Adult Behavioral Health Continuum of Care

Behavioral Health Systems for Future Generations Commission

March 28th – 29th, 2024

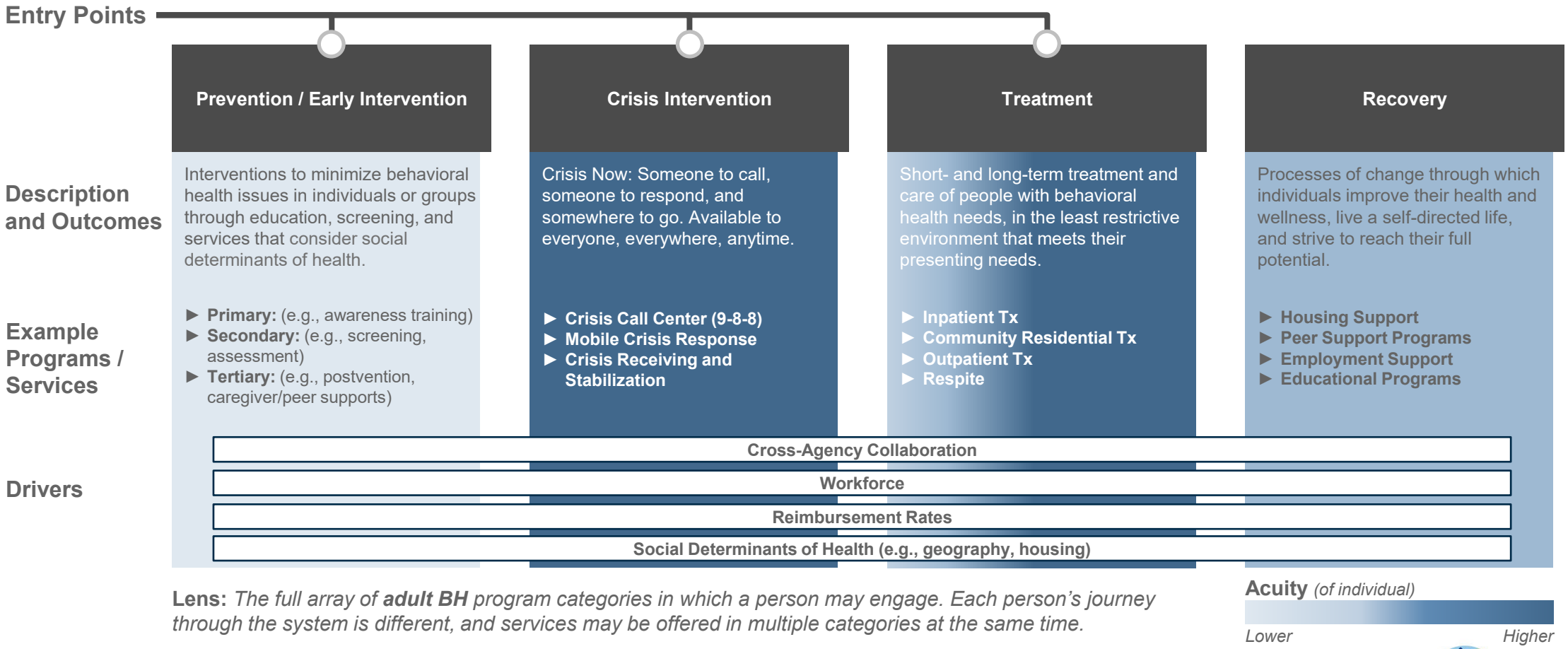
Presented by Isaac Coy, Jami Hansen, and Karl Rosston

MONTANA DPHHS

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Behavioral Health | Continuum of Care | **Adult**

The continuum presents an array of behavioral health services, woven together by effective service coordination. This view offers a map of where services, and potential areas of investment, exist.



Lens: *The full array of **adult BH** program categories in which a person may engage. Each person's journey through the system is different, and services may be offered in multiple categories at the same time.*

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Treatment Bureau

Presented by Isaac Coy

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BHDD Treatment Bureau | Overview

The Treatment Bureau manages the delivery of publicly funded behavioral health services for adults with a mental health diagnosis (primarily focused on individuals with severe and disabling mental illness), adult and children with substance use disorders (SUD), and special populations. The bureau ensures availability and efficient delivery of appropriate and effective services; provides extensive monitoring of program implementation and operation; and reports on program operations, costs, and outcomes.

Behavioral Health and Developmental Disabilities Division (BHDD)

Treatment Bureau

- Behavioral Health Section
- Severe Disabling Mental Illness (SDMI) Waiver Section
- Special Populations Section

Partnerships & Collaborative Work

- Behavioral Alliance of MT (BHAM)
- MT Healthcare Foundation (MHCF)
- MT Public Health Institute (MPHI)
- Western Interstate Commission on Higher Education (WICHE)
- MT Primary Care Association (MPCA)
- Office of Inspector General (OIG)
- Mountain Pacific Quality Health (MPQH)
- Behavioral Health Advisory Council (BHAC)
- Montana Wyoming Tribal Leaders Council
- Montana State Hospital (MSH)

Services

- Medicaid: Substance Use Disorder (SUD) & Adult Mental Health (MH)
- Non-Medicaid: SUD
- Non-Medicaid: MH Crisis
- Medicaid Waiver Services
- State funded crisis diversion
- State funded detention center services
- Goal 189

Treatment Bureau | Priorities

BHDD Treatment Bureau Priorities

1. Ensure people get the right service at the right time
2. Enhance and expand community-based services
3. Support best practices for treatment service delivery
4. Improved communication and collaboration with stakeholders
5. Alignment of crisis services with the Crisis Now Model

Treatment Bureau | Behavioral Health Section

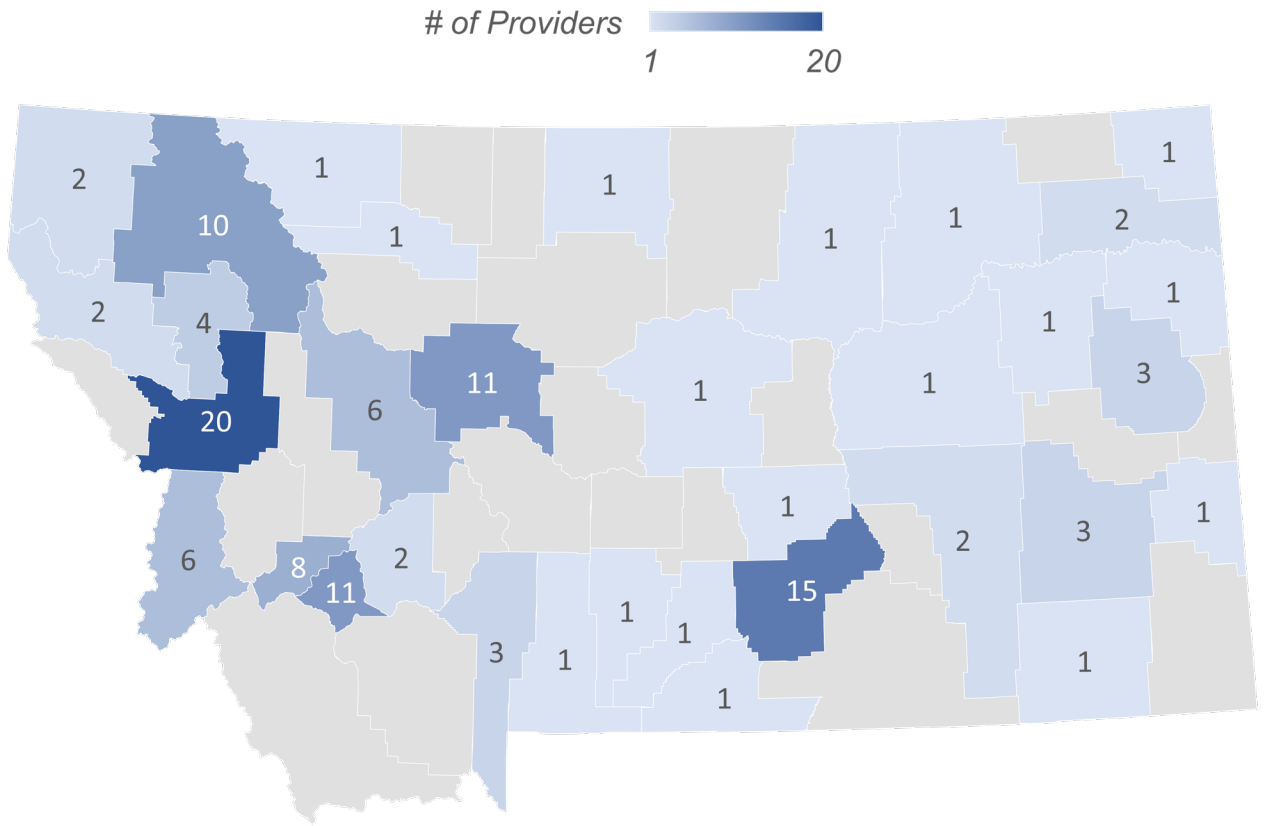
	Behavioral Health Section
Medicaid & Non-Medicaid	• Develops and maintains the Medicaid and Non-Medicaid Provider Manuals • Other Rehabilitative Services State Plan Amendment • Administrative Rules • Healing and Ending Addiction through Recovery and Treatment (HEART) Waiver • Waiver for Additional Services and Populations (WASP) • Coordinate with OIG's Surveillance Utilization Review Section (SURS) • Coordinates with MPQH regarding utilization management for Medicaid services • Manage contracts related to service delivery and provider training (Example: WICHE performs fidelity reviews of Assertive Community Treatment)

SUD State Approval	• State approval is required for the following:
	  ○ Access to federal block grant funding for SUD Non-Medicaid services
	  ○ Access to alcohol tax dollars as required under 53-24-108, MCA and 53-24-206, MCA.
	  ○ Provision of Driving Under the Influence (DUI) education and assessments as required under 61-8-1009, MCA.
	  ○ Enroll in Medicaid as a SUD provider
	  ○ BHDD approves three types of providers:
	  ○ SUD facilities licensed by OIG
	  ○ Individual Licensed Addictions Counselors (LAC) licensed in MT
	  ○ SUD prevention providers
	• Providers must be physically located within a Montana county
	• Providers must demonstrate a local need for their services
	• Site visits (including documentation reviews) to ensure compliance with administrative rules

BHDD Treatment Bureau | Licensed Mental Health Centers

Currently, Montana has a total of **32 licensed mental health center across** 128 locations.

Licensed Montana Mental Health Centers by County



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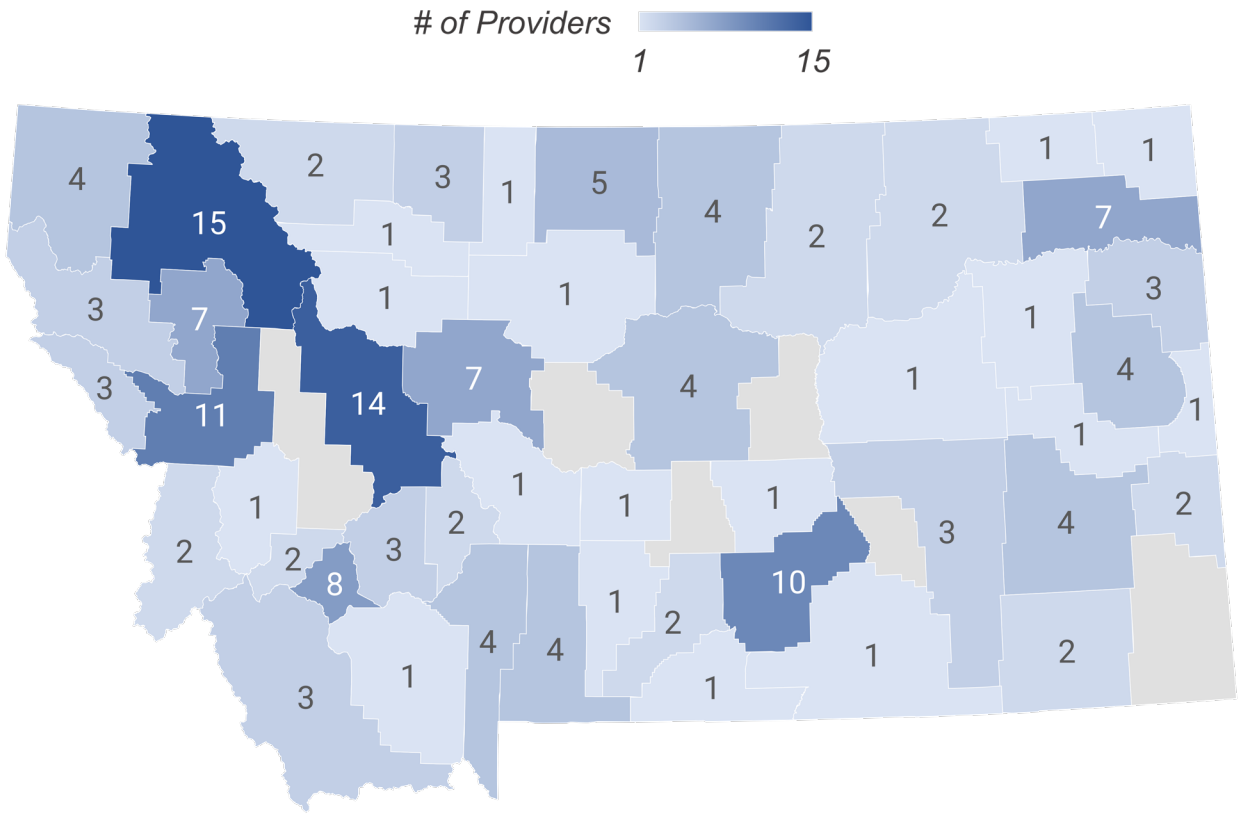
BHDD Treatment Bureau | State Approved SUD Providers

Currently, Montana has a total of **81 state-approved substance use disorder providers** across 181 locations.

State Approved Montana SUD Providers by County



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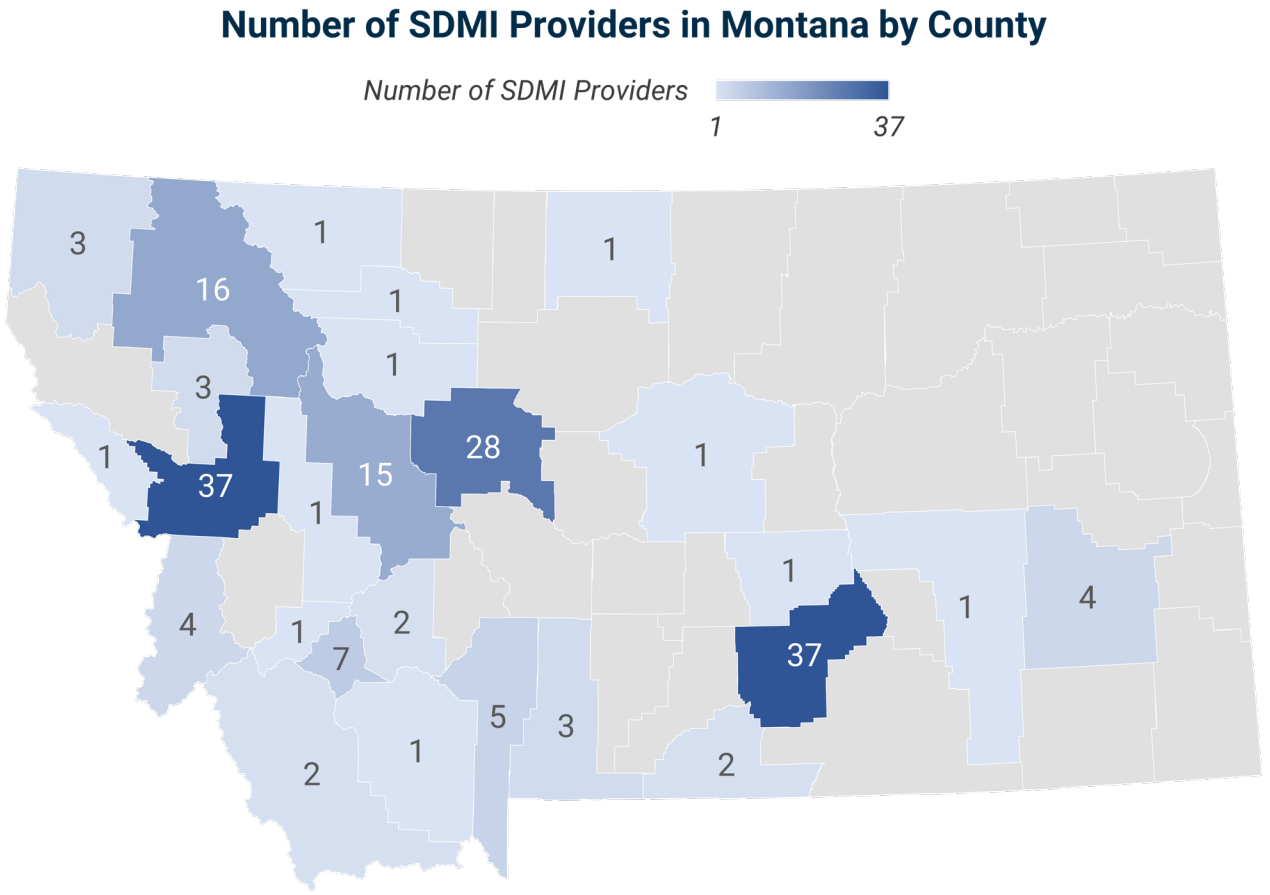
Treatment Bureau | SDMI HCBS Waiver Section

	SDMI HCBS Waiver
Objective	Keep Medicaid members independent in the community for as long as possible and promote the health and independence of members who have a SDMI and require long term care.
Eligibility	• 18 years of age or older • Medicaid eligible • Nursing facility level of care • Must have a SDMI (qualifying diagnosis and level of impairment due to that diagnosis) • Determined to need case management + one other service only available through the waiver
Enrollment	• Applicant is referred to Mountain Pacific Quality Health (MPQH) • MPQH determines level of care and level of impairment • If applicant meets LOI/LOC, MPQH forwards determination to the contracted Case Management Team (CMT) • CMT evaluates applicant for potential enrollment and submits request to Office of Public Assistance (OPA) for final determination of financial eligibility • CMT enrolls qualified applicants or places applicant on the waitlist
Activities	• Waiver deliverables including reporting, quality assurance, amendments, and policy manual • Manage the CMT contract with AWARE, Inc. • Monthly calls and training with SDMI providers

BHDD Treatment Bureau | SDMI Waiver Providers

Montana has a total of 167 providers within the SDMI waiver program across 186 locations: 179 in Montana and 7 out-of-state providers.



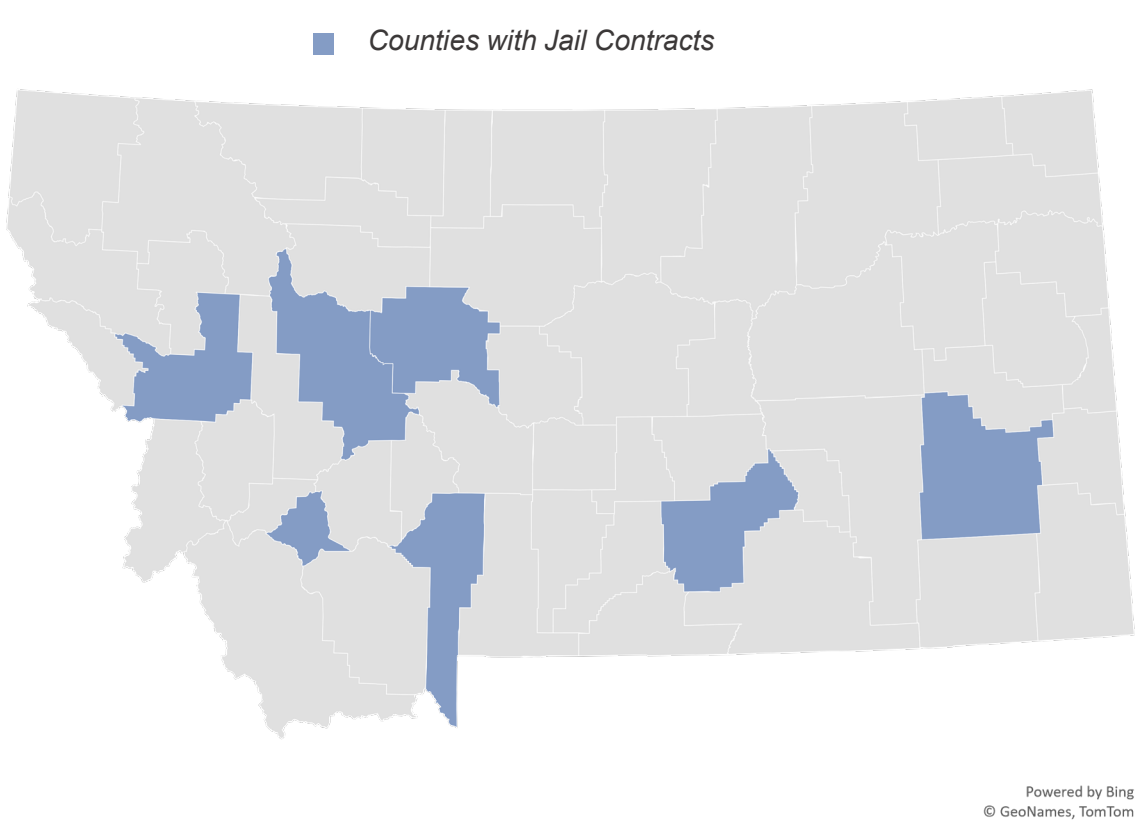
Treatment Bureau | Special Populations Section

	Special Populations Section Overview
Crisis Diversion Grants	• State matching fund grants for county and tribal government to address the need for crisis intervention services in Montana communities. • Examples: local crisis coordinators, bricks/mortar, direct services not covered by Medicaid or private insurance (e.g., mobile crisis to this point) • Intended to support crisis diversion and reduce commitments to the Montana State Hospital • 14 counties and one tribe with contracts • **$16M** state funding (July 1, 2024 – June 30, 2027)
Detention Center Grants	• Intended to provide behavioral health therapy, care coordination, and medication management within detention center settings. • 7 counties with contracts • **$1.1M** state funding (July 1, 2024 – June 30, 2025)
Goal 189	• Short-term assistance using state funds • Intended to facilitate stabilized housing for individuals discharging from the Montana State Hospital or at risk of being admitted to MSH. • Individuals must be at least 18 years of age and have discharged from MSH or crisis facility in the last six months • **$350K** state funding

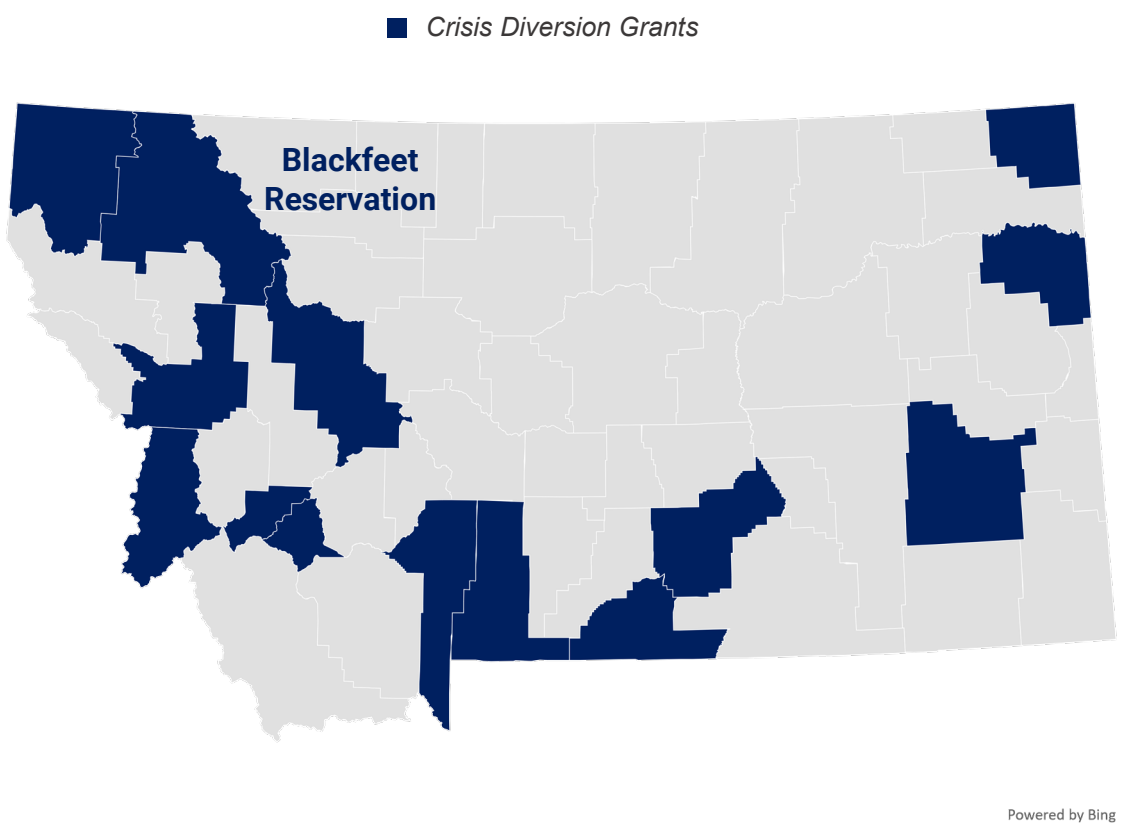
BHDD Treatment Bureau | Special Populations Contracts

Montana has a total of 14 counties and 1 tribal government delivering services through funding under special populations.

Detention Center Contract Locations



Crisis Diversion Grants



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Treatment Bureau | FY22 Medicaid Numbers Served & Expenditures

Adult Medicaid Mental Health		# Served	Expenditures	
*	Mental Health Center (PT59)	3,200	$ 25,710,185	15.3%
*	Chemical Dependency Clinic (PT32)	7,562	19,966,007	11.9%
*	Licensed Professional Counselor (PT58)	14,016	16,484,293	9.8%
*	Home & Comm Based Services (PT88)	513	15,814,410	9.4%
*	Mid-Level Practitioner (PT44)	21,336	15,280,871	9.1%
*	Federally Qual Health Center (PT56)	10,221	12,166,613	7.3%
*	Social Worker (PT42)	11,505	10,636,412	6.3%
*	Physician (PT27)	18,782	9,778,148	5.8%
*	Hospital - Inpatient (PT01)	1,348	4,738,564	2.8%
*	Psychiatrist (PT65)	5,748	3,932,600	2.3%
*	Case Management - MH (PT60)	2,073	3,923,022	2.3%
*	Rural Health Clinic (PT55)	4,446	3,493,156	2.1%
*	Laboratory (PT40)	2,854	2,200,661	1.3%
*	Hospital - Outpatient (PT02)	5,813	1,867,699	1.1%
*	Critical Access Hospital (PT74)	1,946	1,741,546	1.0%
*	Psychologist (PT17)	1,480	893,157	0.5%
*	Other Services	667	575,135	0.3%
*	Marriage & Family Therapist (PT87)	50	11,282	0.0%
*	ARPA HCBS Supplemental Payments to Providers		7,270,871	4.3%
*	***Total Adult Medicaid MH*** *(Unduplicated)*	***59,911***	***$ 156,484,630***	93.3%

Treatment Bureau | FY22 Non-Medicaid Numbers Served & Expenditures

Grants and Non-Medicaid Benefit Related		# Served	Expenditures		
*	Crisis Diversion / Cnty Tribal Matching Grant	2,365	$	2,177,408	1.3%
*	SOTA Opiod Use Treatment Grant	1,474	$	2,286,019	1.4%
*	SAPT SUD Block Grant Medicaid Eligible	266	$	1,877,523	1.1%
*	SAPT SUD Block Grant Non-Medicaid	309	$	1,121,630	0.7%
*	COVID Mental Health Grants.	245	$	894,737	0.5%
*	Supported Employment Program	150	$	777,707	0.5%
*	Goal 189 Program	189	$	537,584	0.3%
*	First Episode Psychosis (FEP)	32	$	349,859	0.2%
*	Secure Treatment Beds	88	$	139,000	0.1%
*	Jail Diversion Program	10	$	25,837	0.0%
*	Suicide Prevention		$	611,536	0.4%
*	HEART Inititiative Tribal Grants		$	500,000	0.3%
*	**Total Grants and Non-Medicaid Benefit Related**		**$**	**11,298,840**	6.7%

Where to Go For More Information

BHDD Medicaid Services Provider Manual for SUD and Adult Mental Health:	https://dphhs.mt.gov/bhdd/BHDDMedicaidServicesProviderMay2023
BHDD Non-Medicaid Services Provider Manual for SUD and Adult Mental Health:	https://dphhs.mt.gov/bhdd/BHDDNonMedicaidServicesProviderManual
BHDD Severe and Disabling Mental Illness, HCBS Waiver Manual:	https://dphhs.mt.gov/bhdd/SDMIHCBSWaiverrManual
Montana Mental Health Center List:	https://dphhs.mt.gov/assets/BHDD/AdultMentalHealth/MentalHealthCenters11-2022.pdf
Montana State Approved SUD Provider List:	https://dphhs.mt.gov/assets/BHDD/SubstanceAbuse/WebsiteProviderlistupdate6-6-23.pdf
Goal 189 – Individual Specialized Services:	https://dphhs.mt.gov/assets/BHDD/Goal189/Goal189-Parts12RequestDocuments0021.pdf
County and Tribal Matching Grants for Crisis Intervention and Jail Diversion Forms:	https://dphhs.mt.gov/bhdd/mentalhealthservices/cntytribalmatchinggrants
Section 1115 Waiver for Additional Services and Populations (WASP):	https://dphhs.mt.gov/montanahealthcareprograms/medicaid/medicaid1115waiver/index

Prevention Bureau

Presented by Jami Hansen

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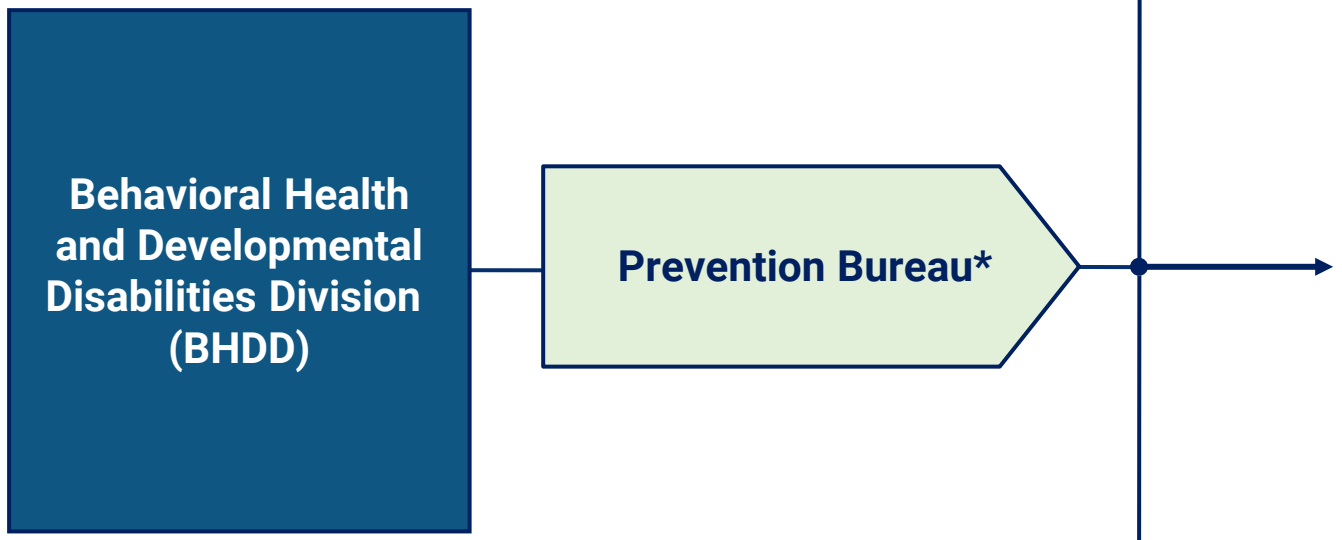
Prevention Bureau | Roles



Oversees evidence-based programs (EBPs) funded by ***federal block grants and discretionary grants.***

Launches and supports ***innovative programing pilots*** throughout the continuum of care (prevention, treatment, recovery).

Works with a diverse group of stakeholders to help ***support the mission of DPHHS:*** improving and protecting the health, well-being, and self-reliance of all Montanans.

*Notes: *Comprised of policy and technical staff.*

Prevention Bureau | Priorities

BHDD Prevention Bureau Priorities

1. Increase Access to Prevention, Treatment, and Recovery Services
2. Increase Stakeholder Engagement
3. Workforce Development

Mental Health Block Grant (MHBG) | Overview

	Mental Health Block Grant (MHBG) Overview

MHBG Objective	• Support the grantees in carrying out plans for providing comprehensive community mental health services
	• Authorized by *section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act.*
	• Funds are awarded to Grantees that can be flexible in the use of funds for both new and unique programs or to supplement their current activities.
	• Target population:
	  ○ Adults with serious mental illnesses
	  ○ Children with serious emotional disturbances

Funding Type / Amount	• **Grant Funding:** $3,509,870 • **Required Set-Aside for First Episode Psychosis (FEP):** $350,987 • **Required Set-Aside for Crisis Services:** $175,494
Behavioral Health Advisory Council (BHAC)	• State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application- Required for MHBG. • It is required for the MHBG that the state completes the BHAC Members by Member Type forms. • Additionally, there are specific agency representation requirements for the State representatives.
Examples of Programs	• Individualized Placements & Supports (IPS) Supported Employment • Drop-In Centers • First Episode Psychosis • Wellness Recovery Action Plan (WRAP) • Peer Workforce Development • 988 Call Line Support

Community-Based Drop-In Centers (DICs) | Activities

Drop-in Centers are a place for ongoing support and skill enhancement. They are a cornerstone of a recovery-oriented system of care and facilitate connection to a strong, diverse, and connected peer workforce.

Community-Based Drop-In Center (DIC) Activities

There are currently 8 community-based drop-in centers, 3 of which are in tribal reservations / land.

1. **Engage in Community-Resource Navigation**
2. **Provide Social and Recreational Activities**
3. **Offer Employment in Educational Supports**
4. **Offer Wellness Programs**
5. **Implement a Volunteer Program**

Substance Use Prevention, Treatment, and Recovery Services (SUPTRS)

	Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant Overview
SUPTRS Objective	• Objective is to help plan, implement, and evaluate activities that prevent and treat substance use. The SUBG is authorized by *section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act*. • SAMHSA requires that grantees spend no less than 20% of their SUBG allotment on substance use primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment.
Funding Type / Amount	• **Grant Funding:** $7,530,296 • **Required Set-Aside:** $1,506,059 (20% primary prevention required set-aside)
Examples of Programs	• Prevention Specialists • Coalition Building • Prime for Life • Sober Life • Pregnant Woman and Woman with Dependent Children • ASAM 3.1 Residential Treatment (FPL: 139-200%) • Recovery Services • Angel Initiative

Prevention Specialists | Activities

Prevention specialists fulfill the critical role of coordinating prevention activities and ensuring that all bureau priorities are delivered to all impacted Montanans.

Prevention Specialist Activities

There are 44 Prevention Specialists: 20 are Certified by the Montana Prevention Certification Board.

1. **Use Risk and Protective Factors**
2. **Utilize CSAP Strategies**
3. **Implement School-Based Services**
4. **Coordinate Community Outreach Efforts**
5. **Identify Community Needs**

Additional Grants | Overview

	Additional Grants Overview

State Opioid Response Grant (SOR)	• The SOR program aims to help reduce unmet treatment needs and opioid-related overdose deaths across America.
	• **Grant Funding:** $4M
	• Examples:
	  ○ Opioid Education & Naloxone Distribution Program (OENDP)
	  ○ Harm Reduction Activities
	• **TOR:** TOR seeks to reduce unmet treatment need and opioid overdose-related deaths through prevention, treatment, and/or recovery support activities for Opioid Use Disorder (OUD) and for stimulant misuse and use disorders.

Project for Assistance in Transition from Homelessness (PATH)	• PATH was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101.645) • The goal of PATH formula grants is to reduce or eliminate homelessness for individuals with serious mental illnesses (SMI) and cooccurring substance use disorders (COD) and who are experiencing homelessness or at imminent risk of becoming homeless. PATH funds are used to provide a menu of allowable services, including outreach, case management, and services that are not supported by mental health programs. • **Grant Funding:** $300K federal dollars and $100K state-matched • **Required Set-Aside for housing services:** 20%
Partnerships for Success (PFS)	• PFS grant uses the Strategic Prevention Framework to guide its work in high-risk communities (with a focus on tribal communities and college aged students population, 18–34 yrs. old) throughout Montana • **Grant Funding:** $1.25M
Pregnant and Post-Partum Women Grant (PPW)	• To enhance support of family-based services with a primary diagnosis, SUD, and including opioid use • **Grant Funding:** $900K

Service Area Authority

	Service Area Authority
Objective	• Service Area are in Montana Code Annotate (MCA) 53-21-1006 - created in 2003 ○ *"The purpose of the meetings is to assist the department to establish a stakeholder leadership committee. The meetings must be designed to solicit input from consumers of services for persons with mental illness, advocates, family members of persons with mental illness, mental health professionals, county commissioners, and other interested community members."*
Funding Type / Amount	• **State General Fund:** $75K per service area authority annually
Examples of Programs	• Provide annual funding support to each county within their region • Offer many grant opportunities for grassroots and evidence-based programs • Fund county-specific awareness activities • Funds additional evidence-based trainings
Service Areas	• **Western:** Currently supported by Central and Eastern • **Central:** Manages 15 counties • **Eastern:** Manages 28 counties

State Suicide Prevention Coordination

Presented by Karl Rosston

DEPARTMENT OF
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Suicide | Montana Statistics and Overview

Why Does Montana Have Such a High Rate of Suicide?

- **Vitamin D Deficiency:** correlated with increased risk of depression
- **High concentration** of Veterans, American Indians, and middle age White men
- **Altitude:** Metabolic stress caused by long-term oxygen deprivation. Worldwide, above 2,500 feet, you see a spike in suicides. The average suicide in Montana occurs at 3,500 feet
- **Social Isolation**: Montana has 7.6 people per square mile. The national average is 94
- **Alcohol as a coping strategy:** Alcohol in the blood at the time of death is 2x the national average
- **Access to Lethal Means:** Nearly 65% of suicides are by firearm and over 80% of all firearm deaths in Montana are suicides
- **STIGMA:** We see depression as a weakness, that we are a burden. And if you think you are a burden, how likely are you to ask for help?
- **Socioeconomic:** 1/5 Montana kids live more than 100% below the federal poverty level
- **Lack of Behavioral Health Services:** Lack of psychiatrists and integrated behavioral health into primary care

Sources: Centers for Disease Control and Prevention (CDC), August 2023. Montana DPHHS, January 2024.

Suicides for All Age Groups in Montana

- **All Age Groups:**
  - For the past forty years Montana has ranked in the **top five for highest suicide rate** in the nation *(MT State Legislature)*
  - In 2021, Montana had the **2nd highest suicide rate in the United States** *(National Vital Statistics Report 2021)*. In the past two years, Montana has seen a reduction in subsequent years in the number of suicides.
    - **2021:** 354 Suicides
    - **2022:** 326 Suicides
    - **2023:** 304 Suicides *(unofficial number)*

Montana Youth (11–17 years) Suicides, 2021–2023

Year	Total Youth Deaths	# by Suicide	% by Suicide	Suicide Rate*
2021	61	23	37.7%	21.1
2022	43	16	37.2%	14.5
2023	37	14	37.8%	12.6

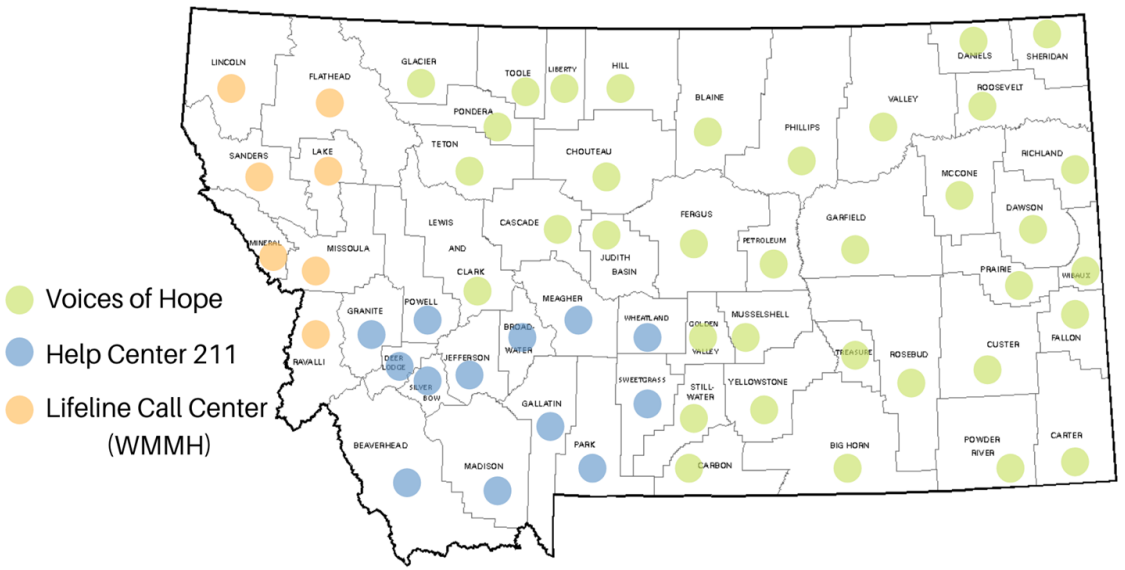
Suicide Rate = Number of suicide deaths per 100,000 population*

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Suicide | Programs in Montana Overview

Suicide Prevention Resources for Communities	
Montana's Suicide Prevention and Mental Health Crisis Lifeline	• 988 Suicide and Crisis Lifeline
Montana Crisis Call Centers	• Voice of Hope • Help Center 211 • Western Montana Mental Health Center
Evidenced-Based Suicide Prevention Programs	• QPR • ASIST • Mental Health First Aid • SOS: Signs of Suicide • Youth Aware of Mental Health (YAM) • PAX Good Behavior Game
Mental Health Promotion in Schools	• Mental Health Screening In Schools • Montana's-CAST-S
Other Resources	• Montana Suicide Postvention Toolkit • Suicide Prevention for Primary Care Providers • Governor's Challenge for Veterans • L.O.S.S. (Local Outreach to Suicide Survivors) • Suicide specific grief resources

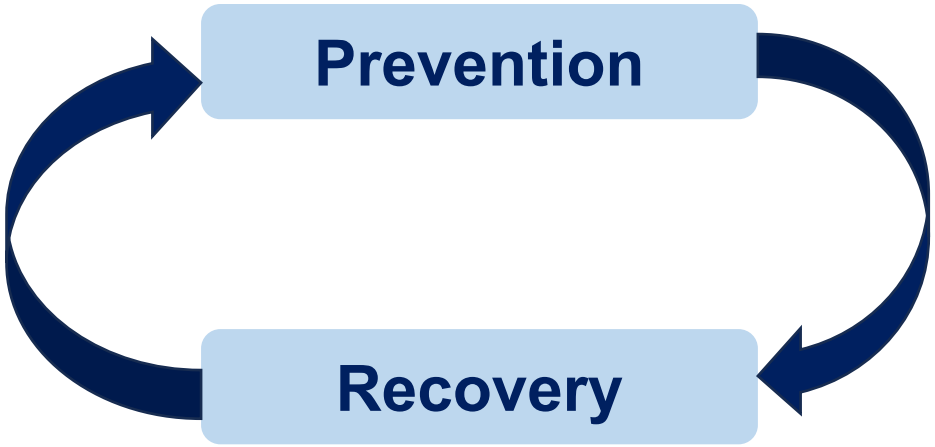
Lifeline Call Center Coverage Map



Appendix

Adult BH Continuum of Care | Prevention and Recovery

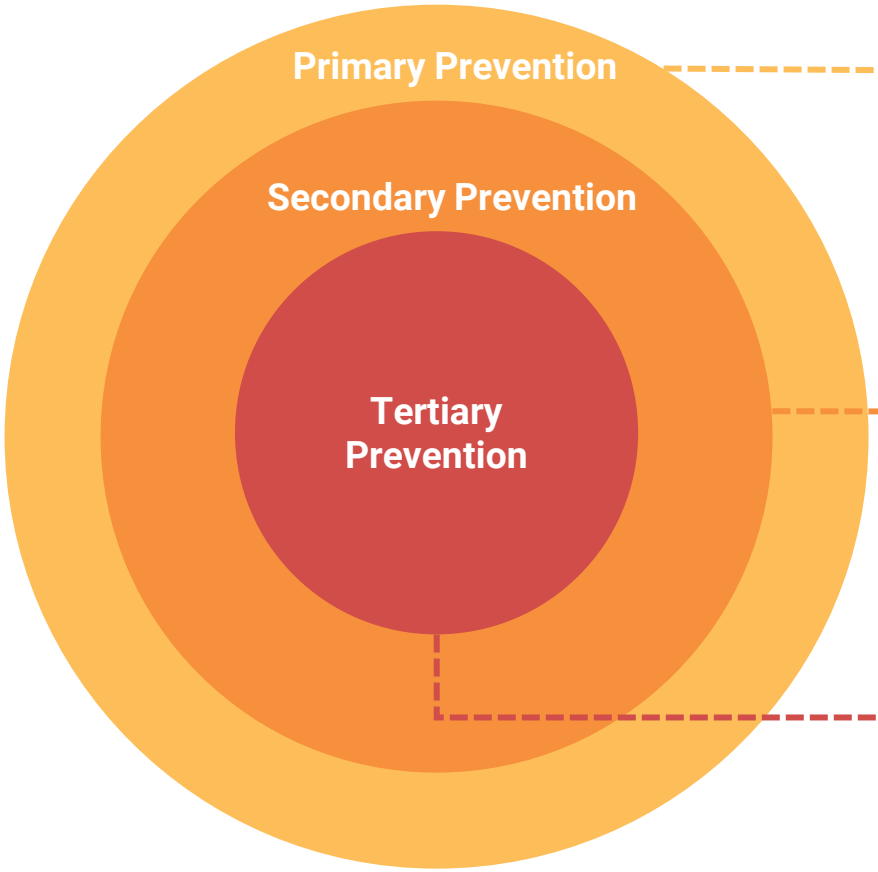
Activities for prevention and recovery span both areas of the continuum.



For example, peer supports serves as both recovery and prevention measure.

Adult BH Continuum of Care | Treatment

Continuum of Care | Prevention



For many health problems, a combination of primary, secondary and tertiary interventions is needed to achieve a meaningful degree of prevention and protection.

Primary Prevention

Aims to prevent disease or injury before it ever occurs. This is done by preventing exposures to hazards that cause disease or injury, encouraging changes in unhealthy or unsafe behaviors that can lead to disease or injury, mental health issues, and substance misuse. Strategies, programs, and services are directed at people who have yet to require treatment and to increase resistance to disease or injury should exposure occur.

Secondary Prevention

Aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent reinjury or recurrence, and implementing programs to return people to their original health and function to prevent long-term problems.

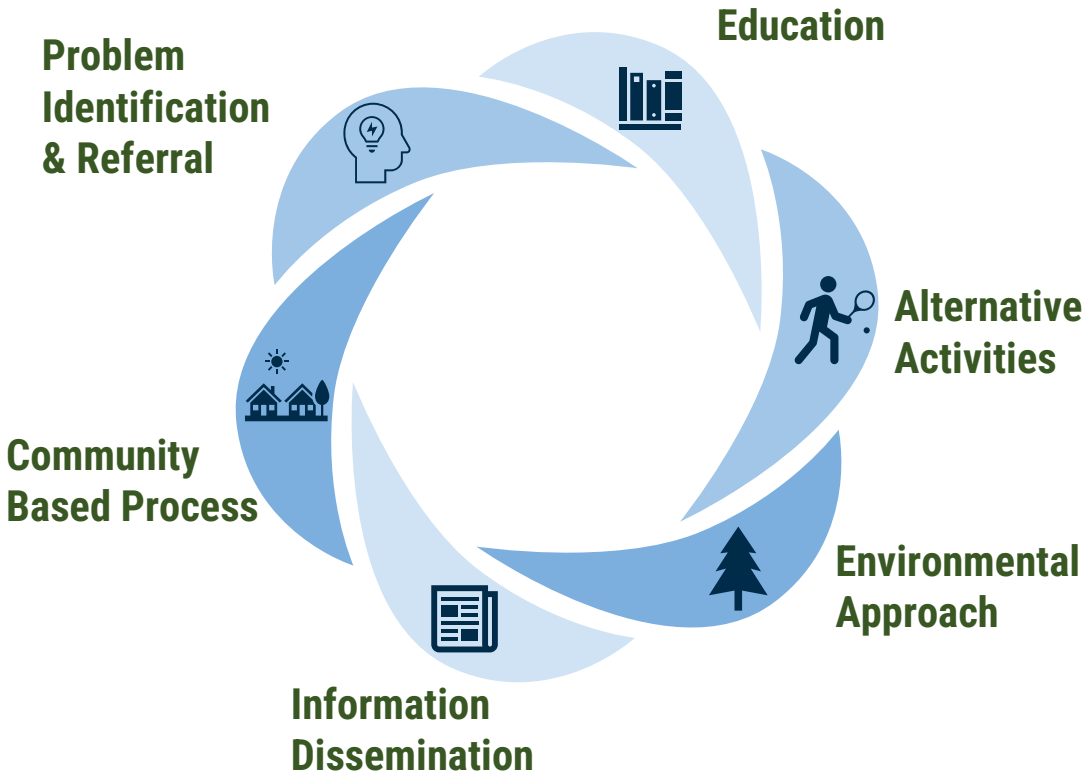
Tertiary Prevention

Aims to soften the impact of an ongoing illness or injury that has lasting effect. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

Prevention Specialists | CSAP Strategies

The mission of the Center for Substance Abuse Prevention is to improve behavioral health through evidence-based prevention approaches. CSAP is a requirement by the department for reporting purposes, with 20% required set-aside.

Center for Substance Abuse Prevention (CSAP) Strategies



SAMHSA
Substance Abuse and Mental Health Services Administration

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Treatment Bureau | Behavioral Health Treatment Services

	Treatment Services for Adult Mental Health and SUD	
Medicaid: Adult Mental Health (MH)	• Targeted Case Management (TCM) • Illness Management and Recovery Services (IMR) • Certified Behavioral Health Peer Support Services (CBHPSS) • Community Based Psychiatric Rehabilitation Support Services (CBPRS) • Mental Health (MH) Outpatient (OP) Therapy • Dialectical Behavior Therapy (DBT) • Day Treatment (Day TX) • Adult Foster Care (AFC)	• Behavioral Health Group Home (BHGH) • Crisis Receiving and Stabilization Program • Mobile Crisis Response Services • Mobile Crisis Care Coordination • Montana Assertive Community Treatment (MACT) • Montana Assertive Community Treatment Quality Measures (MACT QM) • Program of Assertive Community Treatment (PACT) • Acute Partial Hospital Program (PHP) • Acute Inpatient Hospital • Transcranial Magnetic Stimulation (TMS)
Medicaid: Substance Use Disorder (SUD)	• Specimen Collection for SUD Drug Testing • SUD Targeted Case Management • Screening, Brief Intervention, and Referral to Treatment (SBIRT) • SUD Certified Behavioral Health Peer Support Services (CBHPSS) - Adult • SUD Outpatient (OP) Therapy (ASAM 1.0) • SUD Intensive Outpatient (IOP) Therapy (ASAM 2.1)	• SUD Partial Hospitalization (ASAM 2.5) • SUD Clinically Managed Low-Intensity Residential (ASAM 3.1) • SUD Withdrawal Management (ASAM 3.2) (New) • SUD Clinically Managed Population-specific High-Intensity Residential (ASAM 3.3) Adult (New) • SUD Clinically Managed High-Intensity Residential (ASAM 3.5) • SUD Medically Monitored Intensive Inpatient (ASAM 3.7) • Medication Assisted Treatment (MAT)

Treatment Bureau | SDMI HCBS Waiver Services

	SDMI HCBS Waiver Services	

SDMI Waiver Services	• Adult Day Health
	• Behavioral Intervention Assistant (BIA)
	• Case Management
	• Community Transition Services
	• Consultative Clinical and Therapeutic Services
	• Environmental Accessibility Adaptations
	• Health and Wellness
	• Homemaker Chore
	• Life Coach
	• Meals
	• Non-Medical Transportation
	• Pain and Symptom Management
		• Personal Assistance Service (PAS)
		• Personal Emergency Response System (PERS)
		• Private Duty Nursing
		• Residential Habilitation Services:
		  ○ Adult Group Home
		  ○ Assisted Living
		  ○ Foster Care
		  ○ Intensive Mental Health Group Home
		  ○ Mental Health Group Home
		• Respite Care Services
		• Specialized Medical Equipment and Supplies Services
		• Supported Employment Services

Treatment Bureau | Waiver for Additional Services and Populations (WASP)

	WASP Waiver Overview
Objective	• Section 1115 waiver to provide standard Medicaid benefits to qualified adults with a SDMI who do not otherwise qualify for another Medicaid program.
Eligibility	<u>Population 1</u> • 18 years of age or older • Must have a SDMI (qualifying diagnosis and high level of impairment due to that diagnosis) • **0-138% of the Federal Poverty Level (FPL) and eligible/enrolled in Medicare; or 138-150% FPL.** <u>Population 2</u> • Non-expansion Medicaid-covered individuals whose eligibility is based on Modified Adjusted Gross Income (MAGI), also referred to as Parent/Caretaker Relatives (PCR) <u>Population 3</u> • Individuals determined categorically eligible for Medicaid in the Aged, Blind, or Disabled (ABD) category.
Enrollment	<u>Population 1</u> • Applications are submitted to BHDD • BHDD program staff reviews clinical eligibility & Office of Public Assistance (OPA) performs financial verification <u>Population 2</u> • Qualified individuals are offered 12 months continuous eligibility during redetermination. <u>Population 3</u> • Individuals will remain enrolled if, at the time of redetermination, they meet eligibility.