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POLICY TITLE

Notices of Action for Medi-Cal Beneficiaries

Policy No: 300-1-2

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Date(s) of Revision(s):

PURPOSE

This policy ensures that Medi-Cal beneficiaries are notified of their rights to appeal an action by the Alameda County Behavioral Health Care Services (BHCS), or a BHCS-contracted provider, collectively referred to as the "Mental Health Plan (MHP)," when the MHP:

- A. assesses a Medi-Cal beneficiary and determines that the beneficiary does not meet medical necessity criteria and no specialty mental health services will be provided,
- B. denies or modifies a provider's request for payment authorization for a specialty mental health service,
- C. denies or modifies the provider's request for payment authorization for a specialty mental health service already received by the beneficiary,
- D. does not provide the resolution of a grievance, appeal, or expedited appeal within the required time frames.
- E. does not provide timely services based on the MHP's established standards.

AUTHORITY

Notices of Actions (NOA) are written notifications required by Alameda County's MHP Contract #12-895353 (pgs 37-43) with the State Department of Health Care Services (DHCS), the California Code of Regulations (CCR) Title 9 § 1850.210, Title 22§ 51014.1, and the Code of Federal Regulations (CFR) Title 42, Part 438, Subpart F. Aid Paid Pending (APP) is referenced in CFR Title 42, Section 438.421(b) and DMH Letter No. 05-03.

SCOPE

All BHCS county-operated programs in addition to entities, individuals and programs providing Medi-Cal specialty mental health services to Medi-Cal beneficiaries under a contract or subcontract with BHCS.

POLICY

All Medi-Cal beneficiaries (Beneficiaries) shall receive a written Notice of Action (NOA) informing them of their right to appeal to BHCS and their right to a subsequent State Fair Hearing when the MHP takes any of the actions described above. All parts of the MHP acting as points of payment authorization and/or making decisions about access to care must comply with NOA requirements outlined in this policy.

PROCEDURE

I. Notice of Action – Assessment (NOA-A)

A. The MHP (county-operated programs and BHCS-contracted programs) shall issue a NOA-A (See Attachment A) when it is determined, on the basis of an assessment, that the beneficiary does not meet medical necessity criteria or is otherwise not entitled to receive a specialty mental health service (SMHS) from the MHP. The assessment shall consist of a face-to-face clinical interview completed by employees or contractors of the MHP acting within their scope of practice. A telephone screening of a beneficiary is not sufficient for determination of medical necessity.

1. If a beneficiary has been receiving services and has improved to the point of no longer meeting medical necessity criteria for SMHS or it's determined that the beneficiary cannot benefit from services, the provider may issue a NOA-A to the beneficiary to inform them as such and their right to appeal the decision, but is not required to do so. It is best clinical practice to always keep beneficiaries informed of their progress in treatment and any plans for reduction or termination of services due to improvement in functioning.

B. A NOA-A shall be issued as follows:

1. The NOA-A shall be issued to the beneficiary and/or the parent or legal guardian.
2. The NOA-A may be issued anytime preceding the end of a formal assessment period.
3. The NOA-A shall be hand delivered or mailed within 3 working days of the action being taken.
4. If the beneficiary is in a psychiatric hospital, the NOA-A shall be hand delivered or mailed within one working day.
5. If the beneficiary is currently homeless with no means to contact, or out of contact for any reason, the provider is expected to document in the chart why the NOA cannot be delivered.
6. A copy of the NOA-A will be placed in the beneficiary's chart if they were already receiving services from the provider issuing the NOA-A.
7. The issuing provider shall send a copy of the NOA-A to the BHCS Quality Assurance Office via FAX or US Mail (do not send via e-mail) immediately upon issuance to the beneficiary:

US Mail: BHCS Quality Assurance Office
2000 Embarcadero, Suite 400
Oakland, CA 94606
FAX: 510-639-1346

C. NOA-A's are not required in the following circumstances:

1. The beneficiary's request is for a non-specialty mental health service (ie. housing, transportation, or employment services).
2. A beneficiary or potential consumer calls the ACCESS Unit or other point of entry to the MHP seeking only information about services.
3. The ACCESS Unit or other point of entry determines via a phone screening that a beneficiary's condition meets mild to moderate criteria and refers them to primary care for treatment.

4. The MHP approves the delivery of a specialty mental health service, but not the specific service or provider requested by the client.
5. A beneficiary is not admitted to a hospital or psychiatric facility following receipt of a crisis intervention or crisis stabilization service.

II. Notice of Action – Provider Request for Service (NOA-B)

A. BHCS shall issue a NOA-B (See Attachment B) in the following circumstances:

1. When it denies, modifies, or defers a provider's request for payment authorization for service to a beneficiary.
2. When it terminates or reduces services previously authorized.

B. A NOA-B shall be issued as follows:

1. The beneficiary or the parent or legal guardian will be sent a NOA-B via US Mail and a copy sent to the provider requesting the service.
2. The NOA-B shall be mailed within 3 working days of the action being taken or at least 10 calendar days before the date the action takes effect when the MHP terminates or reduces services previously authorized.
3. If the beneficiary is in a psychiatric hospital, the NOA-B must be hand delivered or mailed within one working day.
4. A copy of the NOA shall be mailed to the provider.

C. NOA-B's are not required in the following circumstances:

1. A NOA-B is not provided when the beneficiary makes the service request.
2. A NOA-B is not provided when the beneficiary disagrees with the services and interventions specified in the current Client Plan. In this case, the client shall be informed of their right to file a grievance using the consumer problem resolution process.
3. The provider or clinical team bases the reduction or termination of service on a treatment decision responsive to the client's current clinical condition and the provider makes no request of the MHP for payment authorization. (Client has right to appeal)
4. A NOA-B is not provided when the MHP alters the time frame of the authorization (e.g., authorizes for a shorter period of time than requested) without reducing or terminating the service requested by the provider or otherwise changing the underlying treatment plan.
5. A NOA-B is not issued when the provider leaves the MHP as long as the client is provided with the same type and level of service.

III. Notice of Action - Post-Service Denials (NOA-C)

A. The BHCS Utilization Management Unit shall issue a NOA-C (See Attachment C) when BHCS denies, modifies, or defers a provider request for payment authorization for a service already delivered to the beneficiary because:

1. The MH condition as described by provider did not meet the medical necessity criteria for psychiatric inpatient hospital services or specialty mental health services.
2. Services provided are not covered by the MHP.
3. The BHCS Utilization Management Unit requested additional information from the provider that was needed to approve payment and this has not been received.

B. A NOA-C shall be issued BHCS as follows:

1. The beneficiary or the parent or legal guardian will be sent a NOA-C by the BHCS Utilization Management Unit via US Mail.
2. If the beneficiary is currently homeless or out of contact BHCS is expected to note on the NOA why it could not be delivered.
3. The provider shall be sent a copy of the NOA-C via US Mail.

IV. Notice of Action - Delayed Grievance/Appeal Decisions (NOA-D)

A. A NOA-D (See attachment D) is used when the MHP does not provide the resolution of a grievance, appeal, or expedited appeal within the required timeframes. The BHCS Quality Assurance Office will send a NOA-D to the beneficiary or authorized representative, when the following occurs:

1. Grievance: The issue is not resolved within 60 days from the date of receipt of the grievance. If a 14-day extension has been granted, the NOA-D will not be issued until the 74th day if the issue remains unresolved.
2. Standard Appeal: The issue is not resolved within 45 days from the receipt of the appeal. If a 14-day extension is granted the NOA-D will not be issued until the 59th day, if the issue remains unresolved.
3. Expedited Appeal: The issue is not resolved within 3 working days. The beneficiary will first, if possible, be contacted by telephone and written notice sent by mail.

V. Notice of Action - Lack of Timely Services (NOA-E)

A. The MHP (county-operated programs and BHCS-contracted programs) shall issue a NOA-E (See Attachment E) when the provider responsible for providing services to the beneficiary has not provided services in a timely manner based on standards established by BHCS (See Attachment H: ACBHCS Timely Access to Service Standards).

1. All providers shall create methods to track timeliness measures for consumer access to services based on BHCS-established standards.

B. A NOA-E shall be issued as follows:

1. The beneficiary or the parent or legal guardian will be sent a NOA-E by the provider responsible for providing the services.
2. The issuing provider shall fax or send via US Mail a copy of the NOA-E to the BHCS Quality Assurance Office immediately upon issuance to the beneficiary:

Mail: 2000 Embarcadero, Suite 400
Oakland, CA 94606
FAX: 510-639-1346

VI. Notice to Consumer Regarding Their Rights

- A. Any provider in the MHP that issues a NOA shall include the following written notices when issuing NOA's to beneficiaries as indicated below:

1. The right to an appeal and State Fair Hearing: All NOA's are two-sided documents. The first page includes the NOA and detailed information about the beneficiary's right to appeal to BHCS; the second page instructs beneficiaries about how to ask for a subsequent State Fair Hearing (See Attachment F).
2. Language services notices: This notice informs beneficiaries of their right to translation services and shall be included with NOA's that are sent or given to consumers. (See Attachment G)

VII. Translation of NOA's: BHCS shall make all NOA forms available in the MHP's threshold languages; the forms shall be posted in the BHCS Quality Assurance Manual on the provider website.

VIII. Appeal of an Action by a Beneficiary

A beneficiary receiving a NOA or experiencing a reduction or termination in service based on a clinical decision of the provider, may appeal the action by using BHCS' appeal process by contacting Consumer Assistance at 1(800) 779-0787.

IX. Aid Paid Pending

- A. Beneficiaries who are issued a NOA-A or NOA-B while they are receiving services, may request continuation of services, referred to as "Aid Paid Pending," pending a resolution of an appeal to BHCS and any subsequent State Fair Hearing.
- B. Upon receipt of an appeal to a NOA-A or NOA-B from a beneficiary, the BHCS Quality Assurance Office will send via US Mail or hand deliver a written notice to the beneficiary informing them of their eligibility for Aid Paid Pending.
- C. An Aid Paid Pending request must be made with the BHCS Quality Assurance Office within 10 calendar days from the date the NOA was mailed or given to the consumer, or before the effective date of the change in services, whichever is later.
- D. The BHCS Quality Assurance Office will notify the beneficiary's service provider that the beneficiary has requested and been approved for Aid Paid Pending and that the provider is obligated to provide the same level of services as beneficiary was receiving prior to the action until resolution of the appeal to BHCS or any subsequent State Fair Hearing.

X. Retention of Records

- A. All NOAs issued and/or received (except NOA D) by a provider shall be placed by the provider in the beneficiary's chart. If there is no existing chart then the NOA shall be retained by provider for a minimum of 4 years.
- B. NOAs issued by BHCS units (ie. ACCESS, Utilization Management, QA) shall be retained by each unit for a minimum of four years.
- C. NOAs received from providers by the Quality Assurance Office shall be retained for a minimum of four years.

CONTACT

BHCS Office	Current as of	Email
Quality Assurance Office	November 2016	QAOffice@acbhcs.org

DISTRIBUTION

This policy will be distributed to the following:

- BHCS Staff
- BHCS County and Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Donna Fone, MFT, LPCC, Quality Assurance Administrator and David Woodland, LPCC

Original Date of Approval: 12/5/16 by Karyn Tribble, PsyD, LCSW, Interim BHCS Director

Date of Revision:

Revise Author	Reason for Revise	Date of Approval by (Name)

DEFINITIONS

Term	Definition
Aid Paid Pending (APP)	This term is used to refer to the continuation of services provided to a Medi-Cal beneficiary while waiting for a decision on an appeal to a Notice of Action or State Fair Hearing. To be eligible for APP, certain criteria must be met.
Beneficiary	Anyone currently receiving BHCS care or services, or who has received BHCS care or services in the last 12 months. The term 'beneficiary' is also synonymous with 'consumer,' 'patient,' or 'client'.
Medi-Cal	The name of California's Medicaid program which provides health coverage to people with low-income, the aged or disabled and those with asset levels who meet certain eligibility requirements.
Medical Necessity	Per Medi-Cal, a service is medically necessary if it is needed to address a particular mental health condition and the following criteria are met: 1) the diagnosis is a mental health condition included in regulations, 2) the condition results in a functional impairment, 3) the proposed mental health intervention addresses the impairment, and 4) the condition would not be responsive to treatment by a physical health care provider.
NOA-A (Assessment)	This Notice of Action form is used when BHCS or its contracted provider conducts a face-to-face assessment of a Medi-Cal beneficiary and determines that the beneficiary does not meet or no longer meets medical necessity criteria and no specialty mental health services will be provided.

<p>NOA-B (Denial of Provider Request for Service)</p>	<p>This Notice of Action form is used when a provider requests payment authorization for a specialty mental health services and the MHP denies or modifies the provider's request and the beneficiary did not receive the service.</p>
<p>NOA-C (Post-Service Denial of Payment)</p>	<p>This Notice of Action form is used when a provider requests payment authorization for a specialty mental health service that the beneficiary already received and BHCS is denying or modifying the provider's request. This form reads "This is not a bill" so that the beneficiary knows that s/he is not responsible for the cost of the service rendered but retrospectively denied or modified. The BHCS Utilization Management Office is responsible for issuance of the NOA-C.</p>
<p>NOA-D (Delays in Grievance/Appeal Processing)</p>	<p>This Notice of Action form is used when the MHP does not provide the resolution of a grievance, appeal, or expedited appeal within the required timeframes. The BHCS Quality Assurance Office is responsible for issuance of the NOA-D.</p>
<p>NOA-E (Lack of Timely Services)</p>	<p>This Notice of Action form is used when the MHP does not provide services in a timely manner according to BHCS-established standards for providing timely services.</p>
<p>Specialty mental health services</p>	<p>Medi-Cal services provided under county Mental Health Plans (MHPs) by mental health specialist, both licensed and unlicensed, such as psychiatrists, psychologists, licensed clinical social workers, licensed marriage and family therapists, licensed professional clinical counselors, and peer support providers.</p>
<p>Threshold language</p>	<p>Non-English languages spoken by Medi-Cal enrollees and potential enrollees based on a significant number or percentage of persons who speak each language as follows:</p> <ul style="list-style-type: none"> • A population group of mandatory Medi-Cal beneficiaries residing in the Mental Health Plan's service area who indicate their primary language as other than English, and that meet a numeric threshold of 3,000 or five-percent (5%) of the beneficiary population, whichever is lower; and • A population group of mandatory Medi-Cal beneficiaries residing in the Mental Health Plan's service area who indicate their primary language as other than English and who meet the concentration standards of 1,000 in a single ZIP code or 1,500 in two contiguous ZIP codes.

ATTACHMENTS:

- A: NOA-A Form (Assessment)
- B: NOA-B Form (Denial of Provider Request for Service)
- C: NOA-C Form (Post-Service Denial of Payment)
- D: NOA-D Form (Delays in Grievance/Appeal Processing)
- E: NOA-E Form (Lack of Timely Service)
- F: NOA-Back (State Hearing)
- G: Language Services Notice
- H: ACBHCS Timely Access to Service Standards