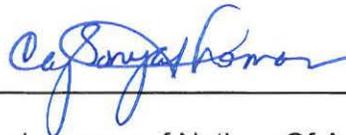


# County of San Bernardino Department of Behavioral Health

## NOAs Issued By The MHP Procedure

**Effective Date** 10/29/10  
**Approval Date** 01/22/13

 CaSonya Thomas, Director

**Purpose** To ensure the issuance of Notices Of Action (NOAs) to Beneficiaries are in accordance with State regulations and to allow Beneficiaries the opportunity to practice their rights in response to a NOA (*California Code of Regulations, Title 9, Chapter 11, 1850.210*).

**Forms** Standardized NOA forms may be accessed via internet/intranet site at <http://www.co.san-bernardino.ca.us/dbh/ConsumerInformation/ConsumerInfo.asp#>

**Procedure** The follow steps must be followed when completing a NOA form:

Step	Action										
1	Select the proper NOA form to be completed according to type of "Action" taken. <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 20%;"><a href="#">NOA-A Spanish</a></td> <td>Completed by provider completing the assessment.</td> </tr> <tr> <td><a href="#">NOA-B Spanish</a></td> <td>Completed by the Access Unit.</td> </tr> <tr> <td><a href="#">NOA-C Spanish</a></td> <td>Completed by Inpatient Utilization Review/QMD.</td> </tr> <tr> <td><a href="#">NOA-D Spanish</a></td> <td>Completed by Access Unit/Patient Rights Unit.</td> </tr> <tr> <td><a href="#">NOA-E Spanish</a></td> <td>Completed by provider of which the delay in services occurred.</td> </tr> </table>	<a href="#">NOA-A Spanish</a>	Completed by provider completing the assessment.	<a href="#">NOA-B Spanish</a>	Completed by the Access Unit.	<a href="#">NOA-C Spanish</a>	Completed by Inpatient Utilization Review/QMD.	<a href="#">NOA-D Spanish</a>	Completed by Access Unit/Patient Rights Unit.	<a href="#">NOA-E Spanish</a>	Completed by provider of which the delay in services occurred.
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2	When possible, provide NOA directly to beneficiary. If mailed, written NOA shall be deposited with US Postal Service in time for pick up no later than three (3) working days after the action is taken.										
3	Each clinic or contract provider will retain a centralized file of NOAs issued and submit them to the DBH Access Unit on a monthly basis. Copies of NOA need to be available upon request.										
4	Access Unit shall log and retain copies of all Notices of Action issued to the beneficiaries in a centralized file accessible to the Department of Health Care Services.										

**References** DBH Standard Practice Manual, QM 6007, NOAs Issued by the MHP Policy; California Code of Regulations, Title 9, Chapter 11, 1850.210.