



## Module Three | Health Care for Children with Special Needs

### I. Introduction

PowerPoint Slide:  Handout: 

This workshop is designed to provide information for Service members and their families who have children with exceptional health care needs. Military benefits will be emphasized, and federal, state, and local benefits will be explored. Information will be presented on the importance of parent's roles in advocating for their children and working as a team with the health care professionals who offer services to children.

### II. Learning Objectives

Upon completion of the unit, the participants will be familiar with the following:

- Differences in costs and benefits of the basic TRICARE plans
- Services available through ECHO and the application process
- ECHO Home Health Care
- Resources available to help with health care questions
- Federal, state, and local benefits

### III. Preparation and Procedures

*Target Audience:* The target audience for this workshop is military personnel and their spouses who have children with special medical needs and who may be involved in the Exceptional Family Member Program (EFMP). Marketing should be through the installation family center(s), the EFMP coordinators, and military treatment facilities (MTFs). Remember that childcare may be an issue for participants. Consider this when scheduling a time and, if possible, have suggestions available for childcare arrangements.

*Module length:* Approximately 1.5 hours. Time may vary depending on the needs of the particular group and the amount of participant interaction.

*Registration:* Registration is recommended. All participants should receive a reminder phone call or email about three days prior to the workshop. During the reminder call, ask if the participant has a particular interest. If possible, gather information concerning local support groups that may be of particular interest to participants.

*Training Considerations/Options:*

- This can be a stand alone workshop offered to military parents of children with special health care issues, or it can be part of a series of workshops concerning parenting children with special needs while in the military.
- A casual interactive group discussion is favored since part of the purpose of the workshop is to help parents make personal connections as well as to gain knowledge.

## IV. Training Materials and Tools

*Equipment and Materials:*

- Tables and chairs to accommodate all participants
- Separate table for resource materials
- Brochures from resources list
- Name tags and markers
- Projector and screen (PowerPoint capable)
- PowerPoint capable computer
- PowerPoint slides
- Microphone
- Sign-in sheet
- Extra pens

*Handouts:*

- A copy of the PowerPoint presentation with room for notes (To do this, open the PowerPoint file. Click on “File” from your menu. Choose “print.” Under “Print What,” choose “handouts” and choose three per page.)
- TRICARE contact information with phone numbers for the closest Beneficiary Counseling and Assistance Coordinators and the TRICARE Service Center for your regional TRICARE contractor (Be sure to include a link to the contractor’s list of network providers.)
- TRICARE Fact Sheets (These can be found at <http://www.tricare.mil/Factsheets/browseatoz.cfm>. Choose the fact sheets that best meet the needs of your participants.) Please include the following:
  - ECHO
  - EHC
  - Skilled nursing Facility Care
  - Pharmacy Program
  - TRICARE Appeals
- TRICARE Plan Comparison
- Resource list

These should be handed to participants on arrival or as they sign in. It is helpful to have them in the order in which they will be used.

*Resource Materials:*

- Local area support group fliers
- Extended Care Health Option (ECHO) brochures
- Child Find brochure
- STOMP brochure
- NICHCY brochure (call 1-800-695-0285)
- Exceptional Family Member Program (EFMP) Brochures
- EFMP enrollment forms DD2792 and DD2792-1

- Have available CD's of the DoD Special Needs Family Tool Kit (This can be found at <http://www.militaryhomefront.dod.mil>. Type "DoD Special Needs Parent Toolkit" in the search box. Go to the "Service Provider Exceptional Family Member" area and create copies for workshop attendees.)

Materials may include extra copies of handouts or single copies of books or videos for participants to look at.

## V. Key Terms

### **Active Duty Family Members (ADFM)**

**Authorized Providers:** Providers are certified by a TRICARE regional contractor, licensed by the state and accredited by a national organization (they may charge more than TRICARE allowable amount)

**Defense Enrollment Eligibility Reporting System (DEERS):** A computerized database of military sponsors and their families (registration is required for TRICARE eligibility)

**ECHO Home Health Care (EHHC):** Provides intensive home health care services to eligible homebound beneficiaries

**Extended Care Health Option (ECHO):** Provides financial assistance and additional benefits for services, equipment, or supplies beyond what is available through TRICARE basic programs

**Network Providers:** Contract operated group of health care providers (regional contractors have updated lists of providers)

**Participating Providers:** These providers have agreed to accept the maximum TRICARE allowable charge as full fee for services (they will file claims and receive payment from TRICARE)

## VI. Curriculum Outline for Health Care Module

### 1. Introduction

- a. Introduce yourself
- b. Ice breakers
- c. Define purpose of the workshop

### 2. TRICARE

- a. Regional map
- b. DEERS
- c. Options for active duty family members
  - Prime
  - Prime Remote
  - Standard
  - Extra
- d. Types of providers
  - Network
  - Participating
  - Authorized

### 3. Extended Care Health Option (ECHO)

- a. Registration
- b. Qualifying
- c. Benefits
- d. Limitations

### 4. ECHO Home Health Care (EHHC)

- a. Qualifying
- b. Cost Share
- c. Benefits

### 5. Other Benefits

- a. Home health care
- b. Skilled nursing facility care
- c. Hospice care
- d. Mental health care
  - TRICARE
  - Military OneSource

- e. Case management
- f. Pharmacy benefit
- g. Catastrophic cap
- h. SCOR

## 6. TRICARE Help and Information

- a. TRICARE website
- b. TRICARE service centers
- c. Beneficiary Counseling and Assistance Coordinators (BCACs)
- d. Debt Collection and Assistance Officers (DCAOs)

## 7. State, Local, and Federal Programs

- a. Supplemental Security Income (SSI)
- b. Medicaid
- c. Medicare
- d. Food Stamps and Women, Infants, and Children (WIC)

## 8. Advocating and Your Rights

- a. STOMP
- b. Individuals with Disabilities Education Act (IDEA)

## 9. Summary

# VII. Curriculum Detail

## *Introduction*



Welcome Participants to Health Care for Children with Special Needs Workshop.

Introduce yourself to the participants, to include your name, position, and any relevant personal information.

Ice Breaker:

Spend a few minutes on group introductions. Ask the participants to introduce themselves and share how many children they have, what ages their children are, and what specific challenges they face. Ask participants to share any support systems they have, perhaps a local group, family members, or STOMP.

*Say:* Military families face multiple challenges when raising children amid frequent moves, deployments, and family separations. Add to this the exceptional needs of a child who is ill or disabled, and the difficulties multiply. Caring for a child with special needs can be exhausting emotionally, physically, and financially. Few families can provide adequate care to disabled family members without medical and financial assistance from a variety of programs. The purpose of this workshop is to help parents become familiar with the choices available for families with exceptional medical needs under TRICARE, as well as federal, state, and local support systems families may be able to benefit from. All of the contact information for the organizations and websites discussed today is included in your handouts.



### ***TRICARE***

TRICARE is the Department of Defense's health care system for members of the military and their families. TRICARE utilizes military health care resources as well as civilian health care providers who have been authorized by TRICARE.

*Say:* TRICARE regions are divided geographically and services are provided by these contractors. The TRICARE Regional contractor for our area is \_\_\_\_\_ . You have contact information with your handouts.



*Say:* In order to participate in TRICARE, your family members must be registered in the Defense Enrollment Eligibility Reporting System (DEERS). DEERS is a computerized database of military sponsors and families. DEERS registration is required for TRICARE eligibility. To find out if your TRICARE information is current, you may go to the nearest Uniformed Services ID center or contact the Defense Manpower Data Center at 1-800-538-9552. It is important that your DEERS information be kept up-to-date.



*Say:* There is no single health care plan that can address the diverse needs of military families, so TRICARE has several plans available. Each family may choose the plan that best fits its needs.



- TRICARE Prime is a managed care option that is very similar to civilian health maintenance organizations. Active duty Service members are required to be enrolled in TRICARE Prime and may choose to enroll their families. This is the only TRICARE option that requires enrollment, and the Service member must enroll each family member. The beneficiaries may receive medical care from a local MTF or a network approved health care provider. As a Prime enrollee, it is important that you seek care first from your primary care manager. If you desire a referral, you must begin with your primary care manager and also receive authorization from your regional TRICARE contractor. Prime saves on costs.

- TRICARE Prime Remote is designed for family members who are living with their active duty Service person at least fifty miles or an hour drive from the closest MTF. Once you have enrolled in this plan, contact your TRICARE regional managed care support manager for help locating a provider. You may want to ask about the availability of local providers before making your decision.
- TRICARE Standard is a fee for service option that gives eligible family members the option of seeing any TRICARE certified/authorized provider. Standard has greater flexibility than Prime, but greater out-of-pocket expenses as well. If you see a non-network provider, you will incur greater out-of-pocket costs and have to file your own claims. However, Standard affords you the greatest choice of providers and may be the only option for families in some locations.

TRICARE Extra is a preferred provider option that allows active duty family members using TRICARE Standard to receive care from TRICARE network providers with lower out-of-pocket costs. When a Standard beneficiary makes an appointment with a network doctor, that is, using the TRICARE Extra option, the beneficiary can save 5% of the cost of treatment.

*Say:* Before you call for an appointment with a civilian doctor, consider the differences:



- A Network provider is a health care provider who has agreed to serve TRICARE beneficiaries as part of a contractor-operated group of health care providers. Network providers are often used for specialty care. Your regional contractor (*insert your regional contractor's name here*) maintains an updated list of providers.
- Participating providers are those who have agreed to accept the maximum TRICARE allowable charge as full fee for your care. They will file the claim for you and they receive payment from TRICARE. At the time you make the appointment, it is a good idea to ask if the doctor is participating in TRICARE.
- An Authorized provider is a health care provider who has been certified by the TRICARE regional contractor, is recognized as being licensed by the state and accredited by a national organization, and is specifically listed as authorized to provide benefits under TRICARE. If a provider is not authorized, TRICARE will not help pay for the bills. Authorized providers may charge more than the TRICARE allowable amount for your care, although they are prohibited by law from charging more than fifteen percent above what TRICARE allows for a particular treatment. Ask about fees when you make an appointment.

### *Extended Care Health Option (ECHO)*

**Take Note:**

The slide that accompanies this text requires local information to be added.

*Say:* In addition to these health care plans, TRICARE offers the Extended Care Health Option (ECHO) to help families in the military who face the extra challenges that come with caring for a special needs family member. The purpose of the ECHO program is to provide financial assistance and additional benefits for services, equipment, or supplies beyond those available through TRICARE Prime, Extra, or Standard.

Through ECHO, eligible families can access an array of additional services, including respite care and ECHO Home Health Care (EHHC). ECHO is not a stand alone program; it must be used along with a basic TRICARE plan.

If the Service member is in the Army, Navy, Air Force, or Marines, the beneficiary must be enrolled in the Exceptional Family Member Program (EFMP) before he or she can participate in ECHO. Once enrolled, the beneficiary can register for ECHO with the regional TRICARE office.

**Take Note:**

In the event that participants are eligible but not enrolled, have information about enrolling in EFMP.

Eligible family members may be granted provisional ECHO status for a period of no more than ninety days as they wait for their application to be approved.

Active duty family members who have one of the following conditions may qualify for ECHO benefits:

- Moderate to severe mental retardation
- A serious physical disability
- An extraordinary physical or psychological condition that leaves the beneficiary homebound
- Multiple disabilities involving two or more body systems





*Say:* In addition to coverage available under the primary TRICARE plans, TRICARE ECHO benefits may include:

- Medical and rehabilitative services, including prosthesis, orthopedic braces, and appliances
- Durable equipment and maintenance (e.g., a mechanical lifting device, such as an elevator or a chair lift)
- Training for families to use assistive technology
- Special education services, available only after publicly available benefits have been utilized to the fullest extent
- Institutional care when residential care is required
- Transportation under certain conditions
- Assistive communications services
- Sixteen hours of respite care services per month during the months in which the beneficiary is receiving other ECHO services
- ECHO Home Health Care (EHHC), which we will discuss in more detail later
- Remember that if a service is covered under basic TRICARE benefits, it cannot be authorized under the TRICARE ECHO program



*Say:* Services that are not covered by ECHO include the following:

- Any benefit that is available under the TRICARE basic program
- The structural alterations to a home that may be necessary to install an elevator or other durable equipment
- Dental or orthodontic care; however, TRICARE has implemented coverage for anesthesia services and other associated costs for TRICARE-eligible family members with developmental, mental, or physical disabilities and children age five or under
- Services that are required by public education, are written into the beneficiaries IEP, and are to be provided by others without charge

### *ECHO Home Health Care (EHHC)*

*Say:* ECHO Home Health Care (EHHC) is a benefit that provides intensive home health care services to eligible homebound beneficiaries. Beneficiaries are considered homebound if their condition generally prevents them from being able to go out because of the considerable effort it takes to leave home. Attendance to medical or therapeutic treatments or adult daycare programs will not disqualify beneficiaries from being considered homebound.



For homebound beneficiaries, where constant around-the-clock care is being provided by parents to a large degree, EHHC will provide forty hours a week of respite that is to be used specifically as a sleep benefit. This is designed for families whose child requires more than twenty-eight hours per week of home health services or respite care. Families can receive either the sixteen-hour ECHO respite care or the forty-hour EHHC sleep benefit, but not both.

*Say:* To qualify for EHHC, the beneficiary must:

- Be registered with ECHO
- Be a resident of the United States, the District of Columbia, Puerto Rico, the Virgin Islands, or Guam
- Be homebound
- Be case managed, to include a periodic assessment of needs
- Be in use of services from a TRICARE authorized home health agency
- Be in need of more than two medical interventions during the eight hours when the primary care givers, usually parents, would normally be asleep



*Say:* Although there is no deductible when using ECHO, sponsors will pay a cost share for each month the ECHO benefit is used. The amount paid is based on pay grade.

After the monthly cost share is paid, TRICARE will pay up to \$2,500 a month for authorized ECHO benefits, except for the ECHO Home Health Care benefit, which we will discuss next.



If costs exceed \$2,500 a month, the sponsor will be responsible for the additional costs. If more than one family member with the same sponsor qualifies for ECHO, TRICARE will pay \$2,500 for each eligible beneficiary.



*Say:* The services your child may qualify for through ECHO Home Health Care include:

- Nursing care from a registered nurse or a licensed or vocational nurse who is under the direct supervision of a registered nurse
- Services provided by a home health aid under the direct supervision of a registered nurse
- Physical therapy, occupational therapy, speech and language services, and medical or social services under the direction of a physician
- Teaching and training activities
- Medical supplies



*Say:* EHHC respite benefit offers a break from duty for parents of specially challenged children. Families with homebound children whose medical conditions require frequent interventions by primary caregivers may use this benefit to receive eight hours of care five days a week. This benefit is intended to help parents sleep, thereby promoting the well-being of the whole family. A Medicare certified home health agency will provide information on caregivers whom you can meet before they care for your child. This benefit is separate from the sixteen hours of respite care offered by ECHO and cannot be used with the ECHO respite care program. EHHC respite benefits are intended to give parents rest and cannot be used for sibling care, employment, deployment, or pursuing education.

### ***Additional TRICARE Benefits***



*Say:* Families have other options as well. Home health care may be authorized for an active duty family instead of EHHC if the needs of the beneficiary are intermittent or part time. Services may include in-home nursing care and home health aid care.

Care in a skilled nursing facility may be covered by TRICARE in cases where nursing and rehabilitation services are determined to be medically necessary. For TRICARE to cover your child's admission to a skilled nursing facility, the child must have had a medical condition that required a hospital stay for at least three consecutive days. Your doctor's plan of care must demonstrate your child's need for medically necessary skilled services for TRICARE to pay for this benefit.

Hospice care is designed to comfort terminally ill patients and their families once the patient is not expected to live longer than six months. Eighty percent of hospice care takes place in beneficiaries' homes or in nursing homes. TRICARE will cover most of the costs of hospice

care, and there are no limits on custodial care or personal comfort items under hospice rules. Beneficiaries must choose hospice rather than basic benefits.

*Say:* Unless the beneficiary has a serious mental illness that qualifies for care under ECHO, mental healthcare benefits can be confusing.

TRICARE provides eight therapy sessions per fiscal year without the necessity of a Primary Care Manager referral. Family members may self-refer. This can be a valuable benefit for parents who are coping with the stress of military life coupled with the care of a child with special needs.

However, to receive the following benefits, a provider must establish the medical necessity and they must be pre-authorized by the TRICARE contractor:

- Inpatient care, up to the authorized annual limit
- Care at residential treatment facilities
- Extensions to TRICARE annual limits on inpatient care
- Outpatient mental care exceeding two outpatient visits per week or eight outpatient visits per year

Disorders that qualify for TRICARE mental health benefits include conditions such as depression, anxiety, obsessive compulsive disorder, bi-polar disorder, schizophrenia and attention deficit disorders. Autism is also covered under ECHO. Children with Autism Spectrum Disorder can receive Applied Behavioral Analysis through the Special Education ECHO benefit.

Active duty family members who need counseling for emotional or behavioral difficulties that are not covered under TRICARE should contact Military OneSource. Military OneSource can be contacted by telephone or through the Internet twenty-four hours a day.

*Say:* Caring for a child with special needs while trying to navigate through the complexities of health care and other related services can be overwhelming. If your child is receiving health care for chronic or high risk/high cost health issues or catastrophic or terminal illnesses, you may receive case management services as a no cost benefit.

Case management is designed to improve the quality of care, control costs, and support patients and their families by helping to organize and integrate the many services that are often required to manage complex illnesses. Case managers are usually nurses or social workers. If you are interested in case management, ask your Primary Care Provider for information.





*Say:* Through TRICARE, families have multiple ways to have their prescriptions filled. The most cost effective way to receive prescription drugs is through the closest MTF. If that is not a convenient option for your family, you have three other options:

- The TRICARE mail order pharmacy
- TRICARE retail network pharmacies
- Non-network pharmacies

You have more information about these pharmaceutical options with your handouts.

The TRICARE catastrophic cap limits the amount of out-of-pocket expenses a family will have to pay for TRICARE-covered medical services. The cap applies to all covered services: annual deductibles, pharmacy co-pays, TRICARE Prime enrollment fees, and other cost shares based on TRICARE-allowable charges.

The catastrophic cap is \$1,000 total for active duty families. After you meet the catastrophic cap, TRICARE will pay your portion of the TRICARE-allowable amount for all covered services for the rest of the fiscal/enrollment year. Remember, the catastrophic cap does not apply to services not covered by TRICARE or to any amount that nonparticipating providers may charge above the TRICARE maximum allowable charge for services.

*Say:* The Special Care Organizational Record (SCOR) has been developed with families like yours in mind. In caring for your child with special health needs, you may get information and paperwork from many sources. This system can help you organize important information. The SCOR makes it easier for you to find and share key information with others who are part of your child's care team. You can use your SCOR to do the following:

- Track changes in your child's medicines or treatments
- List telephone numbers for health care providers and community organizations
- Prepare for appointments
- File information about your child's health history
- Share new information with your child's primary doctor, public health or school nurse, daycare staff, and others caring for your child

### *TRICARE Help and Information*

*Say:* You can access TRICARE program information twenty-four hours a day by visiting the TRICARE website.



There is a wealth of information on this site, including links to help you find the right healthcare provider for your family's special needs. You can make appointments, check on claims, or follow the links for more information about ECHO or SCOR.

TRICARE Service Centers are located throughout each TRICARE region and are staffed with customer service representatives who can provide help on a walk-in basis. There is a TRICARE Service Center Directory available on the website.

Beneficiary Counseling and Assistance Coordinators (BCACs) can be found in TRICARE regional offices and in most MTFs. These counselors are available to advise you about the TRICARE system and to advocate for you should the need arise. They can provide information about benefit options, check on the status of claims, and help find answers to questions that can't be answered through the usual channels. If you would like to appeal a decision made by TRICARE, your BCAC can help you with the appeals process.

TRICARE provides Debt Collection and Assistance Officers (DCAO) to help families who need help dealing with the confusion of multiple medical or dental bills. If you have a dispute about a medical bill or have received a notice from a collection agency, do not hesitate to contact the closest DCAO. They are there to help you. They can research claims and provide you with a written explanation of how to resolve your collection problem.

### *State, Local, and Federal Programs*

*Say:* State, local, and federal governments offer programs designed to aid disabled children and to ensure they receive the medical and educational assistance they need. These benefits may be used by military families to augment TRICARE benefits, and several are listed here.



#### Take Note:

In preparation for the workshop, explore your state's SSI, Medicaid, and Medicare programs. Answer the following questions and incorporate the material into the workshop.

- In this state does qualifying for SSI also qualify an individual for Medicaid?
- Does this state have a Medicaid waiver program? (These programs go by a variety of names, such as Home and Community-Based Service, Katie Beckett, or Olmstead waiver.)

- Supplemental Security Income (SSI) is a monthly payment to those with low incomes and few resources who are sixty-five or older, blind, or disabled. Children may qualify. If you think you or your child might qualify, you should visit your nearest Social Security Office or call the Social Security Administration Office. Remember that SSI is available to families overseas and that some states supplement SSI payments. If your application for SSI is denied, it is good practice to appeal the decision as you may get the answer you are looking for on appeal. Contact information is with your handouts.
- Medicaid is a national program that pays for healthcare for some individuals and families with low incomes and few resources. In many states, eligibility for SSI qualifies an individual for Medicaid. However, SSI is available overseas but Medicaid is not. Although Medicaid is a national program, each state sets its own eligibility rules and determines what services will be available. Some of the available services for qualifying families include inpatient as well as outpatient hospital services, home health aids, medical supplies and appliances for use in the home, laboratory, and x-ray services. Also available are dental and periodontal services. Military families who are struggling with the cost of care for a disabled family member should apply for Medicaid as the benefits may exceed those offered by TRICARE. You will find links to more information with your handouts, as well as on the MilitaryHOMEFRONT website. Remember, as you move from state to state your benefits may change significantly. If your family relies heavily on Medicaid, you may need to plan accordingly.

Many states qualify children through programs that allow disabled children to qualify without considering their parents income. These Medicaid waiver programs are known by a variety of names. More information can be found through a website listed with your handouts.

- Medicare is a basic health insurance program for Americans over the age of sixty-five and those with disabilities. Qualification for Medicare is based on the Medicare tax paid through work; however, a worker's spouse, minor children, and disabled adult children may also qualify. Like Medicaid, Medicare is not available overseas.
- Food Stamps, Women, Infants and Children (known as WIC), and The Family Subsistence Supplemental Allowance Program, or FSSA, all enable low-income families to buy nutritious food. Food stamp recipients can spend their benefits to buy eligible food in authorized retail food stores, including the commissary. To pre-qualify on-line, go to the website listed with your handouts and click on "Pre Screening Tool." Food stamps are not available for military families stationed overseas. However, you can apply for the Family Subsistence Supplemental Allowance (FSSA). Although this allowance does target those families currently using food stamps, all Service members may apply because it is based upon household income and family size, not whether one is currently receiving food stamps. You can find application information with your handouts.

## *Advocating and Your Rights*

*Say:* Parents of children with disabilities understand the importance of advocating for their children. Sometimes a lot of persistence is needed to ensure that a child receives the care he or she is entitled to. Remember as you advocate for your child that you are not alone; there are military parents who are eager to help you and share with you and your family the strategies that have been successful for them. You can find these families on the STOMP website. STOMP, which stands for Specialized Training of Military Parents, offers a listserv for parents like you to share stories and information. This can be especially helpful if you need advice about how to access certain services, what to do if your claim has been denied, or how to word a referral so that it is approved.



### Take Note:

If there is an advocating workshop scheduled, you should alert participants. You may want to offer to schedule one if there is interest.

*Say:* The Individuals with Disabilities Education Act (IDEA) is legislation that ensures all children with disabilities are provided with a free and appropriate public education. This includes services necessary to meet the educational goals described in their Family Service Plan or an Individual Education Program. The services these children receive are often medical, diagnostic, or therapeutic in nature and are provided by health care providers. IDEA policy intends for these services to be provided at little or no cost to families.



The most recent legislation stipulates that TRICARE will pay its share of Early Intervention services that are medically or psychologically necessary and would otherwise be a TRICARE benefit. Cost sharing decisions are made on a case by case basis.

## *Summary*

*Say:* We have discussed many aspects of health care today, with the emphasis on TRICARE and special programs at the state and federal level that are available to families with special needs. Again, all of the contact information for the programs and organizations discussed today are in your handouts.



What is your next step? It might be to contact STOMP or to organize your child's records using the SCOR system. Explore the resources provided to you and talk to others who have similar challenges.

Please stop by the resource table for more information, and thank you for coming.

Take Note:

Alert participants to other workshops that are available, such as the following:

- *Birth to Age Three*, which has an emphasis on Early Intervention
- *Special Education*, which has information about the special education system
- *Families in Transition*, which has information about the special challenges of military life with a special needs child (included are tips for moving, dealing with deployment, evacuation, and helping special needs children transition to adulthood)
- *Advocacy*, which has an emphasis on effective advocating for your special needs child while serving in the military
- *Resources and Support*, which is an extensive look at the resources available to military families with special needs children

# *Additional Resources*

## **Supplemental Security Income (SSI)**

SSI is a monthly payment to those with low incomes and few resources who are sixty-five or older, blind, or disabled. Children may qualify. If you think you or your child might qualify you should visit your nearest Social Security Office or call the Social Security Administration Office at 1-800-772-1213.

SSI is available to families overseas and some states supplement SSI payments.

## **Medicaid**

Medicaid is a program that pays for health care for some individuals and families with low income and few resources. Military families who are struggling with the cost of care for a disabled family member should apply for Medicaid. Benefits may exceed those offered by TRICARE. To apply, contact <http://www.cms.hhs.gov/medicaid>.

## **Medicare**

Medicare is a basic health insurance program for Americans over the age of sixty-five and those with disabilities. Qualification for Medicare is based on the Medicare tax paid through work; however, a worker's spouse, minor children, and disabled adult children may also qualify. To learn more, go to <http://www.medicare.gov>.

## **Food Stamps and Women, Infants and Children (WIC)**

Food stamps and WIC are programs designed to provide families with low incomes a nutritious diet. Eligibility is based on income and resources. TRICARE manages a WIC program for active duty family members who are overseas. For information about these nutrition programs, go to <http://www.fns.usda.gov>.

## **Family Subsistence Supplemental Allowance (FSSA)**

FSSA is a food assistance program available to low income military families who are overseas. Benefits are calculated using family income and size. For information about the program and how to apply, go to <http://www.dmdc.osd.mil>.

## **Military OneSource**

Do you need to talk? Military OneSource is available to you twenty-four hours a day. For more information, go to <http://www.militaryonesource.com/skins/MOS/home.aspx> or call and speak with a consultant:

From the U.S.: 1-800-342-9647

International Toll Free: 1-800-3429-6477

International Collect: 484-530-5908

TRICARE <http://www.tricare.mil>

TRICARE Regional Provider  
(Name of Provider)...

Web Link to Regional Providers...

Beneficiary Counseling and Assistance Coordinator...

TRICARE Service Center...

Debt Collection Assistance...

SCOR...<http://www.tricare.mil/specialneeds/default.cfm?id=6>

Defense Enrollment Eligibility Reporting System (DEERS) - To be sure your DEERS information is current you may go to your nearest uniformed services ID card center (go to <http://www.dmdc.osd.mil/rsl/owa/home> and search by zip code) or contact the Defense Manpower Data Center Support Office (DSO) at 1-800-538-9552.

**TRICARE Prime:** A managed care option similar to civilian health care maintenance organizations.

- The only TRICARE option that requires enrollment
- Medical care given by local military treatment facility (MTF) or network approved provider
- Must see Primary Care Manager (PCM) for a referral
- Prime saves you money

**TRICARE Prime Remote:** This is designed for family members who are living with their active duty sponsor at least fifty miles or an hour's drive from the nearest MTF.

- Members must live and work more than fifty miles or approximately one hour's drive time from the nearest MTF
- Active duty family members are eligible to enroll if they reside with their sponsor and the sponsor is enrolled in TRICARE Prime Remote
- To determine eligibility for TRICARE Prime Remote, the Service member/family member can check the TRICARE website (<http://www.tricare.mil/tpr/>) for a zip code check for eligibility

**TRICARE Standard:** TRICARE Standard is the basic TRICARE health care program, offering comprehensive health care coverage for people not enrolled in TRICARE Prime.

- No enrollment necessary
- Not for active duty Service members
- Fee for service
- Option of seeing any TRICARE certified authorized provider
- Greatest flexibility
- Greater out-of-pocket costs, including paying yearly deductible as well as co-pays for outpatient care, medications, and inpatient care
- You may have to file your own claims

**TRICARE Extra:** This option allows Standard beneficiaries to save money by making appointments with health care providers who are participating providers.

- Providers who participate in TRICARE agree to accept, as payment in full for services they render, the TRICARE maximum allowable charge
- Non-participating providers may charge up to fifteen percent above the TRICARE maximum allowable charge, and the TRICARE Standard beneficiary is responsible for the amount above the charge allowed by TRICARE
- Participating providers will file claims forms for the TRICARE beneficiary

