

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 Parent/Guardian Name:

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

As your child's health home, XXX can:

- Continue to provide your child with or coordinate your child's mental health services;
- Assist you in finding a pediatrician, or family doctor if your child does not already have one;
- Remind you about your child's regular checkups, well-child exams, vaccinations or screenings;
- Make sure all of your child's providers talk to each other and have the same information;
- Help you and your child make healthy life-style choices such as preparing and eating healthier food and getting more exercise;
- Help you and your family with obtaining transportation, child care, food stamps and finding housing;
- Assist your child with transition to adult services.

Your child's current Medicaid card covers all of the health home services, so there is no charge to you. And of course, your child will receive these needed services if you approve them.

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

As your child participates in the health home service, we will monitor his/her progress and help your child be as healthy as possible. All information gathered about your child's health will only be used for evaluating the service and your satisfaction. All medical and other personal information will be kept confidential.

If you like to receive additional information about Health Homes please contact your child's mental health case manager or therapist 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 any questions about your child's 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,