



**Behavioral Health  
Department**  
Alameda County Health

***NOABD Coversheet Templates in Spanish:***

Attachment A: [Denial](#)

Attachment B: [Payment Denial](#)

Attachment C: [Delivery System](#)

Attachment D: [Modification](#)

Attachment E: [Termination](#)

Attachment F: [Authorization Delay](#)

Attachment G: [Timely Access](#)

Attachment H: [Financial Liability](#)

Attachment I: [Grievance & Appeal Timely Resolution](#)