

## Part 199.5

### TRICARE Extended Care Health Option (ECHO)

Revision:

Rule:

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**(a) General.**

**(b) Eligibility.**

- (2) Qualifying condition.
  - (i) Mental retardation.
  - (ii) Serious physical disability.
  - (iii) Extraordinary physical or psychological condition.
  - (iv) Infant/toddler.
  - (v) Multiple disabilities.
- (3) Loss of ECHO eligibility.

**(c) ECHO benefit.**

- (7) Respite care.
- (8) Other services.
  - (i) Assistive services.
  - (ii) Equipment adaptation.
  - (iii) Equipment maintenance.

**(d) ECHO Exclusions--**

- (1) Basic Program.
- (2) Inpatient care.
- (3) Structural alterations.
- (4) Homemaker services.
- (5) Dental care or orthodontic treatment.
- (6) Deluxe travel or accommodations.
- (7) Equipment.
- (8) Maintenance agreements.
- (9) No obligation to pay.
- (10) Public facility or Federal government.
- (11) Study, grant, or research programs.
- (12) Unproven status.
- (13) Immediate family or household.
- (14) Court or agency ordered care.
- (15) Excursions.
- (16) Drugs and medicines.
- (17) Therapeutic absences.
- (18) Custodial care.
- (19) Domiciliary care.
- (20) Respite care.

**(e) ECHO Home Health Care (EHC).**

- (1) Home health care.
- (2) Respite care.
- (3) EHC eligibility.
- (4) EHC plan of care.
- (5) EHC exclusions--
  - (i) General.
  - (ii) Respite care.

**(f) Cost-share liability--**

- (1) No deductible.
- (2) Sponsor cost-share liability.
- (3) Government cost-share liability--
  - (i) ECHO.
  - (ii) ECHO home health care.

**(g) Benefit payment--**

- (1) Transportation.
- (2) Equipment.
  - (ii) Cost-share.
- (3) For-profit institutional care provider.
- (4) ECHO home health care and EHC respite care.

**(h) Other Requirements--**

- (1) Applicable part.
- (2) Registration.
- (3) Benefit authorization.
  - (i) Documentation.
  - (ii) Format.
  - (iii) Valid period.
  - (iv) Authorization waiver.
  - (v) Public facility use.

**(i) Implementing instructions.**

**(j) Effective date.**