



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

DATE: June 3, 2019

MHSUDS INFORMATION NOTICE NO.: 19-028

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS  
COUNTY DRUG & ALCOHOL ADMINISTRATORS  
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA  
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES  
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS  
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.  
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES  
CALIFORNIA OPIOID MAINTENANCE PROVIDERS  
CALIFORNIA STATE ASSOCIATION OF COUNTIES  
CALIFORNIA CONSORTIUM OF ADDICTION PROGRAMS AND PROFESSIONALS

SUBJECT: ADJUDICATION FOR OVER-ONE-YEAR CLAIMS

REFERENCE: California Code of Regulations, [Title 9, CCR §1840.110](#) and [Title 22, section 51008.5](#)

The purpose of this Information Notice is to notify Mental Health Plans (MHPs) that the Department of Health Care Services (DHCS) has started to adjudicate MHPs Over-One-Year Claims (OOYC).

## BACKGROUND

If eligibility for Medi-Cal beneficiaries is determined more than 12 months after the date of service, MHPs may submit a timely claim, referred to as an “Over-One-Year Claim,” for federal reimbursement of these services. County welfare departments may then issue a Letter of Authorization (LOA) for late eligibility determinations for Medi-Cal beneficiaries as provided by California Code of Regulations (CCR), [Title 22, section 50746](#). Issuance of an LOA for these claims must be directly related to the time of late eligibility determination.

Effective immediately, OOYC paper claims are processed and adjudicated through Short-Doyle Medi-Cal (SDMC) II.

### **OVER ONE YEAR CLAIM SUBMISSIONS**

MHPs shall contact the Mental Health Service Division (MHSD), County Customer Service Section (MedCCC), via email at [MedCCC@dhcs.ca.gov](mailto:MedCCC@dhcs.ca.gov) with "SDMC OOYC" in the subject line, to request SDMC Eligibility claim worksheet forms (MH-1980) and specify the number of claim worksheets needed. Each SDMC Eligibility claim worksheet contains 15 claim lines with detailed instructions provided on the back of the document. The requested SDMC Eligibility claim worksheet(s) is mailed to the general correspondence address on file with MedCCC for the submission of the OOYC package based on the number of claims requested.

Submissions of OOYC(s) shall be within 60 calendar days from the LOA pursuant to [Title 9, CCR §1840.110](#) & [Title 22, CCR § 51008.5](#).

Submit completed OOYC forms in one package to the following address:

Department of Health Care Services  
Mental Health Services Division  
1500 Capitol Avenue, MS 2704  
Sacramento, CA 95814  
C/o MedCCC OOYC Coordinator

### **OOYC PACKAGE REQUIREMENTS**

*The MHP shall submit the following requirements for each OOYC package(s) for the adjudication of claims:*

- A completed and signed eligibility Letter of Authorization (LOA - 02/06) directly related to the time of late eligibility determination submitted to the Department within 60 calendar days after the date of resolution for the circumstance(s) that caused the billing delay, as provided in CCR, [Title 22, section 50746](#).
- A completed and signed Short-Doyle/Medi-Cal (SDMC) Eligibility Claim Worksheet (MH1980).
- A completed and signed Short-Doyle/Medi-Cal Monthly Claim for Reimbursement-Treatment Cost certification form ([MH1982 A Rev.07/12](#)) as

provided in Title 42, Code of Federal Regulations, sections [433.15](#), [438.604](#), [438.606](#), [438.608](#), and [455.18](#), [Title 9, California Code of Regulations, section 1840.112](#).

All submitted OOYC information should correspond with the respective LOA, MH1982A, and MH1980.

## **APPEALS**

MHPs may file an appeal disputing the denial of payment for its Medi-Cal claims(s) processed through the SDMC claiming system for a denial of Over-one-Year Claims<sup>1</sup>.

The MHP shall file a written appeal on MHP letterhead signed by the MHP director and submitted to the Mental Health Services Division, County Customer Services Section (MedCCC), via electronic mail (e-mail) at [MedCCC@dhcs.ca.gov](mailto:MedCCC@dhcs.ca.gov).

MHP appeals must include “[County Name] MHP, SDMC Claims Appeal” on the subject line of the email. MHPs must e-mail their appeal within 90 calendar days from the date of the denied claim letter issued by the Department.

The Department shall have 120 calendar days from the date of receipt of the MHPs appeal e-mail to determine whether to uphold or overturn the denial of payment. The Department will issue its written decision by e-mail to the MHP.

Refer to MHSD [Information Notice 13-21](#) for additional information on the Appeal process.

If you have any questions about this Information Notice, please contact MHSD County Customer Services Section at 916-650-6525 or by e-mail at [MedCCC@dhcs.ca.gov](mailto:MedCCC@dhcs.ca.gov).

Sincerely,

Original signed by

Brenda Grealish, Acting Deputy Director  
Mental Health & Substance Use Disorder Services

---

<sup>1</sup> Over-One-Year Claims are described in [MHSD Information Notice 13-20](#).