



Quality Assurance Bulletin

Office of Performance Data

County of Los Angeles – Department of Mental Health

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NOTICE OF ACTION (NOA) LETTERS A & E

This Bulletin serves as a reminder that a Notice of Action (NOA) must be provided to a Medi-Cal beneficiary, per California Code of Regulations, if the Department or its contracted providers (collectively known as the Mental Health Plan - MHP):

1. Fails to provide a specialty mental health service covered by the MHP within the timeframe for delivery of the service as identified in DMH Policy 302.07: Access to Care. If the timelines set forth in the Access to Care policy are not met, an NOA-E must be provided to the beneficiary.

Timelines for OFFERED appointments include:

- ✓ Routine initial clinical appointment - within 15 business days from request date
- ✓ Expedited initial clinical appointment after discharge from an acute inpatient facility, jail, or juvenile justice facility - within 7 days from discharge
- ✓ Rescheduled initial clinical appointment due to unavoidable circumstances at the provider - within 5 business days from original appointment
- ✓ Rescheduled initial clinical appointment due to beneficiary cancelling initial appointment beforehand - within 15 business days from original appointment
- ✓ Rescheduled initial clinical appointment due to beneficiary not keeping the initial appointment - within 15 business days from date of the rescheduling request

NOTE: The Access to Care Policy will be updated to clarify that the timeframe requirements are for the LACDMH System of Care as a whole. If a provider is unable to get the beneficiary requesting services in a timely manner and refers them to another provider who can get them in, an NOA does not need to be issued. This includes cases in which the beneficiary does not want to accept the alternate provider location but prefers to wait for an opening at the original site of request.

2. Determines that medical necessity criteria as defined in CCR 1830.205 or 1830.210 has not been met. If medical necessity criteria set forth in the Organizational Provider's Manual are not met and the beneficiary is denied specialty mental health services, an NOA-A must be provided to the beneficiary.

Reasons for Medical necessity criteria to not be met include:

- ✓ Mental health diagnosis is not covered by the MHP
- ✓ Mental health condition does not cause problems in beneficiary's daily life that are serious enough to make beneficiary eligible for a specialty mental health service from the MHP
- ✓ The specialty mental health services available from the MHP are not likely to help the beneficiary minimize or improve his/her mental health condition
- ✓ Mental health condition would be responsive to treatment by a physical health care provider

When an NOA is issued, the original must be given to the Medi-Cal beneficiary. For contracted providers, a copy must also be sent to the Patient's Rights Office (PRO). For directly operated providers, a copy does NOT need to be sent to the PRO because IBHIS will be used to meet the State regulation to store NOAs in a central location.

As part of a plan of correction with the State Department of Health Care Services (DHCS), the Quality Assurance Division will begin monitoring providers' compliance with the above requirements for NOA

issuance. This will be done by comparing medical necessity data and Service Request Log data against the receipt of NOAs by the PRO and the NOA data in IBHIS.

NOTE: Contracted providers should be able to submit Service Request Log data for all requests on or after July 1, 2017. The webservice call for sending Service Request Log data to LACDMH is expected to be available sometime in 2018. Once contracted providers have implemented the webservice functionality in their EHR, they will be expected to send all data going back to July 1, 2017.

If Contracted or Directly-Operated providers have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

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