



Health Care Agency Behavioral Health Services Policies and Procedures	Section Name:	Client's Rights
	Sub Section:	Problem Resolution
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SIGNATURE		DATE APPROVED
Director of Operations Behavioral Health Services	<u>Signature on File</u>	<u>9/27/16</u>

SUBJECT: Notice of Action Forms

PURPOSE:

This policy is to standardize the use of the Notice of Action forms (A, B, C, D, and E) informing consumers of the Mental Health Plan's decision to deny or change requested Mental Health Services and their right to appeal.

POLICY:

This policy establishes a uniform standard of tracking Notice of Action (NOA) forms and pertinent information contained on the form.

SCOPE:

This procedure is to be followed by all County and County Contracted clinical staff, students, volunteers and administrative staff working for Behavioral Health Services (BHS) and/or working under the Mental Health Plan (MHP), Title IX Regulations.

REFERENCES:

Title IX California Code of Regulations; Chapter 11, Medi-Cal Specialty Mental Health Services; Reference Number 1850.210

Welfare and Institution Code, Section 14684

FORMS:

[Medi-Cal Specialty Mental Health Program, Notice of Action-A \(NOA-A\) F346-737 & NOA-Back F346-742](#)

[Medi-Cal Specialty Mental Health Program, Notice of Action-B \(NOA-B\) F346-738 & NOA-Back F346-742](#)

[Medi-Cal Specialty Mental Health Program, Notice of Action-C \(NOA-C\) F346-787 & NOA-Back F346-742](#)

[Medi-Cal Specialty Mental Health Program, Notice of Action-D \(NOA-D\) F346-786 & NOA-Back F346-742](#)

[Medi-Cal Specialty Mental Health Program, Notice of Action-E \(NOA-E\) F346-785 & NOA-Back F346-742](#)

DEFINITIONS:

Action - Consistent with 42 C.F.R. § 438.400(b) and California Code of Regulations, Title 9, § 1810.200 “Action,” in the case of a Mental Health Plan (MHP), means:

- A denial, modification, reduction or termination of a provider's request for MHP payment authorization of a specialty mental health service covered by the MHP.
- A determination by the MHP or its providers that the medical necessity criteria in California Code of Regulations, Title 9, §§ 1830.205(b)(1), (b)(2), (b)(3)(C), or 1830.210(a) have not been met and the beneficiary is not entitled to any specialty mental health services from the MHP.
- A failure by the MHP to provide a specialty mental health service covered by the MHP within the timeframe for delivery of the service established by the MHP; or
- A failure by the MHP to act within the timeframes for resolution of grievances, appeals, or the expedited appeals.

PROCEDURES:

I. NOA-A

- A. If a consumer initially requesting services does not meet the medical necessity criteria for Specialty Mental Health Services following an assessment, services will be denied. An NOA-A shall be sent to the consumer explaining the reason the services have been denied. The clinician/Plan Coordinator (PC) will note the date, the name of the consumer and the Medi-Cal number on the spaces provided on the NOA-A form.
- B. The clinician/PC will check the appropriate box indicating the reason the services are being denied.
- C. The clinician/PC shall give the completed NOA-A, along with a copy of the NOA-Back, to the consumer or will mail it through the US Postal Service no later than three (3) working days after the decision to deny specialty mental health services has been made.
- D. A copy of the NOA-A shall be kept on site and must be logged in the IRIS NOA-A Access log tab.
- E. An NOA-A shall not be issued if a consumer is referred within the Mental Health Plan.

II. NOA-B (utilized by BHS Administration)

- A. An NOA-B form applies to pre-authorized services only.

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- B. The following information is provided for informational purposes only. An NOA-B and NOA-Back form would be sent by AQIS in the following situations:
 - 1. When a clinician of the MHP requests services for a consumer receiving pre-authorized services, and the services are denied by the Mental Health Plan.
 - 2. When services previously requested by a clinician/PC and approved by the MHP are decreased or changed in frequency, level or type.
 - 3. When services previously requested by a clinician and approved by the MHP are terminated.
- C. A copy of the NOA-B shall be filed in a log with AQIS.

III. NOA-C (utilized by BHS Administration)

- A. An NOA-C form applies to services that have been rendered to a consumer at the time he/she was hospitalized.
- B. The NOA-C is given by the Inpatient TAR Unit which processes Treatment Authorization Requests (TARs) from inpatient facilities requesting authorization for payment.
- C. When the Inpatient Unit receives a TAR, it conducts a retrospective review of documentation submitted by the hospital in support of the TAR. When the Inpatient Unit determines that medical necessity for psychiatric inpatient hospital services or related professional services has not been adequately documented, a TAR is denied. The Inpatient TAR Unit will issue an NOA-C along with the NOA-Back both of which will be given to the hospital with a copy to the patient. A copy of the NOA-C is filed with the Inpatient TAR Unit.
- D. The NOA-C states that payment for a service, which has already been provided has been denied. The notice further states that the client is not responsible for the bill and does not have to pay for the services rendered.
- E. A clinician/PC may receive questions from consumers regarding the receipt of an NOA-C. It is important for clinicians/PCs to understand and to reassure the consumer that the consumer is not responsible for the payment being denied.

IV. NOA-D (utilized by BHS Administration)

- A. An NOA-D form will be utilized by Authority and Quality Improvement Services (AQIS) when there is a delay in processing a consumer grievance or appeal within the required time frame. AQIS will complete the form, entering the date, the name of the consumer, the Medi-Cal number, the date the consumer filed the grievance/appeal, and the initial request made by the consumer in the spaces provided on the form.

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- B. AQIS will give the completed NOA-D form, along with a copy of the NOA-Back, to the consumer or will mail it through the US Postal Service within three working days.
 - C. A copy of the NOA-D shall be filed in a log with AQIS.
- V. NOA-E (utilized by BHS Administration)
- A. An NOA-E form is sent to a consumer or the representative when the MHP fails to provide services within a pre-determined time frame. AQIS staff will verify with the County or County Contract program that an appointment was offered after 10 business days. The AQIS staff will enter the date, the name of the consumer, the Medi-Cal number, the number of business days required to provide the respective requested services, the date services were requested, and the service(s) requested on the spaces provided on the NOA-E form.
 - B. AQIS will mail the completed NOA-E form, along with a copy of the NOA-Back, to the consumer through the US Postal Service when the service requested is not provided within the established timeframes of Emergent (4 hours), Urgent (24 hours) or Routine (10 business days).
 - C. A copy of the NOA-E shall be filed in a log with AQIS.
- VI. NOA-A Tracking in IRIS
- A. An NOA-A entry in IRIS shall be completed and a copy filed in a designate notebook in each clinic location. The notebook must include copies of all NOA-As issued.
 - B. The clinic staff will follow the directions given by the Service Chief/Program Director regarding recording NOA-As in IRIS.
 - C. Service Chiefs/Program Directors shall perform routine spot checks of the NOA-A designated notebook and run the Access Log and NOA Report in IRIS t to compare with the actual NOA-As in the notebook. The Service Chief/Program Directors will confirm accuracy of the IRIS NOA-A report with the NOA-A copies and ensure that appropriate alternate referrals were made if indicated.
 - D. The information in the NOA-A Quarterly Log by Facility report in IRIS will be gathered quarterly by AQIS and will be reported to the Community Quality Improvement Committee at least annually.