

COUNTY BOARD LETTERHEAD

Date

Provider Name

Address

Re: Name of Provider:
County:
Waiver:
ODMRDD Provider Number:
Certified Services:

Dear (Provider),

The county board has reviewed each of the findings that you have identified on the Plan of Compliance as an item that you "Do Not Concur" with related to the finding(s) noted in the initial Provider Compliance Review Report for the review conducted on (DATE). The specific items that have been discussed for reconsideration and the decision of the county board are listed below. **THE DISPUTED FINDING/S HAVE:**

Identify each finding being disputed under the respective "Decision Box"

BEEN SUPPORTED - An amended Provider Compliance Review Report is enclosed. The disputed item has been removed from the Final Provider Compliance Report and is noted by the report's item number below:

- Item # (identify)
- Item #
- Item #

NOT BEEN SUPPORTED - The county board and the provider are required to meet within 7 days to attempt to reach a consensus on a Plan of Compliance that addresses the areas of disagreement. If we do not reach consensus, or if you choose not to participate in the meeting, the county board will develop a Plan of Compliance that you will be required to implement. This meeting has been scheduled for _____ at _____. The following items have not been supported by the County Board's informal review process:

- Item # (identify)
- Item #
- Item #

Please submit your updated/completed POC with the required responses to the attention of:

[INSERT NAME AND ADDRESS HERE]

Sincerely,

SIGNATURE and TITLE
AFFILIATION