

## Provider Decision Grid

An Adverse Benefit Determination is defined to mean any of the following actions taken by Behavioral Health Department (BHD) regarding a Sonoma County Medi-Cal beneficiary's SMHS or DMC-ODS services: 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 time frames for standard resolution of grievances and appeals; or 6) the denial of a beneficiary's request to dispute financial liability. The beneficiary, parent/legal guardian and/or authorized representative must receive a written NOABD when BHD takes any actions described above. BHD must also communicate the decision to the affected provider within 24 hours of making the decision. BHD providers making authorization decisions must comply with NOABD requirements. The following documents must accompany any NOABD issued: 1) NOABD Your Rights, 2) Nondiscrimination Notice, and 3) Language Assistance taglines. In addition, beneficiaries are provided the BHD informational handout about *Requesting a Second Opinion* if the determination is based on not meeting medical necessity criteria subject to a *Denial, Delivery System, Modification, or Termination* NOABD.

NOABD Type	Criteria for NOABD Type	Timing of NOABD Type	Likely Users of NOABD Type
<b>Denial</b> (formerly NOA-A)	BHD denies a request for service authorization or reauthorization. Denials include determinations based on type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit. Also use this notice for denied residential services requests for both SMHS and DMC-ODS.	BHD must hand deliver or mail the notice <b><u>within two (2) business days</u></b> of the decision/action.	<ul style="list-style-type: none"> <li>➤ All SCBH Tx Teams</li> <li>➤ QAPI BRS staff</li> <li>➤ Utilization Review</li> <li>➤ SMHS/DMC-ODS Provider Completing Initial Assessment/ Reassessment</li> </ul>
<b>Payment Denial</b> (formerly NOA-C)	BHD 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. This notice reads "this is not a bill" so that the beneficiary knows that one is not responsible for the cost of the service rendered, but that the service request has been retroactively denied.	BHD must hand deliver or mail the notice <b><u>at the time</u></b> of the decision/action denying the provider's claim.	<ul style="list-style-type: none"> <li>➤ Utilization Review</li> <li>➤ Claims Unit</li> </ul>
<b>Delivery System</b>	BHD has determined that the beneficiary does not meet the medical necessity criteria to be eligible for SMHS. The beneficiary will be referred to Behavioral Health Access Center, or other appropriate system, for non-specialty mental health or other services. <b><i>NOT applicable to DMC-ODS services.</i></b>	BHD must hand deliver or mail the notice <b><u>within two (2) business days</u></b> of the decision/action.	<ul style="list-style-type: none"> <li>➤ All SMHS Teams (Bene disagrees)</li> <li>➤ FACT</li> <li>➤ SMHS Provider Completing Initial Assessment/Reassessment</li> </ul>
<b>Modification</b>	BHD modifies or limits a provider's request for a service authorization or reauthorization, including reductions in frequency and/or duration of services, and approval of alternative treatments and services.	BHD must hand deliver or mail the notice <b><u>within two (2) business days</u></b> of the decision/action.	<ul style="list-style-type: none"> <li>➤ All SCBH MH Tx Teams</li> <li>➤ Utilization Review</li> <li>➤ QAPI</li> <li>➤ SMHS/DMC-ODS Provider</li> </ul>

NOABD Type	Criteria for NOABD Type	Timing of NOABD Type	Likely Users of NOABD Type
<b>Termination</b>	BHD terminates, reduces or suspends a previously authorized service and the current authorization period has not lapsed. Beneficiaries may request (must request within 10 days of date of NOABD <u>or</u> before the effective date) a continuation of services while the appeal is pending.	BHD must hand deliver or mail the notice <b><u>at least ten (10) days before</u></b> the date of the action/effective date.	<ul style="list-style-type: none"> <li>➤ All SCBH MH Tx Teams</li> <li>➤ QAPI BRS Staff</li> <li>➤ SMHS Provider</li> <li>➤ DMC-ODS Provider</li> </ul>
<b>Authorization Delay</b>	BHD delays processing a provider's request for authorization of SMHS or DMC-ODS services as required by the authorization standards applicable to the requested service. When BHD 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.	BHD must hand deliver or mail the notice <b><u>within two (2) business days</u></b> of the decision/action.	<ul style="list-style-type: none"> <li>➤ QAPI BRS staff</li> <li>➤ DMC-ODS Provider</li> </ul>
<b>Timely Access</b> (formerly NOA-E)	BHD fails to provide a beneficiary timely services as required by the timely access standards applicable to the delayed service (e.g., BHD policy 3.02-13).	BHD must mail the notice <b><u>within two (2) business days</u></b> of the decision/action.	<ul style="list-style-type: none"> <li>➤ All SCBH MH Tx Teams</li> <li>➤ SMHS Provider</li> <li>➤ DMC-ODS Provider</li> </ul>
<b>Financial Liability</b>	BHD denies a beneficiary's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other financial liabilities.	BHD must hand deliver or mail the notice <b><u>at the time</u></b> of the decision/action denying the beneficiary's request.	<ul style="list-style-type: none"> <li>➤ Claims Unit</li> </ul>
<b>Grievance/Appeal Resolution</b> (formerly NOA-D)	BHD Grievance/Appeal Office fails to meet required time frames for resolution of grievances, appeals, or expedited appeals.	Grievance/Appeal Office must hand deliver or mail the notice <b><u>within two (2) business days</u></b> of the decision/action.	<ul style="list-style-type: none"> <li>➤ <b>ONLY</b> Grievance/Appeal Office</li> </ul>