

# Active Duty Family Members With Special Needs

## An Overview of Programs for Active Duty Family Members With Special Needs

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- **Presenter Tips:**

- Review the briefing with notes prior to your presentation.
- Remove any slides that don't apply to your audience.
- Review the *Other Important Information* briefing slides and the *Costs* briefing slides at **[www.tricare.mil/briefings](http://www.tricare.mil/briefings)** to identify any additional slides to include in your presentation.
- Launch the briefing in “slide show” setting for your presentation.

- **TRICARE Resources:** Go to **[www.tricare.mil/publications](http://www.tricare.mil/publications)** to view, print, or download copies of TRICARE educational materials. Suggested resources include: *Extended Care Health Option* fact sheet and *TRICARE Plans Overview*.

- **Estimated Briefing Time:** 30 minutes

- **Target Audience:** Active duty sponsors and caregivers of family members with special needs who require services and supplies beyond those offered under their TRICARE program option.

- **Briefing Objective:** Increase awareness and understanding of the options available to active duty family members, or ADFMs, with special needs.

- **Optional Presenter Comments:** Welcome to the *Active Duty Family Members with Special*

*Needs* briefing. The goal of today's presentation is to provide information on programs available to active duty family members with special needs. We will discuss the Exceptional Family Member Program, TRICARE's Extended Care Health Option, and the TRICARE Autism Care Demonstration. Contact information will be included at the end of this presentation.

## Today's Agenda

- What Is TRICARE?
- Programs for Active Duty Family Members
- Exceptional Family Member Program
- Extended Care Health Option
- Autism Care Demonstration
- Other Important Information
- For Information and Assistance

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- Today, we will discuss what TRICARE is and programs for active duty family members with special needs, including the Exceptional Family Member Program, or EFMP, TRICARE's Extended Care Health Option, or ECHO, and the Autism Care Demonstration.
- We will also discuss other important information about the Affordable Care Act.
- Finally, we will provide resources for getting assistance and finding answers to any additional questions.
  - To learn more about TRICARE options, go to **[www.tricare.mil](http://www.tricare.mil)**.
  - To get TRICARE news and publications by email, sign up at **[www.tricare.mil/subscriptions](http://www.tricare.mil/subscriptions)**.
  - To sign up for emails about your eligibility and enrollment changes, go to **<https://milconnect.dmdc.osd.mil>**.

## What Is TRICARE?

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- **Optional Presenter Comment:** First we'll discuss what TRICARE is.

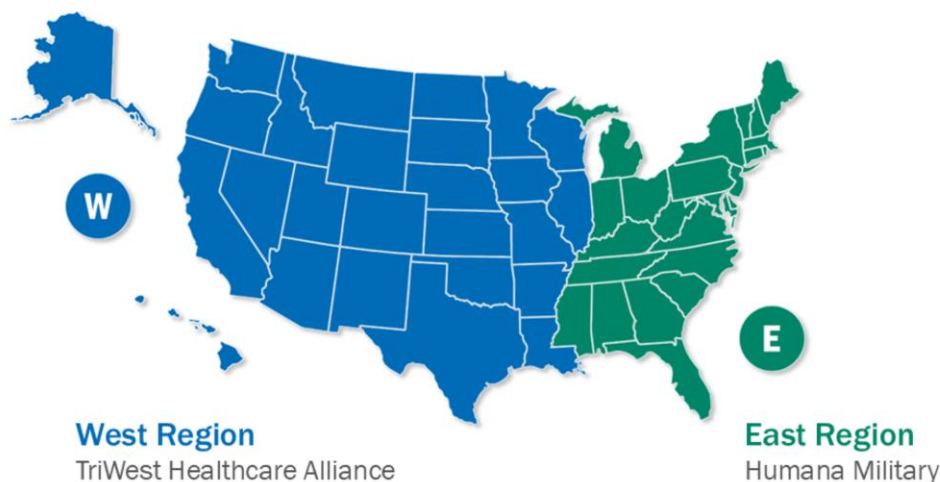
## What Is TRICARE?



- TRICARE is the health care program for the U.S. Department of Defense. It consists of:
  - Direct care
  - Civilian care
- TRICARE® is the brand name for the U.S. Military Health System.

- TRICARE is the uniformed services health care program for active duty service members, active duty family members, eligible National Guard and Reserve members and their families, retirees and retiree family members, survivors, and certain former spouses worldwide.
- TRICARE brings together the health care delivery resources of the U.S. Military Health System—such as military hospitals and clinics—with TRICARE authorized providers in civilian health care, network and non-network. The term, “health care providers,” includes health care professionals, facilities, pharmacies, and suppliers.

## TRICARE Stateside Regions



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- TRICARE is available worldwide and administered regionally. There are two TRICARE regions in the United States—TRICARE East and TRICARE West—and one Overseas region with three areas—TRICARE Eurasia-Africa, TRICARE Latin America and Canada, and TRICARE Pacific.
- Benefits are the same regardless of where you live, but there are different customer service contacts for each region.
- TriWest Healthcare Alliance administers the benefit in the West Region, and Humana Military administers the benefit in the East Region. Both regional contractors partner with the Military Health System to provide health, medical, and administrative support, including customer service, claims processing, and pre-authorizations for certain health care services.
- Another contractor, International SOS, LLC administers TRICARE overseas and in U.S. territories.
- And separate contractors administer dental and pharmacy benefits.
- Each regional contractor has a website and call center to help with your questions. I'll share this contact information at the end of this presentation.

# TRICARE Overseas Program

## Latin America and Canada

Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands

## Eurasia-Africa

Africa, Europe, and the Middle East

## Pacific

American Samoa, Asia, Australia, Guam, India, Japan, New Zealand, Northern Mariana Islands, South Korea, and Western Pacific remote countries



- The TRICARE Overseas Program is made up of one overseas region divided into three geographic areas: Latin America and Canada, Eurasia-Africa, and the Pacific.
- International SOS Government Services, LLC, or International SOS, is the contractor for the TRICARE Overseas Program.
- Each overseas region is managed by a TRICARE Area Office. This office is located in each overseas area to ensure operational support to military hospitals and clinics and TRICARE users in their geographic areas.
- Contact information will be provided at the end of this presentation.

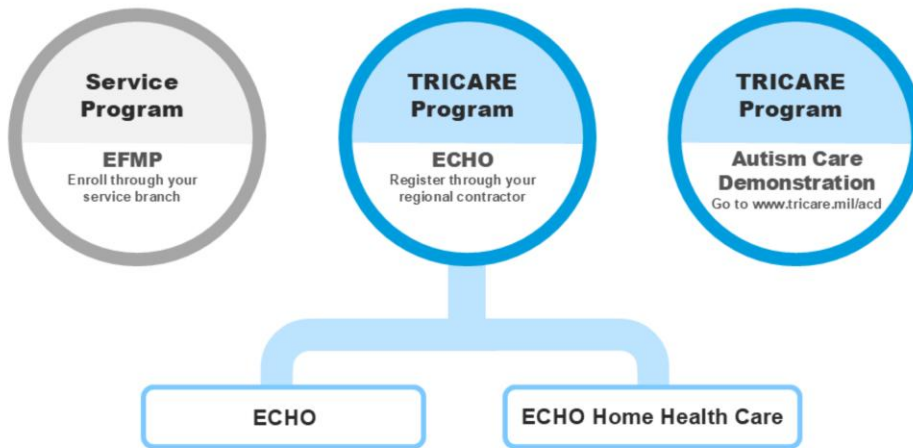
## Programs for Active Duty Family Members

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- **Optional Presenter Comment:** We will now discuss programs for active duty family members.



## An Overview



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- This slide shows the programs available for ADFMs with special needs. Each of these programs will be discussed later in this briefing.
- While your enrollment in the EMFP or registration in ECHO is processing, your regional contractor or TRICARE Area Office Director (if overseas) can grant eligible beneficiaries a provisional eligibility status for a period of not more than 90 days. During this time, ECHO benefits will be authorized and payable. **Note:** This doesn't apply to the ECHO Home Health Care benefit.
- ECHO provides supplemental services to ADFMs with qualifying mental or physical disabilities. ECHO offers integrated services and supplies beyond those offered under your TRICARE program option (for example, TRICARE Prime or TRICARE Select).
- TRICARE covers applied behavior analysis, or ABA services, under the Autism Care Demonstration for beneficiaries diagnosed with autism spectrum disorder, or ASD. ADFMs must be enrolled in EFMP and registered in ECHO to qualify for the Autism Care Demonstration.

**Note:** Some services may be limited or unavailable overseas. For more information, contact your TOP Regional Call Center. Contact information will be provided at the end of this presentation.

## Exceptional Family Member Program

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- **Presenter Optional Comment:** We will now discuss the Exceptional Family Member Program.

## What is EFMP?

- Considers your family member's needs during duty assignment
- Provides family support services
- Each service branch has its own EFMP enrollment process.
- For more information:
  - Go to [www.militaryonesource.mil/special-needs](http://www.militaryonesource.mil/special-needs).

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- Enrollment in EFMP ensures your family member's special medical and educational needs are considered during the duty assignment process. EFMP family support services are available to provide you with information about military and community services.
- Each service branch has its own EFMP and enrollment process.
  - For more information about EFMP, contact your service branch's EFMP representative or visit **[www.militaryonesource.mil/special-needs](http://www.militaryonesource.mil/special-needs)**.
  - If overseas, contact the TRICARE Area Office, or TAO, director at **888-777-8343** and choose the menu option for your overseas area.

**Note:** Not all service branches offer EFMP. If the sponsor's TRICARE eligibility comes from a service branch that doesn't offer EFMP, the requirement to have EFMP is waived.

## Extended Care Health Option

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- **Optional Presenter Comment:** We will now discuss the Extended Care Health Option.

## ECHO Eligibility

- ECHO is available to the following beneficiaries with qualifying conditions:
  - ADFMs (including family members of certain National Guard and Reserve members called or ordered to active duty for more than 30 days for a federal preplanned mission or in support of a contingency operation)
  - Family members who qualify for continued coverage under the Transitional Assistance Management Program
  - Children or spouses of former service members who were victims of physical or emotional abuse
  - Transitional survivors

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  - ADFMs, including family members of certain National Guard and Reserve members called or ordered to active duty for more than 30 days for a federal preplanned mission or in support of a contingency operation
  - Family members who qualify for continued coverage under the Transitional Assistance Management Program, or TAMP
  - Children or spouses of former service members who were victims of physical or emotional abuse
  - Family members of a deceased active duty sponsor (during the period they are in transitional survivor status)
- Children may remain eligible for ECHO benefits beyond the usual TRICARE eligibility age limits (age 21, or age 23 if certain criteria are met), provided **all** of the following are true:
  - The sponsor remains on active duty
  - The child is incapable of self-support because of a mental or physical disability that occurs prior to the loss of eligibility
  - The sponsor is responsible for over 50% of the child's financial support
- If the child ages out of regular TRICARE coverage and doesn't qualify to extend his or her coverage based on mental or physical disability, he or she may qualify to purchase TRICARE Young Adult coverage to remain eligible for ECHO benefits until age 26 (as long as the sponsor remains on active duty).

## ECHO Qualifying Conditions

- Conditions to qualify for ECHO coverage may include, but are not limited to:
  - Moderate or severe intellectual disability
  - Serious physical disability
  - Serious qualifying psychological conditions
  - A condition causing the beneficiary to be homebound
  - A diagnosis of a neuromuscular developmental condition in an infant or toddler
  - Multiple disabilities affecting separate body systems
  - Autism Spectrum Disorder

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- Conditions to qualify for ECHO coverage may include, but are not limited to:
  - Moderate or severe intellectual disability
  - Serious physical disability
  - Serious qualifying psychological conditions
  - An extraordinary physical or psychological condition of such complexity that the beneficiary is homebound
  - A diagnosis of a neuromuscular developmental condition or other condition in an infant or toddler (up to age 3) that is expected to precede a diagnosis of moderate or severe intellectual disability or serious physical disability
  - Multiple disabilities, which may qualify if there are two or more disabilities affecting separate body systems
  - Autism Spectrum Disorder

## ECHO Benefits

- ECHO provides benefits, such as:
  - Assistive services
  - Durable equipment
  - ECHO Home Health Care
  - Rehabilitative services
  - Respite care
  - Training to use special education and assistive technology devices
  - Institutional care
  - Medical transportation in certain circumstances
  - Diagnostic services
  - Treatment

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- ECHO provides benefits **not** available under your TRICARE program option (for example, TRICARE Prime or TRICARE Select), such as:
  - Assistive services (for example, those from a qualified interpreter or translator)
  - Durable equipment
  - Expanded in-home medical services through ECHO Home Health Care, or EHHC (limited to the U.S., the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands)
  - Rehabilitative services
  - Respite care (limited to the U.S., the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands)
  - Training to use special education and assistive technology devices
  - Institutional care when a residential environment is required
  - Transportation to and from institutions or facilities in certain circumstances
  - Diagnostic services that establish a qualifying condition, confirm the severity of a qualifying condition or measure the extent of functional loss
  - Treatment through the use of medical, habilitative, or rehabilitative methods; techniques; therapies; equipment; prosthetic devices; and orthopedic braces and appliances

## ECHO Registration

- To register for ECHO, provide your regional contractor with:
  - An ECHO registration form
  - Medical records
  - Evidence of enrollment in the EFMP (unless waived) or copies of both *DD Form 2792* and *DD Form 2792-1*
- Your regional contractor will update your Defense Enrollment Eligibility Reporting System record to reflect your ECHO eligibility.
- Eligible family members may be granted provisional ECHO coverage for up to 90 days while their registration is processed.
- ECHO benefits may be limited in some overseas locations.

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- ECHO doesn't require enrollment, but does require registration.
- To register for ECHO, provide your regional contractor with:
  - An ECHO registration form.
  - Medical records showing your family member is an eligible beneficiary with a qualifying condition.
  - Evidence of enrollment in EFMP (unless waived) or copies of both the *Family Member Medical Summary*, which is *DD Form 2792*, and the *Special Education/Early Intervention Summary*, which is *DD Form 2792-1*. Generally, you can use the paperwork required for enrollment in EFMP.
- Your regional contractor will update your Defense Enrollment Eligibility Reporting System, or DEERS, record to reflect your ECHO eligibility.
- The ECHO registration process generally takes four to six weeks. To avoid delaying receipt of ECHO services while completing the ECHO registration process, eligible family members may be granted provisional ECHO coverage for up to 90 days while their registration is processed.
- ECHO benefits may be limited in some overseas locations. For more information about ECHO overseas, call your TOP Regional Call Center.



## National Guard and Reserve Members

- The requirement for EFMP enrollment is waived for family members of National Guard and Reserve members called or ordered to active duty for more than 30 days for a federal preplanned mission or in support of a contingency operation.
- Your family member's provider should submit a referral to your regional contractor.
- Your ECHO registration will be accepted once your family member's qualifying condition is verified.

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- The requirement for EFMP enrollment is waived for family members of National Guard and Reserve members called or ordered to active duty for more than 30 days for a federal preplanned mission or in support of a contingency operation.
- Your family member's provider should submit a referral to your regional contractor.
- Your ECHO registration will be accepted once your family member's qualifying condition is verified.

## ECHO Costs

| Sponsor Pay Grade           | Monthly Cost-Share |
|-----------------------------|--------------------|
| E-1 through E-5             | \$25               |
| E-6                         | \$30               |
| E-7 and O-1                 | \$35               |
| E-8 and O-2                 | \$40               |
| E-9, WO/WO-1, CWO-2 and O-3 | \$45               |
| CWO-3, CWO-4 and O-4        | \$50               |
| CWO-5 and O-5               | \$65               |
| O-6                         | \$75               |
| O-7                         | \$100              |
| O-8                         | \$150              |
| O-9                         | \$200              |
| O-10                        | \$250              |

- Monthly cost-share is one fee per sponsor, per month when ECHO services are used
- Benefit limit:
  - \$36,000/calendar year (Jan. 1–Dec. 31), excluding EHHC
  - Does not apply toward the yearly TRICARE catastrophic cap

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- The ECHO cost-share is based on the sponsor's pay grade and is separate from other TRICARE program cost-shares.
- The monthly cost-share is one fee per sponsor, per month when ECHO services are used, regardless of the number of ECHO beneficiaries getting services.
- The government's coverage limit for all ECHO benefits, excluding EHHC, is \$36,000 per beneficiary, per calendar year, which is Jan. 1–Dec. 31.
- ABA services don't count against the yearly cap for ECHO benefits. ABA services are provided under the Autism Care Demonstration, which places no cap on ABA coverage. Costs associated with ABA do not impact ECHO.
- Sponsors are responsible for the cost of ECHO benefits that exceed the \$36,000 limit.
- The sponsor's cost-share does not apply to the \$1,000 yearly TRICARE catastrophic cap, which is the most you or your family will pay for covered health care services each calendar year.

## Public Funds and Facilities

- Use public funds and facilities first for services and items related to:
  - Training
  - Rehabilitation
  - Special education
  - Assistive technology devices
  - Institutional care in private, nonprofit, public and state institutions and facilities (may include transportation to and from)

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- Many communities offer public funds or facilities for people with disabilities.
- ECHO requires that you use public funds and facilities first if they are available and adequate for services and items related to:
  - Training
  - Rehabilitation
  - Special education
  - Assistive technology devices
  - Institutional care in private, nonprofit, public and state institutions and facilities and, if appropriate, transportation to and from such institutions and facilities
- If adequate public assistance is not available, you must include a letter from either the commander of the local military hospital or clinic or an authorized administrator of the public facility explaining that public assistance is unavailable or insufficient with your request for benefits.

## Getting Care

- Get pre-authorization
- Follow the rules of your TRICARE plan
- Use TRICARE-authorized providers
- Coordinate transfer of care before you move to ensure continued care.

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- Your regional contractor **must** authorize all ECHO benefits in advance, so be sure to get pre-authorization **before** seeking services for your family member.
- Pre-authorization is always required from your regional contractor for all ECHO benefits.
  - Follow the referral and pre-authorization rules for your TRICARE program option (for example, TRICARE Prime or TRICARE Select) available at **www.tricare.mil** and on your regional contractor's website.
  - For TRICARE Prime beneficiaries, this includes getting referrals from your primary care manager, or PCM, for services requested and provided through ECHO.
- Be sure to use TRICARE-authorized providers for all services, supplies, and equipment. A TRICARE-authorized provider is a provider that TRICARE has approved to give health care services to its beneficiaries. A provider must be TRICARE-authorized in order for TRICARE to pay any part of your claim. If you see a provider who is not TRICARE-authorized, you are responsible for the full cost of care.
  - To find a TRICARE-authorized provider, visit **www.tricare.mil/finddoctor** or contact your regional contractor. Contact information is included at the end of this presentation.
  - Ask your provider if he or she is TRICARE-authorized before you make an appointment.
- If you are reassigned, you **must** get a new ECHO benefit pre-authorization before your family member may get services at the new location. To ensure continued care, coordinate transfer of care with your regional contractor, primary care provider or manager, prior to a permanent change of station.

## ECHO Home Health Care

- Skilled services for homebound beneficiaries:
  - Skilled nursing care
  - Physical therapy
  - Occupational therapy
  - Speech pathology
  - Medical social services
  - Technical and training activities
  - Medical supplies
  - Respite care for caregivers to sleep or rest at home (up to eight hours per day, five days per week)
- Required services specified by PCM or attending physician in a plan of care
- **Coverage cap:** maximum amount TRICARE would pay per fiscal year (Oct. 1–Sept. 30) if the beneficiary were in a skilled nursing facility

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- EHC provides medically necessary skilled services to those with ECHO who are homebound and generally require up to 35 hours per week of home health services, including respite care. Homebound means the beneficiary's condition generally prevents him or her from leaving home.

**Note:** Home health care is not available for overseas beneficiaries, except in Puerto Rico, the U.S. Virgin Islands, and Guam.

- EHC benefits may include skilled nursing care beyond what is covered under the TRICARE benefit; physical therapy, occupational therapy or speech pathology; medical social services; technical and training activities; medical supplies; and respite care for caregivers.
- EHC-eligible beneficiaries who require frequent interventions may get up to eight hours of respite care per day, five days per week. Respite care relieves the beneficiary's primary caregiver of the responsibility to provide such services to allow the caregiver the opportunity to rest or sleep at home.
  - The EHC respite care benefit can't be provided in addition to the 16 hour per month ECHO respite care benefit, which is discussed in more detail on the next slide.
  - ECHO respite care is different from EHC respite care. ECHO respite care allows caregivers to leave the home, as long as the respite care is provided to the ECHO beneficiary only and is not used for babysitting or child care services for other family members.
- The beneficiary's PCM or attending physician will develop a plan of care, which will be reviewed by the attending physician or case manager every 90 days and when there is a change in the patient's condition.
- Coverage for the EHC benefit is limited to the maximum amount TRICARE would pay per fiscal year (Oct. 1–Sept. 30) if the beneficiary were in a skilled nursing facility.

**Note:** EHC is available in the U.S., the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.

## ECHO Respite Care

- ECHO respite care provides short-term skilled and non-skilled care for ECHO beneficiaries while their caregiver is away.
- ECHO beneficiaries are eligible to get up to 16 hours as part of the ECHO-authorized benefit.
- ECHO respite care is not available to beneficiaries using EHHC or EHHC respite care.
- To request ECHO respite care, contact your regional contractor.

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- ECHO respite care provides short-term skilled and non-skilled care for ECHO beneficiaries while their caregiver is away.
- ECHO beneficiaries are eligible to get up to 16 hours of respite care each month.
- Respite care services are provided exclusively to the ECHO beneficiary.
- ECHO respite care can't be provided to beneficiaries using EHHC or EHHC respite care.
- To request ECHO respite care, contact your regional contractor.

**Note:** The ECHO respite care benefit is available in the U.S., the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. ECHO respite care is not available in other overseas locations.

## Autism Care Demonstration

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- **Presenter Optional Comment:** We will now discuss the Autism Care Demonstration.

## Beneficiaries with Autism Spectrum Disorder

- TRICARE covers ABA under the Autism Care Demonstration.
- ABA services are covered for all beneficiaries diagnosed with ASD. There are no age limits.
- To qualify for ABA services:
  - Have an ASD diagnosis
  - Enroll in EFMP (unless waived)
  - Register in ECHO (including provisional status)
- Cost-shares, deductibles, and enrollment fees are based on your TRICARE plan
- For more information, visit [www.tricare.mil/acd](http://www.tricare.mil/acd).

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- TRICARE covers ABA under the Autism Care Demonstration for beneficiaries diagnosed with ASD.
  - ABA is a covered benefit under the demonstration authority that applies a set of techniques based on behavior analytic principles, such as positive reinforcement, to increase or decrease targeted behaviors. ABA authorized under TRICARE addresses the core symptoms of autism: social communication deficits and restrictive repetitive behavior deficits.
- ABA services are covered for all qualifying dependents of ADSMs, retirees, and certain National Guard and Reserve members. There are no age limits under the Autism Care Demonstration.
- Care is authorized for clinically necessary services.
- To qualify for covered ABA services under the Autism Care Demonstration, family members must be diagnosed with ASD by a TRICARE-authorized approved ASD-diagnosing provider. Their active duty sponsor must be enrolled in EFMP (unless waived in specific situations) and be registered in ECHO (including provisional status).
- Your cost-shares, deductibles, and/or enrollment fees are based on which TRICARE plan the eligible beneficiary is enrolled in, such as TRICARE Prime or TRICARE Select.

**Note:** Overseas, coverage of ABA services is limited. For more information on getting ABA services overseas, contact the TOP contractor. Contact information will be provided at the end of this presentation.

- For more information about the Autism Care Demonstration and specific requirements, visit [www.tricare.mil/acd](http://www.tricare.mil/acd).



## Other Important Information

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- **Optional Presenter Comment:** We will now discuss other important information.

# The Affordable Care Act

- TRICARE meets the minimum essential coverage requirement under the Affordable Care Act.
- Each tax year, you'll get an IRS Form 1095 from your pay center. It will list your TRICARE coverage for each month.
- Your Social Security number and the Social Security number of each of your covered family members should be included in DEERS for your TRICARE coverage to be reflected accurately.



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- The Affordable Care Act, or ACA, requires most Americans to maintain basic health care coverage, called minimum essential coverage.
- Most TRICARE plans meet the Affordable Care Act requirement for minimum essential coverage.
- Each tax year, you'll get an Internal Revenue Service, or IRS, Form 1095 from your pay center. It will list your TRICARE coverage status for each month. If your military pay is administered by the Defense Finance and Accounting Service, or DFAS, you can opt in to get your tax forms electronically through your DFAS myPay account. For more information, visit <https://mypay.dfas.mil>.
- For more information about the IRS tax forms, visit [www.irs.gov](http://www.irs.gov).

**For Information and Assistance**

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- **Optional Presenter Comment:** The next slide provides contact information that may be helpful to you for using your TRICARE benefit.

## More Information

### Regional Contractors

- TRICARE East Region  
Humana Military  
800-444-5445  
[www.tricare.mil/east](http://www.tricare.mil/east)
- TRICARE West Region  
TriWest Healthcare Alliance  
888-TRIWEST (888-874-9378)  
[www.tricare.mil/west](http://www.tricare.mil/west)
- TRICARE Overseas Program  
International SOS Government Services, LLC  
Find toll-free contact information at  
[www.tricare-overseas.com/contact-us](http://www.tricare-overseas.com/contact-us)

### Resources

- TRICARE Website: [www.tricare.mil](http://www.tricare.mil)



- TRICARE Publications:  
[www.tricare.mil/publications](http://www.tricare.mil/publications)
- milConnect:  
<https://milconnect.dmdc.osd.mil/>

- This slide shows contact information for stateside and overseas regional contractors, as well as other important information sources.
- Remember, your contractor point of contact is based on where you live.