

**State of California
Office of Administrative Law**

In re:

Department of Health Care Services

Regulatory Action:

Title 9, California Code of Regulations

Adopt sections:

Amend sections: 1840.205, 1850.325

Repeal sections:

**NOTICE OF APPROVAL OF CHANGES
WITHOUT REGULATORY EFFECT**

**California Code of Regulations, Title 1,
Section 100**

OAL File No. 2014-0616-03 N

The Department of Health Care Services (DHCS) is amending sections 1840.205 and 1850.325 of title 9 of the California Code of Regulations as a change without regulatory effect in order to update authority and reference citations. The authority and reference citations have been amended to reflect the transfer of responsibilities and duties to administer and oversee the provision of mental health services and programs from the former Department of Mental Health to the Department of Health Care Services. (AB 102, Statutes of 2011, Chapter 29, Section 20, effective June 29, 2011.) The Department is also adding authority and reference citations related to an appeal process.

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, Title 1, section 100.

Original Signed

Date: 7/29/2014

Lindsey McNeill
Attorney

**For: DEBRA M. CORNEZ
Director**

**Original: Toby Douglas
Copy: Lori Manieri**

NONSUBSTANTIVE

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2014-0616-63N	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only		For use by Office of Administrative Law (OAL) only	
NOTICE		REGULATIONS	

ENDORSED FILED
IN THE OFFICE OF

2014 JUL 29 PM 1:19

Debra Bowen
DEBRA BOWEN
SECRETARY OF STATE

2014 JUN 16 AM 10:25
OFFICE OF
ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY
DEPARTMENT OF HEALTH CARE SERVICES

AGENCY FILE NUMBER (if any)
DHCS-14-004

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Mental Health Plan Denied Short/Doyle Medi-Cal Claims' Appeals	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)
ADOPT AMEND 1840.205 and 1850.325 REPEAL TITLE(S) 9

3. TYPE OF FILING
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input checked="" type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____

7. CONTACT PERSON Lori F. Manieri	TELEPHONE NUMBER (916) 650-6825	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) lori.manieri@dhcs.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE Original Signed	DATE 6-11-14
TYPED NAME AND TITLE OF SIGNATORY TOBY DOUGLAS, Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUL 29 2014

Office of Administrative Law

TITLE 9. REHABILITATIVE AND DEVELOPMENTAL SERVICES

(1) Amend Section 1840.205 as follows:

§ 1840.205. General.

(a) – (b) No changes

Note: Authority cited: Sections 14680 and 14700, Welfare and Institutions Code.
Reference: Section ~~5778~~ 14718, Welfare and Institutions Code.

TITLE 9. REHABILITATIVE AND DEVELOPMENTAL SERVICES

(2) Amend Section 1850.325 as follows:

§ 1850.325. Provider Appeal Process - Claims Processing.

Notwithstanding Sections 1850.305-1850.320:

(a) – (b) No changes

Note: Authority cited: Sections 14680, 14700 and 14718, Welfare and Institutions Code.
Reference: Sections 14684 and 14718, Welfare and Institutions Code.