

**PROVIDER COMPLIANCE REVIEW – INITIAL FINDINGS BY DEPARTMENT/COUNTY BOARD
 PLAN OF COMPLIANCE (POC) RESPONSE BY PROVIDER TO DEPARTMENT/COUNTY BOARD**

Provider Name:		<input type="checkbox"/> Agency <input type="checkbox"/> Individual	Contract Number:	County:
Compliance Review Type: <input type="checkbox"/> Regular / Scheduled <input type="checkbox"/> Special (specify)-	Reviewer: <input type="checkbox"/> Department <input type="checkbox"/> County Board (specify)-	Review Format: <input type="checkbox"/> On-site <input type="checkbox"/> Desk	Date of Review: mm/dd/yy Date of Mailing: Date POC Received: Date POC Final:	Date Amended POC Mailed: Date of Amended POC Response:
HCBS Waiver Reviewed: <input type="checkbox"/> IO <input type="checkbox"/> Level One <input type="checkbox"/> Combined IO & L1		List HCBS Waiver Service(s) Reviewed (by Waiver Type-IO or L1):		

<i>Completed by Dept or CB Only</i>		<i>Completed by Dept or CB Only</i>	<i>Provider: Provide Plan of Compliance to address each Finding</i>	<i>Dept/CB</i>
Item #	Rule Citation <small>(Rule Number, Section/s & Narrative or Waiver Standards and Assurances)</small>	Explanation of Finding	Provider Response to Findings (POC)	Yes/ No (if No, why) or Amended (Why)?
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

PC045 2/14/06 PROVIDER NAME:

REVIEW DATE:

KEY: Y-Yes-POC acceptable for this item N-No- amended POC response does not address finding, finding unable to be corrected, other A-Amended-POC response was unacceptable and modified, deleted, Appeal approved, other