



Exceptional Family Member Program

Eligibility Requirements

In accordance with MCO 1754.4B, sponsors are required to enroll dependent family members who meet any of the following criteria in the EFMP:

1. Potentially life threatening conditions and/or chronic medical/physical conditions (*such as, high risk newborns; patients with a diagnosis of cancer within the last 5 years; sickle cell disease; insulin dependent diabetes*) requiring follow-up support more than once per year and/or sub-specialty care.
2. A current and chronic (duration of 6 months or longer) diagnosed mental health condition (*such as anxiety, depression, bipolar disorder, eating disorders, personality disorders, alcohol and/or substance dependence, schizophrenia, or post-traumatic stress disorder*); or inpatient or intensive mental health outpatient treatment within the last 2 years; and/or mental health services are required at the present time on at least a monthly basis, including patients under the care of their primary care manager (PCM).
3. A mental health diagnosis requiring prescribed use of psychotropic medications (*including a diagnosis of attention deficit hyperactivity disorder (ADHD) that includes the inattentive type (also known as attention deficit disorder (ADD))*) that meets one of the following criteria:
 - A co-morbid psychiatric diagnosis.
 - Requires multiple medications, psycho-pharmaceuticals (other than stimulants) or does not respond to normal doses of medication; or
 - Management and treatment by a mental health provider(s) (e.g. Psychiatrist, Psychologist, and/or Social Worker); or
 - Subspecialty consultants other than family practice more than twice a year on a chronic basis; or
 - Modifications of the educational curriculum or the use of behavioral management staff.
4. A diagnosis of asthma or other respiratory related diagnosis with wheezing which meets one of the following criteria:
 - Routine use of inhaled anti-inflammatory agents and/or bronchodilators.
 - History of emergency room use or clinic visits for acute asthma exacerbations.
 - History of one or more hospitalizations.
5. Adaptive equipment, assistive technology devices or services are required.
6. Housing modifications are needed.
7. A pre-school or school aged child (3-21 years) that has or requires, an Individualized Education Program (IEP) under the Individuals with Disabilities Education Act (IDEA), because the child's educational performance is impacted by one or more disabling conditions. *For example, communication or speech conditions, learning difficulties, motor disorders, ADHD, autism spectrum disorder (ASD), or mental health conditions.*
8. An infant or toddler (0-2 years) with a developmental disability that has or requires an Individualized Family Service Plan (IFSP) under IDEA.

If you think that your family may meet the above enrollment criteria, or would like to refer a fellow Marine & family to the program please call the **MCAS Iwakuni EFMP Office** at:

Building 636, Child Development Center
DSN: 253-5601 Off base/cell: 0827-79-5601

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