



Notice of Adverse Benefit Determination Issuance Procedure

POLICY: 7.1.4 Appeals and Notice of Adverse Benefit Determinations (NOABDs) - updated 01/21/2025

PROCEDURE:

1. Notice of Adverse Benefit Determination (NOABD): Selection and Completion
 - a. All appropriate NOABD forms and a NOABD overview grid will be saved in SharePoint, in each of the Department of Health Services Behavioral Health Department's (DHS-BHD) Community Based Organization, Mental Health Plan, and Substance Use Disorder program folders.
 - b. Subsequent to the occurrence of an adverse benefit, the issuing staff member working with the affected Medi-Cal member will select the appropriate NOABD form, using the NOABD overview grid as a guide.
 - c. In the selected NOABD form, the issuing staff member will provide a clear and concise explanation of the reason(s) for the decision, a description of the criteria, and any applicable Federal Regulations used to make the determination for which the NOABD is being issued.
 - d. The issuing staff member will ensure completion of all fillable fields and select appropriate regulations, when applicable.
 - e. Print the NOABD form and ensure the included enclosures (NOABD Your Rights under Medi-Cal BHD 163, Nondiscrimination Notice BHD 158, and Language Assistance Taglines BHD 162) are present. Once approved, the issuing staff will ensure that the NOABD form is signed. DHS-BHD program Specialists/Managers will ensure that their staff are adhering to the outlined NOABD selection and completion processes.
 - f. When an adverse benefit determination involves the denial, delay, or modification of services requested by a non-DHS-BHD provider, a DHS-BHD Specialist/Manager must communicate the adverse benefit determination to the affected provider within 24 hours of the determination, initially via telephone, or fax, and then in writing (this does not apply to determinations made retrospectively).
 - i. Written notification to the affected provider must include the name and direct telephone number/extension of the person making the adverse determination.



2. NOABD: Issuance and Tracking

- a. Staff will ensure that the original (wet-signature) NOABD form is mailed to the affected member/representative within the required timeframe (refer to policy 7.1.4).
 - i. Prior to, and on the day the signed and completed NOABD is mailed to the member/representative, the issuing staff will scan the original NOABD form into the member's record via SmartCare.

(1) Save the scanned NOABD form in the respective program folder, by fiscal year and type of NOABD form.

- b. DHS-BHD program Specialists/Managers will ensure that the issuing staff are adhering to the outlined issuance and tracking processes.

3. Quality Assurance (QA): Ensuring Beneficiary Protections

- a. QA is responsible for compiling and tallying all NOABD forms issued by DHS-BHD, reporting this information to the Department of Health Care Services (DHCS) on an annual basis, via the Annual Beneficiary Grievance and Appeal Report (ABGAR).
- b. On a quarterly basis, QA staff will gather all of the NOABD forms issued by DHS-BHD programs, via a SmartCare generated report, and a NOABD data report completed by providers.
- c. On a quarterly basis, QA staff will report on NOABD issuance trends to DHS-BHD Specialists and Managers at the Quality Improvement Steering Committee meeting and DHS-BHD Section Managers, Quality Assurance Managers, and Quality Improvement Manager at the Behavioral Health Plan Administration Committee meeting.
- d. On a quarterly basis, QA staff will conduct audits to ensure applicable NOABD forms are issued by programs in a timely manner.
- e. Periodically, based on the NOABD issuance trends and findings, QA staff will conduct NOABD trainings to ensure staff knowledge of the established NOABD issuance procedure.

SCBH Forms

BHD 163 NOABD Your Rights Under Medi-Cal

BHD 158 Nondiscrimination Notice

BHD 162 Language Assistance Taglines

SCBH Attachments

NOABD Overview Grid