

What does Medicaid cover for Mental Health and Recovery from Substance Use Disorders?

Ohio and federal laws require most health care plans to cover mental health and substance use disorder benefits equal to other benefits.

If your Medicaid plan does anything listed below, it may be breaking the law if it does not have similar limits on other kinds of benefits:

- Limits the number of treatment days / visits
- Does not cover certain medications, or limits length of coverage
- Refuses to cover residential treatment or inpatient detoxification
- Requires blanket pre-authorization for care or medications
- Only approves a short course of treatment before requiring a new request
- Refuses to cover treatment saying patient:
 - “Failed to complete previous treatment,”
 - “Is not improving,”
 - “Is not likely to improve,” or
 - Treatment did not result in significant improvement in a certain time period.
- Requires a written treatment plan earlier in the treatment process or more frequently than for other medical benefits

HOW DO I APPEAL?



If you and your doctor disagree with Medicaid’s decision about your care, you have the right to appeal.

- For Medicaid Managed Care Plans, you must appeal within **60 days** of date on the decision letter.



*To keep getting treatment during the appeals process, you must appeal within **15 days** of the notice date.*

- If the result is the same, you have **90 days** to ask for a state hearing with the Bureau of State Hearings in one of these ways:



*To keep getting treatment during the appeals process, you must appeal within **15 days** of the notice date.*



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P.O. Box 182825
Columbus, Ohio 43218



This information is based on current laws that are subject to change, and is not legal advice. Please reach out to us if your Medicaid plan **denies, stops, or limits** something you and the treating provider think is medically necessary.

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