



Tips and Hints for NOABDs

Authority & Quality Improvement Services
Quality Assurance & Quality Improvement Division
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What is an NOABD?

The Department of Health Care Services (DHCS) defines a Notice of Adverse Benefit Determination (NOABD) as:

- * The denial or limited authorization of a service requested
- * The reduction, suspension, or termination of a previously authorized service
- * The denial, in whole or in part, of payment for a service
- * The failure to provide services in a timely manner
- * The failure to act within the required timeframes for standard resolution of grievances and appeals
- * The denial of a beneficiary's request to dispute financial liability

Why is this important?

- * An NOABD provides a Medi-Cal Beneficiary with notice of any adverse action taken in regards to the services or care being provided or being offered
- * The NOABD also provides a Medi-Cal Beneficiary with a formal process to appeal the decision when the Beneficiary disagrees with the action take by Orange County Mental Health Plan (MHP) or Orange County Drug Medi-Cal Organized Delivery System (DMC-ODS)

How Does this Impact Services?

- * It does not necessarily impact services, but rather, it impacts how the MHP and DMC-ODS approve and/or review services that are authorized and available for a Medi-Cal Beneficiary
- * While the NOABD does not necessarily impact services, it does impact the workflow for clinical staff

NOABD Workflow

- * Verify client's current Medi-Cal status
 - * For programs in EHR, the banner bar at the top of the page that identifies type of insurance is not always accurate
 - * If staff completing the NOABD do not have the ability to check Medi-Cal status themselves, please have an office support staff member check the status for you on the day the NOABD will be completed
 - * For programs not in EHR, work with your office support staff to check Medi-Cal status on the day the NOABD will be completed

Workflow Continued

- * Once Medi-Cal status is verified, complete the NOABD template that pertains to the Beneficiary's situation i.e. Termination, Delivery System, Denial, etc
- * Do NOT change any area of the template outside of the grey text box areas. Changing anything outside of the grey text fillable areas will result in a correction
- * Once the NOABD is completed, review it for accuracy and send a copy to the beneficiary and a copy to AQIS

Importance of NOABD Language

- * The NOABD is a legal document and must be treated as such
 - * This means NO handwriting on the NOABD except for your initials on the second page next to each of the enclosures
- * AQIS did not create the NOABD templates
 - * The NOABD templates originate directly from the Department of Health Care Services (DHCS)

Language Continued

- * Mental Health Plan
 - * Refrain from identifying any specific symptoms in the NOABD
- * DMC-ODS
 - * Refrain from identifying any specific substances the beneficiary is using/has used
- * Remember, this is a legal document and the information that is included can follow a beneficiary
- * An NOABD should contain the minimum protected information necessary to justify the adverse action

Do's and Don'ts

- * Do identify the beneficiary's full name in the address section
- * Do not address the NOABD to a beneficiary's parent/conservator/guardian unless in the following format:
 - * If the beneficiary is a minor or an adult on conservatorship, the address section can say "To the parent(s) of Jane Doe" or "To the guardian of Jane Doe"
- * The reason for this is because AQIS has to keep track of who the actual beneficiary is and putting the parent/guardian's name on the NOABD could result in the wrong name recorded in the records that are provided to DHCS
 - * Also, the adverse action does not pertain to the parent/guardian, it pertains to the beneficiary

Do's and Don'ts Cont.

- * Do reference any documents the beneficiary signed during intake that reference the grounds for termination
 - * If a beneficiary signed a document related to an attendance policy, reference this in your justification for termination
 - * For example: DMC-ODS outpatient programs are required to terminate services when no service is provided for 30 days. Reference this particular policy in the justification section after “This is because”
 - * Keep in mind the requirements set forth by AQIS when applicable

Do's and Don'ts Cont.

- * Do reference the criteria necessary to be authorized for specialty mental health services or Drug Medical services when completing the Delivery System NOABD or Denial NOABD respectively
 - * For the MHP, refer to the completion guide for Delivery System NOABDs for the language to use when referencing criteria necessary for specialty mental health services
 - * For DMC-ODS, reference the criteria based on the assessment tool used during the intake as the justification for not opening the Beneficiary for services
 - * Do NOT reference specific substances or diagnoses

Do's and Don'ts Cont.

- * Do not use acronyms unless the word was previously spelled out somewhere in the NOABD
 - * An acronym might be familiar to the clinician using it, but it may not be universally known
- * Do proofread your document before submitting to AQIS and sending to the beneficiary
 - * It might sometimes feel like autopilot to complete an NOABD at this point, however, this is how mistakes can be made. Always proofread.
- * Do not provide a termination date earlier than 10 days unless it falls under one of the exceptions
 - * This is a directive from DHCS

Do's and Don'ts Cont.

- * Do not delete the watermarks at the top right corner of each page on the NOABDs
 - * Again, these templates come from DHCS and we are not to change anything outside of the grey text boxes
- * Do not change the font type or size
 - * This is especially important for the large print on the second page. The print has to stay the large size for individuals with poor vision
- * **DO NOT CHANGE THE TEMPLATE!!!**
 - * This cannot be stressed enough that any area outside of the grey text box areas cannot be changed. A change to the template outside of the grey text will result in a correction

Do's and Don'ts Cont.

- * Do not change the letterhead on the NOABDs that have been provided to your programs
 - * Programs are completing the NOABDs on behalf of the MHP as a whole, not just the one program
- * Do include your program name and address on the NOABD in the applicable section to identify which particular program is issuing the NOABD
- * Do not change the name, sign your name, or add your name on the second page
 - * For the MHP, it says Kelly Sabet
 - * For DMC-ODS, it says Kathleen Murray
 - * Only place your initials next to each of the enclosures to identify you sent them

Example Templates?

- * As you have noticed, the only example templates for specific wording/requested information are for the Delivery System NOABD or Termination NOABD when a beneficiary is not engaging in services
- * Why is AQIS not providing more example templates for different scenarios?
 - * Aside from the examples provided for the NOABDs listed above, all other NOABDs should really be individualized to the beneficiary's situation

Examples Cont.

- * Will most NOABDs contain similar information for similar circumstances? Yes, however, it should still be individualized for each beneficiary
 - * For example, a beneficiary requests for their case to be closed... Why do they want their case to be closed? Do they believe they no longer need services? Do they feel as if the services are no longer helping them? Provide a brief explanation as to why they are requesting the case to be closed. If they did not provide an explanation, state this
 - * This information is helpful when/if the beneficiary files an appeal

Examples Cont.

- * AQIS has received a lot of questions about an example template when beneficiaries are being discharged due to completing care plan goals and no longer meeting medical necessity
 - * What information would you include in the discharge summary to justify the termination?
 - * It is not necessary to reference the specific goals the beneficiary met in the NOABD, but think of it like you are writing a brief discharge summary for these cases
 - * Identify any referrals provided. If no referrals, explain why i.e. client declined referrals or does not believe further services are necessary at any level of care after completion of care plan goals

Examples Cont.

- * Not so great examples of justification of Termination NOABDs for lack of engagement:
 - * “This is because you have not participated in services and cannot be located.”
 - * “This is because multiple outreach attempts have been made and you have not engaged in services.”
- * Gold Star example: “This is because you have not received any services since 12/5/19. Multiple attempts were made to reach you by phone on 12/6/19, 12/15/19, 12/28/19, 1/10/20, 1/16/20, and 1/24/20. A letter was sent to the address on file on 12/28/19 and 1/25/20. A home visit was conducted on 2/1/20 and nobody answered the door. Because we have been unable to engage you in services since 12/5/19 and multiple outreach attempts were unsuccessful, your case will be closed if we do not hear from you prior to (discharge date). You may always contact us at (clinic number) if you would like to schedule a new appointment.”

Reminders

- * Always list the last date of service when completing a Termination NOABD regardless of reason for termination
 - * This includes when a beneficiary is being terminated for lack of engagement, completing care plan goals, incarcerated, in long term care hospitalization, requests to have their case closed, etc
 - * Identify the date the conversation took place in which the beneficiary requested the case to be closed or when the clinician discussed closing the case due to meeting care plan goals

Reminders Cont.

- * The last date of service is helpful when a beneficiary requests an appeal of the Termination NOABD
 - * It provides information for AQIS staff reviewing the information to discuss with the beneficiary when the beneficiary initially requests the appeal before an official appeal is opened
 - * Beneficiaries do not always understand what the Termination NOABD means. If AQIS can reference the last date of service and/or the date the conversation took place, it may clear up any confusion and the beneficiary may not feel an appeal is necessary

Reminders Cont.

- * List all outreach dates when discharging a beneficiary due to lack of engagement
 - * It is not sufficient to state “multiple outreach attempts were made” or “weekly phone calls were made”
 - * This is important to list the dates so there is an accurate record of all outreach attempts
- * If no outreach attempts were made, state the reason why
 - * “Attempts to engage you in services were unsuccessful since there is no address or phone number listed in your chart”
 - * In this case, the clinician could actually reference that they looked for the client in the EHR reports to see if they had any interactions with other agencies and did not see any interactions to be able to engage the client

Reminders Cont.

- * If a beneficiary does not have an address listed in their records/chart, the NOABD will be scanned into the beneficiary's chart and a copy will be sent to AQIS
- * For beneficiaries who are being discharged due to incarceration or long term care hospitalization, the notice will still be sent to the beneficiary's home address unless it was confirmed with the beneficiary that their address has changed

Reminders Cont.

- * If a beneficiary declined services, identify the modality in which it was discussed i.e. in person during appointment or on the phone
 - * Again, this is helpful information to have when a beneficiary initially requests an appeal
- * Spell out all words. Please do not use contractions. This is a legal document.
- * Proofread, proofread, proofread
 - * Some typos and mistakes/misspellings could result in a correction
- * Refer to the exceptions for same day discharge. Any NOABD that discharges same day and does not identify the exception will need to be corrected

Reminders

- * Timelines for discharge dates
 - * Always allow 10 days prior to the adverse action (termination) for the client to re-engage unless it is one of the exceptions
 - * Most errors on discharge dates occur in between months
 - * The day the NOABD is completed, counts as Day One
 - * If a Termination NOABD is completed on 3/25/20, the earliest the case can be discharged is 4/4/20
 - * Add 10 to the starting number to get the correct discharge date
 - * If a Termination NOABD is completed on 4/2/20, the earliest it can be discharged is 4/12/20 (2+10=12)

Reminders Cont.

- * This is a standalone document. The individual reviewing the document should have a pretty clear picture as to what occurred and not feel the need to ask further questions
- * Send the completed NOABD to AQIS as soon as you can
 - * This is important when it is identified a correction will need to be made
 - * Corrections are always requested to be completed within a week of the request. Follow-ups will occur if no response is provided after the request is made

Corrections

- * Corrections will be required when an NOABD is missing information that has been specifically requested or contains an error
 - * This is why proofreading is so important and can decrease the need for corrections requested
- * Corrected NOABDs will always require a cover letter be sent with the correction
 - * The cover letter explains why a second NOABD is being sent to help decrease confusion from the Beneficiary as to why they are receiving another NOABD

Corrections Cont.

- * Cover letter
 - * The cover letter will be completed on the clinic letterhead
 - * One or two sentence explanation as to why a second NOABD has been sent
 - * i.e. The NOABD dated 2/25/20 contained an error. Please refer to the enclosed NOABD for your records
 - * Sign your name at the end of the explanation
- * The cover letter and the corrected NOABD will be sent to the beneficiary and back to AQIS to update our records
 - * If no address, the NOABD will be scanned back into the chart

Discharge Timelines

- * AOABH, CYBH, and DMC-ODS all have differing timelines as to when the Termination NOABD will be issued when pertaining to lack of engagement
 - * AOABH will typically not discharge cases prior to 60 days
 - * CYBH will typically not discharge cases prior to 30 days
 - * DMC-ODS has varying timelines of appropriate discharge timelines due to more specific regulations and requirements set forth by DHCS

Fillable Information

- * The grey text box areas request specific information
- * For AOABH and CYBH, the “service to be terminated” will likely always be “specialty mental health services”
- * For DMC-ODS, the “service to be terminated” is identified as one of the choices in the drop down in your template
- * For all Termination NOABDs, almost anything can be put after the portion that says “This is because”. This means that the clinician completing the NOABD can put as much or as little information based on the requested information without worrying about changing the template. See next slide for more information.

Fillable Information

- * Any text that is included after “This is because” and before “You may appeal this decision if you think it is incorrect” is considered part of the grey text area. As long as your justification is between those two areas, you have not altered the template

You are currently receiving Service to be terminated. Beginning on termination date we will no longer approve this treatment. This is because Using plain language, insert: 1. A clear and concise explanation of the reasons for the decision; 2. A description of the criteria or guidelines used, including a citation to the specific regulations and plan authorization procedures that support the action; and 3. The clinical reasons for the decision regarding medical necessity.

You may appeal this decision if you think it is incorrect. The enclosed “Your Rights” information notice tells you how. It also tells you where you can get help with your appeal. This also means free legal help. You are encouraged to send with your appeal any information or documents that could help your appeal. The enclosed “Your Rights” information notice provides timelines you must follow when requesting an appeal.

Explanation for Information Requested

- * When information is requested to be included in the NOABD, it is requested with the idea that the beneficiary could appeal the notice and it is important for AQIS, the beneficiary, and DHCS to have enough information up front to discuss regarding the beneficiary's initial request for an appeal
 - * This should be a standalone document with minimal questions needed to be asked
 - * Information requested is based on DHCS directives
- * The requested information is not meant to cause more work for clinical staff, however, it could create less work in the long run if NOABDs are completed properly

Wrap Up

- * NOABDs are legal documents
- * Any area that is changed outside of the grey text boxes will require a correction
- * Any error or information missing could result in a correction requested
 - * List last date of service for any Termination NOABD issued
 - * List all dates of outreach for any Termination NOABD issued related to lack of engagement
 - * AQIS might contact programs if it is identified a case has been discharged too early. A request can be made for the program to hold onto the case a little longer and provide more outreach
- * Proofread
- * Ask questions if needed for clarification

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