



**BUREAU OF FINANCIAL MANAGEMENT & PROGRAM SUPPORT
180-DAY TIMELY FILING EXCEPTION/SPECIAL HANDLING REQUEST FORM**

*****FOR INTERNAL ODP USE ONLY; TO BE COMPLETED BY ODP PERSONNEL*****

This request has been reviewed by _____ and has been determined to be eligible / not eligible as a(n)
Exception / Special Handling.

The review has determined that there was an issue with _____ (AE, SC, County MH/ID, Regional Office, etc.)
that caused the provider to be unable to bill within 180 days, as required.

Recommendation for special handling case: APPROVE / DENY _____ Date _____

Authorization from Regional Program Manager: _____ Date: _____