

DODD Office of Provider Standards and Review

Exit Conference Attendance Record

Type of Review: <input type="checkbox"/> Accreditation Review <input type="checkbox"/> Licensure Review <input type="checkbox"/> ICFMR <input type="checkbox"/> Waiver <input type="checkbox"/> Unlicensed Waiver <input type="checkbox"/> I.O. <input type="checkbox"/> Level One <input type="checkbox"/> TDD <input type="checkbox"/> SELF <input type="checkbox"/> Provider Compliance Day Services	Date of Review: County/Provider Name:
Type of Provider: <input type="checkbox"/> Agency Provider <input type="checkbox"/> Individual Provider <input type="checkbox"/> County Board of DD	Contact Information:

Please sign. Print your name, title and agency.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

An Immediate Risk to Health, Safety & Welfare Was Identified? NO YES

- Identify the immediate risk(s): _____
- Note action taken to address the risk (s): _____
- Indicate if the risk no longer exists, has been corrected or that the review team has approved a plan.

A resolution which ensures health and safety must be in place before the review team leaves the site.

Review Timelines (calendar days)

- Exit Conference Results
- Report issued to provider -7days
- Appeals/POC Due Date – 14 days
- POC/Appeal Approval/Disapproval Letter – 20 days
- Provider response appeal/disapproved POC – 14 days from date of letter
- Issuance of License / After payment
- Letter of Accreditation
- POCV Completed within 90 days of POC receipt