Date:

Orange County Health Care Agency

Mental Health and Recovery Services

Quality Management Services (QMS)

400 W Civic Center Drive, 4th Floor

Santa Ana, CA 92701

ATTN: QMS Medi-Cal Certification

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

Dear Mr. Parker,

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: Hilary Peralta, BHS-QMS Service Chief II