

Family Member Travel Screening (FMTS)

We do not have orders yet, what can we do right now?

- Gather civilian medical records, last five years for each Family Member(FM). Complete physicals every year with your Primary Care Manager (PCM).
 - TRICARE Select/TRICARE Prime Remote/TRICARE Prime with an off post provider.
 - Schedule physical with your PCM off post.
 - If you need a blank physical form, the EFMP office can provide one for you.
 - TRICARE Prime with an on post provider.
 - Schedule a "Physical" with your PCM, do **NOT** request an "EFMP physical".
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We have orders!!! What do we do now?

****This does NOT require an appointment with EFMP****

- Service Member receives orders to PCS OCONUS.
 - Service Member registers on the Enterprise – EFMP (E-EFMP) website:
<https://efmp.army.mil/EnterpriseEfmp/Home>
 - Each Family Member (18+ years) being enrolled must have their own DS logon. Visit the link below to create one.
 - <https://myaccess.dmdc.osd.mil/identitymanagement/registration.do?execution=e1s1>
 - Ensure your contact number and e-mail are correct in MilConnect.
 - Service/Adult FMs receive email notifications from E-EFMP during each status update.
 - After logging into the E-EFMP website, scroll down the page and select "E-EFMP training".
 - Step-by-step instructions (PDF and video) are available on how to start an FMTS.
 - If your FM's PCM is off post, send a copy of the physical to the EFMP e-mail listed above or upload it to E-EFMP. Notify the EFMP office if you upload documents.
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The E-EFMP website can be accessed on civilian computers and smartphones using your DS Logon.

When sending an e-mail, you will receive an auto reply that includes information regarding Family Member Travel Screenings and EFMP enrollment updates.

SPECIAL CIRCUMSTANCES

Notify the EFMP office immediately if any of these situations apply to your Family.

Family Members (FMs) live in another location.

- Your Family member's packet must be processed through the closest Army EFMP office to their physical location.

Spouse is pregnant and plans to have the baby AFTER PCSing.

- Cannot travel via airplane after 30 weeks gestation; some airlines also refuse sooner.
- Completed DD form 2792 (Jan 2021 - Family Member Medical Summary) is the packet sent to the gaining installation to ensure adequate medical care (prenatal and pediatric) is available upon your Family's arrival.

Spouse is pregnant and plans to have the baby PRIOR to PCSing.

- Request a deferment from the Branch/Assignment Manager due to the birth of your baby.
- Contact DEERS/ID Card section find out how to add your newborn as a dependent.
- Submit a new request for command sponsorship listing ALL FMs, to include your newborn. If you initiated a request that does not include your newborn, inform the EFMP Coordinator. The package will be ended/closed.
- Screenings for the mother and baby cannot be completed until the baby is born and completes the two-week well baby exam. The EFMP case coordinator can complete a pre-screen on all other FMs and inform the Family if someone will require enrollment or not.

Spouse becomes pregnant AFTER the screening is complete AND prior to PCSing.

- Contact the EFMP office IMMEDIATELY.
- Cannot travel via airplane after 30 weeks gestation; some airlines also refuse sooner.
- Completed DD form 2792 is the packet sent to the gaining installation to ensure adequate medical care (obstetrician and prenatal) is available upon your Family's arrival.

New marriage

- Contact DEERS/ID Card section find out how to add your spouse as a dependent.
- Contact your personnel office and request accompanied travel.

Enrolled in EFMP?

- Each FM requires an EFMP screening before travel, even if the FM is already enrolled in the EFMP.
- If the FM is enrolled the EFMP screening confirms the specialty services are still required and provides an opportunity to update the status of your Family member's status if it changed.

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)

IDENTIFICATION LIST

This list is NOT all inclusive.

CRITERIA FOR MANDATORY ENROLLMENT

1. Enrollment in the Exceptional Family Member Program (EFMP) is **mandatory** for all Family Members of Active Duty Army Service Members who meet identification criteria IAW AR 608-75 Appendix B.
2. Enroll Active Duty Family Members who **require** medical care **above** the level normally provided by a Family Practitioner or General Medical Officer in an outpatient clinic setting.
3. Enroll Active Duty Family Members with serious or chronic medical problems, physical disabilities, mental health disorders, equipment needs, or require intensive follow up support or special education services.

COMMON DIAGNOSES FOR MANDATORY ENROLLMENT, NOT ALL INCLUSIVE:

- ◆ ADD/ADHD
 - With another psychological diagnosis, **OR**
 - Requires multiple medications, psycho-pharmaceuticals (other than stimulants) or does not respond to normal doses of medication, **OR**
 - Requires management and specialty treatment by mental health provider (psychiatrist, psychologist, social worker, and/or counselor) **OR**
 - Requires specialty consultant, other than a Family practice physician or general medical officer, more than twice a year on a chronic basis, **OR**
 - Requires modification of the educational curriculum or the use of a behavior plan
- ◆ Allergies (*allergy shots or specialist follow up*)
- ◆ Asthma/Reactive Airway Disease
 - Scheduled use of inhaled and anti-inflammatory agents and/or bronchodilators.
 - History of ER/UCC visits in last 12 months
 - ICU or Hospitalization within past 5 years.
- ◆ Autism/Pervasive Developmental Disorders
- ◆ Autoimmune/Neuromuscular Disorders
- ◆ Cancer
 - **Unless** completed treatments AND in remission >5 years and requiring no further follow up
- ◆ Cervical Dysplasia
 - If requiring pap smears 2x/year or more **OR**
 - If requiring colposcopy
- ◆ Cerebral Palsy or Loss of Mobility
 - Require use of wheelchair, walker, or other aide
 - Require PT or OT
- ◆ Cleft Lip/Palate
 - Unless completed surgical repair and no longer receiving any services or follow up.
- ◆ Developmental Delay (*Also see Special Education*)
 - Requiring specialty follow-up
- ◆ Diabetes (*requiring frequent or specialist follow up, Type I or Type II DM*)
- ◆ Genetic Disorders/Congenital Anomalies (e.g., CF, Trisomy 21, Hydrocephalus, Spina Bifida, Fragile X)
- ◆ Hearing Problems/Deafness (*requiring hearing aides or specialty services*)
- ◆ Heart Conditions (*any conditions requiring frequent follow up or cardiology*)
- ◆ Inflammatory Bowel Disease (*requiring frequent or specialist follow up*)
- ◆ Immunodeficiency (*primary or secondary, including HIV/AIDS*)
- ◆ Medical Equipment (e.g., CPAP machine, g-tube, O2, pacemaker, shunt, tracheostomy, wheelchair or other aide)
- ◆ Mental Health Conditions
 - Current and chronic duration of 6+ months, inpatient or intensive outpatient MH services within the last 5 yrs.
 - Intensive outpatient MH services required at present time >1 monthly visit for more than 6 months, **this includes medical care from ANY provider, including PCM.**
- ◆ Seizure Disorders/Epilepsy
- ◆ Sickle Cell Disease/Bleeding disorders
- ◆ Special Education/Early Intervention Requirements
 - Requiring services at home using an Individualized Family Service Plan (*IFSP*)
 - Requiring accommodations at school using an Individualized Education Plan (*IEP*)
- ◆ Substance Abuse
- ◆ Thyroid Problems
- ◆ Vision Problems/Blindness
 - Sight not corrected with glasses **OR**
 - Any conditions requiring ophthalmology)

Any medical, psychological, or educational condition should be considered if specialty follow up is required.
Specialists include but are not limited to:

Allergy	Gastroenterology	Neurology	Otolaryngology (ENT)
Audiology	Hematology	Neurosurgery	Psychology
Cardiology	Immunology	Obstetric	Psychiatry
Dermatology	Infectious Disease	Gynecology	Pulmonology
Developmental Pediatrics	Internal Medicine	Oncology	Rheumatology
Endocrinology	Neonatology	Ophthalmology	Surgery
ENT	Nephrology	Orthopedic Surgery	Urology