

NOABD External Workflow – Orange County Mental Health Plan (MHP) AQIS- CYBH

NOABD Program Workflow

1. Verify Medi-Cal status.
 - a. If no, do not issue client NOABD
 - b. If yes, issue client NOABD
2. Determine which NOABD to provide Beneficiary ([Please refer to the NOABD Summary Guide excel doc](#)). Consult with AQIS if necessary.
3. NOABDs:
 - a. NOABD for Delivery System- Clinician to issue NOABD
 - b. NOABD for Termination of previously authorized service- Clinician to issue NOABD
 - c. NOABD Modification for requested services- Call AQIS to consult
4. Complete NOABD using NOABD template. For example, for Delivery System NOABD, use the Delivery System Notice NOABD template. ([Please refer to the NOABD Completion Guide for Delivery System NOABD word doc](#)).
5. Rendering provider completing NOABD initials three times next to the following text on the NOABD letter:
 - a. “Your Rights” (*Your Initial*)
 - b. Language Assistance Taglines (*Your Initial*)
 - c. Notice of Non-Discrimination documents (*Your Initial*)

This is to indicate that the three enclosure forms have been provided to Beneficiary along with the NOABD. ([Please refer to the NOABD Completion Guide for Delivery System NOABD word doc](#)).
6. Make two copies of the completed NOABD (that has the three initials next to the text “Your Rights,” Language Assistance Taglines, Notice of Non-Discrimination documents).
 - a. Copy #1 of the initialed NOABD is for Beneficiary’s chart
 - b. Copy #2 of the initialed NOABD is to send to AQIS
7. Mail or hand deliver the original NOABD along with the three enclosure documents to the Beneficiary and to the named provider (if there is an affected provider) within the required timeframe. ([Please refer to the NOABD Summary Guide excel doc](#)).
8. Scan copy #1 of the NOABD (that has the three initials next to the text “Your Rights,” Language Assistance Taglines, Notice of Non-Discrimination documents) into the client’s chart
 - a. Complete necessary documentation that NOABD was issued to Beneficiary and that initials on NOABD indicate that the three enclosure documents were provided to the client along with the NOABD
9. Send copy #2 of the NOABD (that has the three initials next to the text “Your Rights,” Language Assistance Taglines, Notice of Non-Discrimination documents) to AQIS:
 - a. Secure/encrypted email AQISgrievance@ochca.com OR

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- b. Fax (714) 834-6575
10. Please provide the following information either in the email or on the fax cover sheet:
- a. Date NOABD Notice sent to AQIS
 - b. Date on NOABD Notice
 - c. Client Name
 - d. Staff Name
 - e. Staff Phone
 - f. Staff Email
 - g. Staff initials on 2nd page of NOABD Notice
 - h. County or Contract
 - i. Program/Clinic Name
 - j. Service Chief/Program Director
 - k. SC/PD Phone
 - l. SC/PD email