



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT, LMFT
DIRECTOR / PUBLIC GUARDIAN

[Date]

Program Manager Name, Title
Program Name
Street Address
Fresno, CA 93XXX

RE: [Insert all funding sources and contract numbers]

Dear [Point of Contact]:

The Fresno County Department of Behavioral Health Managed Care Division, Substance Use Disorder Services (DBH-MCSUD) staff performed a medical records review of [Enter ASAM Designation] services on [Enter date of audit]. During the medical records review, we discovered areas where documentation was not in compliance with Fresno County Drug-Medi-Cal Organized Delivery System standards. On [Date], we sent you a Corrective Action Plan (CAP) letter which outlined the deficiencies requiring corrective action.

We are in receipt of your recent CAP response, dated [Date]. The CAP addressing the cited deficiencies has been found to be acceptable. Acceptance of the CAP does not waive the program's responsibility to ensure that the corrective action described therein is implemented and maintained.

A follow-up review may be conducted to ensure on-going compliance with the CAP. This report is closed effective [Date].

Thank you for the courtesy and cooperation extended to us during the course of the audit process. If you have further concerns or questions, please do not hesitate to contact DBH-MCSUD at (559) 600-4645.

Warmest regards,

[Name, License]/dc
Division Manager- MH
Managed Care Division
Substance Use Disorder Services
Department of Behavioral Health
1925 E Dakota Avenue
Fresno, CA 93726

[CS INITIALS/audit lead initials]

CC: Katherine Anderson, Principal Analyst, SUD Contracts, Department of Behavioral Health
Department of Health Care Services (DHCS) sudcountyreports@dhcs.ca.gov; SABGCompliance@dhcs.ca.gov

1925 E. Dakota Ave., Fresno, CA 93726
FAX (559) 600-7905 www.hopefresnocounty.com

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