The attached Centers for Medicare and Medicaid Services (CMS), Regional Survey and Certification (RS&C) Letter was issued on April 18, 2007. This letter, which was distributed by e-mail on April 19th, is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 07-03 – Procedure for entities outside the Division of Survey and Certification (DSC) to request training by DSC staff

If you have any questions, please contact a nursing facility policy specialist in the Policy, Rules, and Curriculum Development at (512) 438-3161.
March 27, 2007

Regional Survey and Certification Letter No. 07-03

To: All State Survey Agencies (Action/Information)
    All Title XIX Single State Agencies (Action/Information)

Subject: Procedure for entities outside the Division of Survey and Certification (DSC) to request training by DSC staff

The Division of Survey and Certification receives numerous requests throughout the year for training by our staff. The purpose of this letter is to inform our State Survey Agencies that we are implementing a procedure to ensure timely and effective response to each request.

The procedure (Attachment A) specifies a process that we hope you will find easy to follow. We have included a primary point of contact so that all requests can be tracked to completion. We ask that all requests be in writing using the form provided (Attachment B). We will respond to every request for training and make every effort to meet your needs. We are putting in place a method for tracking the effectiveness of every training (Attachment C) so that we can evaluate and improve the information provided.

Please share the procedure with appropriate staff in your agency. Your assistance in this matter will be greatly appreciated. If you have any questions contact Theresa Bennett by telephone at 214-767-4406 or by e-mail at Theresa.Bennett@cms.hhs.gov

Sincerely,

Molly Crawshaw
Associate Regional Administrator
Division of Survey and Certification

Attachments:
A - Training Request Procedure
B - Request Form
C - Evaluation Form
Attachment A

Dallas Regional Office, Division of Survey & Certification

STANDARD OPERATING PROCEDURE

Procedure 06-08

TITLE: Training Provided by the Division

OBJECTIVE: Detail the steps for requesting, arranging, and presenting at conferences, panel discussions, or meetings to third parties

SCOPE: DSC, Associations, State Survey Agencies, Other Components of CMS, Other Federal Agencies

TOOLS REQUIRED: Request Form, Evaluation Form

PROCEDURE:
When it is possible, requests for presentations by DSC at meetings, panel discussions, and/or conferences should be made several months in advance for adequate consideration. We will do our utmost to accommodate all requests.

1. Any entity or individual that desires a member of DSC to make a presentation will complete the attached request form, attachment A.

2. The form will be sent to the DSC Technical Advisor for consideration, preferably by e-mail.

3. If a DSC staff person is contacted directly to make a presentation, the staff person will request the party to complete the request form and send to the attention of the DSC Technical Advisor. However, if the DSC staff person receives adequate information at time of initial contact, you may complete the form.

4. The DSC Technical Advisor in consultation with the DSC managers will determine the appropriate staff person(s) to make the presentation. The staff person(s) selected will be consulted as well before a final decision is made.
5. The Technical Advisor will notify the requestor if the division can make the presentation and will determine what is needed from the presenter.

Once DSC has agreed to make a presentation, the staff person(s) will work with the DSC Technical Advisor to develop content:

1. The responsible staff person(s) will complete a “draft” presentation within a month of the conference/meeting date so that the presentation can be vetted by the Technical Advisor. This deadline may be adjusted if the requestor has deadlines for CE approval.

2. The Technical Advisor will be available for support as needed.

3. The Technical Advisor will maintain electronic folder of all presentations made by the division and a spreadsheet of presentations every fiscal year.

4. The Technical Advisor will attend presentations whenever possible.

Each presentation will have an evaluation tool so that DSC can receive constructive feedback and improve in our efforts to share information.

1. We will use the attached evaluation form, Attachment B, for all presentations unless the requestor has an evaluation tool.

2. The evaluation results will be complied by the Technical Advisor and shared with the RO presenter(s).

3. If the requestor uses their tool, the complied results should be sent to the presenter. The presenter will share the results with the Technical Advisor.

4. As part of the evaluation, DSC will collect a list of action items for follow-up for each DSC presentation. The action items will be completed by the DSC person as assigned by the applicable Branch Chief.

The Technical Advisor will maintain a file of all DSC presentations each fiscal year.
PROTOCOL HISTORY:

<table>
<thead>
<tr>
<th>Date of Revision</th>
<th>Change Description</th>
<th>Author/ Reviewer</th>
<th>Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/01/2007</td>
<td>Original development of procedure for DSC trainings within and outside the agency.</td>
<td>Theresa Bennett</td>
<td>Molly Crawshaw</td>
</tr>
</tbody>
</table>
Attachment B

Request for Presentation by Division of Survey and Certification

Name of requesting entity:

Contact person(s) name:
    E-mail address:
    Phone #:

Date(s) presentation:

Time allotted:

Place:

Type of audience:

Expected number of attendees:

Topic(s) to be addressed:

When do you need a response:

Please send this request to Theresa Bennett at theresa.bennett@cms.hhs.gov. You may reach her by phone at 214-767-4406 or by fax at 214-767-0270.
Evaluation Tool

State _____________ Office, City, or Area_________

Please answer the following questions. Your responses will assist the Dallas RO in improving our future efforts. Thank you for your assistance.

1. The format of the presentation(s) was acceptable.
   1 2 3 4 5 6 7 8 9 10
   Less than satisfactory Satisfactory Excellent

2. The presentation(s) was organized and informative.
   1 2 3 4 5 6 7 8 9 10
   Less than satisfactory Satisfactory Excellent

3. I gained a working understanding of the (Topic(s) of Presentation)
   1 2 3 4 5 6 7 8 9 10
   Less than satisfactory Satisfactory Excellent

4. The question and answer discussion was helpful.
   1 2 3 4 5 6 7 8 9 10
   Less than satisfactory Satisfactory Excellent

5. How could we have made the training better?

6. What topics or presentations would you like to have at future trainings?

7. Is there any issue or concern that we need to address based on this presentation? If so, please state the question and provide your name and phone number or e-mail address so that we may provide you a response.

8. Additional Comments?

9. Please provide your name and phone number if you wish follow-up directly.
Please FAX or Mail completed forms to:

FAX-214-767-0270  CMS, Dallas Regional Office
Attention: (Name of Presenter)  Attention: (Name of Presenter)
1301 Young Street, Room 833
Dallas, TX 75202