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# Medicaid's Role in Military Family Well-Being & Economic Security

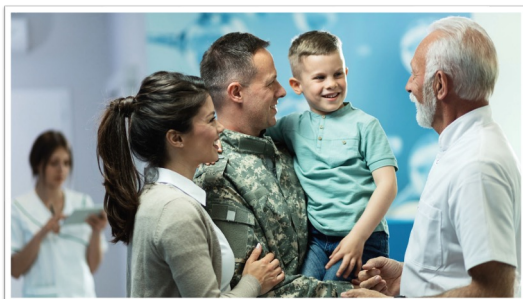
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## Medicaid's Role in Military Family Well-Being & Economic Security



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# Today's Presenter

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## Christopher Plein, Ph.D.

*Eberly Family Professor for Outstanding  
Public Service Emeritus*  
**West Virginia University**

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**MEDICAID'S**  
ROLE IN MILITARY FAMILY WELL-BEING & SECURITY

A graphic featuring a doctor in a white lab coat with a stethoscope, holding a tablet. A blue banner is overlaid on the image with the Medicaid logo and text.

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# BACKGROUND

Military family readiness promotes service member and family wellbeing and security. This is supported by helping service members and families access needed resources at the community, state, and national level.

Programs and services can help to address various challenges to health and wellbeing. Medicaid is one such program. It is a joint federal-state program that has been providing healthcare access and coverage for millions of Americans, including military families, since 1965. It is an important resource that many in the military community may tap into – especially as they face separation, retirement, and career transition from the armed services.



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# LEARNING OBJECTIVES

- Discuss Medicaid policy and history, focusing on state differences in benefits, eligibility, and services.
- Highlight Medicaid’s role in caregiving across life stages.
- Review Medicaid and TRICARE interactions in healthcare coverage.
- Examine barriers to Medicaid access due to social determinants of health (SDOH).
- Explore recent Medicaid services and initiatives on health, wellness, and economic security.



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# MEDICAID BASICS

- Medicaid covers around 80 million people in the U.S. (Rudowitz et al., 2024).
- Jointly funded by states and the federal government, Medicaid is state-administered under federal guidelines.
- Since its 1965 inception, Medicaid has expanded, with states having discretion in service offerings, leading to significant variation across states in services and access.

# MEDICAID

Home and Community-Based Services (HCBS) programs are vital for families needing long-term care or specific health support.



## HOME & COMMUNITY BASED SERVICES

- These state-discretionary waiver programs require federal approval, with access varying widely and often in high demand.
- Active Duty Military Families (ADMF) face unique challenges in accessing HCBS due to eligibility and residency criteria.

# MEDICAID PRIORITIES

Medicaid has long been focused on these three dimensions of healthcare service and delivery:



PREVENTION



TREATMENT



MANAGEMENT



More recently, greater emphasis has been placed on disease prevention and management (CMS 2022a & 2022b).

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# PREVENTION & MANAGEMENT



Emphasis on prevention and management shows a shift to systemic health approaches considering life circumstances, health status, and socioeconomic and environmental factors.

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# UNDERLYING FACTORS & DRIVERS

Policymakers and professionals are increasingly focused on how social determinants of health (SDOH) contribute to disparities in health risks, outcomes, and access to services.



Social factors or "drivers" significantly impact access to and effectiveness of health service delivery, influencing overall health outcomes.

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Figure 1

## Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: Orgera and Artiga, Kaiser Family Foundation 2018



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# SDOH

The CDC defines SDOH as “conditions where people live, learn, work, and play that affect health risks and outcomes” (CMS, 2022b).

This model, which considers social, economic, and environmental factors on health, is widely used by experts, including the CDC.

This paradigm shapes approaches to military family readiness, influencing recent policies and programs.

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## MEDICAID & THE MILITARY LIFE CYCLE

- TRICARE and programs like Extended Care Health Option (ECHO) cover most ADMFs, but Medicaid may be needed for specific services.
- For those leaving military service, Medicaid can be essential, especially for families with special care needs or limited income.
- Medicaid is vital for many families facing long-term care decisions as loved ones age or need support.

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# MEDICAID & TRICARE

Some ADMFs may need both TRICARE and Medicaid for family care. Dual eligibility can help, but coordination and coverage challenges may arise.

Family members with special health needs may depend on Medicaid waiver programs for home and community-based services, but these vary by state in availability, eligibility, and accessibility.

This has led to efforts to enhance TRICARE services, including the ECHO program and the Autism Care Demonstration initiative.

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# MEDICAID & TRICARE

As military members separate, Medicaid may be needed for ongoing special healthcare through HCBS programs. Many states have adopted ADMF-friendly policies to ease access to HCBS services (See Military OneSource, 2024).



In short, there is greater recognition of Medicaid's role in the continuum of care for both ADMFs in service and transition.

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SOCIAL BARRIERS TO ACCESS &  
**COVERAGE**

- Laws and policies alone aren't enough; awareness, knowledge, and attitudes affect service access.
- Recognizing stigma's role in creating barriers is crucial for those working with military and other eligible families.



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ADDRESSING BARRIERS &  
**DISPARITIES**

- States are increasingly responsive to military families' needs during PCS and separation.
- Medicaid expansion in 41 states has broadened enrollment for low-income adults, with or without dependents (Rudowitz et al., 2024).



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# ADDRESSING BARRIERS & DISPARITIES

- Recent state Medicaid waivers target food, nutrition, housing, and other SDOH issues (CMS, 2022a), with some focusing on economically vulnerable veterans (Arkansas DHHS, 2023).
- Both "blue" and "red" states are adopting a bipartisan, pragmatic approach to health promotion through prevention and management.

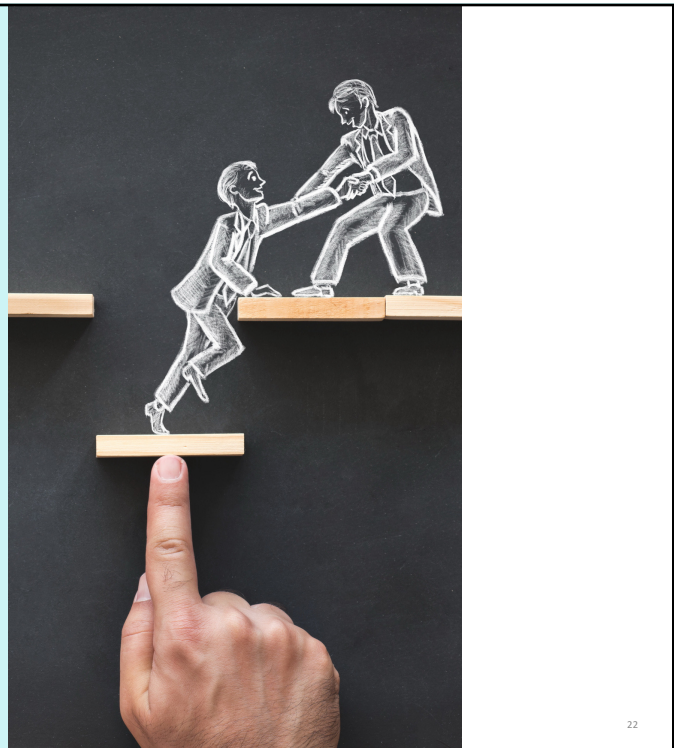


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# CHALLENGES THAT PERSIST

- Eligibility isn't coverage: Limited availability can mean waiting lists for HCBS programs.
- Coverage isn't access: Factors like scheduling, costs, and logistics complicate access.
- State variation: Innovation comes with geographic variability and differences.
- Healthcare is complex: Trusted intermediaries in MFR are crucial for information, referral, and guidance.



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# MEDICAID: SECURITY & WELL-BEING



- Medicaid offsets health costs, improving families' economic status and ability to afford essentials like food.
- Medicaid's healthcare access helps providers identify, diagnose, and address health conditions.
- Addressing SDOH supports more coordinated, comprehensive approaches to family security and well-being.

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# CONCLUSION: WHAT'S AHEAD



- Medicaid has been a bellwether for new healthcare approaches, likely to continue in areas like HCBS, SDOH, and case management.
- Improved coordination between Medicaid and the defense health system will remain crucial, particularly at key points in service member and family life cycles.

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## RESOURCES

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# Continuing Education



This webinar has been approved for **1.0 continuing education (CE) credits:**

- University of Texas at Austin, Steve Hicks School of Social Work (Social Work, LPC, LMFT)
- Commission for Case Manager Certification
- Patient Advocate Certification Board to Board Certified Patient Advocates (BCPA)
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- OneOp **certificate of attendance** available.

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## Questions?

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