

## NOABD Instructions for SUS Providers:

### Steps:

1. Staff should review BHRS-19 P&P, DHCS Information Notice 18-010E and attend NOABD training with SUD Admin staff; additional training may be provided upon request
2. Based on client specific situation, select the appropriate NOABD template from section 08 Notice of Adverse Benefit Determination (NOABD) section on the Substance Use Service Contractor Resources page <https://www.marinhhs.org/substance-use-services-contractor-resources>
3. Copy template onto PROVIDER letterhead and fill in client specific information
4. Attach Your Rights, Non-discrimination and Tagline attachments to the NOABD; Please be sure to issue the NOABD according to the specified timeframes as outlined on the P&P; Hand deliver or mail a copy of the NOABD to the client, retain a copy in the client file, and retain a copy to be submitted to the County on a monthly basis
5. Please log the NOABD on the attached log
6. By the 10<sup>th</sup> of each month, respond to the NOABD question on the monthly attestation form, send an **encrypted** email to [cnisbet@marincounty.org](mailto:cnisbet@marincounty.org) with copies of issued NOABDs with attachments and the updated NOABD log

PLEASE NOTE, in the event a Treatment Authorization Request (Residential Treatment only) is modified or denied by Access, BHRS will issue the NOABD and provide a copy for the client, provider and BHRS Admin.

### **Common Types of NOABDs:**

**NOABD -Modification.** Modification of requested services. Use this template when services are modified, including reductions in frequency and/or duration of services, and approval of alternative treatments and services. NOABD would be issued within 2 business days of the decision.

**NOABD –Termination.** Termination of a previously authorized service. Use this template when services are terminated, reduced, or suspended. Example: No contact with client for 30 days, client would be terminated from treatment and NOABD would be issued at least 10 days before the date of action.

**NOABD – Timely Access** Failure to provide timely access to services. 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 service. Example: Client was not offered an assessment appointment within the timely access window; NOABD would be issued within 2 (two) business days of the decision.

### **References:**

MHSUDS IN No. 19-026; 18-010E

[https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/NOABD%20IN/MHSUDS\\_IN\\_18-010\\_Federal\\_Grievance\\_Appeal\\_System\\_Requirements.pdf](https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/NOABD%20IN/MHSUDS_IN_18-010_Federal_Grievance_Appeal_System_Requirements.pdf)

Title 42, CFR, Part 431, Subpart E;

<https://www.law.cornell.edu/cfr/text/42/part-431/subpart-E>

Title 42, CFR, Part 438, Subparts A and F

<https://www.law.cornell.edu/cfr/text/42/438.400>