

**County of San Bernardino
Department of Behavioral Health**

NOAs Issued By The MHP Policy

Effective Date 04/03/03
Revision Date 01/22/13



CaSonya Thomas, Director

Policy It is the policy of the Department of Behavioral Health (DBH) for the Mental Health Plan (MHP) to provide Medi-Cal/ArrowCare beneficiaries with a Notice of Action (NOA), in accordance with California Code of Regulations, Title 9, Chapter 11, 1850.210.

Note: Beneficiaries have the right to request a second opinion, file a verbal or written action appeal, file a verbal or written *expedited* action appeal, and/or request a State Fair Hearing in response to an NOA. (See [Beneficiary Grievance and Appeal Policy](#) and [Beneficiary Grievance and Appeal Procedure](#)).

Purpose To ensure the issuance of NOAs are in accordance with State regulations and to allow beneficiaries the opportunity to practice their rights in response to a NOA

**NOA- A
Determination of
Medical Necessity** The [NOA-A \(Spanish\)](#) is required when the MHP or its providers assesses a Medi-Cal/ArrowCare beneficiary and determines that the beneficiary does not meet the medical necessity criteria and as a result, no specialty mental health services will be provided.

**NOA- B
Denial of Services** The [NOA-B \(Spanish\)](#) is required when a provider requests payment authorization for a specialty mental health service and the MHP denies, modifies, or defers (beyond timelines) the provider's request and the beneficiary did not receive the service.

**NOA- C
Post-Service
Denials** The [NOA-C \(Spanish\)](#) is required when a provider requests payment authorization for a specialty mental health service and the MHP denies or modifies the provider's request and the beneficiary already received the service.

**NOA- D
Delayed
Grievance/Appeal
Decisions** The [NOA-D \(Spanish\)](#) is required when the MHP does not provide the resolution of a grievance, appeal, or expedited appeal within the required time frames.

**NOA- E
Lack of Timely
Services** The [NOA-E \(Spanish\)](#) is required when the MHP does not provide services in a timely manner according to their own standards for timely services.

Continued on next page

**County of San Bernardino
Department of Behavioral Health**

NOAs Issued By The MHP Policy, Continued

Back of NOA's The NOA-Back includes information about appeals, expedited appeals, and expedited State Fair Hearings.

Beneficiary Rights In response to NOA's, the beneficiary has the right to respond in the following ways:

- **Request for a second opinion** – The beneficiary may make a request for a second opinion upon receipt of a NOA-A for review and re-determination of medical necessity.
- **File a verbal or written action appeal** – The beneficiary may file an action appeal verbally or in writing pertaining to a NOA.
- **Request a State Fair Hearing** – The beneficiary may request a State Fair Hearing by calling or writing directly to the State Fair Hearing Office upon exhausting the County's problem resolution processes,

State Requirement The Department of Behavioral Health shall retain copies of all Notices of Action issued to the beneficiaries in a centralized file accessible to the Department of Health Care Services (DHCS).
