

**San Bernardino County
Department of Behavioral Health**

Notice of Adverse Benefit Determination (NOABD) Procedure

Effective Date 05/03/2019
Approved Date 05/03/2019


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Purpose To notify the Department of Behavioral Health (DBH), contract agencies, and Fee for Service (FFS) providers that clients or potential clients must be given timely and adequate notice of an adverse benefit determination, in writing. The mechanism to notify beneficiaries is a Notice of Adverse Benefit Determination (NOABD). This procedure describes the process in which a NOABD is issued to ensure compliance with federal regulations and state requirements, so that clients or potential clients are able to exercise their rights in response to a NOABD. This procedure applies to both Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) services.

Notice of Adverse Benefit Determination (NOABD) Template and Content Requirements The NOABDs that DBH, contract agencies, and FFS providers issue to clients and potential clients are templates of the Department of Health Care Services (DHCS) that must be used and cannot be modified, no exceptions. Although templates are used, DBH, contract agencies, and FFS providers must insert clear and concise narrative explaining why an adverse benefit determination was made.

The required contents of the NOABD are outlined in the [Grievance and Appeal Policy](#).

Requirements regarding Issuance of NOABD DBH, contract agencies, and FFS providers are required to send scans or copies of each NOABD issued to clients or potential clients for audit purposes but also for DBH to review appropriateness of the issuance of NOABDs and to determine if a beneficiary has exhausted the appeals process. NOABDs shall be sent to the following email via encryption from contract agencies and FFS providers: DBH-NOABD@dbh.sbcounty.gov.

Important Note: Privacy and Security regulations require contract agencies and FFS providers to encrypt, prior to transmission, all emails containing Protected Health Information. If an agency or provider does not have the ability to encrypt emails, the agency/person must contact the Access Unit at 1-888-743-1478 for assistance.

Continued on next page

San Bernardino County Department of Behavioral Health

Notice of Adverse Benefit Determination (NOABD) Procedure, Continued

Requirements regarding Issuance of NOABD, continued

Federal regulations and State requirements necessitate the following regarding the issuance of a NOABD:

- Decisions shall be communicated to the client or potential client in writing.
 - Decisions involving denial of a provider's treatment authorization request (TAR) shall be communicated to the treatment provider initially by telephone or facsimile, then in writing, except for decisions rendered retrospectively.
 - Written notice to the treatment provider must also include the name and direct telephone number or extension of the decision-maker.
 - If DBH can substantiate through documentation that effective processes are in place to allow the treatment provider to easily contact the decision-maker through means other than a direct telephone number (such as telephone number to the specific unit of the Utilization Management unit that handles provider appeals directly), a direct telephone number or extension is not required. However, DBH must conduct ongoing oversight to monitor the effectiveness of this process.

The enclosed [Table of NOABD Issuance Requirements](#) at the end of this procedure provides an explanation of the various NOABDs that may be issued to clients, potential clients and/or treatment providers, a description when to utilize the NOABD, to whom to address the NOABD, what attachments must also be issued and the required timeframe to send the NOABD.

Related Policies and Procedures

DBH Standard Practice Manual

- Grievance and Appeal Policy ([QM6029](#))
 - Grievance Procedure ([QM6029-1](#))
 - State Hearing Procedure ([QM6029-2](#))
 - Standard and Expedited Resolutions of Appeals Procedure ([QM6029-3](#))
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Reference(s)

- CA Code of Regulations, Title 9, Sections 1810.360, 1810.405, 1810.410, 1850.206, 1850.207, and 1850.208 et al.
 - Code of Federal Regulations, Title 42, Sections 431.211, 438.10 and 438.400 et al.
 - Drug Medi-Cal Organized Delivery System Intergovernmental Agreement Exhibit A, Attachment I, Section II, G(2)(i-iii)
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San Bernardino County Department of Behavioral Health

Table of NOABD Issuance Requirements

NOABD	Who Issues & When to Use	Addressee(s)	Attachment(s)	Timeframe to Send NOABD
Denial Notice	<p>DBH issues when it denies a request for services by a treatment provider.</p> <p>Denials include determinations based on type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit.</p> <p>For DMC-ODS, this NOABD is also issued for denied residential service requests.</p>	<ul style="list-style-type: none"> • Requesting Treatment Provider and • Client or Potential Client <p>Note: Send notices to each named recipient listed above</p>	<ul style="list-style-type: none"> • NOABD Your Rights • Language Assistance Taglines • Beneficiary Non-Discrimination Notice <p>Note: Send above named attachments to each recipient</p>	<ul style="list-style-type: none"> • Within two (2) business days of the decision, send the NOABD to the affected client or potential client. • Within 24 hours of making the decision, send the NOABD to affected treatment provider.
Payment Denial Notice	<p>DBH issues this notice when it denies, in whole or in part, for any reason, a treatment provider's request for payment for a service that has already been delivered to a client or potential client.</p>	<ul style="list-style-type: none"> • Requesting Treatment Provider and • Client or Potential Client <p>Note: Send notices to each named recipient listed above</p>	<ul style="list-style-type: none"> • NOABD Your Rights • Language Assistance Taglines • Beneficiary Non-Discrimination Notice <p>Note: Send above named attachments to each recipient</p>	<ul style="list-style-type: none"> • At the time of any action denying a provider's claim, send the NOABD to the affected client or potential client. • Within 24 hours of making the decision, send the NOABD to affected treatment provider.

San Bernardino County Department of Behavioral Health

NOABD	Who Issues & When to Use	Addressee(s)	Attachment(s)	Timeframe to Send NOABD
<p>Delivery System Notice</p>	<p>DBH, contract agencies, or FFS providers issue this notice when it has been determined that the client or potential client does not meet the criteria to be eligible for specialty mental health or substance use disorder services through the Mental Health Plan or DMC-ODS.</p> <p>DBH, contract agencies, or FFS providers will refer the client or potential client to the Managed Care Plan, or other appropriate system, for mental health, substance use disorder, or other services.</p>	<ul style="list-style-type: none"> • Client or Potential Client <p>Note: The treatment provider who issues this notice shall retain a copy for their records.</p>	<ul style="list-style-type: none"> • NOABD Your Rights • Language Assistance Taglines • Beneficiary Non-Discrimination Notice <p>Note: Send above named attachments to each recipient</p>	<ul style="list-style-type: none"> • Within two (2) business days of the decision, send the NOABD to the affected client or potential client. • Within 24 hours of making the decision, send the NOABD to affected treatment provider.
<p>Modification Notice</p>	<p>DBH issues this notice when it modifies or limits a provider's request for a service, including reductions in frequency and/or duration of services, and approval of alternative treatments and services.</p>	<ul style="list-style-type: none"> • Requesting Treatment Provider and • Client or Potential Client <p>Note: Send notices to each named recipient listed above</p>	<ul style="list-style-type: none"> • NOABD Your Rights • Language Assistance Taglines • Beneficiary Non-Discrimination Notice <p>Note: Send above named attachments to each recipient</p>	<ul style="list-style-type: none"> • Within two (2) business days of the decision, send the NOABD to the affected client or potential client. • Within 24 hours of making the decision, send the NOABD to affected treatment provider.
<p>Termination Notice</p>	<p>DBH issues this notice when it terminates, reduces, or suspends a previously authorized service.</p>	<ul style="list-style-type: none"> • Requesting Treatment Provider and • Client or Potential Client <p>Note: Send notices to each named recipient listed above</p>	<ul style="list-style-type: none"> • NOABD Your Rights • Language Assistance Taglines • Beneficiary Non-Discrimination Notice <p>Note: Send above named attachments to each recipient</p>	<ul style="list-style-type: none"> • Send the NOABD to the client or potential client at least ten (10) calendar days before the date of the proposed action. • Within 24 hours of making the decision, send the NOABD to affected treatment provider.

San Bernardino County Department of Behavioral Health

NOABD	Who Issues & When to Use	Addressee(s)	Attachment(s)	Timeframe to Send NOABD
<p>Timely Access Notice</p>	<p>DBH issues this notice when there is a delay in providing the client or potential client with timely services, as required by the timely access standards applicable to the delayed service.</p>	<ul style="list-style-type: none"> • Requesting Treatment Provider and • Client or Potential Client <p>Note: Send notices to each named recipient listed above</p>	<ul style="list-style-type: none"> • NOABD Your Rights • Language Assistance Taglines • Beneficiary Non-Discrimination Notice <p>Note: Send above named attachments to each recipient</p>	<ul style="list-style-type: none"> • Within two (2) business days of the decision, send the NOABD to the affected client or potential client.
<p>Financial Liability Notice</p>	<p>DBH issues this notice when it denies a client or potential client's request to dispute financial liability, including cost-sharing and other client or potential client financial liabilities.</p>	<ul style="list-style-type: none"> • Requesting Treatment Provider and • Client or Potential Client <p>Note: Send notices to each named recipient listed above</p>	<ul style="list-style-type: none"> • NOABD Your Rights • Language Assistance Taglines • Beneficiary Non-Discrimination Notice <p>Note: Send above named attachments to each recipient</p>	<ul style="list-style-type: none"> • At the time of any action denying a provider's claim, send the NOABD to the affected client or potential client. • Within 24 hours of making the decision, send the NOABD to affected treatment provider.
<p>Authorization Delay Notice</p>	<p>DBH issues this notice when there is a delay in processing a treatment provider's request for authorization of specialty mental health services or substance use disorder residential services. When DBH extends the timeframe to make an authorization decision, it is a delay in processing a treatment provider's request. This includes extensions granted at the request of the client or potential client or treatment provider, and/or those granted when there is a need for additional information from the client or potential client or treatment provider, when the extension is in the client or potential client's interest.</p>	<ul style="list-style-type: none"> • Requesting Treatment Provider and • Client or Potential Client <p>Note: Send notices to each named recipient listed above</p>	<ul style="list-style-type: none"> • NOABD Your Rights • Language Assistance Taglines • Beneficiary Non-Discrimination Notice <p>Note: Send above named attachments to each recipient</p>	<ul style="list-style-type: none"> • Within two (2) business days of the decision, send the NOABD to the affected client or potential client. • Within 24 hours of making the decision, send the NOABD to affected treatment provider.

San Bernardino County Department of Behavioral Health

NOABD	Who Issues & When to Use	Addressee(s)	Attachment(s)	Timeframe to Send NOABD
NOABD Grievance and Appeal Timely Resolution Notice	DBH issues this notice when the Plan does not meet required timeframes for the standard resolution of grievances and appeals.	<ul style="list-style-type: none"> • Requesting Treatment Provider and • Client or Potential Client <p>Note: Send notices to each named recipient listed above</p>	<ul style="list-style-type: none"> • NOABD Your Rights • Language Assistance Taglines • Beneficiary Non-Discrimination Notice <p>Note: Send above named attachments to each recipient</p>	<ul style="list-style-type: none"> • Within two (2) business days of the decision, send the NOABD to the affected client or potential client.