SUBSTANCE USE DISORDER (SUD) VOUCHER EXCEPTION REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
SFN 787 (9-2016)

Clear Fields

Individual Name	
Provider Name	SUD Voucher Provider Number

Check the appropriate box(es) below and provide supporting documentation:

- ☐ Medicaid Expansion Copay prohibits access to services
- ☐ Title XIX Circumstance (gap in coverage, waiting for application, etc.) prohibits access to services
- ☐ Insurance copay/deductible prohibits access to services
- ☐ Financial hardship prohibits access to services
- ☐ Other (specify): _____

Monthly Income and Expenses (must be completed and supportive documentation provided (child support, rent, utilities, collections, etc.)

Monthly Income	Monthly Expenses
TOTAL 0	**TOTAL 0**

Describe the uniqueness of the individual's situation (be specific)

Describe the impact on individuals if services are not received

Individual Name	
Signature	Date
Provider Name	
Signature	Date

For Office Use Only

Approval ☐ Yes ☐ No	Effective Date	Continued Eligibility Review Date
Comments		

NDAC 75-09.1-11-11. Exceptions to eligibility rules considered.
An individual or a program on behalf of an individual may request an exception to the eligibility criteria. Exceptions will be considered with regard to an individual meeting the eligibility criteria. Exception requests will be reviewed on a case-by-case basis. The department may deny an exception and may revoke an exception granted under this subsection. The decision to deny or revoke an exception is not an appealable decision.

Please submit application and questions in one of the three following ways to:
North Dakota Department of Human Services
Behavioral Health Division
Attn: SUD Voucher

1. **Mail:** 1237 West Divide Avenue; Suite 1C
   Bismarck, ND 58501-1208

2. **Email:** sudvoucher@nd.gov

3. **Fax:** 701-328-8979