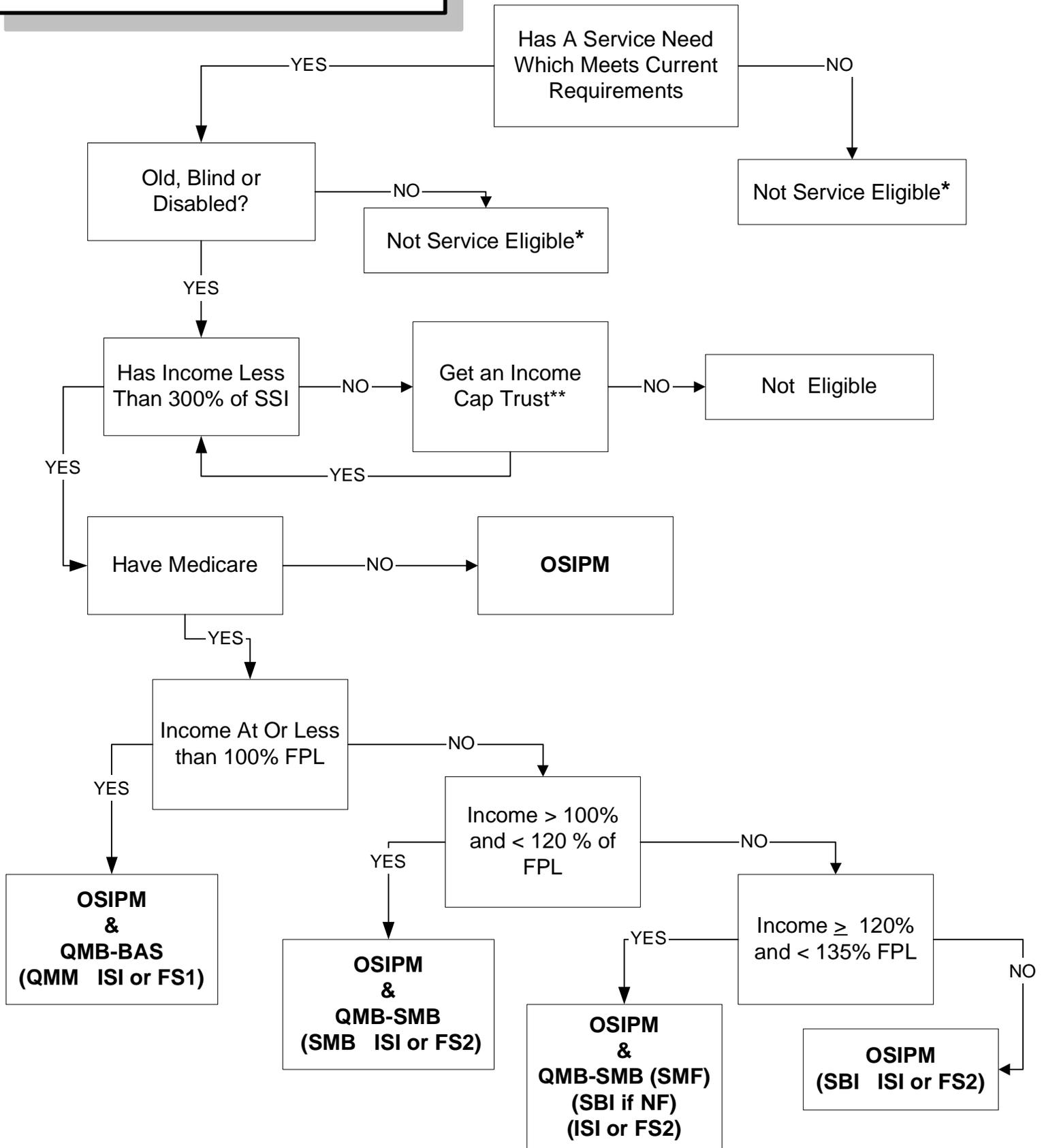


# PROGRAM FLOWCHART

## Services Only



\*May Have Non-Service Medicaid Eligibility

\*\*OSIPM only.