

INSERT COUNTY BOARD LETTERHEAD

Date

Provider Name

Address

RE: Provider Compliance Review
County
Date of Review:
ODMRDD Provider Number:
Certified Service(s):

Dear (Provider),

Enclosed is the "Preliminary Provider Compliance Review" report completed by the CB. This report, including the findings, is a result of the review conducted on (DATE).

A Plan of Compliance (POC) will be required. Please use the enclosed POC prescribed format to complete your response to each of the cited findings. The Plan of Compliance response is due fourteen (14) **calendar days** from the date of this letter. The CB will respond to your POC within seven (7) calendar days of receipt of your POC unless the POC is incomplete.

Please return the enclosed "**Acknowledgement Form**" within 14 days of the date of this letter to **verify** whether you:

- (1) **DO CONCUR** with the findings outlined in the preliminary compliance report.
 - When responding, include your Plan of Compliance.
- (2) **DO NOT CONCUR** with the findings outlined in the preliminary compliance report.

Include:

 - The proposed Plan of Compliance
 - All written objections to any comments or deficiencies identified in the initial report.
 - Documentation to support your objections.

You will receive a letter indicating a decision as to whether the objections have been supported or not. If you have any questions, please contact this office at _____.

Sincerely,

SIGNATURE and TITLE
AFFILIATION

Enc: Combined Initial Provider Compliance Review Report and POC Response" (return) PC045
Acknowledgement Form (return) - PC044
How to Complete the POC-PC057
Request for State Appeal of County Board Review-PC048