DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, DC 20350-3000

MCO 1754.4B
MRY-1
20 Sep 2010

MARINE CORPS ORDER 1754.4B

From: Commandant of the Marine Corps
To: Distribution List

Subj: EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)

Ref: (a) DOD Instruction 1315.19, "Authorizing Special Needs Family Members Travel Overseas at Government Expense," December 20, 2005
(b) SECNAVINST 1754.5B
(c) SECNAVINST 5211.5E
(d) TRICARE Policy Manual 6010.54-M, August 2002
(e) UCMJ Article 92 and 107
(f) Public Law 104-191
(g) BUMEDINST 1300.2A
(h) DOD 7000.14-R, "Final Management Regulation," Vol 7A, June 2010
(i) MCO P1000.6G
(j) Americans with Disability Act (ADA) of 1990
(k) MCO P1710.30E
(l) 42 U.S.C. 13041
(m) MCO P1300.8R
(n) SECNAV M-5210.1

Encl: (1) Exceptional Family Member Program Procedural Manual

1. Situation. To implement the provisions of reference (a), disseminate policy, and assign responsibility for the Marine Corps EFMP. Per the references, the primary purpose of the Marine Corps EFMP is to ensure continuum of care for eligible Marine Corps family members. By identifying families with special needs and maximizing the provision of services, the quality of life provided to the Marine Corps family is enhanced while meeting the mission of the Marine Corps, per references (a) through (n).

2. Cancellation. MCO P1754.4A, MARADMIN 068/09, 114/09, 348/09.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

3. Mission. EFMP will improve the quality of life of families that support a member with a disability. Quality of life is improved through family support via Marine Corps Community Services (MCCS) programs provided aboard Marine Corps installations, and through contractual partnerships with public and private organizations. By following specific procedures and guidelines, EFMP will ensure that sponsors with Exceptional Family Members (EFM's) are assigned to duty stations where services exist to support the EFM with access, and availability, to medical and educational services. Families and service providers must work together in a climate of mutual respect and trust to be successful. Enrollment in the EFMP shall not prejudice advancement or promotion opportunities.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. EFMP will support enrolled sponsors ensuring a continuum of care (the spectrum of medical, therapeutic, educational, social, residential, rehabilitative and supportive needs of individuals) and support for their families.

(2) Concept of Operations

(a) Marine sponsors shall promptly enroll a family member into the EFMP when they become aware of a diagnosis of a medical or educational disability per criteria or elements described in reference (b).

(b) Sponsors shall enroll into the EFMP through their Marine Corps installation EFMP office or directly to Headquarters Marine Corps (MRY-1) utilizing DD Form 2792 and DD Form 2792-1 (if the child is school-aged and enrolled in school). Enrollment forms may be delivered to the local installation, or by email (HQMC.EFMP@USMC.mil) or fax (703-784-9821) to DC, M&RA (MRY-1).

(c) All Permanent Change of Station (PCS) orders generated by Military Occupational Specialist (MOS) monitors for EFMP enrolled sponsors shall be routed to DC, M&RA (MRY-1) for individualized screening. DC, M&RA (MRY-1) will review proposed assignment orders to ensure availability, accessibility, and reasonable travel time to TRICARE-approved medical treatment (and related support services such as priority housing considerations or housing modification authorizations).

(d) EFMP personnel including HQ EFM Program Manager and staff, Installation Program Manager, Family Case Worker (FCW) and Training, Education and Outreach (TEO) Specialist shall provide the sponsor family with knowledge, skills, and support. This support includes increased awareness of relevant laws such as American with Disabilities Act (ADA), The Health Insurance Portability and Accountability Act (HIPAA), The Individuals with Disabilities Education Act (IDEA), Family Educational Rights and Privacy Act (FERPA), and Section 504 of the Rehabilitation Act (504) so they can be the best advocate for their EFM.

(e) EFMP family services shall comply with ADA and other legal entitlements.

(f) FCW, under the supervision of the Installation Program Manager, shall provide assistance in care linkage, relocation, problem solving, enrollment for respite care, financial-support resources, and other support to ensure the continuum of care for the exceptional family member.

(g) A well-trained and empowered EFM's sponsor is the most effective advocate for their family member.

(h) EFMP enrolled sponsors, families, and service care providers must work together in a climate of mutual respect and trust to facilitate continuum of care requirements.

b. Subordinate Element Missions. Comply with the intent and content of this Order.

(1) Deputy Commandant, Manpower and Reserve Affairs (DC, M&RA). Ensure overall policy implementation and oversight of the Marine Corps EFMP.

(2) Deputy Commandant, Installations & Logistics (DC, I&L, LPC). Ensure consideration of required modifications and access to military housing for EFMP enrolled families.

(3) Director, Personal and Family Readiness Division (MR)

(a) Serve as the EFMP sponsor.

(b) Provide policies, plans, and procedures for consistent and quality program operation.

(c) Monitor and assess program effectiveness with regard to impact on Marine Corps families and family readiness.

(d) Develop resource strategies and seek funding support as required.

(e) Forward requests for continuation on location (COL) to DC, M&RA for decision in coordination with MRY-1.

(f) Assign a HQ EFM Program Manager.

(4) Director, Manpower Management Division (MM)

(a) Ensure that enrollment in the EFMP does not prejudice advancement or promotion opportunities and ensure EFMP enrollment information is not provided to selection and promotion boards.

(b) Ensure that MOS monitors comply with EFMP policy as it pertains to their duties.

(c) Ensure that orders directing accompanied assignment of sponsors with EFMs are provided to DC, M&RA (MRY-1) for screening prior to publication.

(5) Director, Reserve Affairs Division (RA). Ensure that Active Reserve (AR) monitors are aware of assignment policy as it pertains to this Order and ensure Marine awareness prior to mobilization.

(6) Medical Officer of the Marine Corps (HS)

(a) Designate an EFMP point of contact.

(b) Serve as final authority on medical issues pertaining to the EFMP.

(7) Marine Forces Commanders. Provide oversight of subordinate installation MCCS programs as appropriate.

(8) Commanders, Marine Corps Installations-East and West

(a) Provide interpretation of USMC local policies.

(b) Manage program processes to provide consistency and policy compliance.

(c) Review incidents of failures, research circumstances, identify shortcomings, and recommend corrective action(s).

(d) Fund the EFMP with proper funding sources.

(9) Installation Commanders

(a) Operate EFMP in accordance with this Order.

(b) Ensure installation EFMP office is accessible to persons with disabilities.

(c) Support installation EFMP with resources sufficient to meet the requirements of this Order.

(d) Establish or utilize an existing advisory forum as a quarterly Special Needs Forum, ensuring participation by EFMP, Children, Youth and Teen Program, base housing, facilities, Semper Fit representatives, EFM sponsors and medical personnel.

(10) Unit Commanders (Battalion/Squadron level and above)

(a) Ensure Marines enroll family members in EFMP at the time of first identification of a special medical or education need.

(b) Ensure enrollment every three years per the procedures outlined in Chapter 2.

(c) Ensure EFMP enrollment information remains a confidential matter. Ensure EFMP enrollment information is not reflected in service record books, officer qualification records, command records, or in performance appraisals.

(d) Ensure command personnel are aware of this Order. Include EFMP information in unit briefs.

(e) Ensure that enrolled sponsors check in and out with the Installation EFMP Manager as part of the PCS check in and out processing.

(f) Ensure Remain Behind Element (RBE) is identified and prepared to handle EFMP command functions in the Continental United States (CONUS) during deployment.

5. Administration and Logistics

a. Recommendations concerning the contents of this Order may be forwarded to DC, M&RA (MRY) via the appropriate chain of command.

b. Records created as a result of this directive shall include records management requirements to ensure the proper maintenance and use of records, regardless of format or medium, to promote accessibility and authorized retention per the approved records schedule and reference (n).

6. Command and Signal

a. Command. This Order is applicable to the Marine Corps Total Force.

b. Signal. This Order is effective the date signed.

RICHARD C. ZILMER
Deputy Commandant for
Manpower and Reserve Affairs

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LOCATOR SHEET

Subj: Exceptional Family Member Member Program Procedural Manual

Location: _____
(Indicate location(s) of this Order.)

RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporated Change

Table of Contents

Identification	Title	Page
Chapter 1	**Scope**	**1-1**
1.	Purpose	1-1
2.	Intent	1-1
3.	Definitions	1-1
4.	Eligibility	1-1
Chapter 2	**General Policy**	**2-1**
1.	Privacy and Confidentiality	2-1
2.	Information Management	2-2
3.	Identification and Enrollment	2-3
4.	Criteria for Enrollment	2-4
5.	Enrollment Procedure and Responsibilities	2-5
6.	Disenrollment Procedure and Responsibilities	2-8
7.	Medical Screening Procedure and Responsibilities	2-8
8.	Enrollment Resolution Procedure	2-9
9.	Assignment Procedure	2-9
10.	OCONUS and Remote CONUS Assignments	2-11
11.	Humanitarian Assignment	2-12
12.	Tour Curtailments	2-13
13.	Continuation on Location	2-13
14.	Housing Modifications	2-15
15.	Priority Housing	2-16
16.	Request for Assignment Reconsideration	2-18
17.	Family Support Services	2-18
18.	Family Case Management	2-19
19.	EFMP Respite Care Program	2-22
Chapter 3	**Personnel Policy**	**3-1**
1.	Purpose	3-1
2.	Background Checks	3-1
3.	Training Program	3-2
Chapter 4	**Legal Services**	**4-1**
1.	Purpose	4-1
2.	DC, M&RA (MRY-1) Counsel	4-1
3.	EFMP Attorney	4-1
4.	Coordination	4-2

Table of Contents

Identification	Title	Page
Appendix A	Definitions	A-1
Appendix B	Family Support Services Declination Form	B-1
Appendix C	Authorization to Release & Consent to Information	C-1
Appendix D	Respite Rate Calculation Table	D-1

Chapter 1

Scope

1. Purpose. The primary purpose of the Marine Corps EFMP is to ensure continuum of care for eligible Marine Corps family members by identifying families with special needs, and maximizing confidentiality and the provision of services to enhance the quality of life provided to the Marine Corps family in order to meet the mission of the Marine Corps.

2. Intent

a. With appropriate EFMP family support services, the sponsor can perform official duties for the Marine Corps while supporting the EFM.

b. This Order defines and assigns specific responsibilities for PCS assignment procedures and family support services for sponsors enrolled in EFMP.

c. This Order is not intended to create entitlement for the sponsor, or sponsor's family, change career requirements, affect worldwide deployment status, or infringe on the privacy of the sponsor or the sponsor's family.

3. Definitions. Definitions used in this Order and those pertinent to EFMP are listed in Appendix A.

4. Eligibility. Per reference (b), Marine Corps EFMP is a mandatory enrollment program designed to coordinate PCS assignments for active duty sponsors that ensures the availability and accessibility of necessary services for EFMs.

Chapter 2

General Policy

1. Privacy and Confidentiality

a. Reference (c) governs the collection, safeguarding, maintenance, use, access, amendment, and dissemination of Personally Identifiable Information (PII) including EFMP records and related information. Protecting the privacy and confidentiality of the health and educational information pertaining to the EFM is necessary for a successful program. Personnel shall receive access to EFMP information only when required in the course of their duties and shall preserve the confidentiality of enrollees' information, and safeguard written and electronic correspondence and databases. Included in this responsibility is the proper storage and, when authorized, disposal of EFMP information.

b. Authorization of DD Form 2792 and DD Form 2792-1. DD Form 2792 and DD Form 2792-1, including information and addenda contained in or supporting these forms, shall be used for the purposes provided on such forms, and as follows:

(1) DC, M&RA (MRY-1) Program Management. The principle purpose of the special medical and educational information provided via DD Form 2792 and DD Form 2792-1 and addenda is to aid the continuum of care process by determining whether adequate medical, housing, and community resources are available to meet the EFM's special medical needs at a proposed duty location. This information shall be maintained in the EFMP Case Management System (CMS). DC, M&RA (MRY-1) PCS assignment personnel have access to information contained on the DD Form 2792 and 2792-1 for case management and assignment purposes. Non-identifying information may be used for statistical purposes including, but not limited to, program improvement, grant requirements, and other purposes.

(2) Unit Commanders (Battalion/Squadron level and above). Commanding officers, or their individual appointed designee, can request a list of sponsors in their command enrolled in or eligible for EFMP from the installation EFM Program Manager. This list will only include the sponsor's name, EFMP enrollment date, and enrollment expiration date. EFMP staff shall not provide any additional details or information. The primary purpose of this information is to ensure timely re-enrollment of the sponsor upon the enrollment

expiration date. Commanding Officers shall not use this list as a means to screen personnel for particular assignments or responsibilities. Neither the list, nor the information on the list, shall be disclosed to additional personnel (e.g., XO, SgtMaj, Adjutant, FRO, etc.) other than the Commander's specific designated appointee. The sponsor may, but is not required to, disclose further details to his or her chain of command.

(3) Installation EFM Program Manager. The sponsor's Installation EFM Program Manager will have access to the sponsor's contact information, social security number, EFMP enrollment date, enrollment expiration date, family members enrolled in the program, and any recommendations determined by DC, M&RA (MRY-1) for the family. Recommendations may include, but are not limited to, priority housing, modifications to housing, and respite care reimbursement information. See paragraph 2 below regarding ability to obtain additional information pertaining to the EFM including the nature and scope of special medical or educational needs.

(4) TRICARE Extended Care Health Option (ECHO) Verification. DC, M&RA (MRY-1) and installation EFMP staff may use EFMP records to confirm enrollment in the EFMP to TRICARE representatives for purposes of determining TRICARE ECHO eligibility per reference (d).

2. Information Management

a. EFMP Authorization To Release And Consent To Exchange Information. Enrollment in EFMP provides authorization for installation EFMP to provide individual family support to sponsors and their families. However, the EFMP Authorization To Release And Consent To Exchange Information form is required to exchange information with other agencies, for meeting attendance and may be required to be able to provide a continuum of care and support for the family. EFMP staff may subsequently disclose information for purposes not identified in DD Form 2792 if permission is expressly provided in a signed release of information by sponsor, parent, legal guardian, or by adult EFM. (See Appendix C).

b. EFMP Records

(1) EFMP records consisting of DD Forms 2792 and 2792-1 and addenda, contact and assignment notes, and additional consent authorization forms, if any, will be maintained as a paper and/or electronic record by DC, M&RA (MRY-1) during the

sponsor's enrollment in the program. Neither PII nor Privacy Act protected information will be stored on laptop computers without encryption, nor stored on personal non-government computers.

(2) EFMP enrollment shall not be included in the individual record books, the unit records or reflected in performance evaluations (e.g., fitness reports and promotion boards).

(3) Installation EFM Program Managers will maintain only the sponsor's status of enrollment, DD Form 2792, DD Form 2792-1, contact information, notes of contact attempts, and if used, the Authorization to Release and Consent to Exchange Information form.

(4) Storage of Records. All records must be properly maintained and safeguarded at all times. They are to be kept in a locked cabinet or secured area.

c. Family Support Services Declination. EFMP families can refuse the services of a FCW and family care supports by submitting the Family Support Services Declination Form. (See Appendix B). Declination of family support does not preclude required assignment screening and services. Sponsor will only be contacted for EFMP update notification and during assignment relocation. Sponsor will not receive offers of service to include information regarding possible military or civilian benefits related to EFMP.

d. Authorization for Meeting Attendance. The goal of the EFMP is to empower families to be able to advocate for their family member's special needs. The sponsor and/or family may request an EFMP representative to attend meetings with outside agencies. This must be approved by the EFM Program Manager. Such meetings are sometimes needed when the family experiences difficulty with receiving appropriate medical, state, or educational care.

3. Identification and Enrollment

a. Per reference (b), EFMP enrollment is mandatory and may result from:

(1) Identification of a qualifying condition during routine healthcare by a Medical Treatment Facility (MTF) or TRICARE authorized provider.

(2) Self-identification.

(3) Identification of a qualifying condition during suitability screening. Suitability screenings, through the Department of the Navy, takes place prior to executing orders overseas. The suitability screening process continues separately from the EFMP enrollment process.

b. Family members enrolled as dependents in the Marine Corps Total Force System (MCTFS) and the Defense Eligibility Enrollment Reporting System (DEERS) who, legally reside with the sponsor qualify for enrollment in the program.

c. Per reference (e), a Marine who fails or refuses to provide the required information, or who knowingly provides false information, may be subject to disciplinary action. Charges for offenses may fall under Article 92 (failure to obey a lawful order or regulation or dereliction of duty) or Article 107 (false official statement) in violation of the Uniform Code of Military Justice (UCMJ). In addition to UCMJ disciplinary action, the Marine may also be subject to administrative sanctions including denial of command sponsorship.

4. Criteria for Enrollment. Sponsors are required to identify and enroll all family members who have a medical (physical, mental, and emotional) or educational condition at the time of identification or diagnosis of the condition by a qualified medical provider or educational authority. Commandant of the Marine Corps (CMC), Manpower and Reserve Affairs, will make final determination concerning EFMP enrollment of Marine Corps sponsors. The following are reasons for enrollment:

a. Potentially life threatening conditions and/or chronic medical/physical conditions requiring follow up support more than once a year and/or specialty/sub-specialty care.

b. Current and chronic (duration of six months or longer) diagnosed mental health condition or inpatient or intensive outpatient mental health service within the last two years. Intensive outpatient is defined as monthly, or more frequent, mental health services.

c. A diagnosis of asthma or other respiratory-related diagnosis with scheduled use of inhaled anti-inflammatory agents or bronchodilators, a history of acute asthma exacerbations, or history of hospitalizations.

d. A mental health diagnosis (including Attention Deficit Disorder) that requires prescribed psychotropic medications and/or treatment by a mental health provider (e.g., psychiatrist, psychologist, licensed clinical social worker, etc.).

e. Special Education Eligibility Under the Individuals with Disabilities Education Act (IDEA):

(1) An infant or toddler with a developmental disability (birth through two years inclusive) in conformity with an Individualized Family Service Plan (IFSP) specifying early intervention services.

(2) A school-age child (ages 3 through 21 years inclusive) is entitled when a school determines a child's educational performance is adversely affected by one or more disabling conditions. Eligibility for special education services is documented by a current Individual Education Program (IEP).

5. Enrollment Procedure and Responsibilities. DC, M&RA (MRY-1) will oversee the identification and enrollment process. DC, M&RA is the responsible authority for EFMP enrollment. The installation EFM Program Managers maintain a central registry of enrollees, and will assist with direct support to complete the application, education and outreach of eligible sponsors and family members as described below. Installation EFM Program Managers will:

a. Provide EFMP enrollment information to sponsor and family members, installation commands, and activities.

b. Provide training on EFM Program to area commands, units, and families.

c. For each family member qualifying for enrollment, provide to the sponsor:

(1) DD Form 2792, Family Member Medical Summary.

(2) DD Form 2792-1, if required, Family Member Early Intervention Service/Special Educational Summary.

d. The sponsor may complete and forward the EFMP enrollment package directly to DC, M&RA (MRY-1) or request the assistance

of the local installation EFMP office. Commanders shall not require submission through the installation EFMP office.

e. For DD Form 2792: The medical summary is completed by all sponsors for enrolled family members under the direction of a qualified medical provider.

(1) The qualified medical provider completes and signs the Medical Summary and, when required, addendum 1 (Asthma/Reactive Airway Disease Summary), addendum 2 (Mental Health Summary), or addendum 3 (Autism Spectrum Disorder/Developmental Delays Summary) of DD Form 2792.

(2) All pages shall be submitted and, if a section is not applicable, the qualified medical provider shall annotate with "N/A" or "None" on the form. Supporting medical documentation, if required, is to be attached to the DD Form 2792.

f. The sponsor shall:

(1) Ensure that the sponsor and/or family member over the age of 18 years old reads and understands the Privacy Act Statement and Authorization for Disclosure of Medical Information sections and provides a signature and date.

(2) Ensure the sponsor and/or family member over the age of 18 years old, completes the Demographic/Certification section ensuring all information is accurate and complete.

g. For DD Form 2792-1 (all dependent children 3 through 21 years old being evaluated for special education or receiving pre-school, elementary, or secondary education):

(1) Sponsor reads and understands the Privacy Act Statement and completes the Demographics section and ensures all information is accurate and complete.

(2) Sponsor includes family members who are privately home-schooled who also remain eligible for special education under IDEA as documented through special education documents.

(3) Sponsor includes infants and toddlers receiving early intervention services under IDEA.

(a) The child's local early intervention program completes the educational summary of the DD Form 2792-1 and provides a copy of the current IFSP.

(b) Attach the IFSP to the completed DD Form 2792-1.

(c) The sponsor and/or adult family member signature on the DD form 2792-1 authorizes the release of early intervention services information.

(d) A completed DD Form 2792 must also be submitted as part of the enrollment package.

h. Sponsor shall ensure that the information on DD Form 2792 and/or 2792-1 is complete, correct, current, and sufficient to support assignment location screening by signing the DD Form 2792.

i. Current EFMP information is defined as the date the qualified medical provider or school official signs the form, and is not to be over 90 days from the EFMP enrollment form being received at DC, M&RA (MRY-1) for review.

j. Prior to forwarding to DC, M&RA (MRY-1), installation EFMP personnel will review the enrollment forms to ensure completion. Installation EFMP personnel shall complete and sign the "For Official Use Only" block on the DD Form 2792.

k. The installation EFMP manager shall retain a file hard copy, in a secured location, of the completed DD Form 2792/2792-1 and required supplemental documentation. Three years after completion of enrollment, the record is to be destroyed.

l. Sponsor or the installation EFMP personnel shall forward the completed DD Form 2792 and/or DD Form 2792-1 with attachments through the installation EFMP office or directly by mail, fax, or digitized email to DC, M&RA (MRY-1).

(1) A directory of Marine Corps installation's EFMP offices is located at www.usmc-mccs.org/efmp.

(2) E-mail to HQMC.EFMP@usmc.mil

(3) Fax to 703-784-9821

(4) Mail to:

HEADQUARTERS US MARINE CORPS
MANPOWER AND RESERVE AFFAIRS (MRY-1)
3280 RUSSELL ROAD
QUANTICO VA 22134-5103

6. Disenrollment Procedure and Responsibilities. Family members are disenrolled from EFMP when the family member no longer requires ongoing health care or specialty medical services as determined by a qualified medical provider, or no longer requires special education as determined by the educational authority and is found ineligible for IEP, ISP, or IFSP.

a. When the EFM no longer requires ongoing health care, specialty medical or mental health services, the sponsor shall disenroll from the program by submitting a DD Form 2792 with supporting documentation from the physician or mental health provider.

b. When the EFM no longer requires special education services, the sponsor shall disenroll from the program by submitting a DD Form 2792 and 2792-1 with supporting documentation from the local education authority.

c. When the EFM is no longer the sponsor's dependent, to include but not limited to, age of majority (23 years) without guardianship by sponsor, divorce without child custody, legally defined alternative child custody arrangements, marriage of EFM or the death of the EFM, the sponsor shall disenroll from the program by submitting an update or supporting documentation.

d. A disenrollment letter will be provided by DC, M&RA (MRY-1).

7. Medical Screening Procedure and Responsibilities. The DC, M&RA (MRY-1) Medical Screener (MS) will review the initial and updated EFMP enrollment package.

a. Ensure applications are complete and signed by a qualified medical provider.

b. Ensure that family member qualifies as a dependent through confirmation via DEERS.

c. Sponsor will be found eligible for enrollment, not appropriate for enrollment, disenrolled, or not appropriate for disenrollment in the Marine Corps EFMP, and formally notified by

letter.

d. Medical Screeners will make recommendations to DC, M&RA (MRY-1) regarding the medical, housing, and respite requirements for all sponsors who are eligible for enrollment in the EFMP.

8. Enrollment Resolution Procedure. Sponsors can appeal the enrollment determination recommended by DC, M&RA (MRY-1) based upon continuum of care concerns. The appeal process for this action, and other EFMP actions, is as follows:

a. Sponsor shall ensure that the information on DD Form 2792 and/or 2792-1 (if required) is current.

b. Sponsor shall submit a written request through the installation EFM Program Manager or directly to DC, M&RA (MRY-1), for formal enrollment review stating conditions and continuum of care deficiencies.

(1) DC, M&RA (MRY-1) will contact the sponsor to communicate the determination.

(2) The Medical Screening and Recommendation Committee (MSRC) will review the inquiry. The MSRC will consist of DC, M&RA (MRY-1) or legal counsel, HQ EFM Program Manager, Manpower Liaison, Medical Screener (who did not evaluate the original submission), sponsor, and sponsor's family as appropriate.

(3) The determination decision reached by the committee will then be forwarded to the Director, Personal and Family Readiness for a final determination, which will then be forwarded to the sponsor.

9. Assignment Procedure. Per reference (a), all CONUS and OCONUS orders generated by MOS monitors for EFMP enrolled sponsors are routed to DC, M&RA (MRY-1) for individualized screening. DC, M&RA (MRY-1) will review assignment orders to ensure availability, accessibility, and reasonable travel time to TRICARE-approved medical treatment of the EFM. All sponsors will remain eligible for orders within their MOS.

a. The HQ EFMP Assignment Coordinators will review and assess for appropriateness of the proposed orders by:

(1) Contacting the sponsor if EFMP status is not current.

(2) Researching all accepted TRICARE Prime medical specialists and sub-specialists required, as indicated on the DD Form 2792, for availability and accessibility of medical services. They determine whether, under normal conditions, travel time to a required quarterly or less frequent medical appointment is within a 1.5 hours (approximately 75 miles) commute, and/or a required monthly or weekly appointment is within a 30 minute (approximately 30 miles) commute from the proposed duty station. For appointments required two times per year or less, travel limits can be extended over 75 miles.

(3) Determining if the reporting date of the pending assignment orders is within an achievable relocation timeline, allowing sufficient time for families to make appropriate coordination with their supporting medical and/or educational providers. Special consideration will be given to EFMs undergoing significant medical treatment plans and/or children with complex IFSP or IEP, ensuring that they are not being moved while their medical services are critical or educational programs are in session.

(4) Collaborating with MOS monitor, sponsor, and the spouse of COL.

(5) Collaborating with MOS monitors to properly assign sponsors with an EFM.

(6) Discussing unsuitable locations with the sponsor's MOS monitor so that an alternative, appropriate assignment that will meet both the career goals of the sponsor and the family's needs is determined.

b. Sponsor shall have the option to request reconsideration of the established requirements for availability, accessibility, and reasonable travel time to TRICARE-approved medical treatment for CONUS orders, excluding remote CONUS locations by contacting DC, M&RA (MRY-1). MRY-1 will coordinate with receiving Command through written correspondence to document the Command's support for the sponsor's request.

c. A sponsor with an exceptional family member, who has significant medical and/or educational needs, will be equally considered for Recruiting duty with his or her peers. HQ EFMP will work directly with Enlisted Assignments and Marine Corps Recruiting Command throughout the screening and assignment process to ensure the needs of the family can be met at the gaining command.

10. OCONUS and Remote CONUS Assignments. Per reference (g), all EFMP PCS OCONUS and remote CONUS Orders that are screened and approved by DC, M&RA (MRY-1) will be released to the sponsor to begin Overseas Suitability Screening if not already initiated. The United States Armed Service providing medical support at the gaining location will provide the suitability screening and the final approval for all proposed orders. If requested, DC, M&RA (MRY-1) shall forward the sponsor's EFMP enrollment package to the requesting suitability screening location.

a. Overseas Suitability Screening. Per reference (g), Overseas Suitability Screening approval is determined by a variety of factors that will impact the EFM including, but not limited to, severity of condition, frequency and level of needed treatment, capability and availability of specialty services at the gaining installation, travel time to services, climate and environment, and likelihood of needs increasing.

(1) Suitability screening is not required for an in-place, consecutive assignment, Permanent Change of Assignment (PCA) or an intra-theatre transfer when the duty station is supported by the same medical treatment facility.

(2) Based on accessibility of health care services at remote locations, the Bureau of Medicine and Surgery (BUMED) has determined the following locations in the United States to be considered remote and therefore require an overseas screening:

Alaska	Kodiak
California	Bridgeport, San Clemente Island, San Nicholas Island
Florida	Key West
Hawaii	Barking Sands
Nevada	Fallon
West Virginia	Sugar Grove

b. Denial of Accompanied Orders

(1) Per reference (a), accompanied orders may be denied by Overseas Suitability Screening when a sponsor has a family member with special medical or education needs and the medical or education services are not available.

(2) Unaccompanied orders are not dependent-restricted per reference (m), but is deemed EFMP dependent-restricted through the EFMP process and may be denied.

c. Per reference (a), the Marine Corps is required to adhere to recommendations for sponsor's OCONUS assignment from the United States Armed Service providing the suitability screening.

(1) The United States Armed Service providing medical support at the gaining location will coordinate both medical and Department of Defense Education Activity (DODEA) activities to ensure availability of services before authorizing a family member's travel at government expense.

(2) The Marine Corps will be required to deny or curtail orders for sponsors who have family members with special medical or educational needs from OCONUS orders if no suitable OCONUS assignment location can be found, and there is no adverse impact on the military mission or on the sponsor's career.

(3) The responsible military department may request reimbursement from the Marine Corps if the Marine Corps' failure to coordinate an assignment with the responsible military department results in:

(a) The assignment of the sponsor to an OCONUS location where responsible military department personnel are not available to provide Early Intervention Service (EIS), pursuant to the child's IFSP or related services pursuant to the IEP.

(b) The assignment causes the responsible military department to incur extraordinary expenses to provide EIS, pursuant to the child's IFSP or related services pursuant to the IEP.

11. Humanitarian Assignment. Per reference (i), humanitarian transfer requests or cancellation of PCS orders to permit retention on station are initiated at the request of the sponsor through DC, M&RA (MM). If the request is related to the needs of the EFM; DC, M&RA (MRY-1) will investigate upon notification by DC, M&RA (MM)and then advise DC, M&RA (MM) based upon the information of record. It is noted that humanitarian transfer is not a function of EFMP.

12. Tour Curtailments. Per reference (k), tour curtailments are based on required emergency medical procedures that cannot

be properly supported at an OCONUS duty station. In this case, sponsors are required to submit an AA Form or Naval message for requesting a tour curtailment to DC, M&RA (MM) and (MRY-1) if the curtailment request is specific to the needs of the EFM.

a. To enhance stability for Marines and their units, and to offset the costs associated with overseas moves, Marines shall serve the tour lengths for which they are assigned. While the nature of military service may require the transfer of Marines prior to completion of their prescribed tours, such actions will be kept to the absolute minimum.

b. Tour curtailment procedures are outlined in MCO P1300.8R, reference (m), Chapter 2.

13. Continuation on Location (COL). EFM families face challenges with maintaining continuity of care disrupted by PCS assignments. The availability and accessibility of medical and educational services vary in each geographic location. Therefore, a Marine Corps assignment policy that is sensitive to EFM family needs will ensure a steady and seamless continuum of care, and simultaneously allow the Marine to meet his or her career obligations. COL refers to the family and does not require the Marine to remain in a geographic location. In all cases, efforts will be made to maintain the family unit.

a. Continuation on Location for a sponsor's family will be investigated subsequent to the sponsor's request. Through the completion of a request package as described below, COL is endorsed by DC, M&RA (MRY-1) when the continuum of care for the EFM with a severe medical condition, or educational need, would be seriously disrupted by the sponsor's permanent reassignment. Criteria for consideration is as follows (must meet one of the following situations):

(1) Family member requires on-going substantial medical treatment which is not available at new location.

(2) Family member requires on-going substantial medical treatment which cannot be transferred to another provider at this time without substantial risk.

(3) Family member requires substantial educational supports which cannot be provided at new location.

(4) Family member requires significant educational supports which cannot be transferred, at this time, due to specific disability requirements.

b. Informed assignment decisions coordinated with the EFM sponsor, spouse, DC, M&RA (MM) and (MR) are outlined below to improve the Marine Corps' continuum of care for enrolled families.

(1) A sponsor must have PCS orders to be considered for COL.

(2) Complete packages for a COL request include an AA form with supporting documentation, endorsement from Command, and endorsement from MMEA/MMOA. Incomplete packages will be returned to the sponsor for correction.

(3) Research regarding upcoming assignment location will consider the EFM's medical and educational requirements along with the availability of, and proximity to, medical and educational resources at the sponsor's present and prospective gaining duty station.

(4) The Marine Corps will make every attempt to accommodate the EFM sponsor's family and personal needs as long as it does not hinder a fair and equitable assignment process.

(5) Depending on the Marine Corps' needs, and when possible, an EFM sponsor will be retained in the same area, provided a valid billet exists in the same geographical location.

(6) If there is no billet available in the geographic area that provides the opportunity to meet proper career requirements, the EFM sponsor may be eligible for CONUS dependent-restricted tours.

(a) The EFM sponsor must agree to an EFM geographic bachelor CONUS assignment for a minimum of 24 months in order to fill a billet vacancy that promotes career progression and does not adversely impact the career progression of others.

(b) In these cases, COL of the EFM family will be authorized by DC, M&RA. The need for COL will be reevaluated each time the Marine receives orders.

(c) All cases recommended for COL will require DC, M&RA review and approval as well as panel review. Panel members shall include EFMP, MMOA, MMEA, MMIA, MP (FSA), Medical Screeners, and if necessary legal.

(7) Deployment and Unaccompanied (dependent-restricted) Tours. Enrollment in EFMP will not be a factor in the sponsor's deployment obligations. Overseas unaccompanied deployments and Individual Augmentation deployments must be carried out when required. When family needs conflict with these obligations, the issue may be addressed under the provisions for humanitarian transfer.

(8) Compensation and Housing

(a) Compensation. Sponsors who qualify and accept COL for their family and agree to an EFM geographic bachelor CONUS PCS assignment must submit an official written waiver request to DC, M&RA (MMIA) to retain basic allowance for housing (BAH) at the location where the sponsor's family resides. In addition, qualified sponsors who accept an EFM geographic bachelor CONUS PCS assignment may be entitled to family separation allowance (FSA), if they meet the criteria outlined in reference (c), Chapter 27.

(b) Housing. Sponsors must submit an official written request to remain in Marine Corps owned, Public Private Venture (PPV), or leased family housing to the applicable base Housing Office. This policy will not apply retroactively for the purpose of receiving BAH or FSA entitlements.

(9) The Marine Corps utilizes COL only when unavoidable and in the best interests of the family. It is not a request for BAH waiver but an endorsement for families when required for the continuum of care.

14. Housing Modifications. Endorsements for housing modifications are the authority of DC, M&RA (MRY-1), and are a component of the enrollment/update process. Housing modifications and priority housing considerations will be annotated directly in the enrollment letter and will be based on the identified requirements as outlined by the qualified medical provider on the DD form 2792 or through formal correspondence. At the request of the Military Housing Office (MHO) or the EFMP enrolled sponsor, the installation EFM Program Manager shall provide to the MHO written confirmation identifying the family's EFMP enrollment with the requirements identified by the

qualified medical provider as reviewed by HQ EFMP Medical Screeners.

a. Housing modifications and priority housing considerations will be annotated directly in the enrollment letter and will be based on the identified requirements as outlined by the qualified medical provider on the DD form 2792 or through formal correspondence.

(1) If additional requests for accommodations are requested, HQ EFMP medical screeners shall review and provide relevant information.

(2) The request shall identify the relationship between the modification of the house and the individual's disability.

b. Medically defined architectural adaptations or requirements will be in compliance with the Americans with Disability Act, per reference (j). A resolution process is available through a housing resolution procedure which involves the sponsor, EFM program manager, PPV housing (if applicable) and installation housing director if it is determined that the modifications to quarters are not in compliance with the Fair Housing Act. Written requests are to be forwarded to DC, M&RA (MRY-1) for recommendations.

15. Priority Housing. The installation commander will have the final determination for priority housing when recommended for consideration from DC, M&RA (MRY-1).

a. Endorsements for housing modifications are the authority of DC, M&RA (MRY-1) and are a component of the enrollment/update process. Determination will be based on factors including specific requirements identified by qualified medical providers and reviewed by HQ EFMP Medical Screeners or for accessibility to adequate medical care and will be articulated on the EFMP enrollment letter.

b. In general, the following diagnoses may lend themselves to eligibility for consideration for priority housing as documented on DD 2792 and/or DD 2792-1, IEP, other relevant formal assessments:

(1) Disorders involving muscular degeneration.

(2) Immunodeficiency disorders (or need for chronic medication which significantly impacts immune function).

(3) Blind.

(4) Deaf.

(5) Severe autism, or any profound disability with significant safety issues.

(6) Requires critical medical equipment (i.e. feeding or intravenous pump, dialysis, respirator, wheelchair, standing platforms, lifts).

(7) Requires multiple critical therapies and/or treatments (i.e. chemotherapy, radiation, dialysis).

(8) Multiple, severe diagnoses requiring multiple visits with multiple providers or terminal/critical diagnosis.

(9) More than one EFM family member with significant diagnoses or therapies.

(10) Frail elderly.

(11) Significant physical disability with impact to mobilization.

c. In general, the following diagnoses alone do not lend themselves to eligibility for consideration for priority housing:

(1) ADD/ADHD.

(2) Allergies.

(3) Arthritis.

(4) Asthma.

(5) Psychological disorders.

(6) Eating disorders.

(7) Irritable bowel syndrome.

(8) Learning disabilities.

(9) Migraine headaches.

d. Consideration for priority housing shall be initiated by the sponsor to the attention of the HQ EFM program manager (HQ.EFMP@usmc.mil)at DC, M&RA (MRY-1).

e. Relocating EFMP families endorsed for priority housing will receive equal priority consideration as determined through collaboration with installation housing authorities.

f. Relocating EFMP families endorsed for priority housing shall be allowed to apply for housing with the gaining housing office upon receipt of PCS orders and be added to that installation's housing waiting list.

g. Installations shall determine how wait lists for priority housing is defined and processed based upon the resources at each installation.

h. Families who have enrolled or updated after November 2009 should provide installation housing with a copy of their DC, M&RA (MRY-1) enrollment letter with their request for a housing consideration. Families who have enrolled or updated before November 2009 can access housing utilizing enrollment letters which identify Category Four eligibility. Families who have not updated EFMP enrollment in the past two years are not guaranteed housing endorsements.

16. Request For Assignment Reconsideration. Sponsors can request reconsideration of initial assignment review recommendation by DC, M&RA (MRY-1), if the relocation is found inappropriate and could cause an undue hardship to the family.

17. Family Support Services. The EFMP improves Marine Corps readiness and the quality of life for sponsors through family support services and coordination of PCS assignments. EFMP family support services shall provide the sponsor's family with knowledge, skills, and support so they can be the best advocate for their EFM.

a. All eligible sponsors and/or families will be assigned an EFMP FCW to assist with family support services and coordination of the respite care program.

b. Marines and/or families attached to or located within a 50 mile radius of a major Marine Corps installation shall receive family support services through that installation.

(1) Marine families assigned to Recruiting duty west of the Mississippi River shall receive family support services from Marine Corps Recruit Depot San Diego.

(2) Marine families assigned to Independent and Special Duties, except Recruiting duty within CONUS west of the Mississippi River, will receive family support services from Camp Pendleton.

(3) Marine families assigned to Recruiting duty east of the Mississippi will receive family support services from Marine Corps Air Station Beaufort/MCRD Parris Island.

(4) Marine families assigned to Independent and Special Duties CONUS east of the Mississippi, or Outside of the Continental United States (OCONUS) in Europe, will receive family support services from Marine Corps Base Quantico.

(5) Marine families assigned to Independent and Special Duties, except Recruiting duty, OCONUS, and Europe, will receive family support services from Marine Corps Base (MCB) Okinawa, Japan.

(6) Marines stationed on military installations other than Marine Corps installations may access EFMP family support service including the respite care program from the Armed Forces installation or directly from the DC, M&RA (MRY-1), except when the service is provided by a Sister Service.

18. Family Case Management. Marine Corps EFMP family support services are provided to the family by providing family case management, outreach, family training, special needs forum, family support groups and local resources.

a. Direct family case management for sponsors and/or families includes, but is not limited to:

(1) Assistance with the enrollment and update process for the EFMP.

(2) Relocation Assistance. The FCW, in coordination with the MCCS Relocation Assistance Program Manager, will assist the sponsors and their families in providing relocation assistance before, during, and after relocation required by a PCS. In collaboration with the MCCS Relocation Assistance Program, the FCW will provide the sponsors (using the Authorization To Release And Consent To Exchange Information

form) and their families with necessary information and resources to assist them through a successful relocation. Both losing and gaining Marine Corps installations' EFMP offices will collaborate for a seamless transfer.

(3) Support the family while the sponsor is deployed. FCW will provide the sponsors and their families with necessary information, resources, and referrals to assist them with the unique needs associated with deployment.

(4) Liaison and coordinate with medical, state, or educational providers with consent to exchange information as outlined in this Order. Network with state, local, and military agencies to include, but not limited to, school districts, Supplemental Security Income (SSI), Medicaid/Medicare, State Developmental Disability Services (DDS), State Mental Health Services (MHS), Independent Living Centers (ILC), Disability Rights Network (DRN), Parent Training & Information Centers and local non-profit agencies.

(5) Attend local meetings scheduled during the regular business day (with approval of the Installation EFM Program Manager) to support efforts to ensure the provision of medical, state, or educational services. The family member will be required to notify all the members of the meeting that a representative of the installation EFMP will be in attendance to support the family member. Meeting support can be made by telephone or video conferencing for families in remote and isolated areas.

b. The installation EFM Program Manager will ensure that families enrolled in the EFMP are represented at Children Youth Teen & Programs (CYTP) Special Needs Review and Evaluation Team (SNERT) meetings to represent the interest of the family.

c. Family support shall include coordination with School Liaisons to identify students needing special educational services and addressing special educational concerns that are systemic to the local education agency (LEA). The School Liaison coordinates LEA organizational support while EFMP provides direct family support including attending IEP meetings.

d. Outreach. The installation EFMP will provide outreach to sponsors, commands, and families to market and educate families about the EFMP. Outreach Specialists will additionally document off-base care facilities and programs, and their contact information.

e. Family Training. To increase knowledge and awareness of the EFMP needs and related laws, family training will be provided on a variety of topics no less than semi-annually. The training may be coordinated with subject matter experts within MCCS, EFMP, MTF, or community and private agencies that provide parent training.

f. Special Needs Forum. EFMP shall publicize and conduct a Special Needs Forum that meets quarterly and is open to family members to address all issues that affect Exceptional family members. At a minimum, installation leadership, EFMP, EFMP sponsors, MCCS program representatives, and base housing and facilities shall participate in the forum.

g. Family Support Groups. The installation EFMP will provide opportunities for families to attend support groups and other similar capabilities with the goal to increase family-to-family support and encourage families to network.

h. Local Resources. Establish and maintain a library of special needs education, resources, and referral materials of national, state, military, and local resources to assist EFMP personnel, commands, and family members. The resources include but are not limited to MCCS programs, TRICARE, Supplemental Security Agency, Medicaid/Medicare, State DDS, State MHS, Independent Living Centers, DRN, Parent Training & Information Centers, local non-profit agencies and local school districts.

i. FCW provide direct family support services to include:

(1) Assisting family members with enrollment.

(2) Providing non-clinical case management services.

(3) Providing transition services.

(4) Presenting family training.

(5) Facilitating family information and support groups.

(6) Assimilating resource and referrals.

(7) Accompanying families to meetings for supported services.

(8) Contacting families by phone, email, fax, and through face-to-face meetings.

(9) Families who are stabilized shall be contacted, at minimum, quarterly. Families in a critical phase should be contacted as needed.

19. EFMP Respite Care Program. EFMP respite care program is intended to reduce stress on sponsor families by providing temporary rest periods for family members who care for those who have special needs. All EFM sponsors who request Marine Corps EFM family support may be eligible for a maximum of 40 hours of respite per month, per family, at authorized reimbursement rates. However, it is noted that respite care is not required by all EFMP enrolled families. Respite care programs funded by state and local agencies other than the Armed Services shall not be counted against the Marine Corps EFMP Respite Care Program's monthly allocation of hours.

a. Respite Care Program Delivery. The installation EFM Program Managers shall facilitate the EFMP respite care program for families with two broad respite care options.

(1) Respite care options shall include, but not be limited to, an installation reimbursement respite care program that can be utilized by all levels of respite care needs and, in available locations, contracted respite care program to assist EFM families who require specialized support or skilled nursing care respite to support level three and four members only.

(2) Where contracted respite care is provided, installation EFM Program Managers shall work directly with the local agency to refer families and ensure that services are used appropriately.

(3) Families receive up to 40 clock hours per month of respite support at an hourly cost designed to include age-typical siblings if needed. Hour counts do not vary if more than one child is supported.

b. Reimbursement rate of care. The Marine Corps respite care formula is determined by DC, M&RA using the base Child Development Center hourly rate. For families utilizing the installation respite care program, the EFMP managers will determine the appropriate reimbursement rate per hour based on the following criteria and according to the formula included below. In some cases, provided Marine Corps respite care

reimbursement may not cover costs expended by the family and therefore should be considered as a subsidy for care and not an entitlement. Reimbursement rates are based on EFM levels as described below.

(1) Level one. Includes EFMP families with children 12 years old or younger with mild special needs. The rate of care may not exceed the installation CDC rate. Calculations for hourly reimbursement are addressed in Appendix D.

(2) Level two. Includes EFMP families with children 18 years old or younger, with moderate special needs who require a higher level of respite care than provided at the installation CDC. Calculations for hourly reimbursement are addressed in Appendix D.

(3) Level three. Includes EFMP families with children 18 years old or younger, with severe special needs that require trained support from providers to stay safe in their home. Calculations for hourly reimbursement are addressed in Appendix D.

(4) Level four. Includes EFMP family members of all ages, with profound special needs who require nursing care services as documented by qualified medical providers, to stay safe in their home. Calculations for hourly reimbursement are addressed in Appendix D.

(5) Age-typical siblings who are not enrolled in EFMP and who are 12 years old and under may be included with the respite provided for the EFM. Calculations for hourly reimbursement are addressed in Appendix D.

(6) Respite levels are determined during medical screening. EFM situations may change and can require a change in identified level. DC, M&RA (MRY-1) will make level changes when requested by the installation EFMP Manager using an evidence-based determination process. An enrollment update, or additional information, may be required to approve a change in respite level.

(7) Respite levels do not necessarily align with categories.

c. Installations establish program procedures for reimbursement to sponsors for qualifying care. Payment amounts are determined locally and do not exceed the rates based on the

hourly reimbursement formula contained in Appendix D. Installations maintain records and provide required reports to DC, M&RA (MRY-1) on a quarterly basis.

d. Appropriated funds are authorized for the installation reimbursement and contracted respite care programs. Respite care uses the Uniform Funding and Management practice in the execution of appropriated funds.

e. EFMP enrolled families select a provider for local respite.

(1) Families must include provider documentation of qualifications for level three and level four reimbursement. Installation program managers will review documentation provided to determine that providers meet requirements for the appropriate level of reimbursement. Level three and level four providers must be over 18 years of age.

(2) Family members are eligible to serve as providers.

(3) Respite is typically provided in the family member's home or the provider's home and not in a public location.

(4) Respite providers shall not transport the EFM to activities or provide household chores other than providing meals or snacks as per parental direction.

(5) Respite care is not intended to provide medical or custodial care for adults or long-term care. Long-term care is noted as service for more than 6 hours consecutively.

(6) EFM adults can use respite in conjunction with care for children. Reimbursement will be according to the EFM's level as addressed above. If the children are age-typical and are 12 years old or under, calculations for hourly reimbursement are as addressed above.

f. In order to participate in the EFMP respite care program, the following is required:

(1) EFMP enrollment and/or update must be current and the EFM must legally reside full time with the sponsor. If the update is overdue, costs are not reimbursed. To reinitiate the respite, an update must be completed. Any costs incurred by the family during the time of ineligibility will not be reimbursed.

(2) Families who use providers who do not present adequate documentation of skill requirements are reimbursed at the appropriate lower level for one reporting period (30 days) and may not be eligible to participate in the program after notification.

(3) Families who used respite for any purpose other than those established will not be reimbursed.

(4) Respite reimbursement is submitted monthly to ensure prompt reimbursement. Families who elect to delay reimbursement submissions for more than 60 days forfeit reimbursement.

(5) Respite reimbursement requests must comply with administrative control procedures.

(6) The system used to account for the cost of support will be no different than the current system used by management officials for normal administration and control of resources.

(7) Respite reimbursement does not impact Leave and Earnings Statement or BAH and is not considered taxable income.

(8) Personal travel, transportation, per diem and other personal expenses, transportation of supplies, consumable materials and equipment are not a component of EFMP respite and are not authorized for reimbursement.

(9) The installation reimbursement request form will include detailed dates/hours when service was provided, who the service was provided to, sponsor's signature, provider's signature and contact information, the location(s) of the service, hours used, and a statement noting that USMC EFMP retains the right to verify the provision of EFMP respite care. Also clearly noted on the reimbursement form is language, approved by local MCCS counsel that outlines legal recourse for fraudulent reporting.

(10) The EFMP installation Program Manager reports concerns regarding the provision of respite care and/or the veracity of reimbursement requests to local installation authorities for investigation. Results of the investigation are to be provided to DC, M&RA (MRY-1).

g. EFMP families rely on the services provided through the EFMP respite program and therefore it is critical that resources be safeguarded and access to respite care is managed carefully.

Respite is part of EFMP enrollment and families should not be asked to apply. The provision of this service should not be withheld from an enrolled family without cause. Local installations must coordinate such action with DC, M&RA and show justification for any structure or decision that would terminate respite service.

Chapter 3

Personnel

1. Purpose. The approved staffing model is based on a best practices benchmark study that was prepared as a component study of the 2007 EFMP Functionality Assessment. EFMP personnel incorporated in the continuum of care model included training and outreach specialists, family case workers, administrative assistants, and EFMP Managers as determined by specific utilization metrics.

2. Background Checks. Background checks shall be completed on all personnel to include Appropriated Fund (APF) and Non-Appropriated Fund (NAF) employees in accordance with reference (m). Documentation of favorable completion of the required check shall be maintained on file and available for verification by inspectors.

a. All employees shall undergo the personnel and security records re-verification process after three years of consecutive employment at the same installation.

PERSONNEL AND SECURITY RECORDS REQUIREMENTS

NAME OF CHECK	APPLICANTS	FORMS	INITIATING OFFICE
Statement of Admission about arrests or charges with crimes involving children	All (including APF & NAF employees, contractors, providers and volunteers)	Application for Employment	Personnel Office Program Administrator
Statement of Understanding of obligation for record check as condition of employment	All (including APF & NAF employees, contractors, providers and volunteers)	Application for Employment	Personnel Office Program Administrator
National Agency Check with Inquiry (NACI)	NAF employees, APF employees, Not for FCC Providers	SF-85P or EPSQ worksheet and required fingerprint cards	Personnel Office to Office of Personnel Management (OPM)

Reference checks (personnel and professional)	All (including APF & NAF employees, contractors, providers and volunteers)	Installation Form	Personnel Office/OPM
Installation Records Check			
Local Military Police	All who are affiliated with military services	Installation Form	Personnel Office Program Administrator
Civilian Law Enforcement	All (including APF & NAF employees, contractors, providers and volunteers)	Installation Form	Personnel Office Program Administrator
State Criminal History Checks (SCHR)			
State Criminal History Checks (Checks must be completed for all states lived in by applicant for last five years)	APF and NAF Employees	State Forms	Personnel Office

b. Installation Records Checks (IRC) must be completed for individuals for a minimum period of two years before the date of the application. Prior to selection of an applicant, only the local record check of information available at the current installation must be favorably completed. Any additional checks required to be completed for the review at prior installations will begin immediately after the individual has been selected.

3. Training Program. DC, M&RA (MRY-1) and installation EFMP shall provide training to EFMP personnel in areas pertaining to their position. The training may be delivered by various methods to include, but not limited to: conferences, video conferences, telephone conferences, webinars, and independent study training programs. The training will include a broad range of subjects, presented by subject matter experts in their field. In addition to the training provided, EFM Program

Managers are required to maintain training jackets for each staff member, to include local professional development opportunities in their geographical location.

Chapter 4

Legal Services

1. Purpose. EFMP legal services support EFMP families' access to the continuum of care. EFMP attorneys provide individual attorney-client representation for EFMP families primarily to obtain benefits and services for the EFM under state and federal education laws, including IDEA and related disability laws and regulations benefiting individuals with disabilities. In addition to representation, EFMP attorneys provide advice on legal assistance issues unique to EFMP families, such as special needs trusts and landlord-tenant issues related to accommodations.

2. DC, M&RA (MRY-1) Counsel. Provides EFMP program level advice consistent with federal law and existing Department of Defense, Department of the Navy, and U.S. Marine Corps regulations.

a. Provides special education and related disability law advice, and where appropriate in coordination with Regional MCCS Counsel, to installation EFMP staff.

b. Develops and maintains a legal resource library on federal and state disability laws affecting the education of EFM's including a state-specific resource benefiting EFMP staff and families seeking services through IDEA. Legal will disseminate such information to EFMP staff as appropriate.

c. When requested by an EFMP family, legal will coordinate access to pro bono attorneys for purposes of pursuing benefits and services under IDEA.

d. Serves as the DC, M&RA (MR) reviewing official for NAF EFMP attorneys.

3. EFMP Attorney. The EFMP attorney (provided regionally at Camp Pendleton and Camp Lejeune) is a legal assistance attorney under the supervision of the Staff Judge Advocate to the Commandant of the Marine Corps. EFMP attorneys support EFMP by providing individual attorney-client representation for EFMP families, primarily to obtain benefits and services for the EFM under state and federal education laws, including IDEA and related disability laws and regulations benefiting individuals with disabilities. The EFMP attorney:

a. Provides advice and represents EFMP families before schools, administrative forums, and if necessary, courts to obtain education and related services benefiting exceptional family members.

b. Provides advice and representation to EFMP families in administrative proceedings to obtain state (where office is located) disability benefits for the EFM.

c. Provides advice on legal assistance issues unique to EFMP families (e.g., special needs trusts, landlord-tenant issues related to accommodations, etc.). EFMP Attorneys shall not advise or represent EFMP families in any matter pertaining to base or PPV housing.

d. Coordinates access to pro bono legal representation as necessary, including for those practice matters that would require representation against the United States.

e. Supports installation-level family support programs (e.g., installation EFMP and School Liaison Program) through presentations on disability law issues.

f. EFMP Attorneys are prohibited from representing clients with claims against the U.S. Government.

4. Coordination. EFMP personnel who require legal advice should first utilize EFMP supervisory chain of support. To protect confidentiality requirements, specific cases cannot be discussed with EFMP attorneys without the use of consent to disclose. EFMP attorneys will coordinate with HQ EFM Program Manager prior to scheduling trainings or providing guidance for EFMP personnel. Families who require legal services shall be referred directly to EFMP attorney's by the installation Program Manager.

APPENDIX A

Definitions

Accompanied. Term applied when command-sponsored family members are authorized to travel and reside with the sponsor.

Appropriated Funds. Funds appropriated by Congress.

Assistive Technology Device. Any item, piece of equipment or product system used to increase, maintain or improve functional capabilities of individuals with disabilities (example; augmentative communication device).

Case Management System (CMS). The CMS is the computer-based EFMP management system used by the Marine Corps.

Child Youth & Teens Program (CYTP). Marine Corps program which focuses on the needs of families in order to provide maximum access to useful, flexible and affordable children's programs such as child development, social, recreational and athletic programs.

Continuation on Location (COL). This endorsement allows the family member to remain on location and does not require the Marine to remain in a geographic location.

Continuum of Care. Continuum of care is a term to describe the spectrum of medical, therapeutic, educational, social, residential, rehabilitative and supportive needs of individuals.

Child Developmental Centers (CDC). A facility on a Marine Corps installation at which child care services are provided for members of the Armed Forces and DOD civilians.

Defense Enrollment Eligibility Reporting System (DEERS). DEERS is a medical data repository containing all active and retired military members and their family members.

Dependent. A dependent is an individual whose relationship to the sponsor leads to entitlements, benefits or privileges administered by the Uniformed Services.

Department of Defense Education Activity (DODEA). Headquarters level organization which operates Domestic Dependent Elementary and Secondary Schools (DDESS) and Department of Defense Dependents Schools (DODDS).

a. Domestic Dependents Elementary and Secondary Schools (DDESS). DDESS is a component of the DODEA responsible for the education of DOD children residing on military installation in the U.S., or in U.S. territories, commonwealths or possessions.

b. Department of Defense Dependents Schools (DODDS). DODDS is a component of the DODEA responsible for the education of DOD children residing in locations OCONUS.

Developmental Disability State Services. The Developmental Disability Services (DDS) is the agency through which the states provide services and supports to individuals with developmental disabilities.

Early Intervention Services (EIS). Written plan by EDIS for an infant or toddler (birth through 2 years, inclusive) with a disability, and the family of such an infant or toddler, that is based on a multidisciplinary assessment of the unique needs of the child and concerns and priorities of the family. The Individual Family Service Plan (IFSP) identifies the early intervention and other services appropriate to meet such needs, concerns and priorities.

Educational and Developmental Intervention Services (EDIS). The local medical treatment facility programs that provide early intervention and related services assigned to the military medical departments.

Environmental Requirement. Environmental requirements refers to architectural considerations (such as limited numbers of steps, wheelchair accessibility/housing modifications and air conditioning).

Exceptional Family Member (EFM). An enrolled EFM is a dependent who resides with the Sponsor, has a military ID Card, and has an identified special need which requires special health care or educational services.

Exceptional Family Member Program (EFMP). A mandatory program that safeguards the continuum of care for Marine Corps members with special needs.

Extended Health Care Option (ECHO). The ECHO program delivers financial assistance to active duty family members who have a qualifying condition as defined by law. It will also continue to offer an integrated set of services and supplies that

supplement the basic TRICARE program options-TRICARE Prime (including TRICARE Prime Remote for Active Duty Family Members), TRICARE Standard or TRICARE Extra.

Family Educational Rights and Privacy Act (FERPA). The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Family Member. A family member is a dependent whose relationship to the sponsor leads to entitlement to military benefits and privileges.

Health Insurance Portability and Accountability Act of 1996 (HIPAA). The act provides for the protection of individuals' health information through the issuance of a series of national standards. The major goal of the privacy rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care, and to protect the public's health and well-being.

Individualized Educational Program (IEP). Written plan for a preschool or school-age child with a disability (ages 3 through 21 years, inclusive) which outlines the special education programs and related services (including those of a medical nature) that are required to meet the unique needs of a student receiving special education services.

Individualized Family Service Plan (IFSP). Written plan for an infant or toddler (birth through 2 years, inclusive) with a disability, and the family of such an infant or toddler, that is based on a multidisciplinary assessment of the unique needs of the child, and concerns and priorities of the family. The IFSP identifies the early intervention and other services appropriate to meet such needs, concerns and priorities.

Individuals with Disabilities Education Act (IDEA). Public law that requires the provision of early intervention services to infants and toddlers with disabilities (birth through 2 years, inclusive) and special education and related services, to preschool and school-age children with disabilities (ages 3 through 21 years, inclusive) to ensure a free appropriate public education (FAPE) in the child's least restricted environment.

Marine Corps Community Services (MCCS). Marine Corps Community Services is responsible for a number of military personnel services programs, such as: Casualty Assistance, DEERS Dependency Determination, Voting Assistance, Postal Services, Children, Youth & Teens Program, School Liaison, Exceptional Family Member Program and Personal Claims. MCCS delivers goods and services at over 2,250 facilities and has a staff of more than 12,000 employees worldwide.

Marine Corps Total Force System (MCTFS). The Marine Corps' integrated military pay and personnel system. MCTFS is a fully integrated personnel, pay and manpower system that serves active, reserve and retired members. Additionally, MCTFS facilitates the Marine Corps' single source of manpower data, directly feeding its Operational Data Store Enterprise and Total Force Data Warehouse.

Medicaid. Medicaid is a federal-state entitlement program for low income citizens of the United States. The Medicaid program is a part of Title XIX of the Social Security Act of 1965, and it offers federal matching funds to states for costs incurred in paying health care providers for serving covered individuals. State participation is voluntary, however all 50 states have chosen to participate.

Medicare. The United Sates health insurance program for senior citizens (people 65 years of age or older), certain young people with specific disabilities and people with end-stage renal disease which is a permanent kidney disease that requires dialysis or transplant. Medicare is funded by the Social Security Administration. Medicare Part A covers inpatient hospitalization; Part B covers physicians and outpatient services; Part D covers prescription drugs; and Part C covers a combination of all services delivered in a managed care system similar to an HMO or a PPO.

Mental Health Services. A branch of medicine that deals with the achievement and maintenance of psychological well-being and consists of a group of government, professional or lay organizations operating at a community, state, national or international level to aid in the prevention and treatment of mental disorders.

Military Treatment Facility (MTF). An MTF is a military health care system (medical and dental) facility operated by the military medical departments.

a. Screening MTF. The screening MTF is responsible for conducting medical, dental and educational overseas suitability screening.

b. Gaining MTF. The gaining MTF is the medical facility that supports the OCONUS or remote duty location.

National Disability Rights Network (NDRN). The National Disability Rights Network is the nonprofit membership organization for the federally mandated Protection and Advocacy (P&A) Systems and Client Assistance Programs (CAP) for individuals with disabilities.

Overseas. Term used in this instruction to designate locations outside the 48 continental United States (OCONUS) that require suitability screening.

Parent Training and Information Centers (PTI). Parent Training and Information Centers (PTI's) and Community Parent Resource Centers (CPRC's), are non-profit agencies located in each state that provide training and information to parents of infants, toddlers, children and youth with disabilities, and to professionals who work with them.

Permanent Change of Assignment (PCA). The process of a sponsor transferring from one duty station to another within the same geographical area.

Permanent Change of Station (PCS). The process of a sponsor moving from one duty station to another with assignment orders.

Personal Identifying Information (PII). In information security, PII is any piece of information which can potentially be used to uniquely identify, contact or locate a single person, or can be used with other sources to uniquely identify a single individual.

Psychotropic Medication. Any medication capable of affecting the mind or behavior.

Qualified Medical Provider. A state licensed physician or certified/credentialed allied healthcare provider, i.e. physician assistant audiologist, occupational therapist, physical therapist, psychologist or social worker, who is accepted by the Chief, Bureau of Medicine and Surgery (BUMED) as qualified to assess the EFM's condition.

Remote Duty. Term used in this instruction to designate locations within the 50 United States that require suitability screening. Remote duty locations are designed based on timely access to health care services. Timely access for remote duty designation purposes is defined as 2 hours of driving time under normal conditions.

Respite Care. Respite care is a special benefit that provides families care in the home or community by appropriate care providers. Respite care is designed to reduce stress on sponsor families by providing temporary rest periods for the sponsors and parents of family members with special needs.

School-Age. Children attending kindergarten and through high school graduation. It should be noted that students eligible for special education services may be eligible to attend age two through the year of their 22nd birthday and are considered "school-age" for the purposes of this Order. Therefore, school-age is defined as including pre-K and any other early intervention programs provided by LEA(s).

School Liaisons. The School Liaison works in conjunction with the Child and Youth Services Division, Exceptional Family Member Program and the local school community to address educational issues involving military chldren. Through partnering with the local and military community, the School Liaison uses a variety of resources to provide assistance with issues concerning student transition and educational needs. The School Liaison acts as a communication link between the installation and the surrounding school districts.

Siblings. A sibling is one of two or more individuals having a common parent or permanent caregiver.

Special Education. Instruction and related services to which a preschool or school-aged child (ages 3 through 21 years, inclusive) is entitled when a school determines a child's educational performance is adversely affected by one or more disabling conditions.

Duties. Special Duty Assignment (SDA) includes: Recruiting duty, Drill instructor duty, Marine Security Guard Duty, Cadre Duty and School of Infantry instructors.

Special Needs. Term used in this instruction to address any special needs such as medical, dental, mental health,

developmental, educational or environmental requirements, wheelchair accessibility, adaptive equipment or assistive technology devices or services.

Special Needs Evaluation and Review Team (SNERT). A SNERT is a team of qualified people who will assess the accommodations necessary for a child with special needs to participate in a CYTP and determine the most appropriate placement for the child.

Sponsor. A person who is a member of the Armed Forces serving on active duty or a full-time civilian employee of the Department of Defense who is a citizen or national of the United States, and who is authorized on travel orders to transport dependents to or from an OCONUS area at government expense, and is provided an allowance for living quarters in that area.

Suitability Screening. The process of identifying a sponsor or family member with a special need who requires special health care or education services at an OCONUS remote duty, or assignment. Suitability screening is the systematic use of a series of interview questions, review of medical and educational records and/or direct examination.

Supplemental Security Income (SSI). A monthly stipend provided to aged (legally deemed to be 65 or older), blind, or disabled persons based on need, paid by the United States government. This program is administered through the Social Security Administration.

TRICARE. TRICARE is the Department of Defense's worldwide health care program for active duty and retired uniformed sponsors and their families. TRICARE consists of TRICARE Prime, a managed care option; TRICARE Extra, a preferred provider option; and TRICARE Standard, a fee-for-service option. TRICARE for Life is also available for Medicare-eligible beneficiaries age 65 and over.

Unaccompanied. Term applied when family members are not authorized (command sponsored) to travel and reside with the sponsor.

APPENDIX B

EFMP FORM

United States Marine Corps
Exceptional Family Member Program
Family Support Service Declination Form

Sponsor's Name: _____

EFM's Name: _____

I hereby decline EFMP family support services provided by the installation EFMP office. I understand that I will only be contacted for EFMP update notification and during assignment relocation. Only the HQ EFMP and the assigned installation EFM Manager will have access to my information for assignment purposes only.

I understand that this authorization remains effective until I withdraw it in writing to DC M&RA (MRY-1).

This consent is effective immediately and will expire when my EFMP enrollment ends or I revoke it, whichever occurs sooner.

Name: _____

Relationship to EFM: _____

Signature: _____ Date: _____

APPENDIX C
EFMP FORM

AUTHORIZATION TO RELEASE AND CONSENT TO EXCHANGE INFORMATION

I/We, _____,
I am/are the (Check one):
☐ Parent(s) ☐ Legal Guardian ☐ Agent Acting Pursuant to a Power of Attorney, for

_____ _____
(Name/student) (Date of Birth)

My/our mailing address:

AUTHORIZATION

I authorize the following agencies and individuals to exchange confidential information pertaining to above named child/student:

(Agency Name, Title, and name of Specific Staff Contact Person or Designee)
AND

(Agency Name, Title, and name of Specific Staff Contact Person or Designee)

Additional agencies who may exchange information are listed on the back ☐ Yes ☐ No

SOURCE AND TYPE OF INFORMATION

My consent to the exchange of information (except drug or alcohol abuse diagnoses or treatment information) applies to the following sources of information (initial all that apply):

YES	NO	
☐	☐	Assessment Information
☐	☐	Psychiatric Records
☐	☐	Educational Records
☐	☐	Psychological Records
☐	☐	Mental Health Diagnosis
☐	☐	Benefits/Services Information

YES	NO	
☐	☐	Financial Information
☐	☐	Medical Diagnosis
☐	☐	Medical Records
☐	☐	Employment Records
☐	☐	Criminal Justice Information

Other information that may be released or exchanged (specify): _____

The form of information that may be exchanged: (initial all that apply): _____Written _____Verbal _____Computerized Data

This information may be exchanged for the following purposes: (initial all that apply):

_____Service Coordination and Treatment Planning _____Eligibility Diermination

_____Other (specify): _____

ACKNOWLEDGEMENT

I have read and understand this authorization and consent will remain effective until I revoke it by notifying the agencies or individuals orally or in writing. This will stop the exchange of information authorized by this document. I understand that I have the right to know what information is being exchanged, and why, when, and with whom it was shared. At my request, the named agency or individuals will show me this information. A copy of this signed authorization and consent is valid to exchange information. If I do not sign this form, information will not be exchanged and I will have to contact each agency individually.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

NAVMC 11720 (06-10) (EF)
FOUO - Privacy sensitive when filled in.

See Privacy Act Statement - Page 2

FOR OFFICIAL USE ONLY

Adobe Designer 8

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: Information collected by this form will be used to prove parent consent to share information. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice MO 1754-6 which can be downloaded at *http://privacy.defense.gov/notices/usmc/MO1754-6.shtml*.

RETENTION AND SAFEGUARDS: SAMPLE: The collected information will be maintained in a database with restricted, limited access by authorized personnel who are properly screened, cleared, and trained. The database is protected by password, unique user IDs, and applicable layers of security access within applications. Records in this file system will only be retrieved by name and social security number. Records will be maintained indefinitely until a records disposition is approved.

ROUTINE USES: To various officials outside the Department of Defense specifically identified as a Routine Use in Privacy Act System of Records Notice MO 1040-2for the stated specific purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at *http://www.defenselink.mil/privacy/notices/blanket-uses.html*.

DISCLOSURE: Providing information on this form is voluntary (select one). Note: If parent does not complete the necessary data fields, EFMP will be unable to communicate with identified outside agency.

Appendix D
Respite Reimbursement Calculation Chart

HOURLY BASE CDC RATE	1 EFM	2 OR MORE EFM	1 EFM + AGE-TYPICAL SIBLING(S)	2 OR MORE EFMS + AGE-TYPICAL SIBLINGS(S)
LEVEL 1 EFM	NOT TO EXCEED HOURLY BASE CDC RATE	NOT TO EXCEED HOURLY BASE CDC RATE X 2)	NOT TO EXCEED (HOURLY BASE CDC RATE X 1.5)	NOT TO EXCEED HOURLY BASE CDC RATE X 3
LEVEL 2 EFM	NOT TO EXCEED HOURLY BASE CDC RATE X 2	NOT TO EXCEED HOURLY BASE CDC X 3.5	NOT TO EXCEED HOURLY BASE CDC RATE X 2.5	NOT TO EXCEED HOURLY BASE CDC RATE X 4.5
LEVEL 3 EFM	NOT TO EXCEED HOURLY BASE CDC RATE X 3	NOT TO EXCEED BASE CDC X 5	NOT TO EXCEED HOURLY BASE CDC RATE X 3.5	NOT TO EXCEED HOURLY BASE CDC RATE X 6
LEVEL 4 EFM	UNDER NO CIRCUMSTANCES WILL CARE EXCEED $45 PER HOUR	UNDER NO CIRCUMSTANCES WILL CARE EXCEED $60 PER HOUR	UNDER NO CIRCUMSTANCES WILL CARE EXCEED $45 PER HOUR	UNDER NO CIRCUMSTANCES WILL CARE EXCEED $60 PER HOUR

A. Calculations for hourly reimbursement for level 1 EFM.

(1) When respite is provided for 1 level 1 EFM, the rate will not exceed the hourly base CDC rate.

(2) When respite is provided for 2, or more, EFMs, the rate will not exceed the base CDC rate x 2.

(3) When respite care is provided for 1 EFM and 1 age-typical sibling, the rate will not exceed the base CDC rate x 1.5.

(4) When respite care is provided for 2 EFM and multiple age-typical siblings, the rate will not exceed the base CDC rate x 3.

B. Calculations for hourly reimbursement for level 2 EFM.

(1) When respite is provided for 1 level 2 EFM, the rate will not exceed the hourly base CDC rate x 2.

(2) When respite is provided for 2, or more, EFMs, the rate will not exceed the base CDC rate x 3.5.

(3) When respite care is provided for 1 EFM and 1 age-typical sibling, the rate will not exceed the base CDC rate x 2.5.

(4) When respite care is provided for 2 EFM and multiple age-typical siblings, the rate will not exceed the base CDC rate x 4.5.

C. Calculations for hourly reimbursement for level 3 EFM.

(1) When respite is provided for 1 level 3 EFM, the rate will not exceed the hourly base CDC rate x 3.

(2) When respite is provided for 2, or more, EFMs, the rate will not exceed the base CDC rate x 5.

(3) When respite care is provided for 1 EFM and 1 age-typical sibling, the rate will not exceed the base CDC rate x 3.5.

(4) When respite care is provided for 2 EFM and multiple age-typical siblings, the rate will not exceed the base CDC rate x 6.

D. Calculations for hourly reimbursement for level 4 EFM.

(1) When respite is provided for 1 level 4 EFM, the rate will not exceed $45 per hour.

(2) When respite is provided for 2, or more, EFMs, the rate will not exceed $60 per hour.

(3) When respite care is provided for 1 EFM and 1 age-typical sibling, the rate will not exceed $45 per hour.

(4) When respite care is provided for 2 EFM and multiple age-typical siblings, the rate will not exceed $60 per hour.

E. Additional considerations regarding EFMP respite.

(1) Special circumstance requests require CMC (MRY-1) review (example, more than 3 EFM(s)).

(2) Base CDC rate is determined in collaboration with CMC following annual DOD guidelines.

(3) EFM level: determined by CMC (MRY-1)

(4) If there is more than one EFM, the higher level is used for formula calculations.

(5) in cases where the EFM is the spouse who has age-typical children, the hourly base CDC rate will be used for the 1st child + .5 x hourly base CDC rate for each additional child, not to exceed hourly base CDC rate x 2.5.

(6) The rates described above are a cap. Reimbursement rates may be less than this cap.