TEXAS Department of Aging and Disability Services

Form 1744
April 2016-E

Texas Home Living (TxHmL)/Community First Choice (CFC)

Entrance Conference

Name of Provider	Component Code	Contract Number
Name of Review Facilitator		Date of Entrance
Type of Review ☐ Initial ☐ Annual ☐ 30-Day Follow-up ☐ Vendor Hold Follow-up ☐ Intermittent No. _____		Concurrent Follow-up Items ☐ Yes ☐ No

Explain:

- ☐ Introductions and purpose of the visit.
- ☐ Team members will be visiting with individuals and their legally authorized representatives (LARs). Team members will also be visiting day habilitation sites to speak with individuals and staff and to observe interactions and activities. The Texas Department of Aging and Disability Services (DADS) reserves the right to visit any service delivery site as needed.
- ☐ Did any individuals, family members, legally authorized representatives (LARs) or advocates request to speak to the review team while present? When is it convenient and how would they like to be contacted? _____
- ☐ Team members will hold formal and informal debriefings with the provider throughout the review to share concerns, note strengths and make suggestions for consideration. A final debriefing will be held at the end of the review. The review team will give the provider at least one hour between the final debriefing and the exit conference to submit any additional evidence.

Request records that may be needed to complete the review:

- ☐ Records for each of the individuals in the comprehensive sample. If the review team chooses more individuals for review, their records may be requested later.
- ☐ Personnel information.
- ☐ A sample of the financial records for some of the individuals who have requested that the provider handle their finances.
- ☐ The latest annual satisfaction surveys and all of the quarterly reviews of critical incident information completed by the program provider for the past year.
- ☐ Information regarding complaints.
- ☐ Critical incident information.
- ☐ Information regarding any deaths which occurred in the past year.
- ☐ All Texas Department of Family and Protective Services (DFPS) reports and information regarding reported allegations of abuse/neglect and exploitation.
- ☐ A sample of one or more individuals who have restrictive behavior management plans (if not already included in the original sample).
- ☐ Any principles that remained in noncompliance during the last certification review and required submission of a corrective action plan are noted as follow-up items. The review team will be reviewing all follow-up items for which the corrective action period has passed. The program provider will have an opportunity to correct any follow-up items that remain in noncompliance.
- ☐ Any principles out of compliance that the provider does not correct by the end of the exit conference will appear in the report as “Out of compliance.”
- ☐ If the review team determines that any of the enrolled individuals are in imminent danger due to a hazard that threatens their health, safety or welfare, the provider must eliminate this hazard before the end of the review exit conference or DADS will deny certification and, in conjunction with the local authority, immediately coordinate development of alternative services for all individuals enrolled in the provider agreement.
- ☐ The review team shared a copy of the “Consequences of Threatening Conduct” with the program provider and left a signed copy with the program provider.
- ☐ Name of provider’s contact person during this review: _____.

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

Texas Home Living (TxHmL)/Community First Choice (CFC)

Entrance Conference

Name of Provider	Date of Entrance

An orientation packet is being provided at this time to discuss the following:

☐ **Form 3610, Informal Review Request** — If the program provider disagrees with any of the findings in the preliminary review report, the program provider may request that DADS conduct an informal review of those findings. The provider can request an informal review by submitting Form 3610, along with supporting evidence, to the address or fax number noted 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** of the exit conference.

☐ **Corrective Action Plan (CAP)** — If sanctions are not imposed, the provider will need to submit a CAP for each principle left out of compliance at the end of the review using Form 8581, Corrective Action Plan, which can be found on the DADS website at: www.dads.state.tx.us/handbooks/hcs/forms/index.asp. The CAP must explain the action taken to correct each principle and the systems put in place to ensure that the issue does not occur again. The provider must submit the CAP to the review facilitator within **14 days** from the date of the final Report of Findings. Please wait until delivery of the final Report of Findings before sending the CAP, as items may change from the draft copy of the Report of Findings left at the end of the review.

☐ **Orientation** — This includes information related to required policies, practices and operations specific to Home and Community-based Services (HCS)/TxHmL program certification. This information is provided to help ensure continuous compliance with the Centers for Medicare & Medicaid Services (CMS) requirements, the HCS/TxHmL Standards for Certification, and the approved Title XIX Home and Community-Based Services Waiver Proposal and subsequent approved amendments.

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

Roster of Participants

Name of Provider	Date of Entrance

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.