



NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD) TABLE
For Medi-Cal Beneficiaries: Specialty Mental Health and Substance Use Disorder Treatment Services

An Adverse Benefit Determination is defined to mean any of the following actions taken by the Behavioral Health Plan (BHP), which includes Alameda County Behavioral Health (ACBH) and ACBH-contracted providers:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
2. The reduction, suspension, or termination of a previously authorized service;
3. The denial, in whole or in part, of payment for a service;
4. The failure to provide services in a timely manner;
5. The failure to act within the required timeframes for standard resolution of grievances and appeals; or
6. The denial of a beneficiary's request to dispute financial liability.

Beneficiaries must receive a written NOABD when the BHP takes any actions described above.

➤ NOABDs sent to beneficiaries shall include all of the following enclosures:

- NOABD "Your Rights"
- Language Assistance Taglines
- Beneficiary Nondiscrimination Notice

➤ ACBH-contracted providers are required to send copies of NOABDs to:

ACBH Quality Assurance (QA) Office
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606

or FAX to: (510) 639-1346



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NOABD	Who Issues Notice?	Who Receives Notice?	Criteria for Beneficiary Notice
Denial (of Authorization) Notice	BHP: ACBH and ACBH-contracted providers	Beneficiary or parent/legal guardian, ACBH QA	The BHP denies a request for a service. Denials include determinations based on type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit. The BHP must mail the notice to the beneficiary within two (2) business days of the decision.
Payment Denial Notice	ACBH	Beneficiary or parent/legal guardian	ACBH 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 beneficiary. ACBH must mail the notice to the beneficiary at the time of any action denying the provider's claim.
Delivery System Notice	BHP: ACBH and ACBH-contracted providers	Beneficiary or parent/legal guardian	The BHP has determined that the beneficiary does not meet the criteria to be eligible for specialty mental health services (SMHS). The beneficiary will be referred to the Managed Care Plan, or other appropriate system, for mental health and/or other services. The Plan must mail the notice to the beneficiary within two (2) business days of the decision. NOTE: This template does not apply to SUD services.
Modification Notice	BHP: ACBH and ACBH-contracted providers	Beneficiary or parent/legal guardian; ACBH QA	The BHP 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. The BHP must mail the notice to the beneficiary within two (2) business days of the decision. Requires provider notification within 24 hours. ¹
Termination Notice	BHP: ACBH and ACBH-contracted providers	Beneficiary or parent/legal guardian; ACBH QA	The BHP terminates, reduces or suspends a previously authorized service. The BHP must mail the notice to the beneficiary at least ten (10) days before the date of the action. Requires provider notification within 24 hours. ¹
Authorization Delay Notice	ACBH	Beneficiary or parent/legal guardian	When there is a delay in processing a provider's request for authorization of specialty mental health services or substance use disorder residential services. When ACBH extends the timeframes 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. ACBH must mail the notice to the beneficiary within two (2) business days of the decision.
Timely Access Notice	BHP: ACBH and ACBH-contracted providers	Beneficiary or parent/legal guardian; ACBH QA	When there is a delay in providing the beneficiary with timely services, as required by the timely access standards applicable to the delayed service. The BHP must mail the notice to the beneficiary within two (2) business days.
Financial Liability Notice	ACBH	Beneficiary or parent/legal guardian	ACBH denies a beneficiary's request to dispute financial liability, including cost-sharing and other beneficiary financial liabilities. ACBH must mail the notice to the beneficiary at the time of any action regarding the dispute.
Grievance & Appeal Timely Resolution	BHP: ACBH and ACBH-contracted providers	Beneficiary or parent/legal guardian; ACBH QA	Failure to timely resolve grievances and/or appeals. Use this template when the BHP does not meet required timeframes for the standard resolution of grievances and appeals.

NOTE: The BHP must also communicate the decision to the affected provider within 24 hours of making the decision, initially by telephone or facsimile, and then by writing, except for decisions rendered retrospectively.¹ Services not authorized by ACBH that are reduced, modified, or terminated as a result of a treatment Team/Clinician decision based on the beneficiary's clinical condition and/or progress in treatment are not subject to an adverse benefit determination notification. The beneficiary still has the right to appeal the decision with the BHP.