



Policy: AA.1217
Title: **Legal Claims and Judicial Review**
Department: CalOptima Health Administrative
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 07/25/2024

Effective Date: 04/06/1999

Revised Date: 07/01/2024

Applicable to: ☐ Medi-Cal
☐ OneCare
☐ PACE
☒ Administrative

I. PURPOSE

To set forth the process for the presentation of Legal Claims to CalOptima Health in compliance with this Policy, Division 3.6 of Title 1 of the California Government Code, and all applicable statutes and regulations. Section 1094.6 of the California Code of Civil Procedure shall govern cases involving judicial review.

II. POLICY

- A. General: As a public agency, CalOptima Health is subject to Division 3.6 of Title 1 of the California Government Code, pertaining to claims against public agencies. Any claims against CalOptima Health for money or damages, which are not governed by any other statutes or regulations expressly relating thereto, shall be presented in accordance with Title 1, Division 3.6, Part 3, Chapter 1 (commencing with Section 900) and Chapter 2 (commencing with Section 910) of the California Government Code, prior to initiating suit thereon.
- B. Claims Presentation: Except as provided above in Section III.A, any action presented to CalOptima Health, which has the potential to be litigated, shall be handled in accordance with this Policy. Those actions include but are not limited to Verified Claims, Notice of Intent to Sue, Summons and Complaints, and all documents which have the potential to meet the criteria for a claim against a public entity as defined in Government Code Sections 910 and 910.2.
- C. Excepted Claims: In accordance with the authority set forth in California Government Code Section 935, the claims procedures for those claims against CalOptima Health for money or damages, which are excepted from the claims presentation requirement by Government Code Section 905 and not governed by other statutes or regulations expressly relating thereto, are governed by the procedures set forth in this Policy. Notwithstanding any exceptions contained in Section 905 of the California Government Code, no action based on a claim or demand for money or damages shall be brought against CalOptima Health, or any of CalOptima Health's Board members, officers, employees, or agents, unless presented to, and acted upon by, the Board, as provided herein.
- D. Timeliness: All claims shall be presented within the time limitations and in the manner prescribed by Sections 910 through 915.2 of the California Government Code. Such claims shall further be subject to the provisions of Section 945.4 of the California Government Code relating to the prohibition of suits in the absence of presentation of claims and action thereon by the Board.

E. Late and Insufficient Claims

1. If the Chief Executive Officer (CEO), or their designee, determines that a claim fails to comply substantially with the presentation requirements of Government Code Sections 910 and 910.2, or with the requirements of a form provided under Government Code Section 910.4 if a claim is presented thereto, they may give written notice of its insufficiency in accordance with Government Code Sections 910.8 and 915.4.
2. When a claim is not presented within the time limits prescribed in Government Code Section 911.2, the CEO, or their designee, is authorized to return the claim without further action, in accordance with Government Code Section 911.3 for claims required to be filed within six months or reject the claim in accordance with Government Code Section 913 for all other claims.

F. Small Claims: In the cases of small claims actions brought against CalOptima Health which personally name an individual who has no personal knowledge of the claim (CEO, Chair of Board, etc.), it is permissible to substitute a representative with more personal knowledge for purposes of court appearances.

G. Delegated Functions of the Board and Settlement Authority

1. Claims Against CalOptima Health

- a. The CEO, or their designee is authorized to perform the functions of the Board which are specified in Part 3 of Division 3.6 of Title 1 of the California Government Code.
 - b. Such delegation includes the allowance, compromise, or settlement of any claims if the amount to be paid from CalOptima Health's treasury does not exceed \$50,000 per individual claim. Notwithstanding the foregoing, any allowance, compromise, or settlement of any claim in which the amount to be paid from CalOptima Health's treasury exceeds \$10,000 per individual claim shall be approved personally by the CEO, rather than their designee.
 - c. The CEO or their designee shall periodically report such actions to the Board of Directors.
2. Actions Against CalOptima Health: Consistent with Section 949 of Part 4 of Division 3.6 of Title 1 of the California Government Code:
- a. The CEO, with the assistance of legal counsel, is authorized to compromise any pending action if the amount to be paid from CalOptima Health's treasury does not exceed \$300,000. The CEO shall immediately report such action to the Board.
 - b. The Board may on a case-by-case basis authorize its CEO, with the assistance of legal counsel, to compromise any pending action where the amount to be paid from CalOptima Health's treasury exceeds \$300,000. The CEO shall immediately report such action to the Board.

H. Judicial Review: In compliance with Section 1094.6 of the California Code of Civil Procedure, petitions for judicial review of any decision made by CalOptima Health must be filed within ninety (90) days after the action is final.

- I. **Claim Form:** In accordance with California Government Code Section 910.4, CalOptima Health shall maintain and provide a claim form for the public's use, which form is attached hereto as Exhibit "A." All claims presented to CalOptima Health must be submitted on CalOptima Health's claim form pursuant to Government Code Section 910.4, or in a form that substantially complies with the claims requirements of California Government Code Sections 910 and 910.2. The CEO shall have the authority to revise the claim form from time to time as he or she deems necessary.
- J. **Exhaustion of Administrative Remedies:** Nothing herein is intended to diminish, eliminate, or waive any legal or contractual obligation to exhaust CalOptima Health's administrative remedies prior to the presentation of a claim pursuant to this Policy.

III. PROCEDURE

Not Applicable

IV. ATTACHMENT(S)

A. CalOptima Health - Claim for Damage or Injury

V. REFERENCE(S)

- A. California Code of Civil Procedure, Section 1094.6
 B. California Government Code, Title 1, Division 3.6, Sections 900-915.2, 935, 935.4, 945.4, and 949, and all applicable statutes and regulations.

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
04/06/1999	Regular Meeting of the CalOptima Board of Directors
06/04/2002	Regular Meeting of the CalOptima Board of Directors
08/05/2003	Regular Meeting of the CalOptima Board of Directors
12/04/2014	Regular Meeting of the CalOptima Board of Directors
08/03/2017	Regular Meeting of the CalOptima Board of Directors
08/04/2022	Regular Meeting of the CalOptima Health Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	04/06/1999	AA.1217	Legal Claims and Judicial Review	Administrative
Revised	06/04/2002	AA.1217	Legal Claims and Judicial Review	Administrative
Revised	08/05/2003	AA.1217	Legal Claims and Judicial Review	Administrative
Revised	01/01/2004	AA.1217	Legal Claims and Judicial Review	Administrative
Revised	12/04/2014	AA.1217	Legal Claims and Judicial Review	Administrative
Reviewed	12/01/2015	AA.1217	Legal Claims and Judicial Review	Administrative
Revised	08/03/2017	AA.1217	Legal Claims and Judicial Review	Administrative
Revised	08/04/2022	AA.1217	Legal Claims and Judicial Review	Administrative

Action	Date	Policy	Policy Title	Program(s)
Revised	09/01/2023	AA.1217	Legal Claims and Judicial Review	Administrative
Revised	07/01/2024	AA.1217	Legal Claims and Judicial Review	Administrative

IX. GLOSSARY

Not Applicable