Date

Name

Executive Director

Provider Agency Name

Provider Address

City, State Zip

Dear Executive Director:

The Office of Certification Administration received your plan of action on Date, for Provider Agency Name. Based on the recommendation of the Associate Commissioner for the Division of Mental Health and Substance Abuse Services, I am accepting your plan of action on the deficits listed in the site visit report conducted Date.

Thank you for your response. Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-XXX.

 Sincerely,

 Commissioner’s Full Name

 Commissioner

 (Commissioner’s initials/OCA staff)

cc: (Service Division Associate Commissioner)

 (Copied Contact)