

EFMP Service Delivery

Providers and enrollees identified opportunities for improving the quality of service delivery. Many enrollees said they were not receiving outreach contact from EFMP. Many participants, including providers, indicated that there are too few caseworkers to meet enrollees' needs; other participants suggested that some EFMP caseworkers lack the requisite knowledge and background. Additionally, some enrollees characterized EFMP as an assignment program and an information and referral operation, and suggested that EFMP should offer a broader scope of services.

EFMP Assignment Process

Families expressed skepticism about the ability of assignment monitors to make appropriate assignment decisions on behalf of Marines and their EFMs. Also, considerable discussion occurred about how enrollment affects assignment options, deployability, and advancement. As noted previously, there is lingering concern within the USMC community regarding a potential adverse impact of EFMP enrollment on the Marine's career advancement.

Other Base Resources

Base entities other than EFMP play an important role in supporting the needs of EFMP families. Providers and enrollees frequently lauded the National Association of Child Care Resource and Referral Agencies (NACCRRA) respite care program, often describing it as the greatest benefit of EFMP enrollment. Caretakers and providers also mentioned EDIS and the New Parent Support program as other good sources of base-level support for EFMP families. Caretakers expressed concern about the disability-accessibility of base housing, describing it as "adaptable" rather than "accessible"; many indicated that the quarters to which their family was assigned did not adequately accommodate their EFM's disability. In several instances, participants also identified accessibility problems with public spaces on base. A number of participants suggested that families are not sufficiently aware of the base resources available to them.

Note that significant improvements were made to the EFM program while NCD was conducting this study. However, the need for EFMP services still far exceeds program capacity, and many families remain unaware of program improvements.

Recommendations

Based on the findings, and drawing upon decades worth of experience working with people with disabilities, NCD formulated recommendations for improving USMC EFM access to disability-related services. Many of these recommendations echo or build

upon suggestions made by the study participants. Chapter 4 of the report contains a comprehensive list of recommendations, followed by the entities to which each recommendation is targeted (e.g., Congress, Department of Defense, Department of Navy, USMC, Tricare, EFMP). The complete list of recommendations is presented in Appendix H according to the entity or entities to which each recommendation is directed. Ten recommendations, five short term and five long term, are highlighted below for immediate attention, as potentially having the greatest impact on families with members with disabilities. The corresponding recommendation number as it appears in the report follows in parentheses.

Short-Term Recommendations

1. Conduct an accessibility review of human service programs and facilities, including base housing, on USMC bases. Develop plans for each base to make programs and facilities accessible, that is, Americans with Disabilities Act (ADA) compliant, if they are not already. Execute plans as appropriate. (USMC) (1)

2. Increase the accuracy and timeliness of information EFMP families receive from Tricare by instructing case managers to assist families in accessing services, assigning Tricare case managers to a larger proportion of the EFMP population, and establishing multiple communication mechanisms, including a dedicated Tricare telephone hotline (staffed 24/7) for EFMP families, similar to the Medicare hotline. (Tricare) (10)

3. Disseminate to local education agencies (LEAs) and EFM families detailed guidance for implementing initiatives included in the Interstate Compact on Educational Opportunity for Military Children. (Interstate Commission, federal and state departments of education, local education agencies, DoDEA) (13)

4. Educate the military and civilian community (base and unit leadership, military and civilian health care providers, relevant base and community

agencies/providers, including local education agencies, and members of the USMC community at large) about EFMP by designing and implementing a robust, ongoing, multifaceted public relations (PR) campaign to educate stakeholders and the USMC community as a whole to—

a. Raise their awareness of today's EFMP and sensitivity to EFM issues

b. Publicize the specific benefits of enrollment

c. Mitigate myths, concerns about stigma, and resulting resistance to enrollment

d. Increase the capacity of the entire community (military leaders, military and civilian health care providers, base and community agencies, local education agencies, USMC community members) to inform USMC families about EFMP and to be a supportive presence in the lives of USMC families with members with disabilities

e. Promote the Medical Home model, particularly within the military and civilian health care communities (EFMP, USMC, Department of Navy, Tricare) (33)

5. Ensure that EFMP offices systematically gather, maintain, and update contact information from caretaker/EFM spouses and consistently direct all communications—whether by email, telephone, or U.S. mail—to them. (EFMP) (36)

Long-Term Recommendations

1. Address the implications of retirement for continued access to disability-related services, including considering the extension of ECHO coverage. (Congress, Department of Defense, Tricare) (4)

2. For EFMs who are prescribed ABA therapy, continue to work toward full coverage, consistent with the recommended standard of care. (Congress, Department of Defense, Tricare) (11)

3. Minimize the gaps in health care services related to PCS:

    a. Adjust Tricare procedures to provide EFMs referrals for routine specialty care without needing to be seen by their new primary care manager. (Tricare)

    b. Facilitate transfer of medical information between bases and between off-base and on-base providers by digitizing EFM medical records and facilitating a warm handoff (direct communications) between providers. (EFMP)

    c. Establish a mechanism to ensure that EFM families have sufficient prescription medications while in transit between installations, consistent with the Medical Home model. (Tricare, EFMP)

    d. For recipients of ABA therapy, provide linkage to ABA therapist trainees near the gaining installation (who must complete volunteer hours for their ABA certification) until a longer-term solution can be implemented. (EFMP, Tricare, local health care providers, certifying authorities such as colleges and universities) (24)

4. Implement mechanisms to enable military EFMs to maintain Medicaid waiver services when they move from state to state, rather than requiring them to go to the bottom of the wait lists each time they PCS:

    a. Place incoming EFMs on the new state's wait list based on their position on the previous state's wait list (i.e., based on "time served"). People who have a Medicaid waiver in the previous state should automatically receive one in the new state. (Congress and state agencies)

b. Provide EFMs who lose Medicaid waiver services as a result of a PCS the same benefits they received in the previous state until eligibility can be established in the new state. (Congress and state agencies, Department of Defense, Tricare) (31)

5. Increase the flexibility of services covered by ECHO to closely mirror the services available through a Medicaid waiver. (Congress, Department of Defense, Tricare) (25)

STATEMENT FOR THE RECORD

THE TRICARE FOR KIDS COALITION

before the

House Armed Services Committee
Subcommittee on Military Personnel

Exceptional Family Member Program – Are the Military Services Really Taking Care of Family Members?

February 5, 2020

CHAIRMAN SPEIER AND RANKING MEMBER KELLY. The Tricare for Kids Coalition is a stakeholder group of children's health care advocacy and professional organizations, disability advocacy groups, military and veterans' service organizations and military families committed to ensuring that the children of military families receive the unique care, supports and services they need.

We appreciate the opportunity to submit testimony regarding issues and challenges facing families enrolled in the Exceptional Family Member Program.

These families are often the ones bearing the brunt of the many transitions of military life, including almost twenty years of high operational tempo moves and deployments, and almost constant change in Family Programs, Tricare and even military health system restructuring.

Frankly, these most vulnerable military children are the ones disproportionately affected by these transitions. As transitions continue and even escalate in to 2020, if the needs of these EFM children are not specifically addressed, they are the ones most likely to fall between the cracks, and suffer harm.

1. The Coalition respectfully requests the provide specific direction to DHA regarding pediatric care

Tricare is based generally on Medicare, which is formulated and maintained for older adults; and regularly results in "square peg, round hole" situations for children and their families, particularly those children with rare, chronic and complex conditions, disabilities and special needs – namely, EFMP children.

Our Coalition was created around passage of legislation known as "Tricare for Kids", passed in the 2013 NDAA requiring the Secretary of Defense to complete a comprehensive review of all pediatric policies and practices, and report on plans and progress to address those gaps and barriers to care. Subsequent NDAAs have required additional information and alignment with nationally recognized pediatric standards.

We are concerned about lack of progress, and request that the Committee direct the DHA to specifically protect our most vulnerable military children by instituting the referenced alignments:

- A pediatric medical necessity standard, specifically the model language authored and recommended by the American Academy of Pediatrics.
- Adopt the Medicaid standard for pediatric care of "Early Periodic Screening Diagnosis and Testing"

2. Impact of PCS and other service-related relocations on continuity of care for children who have special medical or behavioral health needs

The Defense Health Board in 2018 noted two recommendations for improving transitions, and we concur: "[r]equire inclusion of parents in working and policy groups at all levels" and the absolute need for better care coordination especially during PCSs. Again, aligning with best practices and working with organizations specializing in pediatrics (and not just pediatrics, but even the much smaller category of complex pediatrics) who have made headway in this space of complex care coordination, such as children's hospitals "CARE Award" project, make much more sense than reinventing the wheel.

Our Coalition respectfully requests the Committee direct DHA to:

- create more opportunities for family inclusion in policy groups, more regular stakeholder advocacy interaction on pediatric issues as the stakeholders bring necessary perspective from families and providers, and
- to work with stakeholders such as children's hospitals to improve care coordination for EFMP families.

3. Emerging and high cost treatments in pediatrics

Children with rare and/or significant medical conditions are most likely to rely on high cost, emerging treatments that are often the target for formulary changes, cost cutting and utilization measures.

TFK is very concerned that Tricare must be nimble in order to ensure that children receive the care they need in a timely manner, which often differs greatly from timeliness for adults. There is a waterfall of emerging and promising treatments for rare and serious childhood conditions, which are almost all very expensive and have specific procedures for use in children, and don't fit neatly in Tricare payment methodologies. This reality which is already challenging, coupled with the new pharmacy tier benefit changes could spell disaster for EFMP.

Our Coalition has expressed to DHA that we would appreciate an ongoing stakeholder presence in a concerted DHA effort to discuss and prepare for access, coverage, and payment for emerging pharmaceutical, genetic, and advancing technology treatments as they apply to children and pediatric care.

- Direction to DHA from the Committee in support of this request would be appreciated.

4. **Extended Health Care Option (ECHO)**

ECHO is uniquely an EFMP issue as it is only available to EFMP enrollees. In 2015 the Military Compensation Retirement Modernization Commission (MCRMC), in alignment with our Coalition's concerns, found that access to Medicaid home and community-based services

(HCBS) waiver benefits provided at the state level is a ongoing issue for military families with EFMs; that many Service members encounter HCBS waiting lists that exceed their time assigned to a location, and referenced an FY 2013 DoD-commissioned study found that military families with special needs rely on Medicaid to obtain specific supplementary services that are either not provided or not fully covered by TRICARE

The MCRMC recommended that DHA increase services covered through the ECHO to more closely align with state Medicaid waiver programs, including custodial care and respite care hours that match state offerings, more flexible expanded services subject to existing ECHO benefit caps, and modernizing the program to better serve current demographics of the Force.

The Defense Health Board referenced the MCRMC findings as examples of the challenges facing Tricare covered families, and the fact that ECHO is only available to active duty members as an example of military health system lack of standardization and implementation of best practices enterprise-wide.

Other than recent modest changes to the respite care benefit, there has been no further movement on ECHO modernization or improvement.

The Coalition would like to see the Committee:

- Align ECHO with Medicaid based waiver services per the MCRMC recommendations
- implement a grace period for eligibility upon separation from active status to cover an average Medicaid waiting list timeframe, and
- revisit program assumptions, as some of the care that is provided only pursuant to ECHO is medically necessary care and therefore should be available to all beneficiaries under the basic TRICARE program.

5. The Exceptional Family Member Program (EFMP)

Continuing with EFMP challenges, again full generations of children with special, often complex needs, have been left without the services and supports needed, while their families are dealing with high op tempos, PCSing, a managed care transition that has been nothing short of disastrous in many quarters, and in some cases such as the subcommittee members heard in a recent hearing, the already serious issues have been compounded by hazardous living conditions on base.

The situation has deteriorated to the point that families had to band together and request an Inspector General investigation, after years of failure by DoD to implement recommendations made by the Government Accountability Office and the Military Family Readiness Council. Why does a Congressionally mandated council on military family readiness, staffed with our most senior leaders, have problems helping military families? Much like the current housing crisis, these problems have been identified and recommendations made over the years, but with no sense of urgency or accountability by the implementers, have been left to fester.

At times it appears that it takes Congressional intervention to prod accountability. Given the egregious and longstanding problems, the Coalition respectfully requests the Committee to

- support the families' request to the DoD IG to investigate the Exceptional Family Member Program's compliance with applicable statutes and instructions. This would put DoD on notice that the Committee is serious about this issue and give these families confidence that Congress is in their corner.

6. Health and Safety Hazards in Base Housing

Military families depend on base housing for many reasons, including when housing on local economy is not affordable or in less appropriate neighborhoods. Furthermore, families who have children with special needs have even more limited housing options when moving to a new duty station. Sometimes, the only affordable housing that is ADA compliant is on-post housing. We are concerned health of those with special needs may be further compromised in housing with these hazards.

The conditions of critical concern around base housing range from mold to vermin to lead and toxic waste. There is no easy answer to this; the problem needs leadership and ownership. A major concern is the apparent lack of ownership of the known health problems arising from these conditions, which prevents them from being addressed promptly and appropriately while the big picture of liability or responsibility is being sorted out.

Meanwhile, however, DHA, the MHS, and TRICARE own the prevention, treatment and promotion of health and wellbeing of its beneficiaries many of whom are especially vulnerable children who live on base and have been and are exposed to these safety and health risks regularly, often with dire consequences. DHA must step up and figure out how to address screening, testing and treatment needs, as well as families' concerns, at the very least.

Toward finding solutions, the Coalition respectfully requests that the Committee

- ensure DoD addresses the health impacts to children, immediate and long term, that are linked to housing hazards.

The Tricare for Kids Coalition appreciates the opportunity to submit testimony for the record toward improving family readiness.

QUESTIONS SUBMITTED BY MEMBERS POST HEARING

FEBRUARY 5, 2020

QUESTIONS SUBMITTED BY MS. SPEIER

Ms. SPEIER. What is the percentage of EFMP families that homeschool by service?

Colonel LEWIS. The Army does not track families that are homeschooled, however based on data from the Military Children Education Coalition and Military Family Advisory Network, approximately 6–9% of military families elect to pursue homeschooling.

Ms. SPEIER. What is the percentage of senior leaders (0–6 promotable and above) that are enrolled in EFMP?

Colonel LEWIS. Currently 2.3% of Senior officers have family members enrolled in EFMP. This represents 23.6% of officers in the pay grade O–6 to O–10.

Ms. SPEIER. What is the percentage of EFMP families that homeschool by service?

Mr. CANNON. The Navy's Exceptional Family Member Program does not track the number of enrolled families who homeschool their children.

Ms. SPEIER. What is the percentage of senior leaders (0–6 promotable and above) that are enrolled in EFMP?

Mr. CANNON. As of March 6, 2020, approximately 2.5 percent of enrollees in the Navy Exceptional Family Member Program are senior officers at the O6, O7, O8 and O9 level.

Ms. SPEIER. What is the percentage of EFMP families that homeschool by service?

Ms. INABINET. Department of Air Force does not track this data.

Ms. SPEIER. What is the percentage of senior leaders (0–6 promotable and above) that are enrolled in EFMP?

Ms. INABINET. Total GOs/GO selects: 323 EFMP GOs/GO selects: 57 Percentage: 18% Total O–6/O–6 selects: 4136 EFMP O–6/O–6 selects: 988 Percentage: 24%

Ms. SPEIER. What is the percentage of EFMP families that homeschool by service?

Ms. STEWART. The Marine Corps does not collect data on the number of families that elect to home school their children.

Ms. SPEIER. What is the percentage of senior leaders (0–6 promotable and above) that are enrolled in EFMP?

Ms. STEWART. As of 31 January 2020, there were 835 (O6 (select)–O10) Officers in the Marine Corps. 163, or 19.52%, were enrolled in EFMP, on 1 February 2020. Data Sources: ALNAV 071/19, FY21 U.S. MARINE CORPS COLONEL SELECTIONS Total Force Data Warehouse, DoR 31 January 2020 USMC EFMP Case Management System, DoR: 1 February 2020

QUESTIONS SUBMITTED BY MS. ESCOBAR

Ms. ESCOBAR. Ms. Stevens, there is a demonstrated higher occurrence of eating disorders and disordered eating in military children, can you discuss what OSD and the services are doing to identify and treat eating disorders amongst our families? Is there specific programming to address this challenge?

Ms. STEVENS. The Behavioral Health Clinical Community, charged with diagnosing and treating issues such as eating disorders, typically addresses these concerns. On the prevention side, installation youth programs offer opportunities to engage in programming that encourages healthy life decisions; this includes healthy eating and exercise.

Ms. ESCOBAR. Captain Simmer, TRICARE permits military families to receive residential treatment for substance use disorder at any age, however, it limits residential treatment for psychiatric conditions like eating disorders to under 21 years old. Research shows that the average age of onset for an eating disorders such as bulimia and binge eating disorder occurs between the ages of 21 and 26 years old. Children in military families suffer higher occurences of disordered eating. Why does TRICARE limit treatment coverage for military families below the average age of onset? Will you reconsider this cut off in light of this evidence?

Captain SIMMER. TRICARE is committed to ensuring our beneficiaries with eating disorders receive high value, evidence-based care. In support of this, TRICARE currently covers a broad range of evidence-based treatment for eating disorders, including inpatient, partial hospitalization, intensive outpatient, and outpatient behavioral health treatment. In addition, since eating disorders often lead to medical

problems, the full range of medical and medication treatments are also covered. Residential treatment center (RTC) care when psychologically necessary is covered as well, but only to age 21. This limitation, which applies to use of residential treatment for all mental health disorders, not just eating disorders, is found in regulation at 32 CFR 199.6(b)(4)(vii). A TRICARE Final Rule (regulation) issued in 2016 reaffirmed the agency's determination that RTC care is available to only pediatric and adolescent beneficiaries. The broad range of treatment settings already currently available to adult beneficiaries with eating disorders ensures they can receive effective treatment even without access to RTC care. A previous review of the evidence did not show that RTC care provided any advantage over other types of care for eating disorders that are already covered. As a result, the Department currently has no plans to add RTC care for eating disorders; however, it will perform another review of the literature to determine if new evidence has emerged indicating that RTC care should be covered.