

Sample NOABD statements:

1. NOABD Denial Notice

"Based on review of records and clinical history, Benjamin meets criteria for Autism Spectrum Disorder and the significant difficulties he experiences in social relationships, school, and at home are likely related to this diagnosis. Autism Spectrum Disorder is not an included diagnosis for specialty mental health services by SLOBHD. We recommend that you contact your TCRC case manager and IEP coordinator to discuss service options."

"Based on your report that neither you nor family members have a history of significant mental illness and that the upsetting visions and thoughts you experience began after a period of heavy substance use, we do not believe that you qualify for specialty mental health services. We encourage you to contact us to arrange follow up at our Drug & Alcohol Services clinic."

"You asked us to refer you to an out-of-county residential treatment program, but based on our assessment and the American Society for Addiction Medicine (ASAM) standards, we believe that the best level of treatment for you is in our Intensive Outpatient Treatment program at (specify clinic or program). We will be looking for a Recovery Residence in SLO County for you as well. Please talk with your counselor about all your treatment options."

2. NOABD Payment Denial Notice

"The progress notes submitted by Sally Therapist for the dates of service listed do not meet SLOBHD's documentation standards. Please refer to the Documentation Guidelines for detailed directions. Specifically, the progress notes we denied do not meet the Title 9 definition for therapy (California Code of Regulations, Title 9, §1810.250) and do not document that you provided an intervention that would diminish the client's impairment or prevent deterioration in functioning (CCR, Title 9, §1830.205 (b)(3)(A-C))."

"The documentation presented by Dr. Feelgood for 12/25/18 does not establish medical necessity for an inpatient continued stay service as required in California Code of Regulations, Title 9, §1820.205(b). Specifically, the progress note does not document the presence of danger to self that resulted in the admission."

3. NOABD Other Level of Care Notice

"We will refer you to CenCal Health and the Holman Group for therapy because, based on our assessment, we believe that your depression can be treated by discussing medication with your primary care doctor and by participating in outpatient therapy. We believe that you are seeking treatment early and have many positive supports and strengths that will help you in treatment before your symptoms become overwhelming. Information about "medical necessity" can be found in California Code of Regulations, Title 9, §1830.205."

4. NOABD Modification Notice

"Your Network Provider, Sally Therapist, asked us to authorize therapy for you 3 times per week for the next 3 years. Instead, we authorized 16 therapy sessions for you for the next four months to meet your treatment needs. Your provider may document the need for additional services before this authorization ends and we will review her request."

"On 1/1/2018, ACME Residential Treatment Center requested an additional 180 days of residential care for you. Instead, we authorized 90 days of service to meet your treatment needs."

5. NOABD Termination Notice

"We previously authorized you to receive weekly individual therapy during the current year. We will no longer authorize individual therapy for you because we do not believe that ongoing therapy will help you learn to get along better with others. We are making this decision because you told us that you only want to use your therapy sessions "to have someone to yell at" and that you "do not want to make any changes in your life right now." For us to authorize therapy, we must be able to show that it will help you deal with your feelings in a positive way. (California Code of Regulations, Title 9, §1830.205 (b)(3)(A-C))."

"We are ending your substance use treatment services with us because you continue to bring narcotics with you to group sessions and tell us that you are not willing to stop doing so. We told you that we are required to operate an abstinence-based program and cannot allow unlawful use of substances in the program."

6. NOABD Financial Liability Notice

"While we understand that your Share of Cost is a burden to you, we are not permitted to adjust your Share of Cost or claim reimbursement from Medi-Cal until your Share of Cost obligations are met (California Code of Regulations, Title 9, §1810.345 and Title 22, §50651-50659). Please work with the Department of Social Services to see if you qualify for a type of Medi-Cal that has no Share of Cost."