MN DEPARTMENT OF HEALTH

Exit Conference Guidelines

STATE EVALUATION: HOME CARE PROVIDERS (144A)

Protocol

1. Have all attendees (MDH and providers) sign the Exit Conference Attendance form.

2. Introduce team members.

3. Thank staff for courtesies extended (i.e. coffee, assistance, copies, etc.).

4. State: "This has been a survey from (date) to (date). During the course of the survey, we have gathered information related to your clients and the care they are receiving, medications, treatments and staff training and competency."

Review the following with provider

1. Explain the preliminary findings, including statutes.

2. Inform that:

   a. You will leave them a draft of the preliminary findings.

   b. The findings may change after supervisor review.

   c. When survey results (Form 2567) are received, the required date of correction will be indicated by each order.

   d. A revisit can occur at any time after the required date of correction.

   e. If this is a revisit, there is no correction time period, unless there are new orders. They will receive a Form 2567 if they have orders and Form 2567N if they have corrected some or all orders.

3. Surveys are emailed within 30 days to the agent on record. Remind the agent to notify us of any changes and to check both the inbox and junk mail folders to ensure receipt of survey documents.

Leave with provider

- Draft of Preliminary Findings (including client identifiers)

- Requesting Reconsideration of Correction Orders

- Requesting Reconsideration of License Denial (for temporary licensees)

- Resources For Home Care Providers (where providers will find links to import information, including the MDH TB guidelines document)

- Correction Order Documentation Guidelines

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To obtain this information in a different format, call: 651-201-4200.