



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

September 27, 2013

**FINAL REPORT**

**Return Receipt Requested**

CaSonya Thomas, MPA, CHC, Director  
San Bernardino County Behavioral Health  
268 West Hospitality Lane, Suite 400  
San Bernardino, CA 92415-0026

Dear Ms. Thomas:

The Department of Health Care Services (DHCS) has completed a Program Oversight and Compliance Branch, Compliance Section onsite review of **San Bernardino** County's Mental Health Plan (MHP) pursuant to the California Code of Regulations, title 9, chapter 11, section 1810.380. The purpose of the review was to verify that services were being provided in compliance with chapter 11 and the provisions of the approved federal waiver for Medi-Cal Specialty Mental Health Services Consolidation.

The DHCS utilized the review protocol attached to the Mental Health Services Division (MHSD) Information Notice No. MHSD 12-05. Enclosed are the following:

1. The "Onsite Review Findings" report identifying the areas of compliance and noncompliance.
2. The "Plan of Correction" report detailing items out of compliance.
3. The "Recoupment Summary" report detailing items to be recouped.

**DATE OF THE REVIEW: March 25-28, 2013**

**REVIEW TEAM:**

- Medi-Cal Oversight: Lydia Garcia Crowell, AMHS, System Lead
- Medi-Cal Oversight: Ann Wangberg, SMHS, System Support
- Medi-Cal Oversight: Jerry Balaban, Ph.D., Chart Reviewer
- Licensed Chart Reviewer: Tom Tighe, LCSW
- Licensed Chart Reviewer: Margaret Koster, LCSW
- Peer Reviewer: Michael Divito (Alameda County)

The Department is recouping dollars per the attached Recoupment Summary. The total amount to be recouped is: **FFP amount is \$4,180.92.**

CaSonya Thomas, MPA, CHC, Director  
San Bernardino County Behavioral Health  
September 27, 2013  
Page 2

A Plan of Correction (POC) for all out-of-compliance items is due within 60 days after receipt of the final report and should be sent to:

Carol Sakai, LCSW  
Chief, Compliance Section  
Program Oversight and Compliance Branch  
Mental Health Services Division  
Department of Health Care Services  
P.O. Box 997413, MS 2703  
Sacramento, CA 95899-7413

Also, please forward an electronic version of the same POC to Carol Sakai by e-mail to [Carol.Sakai@dhcs.ca.gov](mailto:Carol.Sakai@dhcs.ca.gov).

If the MHP wishes to appeal any of the out-of-compliance items, the MHP may do so by submitting an appeal in writing within 15 working days after receipt of the final report. Please address the appeal to the attention of:

John Lessley  
Chief, Quality Assurance Section  
Program Policy and Quality Assurance Branch  
Mental Health Services Division  
Department of Health Care Services  
P.O. Box 997413, MS 2702  
Sacramento, CA 95899-7413

Please also cc:

Carol Sakai, LCSW  
Chief, Compliance Section  
Program Oversight and Compliance Branch  
Mental Health Services Division  
Department of Health Care Services  
P.O. Box 997413, MS 2703  
Sacramento, CA 95899-7413