

Date

Provider Name
Address

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

Dear (Provider),

A Plan of Compliance (POC) has been developed by (the department / the CB) for your response to findings identified during the provider compliance review of **(DATE)**. You failed to provide the POC as required; therefore, one has been provided for you.

The required Plan of Compliance is enclosed and shall be used when submitting your response and documentation to the (Dept/CB) to demonstrate substantial compliance to this Plan of Compliance.

Your response to each finding in this Plan of Compliance, along with supporting documentation, is due to this office by **(DATE)**.

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

Sincerely,

SIGNATURE

Enc: Plan of Compliance