

Instructions:

Copy the text below, insert into an e-mail and change review information in the highlighted areas.

2014

Provider Name
Provider Address
City, Ohio Zip

Dear **Provider Name**,

Every independent or agency provider delivering waiver services through the Ohio Department of Developmental Disabilities (DODD) must have a compliance review at least once every three years. If you are a new provider and have billed in your first year of being certified, you are required to have a provider compliance review within a year of that first billing. A provider compliance review of services provided by you or your agency will be conducted in **DATE Here**.

INFORMATION REQUIRED FOR THE REVIEW

- If you are an **independent** provider, please provide the name(s) of individual(s) served by you within the past year until the present time.
- If you are an **agency** provider, please provide the name(s) of individual(s) served by your agency within the past year until the present time AND the name(s) and hire dates of employees that delivered services within the past year until the present time.
- **Confirmation of the contact information we have on record for you or your agency is also needed.** Please provide a current address and telephone number. (This information will be given to the reviewer(s) conducting the review to contact you to set up the actual date for the review.)

Please submit the above information within 5 working days of this email.

Thank you very much.