

# QRTips

November 2018

## NOABDs – Delivery System, Modification and Termination

### **Delivery System Notice:**

1. In the explanation of the first paragraph do include one of the entire **citations** provided in the previous NOA-A:
  - Your mental health diagnosis as identified by the assessment is not covered by the mental health plan (Title 9, CCR, Section 1830.205(b)(1)).
  - Your mental health condition does not cause problems for you in your daily life that are serious enough to make you eligible for specialty mental health services from the mental health plan (Title 9, CCR, Section 1830.205(b)(2)).
  - The specialty mental health services available from the mental health plan are not likely to help you maintain or improve your mental health condition (Title 9, CCR, Section 1830.205(b)(3)(A) and (B)).
  - Your mental health condition would be responsive to treatment by a physical health care provider (Title 9, CCR, 1830.205(b)(3)(C)).
2. In the second paragraph, add the name of referrals given to the families, this should include the name, address and phone number of the referral. Referrals are given based on the individual need of the child/family. If applicable, insert additional action taken by the program to coordinate care and/or additional follow-up needed by the consumer/family.

### **Termination Notice:**

In the first paragraph do include all or any of the attempts in contacting the consumer or legal guardian. Also include information on the program's attendance guideline (if any). Adding this information will support the decision on terminating services. Also, ensure all the attempts of bringing the consumer/family back into treatment should be well documented in the chart. Consumers could always ask to for a copy of their chart.

### **Reminders:**

- Under "Beneficiary's Name", this **must** be the client's name, not the parent or legal guardian.
- Under "Treating Organization's Name" this **must** be the name and address of the program. Should not be the name of the clinician who completed the NOABD.
- Do not replace the County Logo for any contract logo.
- Do not add any names of staff on the second page at the end of the notice. The notice already has an AQIS Mgr name, **Kelly Sabet, AMII**. Do not delete the AQIS manager name and replace it for any other name.
- Do not fax or e-mail to AQIS the 3 Enclosures, **ONLY** the NOABD.
- Do INITIAL the NOABD on the second page by each of the 3 Enclosures. This confirms that the 3 attachments were also sent with the NOABD.
- Do include a **10 day date** from the day of when the NOABD was written (date on the left top) into the first paragraph of the NOABD – Termination notice. These two dates **CANNOT** be the same date. There must be a 10 calendar days difference. For example, if the NOABD has a date of 9/18/2018 on the left top, then the date in the first paragraph must be 9/28/2018.

### **What if there is no address to mail out any of the NOABDs?**

For consumers with an unknown address, someone who is incarcerated, or someone with a homeless status; all efforts to make contact should have been exhausted and be documented in the chart.

**DHCS requires** that we still issue the NOABD, the three Enclosures, initial the three titles of the Enclosures on the second page **AND** place these in the client's chart (NOABD and three enclosures), even if there is no identified address.

### **CANS-50 AND PSC-35 (all threshold languages)**

Both of these are now posted in the AQIS-CYBH Support Team website:

<http://ochealthinfo.com/bhs/about/cys/support>

CYBH Contracts will need to ensure to use their own agency logo and not to use the HCA logo on these forms.