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Medical Command

MEDICAL SUPPORT TO FAMILY MEMBER RELOCATION AND EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive (AFPD) 40-7, *Medical Support to Family Member Relocation Clearance and Exceptional Family Member Program (EFMP).* It describes the responsibilities of AF personnel with regard to the Exceptional Family Member Program-Medical (EFMP-M) process, in Military Treatment Facilities (MTFs), the Air Force Personnel Center (AFPC), and in other agencies that are instrumental to the implementation and operation of the Air Force EFMP process. EFMP-M encompasses the medical and educational review functions that support accompanied military assignments, the EFMP and Department of Defense's Educational and Developmental Intervention Services (EDIS). This instruction supports portions of Air Force Instruction (AFI) 36-2110, *Assignments*, AFI 36-3020, *Family Member Travel*, and AFI 36-2102, *Base-Level Relocation Procedures*. This instruction applies to all military and civilian personnel and their family members entitled to receive medical care in MTFs as specified in AFI 41-210, *TRICARE Operations and Patient Administration Functions*. It also applies to Department of Defense (DoD) civilian employees with regard to seeking information about availability of services overseas for family members with special needs. This instruction does not apply to dependent parents and parents-in-law, as they are not entitled to TRICARE benefits in accordance with (IAW) AFI 41-210. The Air National Guard (ANG) and Air Force Reserve Command (AFRC) do not have separate systems to determine services availability. Family members of Reserve Component members who are on Active Duty for more than 30 days may be eligible for supportive services upon request. ANG and AFRC personnel agencies are responsible for screening all Air Reserve Component (ARC) members with

accompanied assignments and referring those with special needs family members to the nearest MTF to complete the services availability determination prior to travel.

Public Law, DoD issuances, and Air Force publications provide overarching policy and guidance for the management and safeguarding of health care information. This publication requires the collection and or maintenance of information protected by the Privacy Act (PA) of 1974. The authority to collect and maintain these records is prescribed in Title 10, United States Code, Section 8013, Privacy Act System Notice F044 AF SG U, Special Needs and Educational and Developmental Intervention Services (EDIS), and AFI 33-332, *The Air Force Privacy and Civil Liberties Program*. The Privacy Act Program, AFI 41-210, and the administrative provisions of the Health Insurance Portability and Accountability Act of 1996 guide the protection and privacy of individually identifiable health care information. Forms affected by the Privacy Act have the appropriate Privacy Act statement. DoD 5400.7-R_AFMAN 33-302, *Freedom of Information Act (FOIA) Program*, applies to the disclosure of health care information to the public. This AFI may be supplemented at any level, but all supplements must be routed to Air Force Medical Operations Agency (AFMOA/SGHW), 3515 S General McMullen, San Antonio, TX 78226, for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through appropriate chain of command. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, and T-3") number following the compliance statement. See AFI 33-360, Publications and Forms Management, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. Ensure that all records created as a result of process prescribed in this publication are maintained IAW AFMAN 33-363, *Management of Records* and disposed of IAW the *Air Force Records Disposition Schedule (RDS)* located at **https://www.my.af.mil/afrims/afrims/afrims/rims.cfm**.

SUMMARY OF CHANGES

This revision incorporates substantial changes and should be reviewed in its entirety. Tiers have been added.

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Chapter 1

PROGRAM OVERVIEW

1.1. Exceptional Family Member Program-Medical Component (EFMP-M). The mission of the EFMP-M is to identify medical and educational service requirements of family members in support of Regular AF (RegAF) sponsor reassignment and civilian employment overseas. The EFMP-M proactively identifies those family members who have special needs in order to coordinate accompanied travel orders and family relocations IAW DoD Instruction (DoDI) 1315.19, *Authorizing Special Needs Family Members Travel Overseas at Government Expense.* DoDI 1315.19 implements federal laws protecting persons with disabilities. EFMP implements DoD policy by providing assignment considerations for RegAF sponsors where special medical and educational conditions of family members have been identified. Enrollment in EFMP is mandatory for RegAF members where family member conditions are identified that meet enrollment criteria, as specified in DoDI 1315.19. Assignment coordination activities for those family members with medical needs that do not meet the DoD definition of special needs are also described in this instruction. EFMP families may be entitled to further community support services, beyond medical/educational capability determinations, which are described separately in AF policy. Additionally, the AF EFMP-M provides for coordination of medical care to families enrolled in EFMP.

1.1.1. AFPC operates the EFMP IAW AFI 36-2110, Attachment 25, and with personnel regulations pertaining to accompanied permanent change of station (PCS) travel. EFMP-M functions include the collection of health and educational information needed by medical and educational authorities to recommend assignment considerations in support of EFMP reassignments. EFMP-M supports routine PCS actions for EFMP sponsors and for others with needs for specialized medical support or special education services.

1.1.2. DoDI 1315.19, Enclosure 4 defines “special medical needs” and “special educational needs” as the needs of family members who meet DoD criteria for identifying a family member with special needs. Enrollment into EFMP is mandatory for family members who meet the criteria. The AF uses these definitions for all accompanied assignment actions, in the Continental United States (CONUS) and outside the Continental United States (OCONUS). Family members who are identified with conditions that meet DoD criteria as special needs are registered in AF-sanctioned databases in order to expedite the consideration of service needs during relocation.

1.1.3. Identification of special needs in family members of DoD civilians may not be considered in the hiring process. OCONUS, per DoDI 1315.19, Enclosure 6, DoD civilians may voluntarily disclose the existence of family members with special needs to the hiring agent prior to initiating family member travel OCONUS at government expense. As outlined in DoDI 1315.19, Enclosure 6, the hiring authority shall query the selectee to determine whether any member(s) of the selectee’s family has one or more special need(s), when a pending appointment for an overseas position has been made. To allow the civilian employee to make an informed choice of accepting the position, the hiring authority shall provide the employee comprehensive information on the availability of medical, dental and educational services at the gaining location to include a point of contact for the employee to query about specific special needs or access concerns. The hiring authority will inform

employees of Department of Defense Education Activity (DoDEA) requirements under DoDI 1342.12, *Provision of Early Intervention and Special Education Services to Eligible DoD Dependents*, and DoDEA Regulation 1342.13, *Eligibility Requirements for Education of Elementary and Secondary School-age Dependents in Overseas Areas*. Additionally they will be informed that if they bring a family member that requires medical or dental care to an overseas location, the employee will be responsible for obtaining and paying for such care, to include any necessary transportation. Access for civilian employees and their families to military medical and dental treatment facilities is on a space-available and reimbursable basis only. (T-0).

1.1.3.1. The selectee is encouraged to voluntarily participate in the Family Member Relocation Clearance (FMRC) process to better determine the availability of medical, educational, and early intervention resources and services for his/her specific needs and allow the civilian employee to make an informed choice of accepting the position.

1.1.4. The EFMP-M implements Air Force responsibilities under Title 10, United States Code, for medical entitlements of military family members, the Individuals with Disabilities Education Act (IDEA) to support access to special education services, the Joint Federal Travel Regulation for family member travel allowances and household goods shipment, and DoDI 1315.19. The goals of the EFMP-M FMRC process are to prevent RegAF assignment failures due to unavailable resources for family members, to support DoD civilians through the provision of information about services availability OCONUS, and to enhance access to medical and educational resources for all family members through the relocation process. These actions support mission readiness. Successful relocation reduces stress for sponsors, family members, and units. Coordinated relocation prevents the unnecessary loss of allocated fiscal resources and supports equitable use of finite medical resources.

1.1.4.1. All RegAF sponsors requesting family member travel at government expense to an accompanied OCONUS assignment, or are requesting family member travel at government expense to a CONUS location with family members identified as having special needs, may initiate the FMRC process at the EFMP-M office within the appropriate timeline, specified by type of assignment as outlined in Chapter 3 of this publication. DoD civilians accepting overseas employment who report special needs in family members and who request information about capabilities in the gaining location are supported using the same methods as those provided to families of RegAF members. (T-0).

1.1.4.1.1. All RegAF sponsors requesting family member travel at government expense to a CONUS or OCONUS location, with family members identified as having special needs must have a Facility Determination Inquiry (FDI) sent to the gaining servicing AF EFMP-M office for review and family member travel recommendation. See Chapter 3 of this publication for additional guidance on FMRC processing.

1.1.4.2. In no way will the EFMP-M FMRC process affect offers of employment to DoD civilians. DoD civilians IAW DoDI 1315.19, Enclosure 6, may voluntarily disclose the details of special needs of family members to the hiring agent prior to initiating family member travel OCONUS at government expense. Civilians request completion of DD Forms 2792, *Family Member Medical Summary*, and DD Forms 2792-1, *Family Member*

Educational Summary, from their qualified service providers. These disclosures are used to advise civilian sponsors about availability of needed services. Decision-making about travel resides with the civilian sponsor. (T-0).

1.2. Additional Administrative Elements. To ensure effectiveness a Wing Supplement to AFI 40-701 is published for implementation of all EFMP-M processes. The installation commander ensures all involved agencies develop, coordinate, and publish an installation directive, which may integrate several topics outlining interagency support to families. (T-1).

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. The Secretary of the Air Force (SAF). Maintains overall responsibility for the EFMP-M process, including policy, budget, personnel, physical resources, and reporting responsibility. Ensures compliance with DoD guidance on the identification of family members with special medical and educational conditions, enrollment in EFMP, and assignment coordination.

2.1.1. The Assistant Secretary of the Air Force (Manpower & Reserve Affairs) (SAF/MR) provides policy oversight and guidance for EFMP-M policy.

2.1.2. Deputy Under Secretary of the Air Force, International Airmen Division (SAF/IAPA), ensures family member relocation packages regarding Air Force Attaché assignments are coordinated with AF EFMP-M offices prior to issuance of orders for Embassy/Attaché assignments.

2.2. The Air Force Surgeon General (AF/SG). AF/SG agencies and personnel support the EFMP-M as described below:

2.2.1. The AF/SG maintains management responsibility for the EFMP-M. The SG implements policy, advocates for the EFMP-M, supports personnel and resource requirements, and is involved in strategic planning of the EFMP-M.

2.2.1.1. The Air Force Medical Operations Agency (AFMOA) acts as the agent to carry out the Air Force's approved policies in record keeping, reporting, research, training, operational oversight, and program evaluation.

2.2.1.2. The SG assigns the Program Manager, AF Programs for Families with Special Needs, to oversee the implementation of the process according to DoD and AF policy.

2.2.2. The Program Manager, AF Programs for Families with Special Needs (AFMOA/SGHW):

2.2.2.1. Recommends guidance for implementing the Air Force EFMP-M. Serves as consultant to Headquarters (HQ) USAF, to the Major Commands (MAJCOMs), to representatives from sister Services, and to other DoD components in implementing policy for EFMP-M operations.

2.2.2.2. Develops and manages the budget for the Air Force EFMP-M.

2.2.2.3. Ensures the maintenance of a data collection system and informational website for EFMP-M staff, sponsors, and family members. Ensures access to protected health information stored in AF-wide data systems is appropriately controlled and monitored.

2.2.2.4. Conducts evaluation of AF-wide data, performance standards, program components, and other research that directly contributes to the success of the EFMP-M and continuous process improvement.

2.2.2.5. In collaboration with the Unit Effectiveness Inspection (UEI), monitors the implementation of approved policy, and the overall quality of installation EFMP-M programs/services. Analyzes noted trends from program evaluation processes, and

applies findings from research to recommend enhancements to quality monitoring standards.

2.2.2.6. Provides oversight, resources, education, training, and program guidance to all personnel involved in the AF EFMP-M to ensure compliance with Air Force guidance for EFMP-M. Provides data and information in support of training or briefing development to MAJCOMs, to unit commanders, and to AFMOA-sanctioned entities upon request.

2.2.2.7. Provides data to DoD as requested or as required by directive.

2.2.2.8. Provides consultation on the AF EFMP-M to DoD and other officials. Contributes to the development of DoD Directives, Instructions, data requirements, and participates in DoD Integrated Process Teams. Interacts with US Army, US Navy, and Marine Corps EFMP Managers and supports joint initiatives that enhance services to DoD families.

2.2.2.9. Serves as consultant to AF Civilian Personnel (AF/A1) and inter-Service coordinating committees in implementing relocation support to DoD civilians IAW DoDI 1315.19.

2.2.2.10. Serves as consultant to AFPC, Humanitarian/EFMP Reassignments Branch (AFPC/DPAPH) to support EFMP reassignments, investigations into failures of the FMRC process, or other assignment actions for RegAF sponsors of special needs family members.

2.2.2.11. Serves as consultant to DoDEA in implementing the AF's approved policies with regard to relocating dependents eligible for education in DoDEA schools, both in CONUS and OCONUS.

2.2.3. The Special Needs Nurse (AFMOA/SGHW):

2.2.3.1. Provides consultation/training/guidance to MTFs regarding cases that require higher level review; consults with MTF healthcare personnel on medical recommendations that support EFMP and family relocations, as well as process/policy.

2.2.3.2. Reviews medical summaries, searches military medical electronic health records, extracts relevant data from other AF sanctioned databases, and evaluates medical information submitted from various agencies in support of clearances requiring assistance beyond the base level EFMP-M office.

2.2.3.3. Coordinates relocation actions with non-medical AF and DoD entities, advocating for medical needs of family members, while ensuring appropriate protections of family member privacy/confidentiality.

2.2.3.4. Supports the AFMOA Program Manager in developing operational guidance, evaluating outcomes and processes, and providing reports or briefings as needed.

2.2.3.5. Develops training materials for MTFs on care coordination through PCS.

2.2.4. The Special Needs Senior Program Support Specialist (SPSS) (AFMOA/SGHW):

2.2.4.1. Maintains a log of clearances and associated record-sets/correspondence managed by AFMOA for accountability on clearance recommendations. Tracks suspense/timelines on clearances to ensure timely responses, and notifies team members

of impending due dates. Develops summary reports under guidance of the Program Manager.

2.2.4.2. Briefs AFMOA leadership on the status of initiatives, develops and presents reports, briefs AFMOA staff members on administrative processes for time-sensitive patient care coordination, and other program management duties in the absence of the Program Manager.

2.2.4.3. Tracks task due dates, assesses project(s) status, and coordinates business processes among various military and civilian entities as core activities. The SPSS shall advise other AFMOA EFMP-M team members of projects as needed.

2.2.4.4. Responds to base-level, and MAJCOM-level customer requests for assistance in applying procedural guidance and operating EFMP-M specific data systems, while validating the appropriateness of any sensitive information release in these consultations.

2.2.4.5. Ensures all bases within the MAJCOM submit current appointment letters for all EFMP-M positions, signed by the MTF Commanders (MTF/CCs) to AFMOA/SGHW. Works with MTF/CCs to ensure only appointed staff have access to sensitive information maintained in AF special needs data management systems.

2.2.4.6. Extracts relevant data from AF sanctioned databases and evaluates completion of medical information forms submitted from various agencies; reviews completeness of needed special education information. Advises submitting agencies of needed corrections/completions, and provides training where needed on required process steps or form completion. Collaborates with clinical staff to validate adequacy of available clinical information, and pursues necessary information from base or MAJCOM-level staffs.

2.2.4.7. Sends notices through the MAJCOM EFMP-M Liaisons to all MTF EFMP-M staff detailing reporting dates and methods of data submission to support required DoD-level reports.

2.2.5. The AFMOA Chief of the Medical Staff Consultant (AFMOA/SGHQ) or designee:

2.2.5.1. Provides support to the EFMP-M as needed. SGHQ supports the FMRC process for members with Embassy/Attaché and/or State Department duties. With AFMOA/SGHW, coordinates FDI packages with the SAF/IAPA, and gaining OCONUS MAJCOMs regarding Air Force Attaché assignments IAW Chapter 3 of this publication.

2.2.5.2. Where necessary, AFMOA/SGHQ requests assistance from Health Affairs/Defense Health Agency to assess host nation medical capabilities in support of families traveling to remote locations.

2.2.5.3. AFMOA/SGHQ serves as the final review authority for family member clearances into areas not served by a MAJCOM EFMP-M Liaison.

2.2.5.4. AFMOA/SGHQ provides medical consultation and recommendations to AFPC and to MTF Chiefs of the Medical Staff (SGHs) in support of EFMP Reassignment applications.

2.3. The Deputy Chief of Staff, Manpower, Personnel, and Services (AF/A1):

2.3.1. Will ensure coordination with AF/SG and with AF A4/7 as needed to support military families who have special medical or educational needs.

2.3.2. Will maintain oversight of EFMP Family Support (EFMP-FS) and coordination with EFMP-M.

2.3.3. **Human Resources, Overseas Employment Action Officer, Civilian Force Policy (AF/A1PC):**

2.3.3.1. Recommends policy for the integration of the EFMP-M into civilian employee recruitment and hiring practices for OCONUS employment. AF/A1PC serves as consultant to the Program Manager, Air Force Programs for Families with Special Needs, to ensure compliance with DoDI 1315.19.

2.4. The Deputy Chief of Staff, Logistics, Installations and Mission Support (AF A4/7):

2.4.1. Will support military families who have special medical or educational needs upon request by AF/SG or AF/A1.

2.5. The Chief of Chaplains (AF/HC):

2.5.1. Will be a consultant to the AF/SG and designees to support programs for families with special medical or educational needs.

2.6. The Judge Advocate General (AF/JA):

2.6.1. Will be a consultant to the AF/SG and designees to support programs for families with special medical or educational needs.

2.7. Major Commands (MAJCOM).

2.7.1. The Commander of each MAJCOM:

2.7.1.1. Ensures each installation in the command establishes and maintains the EFMP-M IAW AF guidance.

2.7.1.2. Assigns the command surgeon to monitor the EFMP-M within the command and to elevate any concerns to AFMOA/SGHW as needed.

2.7.2. **The OCONUS MAJCOM Command Surgeon (MAJCOM/SG)**:

2.7.2.1. Appoints a clinical officer, or civilian officer-equivalent, as the MAJCOM EFMP-M Liaison to AFMOA/SGHW. This is not necessarily a full-time responsibility; however, designation of a specific EFMP-M Liaison ensures efficient communications among MTF, AFMOA/SGHW, and assignments personnel.

2.7.2.2. Ensures completion of an annual memorandum of geographic area of responsibility for FMRC that outlines the routing process for FDI packages to bases and countries where military members and their families could be assigned. Ensures the MAJCOM EFMP-M Liaison provides updated memoranda to AFMOA/SGHW.

2.7.2.3. Reviews base-level FDI packages in conjunction with the MAJCOM EFMP-M Liaison that have violated the EFMP-M process within the respective command. Resolves process issues with the base EFMP-M staff, the gaining MAJCOM EFMP-M Liaison, AFPC/DPAPH, and AFMOA/SGHW or AFMOA/SGHQ as needed.

2.7.2.4. Serves as final approval authority for Base to Base OCONUS FDIs and appeal requests.

2.7.3. **The OCONUS MAJCOM EFMP-M Liaison:**

2.7.3.1. Serves as POC for MAJCOM-specific inquiries or functions in support of EFMP-M.

2.7.3.2. In collaboration with the senior medical advisor at the MAJCOM, serves as the review authority for appeals to FDIs where a recommendation against family member travel was made based solely on lack of educational services, when submitted by sponsors.

2.7.3.3. Generates MAJCOM-level reports using data management systems upon official request, providing data as needed. Provides MAJCOM specific data to AFMOA/SGHW upon request to facilitate process management.

2.7.3.3.1. Provides to the Program Manager, AF Programs for Families with Special Needs a quarterly report of FDI failures at each installation within the MAJCOM, noted trends in FMRC process violations and the resolution of those issues.

2.7.3.3.1.1. The term FDI failure applies to the following scenarios: sponsor provided false information on paperwork, to include the AF Form 4380; family did not disclose a condition where specialty care services are required, regardless of meeting EFMP enrollment criteria; inaccurate or incomplete information was provided by the family during the FMRC; family member arrived at the gaining location after travel was not recommended; the losing EFMP-M staff did not send a complete FDI package for review by the gaining authority; the SGH cleared the family locally when special needs were identified; the losing MPS accomplished accompanied orders without the appropriate clearance documentation.

2.7.3.4. Supports Staff Assistance Visits (SAV) upon request by a commander.

2.7.3.5. Provides consultation to the Program Manager, Air Force Programs for Families with Special Needs, on identified MAJCOM EFMP-M issues and resolution of UEI findings at the MTF regarding EFMP-M.

2.7.3.6. Recommends and disseminates additional policy or guidance specific to the MAJCOM to promote efficient and effective EFMP-M operations. Considers joint basing requirements at installations within the command.

2.7.3.7. With the Special Needs Coordinators (SNCs) within the MAJCOM, ensures an organizational email account is established and maintained permitting direct communication with the EFMP-M offices for AFPC and representatives of DoD components.

2.7.3.7.1. The format of this email account will be **basename.EFMPM@us.af.mil** and will appear in the global address listing as “Base name <space> EFMPM <space>”.

2.7.3.7.2. To comply with AF and DoD provisions for safeguarding PII/PHI, emails containing such material are to be sent encrypted or otherwise sent securely.

2.7.3.8. The OCONUS MAJCOM EFMP-M Liaison, additionally:

2.7.3.8.1. Coordinates and provides to the MAJCOM/SG and Program Manager, Air Force Programs for Families with Special Needs, an annually reviewed memorandum specifying geographic areas of responsibility for FMRCs, updated as needed.

2.7.3.8.1.1. The memorandum outlines the routing process for FDI packages to OCONUS bases and countries where military, Attaché, civilian personnel, and their families are assigned/employed and located under government sponsorship.

2.7.3.8.2. Serves as POC, as needed, for Sister Service EFMP staff in support of family member travel considerations into AF areas of responsibility. Provides oversight to MTFs to ensure appropriate coordination of FDIs involving anticipated EDIS that would be delivered by other branches of Service IAW DoDI 1315.19.

2.7.3.8.3. Notifies AFMOA/SGHW EFMP-M organizational email **AFMOA.EFMPM@us.af.mil** of recommendations against travel for Senior Leaders' family members to determine courses of action.

2.7.3.8.4. Ensures requests for appeal of recommendations against travel are processed IAW this publication. (See para. 3.6.3.2.3.)

2.7.3.8.5. Works closely with the DoDEA overseas representatives. Consults with DoDEA as needed to coordinate relocation processes within the MAJCOM with mechanisms that ensure availability of special education services to eligible beneficiaries.

2.7.3.8.6. Provides annual training to the MTF EFMP-M staff within the OCONUS MAJCOM on EFMP-M processes, policies, and procedures.

2.7.3.8.7. In collaboration with MAJCOM Health Benefits Advisor, consults with liaison services as needed for service availability in host nations to support Embassy/Attaché FMRCs, pinpoint assignments for RegAF sponsors (when indicated by AFPC), and other MAJCOM-level coordination of relocation actions as necessary.

2.7.3.9. Advises AFMOA/SGHW of:

2.7.3.9.1. Locations within the command where there are inadequate or unavailable special educational services, early intervention services, or regional medical services limit appropriateness of accompanied assignments.

2.7.3.9.2. Inter-Service challenges within the FMRC process.

2.7.3.9.3. Incidents within the RegAF or DoD civilian FMRC processes that warrant higher-level review.

2.8. The Installation Commander.

2.8.1. Ensures command sponsorship is not offered to family members in locations where appropriate services do not exist, or where undue hardship or expense would be incurred to deliver such services, if sponsors were previously informed of service limitations. (T-1).

2.8.2. Approves/signs a Wing Supplement to AFI 40-701, outlining working agreements between Military Personnel Section (MPS), Civilian Personnel, the MTF, and others as deemed locally appropriate, e.g., Mission Support, Command Support Staff (CSS), Family Member Housing, TRICARE, and Services personnel. (T-1).

2.8.3. OCONUS, specifies in coordination with SJA/MDG/Force Support Squadron (FSS), limitations to government-provided benefits that may be offered to families who have bypassed the EFMP-M or traveled against recommendations made in the FMRC process. (T-0).

2.9. The Staff Judge Advocate (SJA).

2.9.1. As needed, provides legal assistance to sponsors regarding government-funded family member travel and the legal rights of family members with special medical and/or educational conditions, IAW AFI 51-504, *Legal Assistance, Notary, and Preventive Law Program. (*T-3).

2.10. Air Force Personnel Center (AFPC), Military Personnel Section (MPS), and the Commander's Support Staff (CSS).

2.10.1. Coordinates all applications for EFMP Reassignments/Deferments with the unit commander and the MTF (see AFI 36-2110, Attachment 25, Exceptional Family Member Program [EFMP]). (T-1).

2.10.2. Ensures notification to the losing and gaining SNC and Family Member Relocation Clearance Coordinator (FMRCC) of EFMP Reassignment and Deferment request results. (T-1).

2.10.3. Ensures the establishment of an assignment limitation code (ALC) "Q" for each identified sponsor at the request of the SNC appointed at the installation where the sponsor's Personnel functions reside. (T-1).

2.10.4. Ensures all outbound RegAF sponsors not previously enrolled in EFMP are queried regarding the presence of family members with special needs prior to the issuance of orders for PCS relocation, using DoDI 1315.19, Enclosure 4 as a guiding reference. Provides AF Form 4380 to outbound RegAF sponsors prior to CONUS and OCONUS assignments. (T-1). Ensures completed responses that indicate the presence of special needs are forwarded to the SNC prior to issuing orders for accompanied travel or government-funded travel. (T-1). Provides sponsors with MTF contact information to initiate the FMRC process. (T-2).

2.10.5. Ensures the FMRC process has been completed in its entirety for all Q-coded sponsors and for all family members traveling OCONUS prior to issuing PCS orders. (T-0).

2.10.6. Ensures the SNC is notified on a regular basis of all sponsors who have family members with special needs that are assigned to the installation. (T-2).

2.10.7. Advises sponsors on dependency determinations that might impact EFMP enrollment and/or the FMRC process. (T-3).

2.11. Civilian Personnel Flight, Gaining Human Resources Office (HRO).

2.11.1. Ensures all civilian personnel offered employment overseas are informed of the FMRC process prior to travel with family members. (T-0). Informs employees that overseas commands may deny logistical support to family members with medical needs where medical facilities and services are limited. (T-0).

2.11.2. Ensures all civilian employees planning to relocate OCONUS with family members are queried regarding the presence of any family member(s) with special needs, and are educated on the DoD criteria for special needs using DoD-authorized educational materials.

(T-0). Offers those who do indicate potential family members with special needs the opportunity to participate in the FMRC process. (T-0). Refers those accepting assistance to the EFMP-M office closest to the current location of the employee. (T-0).

2.11.2.1. Prior to finalizing a selection involving a PCS move to an overseas location, the overseas HRO must engage in dialogue or in writing with the tentative selectee regarding the presence of family member needs. (T-0).

2.11.2.2. If special needs are reported, the HRO, upon request from the selectee, directs the selectee to the closest EFMP-M office to obtain the DD Form 2792 and DD Form 2792-1. (T-0).

2.11.3. IAW DoDI 1315.19 and any AF implementing publications, coordinates with the EFMP-M staff as needed to maintain and improve the FDI process for DoD civilian family members planning to travel OCONUS.. (T-0).

2.12. The Installation's Force Support Squadron Commander/Director

2.12.1. Ensures coordination of accompanied relocations at government expense through the FMRC for RegAF sponsors planning to relocate OCONUS, or who have been identified via Q-code as having a family member with special needs. (T-0). Ensures orders for PCS will not be issued without proper travel recommendation/clearance. (T-1).

2.12.2. Ensures that Airman and Family Readiness staff working with children aged birth to three years, are aware of and support the Child Find requirements of the state education authority or of EDIS, as applicable. (T-0).

2.12.3. Advises and provides the Installation Commander information regarding limitations to government provided benefits that may be offered to families who have bypassed the EFMP-M or traveled against recommendations made in the FMRC process. (T-0).

2.12.4. Ensures that a Inclusion Action Team (IAT) is available for all child care services. (T-0).

2.13. The Exceptional Family Member Family Support Coordinator (EFMP-FS):

2.13.1. Supports EFMP IAW AFI 36-3009, *Airmen and Family Readiness Centers*, 7 May 2013.

2.13.2. May attend the Exceptional Family Member quarterly case reviews, but does not have access to Protected Health Information (PHI) unless written consent is obtained from the patient, parent or legal guardian.

2.14. Military Treatment Facility Commander (MTF/CC).

2.14.1. The MTF/CC ensures the organizational location(s) of EFMP-M functions within the MTF are under direct oversight of the SGH. (T-1). With regard to staffing, resources and training, the MTF/CC:

2.14.1.1. Appoints in writing the SNC, Medical Review Officer (MRO), and FMRCC, and designates alternates for each role to ensure EFMP-M continuity. (T-1). Directs the SNC to submit the letter of appointment to AFMOA/SGHW to enable access to protected data systems. (T-3).

2.14.1.2. Ensures sufficient administrative and clinical expertise are applied to support the EFMP-M functions of identification of special needs, registration of family members who meet EFMP enrollment criteria, and the FMRC process. (T-1).

2.14.2. With regard to process delivery, the MTF/CC:

2.14.2.1. Ensures the DoD criteria for identification of special medical and educational conditions, found in DoDI 1315.19, are used by all medical staff to identify and document special needs. (T-0).

2.14.2.2. Ensures referrals to the SNC are initiated immediately when special needs are identified, and monitored until referral resolution. (T-0).

2.14.2.3. Ensures AF Forms 4380 which are collected and submitted by AFPC, MPS, or CSS as part of relocation processing, are reviewed and stored appropriately. (T-1).

2.14.2.4. Ensures EFMP-M personnel maintain role-based access to medical records (electronic and hardcopy, as needed) in order to support special needs identification and the FMRC process. (T-2).

2.14.2.5. Advises sponsor's unit commanders of situations in which sponsors have circumvented the FMRC process after advisement that medical and educational services were not available at the gaining base and/or have paid for family relocation at their own expense. (T-2).

2.14.2.6. Recommends denial of command sponsorship to the Installation Commander for family members in OCONUS locations where appropriate services do not exist, or where undue hardship or expense would be incurred to deliver such services, if sponsors were previously informed of service limitations. (T-0).

2.14.2.7. Ensures that notifications of suspected violations of the FMRC process are sent to gaining and losing MAJCOM EFMP-M Liaisons and to AFMOA/SGHW. (T-1).

2.14.2.8. With the SNC, and in coordination with the sponsor's squadron commander, ensures the base Staff Judge Advocate (SJA) is notified when a RegAF member assigned to the installation is under investigation by AFPC/DPAPH for suspicion of falsifying EFMP-M documents or otherwise violating the EFMP-M process.

2.14.3. With regard to process administration, the MTF/CC:

2.14.3.1. Provides office equipment, computer hardware, software, and Internet access to support the EFMP-M and to meet AF and DoD data reporting requirements. (T-0).

2.14.3.2. Provides environmental and security measures IAW UEI or other medical monitoring agency requirements, and with state and federal guidelines for sensitive information services. (T-0).

2.14.3.3. Ensures appropriate safeguards for the protection of Personally Identifiable Information (PII) and PHI processed and stored by all MTF staff when supporting the EFMP-M. (T-0).

2.14.3.4. Appoints medical advisor and nurse liaison to center-based childcare for children six weeks to 12 years to perform responsibilities including serving as medical consultants to the IAT and staff training. (T-1).

2.15. Chief of the Medical Staff (SGH)

2.15.1. Maintains overall responsibility for the clinical quality and program integrity of the EFMP-M. Provides direct oversight to appointed EFMP-M staff in the completion of EFMP enrollment, FMRC procedures, and care of family members with special needs. Provides final signature authority on the AF Form 1466. (T-1).

2.15.1.1. In the event of the SGH's absence, the MTF/CC may delegate an interim SGH to provide these duties.

2.15.2. Ensures all staff employed by the MTF are trained upon assuming duties and annually on the EFMP-M process and the provisions of DoDI 1315.19, including the criteria for enrollment in EFMP described in Enclosure 4 of the DoDI. (T-0). Ensures MTF staff are trained annually regarding mandatory referrals to the SNC for any family member identified special need. (T-0).

2.15.3. In the FMRC process, reviews information collected by the SNC and MRO during the outbound FMRC. (T-1). Determines when consideration of identified needs by the gaining installation SGH is warranted prior to recommending travel. (T-1). When indicated, ensures all information is forwarded via FDI package IAW Chapter 3 of this publication. (T-1).

2.15.4. Reviews inbound FDIs in conjunction with the medical staff to determine sufficiency, availability, and appropriateness of existent services to support the needs identified in inbound family members. The SGH will, in conjunction with the SNC:

2.15.4.1. Consult with TRICARE to determine existent services in the local network and distances from medical needs when making travel recommendations. When determining medical sufficiency for inbound EFMP families, the gaining EFMP-M staff will disclose to the losing EFMP-M staff any foreseeable medical requirements that will cause the EFMP family to travel greater than 50 miles from the Primary Care Manager's office for care via the Caring for People (CfP) Forum item 12.24 letter template. (T-1).

2.15.4.1.1. Ensure special educational needs, to include early intervention, are not used in isolation from medical needs when making travel recommendations in the CONUS environment. (T-0).

2.15.4.1.2. When appropriate, consult with dental benefits plan advisors and with MTF senior dental providers to consider local availability of specialized dental services which may be specified on the AF Form 1466D, *Dental Health Summary*, for family members. (T-1).

2.15.4.2. In OCONUS MTFs, the gaining/reviewing SGH will:

2.15.4.2.1. Ensure local procedures are established to specify the extent and methods of consideration of TRICARE network resources in the local host nation when making travel recommendations for inbound RegAF families. (T-1).

2.15.4.2.2. Consult with TRICARE for advisement on enrollment in the TRICARE Overseas Program Prime and Global Remote overseas to support military families. (T-0).

2.15.5. Ensure appropriate safeguards for the protection of PII and PHI contained in FDIs and in Special Needs (SN) files are IAW Privacy Act and Health Insurance Portability and Accountability Act (HIPAA) requirements. (T-0).

2.16. Special Needs Coordinator (SNC).

2.16.1. The SNC oversees and manages the installation EFMP-M IAW DoD and Air Force policy, and any subsequent implementing guidance. (T-0). The SNC:

2.16.1.1. Establishes and maintains procedures to identify sponsors whose family members have special medical and/or educational needs in a timely manner. (T-0).

2.16.1.2. Conducts assessments of family members of RegAF sponsors to determine if special medical and/or education conditions exist that require EFMP enrollment. (T-0).

2.16.1.2.1. Ensures all RegAF sponsors known to the MTF as having family members with special needs according to DoD criteria are identified to the AFPC (via the local MPS and/or CSS, where applicable) for issuance of an ALC "Q", regardless of the location of family members or the source of family health care. (T-0).

2.16.1.2.2. Ensures all Army, Navy, and Marine Corps sponsors of family members with special needs are referred to their Services' EFMP POCs for enrollment and relocation support IAW Service-specific guidance. (T-0).

2.16.1.2.3. Ensures all RegAF sponsors known to the AFPC, and local MPS and/or CSS where applicable, as having family members with special needs are identified in AF medical special needs data management systems. (T-1).

2.16.1.2.4. Ensures every RegAF sponsor with one or more family members with special needs that is assigned to the installation has an SN file maintained at the MTF and a case established in the AF-provided special needs data system (Q-base). (T-1).

2.16.1.2.5. Coordinates, with AFPC (and the local MPS and/or CSS, where applicable) all assignment actions for all Q-coded AF sponsors assigned to the installation, or whose personnel functions are handled at the installation, regardless of location of family members. (T-1).

2.16.1.3. Is involved in the FMRC process as outlined in chapter 3. (T-1).

2.16.2. Complies with requirements for data security, maintenance, collection, and reporting IAW AFPD 40-7 and any subsequent AFMOA, MAJCOM, or MTF implementing guidance. (T-0). The SNC:

2.16.2.1. Provides AFMOA/SGHW the MTF/CC-signed appointment letters for the SGH, SNC, FMRCC, and alternates for access to password-protected data systems. (T-1).

2.16.2.2. Ensures an organizational email account is established and maintained permitting direct communication with the EFMP-M offices for AFPC and representatives of DoD components.

2.16.2.2.1. The format of this email account will be **basename.EFMPM@us.af.mil** and will appear in the global address listing as "Base name <space> EFMPM <space>".

2.16.2.2.2. To comply with AF and DoD provisions for safeguarding PII/PHI, emails containing such material are to be sent encrypted or otherwise sent securely.

2.16.2.3. Ensures currency of EFMP-M office(s) contact information (e.g., phone numbers, fax numbers, email addresses) hosted within AF-provided web-based communications and data management systems. (T-2). Updates the EFMP-M office's contact information in the AF electronic data management system, and ensures currency of access to organizational e-mail accounts. (T-2).

2.16.2.4. Establishes procedures for the creation, maintenance, secure storage, transfer and retirement of SN files and FDI files IAW AF policy, EFMP-M guidance, and MTF guidance for the protection of PII and PHI. The SNC: (T-0).

2.16.3. Ensures that sponsors are provided all necessary documents for enrollment in TRICARE, Extended Health Care Options (ECHO). Where the SNC may not release protected health information to the sponsor, the SNC provides the needed documentation to the identified patient of majority age, or forwards the information directly to the TRICARE Managed Care Support Contractor or other authorized Health Affairs agent upon request. (T-0).

2.16.4. Coordinates with MTF TRICARE representatives to provide information to beneficiaries about community, state and national resources specific to the special needs population. (T-1).

2.16.5. Ensures Q-coded sponsors assigned to the installation are contacted annually to update their EFMP status, and provide any updates needed in contact information, family composition, or family member conditions; verification of need for continued enrollment as well as pending PCS should also be discussed. (T-1).

2.16.6. Maintains a cooperative working relationship with AFPC, installation MPS, CSS, and all other associated offices for the following duties:

2.16.6.1. Completion of the AF Form 4380 for outbound personnel, authorization letters for initiation and deletion of Q-codes, prompt initiation of the FMRC process at notification of pending OCONUS assignment (if Q-coded, include CONUS), or 6 months prior to follow-on after an unaccompanied assignment, support to EFMP reassignment/deferments, and regular delivery of the base Q-code roster from AFPC or local MPS/CSS to the SNC. (T-1).

2.16.6.2. Develops a Wing Supplement to AFI 40-701, for Installation Commander approval, to coordinate installation functions (See para 2.8.2.). (T-1).

2.16.6.2.1. At joint base locations in which the Air Force is the supported component and in lieu of the installation directive, a signed Memoranda of Agreement (MOA) or Memoranda of Understanding (MOU) will specify roles, responsibilities, and coordination between the Air Force and sister Service agencies. (T-1). In such circumstances, the MOA and/or MOU will be reviewed by base legal office prior to final signature.

2.16.7. Ensures the timely identification of family members with special needs through collaborative outreach with installation youth and childcare facilities, officer and enlisted

spouses groups, public education forums and interaction with community key personnel. (T-0).

2.16.8. Ensures the appropriate documentation of EFMP-M workload as a military-specific mission in consultation with the MTF Medical Expense and Performance Reporting System (MEPRS) monitor using MEPRS code FAZN for all EFMP-M associated workload. (T-0).

2.16.9. Will actively support the integration of EFMP-M, EFMP-FS, and EFMP-A services at the installation. (T-3).

2.16.9.1. Participates with EFMP-FS in Newcomer's Orientation and relocation briefings to ensure coordinated transitions for EFMP families. (T-2).

2.16.9.2. May participate in the Integrated Delivery System to address EFMP needs at the installation. (T-3).

2.16.9.3. Leads the Exceptional Family Member quarterly case reviews to discuss newly identified families, complex or unmet needs and determine appropriate resources necessary for families. (T-1).

2.16.9.3.1. The SNC will document in AHLTA/Q-base/SN file the outcomes and any necessary course of action for each case/family member with special needs reviewed.

2.16.10. Ensures healthcare coordination is provided to family members who have multiple/severe medical needs to include, but not limited to, completion of the "warm hand-off" IAW current AF policy, AFMOA EFMP-M guidance, and MTF guidance. (T-1).

2.17. Family Member Relocation Clearance Coordinators (FMRCCs) and alternates:

2.17.1. Are appointed in writing by the MTF/CC, can be any uniformed enlisted medical Air Force Specialty Code (AFSC), or civilian equivalents hired by the MTF. (T-1). FMRCCs should be non-commissioned-officer (NCO) level enlisted personnel, and have had overseas assignments, wherever possible.

2.17.1.1. The appointment letter from the MTF/CC authorizes access to protected health information in the completion of official duties.

2.17.2. Participate in training and supervision from the SNC on EFMP-M duties. (T-1).

2.17.3. Carry out the administrative aspects of the EFMP-M, including but not limited to scheduling appointments, assisting in records review, establishing and maintaining logs and SN files, and explaining forms or processes to families.

2.17.4. Use Q-base to document special needs family members and their sponsors assigned to the installation, to administratively manage cases, to process FDIs IAW the processes outlined in Chapter 3 of this publication, and to transfer cases to gaining facilities upon PCS. (T-1).

2.17.5. Assist other installations or DoD agencies in the timely processing of relocation actions. (T-1).

2.17.6. Coordinate with MPS, CSS, and/or AFPC on assignment-related administrative processes in support of special needs families, such as checking ALC "Q" rosters and distributing/collecting AF Forms 4380. (T-1).

2.17.7. Notify sponsors and orders issuing agents of travel recommendations upon completion of FDI process. (T-3).

2.17.8. Assist sponsors with appeal of "not recommended for travel" determinations. (T-1).

2.17.9. Maintain files, logs and records that implement the FMRC process and all EFMP-M functions IAW established policy and with the support of the SNC. (T-1).

2.17.10. Assist the SNC in the tracking and reporting of DoD and AF-required data, such as numbers of family members with special needs located at the installation.

2.17.11. Assist the SNC and MRO in capturing workload data and process efficiency measurements for EFMP-M IAW AF and MTF guidelines using MEPRS code FAZN for all EFMP-M associated workload. (T-0).

2.18. Medical Review Officer (MRO).

2.18.1. The installation MRO and alternates:

2.18.1.1. Are appointed in writing by the MTF/CC. MROs will be uniformed physicians, physician assistants, or nurse practitioners. (T-1). They may be civilian equivalents employed by the MTF who understand the variability of services across MTFs and the limitations of medical and educational services worldwide. MROs are ideally senior medical providers with overseas experience, wherever possible. The SGH may serve as the MRO, primary or alternate, where it is supported by the MTF/CC.

2.18.1.2. Support the SNC for EFMP enrollments upon request by reviewing family member medical and/or educational documentation. (T-0).

2.18.1.3. Participate in training on all EFMP-M functions including their family member relocation duties provided by the SGH and SNC. (T-0).

2.18.1.4. Support the FMRC process as outlined in Chapter 3 of this publication. (T-1).

2.18.1.5. Review and complete the required AF and DD Forms with sufficient documentation to support SGH decision-making regarding family member travel recommendations. (T-1).

2.18.1.6. Ensure appropriate capture of EFMP-M workload using MEPRS code FAZN for all EFMP-M associated workload. (T-0).

2.19. Other Military Treatment Facility Flight/Element Responsibilities.

2.19.1. The Mental Health Flight Commander/Element Chief supports the functions of EFMP enrollment and the FMRC process as a clinical consultant where mental health or substance abuse issues are identified. (T-0). The Mental Health Flight Commander/Element Chief:

2.19.1.1. Ensures the delivery of needed documentation to the SNC upon request for FMRCs and FDIs regarding mental health/substance abuse services obtained by family members in the MTF, or regarding those family members known to the providers of the MTF as requiring special services. (T-0).

2.19.1.2. Reviews incoming FDIs in locations where MTF mental health/substance abuse services are provided to family members and makes recommendations regarding service availability. (T-0).

2.19.2. The Family Advocacy Officer (FAO) ensures the delivery of needed documentation to the SNC upon request regarding prior family member involvement with Family Advocacy Program (FAP) maltreatment services, in support of the outbound FMRC process. (T-0). Upon request, the FAO reviews incoming FDIs to make recommendations regarding service availability. (T-0).

2.19.2.1. The FAO ensures the SNC is notified of allegations of family maltreatment in any family known to be involved in the FMRC process, at any time prior to arrival at the new duty station. (T-0).

2.19.3. The Dental Flight Commander/Element Chief:

2.19.3.1. When space allows, ensures the delivery of needed documentation to the SNC upon request regarding dental services received and required by family members in support of the outbound FMRC process. (T-1).

2.19.3.2. At OCONUS MTFs, reviews incoming FDIs upon request to make recommendations regarding services availability at the MTF. (T-1).

2.19.4. TRICARE Operations and Patient Administration (TOPA) Flight:

2.19.4.1. Ensure RegAF families who have special needs family members are referred to the SNC for enrollment in EFMP. (T-0).

2.19.4.2. Use the SNC's letters sent to MPS requesting enrollment of RegAF sponsors as proof of enrollment or similar documentation from the SNC for ECHO eligibility. (T-0).

2.19.4.3. Advise the SNC and/or SGH of local network resources and limitations in support of the FMRC process. Review inbound FDIs upon request and make recommendations to the SNC/SGH regarding availability of needed medical services not normally delivered to family members by the MTF. Assist as needed in identifying sources of information regarding availability of dental services. (T-1).

2.19.4.4. Advise and educate TRICARE network providers on the EFMP-M, on the need to refer RegAF sponsors' family members with special medical and/or educational conditions to the SNC, and support the provision of medical documentation upon request and with proper consent to support the FMRC. (T-0).

2.19.4.5. Advise MTF/CC and other MTF staff as needed on DoD civilian employees' and their family members' access to military medical and dental treatment facilities within OCONUS environment. (T-0).

2.19.5. MTF healthcare staff will:

2.19.5.1. Refer RegAF sponsors to the SNC for enrollment when, in the course of evaluation or treatment, a special need is identified in a family member that meets enrollment criteria as specified in DoDI 1315.19, Enclosure 4. (T-0). Complete DD Form 2972 to support enrollment upon request of the SNC. (T-0).

2.19.5.2. Provide Child Development Center (CDC) medical advisor and nurse liaison with documentation to determine appropriateness of children who have special needs for enrollment in the CDC through the IAT. (T-1). The medical advisor/nurse liaison will conduct staff training and consultation on the provision of medical care provided to special needs children. (T-1).

2.19.6. Patient Administration Flight/Element will advise and support EFMP-M staff regarding AF and MTF requirements for the proper transmission, maintenance and disposition of files and records containing PHI on family members. (T-0).

2.19.6.1. Patient administration staff, where designated EFMP-M responsibilities by the MTF/CC (to include roles in the FMRC process), work collaboratively with the SNC and under the direction of the SGH.

2.20. Commanders, First Sergeants, and Supervisors.

2.20.1. Refer RegAF sponsors to the EFMP-M office when medical and/or educational conditions exist that may warrant enrollment in EFMP. (T-1). Ensures that all RegAF sponsors comply with requirements to report to EFMP-M personnel any family members' special medical and/or educational conditions in order to support EFMP enrollment and assignment coordination functions. (T-1).

2.20.2. Ensure that a sponsor whose Family Care Plans (AF Form 357, *Family Care Certification*) indicate plans for special needs family members are referred to the SNC to determine eligibility for EFMP enrollment. (T-1).

2.20.3. Consult with SJA when notified by an MTF/CC, by AFMOA/SGHW, or by AFPC that a service member under authority has allegedly violated or bypassed the EFMP-M process, or has ignored medical recommendations made on behalf of family members in the context of the FMRC process or in EFMP service coordination.

2.20.4. When there has been or there is an active FAP case and an effective FAP cannot be established locally, or if the family's needs exceed local capabilities, involuntary curtailment or humanitarian reassignment may be requested by the commander if the Airman chooses not to apply for reassignment under humanitarian provisions. AFI 36-2110, para. 3.8.10.2 and Attachment 24 apply.

Chapter 3

OPERATING PROCEDURES AND STANDARDS

3.1. Identification.

3.1.1. In the course of routine medical care: All medical staff will refer family members to the EFMP-M office when conditions are identified that meet EFMP eligibility criteria as specified in DoDI 1315.19, Enclosure 4. Enrollment of the family member in EFMP is mandatory once eligibility is established, and does not require consent of family members or sponsors. Medical providers work collaboratively with the SNC to explain the EFMP to families and to elicit their cooperation.

3.1.2. Upon sponsor in-processing: The EFMP-M staff members within the MTFs (SNC and FMRCCs) collaborate with Medical In/Out-Processing POCs to establish procedures to ensure prompt identification of families with special needs during base in-processing. Existing base or medical in-processing forums (such as "Right Start") may be used.

3.1.2.1. If necessary, the FMRCC contacts the losing base to obtain an existing SN file.

3.1.2.2. The FMRCC ensures updated contact information is entered into Q-base.

3.1.3. Upon notification of assignment action: The orders issuing agent (installation MPS outbound assignments offices, CSS, or AFPC through central orders processing functions) will query sponsors and data systems to determine if special needs exist in family members as soon as an assignments is identified ("RIP" generation), regardless of gaining location. (T-1).

3.2. Enrollment. When special needs that meet DoD criteria are identified the following forms and documents are used as appropriate to initiate enrollment of RegAF sponsors in EFMP.

3.2.1. AF Form 2523, *Family Member Program-Medical (EFMP-M) Information Form.*

3.2.2. DD Form 2005, *Privacy Act Statement – Health Care Records.*

3.2.3. DD Form 2792, *Family Member Medical Summary,* with copies of supporting medical documentation specifying the conditions(s).

3.2.3.1. The DD Form 2792 is only required for enrollment when the identified condition meeting enrollment criteria is medical in nature.

3.2.4. DD Form 2792-1, *Special Education/Early Intervention Summary,* with copies of supporting educational documentation specifying the condition(s).

3.2.4.1. The DD Form 2792-1 is only required for enrollment when the identified condition meeting enrollment criteria is educational in nature.

3.2.5. Special Needs Coordinator's memorandum to the MPS where sponsor's personnel functions are managed (referred to as the servicing MPS), requesting initiation of an ALC "Q", also known as Q-code.

3.2.5.1. All EFMP enrollment or disenrollment actions addressed to AFPC or the servicing MPS must be signed by the appointed SNC at the base where the sponsor's personnel functions are managed.

3.2.6. All forms listed above are adopted for use in the EFMP-M and are described in their proscribing publications and are maintained in the SN file.

3.2.7. The SNC:

3.2.7.1. Conducts assessments of family members of RegAF sponsors to determine if special medical and/or education conditions exist that require enrollment. These assessments include interviews with family members and review of medical records or other medical documentation. (T-1).

3.2.7.1.1. Where special medical needs are identified that meet DoD criteria for EFMP enrollment (see para 1.1.2.), the SNC will ensure the completion of the DD Form 2792 for each eligible family member. (T-1).

3.2.7.1.1.1. Copies of the DD Form 2792 pertaining to minor dependents may be provided to the sponsor, parent, or legal guardian for use as needed as long as state and federal laws and AF policies for the protection of health information are followed. Ages of majority for consent to release protected health information may vary according to the types of treatment sought. The SNC consults with the SJA as needed to determine when written consent of the minor must be obtained prior to release of the DD Form 2792 to the sponsor, parent, or legal guardian. (T-0).

3.2.7.1.1.2. Copies of the DD Form 2792 pertaining to adult dependents are only provided to the patient described on the DD Form 2792, unless the identified patient provides HIPAA compliant authorization to release it to others outside the DoD healthcare network, including to the sponsor.

3.2.7.1.2. Where special educational needs and/or developmental delays are identified in a child age birth to high school graduate (or General Equivalency Diploma), the SNC ensures the completion of the DD Form 2792-1 by qualified early intervention or school personnel. Any child that requires special education services beyond secondary education are also required to submit a DD Form 2792-1. (T-0).

3.2.7.2. Ensures a case entry is established in Q-base indicating the sponsor's current duty location. The SNC ensures the location and identifying information (such as Social Security Numbers and special medical/educational conditions) of all family members is accurate in both SN file and Q-base. (T-1).

3.2.7.3. Ensures that initiation or deletion requests for the ALC "Q" for RegAF members are written and submitted in a timely manner to the installation MPS or CSS, as appropriate. Copies are maintained in the SN file and provided to the sponsor to document enrollment in the AF EFMP (personnel system) as well as the AF EFMP-M (medical system). The SNC sends a copy of the Q-code initiation letter to the gaining review authority with any FDI via Q-base. (T-1).

3.2.7.3.1. The SNC notes the EFMP enrollment with effective date in Electronic Health Record of the eligible family member(s). (T-1).

3.2.7.3.2. Where there is a disagreement between the SNC and other medical provider(s) on whether enrollment criteria are met, the case is forwarded to the SGH, and if necessary AFMOA EFMP-M, for final decision making. Documentation of the

reason for the decision is entered in the medical record of the identified family member. (T-1).

3.3. Disenrollment. Removal from EFMP is accomplished through retirement of the RegAF member, majority age of the identified child in which they no longer qualify as a dependent, divorce of the identified spouse, death of the family member with special needs, or change in circumstance in which the identified special need no longer exists.

3.3.1. To initiate disenrollment from EFMP, the RegAF sponsor or adult family member submits documentation of the change in status or condition to the SNC at the base of sponsor's personnel management function, who validates the change and that there are no other family members who have special needs.

3.3.1.1. This documentation may be in the form of court documents, DD Form 2792, DD Form 2792-1, updated medical summary from the treating specialist/provider or other official/validated forms.

3.3.2. The SNC requests the MPS remove the ALC "Q" from the sponsor's personnel record. (T-1).

3.3.3. The SNC ensures the electronic case is archived in Q-base, and the SN file is closed following HIPAA, Privacy Act, and MTF requirements. (T-0).

3.4. The Family Member Relocation Clearance (FMRC). Where special needs are known via Q-code, or prior to any relocation, an FMRC review must be initiated within 6-months of government sponsored family member travel with the exception of training courses over 90 days that are performed en route and required by gaining assignment, as well as Embassy/Attaché assignments. These reviews must be initiated in accordance with the training requirements/reporting. This is to ensure the most recent medical and educational information is available to the review authorities. Follow up Embassy/Attaché FDIs are permitted up to 8-months in advance of sponsor's RNLTD to the OCONUS location. The sponsor must notify the SNC at the base of current assignment of any changes in family member conditions or in needed services that are identified after the initiation of the clearance process and before initiation of family travel.

3.4.1. Family members of RegAF sponsors requesting family member travel at government expense to an OCONUS location, and CONUS location when there are family members with special needs, must participate in the FMRC. Required documentation and attendance at the FMRC will vary depending on location of the gaining assignment and family composition.

3.4.2. When family members are geographically separated from their sponsors (unaccompanied tours or other reasons for family separation), the EFMP-M office at the sponsor's servicing base is responsible for coordinating all EFMP-M functions.

3.4.2.1. When it is necessary to accomplish EFMP-M functions involving the family members the sponsor's servicing EFMP-M office may request assistance from the EFMP-M office nearest to the family (referred to as the supporting base). (T-2).

3.4.2.1.1. The supporting base completes the FMRC including completion of the AF Form 1466. (T-1).

3.4.2.1.2. The AF Form 1466 used in the FMRC/FDI must be signed by the servicing base SGH on page 5.

3.4.2.2. If the family members are geographically separated from the MTF conducting the FMRC, they may be seen by a civilian provider or a provider at a sister Service MTF. The provider or the MTF with the most recent information available about family care needs provides the needed information to support the review. In these cases the SNC and the MRO may communicate with the provider interviewing family members to ensure understanding of the purpose of such screening, the limitations of service availability in many locations, and the documentation needed to support the gaining installation in making travel recommendations.

3.4.3. Prior to the FMRC, the FMRCC:

3.4.3.1. Explains the process to the sponsor and to any adult family members upon request. (T-2).

3.4.3.2. Advises the sponsor that all family members enrolled in EFMP and those requesting government funded travel to OCONUS locations must attend the FMRC. Medical records and documentation from TRICARE network providers and/or medical providers receiving private insurance reimbursement must be made available prior to the screening appointment. (T-1).

3.4.3.3. Advises sponsor of the required attendance of family members, based on geographical location and type of assignment. Family members who are not currently living with the sponsor, but plan to accompany the sponsor to the new duty location can complete the family member screening at the nearest MTF. (T-1).

3.4.3.4. Ensures sponsors have the following forms as appropriate (see para 3.7.); (T-1) advises sponsors that the FMRC screening appointment will not be held without the completed forms:

3.4.3.4.1. AF Form 1466, *Request for Family Member's Medical and Educational Clearance for Travel*, with sponsors completing and signing pages 2 and 3 of the AF Form 1466. Sponsors may sign page one for children. Spouses and adult dependents must sign page of the AF Form 1466. Powers of Attorney are not authorized for the sponsor's signature.

3.4.3.4.1.1. For all assignments requiring an FMRC, all family members requesting travel at government expense must be listed on page 3 of the AF Form 1466.

3.4.3.4.2. AF Form 1466D, *Dental Health Summary* (OCONUS assignments only), is completed for every family member aged 2 years and older.

3.4.3.4.3. DD Form 2792, *Family Member Medical Summary*, is completed for each family member enrolled for a medical need, or who has a medical needs that does not require enrollment but requires review by the gaining location. The DD Form 2792 including Addendum 1, 2, and 3 as appropriate, must be filled out and signed prior to scheduling the FMRC screening appointment.

3.4.3.4.3.1. The medical information on the DD Form 2792 is considered current for a period of 12 months prior to the sponsor's report no later than date (RNLTD) to the gaining location. Any changes in medical condition within that 12 month period will require an update to the DD Form 2792 prior to completion

of the FMRC.

3.4.3.4.4. DD Form 2792-1, *Special Education/Early Intervention Summary* (OCONUS assignments only), is completed by qualified early intervention or school personnel for all children age birth to high school graduate (or General Equivalency Diploma). The current IFSP or IEP will be attached to the DD Form 2792-1.

3.4.3.4.4.1. When a child is homeschooled and there are no special educational needs, the parent/legal guardian may complete the DD Form 2792-1.

3.4.3.4.4.2. When a child is homeschooled and has an IEP because special educational services are received from the school district, the parent/legal guardian will have the Local Education Authority, school district, or the school the child would attend complete and sign the DD Form 2792-1.

3.4.4. Once all required paperwork has been completed and submitted to the EFMP-M office the following steps are conducted. The FMRCC:

3.4.4.1. Schedules the FMRC screening appointment. (T-1). All required family members will be scheduled for the appointment (see para 3.7.).

3.4.4.2. Ensures both the SNC and the MRO, or their alternates, have reviewed all required family members' medical records, when indicated the DD Form 2792, DD Form 2792-1, and/or AF Form 1466, pharmacy dispenses, and documentation from TRICARE network providers and/or privately insured medical providers prior to the face-to-face FMRC appointment. (T-1).

3.4.5. The SNC:

3.4.5.1. Reviews all required family members' medical records for previous entries indicating special needs or specialty care service entries; reviews established SN files and Q-base; reviews the AF Form 1466, AF Form 1466D (only when indicated), DD2792-1 (only when indicated), DD Form 2792 (only when indicated) including Addendum 1, 2, and 3 as appropriate. (T-1).

3.4.5.2. When indicated, reviews all Mental Health, Alcohol and Drug Abuse Prevention and Treatment, and FAP documentation for all family members and ensures completion of the DD Form 2792, Addendum 2 by a qualified mental health provider. (T-1).

3.4.6. The MRO:

3.4.6.1. Reviews all required family members' medical records for previous entries indicating special needs or specialty care service entries; reviews the AF Form 1466, AF Form 1466D (only when indicated), DD2792-1 (only when indicated), DD Form 2792 (only when indicated) including Addendum 1, 2, and 3 as appropriate; reviews MTF and TRICARE pharmacy records, CHCS specialty referrals, and any other pertinent medical information. (T-1).

3.5. Conducting the FMRC.

3.5.1. The SNC:

3.5.1.1. Participates with the MRO in jointly-scheduled interviews with all family members required to participate in the FMRC. (T-1). Required attendance is outlined in

para. 3.7. depending on assignment and clearance type. Confidentiality of all family members will be maintained during the interview, offering individual interviews for every adult family member.

3.5.1.2. For families of RegAF members, the SNC first ensures all family members are listed on either page 2 or page 3of the AF Form 1466.

3.5.1.3. The SNC completes the AF Form 1466, Section VII – Special Needs Coordinator Endorsement. Ensures an FDI is required when special medical needs (or special educational needs when the gaining location is OCONUS) are identified. (T-1).

3.5.1.4. Ensures all required documents are completed, signed, and attached. (T-1).

3.5.1.5. For DoD civilian families who volunteer for an FDI prior to relocation, the SNC with the MRO, interviews family members with special needs upon request, and forwards information via DD Form 2792 and DD Form 2792-1 with any cover summaries as appropriate. May use, but does not require, AF Form 1466 for FDIs of DoD civilian families with special needs. (T-0).

3.5.2. The MRO:

3.5.2.1. Participates with the SNC in jointly-scheduled interviews with all family members required to participate in the FMRC. (T-1). Required attendance is outlined in para. 3.7. depending on assignment and clearance type. Confidentiality of all family members will be maintained during the interview, offering individual interviews for every adult family member.

3.5.2.2. Identifies any needed information that is missing during the interview. (T-1).

3.5.2.3. The MRO completes the AF Form 1466, Section VI – Medical Provider Evaluation. Ensures an FDI is required when special medical needs (or special educational needs including early intervention when the gaining location is OCONUS) are identified. (T-1).

3.5.2.3.1. When the projected assignment location is OCONUS, family members with an AF Form 1466D indicating Class 3 or Class 4 must have an FDI forwarded to the gaining OCONUS location for review and travel recommendation.

3.6. FMRC Disposition and Responsibilities.

3.6.1. The SGH:

3.6.1.1. In support of outbound personnel, reviews information collected by the SNC and MRO during the FMRC, and completes the AF Form 1466, Section VIII – Certification by Losing Base MDG/SGH. (T-1).

3.6.1.2. Determines when consideration of identified needs by the gaining installation SGH is warranted prior to recommending travel. (T-1). When indicated, ensures all information is forwarded via FDI package in Q-base. (T-1).

3.6.1.2.1. If no conditions are identified after thorough review of all data sources, may recommend travel with no FDI needed. These determinations will be documented by completion of the AF Form 1466, Section IX – Facility

Determination Inquiry, Disposition by MDG/SGH. Serves as final approval authority for CONUS FDIs and appeal requests. (T-1).

3.6.1.3. Ensures clinical sufficiency and legibility of all document supporting the FMRC process, including FDI packages. (T-1). Works with providers where necessary (both within the MTF and with civilian network providers as needed) to clarify information pertaining to severity, duration, prognosis, and services needed for all healthcare, education, or environmental considerations on outbound FDIs.

3.6.1.4. Reviews inbound FDIs in conjunction with the medical staff to determine sufficiency, availability, and appropriateness of existent services to support the needs identified in inbound family members. (T-0).

3.6.1.5. Ensures appropriate safeguards for the protection of sensitive information contained in FDIs are IAW Privacy Act and HIPAA requirements. (T-0).

3.6.2. The SNC:

3.6.2.1. For outbound FDIs, ensures documentation that supports the FMRC is processed in an expeditious manner toward timely assignment recommendations. (T-1). The SNC intervenes/elevates through the medical chain of command as needed where delays potentially impact timely assignments or employments of sponsors. (T-1).

3.6.2.2. For inbound FDIs (RegAF and civilian sponsors), the SNC works with the FMRCC and the SGH to ensure all medical and educational authorities that might be involved in the care of identified needs are consulted for service availability. Supports the SGH in providing written responses that either recommend or do not recommend travel for family members. Where necessary housing modifications are identified in the FDI package, ensures the base housing office is advised of the anticipated needs during the relocation review period. This includes accessibility information provided by the housing office, where applicable, in the response to the losing EFMP-M office. (T-1).

3.6.2.3. With the FMRCC, the SNC ensures all FDIs are appropriately logged and tracked during the review process. (T-1). Ensures the inbound FDI process is completed within allocated timeframe depending on clearance type upon receipt of a complete FDI. (T-1). If a response is not possible within this timeframe, ensures the losing EFMP-M office is notified of the reasons for the delay and intervenes as needed to expedite response. (T-1).

3.6.2.4. With the FMRCC, the losing installation's SNC ensures all considerations about potential limitations, types of housing modifications possible, etc., that are submitted by the gaining installation via FDI response are provided to the sponsor and/or adult family members upon receipt. (T-1).

3.6.3. The FMRCC will:

3.6.3.1. Track each clearance from initiation to completion, ensuring documentation of recommendations are maintained at both the losing and gaining installations. (T-1). Use Q-base to process FDIs. (T-1). Advise the SNC of each FDI or clearance package that exceeds the allocated window of time requirement for response and documents extenuating circumstances. (T-1).

3.6.3.2. The losing FMRCC will:

3.6.3.2.1. Where the decision to recommend travel is made at the losing installation, the losing FMRCC will forward to the orders issuing agent all pages of the AF Form 1466. Page 5 of the AF Form 1466 will note all family members listed on page 3 as being locally cleared by the losing installation SGH. (T-2).

3.6.3.2.2. Notify sponsors and orders-issuing agents of travel recommendations upon the completion of the FDI process. (T-2).

3.6.3.2.2.1. When travel has been recommended for all family members by the gaining review authority, the losing FMRCC will ensure sponsors or adult family members are aware of any travel considerations via the CfP Forum item 12.24 letter provided by the gaining EFMP-M office. (T-1).

3.6.3.2.2.2. When the gaining review authority has recommended against family member travel for one or more family members, the losing FMRCC will ensure sponsors receive the AFMOA-developed Medical Information Sheet appropriate to the gaining location. (T-1). The losing FMRCC will not share PHI of adult family members with sponsors, unless a written Release of Information has been obtained authorizing the release.

3.6.3.2.3. Assist sponsors with appeal of "not recommended for travel". (T-1). The appeal process must be initiated within 21 days of travel recommendation. Appeals will be processed based on new or omitted information that may result in a different travel recommendation. Process appeal packages in Q-base as appropriate. (T-1).

3.7. Types of FMRC and FDI:

3.7.1. Base to Base. Base to Base FMRCs and FDIs are appropriate when the member has a typical assignment from one base to another.

3.7.1.1. For typical OCONUS assignments: The FMRC process is initiated for all RegAF sponsors requesting government funded travel of family members to OCONUS locations, regardless of prior EFMP status. All family members requesting government sponsored travel in conjunction with an accompanied PCS action to an OCONUS location must be present for the FMRC interview. Family members who travel overseas without command sponsorship are at risk of reduced or non-available medical care, loss of benefits such as base privileges or housing, and may incur significant personal expense if further relocation is needed. All sponsors who intentionally bypass the clearance process or who falsify information risk disciplinary action.

3.7.1.1.1. The FMRC package for a typical OCONUS assignment, consists of one AF Form 1466 per family (permissible, but not required for DoD civilian families), the AF Form 1466D for every family member 2 years of age and older, the DD Form 2792 for each family member with special medical needs or needs for specialized medical services, and the DD Form 2792-1 for all dependent children aged birth to high school graduate (or General Equivalency Diploma). All forms must be in the most current published version. All forms must be signed by a qualified medical/educational authority, and the AF Form 1466 must be signed by the appointed SGH at the sponsor's servicing installation's AF MTF.

3.7.1.1.2. When an FDI is required at the conclusion of the FMRC, the FDI package will include the original Q-code letter (if Q-coded), the AF Form 1466, and the DD Form 2792, DD Form 2792-1, and/or AF Form 1466D as appropriate for only those family members requiring review and travel recommendation by the gaining location.

3.7.1.1.3. Once a complete FDI package is received, the gaining installation EFMP-M office has 14 calendar days to review all specified needs and provide a travel recommendation based on service availability to the losing installation EFMP-M office.

3.7.1.1.3.1. When an FDI requires additional review by the OCONUS MAJCOM following an initial denial from the gaining OCONUS installation MTF, the MAJCOM review does not count against the 14 day timeframe.

3.7.1.1.4. When the gaining installation SGH determines travel is recommended for all family members during an FDI, the gaining FMRCC ensures the Caring for People forum task 12.24, letter template is completed and included in the response to the losing EFMP-M office via Q-base. (T-1). The losing FMRCC ensures the sponsor or adult family member receives the document. (T-1).

3.7.1.1.5. When the gaining installation SGH determines travel is not recommended for all family members, the gaining FMRCC ensures the AFMOA-developed Medical Information Sheet is included in the response to the losing EFMP-M office via Q-base. (T-1).

3.7.1.2. For typical CONUS assignments: The FMRC process is required for RegAF sponsors who have an ALC “Q”, also known as Q-coded.

3.7.1.2.1. The only family members required to attend the FMRC for a typical CONUS assignment are those identified as having a special medical and/or educational need. At the discretion of the SGH, the FMRC may additionally be completed where medical conditions are known to the MTF that are determined to be a risk for family member travel to the identified location, but that do not meet DoD criteria for enrollment. This includes temporary conditions (such as high risk pregnancy), or conditions that are mild in the current location but are expected to exacerbate in the environment of the proposed location.

3.7.1.2.2. The FMRC package for typical CONUS assignments consists of one AF Form 1466 per family, the DD Form 2792 (only if the special need is medical in nature) and/or the DD Form 2792-1 (only if the special need is educational in nature). All forms must be in the most current published version. All forms must be signed by a qualified medical authority and/or educational authority when DD Form 2792-1 is required), and the AF Form 1466 must be signed by the appointed SGH at the sponsor’s servicing AF MTF.

3.7.1.2.3. When an FDI is required at the conclusion of the FMRC, the FDI package will include the original Q-code letter (if Q-coded), AF Form 1466, the DD Form 2792 (only if the special need is medical in nature), DD Form 2792-1 (only if the special need is educational in nature) to include any IEP/IFSP documentation, as appropriate for only those family members requiring review and travel recommendation by the gaining location.

3.7.1.2.4. Once a complete FDI package is received, the gaining installation MTF has 14 calendar days to review all specified needs and provide a response to the losing installation FMRCC.

3.7.2. Expedited location. For assignments to AFMOA EFMP-M approved locations with robust network services, family members will experience an expedited FMRC and FDI. The Expedited clearance package will be used in place of the traditional FMRC/FDI package.

3.7.2.1. The Expedited FMRC and FDI process does not apply to sponsors with assignments to Geographically Separated Units of the approved bases, assignments for a school/training with a follow on to an operational location, and/or requirement for transplant services. Members meeting those conditions will participate in the traditional FMRC process.

3.7.2.2. The Expedited clearance package contains: the original Q-code letter (if Q-coded), the AF Form 1466, and the AFMOA-developed Expedited FMRC tools.

3.7.2.3. Family members will not provide a DD Form 2792, DD Form 2792-1, AF Form 1466D, or civilian medical records to MTF staff. Family members, regardless of the presence of special needs, will not accomplish a face-to-face interview with the SNC and MRO.

3.7.2.3.1. If additional information is needed from the family member for clarification purposes, the SNC and/or MRO may contact the family member, parent, or guardian via phone.

3.7.2.4. The Expedited clearance package is completed by the sponsor, SNC, MRO, and SGH as appropriate. Upon receipt of the AF Form 1466 (with pages 1 through 3 completed) from the sponsor, the losing installation MTF will review all specified needs and provide a completed AF Form 1466 to the losing installation FMRCC within 3 calendar days.

3.7.2.5. The FMRCC at the losing installation will forward to the orders issuing agent all pages of the AF Form 1466. (T-2). Page 5 will note all family members listed on page 3 as being locally cleared by the losing installation SGH.

3.7.2.6. The FMRCC at the losing installation will send the expedited clearance package to the gaining installation as an Expedited FDI via Q-base. (T-1).

3.7.2.7. Once a complete Expedited FDI package is received, the gaining installation MTF has 2 calendar days to review all specified needs and provide a response to the losing installation EFMP-M office.

3.7.3. Embassy/Attaché. The FMRC process is initiated for all RegAF sponsors who intend to take family members to OCONUS areas, regardless of prior EFMP status. All family members requesting government sponsored travel in conjunction with an accompanied PCS action to an OCONUS location must be present for the FMRC interview. Embassy/Attaché assignments will have a preliminary FMRC, and FDI if necessary, when the sponsor is in the candidacy process with SAF/IAPA. If selected for the Embassy/Attaché assignment by SAF/IAPA, the family member(s) will require an additional FMRC, and FDI if necessary, within 8-months of arriving at the OCONUS location.

3.7.3.1. When the sponsor's gaining Embassy location is in the USAFE or PACAF AOR the FMRC package consists of one AF Form 1466 per family, the AF Form 1466D for every family member 2 years of age and older, the DD Form 2792 for each family member with special needs or needs for specialized medical services, and the DD Form 2792-1 for all dependent children aged birth to high school graduate (or General Equivalency Diploma). All forms must be in the most current published version. All forms must be signed by a qualified medical/educational authority, and the AF Form 1466 must be signed by the appointed SGH at the sponsor's servicing installation's AF MTF.

3.7.3.1.1. When an FDI is required at the conclusion of the FMRC, the FDI package will include the original Q-code letter (if Q-coded), the AF Form 1466, as well as the DD Form 2792, DD Form 2792-1, and/or AF Form 1466D as appropriate for only those family members requiring review and travel recommendation by the gaining location. The losing FMRCC will forward the FDI to the gaining OCONUS MAJCOM via Q-base as an Embassy/Attaché FDI. (T-1).

3.7.3.1.2. The OCONUS MAJCOM EFMP-M Liaison will consult with liaison services as needed for service availability in host nations, obtain travel recommendation for appropriate family members from the MAJCOM/SG, and forward the FDI to AFMOA/SGHW via Q-base. (T-1).

3.7.3.1.3. AFMOA/SGHW coordinates FDI package with AFMOA/SGHQ, who serves as the final review authority for Embassy/Attaché clearances and appeals.

3.7.3.2. When the sponsor's gaining Embassy location is in the AFCENT AOR the FMRC package consists of one AF Form 1466 per family, the AF Form 1466D for every family member 2 years of age and older, the DD Form 2792 for each family member with special needs or needs for specialized medical services, and the DD Form 2792-1 for all dependent children aged birth to high school graduate (or General Equivalency Diploma). All forms must be in the most current published version. All forms must be signed by a qualified medical/educational authority, and the AF Form 1466 must be signed by the appointed SGH at the sponsor's servicing installation's MTF.

3.7.3.2.1. Embassy/Attaché FDIs into the AFCENT AOR cannot be locally cleared by the losing installation SGH. The FDI package will include will include the original Q-code letter (if Q-coded), the AF Form 1466, and the DD Form 2792, DD Form 2792-1, and/or AF Form 1466D as appropriate for all family members requesting government sponsored travel to the gaining OCONUS location within the AFCENT AOR.

3.7.3.2.2. The losing FMRCC will forward the FDI to the gaining PAS coded installation via Q-base as a base-to-base FDI. (T-1). The gaining FMRCC will consult with liaison services as needed for service availability in host nations when necessary, obtain travel recommendation for all family members from the gaining SGH, and forward notification to AFMOA/SGHW EFMP-M organizational email **AFMOA.EFMPM@us.af.mil.** (T-1).

3.7.3.2.3. AFMOA/SGHW coordinates FDI package with AFMOA/SGHQ, who serves as the final review authority for Embassy/Attaché clearances and appeals.

3.7.3.3. When the gaining location is in Latin America or Canada the FMRC package consists of one AF Form 1466 per family, the AF Form 1466D for every family member 2 years of age and older, the DD Form 2792 for each family member with special needs or needs for specialized medical services, and the DD Form 2792-1 for all dependent children aged birth to high school graduate (or General Equivalency Diploma). All forms must be in the most current published version. All forms must be signed by a qualified medical/educational authority, and the AF Form 1466 must be signed by the appointed SGH at the sponsor's servicing installation's MTF.

3.7.3.3.1. When an FDI is required at the conclusion of the FMRC, the FDI package will include the original Q-code letter (if Q-coded), the AF Form 1466, as well as the DD Form 2792, DD Form 2792-1, and/or AF Form 1466D as appropriate for only those family members requiring review and travel recommendation by the gaining location.

3.7.3.3.2. The losing FMRCC will forward the FDI to the gaining PAS coded installation via Q-base as a base-to-base FDI. (T-1). The gaining FMRCC will consult with liaison services as needed for service availability in host nations when necessary, obtain travel recommendation for all family members from the gaining SGH, and forward notification to AFMOA/SGHW EFMP-M organizational email **AFMOA.EFMPM@us.af.mil.** (T-1).

3.7.3.3.3. AFMOA/SGHW coordinates FDI package with AFMOA/SGHQ, who serves as the final review authority for Embassy/Attaché clearances and appeals.

3.7.4. Command Select Board (CBS) Matches. RegAF sponsors selected for OCONUS Wing/CC, Wing/CV, and Grp/CC accompanied assignments will experience a typical Base to Base OCONUS FMRC despite not having an official assignment notification.

3.7.4.1. The FMRC process is initiated for all RegAF sponsors requesting government funded travel of family members to OCONUS locations, regardless of prior EFMP status. All family members requesting government sponsored travel in conjunction with an accompanied PCS action to an OCONUS location must be present for the FMRC interview.

3.7.4.2. The FMRC package for a CSB Match consists of one AF Form 1466 per family, the AF Form 1466D for every family member 2 years of age and older, the DD Form 2792 for each family member with special medical needs or needs for specialized medical services, and the DD Form 2792-1 for all dependent children aged birth to high school graduate (or General Equivalency Diploma). All forms must be in the most current published version. All forms must be signed by a qualified medical/educational authority, and the AF Form 1466 must be signed by the appointed SGH at the sponsor's servicing installation's AF MTF.

3.7.4.3. The losing FMRCC will forward the complete FMRC package to AFMOA/SGHW EFMP-M organizational email **AFMOA.EFMPM@us.af.mil** for processing. (T-1).

3.7.4.4. When an FDI is required at the conclusion of the FMRC, the FDI package will include the original Q-code letter (if Q-coded), the AF Form 1466, and the DD Form 2792, DD Form 2792-1, and/or AF Form 1466D as appropriate for only those family

members requiring review and travel recommendation by the gaining location. AFMOA/SGHW will forward the complete FDI package to the gaining installation for review and travel recommendation via Q-base.

3.7.4.5. Once a complete FDI package is received, the gaining installation MTF has 5 calendar days to review all specified needs and provide a response in Q-base.

3.7.4.6. When a CSB Match FDI receives an initial response of "not recommended for travel" by the gaining installation SGH, AFMOA/SGHW will submit FDI to the gaining MAJCOM/SG for review and concurrence.

3.7.4.7. AFMOA/SGHW will notify DPO and SG1B of all initial travel recommendations. All initial travel recommendations are withheld from sponsors until released by AFMOA/SGHW.

3.8. Maintenance of Documentation. Documentation pertaining to the relocation process for family members, including any FDIs generated, forms completed, and correspondence, are filed by name of sponsor, with date of review completion. The FDI documentation is maintained at both the losing and gaining EFMP-M offices, while locally cleared FMRC documentation is maintained at the losing EFMP-M office only, (following HIPAA, Privacy Act, and MTF requirements) for 2 years after completion of the review process to support any special interest investigation by MAJCOM, AFPC, or AFMOA. The documents that have been requested to support a review may not be shredded until released by AFPC/DPAPH and AFMOA. Signed authorizations used to release information to entities outside of the military health system for the purpose of determining suitability for government sponsored travel are maintained in the manner and for the duration specified in MTF HIPAA guidance. If not requested to support a review and if not involving release of information outside of the military health system, they may be shredded 2 years after completion of the review process IAW AFRIMS. (T-0).

3.8.1. SN files are transferred to the gaining EFMP-M office with each PCS and are maintained so long as the sponsor remains RegAF, the condition(s) exist in the family member(s) which met eligibility criteria, so long as the family member(s) identified with special needs remain(s) in official dependent status. If any one of these conditions changes, the SN record is retired and maintained locally for 2 years at the last base where EFMP enrollment was in effect, and then shredded IAW AFRIMS. (T-1).

3.8.2. The SN file contains:

3.8.2.1. The current Family Summary printout from the family's case in Q-base, original informed consent documents, and other materials obtained during the enrollment process. These materials are maintained during the sponsor's entire AF career, and may be updated. All consents, whether original or updates, are maintained the entire life of the SN record.

3.8.2.2. The FDI documentation pertaining to relocation actions for the family for the last two assignments. FDI documentation for assignments prior to the previous two FDIs (with the exception of consents received that must be retained under existing HIPAA guidance) may be shredded with a dated, signed note entered in the SN file of appropriate disposal of prior FDI documentation.

3.8.2.3. Documentation of coordinating services delivered by EFMP-M, such as follow-up contacts and referrals made, are maintained in the SN file during two full assignments. Service notes from a location more than two assignments prior may be shredded or kept at the discretion of the SNC. If shredded, a dated, signed note is entered in the SN file indicating such disposition.

3.8.2.4. Emailed or faxed correspondence pertaining to services coordination.

3.9. Standards of Care. EFMP-M will comply with UEI, Self-Assessment Checklist, The Joint Commission on Accreditation of Healthcare Organization (TJC) standards, or Accreditation Association for Ambulatory Health Care standards (AAAHC), AF policy, and MTF guidance, and other AF-sanctioned quality assurance mechanisms. (T-1).

3.10. Application of Standards. The standards and guidance stated in this document apply to uniformed, civilian, and contract personnel providing special needs identification, FMRCs, process evaluation to include data collection and data management, and support to AF sponsors with family members.

THOMAS W. TRAVIS, Lt Gen., USAF, MC, CFS
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Public Law 104-191, *Health Insurance Portability and Accountability Act of 1996,* August 21 1996

DoD 6025.18-R, *DoD Health Information Privacy Regulation*, January, 2003

DoD 5400.7-R_AFMAN 33-302, *Freedom of Information Act (FOIA) Program,* October 21, 2010

DoDD 1342.20, *Department of Defense Education Activity (DoDEA)*, October 19, 2007

DoDD 1400.6, *DoD Civilian Employees in Overseas Areas,* certified current December 1, 2003

DoDD 6010.04, *Healthcare for Uniformed Services Members and Beneficiaries,* March 15, 2007

DoDI 1315.18, *Procedures for Military Personnel Assignments*, January 12, 2005

DoDI 1315.19, *Authorizing Special Needs Family Members Travel Overseas at Government Expense*, December 20, 2005

DoDI 1342.26, *Eligibility Requirements for Minor Dependents to Attend Department of Defense Domestic Dependent Elementary and Secondary Schools (DDESS)*, March 4, 1997

DoDI 6015.23, *Delivery of Healthcare at Military Treatment Facilities; Foreign Service Care; Third Party Collection; Beneficiaries Counseling and Assistance Coordinators (BCACs),* October 30, 2002

DoDEA Regulation 1342.12, *Provision of Early Intervention and Special Education Services to Eligible DoD Dependents*, April 11, 2005

DoDEA Regulation 1342.13, *Eligibility Requirements for Education of Elementary and Secondary School-age Dependents in Overseas Areas*, September 20, 2006

AFPD 40-6, *Educational and Developmental Intervention Services*, June 11, 2014

AFPD 40-7, *Medical Support to Family Member Relocation and Exceptional Family Member Program (EFMP),* September 4, 2013

AFI 33-332, *The Air Force Privacy and Civil Liberties Program*, June 5, 2013

AFI 33-360, *Publications and Forms Management,* September 25, 2013

AFI 36-2102, *Base-Level Relocation Procedures, Incorporating Through Change 2*, October 20, 2011

AFI 36-2110, *Assignments*, September 22, 2009

AFI 36-3020, *Family Member Travel*, October 22, 2009

AFI 41-210, *TRICARE Operations and Patient Administration Functions*, June 6, 2012

AFI 44-119, *Medical Quality Operations,* August 16, 2011

AFI 51-504, *Legal Assistance, Notary, and Preventive Law Programs*, October 27, 2003

AFI 90-501, *Community Action Information Board and Integrated Delivery System*, October 15, 2013

DoD 5400.7-R_AFMAN 33-302, *Freedom of Information Act (FOIA) Program*, October 21, 2010

AFMAN 33-363, *Management of Records*, March 01, 2008

AFRIMS, Table 41-12, Rule 22.00, Special Needs Identification and Assignment Coordination

DoDEA Policy Memorandum, 02-OD-02, *"Home Schooling,"* November 6, 2002

Health Affairs Policy Memorandum, *"Geographic Areas of Responsibility for the Provision of Early Intervention and Medically Related Services,"* May 2004

Prescribed Forms

AF Form 4380, *Special Needs Screener*

AF Form 2523, *Exceptional Family Member Program-Medical (EFMP-M) Information Form*

AF Form 1466, *Request for Family Member's Medical and Education Clearance for Travel*

Adopted Forms

DD Form 2792, *Family Member Medical Summary*

DD Form 2792-1, *Special Education/Early Intervention Summary*

AF Form 1466D, *Dental Health Summary*

AF Form 847, *Recommendation for Change of Publication*

AF Form 357, *Family Care Certification*

Abbreviations and Acronyms

AFI—Air Force Instruction

AFPC—Air Force Personnel Center

AFPD—Air Force Policy Directive

ALC—Assignment Limitation Code

CC—Commander

CONUS—Continental United States

DoD—Department of Defense

DoDD—Department of Defense Directive

DoDEA—Department of Defense Education Activities

DoDI—Department of Defense Instruction

ECHO—Extended Care Health Option

EDIS—Educational and Developmental Intervention Services

EFMP—Exceptional Family Member Program

EFMP—FS—Exceptional Family Member Program-Family Support

EFMP—M—Exceptional Family Member Program-Medical

FAP—Family Advocacy Program

FDI—Facility Determination Inquiry

FMRC—Family Member Relocation Clearance

FMRCC—Family Member Relocation Clearance Coordinator

HIPAA—Health Insurance Portability and Accountability Act

HQ—Headquarters

IAT—Inclusion Action Team

IAW—In Accordance With

IDEA—Individuals with Disabilities Education Act

JCAHO—Joint Commission on Accreditation of Healthcare Organizations

MAJCOM—Major Command

MAJCOM/SG—Major Command Surgeon General

MPS—Military Personnel Section

MRO—Medical Review Officer

MTF—Military Treatment Facility

MTF/CC—Military Treatment Facility Commander

OCONUS—Outside the Continental United States

OPR—Office of Primary Responsibility

PCS—Permanent Change of Station

SAF—Secretary of the Air Force

SGH—Chief of the Medical Staff in the MTF

SN—Special Needs

SNC—Special Needs Coordinator

UEI—Unit Effectiveness Inspection

Terms

Chief of the Medical Staff (SGH)—The medical provider at the MTF appointed by the MTF/CC to oversee all clinical care at the installation. Makes travel recommendations for family members with special needs/service needs who intend to relocate at government expense.

Child Find—Inter-agency collaboration for proactive identification of infants and young children with developmental delays or disabilities in support of Early Intervention Services, mandated by the Individuals with Disabilities Education Act (IDEA).

Exceptional Family Member Program (EFMP)—A DoD-wide program that provides special assignment considerations for those military sponsors who have one or more family members with ongoing special medical or educational needs. In the Air Force, EFMP refers specifically to the assignment considerations provided by the AFPC. In other Services, the term EFMP is additionally used for specialized services delivered by the MTF or community service organizations to military families with special needs.

Family Members—The spouse, child, or other person actually residing in the member's household who is dependent on the member for over half of his or her financial support.

Facility Determination Inquiry (FDI) package—Required Air Force and Department of Defense forms for the FMRC process, to include: AF Form 1466, AF Form 1466D (OCONUS assignments only required for family members age 2 and over, and as determined appropriate by the SGH for CONUS assignments), DD Form 2792 including Addendum 1, 2, and 3 as appropriate, and when going OCONUS, if enrolled in EFMP based on educational criteria or homeschooled, DD Form 2792-1, with supporting documentation.

FDI Failure— The term FDI failure applies to the following scenarios: sponsor provided false information on paperwork, to include the AF Form 4380; family did not disclose a condition where specialty care services are required, regardless of meeting EFMP enrollment criteria; inaccurate or incomplete information was provided by the family during the FMRC; family member arrived at the gaining location after travel was not recommended; the losing EFMP-M staff did not send a complete FDI package for review by the gaining authority; the losing SGH cleared the family locally when special needs were identified; the losing MPS accomplished accompanied orders without the appropriate clearance documentation.

Family Member Relocation Clearance (FMRC)—The specific process under EFMP-M that identifies medical and/or educational needs in family members who request government-funded travel. Pertains only to accompanied travel for RegAF Permanent Change of Station or for accompanied DoD civilian employment overseas.

Family Member Relocation Clearance Coordinator (FMRCC)—Sometimes referred to as FMRC Coordinator: The medical, enlisted technician or civilian equivalent who manages the administrative operations of the EFMP-M.

Family Member with Special Needs—A family member of a RegAF sponsor who meets DoD criteria, as outlined in Enclosure 4 of DoDI 1315.19 for special medical and/or educational conditions.

Human Resources Office (HRO)—Those agents responsible for hiring DoD civilian personnel and for advising selected who intend to travel OCONUS with family members who have special needs.

Medical Group (MDG)—The base-level organization responsible for the coordination and delivery of health care services to eligible beneficiaries.

Medical Review Officer (MRO)—The physician, physician's assistant or nurse practitioner who provides qualified medical records review and interviews to support the EFMP-M process of identification of special needs and the FMRC process.

Military Treatment Facility (MTF)—A DoD health care provision location, whether clinic or hospital.

Pinpoint—The process of educational clearance and assignment/manning verification that an AFPC uses to identify potential alternate assignment locations after a potential gaining base determines that travel is not recommended for one or more family members due to an educational need.

Q-code—Designation for the ALC "Q" that is placed in AFPC's database of AF personnel when a sponsor has one or more family members that meet(s) DoD criteria for the Exceptional Family Member Program.

Senior Leader—An Air Force service member in the rank of Chief Master Sergeant, Colonel, Brigadier General, Major General, Lieutenant General, General, or selected to serve in one of these ranks. A senior leader also includes members of Senior Executive Services (SES).

Service Needs—Needs for treatment, care or for the availability of medical services that do not meet the criteria for enrollment in the EFMP, but that are considered significant enough by informed medical opinion to warrant review prior to recommending relocation of family members at government expense.

Servicing Base— The installation where the sponsor is assigned IAW the PAS code or the OCONUS Area of Responsibility memorandum

Special Needs Coordinator (SNC)—Designated in writing by the MTF/CC, the SNC is the medical officer or officer-equivalent responsible for implementation of EFMP-M at the base level.

Supporting Base—The installation closest to where a geographically separated family member resides. A supporting base may perform an FMRC for family members requesting government sponsored travel. All FMRC documentation is provided by the supporting base EFMP-M office to the sponsor's servicing base EFMP-M office for processing of all EFMP functions including, but not limited to recommendations for local clearances at the conclusion of the FMRC, FDIs, and initiation/removal of the ALC "Q" to/from the sponsor's personnel record.

vMPF—The virtual Military Personnel Flight, an electronic communication medium that supports personnel functions globally.