



INFORMATION NOTICE 19-06

Date	October 2, 2019
To	Department of Behavioral Health (DBH) Deputy Directors, Program Managers, Clinic Supervisors, Contract Agencies, and Fee-for-Service Providers
From	Veronica Kelley, DSW, LCSW, Director
Subject	Editing Notice of Adverse Benefit Determination (NOABD) and Notice of Appeal Resolution (NAR) Forms and Letters
Purpose	The purpose of this notice is to provide parameters and direction on editing NOABD/NAR forms and letters.
Background	<p>In response to Department of Health Care Services (DHCS) Information Notice (IN) 18-010E: Federal Grievance and Appeal System Requirements with Revised Beneficiary Notice Templates, DBH posted editable versions of all forms and letters needed to meet the requirements of IN 18-010E. These forms and letters may be used by DBH, contract agencies, and fee-for-service (FFS) providers, for both mental health programs and substance use disorder and recovery services (SUDRS) programs. These forms and letters are located on the DBH Departmental Forms webpage, within the Quality Management (QM) section.</p> <p>Note: As used in this IN the term “<i>provider</i>” refers to a contract agency or FFS provider. It is not intended to suggest identifying information of any individual service provider.</p>
Editing Guidelines	<p>These forms and letters have DBH’s letterhead, division name, and contact information, and may be used by DBH clinics as is.</p> <ul style="list-style-type: none"> • DHCS allows only the letterhead, provider’s name, and contact information to be edited so information is provider specific. • Contract agencies and FFS providers must change the letterhead, provider name, and contact information to their own information prior to using these forms and letters.
Forms and Letters Completion	Forms and letters are protected to restrict editing, and allow filling out the form or letter. This allows the user to jump from one form field to the next by pressing the “Tab” key. Although the forms and letters are protected, there is no password required to unprotect the forms and letters and edit the letterhead, provider’s name, and contact information, as may be required of contract agencies and FFS providers.

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Controlling Editing Restrictions

The table below provides steps to disable the protection feature to allow editing, and reset protection after editing is complete.

Step	Action
1.	Navigate to Departmental Forms webpage, QM section, select the desired form or letter
2.	"Save As" to desired location and file name
3.	Open the form or letter, then click the "Review" tab
4.	Choose "Restrict Editing" in the Protect group to open the Restrict Editing window beside the form/letter's text
5.	Click "Stop Protection" button at bottom of Restrict Editing window. Form or letter is now unprotected for editing
6.	Edit letterhead, provider's name, and contact information
7.	Click "Yes, Start Enforcing Protection" button in middle of Restrict Editing window after edits are complete
8.	Do not enter passwords when "Start Enforcing Protection" window pops up, just click the "OK" box

Form or letter is now protected again and editing is restricted to filling out the form or letter.

Contact Information

Some of these forms and letters have the option to direct the recipient of the form or letter to contact a specific DBH outpatient clinic, DBH Access Unit, or DBH SUDRS Administration, depending upon where the letter originated. The following table provides instructions for directing client to follow up with a specific clinic:

Provider Type	Directions/Instructions
DBH Clinics	<ul style="list-style-type: none"> • Enter the clinic name and phone number to direct recipient to follow up with a specific clinic. • Select checkbox for Access or SUDRS to direct recipient to follow up with them.
Contract Agencies or FFS Providers	<ul style="list-style-type: none"> • Enter your clinic name and phone number to direct recipient to follow up with your specific clinic. • Do not select checkboxes next to Access or SUDRS, these options are not for use by contract agencies or FFS providers.

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Reference(s)

DBH Standard Practice Manual:

- Grievance and Appeal Policy ([QM6029](#))
 - Grievance Procedure ([6029-1](#))
 - State Hearing Procedure ([6029-2](#))
 - Standard and Expedited Resolution of Appeals Procedure ([6029-3](#))
 - NOABD Procedure ([6029-4](#))
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Questions

For questions regarding this Information Notice, please contact DBH Office of Compliance at Compliance_Questions@dbh.sbcounty.gov or (909) 388-0879.
