



COUNTY OF SANTA CLARA
Behavioral Health Services

State Denials Adjustments County Reimbursement Request Guide
12/13/2025

STATE DENIALS ADJUSTMENTS COUNTY REIMBURSEMENT REQUEST GUIDE

For FY25 BHSD is automatically removing State denied services from the Service Detail and Summary reports (formally known as MH91). BHSD has created a process for CCPs to submit a request for specific State denials adjustments to be reimbursed by the County. This process intended to be used for instances when CCPs believe that State denial adjustments are directly resulted from myAvatar configuration issues.

BHSD will consider reimbursing CCPs for the State denial adjustments when **both** of the following apply: 1) claims were denied by the State as a direct result of a BHSD/myAvatar configuration issues **and** 2) claims couldn't have been reworked within the timely filling period.

- If the State denials were not related to a BHSD/myAvatar issue, BHSD will not approve the reimbursement request.
- If there was a BHSD/myAvatar issue, but the CCPs had time to rework the claims within the timely filling period, but didn't, BHSD will not approve the reimbursement request.
- When BHSD approves a CCP's request to reimburse for State denial adjustments along with an email approval subsequent instructions will follow.

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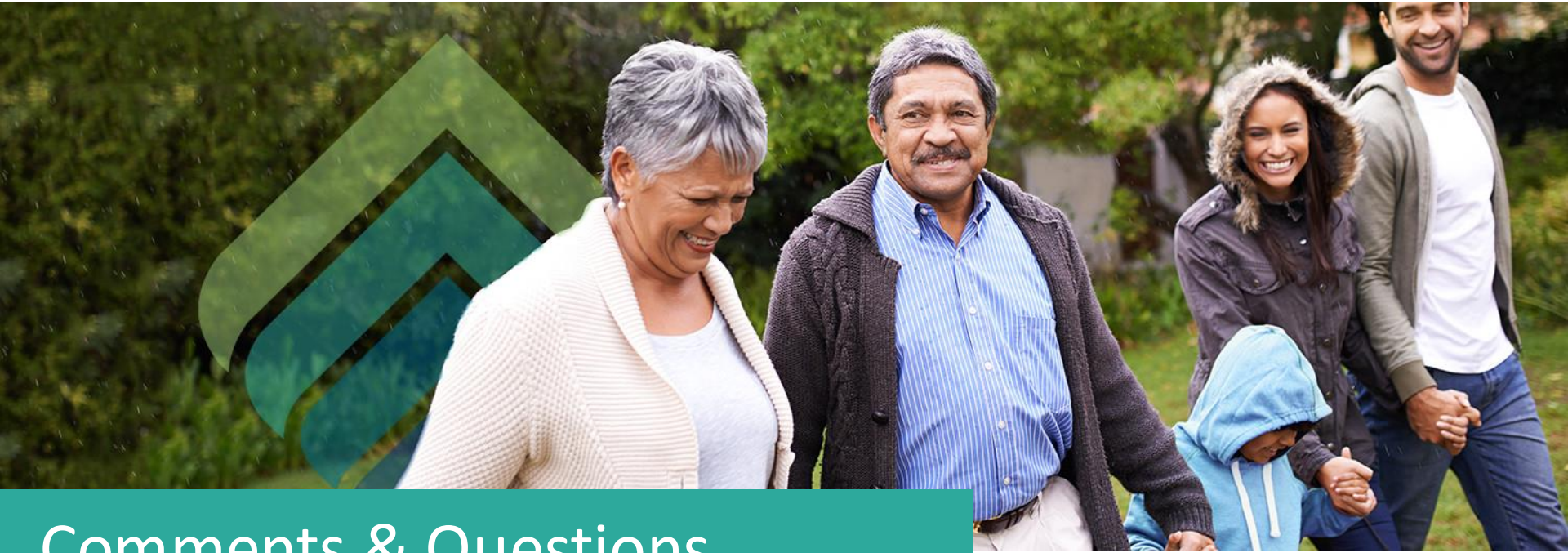
Tips for Success:

- CCPs should ensure they are sending claims to the County no later than the 10th calendar day of the month following the date of service. Sending in claims as early as possible will always increase the likelihood of maximizing revenue.
- If CCPs determine that a State denial adjustment may be the result of a BHSD/myAvatar issue, this County Reimbursement Request should be submitted expediently to allow for the maximum amount of time to resolve or remediate the issue; substantially delayed reimbursement requests without clear justification, risk not being approved.

Please follow the steps below to submit requests accordingly:

- 1) Completely fill out the table below.
- 2) Send an email to BHSD_EHR_info@hhs.sccgov.org with the subject line “State Denials Adjustments County Reimbursement Request ” with the completed table and any additional details.

Date of the Request	CCP	MH or SUTS Claims	Medi-Cal or CSC Guarantor	Initial or Replacement Claims	Earliest Date of Service to Most Recent Date of Service	Count of Services	Total \$ Amount	Reason/Justification for the Reimbursement of State Denials Adjustments



Comments & Questions