Drug Medi-Cal Organized Delivery System
Substance Use Disorder Provider
Notice of Adverse Benefit Determination Form

Please submit an encrypted e-mail to: SUDSQualityAssurance@edcgov.us or FAX: 530-295-2596 NOT FOR CLIENT USE

SUD Provider Name:	
Client Name:	
Client MR Number:	
Preferred Language	
Date of NOABD Decision:	

Instructions: Select one (1) applicable Notice of Adverse Benefit Determination listed below and complete all pertaining items

☐ **Denial of Authorization for Requested Services**	Provide clear concise explanation regarding authorization denial:	
	Provide clinical reasons for the authorization denial decision regarding medical necessity:	
	*__ATTN SUD Residential Programs__: SUDS Quality Assurance will issue NOABD Denial of Authorization for Requested Services to beneficiary and inform SUD Residential Provider.	
☐ **Delivery System**	Provide Diagnosis:	Provide ASAM Level of Care Score:
	Client does NOT meet (Select Applicable): ☐ Adult beneficiaries must have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) Fifth Edition for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders, **and** must meet the ASAM Criteria definition of medical necessity for services based on the ASAM Criteria required by the The Drug Medi-Cal Organized Delivery System (DMC-ODS) Special Terms and Conditions (STC) 128(d). ☐ SUD treatment services that are reasonable and necessary to protect life, prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of a disease, illness or injury consistent with and 42 CFR 438.210(a)(4) or, in the case of EPSDT, services that meet the criteria specified in Title 22, Sections 51303 and 51340.1.	
☐ **Modification of Requested Services**	Provide current services provided: Provide details of modification of type of service (if applicable):	
	Provide current frequency of each service provided: Provide details of modification (if applicable):	
	Provide current duration / length of each service provided: Provide details of modification (if applicable):	
☐ **Termination of a Previously Authorized Service**	Provide clear concise explanation regarding termination / involuntary discharge of a previously authorized service:	
	Provide clinical reasons for the termination denial / involuntary discharge decision regarding medical necessity:	
☐ **Delay in Processing Authorization of Services**	Select this NOABD if the following condition applies: ☐ For a standard reauthorization, request was NOT completed within 7 calendar days of previous authorization end date ☐ The timeline can be extended If extension might be in beneficiary's interest is when the county thinks it might be able to approve your provider's request for authorization.	
	***ATTN SUD Residential Providers:** SUDS Quality Assurance will issue NOABD Processing Authorization of Services and inform SUD Residential Provider.	
☐ **Failure to Provide Timely Access to Services**	For outpatient and intensive outpatient services ☐ Face-to-face appointment within 10 business days of service request *was not completed* Provide Date Face-to-Face Appointment Client was Seen:	Provide Days out of Compliance:
	For OTP ☐ Face-to-face appointment within three business days of service request *was not completed*. Provide Date Face-to-Face Appointment Client was Seen:	Provide Days out of Compliance:
	For Urgent Residential or WM Services ☐ Face-to-face assessment within 72 hours *was not completed.* Provide Date Face-to-Face Appointment Client was Seen:	Provide Days out of Compliance:
☐ **Dispute of Financial Liability**	Provide description of the disputed financial liability: cost-sharing, co-insurance, and other liabilities:	
Denial of Payment for a Service Rendered by Provider	SUDS Quality Assurance will issue Denial of Payment for a Service Rendered by Provider and inform SUD Provider and beneficiary.	
Failure to Timely Resolve Grievances and Appeals	SUDS Quality Assurance will issue Failure to Timely Resolve Grievances and Appeals and inform SUD Provider and beneficiary.	

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