

NOABD Instructions for SUS Providers:

This procedure is applicable for:

- Providers that are NOT using the full clinical functionality of SmartCare; or
- Providers that are using the full clinical functionality of SmartCare, but the language of the NOABD template is not available in SmartCare

Note: Providers that are using the full clinical functionality of SmartCare shall follow the instructions provided in [SmartCare Policy Memo 2023-03: NOABDs in SmartCare](#).

Steps:

1. Staff should review [BHRS-33 P&P NOABDs to Medi-Cal Beneficiaries](#), 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 the Marin BHRS website (www.MarinBHRS.org/Providers)
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 ([template here](#))
6. By the 10th of each month, respond to the NOABD question on the monthly attestation form, send an encrypted email to jwasson@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:

- Marin BHRS Website – [Marin BHRS NOABD Resources](#)
- BHRS Policy and Procedure BHRS-33: [Notice of Adverse Benefit Determination to Medi-Cal Beneficiaries](#)
- [DHCS BHIN 18-010E](#): Federal Grievance and Appeal System
- 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>