DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION CENTER FOR SUBSTANCE ABUSE TREATMENT

Form Approved: OMB Number XXXX-XXXX Expiration Date: xx/xx/xxxx See OMB Statement on Reverse

BACKGROUND INFORMATION

REQUEST FOR CHANGE

REQUIREMENTS

Exception Request and Record of Justification Under 42 CFR § 8.11(h)	DATE OF SUBMISSION:				
	f patient exceptions in opioid treatment programs (OTPs) under 42 CFR § 8.11(h).				
Detailed INSTRUCTIONS are provided at http://www.samhsa.gorequest. PLEASE complete ALL applicable items on this form and	ov/medication-assisted-treatment/opioid-treatment-programs/submit-exception-d submit online* for a prompt reply. Thank you.				
Program OTP No: -	Patient ID No:				
Program Name:					
Telephone: E-mail	!				
Name & Title of Requestor:					
Patient's Admission Date:	Most recent urinalysis result (check all that apply):				
Patient's applicable drug(s) and dosage (check all that apply):	Methadone BuprenorphineOther				
Methadone Buprenorphine Other mgmg	□ positive □ negative □ positive □ negative □ positive □ negative				
Patient's program attendance schedule per week (Place an "X" next to all days that the patient attends*): S	MTWT S				
*If current attendance is less than once per week, please enter the	schedule				
Patient status: Employed Ho	memaker Student Disabled				
Other:					
Decrease regular attendance to (Place an "X" next to appropriate days*): S M T *If new attendance is less than once per week, please enter the sci Dates of Exception: From to Justification: Family Emergency Incarceration Step/Level Change Employment Homebound Split Dose	Funeral Vacation Transportation Hardship Long-Term Care Other Residential Treatment				
Other:					
Regulation Requirements: 1. For take-home medication: Has the patient been informed of the dangers of children ingesting methadone?YesNoN/A 2. For take-home medication: Has the program physician considered the 8-point evaluation criteria to determine whether the patient is suitable for dispensed methadone or buprenorphine as outlined in 42 CFR § 8.12(i)(2)(i)-(viii)?YesNoN/A					
3. For multiple detoxification admissions: Did the physician justify more than 2 detoxification episodes per year and assess the patient for other forms of treatment (include dates of detoxification episodes) as required by 42 CFR § 8.12(e)(4)? — Yes — No					
Comments:					

INVOGGG		
770000	•	
70000		١
Odda	٠	۰
Jaga	2	
) DDD	C	
001	Ĺ	Ì
0	٤	1
_	۵	1
	ī	,

State response to request:	Approved	Denied		
			State Opioid Treatment Authority	Date
	_ _ Decision not red	quired		
Explanation:				
Federal response to request:	Approved _	Denied		
			Public Health Advisor, Center for Substance Abuse Treatment	Date
	_ _ Decision not re	quired		
Explanation:				
			SAMHSA OTP Extranet Web site, http://otp-extranet.samhsa848-5741 or OTP-Help@jbsinternational.com .	a.gov. For instructions
This exception is contingent upon a approval.	approval by your State	Opioid Treatment	Authority (as applicable) and may not be implemented until	you receive such

Purpose of Form: This form was created to facilitate the submission and review of patient exceptions under 42 CFR § 8.11(h). This does not preclude other forms of notification.

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0206); 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0206.

FORM SMA-168 (revised 2019) (BACK)