



TERMINATION OF SPECIAL HEALTH SERVICES

NORTH DAKOTA DEPARTMENT OF HEALTH

SPECIAL HEALTH SERVICES (SHS)

SFN 760 (10-2020)

County
SHS ID Number

INSTRUCTIONS: Submit only on cases approved for Diagnostic Testing and Evaluation or Treatment Services through the SHS Financial Coverage Program.

I. RECOMMENDATION

It is recommended that Special Health Services be terminated for <input type="checkbox"/> Diagnostic Testing and Evaluation <input type="checkbox"/> Treatment			
Name of Child			Date of Birth
Name of Parents			
Address	City	State	ZIP Code

The basis for the above recommendation is as checked below:

<input type="checkbox"/> Child reached 21st birthday			
<input type="checkbox"/> Child has relocated out-of-state (list new address below)			
Address	City	State	ZIP Code
Has a request been made for referral to the Special Health Services program in the state to which they are moving? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> Child is deceased			Date of Death
<input type="checkbox"/> Parent or individual is financially able and willing to provide recommended care			
<input type="checkbox"/> Parent or individual does not wish further care or has not responded to repeated contact attempts			
<input type="checkbox"/> Parent or individual failed to submit current financial, medical, and/or care coordination information			
<input type="checkbox"/> Care to be provided under Medical Assistance/Medicaid			Effective Date
<input type="checkbox"/> Other Reason (specify):			

II. DISPOSITION: (To be completed by State Office)

<input type="checkbox"/> Child has received maximum benefits possible through Special Health Services in a 12-month period	Date of Termination
<input type="checkbox"/> Case closed for Special Health Services for reasons given above	Date of Termination

Signature	Date
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DISTRIBUTION: The original copy of this form will remain in SHS and be distributed to necessary providers.