TEXAS Health and Human Services

Form 1746
April 2016-E

Home and Community-based Services (HCS)/Texas Home Living (TxHmL)/ Community First Choice (CFC)

Exit Conference

Name of Provider		Component Code	Contract Number
Waiver Program ☐ HCS ☐ TxHmL	Name of Review Facilitator		Date of Exit
Type of Review (check all that apply) ☐ Initial ☐ Annual ☐ 30-Day Follow-up ☐ Vendor Hold Follow-up ☐ Intermittent No. _____			Concurrent Follow-up Items Out of Compliance? ☐ Yes ☐ No

Explain, as applicable:

☐ The review team is providing a draft copy of the Report of Findings to discuss the findings with the provider's representative. This copy is marked DRAFT. All findings have the agreement of the review team.

☐ The review team offered the program provider at least one hour between the final debriefing and the exit conference to provide additional corrections or evidence of compliance.

_____Provider initial, if declined hour for corrections _____Time hour started _____Time hour ended _____Provider initials

☐ If the program provider disagrees with any of the findings in the preliminary review report, the program provider may request that the Texas Department of Aging and Disability Services (DADS) conduct an informal review of those findings. The provider can request an informal review by submitting Form 3610, Informal Review Request, along with supporting evidence, to the address or fax number at the bottom of the form. The provider must submit one copy of the form for each principle believed to be in compliance. DADS must receive the request for an informal review within **seven calendar days** from the exit conference.

☐ If the provider does not request an informal review within seven calendar days after the exit conference, DADS will send the final review report to the provider within **21 calendar days** after the date of the exit conference. If the provider requests an informal review, DADS will send the results of the informal review with the final review report.

☐ **If** any principle is out of compliance, Waiver Survey and Certification will not inform the program provider of any specific recommendation for action to be taken against the program provider. DADS may take any of the following actions or sanctions against a provider (explain the following):

- Corrective Action Plan (CAP) — The provider may need to submit a CAP for items left out of compliance at the end of the review (that are not follow-up items) within 14 days of the date of the final report.
- Evidence of Compliance — The provider may need to submit evidence of compliance within 14 days of the exit conference for any follow-up items remaining in noncompliance.
- 30-Day Follow-up Visit — The provider will have 30 days from the exit conference date to complete corrective action for all of the principles out of compliance. A review team will return to conduct an on-site follow-up review to ensure the provider is in compliance with all principles. The principles found out of compliance during the review must be corrected to show compliance.
- Vendor Hold — The provider may be placed on vendor hold if the provider has failed to correct all items at the time of the 30-day follow-up visit or if DADS determines from this review that the program provider falsified documentation used to demonstrate compliance. A review team will return to conduct an on-site follow-up review to ensure the provider is in compliance with all principles. The principles found out of compliance during the review must be corrected to show compliance.
- Denial of Certification — The provider may be recommended for denial of certification, which can result in the provider contract with DADS being terminated.

☐ During the review, the review team determined that a program provider's failure to comply with one or more of the certification principles is of a serious nature. DADS will notify the program provider at a later date of any action being taken against the provider. It is important that corrective action begin immediately.

My signature confirms that the findings of the review have been shared with me.

Representatives at Exit Conference	Printed Name	Signature	Title/Area of Responsibility
Provider's Representative			
DADS Representative			

Give a copy of this form to the provider's representative.

Roster of Participants

Name of Provider	Date of Exit

Provider's Staff

Printed Name	Signature	Title/Area of Responsibility

DADS Staff

Printed Name	Signature	Title/Area of Responsibility

Give a copy of this form to the provider's representative.