

Note: This is a sample client notification letter for initial enrollment in health home service which is intended as a resource for use with existing clients by Community Mental Health Agency Health Homes. This draft letter can and should be tailored to fit your specific agency and population.

HH Letterhead

Date: 10/01/2012

Dear *Client Name*:

Thank you for choosing XXX for your mental health services. We are pleased to inform you that XXX has been approved to be your **health home effective October 1, 2012**, should you choose to use the health home service to improve your health.

As an approved health home, XXX can:

- Continue to provide you with or coordinate your mental health services;
- Assist you in finding a family doctor or dentist if you don't already have one;
- Remind you about regular a check-ups, vaccinations or health screenings;
- Make sure all of your doctors talk to each other and have the same information;
- Help you with lifestyle changes such as stopping smoking, losing weight, eating healthier food, and getting more exercise;
- Assist you with obtaining transportation, child care, food stamps and finding housing;
- Assist you with getting more education, finding a job or volunteering.

Your current Medicaid card covers all of the services your health home will provide for you. So you won't have to pay anything extra to get them. And of course, you will only receive these services if you need and want them.

Your current case manager will tell you more about the health home service and introduce you to other health home team members. We have scheduled an appointment for you on XXX to talk about how the health home can work for you and answer your questions. Please contact your case manager at xxx-xxx-xxxx if you need to reschedule the appointment or have any questions.

As you participate in the health home service, we will monitor your progress and help you be as healthy as possible. All information gathered about your health will only be used for evaluating the service you receive and your satisfaction. All medical and other personal information will be kept confidential.

If you want more information about Health Homes please contact your case manager at the phone number above. You may also contact the ODMH Toll Free Bridge Line at 1-877-275-6364 or 1-888-636-4889 TTY and speak with a consumer advocate or visit the ODMH health home web link:<http://mentalhealth.ohio.gov/what-we-do/protect-and-monitor/medicaid/health-home-committees.shtml>.

If you have questions about your Medicaid coverage, you may contact the ODJFS Consumer Hotline toll free, 1-800-324-8680, Monday thru Friday from 7:00 a.m. to 8:00 p.m., Saturday, 8:00 a.m. – 5:00 p.m., excluding holidays.

Sincerely,

DRAFT