

**Table for NOAs - A, B, C, D and E\***  
**Only used for Medi-Cal Consumer = Beneficiary = Client**

NOA	Who receives copies and timing of delivering	When to use	When not to use	Comments
<b>A</b>	<ul style="list-style-type: none"> <li>• Consumer and/or the parent or the legal guardian.</li> <li>• May be issued anytime preceding the end of the formal assessment period.</li> <li>• Hand delivered or mailed within 3 working days of action being taken.</li> <li>• Hand delivered or mailed within 1 working day when beneficiary is in psychiatric hospital.</li> <li>• Copy of NOA issued in connection with TBS services must also be sent to DMH per TBS regulations.</li> </ul>	<p>On basis of assessment consisting of a face-to-face clinical interview, the MHP determines the beneficiary lacks medical necessity or is otherwise not entitled to receive MH services.</p>	<ul style="list-style-type: none"> <li>• The client request is for non-specialty mental health services.</li> <li>• Client calls point of entry seeking information about services only.</li> <li>• MHP approves the delivery of a specialty mental health service, but not that requested by the client.</li> <li>• Clt not admitted to hospital following receipt of crisis intervention or stabilization.</li> </ul>	
<b>B</b>	<ul style="list-style-type: none"> <li>• Consumer and/or the parent or the legal guardian.</li> <li>• Hand delivered or mailed within 3 working days of action being taken or at least 10 calendar days before the date the action takes effect when MHP terminates or reduces services previously authorized.</li> <li>• Hand delivered or mailed within 1 working day when beneficiary is in psychiatric hospital.</li> <li>• Copy of issued NOA issued in connection with a request for payment authorization of a TBS service must also be sent to DMH per TBS regulations.</li> <li>• Provider.</li> </ul>	<ul style="list-style-type: none"> <li>• When MHP denies, modifies, or defers a provider request for payment authorization for service to a beneficiary, or</li> <li>• terminates or reduces services previously authorized, or</li> <li>• was unable to respond to authorized request timelines specified in MH 04-09.</li> </ul>	<ul style="list-style-type: none"> <li>• The client makes the service request.</li> <li>• The client disagrees with the service intervention specified in client plan.</li> <li>• 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.)</li> <li>• MHP alters the time frame of the authorization without reducing or terminating the service requested by the provider or otherwise changing the underlying treatment plan.</li> <li>• When the provider leaves the MHP, as long as the client is provided with the same type and level of service.</li> </ul>	<p>Under “Aid Paid Pending”, services may continue while the client waits for a State Fair Hearing if the hearing was requested within 10 days from the date the notice was mailed or personally given to client, or if notice was sent more than 10 days before effective date for change in services.</p>
<b>C</b>	<ul style="list-style-type: none"> <li>• Consumer and/or the parent or the legal guardian.</li> <li>• Provider.</li> </ul>	<p>When MHP will denies, modifies, or defers a provider request for payment authorization for services already delivered to the beneficiary because:</p> <ul style="list-style-type: none"> <li>• MH condition as described by provider did not meet the medical necessity criteria for either psychiatric inpatient hospital services or specialty MH services.</li> <li>• Services provided are not covered by the MHP.</li> <li>• MHP requested but has not received, additional info from the provider needed to approve payment.</li> </ul>		<p>Client does not have to pay for services already delivered.</p>
<b>D</b>	<ul style="list-style-type: none"> <li>• Consumer and/or the parent or the legal guardian.</li> </ul>	<p>When the MHP has not processed the client’s grievance, appeal, or expedited appeal <u>within a timeline specified in MH 03-03.</u></p>		<p>Grievance and appeal must still be resolved.</p>
<b>E</b>	<ul style="list-style-type: none"> <li>• Consumer and/or the parent or the legal guardian.</li> </ul>	<p>When the MHP plan has not provided services in a timely manner.</p>		

**\*All parts of the MHP acting as points of payment authorization or making decisions about access to care must comply with NOA requirements**