Date:

Orange County Health Care Agency

Mental Health and Recovery Services

Authority & Quality Improvement Services

400 W Civic Center Drive, 4th Floor

Santa Ana, CA 92701

ATTN: Eunice Lim, LMFT

RE: (Program) Medi-Cal Certification or Re-Certification

Dear Ms. Lim,

In accordance with Department of Mental (DMH) Letter No: 10-05, I am writing to attest to the findings that as of (date) no current (program) employees are identified on the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the Medi-Cal Suspended and Ineligible Provider list.

If there are any questions, please contact me at (phone #).

Respectfully,

(Name)

(Title)

Cc: Rebekah Radomski, AQIS-CDSS Service Chief II