|  |
| --- |
| An Adverse Benefit Determination is defined to mean any of the following actions taken by the Behavioral Health Plan (BHP), which includes Alameda County Behavioral Health (ACBH) and ACBH-contracted providers 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 beneficiary’s request to dispute financial liability. Beneficiaries must receive a written NOABD when the BHP takes any actions described above. The BHP must also communicate the decision to the affected provider within 24 hours of making the decision, initially by telephone or facsimile, and then by writing, except for decisions rendered retrospectively.**1**  NOABDs sent to beneficiaries shall include the following publications: NOABD “Your Rights,” Language Assistance Taglines, and Beneficiary Nondiscrimination Notice. ACBH Quality Assurance (QA) mailing address: 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606; facsimile: (510)  |
| **NOABD** | **Who Issues Notice?** | **Who Receives Notice?** | **Criteria for Beneficiary Notice** |
| **Denial of Authorization Notice** | BHP: ACBH and ACBH-contracted providers | Beneficiary or parent/legal guardian, ACBH QA | The BHP denies a request for a service. Denials include determinations based on type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit. Use this notice for denied Substance Use Disorder (SUD) residential service requests. The BHP must mail the notice to the beneficiary within two (2) business days of the decision. |
| **Payment Denial Notice** | ACBH | Beneficiary or parent/legal guardian | ACBH 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. ACBH must mail the notice to the beneficiary at the time of any action denying the provider’s claim. |
| **Delivery System Notice** | BHP: ACBH and ACBH-contracted providers | Beneficiary or parent/legal guardian, ACBH QA | The BHP has determined that the beneficiary does not meet the criteria to be eligible for specialty mental health or substance use disorder services through the BHP. The beneficiary will be referred to the Managed Care Plan, or other appropriate system, for mental health, substance use disorder, or other services. The Plan must mail the notice to the beneficiary within two (2) business days of the decision. |
| **Modification Notice** | BHP: ACBH and ACBH-contracted providers | Beneficiary or parent/legal guardian; ACBH QA | The BHP 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. The BHP must mail the notice to the beneficiary within two (2) business days of the decision. Requires provider notification within 24 hours.**1** |
| **Termination Notice** | BHP: ACBH and ACBH-contracted providers | Beneficiary or parent/legal guardian; ACBH QA | ACBH terminates, reduces or suspends a previously authorized service. ACBH must mail the notice to the beneficiary within ten (10) days before the date of the action. Requires provider notification within 24 hours.**1** |
| **Authorization Delay Notice** | ACBH | Beneficiary or parent/legal guardian | When there is a delay in processing a provider’s request for authorization of specialty mental health services or substance use disorder residential services. When ACBH 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. ACBH must mail the notice to the beneficiary within two (2) business days of the decision.  |
| **Timely Access Notice** | BHP: ACBH and ACBH-contracted providers | Beneficiary or parent/legal guardian; ACBH QA | When there is a delay in providing the beneficiary with timely services, as required by the timely access standards applicable to the delayed service. The BHP must mail the notice to the beneficiary within two (2) business days |
| **Financial Liability Notice** | ACBH | Beneficiary or parent/legal guardian | ACBH denies a beneficiary’s request to dispute financial liability, including cost-sharing and other beneficiary financial liabilities. ACBH must mail the notice to the beneficiary at the time of any action regarding the dispute. |

NOTE: Services that are reduced, modified, or terminated by outpatient providers that are not subject to prior authorization and are the result of a treatment

Team/Clinician decision based on the beneficiary’s clinical condition and/or progress in treatment is not subject to an adverse benefit determination notification. The beneficiary may appeal the decision with the appropriate advocacy agency.