The mission of The Richland County Mental Health and Recovery Services Board is to secure sufficient funds to plan, establish and maintain a unified services primarily for the mentally ill, drug or alcohol dependent individuals, their families and the general population.

Toward these ends, the Board shall: encourage the development of high quality, cost effective comprehensive services; adapt to the challenging needs especially for the severely mentally disabled children, adolescents and adults; fulfill the mandates of the Ohio Revised Code; and promote the integrity and individuality of consumers of mental health and drug and alcohol services.

For questions regarding this benefits plan, please contact:
The Richland County Mental Health and Recovery Services Board
87 East First Street, Suite L
Mansfield, Ohio 44902
Phone: 419-774-5811
Fax: 419-774-5816
www.Richlandmentalhealth.com

Keeping quality services affordable and attainable for all Richland County Residents.
**Board Sponsored Services**

The following services are offered to Richland County Residents at no out of pocket expense. If you have Medicaid or Private Insurance, The Board will cover any required Co-Pay. If you do not have a third party payer the Board will pay the service in full.

- Mental Health Assessment
- Assessment Addendum
- Crisis Intervention
- Community Psychiatric Supportive Treatment
- Board Contracted Room and Board
- Brief Screening

**Board Subsidized Services**

The following services will be subjected to a **sliding fee scale** in order to determine what portion of the fee will be the clients responsibility and what portion will be funded through Board Subsidy;

- Psychiatric Diagnostic Interview
- Pharmacological Management
- Individual Behavioral Health Counseling
- Group Mental Health Counseling
- All other fee for service treatment options not classified as "Board Sponsored."

**Sliding Fee Scale**

- If a client has a household income between **138.01%** and **150%** of the Federal Poverty Level he or she will be responsible for **25%** of their fee, the Board will pay **75%**.

- If the client has a household income between **150.01%** and **175%** of the Federal Poverty Level, he or she will be responsible for **50%** of their fee and the Board will pay **50%**.

- If a client has a household income between **175.01%** and **200%** of the Federal Poverty Level, he or she will be responsible for **75%** of their fee and the Board will pay **25%**.

- If a client has a household income above **200%** of the Federal Poverty Level, or is **NOT a Richland County Resident**, he or she will be considered a "full fee" client and be responsible for **100%** of the fee.

- If a client is at or **below 138%** of Federal Poverty Level and has no third party payer (Medicaid, Medicare or private insurance) **they will qualify for Medicaid.** The Board will cover **100%** of the fee for the Board Subsidized Service for up to **60 days following the Assessment.** During that time the agency will work with the client to apply and obtain Medicaid as a primary or secondary insurance. If the client chooses not to apply for Medicaid he or she will be considered a "full fee" client at the end of the **60 day period.**