| CCRSS PROVIDER NAME | | | | CERTIFICATION NUMBER |
| --- | --- | --- | --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | | CERTIFICATION EVALUATION DATE(S) | | |
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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) ATTACHMENT Q RESIDENTIAL CARE SERVICES  CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)  **CCRSS** **Certification Evaluation  Exit Preparation / Exit Conference** | | | |
| Date: Time:   AM  PM | | | Location:  Teams  In provider office | |
| Administrator / Designee present (Designee’s name: ) | | | | |
| **Introductions** | | | | |
| Thank the provider and staff for everyone’s cooperation during the evaluation.  The purpose of the exit conference is to provide information about any preliminary deficiencies. We may still need to gather further information following the on-site visit. If additional information is discovered after this meeting that impacts what is discussed today, we will call you prior to receiving the written report. Any issues that arise during the exit that cannot be answered by the evaluators during the exit conference will be forwarded to the RCS FM for follow up. | | | | |
| Notes: | | | | |
| **Sampled Clients** | | | | |
| During the evaluation, we take a representative sample of clients with varying levels of needs and supports. This helps us to obtain an accurate picture of your overall performance and compliance. Identify the sampled clients | | | | |
| Notes: | | | | |
| **Preliminary Deficiencies (include client / staff names or identifier, summary of the issue and WAC / RCW)** | | | | |
|  | | | | |
| **Next Steps** | | | | |
| * Please send any requested information to evaluator(s) (provide time frame – ideal within 24 hours, no later than seven calendar days after exit) * Explain:   + Process and timeframes for RCS management review / approval of SOD     - A SOD report will be sent within 10 working days of the last date of data collection (not the exit date)   + Submission process and timelines to submit plan of correction (POC)     - A POC is not required for consultations.   + Provider responsibility to initiate POC, even if planning to request IDR.   + IDR process, which will also be included on the final report. * A follow-up **may** occur. | | | | |
| **Notes** | | | | |
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