

CRITERIA FOR IDENTIFYING FAMILY MEMBERS WITH SPECIAL NEEDS

Source: DoDI 1315.19, Section 3

Individuals who meet one or more of the criteria below will be identified as a family member with special medical needs and enrolled in the Exceptional Family Member Program:

A. MEDICAL:

1. Potentially life-threatening conditions or chronic (duration of 6 months or longer) medical or physical conditions requiring one of the following:
 - a. Follow-up care from a PCM (to include pediatricians) more than once a year
 - b. Specialty care at any frequency
2. A diagnosis of asthma or other respiratory-related diagnosis with chronic recurring symptoms that involves one or more of the following:
 - a. Scheduled use of inhaled or oral anti-inflammatory agents or bronchodilators
 - b. History of ER use or clinic visits for acute asthma exacerbations or other respiratory-related diagnosis within the last year
 - c. History of one or more hospitalizations for asthma, or other respiratory-related diagnosis within the past 5 years.

B. MENTAL HEALTH: One of the following scenarios is found:

1. Current and chronic mental health condition
 - a. Chronic is defined as having a duration of 6 months or longer
2. Inpatient or intensive outpatient mental health services within the last 5 years
 - a. Intensive is defined as greater than one visit monthly for more than 6 months
 - b. This incorporates the possibility of medical care from any provider, including a PCM.
3. A diagnosis of attention deficit disorder or attention deficit hyperactivity disorder that involves one or more of the following:
 - a. Includes a co-morbid psychological diagnosis.
 - b. Requires multiple meds, psycho-pharmaceuticals (other than stimulants) or does not respond to normal doses of medication
 - c. Requires management and treatment by mental health provider
 - d. Requires the involvement of a specialty consultant, other than a primary care manager, more than twice a year on a chronic basis
 - e. Requires modifications of the educational curriculum or the use of behavioral management staff

C. ASSISTIVE NEEDS: A chronic condition that requires:

1. Adaptive equipment (i.e. apnea home monitor, home nebulizer, wheelchair, custom-fit orthotics, hearing aids, etc.)
2. Assistive technology devices (such as communication devices) or services
3. Environmental or architectural considerations (such as medically required limited steps, wheelchair accessibility, or housing modifications and air conditioning)

D. EDUCATIONAL: Family members of active duty Service members (regardless of location) will be identified as having special educational needs if they have or are found eligible for either:

1. An Individualized Family Service Plan (IFSP)
 - a. Covers children ages birth to third birthday
 - b. Services provided by the State in CONUS; Services provided by EDIS in OCONUS
2. An Individualized Education Program (IEP)
 - a. Covers children ages three to 21 (or high school graduate/General Equivalency Diploma)
 - b. Services provided by the State in CONUS; Services provided by DoDEA in OCONUS