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**IMPORTANT NOTICE**

MAHONING COUNTY DEPT OF JOB AND FAMILY SERVICES  
 345 OAKHILL AVE  
 P.O. BOX 600  
 YOUNGSTOWN OH 445010600

TEST A NOTICE  
 9999 ANYSTREET

RIVERSIDE OH 44444-0000

Mailing Date: 10/20/2008

Dear TEST A NOTICE

**Notice of Changes to Medicaid Alcohol and other Drug Treatment Services  
 and Mental Health Services Benefits**

This notice is being sent to inform you that a change in state law and policy will reduce your Ohio Medicaid health care benefits effective November 1, 2011. Because you are enrolled in Ohio Medicaid, you can receive alcohol and other drug and/or mental health treatment services if you have a medical need for them. Some of these services are provided by community alcohol and other drug treatment programs certified by the Ohio Department of Alcohol and Drug Addiction Services and community mental health agencies certified by the Ohio Department of Mental Health. The alcohol and other drug treatment services are: ambulatory detoxification, assessment, case management, crisis intervention, group counseling, individual counseling, intensive outpatient, laboratory urinalysis, medical/somatic and methadone administration. The mental health services are: group and individual counseling, diagnostic assessment, crisis intervention, community psychiatric supportive treatment (CPST), pharmacologic management, and partial hospitalization.

The following new service limits are authorized by Ohio Revised Code section 5111.02. The specific changes to Medicaid mental health, alcohol and other drug benefits will be detailed in Ohio Administrative Code sections 5101:3-27-02 and 5101:3-30-04.

**Alcohol and Other Drug Treatment Services**

Beginning November 1, 2011, Ohio Medicaid will set a combined weekly limit of thirty (30) hours for the following four (4) services: case management, group counseling, individual counseling and medical/somatic. This means that adults can receive no more than thirty hours of any combination of these four services in the same week. Children (up to age 21) may receive more if your alcohol and other drug service provider documents that you have a medical need for more services. A week is defined as Sunday through Saturday. There will be no weekly limits placed on the other alcohol and other drug services, listed above.

**Mental Health Services**

Beginning November 1, 2011, Ohio Medicaid will begin to set annual limits for all of the mental health services except for crisis intervention. The benefit year will run from July 1 to June 30 except for the first benefit year which will be November 1, 2011 through June 30, 2012.

On the next page is a chart that explains the annual benefit limits for each Mental Health Service.

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<b>Medicaid Mental Health Service</b>	<b>Annual Limit (July 1 - June 30)</b>	<b>Exceptions to Annual Limit</b>
Counseling	52 hours per year	No exceptions for adults. Children (up to age 21) may receive more if your mental health provider documents you have a medical need for more services.
Diagnostic Assessment (performed by a medical doctor)	2 hours per year	No exceptions for adults. Children (up to age 21) may receive more if your mental health provider documents you have a medical need for more services.
Diagnostic Assessment (performed by someone other than a medical doctor)	4 hours per year	No exceptions for adults. Children (up to age 21) may receive more if your mental health provider documents you have a medical need for more services.
Partial Hospitalization	60 days per year	You may receive more of this benefit if your mental health provider documents you have a need for more service and requests prior authorization.
Community Psychiatric Supportive Treatment (CPST)	104 hours per year	You may receive more of this benefit if your mental health provider documents you have a need for more service and requests prior authorization.
Crisis Intervention	No Limit	N/A
Pharmacologic Management	24 hours per year	No exceptions for adults. Children (up to age 21) may receive more if your mental health provider documents you have a medical need for more services.

### **Requesting a State Hearing**

If you think the new weekly limits for alcohol and other drug treatment services or the annual limits for mental health services are being incorrectly applied to your case, you can ask for a State Hearing. A State Hearing lets you or your representative (lawyer, welfare rights worker, friend or relative) give your reasons against this action. Ohio Department of Job and Family Services (ODJFS) staff will attend or be represented at the hearing to present our reasons for the action. A Hearing Officer from ODJFS will decide who is right.

If you want to request a State Hearing, follow the directions on pages 3 and 4 of this notice. If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that the person is your representative. We must get your request for a State Hearing no more than 90 days after the mailing date of this notice.

You can ask your local Legal Aid program for free help with your case. Call the Ohio Poverty Law Center at 1-800-589-5888 if you need the local phone number. You can also call Ohio Legal Rights Services at 1-800-282-9181 or TTY at 1-800-858-3542.

If you have any questions about this notice, please call the Medicaid Consumer Hotline at 1-800-324-8680 or TDD 1-800-292-3572. Remember to mention this notice. You can get more information about these changes on the Internet at:

<http://www.mh.state.oh.us/assets/medicaid/cost-containment-faqs.pdf>

The benefit changes listed above will only take place if they are approved by the Federal Centers for Medicare and Medicaid Services and supported by Ohio laws.

**You may request a State Hearing in any of the following ways:**

1. Mail the enclosed request to:  
Ohio Department of Job and Family Services  
Bureau of State Hearings  
P.O. Box 182825  
Columbus, Ohio 43218-2825
2. Fax the enclosed request to ODJFS Bureau of State Hearings at 614-728-9574.
3. Send an E-mail to the ODJFS Bureau of State Hearings at [bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov). Please include your name, address, telephone number, tell us why you are requesting a hearing, and remember to mention this notice.
4. Telephone the ODJFS Consumer Access Line at 1-866-635-3748 (1-866-ODJFS-4-U) and follow the instructions for State Hearings. You must make the phone call yourself. No one can call for you. Remember to mention this notice.



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**Mail, E-Mail or FAX to:**

Ohio Department of Job and Family Services  
Bureau of State Hearings  
P.O. Box 182825  
Columbus, Ohio 43218-2825  
Fax: 614-728-9574  
E-mail: [bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov)



**State Hearing Request**

***Sign and fill in the blanks.***

I think the limitation of Medicaid Community Alcohol and Other Drug Treatment and/or Community Mental Health benefits is being incorrectly applied to my case.

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Print Name: \_\_\_\_\_ Medicaid Case Number: \_\_\_\_\_

***Optional: Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.***

I want a State Hearing because: \_\_\_\_\_  
\_\_\_\_\_

My Authorized Representative is:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_