



DEPARTMENT OF THE NAVY  
OFFICE OF THE CHIEF OF NAVAL OPERATIONS  
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OPNAVINST 1754.2F  
N17  
15 Nov 2017

OPNAV INSTRUCTION 1754.2F

From: Chief of Naval Operations

Subj: EXCEPTIONAL FAMILY MEMBER PROGRAM

Ref: (a) DoD Instruction 1342.12 of 17 June 2015  
(b) DoD Instruction 1315.19 of 19 April 2017  
(c) BUMEDINST 1300.2B  
(d) NAVPERS 15560D  
(e) SECNAVINST 1754.5B  
(f) 10 U.S.C. §1781C  
(g) Uniform Code of Military Justice  
(h) SECNAVINST 5211.5E  
(i) OPNAVINST 1300.14D

Encl: (1) Definitions  
(2) EFMP Enrollment Procedures and Process

1. Purpose. To implement the provisions of references (a) through (i), and to issue policies, prescribe procedures, and assign responsibilities for identification, enrollment, and administrative and family support of the Navy Exceptional Family Member Program (EFMP). This instruction has been modified to update references and responsibilities, to clarify language on geographic area and the type of care available, and incorporate new format requirements as part of an annual review.

2. Cancellation. OPNAVINST 1754.2E.

3. Applicability. All Navy Service members who have a dependent(s) with special needs, as defined in this instruction.

4. Background

a. The Department of the Navy (DON) EFMP was established in September 1987. Reference (a) requires coordination of early intervention, special education, and related services for children with disabilities who are attending, or are eligible to attend, Department of Defense (DoD) dependent schools.

b. In September 1988, the DON EFMP evolved to include the identification and enrollment of all family members with special needs inside the continental United States (CONUS) and

outside continental United States (OCONUS) locations. In line with reference (b), it is DON policy to ensure Service members are assigned only to areas where their family member's medical needs can be met. In addition, they must receive the same consideration for family travel to overseas locations as families who do not require early intervention or special education services, as directed in reference (b).

c. Failure to enroll family members with special needs may result in arrival at duty assignment locations with requirements beyond the capability of local medical, educational, or community resources. This may result in unnecessary family hardship and personnel practices such as the early reassignment of the Service member or early return of the dependents due to inadequate educational and medical support.

d. EFMP enrollment and the suitability screening process in line with reference (c), ensure coordination with the gaining military treatment facility (MTF), and the Department of Defense Education Activity (DoDEA) regional special education coordinator help prevent such instances.

e. References (c), (d) (section 1300-700), and (e) provide guidance on implementing references (a) and (b). Reference (f) requires the implementation of family support to include non-clinical case management.

## 5. Policy

a. Goal. The primary goal of the EFMP is to ensure Service members are assigned only to those geographic areas where the medical (physical, developmental, or mental health) or educational needs of their family members can be met. Special emphasis should be placed on the member's obligation to maintain worldwide assignability and meet the needs of the Navy, which may require Service members to serve on unaccompanied tours. Additionally, the EFMP ensures family member's special needs are supported throughout the Service member's career.

b. Navy Family Accountability and Assessment System (NFAAS). NFAAS is the primary system for the EFMP enrollment process notification and tracking for the Navy.

c. Enrollment. Enrollment in the EFMP is mandatory for all active duty Service members and reservists with family members who are identified with medical (physical, developmental, or mental health) or special educational requirements of a chronic nature (6 months or longer), as directed by reference (c). Enrollment helps ensure all required services are considered during the Service member's assignment process. Only family members enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) and eligible to transfer with the Service member will be enrolled in the EFMP.

Note: All enrollments must be processed via the EFMP module in NFAAS.

(1) If the family member is a child and the Service member is not the custodial parent or guardian (via divorce or legal separation), the child is not eligible for EFMP enrollment.

(2) Children of majority age not residing with the Service member and who are no longer a dependent do not require enrollment.

(3) Dependent children enrolled in college require enrollment in the EFMP.

(4) Upon identification of a qualifying condition, the Service member submits DD Form 2792 Family Member Medical Summary or DD Form 2792-1 Special Education/Early Intervention Summary and substantiating documentation to the MTF's EFMP coordinators for submission to the central screening committees. Enrollment or non-enrollment is recommended by central screening committees as defined in enclosure (1), and approved by Navy Personnel Command (NAVPERSCOM), EFMP Branch (PERS-456).

(5) Service members may be restricted to unaccompanied tours, and family members may be denied command sponsorship for refusal to enroll or provide required information.

(6) Service members can verify their family member's enrollment status and category by checking their family member's information in NFAAS.

d. Assignments. Officer and enlisted detailers must work with enrolled Service members to develop a career path that permits normal sea and shore rotation. Maximum consideration must be given to locating Service members with their families.

(1) Enrolled Service members electing to serve on an accompanied assignment overseas, to include OCONUS non-foreign (Hawaii and Alaska), must be assigned only to areas where the required services for the family member are available, based on completion of a suitability screening following procedures in reference (c). All orders must be coordinated through NAVPERSCOM (PERS-456) prior to release.

(2) Whenever possible, enrolled Service members should be assigned within DON's geographic areas of responsibility where the provision of early intervention services (EIS) and related services for those family members who have a medical (physical, mental health, or developmental) condition or special education requirement is available.

(a) DON geographic areas of responsibility are Italy (Naples, Gaeta, and Sigonella), Spain, Portugal (except the Azores), mainland Japan and Okinawa, Guam, Bahrain, Caribbean region (including Cuba), Greenland, Diego Garcia, Australia, New Zealand, western Pacific, and embassies in these locations.

(b) Navy family members with developmental or special education requirements must not be sent to another Military Service's geographical area of responsibility without coordination and approval from that Military Service.

(3) Command-sponsored travel of family members to an overseas location may be denied when the gaining MTF, TRICARE overseas representative or regional DoDEA office determines that required medical or educational services are not available, in line with reference (b).

(4) Enrolled Service members must remain worldwide assignable and deployable. Enrolled Service members may elect or be required to serve on unaccompanied overseas assignments, as necessary, to fulfill sea or shore obligations of rank or rate and the needs of the Navy, provided those assignments are approved at NAVPERSCOM, Career Management Department (PERS-4) flag level. The transferring commanding officer (CO) must review the decision with the Service member to ensure that the separation will not create an undue hardship on the family and result in a request for an early return or humanitarian reassignment of the Service member. NAVPERS 1070/613 Administrative Remarks must be completed and filed in the Service member's electronic service record.

(5) Sponsors with a category 5 exceptional family member(s) meet the criteria for "stabilization of assignment" (as identified in reference (f)), and can receive long term assignment to an area that can support multiple sea or shore rotations and ensure the family member receives the required services. Service members may be required to take an unaccompanied assignment if services for the exceptional family member are not available at the gaining location when needs of the Navy deem necessary. It is the Navy's goal to ensure career progression and opportunity and access to family and community support while meeting the needs of the naval Service.

Note: permanent change of station (PCS) moves for a family member assigned category 5 can be considered on a case-by-case basis when requested by the Service member. Case-by-case basis PCS moves for a family member assigned category 5 will require coordination with the gaining and losing medical commands to ensure the needs and continuity of care of the family member can be met.

(6) Requests for early return of Service members and their families must be initiated by the command if medical or special educational requirements exceed the capability available at the overseas or isolated duty assignment. Determination of care will be made by the transferring MTF, and early return requests must be coordinated with the parent command in line with reference (d), article 1300-306 of section 1300-700. Family member(s) must be enrolled in EFMP immediately upon identification of a special need. Early returns as a result of a Service member's omission of information, provision of false information, or their deliberate failure to enroll or delay enrollment may be subject to disciplinary action under reference (g), articles 92 and 107.

6. Responsibilities

a. Office of the Chief of Naval Operations (OPNAV), 21st Century Sailor Office (N17)

(1) Establish program policy and oversight for implementation of comprehensive and coordinated medical, educational, family, and community support to military families with special needs.

(2) Evaluate and monitor the EFMP in coordination with NAVPERSCOM (PERS-456).

b. NAVPERSCOM (PERS-456) (as the Navy's designated EFMP manager)

(1) Establish and maintain cooperative relationships with: Office of the Secretary of Defense (OSD), Office of Family Readiness Policy, Office of Special Needs; DoDEA; Assistant Secretary of the Navy, Military and Reserve Affairs; Bureau of Medicine and Surgery (BUMED); Commander, Navy Installations Command (CNIC) family support programs; and other Military Services, to ensure delivery of integrated program services, identify resource requirements, and monitor program compliance with public laws mandating EIS, special education services, and family support for family members with special needs.

(2) Chair a Navy EFMP working group with representatives from OPNAV 21st Century Sailor Office, Family Readiness Section (N170C); BUMED, Office of Deputy Chief, Medical Operations (M3); NAVPERSCOM (PERS-4); CNIC, Fleet and Family Readiness (N9); and DoDEA to periodically examine policies and procedures of the EFMP.

(3) Monitor and evaluate program effectiveness and compliance with DON policy through periodic assessments.

(4) Utilize data collected in the EFMP module in NFAAS to develop reports required by reference (f) and inquiries from higher authority.

(5) Develop and conduct EFMP training and information campaigns for command personnel at all levels.

(6) Assign final category and flag the Service member's official EFMP record at NAVPERS (PERS-4).

Note: In cases where there are dual military parents, both members' EFMP records must be flagged.

(7) Manage the assignments of enrolled Service members.

(8) Maintain a database in the EFMP module in NFAAS of all enrolled sponsors that have family members with special needs.

(9) Prescribe procedures for enrollment, updating, and disenrollment of family members who no longer require specialized medical or educational services.

(10) Maintain an accurate listing of all service program managers on the NAVPERSCOM EFMP Web site.

c. BUMED Medical Readiness (M34)

(1) Incorporate EFMP policy references, program description, and other information, provided by OPNAV (N17) and NAVPERSCOM (PERS-456), into relevant, centrally-developed education and training materials.

(2) Develop policy and training for healthcare providers and patient administrators to identify and initiate enrollment of eligible Service and family members in the EFMP.

(3) Maintain accurate list of MTF EFMP coordinators at each MTF.

(4) Develop and implement quality assurance procedures for the operation of the central screening committees.

(5) Coordinate with OPNAV (N170C), as required, to assist with monitoring the execution of the EFMP enrollment procedures.

(6) Confirm the availability of medical, dental, mental health, EIS, or special education services at projected duty stations through successful completion of suitability screening and provide those results to NAVPERSCOM Distribution Policy and Procedures Branch (PERS-451), in line with reference (c).

(7) Require BUMED and Navy Medicine regions to maintain regional central screening committees composed of multi-disciplinary specialists who must review DD Form 2792 and DD Form 2792-1, and provide medical recommendations for categories 1 through 6, assignment or disenrollment, to NAVPERSCOM (PERS-456).

(8) Serve as a member of the OSD Joint Services working group for development and promotion of EFMP policies.

d. Navy Medicine Regions. Ensure commanders of MTFs assign responsibility for EFMP enrollment to an MTF department or division who must:

(1) ensure an MTF EFMP coordinator is designated in writing to oversee EFMP enrollment, assist current and prospective exceptional family members, and provide EFMP training and marketing to medical staff personnel;

Note: The EFMP coordinator must be an E-5 and above or a civilian equivalent, and should be in the position for a minimum of 2 or more years.

(2) notify BUMED (M34) when a new EFMP coordinator is assigned or removed (the EFMP coordinator's responsibilities are found in reference (c), enclosure (4));

(3) ensure the MTF staff identifies and assists with the enrollment of family members with special needs while providing healthcare;

(4) ensure that MTF providers and EFMP coordinators understand their roles and responsibilities in the EFMP enrollment process, and are knowledgeable of this instruction and reference (c) in their entirety;

(5) ensure the EFMP is monitored for effectiveness to guarantee proper execution by MTF staff; and

(6) refer enrollees to the fleet and family support center (FFSC) EFMP case liaison for community resources and referrals.

e. CNIC (N9)

(1) Incorporate EFMP policy references, program description, and other information, provided by OPNAV (N17) and NAVPERSCOM (PERS-456), into relevant, centrally-developed education and training materials.

(2) Appoint a CNIC headquarters EFMP analyst who must:

(a) act as the point of contact (POC) for the execution and management of the EFMP family support function, CNIC EFMP regional case liaison leads and FFSC EFMP full-time and collateral duty case liaison personnel;

(b) be responsible for the execution of policy and program analysis with regard to the EFMP family support function;

(c) liaise with the OSD Office of Special Needs to ensure DoD family support function EFMP requirements are included in Navy policy directives;

(d) serve as a member of the OSD Joint Services working group for development and promotion of EFMP policies;

(e) maintain up-to-date, accurate listings of CNIC EFMP regional case liaison leads; and FFSC full-time and collateral duty case liaisons.

(f) review data collected in the EFMP module in NFAAS, and conduct quality assurance activities to analyze, evaluate, and provide recommendations to NAVPERSCOM (PERS-456) regarding the EFMP family support function; and

(g) provide training, support, and policy updates to CNIC EFMP regional case liaisons leads to support their efforts in EFMP non-clinical case management.

(3) Ensure CNIC (N9) regional directors support their identified CNIC EFMP regional case liaisons leads.

(4) Ensure CNIC (N9) EFMP regional directors assign responsibility for the management of the region's EFMP to the CNIC EFMP regional case liaison lead who must:

(a) serve as the subject matter expert for their assigned region;

(b) support the region's FFSC full-time and collateral duty case liaisons;

(c) liaise with MTF EFMP coordinators;

(d) maintain up-to-date, accurate listing of the region's MTF EFMP coordinators and all EFMP case liaisons in their assigned region;

(e) provide training and resources to all FFSC EFMP case liaisons in their assigned region, and provide oversight of their services including the management of EFMP enrollees via NFAAS;

(f) conduct quality assurance activities to analyze and evaluate EFMP data located in the EFMP module in NFAAS, provide recommendations to the CNIC headquarters EFMP analyst regarding EFMP family support, and generate reports to track service delivery and support of families;

(g) liaise with their assigned region's FFSC EFMP case liaisons to facilitate the ongoing exchange of resource support information; and

(h) provide one-on-one consultation, information, non-clinical case management, classroom training, workshops, and seminars to Service members, family members, and area commands in support of the education and training component of the EFMP.

(5) Ensure CNIC (N9) regional directors assign responsibility for their region's FFSC EFMP family support to FFSC EFMP full-time case liaisons who must:



(a) establish and maintain cooperative relationships with local MTF, school liaison officer, and school district to ensure delivery of integrated EFMP services;

(b) refer Service members and family members to MTF EFMP coordinators to complete EFMP enrollment processing;

(c) refer families to appropriate resources;

(d) collaborate with agencies and other Service support offices to include installation medical and recreational facilities, community service agencies, and private organizations to promote community awareness and to assist families;

(e) maintain a list of national, State, and local community exceptional family resources;

(f) track EFMP contacts, document non-clinical case management, identify and assign appropriate levels of service, and maintain individual service plans in NFAAS;

(g) provide EFMP enrollment letters to Service members upon request (letters can be produced using NFAAS);

(h) provide command EFMP training to command POCs;

(i) provide one-on-one consultation, information, classroom training, workshops, and seminars to Service members, family members, and area commands in support of the education and training component of the EFMP; and

(j) ensure EFMP information is incorporated as appropriate in fleet and family support program education and awareness campaigns.

(6) Ensure CNIC (N9) regional directors assign responsibilities for EFMP family support in FFSCs with no full-time FFSC EFMP personnel to collateral duty case liaisons who must:

(a) provide information and referral services to enrolled families;

(b) maintain a list of national, State, and local community resources;

(c) refer Service members and family members to MTF EFMP coordinators to complete EFMP enrollment processing;

(d) refer enrolled families or sponsors needing support beyond information and referral to the nearest FFSC EFMP full-time case liaison; and

(e) notify appropriate CNIC EFMP regional case liaison lead or the assigned FFSC EFMP full-time case liaison of referrals made for documentation in NFAAS case file.

f. Installation Commanders. Ensure command support personnel, such as chaplains, child and youth program staff, FFSC staff, and ombudsmen, are aware of EFMP goals and eligibility requirements.

g. Unit COs

(1) Ensure Service members assigned to their unit are in compliance with the requirements of this instruction.

(2) Disseminate the requirement for mandatory enrollment of exceptional family members. Suggested methods include the plan of the week and general military training sessions.

(3) Ensure Service members complete EFMP enrollment upon identification of a family member's special medical or educational need.

(4) Ensure privacy is maintained regarding sponsor's family member's medical or special educational information, in line with reference (h).

(5) Provide NAVPERSCOM (PERS-456) with an official letter requesting disenrollment if the status of the family member changes through divorce, death, or no longer residing with the Service member due to court-ordered change in custody.

(6) Appoint, in writing, an active duty command EFMP POC who must:

(a) attend FFSC EFMP POC training provided by FFSC EFMP staff;

(b) maintain an accurate list of command Service members enrolled in the EFMP by utilizing available resources (e.g., enlisted data verification reports, officer distribution control reports, command check-in sheets, NAVPERSCOM (PERS-456), and NFAAS);

(c) liaise with the local MTF EFMP coordinator to assist with facilitating the enrollment process;

(d) refer potential enrollees to the MTF EFMP coordinator for enrollment processing;

(e) refer enrollees to the FFSC EFMP liaison for community resources, referrals, and non-clinical case management;

(f) conduct EFMP training within the command indoctrination program;

(g) provide general program information to command personnel; and

(h) ensure Service members update their EFMP enrollment status which is required every 3 years or when a change in special medical or educational needs occurs.

h. Organizations and Individuals Listed in Subparagraphs 6a through 6g. Provide appropriate resources, staffing, and funding as required.

i. Service Members

(1) Upon identification of a family member's qualifying condition(s) listed in reference (b), immediately begin the enrollment process by completing all required enrollment forms and submitting completed forms to the MTF EFMP coordinator for review by the central screening committee.

Note: In areas with no military MTF or MTF EFMP coordinator, forward the EFMP application forms (with required documentation attached) to the appropriate medical cognizance, in line with reference (c).

(2) Ensure MTF EFMP coordinator has current medical information for inclusion in the family member's health record(s), whether obtained from military or civilian healthcare providers, medical facilities, hospitals, or early intervention or special education personnel.

(3) Ensure updated enrollment every 3 years or when there is a change in special medical or educational needs. Family members enrolled in category 6 must be updated within 12 months.

(4) If Selective Reserve, identify themselves as being entitled to or enrolled in EFMP at the time of mobilization notification.

(5) Ensure NFAAS reflects their most current and accurate demographic information.

7. Procedures. Enrollment procedures governing the EFMP are delineated in reference (c) and enclosure (2) of this instruction.

8. Records Management. Records created as a result of this instruction, regardless of media, must be managed per Secretary of the Navy (SECNAV) Manual 5210.1 of January 2012.

9. Review and Effective Date. Per OPNAVINST 5215.17A, OPNAV (N170C) will review this instruction annually on the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, SECNAV, and Navy policy and statutory authority using

OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 5 years, unless revised or cancelled in the interim, and will be reissued by the 5-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1.


10. Forms and Information Management Control

a. Forms

(1) NAVPERS 1070/613 Administrative Remarks is available for download at Naval Forms OnLine: <https://navalforms.documentservices.dla.mil/web/public/home>.

(2) DD 2792 Exceptional Family Member Medical Summary and DD 2792-1 Exceptional Family Member Special Education/Early Intervention Summary are available for download at the DoD Forms Management Program Web site: <http://www.dtic.mil/whs/directives/forms/index.htm>.

b. Information Management Control. OMB 0704-0411 is assigned to DD 2792 Exceptional Family Member Medical Summary and DD 2792-1 Exceptional Family Member Special Education/Early Intervention Summary.



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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via Department of the Navy Issuances Web site, <https://doni.documentservices.dla.mil/>

## DEFINITIONS

1. Central Screening Committee. A medical review committee, established by BUMED, consisting of healthcare providers that review all completed family member applications and make recommendation for enrollment and assignment of an EFMP category to NAVPERSCOM (PERS-456).
2. Early Intervention Service (EIS). Services designed to meet the developmental needs of an infant or toddler with a disability (birth through 2 years, inclusive), and their families, in one or more of the areas of development listed here: physical, cognitive, communicative, social or emotional, and adaptive. EIS includes, but is not limited to, family training, counseling, home visits, special instruction, speech pathology and audiology, occupational therapy, physical therapy, psychology, service coordination, medical services for diagnostic or evaluation purposes, early identification, screening and assessment, ophthalmology, and social work. Also included are assistive technology devices and services, health services necessary to enable the infant or toddler to benefit from EIS, and transportation and related costs necessary to enable an infant or toddler and the family to receive EIS. EIS are provided as specified in an individualized family service plan.
3. Exceptional Family Member Program (EFMP) Case Liaison. EFMP family support case liaisons are located at FFSCs and provide families with information and referral services, needs assessment, and non-medical case management, as well as development and maintenance of individual service plans. EFMP case liaisons also assist commands and their communities by providing command POC training, command program briefs and publicity, and outreach and education programs.
4. EFMP Command Point of Contact (POC). A designated individual at each command who has general knowledge of the EFMP and can assist the Service member in obtaining further assistance (usually the command master chief, senior enlisted advisor, or command career counselor).
5. EFMP Family Support. Delivery of information and referral, and non-clinical case management services for families with special medical (physical, developmental, or mental health) or educational needs. Family support services link families to available military, national, and local community services, and provide support enabling families to become better advocates and make informed decisions for themselves and their exceptional family member(s).
6. Family Member. An authorized, DEERS-eligible dependent (spouse, child, stepchild, adopted child, or dependent parent) residing with or in the custody of the Service member, who possesses a physical, emotional, developmental, or educational disability, or condition requiring special medical, mental health, or educational services. For the purpose of this instruction, the term "family member" is used interchangeably with the term dependent.

7. Geographic Area. A specific geographic location chosen for a sponsor's assignment where the required special medical and educational support is available for the sponsor's family either at the MTF or civilian treatment facilities.
8. Geographic Areas of Responsibility. The areas of responsibility assigned by DoD to the military medical department overseas for the provision of early intervention and related services in support of DoD dependent schools' special education programs.
9. Stabilization Assignment (Homestead). A detailing option that may permit a Service member, whose family member, identified by the central screening committee as requiring specialized continuity of medical care, with an opportunity to remain in a particular geographic location in a manner consistent with the needs of the Navy and responsive to the career development of the Service member. Stabilization sites will be selected based on their ability to provide required services for the exceptional family member(s) and appropriate operational or shore rotation for the Service member. Stabilization sites that can support operational or shore rotations may include, but are not limited to: Norfolk, VA; Mayport or Jacksonville, FL; Kings Bay, GA; Groton, CT; Jacksonville, NC; San Diego, CA; Bangor, Bremerton, Puget Sound, or Seattle, WA; the National Capital Region; Gulfport, MS; Port Hueneme, CA; Point Mugu, CA; and Fort Worth, TX.  
  
Note: Reference (f) requires a minimum of 4 years of stabilization. In order to support career progression and opportunity while concurrently meeting the needs of the Navy, Service members who have a category 5 exceptional family member(s), can elect to be detailed and relocate their category-5 family member(s) at any time as long as the gaining geographical location has the resources to support the family member's medical and educational requirements.
10. Individualized Education Program. A written plan for a preschool or school-age child (ages 3 through 21 years, inclusive) which outlines the special education program and related services (educational and not medical in nature) that are required to meet the unique needs of a student receiving special education.
11. Individualized Family Service Plan. A written plan for the family of an infant or toddler (birth through 2 years, inclusive) receiving EIS. The individualized family service plan is based on an assessment of the unique needs of the child and the family's concerns and priorities.
12. Major Medical Area. Any area served by medical departments of the Military Services or civilian medical facilities which have physicians capable of treating and monitoring family members who have impairments or chronic or severe medical conditions.
13. MTF EFMP Coordinator. A designated individual at an MTF who provides information, assistance, and forms to MTF staff, sponsors, and other family members with regard to enrollment procedures.

14. Non-clinical Case Management. The coordination and provision of information and referral services, provided by the EFMP case liaisons, to Service and family members that assists them in navigating systems and making informed decisions to improve their quality of life. Referral resources include, but are not limited to, medical, educational, social, community, legal and financial. Coordination and follow-up of medical treatment is not included.

15. Related Services. Assigned to the military medical departments overseas. Allied healthcare services provided in support of the special education needs of preschool or school-age children, to include evaluation services required to determine a student's eligibility for special education and, if eligible, the direct or indirect services designed to help the student benefit from their special education program.

16. Remote or Isolated Duty Assignment. Designated locations within the United States and overseas that do not have timely access to health care services. Timely access is defined as a 2-hour drive under most conditions to access specialty care. The locations in the United States, as listed in this paragraph, are considered remote duty stations: Kodiak, AK; San Clemente Island, CA; San Nicholas Island, CA; Bridgeport, CA; Key West, FL; Barking Sands, HI; Sugar Grove, WV; and Fallon, NV

Note: Special immunization requirements apply for Nevada school-age children.

17. Special Education. Instruction and related services for which a preschool or school-age student (ages 3 to 21, inclusive) is entitled under statute when a school determines a child's educational performance is adversely affected by one or more disabling condition. The instruction and related services are defined in an individualized education program.

18. Suitability Screening. Suitability screening, per reference (c), is the process that includes the gaining MTF of identifying a Service or family member with a special need that requires special health care or education services at an overseas, remote duty, or operational assignment. Suitability screening is the systematic use of a series of interview questions, review of medical and educational records, and direct examination.

19. Unaccompanied Tour. The authorized tour length at a specific overseas duty station for Service members who are not accompanied by command-sponsored dependents. A tour at a location with only an unaccompanied tour authorized is considered to be a dependent-restricted assignment.

## EFMP ENROLLMENT PROCEDURES AND PROCESS

1. General. This enclosure outlines procedures for the identification and enrollment of family members into the EFMP.

a. EFMP enrollment is mandatory if a qualifying condition, per reference (c), is identified:

(1) By a clinician or other healthcare provider, or if the child is receiving EIS or special education services.

(2) By a Service or family member.

(3) During suitability screening.

Note: Suitability screening should not be stopped or held up to wait for EFMP enrollment and category assignment, per reference (i).

b. Information regarding the EFMP is available online on the NAVPERSCOM Web site at [www.npc.navy.mil](http://www.npc.navy.mil) (click on “Support & Services” tab).

2. Medical Procedures for EFMP Enrollment. In line with reference (c), the MTF EFMP coordinator must:

a. Assist the MTF COs with the initiation of enrollment of eligible family and Service members.

b. Provide EFMP enrollment information to Service and family members, installation commands and activities, and MTF personnel.

c. Provide EFMP training to MTF personnel.

d. Coordinate, at overseas MTFs, with the DoD dependent school and the local educational and developmental intervention services program.

3. EFMP Categories

a. Category 1. No assignment restrictions. Enrollment is for monitoring purposes due to medical or educational needs. If orders are for overseas or remote duty, the family must successfully complete suitability screening.



b. Category 2. No CONUS assignment restrictions. OCONUS and remote assignments may be restricted if the qualifying condition cannot be supported due to the availability of required services. If orders are for overseas or remote duty, the family must successfully complete suitability screening.

c. Category 3. Some CONUS and OCONUS assignments may be limited based on diagnosis and requirements. If orders are for overseas or remote duty, the family must successfully complete suitability screening.

d. Category 4. Normally, no overseas assignments. CONUS assignments only and must be near major medical areas, including Hawaii and Alaska. The family member's special medical condition or educational needs require assignment to billets within a 2-hour drive under most conditions to access specialty care. This can be an MTF or a civilian TRICARE facility.

e. Category 5. The family member(s) meets criteria for stabilization to remain in a particular geographic location, if the sponsor chooses. The family member's needs are highly specialized, complex, or severe, requiring continuity of care. Sponsors may be required to take unaccompanied assignment to meet mission requirements if resources are not available for the family member(s) at the gaining the duty location.

f. Category 6. Temporary category. The medical or educational condition requires a stable environment for 6 months to 1 year due to ongoing treatment or diagnostic assessments. This category must be updated within 1 year to receive permanent category or disenrollment.