

RECEIVED  
DHS

AUG 03 2018

DIVISION OF  
DEVELOPMENTAL DISABILITIES

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

Name of Service Provider: Mosaic Director: [REDACTED] \_\_\_\_\_ OIG Case No. 1218-0199

I. For this case, was there a finding of substantiated allegations?  Yes  No  
Were there Other Observations, requiring a Written Response?  Yes  No

II. NOTICE TO INDIVIDUAL AND LEGAL GUARDIAN (for substantiated cases). The individual and guardian (if a guardian exists) have been notified that the reported allegation was substantiated.  Yes  No Date: July 10, 2018

III. SERVICE PROVIDER=S RESPONSE TO OIG FINDINGS/RECOMMENDATIONS.

DIRECTIONS FOR EACH COLUMN (Please use additional pages of this form if necessary to complete the report.)

- X SERVICE PROVIDER=S RESPONSE. Summarize your action for each finding/recommendation.
- X PERSON RESPONSIBLE. Identify the person(s) responsible for each action, by name and/or job function.
- X DATES. Provide the date(s) when each action will be (1) initiated and (2) completed.

FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
The allegation of exploitation is substantiated against [REDACTED]	[REDACTED] resigned as a host home provider on 1/9/18. (see attached) Resignation unrelated to this finding.	[REDACTED]	7/12/18	7/12/18

IV. APPROVAL BY AUTHORIZED REPRESENTATIVE. I have reviewed the above Written Response. I hereby approve it as the plan for correcting the Findings/Recommendations identified in the OIG investigation for this Case Number.

[REDACTED] Representative	DATE: 7/12/18	[REDACTED]	DATE: 8/3/18
---------------------------	------------------	------------	-----------------