

## PROVIDER DECISION GRID

An Adverse Benefit Determination is defined to mean any of the following actions taken by Behavioral Health Services (BHS) regarding a SF Medi-Cal member'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 timeframes for standard resolution of grievances and appeals; or 6) the denial of a Medi-Cal member's request to dispute financial liability. The Medi-Cal member, parent/legal guardian and/or authorized representative must receive a written NOABD when BHS takes any actions described above. BHS must also communicate the decision to the affected provider within 24 hours of making the decision. BHS providers making benefit determinations must comply with NOABD requirements. The following documents must accompany any NOABD issued: 1) NOABD Your Rights, 2) Nondiscrimination Notice, and 3) Notice of Availability (formerly Language Assistance taglines).

NOABD Type	Criteria for NOABD Type	Timing of NOABD Type	Likely Users of NOABD Type
<b>Denial</b> (formerly NOA-A)	BHS 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.	BHS 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>➤ BHS Central UM</li> <li>➤ CYF UM Committee</li> <li>➤ SUD SOC for CYF</li> <li>➤ SMHS/DMC-ODS Provider</li> </ul>
<b>Payment Denial</b> (formerly NOA-C)	BHS 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 member. This notice reads "this is not a bill" so that the member knows that one is not responsible for the cost of the service rendered, but that the service request has been retroactively denied.	BHS 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>➤ BHS Billing/SFMHP Claims Unit</li> <li>➤ BHS Central UM</li> <li>➤ SMHS/DMC-ODS Provider</li> </ul>
<b>Delivery System</b>	Use this template when a new or existing BHS member is clinically assessed and determined to not meet criteria for SMHS or DMC-ODS through BHS, and is referred to the appropriate health care delivery system, or other services. (Note that a NOABD is <u>not</u> issued when a Medi-Cal member is administered the DHCS Screening Tool, screened for non-specialty mental health services, and are referred to the Managed Care Plan for clinical assessment.)	BHS 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>➤ BHS Central UM</li> <li>➤ SMHS/DMC-ODS Provider</li> <li>➤ SUD SOC for CYF</li> </ul>
<b>Modification</b>	BHS modifies or limits a provider's request for a service, including reductions in frequency and/or duration of services, and approval of alternative treatments and services.	BHS 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>➤ BHS Central UM</li> <li>➤ CYF UM Committee</li> <li>➤ SUD SOC for CYF</li> <li>➤ SMHS/DMC-ODS Provider</li> </ul>

## PROVIDER DECISION GRID

NOABD Type	Criteria for NOABD Type	Timing of NOABD Type	Likely Users of NOABD Type
<b>Termination</b>	BHS terminates, reduces or suspends a previously authorized service and the current authorization period has not lapsed. Members may request a continuation of services while the appeal is pending on or before the later of the following: within 10 calendar days of BHS sending the NOABD or the intended effective date of the adverse benefit determination.	BHS 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>➤ BHS Central UM</li> <li>➤ CYF UM Committee</li> <li>➤ SUD SOC for CYF</li> <li>➤ SMHS/DMC-ODS Provider</li> </ul>
<b>Authorization Delay</b>	BHS delays processing a provider's request for authorization of SMHS or DMC-ODS residential and inpatient services as required by the authorization standards applicable to the requested service. When BHS 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 member or provider, and/or those granted when there is a need for additional information from the member or provider, when the extension is in the member's interest.	BHS 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>➤ BHS Central UM</li> <li>➤ CYF UM Committee</li> <li>➤ SUD SOC for CYF</li> <li>➤ SMHS/DMC-ODS Provider</li> </ul>
<b>Timely Access</b> (formerly NOA-E)	BHS fails to provide a member timely services as required by the timely access standards applicable to the delayed service (e.g., BHS policy 3.02-13).	BHS must mail the notice <b><u>within two (2) business days</u></b> of the decision/action.	<ul style="list-style-type: none"> <li>➤ BHS Central UM</li> <li>➤ CYF UM Committee</li> <li>➤ SUD SOC for CYF</li> <li>➤ SMHS/DMC-ODS Provider</li> </ul>
<b>Financial Liability</b>	BHS denies a member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.	BHS must hand deliver or mail the notice <b><u>at the time</u></b> of the decision/action denying the member's request.	<ul style="list-style-type: none"> <li>➤ BHS Billing/SF MHP Claims Unit</li> <li>➤ BHS Central UM</li> <li>➤ SMHS/DMC-ODS Provider</li> </ul>
<b>Grievance/Appeal Resolution</b> (formerly NOA-D)	BHS 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> BHS Grievance/Appeal Office</li> </ul>