



June 2026

MILITARY HEALTH CARE

Families Face
Challenges Accessing
Care for Special
Needs, Defense Has
Not Reviewed
Coverage



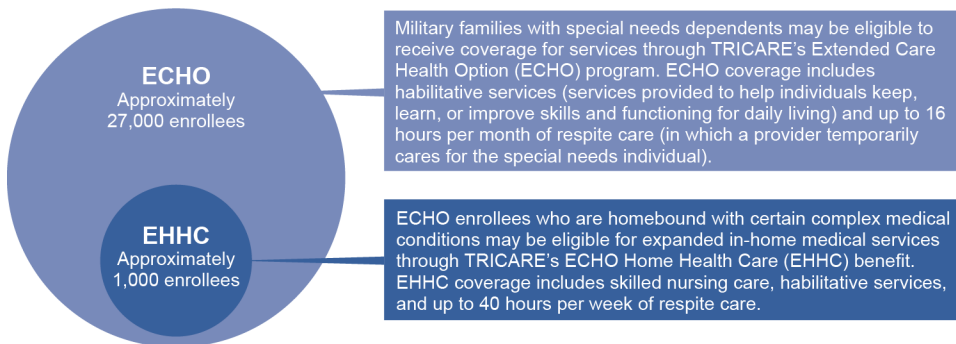
A report to congressional committees.

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What GAO Found

The Department of Defense (DOD) offers eligible military families with special needs dependents coverage for additional services beyond what is covered by TRICARE health plans through the TRICARE Extended Care Health Option (ECHO) program and its ECHO Home Health Care (EHHC) benefit. EHHC provides coverage for additional services to enrollees who are homebound with medically complex conditions. Together, ECHO and its EHHC benefit provide coverage for habilitative services (provided to help individuals keep, learn, or improve skills and functioning for daily living) and respite care (in which a provider temporarily cares for the individual with special needs). EHHC also covers skilled nursing care.

TRICARE Programs Providing Health Care Services to Military Families with Special Needs, 2024



Source: GAO analysis of DOD data and documentation. | GAO-26-108086

Military families with special needs dependents also may be eligible for coverage for home- and community-based services, such as skilled nursing care and respite care, through their state Medicaid program. GAO found that 14 of the 24 programs in seven states it reviewed offered coverage for all three services, and some programs covered more respite care than currently provided by ECHO.

GAO also found that military families may experience challenges accessing services through ECHO, which DOD has taken some steps to address. For example, of the 734 authorizations approved for respite care services from 2022 through 2024, less than one third were used. According to ECHO case managers, this lower usage is partly due to the lower number of respite care hours the program covers. Officials from the Defense Health Agency (DHA)—the agency within DOD responsible for managing ECHO—reported taking steps to increase ECHO respite care hours from 16 to 32 hours per month. GAO also found that ECHO's coverage limit—\$36,000 per enrollee, per calendar year—has remained the same since 2009. As such, the coverage limit may not have kept pace with increased health care costs. Additionally, while DHA officials said that the agency plans to compare ECHO benefits with those offered through Medicaid, it has not set goals or a timeline to complete this review. Assessing ECHO's coverage limit and establishing goals and a timeline for its planned review of ECHO benefits would help DHA determine whether the program is effectively meeting enrollees' needs.

Why GAO Did This Study

Individuals with special health care needs navigate complicated health care systems. Military families with special needs children may face additional challenges due to frequent moves across military installations. To address the needs of these military families, DOD provides coverage for health care services through the TRICARE ECHO program. A House report included a provision for GAO to review certain services available to military families.

This report describes coverage for nursing care, habilitative services, and respite care available to military families with special needs children through (1) ECHO and (2) Medicaid. It also examines (3) challenges military families may face when seeking access to these services through ECHO and steps DOD has taken to address any challenges.

GAO reviewed DOD and Medicaid program policies and documents in seven states with high active-duty military member presence. GAO also interviewed DOD officials, TRICARE representatives, state Medicaid officials, and stakeholder organizations representing military families and the special needs community.

What GAO Recommends

GAO is making two recommendations to DOD to (1) assess the TRICARE ECHO coverage limit; and (2) establish goals and a timeline to conduct its planned review of ECHO benefits. DOD agreed with the second recommendation, but disagreed with the first recommendation, citing average ECHO utilization amounts from 2024. As discussed in the report, GAO continues to believe that assessing the coverage limit in light of future inflation and enrollee needs will help DHA determine if any change is necessary.

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Abbreviations

DHA	Defense Health Agency
DOD	Department of Defense
ECHO	Extended Care Health Option
EFMP	Exceptional Family Member Program
EHC	ECHO Home Health Care
HCBS	home- and community-based services
HHS	Department of Health and Human Services
VA	Department of Veterans Affairs

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June 1, 2026

The Honorable Roger F. Wicker
Chairman
The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate

The Honorable Mike D. Rogers
Chairman
The Honorable Adam Smith
Ranking Member
Committee on Armed Services
House of Representatives

Individuals with special health care needs may have chronic physical, developmental, behavioral, or emotional conditions that require more specialized health care services. Ensuring that these individuals receive the care they need may involve navigating complicated health care systems. Military families may face a unique set of additional challenges in accessing and maintaining consistent health care services for special needs dependents due to frequent moves within the United States, or to overseas installations. Military members may move to a new installation every 2 to 4 years, according to the Department of Defense (DOD).

To help address these challenges, military families with special needs dependents may be eligible to receive coverage for services through TRICARE's Extended Care Health Option (ECHO) program.¹ These additional services may include home health care, durable medical equipment and incontinence supplies, as well as caregiver support

¹TRICARE is DOD's regionally structured health care program for eligible military members and their dependents. Generally, TRICARE enrollees include active-duty military members and their dependents, medically eligible National Guard and Reserve military members and their dependents, and retirees and their dependents or survivors. Active-duty military members include Reserve component members on active duty for more than 30 days. In fiscal year 2023, there were approximately 9.4 million TRICARE-eligible beneficiaries.

services, such as respite care.² According to DOD, approximately 27,000 eligible dependents were enrolled in ECHO in 2024, most of whom are children with intellectual, developmental, or physical disabilities or other significant health needs.

Congress has raised questions about the extent to which coverage available through TRICARE ECHO—particularly for nursing care, habilitative services (services provided to help individuals keep, learn, or improve skills and functioning for daily living) and respite care—is sufficient and services are easy to access.³

A report accompanying the Servicemember Quality of Life Improvement and National Defense Authorization Act for Fiscal Year 2025 includes a provision for us to review coverage for nursing care, habilitative services, and respite care through TRICARE ECHO, and other federal programs, including Medicaid and the Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers.⁴ This report

1. describes coverage for nursing care, habilitative services, and respite care for active-duty military families with special needs children available through ECHO and how these services are accessed;

²Durable medical equipment is equipment that serves a medical purpose, can withstand repeated use, is generally not useful in the absence of an illness or injury, and is appropriate for use in the home, including, for example, wheelchairs and hospital beds. Respite care—which provides short-term relief for the caregiver by having another provider temporarily care for the special needs individual—allows the caregiver to rest and to attend to their own financial, social, physical, and emotional well-being.

³In 2022, we reported on respite care and other caregiver support services available to military families through TRICARE and other programs. We found that opportunities existed to improve access to ECHO respite care services. Based on recommendations we made at that time, DOD has taken several actions to address identified barriers, including to collect and analyze data regarding the utilization of ECHO respite care and develop strategies to increase access to it. See GAO, *Military Personnel: Opportunities Exist to Improve Access to Services Supporting Caregivers of Dependents with Special Needs*, [GAO-22-105204](#) (Washington, D.C.: June 2022).

⁴H.R. Rep. No. 118-529, at 202-203 (2024). The report includes a provision for us to review relevant services such as VA's Program of Comprehensive Assistance for Family Caregivers, which is part of the agency's overall Caregiver Support Program. As such, we reviewed documentation from VA and interviewed officials responsible for administering its Caregiver Support Program. The Program of Comprehensive Assistance for Family Caregivers does not support special needs children of military families. See appendix I for more information about this program.

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2. describes coverage for nursing care, habilitative services, and respite care available through Medicaid, and how it compares to ECHO coverage for these services; and
 3. examines challenges military families may face when seeking to access nursing care, habilitative services, and respite care through ECHO and actions DHA has taken to address them.

To describe coverage for nursing care, habilitative services, and respite care available to active-duty military families through ECHO and how these services are accessed, we reviewed ECHO program documentation, including TRICARE program policies and benefits information. We also analyzed data on the ECHO program, including the number of referrals and authorizations approved and used for the services included in our review from 2022 through 2024 (the most recent data available at the time of our review). We conducted interviews with DOD officials responsible for collecting and providing these data and determined these data were reliable for providing a descriptive summary of ECHO program enrollment and use of benefits.

Moreover, we interviewed officials within the Defense Health Agency (DHA)—the office within DOD responsible for managing the TRICARE health care program, including ECHO—to discuss the ECHO program and the services available to program enrollees. We also interviewed two non-generalizable groups of TRICARE case managers from each of the two managed care support contractors responsible for coordinating benefits for ECHO enrollees to obtain information about the process for accessing ECHO services.⁵ We reviewed information about services available to military families through DOD’s Exceptional Family Member Program (EFMP) and interviewed officials from each service branch’s EFMP—the Air Force, Army, Navy, and Marine Corps.⁶ Finally, we interviewed officials from DOD’s Office of Special Needs—the office responsible for overseeing the EFMP across all military service branches.

To describe coverage for nursing care, habilitative services, and respite care available to military families through Medicaid and how it compares

⁵To select case managers for these interviews, we requested the names of every case manager with at least one ECHO enrollee in their case load from each TRICARE managed care support contractor. The team then interviewed a judgmental sample of six case managers from each managed care support contractor.

⁶Enrollment in the Exceptional Family Member Program (EFMP) is required for family members with special needs. Once enrolled, EFMP provides family support and other services before, during and after a military family’s relocation.

to the ECHO program, we reviewed program documentation and interviewed officials from the Centers for Medicare & Medicaid Services. Moreover, we reviewed information and interviewed Medicaid officials from seven selected states about the relevant services available through their state Medicaid programs.⁷ We selected these seven states based on having a high number of active-duty military members residing there. Together, these seven states accounted for approximately 60 percent of all active-duty service members stations in the United States, as of June 2024. We compared the coverage offered through selected states' Medicaid programs for the services included in our review to that offered through TRICARE ECHO based on whether the state's program offered coverage for the service or limited its coverage of the service.

To examine challenges active-duty military families may face when accessing ECHO services, we interviewed representatives from a non-generalizable selection of ten stakeholder organizations offering a range of perspectives: five advocacy groups, two national associations representing states, and three provider associations.⁸ Additionally, we interviewed case managers from both TRICARE managed care support contractors to discuss any challenges they have encountered when coordinating services for ECHO enrollees. We also interviewed officials from DHA to discuss any challenges military families may face in accessing ECHO benefits, steps that DOD has taken to address any challenges, and activities DHA has taken to evaluate the sufficiency of the ECHO program. Based on the information obtained from interviews with DHA officials, we examined the extent to which DHA has undertaken efforts to assess whether the ECHO program is fulfilling its purpose of assisting in "the reduction of the disabling effects of qualifying conditions," as set out in its TRICARE Policy Manual. We also interviewed DHA officials to discuss any past or planned assessments of ECHO benefits, including comparing benefits with other federal programs, such as Medicaid, and compared their implementation progress against factors

⁷The following states were included in our review: California, Virginia, North Carolina, Texas, Florida, Georgia, and Washington. Each of these states may have multiple Medicaid programs through which it provides coverage for nursing care, habilitative services, and respite care. For additional information about our state selection criteria, see appendix II.

⁸We selected these stakeholder organizations based on whether they (1) helped inform our prior report on respite care and other caregiver support services available to military families through TRICARE and other programs; (2) were recommended to us by another stakeholder group we interviewed either for this report or our prior report; or (3) represented providers of the services included in this review that were not the subject of our prior report (i.e., nursing care and habilitative services).

associated with successful initiative completion that we have previously identified.⁹

See appendix II for a more detailed discussion of our objectives, scope, and methodology.

We conducted this performance audit from January 2025 to June 2026 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

DOD provides enrollees—including active-duty military members and their families—with access to care from military and participating civilian health care providers through the TRICARE program. In addition, the federal government provides coverage for services for individuals with special health care needs through several programs, including those specifically for active-duty military members' dependents and Medicaid.

TRICARE Health Care Plans

DOD offers several TRICARE health care plans based on the sponsor's status with the military (e.g., active duty, retired, reservist) and location.¹⁰ TRICARE health care plans provide coverage for some nursing care services (part-time, intermittent care up to 35 hours per week) and certain habilitative services (e.g., occupational therapy, physical therapy, and speech-language pathology), but do not provide coverage for respite care services. With the exception of active-duty military members, TRICARE enrollees are subject to certain cost-sharing requirements based on their TRICARE health care plan, among other things.

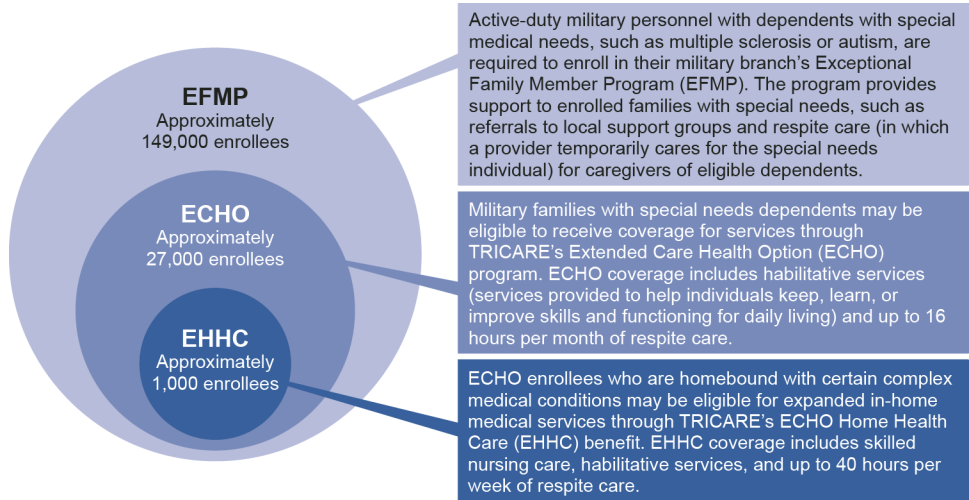
DOD Programs Supporting Military Families with Special Needs Dependents

DOD offers services and supports, including respite care, to active-duty military members with dependents who have special needs, through the service branches and through the TRICARE program. (For an overview of DOD programs and enrollment in 2024, see fig. 1.)

⁹See GAO, *Streamlining Government: Key Practices from Select Efficiency Initiatives Should Be Shared Governmentwide*, [GAO-11-908](#) (Washington, D.C.: Sept. 30, 2011) and *Results-Oriented Cultures: Implementation Steps to Assist Mergers and Organizational Transformations*, [GAO-03-669](#) (Washington, D.C.: July 2, 2003).

¹⁰These include TRICARE Prime (TRICARE's managed care health care plan) and TRICARE Select (a self-managed, preferred provider organization plan).

Figure 1: Department of Defense (DOD) Programs and Benefits Supporting Military Members' Dependents with Special Needs, 2024



Source: GAO analysis of DOD data and documentation. | GAO-26-108086

Notes: Numbers are rounded to the nearest thousand.

To access ECHO program services, active-duty military members with an eligible dependent must first enroll in the EFMP program to ensure their family members' special needs are considered during the assignment process. As such, the number of individuals enrolled in the ECHO program (27,000) is a subset of the number of individuals enrolled in the EFMP (149,000).

Similarly, only ECHO enrollees who meet certain eligibility criteria may access the EHHC benefit. As such, the number of individuals enrolled in the EHHC (1,000) is a subset of the number of individuals enrolled in the ECHO program (27,000).

Exceptional Family Member Program (EFMP). Active-duty military personnel who have family members with special medical or educational needs must be enrolled in their service branch's EFMP.¹¹ These special medical needs include potentially life-threatening or chronic physical conditions (such as diabetes or multiple sclerosis), current and chronic mental health conditions, asthma, attention deficit disorder, or a chronic condition that requires adaptive equipment, assistive technology devices or service, or environmental or architectural considerations.

¹¹Dependents of a military member include a spouse and children. These dependents are eligible to receive a DOD identification card, medical care in a DOD medical treatment facility, and command sponsorship or DOD-sponsored travel. In certain cases, this may also include other nondependent family members of a military member. According to DOD officials, special medical or educational needs are identified and updated using DOD's forms DD 2792 (Family Member Medical Summary) and DD 2792-1 (Early intervention/Special Education Summary).

Enrollment in the EFMP ensures that military families' special medical needs are considered during the assignment process.¹² The EFMP also provides support to families with special needs by offering information and referrals to local resources such as support groups, non-medical case management, and respite care services.

As we previously reported, DOD is in the process of standardizing both eligibility requirements and the number of respite care hours offered across all military service branches through the EFMP.¹³ Under the new standardized respite care benefit, the number of respite care hours available will be determined by the dependent's Level of Need assessment score.¹⁴ Individuals with profound needs are eligible for up to 32 hours of respite care per month, those with moderate needs up to 20 hours of respite care per month, and those with the lowest needs are ineligible for respite care services.¹⁵

DOD's Office of Special Needs develops policy and provides oversight for the EFMP, while each service branch is responsible for implementing

¹²Before finalizing a military member's assignment to a new location, DOD requires each military branch to consider any dependent's special needs, including the availability of required medical and special educational services at a proposed new location. See U.S. Department of Defense, Office of the Under Secretary of Defense for Personnel and Readiness, DOD Instruction 1315.19, *Exceptional Family Member Program* (June 23, 2023), para. 1.2.a,b.

¹³According to agency officials overseeing the standardization effort, DOD expects to fully implement standardization of its respite care service benefit by October 2027. Prior to standardization, each service branch could determine eligibility requirements, and the number of respite care hours offered for their EFMP and, as we reported in 2022, these hours and requirements varied by service branch. For example, according to service branch officials, the Navy and the Air Force offered up to 40 hours of respite care each month through their respective EFMP, the Marine Corps offered 20 hours each month, and the Army offered 25 hours each month. See [GAO-22-105204](#).

¹⁴The Level of Need score is determined using an age-based rubric that scores an individual's needs based on expectations for cognitive function, development, communication skills, and special education considerations, among others.

¹⁵DOD allows the military services to make exceptions and provide more respite care hours to a family. Per DOD guidance, each service branch is to establish policy and procedures for families to request additional EFMP respite care support if a military member is: (1) experiencing an exceptional circumstance that significantly impacts the wellness of a caregiver who is providing care to a family member with special needs; or (2) experiencing an exceptional circumstance that requires additional support to give temporary relief to the caregiver.

DOD policy requirements for its EFMP.¹⁶ There were approximately 149,000 enrollees in the EFMP in 2024.

TRICARE’s Extended Care Health Option (ECHO) Program.

Dependents of active-duty military members who are enrolled in the EFMP and require additional services and supplies may be eligible for coverage of such services and supplies through TRICARE’s ECHO program. To be eligible for the ECHO program, military families must meet certain service-based criteria, and the beneficiary must have one of several qualifying conditions, such as autism, cerebral palsy, or a moderate or severe mental intellectual disability. Qualified dependents register for the ECHO program through TRICARE case managers.¹⁷ There were approximately 27,000 enrollees in the ECHO program in 2024.

The military member must pay part of the monthly expenses for authorized ECHO benefits through a monthly copayment based on the service member’s pay grade. The monthly copayment is one fee per military member, not per ECHO enrollee, and is paid only if ECHO benefits are used during that calendar month. In 2024, ECHO copayment amounts ranged from \$25 to \$250 per month. In addition, the coverage limit for all ECHO program benefits combined was \$36,000 per calendar year, per enrollee.

TRICARE’s ECHO Home Health Care (EHHC) Benefit. ECHO enrollees who are homebound with certain complex medical conditions may be eligible for expanded in-home medical services through TRICARE’s EHHC benefit. There were approximately 1,000 enrollees in the EHHC benefit in 2024.

As with ECHO, the military member must pay part of the monthly expenses for authorized EHHC benefits through a monthly copayment based on the service member’s pay grade. The monthly copayment would cover all ECHO and EHHC services received in a given month. Coverage for the EHHC benefit is limited to the maximum fiscal year

¹⁶These requirements are set forth in U.S. Department of Defense, Office of the Under Secretary of Defense for Personnel and Readiness, DOD Instruction 1315.19, *Exceptional Family Member Program* (June 23, 2023). Space Force EFMP needs are coordinated by the Air Force.

¹⁷Case managers serve as an ECHO program point of contact for enrollees and assist in the development of a care plan to identify short-term and long-term goals with scheduled appointments for the enrolled dependent.

amount TRICARE would pay if the enrollee resided in a skilled nursing facility. This amount is based on the enrollee's geographic location.

Medicaid Home- and Community-based Services (HCBS) Waivers

Eligible military families with special needs dependents also may obtain coverage for services through their state Medicaid program. Medicaid—the joint federal-state program that finances health care for certain low-income and medically needy individuals—is the nation's primary payer for long-term services and supports, including HCBS. HCBS cover a wide range of support services to help individuals remain in their homes or live in a community setting, such as personal care services to assist with activities of daily living. While states are required to cover certain institutional care as part of Medicaid, coverage for most HCBS is optional.

States may cover HCBS for individuals under various Medicaid authorities, most commonly through HCBS waiver programs.¹⁸ These programs serve individuals who are eligible for an institutional level of care; that is, they have needs that rise to the level of care usually provided in Intermediate Care Facilities for Individuals with Intellectual Disabilities, nursing homes, or other institutions. HCBS waiver programs provide states with flexibility to design their own programs to provide services not otherwise covered by Medicaid to designated populations, such as individuals with intellectual or developmental disabilities, which may include military dependents. Substantial variation exists across states regarding the eligibility criteria, populations served, and slots available for each HCBS waiver.

¹⁸HCBS waivers are authorized under section 1915(c) of the Social Security Act, which permits the Secretary of Health and Human Services to waive certain Medicaid requirements, allowing states to target specific groups and limit the number of beneficiaries served. HCBS waivers are the primary means by which state Medicaid programs cover HCBS; however, states may cover HCBS through other Medicaid authorities.

ECHO and Its EHC Benefit Cover Some Habilitative Services, Respite Care, and Nursing Care, Which Are Accessed through Referrals

ECHO Covers Some Habilitative Services and Respite Care, and Covers Skilled Nursing Care and Other Additional Services for Qualified Enrollees through Its EHC Benefit

ECHO provides coverage for habilitative services (beyond what is provided by the enrollee’s TRICARE health care plan) and 16 hours of respite care per calendar month for enrollees with special needs.¹⁹ Coverage for skilled nursing care (beyond what is covered by the enrollee’s TRICARE health care plan) is only available for enrollees who qualify for the ECHO program’s EHC benefit, which also provides additional respite care beyond what is covered by ECHO. (See table 1.)

Table 1: Nursing Care, Habilitative Services, and Respite Care Coverage through the TRICARE ECHO Program and Its EHC Benefit (2024)

TRICARE program/benefit	Nursing care	Habilitative services	Respite care	Plan coverage limit
ECHO program	Not available ^a	Continued habilitative services covered through enrollee’s TRICARE health care plan, and hippotherapy for individuals with a multiple sclerosis or cerebral palsy primary or secondary diagnosis ^b	Up to 16 hours per calendar month ^c	\$36,000 per enrollee, per calendar year

¹⁹ECHO respite care services must be obtained through a TRICARE-authorized home health agency, and do not include childcare for other family members or visitors.

TRICARE health care plans provide coverage for part-time, intermittent skilled nursing care services, up to 35 hours per week.

TRICARE program/benefit	Nursing care	Habilitative services	Respite care	Plan coverage limit
EHHC benefit	Skilled nursing care	Services including occupational therapy, physical therapy, and speech-language pathology	Up to 40 hours per week (8 hours per day, 5 days per week) ^d	The maximum fiscal year amount TRICARE would pay if the enrollee resided in a skilled nursing facility, based on the enrollee's geographic location

Source: DOD officials and TRICARE ECHO documentation. | GAO-26-108086

Notes: To access TRICARE's Extended Care Health Option (ECHO) program, military families must meet certain service-based criteria, and the beneficiary must have one of several qualifying conditions, such as autism, cerebral palsy, or a moderate or severe mental intellectual disability. The ECHO Home Health Care (EHHC) benefit provides additional services and supports to ECHO enrollees who are homebound and have more complex medical conditions. Coverage for services obtained through TRICARE ECHO and its EHHC benefit are subject to prior authorization.

^aTRICARE health care plans provide coverage for part-time, intermittent skilled nursing care services, up to 35 hours per week.

^bHippotherapy is an exercise program that offers a person with a disability a means of physical activity that aids in improving balance, posture, and coordination (among other things) through use of a horse and a physical or occupational therapist. The treatment is covered by ECHO for enrollees with a primary or secondary diagnosis of multiple sclerosis or cerebral palsy. Hippotherapy is excluded from coverage under TRICARE health care plans.

^cECHO respite care services must be obtained through a TRICARE-authorized home health agency, and do not include childcare for other family members or visitors.

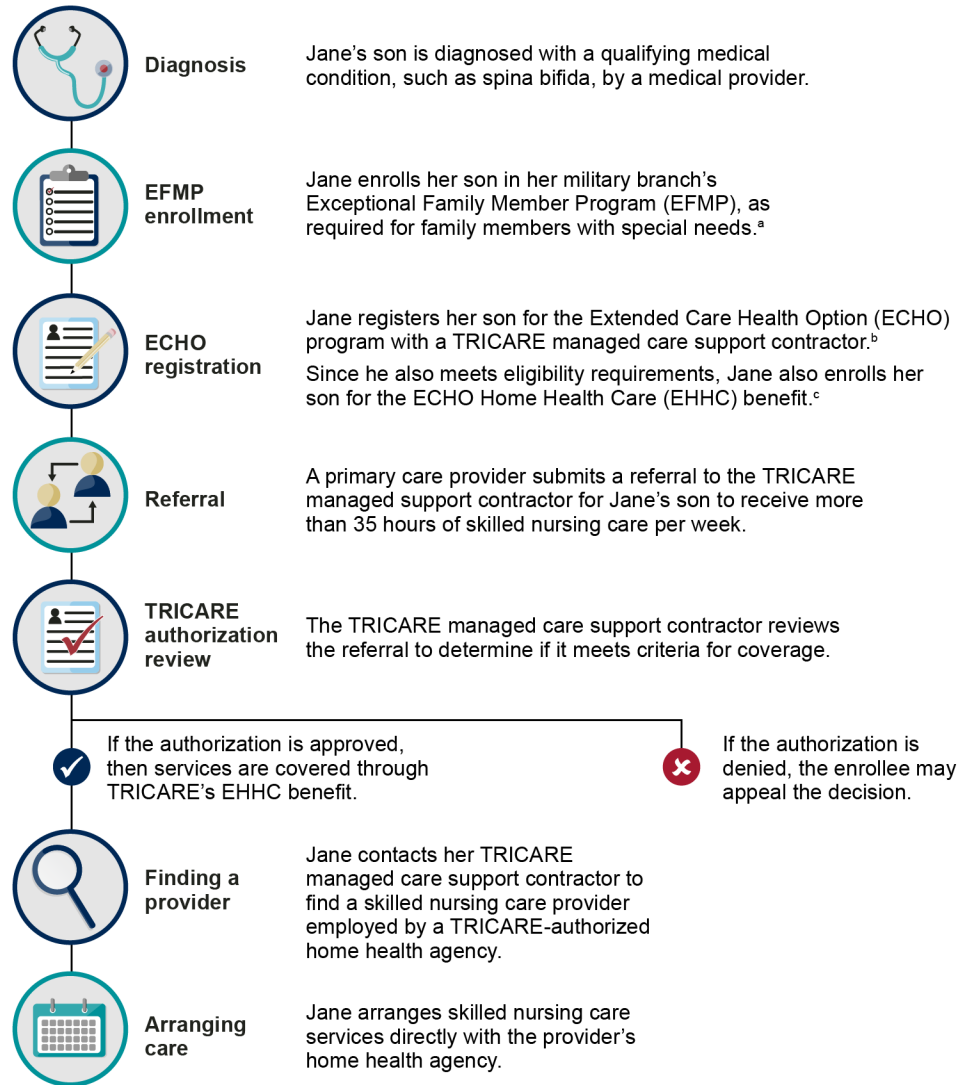
^dEHHC respite care hours cannot be combined with the ECHO respite care benefit.

According to DHA officials, nursing care is not covered and habilitative services are not typically covered through the ECHO program because the program is for less medically complex individuals. However, officials stated that there may be cases where an enrollee could obtain coverage for continued habilitative services. For example, if an enrollee was authorized for 16 visits for physical therapy through TRICARE health care plan coverage, but the person stopped progressing, the physical therapy would stop. If the enrollee qualifies for ECHO, they could get covered for more physical therapy visits authorized to avoid regressing and maintain function. In addition, officials stated that nursing care services are offered through the EHHC benefit because those enrollees require a level of care that they would otherwise receive in a skilled nursing home facility.

ECHO Services Are Accessed through Referrals, and the Number of Referrals for Skilled Nursing Care and Respite Care Services Have Increased

All services covered by ECHO and its EHC benefit require prior authorization from TRICARE. To obtain prior authorization for a service, the enrollee's provider submits a referral requesting the service to the TRICARE managed care support contractor. The contractor then reviews the referral and determines whether the requested service qualifies for coverage (e.g., the requested service is a covered ECHO benefit and the referral for service contains all required information). That decision is communicated to the enrollee, who will schedule care directly with the provider if authorized or determine whether to appeal the decision if care was not authorized. (See fig. 2 for an example of how an enrollee would obtain nursing care services through ECHO's EHC benefit.)

Figure 2: Steps for Obtaining Skilled Nursing Care Services for Example Hypothetical Patient through TRICARE ECHO's EHC Benefit



Source: GAO analysis and presentation of DOD and TRICARE documentation. | GAO-26-108086

^aThe Department of Defense (DOD) requires that active-duty military personnel who have family members with special medical or educational needs enroll in their service branch's EFMP. Enrollment in the EFMP ensures that military families with special medical needs are considered during the assignment process. The EFMP also provides support to families with special needs by offering information and referrals to local resources such as support groups, non-medical case management, and respite care services.

^bTo access TRICARE's ECHO program, military families must meet certain service-based criteria, and the beneficiary must have one of several qualifying conditions, such as autism, cerebral palsy, or a moderate or severe mental intellectual disability. Coverage for services obtained through TRICARE ECHO is subject to prior authorization.

^cThe EHC benefit provides additional services and supports to ECHO enrollees who are homebound and have more complex medical conditions. Coverage for services obtained through the EHC benefit are subject to prior authorization.

The number of referrals for nursing care and respite care services increased from 2022 through 2024 (the most recent data available at the time of our review), according to data available from one of the two managed care support contractors for the ECHO program.²⁰ In total the TRICARE managed care support contractor received approximately 1,630 referrals requesting authorizations for nursing care, habilitative services, and respite care through ECHO and its EHC benefit. Across all services, the number of referrals this contractor received nearly tripled from 2022 (261 referrals) to 2024 (769 referrals).

Of the services included in our review, ECHO enrollees most frequently requested respite care from 2022 through 2024. In all, the contractor received 776 referrals for ECHO and EHC respite care and approved authorizations for 734 (95 percent) of these referrals. However, most of these authorizations for respite care—499 authorizations (68 percent)—went unused. According to DHA officials, authorizations may go unused for various reasons, such as enrollees no longer needing the service or obtaining coverage for it through another source. For EHC enrollees, the service most requested from 2022 through 2024 was nursing care. In all, for the 830 referrals the contractor received for EHC nursing care services, it approved 635 authorizations (77 percent). EHC enrollees ultimately used services for 589 of the 635 approved authorizations (93 percent) for nursing care. (See table 2.)

Table 2: Number of ECHO and EHC Nursing Care, Habilitative Services, and Respite Care Referrals and Authorizations for One Managed Care Support Contractor, for 2022 through 2024

Service	2022	2023	2024
Skilled Nursing Care^a			
Total number of referrals received	155	286	389
Total number of authorizations approved	130	193	312
Total number of authorizations denied	25	93	77

²⁰We requested but could not obtain data for all ECHO referrals and authorizations from 2022 through 2024 from the other relevant managed care support contractor due, according to DHA officials, to a change in contractor in 2025. According to DHA officials, DHA and the new contractor are unable to provide data on referrals and authorizations for ECHO services from the previous contractor because neither has access to the previous contractor's data system that contained this TRICARE information.

Service	2022	2023	2024
Total number of authorizations used	124	180	285
Habilitative Services			
Total number of referrals received	8	10	6
Total number of authorizations approved	5	8	5
Total number of authorizations denied	3	2	1
Total number of authorizations used	5	8	5
Respite Care^b			
Total number of referrals received	98	304	374
Total number of authorizations approved	94	288	352
Total number of authorizations denied	4	16	22
Total number of authorizations used	34	102	99

Source: GAO analysis of TRICARE managed care support contractor data. | GAO-26-108086

Notes: The numbers in the table represent referrals and authorizations for services offered through TRICARE's Extended Care Health Option (ECHO) and its ECHO Home Health Care (EHHC) benefit. To access TRICARE's ECHO program, military families must meet certain service-based criteria, and the beneficiary must have one of several qualifying conditions, such as autism, cerebral palsy, or a moderate or severe mental intellectual disability. ECHO enrollees who are homebound and have more complex medical conditions may qualify for additional services through the EHHC benefit.

^aECHO does not provide coverage for skilled nursing care services. All authorizations approved and used were for individuals enrolled in the EHHC benefit, which does provide coverage for skilled nursing care services.

^bDHA had provided data on ECHO respite care authorizations from 2022 to 2024 to address a recommendation from our 2022 report on the ECHO program. According to those data, from 2022 to 2024, 458 authorizations were approved for ECHO respite care, of which 295 authorizations were used. See GAO, *Military Personnel: Opportunities Exist to Improve Access to Services Supporting Caregivers of Dependents with Special Needs*, [GAO-22-105204](#) (Washington, D.C.: June 2022).

According to DHA officials, TRICARE managed care support contractors may deny requests for authorization for several reasons, including ineligibility (e.g., is not enrolled in the ECHO program). According to data from one contractor, one of the most common reasons for authorization denial was that the referral was missing information (e.g., missing provider information) or that the service requested is not covered by ECHO or its EHHC benefit.

Some Medicaid HCBS Waivers Provided Coverage for More Selected Services than ECHO, but Access to These Programs May Be Limited

Like TRICARE's ECHO program, all 24 state Medicaid HCBS waiver programs we reviewed offered coverage for respite care, and most programs also offered coverage for skilled nursing care (19 of 24 programs). More than half of the HCBS waiver programs we reviewed (14 of 24 programs) offered coverage for all three services—skilled nursing care, habilitative services, and respite care.²¹

In some cases, HCBS waiver programs covered more types of habilitative services and respite care than ECHO. For example, one HCBS waiver program covered group day services for socialization, while another offered life skills building and employment readiness training as habilitative services. In addition, some HCBS waiver programs also provided more coverage for respite care services in terms of both the setting and hours covered. For example, one HCBS waiver program covered respite care in either a home or facility setting (compared to ECHO's in-home only coverage). Moreover, one HCBS waiver program offered 480 hours of respite care per year, while another did not specify a limit to the number of covered hours (compared to ECHO's limit of 16 hours per calendar month). (See table 3 for examples of ECHO and selected state Medicaid HCBS waiver programs' coverage for selected services.)

Table 3: Examples of Nursing Care, Habilitative Services, and Respite Care Available through ECHO and Selected State Medicaid Home- and Community-Based Services (HCBS) Waiver Programs

Program	Nursing Care	Habilitative Services	Respite Care
ECHO	Not available ^a	Continued habilitative services covered through TRICARE health care plan, and hippotherapy for individuals with a multiple sclerosis or cerebral palsy primary or secondary diagnosis ^b	In-home respite care services for up to 16 hours per month
HCBS Waiver for Californians with Developmental Disabilities (California)	Skilled nursing care services	Physical therapy, occupational therapy, speech, hearing and language services, as well as other services such as activity-based and therapeutic day services for skills building and socialization	In-home and out-of-home respite care services with no specified limit on hours covered ^c

²¹We reviewed waiver programs in seven selected states. These were state Medicaid HCBS waiver programs approved under section 1915(c) of the Social Security Act for which eligible ECHO enrollees are likely to qualify based on the population served by the program. Some waiver programs were excluded because they are only available to adults 18 and older or are intended for certain diagnoses, such as traumatic brain injury, that generally do not apply to ECHO dependents. Services provided through other Medicaid coverage options are also excluded.

Program	Nursing Care	Habilitative Services	Respite Care
Home and Community-Based Services (HCS) Program Waiver (Texas)	Skilled nursing care services	Physical therapy, occupational therapy, speech and language pathology, as well as other habilitative services such as day services for life skills building and socialization, and employment readiness training	In-home and out-of-home respite care services for up to 300 hours per year
Family and Individual Support Waiver (Virginia)	Skilled nursing care (up to 21 hours per week) and private duty nursing services	Therapeutic consultation for services including physical therapy, occupational therapy, speech and language pathology, as well as group day services for skills building and socialization ^d	In-home and facility-based respite care services for up to 480 hours per year

Source: GAO analysis of TRICARE documents and state Medicaid HCBS waiver applications. | GAO-26-108086

Notes: To access TRICARE's ECHO program, military families must meet certain service-based criteria, and the beneficiary must have one of several qualifying conditions, such as autism, cerebral palsy, or a moderate or severe mental intellectual disability. The ECHO Home Health Care (EHHC) benefit provides additional services and supports to ECHO enrollees who are homebound and have more complex medical conditions, including skilled nursing care services up to the program's overall coverage limit and in-home respite care for up to 40 hours per week (8 hours per day, 5 days per week).

HCBS waivers are authorized under section 1915(c) of the Social Security Act, which permits the Secretary of Health and Human Services to waive certain Medicaid requirements, allowing states to target specific groups and limit the number of beneficiaries served. According to the Centers for Medicare & Medicaid Services, habilitative and habilitation services are both defined as health care services that help an individual keep, learn, or improve skills and functioning for daily living. As such, we include both habilitative and habilitation services in our analysis of waiver services.

^aECHO enrollees may qualify for skilled nursing care services through their TRICARE health care plan, which provides coverage for part-time, intermittent skilled nursing care services, up to 35 hours per week.

^bHippotherapy is an exercise program that offers a person with a disability a means of physical activity that aids in improving balance, posture, and coordination (among other things) through use of a horse and a physical or occupational therapist. The treatment is covered by ECHO for enrollees with a primary or secondary diagnosis of multiple sclerosis or cerebral palsy. Hippotherapy is excluded from coverage under TRICARE health care plans.

^cOut-of-home respite care is covered at locations that include licensed residential and respite facilities and other community settings such as camps and certified family homes for children.

^dTherapeutic consultation services provide expertise, training, and technical assistance to assist the individual enrolled in the waiver program and the individual's family or caregiver, as appropriate. This may include demonstrating specialized, therapeutic interventions, and training caregivers on how to assist the individual in using an assistive device, among other things.

Although these HCBS waiver programs may provide coverage for more services, access to the programs may be limited, which may particularly affect military families. When the number of people seeking waiver services exceeds the number of waiver slots available, those interested in enrolling may be placed on a waiting list. According to HHS, these waiting lists often impact people with intellectual and/or developmental disabilities. In 2025, the average time it took for an individual to move off a waiting list and enroll into an HCBS waiver program was about 32

months according to a recent study.²² Given that military families move often (typically every 2 to 4 years), such waiting lists may present a unique challenge for accessing state HCBS waiver programs.²³ A representative from one stakeholder group told us that in some cases, if a military family has a special needs child enrolled in an HCBS waiver program, and the family is due to move to a new duty station, the non-military spouse may opt to remain behind with the child to maintain continuity of care.

See appendix III for more details about Medicaid HCBS waiver programs available through the seven states included in our review.

Military Families May Face Challenges Accessing Needed Services, Which DHA Has Taken Some Steps to Address

Military Families May Face Challenges Obtaining Providers for ECHO Services, Particularly Respite Care; DHA Is Working to Increase Respite Care Hours

Although nearly 27,000 individuals were enrolled in ECHO in 2024, only about 4,200 of them (16 percent) used the program’s services. According to data from one TRICARE managed care support contractor, even when ECHO services are authorized—particularly respite care—they are not always used.²⁴ Provider shortages may contribute to unused authorized services, according to DHA officials.

We and others have previously reported on a shortage of home health care providers, which may delay or limit access to respite care and

²²Alice Burns, Abby Wolk, and Molly O’Malley Watts, “A Look at Waiting Lists for Medicaid Home- and Community-Based Services from 2016 to 2025,” KFF, (San Francisco: Nov.20, 2025).

²³Effective 2030, Section 1603 of the Consolidated Appropriations Act, 2026, amended Section 1902 of the Social Security Act to include protections for Medicaid enrollment and HCBS waiting list placement for relocated service members and their dependents.

²⁴TRICARE policy requires that all ECHO respite care services are provided only by Medicare or Medicaid certified home health agencies with a valid agreement to participate in the TRICARE program in effect at the time of services.

nursing care services for military families.²⁵ In addition to broader workforce issues, such as staff turnover and low wages, certain aspects of the ECHO program also may contribute to challenges securing a provider to access program services, including low respite care hours and low reimbursement offered by ECHO.²⁶

Lower number of respite care hours offered by ECHO. Of the services included in our review, respite care was the most frequently requested. It also had the highest percentage of unused authorizations for services, with less than a third of approved authorizations ultimately being used from 2022 through 2024. According to two ECHO case managers, we were also told, for example, that even if respite hours increased to 32 hours per month, it would remain difficult to find a respite care provider as the providers want more hours than that and that it can be very challenging to find consistent caregiving as a result. Additionally, a position offering steady, full or part-time employment is prioritized by agencies staffing these positions over, for example, an infrequent 16-hour monthly position, which case managers shared is also a factor contributing to respite care provider availability.

In response to the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021—which authorized DOD to expand its coverage for respite care—DHA officials reported taking steps to increase the number of covered ECHO respite care hours from 16 to 32 hours per month.²⁷ In 2022, we noted that officials expected to finalize the

²⁵See GAO, *VA Health Care: Veterans' Use of Long-Term Care Is Increasing, and VA Faces Challenges in Meeting the Demand*, [GAO-20-284](#) (Washington, D.C.: Feb. 19, 2020) and *Medicaid Home- and Community-based Services: Selected States' Program Structures and Challenges Providing Services*, [GAO-18-628](#) (Washington D.C.; Aug. 30, 2018). In addition, a national survey in 2020 found that direct care workforce shortages worsened in many states during the COVID-19 pandemic. See KFF, *State Medicaid Home & Community-Based Services (HCBS) Programs Respond to COVID-19: Early Findings from a 50-State Survey* (Washington, D.C. Aug. 10, 2021).

²⁶HHS recently reported on the key issues and challenges faced by the U.S. health care workforce. The agency found that low wages and high staff turnover were among factors affecting direct care workers providing long-term care, resulting in people often not getting health care services they need. HHS, Office of the Assistant Secretary for Planning and Evaluation, *Health Care Workforce: Key Issues, Challenges, and the Path Forward* (Washington, D.C.: Oct. 2024).

²⁷Pub. L. No. 116-283, § 704, 134 Stat. 3388, 3687 (2020). The act provided for the expansion of benefits available under ECHO, including the increase in the respite care legal limit from 16 to 32 hours pursuant to regulations prescribed by the agency.

rulemaking process for this increase by 2025.²⁸ Since then, however, DHA officials stated that they encountered delays and also plan to implement several updates to the ECHO program along with the change in respite care hours. As such, as of February 2026, DHA officials said they were in the process of implementing these changes and did not yet have a final implementation date for them.

Lower ECHO reimbursement rates. Two stakeholder groups and an ECHO case manager noted that TRICARE's reimbursement rates may be lower than other private insurance options. The case manager and one stakeholder further noted that low rates can make it less appealing for providers to participate with TRICARE. TRICARE reimbursement rates generally align with Medicare reimbursement rates for similar services, which are set by law. Others have previously reported on Medicare reimbursement rates being lower than those of private insurers.²⁹

DHA Recently Improved ECHO Program Information on Its TRICARE Website

In February 2026, DHA officials reported reviewing and updating the agency's TRICARE ECHO website to provide more clear and comprehensive information about the ECHO program to military families. Prior to these improvements, and during the course of our work, we had pointed out to DHA officials that the website contained less than comprehensive information about covered services and misleading text about program benefits. For example, previously the website stated that enrollees may obtain training, institutional care, and respite care through ECHO, but did not provide information about other benefits like habilitative services, durable medical equipment, or assistive services.

Additionally, the website stated that ECHO "provides financial assistance to beneficiaries with special needs for an integrated set of services and supplies." However, ECHO does not provide direct financial assistance to enrollees. Instead, the program provides coverage for additional services beyond what is available in enrollees' TRICARE health care plans and requires enrollees to pay a monthly copayment whenever ECHO services are used. According to representatives from one stakeholder group, the statement on the TRICARE website—which enrollees are directed to for obtaining program information after enrolling—set a false expectation that

²⁸See [GAO-22-105204](#).

²⁹See Congressional Budget Office, *The Prices That Commercial Health Insurers and Medicare Pay for Hospitals' and Physicians' Services*, (Washington, D.C.: Jan. 2022), and Lopez E, Neuman T, Jacobson G, Levitt L., *How much more than Medicare do private insurers pay? A review of the literature*, KFF (San Francisco: Apr. 15, 2020).

ECHO provides money to an enrollee's family for care. By reviewing and updating TRICARE's ECHO website, DHA helped ensure that it provides more comprehensive and clear information about ECHO benefits and covered services, helping individuals make informed decisions about their health care coverage.

DHA Lacks Reasonable Assurance That ECHO Benefits Are Fully Meeting Enrollees' Needs

DHA lacks reasonable assurance that ECHO benefits, including EHHC services, are fully meeting the program's purpose of mitigating the disabling effects of a qualifying condition. First, one stakeholder and case managers from one TRICARE managed care support contractor stated that ECHO's static coverage limit is a concern. Second, based on our analysis and as shared by stakeholders, ECHO benefits may provide less comprehensive coverage than some Medicaid HCBS waiver programs. As with ECHO reimbursement rates, DHA cannot independently change its coverage limit or certain ECHO program benefits without congressional action. However, taking steps to assess these aspects of the program would help inform any potential congressional action.

Static ECHO coverage limits. Case managers from one contractor reported that ECHO enrollees may face challenges in obtaining necessary care using program benefits due to ECHO's coverage limit—the maximum amount TRICARE will pay for all ECHO benefits in a calendar year, per enrollee. Additionally, one stakeholder group expressed concern that ECHO's cost limit has not kept up with health care costs. ECHO's coverage limit is set by law and has remained the same—\$36,000 per calendar year—since an increase was last authorized in 2009.³⁰ Using the Consumer Price Index, we calculated that \$36,000 in 2009 dollars is equivalent to about \$24,000 in 2025 dollars.³¹ As such, the coverage limit may not have kept pace with increased costs for the services covered under the program.

³⁰The Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 authorized DOD to increase the ECHO coverage limit from \$2,500 per month to \$36,000 per year for ECHO benefits. Pub. L. No. 110-417, § 732, 122 Stat. 4356, 4511 (2008). DOD issued a final rule implementing this increase to ECHO's coverage limit in 2010. 75 Fed. Reg. 47,711 (July 26, 2010) (codified at 32 C.F.R. § 199.5).

³¹This is based on the Consumer Price Index for All Urban Consumers. The index is a measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services.

Example claims for an ECHO enrollee in 2024

Item	Cost
Tomato seat (adaptive chair)	\$ 8,288
Bath system	\$ 4,717
Adaptive car seat	\$ 9,256
Incontinence supplies (one year)	\$ 9,786
Total	\$ 32,047

Source: TRICARE managed care support contractor | GAO-26-108086

As noted by one managed care support contractor, and consistent with ECHO claims data for 2024, though it is uncommon for enrollees to meet their annual ECHO coverage limit of \$36,000, an increasing number of enrollees are approaching the coverage limit. This is being driven by the rising cost of durable medical equipment and incontinence supplies. Furthermore, according to the contractor, when an ECHO enrollee undergoes a durable medical equipment evaluation, it is common to request multiple items for a single assessment (e.g., car seat, tricycle, bath system, adaptive seating).

When an enrollee approaches the ECHO coverage limit, an ECHO case manager will discuss prioritizing the person's needs for the requested items and discuss whether any of the items can be deferred until the following calendar year, according to the managed care support contractor. For example, an adaptive car seat typically takes precedence over an adaptive tricycle.

According to DHA officials, the agency last conducted a review of the ECHO coverage limit around 2009, although officials could not provide documentation of the review. If the current coverage limit prevents military families from fully using program benefits, the ECHO program may not be fulfilling its intended purpose to assist in the reduction of the disabling effects of a qualifying condition of an eligible dependent. Assessing the extent to which the ECHO coverage limit is meeting enrollee needs would be a step towards providing assurance the program is fulfilling its purpose.

Potentially less comprehensive coverage than Medicaid. According to a report accompanying the Servicemember Quality of Life Improvement and National Defense Authorization Act for Fiscal Year 2025, the ECHO program "was established by Congress to provide supplemental services for these families, similar to home and community-based services offered by state Medicaid programs."³² However, ECHO benefits may be less comprehensive than some state Medicaid HCBS waiver programs.

When asked if DHA had assessed ECHO benefits to determine whether they are meeting enrollees' needs and were comparable to those offered through other federal programs, such as state Medicaid HCBS waiver programs, DHA officials noted that the agency is considering a review of ECHO services compared to those offered by HCBS waiver programs.

³²H.R. Rep. No. 118-529, at 202-203 (2024).

DHA officials stated that it would be appropriate to conduct their review after states have implemented changes to their Medicaid programs in response to requirements in Public Law 119-21, commonly known as the One Big Beautiful Bill Act.³³ However, DHA officials noted that a timeline for the review had not been established. Our body of work has shown that by setting goals and a timeline, an organization builds momentum and can show progress from day one, thereby helping ensure an initiative's successful completion.³⁴ Setting implementation goals and a timeline for a review of ECHO benefits would better position DHA to conduct its planned study. This would help determine whether the ECHO program is effectively meeting enrollees' needs and identify whether any further actions are needed.

If a review shows that ECHO program benefits are less comprehensive than those offered by state Medicaid HCBS waiver programs, the ECHO program may not be fulfilling its intended purpose of assisting in the reduction of the disabling effects of a qualifying condition of an eligible dependent. Comparing ECHO benefits against HCBS waiver programs—especially to the more comprehensive programs, which stakeholders identified as the reason why military families might seek Medicaid support—would assist DHA with identifying potential gaps in the ECHO program. Sharing the results of this review with Congress would inform potential legislative action to help ensure that the ECHO program continues to meet its intended purpose.

Conclusions

Military families with special needs children may require nonstandard care to help manage intellectual, developmental, or physical disabilities. In addition, military families' frequent moves within the United States and to overseas installations, which can occur every 2 to 4 years, may present challenges in maintaining consistent support services for these children. To help mitigate the disabling effects of qualifying conditions, DHA provides health care service coverage through TRICARE's ECHO program. The ECHO program can help bridge gaps in support and care for military families with special needs children and may serve as an

³³An Act To provide for reconciliation pursuant to title II of H. Con. Res. 14, Pub. L. No. 119-21, 139 Stat. 72 (2025).

³⁴GAO, *Streamlining Government: Key Practices from Select Efficiency Initiatives Should Be Shared Governmentwide*, [GAO-11-908](#) (Washington, D.C.: Sept. 30, 2011) and *Results-Oriented Cultures: Implementation Steps to Assist Mergers and Organizational Transformations*, [GAO-03-669](#) (Washington, D.C.: July 2, 2003).

alternative to Medicaid, which military families may have challenges accessing.

However, TRICARE's coverage limit for the ECHO program has remained the same since Congress last authorized an increase in 2009. Due to rising health care costs, DHA lacks reasonable assurance that ECHO's coverage limit is sufficient to meeting enrollees' needs. By assessing TRICARE's coverage limit for the ECHO program and taking steps to adjust the coverage limit as appropriate, DHA would be better positioned to ensure that enrollee benefits coverage reflects enrollee health care needs.

In addition, we found that ECHO benefits were less comprehensive than some Medicaid HCBS waiver program benefits. DHA officials plan to review how ECHO benefits compare to those offered by state Medicaid HCBS waiver programs; however, DHA has yet to establish goals and a timeframe for conducting this review. Setting implementation goals and a timeline for a review of ECHO benefits would better position DHA to conduct its planned study. This would help determine whether the ECHO program is effectively meeting enrollees' needs and in identifying whether further actions are needed.

Recommendations for Executive Action

We are making two recommendations to DOD.

The Director of the Defense Health Agency should assess and document its assessment of TRICARE's coverage limit for the ECHO program; and take steps to adjust the coverage limit as appropriate. (Recommendation 1)

The Director of the Defense Health Agency should establish goals and a timeline to implement the planned review of TRICARE ECHO benefits with those offered by state Medicaid HCBS waiver programs, and to share findings from this review with Congress. (Recommendation 2)

Agency Comments and Our Evaluation

We provided a draft of this report to DOD, HHS, and VA for comment. In its written comments, reproduced in appendix IV, DOD concurred with the second recommendation to establish goals and a timeline to implement its planned review of TRICARE ECHO benefits with those offered by state Medicaid HCBS waiver programs.

DOD did not concur with the first recommendation to assess and document its assessment of TRICARE's coverage limit for the ECHO program and take steps to adjust the coverage limit as appropriate. In its

response, DOD noted that according to ECHO utilization data, in 2024 ECHO paid approximately \$6,600 on average for enrollees' benefits (not including those enrolled in the EHHC benefit). The agency further noted that ECHO paid more than \$25,000 for 27 of the program's enrollees. As we reported, although it is uncommon for enrollees to meet the current annual ECHO coverage limit of \$36,000, this is partly due to some enrollees spreading out costs over multiple years. According to case managers for one TRICARE managed care support contractor, some enrollees defer the purchase of more expensive durable medical equipment and supplies to avoid exceeding the ECHO coverage limit. In addition, we found that inflation has already reduced the value of the \$36,000 ECHO benefit and likely will continue to erode its value over time.

DOD further noted that DHA annually reviews the utilization rates of ECHO services. However, reviewing the utilization rates alone may not provide the full picture of whether the ECHO program's coverage limit is sufficient for meeting enrollee needs. If DHA were to conduct an assessment, it would enable the agency to obtain feedback from managed care support contractors and other stakeholders—such as organizations representing military families with special needs—on the sufficiency of the coverage limit. Moreover, DHA officials reported that the last time the agency assessed ECHO's coverage limit was in 2009, and that this assessment informed an increase in the program's coverage limit. Given that DHA plans to review ECHO benefits to ensure they meet the needs of ECHO enrollees, it is reasonable to also assess the program's coverage limit, particularly if any changes to benefits are planned.

We continue to believe that assessing the ECHO coverage limit and taking steps to adjust it as appropriate would help DHA ensure that the program meets all health care needs of military families with special needs children over time.

HHS and VA provided technical comments that we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional committees and the Secretaries of Defense, Health and Human Services, and Veterans Affairs. In addition, the report will be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact Sharon M. Silas at SilasS@gao.gov. Contact points for our Offices of Congressional Relations and Media Relations are on the last page of this report. GAO staff who made major contributions to this report are listed in appendix V.

//SIGNED//

Sharon M. Silas
Director, Health Care

Appendix I: Department of Veterans Affairs Caregiver Support Program

The Department of Veterans Affairs (VA) Caregiver Support Program (hereafter referred to as the Caregiver Support Program) provides benefits and services to qualifying caregivers of eligible and covered veterans. This program does not support special needs children in military families. In addition, of the services included in our review—nursing care, habilitative services, and respite care—only respite care is available through the Caregiver Support Program.

There are two separate programs available through the Caregiver Support Program: (1) VA's Program of General Caregiver Support Services, which offers services to individuals providing general caregiver assistance to a veteran enrolled in VA's health care system, and (2) VA's Program of Comprehensive Assistance for Family Caregivers, which provides additional caregiver support services and benefits to designated caregivers of qualifying veterans.¹ In 2023, more than 74,000 caregivers received services through the Caregiver Support Program.

- **Program of General Caregiver Support Services.** According to VA, this program is the core of the Caregiver Support Program. Through it, general caregivers of covered veterans may receive peer support mentoring, skills training, coaching, telephone support, online programs, and referrals to other available resources.² They may also receive respite care services and other support services.
- **VA's Program of Comprehensive Assistance for Family Caregivers.** In addition to the services provided through the Program of General Caregiver Support Services, the primary family caregiver of an eligible veteran receives a monthly stipend based on the amount and degree of personal care services provided, among other

¹VA's Program of General Caregiver Support Services is available to caregivers of veterans enrolled in VA health care who served in any era. VA's Program of Comprehensive Assistance for Family Caregivers is available to approved and designated family caregivers of eligible veterans (and military members who are undergoing medical discharge from the Armed Forces) who meet the program's eligibility criteria and requirements. For more information about these eligibility criteria and requirements, see GAO, *Military Personnel: Opportunities Exist to Improve Access to Services Supporting Caregivers of Dependents with Special Needs*, [GAO-22-105204](#) (Washington, D.C.: June 2022).

²Caregivers who participate in the Program of General Caregiver Support Services are called "general caregivers." A general caregiver is a person who provides personal care services to a covered veteran who needs personal care services because of an inability to perform one or more activities of daily living (e.g., eating, dressing, and bathing), or needs supervision or protection based on symptoms or residuals of neurological or other impairment or injury.

additional assistance.³ In addition, primary family caregivers are eligible for enrollment in the Civilian Health and Medical Program of the Department of Veterans Affairs unless they are eligible for TRICARE or entitled to care or services under a health plan contract.

Respite care is available to caregivers of veterans enrolled in the Caregiver Support Program, regardless of whether they are in the Program of General Caregiver Support Services or VA's Program of Comprehensive Assistance for Family Caregivers. VA offers three respite care options: in-home respite (a home health agency employee comes to a veteran's home to provide care), adult day health respite (a veteran attends an adult day health care program within their community), and nursing home respite (a veteran goes to a VA Community Living Center or a VA-contracted community nursing home). Caregivers are eligible for at least 30 days of respite care per year. According to agency officials, the number of respite care hours provided through the program is based on an assessment of the veteran's needs by a health care provider.

³See 38 U.S.C. § 1720G. An eligible veteran may have up to three approved family caregivers under the program at one time, with no more than one serving as the primary family caregiver and no more than two serving as secondary family caregivers. 38 C.F.R. § 71.25(a)(1). However, only the primary caregiver is eligible for the full range of services authorized by the statute. 38 U.S.C. § 1720G(a)(3)(A)(ii).

Appendix II: Objectives, Scope, and Methodology

Our objectives for this report were to (1) describe coverage for nursing care, habilitative services, and respite care available to active-duty military families with special needs children through TRICARE's Extended Care Health Option (ECHO) program and how these services are accessed; (2) describe coverage for nursing care, habilitative services, and respite care available through Medicaid and how it compares to ECHO coverage for these services; and (3) examine challenges military families may face when seeking to access nursing care, habilitative services, and respite care through ECHO and actions DHA has taken to address them.

To describe nursing care, habilitative services, and respite care coverage available to active-duty military families through ECHO and how these services are accessed, we reviewed ECHO program documentation, including TRICARE program policies and benefits information. Moreover, we interviewed officials within the Defense Health Agency (DHA)—the office within the Department of Defense (DOD) responsible for managing the TRICARE health care program, including ECHO—to discuss the ECHO program and the services available to program enrollees. We also interviewed two non-generalizable groups of TRICARE case managers from each of the two managed care support contractors responsible for coordinating benefits for ECHO enrollees to obtain information about the process for accessing ECHO services.¹ Furthermore, we reviewed information about services available to military families through DOD's Exceptional Family Member Program (EFMP) and interviewed officials from each service branch's EFMP—the Air Force, Army, Navy, and Marine Corps.² We also interviewed officials from DOD's Office of Special Needs—the office responsible for overseeing the EFMP across all service branches.

Finally, we reviewed DOD data on the ECHO program for 2022 through 2024 (the most recent data available at the time of our review). These data included the number of individuals enrolled in ECHO and demographic information about these enrollees, as of December 2024. In

¹To select case managers for these interviews, we requested the names of every case manager with at least one ECHO enrollee in their case load from each TRICARE managed care support contractor. The team then interviewed a judgmental sample of six case managers from each managed care support contractor.

²Active-duty military personnel who have family members with special medical or educational needs must enroll in DOD's EFMP, which provides family support and other services to these families before, during and after relocation. Each military branch is responsible for implementing DOD program requirements for its EFMP.

addition, we analyzed data on the number of referrals submitted, authorizations approved, and authorizations used for nursing care, habilitative services, and respite care through ECHO and its ECHO Home Health Care (EHC) benefit from 2022 through 2024. We conducted interviews with DOD officials responsible for collecting and providing these data and determined these data were reliable for providing a descriptive summary of ECHO program enrollment and use of benefits. Finally, we reviewed documentation about the Department of Veterans Affairs' Caregiver Support Program and interviewed agency officials about services offered and any changes to the program since our 2022 report. See appendix I for a more detailed discussion of this program.

To describe nursing care, habilitative services, and respite care coverage available through Medicaid, and how it compares to ECHO coverage for these services, we reviewed program documentation and interviewed officials from the Centers for Medicare & Medicaid. Moreover, we reviewed information and interviewed Medicaid officials from seven selected states about the relevant services available through their state Medicaid programs. We selected these seven states based on having a high number of active-duty military members residing there. Together, these seven states accounted for approximately 60 percent of all active-duty military members stationed in the United States as of June 2024. (See Table 4.)

Table 4: States Selected to Discuss Caregiver Support Services Available through Medicaid, by Number of Active-Duty Military Members as of June 2024.

State	Number of active-duty military members
California	160,746
Virginia	121,687
Texas	110,558
North Carolina	94,713
Florida	64,849
Georgia	62,991
Washington	56,519

Source: Department of Defense data. | GAO-26-108086

For each state, we reviewed relevant documentation for its home- and community-based services (HCBS) waiver programs, including the approved applications for its HCBS waiver programs that were active in December 2024. We specifically included those HCBS waiver programs offered by each state that ECHO families would likely qualify for. We

compared the coverage offered through selected states' Medicaid programs for the services included in our review to that offered through TRICARE ECHO based on whether the state's program offered coverage for the service. Finally, we interviewed officials from each state's Medicaid program to understand services provided and populations served through their HCBS waiver programs and also obtained relevant information from each state.

To understand challenges that military families may experience when accessing ECHO and actions DHA has taken to address them, we interviewed representatives from a non-generalizable selection of ten stakeholder organizations offering a range of perspectives, including five advocacy groups, two national associations representing states, and three provider associations. We selected these stakeholder organizations based on whether they: (1) helped inform our prior report on respite care and other caregiver support services available to military families through TRICARE and other programs; (2) were recommended to us by another stakeholder group we interviewed either for this report or our prior report; or (3) represented providers of the services included in this review that were not the subject of our prior report (i.e., nursing care and habilitative services). (See Table 5.)

Table 5: Stakeholder Organizations Interviewed to Identify Challenges Military Families May Experience Accessing TRICARE's Extended Care Health Option Program or Medicaid Services.

Type	Organization	Description
Advocacy groups	Autism Society	Advocates for the autism community and provides education and other resources to its 120,000 members and supporters.
	Exceptional Families of the Military	Advocates for and provides support to military families with disabilities, special health care needs, or additional educational needs.
	National Military Families Association	Advocates for military families to identify and solve the unique challenges of military life.
	Partners in PROMISE ^a	Works to protect the rights of military children in special education and disability communities to ensure they receive equal access to an education.
	TRICARE for Kids Coalition	Advocates for the health needs of children of military families covered by TRICARE, including those with special needs.
National association of state organizations	ADvancing States	Provides support to its members—56 state and territorial agencies on aging and disabilities and long-term services—on policy areas that include caregiver supports.
	National Association of State Directors of Developmental Disability Services	Represents the agencies in 50 states, the District of Columbia and Puerto Rico that provide services to children and adults with intellectual and developmental disabilities and their families.

Appendix II: Objectives, Scope, and Methodology

Type	Organization	Description
Provider associations	ANCOR	Provides support to 2,500 community-based provider members to support people with intellectual and developmental disabilities.
	American Physical Therapy Association	Provides support to more than 100,000-member physical therapists, physical therapist assistants, and students of physical therapy.
	American-Speech-Language-Hearing Association	Provides support and credentialing for more than 200,000 audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students.

Source: GAO analysis of information from each organization's website. | GAO-26-108086

³We originally reached out to Easterseals, an organization for home- and community-based services that serves more than 1.5 million individuals and families with special needs. Representatives from Easterseals recommended Partners in PROMISE as having information and experience relevant to the services included in our review.

Additionally, we interviewed case managers from both TRICARE managed care support contractors to discuss any challenges they have encountered when coordinating services for ECHO enrollees. We also interviewed officials from DHA to discuss any challenges military families may face accessing ECHO benefits and steps that DOD has taken to address them, and activities DHA has taken to evaluate the sufficiency of the ECHO program. Based on the information obtained from interviews with DHA officials, we examined the extent to which DHA has taken efforts to assess whether the ECHO program is fulfilling its purpose of assisting in “the reduction of the disabling effects of qualifying conditions,” as set out in the TRICARE Policy Manual. We also interviewed DHA officials to discuss any past or planned assessments of ECHO benefits—including comparing benefits with other federal programs, such as Medicaid—and compared their implementation process against our body of work identifying factors associated with successful initiative completion.³

We conducted this performance audit from January 2025 to June 2026 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that

³See GAO, *Streamlining Government: Key Practices from Select Efficiency Initiatives Should Be Shared Governmentwide*, [GAO-11-908](#) (Washington, D.C.: Sept. 30, 2011) and *Results-Oriented Cultures: Implementation Steps to Assist Mergers and Organizational Transformations*, [GAO-03-669](#) (Washington, D.C.: July 2, 2003).

**Appendix II: Objectives, Scope, and
Methodology**

the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

Medicaid—a joint federal-state program that finances health care for certain low-income and medically needy individuals—is administered at the federal level by the Centers for Medicare & Medicaid Services (CMS) within the Department of Health and Human Services (HHS). Medicaid is the nation’s primary payer for long-term services and supports, including home- and community-based services (HCBS). HCBS cover a wide range of services and supports to help individuals remain in their homes or live in a community setting, including personal care services, skilled nursing care, and habilitative services (services provided to help an individual keep, learn, or improve skills and functioning for daily living). In addition, states may cover support services for caregivers, such as respite care, which provides short-term relief for the caregiver by having another provider temporarily care for the special needs individual.

State Medicaid programs may cover HCBS through various Medicaid authorities, most commonly through HCBS waiver programs.¹ Substantial variation exists across states regarding the eligibility criteria, enrollment caps, and populations served through each HCBS waiver. States also have flexibility in the number of slots available for each waiver, which can influence the wait time before individuals may receive HCBS.

Our review of 24 HCBS waiver programs across seven selected states found that these programs varied in terms of types of services offered, enrollment slots available, and the average expected costs expected for providing a year of services to an enrollee.² (See table 6.)

¹HCBS waivers are authorized under section 1915(c) of the Social Security Act, which permits the Secretary of Health and Human Services to waive certain Medicaid requirements, allowing states to target specific groups and limit the number of beneficiaries served. HCBS waivers are the primary means by which states Medicaid programs cover HCBS; however, states may cover HCBS through other Medicaid authorities.

²States were selected based on the highest number of active-duty military members stationed in the state as of June 2024. Together, these seven states (California, Virginia, Texas, North Carolina, Florida, Georgia, and Washington) accounted for approximately 60 percent of all active-duty military members stationed in the United States at that time.

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

Table 6: Services Available through Selected States' Medicaid Home- and Community-Based Services (HCBS) Waiver Programs, Active as of December 2024

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
California							
HCBS Waiver for Californians with Developmental Disabilities	Individuals with autism, intellectual disabilities, or developmental disabilities ages 0 or older, who otherwise would require an intermediate care facility level of care	161,000	Yes	Yes	Yes	Behavioral intervention services; community living arrangement services; day service; homemaker; prevocational services; respite care; supported employment; dental services; home health aide; occupational therapy; optometric/optician services; physical therapy; prescription lenses and frames; psychology services; speech/hearing and language services; financial management service; chore services; communication aides; community based adult services; community-based training service; coordinated family supports; environmental accessibility adaptations; family support services; family/ consumer training; housing access services; intensive transition services; non-medical transportation; nutritional consultation; participant-directed services; person-centered future planning; personal emergency response systems; self-directed support services; skilled nursing; specialized medical equipment and supplies; transition/set up expenses; vehicle modifications and adaptations services	\$39,278

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
Home and Community Based Alternatives Waiver	Individuals who are medically fragile or who are technology dependent ages 0 or older, who otherwise would require a hospital, nursing facility, or an intermediate care facility level of care	11,298	Yes	Yes	Yes	Provides case management; habilitation services; home respite; waiver personal care services; paramedical service; assistive technology; community transition services; comprehensive care management; continuous nursing and supportive services; developmentally disabled/continuous nursing care non-ventilator dependent services and ventilator-dependent services; environmental accessibility adaptations; facility respite, family/caregiver training; medical equipment operating expense; personal emergency response systems, including installation and testing; private duty nursing, including home health aide and shared services; and transitional case management services	\$48,980

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
California Self-Determination Program Waiver for Individuals with Developmental Disabilities	Individuals with autism, intellectual disabilities, or developmental disabilities ages 0 or older, who otherwise would require an intermediate care facility level of care	3,125	Yes	Yes	Yes	Provides community living supports, employment supports; homemaker; live-in caregiver; prevocational supports; respite services; acupuncture services; chiropractic service; dental services; home health aide; lenses and frames; occupational therapy; optometric/optician services; physical therapy; psychology services; speech, hearing and language services; financial management service; independent facilitator; behavioral intervention services; communication support; community integration supports; crisis intervention and support; environmental accessibility adaptations; family support services; family/consumer training; housing access supports; individual training and education; massage therapy; non-medical transportation; nutritional consultation; participant-directed goods and services; personal emergency response systems; skilled nursing, specialized medical equipment and supplies; technology; training and counseling services for unpaid caregivers; transition/set up expenses, and vehicle modifications and adaptations services	\$31,578
Florida^a							

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
Developmental Disabilities Individual Budgeting Waiver	Individuals with autism, developmental disabilities, or intellectual disabilities ages 3 or older, who would otherwise require an intermediate care facility level of care	41,637	Yes	Yes	Yes	Provides life skills development level 3 - adult day training; life skills development level 4 - prevocational services; residential habilitation; respite care; support coordination; adult dental services; occupational therapy; physical therapy; respiratory therapy; skilled nursing care; specialized medical equipment and supplies; specialized mental health counseling; speech therapy; transportation; behavior analysis services; behavior assistant services; dietitian services; environmental accessibility adaptations; life skills development level 1 – companion, life skills and development level 2 - supported employment; personal emergency response system; personal supports; private duty nursing; residential nursing; special medical home care, and supported living coaching services	\$49,722
Familial Dysautonomia Waiver	Individuals who are medically fragile ages 3-64 years, who otherwise would require a hospital level of care, with qualifying condition	15	No	No	Yes	Provides respite care; support coordination, adult dental services; durable medical equipment; behavioral services; consumable medical supplies, and non-residential support services	\$8,751
Model Waiver	Individuals who are medically fragile ages 0-20 years, who otherwise would require a hospital or nursing facility level of care.	20	No	No	Yes	Provides respite care; environmental accessibility adaptations; and transition case management services	\$1,746

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
Georgia							
Comprehensive Supports Waiver Program	Individuals with intellectual disabilities or developmental disabilities ages 5 or older, who would otherwise require an intermediate care facility level of care	9,089	Yes	No	Yes	Provides community access; community living support – basic, community living support - extended services; prevocational services; support coordination; supported employment; nutrition services; specialized medical equipment; specialized medical supplies; financial support services; additional staffing – basic, additional staffing – enhanced, adult dental; adult occupational therapy services; adult physical therapy services; adult speech and language therapy services; nursing services; assistive technology; behavioral support services- level I and level II; community residential alternative-intensive; community residential alternative-specialized; community residential alternative-standard; environmental accessibility adaptation; individual directed goods and services; intensive support coordination; interpreter services; respite care-out-of-home daily; respite care-15 minute out-of-home, respite care services-15 minute in-home, transition community integration services; transition services and supports; transportation, and vehicle adaptation services	\$104,853

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
Elderly and Disabled Waiver	Individuals ages 65 or older and individuals with physical disabilities ages 0-64 years who would otherwise require a nursing facility level of care	49,398	Yes	No	Yes	Provides adult day health, case management, out-of-home respite, personal support services/personal support extended/consumer directed personal support services, occupational therapy in adult day health care, physical therapy in adult day health care, speech therapy in adult day health care, alternative living services, assistive technology, emergency response services, financial management services, home delivered meals, home delivered services, skilled nurses services, structured family caregiving, transition community integration services, transition coordination (month 1-6), transition coordination (month 7-12), transition coordination (pre-discharge), and transition services and supports	\$20,534

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
New Options Waiver (NOW)	Individuals with intellectual disabilities or developmental disabilities ages 0 or older, who would otherwise require an intermediate care facility level of care	5,872	Yes	No	Yes	Provides community living support – basic, community living support – extended services; prevocational services; adult dental services; adult occupational therapy services; adult physical therapy services; adult speech and language therapy services; nutrition services; specialized medical equipment; specialized medical supplies; community guide; financial support services; assistive technology; behavioral supports services – level I and level II; community access; environmental accessibility adaptation; individual directed goods and services; intensive support coordination; interpreter services; natural support training; respite care – in home – 15 minute; respite care – out of home – 15 minute; respite care – out of home – daily; skilled nursing services; support coordination; supported employment services; transition community integration services; transition services and support; transportation, and vehicle adaptation services	\$18,908
North Carolina							

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
Community Alternatives Program for Children Waiver	Individuals who are medically fragile ages 0-20 years who otherwise would require a hospital or nursing facility level of care.	4,500	Yes	No	Yes	Provides coordination of care (case management and care advisement); in-home care aide service; respite care (institutional and in-home); financial management; individual-directed goods and services; assistive technology; attendant nurse care; community integration; community transition, coordinated caregiving; home accessibility and adaptation; non-medical transportation; nutritional services; participant goods and services; pediatric nurse aide services; pest eradication; specialized medical equipment; training/education/consultative services, and vehicle modification services	\$37,215
North Carolina Innovations	Individuals with intellectual disabilities or developmental disabilities ages 0 or older, who would otherwise require an intermediate care facility level of care	14,736	No	Yes	Yes	Provides community navigator; community networking; day supports; residential supports; respite care; supported employment; financial support services; assistive technology; benefits counseling; community living and support; community transition; crisis services; home delivered meals; home modifications; individual goods and services; natural supports education; specialized consultation; supported living (periodic); supportive living (transition); supportive living, and vehicle modification services	\$91,401
Texas							

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
Community Living Assistance & Support Services (CLASS)	Individuals with developmental disabilities ages 0 or older, who would otherwise require an intermediate care facility level of care	6,648	Yes	Yes	Yes	Provides case management; prevocational services; residential habilitation; respite care (in-home and out-of-home); supported employment; adaptive aids; dental treatment, dietary; nursing care; occupational therapy; physical therapy; prescribed drugs; speech and language pathology; financial management services; support consultation; auditory integration training/auditory enhancement training; behavioral support; cognitive rehabilitation therapy; continued family services; employment assistance; minor home modifications; specialized therapies; support family services, and transition assistance services	\$15,927
Deaf Blind with Multiple Disabilities Waiver	Individuals with deafness and blindness, an intellectual or developmental disability, and a third condition, ages 0 or older, who would otherwise require an intermediate care facility level of care	362	Yes	Yes	Yes	Provides case management, employment readiness, individualized skills and socialization, residential habilitation, respite, supported employment, prescribed drugs, financial management services, support consultation, adaptive aids and medical supplies, assisted living, audiology services, behavioral support services, chore service, dental treatment, dietary services, employment assistance, intervener, minor home modifications, nursing, occupational therapy services, orientation and mobility, physical therapy services, speech/hearing/language therapy, and transition assistance services	\$42,442

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
Home and Community-based Services (HCS) Program	Individuals with intellectual disabilities or developmental disabilities ages 0 or older, who would otherwise require an intermediate care facility level of care	30,675	Yes	Yes	Yes	Provides employment readiness; individualized skills and socialization; respite care; supported employment; adaptive aids; audiology; occupational therapy; physical therapy; prescribed drugs; speech and language pathology; financial management services; support consultation; behavioral support; cognitive rehabilitation therapy; dental treatment; dietary services; employment assistance; minor home modifications; nursing care, residential assistance (host home/companion care/supervised living/residential support services); social work; supported home living, and transition assistance services	\$45,327
Texas Home Living Program Waiver	Individuals with intellectual disabilities or developmental disabilities ages 0 or older, who would otherwise require an intermediate care facility level of care	5,393	Yes	Yes	Yes	Provides individual skills and socialization, employment readiness, respite, supported employment, prescription medications, financial management services, support consultation, adaptive aids, audiology services, behavioral support, community support, dental treatment, dietary services, employment assistance, minor home modifications, nursing, occupational therapy, physical therapy, and speech-language pathology services	\$9,733
Medically Dependent Children Program (MDCP)	Individuals who are medically fragile ages 0-20 years, who would otherwise require a hospital or nursing facility level of care	6,829	No	No	Yes	Provides respite care; supported employment; financial management services; adaptive aids; employment assistance; flexible family support services; minor home modifications, and transition assistance services	\$16,126

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
Youth Empowerment Services (YES)	Individuals with serious emotional disturbance ages 3-18 years, who would otherwise require a hospital level of care	3,591	No	No	Yes	Provides respite care; supported employment; adaptive aids and supports; community living supports; employment assistance; family supports; minor home modifications; non-medical transportation; paraprofessional services; specialized therapies; supportive family-based alternatives, and transitional services	\$5,051
Virginia							
Commonwealth Coordinated Care Plus	Individuals ages 65 or older, individuals with physical or other disabilities ages 0-64 years, and individuals who are technology dependent ages 0 or older, who would otherwise require a hospital or nursing facility level of care	50,645	Yes	No	Yes	Provides adult day health care; personal assistance services; respite care; services facilitation; assistive technology; environmental modifications; personal emergency response system; private duty nursing, and transition services	\$26,553

**Appendix III: Selected Services Available through Medicaid Home- and
Community-based Waiver Programs in Seven States**

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
Community Living Waiver	Individuals with autism, intellectual disabilities, or developmental disabilities ages 0 or older, who would otherwise require an intermediate care facility level of care	12,773	Yes	Yes	Yes	Provides group day services; group home residential; individual supported employment; personal assistance services; respite care; consumer-directed services facilitation; assistive technology; benefits planning; center-based crisis supports; community coaching; community engagement; community guide; community-based crisis supports; companion services; crisis support services; electronic home-based services; employment and community transportation; environmental modifications; group supported employment; in-home support services; peer mentor supports; personal emergency response system; private duty nursing; shared living; skilled nursing; sponsored residential; supported living; therapeutic consultation; transition, and workplace assistance services	\$122,509

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
Family and Individual Support Waiver	Individuals with autism, intellectual disabilities, or developmental disabilities ages 0 or older, who would otherwise require an intermediate care facility level of care	7,011	Yes	Yes	Yes	Provides group day services; in-home support services; individual supported employment; personal assistance services; respite care; services facilitation; assistive technology; benefits planning; center-based crisis supports; community coaching; community engagement; community guide; community-based crisis supports; companion services; crisis support services; electronic home-based supports; employment and community transportation; environmental modifications; group supported employment; individual and family/caregiver training; peer mentor supports; personal emergency response system; private duty nursing; shared living; skilled nursing; supported living residential; therapeutic consultation; workplace assistance, and transition services	\$51,285
Washington							

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
Basic Plus	Individuals with autism, intellectual disabilities, or developmental disabilities ages 0 or older, who would otherwise require an intermediate care facility level of care	12,000	Yes ^b	Yes ^b	Yes	Provides community inclusion; individual supported employment/group supported employment; respite; occupational therapy; physical therapy; speech/hearing/language services; assistive technology; community engagement; environmental adaptations; extermination of bed bugs; individualized technical assistance; remote supports; risk assessment; skilled nursing; specialized equipment and supplies; specialized habilitation; stabilization services (life skills); stabilization services (staff/family consultation services); stabilization services (crisis diversion bed); stabilization services (specialized habilitation); staff/family consultation services; therapeutic adaptations; transportation, and wellness education service	\$9,225
Children's Intensive In-Home Behavioral Support	Individuals with autism, intellectual disabilities, or developmental disabilities ages 8-20 years, who would otherwise require an intermediate care facility level of care	231	Yes ^b	Yes ^b	Yes	Provides respite; assistive technology; environmental adaptations; equine therapy; life skills; music therapy; nurse delegation; peer mentoring; person-centered plan facilitation; risk assessment; specialized clothing; specialized equipment and supplies; specialized habilitation; stabilization services (life skills); stabilization services (specialized habilitation); stabilization services (staff/family consultation); stabilization services (crisis diversion bed); staff/family consultation services; therapeutic adaptations; transportation, and vehicle modification services	\$23,707

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
Core Waiver	Individuals with autism, intellectual disabilities, or developmental disabilities ages 0 or older, who would otherwise require an intermediate care facility level of care	6,000	Yes ^b	Yes ^b	Yes	Provides community inclusion; individual supported employment/group supported employment; residential habilitation; respite; occupational therapy; physical therapy; speech/hearing/language services; assistive technology; community engagement; community transition; environmental adaptations; extermination of bed bugs; individualized technical assistance; life skills; remote supports; risk assessment; skilled nursing; specialized equipment and supplies; specialized habilitation; stabilization services (crisis diversion bed); stabilization services (life skills); stabilization services (staff/family consultation); stabilization services (specialized habilitation); staff/family consultation services; supported parenting; therapeutic adaptations; transportation; vehicle modifications, and wellness education services	\$140,227

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

State HCBS waiver program	Population served	Number of enrollment slots	Nursing care covered (Yes/No)	Habilitative services covered (Yes/No)	Respite care covered (Yes/No)	Description of covered services available through HCBS waiver program	Expected average cost per enrollee for a year of waiver services
Individual and Family Services	Individuals with autism, intellectual disabilities, or developmental disabilities ages 0 or older, who would otherwise require an intermediate care facility level of care	9,000	Yes ^b	Yes ^b	Yes	Provides respite; occupational therapy; physical therapy; speech/hearing/language services; assistive technology; community engagement; environmental adaptations; life skills; nurse delegation; peer mentoring; person-centered plan facilitation; remote supports; risk assessment; skilled nursing; specialized clothing; specialized equipment and supplies; specialized habilitation; stabilization services (crisis diversion bed); stabilization services (life skills); stabilization services (specialized habilitation); stabilization services (staff/family consultation); staff/family consultation; supported parenting; therapeutic adaptations; transportation; vehicle modifications, and wellness education services	\$931

Source: GAO analysis of state Medicaid HCBS waiver program applications. | GAO-26-108086

Notes: States were selected based on the highest number of active-duty military members stationed in the state as of June 2024. Together, these seven states accounted for approximately 60 percent of all active-duty military members stationed in the United States at that time.

States may cover home- and community-based services (HCBS) through various Medicaid waiver authorities, most commonly through HCBS waiver programs. HCBS waivers are authorized under section 1915(c) of the Social Security Act, which permits the Secretary of Health and Human Services to waive certain Medicaid requirements, allowing states to target specific groups and limit the number of beneficiaries served. HCBS waivers are the primary means by which state Medicaid programs cover HCBS; however, states may cover HCBS through other Medicaid authorities.

Substantial variation exists across states regarding the eligibility criteria, enrollment caps, and populations served through each HCBS waiver. Our review included only those HCBS waiver programs that provide coverage for respite care and other support services for which caregivers of eligible Extended Care Health Option (ECHO) enrollees are likely to qualify. We excluded some HCBS waiver programs because they are only available to adults 65 and older or for certain diagnoses, such as traumatic brain injury, that generally do not apply to ECHO dependents. We excluded HCBS covered through other Medicaid authorities.

In some cases, states reported lower amounts of expected spending per beneficiary for the first year of the waiver (e.g., phasing in waiver capacity in the first year) in the waiver application to the Centers for Medicaid & Medicare Services. As such,

Appendix III: Selected Services Available through Medicaid Home- and Community-based Waiver Programs in Seven States

the table presents information for the second year of services for all waivers. In addition, the number of enrollment slots and expected average cost per enrollee for a year of waiver services may vary across the five years included in each waiver application. Finally, according to the Centers for Medicare & Medicaid Services, habilitative and habilitation services are both defined as health care services that help an individual keep, learn, or improve skills and functioning for daily living. As such, we include both habilitative and habilitation services in our analysis of waiver services.

^aSince 2014, Florida has offered enrollment in its Medicaid HCBS waiver programs if a child's parent or legal guardian is an active-duty military member, and, at the time of the military member's transfer to Florida, the child was enrolled in another state's Medicaid HCBS waiver program. According to state Medicaid officials, as of December 2024, no children were enrolled in Florida's HCBS waiver programs through this military exception.

^bWashington provides coverage for skilled nursing care and habilitative services through its waivers only to individuals ages 21 years and older.

Appendix IV: Comments from the Department of Defense



DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

May 7, 2026

Ms. Sharon Silas
Director, Health Care
U.S. Government Accountability Office
441 G Street, Northwest
Washington, DC 20548

Dear Ms. Silas:

This is the Department of War (DoW) response to the Government Accountability Office (GAO) draft report 26-108086, "MILITARY HEALTH CARE: Military Families Face Challenges Accessing Care for Special Needs, Defense Has Not Reviewed Coverage," dated April 1, 2026 (GAO Code 108086).

Enclosed is DoW's response to the subject report. My point of contact is Mrs. Valerie Palmer, who can be reached at valerie.a.palmer3.civ@health.mil and phone (303) 676-3557.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Via", with a horizontal line underneath.

DARIN VIA
Vice Admiral, Medical Corps, United States Navy
Director, Defense Health Agency

Enclosure:
As stated

GAO DRAFT REPORT DATED APRIL 1, 2026
GAO-26-108086 (GAO CODE 108086)

“MILITARY HEALTHCARE: MILITARY FAMILIES FACE CHALLENGES
ACCESSING CARE FOR SPECIAL NEEDS, DEFENSE HAS NOT REVIEWED
COVERAGE”

DEPARTMENT OF WAR COMMENTS
TO THE GAO RECOMMENDATION

RECOMMENDATION 1: The Director of the Defense Health Agency (DHA) should assess and document its assessment of TRICARE’s coverage limit for the Extended Care Health Option (ECHO) program; and take steps to adjust the coverage limit as appropriate.

DoD RESPONSE: Nonconcur. Each year the DHA reviews the utilization rates of ECHO services by eligible members. Based on the most current data for Calendar Year (CY) 2024, 26,757 active duty Family members were registered in the ECHO program. For purposes of reviewing the cap limit, these members were separated into ECHO Home Health Care (EHHC) users and non-EHHC users as EHHC services are not subject to the \$36,000 coverage limit, set forth in statute. **For CY24, the 4,235 non-EHHC users had an average total government expenditure of approximately \$6,600 per patient. For CY24, out of these users, only 27 had paid amounts in excess of \$25,000 of which just five exceeded \$30,000 with only one within \$1,000 of the statutory cap of \$36,000.** In 2023, these non-EHHC users had an average total government expenditure of approximately \$6,000 per patient. This data shows that members who do not require EHHC services (which are not subject to the cap) are utilizing far less than the \$36,000 cap. Also, as noted on Page 21 of the draft report, it is uncommon for members to meet their annual ECHO coverage limit of \$36,000. Based on the DHA’s yearly assessment of the utilization rates of ECHO services, there is no need to adjust the cap at this time.

RECOMMENDATION 2: The Director of DHA should establish goals and a timeline to implement the planned review of TRICARE ECHO benefits with those offered by state Medicaid Home and Community-Based Services (HCBS) waiver programs, and to share findings from this review with Congress.

DoD RESPONSE: Concur. At this time, there are approximately 270 Medicaid Home and Community-Based Services (HCBS) waiver programs across the 50 states and Washington D.C. As noted in the report, the DHA continually monitors the status of these Medicaid programs as changes are currently underway based on recent legislation. However, the DHA will establish goals and a timeline to implement the planned review of TRICARE ECHO benefits with those offered by Medicaid HCBS waiver programs and share their findings from this review with Congress.

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact

Sharon M. Silas at SilasS@gao.gov

Staff Acknowledgments

In addition to the contact named above, Michael Zose (Assistant Director), Brienne Tierney (Analyst-in-Charge), Maya Tholandi, and Sara Taghizadeh Milani made key contributions to this report.

Also contributing were Jennie Apter, Susan Barnidge, Emily Beller-Holland, Ann Marie Cortez, David Jones, Jeffery Tamburello.

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