



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Michelle Baass | Director

Attachment B

February 29, 2024

Katy Eckert, MBA
BH Director
Monterey County Behavioral Health Services
1270 Natividad Road
Salinas, CA 93906-3198

Dear Ms. Eckert:

This letter provides you with Monterey County's official notice of Mental Health Services Act (MHSA) unspent funds subject to reversion as of **July 1, 2023**. This official notice includes funds from:

Small counties:

- FY 2013-14 for the:
 - Workforce Education and Training (WET) component
 - Capital Facility/Technological Needs (CFTN) component
 - WET Regional Partnership (WET RP)
- FY 2018-19 for the:
 - Community Services and Supports (CSS), including MHSA Housing Program (W&I Code Section 5892.5) component
 - Prevention and Early Intervention (PEI) component
 - Innovation (INN)

Large Counties:

- FY 2013-14 for the:
 - Workforce Education and Training (WET) component
 - Capital Facility/Technological Needs (CFTN) component
 - WET Regional Partnership (WET RP)
- FY 2020-21 for the:
 - Community Services and Supports (CSS), including MHSA Housing Program (W&I Code Section 5892.5) component
 - Prevention and Early Intervention (PEI) component
 - Innovation (INN)

Pursuant to Welfare and Institutions Code (WIC) section 5892(h), any funds allocated to a county which have not been spent for their authorized purpose within a specified period-of-time (i.e., reversion period), will be reverted to the State and reallocated to other counties. The reversion period depends upon the county's population and the program component.

MHSA Reversion Enclosures (Excel Workbook)

Enclosure 1 provides total unspent funds calculated through the **FY 2022-23 MHSA Revenue and Expenditure Report (RER)**.

Enclosure 2 provides the revenue and expenditure data used to determine the amount of funds subject to reversion for each fiscal year and component. Due to large file size, Enclosure 2 is provided by email.

Remitting funds to DHCS

Unless the County appeals the amount of unspent funds subject to reversion, this letter serves as the final notice. **The County must remit a check in the amount of \$0.00 to DHCS within 60 calendar days.** Checks must be sent to:

Department of Health Care Services
Accounting Section, Cash Receipts Unit, MS 1101
P.O. Box 997415
Sacramento, CA 95899-7415

TO ENSURE PROPER PROCESSING, PLEASE INCLUDE THIS LETTER WITH THE CHECK AS SUPPORTING DOCUMENTATION

DHCS Accounting Only:

FISCAL Coding: Service Location: 84006 Reporting Structure: 4260LA3B Fund: 3327

Funds Subject to Reversion as of July 1, 2023

Monterey County	
Component	Reversion Amount
CSS	\$0.00
PEI	\$0.00
INN	\$0.00
WET	\$0.00
CFTN	\$0.00
WET RP	\$0.00
MHSA HP	\$0.00
Total Amount Due DHCS	\$0.00

Appeal Process

Should the County disagree with the amount of unspent funds subject to reversion, as determined by DHCS, and wish to appeal the revenue or expenditure amount used to make the determination, the County must submit an appeal to DHCS via email at MHSA@dhcs.ca.gov. Enclosure 3 provides the appeal forms and instructions. Due to large file size, Enclosure 3 is provided by email. All appeals must include the signed certification form (Enclosure 4). The County will have 30 calendar days to review and appeal component funds subject to reversion, as calculated by DHCS. The County's appeal timeframe will begin upon receipt of the notification letter sent via email.

DHCS will review the appeal and notify the County, via email, of its determination within 45 calendar days of receipt of the County's appeal. After the appeal period has ended, and appeals are finalized, DHCS will send the County a final notice of unspent funds subject to reversion.

Should you have any further questions, please contact Barbara Johnson at Barbara.Johnson@dhcs.ca.gov.

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Katy Eckert, MBA
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Sincerely,

Original signed by

Theresa Christensen, Chief
BHSA Oversight Section

Enclosures (4)

Enclosure 1 and 2: MHSA Reversion excel workbook

Enclosure 3: DHCS 1821 Adjustments to Revenue or Expenditure Worksheet

Enclosure 4: DHCS 1820 Adjustment Worksheet Certification

DHCS Accounting Only:

FI\$CAL Coding: Service Location: 84006 Reporting Structure: 4260LA3B Fund: 3327