



COMMISSIONER
Jon Weizenbaum

October 19, 2015

To: Assisted Living Facilities (ALFs)
Day Activity and Health Services (DAHS)
Home and Community Support Services Agencies (HCSSAs)
Intermediate Care Facilities/Individuals with an Intellectual Disability or Related
Conditions (ICFs/IID)
Nursing Facilities (NFs)
Prescribed Pediatric Extended Care Centers (PPECCs)

Subject: Provider Letter 15-28 – Receiving Survey Documents Electronically

The Department of Aging and Disability Services (DADS) is giving providers the opportunity to receive survey documents electronically after each survey, investigation or inspection. As a courtesy, during the exit conference, surveyors and investigators will ask providers to provide the facility or agency email address to which the documents should be delivered. Should a provider wish to receive survey documents electronically, the attached electronic delivery form will be provided by the surveyor/investigator.

The electronic delivery form may be completed and returned to the surveyor/investigator by the end of the exit conference. Although this process is not a requirement, DADS encourages providers to provide an email address during the exit conference. DADS will require a confirmation of receipt of report(s) by email. If a provider decides not to receive survey documents electronically, the surveyor/investigator will provide the reports via hand delivery or standard mail.

If you have any questions, please contact the Policy, Rules & Curriculum Development section at (512) 438-3161.

Sincerely,

[signature on file]

Mary T. Henderson
Associate Commissioner
Regulatory Services

MTH:cg

Attachment: Electronic Delivery Form



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Electronic Delivery Form

Dear Administrator / Manager,

The facility's/agency's 2567 and/or 3724 reports **will be sent by email**. Please provide the following information: (Please Print)

*Facility/Agency Name: _____ *Facility I.D. # _____

Person making the request:

*Name: _____ *Title: _____

*Email: _____

Alternate Email: _____

Alternate Email: _____

*Phone # _____ Extension: _____

*Signature: _____ *Date: _____

*Required

This form must be completed at each visit due to changes in administration and email address.