

#### ■ Behavioral and Primary Healthcare Coordination

The Behavioral and Primary Healthcare Coordination program consists of the coordination of services to manage the healthcare needs of eligible recipients. This includes logistical support, advocacy and linkage to assist individuals in navigating the health care system. It also incorporates activities that help recipients gain access to needed physical and behavioral health services.

# How does someone qualify for Behavioral and Primary Healthcare Coordination services?

The Behavioral and Primary Healthcare Coordination program is intended to assist in the coordination of mental health and primary health needs of the individual. An individual may qualify for the BPHC program if the individual has an eligible BPHC diagnosis and needs help managing his or her health care. To be eligible for BPHC, applicants must be age 19 or older and have a monthly income no higher than 300% of the federal poverty level. If there are children or other qualifying dependents in the individual's household, an individual's income may be higher.

#### What are the income limits?

An individual must have countable income no higher than 300% of the federal poverty level. Determination of financial eligibility is conducted by the Division of Family Resources.

#### What are the asset/resource limits?

There are no asset/resource limits.

# Where does someone go to apply for Behavioral and Primary Healthcare Coordination?

Interested individuals can apply for Behavioral and Primary Healthcare Coordination at any community mental health center that has been approved by the Division of Mental Health and Addiction.

# How does someone apply for Behavioral and Primary Healthcare Coordination?

The community mental health center will meet with the applicant to complete the Behavioral and Primary Healthcare Coordination application. They will ask questions about the applicant's physical and behavioral health and enter the information provided. Once clinically approved, the application must be approved by the Division of Family Resources. Once all components of the application have been reviewed, the applicant will then receive a letter stating if qualification was met for the program. This letter will give instructions on what rights exist if he or she does not qualify. For any further questions, applicants may contact the Division of Mental Health and Addiction at **317-232-7800** or **bphcservice@fssa.in.gov**.

### **■ Child Mental Health Wraparound**

Child Mental Health Wraparound services provide young people identified as having a serious emotional disturbance with intensive, home- and community-based wraparound services that will be provided within a system of care philosophy and consistent with wraparound principles. Services are intended to augment the youth's existing or recommended behavioral health treatment plan (e.g., Medicaid Rehabilitation Option, Managed Care) and address the following:

- The unique needs of the Child Mental Health Wraparound participant
- A treatment plan built upon the participant and family strengths
- Services and strategies that assist the participant and family in achieving more positive outcomes in their lives

### How does someone qualify for Child Mental Health Wraparound services?

Applicants must meet financial and behavioral health guidelines in order to be enrolled in the Child Mental Health Wraparound program. When an applicant completes an Indiana Application for Health Coverage, the Division of Family Resources will determine if he or she qualifies for health coverage. The Division of Mental Health and Addiction will determine if the behavioral health criteria have been met.

#### 1915(i) Child Mental Health Wraparound exclusionary criteria A youth with any of the criteria below will not qualify for Child Mental Health Wraparound services:

- Primary Substance Use Disorder
- Pervasive Developmental Disorder (Autism Spectrum Disorder)
- Primary Attention Deficit Hyperactivity Disorder