

	County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure	Policy Issuer (Unit/Program)	Access
		Policy Number	02-06
		Effective Date	10-24-14
		Revision Date	01/29/21
Title: Notices of Action		Functional Area: Services	
Approved By:			
Melissa Jacobs, LCSW Division Manager		Kelli Weaver, LCSW Division Manager	

Background/Context:

Notice of Adverse Benefit Determinations (NOABD), formerly known as Notice of Action (NOA), are written notifications required by the State Department of Health Care Services (DHCS) and the California Code of Regulations (CCR) Title 9 § 1850.210, Title 22§ 51014.1 and Code of Regulations (CFR) Title 42, Part 438, Subpart F. The notifications advise Medi-Cal beneficiaries (hereafter referred to as Member) of their rights and informs them when the Sacramento Mental Health Plan (MHP) denies mental health services following assessment; denies or changes a provider’s request for authorization of payment of services that have not been delivered; or denies authorization for payment to a provider who has already provided services, when the MHP fails to resolve a grievance or appeal on time or does not provide timely services.

Purpose:

The purpose of this policy and procedure is to ensure that the Sacramento County Mental Health Plan is in compliance with the Notice of Adverse Benefit Determination documents required by the State Department of Health Care Services (DHCS).

Definitions:

Formally the Notice of Action: Assessment (NOA-A):

1. **NOABD-Denial of Authorization for Requested Services:** This template is used when the MHP denies a requested service for reasons that may include: the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
2. **NOABD-Delivery System:** This template is used when the MHP has determined that the member does not meet the requirements for medical necessity for specialty mental health services. The beneficiary will be referred to the Managed

Care Plan, or other appropriate system, for mental health, substance use disorder, or other services.

Formally the Notice of Action: Denial of Services (NOA-B):

3. **NOABD-Modification of Requested Service:** This template is given when the MHP modifies or limits a provider's request for a previously authorized service, including reductions in frequency and/or duration of services, and approval of alternative treatments and services.

Formally the Notice of Action: Lack of Timely Services (NOA-E):

4. **NOABD-Delay in Processing Authorization of Services:** This template is used when there is a delay in processing a provider's request for authorization of specialty mental health services. When the MHP extends the timeframe to make an authorization decision, it is a delay in processing a provider's request. This includes extensions granted at the request of the beneficiary or provider, and/or those granted when there is a need for additional information from the beneficiary or provider, when the extension is in the beneficiary's interest.
5. **NOABD-Failure to Provide Timely Access to Services:** This template is used when there is a delay in providing the beneficiary with timely services, as required by the timely access standards applicable to the delayed services.

Notification of an Adverse Benefit Determination

The Access Team will be responsible for the issuance of the appropriate NOABD, as noted above under the following circumstances:

1. The MHP denies or limits an authorization for a requested service, including determinations based on the type or level of service, requirements for medical necessity for specialty mental health services, appropriateness, setting, or effectiveness of a covered benefit;
2. The MHP modifies or limits a provider's request for a service, including the frequency and/or duration of services, and approval of alternative treatments and services.
3. The MHP has determined that the beneficiary does not meet the criteria to be eligible for specialty mental health services. In which case, the member will be referred to the Managed Care Plan, or other appropriate system, for mental health, substance abuse, or other services.
4. The MHP delays the processing of a provider's request for authorization of specialty mental health services or extends the timeframe to make a decision regarding an authorization for services.
5. The MHP fails to provide timely services to a member, in accordance with MHP timeliness standards.
6. The MHP denies, in whole or in part, for any reason, a provider's request for payment for a service that has already been delivered to a member.

7. The MHP terminates, reduces, or suspends a previously authorized service.
8. The MHP reduces, suspends or terminates a previously authorized service as a result of the Provider's request for payment authorization to provide mental health services under the following circumstances:
 - The Provider is not contracted with the MHP.
 - The documentation for an initial or reauthorization does not support the need for the level of care requested and the requested service is denied or modified.
 - The Provider fails to respond to the MHP for additional information needed to process the provider's request for reauthorization within the 30-day timeframe.
 - The Provider's existing authorization is reduced or terminated by the MHP.

Timeframes for Notification:

The MHP must mail the NOABD to the beneficiary within the following timeframes:

- Members must be notified at least ten (10) days before the date of the action for termination, suspension, or reduction of a previously authorized specialty mental health and/or DMC-ODS service, except as permitted in accordance with 42 CFR, sections 431.213 and 431.214. Providers must be notified within (24) hours.

Storage Requirements

- The Access Team, **and providers**, will scan and upload the NOABD into the Member's Avatar record and retain a copy of the document in a central file for a maximum of 90 days.

Related Policies:

PP-BHS-QM-02-01 Notices of Action

PP-BHS-QM-03-01 Problem Resolution

Distribution:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff	X	Mental Health Service Providers

Contact Information:

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