**Incorrect surveys**

Dear Provider,

The Department of Health Services has completed its review of the Quarter 2 Direct Care Workforce (DCW) Attestation Reports. The Department informed [MCO name] that the payment amount you reported for control number **XXXXXXXXXX** was incorrect.  The correct amount for this control number was **$YYYYYYYYYY**.Please remember that your contract with [Insert name of MCO] requires you to complete the Quarter 2 DCW Attestation Report to be eligible for all future DCW payments. [Insert name of MCO] is also required to recoup DCW payments from providers that do not complete all of the DCW attestation reports. Please review the attached guidance and submit a new attestation report by **2/15/2019.**

The link to the Direct Care Workforce Frequently Asked Questions (FAQ) page is below. The FAQ page has links to all Direct Care Workforce Attestation Reports. If you have any questions, you can reach us at [Insert MCO contact number].

<https://www.dhs.wisconsin.gov/medicaid/ltc-workforce-funding-faq.htm>

Thanks in advance for your cooperation in this matter.

[MCO name]