

SUBSTANCE USE DISORDER SERVICES ADDENDUM TO THE BEHAVIORAL HEALTH VOUCHER PROGRAM AGREEMENT

For Services Provided by Accredited SUD Providers

This document serves as a formal addendum to the Behavioral Health Voucher Program Agreement and allows your participation as a direct medical assistance provider. Services are limited to substance use disorder (SUD) treatment services which meet all of the following requirements:

- 1) Delivery of substance use disorder services is subject to all guidelines and clinical processes associated with accreditation through the Office of Licensure and Accreditation, South Dakota Department of Social Services.
- 2) The provider must make a good faith attempt to contact voucher recipients within two (2) business days (defined as Monday-Friday) of voucher issuance to schedule an initial appointment.
- 3) The provider must confirm recipients' financial eligibility for services and realign to other payers if/as applicable.
- 4) Delivery of services is limited to individual or family therapy.
- 5) The provider has prepared a diagnostic assessment and treatment plan according to ARSD 67:61:07:05 and 67:61:07:06.
- 6) The provider provides treatment directly to the recipient.
- 7) The treatment is documented in the recipient's clinical record according to ARSD 67:61:07:08.

Failure to meet all of the above requirements will be cause for the Department of Social Services to determine that the SUD services provided are non-covered services.

TO BE COMPLETED BY THE PROVIDER

I declare and affirm under the penalties of perjury that this Addendum has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further declare and affirm under the penalties of perjury that any claim to be submitted pursuant to this Addendum will be examined by me, and to the best of my knowledge and belief, will be in all things true and correct.

Organization: _____
Organization Name

By: _____
Authorized Signature of Provider

Name/Title: _____
Printed Name of Signatory

Date: _____