



OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

PERSONNEL AND  
READINESS

FEB 12 2025

The Honorable Sam Graves  
Chairman  
Committee on Transportation and Infrastructure  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

The Department's response to House Report 117-397, pages 171-172, accompanying H.R. 7900, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2023, "Report on Caregivers in Military Families," is enclosed.

This report provides a response on the prevalence of caregivers in military families and contains responses to the seven specific questions in the NDAA for FY 2023 regarding caregivers for wounded warriors and exceptional family members.

Thank you for your continued strong support for the health and well-being of our Service members and their families. I am sending an identical similar letter to the Committee on Armed Services of the House of Representatives.

Sincerely,

Darin S. Selnick  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Rick Larsen  
Ranking Member



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The Honorable Mike D. Rogers  
Chairman  
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Sincerely,

A handwritten signature in blue ink, appearing to read "Darin S. Selnick".

Darin S. Selnick  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member

# **Report to the Committee on Armed Services of the House of Representatives and the Committee on Transportation and Infrastructure of the House of Representatives**



## **Report on Caregivers in Military Families**

**February 2025**

The estimated cost of this report for the Department of Defense is approximately \$11,000 in Fiscal Years 2023 - 2024. This includes \$0 in expenses and \$11,000 in DoD labor.

Generated on 2024Feb12 RefID: 5-D4040D1

**TABLE OF CONTENTS**

INTRODUCTION ..... 2

BACKGROUND ..... 2

DEFINING CAREGIVER..... 3

1. CAREGIVER PREVALENCE..... 4

2. CAREGIVER USAGE AND RESPITE CARE ..... 9

3. UNPAID CAREGIVING ACTIVITIES..... 11

4. EVALUATING THE EFFECTIVENESS OF EXISTING CAREGIVER PROGRAMS AND  
POLICIES IN IDENTIFYING THOSE PERFORMING CAREGIVER TASKS ..... 12

5. IMPROVING EXISTING PROGRAMS AT AND AROUND MILITARY INSTALLATIONS ..... 13

6. DEFINITIONAL REQUIREMENTS FOR EXISTING CAREGIVER PROGRAMS ..... 13

7. CAREGIVER GRANT PROGRAM ..... 13

CONCLUSION..... 13

## **INTRODUCTION**

Within the intricate fabric of military service, a group of often overlooked yet remarkable individuals emerge: the caregivers. These unsung heroes, encompassing parents, spouses, and family members, shoulder the profound responsibility of caring for wounded, ill, and injured Service members and exceptional family members (EFMs). Their journey, often marked by bureaucratic complexities, financial stress, and a lack of recognition, forms a crucial but challenging part of military life.

## **BACKGROUND**

This report is in response to House Report 117–397, pages 171-172, accompanying H.R. 7900, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2023, which recognized the challenges faced by Service members and their families in balancing military obligations with care for family members who are unable to care for themselves. This can negatively affect military readiness and quality of life. Accordingly, House Report 117–397 requests that the Secretary of Defense submit a report including the following elements:

- (1) the relative prevalence of caregivers in military families, including the prevalence of military dependents providing caregiving tasks, even if the person does not explicitly identify as a caregiver, with respect to Military Service branch, geographic region, rurality, age, gender, rank, race, and ethnicity;
- (2) an evaluation of the usage rates, eligibility criteria, barriers to access, and effectiveness of respite care currently available to caregivers in military families, including the availability of care at installations and around installations eligible for accompanied tours;
- (3) quantify the impact of unpaid caregiving activities on military family finances, mental health, military family resilience, military retention, and military readiness;
- (4) an evaluation of the effectiveness of existing caregiver programs and policies in identifying those performing caregiving tasks, screening of caregivers for perceived burden, and alleviating impacts on military family finances, mental health, military family resilience, military retention, and military readiness;
- (5) provide recommendations to improve existing programs at and around military installations in order to identify caregivers and alleviate the impacts of military family finances, mental health, military family resilience, military retention, and military readiness;
- (6) assess whether the current definitional requirements for eligibility for existing caregiver programs is adequate in providing support to all caregivers in military families; and
- (7) examine the need to establish a grant program for organizations that assist caregivers in military families.

**DEFINING CAREGIVER**

House Report 117–397 defined caregiver as “an adult family member or other military dependent who has a significant relationship with, and who provides a broad range of assistance to, an individual who is unable to care for themselves due to age, disability, or chronic medical conditions.”

The Department of Defense (DoD) has two categories of caregivers meeting the above definition: (1) those supporting wounded warriors; and (2) those supporting EFMs. The following are definitions of caregivers for each respective program.

- Wounded Warrior Caregiver. Department of Defense Instruction (DoDI) 1300.24, “Recovery Coordination Program,” December 1, 2009, discusses the following:
  - Designated Caregivers: Recovering Service members (RSMs), also referred to as wounded warriors, “who do not have or want immediate families (spouse or children) to support them with their recovery, shall be permitted to designate another individual as a caregiver. The caregiver may be a friend, fiancée or fiancé, co-worker, member of the family who is not a military dependent, etc. RSMs may also decide that he or she does not want to designate a caregiver.”
  - Service members who have a mild injury or illness, who are expected to return to duty within a time specified by his or her Military Department, and who receive short-term inpatient medical treatment or outpatient medical treatment and/or rehabilitation, are considered to be in Category 1 with respect to their Care Coordination.
  - DoDI 1300.24 defines a RSM as a Service member who is determined to be in either Care Coordination Category 2 or Category 3, which have the below criteria. (Injuries or illnesses can be combat or non-combat related.)

Category 2	<ul style="list-style-type: none"> <li>• Has a serious injury or illness</li> <li>• Is unlikely to return to duty within a time specified by his or her Military Department</li> <li>• May be medically separated from the military</li> </ul>
Category 3	<ul style="list-style-type: none"> <li>• Has a severe or catastrophic injury or illness</li> <li>• Is highly unlikely to return to duty</li> <li>• Will most likely be medically separated from the military</li> </ul>

- EFM Caregiver. DoDI 1315.19, “Exceptional Family Member Program,” June 23, 2023, establishes policy for the Exceptional Family Member Program (EFMP), including identifying family members with special needs (medical and education) who meet the criteria for enrollment and are eligible for family support services.
  - The EFMP includes support to the caregivers of the enrolled EFM with programs such as respite care and family support services (based on a family needs assessment).

## 1. CAREGIVER PREVALENCE

### *Wounded Warrior Caregivers*

DoD does not have a precise number of caregivers for wounded warriors.

The average number of Service members enrolled in the Military Department and United States Special Operations Command (USSOCOM) wounded warrior programs for Calendar Years (CYs) 2021-2023 is 11,416. However, there is no currently available data on how many caregivers are supporting those wounded warriors. Further breakout of data (by Military Department and USSOCOM warrior care program) is in Table 1, below.

<b>Table 1: Average Number of Service Members Enrolled in Wounded Warrior Program</b>						
	Army Recovery Care Program	Navy Wounded Warrior*	USMC Wounded Warrior Regiment	Air Force Wounded Warrior**	USSOCOM Care Coalition	TOTAL
Average # of RSMs CY21-23	1760	755	748	2245	5908	11,416

\*Includes eligible members of the Coast Guard.

\*\*Includes eligible members of the Space Force starting from December 2019.

Furthermore, as described in DoDI 1341.12, “Special Compensation for Assistance with Activities of Daily Living (SCAADL) Program,” October 31, 2019, DoD provides a special monthly compensation for eligible catastrophically injured or ill Service members who require assistance with activities of daily living or who are at a high risk for personal safety and cannot live independently in the community without caregiver support. Service members enrolled in SCAADL are not typically expected to return to full duty and are, therefore, enrolled in the disability evaluation system when the course of further recovery is relatively predictable or within 1 year of diagnosis, whichever is sooner.

Recognizing this is only a subset of caregivers supporting wounded warriors due to the strict eligibility criteria, DoD supports 94 Service members with SCAADL as of September 30, 2023 (Army – 21, Marine Corps – 10, Navy – 18, Air Force – 45, Space Force – 0). Over the last 3 FYs, the average number of Service members receiving SCAADL was 105, with a peak of 135 in third quarter of FY 2021, followed by the lowest number of enrollments (66) in the first quarter of FY 2022.

### *EFMs*

Table 2 summarizes the prevalence of caregivers within the EFMP. (The caregiving data is derived from the families who utilize EFMP respite care and tracked by the sponsor enrolled in the EFMP.) The total prevalence of caregivers within the EFMP is 118 for the Army, 1,125 for the Air Force/Space Force, 722 for the Marine Corps, and 1,227 for the Navy.

<b>Table 2: Percent of Families Receiving EFMP Respite Care Compared to Total Force</b>				
	<b>Army</b>	<b>Air Force/Space Force</b>	<b>Marine Corps</b>	<b>Navy</b>
Number of Families Receiving EFMP Respite Care	118	1,125	722	1,227
Total Force Active Duty Members <sup>1</sup>	461,657	320,421	174,577	340,065
Percentage of Families Receiving Respite Care Compared to Total Force	0.03%	0.35%	0.41%	0.36%

This reflects the usage rate by total force. Notably, EFMP respite care is only available to families enrolled in the program that meet the eligibility criteria.

### **United States Army**

Table 3 provides the percentage of Soldiers enrolled in the EFMP and receiving respite care by geographic region. It is important to note that geographic data is reported for the sponsor and does not account for situations in which sponsors may elect for their family to reside in another location.

<b>Table 3: Percentage of Army Enrolled in the EFMP and Receiving Respite Care by Geographic Region<sup>2</sup></b>
Mid-Atlantic: 35%
Northwest: 12%
Southeast: 41%
Southwest: 12%

<sup>1</sup> The Total Force of active duty members reflects the 2022 Demographics Profile of the Military Community Report released by DoD.

<sup>2</sup> For Tables 2 and 5 within this report, the Mid-Atlantic consists of Wisconsin, Illinois, Michigan, Indiana, Ohio, Kentucky, North Carolina, Virginia, West Virginia, Maryland, Delaware, Pennsylvania, New Jersey, New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, and Maine; Northwest consists of Washington, Oregon, Idaho, Alaska, Montana, Wyoming, North Dakota, South Dakota, Nebraska, Minnesota and Iowa; Southwest consists of California, Arizona, Nevada, Utah, Colorado, and New Mexico, and Southeast consists of Kansas, Oklahoma, Texas, Missouri, Arkansas, Louisiana, Tennessee, Mississippi, Alabama, Georgia, Florida, and South Carolina

Rank: 48.3 percent of sponsors are enlisted, 4.2 percent of sponsors are warrant officers, and 32.2 percent of sponsors are officers. Table 4 displays the specific breakdown of respite care by the Army sponsor’s rank.

<b>Table 4: Respite Care by Rank for the Army</b>	
E-3 and below	2.5%
E-4–E-6	33.1%
E-7–E-9	12.7%
W-1–W-5	4.2%
O-1–O-4	25.4%
O-5–O-6	6.8%
O-7 and above	0%
Not Reported	15.3%

The United States Army does not track data to determine rurality, age, gender, race, or ethnicity.

**United States Air Force/United States Space Force**

The Department of the Air Force does not collect data on the prevalence of military dependents providing caregiving tasks with respect to geographic region, rurality, age, gender, rank, race, or ethnicity.

**United States Marine Corps**

Table 5 provides the percentage of Marines enrolled in the EFMP and receiving respite care by geographic region. This data is reported for the sponsor and does not account for situations in which sponsors may elect for their family to reside in another location.

<b>Table 5: Percentage of Marine Corps Enrolled in the EFMP and Receiving Respite Care by Geographic Region</b>
Europe: 0.69%
Indonesia: 0.14%
Middle East: 0.14%
Japan: 2.63%
Hawaii: 1.94%
Mid-Atlantic: 42.94%
Northwest: 1.11%
Southeast: 10.53%
Southwest: 39.75%

Rank: 74.4 percent of sponsors are enlisted, 6.5 percent of sponsors are warrant officers, and 19.1 percent of sponsors are officers. Table 6 displays the specific breakdown of respite care by the Marine Corps sponsor's rank.

<b>Table 6: Respite Care by Rank for the Marine Corps</b>	
E-3 and below	1.1%
E-4–E-6	34.9%
E-7–E-9	38.4%
W-1–W-5	6.5%
O-1–O-4	13.0%
O-5–O-6	6.1%
O-7 and above	0%

Age: 58.17 percent of sponsors are between 30 and 39 years of age. The specific breakdown of respite care by sponsor age is:

- Ages 20-29: 17.73 percent
- Ages 30-39: 58.17 percent
- Ages 40-49: 22.44 percent
- Ages 50-59: 1.66 percent

Gender: 96.26 percent of sponsors are male and 3.74 percent of sponsors are female.

The United States Marine Corps does not track data to determine rurality, race, or ethnicity.

### **United States Navy**

Most families (83 percent) participating in the Navy program reside in five fleet concentration areas. An additional 17 percent of families reside in more geographically dispersed locations. Table 7 provides the percentage of families receiving respite care by region.

<b>Table 7: Percentage in the Navy Enrolled in the EFMP and Receiving Respite Care by Geographic Region</b>
Bremerton, WA: 8%
Naval District Washington: 6.1%
Jacksonville, FL: 12.1%
Metro Norfolk, VA: 27.1%
Metro San Diego, CA: 28.5%
Hawaii: 2.7%
Navy Region Mid-Atlantic: 4.4%
Navy Region Northwest: 0.3%
Navy Region Southeast: 6.6%
Navy Region Southwest: 4.3%

Rank: 70.4 percent of sponsors are enlisted, 1.8 percent of sponsors are warrant officers, and 27.8 percent of sponsors are officers. Table 8 provides specific breakdown of respite care by Navy sponsor's rank.

<b>Table 8: Respite Care by Rank for the Navy</b>	
E-3 and below	1.3%
E-4–E-6	41.7%
E-7–E-9	27.4%
W-1–W-5	1.8%
O-1–O-4	18%
O-5–O-6	9.6%
O-7 and above	0.2%

Age: 57.70 percent of sponsors are between 30 and 39 years of age. The specific breakdown of respite care by the sponsor's age is:

- Ages 20-29: 5.62 percent
- Ages 30-39: 57.70 percent
- Ages 40-49: 33.99 percent
- Ages 50-59: 1.55 percent
- Unknown: 1.14 percent

Gender: 84.11 percent of sponsors are male, 14.59 percent of sponsors are female, and 1.30 percent was unknown or not reported. Table 9 outlines the race of Navy sponsors participating the program.

<b>Table 9: Navy Sponsors in EFM Respite Care Program by Race</b>	
African American	209
American Indian	3
Asian	62
Caucasian	732
Declined to Respond	66
Blank or Unknown	15
Multiracial	93
Native American	28
Pacific Islander	19

## 2. CAREGIVER USAGE AND RESPITE CARE

### *Wounded Warriors*

Wounded warriors complete a comprehensive recovery plan (CRP) with assistance from their recovery team with the primary responsibility on the Recovery Care Coordinator (RCC). As part of the support from the recovery team and the RCC, needs of caregivers are identified and tracked. In development of the CRP, the RCC identifies if there is a need for respite care and then connects the caregiver with the appropriate Federal and non-Federal resources. However, it is unknown currently how many referrals for respite care are made during this process and how effective those resources are at meeting the needs of caregivers.

Additionally, DoD offers respite care for wounded warrior caregivers through TRICARE. Eligibility is for the primary caregiver of Service members injured in the line of duty who meet the following criteria:

- Has a serious injury that has or may result in a disability. This could include a physical disability or another extraordinary physical or psychological condition.
- Has a condition that leaves them homebound.
- Requires frequent primary caregiver interventions (more than two during the 8-hour period per day that the primary caregiver would normally be sleeping).

From FY 2019 to FY 2023, 100 active duty Service members (ADSMs) utilized respite care with an average of 708 hours per ADSM, totaling \$3.5M in cost (see Table 10 below).

**Table 10: Active Duty Service Member Respite Care Utilization**

Information Regarding Disabled and Homebound Active Duty Service Members Participating in Non-ECHO Respite Care Program Under the Supplemental Health Care Program						
	FY19	FY20	FY21	FY22	FY23	FY19-23
<b>Number of Unique ADSM Patients</b>	11	18	38	28	38	100
<b>Total Government Paid Amount</b>	\$379,646	\$959,073	\$1,097,850	\$403,337	\$648,031	\$3,487,938
<b>Average Paid Amount Per Patient</b>	\$34,513	\$53,282	\$28,891	\$14,405	\$17,053	\$34,879
<b>Patient Hours</b>	4,322	14,835	28,344	9,011	14,263	70,774
<b>Hours Per Patient</b>	393	824	746	322	375	708
<b>Paid Per Hour</b>	\$88	\$65	\$39	\$45	\$45	\$49
<b>Percent Low Hourly Cost (S9122)</b>	1%	36%	55%	11%	15%	34%
<b>Percent Medium Hourly Cost (99600)</b>	30%	28%	41%	89%	84%	52%
<b>Percent High Hourly Cost (S9124)</b>	69%	36%	4%	0%	0%	14%

Note: Kennell and Associates Inc. examined DHA's private sector care claims database to determine the data in the table above. Specifically, only private sector claims for ADSMs during FY19 through FY23 in the TEDNI (TRICARE Encounter Database--Non-Institutional) database were examined which contains all claims for the Supplemental Health Care Program. The TEDNI claims files were examined and selected all claims that are coded with a required special processing code of "RB" (respite benefit) and a HCPCs (Healthcare Common Procedure Coding System) code of S9122-S9124 (nursing care provided in the home) or CPT (Current Procedure Terminology) code 99600 (home visit service or procedure) to determine the information in the table above. The managed care support contractors must follow this procedure in processing all ADSM respite care SHCP claims according to the procedures outlined in Chapter 17, Section 3 (Contractor Responsibilities) of the TRICARE Operations Manual.

For wounded warrior caregivers, aside from the information and analysis provided above, there is insufficient data to evaluate usage rates, eligibility criteria, barriers to access, or effectiveness of respite care currently available to caregivers.

### *EFMs*

#### Eligibility Criteria of Respite Care

DoDI 1315.19 requires the Military Services to use a standard process—the EFMP respite care level of need (LoN) rubrics—for determining eligibility for respite care for all military families with special needs.

The LoN rubrics are individually administered instruments that are needs-based (not solely based on a dependent’s diagnosis). The standard eligibility criteria contained within the rubrics are organized into high-level medical or educational categories and are meant to provide a comprehensive and holistic view of the dependent’s unique needs, including all diagnoses and conditions. Notably, the LoN rubrics provide a snapshot of all components of care that a dependent requires.

In addition to requiring a standard eligibility process, DoDI 1315.19 prohibits the Military Departments from limiting the availability of the respite care benefit to eligible families receiving external respite care services and ensures the provision of services to caregivers supporting adult dependents.

Notably, the implementation of the standard number of hours and eligibility determination process requires a phased-in approach to communicate and explain the changes to families. This includes providing families with information on the standardization components and the impact of any changes. The Department will utilize performance metrics and key performance indicators to evaluate the effectiveness of EFMP respite care upon implementation of the standard services across the Department.

#### Barriers to Access and Effectiveness

A significant barrier to access is the shortage of available respite care providers. Some Military Departments have reported challenges in recruiting respite care providers due to higher pay opportunities being available elsewhere. Provider shortages may result in some eligible families experiencing longer wait times to begin using respite care. However, families that receive EFMP respite care report satisfaction with the program and that the Services meet their needs.

For EFMs, aside from the information and analysis provided above, there was insufficient data to evaluate usage rates or effectiveness of respite care around installations eligible for accompanied tours at the time of the report.

### 3. UNPAID CAREGIVING ACTIVITIES

#### *Wounded Warriors*

A 2014 RAND study, “Hidden Heroes: America’s Military Caregivers,”<sup>3</sup> found that caregivers for wounded, ill, and injured Service members and veterans faced significant challenges. For example, the study found that 12 percent of post 9/11 military caregivers and 10 percent of pre-9/11 military caregivers spent more than 40 hours per week providing care. (It included specifics on post 9/11 military caregivers but did not distinguish between currently serving wounded warriors and veterans.) The study also found that post 9/11 caregivers were more likely to be younger, caring for a younger individual, non-white, a veteran, employed, and not connected to a support network. In addition, the study found that post 9/11 caregivers had higher rates of depression, were more likely to lack regular sources of health care and had higher financial strain than non-caregivers. Those caring for spouses also had relationships of lower quality than non-caregivers.

Additionally, beginning in June of 2023, DoD and the Department of Veterans Affairs (VA) embarked on a research initiative using human centered design to explore how caregivers experience military transition. Although this consisted of a small cohort of 19 caregivers and only focused on the transition process, the results outlined in the “DoD/VA Caregiver Transition Insights & Opportunities Report”<sup>4</sup> identified several impacts. These included disconnect with including caregivers in the transition process, being overwhelmed in navigating transition and duties as a caregiver, difficulty identifying as a caregiver, and financial burdens (from out-of-pocket travel and medical needs or delays in the reimbursement process). This effort revealed adverse impacts to caregivers, although conclusive insights cannot be drawn due to the limited scope of the report.

DoD does not have data to quantify the impact on military retention or military readiness.

#### *EFMs*

DoD does not currently have data to quantify the impact of unpaid caregiving activities on military families enrolled in the EFMP. Data on military caregiving families is limited; however, AARP (formerly the American Association of Retired Persons) has been studying and quantifying caregiving in the United States for many years. A 2021 AARP national caregiving study reported that, on average, family caregivers are spending 26 percent of their income on caregiving activities, or an average annual out-of-pocket cost of \$7,242. AARP’s Valuing the Invaluable series, updated in 2023, estimated that unpaid work provided by family caregivers is valued at an estimated \$600 billion.

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<sup>3</sup> Ramchand, Rajeev, Terri Tanielian, Michael P. Fisher, Christine Anne Vaughan, Thomas E. Trail, Caroline Batka, Phoenix Voorhies, Michael W. Robbins, Eric Robinson, and Bonnie Ghosh-Dastidar, Hidden Heroes: America's Military Caregivers. Santa Monica, CA: RAND Corporation, 2014.

[https://www.rand.org/pubs/research\\_reports/RR499.html](https://www.rand.org/pubs/research_reports/RR499.html). Also available in print form.

<sup>4</sup> U.S. Department of Veterans Affairs, Veterans Experience Office “DoD/VA Caregiver Transition Insights & Opportunities Report,” July 2023. Request copy via email at [vets-experience@va.gov](mailto:vets-experience@va.gov).

It is important to note that the Marine Corps will conduct a new survey that will enable the collection of data from EFMP caregiving families on the impact of respite care on various domains of quality of life (e.g., relationship with spouse, relationship with friends, relationship with children, self-care).

#### **4. EVALUATING THE EFFECTIVENESS OF EXISTING CAREGIVER PROGRAMS AND POLICIES IN IDENTIFYING THOSE PERFORMING CAREGIVER TASKS**

##### *Wounded Warrior Recovery Coordination Program*

Through the Military Department wounded warrior recovery coordination programs (RCPs), the RCC, in development of the CRP, identifies the Service members and families' goals and the resources they need to achieve them, including impacts on family finances, mental health, resilience, retention, and readiness. The RCC uses the plan to guide Service members and their families along the road to recovery, rehabilitation, and return to duty or reintegration into the civilian community. Additionally, RSMs may have a non-medical case manager (NMCM) as part of their recovery team. The NMCM works to ensure that the RSM and family or designated caregiver gets needed non-medical support such as assistance with resolving financial, administrative, personnel, and logistical problems. Lastly, DoDI 1300.24 states that non-dependent family members of RSMs are eligible to receive medical care and counseling at DoD military medical treatment facilities on a space-available basis when the following eligibility requirements are met:

- The family member is on invitational travel orders to care for the RSM.
- The family member is issued non-medical attendant orders to care for the RSM.
- The family member is receiving per diem payments from DoD while caring for the RSM.

While DoD policy requires inclusion of the caregiver in the recovery of the wounded warrior, the policy does not require consistent tracking of caregivers across all Military Department wounded warrior RCPs. Additionally, current policy does not require measurement of program effectiveness on the caregiver's needs and burdens. While limited in scope, the "DoD/VA Caregiver Transition Insights & Opportunities Report" noted that identifying as a caregiver has major implications. It can take time to open up to support programs and having multiple categories of caregiver status can result in situations where some caregivers feel "less than" or that they are "not a real caregiver," and that can affect vital opportunities for relationships with others in the caregiver community or can influence their decisions to seek critical help.

##### *EFMP*

Enhancing and improving the support provided to military families is critical to mission readiness. The Department is enhancing the model for conducting oversight of the EFMP, including the provision of respite care to evaluate program effectiveness. Specifically, DoDI 1315.19 requires the collection of performance data that measures the average number of respite care hours utilized and additional usage data which will allow DoD to identify barriers that

impact a family's access to respite care. The enhanced model for oversight enables the Department to employ proactive measures to improve services and support provided to caregivers.

## **5. IMPROVING EXISTING PROGRAMS AT AND AROUND MILITARY INSTALLATIONS**

The Department does not have any recommendations and thanks the Committees' continued strong support for Service members and families.

## **6. DEFINITIONAL REQUIREMENTS FOR EXISTING CAREGIVER PROGRAMS**

DoD believes the current definitional requirements for eligibility for wounded warriors and those in EFMP are adequate.

## **7. CAREGIVER GRANT PROGRAM**

At this time, DoD has not identified a need for a military caregiver grant program.

## **CONCLUSION**

Enhancing the support and services provided to military family caregivers and minimizing the challenges they experience is a priority of the Department. DoD is committed to supporting caregivers to meet the needs of Service members, military families, and the mission readiness of the Joint Force.