

CB/COG TRAINING FOR COMPLIANCE REVIEWS

January & February 2012

Post Review Documents

No Citations Letter
Compliance Summary Report Cover Letter
Compliance Summary Report Form
Plan of Compliance Cover Letter – POC Approved
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Process for Non-Responsive Providers Post Review
Letter for Non-Responsive Providers Post Review

January 1, 2010

insert entity name
insert entity street address
insert city, Ohio zip

RE: Compliance Review
County: Enter Name of County
Provider Number: Provider Number

Dear ,

The compliance review evaluates the certification standards required by rules adopted under Chapter 5123 of the Ohio Revised Code. The **INSERT CB/COG NAME** completed a review on January 1, 2010.

We are pleased to notify you that no citations were issued.

If you have any questions, please contact this office at **FILL IN CONTACT INFO**.

Sincerely,

Reviewer Name, Title
Entity

C: , Superintendent, County Board of DD

January 1, 2010

insert name of provider/CB/Facility
insert street address
insert city, Ohio zip

RE: Compliance Review
Facility/Provider No:
County: Enter Name of County

Dear ,

The **FILL IN CB/COG NAME** conducted a Compliance Review on January 1, 2010. Enclosed is the Compliance Summary Report.

A Plan of Compliance (POC) will be required. **Please use the specified format to enter your plan of compliance information for each identified deficiency.**

In your POC, please include the following information:

- Description of corrective action for each deficiency, including any system changes to prevent future occurrences;
- Implementation date of corrective action for each deficiency;
- Person responsible for assuring that each deficiency is corrected;
- Supporting documentation which verifies implementation of corrective action

The POC response is due fourteen (14) calendar days from the date of this letter. The **CB/COB** will respond to your POC within twenty (20) calendar days of receipt of a complete POC.

If you do not agree with the citations outlined in the Compliance Summary, you must contact the **CB/COG** within 14 days to request a review of the findings. Your request must identify the citation(s) you are disputing and include documentation to support your objections. Additionally, you should include the POC response for any citations that are not being disputed. An informal meeting/ discussion on the written objections will be planned after receipt of your written response. If you are unable to resolve the disputed citations at the County Board level, you may submit a written appeal to the Department of Developmental Disabilities.

If you have any questions, please contact me at **FILL IN PHONE NUMBER** or by email at **FILL IN EMAIL ADDRESS**.

Sincerely,

REVIEWER NAME, TITLE
REVIEWER ENTITY

POC Approval Letter

January 1, 2010

insert entity name
insert entity street address
insert city, Ohio zip

RE: Compliance Review
County: Enter Name of County
DODD Number: Entity Number

Dear

Thank you for submitting your Plan of Compliance for the Compliance Review completed on January 1, 2010.

The Plan of Compliance, and the supporting documentation, satisfactorily addresses the findings identified in the review. You will be contacted to verify the implementation of your POC at a later date.

Thank you for your cooperation during this review process. If you have any questions, please contact this office at fill in phone number/email.

Sincerely,

Name, Title
Entity

cc: Superintendent, _____ County Board of Developmental Disabilities

January 1, 2010

insert entity name
insert entity street address
insert city, Ohio zip

RE: Compliance Review
County: Enter Name of County
DODD Number: Entity Number

Dear ,

Your initial Plan of Compliance, submitted in response to the Compliance Review conducted on January 1, 2010, does not satisfactorily address the citation(s) as identified in the Compliance Summary. Please reference the Compliance Summary for information related to the citations that require additional clarification.

Please submit a revised Plan of Compliance for these citations within 14 days of receipt of this letter to:

INSERT CONTACT INFO HERE

Failure to submit a Plan of Compliance within 14 days may result in sanctions. If you have any questions, please contact this office at **INSERT PHONE NUMBER**.

Sincerely,

REVIEWER NAME, TITLE
ENTITY

cc: , Superintendent, CBDD

Plan of Compliance Verification Form

For Compliance Reviews Conducted by County Boards/COGs

Provider Name:		Date of Initial Review:
Provider #:		Date(s) of Verification:
County of Review:		Type of Verification: <input type="checkbox"/> On- Site Verification <input type="checkbox"/> Paper Verification
Type of Review: <input type="checkbox"/> I.O. <input type="checkbox"/> Level One <input type="checkbox"/> I.O. and Level One	Type of Provider: <input type="checkbox"/> Agency Provider <input type="checkbox"/> Individual Provider	Reviewer Name and Entity:

Please Check Applicable Boxes

- Plan has been verified and all citations have been corrected.
- Outstanding citations remain (identify which citations are outstanding and why):

Return Verification Required: YES NO

Date of Return Verification: _____

Reviewer Signature/Entity

Provider Signature/Title

PROCESS FOR NON-RESPONSIVE PROVIDERS-POST REVIEW

If the POC has not been received by the reviewer within 1 week after the due date, the reviewer will do the following:

1. Contact the provider via phone and email to ensure they received the compliance summary and request POC.

- Include a delivery receipt with email
- Save a copy of the email electronically
- Keep summary of dates of phone contacts and whether a message was left
- Wait 7 days for a response
- If no response after 7 days, move to step 2

2. Contact the provider a second time via email and phone

- Include a delivery receipt with the email
- Save a copy of the email electronically and note the date of the phone call
- Wait 7 days for a response, then move to step 3

3. Make 3rd email and phone call requesting POC

- The email should request that the provider contact the reviewer immediately regarding their outstanding plan of compliance
- Save a copy of the email electronically and note the date of the phone call
- Wait 7 days for a response, then move to step 4 if there's been no response

4. Reviewer sends letter to provider offering last chance to submit a POC

- "Last Chance" template letter completed by Reviewer and sent to provider
- Letter is sent via email and US Mail
- The letter gives a 7 day deadline to submit POC
- Copies of compliance reports, letters, emails, delivery receipts, summary of attempts to obtain POC, and the "last chance" letter should be maintained by the reviewer for use by DODD
- If the provider does not respond to the letter, move to step 5.

5. Reviewer sends email to DODD contact

- Reviewer emails DODD and provides copies of compliance reports, letters, emails, delivery receipts, summary of attempts to obtain POC, and the "last chance" letter
 - DODD will review information submitted and make a determination on whether the provider will be referred for sanctions

Date

Provider Name
Provider Address

RE: Compliance Review
County:
DODD Number:

Dear Fill in Provider Name,

This letter is to provide a final opportunity for you to cooperate with the Provider Compliance review that FILL IN REVIEWER ENTITY conducted on FILL IN THE DATE OF THE REVIEW.

In spite of multiple documented attempts to contact you regarding the Compliance Review, you have failed to respond to requests for a Plan of Compliance (POC) and/or documentation supporting the POC. DODD rule 5123: 2-9-08 "Compliance Reviews of Certified HCBS Waiver Providers" requires your cooperation with provider compliance reviews as a condition of your continuing certification:

If you would like to maintain your certification as a waiver provider, please submit your POC and/or documentation supporting the POC within 7 days of this letter. . If I do not receive a response to this letter within 7 days, your provider certification will be referred to DODD for further action. Please submit the POC/documentation via email to INSERT EMAIL ADDRESS, via fax to INSERT FAX # or via mail to INSERT ADDRESS.

If you are no longer interested in maintaining your certifications, please submit this in writing. The letter relinquishing your certifications should include your name, provider number, certifications and the effective date.

Sincerely,

Reviewer Name, Title
Agency