



MENTAL HEALTH LOCAL ADVISORY COUNCIL

Meeting Minutes – May 14th 2018

Voting Members Present: Nancy Filbin, Susan Gregory, Shirley Kaufman, Deborah McAtee, Tom Peluso, Lori Reynolds, Vickie Groeneweg, Matt Kelley, Commissioner Joe Skinner, Chelsey Voegelé, Andrea Lower, Katelyn McAree, Michael Foust, Chelsey Pengra

Non-Voting Members present: Rick Gale, Dan Aune, Edward Sypinski, Betsy Asserson, Christopher Coburn, Chad Berg, Jessica Seekins, Jim Korth, Dave Wysoski, Jenna Rhoads, Denise Albrecht, Angela Lehr, Jenn Walker, Angela Maria Feliciano, Paul Meyer, Kathryn Houghton

Guests from AMDD: Zoe Barnard, Christie Twardoski, Erin Ducharme

Voting Members Absent: Dr. Donna Kelsch, Renee McClendon, Betty Stroock, Shelley Johnson, Commissioner I Ho Pomeroy, Breanna Hume

Staff: Stephene Kamerman

Chair McAtee called the meeting to order at 12:05 PM.

Approval of Minutes for April 9th: Ms. Reynolds suggested an edit to the Friends and Family Seminar. Chair McAtee will email the information to Ms. Kamerman. The minutes were motioned and seconded. All voted aye, pending the adjustment.

Announcements:

- a. Veteran's Treatment Court Bingo will be hosted at the American Legion in Bozeman
- b. Mental Health Awareness Month is bringing several events to Bozeman. Stomp out the Stigma will be at 11:00 AM on May 19th at the Backcountry Burger Bar. The Rialto is hosting a film at 6:00 PM on Sunday for \$5.
- c. A Prescription Drug Takeback Box will be installed on Campus at the MSU Police through a donation. The Highland Pharmacy will also be accepting unused prescription medications.
- d. NAMI is hosting a "Friends and Family Seminar" at the library on May 20th. Mr. Peluso also has information on a 10-week course for anyone interested.
- e. A public Medicaid presentation will be hosted at the library at 2:00 PM today, followed by a discussion about suicide at 4 PM.

OLD BUSINESS

- a. none

NEW BUSINESS

- a. Medicaid Presentation – Ms. Twardoski and Ms. Ducharme talked about eligibility for Medicaid. DPHHS recently closed 19 offices, but some services can be accessed through their website or via phone. Questions from the audience included how the cost of living affects the recipients. The state does not take the cost of living of specific areas into effect. Ms. Ducharme continued to explain other benefits and grant opportunities for citizens that require more services than what they are currently eligible for. Discussion continued regarding the options available for keeping patients in town as opposed to them seeking care outside of the Gallatin Valley. Ms. Ducharme encouraged the group to consider proceeding with a Communities that Care model, which is an evidence based model for community engagement.
- b. Zoe Bernard, Administrator, Addictive and Mental Disorders Division, presented information on Medicaid, block grants, and waivers. See the attached PowerPoint slides.

Meeting adjourned at 1:05

Next Meeting: June 11, 2018



MENTAL HEALTH LOCAL ADVISORY COUNCIL

May 14, 2018

12:00 – 1:00 PM

Gallatin County Courthouse Community Room

AGENDA

1. Welcome and Introductions
2. Public Comment 12:05
3. Approval of Minutes: April 9, 2018
4. Short Announcements or Updates (1-2 minutes)
 - a. Public presentation on Medicaid at 2pm today, with Zoe Bernard (AMDD) and Paul Meyer (WMMHC)
5. Old Business 12:10
6. New Business 12:15
 - a. Medicaid presentation - Zoe Bernard and others from AMDD

Next Meeting: June 11, 2018

Announcements

LAC checking account balance for April 1: \$ 2,296.56. A check for \$560 was written to GMHC for the Stomp Out Stigma t-shirts.

The link to the LAC calendar is

<https://calendar.google.com/calendar?cid=Z2FsbGFoaW5sYWNAZ21haWwuY29t>.

If you have events related to mental health, please invite gallatinlac@gmail.com so they go on this calendar. If you're not sure, invite anyway and I'll look at it.

By-laws

Section 1. Purpose. The purpose of the MHLAC is to assist, in a manner it determines to be most productive, in strengthening public mental health services in the Gallatin County and to provide input and recommendations to MHOAC, DPHHS and the Service Area Authority (SAA) serving the community.

Section 2. Objectives. Specific objectives include some or all of the following related to public mental health services:

- a) Examine gaps in child and adult services.
- b) Identify potential additions to services within the community.
- c) Analyze and discuss local problems with local service providers, advocacy groups, public officials and the general public.
- d) Facilitate accurate and timely communications between the local community and MHOAC, DPHHS and the regional SAA.
- e) Assess the effectiveness of local mental health services and suggest ways of making services more effective.
- f) Serve as a catalyst and facilitator in solving local mental health service problems.
- g) Organize and coordinate needed services in the community.
- h) Educate the local community on mental health issues.

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May 14, 2018

12:00 – 1:00 PM

Gallatin County Courthouse Community Room

VOTING MEMBERS IN ATTENDANCE


 MENTAL HEALTH
Local Advisory Council

NAME	INITIALS	TERM EXPIRATION	POSITION	EMAIL
Nancy Filbin	<i>NF</i>	7/2019	Consumer/Family	nfilbin@gmail.com
Susan Gregory	<i>SG</i>	7/2019	Consumer/Family	sgregory@bozeman.net
Shirley Kaufman	<i>SK</i>	7/2020	Consumer/Family	skaufman@aol.com
Dr. Donna Kelsch		7/2021	Consumer/Family	dkelsch@tritherapymt.com
Deborah McAtee	<i>DM</i>	7/2018	Consumer/Family	deborahmcaatee@gmail.com
Renee McLendon		7/2020	Consumer/Family	reneemc@wildblue.net
Betty Stroock		7/2019	Consumer/Family	bstroock@gmail.com
Tom Peluso	<i>TP</i>	7/2019	Consumer/Family	tompeluso@msn.com
Lori Reynolds	<i>LR</i>	7/2019	Consumer/Family	Lori_wildflower@yahoo.com
		7/2021	Consumer/Family	
Vickie Groeneweg	<i>Vg</i>	7/2020	Bozeman Deaconess Health Svcs	vgroeneweg@bdh-boz.com
Shelly Johnson		7/2019	Alcohol & Drug Services of GC	shellyj@adsgc.org
Matt Kelley	<i>WK</i>	7/2020	Public Health	matt.kelley@gallatin.mt.gov
Joe Skinner	<i>JS</i>		County Commission	joe.skinner@gallatin.mt.gov
I Ho Pomeroy			City Commission	ipomeroy@bozeman.net
Chelsey Pengra	<i>CP</i>	7/2021	Detention Center CIT	Chelsey.pengra@gallatin.mt.gov
Chelsey Voegelé	<i>CV</i>	7/2019	Youth Dynamics, Inc.	chelsey.voegele@youthdynamics.org
Andrea Lower	<i>AL</i>	7/2021	Criminal Justice Position	andrea.lower@gallatin.mt.gov
Breanna Hume		7/2019	Adult Provider of MH Provider	bhume@windsofchangemontana.com
Katelyn McAree	<i>KM</i>	7/2021	Community Clinic	mcareek@chphealth.org

NON-VOTING MEMBERS, PLEASE SIGN IN ON REVERSE SIDE

*Please notify the commission office if you need a name tent



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NAME	INITIALS	ASSOCIATION	PHONE	EMAIL
Ellie Martin		Launch, GGUW		
Rebecca Adams		FSS, Community		nrad8@bresnan.net
Molly Basta		Aware Inc		mbasta@aware-inc.org
Sarah Webb		Launch, GGUW		sarah@GreaterGallatinUnitedWay.org
Rick Gale	<i>RJ</i>	ADSGC <i>1-11-14 7:30</i>		rickngale@gmail.com
Danica Jamison		Community Health Partner		danica@greatergallatinunitedway.org
Dan Aune	<i>AA</i>	Mental Health Merica of MT		dan@mhaoofmt.org
Michael Foust		Gallatin Mental Health Center		mfoust@wmmhc.org
Edward Sypinski	<i>ES</i>	ADSGC		Edward@adsgc.org
Betsy Asserson	<i>BJA</i>	MSU & Psych Services		basserson@montana.edu
Christopher Coburn	<i>CC</i>	Bozeman Health		ccoburn@bozemanhealth.org
Chad Berg	<i>CB</i>	Bozeman Public Schools		chad.berg@bsd7.org
Melanie Hamling		MT Peer Network		Meldaisyol@gmail.com
Jessica Seekins	<i>JS</i>	Youth Court Services		jseekins@mt.gov
Rowen Schuler		Community Medical Services		Rowen.schuler@addictiontx.net
Vivienne Riseley		Haven Counseling Program		Counselingintern4@havenmt.org
Pierre Martineau		W. Yellowstone		
Jim Korth	<i>JK</i>	Senator Daines		Jim_korth@daines.senate.gov
Dave Wyoski	<i>DW</i>	Youth Court		
Lee Copenhagen		LCSW		Lee@cojustice.org
Jenna Rhoads	<i>JMR</i>	Senator Tester	<i>406-586-4450</i>	Jenna_rhoads@tester.senate.gov
Ryan Mattson		WMMHC		Rmattson@wmmhc.org
Denise Albrecht	<i>DA</i>	Community Member	<i>406-585-7675</i>	Rosebud4286@earthlink.net
Don Seifert		Gallatin County Commissioner		Commission@Gallatin.mt.gov
Angela Leher	<i>AL</i>	Private - Three Forks Focus		angelalehr@comcast.net
John Walker	<i>JW</i>	Friday Freedom / Orony Church	<i>406-581-0545</i>	jenn.walker@johnrwgweb.net

Zoe Barnard DPHS, AMD zbarnard@mt.gov
Kathryn Houghton, DPHS, K.Houghton@dailybulletin.com

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Christie Iwawski DPHS/HCSO

DPHHS/HCSO

Erin Ducharme

Friday Freedom / Orony Church

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Public Assistance Bureau

- How to apply
- Temporary Assistance for Needy Families Program (TANF)
- Supplemental Nutritional Assistance program (SNAP)
- Medicaid



How can someone apply for Public Assistance?

In person	Online
• Offices of Public Assistance	• apply.mt.gov • Check your benefits • Report changes
Phone	Fax
• Montana Public Assistance Helpline • 1-888-706-1535	• 1-877-418-4533
Mail	Check my benefits
	• apply.mt.gov





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Temporary Assistance for Needy Families (TANF)

TANF Cash Assistance

Provides a temporary monthly cash benefit to help meet a families ongoing basic needs.

- TANF Cash offers a monthly benefit for parents of minor child(ren) who reside in the home, or
- Caretaker relatives related with in the 5th degree of kinship to the minor child(ren) for whom they are caring for, such as; grandparents, aunts and uncles, etc. This commonly referred to as a “**Child Only Grant**” or a “**Granny Grant**”.

Who is eligible for TANF?

All applicants for TANF must meet all Financial and Non-financial eligibility including; a minor child related within the 5th degree of kinship residing in the home.

Financial Eligibility – Income

TANF Cash Assistance = 30% of the 2011 Federal Poverty Level.

A family of 3 with no earned or unearned income in the month may be eligible for a cash benefit of \$588 per month.

Child only cases may be eligible for an additional \$50 per child per month.

Financial Criteria

TANF HOUSEHOLD SIZE	GROSS MONTHLY INCOME LIMIT	MAXIMUM POSSIBLE MONTHLY BENEFIT
1	\$642	\$347
2	\$867	\$467
3	\$1,092	\$588
4	\$1,317	\$709



Financial Eligibility – Examples

TANF Cash Example: Sally and her two minor children apply for TANF Cash. Mom has no earned or unearned income. This household is eligible for a \$588 monthly TANF Cash benefit.

Child Only Example: Jane is caring for her two minor grandchildren. Jane applies for TANF and is approved for a Child only grant for both grandchildren (household size of 2) and is eligible for \$467 per month, as the grandchildren have no earned or unearned income.

Jane could choose to be included in the Child only grant and receive a cash benefit for herself, but her income would be counted in the eligibility and benefit calculations.

Financial Eligibility – Resources

TANF Cash = \$3,000

- Vehicle with the highest value is excluded
- Home you reside in is excluded

Non-Financial Criteria

Citizenship or qualified alien

Montana Resident

Social Security Number for all household members

Minor Child living with a specified relative who is within the 5th degree of kinship or be in last trimester of pregnancy

Comply with Child Support Enforcement and complete Form HCS 332

Compliance with E&T activities if determined work eligible for TANF Cash

Not used 60 months of TANF for Cash

TANF Bridge

Families are stable, able to work, and financially secure.

Family Stability

Employability

Financial Security

Barrier Rating Scale 0-3

0= Minimal

1= mild

2= moderate

3= High

TANF Payment Selection

TANF cash can
be issued by:

- **Electronic Benefit Transfer (EBT) card.** An EBT card looks and works much like a debit card.
- **Warrant.** Warrants are checks that are issued and mailed to the mailing address. This may take 5-7 days to receive.
- **Direct Deposit:** Clients can sign up to have funds directly deposited into their checking or savings accounts. Effective 28 days after information is entered into the states system.

TANF Emergency Assistance

Emergency Assistance provides financial assistance on behalf of families with children under the age of 21 when an unforeseen event has occurred which may cause the destitution of the child or a situation which Child and Family services has identified as involving abuse or neglect of a child.

Destitution means a child will go without a basic need such as housing, food, clothing, etc.

Families are eligible once every 12 months

No income or resource limits

TANF Emergency Assistance - Continued

The emergency must have been unforeseen and the assistance must end the emergency and not prolong the inevitable.

Example: The family has one vehicle. Bill is employed, while Shelly cares for their two young children. The transmission needs replaced and with out a car, Bill will lose his job, and they will not be able to meet their basic needs; i.e. Rent, utilities, food, etc. By helping replace the transmission, Bill will keep his job ending the emergency and preventing destitution of the children.



Supplemental Nutrition Assistance Program

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MONTANA SNAP PROGRAM

The mission of the Supplemental Nutrition Assistance Program (SNAP) is to provide supplemental food and nutrition assistance to low income people. SNAP recipients use EBT cards, which are similar to debit cards, to purchase food in authorized retail stores.

Who should apply for SNAP?

Everyone who wants to apply has the right to apply and should be encouraged to apply.



The application process includes filing and completing an application, being interviewed, and having certain information verified. Income, shelter expense, and utility type are verified and the eligibility worker will assist in this process.

An application can be submitted with just name, address (or homeless), and signature and the remainder of the application will be completed with an eligibility worker in the interview.

• This protects the date of application which is the date from which benefits could be provided

If an applicant has an immediate need for food assistance and meets criteria they may be eligible for expedited benefits and will receive these no later than 7 days from date of application.

Criteria for Expedited SNAP Benefits

All applications are screened to determine if the applicant is eligible to receive benefits within 7 days of the application date (expedited). The following is the criteria:

Households with less than \$150 in monthly gross income and \$100 or less in liquid resources; OR,

Migrant or seasonal farm worker households with \$100 or less in liquid resources; OR

Households with a combined monthly gross income and liquid resources less than the household's monthly rent (or mortgage) and the utility allowance.

An interview is still required before benefits can be issued but verifications, other than identify, can be postponed for a period of time.

Financial Criteria

Income, some expenses, and standard deductions determine eligibility. The following is an example of household sizes, the highest gross monthly income limit, and the maximum benefit available to the household.

HOUSEHOLD SIZE	GROSS MONTHLY INCOME LIMIT	MAXIMUM POSSIBLE MONTHLY BENEFIT
1	\$2010	\$192
2	\$2708	\$352
3	\$3404	\$504
4	\$4100	\$640

There are no resource limits except in very limited circumstances.

Non-Financial Criteria

Individuals who wish to be included must be U.S. citizens or legal aliens.

Individual members who wish to be included must provide or apply for a social security number.

Work
Registration is required for non-exempt individuals and the requirement is accomplished with just one responsible adult signing the application or re-certification form.

Employment and Training
program participation is voluntary.

Able-Bodied Adults Without Dependents might be restricted to 3 months of benefits in a 3 year period unless they are working or meet an exemption.

Students may be eligible if they meet criteria.

Processing Timeframes





25

Montana Medicaid Program

Medicaid is a joint federal and state program that helps with medical costs for people with limited income and resources.

Medicaid is the largest source of funding for medical and health-related services for America's poorest people.

Individuals eligible for Medicaid in Montana may not be eligible in another state and vice versa.

Everyone should apply for Medicaid coverage

Coverage Groups

Affordable Care Act Programs

- Children ages 0-18
- Pregnant Women
- Parents/Caretaker Relatives
- Adults ages 19-64 (Medicaid Expansion)

Aged, Blind, and Disabled Programs

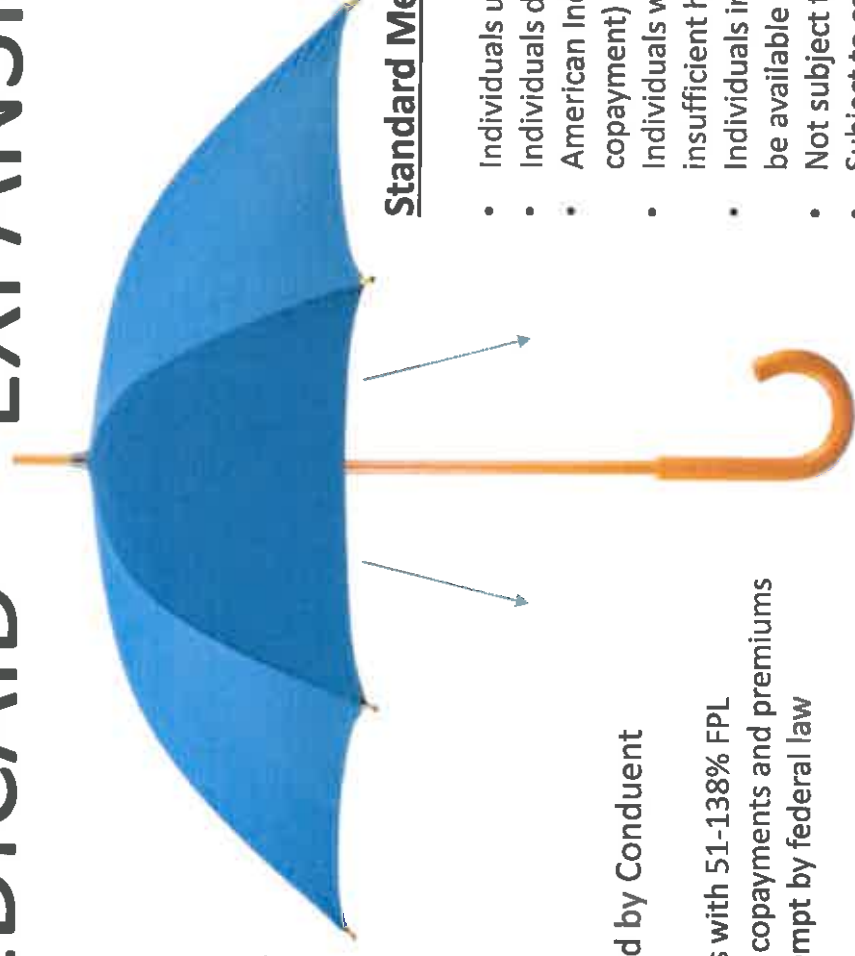
- Age 65 or older
- Blind according to Social Security criteria
- Disabled according to Social Security criteria
- Medicaid Worker's with Disabilities
- Medicare Savings Programs

Family Programs

- Individuals diagnosed with breast or cervical cancer and receiving treatment
- Foster Care
- Subsidized Adoption

MEDICAID

EXPANSION



- ✓ Adults, ages 19-64
- ✓ Incomes 0-138% FPL
- ✓ Montana residents
- ✓ US Citizen or documented, qualified alien
- ✓ Not incarcerated
- ✓ Not eligible or enrolled in Medicare

HELP Plan

Administered by Conduent

- Individuals with 51-138% FPL
- Subject to copayments and premiums
- Unless exempt by federal law

Standard Medicaid

- Individuals under 50% FPL
- Individuals determined to be medically frail
- American Indians/Alaska Natives (exempt from copayment)
- Individuals who live in a geographical area with insufficient health care providers
- Individuals in need of continuity of care that would not be available or cost-effective through the TPA
- Not subject to premiums
- Subject to copayments unless exempt by federal law

Presumptive Medicaid

Presumptive eligibility (PE) allows eligible individuals to immediately receive Medicaid coverage while a full Medicaid application is processed. PE must be determined by a qualified entity.

PRESUMPTIVE POPULATIONS:

1. ACA Healthy Montana Kids Plus

2. ACA Healthy Montana Kids

3. ACA Former Foster Care Children

4. ACA Parent/Caretaker Relative

5. ACA Pregnant Woman

6. MBCCTP – Breast and Cervical Cancer

7. ACA Adult Medicaid (Expansion group)

8. Plan First

Presumptive -continued

QUALIFIED ENTITIES:

Only qualified entities (QE), who have received appropriate training and certification can make presumptive eligibility determinations. QEs must be registered Medicaid providers, and include, but are not limited to:

- Public Health Departments
- Qualified Hospitals
- Indian Health Services/Tribal Health Programs

Presumptive training is offered once a month. If you have a training need please contact:

- Kaye Van Gilder at kvangilder@mt.gov or phone 406-731-5768
- Presumptive Website is <http://medicaidprovider.mt.gov/presumptiveeligibility>
- The next training will be April 11, 2018 from 9am – 11am

What is Needed

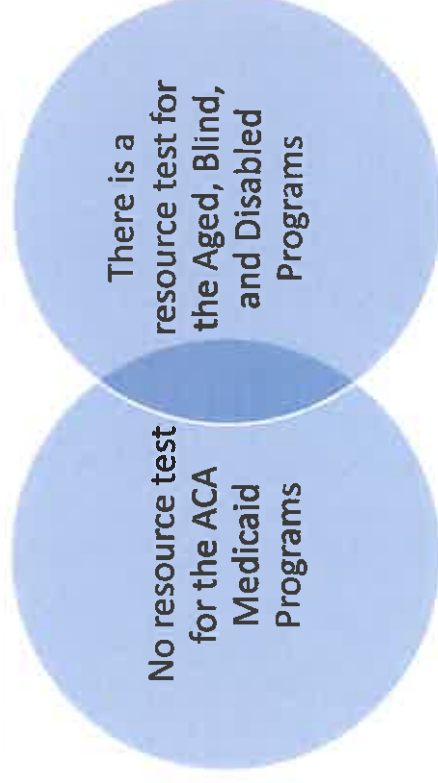


Financial Criteria

Children Household Size	Children Income Limit	Adult Household Size	Adult Income Limit
2	\$1,962 for HMK Plus \$2,580 for HMK	1	\$1,346
4	2,991 for HMK Plus \$5,459 for HMK	4	\$2,782



Resources



Non- Financial

For some programs we only require the stated (*) items, the rest is self-attestation or client statement

Citizenship *

Immigration Status *

Identity *

Income

Age

Resources such as bank statement, property deeds, life insurance, annuities, trusts

Social security numbers must be furnished for each person requesting Medicaid, a copy of the card is not required

Other necessary information unique to the applicant's situation

How can you help?

 Microsoft Word Document	Basic knowledge on the Self Service Portal
	https://www.youtube.com/watch?v=ADwEiJA2pSQ
	How to apply for benefits through the Self Service Portal
	https://www.youtube.com/watch?v=HtPFbUqjTos

Questions?



Contact Information

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