

Notice of Adverse Benefit Determination (NOABD) Quick Reference

An “Adverse Benefit Determination” is any action taken by Yolo County HHSA’s Plans (MHP and DMC-ODS) and its providers that would deny, change, reduce, or terminate a Medi-Cal beneficiary’s Specialty Mental Health Services (SMHS) or Substance Use Disorder (SUD) Services. In accordance with these two federal requirements: 1) beneficiaries must be informed in writing when one of these actions is taken. This is called a “NOABD”, and 2) the Plan and its providers shall use DHCS’ uniform NOABD templates as generated from Avatar (or from printed templates for languages other than English) when providing beneficiaries with a written NOABD. The complete notification requires 4 elements: 1) The appropriate NOABD template, 2) the “Your Rights” attachment, 3) the “Beneficiary Nondiscrimination” attachment, and 4) Language Assistance Taglines attachment (note: Avatar includes all necessary attachments when the NOABD is generated from there.) The following is a description of adverse benefit determinations and the corresponding NOABD template, as well as instructions related to the timeframes for providing the NOABD to the beneficiary (or parent/legal guardian). **Rows highlighted in yellow indicate those determined to be most commonly used by providers.** **Rows highlighted in pink indicate those determined to be most appropriately used by Yolo County HHSA as the Plan.**

| NOABD (delivered to beneficiary or parent/legal guardian) | CRITERIA FOR PROVIDING THE NOABD | TIMELINE FOR PROVIDING THE NOABD |
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| NOABD Denial Notice | Use this template when a service request is denied. Denials include determinations based on type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of covered benefit. | Within 2 business days of the decision |
| NOABD Payment Denial Notice | Use this template when the Plan 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. | At the time of action |
| NOABD Delivery System Notice | Use this template when it has been determined that the beneficiary does not meet medical necessity criteria to be eligible for SMHS. The beneficiary shall be referred to the Managed Care Plan or other appropriate system. | Within 2 business days of the decision that client does not meet medical necessity criteria |
| NOABD Modification Notice | Use this template when the Plan 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. | Within 2 business days of the decision |

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| NOABD Termination Notice | Use this template when a previously authorized service is terminated, reduced, or suspended. (Please note: A NOABD is not required if the client agrees with this change, i.e., completed treatment plan goals, wanting less services, etc.) This notice is also required for all beneficiaries who have unsuccessfully discharged. Discharges include, but are not limited to, beneficiary AWOL, beneficiary unwilling to continue with services, beneficiary terminates services “against medical advice” (AMA), etc. | At least 10 days before the date of action (i.e., the date of discharge) |
| NOABD Delay Notice | Use this template when there is a delay in processing a provider’s request for authorization of SMHS or SUD Services. When the Plan 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. | Within 2 business days of the decision |
| NOABD Timely Access Notice | Use this template when there is a delay in providing the beneficiary with timely services, as required by the timely access standards applicable to the delayed services (e.g. within 10 business days of request for outpatient, non-psychiatric/non-urgent, SMHS or SUD Services) | Within 2 business days of the decision that service request cannot be provided within required timelines |
| NOABD Financial Liability Notice | Use this template when the Plan denies a beneficiary’s request to dispute financial liability, including cost-sharing and other beneficiary financial liabilities | Within 2 business days of the decision |