



Information and Technology for Better Decision Making

2014 QuickCompass of TRICARE Child Beneficiaries: Utilization of Medicaid Waivered Services

Tabulations of Responses

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**2014 QUICKCOMPASS OF
TRICARE CHILD BENEFICIARIES:
UTILIZATION OF MEDICAID
WAIVERED SERVICES:
TABULATIONS OF RESPONSES**

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Policy officials contributing to the development of this survey included Ms. Lorie Sebestyen, Military Community and Family Policy (MC&FP), Office of Special Needs and Dr. Thomas Williams, Defense Health Agency (DHA).

DMDC's Survey Design, Analysis, & Operations Branch, under the guidance of Paul Rosenfeld, Branch Chief, is responsible for the development of questionnaires used in the survey program. The project manager was Lisa Davis and the survey design analyst was Robert Tinney. Carol Newell, Team Lead of Survey Operations, is responsible for the survey database construction and archiving. The lead operations analyst on this survey was Lisa Davis. Lisa Davis and Robert Tinney designed the unique presentation of complex items used in this tabulation volume.

DMDC's Statistical Methods Branch, under the guidance of David McGrath, Branch Chief, is responsible for designing the sample and weighting methods used in the survey program. The lead sampling analyst on this survey was Phil Masui, supervised by Fawzi Al Nassir, SRA International, Inc., who developed weights for this survey. Carole Massey provided programming support for the sampling and weighting tasks. Data Recognition Corporation (DRC) performed data collection and editing.

Rokell Person, SRA International, Inc., formatted and assembled this tabulation volume using DMDC's Survey Reporting Tool. A team consisting of Lisa Davis, Robert Tinney, and Malikah Dorvil completed quality control for this tabulation volume.

Table of Contents

	<u>Page</u>
Introduction to the Survey	1
Tabulation Procedures	5
References.....	7
Tabulations of Responses.....	9
Survey Instrument.....	33

List of Tabulations by Question Number

<u>Question</u>	<u>Page</u>
BACKGROUND INFORMATION	
2. What is your current paygrade?	10
3. Is your permanent duty station located within one of the 50 states or the District of Columbia?	10
5. What is your gender?	11
6. What is your marital status?	11
7. Are you Spanish/Hispanic/Latino?.....	12
8. What is your race?	12
9. How many children do you have with special needs?	13
10. What is the age of your child with special needs?	13
11. What is the gender of your child with special needs?	14
12. Please indicate the reason for your child's special health care needs.....	14
EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)	
13. Have you heard of the Exceptional Family Member Program (EFMP)?	15
14. Is your child with special needs eligible for EFMP?	15
15. Is your child with special needs enrolled in EFMP?.....	16
16. Overall, how satisfied are you with EFMP?	16
17. What is the main reason your child with special needs is not enrolled in EFMP?	17

18. What is the main reason why you did not want your child with special needs to be enrolled in EFMP? 17

TRICARE EXTENDED CARE HEALTH OPTION (ECHO)

19. Have you heard of TRICARE ECHO? 18
20. Is your child with special needs eligible for TRICARE ECHO? 18
21. Is your child with special needs enrolled in TRICARE ECHO? 19
22. What is the main reason your child with special needs is not enrolled in TRICARE ECHO? 19
23. Overall, how satisfied are you with TRICARE ECHO? 20

MEDICAID

24. Has your child with special needs ever been enrolled in Medicaid? 20
25. What services has your child with special needs received through Medicaid? 21
26. What is the main reason you have not tried to enroll your child with special needs in Medicaid? 21

MEDICAID HOME AND COMMUNITY BASED SERVICE (HCBS) WAIVERS

27. Have you heard of Medicaid HCBS waivers? 22
28. Is your child with special needs eligible for a Medicaid HCBS waiver? 22
29. Has your child with special needs ever been enrolled in a Medicaid HCBS waiver? 23
30. How long did you wait before your child with special needs received services through a Medicaid HCBS waiver? 23
31. Have you ever tried to enroll your child with special needs in a Medicaid HCBS waiver? 24
32. Is your child with special needs currently on a waiting list to enroll in a Medicaid HCBS waiver? 24
33. How long have you been on the waiting list to enroll your child with special needs in a Medicaid HCBS waiver? 25
34. How did you learn about Medicaid HCBS waivers? 25
35. Which of the following services does/did your child receive through a Medicaid HCBS waiver? {Options 1-8} 26
35. Which of the following services does/did your child receive through a Medicaid HCBS waiver? {Options 9-16} 26

36. Which of the following services does your child need that could be obtained through a Medicaid HCBS waiver? {Options 1-8} 27
36. Which of the following services does your child need that could be obtained through a Medicaid HCBS waiver? {Options 9-16} 27
37. Has your child with special needs ever lost Medicaid benefits, including access to a Medicaid HCBS waiver, due to a Permanent Change of Station (PCS) move?..... 28
38. Have you ever accepted an unaccompanied tour or gone to a new duty station without your family because you did not want your child with special needs to lose Medicaid benefits, including access to a Medicaid HCBS waiver, they were receiving at a previous duty station?..... 28

CARE COORDINATION

39. Is your child with special needs enrolled to a patient centered medical home (PCMH)? 29
40. Does your child with special needs have a medical case manager or care coordinator? 29
41. Does your child with special needs receive case management from any of the following sources? 30

MILITARY MEMBER DECISIONS AFFECTING BENEFITS

42. About how much do you pay per month out of pocket for medical and related services for your child with special needs?..... 30
43. Are you close (within a year) to retiring or separating from the military? 31
44. Will the scope and availability of Medicaid HCBS waiver services influence where you choose to live after you retire or separate from the military? 31
45. To what extent is the possibility of losing current military benefits having an effect on your decision to retire or separate from the military? 32

2014 QUICKCOMPASS OF TRICARE CHILD BENEFICIARIES: UTILIZATION OF MEDICAID WAIVERED SERVICES: TABULATIONS OF RESPONSES

Introduction to the Survey

The *Human Resources Strategic Assessment Program* (HRSAP), Defense Manpower Data Center (DMDC), conducts both Web-based and paper-and-pen surveys to support the personnel information needs of the Under Secretary of Defense for Personnel and Readiness (USD[P&R]). These surveys assess the attitudes and opinions of the entire Department of Defense (DoD) community on a wide range of personnel issues. While the primary source of information for HRSAP are *Status of Forces Surveys* (SOFS), DMDC also conducts *QuickCompass* surveys that are fast-turnaround studies targeting special topics that cannot be included on a SOFS due to timing, target population, and/or content.

This report contains tabulations of responses from the *2014 QuickCompass of TRICARE Child Beneficiaries: Utilization of Medicaid Waivered Services (2014 QTCB)* conducted from March 27 to May 15, 2014. This introduction (1) summarizes the survey content, (2) defines the total population surveyed and the subgroups used in tabulations of responses, (3) summarizes the survey methodology,¹ and (4) provides details on how to use the tabulations. The tabulations and a copy of the survey items follow this introduction.²

Survey Content

The *2014 QTCB* was administered to collect data for an annual report submitted by the Foundation for Support of Military Families with Special Needs to the Secretary of Defense and to the congressional defense committees. The survey focuses on utilization of programs that can serve special needs children in military families.

¹ Details on survey methodology are reported by DMDC (2014b).

² Refer to DMDC (2014a) to view a screen-shot version of the survey as it appeared on the Web.

The topics covered include knowledge, access, and use of programs that serve special needs children in military families, including the Exceptional Family Member Program (EFMP), TRICARE Extended Care Health Option (ECHO), Medicaid, and Medicaid Home and Community Based Services (HCBS) Waivers. Other content areas include medical case management for children with special needs and military members' decisions that affect benefits. Survey items about program eligibility and use refer to a "child with special needs", defined as the first child with special needs listed by the military sponsor in the survey.³ The survey was divided into the following seven topic areas:

1. *Background Information*—Active duty status; paygrade; location of permanent duty station; gender; marital status; race/ethnicity; number, age and gender of children in military families with special needs; and reason for child's special health care needs.
2. *Exceptional Family Member Program (EFMP)*—Awareness of EFMP; eligibility of child with special needs for EFMP; enrolled in EFMP; satisfaction with EFMP; main reason why child with special needs is not enrolled in EFMP; and main reason why parents don't want their child with special needs enrolled in EFMP.
3. *TRICARE Extended Care Health Option (ECHO)*—Awareness of TRICARE ECHO; eligibility of child with special needs for TRICARE ECHO; enrolled in TRICARE ECHO; satisfaction with TRICARE ECHO; and main reason why child with special needs is not enrolled in TRICARE ECHO.
4. *Medicaid*—Enrollment of child with special needs in Medicaid; services child received through Medicaid; and main reason why child with special needs not enrolled in Medicaid.
5. *Medicaid Home and Community Based Services (HCBS) Waivers*—Awareness of Medicaid HCBS; eligibility of child with special needs for Medicaid HCBS; enrolled in Medicaid HCBS; wait time to receive Medicaid HCBS services; wait time for enrollment in Medicaid HCBS; services available through Medicaid HCBS; services special needs child receives through Medicaid HCBS; and effect of PCS moves on Medicaid benefits.
6. *Care Coordination*—Child with special needs enrolled to patient centered medical home (PCMH); use of medical case manager or care coordinator; and case management of child with special needs.

³ For purposes of the survey, a child with special needs is defined as a child aged 0-26 with a chronic physical, developmental, behavioral, or emotional condition, who also requires health and related services of a type or amount beyond that generally required by children of that age. The military sponsor was asked to list the age (question 10) and gender (question 11) of each of their children with special needs. The remainder of the survey questions ask the military sponsor to refer to the first child with special needs listed by the military sponsor.

7. *Effect Of Military Members' Decisions On Benefits*—Out of pocket costs of care for child with special needs; effect of availability of Medicaid HCBS services on retirement location decision; and effect of a potential loss of military retirement benefits on retirement decision.

Population and Reporting Categories

The target population of the 2014 QTCB consists of active duty members of the Army, Navy, Marine Corps, and Air Force who (1) were drawn from the *September 2013 Active Duty Master Edit File (ADMF)*, and (2) have family members with special needs.

Survey results are presented for the total population and by a variety of reporting categories. To form the reporting categories for the tabulations, respondents are classified primarily by survey self-report data, except for service, which was taken from *ADMF* data. If the self-reported data are missing, then DMDC's *ADMF* data, at the time of sampling, are used to impute the subgroup classification. Definitions for reporting categories follow:

- *Overall and Service*—The categories include *Total DoD*, *Army*, *Navy*, *Marine Corps*, and *Air Force*.
- *Paygrade*—The *Enlisted* subgroup includes all enlisted paygrades (*E1 – E9*). The *Officers* subgroup includes warrant officers (*W1 – W5*) and commissioned officers (*O1 – O6* and above).
- *Marital Status*—The categories include *Married* (married and separated) and *Not Married* (divorced, widowed, and never married).
- *Age of Child*—The categories include *0-3 Years Old*, *4-17 Years Old*, and *18-26 Years Old*.

Survey Methodology

The Web survey administration process began on March 27, 2014, with the mailout of announcement letters. An announcement e-mail was also sent to all sample members⁴ on March 27, 2014. The announcement letter and e-mail explained why the survey was being conducted, how the survey information would be used, and why participation was important. Throughout the administration period, additional e-mail reminders were sent to encourage survey participation. Data were collected on the Web between March 27 and May 15, 2014.

The 2014 QTCB was a census of 59,413 active duty members considered eligible based on the presence of special needs children. Members of the sample

⁴ Although the survey was a census, we use sampling terminology to indicate that this was a sample where all in the population were included with an equal probability of selection.

became ineligible if they indicated in the survey or by other contact (e.g., telephone calls to the data collection contractor) that they were not in a Service as of the first day of the survey, March 27, 2014, or did not have a child with special needs as defined in the survey (11.36% of the sample). Based on the number of members who self-reported they had no special needs children, the population estimate was adjusted downward to 52,663.

Completed surveys (defined as 50% or more of the survey questions asked of all participants are answered) were received from 8,127 eligible respondents. The overall weighted response rate for eligibles was 20%.

Data were weighted using a two-stage process that conforms to industry standards. This form of weighting produces survey estimates of population totals, proportions, and means (as well as other statistics) that are representative of their respective populations. Unweighted survey data, in contrast, are likely to produce biased estimates of population statistics. The two-stage process of weighting consists of the following steps:

- *Adjustments for nonresponse*—Some sampled members do not respond to the survey. Suppose only half of sample members, 500 out of 1,000, completed and returned a survey. Because the unweighted response sample size would only be 500, weights are needed to project the sample up to the subgroup population total (1,000). In this case, the base-weighted respondents would sum to only 500 weighted respondents because everyone has a base weights of 1 due to the survey being a census. To adjust for nonresponse, the base weights are multiplied by the reciprocal of the nonresponse rate (2) to create a new weight of 2. The weighted sample sums to the subgroup population total of 1,000.
- *Adjustment to known population values*—Because the sample design and adjustments for nonresponse cannot take into account all demographic differences related to who responds to a survey and how they respond, auxiliary information is used to increase the precision of survey estimates. For this reason, a final weighting adjustment is computed that reproduces population totals for important demographic groupings related to who responds to a survey and how they might answer the survey. To reduce possible bias and reproduce known population totals, the nonresponse weights would be adjusted so that the final weights would give unbiased estimates. This final stage of weighting is known as post-stratification.

Table 1 (page 5) shows the number of eligible respondents who completed the survey and the portion of total respondents in each reporting category. Also shown are the estimated number of eligible members and the portion of total members in each reporting category. Differences in the percentages of respondents and population for the reporting categories reflect differences in the number sampled, as well as differences in response rates.

Table 1.
Number of Respondents (Total) and Estimated Population by Reporting Categories

	Respondents			Estimated Population				
	Count	Percent		Totals		Percent		Max ME
OVERALL AND SERVICE								
Total DoD	8,127	100%		42,489	±250	100%		
Army	3,204	39%		19,503	±206	46%		±1
Navy	1,750	22%		8,736	±87	21%		±1
Marine Corps	645	8%		4,137	±105	10%		±1
Air Force	2,528	31%		10,113	±40	24%		±1
PAYGRADE								
Enlisted	5,056	62%		30,777	±257	72%		±1
Officers	3,071	38%		11,713	±81	28%		±1
MARITAL STATUS								
Not Married	571	7%		2,994	±247	7%		±1
Married	7,556	93%		39,495	±355	93%		±1
AGE OF CHILD								
0-3 Years Old	735	9%		4,210	±320	10%		±1
4-17 Years Old	5,929	73%		31,142	±473	73%		±2
18-26 Years Old	938	12%		4,359	±275	10%		±1

Tabulation Procedures

Tabulations⁵ for each question, including the text of the questions and response options, are shown. To compress the width of columns in the tables, the response options are shown with a number or letter; then that number or letter is used as the column heading for the responses. The central feature of the tabulations is the percentage of members choosing the response options indicated by the column heading. Within a set of response options, percentages may not add to 100% due to rounding.

Where an item lends itself to presentation as an average, that average is also shown as both a number estimate and in a bar chart. The averages lend themselves to a quick scan for reporting groups differing from other similarly defined groups. In some cases, the responses are averages of the numeric scales presented with the response options. The mean bar charts for numeric scales in these tabulations were created by using the midpoints of the response options to calculate averages. Where there is a simple binomial response (e.g., yes/no), only one percentage is presented. In this case, the bar chart represents that percentage.

For each question, the first column lists the reporting group shown in that row. The second column, *Percent Responding*, lists the portion of the reporting group represented in the estimates in that row. In most cases, if this percentage is not 100, it reflects item nonresponse, and the table note indicates that “Percent responding are active duty members with child(ren) with special needs who answered the question.”

⁵ Details of data editing and preparation are provided by DMDC (2014a).

Not all questions will apply to every respondent. Where possible, the Web survey is programmed to skip respondents over questions that do not apply to them. For example, Q14 (Is your child with special needs eligible for EFMP?) does not apply to those who marked in Q13 that they had not heard of EFMP. The table note for this question indicates, “Percent responding are active duty members with child(ren) with special needs who answered the question and who have heard of EFMP (Q13).”

Margins of Error

The presence of survey nonresponse required weighting to produce population estimates (e.g., percent married).⁶ Because of the weighting, conventional formulas for calculating the margin of error will overstate the reliability of the estimate. For this report, variance estimates were calculated using SUDAAN[®] PROC DESCRIPT (Research Triangle Institute, 2004).

By definition, surveys are subject to error from nonresponse and noncompletion. Standard errors are estimates of the variance around population parameters, such as percentages or means, and are used to construct margins of error (i.e., confidence interval half-widths). Percentages and means in these tabulations are reported with margins of error based on 95% confidence intervals. In order to compress the data display, only the maximum margin of error (Max ME) for each reporting category is shown. That is, the tabulation volume shows only the largest margin of error for the percentages or means in each row. For each average shown in these tabulations, its margin of error is also printed.

The following reporting conventions are used:

- “0” indicates that no one in any reporting group selected the response option,
- NR indicates the estimate is *Not Reportable* and is suppressed because of low reliability. Estimates of low reliability are suppressed based on criteria defined in terms of nominal sample size (less than 5), effective sample size (less than 15), or relative standard error (greater than 0.30),
- NA indicates the question was *Not Applicable* because the question did not apply to respondents in the reporting category based on answers to previous questions,
- no Max ME is printed when all percentages in the row are shown as NR,
- no margin of error is printed for an average when it is shown as NR.

⁶ As a result of differential weighting, only certain statistical software procedures (such as SUDAAN[®] PROC DESCRIPT) correctly calculate standard errors, variances, or tests of statistical significance for stratified samples.

[®] Registered 2004 by Research Triangle Institute, P.O. Box 12194, Research Triangle Park, NC 27709-2194.

References

- DMDC. (2014a). *2014 QuickCompass of TRICARE Child Beneficiaries: Utilization of Medicaid Waivered Services: Administration, datasets, and codebook* (Report No. 2014-012). Alexandria, VA: DMDC.
- DMDC. (2014b). *2014 QuickCompass of TRICARE Child Beneficiaries: Utilization of Medicaid Waivered Services: Statistical Methodology Report* (Report No. 2014-011). Alexandria, VA: DMDC.
- Research Triangle Institute, Inc. (2004). SUDAAN® Language Manual, Release 9.0. Research Triangle Park, NC: Research Triangle Institute.

Tabulations of Responses

2. What is your current paygrade?1. E1-E4
4. O1-O32. E5-E9
5. O4-O6 and above

3. W1-W5

Percent Responding			Percentages					Max ME
			1	2	3	4	5	
OVERALL AND SERVICE								
Total DoD	100	±1	7	65	4	6	18	±1
Army	100	±1	12	62	6	6	14	±2
Navy	100	±1	3	69	2	8	19	±2
Marine Corps	100	±1	4	72	4	5	15	±4
Air Force	100	±1	4	66	0	6	24	±1
PAYGRADE								
Enlisted	100	±1	10	90	0	0	0	±1
Officers	100	±1	0	0	13	23	64	±2
MARITAL STATUS								
Not Married	100	±0	7	75	3	5	10	±4
Married	100	±1	7	64	4	6	18	±1
AGE OF CHILD								
0-3 Years Old	100	±1	16	59	1	11	13	±5
4-17 Years Old	100	±1	6	67	4	6	17	±1
18-26 Years Old	100	±1	2	62	6	3	27	±3

Note. Percent responding are active duty members with child(ren) with special needs who answered the question. Members who were separated or retired (as of March 27, 2014) are excluded from this report (Q1).

3. Is your permanent duty station located within one of the 50 states or the District of Columbia?

	Percent Responding		Percentages	Max ME	Percentage Reporting Yes
			Yes		
OVERALL AND SERVICE					
Total DoD	100	±1	90	±1	
Army	100	±1	89	±2	
Navy	100	±1	92	±2	
Marine Corps	100	±1	91	±3	
Air Force	100	±1	90	±2	
PAYGRADE					
Enlisted	100	±1	90	±1	
Officers	100	±1	91	±1	
MARITAL STATUS					
Not Married	100	±1	89	±3	
Married	100	±1	90	±1	
AGE OF CHILD					
0-3 Years Old	100	±1	90	±3	
4-17 Years Old	100	±1	91	±1	
18-26 Years Old	100	±1	88	±3	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

5. What is your gender?

1. Male

2. Female

	Percent Responding		Percentages		Max ME
			1	2	
OVERALL AND SERVICE					
Total DoD	100	±1	91	9	±1
Army	100	±1	91	9	±2
Navy	100	±1	92	8	±2
Marine Corps	100	±0	97	3	±2
Air Force	100	±1	87	13	±2
PAYGRADE					
Enlisted	100	±1	90	10	±1
Officers	100	±1	93	7	±1
MARITAL STATUS					
Not Married	100	±1	63	37	±4
Married	100	±1	93	7	±1
AGE OF CHILD					
0-3 Years Old	100	±0	87	13	±3
4-17 Years Old	100	±1	91	9	±1
18-26 Years Old	100	±1	90	10	±2

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

6. What is your marital status?

1. Married

2. Separated

3. Divorced

4. Widowed

5. Never married

Percent Responding			Percentages					Max ME
			1	2	3	4	5	
OVERALL AND SERVICE								
Total DoD	100	±1	91	2	6	0	1	±1
Army	100	±1	91	2	6	0	1	±2
Navy	100	±1	90	3	6	0	2	±2
Marine Corps	100	±1	93	1	5	0	1	±3
Air Force	100	±1	91	1	7	0	1	±2
PAYGRADE								
Enlisted	100	±1	90	2	7	0	1	±1
Officers	100	±1	95	1	4	0	0	±1
MARITAL STATUS								
Not Married	100	±1	0	0	85	2	13	±4
Married	100	±1	98	2	0	0	0	±1
AGE OF CHILD								
0-3 Years Old	100	±1	94	1	3	0	1	±2
4-17 Years Old	100	±1	91	2	6	0	1	±1
18-26 Years Old	100	±0	91	2	6	0	0	±3

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

7. Are you Spanish/Hispanic/Latino?

	Percent Responding		Percentages	Max ME	Percentage Reporting Yes
			Yes		
OVERALL AND SERVICE					
Total DoD	99	±1	14	±1	
Army	100	±1	17	±2	
Navy	99	±1	12	±2	
Marine Corps	100	±0	21	±4	
Air Force	99	±1	10	±2	
PAYGRADE					
Enlisted	100	±1	17	±2	
Officers	99	±1	8	±1	
MARITAL STATUS					
Not Married	99	±1	14	±4	
Married	100	±1	14	±1	
AGE OF CHILD					
0-3 Years Old	100	±1	14	±4	
4-17 Years Old	99	±1	15	±2	
18-26 Years Old	100	±1	12	±3	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

8. What is your race?

- | | | |
|--|--|-------------------------------------|
| 1. White | 2. Black or African American | 3. American Indian or Alaska Native |
| 4. Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese) | 5. Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian or Chamorro) | 6. More than one race |

Percent Responding			Percentages						Max ME	
			1	2	3	4	5	6		
OVERALL AND SERVICE										
Total DoD	97	±1	81	16	3	4	1	4	±1	
Army	97	±1	77	19	4	3	1	4	±2	
Navy	98	±1	79	15	3	7	1	4	±3	
Marine Corps	97	±2	84	12	4	3	2	4	±4	
Air Force	97	±1	87	10	3	4	1	5	±2	
PAYGRADE										
Enlisted	97	±1	78	18	4	4	1	4	±2	
Officers	98	±1	87	10	2	4	1	3	±2	
MARITAL STATUS										
Not Married	97	±2	67	30	5	4	2	7	±5	
Married	97	±1	82	14	3	4	1	4	±1	
AGE OF CHILD										
0-3 Years Old	96	±2	83	13	3	6	3	5	±4	
4-17 Years Old	97	±1	81	15	4	4	1	4	±2	
18-26 Years Old	98	±1	77	20	3	3	1	2	±3	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

9. How many children do you have with special needs?

1. 1 child

2. 2 children

3. 3 or more children

Percent Responding			Percentages			Max ME	Average Number of Children		
			1	2	3				
OVERALL AND SERVICE									
Total DoD	95	±1	77	18	5	±2	1.3	±0.1	
Army	95	±1	74	20	6	±2	1.3	±0.1	
Navy	95	±2	80	15	4	±3	1.3	±0.1	
Marine Corps	95	±3	75	20	5	±5	1.3	±0.1	
Air Force	95	±1	79	17	5	±2	1.3	±0.1	
PAYGRADE									
Enlisted	95	±1	76	19	5	±2	1.3	±0.1	
Officers	95	±1	79	17	5	±2	1.3	±0.1	
MARITAL STATUS									
Not Married	94	±2	83	14	3	±4	1.2	±0.1	
Married	95	±1	76	18	5	±2	1.3	±0.1	
AGE OF CHILD									
0-3 Years Old	100	±0	86	11	3	±4	1.2	±0.1	
4-17 Years Old	100	±0	76	19	5	±2	1.3	±0.1	
18-26 Years Old	100	±0	75	16	8	±4	1.4	±0.1	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question. Members who indicated they have no children with special needs are excluded from the remainder of this report (Q9). A child with special needs is defined as a child aged 0-26 with a chronic physical, developmental, behavioral, or emotional condition, who also requires health and related services of a type or amount beyond that generally required by children of that age.

10. What is the age of your child with special needs?

1. 3 years and younger

2. 4 - 13 years old

3. 14 - 17 years old

4. 18 - 26 years old

Percent Responding			Percentages				Max ME	Average Age		
			1	2	3	4				
OVERALL AND SERVICE										
Total DoD	93	±1	11	59	19	11	±2	10.4	±0.2	
Army	94	±1	10	56	21	13	±2	10.9	±0.3	
Navy	93	±2	10	62	18	10	±3	10.4	±0.3	
Marine Corps	93	±3	12	68	14	6	±4	9.4	±0.4	
Air Force	94	±1	12	59	19	9	±2	10.1	±0.2	
PAYGRADE										
Enlisted	93	±1	11	60	19	10	±2	10.2	±0.2	
Officers	94	±1	10	55	21	14	±2	11.1	±0.2	
MARITAL STATUS										
Not Married	93	±3	7	61	22	10	±5	11.0	±0.5	
Married	94	±1	11	59	19	11	±2	10.4	±0.2	
AGE OF CHILD										
0-3 Years Old	100	±0	100	0	0	0	±0	2.3	±0.1	
4-17 Years Old	100	±0	0	75	25	0	±2	10.2	±0.2	
18-26 Years Old	100	±0	0	0	0	100	±0	20.0	±0.2	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question. Based on first child listed for those with multiple children (Q10).

11. What is the gender of your child with special needs?

1. Male

2. Female

Percent Responding			Percentages		Max ME
			1	2	
OVERALL AND SERVICE					
Total DoD	94	±1	64	36	±2
Army	94	±1	63	37	±2
Navy	93	±2	65	35	±3
Marine Corps	93	±3	61	39	±5
Air Force	94	±1	64	36	±2
PAYGRADE					
Enlisted	94	±1	64	36	±2
Officers	95	±1	63	37	±2
MARITAL STATUS					
Not Married	94	±2	63	37	±5
Married	94	±1	64	36	±2
AGE OF CHILD					
0-3 Years Old	100	±1	60	40	±5
4-17 Years Old	100	±1	66	34	±2
18-26 Years Old	99	±1	54	46	±4

Note. Percent responding are active duty members with child(ren) with special needs who answered the question. Based on first child listed for those with multiple children (Q11).

12. Please indicate the reason for your child's special health care needs.

1. A physical condition or conditions

2. A behavioral or emotional condition or conditions

3. A developmental delay

Percent Responding			Percentages			Max ME	Percent With More Than One Condition		
			1	2	3				
OVERALL AND SERVICE									
Total DoD	95	±1	54	48	46	±2	38.0	±2.0	
Army	95	±1	55	48	48	±2	40.0	±2.0	
Navy	95	±2	51	49	46	±3	36.0	±3.0	
Marine Corps	95	±2	53	50	44	±5	38.0	±5.0	
Air Force	95	±1	54	45	46	±2	36.0	±2.0	
PAYGRADE									
Enlisted	95	±1	53	49	49	±2	41.0	±2.0	
Officers	95	±1	56	44	40	±2	32.0	±2.0	
MARITAL STATUS									
Not Married	94	±2	55	49	41	±5	36.0	±5.0	
Married	95	±1	54	48	47	±2	38.0	±2.0	
AGE OF CHILD									
0-3 Years Old	98	±2	69	17	54	±5	32.0	±5.0	
4-17 Years Old	99	±1	51	52	48	±2	40.0	±2.0	
18-26 Years Old	99	±1	61	50	31	±4	34.0	±4.0	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

13. Have you heard of the Exceptional Family Member Program (EFMP)?

1. Yes

2. No

3. Uncertain

	Percent Responding		Percentages			Max ME	Percentage Reporting Yes
			1	2	3		
OVERALL AND SERVICE							
Total DoD	100	±1	97	2	1	±1	
Army	100	±1	98	1	1	±1	
Navy	100	±1	97	2	1	±2	
Marine Corps	100	±0	96	4	1	±3	
Air Force	100	±1	97	3	1	±1	
PAYGRADE							
Enlisted	100	±1	97	2	1	±1	
Officers	100	±1	99	1	0	±1	
MARITAL STATUS							
Not Married	100	±1	97	2	1	±2	
Married	100	±1	97	2	1	±1	
AGE OF CHILD							
0-3 Years Old	100	±1	94	4	2	±3	
4-17 Years Old	100	±1	98	1	1	±1	
18-26 Years Old	100	±0	98	1	1	±2	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

14. Is your child with special needs eligible for EFMP?

1. Yes

2. No

3. Uncertain

	Percent Responding		Percentages			Max ME	Percentage Reporting Yes
			1	2	3		
OVERALL AND SERVICE							
Total DoD	95	±1	76	11	13	±1	
Army	96	±1	78	10	12	±2	
Navy	95	±2	71	13	16	±3	
Marine Corps	94	±3	75	9	16	±4	
Air Force	95	±1	76	12	12	±2	
PAYGRADE							
Enlisted	95	±1	77	10	13	±2	
Officers	97	±1	73	14	13	±2	
MARITAL STATUS							
Not Married	95	±2	71	15	14	±4	
Married	95	±1	76	11	13	±2	
AGE OF CHILD							
0-3 Years Old	94	±2	65	13	22	±5	
4-17 Years Old	98	±1	81	7	11	±2	
18-26 Years Old	98	±1	68	17	15	±4	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question and who have heard of EFMP (Q13).

15. Is your child with special needs enrolled in EFMP?

	Percent Responding		Percentages	Max ME	Percentage Reporting Yes
			Yes		
OVERALL AND SERVICE					
Total DoD	72	±2	93	±1	
Army	75	±2	93	±2	
Navy	67	±3	91	±2	
Marine Corps	70	±4	92	±3	
Air Force	72	±2	95	±2	
PAYGRADE					
Enlisted	73	±2	93	±1	
Officers	70	±2	93	±2	
MARITAL STATUS					
Not Married	67	±4	89	±4	
Married	73	±2	93	±1	
AGE OF CHILD					
0-3 Years Old	61	±4	93	±3	
4-17 Years Old	79	±2	93	±1	
18-26 Years Old	66	±3	89	±3	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of EFMP (Q13), and whose child with special needs is eligible for EFMP (Q14).

16. Overall, how satisfied are you with EFMP?

1. Very dissatisfied
4. Satisfied

2. Dissatisfied
5. Very satisfied

3. Neither satisfied nor dissatisfied

Percent Responding			Percentages					Max ME	Average Satisfaction		
			1	2	3	4	5				
OVERALL AND SERVICE											
Total DoD	67	±2	5	8	22	38	26	±2	3.7	±0.1	
Army	70	±2	5	9	22	38	26	±3	3.7	±0.1	
Navy	61	±3	3	8	20	39	30	±4	3.8	±0.1	
Marine Corps	64	±4	4	7	21	41	28	±6	3.8	±0.1	
Air Force	68	±2	6	8	25	38	23	±3	3.6	±0.1	
PAYGRADE											
Enlisted	68	±2	5	8	22	38	27	±2	3.8	±0.1	
Officers	65	±2	5	9	24	39	22	±2	3.6	±0.1	
MARITAL STATUS											
Not Married	60	±5	3	8	27	37	24	±6	3.7	±0.2	
Married	67	±2	5	8	22	38	26	±2	3.7	±0.1	
AGE OF CHILD											
0-3 Years Old	56	±4	4	6	22	38	29	±6	3.8	±0.2	
4-17 Years Old	74	±2	5	9	22	39	26	±2	3.7	±0.1	
18-26 Years Old	59	±4	7	8	23	37	25	±5	3.7	±0.2	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of EFMP (Q13), whose child with special needs is eligible for EFMP (Q14), and whose child with special needs is enrolled in EFMP (Q15).

17. What is the main reason your child with special needs is not enrolled in EFMP?

1. My child was not eligible for the program
2. Did not know enough about the program
3. Did not want my child enrolled in the program
4. I attempted to enroll my child but was denied
5. I am waiting for enrollment to be completed
6. Other

			Percent Responding		Percentages						Max ME
					1	2	3	4	5	6	
OVERALL AND SERVICE											
Total DoD	5	±1	1	12	21	1	22	44	±6		
Army	6	±1	1	13	20	0	20	45	±8		
Navy	6	±2	0	11	18	1	25	45	±10		
Marine Corps	6	±2	NR	6	38	2	18	36	±18		
Air Force	4	±1	1	14	16	0	24	46	±10		
PAYGRADE											
Enlisted	5	±1	1	13	19	1	22	44	±7		
Officers	5	±1	1	8	26	1	19	45	±8		
MARITAL STATUS											
Not Married	7	±3	NR	15	14	2	12	58	±17		
Married	5	±1	1	12	22	1	23	43	±6		
AGE OF CHILD											
0-3 Years Old	4	±2	NR	14	6	NR	36	43	±17		
4-17 Years Old	5	±1	0	12	22	1	22	44	±6		
18-26 Years Old	7	±2	3	12	20	1	12	52	±12		

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of EFMP (Q13), whose child with special needs is eligible for EFMP (Q14), and whose child with special needs is not enrolled in EFMP (Q15).

NR: Not reportable

18. What is the main reason why you did not want your child with special needs to be enrolled in EFMP?

1. Did not want to affect my assignments
2. Did not think my child needed the program
3. Was advised not to enroll
4. Other

	Percent Responding		Percentages				Max ME
			1	2	3	4	
OVERALL AND SERVICE							
Total DoD	1	±1	28	40	2	30	±13
Army	1	±1	32	41	4	22	±18
Navy	1	±1	30	NR	NR	NR	±21
Marine Corps	2	±2	15	NR	NR	NR	±23
Air Force	1	±1	31	NR	NR	22	±22
PAYGRADE							
Enlisted	1	±1	30	32	3	35	±17
Officers	1	±1	25	55	NR	19	±14
MARITAL STATUS							
Not Married	1	±1	NR	NR	NR	NR	
Married	1	±1	28	38	2	32	±13
AGE OF CHILD							
0-3 Years Old	0	±1	NR	NR	NR	NR	
4-17 Years Old	1	±1	28	43	3	27	±14
18-26 Years Old	1	±1	NR	NR	NR	31	±24

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of EFMP (Q13), whose child with special needs is eligible for EFMP (Q14), whose child with special needs is not enrolled in EFMP (Q15), and who did not want their child with special needs enrolled in EFMP (Q17).

NR: Not reportable

19. Have you heard of TRICARE Extended Care Health Option (ECHO)?

1. Yes

2. No

3. Uncertain

Percent Responding			Percentages			Max ME	Percentage Reporting Yes.
			1	2	3		
OVERALL AND SERVICE							
Total DoD	99	±1	37	59	5	±2	
Army	99	±1	33	62	5	±2	
Navy	99	±1	43	52	5	±3	
Marine Corps	99	±2	37	57	6	±5	
Air Force	99	±1	38	58	4	±2	
PAYGRADE							
Enlisted	99	±1	36	58	5	±2	
Officers	99	±1	38	59	3	±2	
MARITAL STATUS							
Not Married	99	±1	31	65	4	±5	
Married	99	±1	37	58	5	±2	
AGE OF CHILD							
0-3 Years Old	99	±1	29	65	6	±4	
4-17 Years Old	99	±1	41	55	5	±2	
18-26 Years Old	100	±1	25	69	6	±4	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

20. Is your child with special needs eligible for TRICARE ECHO?

1. Yes

2. No

3. Uncertain

Percent Responding			Percentages			Max ME	Percentage Reporting Yes
			1	2	3		
OVERALL AND SERVICE							
Total DoD	36	±2	69	12	20	±2	
Army	33	±2	70	10	20	±4	
Navy	42	±3	67	14	19	±4	
Marine Corps	36	±4	69	11	20	±7	
Air Force	38	±2	68	13	19	±3	
PAYGRADE							
Enlisted	35	±2	69	11	20	±3	
Officers	37	±2	67	15	18	±3	
MARITAL STATUS							
Not Married	30	±4	70	12	18	±7	
Married	36	±2	68	12	20	±2	
AGE OF CHILD							
0-3 Years Old	29	±4	71	11	19	±7	
4-17 Years Old	41	±2	72	9	19	±2	
18-26 Years Old	25	±3	35	34	30	±8	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question and who have heard of TRICARE ECHO (Q19).

21. Is your child with special needs enrolled in TRICARE ECHO?

			Percent Responding	Percentages	Max ME	Percentage Reporting Yes
				Yes		
OVERALL AND SERVICE						
Total DoD	24	±2	84	±2		
Army	23	±2	83	±4		
Navy	28	±3	82	±4		
Marine Corps	25	±4	90	±6		
Air Force	25	±2	84	±3		
PAYGRADE						
Enlisted	24	±2	83	±3		
Officers	25	±2	86	±3		
MARITAL STATUS						
Not Married	21	±4	83	±8		
Married	25	±2	84	±2		
AGE OF CHILD						
0-3 Years Old	20	±4	81	±9		
4-17 Years Old	29	±2	85	±3		
18-26 Years Old	9	±2	72	±10		

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of TRICARE ECHO (Q19), and whose child with special needs is eligible for TRICARE ECHO (Q20).

22. What is the main reason your child with special needs is not enrolled in TRICARE ECHO?

1. My child was not eligible for the program
2. Did not know enough about the program
3. Did not want my child to be enrolled in the program
4. I attempted to enroll but was denied
5. I am waiting for enrollment to be completed
6. Other

Percent Responding			Percentages						Max ME
			1	2	3	4	5	6	
OVERALL AND SERVICE									
Total DoD	4	±1	0	24	11	4	12	48	±7
Army	4	±1	0	25	12	5	13	44	±12
Navy	5	±2	0	23	7	3	14	52	±12
Marine Corps	2	±2	NR	NR	15	NR	4	NR	±18
Air Force	4	±1	1	23	12	2	12	50	±10
PAYGRADE									
Enlisted	4	±1	1	26	9	5	13	46	±8
Officers	4	±1	0	17	18	1	9	54	±9
MARITAL STATUS									
Not Married	4	±2	3	30	4	6	8	49	±23
Married	4	±1	0	23	12	4	13	48	±7
AGE OF CHILD									
0-3 Years Old	4	±2	NR	NR	10	3	19	39	±24
4-17 Years Old	5	±1	0	23	12	5	12	48	±7
18-26 Years Old	3	±1	3	20	6	NR	14	57	±21

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of TRICARE ECHO (Q19), whose child with special needs is eligible for TRICARE ECHO (Q20), and whose child with special needs is not enrolled in TRICARE ECHO (Q21).

NR: Not reportable

23. Overall, how satisfied are you with TRICARE ECHO?1. Very dissatisfied
4. Satisfied2. Dissatisfied
5. Very satisfied

3. Neither satisfied nor dissatisfied

Percent Responding			Percentages					Max ME	Average Satisfaction		
			1	2	3	4	5				
OVERALL AND SERVICE											
Total DoD	20	±1	3	8	17	40	32	±3	3.9	±0.1	
Army	19	±2	3	7	19	39	32	±5	3.9	±0.1	
Navy	23	±2	3	7	13	41	37	±5	4.0	±0.1	
Marine Corps	22	±4	4	5	22	46	24	±10	3.8	±0.2	
Air Force	21	±2	4	10	18	38	30	±5	3.8	±0.1	
PAYGRADE											
Enlisted	20	±2	3	7	18	40	32	±4	3.9	±0.1	
Officers	21	±2	4	10	16	39	31	±4	3.8	±0.1	
MARITAL STATUS											
Not Married	17	±4	4	7	25	34	30	±12	3.8	±0.3	
Married	21	±1	3	8	17	40	32	±3	3.9	±0.1	
AGE OF CHILD											
0-3 Years Old	16	±4	7	3	20	36	34	±12	3.9	±0.3	
4-17 Years Old	25	±2	3	8	17	40	32	±3	3.9	±0.1	
18-26 Years Old	6	±2	1	4	22	47	26	±18	3.9	±0.3	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of TRICARE ECHO (Q19), whose child with special needs is eligible for TRICARE ECHO (Q20), and whose child with special needs is enrolled in TRICARE ECHO (Q21).

24. Has your child with special needs ever been enrolled in Medicaid?

1. Yes, currently enrolled in Medicaid

2. Yes, previously enrolled in Medicaid,
but not currently

3. No, never enrolled in Medicaid

4. Uncertain

Percent Responding			Percentages				Max ME	Percentage Reporting Yes			
			1	2	3	4					
OVERALL AND SERVICE											
Total DoD	97	±1	7	7	74	12	±2	13.0	±1.0		
Army	98	±1	7	8	71	14	±2	15.0	±2.0		
Navy	97	±1	7	6	76	12	±3	12.0	±2.0		
Marine Corps	96	±2	7	5	75	12	±5	12.0	±4.0		
Air Force	97	±1	6	6	79	9	±2	11.0	±2.0		
PAYGRADE											
Enlisted	97	±1	7	8	70	15	±2	15.0	±2.0		
Officers	98	±1	4	5	85	6	±2	9.0	±1.0		
MARITAL STATUS											
Not Married	96	±2	8	10	67	15	±5	18.0	±4.0		
Married	97	±1	6	7	75	12	±2	13.0	±1.0		
AGE OF CHILD											
0-3 Years Old	98	±1	4	4	81	11	±4	8.0	±3.0		
4-17 Years Old	99	±1	6	8	74	12	±2	14.0	±2.0		
18-26 Years Old	100	±1	14	6	67	13	±4	20.0	±4.0		

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

25. What services has your child with special needs received through Medicaid?

- | | | |
|----------------------------------|--------------------|-----------------------|
| 1. Clinic services | 2. Dental services | 3. Hospital services |
| 4. Family services | 5. Long term care | 6. Medical equipment |
| 7. Prescription drugs | 8. Transportation | 9. Physician services |
| 10. Services from state agencies | | |

Percent Responding			Percentages										Max ME
			1	2	3	4	5	6	7	8	9	10	
OVERALL AND SERVICE													
Total DoD	12	±1	51	31	43	26	17	37	43	11	42	30	±4
Army	14	±2	54	32	46	22	16	39	45	11	43	26	±7
Navy	11	±2	47	27	39	33	20	31	36	7	35	32	±8
Marine Corps	10	±3	55	41	46	35	9	30	49	13	52	44	±16
Air Force	10	±2	43	30	38	28	18	38	44	10	41	33	±7
PAYGRADE													
Enlisted	13	±2	54	33	46	25	17	37	44	11	42	28	±5
Officers	8	±1	36	25	33	32	14	33	39	7	40	37	±7
MARITAL STATUS													
Not Married	15	±4	64	45	49	29	19	37	56	12	39	40	±13
Married	12	±1	49	30	43	26	16	36	42	10	42	29	±5
AGE OF CHILD													
0-3 Years Old	7	±3	50	17	61	36	12	48	45	16	35	32	±19
4-17 Years Old	12	±1	49	32	42	25	16	36	41	10	40	27	±5
18-26 Years Old	19	±3	59	35	45	27	21	36	52	10	50	45	±10

Note. Percent responding are active duty members with child(ren) with special needs who answered the question and whose child with special needs is currently/previously enrolled in Medicaid (Q24).

26. What is the main reason you have not tried to enroll your child with special needs in Medicaid?

- | | | |
|--|--|---|
| 1. Unsure of how to apply for Medicaid | 2. Don't believe my child with special needs is qualified for Medicaid | 3. Don't know what services and benefits Medicaid would provide |
| 4. Don't want to use Medicaid | 5. Other | |

			Percent Responding	Percentages					Max ME
				1	2	3	4	5	
OVERALL AND SERVICE									
Total DoD	72	±2	9	34	30	13	14	±2	
Army	69	±2	10	31	31	12	15	±3	
Navy	73	±3	8	34	28	15	14	±3	
Marine Corps	71	±4	7	37	32	13	12	±5	
Air Force	77	±2	7	38	29	12	14	±3	
PAYGRADE									
Enlisted	68	±2	11	30	31	13	15	±2	
Officers	83	±2	5	44	28	12	12	±2	
MARITAL STATUS									
Not Married	64	±5	12	33	28	11	16	±5	
Married	72	±2	9	34	30	13	14	±2	
AGE OF CHILD									
0-3 Years Old	78	±4	7	31	34	15	13	±5	
4-17 Years Old	73	±2	9	35	31	13	12	±2	
18-26 Years Old	67	±4	9	40	28	11	13	±4	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question and whose child with special needs has never been enrolled in Medicaid (Q24).

27. Have you heard of Medicaid Home and Community Based Service (HCBS) waivers?

1. Yes

2. No

3. Uncertain

Percent Responding			Percentages			Max ME	Percentage Reporting Yes
			1	2	3		
OVERALL AND SERVICE							
Total DoD	98	±1	7	88	5	±1	
Army	98	±1	6	89	5	±2	
Navy	98	±1	8	86	6	±2	
Marine Corps	97	±2	7	86	7	±4	
Air Force	97	±1	8	88	4	±2	
PAYGRADE							
Enlisted	97	±1	6	88	6	±2	
Officers	98	±1	9	88	3	±2	
MARITAL STATUS							
Not Married	97	±2	4	91	4	±3	
Married	98	±1	7	87	5	±1	
AGE OF CHILD							
0-3 Years Old	97	±2	6	90	4	±3	
4-17 Years Old	98	±1	7	88	5	±1	
18-26 Years Old	99	±1	9	85	6	±3	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

28. Is your child with special needs eligible for a Medicaid HCBS waiver?

1. Yes

2. No

3. Uncertain

Percent Responding			Percentages			Max ME	Percentage Reporting Yes
			1	2	3		
OVERALL AND SERVICE							
Total DoD	7	±1	30	43	27	±5	
Army	6	±1	33	41	25	±9	
Navy	8	±2	31	42	27	±9	
Marine Corps	7	±3	37	36	27	±17	
Air Force	8	±1	24	48	28	±7	
PAYGRADE							
Enlisted	6	±1	34	37	29	±7	
Officers	9	±1	25	53	23	±6	
MARITAL STATUS							
Not Married	4	±2	51	26	22	±18	
Married	7	±1	29	44	27	±5	
AGE OF CHILD							
0-3 Years Old	6	±3	29	41	30	±22	
4-17 Years Old	7	±1	30	42	28	±6	
18-26 Years Old	8	±2	38	47	16	±14	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question and who have heard of Medicaid HCBS waivers (Q27).

29. Has your child with special needs ever been enrolled in a Medicaid HCBS waiver?

1. Yes, currently enrolled in a Medicaid HCBS waiver 2. Yes, previously enrolled in a Medicaid HCBS waiver, but not currently 3. No, never enrolled in a Medicaid HCBS waiver
4. Uncertain

			Percent Responding		Percentages				Max ME	Percentage Reporting Yes		
					1	2	3	4				
OVERALL AND SERVICE												
Total DoD	2	±1	46	14	29	10	±10	60.0	±10.0			
Army	2	±1	47	10	30	13	±18	58.0	±17.0			
Navy	2	±1	50	17	27	5	±19	67.0	±17.0			
Marine Corps	3	±2	NR	NR	NR	NR		NR				
Air Force	2	±1	46	17	29	7	±16	63.0	±16.0			
PAYGRADE												
Enlisted	2	±1	46	13	26	14	±13	60.0	±13.0			
Officers	2	±1	47	14	37	1	±12	62.0	±12.0			
MARITAL STATUS												
Not Married	2	±2	NR	12	NR	6	±23	NR				
Married	2	±1	46	14	29	11	±10	60.0	±10.0			
AGE OF CHILD												
0-3 Years Old	2	±2	NR	NR	13	NR	±23	87.0	±23.0			
4-17 Years Old	2	±1	46	12	34	8	±11	58.0	±11.0			
18-26 Years Old	3	±2	40	19	13	NR	±23	NR				

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of Medicaid HCBS waivers (Q27), and whose child with special needs is eligible for a Medicaid HCBS waiver (Q28).

NR: Not reportable

30. How long did you wait before your child with special needs received services through a Medicaid HCBS waiver?

1. 1-12 months 2. 13-24 months 3. 25-48 months
4. More than 48 months 5. Child with special needs did not have to wait for Medicaid HCBS waiver services

Percent Responding			Percentages					Max ME
			1	2	3	4	5	
OVERALL AND SERVICE								
Total DoD	1	±1	50	9	5	15	21	±13
Army	1	±1	NR	2	3	22	NR	±21
Navy	2	±1	39	21	6	2	31	±22
Marine Corps	1	±2	NR	NR	NR	NR	NR	
Air Force	1	±1	39	9	10	23	NR	±25
PAYGRADE								
Enlisted	1	±1	48	11	NR	16	25	±17
Officers	1	±1	55	2	17	12	14	±15
MARITAL STATUS								
Not Married	1	±1	NR	NR	NR	NR	NR	
Married	1	±1	53	7	5	14	21	±14
AGE OF CHILD								
0-3 Years Old	2	±2	NR	NR	NR	NR	NR	
4-17 Years Old	1	±1	55	10	6	17	12	±14
18-26 Years Old	2	±1	NR	NR	NR	20	NR	±23

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of Medicaid HCBS waivers (Q27), whose child with special needs is eligible for a Medicaid HCBS waiver (Q28), and whose child with special needs is currently/previously enrolled in a Medicaid HCBS waiver (Q29).

NR: Not reportable

31. Have you ever tried to enroll your child with special needs in a Medicaid HCBS waiver?

	Percent Responding		Percentages	Max ME	Percentage Reporting Yes
			Yes		
OVERALL AND SERVICE					
Total DoD	1	±1	42	±17	
Army	1	±1	NR		
Navy	1	±1	18	±24	
Marine Corps	1	±1	NR		
Air Force	1	±1	NR		
PAYGRADE					
Enlisted	1	±1	NR		
Officers	1	±1	45	±18	
MARITAL STATUS					
Not Married	1	±1	NR		
Married	1	±1	44	±18	
AGE OF CHILD					
0-3 Years Old	0	±1	NR		
4-17 Years Old	1	±1	44	±19	
18-26 Years Old	0	±1	NR		

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of Medicaid HCBS waivers (Q27), whose child is eligible for a Medicaid HCBS waiver (Q28), and whose child with special needs has never been enrolled in a Medicaid HCBS waiver (Q29).
NR: Not reportable

32. Is your child with special needs currently on a waiting list to enroll in a Medicaid HCBS waiver?

	Percent Responding		Percentages	Max ME	Percentage Reporting Yes
			Yes		
OVERALL AND SERVICE					
Total DoD	0	±1	NR		
Army	0	±1	NR		
Navy	0	±1	NR		
Marine Corps	0	±1	NR		
Air Force	0	±1	NR		
PAYGRADE					
Enlisted	0	±1	NR		
Officers	0	±1	NR		
MARITAL STATUS					
Not Married	0	±1	NR		
Married	0	±1	NR		
AGE OF CHILD					
0-3 Years Old	0	±1	NR		
4-17 Years Old	0	±1	NR		
18-26 Years Old	0	±1	NR		

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of Medicaid HCBS waivers (Q27), whose child is eligible for a Medicaid HCBS waiver (Q28), and whose child with special needs has never been enrolled in a Medicaid HCBS waiver (Q29), and who have tried to enroll their child with special needs in a Medicaid HCBS waiver (Q31).
NR: Not reportable

33. How long have you been on the waiting list to enroll your child with special needs in a Medicaid HCBS waiver?

1. 1-12 months 2. 13-24 months 3. 25-48 months
4. More than 48 months

Percent Responding			Percentages				Max ME
			1	2	3	4	
OVERALL AND SERVICE							
Total DoD	0	±1	11	NR	0°	NR	±23
Army	0	±1	NR	NR	0°	NR	±0
Navy	0	±1	NR	NR	0°	NR	
Marine Corps	0	±1	NR	NR	0°	NR	
Air Force	0	±1	NR	NR	0°	NR	
PAYGRADE							
Enlisted	0	±1	NR	NR	0°	NR	
Officers	0	±1	NR	NR	0°	NR	±0
MARITAL STATUS							
Not Married	0	±1	NR	NR	0°	NR	
Married	0	±1	NR	NR	0°	NR	±0
AGE OF CHILD							
0-3 Years Old	0	±1	NR	NR	0°	NR	
4-17 Years Old	0	±1	NR	NR	0°	NR	±0
18-26 Years Old	0	±1	NR	NR	0°	NR	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of Medicaid HCBS waivers (Q27), whose child is eligible for a Medicaid HCBS waiver (Q28), whose child with special needs has never been enrolled in a Medicaid HCBS waiver (Q29), who have tried to enroll their child with special needs in a Medicaid HCBS waiver (Q31), and whose child with special needs is currently on a waiting list to enroll in a Medicaid HCBS waiver (Q32).

NR: Not reportable

° Response option never endorsed.

34. How did you learn about Medicaid HCBS waivers?

1. Medical provider 2. Exceptional Family Member Program (EFMP) 3. TRICARE Beneficiary Counseling and Assistance Coordinator (BCAC)
4. Medical Case Manager 5. State or community organization 6. Other

Percent Responding			Percentages						Max ME
			1	2	3	4	5	6	
OVERALL AND SERVICE									
Total DoD	1	±1	25	20	8	21	42	38	±13
Army	1	±1	20	19	4	16	27	55	±23
Navy	2	±1	24	13	12	48	40	28	±21
Marine Corps	1	±2	NR	NR	NR	NR	NR	NR	
Air Force	1	±1	35	NR	NR	NR	61	22	±20
PAYGRADE									
Enlisted	1	±1	27	24	10	24	40	38	±18
Officers	2	±1	20	12	5	14	47	38	±13
MARITAL STATUS									
Not Married	1	±1	NR	NR	NR	NR	NR	NR	
Married	1	±1	22	21	9	21	44	37	±14
AGE OF CHILD									
0-3 Years Old	2	±2	9	NR	NR	NR	NR	NR	±22
4-17 Years Old	1	±1	30	18	7	20	36	44	±15
18-26 Years Old	2	±1	11	NR	NR	NR	NR	19	±25

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of Medicaid HCBS waivers (Q27), whose child with special needs is eligible for a Medicaid HCBS waiver (Q28), and whose child with special needs is either currently/previously enrolled in a Medicaid HCBS waiver (Q29); or whose child with special needs has never been enrolled in a Medicaid HCBS waiver (Q29), who have tried to enroll their child with special needs in a Medicaid HCBS waiver (Q31), and whose child with special needs is currently on a waiting list to enroll in a Medicaid HCBS waiver (Q32).

NR: Not reportable

35. Which of the following services does/did your child receive through a Medicaid HCBS waiver? {Options 1-8}

- | | | |
|---|-----------------------------|-------------------------|
| 1. Case Management | 2. Round the Clock Services | 3. Supported Employment |
| 4. Day Services | 5. Nursing | 6. Home-delivered meals |
| 7. Rent and food expenses for live-in caretaker | 8. Home-based services | |

Percent Responding			Percentages								Max ME
			1	2	3	4	5	6	7	8	
OVERALL AND SERVICE											
Total DoD	1	±1	64	7	0°	13	24	5	1	53	±19
Army	1	±1	NR	NR	0°	8	NR	NR	NR	NR	±15
Navy	2	±1	55	7	0°	4	18	NR	NR	40	±20
Marine Corps	1	±2	NR	NR	0°	NR	NR	NR	NR	NR	±0
Air Force	1	±1	61	3	0°	24	31	3	3	64	±22
PAYGRADE											
Enlisted	1	±1	62	9	0°	9	26	NR	1	52	±22
Officers	1	±1	69	4	0°	20	20	2	NR	55	±15
MARITAL STATUS											
Not Married	1	±1	NR	NR	0°	NR	NR	NR	NR	NR	±0
Married	1	±1	63	8	0°	11	22	6	0	54	±20
AGE OF CHILD											
0-3 Years Old	1	±2	NR	NR	0°	NR	NR	NR	NR	NR	±0
4-17 Years Old	1	±1	60	2	0°	13	32	NR	1	53	±15
18-26 Years Old	2	±1	NR	NR	0°	NR	4	NR	NR	NR	±17

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of Medicaid HCBS waivers (Q27), whose child with special needs is eligible for a Medicaid HCBS waiver (Q28), and whose child with special needs is currently/previously enrolled in a Medicaid HCBS waiver (Q29).

NR: Not reportable

° Response option never endorsed.

35. Which of the following services does/did your child receive through a Medicaid HCBS waiver? {Options 9-16}

- | | | |
|---|---|---|
| 9. Caregiver support | 10. Other mental health and behavioral services | 11. Other health and therapeutic services |
| 12. Services supporting participant direction | 13. Participant training | 14. Equipment |
| 15. Non-medical transportation | 16. Community transition services | |

Percent Responding			Percentages								Max ME
			9	10	11	12	13	14	15	16	
OVERALL AND SERVICE											
Total DoD	1	±1	58	9	36	2	2	47	9	4	±14
Army	1	±1	NR	11	24	NR	NR	NR	NR	9	±24
Navy	2	±1	64	4	38	NR	NR	63	12	NR	±21
Marine Corps	1	±2	NR	NR	NR	NR	NR	NR	NR	NR	
Air Force	1	±1	56	7	45	9	6	29	6	4	±21
PAYGRADE											
Enlisted	1	±1	54	4	43	2	1	54	12	6	±20
Officers	1	±1	67	19	21	2	2	32	4	NR	±17
MARITAL STATUS											
Not Married	1	±1	NR	NR	NR	NR	NR	NR	NR	NR	
Married	1	±1	56	9	34	1	0	46	9	5	±15
AGE OF CHILD											
0-3 Years Old	1	±2	NR	NR	NR	NR	NR	NR	NR	NR	
4-17 Years Old	1	±1	58	7	37	3	2	46	2	3	±16
18-26 Years Old	2	±1	NR	NR	NR	NR	NR	NR	NR	NR	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of Medicaid HCBS waivers (Q27), whose child with special needs is eligible for a Medicaid HCBS waiver (Q28), and whose child with special needs is currently/previously enrolled in a Medicaid HCBS waiver (Q29).

NR: Not reportable

36. Which of the following services does your child need that could be obtained through a Medicaid HCBS waiver?
{Options 1-8}

- | | | |
|---|-----------------------------|-------------------------|
| 1. Case Management | 2. Round the Clock Services | 3. Supported Employment |
| 4. Day Services | 5. Nursing | 6. Home-delivered meals |
| 7. Rent and food expenses for live-in caretaker | 8. Home-based services | |

Percent Responding			Percentages								Max ME
			1	2	3	4	5	6	7	8	
OVERALL AND SERVICE											
Total DoD	1	±1	44	25	13	29	23	7	7	45	±18
Army	1	±1	NR	NR	11	NR	NR	NR	NR	NR	±18
Navy	1	±1	NR	NR	NR	NR	NR	NR	NR	NR	
Marine Corps	1	±1	NR	NR	NR	NR	NR	NR	NR	NR	
Air Force	1	±1	NR	13	19	34	24	NR	NR	NR	±24
PAYGRADE											
Enlisted	1	±1	39	26	12	31	25	10	NR	45	±24
Officers	1	±1	58	22	15	24	18	NR	10	45	±21
MARITAL STATUS											
Not Married	1	±1	NR	NR	NR	NR	NR	NR	NR	NR	
Married	1	±1	40	19	8	26	18	3	3	43	±20
AGE OF CHILD											
0-3 Years Old	0	±1	NR	NR	NR	NR	NR	NR	NR	NR	
4-17 Years Old	1	±1	46	17	11	19	18	5	8	41	±20
18-26 Years Old	1	±2	NR	NR	NR	NR	NR	NR	NR	NR	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of Medicaid HCBS waivers (Q27), whose child is eligible for a Medicaid HCBS waiver (Q28), and whose child with special needs has never been/uncertain if their child with special needs has been enrolled in a Medicaid HCBS waiver (Q29).

NR: Not reportable

36. Which of the following services does your child need that could be obtained through a Medicaid HCBS waiver?
{Options 9-16}

- | | | |
|---|---|---|
| 9. Caregiver support | 10. Other mental health and behavioral services | 11. Other health and therapeutic services |
| 12. Services supporting participant direction | 13. Participant training | 14. Equipment |
| 15. Non-medical transportation | 16. Community transition services | |

Percent Responding			Percentages								Max ME
			9	10	11	12	13	14	15	16	
OVERALL AND SERVICE											
Total DoD	1	±1	57	46	57	21	18	45	21	25	±18
Army	1	±1	NR	NR	66	14	11	NR	15	NR	±24
Navy	1	±1	NR	NR	NR	NR	NR	NR	NR	NR	
Marine Corps	1	±1	NR	NR	NR	NR	NR	NR	NR	NR	
Air Force	1	±1	NR	29	NR	19	NR	NR	27	18	±25
PAYGRADE											
Enlisted	1	±1	63	55	65	22	20	NR	23	25	±25
Officers	1	±1	43	26	38	20	12	32	17	27	±22
MARITAL STATUS											
Not Married	1	±1	NR	NR	NR	NR	NR	NR	NR	NR	
Married	1	±1	57	46	56	19	13	43	17	20	±19
AGE OF CHILD											
0-3 Years Old	0	±1	NR	NR	NR	NR	NR	NR	NR	NR	
4-17 Years Old	1	±1	59	43	60	24	19	37	22	20	±18
18-26 Years Old	1	±2	NR	NR	NR	NR	NR	NR	NR	NR	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, who have heard of Medicaid HCBS waivers (Q27), whose child is eligible for a Medicaid HCBS waiver (Q28), and whose child with special needs has never been/uncertain if their child with special needs has been enrolled in a Medicaid HCBS waiver (Q29).

NR: Not reportable

37. Has your child with special needs ever lost Medicaid benefits, including access to a Medicaid HCBS waiver, due to a Permanent Change of Station (PCS) move?

	Percent Responding		Percentages	Max ME	Percentage Reporting Yes
			Yes		
OVERALL AND SERVICE					
Total DoD	13	±1	16	±3	
Army	15	±2	17	±5	
Navy	12	±2	8	±5	
Marine Corps	12	±3	18	±11	
Air Force	11	±2	20	±5	
PAYGRADE					
Enlisted	14	±2	14	±4	
Officers	9	±1	24	±6	
MARITAL STATUS					
Not Married	17	±4	8	±7	
Married	13	±1	17	±3	
AGE OF CHILD					
0-3 Years Old	8	±3	16	±13	
4-17 Years Old	13	±2	18	±4	
18-26 Years Old	20	±3	9	±5	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, and whose child with special needs is currently/ previously enrolled in Medicaid (Q24); or who have heard of Medicaid HCBS waivers (Q27), whose child with special needs is eligible for a Medicaid HCBS waiver (Q28), and whose child with special needs is currently/previously enrolled in a Medicaid HCBS waiver (Q29).

38. Have you ever accepted an unaccompanied tour or gone to a new duty station without your family because you did not want your child with special needs to lose Medicaid benefits, including access to a Medicaid HCBS waiver, they were receiving at a previous duty station?

	Percent Responding		Percentages	Max ME	Percentage Reporting Yes
			Yes		
OVERALL AND SERVICE					
Total DoD	13	±1	11	±3	
Army	14	±2	12	±4	
Navy	12	±2	13	±6	
Marine Corps	12	±3	10	±9	
Air Force	11	±2	8	±4	
PAYGRADE					
Enlisted	14	±2	11	±3	
Officers	9	±1	14	±5	
MARITAL STATUS					
Not Married	17	±4	11	±8	
Married	13	±1	11	±3	
AGE OF CHILD					
0-3 Years Old	8	±3	11	±12	
4-17 Years Old	13	±2	10	±3	
18-26 Years Old	20	±3	14	±6	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, and whose child with special needs is currently/ previously enrolled in Medicaid (Q24); or who have heard of Medicaid HCBS waivers (Q27), whose child with special needs is eligible for a Medicaid HCBS waiver (Q28), and whose child with special needs is currently/previously enrolled in a Medicaid HCBS waiver (Q29).

39. Is your child with special needs enrolled to a patient centered medical home (PCMH)?

1. Yes

2. No

3. Uncertain

	Percent Responding		Percentages			Max ME	Percentage Reporting Yes
			1	2	3		
OVERALL AND SERVICE							
Total DoD	96	±1	6	81	13	±1	
Army	96	±1	7	79	15	±2	
Navy	95	±2	6	80	14	±3	
Marine Corps	95	±2	2	85	13	±4	
Air Force	96	±1	5	85	10	±2	
PAYGRADE							
Enlisted	96	±1	5	81	15	±2	
Officers	97	±1	8	83	9	±2	
MARITAL STATUS							
Not Married	95	±2	6	75	19	±5	
Married	96	±1	6	82	13	±1	
AGE OF CHILD							
0-3 Years Old	96	±2	6	82	12	±4	
4-17 Years Old	98	±1	5	81	14	±2	
18-26 Years Old	99	±1	8	81	11	±3	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

40. Does your child with special needs have a medical case manager or care coordinator?

1. Yes

2. No

3. Uncertain

	Percent Responding		Percentages			Max ME	Percentage Reporting Yes
			1	2	3		
OVERALL AND SERVICE							
Total DoD	95	±1	26	50	24	±2	
Army	96	±1	25	50	25	±2	
Navy	95	±2	28	47	25	±3	
Marine Corps	95	±3	31	47	22	±5	
Air Force	95	±1	24	52	24	±2	
PAYGRADE							
Enlisted	95	±1	27	46	26	±2	
Officers	96	±1	23	59	19	±2	
MARITAL STATUS							
Not Married	95	±2	28	46	26	±5	
Married	95	±1	26	50	24	±2	
AGE OF CHILD							
0-3 Years Old	96	±2	30	51	19	±5	
4-17 Years Old	98	±1	27	47	26	±2	
18-26 Years Old	99	±1	21	57	22	±4	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

41. Does your child with special needs receive case management from any of the following sources?

1. Military treatment facility 2. Medicaid 3. Medicaid HCBS waiver
 4. TRICARE ECHO case manager 5. TRICARE civilian network

Percent Responding			Percentages					Max ME
			1	2	3	4	5	
OVERALL AND SERVICE								
Total DoD	24	±2	64	7	2	31	35	±3
Army	23	±2	63	8	2	30	36	±5
Navy	26	±3	63	7	4	34	36	±5
Marine Corps	27	±4	60	7	0	29	44	±9
Air Force	22	±2	69	7	1	34	28	±4
PAYGRADE								
Enlisted	25	±2	64	8	2	30	36	±3
Officers	21	±2	63	4	2	35	33	±4
MARITAL STATUS								
Not Married	26	±4	63	9	2	30	36	±10
Married	24	±2	64	7	2	32	35	±3
AGE OF CHILD								
0-3 Years Old	26	±4	66	6	0	32	35	±9
4-17 Years Old	25	±2	65	6	2	34	35	±3
18-26 Years Old	20	±3	57	20	6	8	35	±9

Note. Percent responding are active duty members with child(ren) with special needs who answered the question and whose child with special needs has a medical case manager or care coordinator (Q40).

42. About how much do you pay per month out of pocket for medical and related services for your child with special needs?

1. \$0 2. \$1-50 3. \$51-100
 4. \$101-500 5. \$501-1000 6. More than \$1000

Percent Responding			Percentages						Max ME
			1	2	3	4	5	6	
OVERALL AND SERVICE									
Total DoD	95	±1	44	20	16	17	3	1	±2
Army	96	±1	44	18	15	18	3	1	±2
Navy	95	±2	41	20	17	19	3	1	±3
Marine Corps	94	±2	42	23	15	17	2	1	±5
Air Force	95	±1	45	22	16	13	2	1	±2
PAYGRADE									
Enlisted	95	±1	45	20	15	16	3	1	±2
Officers	96	±1	39	19	17	20	3	2	±2
MARITAL STATUS									
Not Married	95	±2	41	23	15	17	3	2	±5
Married	95	±1	44	19	16	17	3	1	±2
AGE OF CHILD									
0-3 Years Old	95	±2	51	19	14	13	3	1	±5
4-17 Years Old	97	±1	41	21	17	18	3	1	±2
18-26 Years Old	97	±2	44	17	16	19	2	1	±4

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

43. Are you close (within a year) to retiring or separating from the military?

1. Yes

2. No

3. Don't know

	Percent Responding		Percentages			Max ME	Percentage Reporting Yes
			1	2	3		
OVERALL AND SERVICE							
Total DoD	97	±1	19	75	6	±2	
Army	97	±1	18	77	6	±2	
Navy	97	±1	17	80	3	±2	
Marine Corps	97	±2	24	70	6	±5	
Air Force	96	±1	20	70	10	±2	
PAYGRADE							
Enlisted	97	±1	20	74	5	±2	
Officers	97	±1	15	77	8	±2	
MARITAL STATUS							
Not Married	97	±2	23	70	7	±5	
Married	97	±1	18	76	6	±2	
AGE OF CHILD							
0-3 Years Old	96	±2	12	83	5	±4	
4-17 Years Old	98	±1	18	77	6	±2	
18-26 Years Old	98	±1	32	59	9	±4	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

44. Will the scope and availability of Medicaid HCBS waiver services influence where you choose to live after you retire or separate from the military?

	Percent Responding		Percentages	Max ME	Percentage Reporting Yes
			Yes		
OVERALL AND SERVICE					
Total DoD	0	±1	71	±20	
Army	0	±1	NR		
Navy	1	±1	NR		
Marine Corps	0	±1	NR		
Air Force	0	±1	NR		
PAYGRADE					
Enlisted	0	±1	NR		
Officers	0	±1	87	±22	
MARITAL STATUS					
Not Married	1	±1	NR		
Married	0	±1	65	±21	
AGE OF CHILD					
0-3 Years Old	0	±1	NR		
4-17 Years Old	0	±1	73	±22	
18-26 Years Old	1	±1	NR		

Note. Percent responding are active duty members with child(ren) with special needs who answered the question, whose child with special needs is eligible for a Medicaid HCBS waiver (Q28), and who are close (within a year) to retiring or separating from the military (Q43).

NR: Not reportable

45. To what extent is the possibility of losing current military benefits having an effect on your decision to retire or separate from the military?

1. Not at all
4. Large extent

2. Small extent
5. Very large extent

3. Moderate extent

Percent Responding			Percentages					Max ME	Average Extent		
			1	2	3	4	5				
OVERALL AND SERVICE											
Total DoD	96	±1	20	7	15	19	39	±2	3.5	±0.1	
Army	96	±1	19	7	14	19	40	±2	3.5	±0.1	
Navy	96	±2	20	9	15	18	38	±3	3.5	±0.1	
Marine Corps	96	±2	20	6	18	17	40	±5	3.5	±0.2	
Air Force	95	±1	20	8	15	20	38	±2	3.5	±0.1	
PAYGRADE											
Enlisted	96	±1	18	6	14	19	43	±2	3.6	±0.1	
Officers	97	±1	23	10	17	19	31	±2	3.3	±0.1	
MARITAL STATUS											
Not Married	96	±2	19	9	13	23	36	±5	3.5	±0.2	
Married	96	±1	20	7	15	19	40	±2	3.5	±0.1	
AGE OF CHILD											
0-3 Years Old	95	±2	18	6	15	18	42	±5	3.6	±0.2	
4-17 Years Old	97	±1	18	7	15	19	41	±2	3.6	±0.1	
18-26 Years Old	98	±1	27	9	15	19	30	±4	3.2	±0.2	

Note. Percent responding are active duty members with child(ren) with special needs who answered the question.

Survey Instrument



Human Resources Strategic Assessment Program (HRSAP)

Information and Technology for Better Decision Making

- You have reached the redirect page for Department of Defense Human Resources Strategic Assessment Program (HRSAP) surveys. You will be redirected to our contractor's web site (a secure .com site run by Data Recognition Corporation) to participate in the survey.
- DMDC has set up a telephone line for anyone who wishes to verify the survey's legitimacy. Call DSN 372-1034 from any DoD or other government telephone with DSN for a list of current DMDC surveys. If you do not have access to a DSN telephone line, call 1-571-372-1034. The prerecorded list does not include surveys conducted by agencies other than DMDC.
- Please enter your Ticket Number below, then click the Continue button to access your survey.

- If you are not automatically transferred, click on the link below:

<http://www.dodsurvey.net/>



2014 QuickCompass of TRICARE Child Beneficiaries: Utilization of Medicaid Waivered Services

Welcome

[Security Protection Advisory](#)

[RCS# DD-P&R\(AR\)2145](#)
[Exp. 04/30/2014](#)

You have been selected to take a survey about experiences with services and resources for active duty members with children with special needs. Click [here](#) to verify and update your postal and e-mail address. When you click the *Continue* button below, you will be asked to:

- Create a Personal Identification Number (PIN)
- Read the Privacy Act and Informed Consent Statement
- Take the survey

Thank you for your time and participation.

Section 508 Compliance

The U.S. Department of Defense is committed to making electronic and information technologies accessible to individuals with disabilities in accordance with [Section 508 of the Rehabilitation Act \(29 U.S.C. §794d\)](#), as amended in 1999. Send feedback or concerns related to the accessibility of this Web site to: DoDSection508@osd.mil. For more information about Section 508, please visit the [DoD Section 508 Web site](#). Last Updated: 08/13/2013

[Frequently Asked Questions / How to Contact Us](#)

PRIVACY ACT STATEMENT & INFORMED CONSENT INFORMATION

In accordance with the Privacy Act, this notice informs you of the purpose of the survey and how the findings of these surveys will be used. It also provides information about the Privacy Act and informed consent. Please read it carefully.

AUTHORITY: United States Code Sections 136 and 1782. NDAA-FY2010 Section 563, NDAA-FY2011 Section 582, and NDAA-FY2013 Section 714.

PRINCIPAL PURPOSE: Information collected in this survey will be used to research gaps in services and resources that impact military families with special needs. This information will assist in the formulation of policies which may be needed to improve services and resources. Reports will be provided to the Office of the Under Secretary of Defense for Personnel and Readiness (OUSD P&R) Military Community & Family Policy (MC&FP). Findings will be used in reports and testimony provided to Congress. Some findings may be published by the Defense Manpower Data Center (DMDC) or in professional journals, or presented at conferences, symposia, and scientific meetings. Data could be used in future research. Datasets without any identifying information may be analyzed by researchers outside of DMDC. Briefings and reports on results from these surveys will be posted on the Web: <http://www.dmdc.osd.mil/surveys/>

ROUTINE USES: None.

DISCLOSURE: Providing information on this survey is voluntary. Most people can complete the survey in 20 minutes. There is no penalty or loss of benefits to which you are entitled if you choose not to respond. However, maximum participation is encouraged so that the data will be complete and representative. Your survey responses will be treated as confidential. Identifying information will be used only by government and contractor staff engaged in, and for purposes of, survey research. For example, the research oversight office of the Office of the Under Secretary of Defense (Personnel and Readiness) and representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. This survey is being conducted for research purposes. In no case will individual identifiable survey responses be reported. If you answer any items and indicate distress or being upset, etc., you will not be contacted for follow-up purposes. However, if you indicate a direct threat to harm yourself or others within responses or communications about the survey, because of concern for your welfare, DMDC may notify an office in your area for appropriate action.

SURVEY ELIGIBILITY AND POTENTIAL BENEFITS: The Defense Health Agency provided the list of participants to DMDC for this survey. The Defense Health Agency identified your family based on records indicating that a child in your family visited a doctor in 2012 for a condition that may result in higher than average health care use and more challenging experiences getting the care that your child needs. This is your chance to be heard on issues that directly affect you, including gaps in services and resources that impact military families with children with special needs. While there is no direct benefit for your individual participation, your responses on this survey **make a difference**.

STATEMENT OF RISK: The data collection procedures are not expected to involve any risk or discomfort to you. The only risk to you is accidental or unintentional disclosure of the data you provide. However, the government and its contractors have a number of policies and procedures to ensure that survey data are safe and protected. For example, no identifying information (name, address, Social Security Number) is ever stored in the same file as survey responses. Survey data may be shared with organizations doing research on DoD personnel but only after minimizing detailed demographic data (for example, paygrade and detailed location information) that could possibly be used to identify an individual. A confidentiality analysis is performed to reduce the risk of there being a combination of demographic variables that can single out an individual. Government and contractor staff members have been trained to protect client identity and are subject to civil penalties for violating your confidentiality.

If you experience any difficulties taking the survey, please contact the Survey Processing Center by sending an e-mail to DMDC.QCSurvey@mail.mil or call, toll-free, 1-800-881-5307. If you have concerns about your rights as a research participant, please contact: U.S. Army Medical Research and Materiel Command Office of Research Protections Institutional Review Board Office (HQ USAMRMC IRB), irboffice@amedd.army.mil, 301-619-6240.

Once you start answering the survey, if you desire to withdraw your answers, please notify the Survey Processing Center prior to May 13, 2014. Please include in the e-mail or phone message your name, Ticket Number, and the PIN that you selected when you started this survey. Unless withdrawn, partially completed survey data may be used after that date.

Click *Continue* if you agree to do the survey.

HOW TO CONTACT US

If you have questions or concerns about this survey, you have three ways to contact the Survey Operations Center:

- **Call:** 1-800-881-5307
- **E-mail:** DMDC.QCSurvey@mail.mil
- **Fax:** 1-763-268-3002

FREQUENTLY ASKED QUESTIONS

What is Defense Manpower Data Center (DMDC)?

- DMDC maintains the largest archive of personnel, manpower, training, and financial data in the Department of Defense (DoD). DMDC also conducts Joint-Service surveys including the Status of Forces Surveys, QuickCompass, and Human Relations Surveys for the DoD. To learn more, visit the DMDC Web site.

<http://www.dmdc.osd.mil/>

What is the QuickCompass (QC) Program?

- QuickCompass (QC) is a DoD personnel program that features Web-based surveys sponsored by the Under Secretary of Defense for Personnel and Readiness (USD[P&R]).
- These surveys enable the DoD to regularly assess the attitudes and opinions of the DoD community – active duty and Reserve component members, and DoD civilian employees – on the full range of personnel issues.

How do I know this is an official, approved DoD survey?

- In accordance with DoD Instruction 8910.01, all data collection in the DoD must be licensed and show that license as a Report Control Symbol (RCS) with an expiration date. The RCS for this survey is RCS# DD-P&R(AR)2145, expiring 04/30/2014.

How did you pick me?

- The Defense Health Agency provided the list of participants to DMDC for this survey. The Defense Health Agency identified your family based on records indicating that a child in your family visited a doctor in 2012 for a condition that may result in higher than average health care use and more challenging experiences getting the care that your child needs.

Why should I participate?

- This is your chance to be heard on issues that directly affect you, including gaps in services and resources that impact military families with children with special needs.
- Your responses on this survey **make a difference**.

How do I participate?

- The survey will be available at this Web site after March 27, 2014. At the present time, you may (1) verify contact information, and (2) provide a postal and e-mail address so we can notify you when the survey opens.

What is DMDC.QCSurvey@mail.mil?

- The official e-mail address for communicating with active duty members about QuickCompass (QC) surveys. "DMDC.QCSurvey@mail.mil" is short for QuickCompass Survey.

Why am I being asked to use the Web?

- Web administration enables us to get survey results to senior Defense leaders faster.

Why are you using a .net instead of a .mil domain to field your survey?

- The survey is administered by our contractor, Data Recognition Corporation, an experienced survey operations company. The survey collection tool starts on a .mil site within DMDC. Once you enter your Ticket Number, you are redirected to a contractor site which uses a .net domain. This allows everyone to access the survey, even from a non-government computer.

Do I have to answer all questions?

- No, it is not necessary to answer every question. Within the survey screen, you have four control buttons: *Next Page* (→), *Previous Page* (←), *Clear Responses*, and *Save and Return Later*. Use these buttons to navigate

through the survey or skip questions. Use *Save and Return Later* to give yourself flexibility to complete the survey at a convenient time. When you return to the survey Web site, enter your Ticket Number and PIN to get to the place in the survey where you had stopped.

Why does the survey ask personal questions?

- DMDC reports overall results, as well as by other characteristics, such as location, gender, etc. To complete these analyses, we must ask respondents for these types of demographic information.
- Analyzing results in this way provides Defense leaders information about the attitudes and concerns of all subgroups of personnel so that no groups are overlooked.
- Sometimes sensitive questions are asked in order to improve personnel policies, programs, and practices. As with all questions on the surveys, your responses will be held in confidence.

Will my answers be kept private?

- Your privacy will be safeguarded in accordance with the Privacy Act of 1974 (Public Law 93-579).
- All data will be reported in the aggregate and no individual data will be reported.
- We encourage you to safeguard your Ticket Number to prevent unauthorized access to your survey. In addition, to ensure your privacy, be aware of the environment in which you take the survey (e.g., take the survey when no one else is home, take care to not leave the survey unattended).

Can I withdraw my answers once I have started the survey?

- If you wish to withdraw your answers, please notify the Survey Processing Center prior to May 13, 2014 by sending an e-mail to DMDC.QCSurvey@mail.mil or calling, toll-free 1-800-881-5307. Include your name and Ticket Number.

Will I ever see the results of the survey?

- DMDC posts survey results on the following Web site:
<http://www.dmdc.osd.mil/surveys/>

BACKGROUND INFORMATION

1. Were you on active duty on March 27, 2014?

- ☒ Yes
- ☒ No, I separated or retired on or before March 27, 2014

2. What is your current paygrade? *Mark one.*

- ☒ E-1 ☒ E-6 ☒ W-1 ☒ O-1/O-1E
- ☒ E-2 ☒ E-7 ☒ W-2 ☒ O-2/O-2E
- ☒ E-3 ☒ E-8 ☒ W-3 ☒ O-3/O-3E
- ☒ E-4 ☒ E-9 ☒ W-4 ☒ O-4
- ☒ E-5 ☒ W-5 ☒ O-5
- ☒ O-6 or above

3. Is your permanent duty station located within one of the 50 states or the District of Columbia?

- ☒ Yes
- ☒ No

4. [Ask if Q3 = "Yes"] Please select from the list below your permanent duty station location within one of the 50 states or the District of Columbia.

5. Are you...?

- ☒ Male
- ☒ Female

6. What is your marital status?

- ☒ Married
- ☒ Separated
- ☒ Divorced
- ☒ Widowed
- ☒ Never married

7. Are you Spanish/Hispanic/Latino?

- ☒ No, not Spanish/Hispanic/Latino
- ☒ Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino

8. What is your race? *Mark one or more races to indicate what race you consider yourself to be.*

- ☒ White
- ☒ Black or African American
- ☒ American Indian or Alaska Native
- ☒ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- ☒ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian or Chamorro)

For purposes of this survey, a child with special needs is defined as a child aged 0-26 with a chronic physical, developmental, behavioral, or emotional condition, who also requires health and related services of a type or amount beyond that generally required by children of that age.

9. Please select from the list below the number of children with special needs, aged 0-26, you have based on the definition above. To indicate none, select "0".

10. What is the age(s) of your child(ren) with special needs?

- a. [Q9 >= 1] Child 1
- b. [Q9 >= 2] Child 2
- c. [Q9 >= 3] Child 3
- d. [Q9 >= 4] Child 4
- e. [Q9 >= 5] Child 5
- f. [Q9 >= 6] Child 6

11. What is the gender(s) of your child(ren) with special needs? *Mark one answer for each item.*

	Female	
	Male	
a. [Q9 >= 1] Child 1	☒	☒
b. [Q9 >= 2] Child 2	☒	☒
c. [Q9 >= 3] Child 3	☒	☒
d. [Q9 >= 4] Child 4	☒	☒
e. [Q9 >= 5] Child 5	☒	☒
f. [Q9 >= 6] Child 6	☒	☒

For the remainder of this survey, "child with special needs" refers to the first child you listed above. Please describe care received by this child in the remaining questions.

12. Please indicate the reason for your child's special health care needs. Mark all that apply.

- ☒ A physical condition or conditions
- ☒ A behavioral or emotional condition or conditions
- ☒ A developmental delay

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)

The Exceptional Family Member Program (EFMP) supports military families with special medical and educational needs. Enrollment in the EFMP ensures a family member's documented medical and educational needs are considered during the assignment process. It also allows families to receive the support and assistance they need to navigate medical and educational systems.

13. Have you heard of the Exceptional Family Member Program (EFMP)?

- ☒ Yes
- ☒ No
- ☒ Uncertain

14. [Ask if Q13 = "Yes"] Is your child with special needs eligible for EFMP?

- ☒ Yes
- ☒ No
- ☒ Uncertain

15. [Ask if Q14 = "Yes"] Is your child with special needs enrolled in EFMP?

- ☒ Yes
- ☒ No

16. [Ask if Q15 = "Yes"] Overall, how satisfied are you with EFMP? Mark one.

- ☒ Very satisfied
- ☒ Satisfied
- ☒ Neither satisfied nor dissatisfied
- ☒ Dissatisfied
- ☒ Very dissatisfied

[Ask if Q16 = "Dissatisfied" OR "Very Dissatisfied"] Please specify why you are dissatisfied with EFMP.

17. [Ask if Q15 = "No"] What is the main reason your child with special needs is not enrolled in EFMP? Mark one.

- ☒ My child was not eligible for the program
- ☒ Did not know enough about the program
- ☒ Did not want my child enrolled in the program
- ☒ I attempted to enroll my child but was denied
- ☒ I am waiting for enrollment to be completed
- ☒ Other

[Ask if Q17 = "Other"] Please specify the main reason your child with special needs is not enrolled in EFMP.

18. [Ask if Q17 = "Did not want my child to be enrolled in the program"] What is the main reason why you did not want your child with special needs to be enrolled in EFMP? Mark one.

- ☒ Did not want to affect my assignments
- ☒ Did not think my child needed the program
- ☒ Was advised not to enroll
- ☒ Other

[Ask if Q18 = "Other"] Please specify the main reason you did not want your child with special needs enrolled in EFMP.

TRICARE EXTENDED CARE HEALTH OPTION (ECHO)

The TRICARE Extended Care Health Option (ECHO) provides supplemental services to family members with qualifying mental or physical disabilities. ECHO offers integrated services and supplies beyond those offered by the basic TRICARE health benefits program.

19. Have you heard of TRICARE ECHO?

- ☒ Yes
- ☒ No
- ☒ Uncertain

20. [Ask if Q19 = "Yes"] Is your child with special needs eligible for TRICARE ECHO?

- ☒ Yes
- ☒ No
- ☒ Uncertain

21. [Ask if Q20 = "Yes"] Is your child with special needs enrolled in TRICARE ECHO?

- ☒ Yes
- ☒ No

22. [Ask if Q21 = "No"] What is the main reason your child with special needs is not enrolled in TRICARE ECHO? *Mark one.*

- ☒ My child was not eligible for the program
- ☒ Did not know enough about the program
- ☒ Did not want my child to be enrolled in the program
- ☒ I attempted to enroll but was denied
- ☒ I am waiting for enrollment to be completed
- ☒ Other

[Ask if Q22 = "Did not want my child to be enrolled in the program"] Please specify the main reason why you did not want your child with special needs to be enrolled in TRICARE ECHO.

23. [Ask if Q21 = "Yes"] Overall, how satisfied are you with TRICARE ECHO? *Mark one.*

- ☒ Very satisfied
- ☒ Satisfied
- ☒ Neither satisfied nor dissatisfied
- ☒ Dissatisfied
- ☒ Very dissatisfied

[Ask if Q23 = "Dissatisfied" or "Very dissatisfied"] Please specify why you are dissatisfied with TRICARE ECHO.

MEDICAID

Medicaid is an insurance program financed by the state and federal governments for persons whose income and resources are not sufficient to pay for the health care they need.

24. Has your child with special needs ever been enrolled in Medicaid? *Mark one.*

- ☒ Yes, currently enrolled in Medicaid
- ☒ Yes, previously enrolled in Medicaid, but not currently
- ☒ No, never enrolled in Medicaid
- ☒ Uncertain

25. [Ask if Q24 = "Yes, currently enrolled in Medicaid" or "Yes, previously enrolled in Medicaid, but not currently"] What services has your child with special needs received through Medicaid? *Mark all that apply.*

- ☒ Clinic services (e.g., rural health clinics, federally approved clinics, family planning, and developmental rehabilitation centers)
- ☒ Dental services (e.g., covered diagnostic, preventative, therapeutic, rehabilitative or corrective procedure)
- ☒ Hospital services (e.g., inpatient and outpatient services)
- ☒ Family services (e.g., home and community based services for children under the age of 21, drug and alcohol treatment, community health services, and case management)
- ☒ Long term care (e.g., home health care, hospice, integrated personal care, intermediate care facilities for the mentally retarded, nurse aide training and testing, and nursing facilities)
- ☒ Medical equipment (e.g., medically necessary supplies, including oxygen, catheters, and reusable equipment that is primarily medical in nature)
- ☒ Prescription drugs
- ☒ Transportation (e.g., emergency and non-emergency transportation to and from covered medical services)
- ☒ Physician services (e.g., medically necessary services for the treatment of a specific diagnosis as needed for the prevention, diagnostic, therapeutic care, and treatment of a specific condition)
- ☒ Services from state agencies (e.g., Departments of health, social services, mental health, and alcohol and drug treatment centers)

26. [Ask if Q24 = "No, never enrolled in Medicaid"] **What is the main reason you have not tried to enroll your child with special needs in Medicaid? Mark one.**

- ☒ Unsure of how to apply for Medicaid
- ☒ Don't believe my child with special needs is qualified for Medicaid
- ☒ Don't know what services and benefits Medicaid would provide
- ☒ Don't want to use Medicaid
- ☒ Other

[Ask if Q26 = "Other"] Please specify why you have not tried to enroll your child with special needs in Medicaid.

MEDICAID HOME AND COMMUNITY BASED SERVICE (HCBS) WAIVERS

Home and Community Based Service (HCBS) waivers are a part of a state's Medicaid program available to some children with special needs. HCBS waivers cover services such as personal assistance, home modifications, and special equipment so the child can get needed care without going into an institution.

27. **Have you heard of Medicaid HCBS waivers?**

- ☒ Yes
- ☒ No
- ☒ Uncertain

28. [Ask if Q27 = "Yes"] **Is your child with special needs eligible for a Medicaid HCBS waiver?**

- ☒ Yes
- ☒ No
- ☒ Uncertain

29. [Ask if Q28 = "Yes"] **Has your child with special needs ever been enrolled in a Medicaid HCBS waiver?**

- ☒ Yes, currently enrolled in a Medicaid HCBS waiver
- ☒ Yes, previously enrolled in a Medicaid HCBS waiver, but not currently
- ☒ No, never enrolled in a Medicaid HCBS waiver
- ☒ Uncertain

30. [Ask if Q29 = "Yes, currently enrolled in a Medicaid HCBS waiver" or "Yes, previously enrolled in a Medicaid HCBS waiver, but not currently"] **How long did you wait before your child with special needs received services through a Medicaid HCBS waiver? Mark one.**

- ☒ Child with special needs did not have to wait for Medicaid HCBS waiver services
- ☒ 1-12 months
- ☒ 13-24 months
- ☒ 25-48 months
- ☒ More than 48 months

31. [Ask if Q29 = "No, never enrolled in a Medicaid HCBS waiver"] **Have you ever tried to enroll your child with special needs in a Medicaid HCBS waiver?**

- ☒ Yes
- ☒ No

32. [Ask if Q31 = "Yes"] **Is your child with special needs currently on a waiting list to enroll in a Medicaid HCBS waiver?**

- ☒ Yes
- ☒ No

33. [Ask if Q32 = "Yes"] **How long have you been on the waiting list to enroll your child with special needs in a Medicaid HCBS waiver? Mark one.**

- ☒ 1-12 months
- ☒ 13-24 months
- ☒ 25-48 months
- ☒ More than 48 months

34. [Ask if Q29 = "Yes, currently enrolled in a Medicaid HCBS waiver" or "Yes, previously enrolled in a Medicaid HCBS waiver, but not currently" OR Q32 = "Yes"] **How did you learn about Medicaid HCBS waivers? Mark all that apply.**

- ☒ Medical provider
- ☒ Exceptional Family Member Program (EFMP)
- ☒ TRICARE Beneficiary Counseling and Assistance Coordinator (BCAC)
- ☒ Medical Case Manager
- ☒ State or community organization
- ☒ Other

[Ask if Q34 f = "Marked"] **Please specify the other way(s) you learned about Medicaid HCBS waivers.**

35. [Ask if Q29 = "Yes, currently enrolled in a Medicaid HCBS waiver" or "Yes, previously enrolled in a Medicaid HCBS waiver, but not currently"] **Which of the following services does/did your child receive through a Medicaid HCBS waiver? Mark all that apply.**

- ☒ Case Management
- ☒ Round the Clock Services (e.g., group or shared living, in-home residential habilitation and in-home round-the-clock services)
- ☒ Supported Employment (e.g., job development, ongoing supported employment, and career planning)
- ☒ Day Services (e.g., prevocational services, day habilitation, education services, day treatment/partial hospitalization, adult day health, community integration, and medical day care for children)
- ☒ Nursing (e.g., private duty nursing and skilled nursing)
- ☒ Home-delivered meals
- ☒ Rent and food expenses for live-in caretaker
- ☒ Home-based services (e.g., home-based habilitation, home health aide, personal care, companion, homemaker, and chore assistance)
- ☒ Caregiver support (e.g., respite, caregiver counseling and/or training)
- ☒ Other mental health and behavioral services (e.g., mental health assessment, assertive community treatment, crisis intervention, behavior support, peer specialist, counseling, psychosocial rehabilitation, clinic services, and other mental health and behavioral services)
- ☒ Other health and therapeutic services (e.g., health monitoring, health assessment, medication assessment and/or management, nutrition consultation, physician services, prescription drugs, dental services, occupational therapy, physical therapy, speech, hearing and language therapy, respiratory therapy, cognitive rehabilitative therapy, and other therapies)
- ☒ Services supporting participant direction (e.g., information and assistance and financial management services)
- ☒ Participant training
- ☒ Equipment (e.g., personal emergency response system, home and/or vehicle accessibility adaptations, equipment and technology, and supplies)
- ☒ Non-medical transportation
- ☒ Community transition services

36. [Ask if Q29 = "No, never enrolled in a Medicaid HCBS waiver" or "Uncertain"] Which of the following services does your child need that could be obtained through a Medicaid HCBS waiver? **Mark all that apply.**

- ☒ Case Management
- ☒ Round the Clock Services (e.g., group or shared living, in-home residential habilitation and in-home round-the-clock services)
- ☒ Supported Employment (e.g., job development, ongoing supported employment, and career planning)
- ☒ Day Services (e.g., prevocational services, day habilitation, education services, day treatment/partial hospitalization, adult day health, community integration, and medical day care for children)
- ☒ Nursing (e.g., private duty nursing and skilled nursing)
- ☒ Home-delivered meals
- ☒ Rent and food expenses for live-in caretaker
- ☒ Home-based services (e.g., home-based habilitation, home health aide, personal care, companion, homemaker, and chore assistance)
- ☒ Caregiver support (e.g., respite, caregiver counseling and/or training)
- ☒ Other mental health and behavioral services (e.g., mental health assessment, assertive community treatment, crisis intervention, behavior support, peer specialist, counseling, psychosocial rehabilitation, clinic services, and other mental health and behavioral services)
- ☒ Other health and therapeutic services (e.g., health monitoring, health assessment, medication assessment and/or management, nutrition consultation, physician services, prescription drugs, dental services, occupational therapy, physical therapy, speech, hearing and language therapy, respiratory therapy, cognitive rehabilitative therapy, and other therapies)
- ☒ Services supporting participant direction (e.g., information and assistance and financial management services)
- ☒ Participant training
- ☒ Equipment (e.g., personal emergency response system, home and/or vehicle accessibility adaptations, equipment and technology, and supplies)
- ☒ Non-medical transportation
- ☒ Community transition services

37. [Ask if Q24 = "Yes, currently enrolled in Medicaid" or "Yes, previously enrolled in Medicaid, but not currently" OR Q29 = "Yes, currently enrolled in a Medicaid HCBS waiver" or "Yes, previously enrolled in a Medicaid HCBS waiver, but not currently"] Has your child with special needs ever lost Medicaid benefits, including access to a Medicaid HCBS waiver, due to a PCS move?

- ☒ Yes
- ☒ No

[Ask if Q37 = "Yes"] Please describe how this loss of Medicaid benefits affected your family.

38. [Ask if Q24 = "Yes, currently enrolled in Medicaid" or "Yes, previously enrolled in Medicaid, but not currently" OR Q29 = "Yes, currently enrolled in a Medicaid HCBS waiver" or "Yes, previously enrolled in a Medicaid HCBS waiver, but not currently"] Have you ever accepted an unaccompanied tour or gone to a new duty station without your family because you did not want your child with special needs to lose Medicaid benefits, including access to a Medicaid HCBS waiver, they were receiving at a previous duty station?

- ☒ Yes
- ☒ No

CARE COORDINATION

39. Is your child with special needs enrolled to a patient centered medical home (PCMH)?

- ☒ Yes
- ☒ No
- ☒ Uncertain

40. Does your child with special needs have a medical case manager or care coordinator?

- ☒ Yes
- ☒ No
- ☒ Uncertain

41. [Ask if Q40 = "Yes"] Does your child with special needs receive case management from any of the following sources? *Mark all that apply.*

- ☒ Military treatment facility
- ☒ Medicaid
- ☒ Medicaid HCBS waiver
- ☒ TRICARE ECHO case manager
- ☒ TRICARE civilian network

MILITARY MEMBER DECISIONS AFFECTING BENEFITS

42. About how much do you pay per month out of pocket for medical and related services for your child with special needs? *Mark one.*

- ☒ \$0
- ☒ \$1-50
- ☒ \$51-100
- ☒ \$101-500
- ☒ \$501-1000
- ☒ More than \$1000

43. Are you close (within a year) to retiring or separating from the military?

- ☒ Yes
- ☒ No
- ☒ Don't know

44. [Ask if Q43 = "Yes" AND (Q28 = "Yes")] Will the scope and availability of Medicaid HCBS waiver services influence where you choose to live after you retire or separate from the military?

- ☒ Yes
- ☒ No

45. To what extent is the possibility of losing current military benefits having an effect on your decision to retire or separate from the military?

- ☒ Very large extent
- ☒ Large extent
- ☒ Moderate extent
- ☒ Small extent
- ☒ Not at all

TAKING THE SURVEY

46. Thank you for participating in the survey. There are no more questions on this survey. If you have comments or concerns that you were not able to express in answering this survey, please enter them in the space provided. Your comments will be viewed and considered as policy deliberations take place.

Any comments you make on this questionnaire will be kept confidential. Do not include any personally identifiable information (PII) in your comments. However, if DMDC or its data collection contractor perceives comments as a direct threat to yourself or others, out of concern for your welfare, DMDC may contact an office in your area for appropriate action.

Your feedback is useful and appreciated.

47. Based on your answer to the previous question, you are ineligible to take this survey. If you feel you have encountered this message in error, click the back arrow button and check your answer(s). To submit your answers, click *Submit*.

For further help, please call our Survey Processing Center toll-free at 1-800-881-5307, e-mail DMDC.QCSurvey@mail.mil, or send a fax to 1-763-268-3002.

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