

# **SUD NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD) AVATAR DESK GUIDE**

Per **DHCS Information Notice 18-010E**, Drug Medi-Cal providers are required to issue NOABD letters to Medi-Cal Beneficiaries under certain circumstances (ex: when services are denied, reduced or terminated). For more detailed information on NOABD requirements, please see Yolo County's NOABDs, Appeals, and State Fair Hearing policy.

Providers are responsible for the following NOABD letters:

- Termination Notice
- Denial Notice
- Timely Access Notice and Grievance and Appeal Timely Resolution Notice (grievance only)
  - Until additional guidance is issued, Yolo County Quality Management will handle Timely Access Notices and Grievance Notices.
- Three attachments accompany beneficiary notices:
  - Your Rights Attachment Enclosure
  - Beneficiary Non-Discrimination Notice
  - Language Assistance Taglines

Required Formatting NOABD letters and required attachments are on State provided templates that have been customized for Yolo County users. The letter shall not be modified.

**Before entering the NOABD in Avatar, verify that the client's mailing address in Avatar is accurate (using the Update Client Data form in Avatar).**

## Termination NOABD

- A Termination NOABD is required when an involuntary discharge has occurred.
- The NOABD **must** be sent at least 10 calendar days before the termination date.
  - Note that the date of Termination can be on the same day as the date of the decision in the event that the client displays behavior that creates a safety issue for themselves or others.

### Processing the Termination NOABD in Avatar

1. Find the client in Avatar by entering the client name or Avatar MR number (which is a unique number assigned to the client).
2. Click on the section with the green plus sign which will activate a box to find and select various forms. Start typing in 'Notice of Adverse Benefit Determination (NOABD)' in **Search Forms** and select 'Notice of Adverse Benefit Determination (NOABD)' when it becomes activated. The NOABD form will load.

The screenshot displays the Avatar software interface for a client named TESTCLIENT, YOLO (000011136). The client's details include: F, 11, 03/13/2012; Ep: -; Problem P: -; DX P: -; and physical stats: Ht: 5' 7.3", Wt: 145 lbs, BMI: 22.5. A 'Chart' section is visible with a green plus sign icon highlighted by a red arrow. Below this, a 'My Forms' panel lists various forms: Diagnosis, Discharge, Progress Notes (Group and Individual), Current Hospital Census, Print Treatment Plan, Post Staff Activity Log, and Yolo Mental Health Admission. A 'Recent Forms' panel shows 'Notice of Adverse Benefit Determination (NOABD)'. The 'Search Forms' panel is active, with the search term 'notice of adverse benefit' entered. The search results table below shows the following entry:

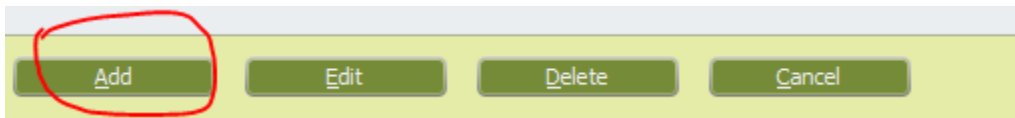
Name	Menu Path
Notice of Adverse Benefit Determination (NOABD)	Avatar PM / Client Management / NOABD

- In some instances, clients have had services at different programs within an agency. If this is the case, Avatar will direct you to select the appropriate episode (ex: outpatient verses intensive outpatient). Double click on the episode or select 'OK' at the bottom of the list.

Episode	Program	Start
107	Granite Wellness Center R31-Auburn	03/02/2023
105	Hope Cooperative-FSP	02/28/2023
102	Communicare Juvenile Justice	11/10/2022
100	Access Log	09/29/2022
97	1-HHSA MH EPISODE	08/17/2022

- If NOABDs have been issued previously for the client within an episode, Avatar will pull up a list of all previous NOABDs. To process a new NOABD, click on 'Add'. Avatar will load a new NOABD form to fill out.

Type of NOABD	Date of Letter	Draft/Final
Termination Notice	06/02/2023	Final



- In the NOABD form, fill in the sections as outlined below.
  - Staff Completing NOABD:** your name
  - Date of Decision:** date of decision to take action
  - Date of Letter:** Date you are completing and mailing the NOABD

Staff Completing NOA: BROWN,ERICA (011312)

Date of Decision: 06/12/2023

Date of Letter: 06/12/2023

- In the “**Type of NOABD**” field, select ‘Termination Notice’. Additional required fields will become active.

Type of NOABD

- Authorization Delay Notice
- Payment Denial Notice
- Modification Notice
- Timely Access Notice
- Service Denial Notice-SUD (For use of Residential Authorizations only)
- Delivery System Notice-Mental Health
- Financial Liability Notice
- Termination Notice
- Service Denial Notice

- Fill in the “**Explanation of Decision**”. Please be mindful of the language used in this letter. Explanation of decisions should be stated in a professional and courteous language that is easily understood by the client. Please see some common examples of explanations of decisions below. Note that the language in the bracket is already included in the template letter and does not need to be typed on the form in Avatar.
  - [This is because] you disengaged from services as evident by your excessive absences.
  - [This is because] you disengaged from services and program staff have been unable to reach you despite multiple attempts to contact you.
  - [This is because] you did not adhere to the program rules.
  - [This is because] you self-discharged from the program.
    - Please note that even if a client self-discharges from the program, they **still get a 10-day notice** unless they provided a written and signed statement that they no longer wish to receive services.

Explanation of Decision

you disengaged from services as evident by your excessive absences.

- **Termination Date:** Enter the termination date. Please see information above regarding timeliness requirements.
- **Services to be Terminated:** the type of services that the client received (i.e. ‘outpatient substance use services’; ‘intensive outpatient substance use services’; ‘medication assisted substance use services’; ‘residential substance use services’).

Termination Date  T Y

Services to be terminated

- Fill in the **Treating Provider’s Organization Name** and **address**.

Treating Providers fields should be left blank if NOABD is issued by HHSA

Treating Provider Organization Name

Treating Provider Organization Address

Treating Provider Organization City, State, Zip

- Select the client’s **primary language** if other than English. Please see instructions [below](#) for additional steps required for NOABDs in an alternative language.

LEAVE BLANK UNLESS THE NOTICE IS PROVIDED IN A LANGUAGE OTHER THAN ENGLISH

Select Language the Notice Was Provided In  Spanish  Russian  Other

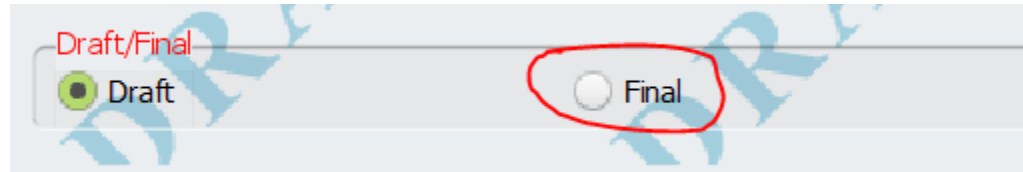
Other Language

- Select **‘Method Used to Deliver NOABD’**. If the client is homeless, select ‘Undeliverable’. The box labeled ‘Reason Undeliverable’ will activate to fill out the reason. For example, ‘client is unhoused and has no address’.

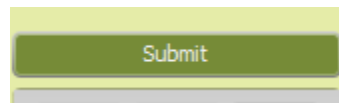
Method Used to Deliver NOABD  Mailed  Hand-Delivered  Emailed (per client request)  Undeliverable

Reason Undeliverable

- Select '**Final**', and then, '**Submit**'. Please note that once finalized, the letter cannot be altered, so we recommend submitting the letter in draft form in order to review the letter before finalizing it.



The image shows a horizontal selection bar with a light gray background. On the left, the text "Draft/Final" is written in red. Below this text are two radio button options. The first option is "Draft", which has a green radio button that is currently selected. The second option is "Final", which has a white radio button and is circled in red. A large, faint blue watermark with the word "DRAFT" is visible across the background of the selection bar.



The image shows a rectangular button with a green-to-yellow gradient. The word "Submit" is centered on the button in a white, sans-serif font.

Once the form is submitted, Avatar will generate an English version of the letter with the entered information. The required attachments are included.

## Service Denial NOABD

- A Denial NOABD is required if a request for service is denied based on type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit.
- **The NOABD letter must be sent to the client within two (2) business days of the decision.**

### Processing the Service Denial NOABD in Avatar

1. Find the client in Avatar by entering the client name or Avatar MR number (which is a unique number assigned to the client).
2. Click on the section with the green plus sign which will activate a box to find and select various forms. Start typing in 'Notice of Adverse Benefit Determination (NOABD)' in **Search Forms** and select 'Notice of Adverse Benefit Determination (NOABD)' when it becomes activated. The NOABD form will load.

TESTCLIENT, YOLO (000011136)  
F, 11, 03/13/2012  
Ht: 5' 7.3", Wt: 145 lbs, BMI: 22.5

Ep: -  
Problem P: -  
DX P: -

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My Forms

- Diagnosis
- Discharge
- Progress Notes (Group and Individual)
- Current Hospital Census
- Print Treatment Plan
- Post Staff Activity Log
- Yolo Mental Health Admission

Recent Forms

- Notice of Adverse Benefit Determination (NOABD)

Search Forms

notice of adverse benefit

Name	Menu Path
Notice of Adverse Benefit Determination (NOABD)	Avatar PM / Client Management / NOABD

- In some instances, clients have had services at different programs within an agency. If this is the case, Avatar will direct you to select the appropriate episode (ex: outpatient verses intensive outpatient). Double click on the episode or select 'OK' at the bottom of the list.

Episode	Program	Start
107	Granite Wellness Center R31-Auburn	03/02/2023
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97	1-HSA MH EPISODE	08/17/2022

- If NOABDs have been issued previously for the client within an episode, Avatar will pull up a list of all previous NOABDs. To process a new NOABD, click on 'Add'. Avatar will load a new NOABD form to fill out.

Type of NOABD	Date of Letter	Draft/Final
Termination Notice	06/02/2023	Final

Buttons: Add, Edit, Delete, Cancel

- In the NOABD form, fill out the sections as outlined below.
  - Staff Completing NOABD:** your name
  - Date of Decision:** date of decision to take action
  - Date of Letter:** Date you are completing and mailing the NOABD

Staff Completing NOA: BROWN,ERICA (011312)

Date of Decision: 06/12/2023

Date of Letter: 06/12/2023



- In the **'Type of NOABD' field**, select **Service Denial Notice**. Note that the listed 'Service Denial Notice-SUD' is templated for residential authorizations - do not select this one. Additional required fields will become active.

Type of NOABD

<input type="radio"/> Authorization Delay Notice	<input type="radio"/> Delivery System Notice-Mental Health
<input type="radio"/> Payment Denial Notice	<input type="radio"/> Financial Liability Notice
<input type="radio"/> Modification Notice	<input type="radio"/> Termination Notice
<input type="radio"/> Timely Access Notice	<input checked="" type="radio"/> Service Denial Notice
<input type="radio"/> Service Denial Notice-SUD (For use of Residential Authorizations only)	

- Fill in the **"Explanation of Decision"** with a clear and concise explanation for the decision; a description of the criteria or guidelines used, including a citation to the specific regulations, and the clinical reasons for the decision regarding medical necessity. Please see some examples of explanations of decisions below. Note that the language in the bracket is already included in the template letter and does not need to be typed on the form in Avatar.
  - [The reason for the denial is] you do not have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders or have had at least one diagnosis from the DSM for Substance-Related and Addictive Disorders prior to being incarcerated or during incarceration, determined by substance use history. This excludes Tobacco-Related Disorders. (DHCS Behavioral Health information Notice 23-001).
  - [The reason for the denial is] services are not medically necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain (DHCS Behavioral Health information Notice 23-001).
  - [The reason for the denial is] this is not the recommended level of care based on the ASAM Criteria Assessment (DHCS Behavioral Health information Notice 23-001).

Explanation of Decision	Reason for Decision (if Other is chosen)	Description of disputed liability
<p>services are not medically necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain (DACS Behavioral Health information Notice 23-001).</p>		

- Fill in the **Name of Requester** (client’s name) and the type of **Services Requested** (i.e. ‘outpatient substance use services’; ‘intensive outpatient substance use services’; ‘medication assisted substance use services’; ‘residential substance use services’)

<b>Name of Requester</b>	
<b>Service Requested</b>	Residential Substance Use Services

- Fill in the **Treating Provider’s Organization Name** and **address**.

**Treating Providers fields should be left blank if NOABD is issued by HHSA**

Treating Provider Organization Name	
Treating Provider Organization Address	
Treating Provider Organization City, State, Zip	

- Select the client’s **primary language** if other than English. Please see instructions [below](#) for additional steps required for NOABDs in an alternative language.

**LEAVE BLANK UNLESS THE NOTICE IS PROVIDED IN A LANGUAGE OTHER THAN ENGLISH**

Select Language the Notice Was Provided In	Other Language
<input type="radio"/> Spanish <input type="radio"/> Russian <input type="radio"/> Other	

- Select '**Method Used to Deliver NOABD**'. If the client is homeless, select 'undeliverable' causing the box 'Reason Undeliverable' to activate. Type the reason in the box. For example: 'client is homeless, has no address'.

The screenshot shows a form section titled "Method Used to Deliver NOABD" in red text. Below the title are four radio button options: "Mailed" (which is selected), "Hand-Delivered", "Emailed (per client request)", and "Undeliverable". To the right of these options is a text input field labeled "Reason Undeliverable".

- Select '**Final**', and then, '**Submit**'. Please note that once finalized, the letter cannot be altered, so we recommend submitting the letter in draft form in order to review the letter before finalizing it.

The screenshot shows a form section titled "Draft/Final" in red text. Below the title are two radio button options: "Draft" (which is selected) and "Final" (which is circled in red). Below this section is a green "Submit" button.

## Translating NOABDs

If a client's primary language is not English, the NOABD must still be entered into Avatar for tracking purposes, as this data is used for reporting statistics to the State.

Providers are responsible for translating the beneficiary letters.

- The translated attachments can be found on the [Yolo County Website](#)