

Date

Provider Name
Address

RE: Provider Compliance Review
Review Date:
County:
ODMRDD Provider Number:
Plan of Compliance- (amended by Dept/CB):

Dear (Provider),

The Plan of Compliance (POC) that you initially submitted did not adequately address all of the findings identified in the Provider Compliance report (PC045). The (Department / CB) amended this Plan of Compliance for your use to readdress specified findings identified during the provider compliance review. This amended POC was returned to you for further attention.

The (Department / CB) has examined the documentation that you have resubmitted as evidence of your compliance to the findings as identified in the amended Plan of Compliance.

Based upon this new documentation, the (Department / CB) is satisfied that you have successfully completed this compliance review. Except for possible verification of implementation of the Plan of Compliance, no further follow up activities are required at this time.

If you have any questions, please contact this office at () _____.

Sincerely,

SIGNATURE