

SAMPLE REASONS FOR NOABD TERMINATION

ONLY use those that apply and include associated citation

“You are currently receiving Service to be terminated. Beginning on termination effective date (10 days from date of letter, unless meets exception) we will no longer approve this treatment. This is because”:

- ✓ you have violated Agency Name safety rules, as stated in your admission agreement, endangering your safety and the safety of individuals in the facility by engaging in:
 - unsafe behaviors to self and/or others.
OR
 - bringing drugs to program.
OR
 - violent behavior.

- ✓ you are no longer enrolled or eligible for Medi-Cal (*DMC-ODS Special Terms and Conditions (STC) 132(d)*).

- ✓ you do not reside in Los Angeles County (*DMC-ODS Special Terms and Conditions (STC) 132(d)*).

- ✓ your substance use condition has improved and
 - this service is no longer appropriate (*American Society for Addiction Medicine [ASAM] placement criteria*).
 - OR**
 - your diagnosis no longer meets the criteria for Diagnostic and Statistical Manual of Mental Disorders (*Title 22 CCR § 51341.1(h)(1)(A)(v)*).
 - OR**
 - you are no longer assessed as ‘at-risk’ for developing a substance use disorder.

- ✓ you left the program without formal notification and attempts to reach you have been unsuccessful.