



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 for 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  
Assistant 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.*