

**OHIO DEPARTMENT OF MENTAL HEALTH
OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES**

OPERATIONAL ISSUES FORM

Reported By		
Sender Name: Title:	Date created:	
Organization Name: Member of Trade Association? <input type="checkbox"/> OACBHA <input type="checkbox"/> Ohio Council <input type="checkbox"/> OACCA <input type="checkbox"/> FSCO		
Sender Phone #: Sender Fax #:	Email:	
If sender is a provider, please indicate: home board UPI		
Issue Information		
Brief Description:		
Full Description:		
Please provide a specific example of the problem or issue:		
Describe your business needs and goals as affected by this issue. It is helpful to provide statistics such as numbers of agencies, clients (members), claims or files affected.		
What is your recommended solution or next steps? Please indicate any steps previously attempted to resolve this issue.		
The fields below are to be completed by State Staff		
Logged by:	Processed on:	Issue # Assigned:

If you intend to email this form to the State Operations Committee liaison:

If you intend to fax this form to the State Operations Committee liaison

You should receive acknowledgement that your form was received and the assigned issue number within two business days.