



June 2020

DEPARTMENT OF DEFENSE

Actions Needed to Improve Management and Oversight of Dependency Determinations for Incapacitated Adult Children

GAO Highlights

Highlights of [GAO-20-335](#), a report to the Committee on Armed Services, U.S. Senate

Why GAO Did This Study

Military families with adult children who are incapable of self-support due to impairment face unique challenges, including the loss of healthcare and other benefits if these incapacitated adult children lose their dependency status.

Senate Report 115-262 included a provision for GAO to review DOD's dependency determination process for incapacitated adult children. This report assesses, among other things, the extent to which the military services have established policy for determining the dependency status of incapacitated adult children, and the extent to which DOD oversees dependency determinations, including tracking, monitoring, and reporting on applications and determinations. GAO reviewed relevant policies and guidance; interviewed DOD and military service officials and families involved in the dependency determination process; and analyzed program data.

What GAO Recommends

GAO is making six recommendations, including that DOD provide detailed, specific guidance for financial determinations, and clearly define and exercise oversight roles and responsibilities. DOD concurred with two of GAO's recommendations and identified actions it plans to take to implement them. DOD partially concurred with four of GAO's recommendations. GAO continues to believe the recommendations are valid, as discussed in the report.

View [GAO-20-335](#). For more information, contact Brenda S. Farrell at (202) 512-3604 or FarrellB@gao.gov.

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What GAO Found

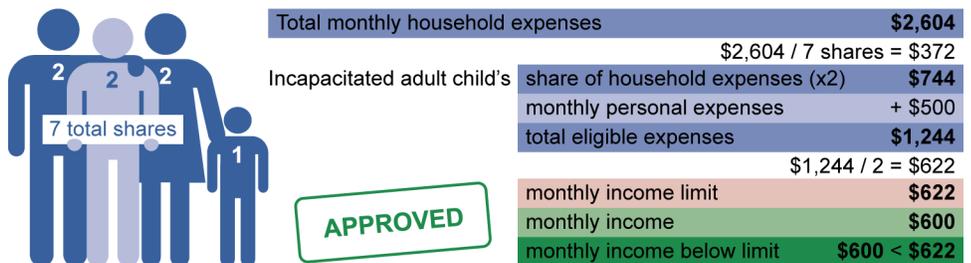
The military services have jointly established policy for determining the dependency status of incapacitated adult children of servicemembers. However, the policy provides limited guidance and inconsistent standards, resulting in the military services developing fragmented approaches for processing applications. For example, the policy provides limited information for making financial determinations. As a result, the Defense Finance and Accounting Service (DFAS) (which processes applications for the Army and the Air Force), the Navy, and the Marine Corps use different formulas to calculate eligible expenses, resulting in outcomes that vary among the military services (see figure). These outcomes may result in increased hardships for military families, including the loss of healthcare coverage and military base access. Providing detailed, specific guidance for financial determinations would enhance the equitable treatment of all military families.

Examples of Calculations of Incapacitated Adult Child Eligible Expenses

Defense Finance and Accounting Service (DFAS) (for Army and Air Force) and Navy



Marine Corps



Source: GAO analysis of Department of Defense guidance. | GAO-20-335

Note: Total eligible expenses are divided by two to determine whether the child's income exceeds 50 percent of their expenses. Monthly expenses and income are held constant for both families.

Department of Defense (DOD) oversight of the dependency determination process is limited, in part because policy does not clearly define oversight roles and responsibilities. Without clarifying oversight roles responsibilities, to include ensuring the consistent tracking, monitoring, and reporting of reliable applications and determinations data across the military services, DOD lacks visibility and relevant information to inform decision-making about the process. Without exercising oversight, DOD may be unaware of inconsistencies in the process and related outcomes.

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Abbreviations

AFI	Air Force Instruction
BUMED	Navy Bureau of Medicine and Surgery
DEERS	Defense Enrollment Eligibility Reporting System
DFAS	Defense Finance and Accounting Service
DMDC	Defense Manpower Data Center
DOD	Department of Defense
DODHRA	Defense Human Resources Activity
EFMP	Exceptional Family Member Program
JUSPAC	Joint Uniformed Services Personnel Advisory Committee
OSD	Office of the Secretary of Defense

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June 17, 2020

The Honorable James M. Inhofe
Chairman
The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate

Military families caring for adult children who are incapable of self-support because of physical or mental impairment face unique challenges, which carry the potential to affect servicemember readiness and to complicate the receipt of benefits. Incapacitated adult children of active-duty and retired military servicemembers are children over the age of 21 who were incapacitated prior to the age of 21 (or between 21 and 23, if enrolled as a full-time student) and who are dependent on the servicemember or former servicemember for over one-half of the child's support.¹

Incapacitated adult children are eligible to receive continued military benefits as adults, including health benefits and base privileges.² To be considered eligible to receive these benefits, the adult child must be unmarried, incapable of self-support because of mental or physical incapacity, and dependent on the military sponsor for more than 50 percent of his or her financial support.³ Military families with incapacitated adult children may lose health benefits, continuity of care, and other privileges for these children if they are disapproved during the dependency determination process.

Active-duty military families with incapacitated adult children may be eligible for enrollment in the Exceptional Family Member Program (EFMP), which provides assignment coordination during the permanent

¹10 U.S.C. § 1072(2)(D).

²Eligible incapacitated adult children of active-duty or retired servicemembers may receive continued TRICARE health benefits and commissary and exchange military base privileges, among other privileges.

³Department of Defense Manual 1000.13, Vol. 2, DoD *Identification (ID) Cards: Benefits for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals* (Jan. 23, 2014).

change of station process, among other things.⁴ In 2018, we reported on the Department of Defense (DOD) Office of Special Needs' efforts to standardize procedures for assignment coordination. We recommended, among other things, that the Secretary of Defense direct the Office of Special Needs to develop common performance metrics for assignment coordination and family support, and that the Secretary of Defense implement a systematic process for evaluating the results of monitoring activities conducted by each military service's EFMP.⁵ DOD agreed with our recommendations and has taken some steps toward implementing our recommendations. For example, in April 2019, DOD officials noted that each military service submits quarterly data for assignment coordination and family support to the EFMP data repository. Additionally, DOD stated that the family support component is monitored and evaluated through each military service's certification process, which includes specific standards for the EFMP. However, the Office of Special Needs has not developed performance metrics on these data and has not evaluated the results of each military service's certification process.

Senate Report 115-262, accompanying a bill for the John S. McCain National Defense Authorization Act for Fiscal Year 2019, included a provision for us to review how DOD conducts dependency determinations for incapacitated adult children.⁶ This report assesses (1) the extent to which the military services have established policy for determining the dependency status of incapacitated adult children; and the extent to which DOD (2) provides assistance to military families during the dependency determination process; (3) oversees incapacitated adult child dependency determinations, including tracking, monitoring, and reporting on applications for and determinations of dependency; and (4) provides assistance to military families with incapacitated adult children during permanent changes of station.

To address our first objective, we reviewed DOD, Defense Finance and Accounting Service (DFAS), and military service policies and procedures

⁴The EFMP provides support to active-duty military families with special needs at their current and proposed locations. As part of the assignment coordination process, DOD requires each military service to consider any family member's special needs, including the availability of required medical services, before finalizing a servicemember's assignment to a new location.

⁵GAO, *Military Personnel: DOD Should Improve Its Oversight of the Exceptional Family Member Program*, [GAO-18-348](#) (Washington, D.C.: May 8, 2018).

⁶S. Rep. No. 115-262, at 194 (2018).

for determining the dependency status of incapacitated adult children, including any guidance that adjudicating officials use to make dependency determinations for incapacitated adult children. We compared service-level policies and procedures to DOD policy related to the processing of dependency claims and criteria for benefit eligibility. Specifically, we assessed service-level policy against DOD Manual 1000.13, Volume 2, and DOD Instruction 1000.13, which provide broad criteria for incapacitated adult child dependency.⁷ In addition, we interviewed Office of the Secretary of Defense (OSD), DFAS, and military service officials to determine their roles and responsibilities in implementing dependency determination policies.⁸

To address our second objective, we reviewed DOD, DFAS, and military service documentation and guidance, and interviewed relevant officials regarding assistance provided during the dependency determination process. We reviewed DOD eligibility and enrollment guidance and informational documents available to members to determine how DOD communicates benefits information to servicemembers and their families and assessed this information against DOD Instruction 1341.02, which directs Department of Defense Human Resources Activity (DODHRA) to identify the most effective means for communicating information to servicemembers about their benefits.⁹

To address our third objective, we reviewed data on incapacitated adult child dependency cases opened in calendar years 2014 through 2018 from OSD and military service-level offices.¹⁰ We analyzed this data to determine the extent to which OSD and the military services track,

⁷Department of Defense Manual 1000.13, Vol. 2. Department of Defense Instruction 1000.13, *Identification (ID) Cards for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals* (Jan. 23, 2014). Air Force Instruction 36-3026, Vol. 1, *Identification Cards for Members of the Uniformed Services, Their Eligible Family Members, And Other Eligible Personnel* (Aug. 4, 2017).

⁸We also reviewed *Standards for Internal Control in the Federal Government*, which state that management should internally communicate necessary quality information to achieve objectives. GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014).

⁹Department of Defense Instruction 1341.02, *Defense Enrollment Eligibility Reporting System (DEERS) Program and Procedures* (Aug. 18, 2016). We also reviewed *Standards for Internal Control in the Federal Government*, which require management to periodically evaluate methods of communication. GAO14-704G.

¹⁰Per Senate Report 115-262, accompanying a bill for the John S. McCain National Defense Authorization Act for Fiscal Year 2019, we reviewed dependency determination data from the past 5 years. S. Rep. No. 115-262, at 194 (2018).

monitor, and report data on the dependency process, including applications for and determinations of dependency. We also obtained and analyzed documentation for a generalizable sample of incapacitated adult child dependency cases opened in calendar years 2016 through 2018—the years for which complete data were available for all of the military services. To assess the reliability of these data, we reviewed documentation on the databases used and reviewed the data provided to identify inconsistencies. Where inconsistencies were identified, we worked with agency officials to obtain corrected or missing data. We also interviewed knowledgeable officials about processes for collecting, storing, and maintaining data. We determined that the data were sufficiently reliable for the purposes of assessing the extent to which OSD and the military services track and monitor applications for and determinations of incapacitated adult child dependency.

In addition, we reviewed documents and interviewed knowledgeable officials at OSD, DFAS, and military service-level offices about procedures for tracking, monitoring, and reporting data on incapacitated adult child dependency applications and determinations. We assessed this information against DOD Instruction 1341.02, which designates oversight responsibility for benefits eligibility and enrollment, and *Standards for Internal Control in the Federal Government* that discuss oversight responsibilities and the use of quality information based on relevant and reliable data to make informed decisions.¹¹ We also reviewed DOD's Business Operations Plan, which emphasizes the need for quality performance data for decision-making.¹²

To address our fourth objective, we interviewed EFMP officials from each military service to determine what support they provided to active-duty military families during the permanent change of station process. We reviewed DOD Instruction 1315.19 and military service guidance regarding the EFMP to understand whom assistance is provided to and to

¹¹Department of Defense Instruction 1341.02. [GAO-14-704G](#).

¹²Department of Defense, *FY 2018-FY 2022 National Defense Business Operations Plan* (Apr. 9, 2018).

assess if military service guidance aligned with DOD policy.¹³ We also reviewed *Standards for Internal Control in the Federal Government*, which state that management defines objectives in specific and measurable terms to enable the design of internal control for related risks.¹⁴

To further address our first, second, and fourth objectives, we conducted interviews with 18 military families who have incapacitated adult children.¹⁵ We interviewed these families to identify common experiences and to elicit their reflections on the determination process and assistance received during this process. Additionally, we interviewed these families regarding their experiences with EFMP and the permanent change of station processes. These families were identified either by self-selection through social media advertisements soliciting input for our review or by advocacy groups with whom we spoke. We interviewed two active-duty and 16 retired servicemembers and families from the Army, the Navy, and the Air Force, including those whose adult children have been approved and disapproved through the dependency determination process.¹⁶ The responses are non-generalizable and serve as examples of military families' experiences. A more detailed description of our scope and methodology can be found in Appendix I.

We conducted this performance audit from January 2019 to June 2020 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

¹³Department of Defense Instruction 1315.19, *The Exceptional Family Member Program (EFMP)* (Apr. 19, 2017). Army Regulation 608-75, *Exceptional Family Member Program*, (Jan. 27, 2017); Chief of Naval Operations Instruction 1754.2F, *Exceptional Family Member Program*, (Nov. 15, 2017); Secretary of the Navy Instruction 1754.5C, *Exceptional Family Member Program*, (Apr. 12, 2019); Air Force Instruction 40-701, *Medical Support to Family Member Relocation and Exceptional Family Member Program (EFMP)*, (Nov. 19, 2014); Air Force Policy Directive 36-82, *Exceptional Family Member Program*, (Apr. 4, 2019); Marine Corps Order 1754.4B, *Exceptional Family Member Program*, (Sep. 20, 2010).

¹⁴[GAO-14-704G](#).

¹⁵We interviewed 21 families, but determined that three families were out of scope because they were not military families or the incapacitated child was not an adult; therefore, we have a sample of 18 families.

¹⁶We solicited input from all of the military services, but did not receive any responses from Marine Corps families.

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

Background

Continuation of Benefits for Incapacitated Adult Dependents

Children of active-duty and retired servicemembers are entitled to health benefits and base privileges that end at age 21 (or between 21 and 23, if enrolled as a full-time student).¹⁷ Servicemembers with incapacitated adult children are required to complete a secondary dependency determination application to seek the continuation of these benefits and privileges after age 21.¹⁸ Once incapacitated adult child dependency is established, servicemembers must submit an application for redetermination every 4 years (or sooner, if the incapacitation is determined to be temporary).¹⁹ This process is referred to as the quadrennial redetermination process.

In 2011, in response to a Congressional mandate, DOD issued a report on the redetermination process for permanently incapacitated dependents of retired and deceased members of the armed forces.²⁰ The report included (1) the rationale for requiring a quadrennial redetermination process of financial support after issuance of a permanent identification

¹⁷Health benefits include medical care TRICARE provides through the uniformed services' clinics, medical treatment facilities, and related civilian networks. Base privileges include access to the commissary, exchange, and morale, welfare, and recreation programs such as physical fitness centers and entertainment.

¹⁸Secondary dependency determination refers to the process of determining whether an individual is eligible for military benefits as a secondary dependent. Secondary dependents include: a parent, parent-in-law, step-parent, parent by adoption, or any person who stood '*in-loco parentis*' (in place of the parent); and unmarried children ages 21 and 22 who are full-time students, a ward of the court, or an unmarried child over age 21 who is incapable of self-support. We use "dependency determination" throughout the report to refer to the "secondary dependency determination process."

¹⁹Active-duty servicemembers with incapacitated adult child dependents are also eligible for Basic Allowance for Housing. Basic Allowance for Housing is a U.S. based allowance based on median housing costs and the servicemember's grade, location, and whether they have any dependents. Incapacitated adult child dependent eligibility for Basic Allowance for Housing requires annual recertification. DOD 7000.14-R, *Financial Management Regulation*, Vol. 7A, Chapter 26, Housing Allowances (December 2019).

²⁰National Defense Authorization Act for Fiscal Year 2010, Pub. L. No. 111-84, § 644 (2009); Department of Defense, *Report on Redetermination Process for Permanently Incapacitated Dependents of Retired and Deceased Members of the Armed Forces* (Aug. 30, 2011).

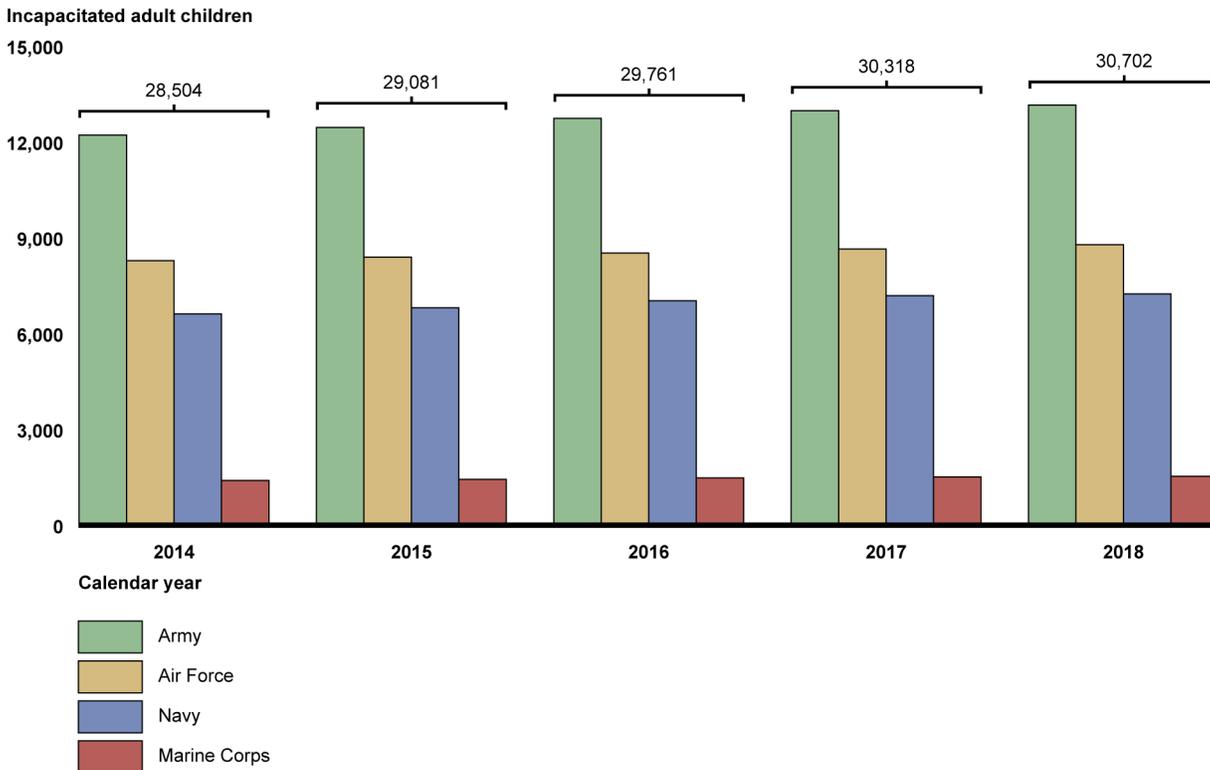
card to a permanently incapacitated dependent; (2) administrative and other burdens the quadrennial redetermination imposes on the affected sponsor and dependents; (3) the extent to which the quadrennial redetermination undermines the utility of issuing a permanent identification card; and (4) the extent of the consequences entailed in eliminating the requirement for quadrennial redeterminations.²¹ DOD made recommendations to improve the efficiency of the redetermination process and minimize the burden of the process on the sponsors of permanently incapacitated dependents. At the time of our review, DOD officials told us that efforts to implement these recommendations have focused on providing education about and enforcement of the requirement for dependency redetermination every 4 years. This includes the development and implementation of a simplified redetermination process.

Enrollment of Incapacitated Adult Child Dependents

Incapacitated adult child dependents are enrolled in the Defense Enrollment Eligibility Reporting System (DEERS), which maintains data on individuals affiliated with DOD, including eligibility for benefits. In 2018, there were approximately 31,000 incapacitated adult child dependents enrolled for benefits in DEERS, approximately 92 percent of whom were dependents of a retired servicemember. See figure 1 below for additional information.

²¹As rationale for the quadrennial redeterminations, DOD cited its fiscal responsibility under Chapter 55 of title 10. Specifically, DOD stated that to be eligible for medical care, an incapacitated child must be dependent on the active-duty or retired servicemember for over one-half of the child's support. Additionally, DOD cited various reasons that active-duty and retired servicemembers may not continue to provide over one-half of the child's support, and stated that servicemembers have often not met the requirement to report changes in their incapacitated child's status (financial, residential, marital, or medical) that could affect their child's eligibility. Regarding the extent to which the quadrennial redetermination undermines the utility of issuing a permanent identification card, DOD stated that it is obligated to comply with 10 U.S.C §1060b and issue permanent identification cards to retiree dependents who are permanently disabled. In addition DOD stated that it is also required to comply with Chapter 55 of title 10, which only authorizes providing medical care to retiree dependents who are permanently disabled who qualify as dependents under 10 U.S.C § 1072(2). In order to qualify as a dependent, the incapacitated child must be dependent on the servicemember for over one-half of their support. Department of Defense, *Report on Redetermination Process for Permanently Incapacitated Dependents of Retired and Deceased Members of the Armed Forces* (Aug. 30, 2011).

Figure 1: Department of Defense Data on Enrolled Incapacitated Adult Child Dependents of Active-Duty and Retired Servicemembers, by Military Service and Calendar Year



Source: GAO analysis of Defense Enrollment Eligibility Reporting System data. | GAO-20-335

DOD and Military Service-Level Responsibilities regarding Dependency Determinations

Various DOD and service-level entities are responsible for determining dependency status and supporting military families with special needs as outlined in table 1 below:

Table 1: Department of Defense (DOD) and Military Service-Level Responsibilities regarding Dependency Determinations

Organization	Responsibility
The Department of Defense Human Resources Activity (DODHRA)	Formulates policy for dependent enrollment and eligibility on behalf of the Under Secretary of Defense for Personnel and Readiness.
The Defense Manpower Data Center (DMDC) Office of Identification Card Policy	Develops policy, oversees issuance of identification cards, and maintains data for program enrollees in Defense Enrollment Eligibility Reporting System (DEERS).
The Joint Uniformed Services Personnel Advisory Committee (JUSPAC)	A collaborative DOD-wide policy recommendation, requirements, strategy, and oversight group responsible for the maintenance and operation of the DEERS and Real-time Automated Personnel Identification System (RAPIDS) programs for each of the uniformed services. ^a The JUSPAC is comprised of military service project officers who represent their components, with DMDC as an advisor.
The Defense Finance and Accounting Service	Processes dependency determination applications for the Army and the Air Force.
Navy Personnel Command	Processes dependency determination applications for the Navy.
Marine and Family Programs Division	Processes dependency determination applications for active-duty Marines.
Marine Corps Retired Services and Pay Office	Processes dependency determination applications for retired Marines.

Source: GAO analysis of DOD information. | GAO-20-335

^aRAPIDS is the registration tool and the definitive data source for DEERS for eligible dependents.

Incapacitated Adult Child Dependency Determination Application Process

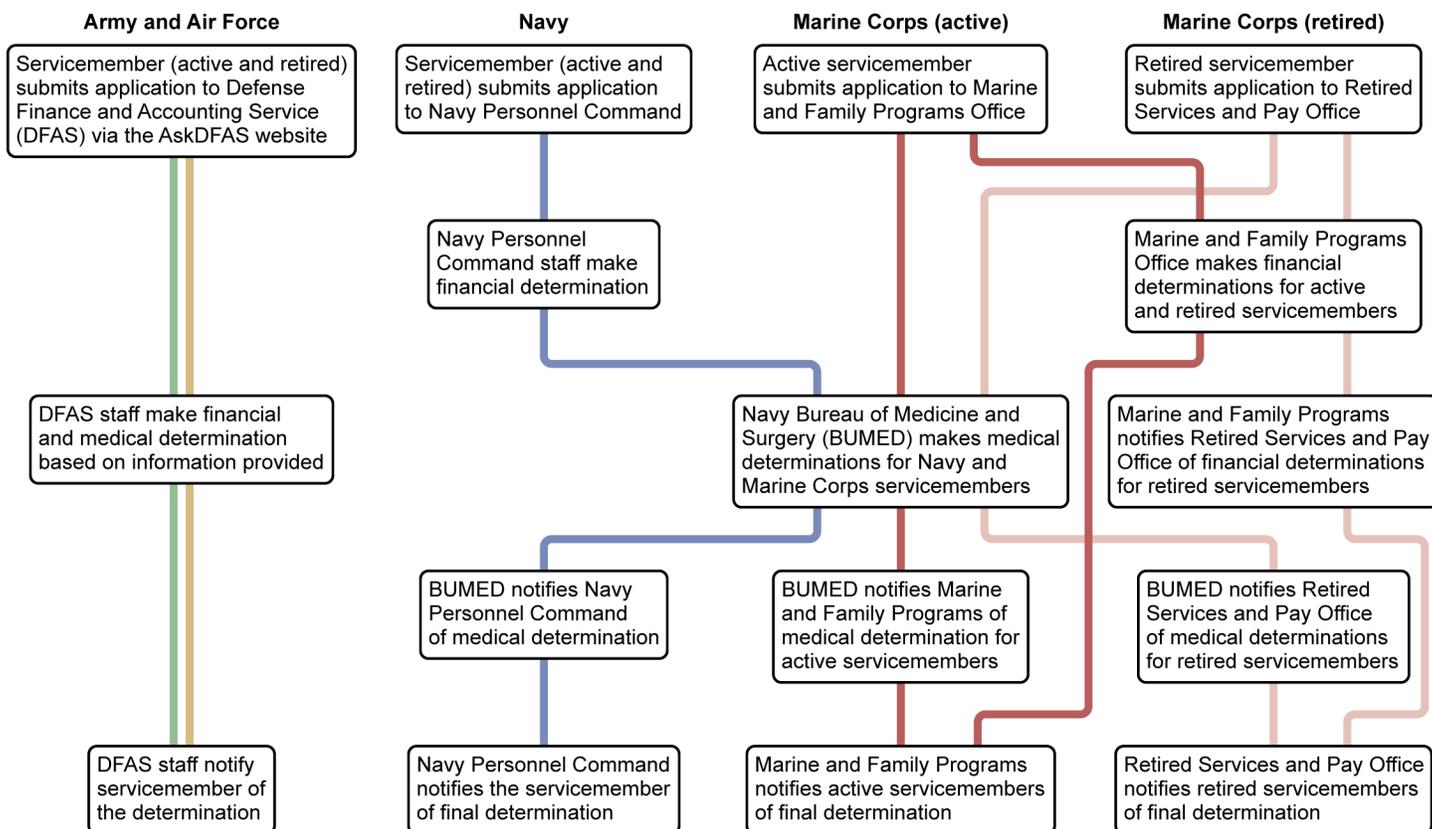
The Army and the Air Force require families to submit an initial dependency determination application through DFAS, while Navy and Marine Corps families submit initial applications through their respective military service.²² Applications require both a medical and financial determination. As part of their application, families must submit a detailed Medical Sufficiency Statement for medical determinations as well as a completed DD Form 137-5, the form used for making financial determinations.²³ Applicants must provide documentation for 1 year of

²²Air Force Instruction 36-3026, Vol. 1, *Identification Cards for Members of the Uniformed Services, Their Eligible Family Members, And Other Eligible Personnel* (Aug. 4, 2017).

²³A Medical Sufficiency Statement provides detailed information regarding the incapacitated adult child's condition, diagnosis, and capability for self-support, among other things. The Medical Sufficiency Statement must be signed and dated by a doctor within 90 days of the active-duty or retired servicemember submitting an application. DD Form 137-5 *Dependency Statement - Incapacitated Child Over Age 21* is used to determine the relationship, dependency, and active-duty or retired servicemember's entitlement to authorized benefits. Air Force Instruction 36-3026, Vol.1.

household and personal expenses to determine whether the servicemember is providing more than 50 percent of the incapacitated adult child's support. An approved application requires both a favorable medical and financial determination.²⁴ The various offices involved in making military service-specific determinations are outlined in figure 2 below.

Figure 2: Incapacitated Adult Child Dependency Determination Application Process by Military Service



Source: GAO analysis of Department of Defense guidance. | GAO-20-335

Note: The Navy dependency determination application process is sequential while the Marine Corps processes are concurrent. For example, Navy financial determinations are completed first, and then the medical determination is completed. For the Marine Corps, financial and medical dependency determinations are completed at the same time.

²⁴Air Force Instruction 36-3026, Vol. 1.

Exceptional Family Member Program

Active-duty servicemembers with eligible family members with special needs, to include incapacitated adult children, are enrolled in the Exceptional Family Member Program (EFMP). The EFMP provides support to active-duty families with special needs at their current and proposed locations, such as information, referrals, and assistance before, during, and after relocation. DODI 1315.19 states military service EFMPs are to have three components—identification and enrollment, assignment coordination, and family support.

- **Identification and enrollment.** Medical and educational personnel at each installation are to have procedures for identifying active-duty family members with special medical or educational needs to enroll in the EFMP.²⁵ Once identified, active-duty servicemembers are enrolled in their military service’s EFMP.²⁶ Active-duty servicemembers are also required to self-identify when they learn a family member has a qualifying condition.
- **Assignment coordination.** Before finalizing a servicemember’s assignment to a new location through the permanent change of station process, each military service considers any active-duty family member’s special needs during this process, including the availability of required medical and special educational services at a new location.
- **Family support.** Each military service’s EFMP includes a family support component through which it helps active-duty families with special needs identify and gain access to programs and services at their current, as well as proposed, locations.²⁷

²⁵DOD defines a family member as a dependent of a servicemember, including a spouse and children, who is 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 servicemember. Department of Defense Instruction 1315.19, para. G.2. Individuals with special medical and educational needs include those with a potentially life-threatening or chronic physical condition (such as diabetes or multiple sclerosis), current and chronic mental health condition, asthma, attention deficit disorder, or a chronic condition that requires adaptive equipment or technology devices; or a child (birth through 21 years) with special educational needs who is eligible for, or receives, special education services through an Individualized Education Program (IEP), or early intervention services through an Individualized Family Service Plan (IFSP). Department of Defense Instruction 1315.19, sec. 3.

²⁶Department of Defense Instruction 1315.19, para. 2.5.d.

²⁷Department of Defense Instruction 1315.19, para. 6.1.

The Military Services Jointly Established Policy for Determining Dependency, but It Is Limited and Inconsistent

In accordance with DOD dependency policy, the military services jointly established Air Force Instruction (AFI) 36-3026, Volume 1, to implement the broad dependency determination requirements and outline each military service's process for determining the dependency status of incapacitated adult children.²⁸ However, the AFI provides limited information for making financial determinations, and standards outlined in the AFI for making medical determinations are inconsistent across the military services. As a result, DFAS, the Navy, and the Marine Corps have developed fragmented approaches using their own internal guidelines for processing dependency applications.²⁹ This results in inconsistent application of DOD policy and may lead to differing dependency determinations across the military services.

The Military Services Jointly Established Policy to Implement DOD Dependency Determination Requirements

DOD Instruction 1000.13 and DOD Manual 1000.13, Volume 1, direct the military services to develop and implement military service-level procedures for DOD-directed policies governing eligibility for benefits, including eligibility for military dependents.³⁰ In response, the military services jointly established the AFI to implement dependency criteria outlined in DOD Manual 1000.13, Volume 2.³¹ The AFI governs issuance of identification cards and associated eligibility for military benefits and privileges to servicemembers and eligible family members, among others. The AFI outlines dependency determination requirements applicable across the military services, including financial and medical eligibility criteria and application procedures for incapacitated adult child dependency. In addition, the AFI details unique procedures and

²⁸As a multi-service publication, Air Force Instruction 36-3026, Vol. 1, is also known as Army Regulation 600-8-14; Bureau of Naval Personnel (BUPERS) Instruction 1750.10D, Vol. 1; Marine Corps Order 5512.11E; and (Coast Guard) Commandant Instruction M5512.1B. In this report, when citing to provisions within this publication, we will use the Air Force Instruction citation regardless of which military service's policy is discussed.

²⁹GAO, *Fragmentation, Overlap, and Duplication: An Evaluation and Management Guide*, GAO 15-49SP (Washington, D.C.: Apr. 14, 2015). Fragmentation refers to those circumstances in which more than one federal agency (or more than one organization within an agency) is involved in the same broad area of national need and opportunities exist to improve service delivery.

³⁰Department of Defense Instruction 1000.13 and Department of Defense Manual 1000.13, Vol. 1.

³¹Department of Defense Manual 1000.13, Vol. 2 (Jan. 23, 2014). Air Force Instruction 36-3026, Vol. 1.

requirements specific to each military service's dependency determination process.

DFAS, Navy, and Marine Corps officials stated that they rely on internal guidance, in addition to the AFI, when processing incapacitated adult child dependency applications. DFAS developed *Special Instructions on Dependency Determinations* in 2006 to provide information and guidance helpful in adjudicating dependency applications.³² Navy officials stated that they rely on a set of dependency determination factors found in the DFAS guidance, as well as internal processing guidance. Marine Corps officials stated that they rely on internally developed standard operating procedures, most recently updated in 2017, which detail steps the office follows in processing dependency claims.

The AFI Provides Limited Information for Making Financial Determinations and Inconsistent Standards for Medical Determinations

Financial Determinations

The AFI provides limited information for making financial determinations, which results in fragmented approaches by DFAS, the Navy, and the Marine Corps, and leads to inconsistencies in determination outcomes.³³ Specifically, the AFI does not provide guidelines for determining allowable expenses or identifying excessive expenses. Further, the AFI does not provide guidelines for calculating financial determinations. As a result, DFAS, Navy, and Marine Corps officials rely on internal guidelines when reviewing expenses, and calculate financial determinations inconsistently.

First, in the absence of guidelines for reviewing expenses, DFAS, the Navy, and the Marine Corps have each developed their own guidelines, and officials told us that they rely on internal guidance and professional judgement for aspects of the determination process. This guidance is often informal, containing handwritten notes, and varies across offices. For example, both DFAS and Navy officials stated that they rely on

³²Defense Finance and Accounting Service – Denver Center, PMJOB TG 6, *Special Instructions on Dependency Determinations* (Mar. 31, 2006).

³³Air Force Instruction 36-3026, Vol.1.

guidance developed by DFAS in 2006 to make financial determinations, but we found that these documents have been edited by both offices.³⁴ The document used by officials at DFAS states that examiners should contact the servicemember for additional information in borderline cases, or those where the servicemember is close to providing at least 50 percent of the dependent's support. However, the dollar amount listed as a threshold for these cases has been crossed out, and a new figure was added. In addition, both the DFAS and Navy documents contain additional requirements added by hand. For example, the Navy document contains handwritten notes about additional allowable household expenses not included in the DFAS document. Further, the Navy document includes caps for expenses such as home repair and furniture, but these expenses are not in the DFAS document, and Navy officials told us these expenses were developed internally.

Second, in the absence of instructions in the AFI for calculating financial determinations, officials from DFAS, the Navy, and the Marine Corps stated that they use a formula known as the Family Unit Rule. The AFI does not include any mention of the Family Unit Rule and DFAS and military service officials were unable to identify its origin, but use the rule to assign shares of household expenses when calculating financial determinations.³⁵ However, we found that these offices apply the formula inconsistently, resulting in the potential for differing outcomes based on the member's military service branch.

³⁴Defense Finance and Accounting Service – Denver Center, PMJOB TG 6, *Special Instructions on Dependency Determinations* (Mar. 31, 2006).

³⁵The Family Unit Rule is outlined in the internal 2006 DFAS guidance mentioned above and currently used by DFAS and the Navy. Marine Corps officials also cited DFAS as their source for the rule, although we found that they apply the rule differently, as noted above. The Family Unit Rule is mentioned in DOD's *Financial Management Regulation* in relation to parents of members, but does not include instructions for assigning shares of household expenses and is not mentioned in relation to incapacitated adult children. The only provision in the Financial Management Regulation (and the Joint Travel Regulations previously) that mentions the Family Unit Rule reads, in its entirety, as follows: "Family Unit Rule. In determining a parent's dependency, consider the total income and expenses of the family unit that includes the parent. Ordinarily, the servicemember's contribution to the expenses of the family unit must exceed one-half of its total expenses before any one person in the family unit can be considered dependent on the servicemember. When application of the family unit rule results in manifest injustice, consider any other available evidence of dependency, and determination made according to principles of equity and good conscience." DOD 7000.14-R, *Financial Management Regulation*, Vol. 7A, Chapter 26, Housing Allowances (December 2019).

To make financial determinations, families report total household expenses, and the incapacitated adult child's personal expenses and gross income for the previous 12 months.³⁶ To attribute a portion of household expenses to the incapacitated child using the Family Unit Rule, DFAS and the Navy assign adults (those in the household over age 21) two shares of the household expenses, and minor children (those in the household under age 21, unmarried, and not employed fulltime) one share. However, incapacitated adult children are assigned only one share despite their age. In contrast, Marine Corps officials told us that they assign all adults in the household, including incapacitated adult children, two shares of household expenses, and minor children one share. As a result, in a household consisting of two parents and an incapacitated adult child, DFAS and the Navy would count 20 percent of the total household expenses toward the incapacitated adult child's expenses, while the Marine Corps would count 33 percent of the household expenses toward the incapacitated adult child's expenses. Figure 3 illustrates military service calculations of household shares using the Family Unit Rule and the potential for differing outcomes based on the member's military service branch.

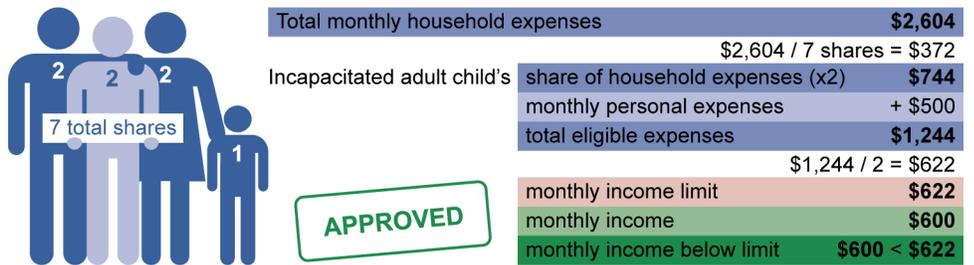
³⁶Income from all sources must be reported and includes: Wages, salaries, tips, or other cash gratuities; Interest on investments, bonds, savings, trust funds, etc.; Insurance or public/government pension payments, unemployment or disability compensation; Contributions from persons other than the member; Scholarships or educational grants; Tax refunds; Social Security payments, disability or regular; Supplemental Security Income; Veterans Administration payment; State or local welfare aid, including aid to dependent children. DD Form 137-5 (March 2018): *Dependency Statement – Incapacitated Child Over Age 21*.

Figure 3: Defense Finance and Accounting Service (DFAS), Navy, and Marine Corps Calculations of Household Shares Using the Family Unit Rule for Determining Financial Dependency

Defense Finance and Accounting Service (DFAS) (for Army and Air Force) and Navy



Marine Corps



Source: GAO analysis of Department of Defense guidance. | GAO-20-335

Note: The Family Unit Rule is a financial formula used to assign shares to all household members. Once shares are assigned, total eligible expenses are divided by two to determine whether the child's income exceeds 50 percent of their expenses.

In this figure, monthly expenses and income are held constant for both families. Army and Air Force calculations are completed by DFAS.

Officials with DFAS, the Navy, and the Marine Corps told us that most incapacitated adult child dependency disapprovals are due to the financial determination, often because families are not aware of what expenses can be included. Similarly, 11 of the 18 families that we interviewed stated that their incapacitated adult child's initial or redetermination application was disapproved, and all cited the financial determination as the reason for their disapproval.³⁷ In addition, 11 of the 18 families we interviewed

³⁷Some families we interviewed discussed initial and redetermination application experiences. Thus, while 11 of 18 families we interviewed stated that they had experienced a disapproval, some of these families later submitted a new application and were subsequently approved. Similarly, some families we spoke with had previously received an approval on their initial application and then were disapproved upon redetermination.

expressed concerns about how DFAS and the Navy calculate the financial determination for incapacitated adult children, including concerns about the formula used and expenses that are and are not included.³⁸ Those who were aware of the Family Unit Rule noted that they did not understand why an incapacitated adult child would be allotted half the share of household expenses that is allotted to all other adults in the household.

Medical Determinations

The AFI also outlines standards for making medical determinations that are inconsistent across the military services, resulting in fragmented approaches across DFAS, the Navy, and the Marine Corps. The AFI includes general requirements for the Medical Sufficiency Statement that must be submitted when applying for incapacitated adult child dependency, as well as military service-specific requirements which vary across the military services.³⁹ For example, the AFI states that Navy and Marine Corps members must provide a description of the child's current treatment regimen, while Army and Air Force members do not have this requirement. Further, the AFI states that Navy members must provide a detailed medical history sufficient for reviewers to trace the condition from date of onset to the present. Similarly, Marine Corps members must provide a detailed medical summary of the illness, but the AFI does not require this level of detail from Army and Air Force members. This results in a fragmented approach to medical determinations and failure to provide the additional specific information required by the Navy and the Marine Corps could result in a disapproval for those members. For example, a Marine Corps official stated that the medical determination process could be improved, noting that members may be disapproved if reviewers cannot see the full medical history of the incapacitated adult child.

DOD Manual 1000.13, Volume 2 sets criteria for incapacitated adult child dependency, and DODI 1000.13 states that the heads of the military services should develop and implement military service-level procedures for DOD-directed policies to support benefits eligibility.⁴⁰ Further, *Standards for Internal Control in the Federal Government* state that

³⁸We solicited input from all of the military services, but did not receive any responses from Marine Corps families.

³⁹Air Force Instruction 36-3026.

⁴⁰Department of Defense Manual 1000.13, Vol. 2. and Department of Defense Instruction 1000.13.

management should internally communicate necessary quality information to achieve objectives.⁴¹

While the military services established the AFI to document military service-level procedures, the AFI does not provide the necessary information to process incapacitated adult child dependency determination applications consistently, such as specific instructions for making financial determinations and consistent requirements for medical determinations.⁴² As a result, offices processing dependency applications have developed fragmented approaches, leading to inconsistent implementation of DOD-directed policy. This may result in inconsistent outcomes in dependency determinations across the military services.

DODHRA officials stated that they believed dependency determination requirements for processing applications are fairly straightforward and were surprised that there could be variation in outcomes among DFAS, the Navy, and the Marine Corps. However, DODHRA officials were unaware of how DFAS, the Navy, and the Marine Corps made their financial determinations, including what the Family Unit Rule is and how it is used in the determination process. DMDC officials confirmed that some cases could result in different outcomes depending on which office processed the case, but indicated that this was not a concern.⁴³

However, in its 2011 report on the redetermination process for incapacitated dependents, DOD acknowledged the potential for fragmented approaches, noting that DFAS and the military services may apply criteria inconsistently when allocating income and expenses between the incapacitated adult child and the servicemember. At that time, DOD recommended that DFAS and the military services identify and eliminate inconsistencies in the dependency redetermination processes.⁴⁴ However, we found that DOD has not implemented this recommendation and fragmented approaches resulting in inconsistencies persist in the processes nearly nine years later. DMDC officials, in coordination with DFAS officials, stated that they plan to begin addressing this

⁴¹[GAO-14-704G](#).

⁴²Air Force Instruction 36-3026, Vol 1.

⁴³Per Air Force Instruction 36-3026, Vol.1, applications are required to be processed by the families' respective military service.

⁴⁴Department of Defense, *Report on Redetermination Process for Permanently Incapacitated Dependents of Retired and Deceased Members of the Armed Forces* (Aug. 30, 2011).

recommendation in 2020. Further, Navy officials stated that implementing DOD-wide guidance that specifically addresses how applications for the determination of incapacitated adult child dependency should be processed would ensure that all of the military services process these applications in the same manner.

Limited guidance and inconsistent standards in the AFI can lead to fragmented approaches to making dependency determinations, resulting in differing outcomes for medical and financial determinations across the military services. These outcomes may result in increased hardships for military families, including the loss of healthcare coverage, base access, and active-duty servicemembers' eligibility for enrollment in the EFMP. Providing detailed, specific guidance for financial determinations and establishing consistent medical standards would better enable consistent implementation of DOD-directed policy to enhance the equitable treatment of all military families and better align outcomes to servicemember and military service expectations.⁴⁵

DOD Provides Limited and Inconsistent Assistance to Families Applying for Dependency Determinations

DFAS and the military services provide assistance, including resources or general information to military families applying for dependency determination. For example, resources include the DFAS website with links to military service-specific dependency determination web pages and required forms, an overview of allowable expenses, a template for the Medical Sufficiency Statement, and a toll-free customer service phone number. However, DFAS and military service officials cited the need for additional instruction for military families or expressed concerns about difficulties families have experienced when completing the process. Further, 17 of the 18 families we interviewed expressed concerns that the information available was limited or explained that more detailed guidance, including worksheets and examples, would be helpful.

We found limitations and inconsistencies in the information provided throughout the dependency determination process, as outlined below:

- DOD provides notice to families that benefits are expiring, but some families reported that they did not receive these notifications. DMDC provides written notification to servicemembers when their child is

⁴⁵Providing detailed, specific guidance and establishing consistent medical standards may lead to an increase or decrease in approved dependency applications. We cannot estimate the financial impact associated with taking these actions, because it will depend on when action is taken, and the specific details of that action, which could lead to increases or decreases in overall costs.

approaching the age of 21 to inform them that the child's benefits will expire. DMDC officials stated they send this notification approximately 5 months prior to the dependent's 21st birthday. However, 7 of the 18 families we interviewed told us that they did not receive a notification alerting them to the change in their child's dependency status and that they were unaware of the dependency determination process prior to their incapacitated adult child reaching 21 years of age. In addition, three of the 18 families we interviewed told us that they learned that their incapacitated adult child no longer had medical coverage while at the doctor or pharmacy. In one of these cases, the family learned their incapacitated adult child's medical benefits had been terminated after attempting to pick up their prescriptions and being told they owed more than \$6,000.

- Instructions for completing the DD Form 137-5 are limited. The DD Form 137-5 instructions state to "complete the form in its entirety" and include sections to list household expenses, such as food and utilities and the child's personal expenses such as clothing and laundry. However, the instructions on the form do not provide detail regarding allowable expenses or how this information will be used to make the financial determination. DMDC officials stated that instructions are available by military service on the DFAS website, explaining how to fill out the DD Form 137-5. However, we found that the links to "Form and Instructions" on the website for the Navy and the Marine Corps do not explain how to fill out the DD Form 137-5, but provide forms and other documents required for completing an application. The Army's and the Air Force's respective websites links to instructions provide additional details for completing the DD Form 137-5 and refer to an expense breakdown summary, but neither the additional details nor the expense breakdown summary include allowable expenses. Navy, Marine Corps, and DFAS officials told us that it was common for families to complete the required forms incorrectly and that families often underestimated what expenses are allowable. Eight of the 18 families we interviewed confirmed that they did not know what expenses were allowed. For example, one family was uncertain whether they could include a home health care aide or the services they personally provided while caring for their incapacitated adult child. Another family expressed uncertainty about how to determine the value of expenses, such as their incapacitated adult child's

Uniformed Services Identification and Privileges card.⁴⁶ Officials from the Army suggested that adding a narrative summary to the DD Form 137-5, the form used to make financial determinations, might alleviate some of these concerns by allowing families to include information that might not be captured elsewhere on the form. Additionally, DFAS officials stated that they are drafting a revised version of DD Form 137-5, which clarifies allowable expenses and provides a preliminary financial determination based on an automatic calculation of entered expenses and income. Officials did not provide an estimate of when the form would be completed.

- DOD's estimate of the amount of time required to complete the DD Form 137-5 may be insufficient for adequately completing the form. For example, in 2017 DOD estimated that the time needed to complete the DD Form 137-5 was 54 minutes.⁴⁷ Instructions on the DD Form 137-5 provide a 30-60 minute estimate for "reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information." Navy officials told us that they suggest members begin preparing their paperwork 4 months prior to their child's 21st birthday to allow adequate time to gather the necessary documentation. Additionally, 7 of the 18 families stated that the process was time consuming. Four of these families explained that it took weeks to months to gather the necessary medical and financial documentation from the previous year in order to complete the form.
- Experiences reported by families we interviewed were inconsistent in regards to customer service interactions. For example, 7 of the 18 families we interviewed expressed difficulty reaching a live person for assistance when calling DFAS, and 6 of these families stated the information provided by DFAS and the military services was generally considered by the families to be unhelpful or incorrect. Five of the 18 families we interviewed told us that when they contacted their local installation's identification card offices for assistance, they found that installation staff were unaware of the process or only knew which forms they needed to file, but not how to complete them. DFAS officials confirmed that instances like these happen, telling us that they once spent several hours on a telephone call helping an installation-level staff member assist a family in completing their

⁴⁶The value of the Uniformed Services Identification and Privileges card includes the benefit realized by the dependent from having an identification card. Examples include medical expenses covered by TRICARE, the value of medical visits to a military medical facility, and decreased medication costs.

⁴⁷82 Fed. Reg. 44394, 44395 (Sept. 22, 2017).

application. In one case, an approved family member took their approval letter from DFAS to their local identification card office for issuance of their incapacitated adult child's identification card and were met with suspicion. According to the family, installation staff explained that they had never seen a letter awarding dependency to an incapacitated adult child.

- Information provided to families of incapacitated adult children by the offices that process dependency applications varied in regards to transparency. For example, DFAS and Marine Corps officials expressed reluctance to release their financial determination formula, particularly information about the Family Unit Rule, to families. They cited concern that families could manipulate the system and that the number of approved applications would dramatically increase. However, we found that the Navy publishes a description of the Family Unit Rule on its website. DFAS officials explained that they were unaware of any guidance prohibiting the release of the formula, but do not do so due to concerns about the cost of benefits afforded by an approved dependency determination, such as Basic Allowance for Housing and medical coverage.⁴⁸

In 2011, DOD recommended training more individuals to provide telephone assistance to those needing help with filling out the DD Form 137-5. Additionally, DOD reported to Congress that the time required to complete the DD Form 137-5 may create a burden on military families, and noted that families applying for redetermination can obtain 90 days of temporary medical coverage if needed.⁴⁹ Further, officials with DMDC's Office of Identification Card Policy stated that the office implemented a streamlined redetermination process in 2017 in response to the findings of the 2011 report.⁵⁰ However, this streamlined process does not apply to initial applicants or those who do not have previous financial and medical determination documentation on file.

⁴⁸As previously discussed, Basic Allowance for Housing is a U.S. based allowance based on median housing costs and the servicemember's grade, location, and whether they have any dependents. Department of Defense 7000.14-R, Vol. 7A, Chapter 26.

⁴⁹The extension of benefits is not provided to families undergoing an initial dependency determination.

⁵⁰Department of Defense, *Report on Redetermination Process for Permanently Incapacitated Dependents of Retired and Deceased Members of the Armed Forces* (Aug. 30, 2011).

DOD Instruction 1341.02 requires the Director of DODHRA to identify the most effective means to communicate to members of the uniformed services, their dependents, and other eligible populations about their DOD benefits and entitlements.⁵¹ However, DOD currently relies on limited and inconsistent communication and assistance to provide members with information about the incapacitated adult child dependency process. Further, *Standards for Internal Control in the Federal Government* require management to periodically evaluate methods of communication.⁵² DODHRA officials told us that military service-level offices monitor trends in servicemember requests for assistance with the dependency determination process and identify areas of concern that may need attention.⁵³ However, we found that while military service-level offices receive calls for assistance, they do not monitor trends to identify any issues that they might address. Navy and Marine Corps officials stated that families call their offices for assistance. According to Navy officials, the Incapacitated Dependency Coordinator received more than 1,000 phone calls related to incapacitated adult child dependency in October 2019, but they do not assess inquiries to determine trends in the types of questions or problems families call about.

Without identifying and implementing the most effective means to communicate detailed and consistent information to families completing the dependency determination process for incapacitated adult children, families may continue to experience confusion. For example, families may not understand how to complete the determination process or how to access assistance. The lack of effective and timely information may also create a burden on families as they attempt to complete the necessary paperwork in a limited amount of time. Further, this may create a burden on DFAS, Navy, and Marine Corps case examiners and other customer service staff as they process multiple applications for a single family or field a high volume of phone calls from families struggling to understand how to complete the necessary paperwork.

⁵¹Department of Defense Instruction 1341.02.

⁵²[GAO-14-704G](#).

⁵³DFAS processes applications for the Army and the Air Force. The Navy and Marine Corps process applications for their respective military services.

OSD Oversight of the Dependency Process Is Limited, and Offices Do Not Consistently Track, Monitor, and Report Applications and Determinations

Oversight of the incapacitated adult child dependency process at the OSD level, including applications for and determinations of dependency, is limited. Further, officials we spoke with were unclear about oversight responsibilities. In addition, DFAS, the Navy, and the Marine Corps track incapacitated adult child dependency cases—which may include dependency applications as well as contacts with servicemembers or families related to dependency—but do not consistently track, monitor, and report on dependency applications and determinations. This lack of information further limits OSD oversight.

Oversight of the Incapacitated Adult Child Dependency Process Is Limited

We found that OSD oversight of the incapacitated adult child dependency process, including applications and determinations, is limited, in part because officials are unclear on oversight roles and responsibilities and as a result are not fulfilling those responsibilities. DOD Instruction 1341.02 states that DODHRA is to develop procedures for the oversight of DEERS and to coordinate with other relevant offices to establish DEERS enrollment and eligibility guidance and procedures pertaining to personnel and medical issues.⁵⁴ However, the policy does not specify roles and responsibilities for tracking, monitoring, and reporting of data to enable oversight of such procedures, including eligibility procedures for incapacitated adult children. Further, officials with DODHRA told us that their office is responsible for formulating policy for dependent eligibility, but does not have oversight of dependency determination procedures. Officials with the DMDC Office of Identification Card Policy, which falls under DODHRA, confirmed that their office is responsible for the development of policies and procedures for ID card eligibility and enrollment, including associated benefits. However, they specified that these policy-making responsibilities do not translate into a defined oversight role and that they do not perform any oversight of the military services' dependency determinations. These officials also confirmed that they do not monitor or receive reports on the dependency determination process from DFAS or the military services. Further, DFAS and military service officials stated that they do not report information on incapacitated adult child dependency applications and determinations internally or externally.

⁵⁴Department of Defense Instruction 1341.02.

DODHRA and DMDC Office of Identification Card Policy officials stated that the JUSPAC, a collaborative advisory committee comprised of the military service DEERS project officers, is responsible for oversight of the military services' dependency determination processes.⁵⁵ An official from the DMDC Office of Identification Card Policy later clarified that the JUSPAC advises DMDC and DODHRA on issues related to identification cards and eligibility. DOD Instruction 1341.02 states that the JUSPAC is responsible for the maintenance and operation of the DEERS and RAPIDS programs for each military service, but does not include responsibility for the establishment or oversight of enrollment and eligibility procedures. Further, we found that military service officials differed in their understanding of the role of the JUSPAC as it relates to the incapacitated adult child dependency determination process. Navy and Marine Corps officials with responsibilities on the JUSPAC stated that the committee has nothing to do with determinations of incapacitated adult child dependency and indicated that the JUSPAC does not have an oversight role. In contrast, Army and Air Force officials with responsibilities on the JUSPAC stated that the committee periodically discusses and advises DODHRA and DMDC on issues related to dependency determinations, and Air Force officials stated that the JUSPAC does have an oversight role.

In addition, Army officials stated the military service representatives who comprise the JUSPAC are responsible for oversight of the dependency determination process. However, DFAS conducts dependency determinations for the Army and the Air Force but is not a part of the JUSPAC, according to DFAS and military service officials. Further, Army and Air Force officials stated that they do not have oversight of DFAS's dependency determination process, are not familiar with DFAS's processes for making determinations, and do not receive information on dependency determinations from DFAS. DFAS officials confirmed that the military services do not have oversight of DFAS dependency determinations.

⁵⁵The Joint Uniformed Services Personnel Advisory Committee (JUSPAC) is comprised of military service project officers who represent their components, and is a collaborative DOD-wide policy recommendation, requirements, strategy, and oversight group responsible for the maintenance and operation of the Defense Enrollment Eligibility Reporting System (DEERS) and Real-time Automated Personnel Identification System (RAPIDS) programs for each of the uniformed services. The JUSPAC advises DODHRA on relevant policy and coordinates with DMDC on issues related to DEERS. Department of Defense Instruction 1341.02.

Without clarifying oversight roles and responsibilities, including the tracking, monitoring, and reporting of data, DOD cannot ensure the consistent collection and reporting of information on the dependency process by DFAS and the military services. Further, without exercising oversight of the incapacitated adult child dependency process, DODHRA lacks relevant information to identify deficiencies and inconsistencies and inform decisions about the dependency determination process.

DFAS, the Navy, and the Marine Corps Do Not Consistently Track, Monitor, and Report Applications and Determinations

DFAS, the Navy, and the Marine Corps use internal databases designed primarily for tracking workflow and timeliness measures to track some information related to incapacitated adult child dependency. However, these offices do not consistently track, monitor, and report data internally or externally on incapacitated adult child dependency applications or determinations of dependency.

Incapacitated Adult Child Dependency Applications

DFAS, the Navy, and the Marine Corps track cases related to incapacitated adult child dependency, which may include dependency applications as well as contacts with servicemembers or families. DFAS, Navy, and Marine Corps officials told us that this data is tracked primarily to monitor workflow and timeliness measures. However, DFAS, Navy, and Marine Corps databases differ in how they track dependency applications: the DFAS and the Navy databases do not distinguish dependency applications from other contacts, while the Marine Corps databases only track applications, making this distinction apparent. DFAS and Navy officials told us that they create a new case in their databases when an application is received, but cases are also created to document other interactions with servicemembers such as a phone call from a member seeking assistance. For example, DFAS officials told us that examiners create cases when they contact members to request documentation, either to renew a dependency determination or to support a current dependency application. Further, examiners may create a new case when the servicemember submits the requested documentation. Similarly, Navy officials told us examiners create a case in their database when responding to phone or email inquiries related to incapacitated adult child dependency. Officials also told us they are unable to separate cases representing dependency applications from cases representing other types of interaction in their databases, and so are unable to track or monitor the number of applications received separately from other contacts with members.

In contrast, the Marine and Family Programs Office as well as the Marine Corps Retired Services and Pay Office use internal databases to track incapacitated adult child dependency cases, but officials told us that all cases represent dependency applications. Marine Corps officials stated that examiners create a new case to document each application received, and interaction with the servicemember is documented in the notes field of the case. Cases may be closed if a member fails to submit required documentation within the allotted timeframe and the application expires, but officials do not create a new case for each contact initiated.

We analyzed data on incapacitated adult child dependency cases processed by DFAS, the Navy, and the Marine Corps for calendar years 2016 through 2018 to determine the number of cases processed each year. We also estimated the percentage of cases for which a dependency determination was documented, indicating that these cases represent applications for dependency.⁵⁶ Of the cases processed by DFAS, we found that 59 percent of Army cases and 67 percent of Air Force cases included a documented dependency determination, and that 39 percent of cases processed by the Navy included a documented dependency determination.⁵⁷ Based on Marine Corps data, we found that the Marine Corps processed a total of 638 incapacitated adult child dependency cases in calendar years 2016 through 2018 (Marine Corps officials told us that all cases in their databases represent applications). See table 2 for more information on cases processed by military service each year and the percent of Army, Navy, and Air Force cases that included a documented dependency determination.

⁵⁶We estimated the percentage of DFAS and Navy cases for which a dependency determination was documented because DFAS and Navy databases do not distinguish applications from cases representing other forms of contact related to incapacitated adult child dependency. This allowed us to estimate the percentage of cases processed by DFAS and the Navy, which represent applications for dependency.

⁵⁷Margins of error for all estimates are within +/- 10 percentage points unless otherwise noted. For more about our use of sampling weights, see appendix I.

Table 2: Incapacitated Adult Child Dependency Cases Processed Each Calendar Year by Military Service for Active-Duty and Retired Sponsors

Military Service	2016		2017		2018	
	Number of cases	Estimated percentage with a documented dependency determination	Number of cases	Estimated percentage with a documented dependency determination	Number of cases	Estimated percentage with a documented dependency determination
Army	2020	44	3172	66	2078	64
Navy	1062	42	1737	37	1111	41
Air Force	656	77	1833	63	1124	67
Marine Corps	139	n/a	279	n/a	220	n/a

Legend: n/a = not applicable

Source: GAO analysis of Defense Finance and Accounting Service (DFAS), Navy, and Marine Corps data. | GAO-20-335

Note: DFAS processes incapacitated adult child dependency cases and applications for Army and Air Force members. The Navy Personnel Command processes Navy applications, while the Marine and Family Programs and Retired Services and Pay Offices process applications for the Marine Corps. These figures represent incapacitated adult child dependency applications from active-duty and retired military sponsors. Percentages are not applicable for the Marine Corps because officials told us that all cases represent dependency applications. Margins of error for percent estimates are all within +/-10 percentage points.

Dependency Determination Decisions

The Marine and Family Programs Office tracks dependency determination decisions for active-duty members, but DFAS, the Navy, and the Marine Corps Retired Services and Pay Offices do not track dependency determination decisions. Officials in these offices told us that they can only identify dependency determination decisions through a manual review of cases, and they do not regularly conduct such reviews. For example, DOD reported in 2011 that DFAS conducted a case-by-case review of all dependency determination files in selected months to identify factors such as sponsor retiree status and determination decisions because their database was unable to break out statistical information on requested variables.⁵⁸ DOD did not provide any recommendations to improve record keeping.

Our analysis of documentation from sampled Army, Navy, and Air Force incapacitated adult child dependency cases included a review of determination decisions. Of the Navy cases that included a documented dependency determination, we found that 78 percent of applications opened in 2016 through 2018 were approved, while 22 percent were not

⁵⁸Department of Defense, *Report on Redetermination Process for Permanently Incapacitated Dependents of Retired and Deceased Members of the Armed Forces* (Jul. 6, 2011).

approved. Similarly, of the cases processed by DFAS that had a documented dependency determination, 52 percent of Army applications and 53 percent of Air Force applications opened in 2016 through 2018 were approved, while 48 percent and 47 percent were not approved, respectively. We also reviewed Marine Corps data to identify incapacitated adult child dependency determination decisions. Of the 638 applications received by the Marine Corps in 2016 through 2018, we found that 404 cases (63 percent) were approved, and 127 (20 percent) were not approved. Additionally, 107 Marine Corps applications (17 percent) were closed without a final dependency determination. Marine Corps officials stated that applications may be closed if they expire or are missing required documentation. See table 3 for dependency determinations by military service.

Table 3: Dependency Determination Decisions in Reviewed Incapacitated Adult Child Cases with a Documented Determination by Military Service, Calendar Years 2016 through 2018

Year	Military Service	Army	Navy	Air Force	Marine Corps
	Source	Sampled cases	Sampled cases	Sampled cases	All cases
2016	Approved	22	40	29	85
	Not approved	22	1	46	22
	Closed/unknown	n/a	n/a	n/a	32
	Total applications	44	41	75	139
2017	Approved	32	28	36	174
	Not Approved	34	9	27	68
	Closed/ unknown	n/a	n/a	n/a	37
	Total applications	66	37	63	279
2018	Approved	37	26	37	145
	Not approved	27	15	30	37
	Closed/unknown	n/a	n/a	n/a	38
	Total applications	64	41	67	220

Legend: n/a = not applicable

Source: GAO analysis of Defense Finance and Accounting Service (DFAS), Navy, and Marine Corps data. | GAO-20-335

Note: Army, Air Force, and Navy figures represent sampled cases, which included a documented dependency determination, while Marine Corps figures represent the full population of cases processed by Marine Corps' offices. We sampled Army, Air Force, and Navy cases to determine dependency approvals and disapprovals because available data did not include this information; Marine Corps data did include dependency determinations, allowing us to analyze the total population of cases. Among Army, Air Force, and Navy cases with a documented determination decision, all sampled cases were either approved or disapproved. These figures represent incapacitated adult child dependency applications from active-duty and retired military sponsors.

As previously discussed, DOD Instruction 1341.02 designates responsibility for oversight of DEERS and the establishment of eligibility guidance and procedures to DODHRA in coordination with other relevant offices. *Standards for Internal Control in the Federal Government* state that an oversight body should exercise oversight responsibility, including oversight of monitoring activities, receipt of reports from program management, and remediation of identified deficiencies. Further, management should use quality information based on relevant and reliable data to make informed decisions and evaluate performance in achieving objectives.⁵⁹ DOD's 2018 National Defense Business Operations Plan also emphasized the need for accurate and relevant performance data for decision-making.⁶⁰

Without clearly defining oversight roles and responsibilities of DODHRA and the military services, including tracking, monitoring, and reporting of data on incapacitated adult child dependency applications and determinations, OSD lacks visibility of the dependency process. Further, OSD lacks consistent and relevant information to identify deficiencies and inform decision-making about the process. Without exercising oversight responsibility, DODHRA may be unaware of inconsistencies in dependency determination processes and outcomes across the military services or trends in application and approval volumes, and may miss opportunities to address such issues where needed. For example, consistent data on determination decisions across the military services would better enable OSD to identify variations in approval rates across the military services. By exercising oversight responsibility, DODHRA could use such information to identify and address inconsistencies in the application process that may result in differing determinations across the military services. Such actions could decrease the burden on military families with incapacitated adult children as they complete the dependency determination process.

⁵⁹[GAO-14-704G](#).

⁶⁰Department of Defense, *FY 2018-FY 2022 National Defense Business Operations Plan* (Apr. 9, 2018).

The Military Services Assist Families with Incapacitated Adult Children during Permanent Changes of Station, but Loss of Dependency Status Affects Eligibility for Certain Services

The military services provide assistance, such as assignment coordination intended to help ensure necessary care is available at assigned locations during the permanent change of station process, to eligible active-duty families that are registered with the EFMPs. However, a change in dependency status based on a disapproved incapacitated adult child dependency application could cause active-duty servicemembers to become ineligible for and lose EFMP services, including assignment coordination.

The EFMP Assists Active-Duty Military Families with Incapacitated Adult Children during Permanent Changes of Station

DOD established the EFMP, which provides assistance to active-duty military families with special needs, including families with incapacitated adult children, at their current and proposed duty stations.⁶¹ As previously mentioned, DOD 1315.19 identifies three EFMP components—identification and enrollment, assignment coordination, and family support:

Identification and enrollment. As previously described, medical and educational personnel at each installation are to have procedures for identifying family members with special medical or educational needs to enroll in the EFMP.⁶² Active-duty servicemembers are enrolled in their military service's EFMP when identified as eligible, and are required to self-identify if they learn a family member has a qualifying condition. Once enrolled in the EFMP, active-duty servicemembers with incapacitated

⁶¹Department of Defense Instruction 1315.19, paras 3.1 and 3.2. Individuals with special medical and educational needs include those with a potentially life-threatening or chronic physical condition (such as diabetes or multiple sclerosis), current and chronic mental health condition, asthma, attention deficit disorder, or a chronic condition that requires adaptive equipment or technology devices; or a child (birth through 21 years) with special educational needs who is eligible for, or receives, special education services through an Individualized Education Program (IEP), or early intervention services through an Individualized Family Service Plan (IFSP).

⁶²Department of Defense Instruction 1315.19, paras 2.4 and 4.2; sec 3. According to DOD officials, special medical or educational needs are identified and updated through the use of the DD Form 2792 and DD Form 2792-1, with accompanying IEP or IFSP.

adult children are eligible for assignment coordination and family support services.

Assignment coordination. Before finalizing an active-duty servicemember's assignment to a new location, each military service considers any family member's special needs during this process, including the availability of required medical and special educational services at a new location. The military services also take into consideration the needs of the armed forces and servicemember career development when addressing assignment requests. Additionally, each military service may permit active-duty servicemembers from families with special needs to be assigned to Alaska, Hawaii, or a continental U.S. location for a minimum of 4 years under certain conditions.⁶³ The assignment coordination processes for each military service are outlined below:

- **Army.** According to Army officials, assignments are based primarily on Army readiness needs with the medical needs of families of the servicemember being taken into consideration prior to making the orders. Once a servicemember is identified for assignment and the potential locations are identified, Army Medical Command determines whether the locations can support the medical needs of the servicemember and their dependents. According to Army officials, family members must accompany the servicemembers on assignments within the United States. If it is determined that the location can support the servicemember's needs, then the servicemember may be assigned to that location. Officials told us that a servicemember could be reassigned if it is found that the medical care initially thought to be available is no longer available. Additionally, a servicemember may also be reassigned if an initially

⁶³This process is known as stabilization and refers to assigning a servicemember for an extended period of time to a location that has the required medical and/or educational services available for a family member enrolled in the EFMP.

approved overseas assignment has been disapproved through the family screening process.⁶⁴

- **Navy.** According to Navy officials, a servicemember's requested assignment is checked against valid positions. If a valid position is available, a location is selected and orders are written. The orders are reviewed for EFMP suitability for enrolled family members with special needs—diagnosis, treatment needs, and availability of providers and specialists are considered. If providers are available in the area, the orders are approved. Officials stated that if providers are not available, the orders are sent back and the situation is discussed with the servicemember. According to officials, the servicemember has the option to continue with the orders and opt not to transfer the family or to select a different location.
- **Air Force.** According to Air Force officials, servicemembers are selected for assignment based on their own merit. Officials stated that once a servicemember who has a family member with identified needs is selected for an assignment, they must complete a screening process to verify service availability at the proposed location. If services are unavailable for the special needs dependent at the proposed location, the servicemember can request cancellation of the assignment or request to receive a new assignment. According to officials, servicemembers may also request deferment (or stabilization) to remain at an installation when the servicemember's presence is essential in the success of the treatment plan of the special needs dependent.
- **Marine Corps.** According to Marine Corps officials, assignments are based on the needs of the Marine Corps and the servicemember's career progression. Officials stated that the EFMP ensures that the needs of the exceptional family member, including incapacitated adult child dependents, are also considered. According to officials, ensuring that the needs of these family members are met consists of reviewing the location of the proposed assignment and matching the family member's care requirements with the capacity and accessibility of

⁶⁴Family members will be screened when the servicemember is on assignment instructions to an OCONUS (outside of the continental United States) area for which command sponsorship/family member travel is authorized and the servicemember elects to serve the accompanied tour. This applies to CONUS (continental United States)-to OCONUS and OCONUS-to-OCONUS reassignments. Family member travel at government expense may be denied when an active-duty servicemember has a family member with special medical needs and the services to meet those needs are unavailable at the overseas location, as determined by the military health care system, based on acceptable U.S. health care standards. Army Regulation 608-75, *Exceptional Family Member Program*, (Jan. 27, 2017).

care at the proposed location. According to officials, a servicemember can ask for review of the assignment if there are concerns about a location. If an agreement is reached, the servicemember can stay at their current location based on the risk of the transfer of care for the special needs family member. Officials told us there is also the option for the family to stay at their current location while the Marine executes the assignment in another location. Additionally, officials stated that a servicemember could ask for a 12-month humanitarian assignment, which grants a waiver for the servicemember to stay in place. Regardless of their family situation, officials stated that a servicemember must remain worldwide assignable in order to remain in the Marine Corps.

Incapacitated adult children of active-duty military servicemembers may reside in an institution or group home. In cases such as these, Army, Navy, and Marine Corps officials told us that the needs of the family member are still considered during the assignment coordination process if they are enrolled in the EFMP. However, Army officials told us that assignment coordination is more difficult for families with incapacitated adult children that live in an institution because there are limited locations for an active-duty servicemember to be assigned that can accommodate their situation. Air Force officials stated that EFMP assignment options are dependent on the exceptional family member residing in the active-duty servicemember's household. Air Force officials also stated that they could consider an exception to policy for situations such as this.

Family support. DOD also requires each military service's EFMP to include a family support component through which it helps active-duty families with special needs identify and gain access to programs and services at the current, as well as proposed locations. Family support includes services such as providing information and referrals to families with special needs and providing assistance before, during, and after relocation, including coordination of services with the gaining installation's family support personnel, among others.

Active-Duty
Servicemembers Lose
EFMP Assignment
Coordination Assistance
with the Disapproval of
Dependency Status for an
Incapacitated Adult Child

Across the military services, enrollment in the EFMP is based on dependency status of the relevant family member. Because incapacitated adult child dependency determinations require both an approved financial and medical determination, a disapproved financial determination would mean a medically qualified adult child no longer meets criteria for continued dependency and therefore would no longer qualify for EFMP enrollment. According to military service officials, once an incapacitated adult child is no longer considered a dependent, the servicemember no longer meets the EFMP enrollment criteria. Therefore, the servicemember is disenrolled and loses EFMP services, including assignment coordination.

DOD Instruction 1315.19, the DOD EFMP policy, states that Secretaries of the Military Departments should establish guidance that is consistent with DOD policy. Further, the EFMP policy defines a family member as a dependent of a servicemember, including a spouse and children, who is eligible to receive a DOD identification card, medical care in a DOD medical treatment facility, and command sponsorship or DOD-sponsored travel and specifies criteria for identifying family members with special medical and educational needs.⁶⁵ The DOD EFMP policy definition of a family member states that in certain cases this may also include other nondependent family members of a servicemember.⁶⁶ *Standards for Internal Control in the Federal Government* state that management defines objectives in specific and measurable terms to enable the design of internal control for related risks and that specific terms are to be fully and clearly set forth so they can be easily understood.⁶⁷ DOD EFMP policy does not specify the cases in which the definition of a family member includes nondependent family members. Further, military service-specific EFMP enrollment policies do not consider nondependent family members and are not consistent with DOD EFMP policy as a result.⁶⁸ Navy officials told us that the military services cannot be less restrictive than the requirements laid out in the DOD Instruction, but they can be more restrictive. These officials also stated that while the DOD

⁶⁵Department of Defense Instruction 1315.19.

⁶⁶Department of Defense Instruction 1315.19.

⁶⁷[GAO-14-704G](#).

⁶⁸Department of Defense Instruction 1315.19. Army Regulation 608-75. Chief of Naval Operations Instruction 1754.2F. Secretary of the Navy Instruction 1754.5B. Air Force Instruction 40-701. Air Force Policy Directive 36-82. Marine Corps Order 1754.4B.

EFMP policy refers to nondependents, the related Navy EFMP Instruction does not.

Officials from the Navy, the Air Force, and the Marine Corps stated that they are not required to consider nondependent family members, but exceptions to policy could be considered on a case-by-case basis at the request of the servicemember. For example, Air Force officials stated that they would consider the needs of the disenrolled family and work to accommodate the needs of the family. Military service officials told us that family support services are still provided upon request of the servicemember, regardless of EFMP enrollment status. Additionally, Marine Corps officials stated that as written the definition of nondependent is vague and lacks clarity as to how the military services would extend dependent eligibility to nondependents, beyond current exceptions to policy.

Despite changes in dependency status, active-duty servicemembers with incapacitated adult children may continue to have needs for EFMP services, such as assignment coordination. Incapacitated adult children who lose dependency status continue to have the same medical needs, which must be met for them to accompany their families on assignments. For example, an active-duty servicemember we interviewed stated that once their incapacitated adult child was disapproved financially through the dependency determination process, they were no longer eligible for EFMP assistance and were required to research potential permanent change of station assignment locations on their own to ensure the proper services were available for their child. Because their child is institutionalized and has severe medical needs, they accepted an assignment to a location that would allow their child to accompany them as well as meet their child's needs. With government-funded family travel no longer available due to the loss of dependency status, they solicited assistance from their United States Senator. They stated that their Senator helped with the arrangements and with securing funding to transport their medically fragile child to their new assignment location. This servicemember stated that they considered leaving the military due to the hardships this process caused. In another example, an active-duty servicemember told us that after their child was disapproved during the dependency determination process, they found it difficult to focus on duties required for deployment because they needed to find new doctors and medical care for their child due to the loss of military medical benefits and EFMP assistance.

Without providing clarification on nondependent family members and revising military service-level policy to be consistent with DOD policy, the needs of active-duty servicemembers with incapacitated adult children may not be considered and servicemembers may be assigned to locations where necessary services for their child are unavailable. Moreover, because they are no longer eligible for EFMP services, servicemembers may be faced with additional burdens such as researching potential assignment locations and finding care for their disapproved incapacitated adult child. This may affect a servicemember's willingness to stay in the military as well as their readiness.

Conclusions

Military families with incapacitated adult children face unique challenges and burdens, which may be complicated by the dependency determination process. A disapproved dependency application results in the loss of health benefits, continuity of care, and other privileges for the incapacitated adult child, and may result in increased burden on the servicemember and family. The fragmented and inconsistent application of DOD dependency criteria at the military service level due to limited and inconsistent guidance may result in loss of dependency status and increased hardship for military families, such as the loss of healthcare coverage. Without timely and consistent information and assistance to complete the complex dependency determination process, servicemembers and families may struggle to understand requirements and to access assistance. This further burdens military families who may be disapproved for dependency due to misunderstanding application requirements or an inability to reach the appropriate office for assistance. Responsibility for oversight of the dependency determination process is unclear and the lack of consistent data on dependency applications and determinations across the military services limits DOD's visibility of the dependency process and its ability to identify and address inconsistencies and other deficiencies. Further, a dependency disapproval for an active-duty servicemember with an incapacitated adult child has the additional impact of resulting in the loss of EFMP eligibility. Without EFMP assignment coordination services, active-duty members face the possibility of being assigned to locations where their incapacitated adult child's needs may not be met. An enhanced DOD effort to provide detailed guidance, improve assistance, strengthen oversight, and revise EFMP guidance for consistency to include all family members with special needs may help decrease the unique challenges and burdens these families face while improving the dependency determination process.

Recommendations for Executive Action

We are making the following six recommendations to DOD:

The Secretary of Defense should ensure that the Secretaries of the Military Departments revise AFI 36-3026, Volume 1, to provide detailed guidance for financial determinations and to establish consistent medical standards for all of the military services to use in determining the dependency status of incapacitated adult children, including what household and personal expenses and income are allowable, how these are to be calculated, and what medical documentation is required. (Recommendation 1)

The Secretary of Defense should ensure that the Under Secretary of Defense for Personnel and Readiness, in coordination with the Secretaries of the Military Departments and the Director of the Defense Finance and Accounting Service, identifies and implements the most effective means to provide information to families of incapacitated adult children to assist them in completing the dependency determination process. Such methods could include providing additional application instructions to families, making improvements to the DD Form 137-5, *Dependency Statement – Incapacitated Child Over Age 21*, such as providing detailed explanations of allowable expenses and how they should be calculated, providing detailed information about available support services, and providing additional and more advance notice to families. (Recommendation 2)

The Secretary of Defense should ensure that the Under Secretary of Defense for Personnel and Readiness clearly defines oversight responsibilities of the Department of Defense Human Resources Activity and the military services for the incapacitated adult child dependency process, including the consistent tracking, monitoring, and reporting of reliable data on incapacitated adult child dependency applications and determinations across the military services for use in data-driven decision-making. (Recommendation 3)

The Secretary of Defense should ensure that the Under Secretary of Defense for Personnel and Readiness directs the Department of Defense Human Resources Activity to exercise its oversight responsibilities for the incapacitated adult child dependency process, as clarified, including the use of consistent and reliable data on applications and determinations for data-driven decision-making to identify and address deficiencies and to inform program efforts. (Recommendation 4)

The Secretary of Defense should ensure that the Under Secretary of Defense for Personnel and Readiness clarifies the definition of a nondependent family member in DOD Instruction 1315.19 and the circumstances under which nondependent family members should be considered for services provided by the Exceptional Family Member Program. (Recommendation 5)

The Secretary of Defense should ensure that the Secretaries of the Military Departments revise military service-level policy to ensure consistency with the DOD Instruction 1315.19 definition of nondependent family members and the circumstance under which a nondependent family member should be considered for services provided by the Exceptional Family Member Program. (Recommendation 6)

Agency Comments and Our Evaluation

We provided a draft of this report to DOD for review and comment. In written comments, reprinted in their entirety in appendix II, DOD concurred with two of our recommendations (Recommendations 1 and 5) and partially concurred with four recommendations (Recommendations 2, 3, 4, and 6). We summarize and discuss DOD's written comments below. DOD also provided technical comments, which we incorporated as appropriate.

With regard to our second recommendation to identify and implement the most effective means to provide information to families of incapacitated adult children to assist them in completing the dependency determination process, DOD cited existing DFAS instructional tools used to assist customers in completing the dependency determination process. It also stated that the Under Secretary of Defense for Personnel and Readiness user group will identify additional means to improve the information available to military families.

We acknowledge that DFAS offers instructional tools, but note that DFAS, military service officials, and families cited the need for additional instruction when completing the process. We are encouraged by the steps DOD is taking to assist families with incapacitated adult children and to improve the information available to these families. However, DOD's planned actions do not address the limitations and inconsistencies that we identified. We continue to believe that DOD should consider the need for additional information, as well as the limitations and inconsistencies we outlined, to ensure it is identifying the most effective means to provide information and assist families.

With regard to our third recommendation to ensure that the Under Secretary of Defense for Personnel and Readiness clearly defines the oversight responsibilities of the Department of Defense Human Resources Activity, DOD stated that current DOD guidance does not include specific oversight responsibilities for the incapacitated adult child program. DOD concurred with the need for a single office to provide oversight of the program, as well as with the need for this office to collect and monitor reliable data, address deficiencies, and inform program efforts. DOD stated that the Under Secretary of Defense for Personnel and Readiness will identify the office and assign responsibility within the next 60 days. We believe DOD's proposed actions, once fully implemented, would address the intent of our recommendation.

With regard to our fourth recommendation to ensure the exercise of oversight responsibilities, DOD stated its actions in the response to our third recommendation will resolve this recommendation. While we are encouraged by DOD's plans to identify and assign oversight responsibility for the process of determining incapacitated adult child dependency, we believe that exercising those responsibilities is a separate effort. As such, we believe that the recommendation remains valid and actions taken to implement our third recommendation will not, without additional actions, resolve our fourth recommendation.

DOD concurred with our fifth and partially concurred with our sixth recommendations to clarify the definition of nondependent family member and revise military service-level policies to ensure consistency with the definition of that term in DOD Instruction 1315.19; however, DOD's planned actions do not meet the intent of our recommendations. DOD stated it will review the definition of nondependent family member to determine if it is current and appropriate. In addition, DOD stated that if it should determine the current definition of a nondependent family member is no longer appropriate, it will revise service-level policy to ensure consistency with the DOD Instruction 1315.19 definition of nondependent family member. DOD noted that the current definition of a nondependent family member refers to any member of a household who is not identified as a dependent (e.g., a young adult who is financially independent or a parent who moves in to provide childcare). However, that definition is not included in DOD Instruction 1315.19. As we reported, DOD's current definition in DOD Instruction 1315.19 is vague and lacks clarity regarding nondependent family members and the circumstances under which a nondependent family member may be considered for benefits. Therefore, we continue to believe that DOD should clarify the definition of nondependent family member in DOD Instruction 1315.19 and revise

service-level policy to ensure a consistent approach across the department for the provision of services under the Exceptional Family Member Program.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Defense, the Under Secretary of Defense for Personnel and Readiness, and the Secretaries of the Army, the Navy, and the Air Force. In addition, this report will be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions regarding this report, please contact me at (202) 512-3604 or farrellb@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix III.



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Director
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Appendix I: Scope and Methodology

Senate Report 115-262 accompanying a bill for the John S. McCain National Defense Authorization Act for Fiscal Year 2019 included a provision for us to review how the Department of Defense (DOD) conducts dependency determinations for incapacitated adult children.¹ This report assesses (1) the extent to which the military services have established policy for determining the dependency status of incapacitated adult children; and the extent to which DOD (2) provides assistance to military families during the dependency determination process; (3) oversees incapacitated adult child dependency determinations, including tracking, monitoring, and reporting on applications for and determinations of dependency; and (4) provides assistance to military families with incapacitated adult children during permanent changes of station.

To assess the extent to which the military services have established policy to determine the dependency status of incapacitated adult children, we identified and reviewed relevant DOD, Defense Finance and Accounting Service (DFAS), and military service policy and procedure documents, including any guidance that adjudicating officials use to make dependency determinations for incapacitated adult children. We compared military service-level policies and procedures to DOD policy related to processing of dependency claims and criteria for benefit eligibility. Specifically, we assessed military service-level policy against DOD Manual 1000.13, Volume 2, and DOD Instruction 1000.13, which provide broad criteria for incapacitated adult child dependency.² We also reviewed *Standards for Internal Control in the Federal Government*, which state that management should internally communicate necessary quality information to achieve objectives.³

We met with officials from each of the offices responsible for processing these dependency applications—DFAS, the Navy Personnel Command, the Marine and Family Programs Office, and the Marine Corps Retired Services and Pay Office. We discussed how these offices use available

¹S. Rep. No. 115-262, at 194 (2018).

²Department of Defense Manual 1000.13, Vol. 2, *DOD Identification (ID) Cards: Benefits For Members Of The Uniformed Services, Their Dependents, And Other Eligible Individuals* (Jan. 23, 2014). Department of Defense Instruction 1000.13, *Identification (ID) Cards for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals*, (Jan. 23, 2014). Air Force Instruction 36-3026, Vol. 1, *Identification Cards for Members of the Uniformed Services, Their Eligible Family Members, And Other Eligible Personnel* (Aug. 4, 2017).

³GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014).

guidance to make their dependency determinations. We also met with officials from the Department of Defense Human Resources Activity (DODHRA), the Defense Manpower Data Center (DMDC), and the military service representatives of the Joint Uniformed Services Personnel Advisory Committee (JUSPAC) to understand the roles and responsibilities of these offices as they relate to dependency determination processes. In addition, we reviewed relevant laws and regulations regarding the dependency determination process for incapacitated adult children.

To assess the extent to which DOD provides assistance to military families, we examined DOD, DFAS, and military service documentation and guidance related to the dependency determination process. We interviewed Office of the Secretary of Defense (OSD), DFAS, and military service officials to determine what assistance is provided to military families with incapacitated adult children during the dependency determination process. We reviewed DOD eligibility and enrollment guidance and informational documents available to members to determine how DOD communicates benefits information to servicemembers and their families and assessed this information against DOD Instruction 1341.02, which directs DODHRA to identify the most effective means for communicating information to servicemembers about their benefits.⁴ We also reviewed *Standards for Internal Control in the Federal Government*, which require management to periodically evaluate methods of communication.⁵

To assess the extent to which OSD oversees the incapacitated adult child dependency process including tracking, monitoring, and reporting on applications and determinations, we reviewed and analyzed data on incapacitated adult child dependency cases—which may include dependency applications as well as contacts with servicemembers or families related to dependency—opened from calendar years 2014 through 2018. Per Senate Report 115-262, accompanying a bill for the John S. McCain National Defense Authorization Act for Fiscal Year 2019, we requested data on dependency determinations from the past five years.⁶ Specifically, we requested data from the offices responsible for processing incapacitated adult child dependency applications: DFAS, the

⁴Department of Defense Instruction 1341.02, *Defense Enrollment Eligibility Reporting System (DEERS) Program and Procedures* (Aug. 18, 2016).

⁵[GAO-14-704G](#).

⁶S. Rep. No. 115-262, at 194 (2018).

Navy Personnel Office, the Marine and Family Programs Office, and the Marine Corps Retired Services and Pay Office. Although we requested data for calendar years 2014 through 2018, officials with the Marine and Family Programs Office told us that they maintain records in their database for 3 years and data were not available prior to calendar year 2016. Further, DFAS began processing and tracking cases for the Air Force in mid-2014, and officials told us that data on cases prior to that time are only available in hard copy through manual review. Due to these limitations, we selected calendar years 2016 through 2018 for our analysis to ensure complete data across all of the military services.

We used statistical software to analyze DFAS and Navy data to determine the total number of incapacitated adult child dependency cases processed each year for the Army, the Navy, and the Air Force. DFAS and the Navy Personnel Office do not track dependency determinations data, so we selected a generalizable, random sample from the population of cases for the Army, the Navy, and the Air Force, stratified by calendar year to include 2016, 2017, and 2018. With this sample, each case in the population had a nonzero probability of being included, and that probability could be computed for any case. Our sample consisted of 100 cases per military service per year, for a total of 900 cases. This sample size was selected to allow for percentage estimates for each military service and year with a 95 percent confidence interval that the true population proportion lies within +/- 10 percentage points of the estimated proportion. Each sample element was subsequently weighted in the analysis to account statistically for all cases of the population, including those who were not selected. See table 4 for population and sample information.

Table 4: Population and Sample Size of Incapacitated Adult Child Dependency Cases by Military Service and Calendar Year

Military service	Calendar year	Population total	Sample size
Army	2016	2,020	100
	2017	3,172	100
	2018	2,078	100
Navy	2016	1,062	100
	2017	1,737	100
	2018	1,111	100
Air Force	2016	656	100
	2017	1,833	100
	2018	1,124	100
Total:		14,793	900

Source: GAO analysis of Defense Finance and Accounting Service and Navy data. | GAO-20-335

For each sampled case, we requested the dependency determination letter generated and sent to members when an application for incapacitated adult child dependency is submitted, if available, or information on why such a letter was not available. We created, tested, and refined a data collection instrument, which was used to analyze the sample documentation we received. Documentation provided for each case was independently reviewed and verified by two analysts to complete the data collection instrument. We then used statistical software to analyze the sample data collected to determine the percentage of cases for which a documented determination of dependency was available, indicating that the case represented a dependency application, and the percentage of cases for which a determination was not available, indicating that the case was another form of contact. This was used to assess the extent to which DFAS and the Navy track and monitor incapacitated adult child dependency applications, and the number of applications received by military service and year for calendar years 2016 through 2018. We also used sample data to estimate dependency determination approvals and disapprovals, to the extent that our sample data were robust enough to generalize to the population.

We did not sample incapacitated adult child dependency cases for the Marine Corps because the Marine and Family Programs Office and the Marine Corps Retired Services and Pay Office provided population data for incapacitated adult child dependency applications, which included dependency determinations. However, because the Retired Services and

Pay Office forwards applications from retired members to the Marine and Family Programs Office for a financial determination, there was significant overlap across the datasets provided by these two offices, and there were no consistent identifier fields to allow for easy identification of duplicate cases. We used statistical software to identify potential duplicate cases based on similarities in dependent and military sponsor names. These cases were independently reviewed by two analysts to identify duplicates based on similarities in names and the alignment of application dates. We then used statistical software to compile a consolidated dataset without duplicate cases. For cases in the Retired Services and Pay Office dataset, we used statistical software to code final determination decisions based on existing data fields for medical and financial determinations. We then analyzed the combined data to determine Marine Corps dependency application rates and determinations for calendar years 2016 through 2018.

To assess the reliability of the DFAS, Navy, and Marine Corps systems used to track incapacitated adult child dependency cases, we reviewed existing documentation pertaining to each of the systems and interviewed knowledgeable officials about processes for collecting, storing, and maintaining data, as well as internal controls in place to ensure the quality of the data. In addition, we reviewed each of the datasets provided and addressed inconsistencies we found with the appropriate officials, resulting in identifying and addressing instances of missing data in the cases of DFAS and the Marine Corps. We found the data provided by DFAS, the Navy, and the Marine Corps to be sufficiently reliable for the purpose of assessing the extent to which DFAS, the Navy, and the Marine Corps track and monitor incapacitated adult child dependency applications and determinations.

In addition, we reviewed documents and interviewed knowledgeable officials at OSD, DFAS, and military service-level offices about procedures for tracking, monitoring, and reporting data on incapacitated adult child dependency applications and determinations. We assessed this information against DOD Instruction 1341.02, which designates oversight responsibility for benefits eligibility and enrollment, and *Standards for Internal Control in the Federal Government* that discuss oversight responsibilities and the use of quality information based on relevant and reliable data to make informed decisions.⁷ We also

⁷Department of Defense Instruction 1341.02. [GAO-14-704G](#).

considered DOD's Business Operations Plan, which emphasizes the need for quality performance data for decision-making.⁸

To assess the extent to which DOD provides assistance to military families with incapacitated adult children, we interviewed Exceptional Family Member Program (EFMP) officials from each military service to determine what support was provided to military families during the permanent change of station processes. We reviewed DOD Instruction 1315.19 and military service guidance regarding the EFMP to understand whom assistance is provided to and to assess if military service guidance aligned with DOD policy.⁹ In addition, we reviewed *Standards for Internal Control in the Federal Government* that stated that management defines objectives in specific and measurable terms to enable the design of internal control for related risks and that specific terms are to be fully and clearly set forth so they can be easily understood.¹⁰

To further address our first, second, and fourth objectives, we conducted interviews with 18 military families who have incapacitated adult children.¹¹ We interviewed these families to identify common experiences and to elicit their reflections on the determination process and assistance received during this process. Additionally, we interviewed these families regarding their experiences with EFMP and the permanent change of station processes. These families were identified by advocacy groups or through self-selection through social media advertisements that we distributed soliciting input for our review. We developed a list of semi-structured interview questions including information regarding the military service, member status, adult child's incapacitation type, and the number

⁸Department of Defense, *FY 2018-FY 2022 National Defense Business Operations Plan* (Apr. 9, 2018).

⁹Department of Defense Instruction 1315.19, *The Exceptional Family Member Program (EFMP)* (Apr. 19, 2017). Army Regulation 608-75, *Exceptional Family Member Program*, (Jan. 27, 2017); Chief of Naval Operations Instruction 1754.2F, *Exceptional Family Member Program*, (Nov. 15, 2017); Secretary of the Navy Instruction 1754.5C, *Exceptional Family Member Program*, (Apr. 12, 2019); Air Force Instruction 40-701, *Medical Support to Family Member Relocation and Exceptional Family Member Program (EFMP)*, (Nov. 19, 2014); Air Force Policy Directive 36-82, *Exceptional Family Member Program*, (Apr. 4, 2019); Marine Corps Order 1754.4B, *Exceptional Family Member Program*, (Sep. 20, 2010).

¹⁰[GAO-14-704G](#).

¹¹We interviewed 21 families, but determined that three families were out of scope because they were not military families or the incapacitated child was not an adult, therefore we have a sample of 18 families.

of times the family has been through the determination and redetermination processes. We documented the responses of each interview and performed a content analysis to identify themes and aggregate responses. We interviewed 21 families, but determined that three were out of scope due to the age of the child or the family not being a member of the military services. Therefore, we analyzed the responses of 18 military families. The 18 families consisted of 1 Army, 7 Navy, and 10 Air Force servicemember families including two active-duty and 16 retired servicemember families. We solicited responses from the Marine Corps, but we did not receive a response. Responses of the 18 families include both approved and disapproved initial and redetermination dependency determinations. The responses are non-generalizable and serve as examples of military families' experiences.

We conducted this performance audit from January 2019 to June 2020 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.

Appendix II: Comments from the Department of Defense



PERSONNEL AND
READINESS

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

MAY 26 2020

Ms. Brenda Farrell
Director, Defense Capabilities and Management
U.S. Government Accountability Office
441 G Street, NW
Washington DC 20548

Dear Ms. Farrell,

Enclosed is the Department of Defense (DoD) response to the Government Accountability Office (GAO) Draft Report GAO-20-335, "DEPARTMENT OF DEFENSE: Actions Needed to Improve Management and Oversight of Dependency Determinations for Incapacitated Adult Children," dated April 13, 2020 (GAO Code 103239).

DoD acknowledges the need for standardization of its dependency determination process for incapacitated adult children, as well as the need for a single office identified by the Under Secretary of Defense for Personnel and Readiness, to provide process oversight.

My point of contact for this effort is Mr. Stephen Wellock, who can be reached at 571-372-1100 or stephen.m.wellock.civ@mail.mil.

A handwritten signature in black ink, appearing to read "Matthew P. Donovan".

Matthew P. Donovan

Enclosure:
As stated

GOVERNMENT ACCOUNTABILITY OFFICE (GAO) DRAFT REPORT
DATED APRIL 13, 2020
GAO-20-335 (GAO CODE 103239)

“DEPARTMENT OF DEFENSE: ACTIONS NEEDED TO IMPROVE MANAGEMENT
AND OVERSIGHT OF DEPENDENCY DETERMINATIONS FOR INCAPACITATED
ADULT CHILDREN”

DEPARTMENT OF DEFENSE COMMENTS
TO THE GAO RECOMMENDATION

RECOMMENDATION 1: The GAO recommends that the Secretary of Defense should ensure that the Secretaries of the Military Departments revise AFI 36-3026, Volume 1, to provide detailed guidance for financial determinations and establish consistent medical standards for all of the military services to use in determining the dependency status of incapacitated adult children, including what household and personal expenses and income are allowable, how these are to be calculated, and what medical documentation is required.

DOD RESPONSE: The Department of Defense (DoD) concurs with this recommendation. It is imperative that DoD develop and apply uniformly a single set of financial and medical standards across the Department. The Under Secretary of Defense for Personnel and Readiness (USD(P&R)) will convene a user group comprised of representatives from the Office of the Assistant Secretary of Defense for Health Affairs, the Office of the Assistant Secretary of Defense for Manpower and Reserve Affairs, the Defense Finance and Accounting Service (DFAS), the Defense Human Resources Activity (DHRA), and the Uniformed Services to define those standards. Those standards will be published in a USD(P&R) policy memorandum addressed for immediate implementation.

RECOMMENDATION 2: The GAO recommends that the Secretary of Defense should ensure that the Under Secretary of Defense for Personnel and Readiness, in coordination with the Secretaries of the Military Departments and the Director of the Defense Finance and Accounting Service, identifies and implements the most effective means to provide information to families of incapacitated adult children to assist them in completing the dependency determination process. Such methods could include providing additional application instructions to families, making improvements to the DD Form 137-5, *Dependency Statement – Incapacitated Child Over Age 21* such as providing detailed explanations of allowable expenses and how they should be calculated, providing detailed information about available support services, and the provision of additional and more advance notice to families.

DOD RESPONSE: The DoD partially concurs with this recommendation. DFAS currently provides instructional tools – including videos and a webpage, which explain how to fill out the DD Form 137-5 - accessible through public-facing DFAS websites, to assist customers in completing the dependency determination process. The USD(P&R) user group convened to create the new single set of financial and medical standards, augmented by customer care center

**Appendix II: Comments from the Department
of Defense**

personnel who provide assistance to the families of incapacitated adult children, will identify additional short- and long-term means to improve the information available to military families.

RECOMMENDATION 3: The GAO recommends that the Secretary of Defense should ensure that the Under Secretary of Defense for Personnel and Readiness clearly defines oversight responsibilities of the Department of Defense Human Resources Activity and the military services for the incapacitated adult child dependency process, including the consistent tracking, monitoring, and reporting of reliable data on incapacitated adult child dependency applications and determinations across the military services for use in data-driven decision making.

DOD RESPONSE: The DoD partially concurs with this recommendation. DHRA responsibilities are set forth in DoD Directive 5100.87, “Department of Defense Human Resources Activity (DoDHRA)” and DoD Instruction 1341.02, “Defense Enrollment Eligibility Reporting System (DEERS) Program and Procedures,” but neither of these issuances include specific oversight responsibilities for the Adult Incapacitated Child Program. The USD(P&R) concurs with the need for a single office to provide oversight for this program within the Office of the Under Secretary of Defense for Personnel and Readiness, to collect and monitor reliable data, and to identify and address deficiencies and inform program efforts. The USD(P&R) will make a determination and assign these responsibilities within the next 60 days.

RECOMMENDATION 4: The GAO recommends that the Secretary of Defense should ensure that the Under Secretary of Defense for Personnel and Readiness directs the Department of Defense Human Resources Activity to exercise its oversight responsibilities for the incapacitated adult child dependency process, as clarified, including the use of consistent and reliable data on applications and determinations for data-driven decision making to identify and address deficiencies and inform program efforts.

DOD RESPONSE: The DoD partially concurs with this recommendation. Recommendation 3 encompasses this recommendation, and DoD will resolve it with the action taken in Recommendation 3.

RECOMMENDATION 5: The GAO recommends that the Secretary of Defense should ensure that the Under Secretary of Defense for Personnel and Readiness clarifies the definition of a nondependent family member in DoD Instruction 1315.19 and the circumstances under which nondependent family members should be considered for services provided by the Exceptional Family Member Program.

DOD RESPONSE: The DoD concurs with this recommendation. The Department will review the policy to determine if the definition continues to be current and appropriate. A nondependent family member refers to any member of a household who is not identified as a dependent (e.g., a young adult who is financially independent or a parent who moves in to provide childcare). During the writing of DoD Instruction 1315.19, the definition of family was expanded and written broadly in response to *United States v. Windsor*, 570 U.S. 744 (2013) a case concerning same-sex marriage.

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of Defense**

RECOMMENDATION 6: The GAO recommends that the Secretary of Defense should ensure that the Secretaries of the Military Departments revise service-level policy to ensure consistency with the DoD Instruction 1315.19 definition of nondependent family members and the circumstance under which a nondependent family member should be considered for services provided by the Exceptional Family Member Program.

DOD RESPONSE: The DoD partially concurs with this recommendation. Should DoD determine the current definition no longer continues to be appropriate, the Secretary of Defense will ensure that the Secretaries of the Military Departments revise Service-level policy to ensure consistency with the DoD Instruction 1315.19 definition of “nondependent family members.”

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Brenda S. Farrell, (202) 512-3604 or farrellb@gao.gov

Staff Acknowledgments

In addition to the contact named above, Vincent Balloon (Assistant Director), Ryan D'Amore (Assistant Director), Nicole Collier (Analyst in Charge), Vincent Buquicchio, Charles Culverwell, Justin Fisher, Christopher Gezon, Chad Hinsch, Angela Kaylor, Carol Petersen, Matthew Ray, Nyree Ryder Tee, Monica Savoy, Frances Tirado, Gregory Wong, and Lillian Yob made key contributions to this report.

Related GAO Products

Military Personnel: DOD Has Made Limited Progress toward Improving Oversight of the Exceptional Family Member Program. [GAO-20-400T](#). Washington, D.C.: February 5, 2020.

Military Personnel: DOD Should Improve Its Oversight of the Exceptional Family Member Program. [GAO 18-348](#). Washington, D.C.: May 8, 2018.

Military Compensation: DOD Needs More Complete and Consistent Data to Assess the Costs and Policies of Relocating Personnel. [GAO 15-713](#). Washington, D.C.: September 9, 2015.

Department of Defense Policies on Accommodating Children with Special Needs in Child Care Programs. [GAO 13-165R](#). Washington, D.C.: January 16, 2013.

Military Dependent Students: Better Oversight Needed to Improve Services for Children with Special Needs. [GAO 12-680](#). Washington, D.C.: September 10, 2012.

Military Personnel: Medical, Family Support, and Educational Services Are Available for Exceptional Family Members. [GAO 07-317R](#). Washington, D.C.: March 16, 2007.

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