

SAN MATEO COUNTY
MENTAL HEALTH SERVICES DIVISION

DATE: July 15, 2004

MENTAL HEALTH POLICY NO.: MH 04-10

SUBJECT: Notice of Action

AUTHORITY: CFR, Title 42, Chapter IV, Part 438, Subpart F; California Code of Regulations, Title 9, Article 5, Sec. 1796

SUPERSEDES: New Policy

AMENDED: January 25, 2005 and April 11, 2006

ATTACHMENTS:

- A. NOA-A (Assessment)
- B. NOA-B (Denial of Service)
- C. NOA-C (Post-Service Denials)
- D. NOA-D (Delayed Grievance/Appeal Decisions)
- E. NOA-E (Lack of Timely Services)
- F. NOA-Back (back page for all NOA forms)
- G. Table for NOAs A, B, C, D and E

PURPOSE

To ensure that Medi-Cal beneficiaries are notified of their rights to appeal an action by the Mental Health Plan (MHP). An action occurs when the MHP

- A. (or its provider) 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 their standard.

POLICY

All Medi-Cal beneficiaries shall receive a written Notice of Action (NOA) informing them of their right to a fair hearing when the MHP takes any of the actions described above. All parts of the MHP acting as points of payment authorization or making decisions about access to care must comply with NOA requirements (e.g., ACCESS Team, TBS authorization team, Day Treatment authorization team, Senior Mental Health Services, Pre-to-Three team, Youth-to-Adult Transition team, Primary Care Interface Team, Youth Case Management, and provider teams doing initial assessments for service and determining medical necessity). The MHP is obligated to provide needed mental health services to all beneficiaries; issuing a NOA does not relieve the MHP of providing needed services that are not available.

I Notice of Action – Assessment (NOA-A)

A. The MHP will issue a NOA-A (Attachment A) when it is determined, on the basis of an assessment, that the beneficiary lacks medical necessity or is otherwise not entitled to receive a specialty mental health service. 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 an applicant is not sufficient for determination of medical necessity. NOA-A may be issued anytime preceding the end of the formal assessment period as specified in San Mateo County Mental Health Services Documentation Manual (i.e., two months).

- The beneficiary or the parent or legal guardian will be given the original NOA-A.
- The NOA-A must be hand delivered or mailed within 3 working days of the action being taken.
- The NOA-A must be hand delivered or mailed within one working day when the beneficiary is in a psychiatric hospital.
- A copy of the NOA-A issued in connection with TBS services must be sent to DMH.

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

- The client request is for a non-specialty mental health service.
- The client calls the ACCESS Team or other point of entry seeking only information about services.
- The MHP approves the delivery of a specialty mental health service, but not the service or provider requested by the client.
- A client 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. The MHP shall issue a NOA-B (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.
3. When it is unable to respond to an authorization request within timelines specified in MH Policy 04-09.
 - The beneficiary or the parent or legal guardian will be given the original NOA-B and a copy sent to the provider requesting the service.
 - The NOA-B must be hand delivered or 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.
 - The NOA-B must be hand delivered or mailed within one working day when the beneficiary is in a psychiatric hospital.
 - A copy of the NOA-B issued in connection with a request for payment authorization of a TBS service must be sent to DMH per TBS regulations.

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

- NOA-B is not provided when the client makes the service request.
- NOA-B is not provided when the client disagrees with the services and interventions specified in the current Client Plan. In this case, the client shall be informed of his/her right to appeal this decision using the problem resolution process, including State Fair Hearing.
- NOA-B is not provided when 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. In this case, the client shall be informed of his/her right to appeal this decision using the problem resolution process, including State Fair Hearing.
- 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.
- 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)

The MHP shall issue a NOA-C (Attachment C) when the MHP denies, modifies, or defers a provider request for payment authorization for a service already delivered to beneficiary:

1. MH condition as described by provider did not meet the medical necessity criteria for either psychiatric inpatient hospital services or specialty MH services.
2. Services provided are not covered by the MHP.

3. The MHP requested additional information from the provider that the plan needs to approve payment and this has not been received.
 - The beneficiary or the parent or legal guardian will be given the original NOA-C.
 - The provider shall be given a copy of the NOA-C.

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

The MHP shall issue a NOA-D (Attachment D) when the MHP has not processed a client's grievance, appeal, or expedited appeal within mandated timelines as designated in MH Policy 03-03, Consumer Problem Resolution Process.

- The beneficiary or the parent or legal guardian will be given the original NOA-D.

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

The MHP shall issue a NOA-E (Attachment E) when the MHP plan has not provided timely services based on their standards established in the Quality Management Plan.

- The beneficiary or the parent or legal guardian will be given the original NOA-E.

VI Consumer or Provider Appeals of Action

A. A consumer 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 the MHP's appeal resolution process, and he/she may also decide to file for a State Fair Hearing. The client may file for State Fair Hearing at any time within 90 days of the action. The client may request a State Fair Hearing whether or not they used the problem resolution process. The Office of Consumer and Family Affairs is responsible for receiving and coordinating appeals and for assisting all consumers in the filing of an appeal or a State Fair Hearing.

B. Providers may appeal a NOA-B by using the Provider Complaint and Appeal Procedures in the Outpatient Provider Manual, an attachment to their contract with the MHP.

VII Aid Paid Pending

Consumers who are issued a NOA-B while they are receiving services, may request continuation of services pending a resolution of a State Fair Hearing. This application must be filed within 10 days from the date the notice was mailed or given to the consumer, or if

the notice is sent 10 days before the effective date of the change in services, it must be filed before the effective date of the change.

VIII Retention of Records

All NOAs issued by the MHP must be sent to the Quality Improvement Manager quarterly for permanent filing.

Note: All NOAs are two-sided documents that include a back page with detailed information about the beneficiary's right to appeal (Attachment F, NOA-Back). Staff of the MHP must include both sides of the NOA in all submissions to clients and providers.

IX Attached Table of NOAs

Attachment G is a grid that summarizes each type of NOA and when it is used.

Approved: _____
Gale Bataille, Director
Mental Health Services Division