Substance Use Disorder Voucher Guidance

Updated: January 3, 2017

With the passage of Senate Bill 2048 during the 64th Legislative Session the Department of Human Services (DHS) was appropriated funding to administer a voucher system to pay for substance use disorder treatment services. The Department's Behavioral Health Division was assigned the responsibility to develop administrative rules and implement the voucher system.

Enrolled Senate Bill 2048

SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - REPORT TO THE LEGISLATIVE MANAGEMENT. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $750,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing and administering a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment program accepting vouchers under this Act shall provide evidence-based services. Before July 1, 2016, the department of human services shall provide a report to the legislative management regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs.

SUD Voucher Goals

Problem	Intervening Variable	Strategy	Short Term Goals	Long Term Goals
Individuals in need of Substance Use Disorder services	Individuals have barriers to accessing needed services to achieve recovery	**SUD Voucher**	Improve **access to quality services** Allow **individual** to **choose** provider	Lives are improved and people recover

GOAL 1

Allow **individual to choose** provider

Objective 1.1

Increase number of providers and service options.

Objective 1.2

Service options are communicated to individuals.

GOAL 2

Improve **access to quality services**

Objective 2.1

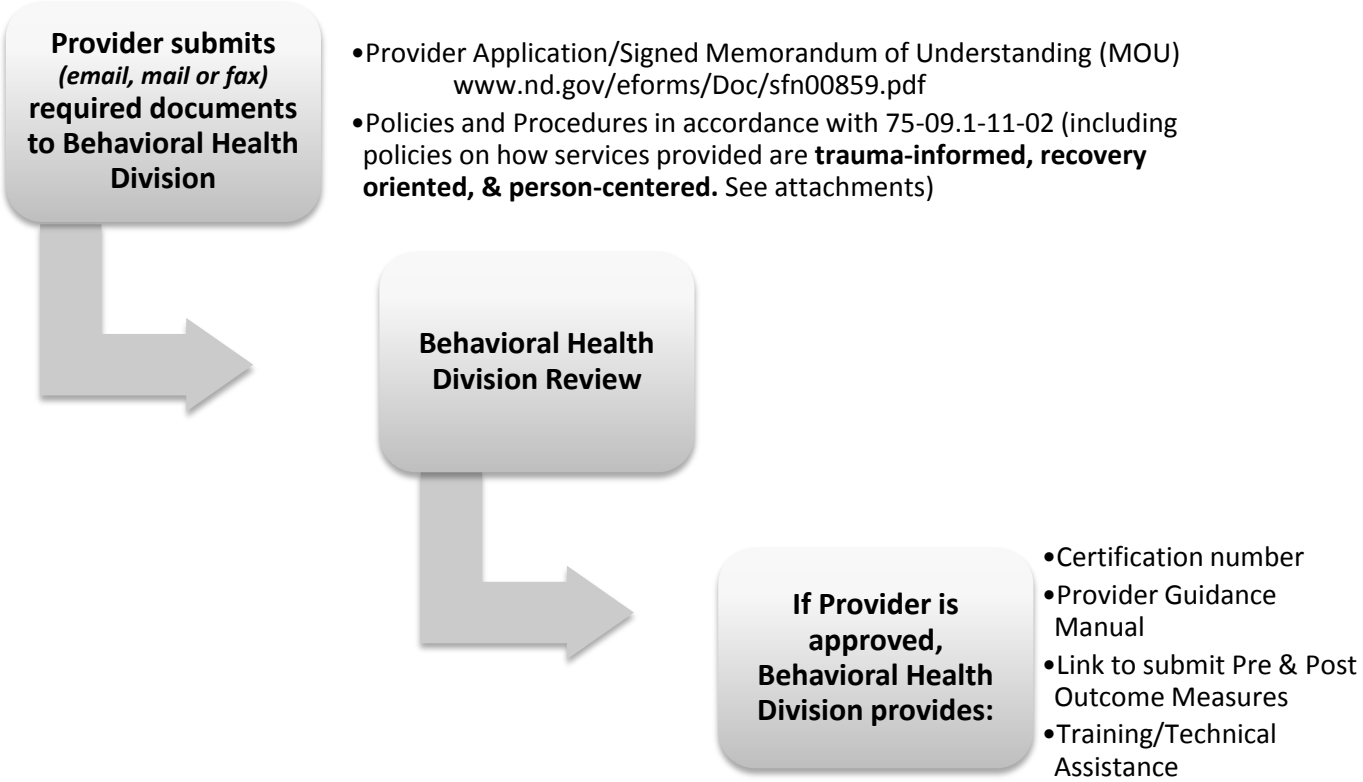
SUD Voucher providers provide evidence-based services based on individual need.

Objective 2.2

Reduce financial barriers for individuals accessing needed services.

north dakota department of human services

Becoming a SUD Voucher Provider



Individual Eligibility

1. The individual resides in North Dakota;
2. The individual is 18 years of age or older;
3. A licensed professional operating within their scope of practice has determined the individual is in need of one or more of the services identified in section 75-09 1-11-06;
4. The individual signs a Release of Information for the Department of Human Services (Department) to access treatment and financial records (example Attachment E);
5. The individual signs a Release of Information for the Department to access health care coverage information (example ROI for BHD and Medicaid/Medicaid Expansion Attachment F or utilize Attachment E for other 3rd party insurance).
6. The individual does not have resources to cover any care for treatment and one of the following:
    i. The individuals third party payment resources will not cover all costs for treatment; or
    ii. Individual has a pending application for medical assistance which presents a barrier to timely access to treatment; or
    iii. Individual does not qualify for medical assistance and has no alternative third party payment resources.
7. The individual has an annual income no greater than 200% of federal poverty guidelines (if an individual has a need for the SUD Voucher but does not meet these requirements, an exception form can be submitted to the Department).

Verifying Income Eligibility

Providers can verify income eligibility in one of the following ways:

1. Verify individual receives Medicaid; or
2. Verify individual is covered by Medicaid Expansion; or
3. Individual submits last year's tax return; or
4. Individual submits last three months of paystubs

Household Size	200%
1	$23,540
2	$31,860
3	$40,180
4	$48,500
5	$56,820
6	$65,140
7	$73,460
8	$81,780

If an individual meets criteria for Medicaid or Medicaid Expansion, the SUD Voucher may pay for services in the interim until Medicaid or Medicaid Expansion is approved.

Initial Request for SUD Voucher

Provider submits documentation via:

Email: SUDVoucher@nd.gov or Fax: 701-328-8979

Individual application (completed and signed by both individual and provider) https://www.nd.gov/eforms/Doc/sfn00783.pdf

If individual does not meet eligibility requirements; however, has a need for the SUD Voucher, an **Individual Exception Request** https://www.nd.gov/eforms/Doc/sfn00787.pdf may be submitted

Release of Information signed by the individual between:

- SUD Provider and BHD (see Attachment E for example)
- BHD and Medicaid/Medicaid Expansion (see Attachment F for example) if appropriate
- BHD and other 3rd party payer (see Attachment E for example)

Prior Authorization/Continued Stay Form (services requested must be identified as approved services outlined in the Memorandum of Understanding or MOU) **is required for the following:** https://www.nd.gov/eforms/Doc/sfn00784.pdf

- Prior Authorization: prior approval is required for the reimbursement of services (with the exception of screening, assessment, and urine analysis conducted the day of assessment)

Behavioral Health Division (BHD) Review

1. BHD may request additional information for Individual SUD Voucher approval
2. Individual Application
   a. Notification of results to individual and provider will be provided within 5 business days
   b. If approved, Individual SUD Voucher number is provided
3. Utilization of the SUD Voucher
   a. Outcome data must be collected prior to and upon completion of services
   b. Services must be initiated within 90 days of approval
   c. Voucher will expire 90 days after last date of service

Prior Authorization / Continued Stay

Provider submits documentation via:

Email: SUDVoucher@nd.gov or Fax: 701-328-8979

Prior Authorization/Continued Stay Form https://www.nd.gov/eforms/Doc/sfn00784.pdf (services requested must be identified as approved services outlined in the Memorandum of Understanding or MOU) **is required for the following:**

- Prior Authorization: prior approval is required for the reimbursement of services (with the exception of screening, assessment, and urine analysis conducted the day of assessment)
- Continued Stay: prior approval is required if individual continues to need service following the previously approved timeframe. Current assessment for medical necessity required.

Behavioral Health Division Review

1. BHD may request additional information for prior authorization/continued stay
2. Notification of approved services will be provided within 5 business days

Outcome Data & Reimbursement Process

Provider submits

1. **Pre-Service Outcome Data (See Attachment D)**
    a. Providers will receive a link to submit data upon approval as an SUD Voucher Provider (the same link will be used for all individuals served with the SUD Voucher)
        - Provider Certification Number will be needed to complete data (found on the certificate)
        - Individual Identification Number will be needed to complete data (found on approval notification)
    b. The questions for Health, Home, Community, and Purpose are to be answered from the provider's clinical perspective
    c. Pre Service Outcome Data must be submitted for initial reimbursement to be processed.

2. **Provider Invoice**
    a. Providers submit one invoice for each approved individual via email SUDVoucher@nd.gov or Fax *701-328-8979*
    b. Invoice must contain the following information (See Attachment G for example)
        - Provider Certification Number
        - Individual Identification Number
        - Service provided

3. **Post-Service Outcome Data (See Attachment D)**
    a. Providers will receive a link to submit post service data upon approval as an SUD Voucher Provider (the same link will be used for all individuals at the time of completion of the SUD Voucher)
    b. The questions for Health, Home, Community, and Purpose are to be answered from the provider's clinical perspective
    c. Data must be submitted within 2 weeks of service completion
    d. If individual discontinues services without notification, data must be submitted within 90 days of last contact

Behavioral Health Division Review

BHD may request additional information for prior authorization/continued stay

Reimbursement Processed and Payment Made

Payment will be mailed directly to provider

Reimbursement Rates & Requirements

Service	Rate*	Specification
Screening	$34.73	Per Screening
Assessment	$130.67	Per Assessment
Individual Therapy	$63.37	30 minutes
	$84.13	45 minutes
	$126.37	60 minutes
Group Therapy	$311.77	Daily Rate for ASAM Level 2.5 (20 hours minimum per week)
	$217.53	Daily Rate for ASAM Level 2.1 (9 or more hours per week)
	$14.50	15 minutes for ASAM Level 1
Family Therapy	$102.03	Per Session without patient
	$105.61	Per Session with patient
Room & Board	$61.45	Per service day (individual occupancy at 12:00AM)
Recovery Coach	$7.25	15 minutes
Urine Analysis	$14.86	Limit 1 per day
Transportation	State Rate $0.54	Up to 200 miles from address to address per day

***Medicaid rates as of May 2016 and are subject to change**

Screening

- Screening tools require pre-approval by the Behavioral Health Division (BHD)
- Prior authorization is not required

Assessment

- Prior authorization is not required for an Assessment meeting licensing requirements of North Dakota Administrative Code 75-09.1
- A screening must be completed indicating a need for further SUD assessment

Individual, Group, and Family Therapy

- ASAM services of Individual, Group, and Family Therapy are reimbursable services if the program identifies using best practices previously approved by the BHD
- The purpose of the Individual, Group, and/or Family Therapy must be identified in treatment planning
- All progress notes must identify the medical necessity of the intervention
- Prior authorization is required for reimbursement

Medical Necessity

An **accepted health care service** provided by health care entities that is **appropriate** to the evaluation and treatment of a disease, condition, illness or injury, and is **consistent with the applicable standard of care**

Room & Board

- Room & Board service day is identified as the day an individual occupies a bed up to midnight of the same day
- The purpose of utilizing Room & Board must be identified in treatment planning
- Prior authorization is required for reimbursement

- Room & Board may be utilized outside of residential treatment (ex: provider has agreement with homeless shelter, sober living environment, etc.)

Recovery Coach

- Service must be provided by a Certified Recovery Coach through a program approved by the BHD
- The purpose of the intervention must be identified in treatment planning
- Progress notes must include the date, time, and purpose of contact
- Prior authorization is required for reimbursement

Urine Analysis (UA)

- UA's are reimbursed up to once per day
- The purpose of the intervention must be identified in treatment planning
- A UA given on the day of assessment does not require prior authorization, all other UAs must have prior authorization

Transportation

- The purpose of the intervention must be identified in treatment planning
- Reimbursement rate is based on the current state rate and is subject to change
- Providers may develop program specific plans of reimbursement with the BHD based on their location, resources, etc.
- Reimbursement may be granted for up to 200 miles round trip from home address to provider address for a service, exceptions may be granted

Process & Outcome Measures

	Process Measures	Outcome Measures
What is it?	Describes what was ***DONE***	Identifies ***RESULTS***
What is an Example?	How many individuals were served or how many individuals completed treatment	What percentage of individuals experienced improvement in health, home, community, and purpose
How is it captured?	Questions will be imbedded into the Individual SUD Voucher Application and Prior Authorization and Continued Stay Forms	Providers complete Pre and Post SUD Voucher Service Data on-line using non-identifying information. Please see the "Providing Services" module of this guidance document for more information
Why is this important?	Process Measures will assist with identifying what services were provided across ND and who was accessed the SUD Voucher	Outcome measures will identify the effectiveness of the services provided under the SUD Voucher
Is this information kept confidential?	BHD is required to maintain confidentiality consistent with 42 CFR Part 2 and 45 CFR Part 164 requirements	

Ultimately, process and outcome measures will assist with future planning and funding efforts, identify where targeted training and technical assistance is needed, and to provide information to the ND Legislature and Stakeholders.

Trauma-Informed

"A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic."

Trauma Informed Involves FOUR KEY ELEMENTS of a Trauma-Informed Approach:

1. ***Realizing*** the prevalence of trauma;
2. ***Recognizing*** how trauma affects all individuals involved with the program, organization, or system, including its own workforce;
3. ***Responding*** by putting this knowledge into practice; and
4. ***Resisting*** retraumatization.

*"**Trauma-Informed Care** is a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment."*

Source: SAMHSA News (Spring 2014, Volume 22, Number 2*), Trauma-informed Care – New Publication, Key Terms: Definitions*. Retrieved 2015, May 27 from http://www.samhsa.gov/samhsanewsletter/Volume_22_Number_2/trauma_tip/key_terms.html.

Guiding Principles of Trauma-Informed Care:

- **SAFETY**: Throughout the organization, staff and the people they serve feel physically and psychologically safe.

- **TRUSTWORTHINESS & TRANSPARENCY**: Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

- **PEER SUPPORT & MUTUAL SELF-HELP**: These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

 COLLABORATION & MUTUALITY: There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizing that ***everyone*** has a role to play in a trauma-informed approach. One does not have to be a therapist or therapeutic.

 EMPOWERMENT, VOICE & CHOICE: Throughout the organization and among the clients served, individuals' strengths are ***recognized, built on, and validated*** and new skills developed as necessary. The organization aims to strengthen the staff's, clients' and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

 CULTURAL, HISTORICAL, & GENDER ISSUES: The organization actively ***moves past*** cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Source: SAMHSA News (Spring 2014, Volume 22, Number 2) *Guiding Principles of Trauma Informed Care*, retrieved 2015 May 1st from http://www.samhsa.gov/samhsanewsletter/Volume_22_Number_2/trauma_tip/key_terms.html

Recovery-Oriented Systems

"Systems of health and human services that affirm hope for recovery, exemplify a strength-based orientation, and offer a wide spectrum of services and supports aimed at engaging people with mental health and substance use conditions into care and promoting their resilience and long-term recovery from which they and their families may choose."

Source: *Glossary of Recovery Terms*: Retrieved 2015, May 18 from http://media.samhsa.gov/recoverytopractice/glossaryofterms.aspx

Guiding Principles of Recovery-Oriented Systems

- **There are many pathways to recovery.**
- **Recovery is self-directed and empowering.**
- **Recovery involves a personal recognition of the need for change and transformation.**
- **Recovery is holistic.**
- **Recovery has cultural dimensions.**
- **Recovery exists on a continuum of improved health and wellness.**
- **Recovery emerges from hope and gratitude.**
- **Recovery involves a process of healing and self-redefinition.**
- **Recovery involves addressing discrimination and transcending shame and stigma.**
- **Recovery is supported by peers and allies.**
- **Recovery involves (re)joining and (re)building a life in the community.**
- **Recovery is a reality.**

Source: Sheedy C.K., and Whitter M., *Guiding Principles and Elements of Recovery-Oriented Systems of Care: What do We Know from the Research?* HHS Publication No. (SMA) 09-4439. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009, pages 1 & 2. Retrieved 2015, May 1 from http://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Guiding_Principles_Whitepaper.pdf.

Person-Centered Care

"Care that is based on the person's and/or family's self-identified hopes, aspirations, and goals, which build on the person's and/or family's own assets, interests, and strengths, and which is carried out collaboratively with a broadly defined recovery management team that includes formal care providers as well as others who support the person's or family's own recovery efforts and processes, such as employers, landlords, teachers, and neighbors."

Source: *Glossary of Recovery Terms*: Retrieved 2015, May 18 from http://media.samhsa.gov/recoverytopractice/glossaryofterms.aspx

"Person-Centered Care describes the effort to ensure that mental health care is centered on the needs and desires of the consumer. It means that consumers set their own recovery goals and have choices in the services they receive, and they can select their own recovery support team. For mental health providers person-centered care means assisting consumers in achieving goals that are personally meaningful."

Source: *Shared Decision-Making in Mental Health Care: Practice, Research, and Future Directions*. HHS Publication No. SMA-09-4371. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2010, Page 5. Retrieved 2015, May 27 from http://store.samhsa.gov/shin/content/SMA09-4371/SMA09-4371.pdf

Person-Centered Care Guiding Principles/Core Competencies

- Transparency, individualization, recognition, respect, dignity, and choice related to one's person, circumstances, and relationships.
- Support the decision making abilities and preferences of all individuals for treatment and recovery.
- Involve persons served in the design, administration, and delivery of treatment and recovery services.
- Respond to every individual in the context of their strengths, hopes, culture, and spirituality.
- Interventions tailored to unique preferences, strengths, vulnerabilities, and dignity of each person.

Source: Adams, N., & Grieder, D. (2014). *Treatment Planning for Person Centered Care: Shared Decision Making for the Whole Health* (2nd Ed.) Elsevier. Berwick D., What "patient-centered" should mean: confessions of an extremist. Health Aff. 2009; 28(04): w555-w565.

Attachment D: Outcome Measures

SUD Voucher Pre-Service Data

Individual Information:

1. SUD Voucher Provider Certification Number:
2. Individual SUD Voucher Identification Number:
3. First date of service reimbursed under SUD Voucher:

Substance Use

4. Type of Substance: (options in red)

Inhalants	Alcohol	Benzodiazepines	Cocaine/Crack
Dextromethorphan (DXM)	Opioids-Pain Pills	Opioids-Heroin	LSD
Marijuana	Methamphetamine	Stimulants	Hallucinogens
Other Over-the-Counter	Sedatives	Synthetics	Other
Ecstasy (MDMA)	Tobacco		

In the past 30 days, what is the frequency of use:

1-2 times/week	1-3 times/month	3-6 times/week;
Daily	No use in past month	N/A

Health

5. Identify how well the individual makes informed healthy choices supporting their physical health and emotional wellbeing (physical activity, attending medical appointments, taking medications as prescribed etc.).

Never				Always
1	**2**	**3**	**4**	**5**

Home

6. Identify the stability and safety of the individual's living environment.

Not Stable & Safe				Very Stable & Safe
1	**2**	**3**	**4**	**5**

Community

7. Identify the extent to which the individual's relationships and social networks provide support, friendship, love, and hope for overall wellbeing.

Never				Always
1	**2**	**3**	**4**	**5**

Purpose

8. Identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).

Never				Always
1	**2**	**3**	**4**	**5**

SUD Voucher Post-Service Data

Individual Information:

1. Program SUD Voucher Certification Number:
2. Individual SUD Voucher Identification Number:
3. Last date of service reimbursed under SUD Voucher:
4. Reason for SUD Voucher discontinuation:

Substance Use

5. Type of Substance: (options in red)

Inhalants	Alcohol	Benzodiazepines	Cocaine/Crack
Dextromethorphan (DXM)	Opioids-Pain Pills	Opioids-Heroin	LSD
Marijuana	Methamphetamine	Stimulants	Hallucinogens
Other Over-the-Counter	Sedatives	Synthetics	Other
Ecstasy (MDMA)	Tobacco		

In the past 30 days, what is the frequency of use:

1-2 times/week	1-3 times/month	3-6 times/week;
Daily	No use in past month	N/A

Health

6. Identify how well the individual makes informed healthy choices supporting their physical health and emotional wellbeing (physical activity, attending medical appointments, taking medications as prescribed etc.)

Never				Always
1	**2**	**3**	**4**	**5**

Home

7. Identify the stability and safety of the individual's living environment.

Not Stable & Safe				Very Stable & Safe
1	**2**	**3**	**4**	**5**

Community

8. Identify the extent to which the individual's relationships and social networks provide support, friendship, love, and hope for overall wellbeing.

Never				Always
1	**2**	**3**	**4**	**5**

Purpose

9. Identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).

Never				Always
1	**2**	**3**	**4**	**5**

Attachment E: Release of Information between BHD & Provider/3rd Party

AUTHORIZATION TO DISCLOSE INFORMATION
ND DEPARTMENT OF HUMAN SERVICES
LEGAL SERVICES
SFN 1059 (Rev. 05-2003)

PRIVACY STATEMENT: Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information. The Department will not condition treatment on your agreement to authorize disclosure of your health information. The Department may, however, require that you authorize disclosure of your health information if needed to make a determination about your eligibility for benefits or enrollment in a Department health plan.

INSTRUCTIONS: Provide information as it existed when the service was provided.

Name of Client: (Last, First, Middle Initial)	Social Security Number:	Date of Birth:	
Street Address:	City:	State:	Zip Code:

CLIENT RELEASE AND SIGNATURE

1. **I Hereby Authorize:**			
Name of Person/Agency:			
Street Address:	City:	State:	Zip Code:
2. **To Release Information To:**			
Name of Person/Agency to Receive Information: Department of Human Services, Behavioral Health Division (BHD) to release and receive information			
Street Address: 1237 W Divide Ave Suite 1C	City: Bismarck	State: ND	Zip Code: 58501
3. The Following Information Is Requested: (Be Specific) To permit BHD to disclose and exchange information relating to receiving Substance Use Disorder Voucher (SUD Voucher). Information to be disclosed: name and other personal identifying information of individual receiving substance use disorder treatment services, behavioral health treatment information necessary to support service, level of care, and medical necessity including, diagnosis, screening, assessment, treatment plan, progress notes, urine analysis, discharge summary, and billing and payment information.			
4. The Information Identified Above Will Be Used For: (List Each Purpose) Purpose of the disclosure: determine SUD Voucher eligibility, medical necessity for payment reimbursement, provider compliance, and billing and payment.			
5. This Authorization to Disclose Information Remains in Effect Until: (Date)			
OR: (Specific Event Terminating Operation of the Release) Payment for services is complete			

CLIENT CONSENT:

This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Refer to the Notice of Privacy Practices for further description of revocation rights. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.	
Signature of Client:	Date:
Signature of Parent/Guardian or Custodian (if needed and Relationship):	Date:
Signature of Witness (if needed):	Date:
☑ **CHECK IF APPLICABLE - NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.	

NOTICE: Except for information subject to 42 CFR Part 2, information disclosed to another entity may potentially be redisclosed, in which case it may not be protected by state or federal law.

DISTRIBUTION: ☐ To agency/person from whom information is sought ☐ Requesting Agency ☐ Client ☐ Other

Attachment F: Release of Information between BHD & Medicaid/Medicaid Expansion (Sanford Insurance)

AUTHORIZATION TO DISCLOSE INFORMATION
ND DEPARTMENT OF HUMAN SERVICES
LEGAL SERVICES
SFN 1059 (Rev. 05-2003)

PRIVACY STATEMENT: Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information. The Department will not condition treatment on your agreement to authorize disclosure of your health information. The Department may, however, require that you authorize disclosure of your health information if needed to make a determination about your eligibility for benefits or enrollment in a Department health plan.

INSTRUCTIONS: Provide information as it existed when the service was provided.

Name of Client: (Last, First, Middle Initial)	Social Security Number:	Date of Birth:	
Street Address:	City:	State:	Zip Code:

CLIENT RELEASE AND SIGNATURE

1. **I Hereby Authorize:**			
Name of Person/Agency: Department of Human Services, Behavioral Health Division (BHD) to release and receive information			
Street Address: 1237 W Divide Ave Suite 1C	City: Bismarck	State: ND	Zip Code: 58501
2. **To Release Information To:**			
Name of Person/Agency to Receive Information: Medicaid or Medicaid Expansion (Sanford Insurance)			
Street Address:	City:	State:	Zip Code:
3. The Following Information Is Requested: (Be Specific) To permit BHD to disclose and exchange information with the individual's health plan. Information to be disclosed: Name and other personal identifying information of individual receiving substance use disorder treatment services, behavioral health treatment information necessary to support service, level of care, and medical necessity including, diagnosis, screening, assessment, treatment plan, progress notes, urine analysis, discharge summary, health plan coverage and benefits, billing and payment information.			
4. The Information Identified Above Will Be Used For: (List Each Purpose) Purpose of the disclosure: determine Substance Use Disorder Voucher (SUD Voucher) eligibility, payment, and determination of cost sharing amounts.			
5. This Authorization to Disclose Information Remains in Effect Until: (Date)			
OR: (Specific Event Terminating Operation of the Release) Payment for services is complete			

CLIENT CONSENT:

This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Refer to the Notice of Privacy Practices for further description of revocation rights. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.	
Signature of Client:	Date:
Signature of Parent/Guardian or Custodian (if needed and Relationship):	Date:
Signature of Witness (if needed):	Date:
☑ **CHECK IF APPLICABLE - NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.	

NOTICE: Except for information subject to 42 CFR Part 2, information disclosed to another entity may potentially be redisclosed, in which case it may not be protected by state or federal law.

DISTRIBUTION: ☐ To agency/person from whom information is sought ☐ Client
☐ Requesting Agency ☐ Other

Attachment G:

SUD Voucher Invoice

Provider:
Provider Number:
Address:

Phone:

Individual Voucher Number:
Invoice Date:

BILL TO:
SUD
Voucher
Behavioral Health Division

Services	Unit*	Unit Description	Unit Price	Total Price
Screening		Each	$34.73	0
Assessment		Each	$130.67	0
Individual therapy - 30 minutes		Per day	$63.37	0
Individual therapy - 45 minutes		Per day	$84.13	0
Individual therapy - 60 minutes		Per day	$126.37	0
ASAM 2.5 Group Therapy		Per day	$311.77	0
ASAM 2.1 Group Therapy		Per day	$217.53	0
ASAM 1 Group Therapy		Per 15 minutes	$14.50	0
Family Therapy with patient		Per session	$102.03	0
Family therapy without patient		Per session	$105.61	0
Room & board/day		Per day	$61.45	0
Urine analysis		Each	$14.86	0
Transportation		Per Mile	$0.54	0
			TOTAL	0

*Must reflect units as reimbursed by the SUD Voucher.

(Ctrl