

NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD) TABLE For Medi-Cal Beneficiaries: Specialty Mental Health and Substance Use Disorder Treatment Services

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.

- NOABDs sent to beneficiaries shall include all of the following enclosures:
 - NOABD "Your Rights"
 - Language Assistance Taglines
 - Beneficiary Nondiscrimination Notice
- ACBH-contracted providers are required to send copies of NOABDs to:

ACBH Quality Assurance (QA) Office 2000 Embarcadero Cove, Suite 400 or Oakland, CA 94606

FAX to: (510) 639-1346



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NOTE: 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. Services not authorized by ACBH that are reduced, modified, or terminated as a result of a treatment Team/Clinician decision based on the beneficiary's clinical condition and/or progress in treatment are not subject to an adverse benefit determination notification. The beneficiary still has the right to appeal the decision with the BHP.

v.7-24-19 Attachment K