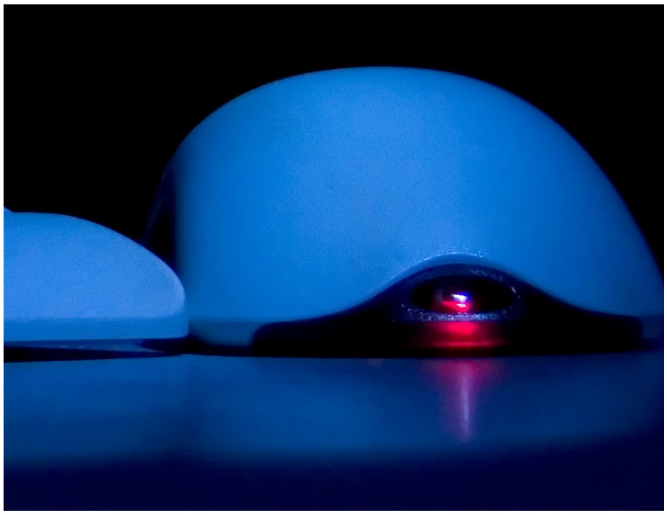
ASPEN

COMPLAINTS/INCIDENTS TRACKING SYSTEM

ACTS

11.9.3

Procedures Guide



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Systems Environment

Application Development: Microsoft Visual C++ and C# 2008 (9.0), .NET 3.51 SP1, .NET 4.6.1 or later (ASE-Q only)

Desktop Database (ASE-Q only): SQL Anywhere 11

CMS-supported operating systems and MS Internet Explorer versions are posted on the QTSO website at https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals in the Minimum System Requirements document under Reference & Manuals.

Oracle Database 12c Enterprise Edition Release 12.2.0.1.0

Oracle Client 12.2.0.0

Optional System Environments

MAPI Compliant E-mail client to support e-mail transfer of survey information

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Note: This document can be viewed online or printed in a duplex (two-sided) format. Blank pages have been automatically inserted as needed for correct pagination in the printed copy.

Contents

Introduction **15**
About this Procedures Guide **15**
View this Document Online 16
View a Printed Copy of this Document 17
Conventions 17
Accessibility Features **18**
In this Guide 18
In ACTS 18
Acceptable Date Range in ASPEN **19**
ACTS Procedures **21**
Starting ACTS/ACTS RO **22**
Login 22
ACTS Explorer **24**
Tree view 24
Facility tab 25
Investig tab 27
Status tab 28
Staff tab 29
List view 30
Detail view 30
Facility Information 32
Action Items 32
Multi-select Lists 35
Required Fields 35
Working Day Calculations 35
Investigation Properties tab **36**
Process a Standard Complaint/Incident **39**
Special Case Intakes 40
Create an Intake 41
Open an Existing Intake 42
Enter Basic Intake Information 44
Insert Backup Notes 45
Add Complainants, Residents/Patients/Clients, Alleged Perpetrators 46
Merge Complainants, Residents/Patients/Clients, Alleged Perpetrators 50
Enter Allegations (Federal and State) 51
Acknowledge the Complaint/Incident 53
Assign Priority 53

Prepare a Complaint/Incident Investigation 54
Assign Activities 55
Schedule a Survey 56
Link an Intake to an Investigation 57
Link Multiple Intakes to an Investigation 59
Unlink an Intake from an Investigation 60

Record Investigation Findings 61
Open an Existing Investigation 61
Record Deficiencies 63
Specify Citation Properties 64
Enter Citation Text 66
Enter Tag-Level POC Dates 67
View Repeat Deficiencies - CLIA 68
Add Transplant Types - Transplant Hospitals 69
Enter Remarks-Non-Confidential 69
Attachments 70
Add Intake Attachments 70
Add Survey-Level Attachments 71
Add ePOC Attachments 72
Use the Content Library 73
Create Content Library Tag Text 73
Add Content Library Tag Text to Citations 74
Edit Content Library Tag Text 75
Delete Content Library Tag Text 76
Enter Investigation Notes 76
Add a Cross-Reference 77
Print CMS-2567 77
Enter 670 Workload Information 80
Enter Allegation Findings 81
Link Deficiencies to Allegations 82
Print the Investigation Report 83
Send Findings Letter(s) 84

Complete the Investigation 84
Record Contacts and Witnesses 85
Specify Proposed Actions - Federal 85
Specify Proposed Actions—State 86
Enter Survey-level POC Tracking Information 87
Create a Revisit 87
Review/Print CMS-562 Information 88

Transfer Data 90
Export Surveys and Intakes from ACTS 90

Email Surveys and Intakes from ACTS 93
View and Modify Imported Surveys and Intakes in ASE-Q 94
Export or Email Surveys and Intakes from ASE-Q 94
Import Surveys and Intakes Back into ACTS 94
Merge Data 96
Merge Fields 97
Merge Rows 98
Merge Text 98

Track IDRs and IIDRs **99**
Open the Informal Dispute Resolution window 99
Enter IDR/Independent IDR Information 100

Access Related Enforcement Cases **102**

ACTS and ePOC **103**

Close a Complaint/Incident **104**
Requirements for Finalization 104
Close Out the Complaint/Incident 105
Forward to RO/MSA or CO 106
Specify Final Action 107
Finalize an Intake 107
Finalize Withdrawn/Expired Intakes 109
Finalize All Intakes 110

Data Upload **111**
Automatic Investigation Survey Upload 112
Qualification Phase 112
Transaction Queue 112
Auto-upload Processing 112
Information Included in Investigation Survey Uploads 113
Special Cases and Exceptions 113
Investigation Survey Upload Transaction Types 116
Manual Investigation Survey Upload 116
Upload ACTS Detail Data 117
Detail Upload Conditions 117
Detail Upload Transaction Types 118
Automatic Detail Upload 118
Manual Detail Upload 120
Track Upload Transactions 122
View Failed and Overdue Investigation Uploads 124
Late Investigations and Intakes 125

Reopen an Intake **125**

Associate Related Intakes **126**

Refer a Complaint/Incident **126**
Refer a Complaint/Incident to Another Agency 127
Add a Referral Record 128

Assign an Intake to Another Provider **128**

Process Intake: Deemed Provider **131**

Track State Survey Jurisdiction Processes **137**
Start a State Survey Jurisdiction Process 137
View and Enter State Survey Jurisdiction Details 138
Remove Surveys from State Survey Jurisdiction 139

Process Intake: CLIA **139**
Process CLIA Intake: RO Approval Required 140
Process CLIA Intake: RO Approval Not Required 143
Enter Basic Intake Information: CLIA 144

Track TRF Complaints **146**
View the TRF Log 146
Add a TRF Record: Types 01-04 147
Add a TRF Placeholder Record: Type 05 149
Link a CLIA Intake to an Existing TRF Record 150
Modify a TRF Record 151
Modify a Linked CLIA Intake 152
Unlink a CLIA Intake from a TRF Record 153
Display and Print TRF Reports 154

Process Intake: EMTALA **155**

Process Intake: Death-Restraints/Seclusion **161**

Log a Hotline Call **164**
Create a Hotline Call Record 164
Generate an Intake from a Hotline Call Record 166

Send Letters **166**
Generate Letters 167
Lock Letters 169
Define a Custom Batch Filter 169
Batch Print Letters 170

Track Notifications **171**

Print Forms and Reports **171**
Display and Print Survey Forms 172
Display and Print Quick Reports 173
Display and Print Reports 174
Customize Reports 175

Setup and Maintenance **175**
Set Option/Tab/Button Security 175
Set Survey View Security 176
Assign Licensure-only Types to Options 177
Configure Groups in Tree View 178
Configure My Selections 179
Insert Backup Text 182
Delete an Intake 183
Delete an Investigation 184
Retain Investigation Survey but Delete Combined Certification Kit 185
Add Questions to Ask Caller 187
Customize Allegation Subcategories 188
Enter Your Agency Name 188
Add Referral Agencies 189
View the Audit History 190
View System Connections 191

Manage Action Items **192**
Create Action Item Filters 192
Activate an Action Item Filter 193
Toggle Action Item Display 193
Delete Action Items 194

Manage Letter Templates 194
Create Letter Templates 195
Specify Letter Attributes 195
Enter Letter Content 196
Modify New Letter Templates 196
Modify Old Letter Templates 197
Insert Letter Macros 198
Print Letter Templates 199
Delete Letter Templates 199
Add Recipients to the Distribution List 200

ACTS Screens 201

Complaint/Incident Intake Tabs 202
Intake tab 202
Intake Staff and Status 203
CLIA Certificate 203
Assignment 204
Complainants tab 204
Select Complainant or Resident/Patient/Client or Alleged Perpetrator window 205
Complainant Directory Input 206
Residents/Patients/Clients tab 206
Resident/Patient/Client Directory Input 208
Alleged Perpetrators tab 208
Alleged Perpetrator Directory Input 209
Alleged Perpetrator Aliases 209
Alleged Event Information 210
Source 210
Response Information windows 211
Received and Related Intakes 212
Intakes Associated With window 212
Notes 213
Allegations tab 214
Allegations and Deficiencies 214
Death Associated with the Use of Restraints/Seclusion section 216
Death Associated with the Use of Restraints/Seclusion window 217
Response Information 219
Contact/Refer tab 219
Contact/Witnesses 219
Referral Details 220
EMTALA tab 221
Create EMTALA Allegation 221
EMTALA 221
QIO-EMTALA/OCR 222
EMTALA Allegations (link to Allegations ...) 222
Signature - EMTALA 222
Deemed tab 223
Deemed 224
Conditions of Participation 224
Signature, Full Survey - Deemed 225

Provider/Supplier's State Survey Jurisdiction History 225
State Survey Jurisdiction Detail window 226
RO Approval tab 226
RO Approval 227
Areas to Investigate 227
Signature, Full Survey - RO Approval 228
Activities tab 228
Define Activity window 229
Investigation tab 230
Investigation and Survey 230
Tracking for Investigation 231
Actions/Close tab 232
Proposed Actions 232
Proposed Action window 232
Closure Information 233
Finalization 233
Upload Intake tab 234

Investigation Properties->Survey View Tabs 236
Investigation Properties tab 236
Deficiencies 236
Regional Office Tracking 237
Investigation/Revisit 238
Complaints/Incidents Assigned to Investigation 239
Allegations of All Complaints/Incidents Assigned 239
Activities for All Complaints/Incidents Assigned 240
Tracking for Investigation 240
Acknowledgement and Action 241
Investigation Properties->Survey View Buttons 241
Upload tab 242

ACTS Survey Windows 244
Define Survey/Survey Properties window 244
Citation Manager window 246
Citation Manager - NH 247
Citation Manager - CLIA 248
Repeat Deficiencies window 249
Citation Properties window 250
Content Library Tag Text window 254
POC Tracking window 255
Informal Dispute Resolution window 256
Attachments window 257
Select Form(s) to print window 258
Customize Survey Report Form 259
CMS 670 Workload Detail window 260
Form 670 Input Office Hours window 260
Create Followup window 261
Export window 261
Survey Export window 262
Finalize Transfer window 263
Import window 263
Merge fields window 264

Merge Rows window 264
Merge Text window 265

Notices Windows 266
Notices History window 266
Select Letters and Distribution Lists window 267
Notification Type window 268
Letters window 268
Letter Desc window 269
ACTS Distribution List window 270
Distribution window 271
Letter word processor 272

Other ACTS Windows 273
Tree Groups windows 273
Selection Properties window 274
Action Item Filter Settings window 275
Find window 276
New/Modify Call window 277
Report Customization window 278
Report Customization: top of screen 279
Report Customization: bottom of screen 280
Regional Reports 281
Date Qualification Dialog 282
Transactions window 283
Failed and Overdue Investigation Uploads window 284
Report Preview window 285
ASPEN word processor 286
Transfusion-related Fatality Tracking window 288
Transfusion-related Fatality window 289
Insert Missing CBER Number window 289
Agency Maintenance window 290
New Agency 290
Modify Agency window 291
State Configurations window 291
Audit History window 292

ACTS Fields and Buttons 293

Intake Fields 293
Intake tab 293
Intake Staff and Status 293
CLIA Certificate 294
Assignment 295
Complainants tab 297
Residents/Patients/Clients tab 299
Alleged Perpetrators tab 300
Select Complainant or … 300
Complainant Directory Input 301
Resident/Patient/Client Directory Input 301
Alleged Perpetrator Directory Input 302
Alleged Event Information 302
Source 302

Response Information ... 303
Received and Related Intakes ... 304
Intakes Associated With ... 305
Notes ... 305
Allegations tab ... 306
Allegations and Deficiencies ... 306
Allegation Input ... 308
Assign Aspen Tags ... 310
Death Associated with the Use of Restraints/Seclusion grid ... 311
Death Associated with the Use of Restraints/Seclusion window ... 313
Response Information ... 318
Contact/Refer tab ... 319
Contact/Witnesses ... 319
Add/Modify Contact/Witness ... 320
Referral Details ... 320
EMTALA tab ... 321
EMTALA ... 321
Signature - EMTALA ... 325
Deemed tab ... 326
Deemed ... 326
Signature, Full Survey - Deemed ... 328
Provider/Supplier's State Survey Jurisdiction History ... 330
State Survey Jurisdiction Detail ... 331
RO Approval tab ... 332
Certificate ... 332
Signature, Full Survey - RO Approval ... 334
Activities tab ... 335
Activities grid ... 335
Activities: Buttons ... 335
Define Activity ... 336
Investigation tab ... 337
Investigation and Survey ... 337
Tracking for Investigation ... 343
Actions/Close tab ... 345
Federal/State Proposed Actions ... 345
Closure Information ... 348
Finalization ... 350
Upload Intake tab ... 351
Prior Intake Uploads ... 351

Investigation Properties->Survey View ... 353
Investigation Properties tab ... 353
Deficiencies ... 353
Regional Office Tracking ... 354
Investigation/Revisit ... 355
Complaints/Incidents Assigned to Investigation ... 359
Allegations of All Complaints/Incidents Assigned to Investigation ... 361
Activities for All Complaints/Incidents Assigned to Investigation ... 363
Tracking for Investigation ... 364
Acknowledgement and Action ... 365

Upload tab 366
Prior Uploads 366
Investigation Properties->Survey View Buttons 368

Survey Fields 368
Define Survey/Survey Properties 368
SOD Tracking 373
Special Survey Tracking 375
Citation Manager 376
Citation Properties 379
Content Library Tag Text 383
POC Tracking 383
POC Tracking: Grid 383
POC Notes 384
Informal Dispute Resolution 384
Survey Attachment Documents/ePOC Attachments 388
Select Form(s) to print 389
Standard Reports 389
Select Form(s) to Print: Buttons 390
Customize Survey Report Form 390
CMS 670 Workload Detail 392
CMS 670 Workload Detail for Survey 392
Form 670 Input Office Hours 393
Form 670 Input Office Hours: Grid 393
Total SA Office Hours for All Survey Categories 394
Total RO Hours for All Survey Categories 394
Create Followup 394
Export 395
Survey Export 396
Finalize Transfer 396
Import 397
Merge fields 397
Multiple Row Merge 397
Merge or Replace Investigation Notes 398

Notices Fields 399
Notices History 399
Select Letters and Distribution Lists 400
Notification Type 401
Letters: Grid 401
Letters: Buttons 402
Letter Desc 403
ACTS Distribution List 404
ACTS Distribution List: Grid 404
ACTS Distribution List: Buttons 405
Distribution 405
Letter word processor 406
Menus 406
Toolbar Functions 407

Other ACTS Fields 408
Tree Groups 408
Groups grid 408
Group Properties 408
Selection Properties 408
Action Item Filter Settings 410
Find 411
New/Modify Call 411
Report Customization 412
Regional Reports 418
Pending and Viewable Reports 418
Generate Report 419
Date Qualification Dialog 419
Transactions 420
Filter Criteria 420
Transactions: Grid 420
Failed and Overdue Investigation Uploads 422
Filter Options 422
Failed and Overdue Investigation Uploads: Grid 422
Report Preview 423
ASPEN word processor 424
Menus 424
Toolbar Functions 425
Transfusion-related Fatality Tracking 426
TRF Filter 426
Transfusion-related Fatality Tracking: Grid 426
Transfusion-related Fatality Tracking: Buttons 428
Transfusion Related Fatality 428
Cause 429
Transfusion Relation Fatality: Buttons 430
Insert Missing CBER Number 431
Agency Maintenance 431
Agency Maintenance: Grid 431
Agency Maintenance: Buttons 432
New Agency 432
Modify Agency 433
State Configurations 434
Audit History 434
Audit History: Grid 434
Audit History: Buttons 435

Supporting Materials 437
Buttons and Icons 437
ACTS Toolbar 437
Facility view 439
Investig view 445
Status view 447
Staff view 448
ACTS window 449

Survey Categories/Types **453**

Allegation Categories and Subcategories - Federal **454**

Special Surveys **458**

COVID-19 Surveys **460**
Create a COVID-19 Standalone or Combined Survey 460
COVID-19 Extension to a Standard Survey 461

ACTS Status Levels and Detail Upload Triggers **462**

Priority **463**
Priority Codes 465
Disallowed Priority Combinations 465

CMS-562 Data Sources **466**

Minimum Investigation Survey Upload Requirements **469**

ACTS Tables Included in Detail Upload **470**

Upload Monitoring Emails **472**
Late Investigation Upload Review 472
Late Intake Finalization 473
Email 473
Lateness Criteria 474

ACTS Reports **477**
Quick Reports - right-click 477
Action Item Report 477
CMS 562 Form 477
CMS 1541A Form 477
CMS-2802 Form 478
Complainant Intake History 478
Complainant Intake Summary 479
Deemed Provider Report 479
Facility History: w/Names (F01), No Names (F02) 479
Facility Status 479
Facility Summary (F03) 480
Hotline Call Detail Report 480
Hotline Call Log: Complaint, Non-Complaint 480
Intake Information 481
Intake Notes 481
Investigation Report 481
Investigation Survey Report 482
Restraint/Seclusion Death Report (F04) 482
Summary - Non-confidential 482
Reports - Reports menu 482
Agency Referral Summary Report 483
Allegation Detail Reports 483
Complaint/Incident Allegation History 483
Complaint/Incident Assignment Listing 484
Complaint/Incident Investigation Log 484
Death-Restraint/Seclusion 485
Deemed 485

Deficiency Reports 486
EMTALA 486
Federal Only 487
Hotline Call Summary 491
Intakes without Scheduled Surveys 491
Interval Report 492
Investigation Survey Categories 492
QE 562 Log 492
Substantiated Reports 492
Timeliness Reports 493
Tracking Report - SOD/POC 493
Volume Reports 494
Report - Regional Reports 495
Confidential Reports 496
Report Sort By Options 497
Sort By options available 497
Sort By options unavailable 500
Deficiency Cited Categories 501
TRF Reports 503

EMTALA Model Form Letters 504

State Customization 505

Modify Lookup Tables 508

POC-related Fields Updated in ASPEN 509
ASPEN Tag Level POC Fields 509
ASPEN Survey Level POC-related Fields 509

Keyboard Shortcuts 510
Ease of Access keyboard shortcuts 510
General keyboard shortcuts 510
Dialog Box keyboard shortcuts 513

Required Fields and Edits 514
Intake and Investigation Edits 514
Intake 514
Allegations 517
EMTALA 520
Deemed 523
RO Approval Tab 524
Investigation 526
Actions/Close 528
D/R/S Allegations Edits: Pre-10.1.5 532
D/R/S Allegations Edits: Post-10.1.5 534

Introduction

The ASPEN Complaints/Incidents Tracking System (ACTS) is a Windows-based program designed to help you process and track complaints and incidents involving health care providers regulated by the Centers for Medicare and Medicaid Services (CMS). You can use ACTS to create, update, and upload complaint/incident records.

About this Procedures Guide

The *ACTS Procedures Guide* provides the information you will need to process complaints/incidents using the ACTS application.

Note: This guide assumes that you are familiar with basic Windows operations and that you have attended ACTS training offered by your agency.

This guide consists of this introduction and the following four chapters:

- ACTS Procedures

  Provides task-based procedures for processing complaint/incidents from creating intakes to conducting and recording results of investigations. If you need more information, links to additional material are included.

- ACTS Screens

  Contains pictures and brief descriptions of ACTS screens and windows.

- ACTS Fields and Buttons

  Presents descriptions of the fields and buttons in ACTS screens and windows.

- Supporting Materials

  Contains supplemental information and reference items.

View this Document Online

You must have Adobe Reader installed to view this document online. You can download the latest version from https://get.adobe.com/reader/.

On any page, you can click the Increase (**+**) or Decrease (**-**) button in the toolbar to adjust the page magnification to your comfort level. Use the bookmarks in the left pane of Adobe Reader to locate and go (click the bookmark) to relevant information in this procedures guide.

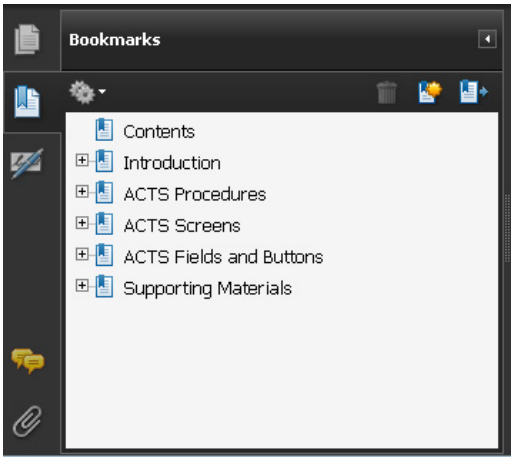

Figure 1: Bookmarks

You can also click the Contents bookmark and then click links in the table of contents to go to relevant topics.

TIP: For best viewing quality in Adobe Reader, go to Edit | Preferences | Page Display (path may vary somewhat depending on version). Select the applicable Smooth Text option.

If you need more information, links to relevant additional material in this document are included. Click a link to directly access the related information.

In the Procedures chapter, there are three types of links (cross-references) to additional material. They are grouped at the end of a procedure or descriptive section.

More ...

Procedure: “Acknowledge the Complaint/Incident” on page 53
Screen: "Complainants tab" on page 204
“Priority” on page 463

➥ Click the first link to go to the indicated procedure.

➥ Click the second link to go to a graphic and description of the indicated screen or section of screen.

➥ Click the third link to go to descriptive information about the indicated topic.

In the Screens chapter (usually), there is another type of link (cross-reference) to additional material:

Fields: "Complainants tab", on page 297

➥ Click the link to go to the field/column descriptions for the indicated screen or section of screen.

There may also be cross-references in the Fields and Supporting Materials chapters.

View a Printed Copy of this Document

While it is designed to be used easily online, you can print this document if you prefer. If you print this document, use the table of contents to locate the information you need. Links (cross-references) to additional material in this document include page numbers; simply go to the indicated page.

Conventions

This guide uses the following conventions:

Bold In procedures: names of screens, screen sections, windows you open; and buttons, menu options, keys you press.

ACTS Generic reference to ACTS and ACTS Regional Office (ACTS RO). When necessary, ACTS RO is explicitly identified.

Facility Properties
Generic reference to the Define New Facility/<FacName> Definition window in ASPEN Central Office (ACO).

Note: Notes give you important information that may affect how you use a function.

TIP: Tips give you useful hints, suggestions, or alternative approaches.

WARNING! Warnings tell you actions to avoid that may cause harm, or precautions you should take to avoid causing harm.

Accessibility Features

This *ACTS Procedures Guide* and the ACTS user interface include a number of 508-compliant accessibility features, which are detailed below.

In this Guide

This procedures guide incorporates the following 508-compliant accessibility features:

- Alternate text (alt text), which screen readers can read, is defined for all graphics. In the Screens chapter, there are links (cross-references) to the field/column descriptions for the indicated screen or section of screen.
- All graphics have captions.
- Information is not conveyed by means of color alone.
- Tables are generally not used for formatting, so text is accessible to screen readers.
- Windows keyboard shortcuts are in the Supporting Materials chapter.
- Reading order is optimized, so content is read correctly by screen readers.

In ACTS

ACTS includes the following 508-compliant accessibility features:

- The Accessibility menu option on the System menu lets you specify field color preferences and enable/disable save point notification, i.e., audible confirmation upon saving.

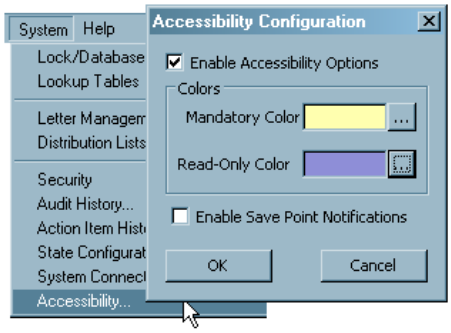

Figure 2: Accessibility Option and Accessibility Configuration window

- The main ACTS menu includes options corresponding to all toolbar buttons. The menu command IDs are exactly the same as the toolbar command IDs.
- In Tree, List, and Detail views, you can press Tab to move forward through elements, Shift+Tab to move backward. To move from one view to another, press Ctrl+Tab or Ctrl+Shift+Tab.

- All fields on ACTS screens are included in a tabbing sequence, making them keyboard-accessible.
- Keyboard shortcuts exist for all options, making ACTS completely keyboard-accessible.
- You can access Hover Help by pressing Alt + F5 when cursor focus is in a field that has an associated Hover Help icon.
- All error messages are accessible to screen readers.
- Hover Help

Hover Help (Hover Guidance) is context-sensitive pop-up Help that provides definitions (or references to definitions) for certain fields in ACTS application windows. A gray circle next to a field in ACTS indicates Hover Help is available for the field.

To view Hover Help for a field in ACTS:

➥ Simply hold the mouse pointer over the Hover Help icon.

Information about the field appears.

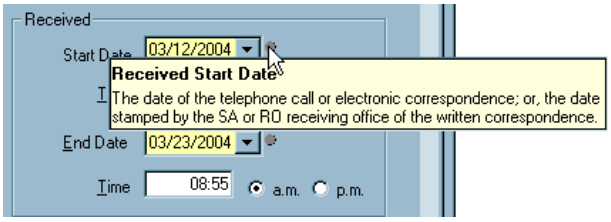

Figure 3: Example of Hover Help

SAs can activate Hover Help (Hover Guidance) in ASPEN applications on a state-wide basis through the State Customization screen in ACO (System menu). ACTS RO users can see Hover Help when they are connected to a state that has activated it.

Acceptable Date Range in ASPEN

ASPEN does not allow dates outside of the range January 1, 1890 to December 31, 2050. You will be notified of an invalid date that is outside this range when it is entered in a field or grid, or on upload to national. A message will indicate the acceptable date range and you cannot save or upload until a valid date is entered.

ACTS Procedures

ACTS facilitates tracking of complainants, residents/patients/clients, alleged perpetrators (ACTS SA only), allegations, investigations of complaints and incidents, and referrals. ACTS includes an extensive reporting capability and you can generate and print letters on demand. Letters and reports can both be customized to your needs. You can also document allegation details, enter citations, and create supplementary notes.

ACTS lets you use ASPEN Survey Explorer-Quality (ASE-Q) in the field to record survey findings about the health care providers involved in complaints/incidents. ASE-Q is a Windows-based program that stores information about CMS and state-regulated providers and the regulations pertinent to those providers. ASE-Q also helps you keep track of survey dates and team members. You can seamlessly transfer surveys and linked intakes to ASE-Q from ACTS, and surveyors can then view intake details in ASE-Q and modify certain fields to assist in investigations.

If a complaint/incident investigation results in citations, you can use the ASPEN word processor in ACTS, ACO/ARO, or ASE-Q for writing the citations. You have instant access to regulation text and interpretive guidelines for the relevant regulations. Evidence included in a citation can easily be linked to the allegations that led to the citation.

ASPEN supports automatic upload of investigation surveys as well as ACTS Detail upload, which underpins national complaint and incident reporting.

Starting ACTS/ACTS RO

Users are authenticated in ACTS and ACTS RO during the login process.

Login

When starting ACTS/ACTS RO, a login dialog appears and users are required to enter either their Windows User Name and Password or PIN. The Windows user name will be provided by ASPEN and is read-only.

Once you are logged in, your permissions as defined in ASPEN Central Office (ACO) control access to features in ACTS.

To start ACTS/ACTS RO:

1. Insert your PIV card if using one.
2. From the **Start** menu on the Windows desktop, select **Programs**, then locate **ASPEN Complaints/Incidents Tracking System** and click **ACTS**.

   -or-

   Double-click the **ACTS/ACTS RO** icon on your desktop.
3. Click **OK** in the startup warning message to continue.
4. On the **Login** screen:

   For State users, the default Login window requests a User Name and Password. For Regional and Central Office users, the default Login window requests a PIN. Both State and RO/CO users can change the window to log in using either method.

SA users

➥ Enter your **Password**.

User Name defaults to the name of the currently logged-in Windows user and is read only.

➥ To log in with a PIV card rather than your Windows ID, select the Use PIV button and enter your PIN.

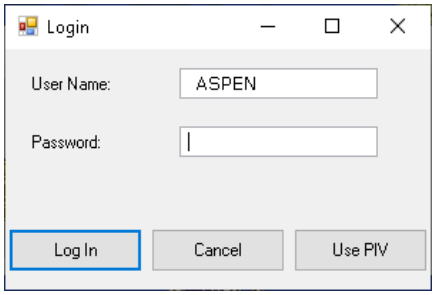

Figure 4: Login - Using Name/Password

CMS RO, CO users

➥ Enter your **PIN**.

➥ To log in using your Windows ID rather than your PIV card, select the Use P/W button and enter your Password.

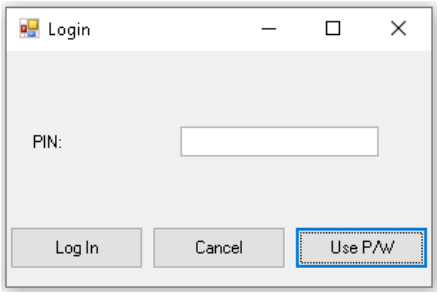

Figure 5: Login - Using PIV card

5 Click **Log In**.

You will receive a message if Windows cannot validate the login.

Check with your ASPEN administrator if you have any login issues. When login is successful, the ACTS/ACTS RO application opens.

ACTS Explorer

ACTS Explorer, the main application window, provides quick access to information about complaint/incident intakes and investigations. Each component of the window offers a different level of access.

Tree view

The left pane of ACTS Explorer contains an information tree. It organizes the records in ACTS in the conventional Windows tree format. The four tabs in the Tree view (Facility, Investig, Status, and Staff) focus on various aspects in the complaints/incidents tracking process. You can click the (+) to expand and collapse tree nodes as needed. The (+) still appears if there is no data associated with a particular node, however it disappears after it is clicked.

➥ Click the plus (+) to expand a node.

Figure 6: Collapsed nodes

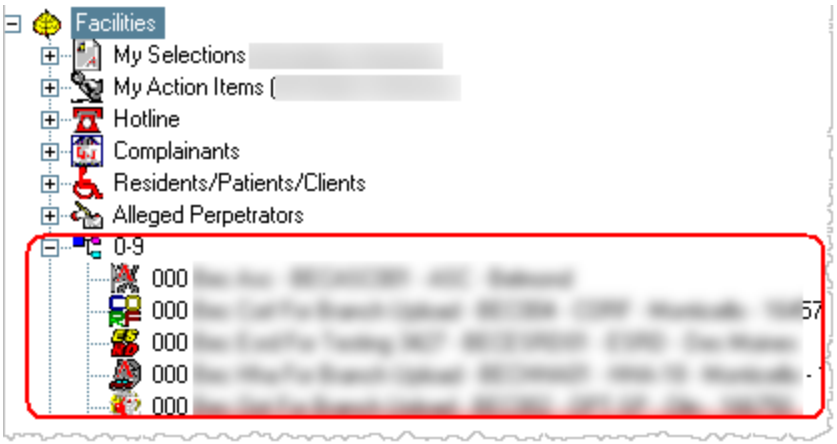

Figure 7: Expanded node

➥ Right-click an item for a menu of options.

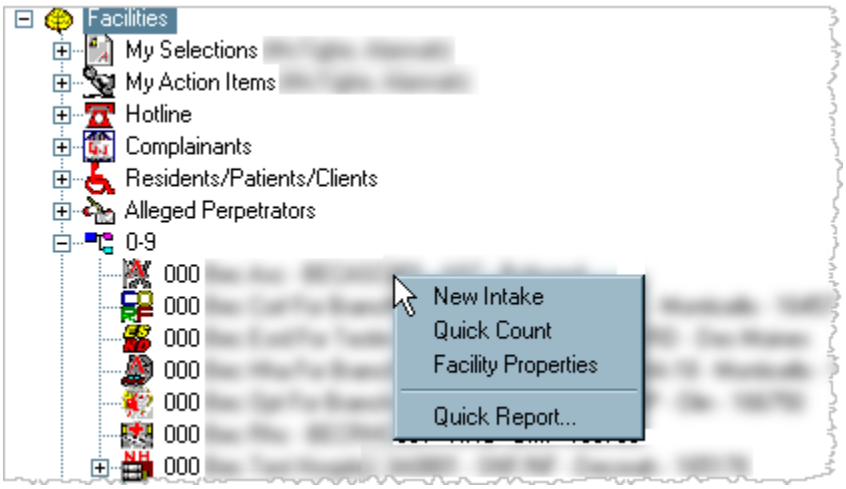

Figure 8: Right-click menu

Facility tab

The Facilities tree on the Facility tab provides access to a variety of information related to complaints/incidents. You can expand the various nodes in the tree to view the information.

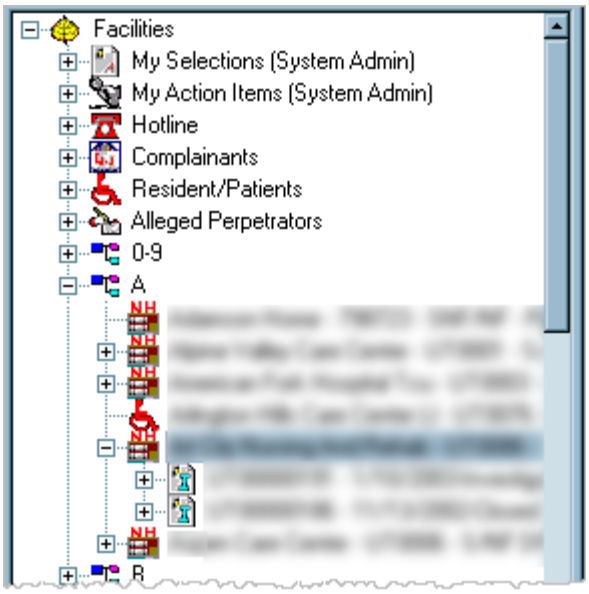

Figure 9: Facilities tree

Providers (alpha nodes) – Lists providers alphabetically. The plus (+) appears only for those providers with complaint/incident intakes.

My Selections – You can customize My Selections so that ACTS lists only the records that directly concern you.

My Action Items – Click this node to display a list of action items for the currently logged-on user (usually you) in List view to the right. You can customize the display of action items.

Hotline – A feature that agencies can use optionally to log all incoming calls and generate an intake when appropriate.

Complainants – Lists names associated with an intake, investigation, or complaint as a complainant.

Residents/Patients/Clients – Lists names associated with an intake, investigation, or complaint as a resident, patient, or client.

Alleged Perpetrators – Lists names associated with an intake, investigation, or complaint as an alleged perpetrators. Not included in ACTS RO.

These nodes list (respectively) complainants, residents/patients/clients, and alleged perpetrators in the ACTS database. Expand a name to see intakes involving that individual.

Facilities - An alphabetical list of provider names. Expand a name to see complaint/incident intakes for that provider, with the Intake ID, End Date Received, Status, and (if applicable) Event ID and Exit Date of the assigned investigation survey. You can expand intake nodes to show allegations and intake-level attachments.

An "X" superimposed on an icon with a gray label indicates a terminated provider.

If accessibility options are enabled (System | Accessibility), the label will be black, not gray.

More ...

Procedure: "Configure My Selections" on page 179
Procedure: "Create Action Item Filters" on page 192
Icons: "Facility view" on page 432

Investig tab

The Investigations tree on the Investig tab lists investigation surveys linked to complaint/incident intakes alphabetically by provider, with Investigation (survey event) ID, Exit Date, Provider Name, and Survey Status. The active My Selections filters affect this list.

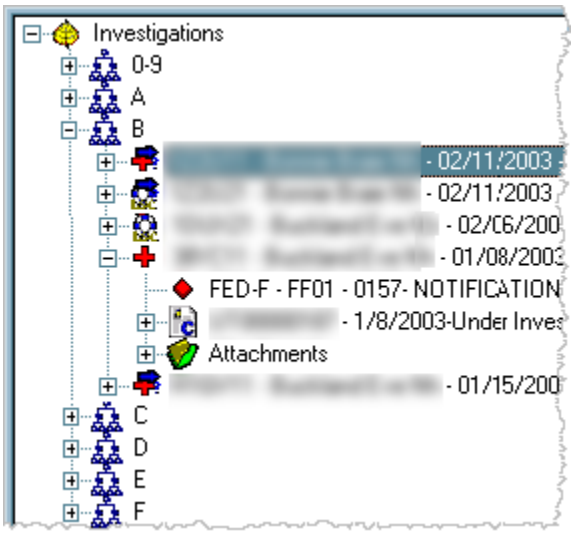

Figure 10: Investigations tree

You can expand the individual investigation survey nodes to show tags, survey-level attachments, and linked complaint/incident intakes. Right-click any item for a menu of options.

- Individual Investigation Survey node (Health or LSC survey)
  - Cited deficiency for the survey (Federal or state)
  - Intake associated with the investigation (Complaint, Incident, or EMTALA)
    - Allegation associated with the intake
    - Intake-level attachments node
  - Survey-level attachments node

More ...

Icons: "Investig view" on page 437

Status tab

The Status tree lists complaint/incident intakes by status.

- Triage/Prioritization
- Pending RO Approval
- Pending Review/Assignment
- Under Investigation
- Investigation Completed
- Forwarded to RO/CO
- Pending SA Finalization

The Pending RO Approval and Pending Review/Assignment nodes are both subdivided by Priority.

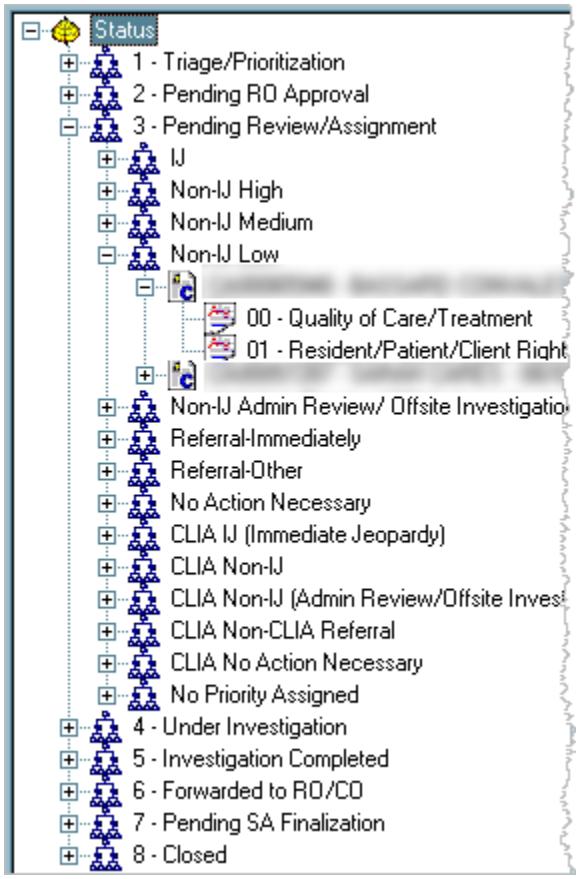

Figure 11: Status tree

State Survey Agency (SA) staff can check for complaint/incident intakes that are Pending Review/Assignment.

Regional Office (RO) staff can easily find complaints/incidents that require RO approval to conduct a Federal survey.

Central Office (CO) personnel can check for intakes forwarded to any Regional Office or to the Central Office.

More ...

Icons: "Status view" on page 438

Staff tab

The Investigators tree on the Staff tab includes the My Action Items node and an alphabetical list of all surveyors.

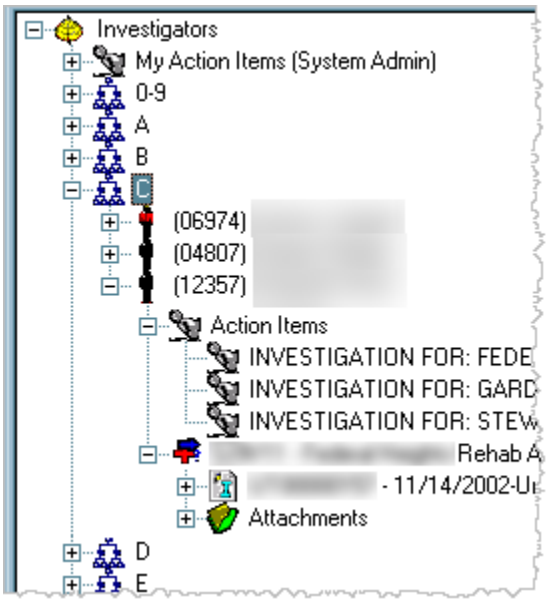

Figure 12: Investigators tree

Click the My Action Items node to display a list of action items for the currently logged-on user (usually you) in List view to the right. You can customize the display of action items.

Click the (+) next to the name of any staff member name to see an Action Items node and the surveys that have that individual listed as a team member.

Click the Action Items node to see a list of action items for the staff member in List view, or click the (+) next to the Action Items node to display the action items in Tree view.

More ...

Procedure: "Create Action Item Filters" on page 192
Icons: "Staff view" on page 440

List view

When you select a node in Tree view, List view in the right pane of ACTS Explorer lists the items you would see if you expanded the node in Tree view. For example, if you click a provider in the tree, List view shows all for that provider.

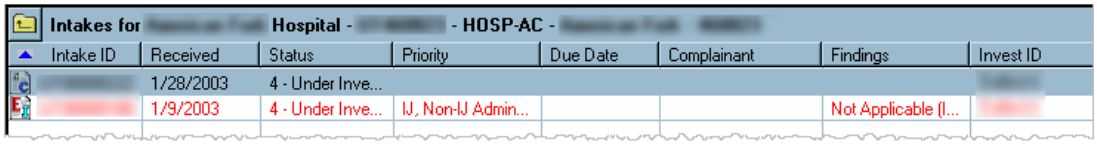

Figure 13: List view

In addition to providing a line-item summary of record elements, List view offers a powerful sorting capability. Click any column heading in List view to sort by that column. Click again to reverse the sort.

You can right-click items in List view to see menu options. The options vary according to the item selected.

Detail view

When you click an item in List view, Detail view in the lower right pane of ACTS Explorer lists details about that item. For example, if you click an intake in List view, Detail view lists all the associated allegations.

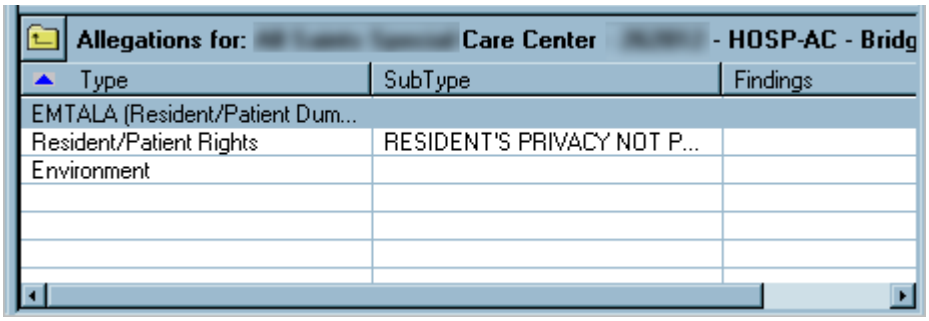

Figure 14: Detail view

As in List view, you can click any column heading in Detail view to sort by that column. Click again to reverse the sort.

When text is displayed in Detail view, you can copy all or part of the text to the Clipboard.

To copy text in Detail view to the clipboard:

1. To display text in Detail view:
   - ➥ Select an allegation on the Facility or Status tab in Tree view or List view to display allegation details and findings

     -or-

   - ➥ Select a tag in Tree view on the Investigation tab to display citation text.
2. Highlight the text you want to copy.
3. Right-click and select **Copy**.

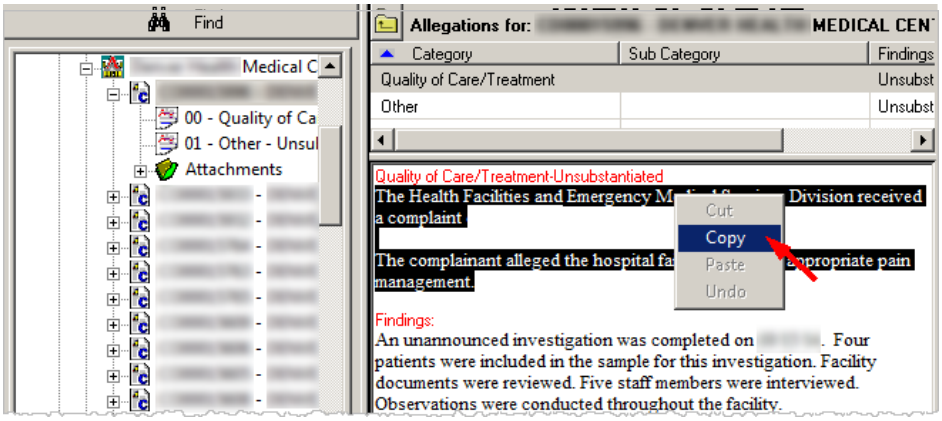

Figure 15: Right-click detail text to copy

Facility Information

You can use a right-click option in Tree view to display read-only information about a facility.

To view facility information:

1. Locate the facility in **Tree** view and right-click it.
2. Select **Facility Properties**.

   Read-only information is displayed in the Facility window.

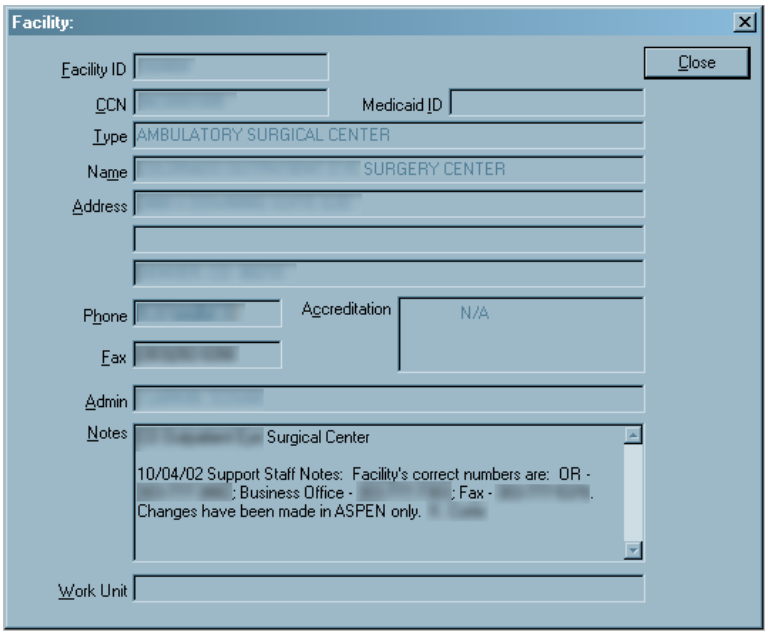

Figure 16: Facility window

Action Items

The ACTS Action Items feature automates the process of notifying agency personnel of action items assigned to them. For example, if you have been assigned as the responsible party for a complaint/incident or are a member of the investigation survey team, you are sent an action item message.

If you are an SA staff member, your action items are listed in Detail view when you log on to ACTS. If you are an RO staff member, your action items are displayed at startup only if you activated an action item filter in a previous session.

You can click the My Action Items node on the Facility or Staff tab to display action items in List view during your ACTS session.

CCN	ID	Message Text	Date	Responsibl
		SURVEY FOR:	09/24/2010- Survey Start	
		SURVEY FOR:	09/24/2010- Survey Start	
		SURVEY FOR:	09/24/2010- Survey Start	
		SURVEY FOR:	09/16/2010- Survey Start	
		SURVEY FOR:	09/13/2010- Survey Start	
		SURVEY FOR:	09/10/2010- Survey Start	
		RESPONSIBLE FOR: HOSPITAL -...	09/09/2010- Assigned	
		SURVEY FOR: 000 TRANSPLANT HOSPI...	09/09/2010- Survey Start	
		SURVEY FOR: MEDICAL ...	09/09/2010- Survey Start	
		RESPONSIBLE FOR: MED...	09/09/2010- Assigned	
		SURVEY FOR: MEDICAL ...	09/08/2010- Survey Start	
		SURVEY FOR: MEDICAL ...	09/07/2010- Survey Start	
		SURVEY FOR: - TRA...	08/09/2010- Survey Start	
		SURVEY FOR: MEDICAL ...	06/30/2010- Survey Start	
		SURVEY FOR: MEDICAL	06/28/2010- Survey Start	

Figure 17: ACTS - Action Items in List view

In ACTS RO, the grid includes a State column to identify the state to which the action item applies.

CCN	ID	Message Text	Date	Responsible Party	State
		RO APPROVAL - HOSPITAL ...	10/15/2006- Deemed Ap...		OH
		RO APPROVAL - HOSPITALS OF D...	09/06/2006- Deemed Ap...		OH
		RO APPROVAL - Z INSTRUCTOR HOSPITAL (...	09/06/2006- Deemed Ap...		OH
		RO APPROVAL - A USER 01 HOSPITAL (OH00...	09/01/2006- Deemed Ap...		OH
		RO APPROVAL - HEART HOS...	01/25/2006- Deemed Ap...		CO
		RO APPROVAL - SPECIALITY H...	10/27/2005- Deemed Ap...		OH
		RO APPROVAL - NON VALIDA...	10/19/2005- Deemed Ap...		OH
		RO APPROVAL - HOSPITAL (OH00...	10/13/2005- Deemed Ap...		OH
		RO APPROVAL - REGIONAL MEDICAL...	10/13/2005- Deemed Ap...		OH
		RO APPROVAL - GENERAL HOSPIT...	10/12/2005- Deemed Ap...		OH
		RO APPROVAL - COMMUNIT HOSPI...	06/18/2003- Deemed Ap...		CA
		RO APPROVAL - 000 BEC TEST LTC HOSP (C...	04/07/2008- Deemed Ap...		CO

Figure 18: ACTS RO - Action Items in List view

Note: For Regional Office staff, green action item messages are those that were sent to all RO personnel in the region.

The list of ACTS action items is filtered by the Facility Type and State Region settings in your active Selection (My Selections) as well as the active Action Item filter, if any. Facility Type security applies to action items.

You can click any column heading to sort by that column, so you can sort your action items by date or category, for instance. Right-click menu options vary depending on action item type.

Action item messages are usually sent at the time you perform the triggering action - when you select the Request for RO Approval checkbox, for example. Make sure the responsible State Survey Agency (SA) and RO parties (recipients for most action item messages) are designated on the Intake tab *before* you do anything that triggers an action item message.

For the following action item categories, the appropriate response text appears in the RO Response column:

- 08 - Revisit Response
- 11 - Response from RO (Deemed/Accredited)
- 13 - EMTALA Response from RO
- 19 - Death-Rstrnt/Sclsn, RO Response
- 22 - PPMP RO Approval
- 24 - COW RO Approval

You may have to scroll to the right to see the RO Response column.

To open the related investigation or intake:

➥ Double-click an action item.

Dark red action items are investigation tasks. When you double-click an investigation action item, the Investigation Properties->Survey View or window opens. If the survey pointed to by the action item is no longer linked to an intake because it has been deleted, you will get an error message.

Blue action items are complaint/incident processing tasks. When you double-click a complaint/incident action item, the corresponding intake opens.

To print a list of your action items:

➥ Right-click any action item and select **Print Screen**.

To toggle action item display in Detail view:

➥ Right-click the **My Action Items** node on the **Facility** or **Staff** tab, and select **Hide Action Items** or **Show Action Items** as appropriate.

More ...

Procedure: "Activate an Action Item Filter" on page 193

For a comprehensive list of action item messages:

Refer to the *AST Procedures Guide*, which is posted on the QTSO website at https://qtso.cms.gov.

Multi-select Lists

You can select more than one item in some lists in ACTS Explorer and in other application windows, e.g., Selection Properties. Use **Shift+click** to select a sequence of items, or **Ctrl+click** to select multiple non-sequential items.

Required Fields

Required fields are highlighted in yellow throughout the application. Depending on circumstances, an optional field may become required or vice versa. The yellow highlighting is added or removed dynamically as appropriate.

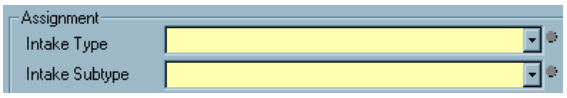

Figure 19: Required fields highlighted in yellow

Working Day Calculations

ASPEN excludes weekends and Federal holidays (Christmas, Columbus Day, Independence Day, etc.) in its working day calculations. The algorithm handles set-day holidays on weekends (Christmas, Independence Day) consistently with the working day calculation used in national.

The following items in ACTS use the working day algorithm:

- Investigation Due By date on the Intake tab
- Investigation Due By date on the Allegations tab
- Letter macro Date # Working Days in a Complaint letter
- EMTALA RO Response on the EMTALA tab
- Federal Investigation Timeframe Reports

Investigation Properties tab

The Investigation Properties tab on the Investigation Properties->Survey View window offers a summary view of the investigation, and provides a single location to enter survey/investigation information. Surveyors will find it convenient to utilize this tab, because it offers "one-stop" data entry. It is also possible to use intake tabs to enter the information.

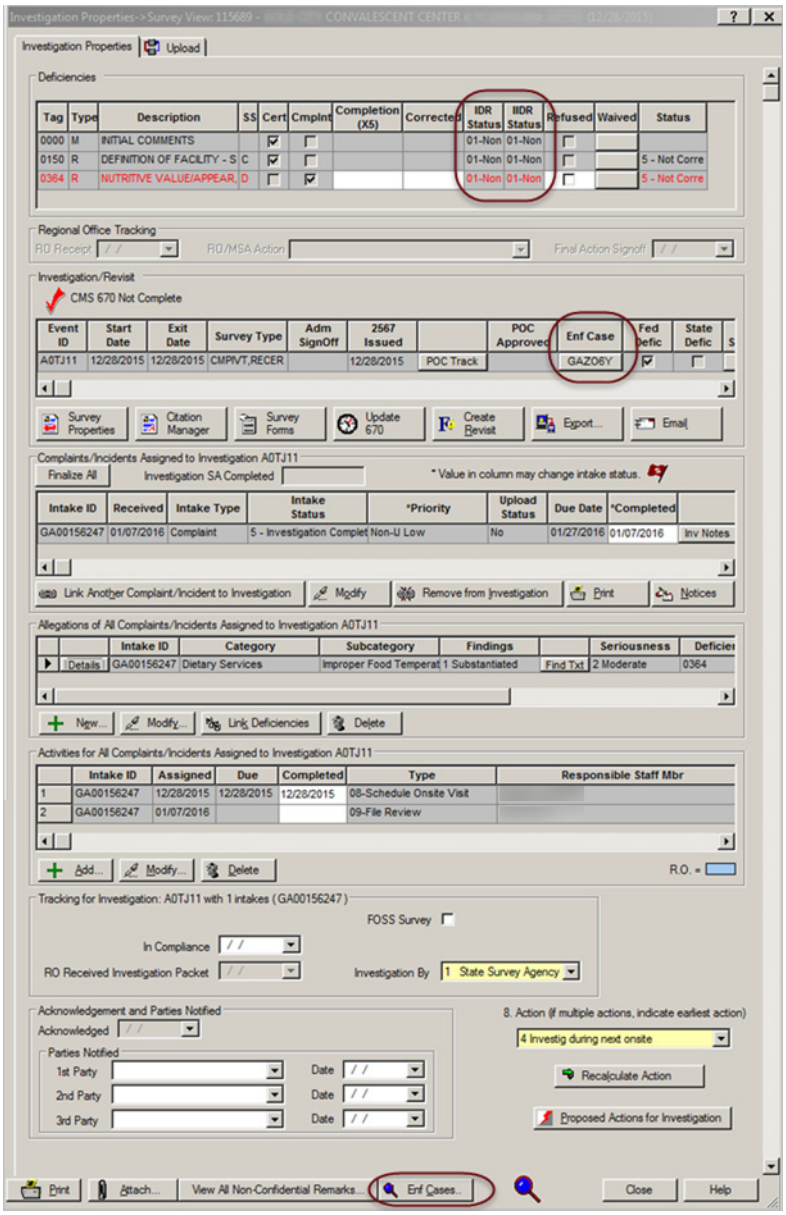

Figure 20: Investigation Properties tab

You may need to scroll down to look at all the sections on the tab.

- Deficiencies

  Lists deficiencies found during the survey and recorded through the Citation Manager for all intakes linked to the investigation. You can edit several fields directly on the grid for certain deficiencies.

- Regional Office Tracking

  This section is used when the intake is reviewed before finalization by the Regional Office. It is enabled only in ACTS RO for Federal providers, but in both ACTS and ACTS RO for Medicaid-only providers (including PRTF 061).

  If the Forwarded to RO/MSA (Forwarded to RO if CLIA) is selected on the Actions/Close or Investigation tab (this field is shared by the two tabs), the RO will receive a Forwarded to RO action item message (except for) and should review the intake and complete this section.

  Note: CO personnel can use this section if necessary.

- Investigation/Revisit

  Lets you view and update the investigation survey to which the current intake is linked. Related intakes may be linked to it as well.

  You can open the Citation Manager from here and document deficiencies found during the survey for all linked intakes. Or, open the Citation Manager from the Investigation tab of the individual intakes, enter deficiencies, and they will all be listed in the Deficiencies grid above.

  You can export or email the survey, create revisit(s), complete the 670, and print survey forms from the Investigation/Revisit button bar. Several fields can be edited directly on the grid.

  With appropriate permissions, you can open related ASPEN Enforcement Manager (AEM) case(s) for NHs, HHAs, and CLIA labs from here.

- Complaints/Incidents Assigned to Investigation

  Lists the complaint/incident intakes linked to the investigation. Problems alleged in all linked complaint/incident intakes are examined during the investigation. From here, you can link and unlink intakes, access and modify all the linked intakes, and initiate finalization of all the non-finalized intakes. Several fields can be edited directly on the grid.

- Allegations of All Complaints/Incidents Assigned to Investigation

  Lists allegations for all complaint/incident intakes linked to the investigation. You can add and modify allegations here, or from the Allegations tab of the individual intakes.

- Activities for All Complaints/Incidents Assigned to Investigation

  Lists activities assigned for all complaint/incident intakes linked to the investigation. You can add and modify activities here, or from the Activities tab of the individual intakes. You can edit the End Date directly on the grid.

- Tracking for Investigation

  Lets you enter investigation tracking information.

- Full Survey

  For deemed/CLIA RO approval providers, you can enter a Cross-Reference from the intake to a full survey.

- Acknowledgement and Parties Notified

  You can manually enter acknowledgement notification information here, i.e., names of parties notified and dates of written acknowledgment.

- 8. Action

  Based on Priority value(s) specified in intake(s) linked to the investigation. Default value is the system-calculated value. Click Recalculate Action to update the setting if you change the Priority value in the intake.

- Click Proposed Actions for Investigation to open the read-only Proposed actions for Investigation window, which lists Federal and State Proposed Actions resulting from the investigation. Duplicates the list in the Proposed Actions section on the Actions/Close tab.

- The button bar at the bottom of the Investigation Properties->Survey View window contains the following ACTS function buttons:

  Print - From the Investigation Properties tab, generates the CMS-562 for pre-ASPEN 10.1.7 investigations (with exit dates prior to 07/01/2014) only. From the Upload tab, prints the Transaction Tracking Report.

  Attach - Click to add survey-level attachments to the intake.

  View All Non-Confidential Remarks - Opens read-only surveyors' remarks.

  Enf Cases - Opens related AEM enforcement case(s) for NHs, HHAs, and CLIA labs.

Process a Standard Complaint/Incident

ACTS supports the creation of complaint/incident intakes and investigations for all Federal provider types. When complete, data is uploaded to national.

Complaint/Incident Workflow: Non-accredited Provider

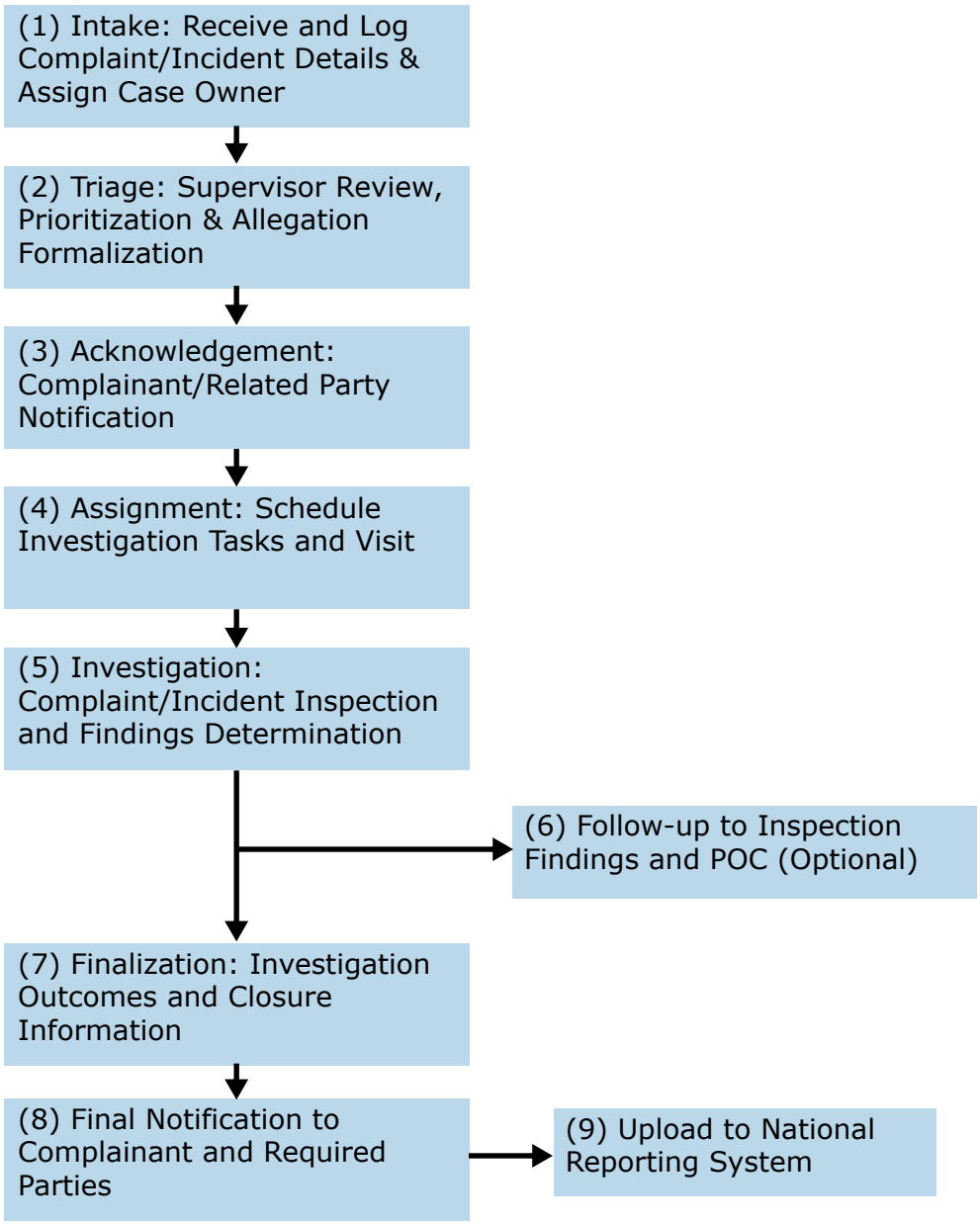

Figure 21: Complaint/Incident workflow for non-accredited providers

The set of procedures in this section is comprehensive for a standard complaint/incident against a non-accredited provider.

To process a standard intake:

1. Create an intake.
2. Enter basic information such as type of intake and source(s) of the complaint/incident report.
3. Add complainant, resident/patient/client, and alleged perpetrator name(s).
4. Specify Federal and state allegations.
5. Optionally contact concerned parties to acknowledge the complaint/incident.
6. Triage the complaint/incident and assign priority.

More ...

Procedure: "Create an Intake" on page 41
Procedure: "Enter Basic Intake Information" on page 44
Procedure: "Add Complainants, Residents/Patients/Clients, Alleged Perpetrators" on page 46
Procedure: "Enter Allegations (Federal and State)" on page 51
Procedure: "Acknowledge the Complaint/Incident" on page 53
Procedure: "Assign Priority" on page 53

Special Case Intakes

For special cases, there are additional steps, which are covered in separate procedures.

- Deemed providers
- CLIA labs

  Complaint processing for CLIA labs depends on certificate type.
- Transfusion-related fatalities
- EMTALA
- Death Associated with the Use of Restraints/Seclusion (D/R/S)

More ...

Procedure: "Process Intake: Deemed Provider" on page 131
Procedure: "Process Intake: CLIA" on page 139
Procedure: "Track TRF Complaints" on page 146
Procedure: "Process Intake: EMTALA" on page 155
Procedure: "Process Intake: Death-Restraints/Seclusion" on page 161

Create an Intake

SA, RO, and CO staff can create intakes. ACTS assigns every new intake an Intake ID and an initial status of Triage/Prioritization.

Note: You cannot create an intake if, in ACO, there is not a record for the provider or the facility has been sent to the Recycler.

To create an intake:

1. Create a new provider record in **ACO** if necessary.
2. In **ACTS**, click **Find** above the **Tree** view to open the **Find** window.
3. In the **Search** field, enter all or part of the provider name. If the search text you enter does not appear at the start of the name, type an asterisk (*) before the text, e.g., *alw.

   -or-

   Click the down arrow to select from prior search text.
4. Select **Search By Name** and click **Find Now**.

   The Search Results list box displays matching providers. The list is filtered according to your active My Selections settings.
5. Double-click the provider, or click it and then click **Select**.

   ACTS closes the Find window and highlights the provider in the Tree view.
6. Right-click the provider name in the **Tree** and select **New Intake**.

   A new intake opens to the Intake tab.
7. Enter as much information as possible during initial intake.

8 If you have a caller on the phone, use the appropriate **Notes** text editor at the bottom left of the **Intake** tab, and refer to the **Questions to Remember** prompts on the right.

Put brackets [ ] around text that should not be shown in public reports. Click the **Insert Questions into Notes** button to insert the Questions to Remember prompts into the Notes text editor.

Only RO users can modify Extended RO Notes; only CO users can modify Extended CO Notes.

TIP: In the event of a hardware failure, you can recover note text you have entered.

More ...

Refer to "Provider Records" in the *ACO Procedures Guide*, which is posted on the QTSO website at https://qtso.cms.gov.

Screen: "Find window" on page 276
Screen: "Intake tab" on page 202
Procedure: "Enter Basic Intake Information" on page 44
Procedure: "Enter Basic Intake Information: CLIA" on page 144
Screen: "Notes" on page 213
Procedure: "Insert Backup Notes" on page 45

Open an Existing Intake

If another user already has the intake open for editing, you can view it in read-only mode. A message notifies the first user that someone else has opened the intake.

To open an existing intake when you have an action item:

1 Click the **Facility** or **Staff** tab in **Tree** view, then click **My Action Items** to display your action item assignments in **List** view to the right.

2 Locate the relevant action item.

- If you are on the survey team, the action item lists provider name and survey event ID.
- If you have an intake-related task, the action item shows the provider name and intake ID.

TIP: You can click any column heading in List view to change the sort order.

---

3 Double-click the action item to open the **Investigation Properties** tab (**Investigation Properties->Survey View** window) or the intake.

To open an existing intake if you know the provider name:

1. Locate the provider in the **Tree** view.
2. Click the **Expand** icon next to the provider name to expand the node and display a list of complaints/incidents involving the provider.
3. Right-click the intake you want and select **Modify Intake** to open it.

To open an existing intake if you know the intake number:

1. Click **Find** above **Tree** view to open the **Find** window.
2. In the **Search** field, enter all or part of the intake number.

   You can enter the pertinent number portion of the intake number, excluding the state abbreviation and preceding zeros.

   -or-

   Click the down arrow to select from prior search text.
3. Select **Search By Intake Number** and click **Find Now**.

   The Search Results list box displays matching intakes. The list is filtered according to your active My Selections settings.
4. Double-click the intake you want, or click it and then click **Select**.

   ACTS closes the Find window and highlights the intake in Tree view.
5. Right-click the intake and select **Modify Intake** to open it.

To open an existing intake if you know the reported date:

- If the complaint/incident was logged on the Hotline:

1. Locate and expand the **Hotline** node at the top of **Tree** view.
2. Expand the **Complaint** or **Incident** node.

   Calls are listed by date and caller name.
3. Select the relevant call.

   If an intake was generated, it is displayed in List view on the right.
4. Right-click the intake and select **Modify Intake** to open it.

- If the complaint/incident did *not* come in on the Hotline:

1. From the **Reports** menu, select **Complaint/Incident Investigation Log** or **Complaint/Incident Assignment Listing**.
2. On the report customization window that appears, enter the date the complaint/incident was reported as both the **Start** and **End Date** of the **Report Date Range**.

3 Specify any other filters that may speed the processing of the report (optional).

Filter criteria are listed in the footer for the report.

4 Click **OK**.

The report lists all complaints/incidents reported on the specified date.

5 Locate the complaint/incident in **Tree** view, right-click it, and select **Modify Intake** to open the intake.

More ...

Screen: "Find window" on page 276
"Reports - Reports menu" on page 482

Enter Basic Intake Information

It is best to provide information on the Intake tab as soon as possible. Responsible parties need to be specified so ACTS can send them action item messages. If known, complainant address information should be entered if you are going to use ACTS to generate and record an acknowledgement letter.

To enter basic intake information:

1 On the **Intake** tab, identify **Intake Staff**.

ACTS supplies the name of the currently logged-in user and selects State Agency, Regional Office, or Central Office as appropriate. Click **Change Staff** if the person opening the intake is not the currently logged-in user. This activates the drop-down list, so you can select another staff member.

2 ACTS supplies the **Status** value.

ACTS determines status levels as the complaint/incident process progresses.

3 In the **Assignment** section:

- Specify **Intake Type** and **Subtype**.
- Provide information about receipt of the complaint/incident report.
- Enter ID and control numbers.
- Use the buttons to specify **Responsible Parties**; select the Responsible Team.

ACTS adds the complaint/incident to My Action Items for the responsible parties with the designation "Responsible For".

4 Add complainants, residents/patients/clients, and alleged perpetrators.

5 Specify the **Source**(s) of the complaint/incident report.

6 Specify complaint/incident **Priority**, if known.

7 If necessary, change default **Received Start Date** and **Time**, and **Received End Date** and **Time**.

8 Click the **Click Here to Associate** button to open the **Intakes Associated With** window where you can select related intakes.

9 If you have a caller on the phone, use the applicable **Notes** text editor at the bottom left of the **Intake** tab, and refer to the **Questions to Remember** prompts on the right.

SA only - Click the **Insert Questions into Notes** button to insert the Questions to Remember prompts into the **Notes** text editor.

Put brackets [ ] around text that should not be shown in public reports.

More ...

Screen: "Intake Staff and Status" on page 203
Screen: "Assignment" on page 204
Procedure: "Add Complainants, Residents/Patients/Clients, Alleged Perpetrators" (below)
Screen: "Source" on page 210
Procedure: "Assign Priority" on page 53
Screen: "Received and Related Intakes" on page 212
Screen: "Intakes Associated With window" on page 212

Insert Backup Notes

Every two minutes (if there are at least 250 characters), ACTS takes a snapshot of the contents of the Notes text editors on the Intake tab. The snapshot is saved as an .rtf file. These backup files are stored in the WPBackupDir folder in the ACTS Data directory.

If you lose notes you entered because of:

- hardware failure

  -or-

- inadvertent deletion of text,

you can restore the text.

ACTS overwrites existing backup files every two minutes only if new characters have been entered. This prevents the backup from being overwritten by the contents of an empty Notes window while you are locating and inserting the file.

Note: If you paste in note text containing more than 250 characters, but do not leave the intake window open for at least two minutes, the text is not backed up. However, it is saved if you press OK to leave the intake window.

To insert backup note text:

1. On the **Intake** tab (toward the bottom), click the **Open** button (file folder image) in the **Notes** text editor where you want to restore text.

   The Import window appears and displays the contents of the WPBackupDir folder.

2. Locate the applicable backup file.

   Filenames of note text backups consist of the following elements:

   SA NOTES/INTAKE NOTES/CO NOTES-<Intake ID>-<StaffID>.rtf

   SA NOTES contains the backup of Notes, INTAKE NOTES the backup of Extended RO Notes, and CO NOTES the backup of Extended CO Notes.

3. Double-click the file to insert the text into the selected **Notes** text editor.

Add Complainants, Residents/Patients/Clients, Alleged Perpetrators

SAs can link multiple complainants, residents/patients/clients, and alleged perpetrators to the intake. If an individual is not already in the respective directory, SA staff can create a new record and add the individual to the intake at the same time. States can use the Residents/Patients/Clients and Alleged Perpetrators functions at their own discretion and in conformance with their states privacy and confidentiality laws and regulations. These fields are not required, are optional for state use, and the information is not uploaded to national.

ACTS RO - The Alleged Perpetrators tab is not available in ACTS RO, and confidential resident/patient/client information is not displayed. ROs cannot access the Alleged Perpetrator directory. They can, however, add records to the Complainant and Resident/Patient/Client directories, although they cannot search these directories.

CLIA - The Alleged Perpetrators tab is not displayed because ASPEN does not track alleged perpetrator information for CLIA complaints.

SA - You can add complainants, residents/patients/clients, and alleged perpetrators to an intake as appropriate. For an individual not in the respective directory, you can add a new record to the database.

To add a complainant, resident/patient/client, or alleged perpetrator:

1 On the **Intake** tab, click the **Complainants, Residents/Patients/Clients**, or **Alleged Perpetrators** tab.

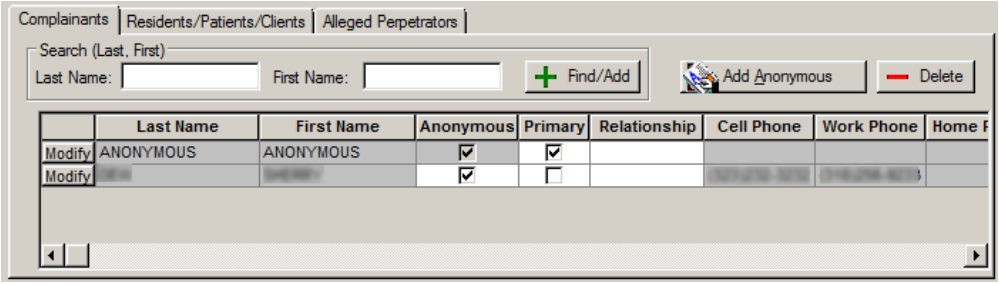

Figure 22: Complainants tab selected

CLIA – The Alleged Perpetrators tab is not available.

2 Enter all or part of the **Last Name** and **First Name** of the complainant, resident/patient/client, or alleged perpetrator, and click **Find/Add**.

You must enter at least part of either the Last or First Name.

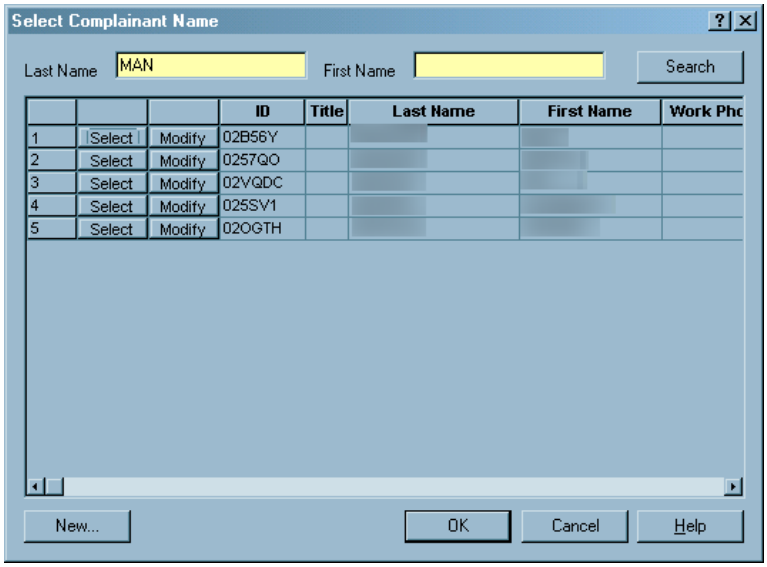

Figure 23: Select Complainant Name window

TIP: To add an anonymous complainant, simply click the Add Anonymous button on the Complainant tab. A complainant named ANONYMOUS ANONYMOUS is added. Additional anonymous complainants are numbered, e.g., the second anonymous complainant is identified as ANONYMOUS 2 ANONYMOUS 2.
Alternatively, enter all or part of "ANONYMOUS" as the Last Name and click Find/Add to locate and select one of the Anonymous placeholders included in the database.

3 Select the complainant, resident/patient/client, or alleged perpetrator from the list of names that match the search criteria.

-or-

If no match is found, click **OK** in response to the message, redefine the search criteria (e.g., a different spelling) in the window that appears, and click **Search**.

-or-

Click **New** to create a new record for the **Complainant**, **Resident/Patient/Client**, or **Alleged Perpetrator Directory**.

For complainants, you can enter title, name, address and phone number(s). Address information must be entered if you plan to use ACTS to generate letters or notices to the complainant.

For residents/patients/clients, you can provide title, Medicaid number, name, and gender.

For alleged perpetrators, you can enter address and phone number as well as professional title and license #, if applicable. Alleged perpetrator directory records cannot be created from CLIA complaints.

Note: Scroll bars appear if you add more complainants, residents/patients/clients, or alleged perpetrators than the grid can accommodate.

---

4 Enter additional information about the complainants, residents/patients/clients, and alleged perpetrators linked to the intake.

- Indicate whether complainants wish to remain Anonymous, which complainant is Primary, and the Relationship of each complainant to the resident/patient/client.
- For residents/patients/clients, provide facility stay information (Admitted, Discharged, etc.).

Note: For Hospital intakes only, Admitted is required if a resident/patient/client is added to the Death Associated with the Use of Restraints/Seclusion grid on the Allegations tab.
For alleged perpetrators, click **Alias** to add, modify, or delete known aliases.

---

5 If the intake concerns a specific event, enter the **Date**, **Time**, and **Shift** in the **Alleged Event Information** section.

Date is required for Transplant Hospitals on intakes created on or after 05/02/2011; otherwise, this section is optional.

RO

ROs can link complainants and residents/patients/clients to the intake only by creating new directory records, since they cannot search the directories. The Alleged Perpetrators tab is not available in ACTS RO, and confidential resident/patient/client information is not displayed.

To add a complainant or resident/patient/client:

1 Click the **Complainants** or **Residents/Patients/Clients** tab and click **Add**.

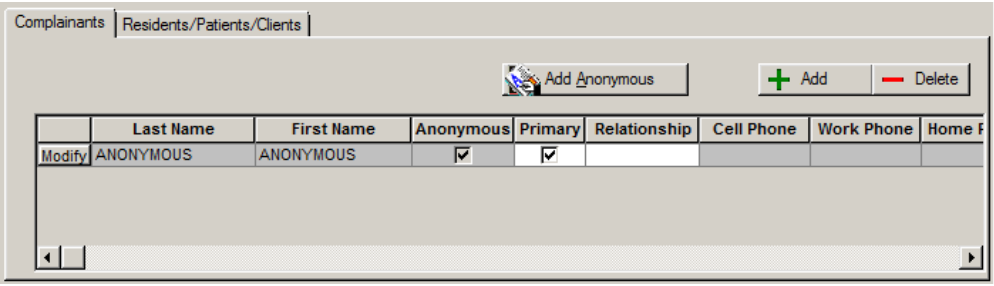

Figure 24: ACTS RO: Complainants tab selected, no Alleged Perpetrators tab

2 Create a new record for the applicable directory.

ROs cannot create Alleged Perpetrator records.

For complainants, you can enter title, name, address and phone number(s). Address information must be entered if you plan to use ACTS to generate letters or notices to the complainant.

For residents/patients/clients, you can provide title and name.

TIP: Scroll bars appear if you add more complainants or residents/patients/clients than the grid can accommodate.

3 Enter additional information about the complainants or residents/patients/clients linked to the intake.

- Indicate whether complainants wish to remain Anonymous, which complainant is Primary, and the Relationship of each complainant to the resident/patient/client.
- For residents/patients/clients, provide facility stay information (Admitted, Discharged, etc.).

Note: For Hospital intakes only, Admitted is required if a resident/patient/client is added to the Death Associated with the Use of Restraints/Seclusion grid on the Allegations tab.

4 If the intake concerns a specific event, enter the **Date**, **Time**, and **Shift** in the **Alleged Event Information** section.

Date is required for Transplant Hospitals on intakes created on or after 05/02/2011; otherwise, this section is optional.

SA, RO

To modify a complainant, resident/patient/client, or alleged perpetrator record:

➥ Click **Modify** to the left of the name, and make changes as needed.

You cannot modify an anonymous complainant (identified as ANONYMOUS ANONYMOUS). ROs cannot access alleged perpetrator records, nor can they be accessed from CLIA intakes.

If you change the name, title, address, phone numbers, or email address of a complainant, a message will tell you the number of intakes affected by the change. You can choose to make the change or not.

To remove an individual linked to an intake:

1 Click the applicable tab.

2 Select the applicable row in the grid.

3 Click **Delete**.

More ...

Screen: "Complainants tab" on page 204
Screen: "Residents/Patients/Clients tab" on page 206
Screen: "Alleged Perpetrators tab" on page 208
Screen: "Complainant Directory Input" on page 206
Screen: "Resident/Patient/Client Directory Input" on page 208
Screen: "Alleged Perpetrator Directory Input" on page 209
Screen: "Alleged Event Information" on page 210

Merge Complainants, Residents/Patients/Clients, Alleged Perpetrators

SA only

A right-click Merge option lets you remove redundant entries for complainants, residents/patients/clients, and alleged perpetrators without disrupting the underlying data. A merge action retains the correct record, removes incorrect record(s), and links the intakes involved.

For example, complainant Silas Braun Jr. is linked to intake A. Silas Brown is linked to intake B. The SA determines that these two names represent the same person. A merge retains the correct record (Braun Jr.), removes the incorrect record (Brown), and links intake B to intake A.

To merge complainants, residents/patients/clients, or alleged perpetrators:

1. In the **Tree** view, expand the **Complainants**, **Residents/Patients/Clients**, or **Alleged Perpetrators** node as appropriate and locate the *incorrect* name variant.

   Note: These nodes, and therefore the merge options, are not available in ACTS RO.

2. Right-click the record and select **Merge Complainant**, **Merge Resident/Patient/Client**, or **Merge Alleged Perpetrators** as applicable.
3. In the **Find** window that appears, enter all or part of the correct **Last Name** of the complainant, resident/patient/client, or alleged perpetrator, and click **Find Now**.

   If the inconsistency is with the first name, both correct and incorrect variants will appear in the Search Results area.
4. Double-click the *correct* variant in the **Search Results** box, or click it and then click **Select**.

   A confirmation message indicates that the incorrect record (the one you selected in the Tree view) will be deleted and any intakes to which that complainant, resident/patient/client, or alleged perpetrator is assigned will be linked to the correct record (the one you selected in Search Results).
5. Click **OK** in the confirmation message.

   The incorrect record is deleted, data from it is merged into the correct record, and any linked intakes are reassigned to the correct record.

Enter Allegations (Federal and State)

Allegations and findings are entered on the Allegations tab. Available categories and subcategories vary by provider type.

To enter Federal and state allegations:

1. Open the intake and click the **Allegations** tab.

   Tip: You can go to the Allegations tab directly from the Tree or List views: locate the intake, then right-click it and select **Intake Allegations**.

2. In the **Allegations** section, click **Add** to open the **Allegation Input** window.
3. Select a **Category** for the allegation.

   Category is required.

   If the allegation involves a state regulation: for Category, select 35 - State Licensure. Allegations are not included in investigation survey uploads.

4 Assign a **Subcategory** to the allegation.

Subcategory is optional for most provider types in most circumstances. However, Subcategory is required for the following:

- Post-ASPEN 10.1.1 Transplant Hospital intakes (created on or after 05/02/2011). Optional on pre-ASPEN 10.1.1 TH intakes.
- CLIA intakes, except for Category 72 allegations.
- EMTALA intakes
- Any allegation with Category = Transplant on a Hospital, ESRD, or OPO intake.

Note: States can add or modify most subcategories.

5 **TH only -** Select the **Transplant Program Type** associated with the allegation.

Required on intakes created on or after 05/02/2011. You will receive a message if you select a program type that is not current for the provider or if Surveyed is set to No, but you can continue.

6 Optionally specify the **Seriousness** of the allegation.

7 Click **OK** to save your settings and close the Allegation Input window.

8 To add details about the allegation, click the **Details** button to the left of the allegation **Category** on the grid; enter text in the **Details** pane.

- You can add and modify both allegation details and findings details once the word processor window appears. Click the **Detail** and/or the **Find** button at the bottom of the screen as needed to expand either or both the Details and Findings panes.

  Note: On closed intakes, you cannot edit details and findings text, but you can copy it.

- Click the **Insert Notes...** button to insert text from the Notes section of the Intake tab at the position of the cursor.
- Click the **Show Tags...** button to view a list of citations assigned to the allegation. This button appears only when there are deficiencies linked to the allegation.
- Select text and press the **Redaction** icon on the toolbar to place brackets around the selected text. Bracketed text is redacted (not shown) in public reports.

To modify allegation information:

➥ Select the allegation in the grid, click **Modify** and make changes as needed.

To delete an allegation:

➥ Select it and click **Delete**. Click **Yes** in the confirmation message.

More ...

Screen: "Allegations and Deficiencies" on page 214
Screen: "Allegation Input window" on page 215
Procedure: “Allegation Categories and Subcategories - Federal” on page 454
Procedure: “Customize Allegation Subcategories” on page 188
Procedure: “Process Intake: EMTALA” on page 155
Procedure: “Link Deficiencies to Allegations” on page 82

Acknowledge the Complaint/Incident

Acknowledgement of the complaint/incident is optional. It usually comes from the agency that initially received the complaint/incident report.

To generate and print an acknowledgement letter:

➥ At the bottom of the intake form, click **Notices...**

More ...

Procedure: “Generate Letters” on page 167

Assign Priority

The complaint/incident is triaged to determine the appropriate priority, which establishes the timeframe of the investigation. If you enter Priority during initial intake, the Status of the complaint/incident changes from 1 Triage/Prioritization to 3 Pending Review/Assignment unless the intake is EMTALA and/or Deemed, or CLIA RO Approval.

To assign priority to an intake:

1. To assign priority, scroll to the **Response Information** section on the **Intake** or **Allegations** tab and select the appropriate **Priority**.

   Only authorized users can select an option. You can assign more than one priority, e.g., C - Non-IJ Medium and G - Referral-Other. Certain combinations are not allowed; error messages will appear.

   High priority complaints/incidents (A - IJ) appear in red in the List view; however, CLIA complaints with priority Q - IJ are *not* displayed in red.

TIP: You can also make or view Priority assignments on the Allegations, Deemed, and RO Approval (CLIA labs only) tabs. The Priority section is read-only or enabled as appropriate.

2. For **Investigate within**, enter the number of days, working or calendar as appropriate, within which the investigation must begin.
3. Enter the **Investigation Due By** date manually, based on working or calendar days as appropriate.

   -or-

   Click **Calculate** if you want ACTS to calculate the **Investigation Due By** date based on the **Investigate within** value. Select **Working Days** or **Calendar Days** as the basis of the calculation, and **Received Start** or **Received End Date** as the starting point for the calculation as appropriate.

   For working days, ACTS excludes weekends and Federal holidays (Christmas, Columbus Day, Independence Day, etc.) in its calculations. Received End Date is the default start date for the calculation unless Priority is A - IJ, in which case Received Start Date is the default.

   If RO Determination is set to RO Unauthorized, an investigation survey is not required and Priority is automatically set to H, even if there are other allegations. Investigation Due By date is not required in this case.

Note: If an intake has only Two-Point Soft Wrist Only D/R/S allegations and Priority is not set to H, ACTS prompts you to change the priority to H when you attempt to exit/save.

More ...

"ACTS Status Levels and Detail Upload Triggers" on page 462
"Priority" on page 463
Procedure: "Process Intake: Death-Restraints/Seclusion" on page 161

Prepare a Complaint/Incident Investigation

SA or RO Scheduler

The scheduler (usually SA) defines actions to be taken, creates a shell survey, and schedules the visit. Survey information is shared between ACTS and ACO/ARO.

To prepare an investigation:

1. Assign investigation activities.
2. Create an investigation survey shell.
3. Link the complaint/incident intake to a survey to create an investigation.

4 If applicable, link additional intakes to the investigation survey.

5 If applicable, export the survey shell so that team members can import it into ASE-Q.

More ...

Procedure: "Assign Activities" (below)
Procedure: "Schedule a Survey" on page 56
Procedure: "Link an Intake to an Investigation" on page 57
Procedure: "Link Multiple Intakes to an Investigation" on page 59
Procedure: "Export Surveys and Intakes from ACTS" on page 90

Assign Activities

When used consistently, the Activities tab provides both a scheduling tool and an ongoing history of the investigation. When you enter activities, action item messages are sent to designated Staff members—any mix of RO staff, SA staff, and whole survey teams.

Activities for a single intake are listed on the Investigation Report (quick report). You can run the Investigation Survey Report (quick report) to list activities for all intakes linked to the same investigation as the selected intake, and the Outstanding Activities report (Reports menu) to list activities for all or selected intakes.

To add an activity:

1 On the **Activities** tab, click **Add**.

2 Enter information in the **Define Activity** window.

Type, Sent date, and at least one Staff member are required.

3 To add a staff member, click the appropriate button under the **Staff** grid in the **Define Activity** window, and select an individual or team from the drop-down list in the **Add Activity Recipient** window.

When you add an individual, the activity is added to that person's action items. If you add a team, all team members are added to the Staff grid and will receive an action item for the activity.

Only one individual listed in the Staff grid can be designated the Responsible Party. The Activities grid on the Activities tab shows only the Responsible Party for the activity, not all individuals assigned to receive an action item for the activity.

4 Once an activity is completed, enter the **Completed** date.

The status of related action items is automatically changed from Open to Closed.

To modify activity details:

➥ Click **Modify** below the **Activities** grid and make changes as needed.

To delete an activity:

➥ Select it, click **Delete** and click **Yes** in the confirmation message.

If you delete an activity for which an action item has been sent, that action item will be deleted from ACTS Explorer and Action Item History.

More ...

Procedure: "Display and Print Quick Reports" on page 173
Procedure: "Display and Print Reports" on page 174
Screen: "Activities tab" on page 228
Screen: "Define Activity window" on page 229

For a comprehensive list of action item messages:
Refer to the *AST Procedures Guide*, which is posted on the QTSO website at https://qtso.cms.gov.

Schedule a Survey

If there is not already a survey scheduled for the provider, you can create a new survey from within an intake and then optionally link the intake to it. When you link the first intake to a survey (you can link more than one intake), it creates an investigation from the application's point of view. If there is already a survey scheduled for the provider, you can link intake(s) to it rather than creating a new survey.

Note: In the case that a complaint/incident investigation and recertification survey are scheduled on the same day, we recommend creating a combined survey with one event ID rather than two separate surveys.

To schedule a survey for an investigation:

1. Under the **Investigation and Survey** section on the **Investigation** tab, click **New**.

   You will receive a message if you try to create a survey for a closed provider. You can choose to continue or not.

2. Enter basic survey information in the **Define Survey** window and click **OK**.
3. Click **Yes** in the message that appears if you want to link the intake to the newly created survey.

   Linking the intake to the survey creates an investigation.

   Note: You can also link the intake to a survey already scheduled for the provider.

4. Select the appropriate option from the **Investigated by** drop-down list (under the survey grid).

   If you add team members to the linked investigation survey, action item messages are sent to those team members.

   Survey information is shared between ACTS and ACO/ARO.

5. To see who last updated an investigation survey, locate it on the **Investig tab** of the **ACTS Tree**, right-click, and select **Last Updated By**.

   You will see the Staff Name and ID of the person who updated the survey, and the Date/Time of the update.

If a complaint/incident investigation of an accredited hospital finds condition-level deficiencies, the RO will ask the SA to conduct a full survey. The SA will create a recertification in ACO with L8 set to Full Survey After Complaint.

More ...

Procedure: "Link an Intake to an Investigation" (below)
Screen: "Investigation and Survey" on page 230
Screen: "Define Survey/Survey Properties window" on page 244
Refer to "Hospital: Accredited, Full Survey" in the *ACO Procedures Guide*, which is posted on the QTSO website at https://qtso.cms.gov.

Link an Intake to an Investigation

To link an intake to an investigation, you link it to a survey. An intake can be linked to only one survey. If no other intakes are already linked to the survey (multiple intakes can be linked to a single survey), this linking creates an investigation from the application's point of view.

When you link an intake to a survey to create an investigation, Type of Survey selections in Survey Properties must include A-Complaint Investig. If not, the A-Complaint option is automatically selected. If A-Complaint is not selected and the survey is locked by another user at the time of linking, ACTS does not permit the intake to be linked to the survey and an investigation is not created.

Note: You cannot link an intake to a survey when intake priority is Referral-only (F, G, or T–for CLIA). If any other priority code is selected along with F, G, or T, it is not considered a referral-only intake and can be linked to a survey.

You can optionally link an intake when you create a new survey from within the intake. Or, if there is a survey already scheduled for the provider, you can link the intake to it rather than creating a new survey.

Note: You cannot link an intake to a revisit. However, a revisit created from a linked survey is automatically linked to the intake.

The Investigation and Survey section of the Investigation tab lists survey events for the provider. You can choose whether to display all surveys, except any recycled in ACO, or to exclude revisits/followups since they cannot be linked to the intake. The Show All Surveys button toggles to Exclude Revisits/Follow-ups. Revisits/followups, except revisit(s) associated with the linked (Selected) survey, are excluded by default.

Note: You cannot link an intake to a Federal Monitoring survey.

If a complaint/incident involves both Health and LSC allegations, you can create two intakes, one for the Health allegations and the other for the LSC allegations. Then you can link a Health survey to the Health intake and an LSC survey to the LSC intake. The surveys can have the same exit date.

Note: If a Federal intake is not linked to an investigation, an email is automatically sent to all responsible parties if it has not been finalized after 100 days have elapsed from the Received End Date.

To link an intake to a new investigation survey created from within an intake:

➥ As you exit the newly created survey, choose Yes when a message asks if you want to link the intake to the survey.

To link an intake to an existing survey:

1. In the **Investigation and Survey** section on the **Investigation** tab, locate the survey you intend to use to investigate the complaint/incident.
2. Mark the **Selected** checkbox, and click **Yes** in the confirmation message.

   ACTS will generate a Schedule Onsite Visit activity and send an action item message to survey team members and responsible SA staff member(s). The survey event is added to the survey list for each staff member in the Tree view in ACO.

   TIP: Linked surveys (and revisits) are purple.

More ...

Procedure: “Link Multiple Intakes to an Investigation” (below)
Procedure: “Schedule a Survey” on page 56
Screen: "Investigation and Survey" on page 230

Link Multiple Intakes to an Investigation

If you have more than one complaint/incident involving the same provider and plan to investigate them at the same time, you can link all the relevant intakes to the same investigation/survey. You do not need to link each related intake to a separate survey.

ACTS consolidates the information for all the linked intakes into the investigation. You can view investigation information on the Investigation Properties tab of the Investigation Properties->Survey View window. The Complaints/Incidents Assigned section lists all the intakes linked to the current investigation.

Note: You cannot link multiple investigations/surveys to a single intake.

To link multiple intakes to an investigation:

1. Open one of the intakes, and go to the **Investigation** tab.
2. At the bottom of the intake form, click the **Survey/Upload** button.

   The Investigation Properties window appears. The Complaints/Incidents Assigned to Investigation section lists intakes that are already linked to the survey.
3. Click the **Link Another Complaint/Incident to Investigation** button.
4. In the **Available Intakes** window, select the intake you want to link and click **OK**.

   If the selected intake is already assigned to another investigation, a message appears. Choose whether to link it to the current investigation anyway. If the investigation to which the selected intake is linked has already been uploaded, you will not be able to link the intake to the current investigation.

   You cannot link a Referral-only intake (priority is F, G, or T–for CLIA) to the investigation. If any other priority code is selected along with F, G, or T, it is not considered a referral-only intake and can be linked.

More ...

Procedure: “Open an Existing Intake” on page 42
Screen: "Complaints/Incidents Assigned to Investigation" on page 239

Unlink an Intake from an Investigation

Users can unlink an intake from an investigation that has not been included in an upload. In Investigation Properties->Survey View, RO users can also unlink an intake from an investigation that has been uploaded as long as it is not the only intake linked to the investigation.

To unlink an intake—not uploaded, Investigation tab:

1. Open the intake and go to the **Investigation** tab.
2. In the **Investigation and Survey** section, click the **Selected** checkbox by the linked investigation survey to remove the checkmark.
3. Click **Yes** in the confirmation message.

   A message informs you that linked deficiencies and proposed actions may be deleted. If the investigation survey has been uploaded, SA users will receive a message that the intake cannot be unlinked; RO users will be directed to Investigation Properties->Survey View to unlink the intake.

To unlink an intake—not uploaded, Investigation Properties tab:

1. In **Tree** view, right-click the intake and select **Investigation Properties** to open the **Investigation Properties->Survey View** window.
2. In the **Complaints/Incidents Assigned to Investigation** section, select the intake and click the **Remove from Investigation** button.
3. Click **Yes** in the confirmation message.

   A message informs you that linked deficiencies and proposed actions may be deleted. If the investigation survey has been uploaded, SA users will receive a message that the intake cannot be unlinked.

RO—To unlink an intake from an uploaded investigation:

➥ Use the procedure just above.

The intake is unlinked from the investigation and an auto-upload is triggered.

If the intake is the only one linked to the investigation, a message tells you the investigation must be deleted.

More ...

Procedure: “Open an Existing Intake” on page 42
Screen: "Investigation and Survey" on page 230
Screen: "Complaints/Incidents Assigned to Investigation" on page 239
Procedure: “Delete an Investigation” on page 184

Record Investigation Findings

SA or RO Surveyor(s)

An onsite investigation survey is conducted to verify the complaint/incident allegations and to document deficiencies. Depending on your office procedures, surveyors or office personnel may enter findings.

To enter investigation findings:

1. Open the investigation.
2. Enter deficiencies in the **Citation Manager**.
3. Attach supplemental materials in electronic format, if any.
4. Print the **CMS-2567** form.
5. Enter **CMS-670** workload data.
6. Enter findings for all allegations.
7. Link deficiencies to related allegations.
8. Print the **Investigation Report**.
9. Notify all concerned parties of investigation findings.

More ...

Procedure: "Open an Existing Investigation" (below)
Procedure: "Record Deficiencies" on page 63
Procedure: "Attachments" on page 70
Procedure: "Print CMS-2567" on page 77
Procedure: "Enter 670 Workload Information" on page 80
Procedure: "Enter Allegation Findings" on page 81
Procedure: "Link Deficiencies to Allegations" on page 82
Procedure: "Print the Investigation Report" on page 83
Procedure: "Send Findings Letter(s)" on page 84

Open an Existing Investigation

To open an existing investigation from your action items:

1. Click the **Facility** or **Staff** tab in the **Tree** view, then click **My Action Items** to display your assigned action items in the **List** view to the right.
2. Locate the relevant action item.

   If you are on the survey team, the action item lists provider name and investigation survey event ID.

   TIP: You can click any column heading in the List view to change the sort order.

3. Double-click the action item to open the **Investigation Properties ->Survey View** window.

To open an existing investigation if you know the provider name:

1. Locate the provider in the **Tree** view.
2. Click the plus icon ⊕ next to the provider name to expand the provider node and display a list of complaint/incident intakes for the provider.
3. Right-click the appropriate intake and select **Investigation Properties** to open the **Investigation Properties->Survey View** window.

   The Investigation Properties window provides a single location for investigation-related data entry. From there, you can open other tabs in the intake, if necessary.

TIP: You can also right-click a complaint/incident intake in the List view and select Investigation Properties to open the Investigation Properties->Survey View window.

To open an existing investigation if you know the Investigation ID:

1. Click the **Investig** tab in the **Tree** view.
2. Click **Find** above the **Tree** view to open the **Find** window.
3. In the **Search** field, enter all or part of the **Investigation ID**.

   -or-

   Click the down arrow to select from prior search text.
4. Select **Search By Investigation ID** and click **Find Now**.
5. The Search Results list box displays matching investigations. The list is filtered according to your active My Selections settings.
6. Double-click the investigation you want, or click it and then click **Select**.

   ACTS closes the Find window and highlights the investigation in the Tree view.
7. Right-click the investigation in the **Tree** and select **Investigation Properties** to open the **Investigation Properties->Survey View** window.

Note: For a read-only view of surveyors' remarks from the survey and revisits linked to the investigation, click the View All Non-Confidential Remarks button at the bottom of the intake. For information on entering survey-level remarks, see step 7 in "Record Deficiencies" (below).

More ...

Screen: "Find window" on page 276

Record Deficiencies

You enter deficiencies in the Citation Manager, which is virtually identical to the Citation Manager in ASPEN Central Office and ASPEN Survey Explorer-Quality. Citations are not limited based on allegations in a complaint investigation, so you can track deficiencies unrelated to the allegations.

To enter deficiencies:

1. In the **Investigation/Revisit** section on the **Investigation Properties** tab of the **Investigation Properties->Survey View** window,

   -or-

   In the **Investigation and Survey** section on the **Investigation** tab of the intake form:

➥ Select the survey involved, then click the **Citation Manager** button.

To add citations, you must be a member of the survey team. Supervisors can view and edit citations.

Note: Multiple surveyors can record deficiencies simultaneously for the same investigation survey. You will receive a message when you attempt to access a survey that has been locked by another user, but you will be able to access the Citation Manager.

---

2. In the **Regulations** section, select the tag you want to cite and drag it to the **Citations** section.
3. In the **Citation Properties** window, enter tag information.

   Fields are disabled or do not appear if they do not apply.
4. Click **OK**, then enter citation text in the **Citation** word processor.
5. Click **OK** to save the text and return to the **Citation Manager** window.

TIP: To list the intakes linked to the investigation above the body of citation text, right-click a citation in the Citations list and select Insert Intake Header. If more than one surveyor has cited the same tag, right-click each surveyor and select Insert Intake Header to list the intakes above each surveyor's citation text.

---

6. Repeat steps 2 through 5 for each citation.
7. Enter survey-level comments.

8 Attach supplemental materials in electronic format, if any, to the survey.

9 Click **Done** to exit the **Citation Manager** window.

More ...

Screen: "Investigation/Revisit" on page 238
Screen: "Investigation and Survey" on page 230
Procedure: “Specify Citation Properties” (below)
Screen: "Citation Properties window" on page 250
Procedure: “Enter Citation Text” on page 66
Procedure: “Add Survey-Level Attachments” on page 71
Procedure: “Enter Remarks-Non-Confidential” on page 69

Specify Citation Properties

The Citation Properties window opens automatically when you create a citation. After that, you can open it from the Citation Manager. The Scope/Severity field, Grid, Correction Date, and Buildings section are disabled or do not appear if they are not applicable.

If you are not a member of the survey team, you can view citations as a supervisor. This allows you to view, edit, and delete all citations.

To specify citation properties:

1 In the **Investigation and Survey** section on the **Investigation** tab of the intake form, select the survey involved.

2 Select the **Citations Mgr** button.

If the Add Team Member window appears, it means that you are not a member of the survey team. Select the option you want and click OK.

3 Right-click a citation in the **Citations** section of the **Citation Manager** window and select **Citation Properties**.

4 In the **Citation Properties** window, enter applicable citation information.

Fields are disabled or do not appear if they do not apply.

5 Enter or select (from the Grid) the proper **Severity/Scope** rating if the regulations you are using require it.

When a Severity/Scope change is made anywhere in ASPEN for a tag, and the tag currently exists on a revisit survey, a warning notification appears informing users that the tag may require updating on that revisit survey as well.

6 To see the severity/scope scale, click **Grid** and then click the appropriate letter.

7 **NH only –** Select the **Past Noncompliance** indicator if applicable.

This indicator is available when the Exit date for an NH survey is on or after 11/01/2005. If you select this indicator for a citation on a standard survey, the Correction Date field is displayed and enabled.

You can cite Past Noncompliance (PNC) tags on a survey as well as current noncompliance tags. PNC citations are allowed on revisits.

8 Enter the **Correction Date** if applicable.

This field appears only for followup surveys except it will appear if you select Past Noncompliance for a citation on a standard NH survey.

Note: For Transplant Hospitals, Correction Date is entered at the transplant type level in the Citation Dates by Transplant Type window.

---

9 Select or deselect **Citation Category** as appropriate.

All categories are selected by default, so you must deselect any that do not apply. For a combined survey, be sure that all categories to which the tag applies are selected.

10 For an **LSC** survey, select the **Buildings** to which the citation applies.

This field is displayed only for LSC surveys. Only buildings associated with the regulation set that the tag belongs to can be selected.

11 If applicable, provide tag-level POC dates in the **POC Detail** section.

NH – This section is disabled if the PNC indicator is selected.

ePOC – These dates are automatically entered by ePOC for surveys posted to ASPEN Web: ePOC.

12 **Transplant Hospitals –** Select the transplant types (programs) to associate with the citation. (Refer to Procedure: “Attachments” on page 70.)

You will receive a message if you select a transplant type that is not current for the provider or if Surveyed is set to No.

The number on the button indicates how many types are currently selected.

➥ Click **Update Dates** in the Select Transplant Types window to enter **Completion** (X5) and **Correction** dates for each transplant type associated with the citation.

More ...

Screen: "Citation Properties window" on page 250
Screen: "Citation Properties - NH" on page 251
Screen: "Citation Properties - LSC Revisit" on page 251
Procedure: “Enter Remarks-Non-Confidential” on page 69
Screen: "Select Transplant Types window" on page 252
Screen: "Citation Dates by Transplant Type window" on page 253

Enter Citation Text

You enter citation text in the Citation word processor. If you are not a member of the survey team, you can view citations as a supervisor. This allows you to view, edit, and delete all citations.

To enter citation text:

1. Double-click a citation in the **Citations** section of the **Citation Manager** window to open the **Citation** word processor.
2. Type or paste your citation text.

   The Citation window has basic word processing capabilities that can be used to format the text. Although you can enter an unlimited amount of text, there is a limit of 128K per tag (approximately 80 printed pages) that can print on the CMS-2567 and related forms.

   You can include text from a variety of sources:

   - ➥ Insert text from any word processor or Windows application into the citation.
   - ➥ Insert Content Library tag text.
   - ➥ Copy the text of the tag you are citing or the interpretive guideline and paste it into the citation:
     - Click the **Regulations** button to view and copy the text of the regulation tag.
     - Click the **Interpretive Guidelines** button to view and copy the text of the interpretive guideline.
   - ➥ Copy text from other citations.
   - ➥ Copy the text of other tags or interpretive guidelines and paste it into the citation.

   Note: When content is copied and pasted from an external word processor such as Word, RTF (Rich Text Format) formatting is automatically stripped out and the content is pasted as plain text into the Citation word processor where you can format it as desired.

3. Click **OK** to save the citation text and return to the **Citation Manager** window.

More ...

Procedure: “Add Content Library Tag Text to Citations” on page 74

Enter Tag-Level POC Dates

You can provide tag-level POC dates in the POC Detail section of the Citation Properties/Update Citation Properties window.

Note: This procedure applies only to surveys that are not ePOC-posted.

NH – The POC Detail section is disabled if the PNC indicator is selected.

CLIA – If the QC Exclusion checkbox was selected for a tag prior to 01/01/16, the POC Detail section is disabled.

To enter tag-level POC dates:

1. In the **POC Received from Facility** field of the **Citation Properties/Update Citation Properties** window, enter the date the POC for the current tag was received from the provider.
2. In the **Facility POC Complete** field, which corresponds to field X5 on the CMS-2567, enter the date the provider completed the POC.
3. To apply the POC dates for the current tag to all other tags cited in the survey, click **Set All Tags to These POC Dates**.
4. In the **SA POC Accepted** field, enter the date the State Survey Agency accepted the POC.

More ...

For complete information about the ePOC system:

Refer to the ePOC guides for facilities and CMS (*ASPEN Web: electronic Plan of Correction* and *ASPEN electronic Plan of Correction* respectively), which are posted on https://qtso.cms.gov.

View Repeat Deficiencies - CLIA

For the current CLIA lab, the Citation Manager provides access to a list of repeat deficiencies from previous surveys (conducted since 01/12/2004) that used the same regulation set as the current survey. You can view citation text to determine if a tag is cited on the current survey for the same reason it was cited previously. You can also view regulation text and interpretive guidelines for each previously cited tag.

To view repeat deficiencies for a CLIA lab:

1. Open **Citation Manager** for a CLIA lab survey.

   ➥ In the **Investigation/Revisit** section on the **Investigation Properties** tab of the **Investigation Properties->Survey View** window,

   -or-

   In the **Investigation and Survey** section on the **Investigation** tab of the intake form:

   ➥ Select the survey involved, then click the **Citation Manager** button.

2. Click the **Repeat Deficiencies** button at the bottom of the screen to open the **Repeat Deficiencies** window.

   The Repeat Deficiencies window lists tags cited in the current survey that were cited in previous surveys conducted for the lab using the same regulation set.

3. To view citation evidence text, regulation text, or the interpretative guidelines for a tag, select the item and click select the tag and click the **Citation Text**, **Regulation**, or **Interpretive Guide** button (respectively) at the bottom of the screen.

   You can copy citation, regulation, or interpretive guideline text and paste it into citations on the current survey.

More ...

Screen: "Citation Manager - CLIA" on page 248

Add Transplant Types - Transplant Hospitals

Select the transplant types (programs) to associate with the citation in the Citation Properties window.

To enter Transplant Types:

1. In the **Citation Properties** window, select the **Transplant Types #** button.

   The Select Transplant Types window opens.

2. Select all programs that apply and click **OK**.

   The Transplant Types button now indicates the number of program types you selected.

3. Click **OK** to close Citation Properties.

More ...

Screen: "Citation Properties - Transplant Hospital" on page 252
Screen: "Select Transplant Types window" on page 252

Enter Remarks-Non-Confidential

You can enter survey-level comments from the Team Roster section of the Citation Manager.

To enter survey-level comments:

1. From the **Citation Manager** window, in the **Team Roster** section, highlight the surveyor for which you want to enter comments, and click the **Remarks-Non-Confidential** button to open the Pre-decision remarks window for the selected surveyor.

   -or-

   If in supervisor mode, click the **Remarks-Non-Confidential** button to open the Pre-decision Remarks for Entire Team window, listing remarks for all survey team members.

2. You can view/enter/edit remarks for the selected surveyor, or, if in Supervisor mode, for all team members.

3. Click **OK** to save your remarks and return to the Citation Manager.

More ...

Screen: "Citation Manager window" on page 246

Attachments

You can add attachments at the intake, survey, or POC level. Attachments can include supplemental materials in electronic format such as relevant document files and digital photos.

Add Intake Attachments

You can add attachments to individual intakes. These attachments are listed on the Facility and Status tabs in Tree view under the intake's Attachments node. Intake-level attachments are not exported.

Note: The intake-level Attachments node does not appear if there are no intake-level attachments.

To add an intake-level attachment to an intake:

1. At the bottom of the intake form, click the **Attach** button.
2. In the **Attachment Documents for Intake** window, enter a **Description** of the attachment and click **Attach/View**.
3. In the **Open** window, navigate to the folder containing the file you want to attach and select it, then click **Open**.

   A message asks if you want to preview or edit the attachment.
4. Click **Yes** or **No** as appropriate.

   If Yes, the attachment is displayed. To return to ACTS, close the application displaying the attachment. The File Name of the attachment is added in the Attachment Documents for Intake window.

   If No, the File Name of the attachment is immediately added in the Attachment Documents for Intake window.

   Attachment date and time are entered automatically.
5. Click **Close** in the **Attachment Documents for Intake** window.

   The attached file is listed under the Attachments node for the intake on the Facility and Status tabs in Tree view.

Figure 25: Attachments node - intake-level

To view an intake-level attachment:

1. Open the **Attachment Documents for Intake** window.

   In the intake, click the **Attach** button.

   -or-

   In **Tree** view, right-click the attachment and select **View/Modify**.

2. In the **Attachment Documents for Intake window,** click **Attach/View** to open the attachment.

To delete an intake-level attachment:

1. Select it in the **Attachment Documents for Intake** window and click **Delete**.
2. Click **Yes** in the confirmation message.

More ...

Screen: "Attachments window" on page 257

Add Survey-Level Attachments

You can add attachments to individual surveys. These attachments are listed on the Investig tab in Tree view under the attachments node for the survey. Survey-level attachments are included in exports.

Note: The survey-level Attachments node appears whether or not there are any survey-level attachments.

To add a survey-level attachment:

1. Locate the survey on the **Investig** tab and right-click the **Attachments** node.

   -or-

   In the **Citation Manager** window for the survey, click the **Attach** button.

2. In the **Survey Attachment Documents** window, enter a **Description** of the attachment and click **Attach/View**.
3. In the **Open** window, navigate to the folder containing the file you want to attach and select it, then click **Open**.

   A message asks if you want to preview or edit the attachment.

4. Click **Yes** or **No** as appropriate.

   If Yes, the attachment is displayed. To return to ACTS, close the application displaying the attachment. The File Name of the attachment is added in the Survey Attachment Documents window.

   If No, the File Name of the attachment is immediately added in the Survey Attachment Documents window.

   Attachment date and time are entered automatically.

5 Select a **Category** if needed.

6 Click **Close** in the **Survey Attachment Documents** window, then **Done** in the **Citation Manager**.

The attached file is listed under the Attachments node for the survey on the Investig tab in the Tree view.

Figure 26: Attachments node - survey-level

To view a survey-level attachment:

➥ Select it in the **Survey Attachment Documents** window and click **Attach/View**.

To delete a survey-level attachment:

1 Select it in the **Survey Attachment Documents** window and click **Delete**.

2 Click **Yes** in the confirmation message.

More ...

Screen: "Attachments window" on page 257

Add ePOC Attachments

For ePOC-enrolled providers, you can add, view, modify, and delete ePOC-related attachments to individual surveys and also view files the facility attached via ASPEN Web: ePOC to support POC(s) for a selected survey.

To add an ePOC attachment:

1 Locate the survey on the **Investig** tab, right-click the **Attachments** node, then click **View/Modify Attachments**.

-or-

In the **Citation Manager** window for the survey, click the **Attach** button.

2 In the **Survey Attachment Documents** window, click the **ePOC Attachments (#)** button.

3 In the **ePOC Attachments** window, click **New**.

4 In the **Add ePOC Attachment** window, type a **Description** of the attachment and click the **ellipsis** button next to the **File** field to navigate to the folder containing the file you want to attach. Select it, then click **Open**.

5 In the **Add ePOC Attachment** window, click **OK**.

The File Name of the attachment is immediately added in the ePOC Attachments window.

6 Click **Close** in the **ePOC Attachments** window, **Close** in the **Survey Attachment Documents** window, and, if applicable, **Done** in the **Citation Manager**.

Note: ePOC attachments do not appear in the Tree view.

To view an ePOC attachment:

➥ Select it in the **ePOC Attachments** window and click **View**.

You can modify your SA/RO attachments, but facility attachments are read only.

To delete an ePOC attachment:

1 Select it in the **ePOC Attachments** window and click **Delete**.

You can delete your SA/RO attachments, but facility attachments are read-only.

2 Click **Yes** in the confirmation message.

More ...

Screen: "Attachments window" on page 257

Use the Content Library

The Content Library feature allows you to create and maintain predefined regulation-specific tag text that is accessible from both ACO and ACTS. You enter the text once and then use it again whenever needed in citations. You add entries to the Content Library via the Citation Manager.

Create Content Library Tag Text

You create and save new tag text entries in the Content Library Tag Text window. The tag text items can then be inserted into applicable citations as needed.

To open the Content Library Tag Text window:

1 Open the **Citation Manager** for a survey.

If the Add Team Member window appears, it means that you are not a member of the survey team. Select the option you want and click OK.

2 In the **Citation Manager** window, right-click the applicable tag in the **Regulations** section and select **Edit Content**.

The Content Library Tag Text window opens.

To create a tag text item in the Content Library:

1. In the **Content Library Tag Text** window, click **New...**.
2. In the **Input Content Library Tag Text** window, select the **Tag** to which the text relates.

   The tag you right-clicked is selected by default.
3. Select the name of the **Surveyor** creating the tag text item for the Content Library (usually you).
4. Enter a short **Description** of the text.
5. Enter or paste the text.

   The Input Content Library Tag Text window has basic text formatting capabilities.

More ...

Screen: "Citation Manager window" on page 246
Screen: "Content Library Tag Text window" on page 254

TIP: You can copy text from an existing citation into a Content Library tag text item. Before you create the Content Library tag text, select and copy the text you want from the citation.

Add Content Library Tag Text to Citations

Content Library tag text can be added to citations whenever appropriate.

To add Content Library tag text to a citation:

1. Open the **Citation Manager** for a survey.

   If the Add Team Member window appears, it means that you are not a member of the survey team. Select the option you want and click **OK**.
2. In the **Citations** section of the **Citation Manager** window, locate and double-click the applicable tag to open the **Citation** word processor.
3. In the **Citation** window toolbar, click the **Content Library Tag Text** button.

Figure 27: Content Library Tag Text button in the Citation word processor toolbar

If the tag already has a predefined text item, it is highlighted in the Content Library Tag Text window. If not, the first item is selected by default.

4 Select the Content Library text item you want to add to the citation text.

➥ To view the Content Library tag text, double-click the item; click OK to return to the Content Library Tag Text window.

5 Click **Insert**.

The system inserts the Content Library tag text into the citation text in the Citation word processor.

More ...

Screen: "Citation Manager window" on page 246
Screen: "Content Library Tag Text window" on page 254

Edit Content Library Tag Text

You can view and edit Content Library tag text whenever necessary.

To edit Content Library tag text:

1 Open the **Citation Manager** for a survey.

If the Add Team Member window appears, it means that you are not a member of the survey team. Select the option you want and click OK.

2 In the **Citation Manager** window, right-click any tag in the **Regulations** section and select **Edit Content**.

3 In the **Content Library Tag Text** window, select the text item in the Content Library that you want to edit and click **Modify...**

Note: If the tag you selected has a predefined text item, it is highlighted in the Content Library Tag Text window. If not, the first item is selected by default.

---

4 In the **Input Content Library Tag Text** window, edit and format the text as needed and click OK.

More ...

Screen: "Citation Manager window" on page 246
Screen: "Content Library Tag Text window" on page 254

Delete Content Library Tag Text

You can delete tag text items from the Content Library when you no longer intend to use them.

To delete a Content Library tag text item:

1. Open the **Citation Manager** for a survey.

   If the Add Team Member window appears, it means that you are not a member of the survey team. Select the option you want and click OK.

2. In the **Citation Manager** window, right-click any tag in the **Regulations** section and select **Edit Content**.

3. In the **Content Library Tag Text** window, select the applicable Content Library text item and click **Delete**.

   Note: If the tag you selected has a predefined text item, it is highlighted in the Content Library Tag Text window. If not, the first item is selected by default.

4. Click **Yes** in the confirmation message.

More ...

Screen: "Citation Manager window" on page 246
Screen: "Content Library Tag Text window" on page 254

Enter Investigation Notes

You can enter investigation notes whether or not the intake is linked to an investigation. Changes or additions you make in one location are reflected in the other location.

You cannot modify the investigation notes for an intake that is closed. However, you can open a read-only copy of the investigation notes for a closed intake in either location.

To enter investigation notes:

1. On the **Investigation** tab, click the **View Investigation Notes** button.

   -or-

   On the **Investigation Properties** tab of the **Investigation Properties->Survey View** window, click **Inv Notes** in the applicable row on the **Complaints/Incidents Assigned** grid.

2. In the **Investigation Notes** word processor, enter or paste information about the investigation for the current intake.

3. Click **OK** to save your entries and close the word processor.

Add a Cross-Reference

You can create two types of cross-references for Deemed providers and RO Approval CLIA labs:

- Between an intake and a full survey resulting from the related investigation
- Between an investigation and a full survey resulting from that investigation

To add a cross-reference between an intake and a full survey:

1. In the **Full Survey** section at the bottom of the **Deemed/RO Approval** tab, click **Find**.

   The Find Cross Reference window lists surveys for the current provider.

2. Select the applicable survey and click **OK**, or simply double-click the survey.

   The event ID and date of the selected survey appear in the Cross-Reference field in the Full Survey section.

To add a cross-reference between an investigation and a full survey:

1. In the **Full Survey** section toward the bottom of the **Investigation Properties tab** (in **Investigation Properties->Survey View**), click **Find**.

   The Find Cross Reference window lists surveys for the current provider.

2. Select the applicable survey and click **OK**, or simply double-click the survey.

   The event ID and date of the selected survey appear in the Cross-Reference field in the Full Survey section.

To change the cross-reference survey:

➥ Repeat the steps in the applicable procedure above.

To remove the cross-reference:

➥ Click **Clear**.

Print CMS-2567

There are several versions of the CMS-2567 form, i.e., the Statement of Deficiencies (SOD): 2567, 2567A, 2567B, and 2567L.

- CMS-2567 - SOD sent to the provider detailing deficiencies found on a Federal survey of the facility; includes PNC tags and memo/comment tags (0000, 9999).
- CMS-2567A - Lists minor deficiencies (A-level tags) for which a POC is not required, but brings them to the facility’s attention.

- CMS-2567L - Lists deficiencies to be corrected and is publicly posted.
- CMS-2567B - Lists deficiencies found on a revisit.
- 2567 State Form – Lists deficiencies found on a state licensure survey.

To print a CMS-2567:

1. In the **Investigation/Revisit** section on the **Investigation Properties** tab of the **Investigation Properties->Survey View** window,

   -or-

   In the **Investigation and Survey** section on the **Investigation** tab of the intake form, select the survey involved, then click **Survey Forms**.
2. In the **Select Forms** window, select the checkbox for **CMS 2567** or **2567B** (for revisits).
3. In the **Customize Survey Report Form** window, select the options you want:
   - Include Surveyor ID Numbers prints the ID numbers of survey team members.
   - Include Severity and Scope Data prints the S/S code for each tag (Federal and state) beneath the tag number if the S/S option is enabled for the regulation set(s) and S/S values have been assigned.

     Depending on provider type, this option may or may not be selected by default. For example, it is selected for NHs, but not for labs (since it is not applicable).
   - Include Tag 9999 prints Tag 9999 comments. Prints Tag 9999 comments. Selected by default.
   - Include Team List includes the survey team roster on the last page of the form.
   - Include POC Text prints the Plan of Correction. Prints Tag 9999 comments. Selected by default.
   - Only Active Surveyor’s Info includes only the active surveyor’s citations on the form.
   - Use Original Name prints the form using the provider’s prior name.
   - Use Large Font prints the form in a larger font size.
   - Print Instructions includes the Instructions for Completion of the CMS-2567 form as the cover page.

- Print Citation Summary page prints a list of citations on the survey titled Statement of Deficiencies Citation Summary Sheet on a page preceding the form.
- Print Special Tags Separately prints separate CMS-2567 reports for EMTALA and/or Swing Bed tags. Selected by default.
- Exclude POC Not Final/Pending Acknowledgement Watermark suppresses printing of the watermark for surveys posted to ASPEN Web: ePOC with tags that have not yet been approved or when a deficiency free survey is not acknowledged.

4 To include more than one survey type, regulation set, or building on the same form, click **Combine...**.

If the survey contains multiple regulation sets (or buildings if LSC), ASPEN normally produces a separate CMS-2567 for each one. Use the Combine function to combine regulations or buildings on one form.

You cannot, however, combine Federal and state regulations on the same form. If state tags are cited, they print separately on the State Form (CMS-2567), or, for corrected state deficiencies, on the State Form: Revisit Report (CMS-2567B).

5 In the **Specifications for Combined Survey Report Form** window, select the items you want to include on your form.

6 Click **OK** to return to the previous window.

7 Click **OK** to generate the form.

The 2567 form is displayed in a report preview window; there may be more than one depending on your selections.

A message appears if citations are not found for all of the regulation sets assigned to the survey and a CMS-2567 is not printed for those regulations.

Note: For state licensure surveys or surveys that cite both Federal and state tags, ACTS produces a separate form for the state tags similar to the CMS-2567, but without the Federal identifiers.

The CMS-2567L form lists citations of Federal tags, except level A tags–those assigned a scope and severity of 1/1 (A) in Citation Properties. The state 2567L includes level A tags. Both the CMS-2567A and state 2567A forms list only level A tags.

If your survey has a mix of level A tags and tags with other S/S values (Federal or state), you can choose to print the CMS-2567L/state 2567L, the CMS-2567A/state 2567A, or both L and A forms. If your survey has only level A Federal tags, the CMS-2567A prints by default. However, if there are only level A state tags, the state 2567L prints by default.

Citations moved to another tag or removed due to IDR/Independent IDR and/or hearing/settlement will not be printed on CMS-2567s and certain other survey reports.

NH - PNC tags are printed on the 2567, but not the 2567B. If there are PNC tags, the following message appears in the Provider's Plan of Correction column: “Past noncompliance: no plan of correction required.”

8 Click the **Print** button to print the form.

More ...

Screen: "Investigation/Revisit" on page 238
Screen: "Investigation and Survey" on page 230
Screen: "Select Form(s) to print window" on page 258
Screen: "Customize Survey Report Form" on page 259
Screen: "Report Preview window" on page 285

Enter 670 Workload Information

Complaint/incident investigations are sometimes conducted in combination with other surveys. ACTS provides a single screen where you can enter all survey hours, broken down by survey type. Only those hours attributed to the complaint/incident investigation will be uploaded.

Note: If state licensure survey(s): State Licensure, Initial Licensure, Re-Licensure, and Licensure Complaint are combined with a Federal complaint/incident investigation (or initial certification or recertification survey), the corresponding Licensure row(s) in the 670 grid are disabled due to existing CMS-670 guidelines. Licensure rows are, however, enabled for state licensure surveys of federally certified providers that are not combined with a Federal investigation (or certification survey).

To enter 670 workload detail:

1 In the **Investigation/Revisit** section on the **Investigation Properties** tab of the **Investigation Properties->Survey View** window,

-or-

In the **Investigation and Survey** section on the **Investigation** tab of the intake form, select the survey involved, then click **Update 670**.

The CMS 670 Workload Detail window lists all surveyors on the roster, with rows for each survey type. Survey dates and types are brought forward from the Survey Properties window.

Note: Multiple surveyors can record 670 hours simultaneously for the same investigation survey. You will receive a message when you attempt to access a survey that has been locked by another user, but you will be able to access the CMS 670 Workload Detail window.

2 Select the **Lead** checkbox to indicate the survey team leader.

3 Select or de-select **On Team** as appropriate for survey team members.

The On Team checkbox is selected by default for all team members and all survey types.

4 Enter hours for each staff member and survey type, as appropriate.

5 Click Office **Hours...** to enter supervisory and clerical hours for each survey type; click **OK** when you are done.

You will receive overridable messages if you do not enter all required office hours.

6 Click **Print** at the bottom of the **CMS 670 Workload Detail** window to print the **CMS-670** form.

7 Click **Close** to close the **CMS 670 Workload Detail** window.

You will receive overridable messages if you have not entered all required hours.

More ...

Screen: "Investigation/Revisit" on page 238
Screen: "Investigation and Survey" on page 230
Screen: "CMS 670 Workload Detail window" on page 260
Screen: "Form 670 Input Office Hours window" on page 260

Enter Allegation Findings

Findings are entered for every allegation. Findings and a Findings qualifier are required when the investigation is completed.

To enter allegation findings:

1 In the **Investigation Properties** window, scroll to the **Allegations of All Complaints/Incidents** section.

2 Select an allegation and click **Modify...** to open the **Allegation Input** window.

3 In the **Findings** field, select **Substantiated** or **Unsubstantiated** from the drop-down.

Note: Upload is prevented unless all allegations with linked Federal deficiencies (other than 0000 or 9999) have Findings set to Substantiated.

4 Select the appropriate **Findings** qualifier in the list box and click **OK**.

If you select No deficiencies … as the qualifier but Federal deficiencies are linked to the allegation, or vice versa, an overridable warning appears when you close Allegation Input.

5 To add details about the findings, click **Find Txt** to the right of the allegation **Findings** column on the grid; enter text in the **Findings: Non-confidential** pane.

- You can add and modify allegation details as well as findings details once the word processor appears. Click either the Detail or Find button at the bottom of the screen as needed to expand either or both the Details and Findings panes.

Note: On closed intakes, you cannot edit allegation findings and details text, but you can copy it.

- Use the **Insert Notes...** button to insert text from the Notes section of the Intake tab at the position of the cursor.
- Use the **Show Tags...** button to view a list of citations assigned to the allegation. This button appears only when there are deficiencies linked to the allegation.
- You can select text and press the **Redacted** icon on the toolbar to place brackets around the selected text. Bracketed text is redacted (not shown) in public reports; it is displayed as (###).

6 Repeat the procedure for all the allegations.

More ...

Screen: "Allegations of All Complaints/Incidents Assigned" on page 239
Screen: "Allegation Input window" on page 215

Link Deficiencies to Allegations

If an investigation identifies deficiencies that correspond to specific allegations, you can link the tags to the allegations.

Note: Upload is prevented unless all allegations with linked Federal deficiencies (other than 0000 or 9999) have Findings set to Substantiated.

To link a deficiency to an allegation:

1 In the **Investigation Properties** window, scroll to the **Allegations of All Complaints/Incidents section**.

2 Select an allegation and click **Link Deficiencies**.

Note: Only the RO can link deficiencies to an EMTALA allegation if RO Determination has been entered (on the EMTALA tab).

3 In the **Assign Aspen Tags to Allegation** window, mark the **Selected** checkbox for the tag(s) you want to link to the selected allegation.

Note: For Transplant Hospital intakes created on or after 05/02/2011, a current transplant program must be specified for each allegation before you can link deficiencies. The list of deficiencies for each allegation is limited to those that have the same program assigned as the allegation.

4 Indicate whether or not you want to append the tag text to the allegation findings.

5 Click **OK** when you have finished linking tags.

Linked tags are listed in the Deficiencies column. You may have to scroll to the right to see this column.

Note: Citations moved to another tag or removed due to IDR/Independent IDR cannot be linked to an allegation. If a citation is already linked to an allegation when it is moved to another tag or removed due to IDR/Independent IDR, the link to the allegation is removed.

More ...

Screen: "Allegations of All Complaints/Incidents Assigned" on page 239
Screen: "Assign Aspen Tags window" on page 216

Print the Investigation Report

The Investigation Report collects information contained in the intake about the provider, complaint/incident, complainants, residents/patients/clients, allegations, and investigation into one report. It also indicates whether deficiencies are linked or not. Deemed and EMTALA information is included as appropriate.

To print the Investigation Report:

1 At the bottom of the intake form, click **Print...**.

2 Select **Investigation Report**, then click **OK**.

You may see messages alerting you to missing information before the report (titled ACTS Complaint/Incident Investigation Report) opens in the preview window.

If there is not any information to print in a section, “No Data” is appended to the section header.

3 In the preview window, click the **Print** icon to send the report to the printer.

More ...

Screen: "Report Preview window" on page 285

Send Findings Letter(s)

To send a findings letter:

1. At the bottom of the intake form, click **Notices...**.
2. Generate and print your standard findings letter to send to the complainant(s) and other concerned parties.

More ...

Procedure: "Generate Letters" on page 167

Complete the Investigation

SA or RO Staff

When the investigation is complete:

➥ Enter the **Investigation Completed** date under the **Investigation and Survey** section of the **Investigation** tab.

Use ACTS to:

- Make a record of contacts and witnesses
- Specify proposed actions

To complete an investigation:

1. Enter information about contacts and witnesses.
2. Specify proposed **Federal** actions.
3. Specify proposed **state** actions.
4. Enter **POC** tracking information for survey-level POCs.
5. Create revisit surveys as needed.

Note: For pre-ASPEN 10.1.7 investigations, you can review and print the CMS-562.

More ...

Procedure: "Record Contacts and Witnesses" (below)
Procedure: "Specify Proposed Actions - Federal" on page 85
Procedure: "Specify Proposed Actions—State" on page 86
Procedure: "Enter Survey-level POC Tracking Information" on page 87
Procedure: "Create a Revisit" on page 87
Procedure: "Review/Print CMS-562 Information" on page 88

Record Contacts and Witnesses

To record contacts and witnesses:

1. Beneath the **Contact/Witnesses** section on the **Contact/Refer** tab, click **Add**.
2. Provide information about the contact in the **Add Contact/Witness** window.
3. Repeat for additional contacts.

More ...

Screen: "Contact/Witnesses" on page 219
Screen: "Add/Modify Contact/Witness window" on page 220

Specify Proposed Actions - Federal

After entering deficiencies and determining findings, you enter proposed actions on the Actions/Close tab. The Federal Proposed Actions section is enabled only for complaint/incident intakes that are linked to an onsite investigation survey.

TIP: The checkboxes above the Proposed Actions section indicate whether tags were cited on the survey for Federal or state deficiencies.

To specify a Federal proposed action:

1. In the **Proposed Actions - Federal** section of the **Actions/Close** tab, click **New...**.
2. In the **Proposed Action** window, select an **Action** from the drop-down list.
3. Enter a **Proposed Date**.
4. Enter the **Imposed Date**, when known.

Note: For Nursing Home investigations, if at least one tag has a scope/severity of D or greater, 40-Enforcement Actions is automatically added, no other action can be added, and ACTS automatically sets the proposed and imposed action dates to the survey exit date. If the exit date is changed, ACTS automatically updates these dates to match the new survey exit date.

5. **RO –** Select the CMS RO/MSA checkbox to designate an RO/MSA action.

   Only one action can be selected.

6 Click **OK**.

TIP: Click the **Proposed Actions by Investigations** button to open the Proposed actions for Investigation window, which duplicates the list in the Proposed Actions section.

More ...

Screen: "Proposed Actions" on page 232
Screen: "Proposed Action window" on page 232

Specify Proposed Actions—State

SA Staff

You can use ACTS to record and track state proposed actions for all provider types. They are not uploaded. To enable the State Proposed Actions section, you must first select the applicable Federal proposed action *except* for NH intakes. In the case of NHs, you can enter state proposed actions regardless of which, if any, Federal proposed actions are entered.

TIP: The checkboxes above the Proposed Actions section indicate whether tags were cited on the survey for Federal or state deficiencies.

To specify a state proposed action:

1 In the **Proposed Actions - Federal** section of the **Actions/Close tab**, click **New...**.

2 In the **Proposed Action** window, select **33 - or 56** - **State Only Actions** (**non-CLIA or CLIA** respectively) as the **Action**, enter the **Proposed Date** (default is today), and click **OK**.

The State Proposed Actions section is now enabled.

Note: In the case of NH intakes, the State Proposed Actions section is enabled regardless of which, if any, Federal proposed actions are entered.

3 In the **State** section, click **New...** and enter the **Action**, **Proposed Date**, then click **OK**.

If no state action is proposed, select 99 - None.

4 Enter the **Imposed Date**, when known.

TIP: Click the Proposed Actions by Investigations to open the Proposed actions for Investigation window, which duplicates the list in the Proposed Actions section.

More ...

Screen: "Proposed Actions" on page 232
Icons: "Proposed Action window" on page 232

Enter Survey-level POC Tracking Information

ACTS provides a convenient means for recording and tracking dates and status for survey-level POCs associated with investigations. This information is reported on the SOD/POC Tracking report.

Note: This procedure applies only to facilities that are not ePOC-enabled.

To enter information about a survey-level POC:

1. On the **Investigation** tab, go to the **Investigation and Survey** section.
2. Click the **POC Track** button for the survey that is linked to the complaint/incident intake.

   You must enter a 2567 Issued date before you can open the POC Tracking window.
3. In the **POC Tracking** window, enter relevant survey-level **POC** dates and add **POC Notes** as needed.
4. Click **Letter** if you want to generate POC-related letters.

More ...

Screen: "POC Tracking window" on page 255
Procedure: “Generate Letters” on page 167

For complete information about the ePOC system:

Refer to the ePOC guides for facilities and CMS (*ASPEN Web: electronic Plan of Correction* and *ASPEN electronic Plan of Correction* respectively). which are posted on https://qtso.cms.gov.

Create a Revisit

In ACTS, you can create revisits only for surveys linked to intakes (Selected on the Investigation tab) and their followups. Revisits can be scheduled as necessary until all deficiencies are corrected. A revisit cannot be independently linked to an intake, but is automatically linked to the same intake as the survey from which it is created.

If the standard or preceding revisit is a combined certification/complaint survey, but survey citations are linked only to the certification or complaint, the revisit will not be created as a combined survey. It will be a certification or complaint survey as appropriate.

To create a revisit:

1. On the **Investigation** tab (intake) or **Investigation Properties** tab (**Investigation Properties->Survey View** window), click the **Selected** survey, then click **Create Revisit**.

   You can create a revisit only for a Selected survey or its latest followup. These surveys are highlighted in purple.

2. In the **Create Followup** window - as needed - change default dates, Update the **Team Roster**, and select **Carry Text Forward**.

3. Click **OK** to create the revisit.

   The revisit is automatically linked to the intake. This happens even if the revisit is created in ACO/ARO.

   Revisits are identified on the Investig tab in Tree view by an asterisk preceding the provider name. The last digit of the event ID is greater than 1 (2 for the first revisit, 3 for the second, and so on).

   You can still assign pre-LSC K-2000 regulation sets to LSC revisits with Exit dates (X3) subsequent to the ASPEN 7.1 implementation date (9/11/03) *if* X3 for the original survey was pre-7.1.

   If changes are made to the standard survey or the preceding revisit, you must manually update the current revisit as appropriate.

   Tip: For Deemed/CLIA RO Approval providers or a third NH revisit, you may want to enter the Request RO Approval for Revisit date. The RO will then provide RO Response and RO Response Date. You may have to scroll to the right to see these columns.

   When the intake is finalized, either the automatic upload process is initiated or you can perform a manual upload.

More ...

Screen: "Investigation and Survey" on page 230
Screen: "Investigation/Revisit" on page 238
Screen: "Create Followup window" on page 261
Procedure: “Automatic Investigation Survey Upload” on page 112

Review/Print CMS-562 Information

Pre-ASPEN 10.1.7 investigations only

To ensure the smooth upload of a pre-ASPEN 10.1.7 investigation survey (exit date is before 07/01/2014), you can print the CMS-562 to be sure values are entered for all required elements.

Note: You cannot print the CMS-562 for a post-ASPEN 10.1.7 investigation survey.

To review and print CMS-562 information:

1. At the bottom of the **Investigation Properties** tab (**Investigation Properties->Survey View** window), click the **Print** button.

   -or-

   At the bottom of the intake form, click **Print**, select **CMS 562 Form**, and click **OK**.

   You may see messages alerting you to missing information or other problems, e.g., the investigation is not linked to a Federal regulation set, before the report opens in the preview window.

2. In the preview window, click **Print** to send the report to the printer.

If you generate the CMS-562 from the intake form, the following field values on the CMS-562 are carried over from values entered (at the bottom) on the Investigation Properties tab (Investigation Properties->Survey View window), if it has ever been accessed and the values exist.

CMS-562	Investigation Properties tab
5. Date Acknowledged	Acknowledged date
8. Action	8. Action
14. Parties Notified and Dates	Parties Notified section

These values are carried over from Investigation Properties->Survey View even if the values have been changed in the current intake or any other linked intake. Suppose, for example, you change the Priority of a linked intake (on the Intake, Allegations, or Deemed/RO Approval tab - if applicable), then print the CMS-562 from the intake. The generated 562 will use the existing (and now possibly not current) value for "8. Action" from the Investigation Properties tab when it prints the 562. "8. Action" is calculated by the system from the Priority setting(s) of linked intake(s)

You can update Action on the Investigation Properties tab if necessary to take into account any changes in linked intakes. Acknowledged date and Parties Notified must be updated manually if any changes were made to Notices History in linked intakes.

Note: For post-ASPEN 10.1.7 investigations, you *must* manually enter Acknowledged date and Parties Notified.

To update the Action value:

➥ On the Investigation Properties tab, click **Recalculate Action**.

More ...

Screen: "Report Preview window" on page 285

Transfer Data

ASPEN includes data exchange functionality that lets you seamlessly transfer complaint/incident and investigation survey data from ACTS/ACTS RO to ASE-Q on laptops in the field, and import it back into ACTS/ACTS RO when investigation surveys are completed. You can export one or more surveys at a time. When you transfer a survey from ACTS/ACTS RO, linked complaint/incident information from ACTS and associated provider information from ACO is automatically included.

Transfer of intake information is integrated within existing data replication functions in all ASPEN products. ACTS and ACO share the same data, so whether you're transferring a survey from ACTS or ACO, linked intake information is automatically sent along with the survey to the transfer location.

All exported data is encrypted to protect any confidential information. The data is compressed and copied to a transfer file with a .ZIP extension. ASPENTX.ZIP is the default transfer filename.

Note: Many anti-virus programs, email servers, and firewalls block .ZIP files. If this is an issue, contact your ASPEN administrator for assistance.

The destination location of a transfer file can be any of the following:

- USB drive
- Hard drive
- Email

To import (copy) data from an ASPEN transfer file, you must be an authorized user running an ASPEN application.

Note: The procedures in this section cover basic ASPEN import/export steps. SAs and ROs need to consider export/import issues when devising their encryption strategy.

Export Surveys and Intakes from ACTS

From ACTS, you can export one or more investigation surveys and linked intakes in an encrypted format to a transfer location. When there are discrepancies between source and destination, one or more Merge windows may open to let you resolve the differences. Surveyors can import the contents of the export transfer file into ASE-Q.

Note: You can choose to export surveys or intakes, but you cannot export intakes that are not linked to an investigation survey. Whether you select a survey or intake to export, the applicable investigation survey plus all linked intakes are exported.

To export a survey and linked intake(s) from ACTS:

1. Select the survey you want to export in the **Investigation and Survey** section of the **Investigation** tab or the **Investigation/Revisit** section of the **Investigation Properties** tab, then click **Export...**.

   -or-

   Locate and select a survey or intake in the **Tree** or **List** view, and drag it to the **Export** button on the toolbar.

   If you select an intake that is not linked to a survey, you will receive a message indicating that you must select a survey for export.

   TIP: You can export more than one survey/intake at a time. In List view, multi-select the surveys/intakes you want to export: Shift+click consecutive surveys/intakes or Ctrl+click non-consecutive surveys/intakes). You can also export multiple surveys/intakes from Tree view one at a time; each additional survey/intake is appended to the transfer file.

2. In the **Export** window, indicate the transfer location.

   ➥ Select **ASPEN Transfer Location** and then select the applicable location from the drop-down list (defaults are usually the roots of the C and A drives.

   -or-

   ➥ Select **Other Location**. Enter the transfer location path, or click **Find** (binoculars icon) to navigate to and select the location.

   ASPENTX.ZIP is the default export transfer filename. You can assign another name if you wish. Renaming to provide meaningful descriptive information, such as event ID, is recommended.

   Note: Many anti-virus programs, email servers, and firewalls block.ZIP files. If this is an issue, contact your ASPEN administrator for assistance.

3. Click **OK** in the **Export** window.

4. In the **Survey Export** window, select the surveys you want to send to the transfer destination.

   Note: Whether you selected surveys or intakes to export, the applicable investigation surveys are listed here. Linked intake(s) are exported along with them.

   The title bar indicates the Source of the listed survey(s) and the export Destination. If just one survey is listed, it is selected by default. If multiple surveys are listed, no survey is selected by default.

5 To select or deselect all surveys in the list, use **Select All** or **Select None**.

6 Select or deselect the **Include attachments** checkbox to include or exclude attachments in the transfer.

Include attachments is selected by default.

7 To use source values for all fields, click **Always Use Source** to toggle it to Yes.

TIP: Set to Yes only if you are certain the destination does not have more current survey information.

When set to No (the default), you will be prompted to resolve conflicts between the export source and destination.

8 Click **Continue with Export**.

If there are differences between source and destination content, one or more Merge windows may appear.

9 Resolve source/destination differences and continue the transfer.

The survey(s), any survey-level attachments (unless you deselected Include attachments), and linked intake(s) are compressed, encrypted, and stored in the transfer file. The Finalize Transfer window appears for each exported survey. It displays a log of changes made during the export.

10 Click **Apply** to complete the export process, or **Cancel** to reverse the transfer.

Now users can import the survey(s) and intake(s) into ASE-Q.

The survey(s) and intake(s) in the transfer file will be decompressed during the import. As with any standard data transfer process, one or more Merge windows may appear if there are differences between source and destination content.

More ...

Screen: "Export window" on page 261
Screen: "Survey Export window" on page 262
Screen: "Finalize Transfer window" on page 263
Procedure: “Merge Data” on page 96

Refer to “Import Data” in the *ASE-Q Procedures Guide*, which is posted on the QTSO website at https://qtso.cms.gov.

Email Surveys and Intakes from ACTS

From ACTS, you can email one or more investigation surveys and linked intakes to one or more recipients. You cannot email intakes that are not linked to an investigation survey.

ACTS creates a transfer file containing the surveys and linked intakes as an attachment to the email. Surveyors can import the contents of the transfer file into ASE-Q.

Note: Your agency's email system must be configured to support the MAPI email interchange protocol. Most email systems are pre-configured with this feature.

To email a survey and linked intake(s) from ACTS:

1. In the **Investigation and Survey** section on the **Investigation** tab or the **Investigation/Revisit** section of the **Investigation Properties** tab, select the survey you want to email and click **Email**.

   -or-

   Locate and select a survey or intake in the **Tree** or **List** view, and drag it to the **Email** button on the toolbar.

   Note: If you select an intake that isn't linked to a survey, you will receive a message.

   A blank email message is created and the survey and linked intake(s) are compressed and transferred to ASPENTx.zip, which is included as an attachment to the email. Be aware that many anti-virus programs, email servers, and firewalls block.ZIP files. If this is an issue, contact your ASPEN administrator for assistance.

   Note: You can email more than one survey and linked intakes at a time.

2. In the **Message** window, specify recipients and message text.
3. When recipients receive the message, they should save the transfer file to the location of choice, then import its contents into ASE-Q.

   The survey(s) and intake(s) in the transfer file will be decompressed during the import. As with any standard data transfer process, one or more Merge windows may appear if there are differences between source and destination content.

More ...

Refer to "Import Data" in the *ASE-Q Procedures Guide*, which is posted on the QTSO website at https://qtso.cms.gov.

View and Modify Imported Surveys and Intakes in ASE-Q

When you import a survey and linked intakes from ACTS, the provider and surveyor(s) are added to the ASE-Q database if they are not already there. You can view investigation and intake information imported into ASE-Q and modify certain intake fields.

More ...

In the *ASE-Q Procedures Guide*, posted on https://qtso.cms.gov:

"View an Imported Intake"
"View Investigation Detail"
"Modify Intake Information"

Export or Email Surveys and Intakes from ASE-Q

Since you can modify surveys and some intake information in ASE-Q, you may want to export or email modified survey(s) and any linked intakes to a transfer location and then import them back into ACTS after making changes in ASE-Q.

More ...

In the *ASE-Q Procedures Guide*, posted on https://qtso.cms.gov:

"Export Data"
"Email Data"

Import Surveys and Intakes Back into ACTS

You can import surveys and linked intakes into ACTS from transfer locations as needed. When an investigation survey has been completed in the field, you will want to import the survey findings and linked intake(s) from ASE-Q into ACTS (or ACO). If there are discrepancies between source and destination, one or more Merge windows may open to let you resolve the differences. Survey-level attachments, such as digital photos and other electronic documents, are automatically imported.

With ASPEN 10.1.7, an allowed import version indicator is included with source data. If the application (destination) version is older than the source's allowed import version, or the source data's version is newer than the destination version, the import is stopped. I the source version is older than the destination version, you will receive a warning.

To import a modified survey into ACTS:

1. On the **ACTS** toolbar, click **Import**.
2. In the **Import** window, indicate the location of the transfer file:
   - ➥ Select **ASPEN Transfer Location** and then select the applicable location from the drop-down list.

     -or-

   - ➥ Select **Zip or mdb file**. Enter the transfer location path, or click **Find** binocular icon to navigate to and select the location.

     ASPENTX.ZIP is the default transfer filename. The name may have been changed on export to be more descriptive.

Note: Many anti-virus programs, email servers, and firewalls block .ZIP files. If this is an issue, contact your ASPEN administrator for assistance.

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3. Click **OK**.

   ACTS searches for the export transfer location or file. When it is located, the Survey Import window appears. It lists the surveys contained in the transfer location or file.

   If a survey you are importing was assigned more than one version of a regulation set, e.g., FED-F 06.01 and FED-F 08.00, you will receive a message and the import process will be halted. You can no longer assign multiple versions of a regulation set to a survey.
4. In the **Survey Import** window, select the surveys you want to import.

   The title bar indicates the Source of the listed surveys and the import Destination. If just one survey is listed, it is selected by default. If multiple surveys are listed, no survey is selected by default.
5. To select or deselect all surveys in the list, use **Select All** or **Select None**.
6. Select or deselect the **Include attachments** checkbox to include or exclude attachments in the transfer.

   Include attachments is selected by default.
7. To use source values for all fields, click **Always Use Source** to toggle it to Yes.

   When set to No (the default), you will be prompted to resolve conflicts between the source and destination.

8 Click **Continue with Import**.

If there are differences between source and destination content, one or more Merge windows may appear.

All survey-level attachments are imported unless you deselected Include attachments.

If a deficiency (citation) in a survey being imported is linked to one or more allegations that have been deleted in ACTS, the deficiency is imported, but the 'linked deficiency" indicator for each deleted allegation is not.

9 Resolve source/destination differences and continue the transfer.

The surveys and linked intakes are imported from the export transfer location or file and decompressed. The Finalize Transfer window appears for each imported survey. It displays a log of changes made during the import.

For Transplant Hospital surveys only, you will receive a warning message if there are conflicting correction or completion dates for any transplant program type.

If you attempt to import a survey into ACTS with an event ID matching that of a survey associated with a certification kit in ACO for another provider, the import fails.

10 Click **Apply** to complete the import process, or **Cancel** to reverse the transfer.

Note: No EMTALA data is transferred from ASE-Q to ACTS.

More ...

Screen: "Import window" on page 263
Screen: "Finalize Transfer window" on page 263
Procedure: "Merge Data" (below)

Merge Data

When there are differences between source and destination text field content, field values, or row content, the applicable Merge window may open to let you resolve the differences by indicating how the content should be merged.

Note: In many cases, merge rules are predefined and Merge windows will not appear when there are source/destination conflicts.

Merge Fields

If certain field values (e.g., Scope/Severity) differ between source and destination—perhaps you are re-exporting a survey after changing some field values—the Merge fields window displays the differences. You can specify how to merge the conflicting values.

For 670 Workload values, the window displayed for resolving differences in surveyor workload data is not called Merge fields. Rather, the title bar shows the staff member's name and ID, and the name of the "problem" 670 area.

Fields marked with an asterisk in the Data Field column have a Yoke ID. When several fields relate to the same business rule, they are "yoked" together and must be selected as a group from either source or destination. Fields that share a common Yoke ID are moved as a group between source and destination: select one, move all.

To merge fields:

1. In the **Merge fields** window, examine the **Source Value** and **Destination Value** for fields that differ.

   ➥ To see all the fields being exported, not just the ones that differ, select **Show all fields**.

2. To overwrite Destination Value with Source Value for an individual field, choose the **Select Source** checkbox.
3. To keep the Destination Value for an individual field, choose the **Select Destination** checkbox.
4. To overwrite Destination Value with Source Value for all fields with differing values, click the **Use All Source** button.
5. To keep Destination Value for all fields with differing values, click the **Use All Dest** button.
6. Click **Continue with Transfer** to save the current values and continue the data transfer.

   If there are 670 discrepancies for multiple surveyors, you merge values for one surveyor at a time. When you select Continue with Transfer, the 670 Merge fields window for the next surveyor opens.

More ...

Screen: "Merge fields window" on page 264

Merge Rows

When you import Contacts data into ACTS, the Multiple Row Merge window opens if there are conflicts in source and destination between information in rows; e.g., a field in row 2 in the destination has the same value as in row 4 in the source. You can specify how the conflicts should be resolved.

To merge rows:

1. In the **Multiple Row Merge** window, identify the conflicting row information in **Source** and **Destination**.
2. To include a row in the merge, select the checkbox to its left.

   All Source rows are selected by default as are Destination rows that do not conflict with Source rows.
3. To include only Source rows in the merge, click **Check All Source**.

   All Source rows are selected (checked) and the checkboxes for all Destination rows are cleared.
4. To include only Destination rows, click **Check All Destination**.

   All Destination rows are selected (checked) and the checkboxes for all Source rows are cleared.
5. To revert to the default selections, click **Autoselect**.
6. Click **Continue with Transfer** to save the current merge selections and continue the data transfer.

More ...

Screen: "Merge Rows window" on page 264

Merge Text

If there are differences between source and destination in certain text entries, e.g., citation text, the Merge Text window shows the differences. Since the content of attachments and letters is assumed to be static, the Merge Text window does not appear for them during transfers.

For intakes, you can choose whether and how to merge text in the following fields if it differs between source and destination:

- Allegation Findings text
- Investigation Notes

To merge text:

1. In the **Merge Text** window, examine the differences between **Source** and **Destination** text.
2. To replace all the Destination text with all the Source text, click **Replace Destination**.
3. To add selected Source text at the end of the Destination text, click **Append Selected**.

4. To insert selected Source text at the cursor position in the Destination text, click **Insert Selected**.
5. To undo any changes you have made to the original Destination text, click **Restore Original Destination**.
6. Click **Save Final Version** to save the current version of the Destination text and continue the data transfer.

More ...

Screen: "Merge Text window" on page 265

Track IDRs and IIDRs

NH - The Informal Dispute Resolution (IDR) and Independent IDR (IIDR) features are available by default in both ACTS and ACO/ARO for Federal NH providers. These features are available for NH licensure types if IDR/IIDR functionality has been activated. If a Nursing Home requests an IDR or Independent IDR of survey findings, you can record the details and dates. IDR/IIDR functions operate on the citations of each visit or survey.

HHA - The IDR feature is available for Federal HHA providers in ACTS and ACO/ARO if a COP is cited. It is available for HHA licensure types if a COP is cited and IDR/IIDR functionality has been activated. If an HHA provider requests an IDR, you can track the details and dates. IIDR is not available for HHAs.

TIP: The system administrator can activate IDR/Independent IDR functionality for eligible state-defined provider types via the System menu in ACO/ARO (Facility Types | Type Maintenance).

Open the Informal Dispute Resolution window

To enter IDR (NH, HHA) and Independent IDR (NH) information in ACTS, you can open the Informal Dispute Resolution windows from several locations:

- Intake
- Investigation Properties->Survey View window
- Survey Properties

NH – For surveys associated with a CMP on an enforcement case with a cycle start date of 01/01/2012 or later, this window has two tabs: IDR and IIDR. Both have the same data fields (except IDR vs. IIDR in the field name). For surveys with no associated CMP or an enforcement cycle start date prior to 01/01/2012, you can enter only IDR information, so the Informal Dispute Resolution window does not have tabs.

HHA - The Informal Dispute Resolution window never has tabs since IIDR is not available for HHAs.

To open the Informal Dispute Resolution window:

1. Locate the **IDR** button.
   - Intake
     Locate the survey in the Investigation and Survey section of the Investigation tab. You may need to scroll to the right to see the IDR button.

     Note: The IDR button is enabled only for the Selected survey, i.e., the survey to which the current intake is linked.

   - Investigation Properties->Survey View window
     Locate the survey in the Investigation/Revisit section of the Investigation Properties tab. You may need to scroll to the right to see the IDR button.
   - Survey Properties window
     On the Investigation and Survey section of the Investigation tab or the Investigation/Revisit section of the Investigation Properties tab, select the survey and click Survey Properties. Or, locate the survey in Tree view on the Investig or Staff tab, right-click the survey, and select Survey Properties.
2. Click the **IDR** button (in the Investigation and Survey or Investigation/Revisit grid), or the **IDR/IIDR** button (in the Survey Properties window) to open the **Informal Dispute Resolution** window.

   TIP: You can also locate the survey in Tree view on the Investig or Staff tab, right-click the survey, and select IDR/IIDR to open the Informal Dispute Resolution window.

Enter IDR/Independent IDR Information

You can enter IDR and IIDR dates and details as applicable for NHs. IIDR is not available for HHAs.

To enter IDR/Independent IDR information:

1. In the **Informal Dispute Resolution - IDR/IIDR for Survey** window, select the **IDR** or **IIDR** (NH only) tab.
2. Complete the top section of the tab.
   - Enter applicable IDR/Independent IDR dates, e.g., Request Received, Scheduled, Conducted, Completion.
   - Indicate who conducted the IDR/Independent IDR (Conducted by).
   - Select the IDR/IIDR Type from the drop-down list.
   - Click Show Attendees... to update the attendees list as needed.

3 In the **IDR/IIDR Notes** section of the IDR or IIDR tab, enter resident and ombudsman input, dates, and other relevant information.

4 If you need to add a tag as a result of IDR, click the **IDR Add Tag** button:

- In the Select Team Member window, select the staff member who is citing the tag.
- In the Select New Tag window, select the tag to add.
- Specify citation properties and enter citation text.

The IDR Status assigned is 09 New Tag at IDR, and is read-only. You can change the new tag's IIDR Status as applicable.

Note: You can add a tag as a result of IDR on either the IDR or IIDR tab. You cannot add a new tag as a result of Independent IDR.

5 In the **Survey Citation IDR/IIDR Status** section, view and update information about IDR/Independent IDR status for each citation.

6 Click **Print** at the bottom of the window to print the IDR/IIDR details as a report.

When changes are made to citations as a result of IDR/Independent IDR, trees and lists that display citations in ACTS - including the list in Citation Manager - will continue to display all the original citations. However, citations removed by IDR/Independent IDR are displayed with a strikethrough.

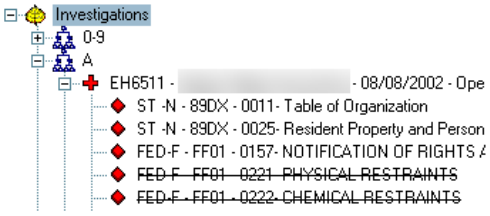


Figure 28: Citations removed by IDR/Independent IDR displayed with a strike through

If a tag is changed or removed as a result of IDR/Independent IDR, the original tag will not be printed on survey forms.

If Scope/Severity changes as a result of IDR/Independent IDR, the latest S/S value is displayed by default.

More ...

Screen: "Informal Dispute Resolution window" on page 256

Access Related Enforcement Cases

ACTS supports access to AEM enforcement cases related to Nursing Home, HHA, and CLIA complaints/incidents. You can open associated cases from the intake or from Investigation Properties->Survey View. With appropriate permissions, you can update case information and also print these enforcement reports:

- Facility Enforcement History
- Case Profile

To open a corresponding enforcement case:

➥ On the **Investigation** tab of the intake, click the button with an enforcement case number (e.g., **COBY9S**) in the **Enf Case** column of the applicable row on the **Investigation and Survey** grid.

-or-

➥ On the **Investigation Properties** tab (**Investigation Properties->Survey View** window), click the button in the **Enf Case** column (e.g., **COBY9S**) of the applicable row on the **Investigation/Revisit** grid.

The enforcement case opens. You can modify case details if you have the necessary permissions.

To view and open any enforcement case associated with an intake:

1 At the bottom of the intake form, click **Enf Cases..** (**Enf..** for CLIA).

-or-

At the bottom of I**nvestigation Properties->Survey View**, click **Enf Cases.**

If only one enforcement case is associated with the intake, it opens. If more than one enforcement case is associated with the intake, the Enforcements related window lists them:

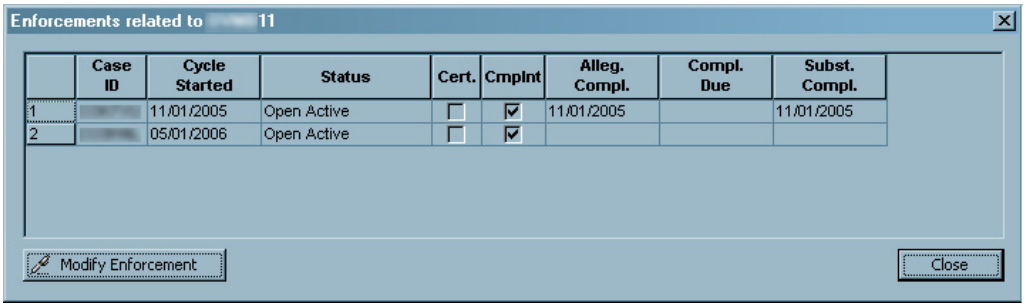


Figure 29: Enforcements related window

2 To open and update a listed case, select it and click **Modify Enforcement**.

ACTS and ePOC

Basic steps in the ePOC process are much the same as in the current paper-based process, but are completed using ePOC functionality in ACTS and ACO and the ASPEN Web ePOC application.

1. Authorized SA/RO user posts Statement of Deficiencies (SOD) to ASPEN Web ePOC for provider response.
2. Provider logs into ASPEN Web ePOC to review SOD.
3. Provider submits POC (with attestation) to the SA/RO via ASPEN Web ePOC; POC response entered for each tag.
4. SA/RO reviews POC in ACO/ACTS.
5. SA/RO accepts or rejects POC.

   Note: States can specify state-specific rejection reasons (state surveys only).

6. If POC is rejected, provider resubmits POC.

States and regional offices will use ePOC functionality integrated into ACTS and ACO to post SODs and surveys, send email notifications and post relevant letters, and review and accept or reject submitted POCs. Providers will use the new ASPEN Web ePOC application to review posted SODs and letters, and submit POCs to their SA/RO electronically.

The ePOC system provides many automatic email notifications to facilitate communication between SAs, ROs, and providers. Several reports in ACO and ACTS are available to SAs and ROs to support management and tracking of the ePOC process.

The ePOC system provides many automatic email notifications to facilitate communication between SAs, ROs, COs, and providers. Several reports in ACTS and ACO are available to SAs, ROs, and COs (Reports | ePOC Management Reports) to support management and tracking of the ePOC process for ePOC-qualified provider types (currently, only NHs).

Note: The ePOC Tardy SOD Issuance report is available for non-ePOC provider types as well.

More ...

For complete information about the ePOC system and reports (including ePOC Tardy SOD Issuance):

Refer to the ePOC guides for facilities and CMS (*ASPEN Web: electronic Plan of Correction* and *ASPEN electronic Plan of Correction* respectively), which are posted on https://qtso.cms.gov.

Close a Complaint/Incident

When the investigation is complete, you finalize linked intakes to close out the complaint/incident.

Requirements for Finalization

In order to finalize an intake linked to an investigation survey that qualifies for and requires upload, all intake edits must be passed as well as investigation edits and 670 edits for the investigation survey and any followups.

Note: Deemed edits apply to an incident intake (Intake Type is 02 Entity Reported Incident) linked to a survey with a Federal regulation set regardless of the assigned Intake Subtype.

Among the circumstances that will prevent finalization are:

- Date Closed is either before or more than two years after the Received End Date.
- No sources are specified (Source on the Intake tab).

  At least one, and up to three sources are required for finalization.
- No allegations are entered.

  There must be at least one allegation *unless* Priority is set to Referral-Immediately, Referral-Other, or (for CLIA) Non-CLIA Referral.
- Transplant program type is not specified for allegations.

  A transplant program must be specified for each allegation on Transplant Hospital intakes created on or after 05/02/2011.
- Federal deficiencies are linked to at least one allegation, but the allegation Findings are not set to 1 Substantiated.
- Request for RO Approval/Determination is selected and there is no RO Response/Determination.

  When Request for RO Approval is selected on the Deemed, RO Approval, or EMTALA tab, or Request RO Determination is selected on the Allegations tab for a Restraints/Seclusion - Death allegation, there must be a corresponding RO Response (Approved or Disapproved) on the Deemed, RO Approval, or EMTALA tab, or RO Determination on the Allegations tab.

  However, you *can* finalize the intake when RO Response/Determination is blank if Priority is set to Referral-Immediately, Referral-Other, or (for CLIA) Non-CLIA Referral, or Priority = No Action on a CLIA Waiver, Accreditation, or PPMP intake.

- RO Determination on a Death Restraints/Seclusion intake is 04-RO Authorized, but the intake is not linked to an investigation survey.
- IJ question (**CoPs out of compliance - is there an IJ?**) is not answered when required.

Close Out the Complaint/Incident

To close out a complaint/incident, you must finalize the intakes linked to the investigation survey. In some cases, an intake must first be forwarded to the RO and occasionally the CO. You can finalize one intake at a time, or finalize all intakes linked to the investigation survey at once.

Note: If a Federal intake is not linked to an investigation survey, an email is automatically sent to all responsible parties if it has not been finalized after 100 days have elapsed from the Received End Date.

To close out a complaint/incident:

1. Open the intake.
2. Click the **Actions/Close** tab.

   Note that ACTS has supplied Overall Findings in the Closure Information section.
3. If necessary, select the **Forwarded to RO/MSA** checkbox (Forwarded to RO if CLIA).

   This checkbox also appears on the Investigation tab.

   Note: The CSP-SRV Validation Check appears if there are any validation errors when you select Forwarded to RO/MSA. This is for informational purposes only.

   RO – Select the **Forwarded to CO** checkbox if appropriate. For example, when the investigation is complete. (See "Forwarded to CO" on page 349)
4. **RO or CO –** When you receive the **Forwarded to RO** or **Forwarded to CO** action item message, enter final action information in the **Regional Office Tracking** section on the **Investigation Properties** tab in **Investigation Properties->Survey View**.

   Note: The Regional Office Tracking section is enabled in both ACTS and ACTS RO for Medicaid-only providers (including PRTF 061).

5 For providers other than nursing homes and CLIA labs, when required, answer the IJ question (**CoPs out of compliance - is there an IJ?**) on the **Investigation Properties** tab.

   The IJ indicator is enabled as appropriate and required when enabled.

6 **SA/RO/CO –** In the **Closure Information** section on the **Actions/Close** tab in the intake, enter the **In Compliance** date once compliance is ascertained.

   This field also appears on the Investigation tab.

7 **SA/RO/CO –** Finalize linked intakes.

More ...

Procedure: “Open an Existing Intake” on page 42
Screen: "Closure Information" on page 233
Procedure: “Forward to RO/MSA or CO” (below)
Procedure: “Specify Final Action” on page 107
Fields: "Deficiencies", on page 353
Procedure: “Finalize an Intake” on page 107
Procedure: “Finalize All Intakes” on page 110

Forward to RO/MSA or CO

Select the Forwarded to RO/MSA checkbox (Forwarded to RO if CLIA) on the Actions/Close tab in the following cases:

- The intake originated from the RO.
- A non-NH intake originated from the SA for any of the following:
  - Deemed provider or RO Approval CLIA lab
  - Termination recommended by SA for a non-Deemed provider or CLIA lab that does not normally require RO approval
  - EMTALA complaint

The RO may choose to select Forwarded to CO when the investigation is finished and the intake is ready for review by the CMS Central Office before finalization.

When you select Forwarded to RO/MSA or Forwarded to CO, an action item is sent to the RO/MSA/CO (except for licensure-only and Medicaid-only providers; a message informs you of this). The same validation/edit checks that are applied when the investigation survey is uploaded (automatically or manually) are applied now so the SA can fix errors prior to forwarding the intake.

Today’s date is provided by ACTS as the Forwarded date, but you can change it. A date is required for finalization if this checkbox is selected, the intake was created by an RO or CO user, and it has a priority of A, B, C, or D (in the Response Information section on the Intake and Allegations tabs). A Forwarded date is not required for finalization if the intake was created by an SA user with the exceptions noted above (second bulleted item).

Specify Final Action

RO or CO - When you receive a Forwarded to RO or Forwarded to CO action item message, you will enter the close-out action and date for the complaint/incident on the Investigation Properties tab in Investigation Properties->Survey View.

To specify final action for a complaint/incident:

1. In **ACTS Explorer**, click **My Action Items** in **Tree view** to display your action items in List view to the right.
2. Double-click the appropriate **Forwarded to RO** or **Forwarded to CO** action item message to open the associated intake.
3. Click the **Survey/Upload** button.
4. In the **Regional Office Tracking** section on the **Investigation Properties** tab:
   - Change the auto-entered **RO Receipt** date if necessary.
   - Select the applicable **RO/MSA Action**.
5. Enter the **Final Action Signoff** date.

Finalize an Intake

You can finalize an intake on the Actions/Close tab or the Investigation Properties tab in Survey view. In order to finalize an intake linked to an investigation survey that qualifies for and requires upload, all intake edits must be passed as well as investigation edits and 670 edits for the investigation survey and any followups.

In most cases, all the intakes linked to an investigation survey must pass the edit checks before you can finalize any of them individually. If issues are identified, ACTS displays them in a consolidated listing. If there are no issues, ACTS finalizes the current intake.

It is possible to finalize intakes that have expired or been withdrawn without passing edits.

To finalize an intake:

1. **SA/RO/CO -** In the **Finalization** section on the **Actions/Close** tab, select the **Finalized** checkbox.

   TIP: You can also finalize the current intake in the Complaints/Incidents Assigned to Investigation section on the Investigation Properties tab in Investigation Properties->Survey View.

   If Password Protection is enabled (System | Security | Password Protection), you will have to enter a password.

When all conditions for finalization are met, ACTS finalizes the intake. A prompt asks if you want all Activities and Action Items associated with the intake and its investigation to be closed.

If there are problems, you are notified and the finalization is prevented.

2 For a successful finalization, answer **Yes** to the Activities/Action Items prompt.

A Complaint Closed action item message is sent to the Responsible RO staff member(s) whether or not you click Yes in the confirmation message.

When you finalize the last intake linked to an investigation, a prompt asks if you want to close all related surveys if any of the surveys are still open.

3 Respond to the related surveys prompt.

If you choose Yes, the status of the investigation survey and any revisits is set to 2 Closed.

4 Select **Reason Closed** and enter **Date Closed**. **SA Completed Date** is automatically entered.

You cannot proceed until these fields are completed.

Note: More than one Reason Closed is allowed; some combinations are not permitted.

NH only - The Past Noncompliance checkbox is to the right of the Finalized checkbox. It is available only for Nursing Homes and is automatically selected if:

- the survey Exit date is prior to 11/01/2005 and tag F698 is cited.
- the survey Exit date is on or after 11/01/2005 and the Past Noncompliance indicator is selected in Citation Properties.

If a tag in the surveys associated with an intake is cited for both current noncompliance and past noncompliance, the tag is considered current noncompliance and this indicator is not selected.

Transplant Hospitals only – When a Transplant Program Type (TPT) for one or more allegations linked to an investigation has been terminated on the certification you can still upload the investigation as long as the TPT was active at the time of the survey. If an allegation is linked to a terminated TPT that was not active when the intake was created, the system will not allow an upload.

Once an intake is Finalized/Closed, you can view it in ACTS and ASE-Q, but you cannot modify it. The one exception is that fields on the EMTALA tab stay enabled if the Referred to QIO checkbox is selected.

More ...

Procedure: “Finalize All Intakes” on page 110
Procedure: “Finalize Withdrawn/Expired Intakes” (below)
Screen: "Finalization" on page 233

Finalize Withdrawn/Expired Intakes

An intake can be finalized without having to pass all the intake, investigation, and 670 edits *if* it is:

- Not linked to an investigation

and is either:

- Withdrawn by the complainant
- Expired

Note: If a Federal intake is not linked to an investigation, an email is automatically sent to all responsible parties if it has not been finalized after 100 days have elapsed from the Received End Date.

To finalize a withdrawn/expired intake:

1. In the **Finalization** section on the **Actions/Close** tab, click the **Withdrawn/Expired** button.

   The Finalized checkbox is automatically selected. A prompt asks if you want all Activities and Action Items associated with the intake and its investigation (although there is no investigation in this case) to be closed.

2. Answer **Yes** to the Activities/Action Items prompt.

   The Reason Closed list box is enabled at this point.

3. Select the appropriate option, either **02 – Withdrawn** or **07 - Expired**, as the **Reason Closed**.

   You cannot choose an option other than 02 or 07; a message appears if you do.

4. Enter **Date Closed**.

   An intake detail upload is triggered if appropriate.

   Note: SA Completed Date is not entered.

More ...

Screen: "Finalization" on page 233
"Automatic Detail Upload" on page 118

Finalize All Intakes

When multiple intakes are linked to the investigation, you can finalize them all at the same time. When you use the Finalize All option, ACTS performs finalization edit checks on all non-finalized intakes linked to the investigation.

Note: You can use the Finalize All function if only one intake is linked to the investigation.

If issues are identified, ACTS displays them in a consolidated listing. If there are no issues, ACTS finalizes all intakes linked to the investigation.

To finalize all intakes linked to an investigation:

1. Open the **Investigation Properties** -**>Survey View** window.
2. In the **Complaints/Incidents Assigned to Investigation** section, click the **Finalize All** button.

   If password protection is enabled, you need to enter your password.
3. In the **Finalize All Intakes** window, select a **Reason Closed**.

   You can select multiple options; some combinations are not permitted.
4. Enter the **Date Closed** and click **OK**.
5. Respond **OK** to messages that appear.

   ACTS proceeds to finalize all intakes linked to the investigation. If there are problems, you are notified and the finalization is prevented.

   When all conditions for finalization are met and all linked intakes are finalized, a prompt asks if you want all Activities and Action Items associated with the intakes and investigation to be closed.
6. Answer **Yes** to the Activities/Action Items prompt.

   A Complaint Closed action item message is sent to the Responsible RO staff member(s) whether or not you click Yes in the confirmation message.
7. Respond to the related surveys prompt.

   If you choose Yes, the status of the investigation survey and any revisits is set to 2 Closed.

   A message indicates all intakes were successfully finalized.

NH only - The Past Noncompliance checkbox is to the right of the Finalized checkbox. It is available only for Nursing Homes and is automatically selected if:

- the survey Exit date is prior to 11/01/2005 and tag F698 is cited.
- the survey Exit date is on or after 11/01/2005 and the Past Noncompliance indicator is selected in Citation Properties.

If a tag in the surveys associated with an intake is cited for both current noncompliance and past noncompliance, the tag is considered current noncompliance and this indicator is not selected.

Once an intake is Finalized/Closed, you can view it in ACTS and ASE-Q, but you cannot modify it. The one exception is that fields on the EMTALA tab stay enabled if the Referred to QIO checkbox is selected.

More ...

Screen: "Complaints/Incidents Assigned to Investigation" on page 239

Data Upload

When all investigation survey information has been entered and linked intake(s) are finalized, survey and intake data is ready for upload to national. Upload processes accommodate two distinct data sets:

- Investigation survey information

  Automatic upload of post-ASPEN 10.1.7 investigation surveys (exit date is on or after 07/01/2014) is supported for all Federal provider types except Federally Qualified Health Center (FQHC) and Physical Therapy Independent Practice (PTIP). It is not necessary to manually initiate these uploads, although an upload can be triggered manually if desired. Pre-ASPEN 10.1.7 investigations (survey exit date before 07/01/2014) must be manually uploaded.

- ACTS detail data

  The ACTS Detail Upload sends intake and expanded investigation information for all Federal provider types to support national complaint and incident reporting.

Note: Although automatic and manual uploads from ACTS can be initiated at any time, upload processing to national does not occur on Saturday and Sunday.

Automatic Investigation Survey Upload

Automatic uploads occur for investigation surveys with an exit date on or after 07/01/2014. The auto-upload process works by continually monitoring for changes to investigation survey information. CASPER investigation survey (CSP-SRV) uploads occur automatically when linked intake(s) are finalized and data appears ready for upload, or 70 days after the survey exit date.

Qualification Phase

In the qualification phase, data is reviewed for completeness and to ensure the appropriate business rules are met. When you add or update information in a complaint investigation survey, either directly or through related functions such as Citation Manager or survey import, the qualification checks are applied each time the survey is saved to determine if it qualifies for upload processing.

Investigation surveys qualify for upload in either of the following scenarios:

- All linked intakes are finalized; all intake and investigation edits have been passed; all 670 edits for the investigation survey and any followups have been passed (indicator on Investigation properties tab set to CMS 670 Complete).
- 70 days have elapsed since the investigation survey exit date. The survey is uploaded regardless of whether data entry is complete in order to trigger an upload failure and the resulting email alerts and action items to responsible parties. The failed upload transaction will also appear in reports and in the Transactions window (Tracking | Transactions) as further reminders that data entry needs to be completed.

Transaction Queue

As soon as an investigation survey successfully passes the qualification phase, the auto-upload process queues it for upload. Approximately every 10 minutes, the system checks to see if any investigation surveys are queued and, if so, it processes the appropriate upload transaction (Add, Update, etc.) to national.

Auto-upload Processing

Data qualification, transaction queuing, and upload processing occur in the background. You will not be aware of these processes and can work uninterrupted.

Automatic upload transactions must pass national edit checks. In the event an auto-upload transaction fails one or more edits, responsible parties assigned to the intake(s) linked to the investigation survey receive both an e-mail and action item notification of the reasons for failure.

Many updates to an investigation survey may occur throughout the day. These daily changes become available to the national reporting systems during the overnight load process.

Note: Daily changes to an investigation are auto-uploaded throughout the day and become available to national reporting systems during the overnight load process. Changes made to an investigation after business hours will result in an auto-upload the following day.

It is possible that an investigation survey will not qualify for upload for an extended period of time. In this case, the auto-upload process will automatically force an upload to occur even if it is not expected to pass upload edits. This happens after 70 days of non-qualification have elapsed since the investigation survey exit date. Responsible parties will receive upload failure e-mails and action items generated by the failed upload attempt, which serve as reminders that data entry is incomplete.The upload failure will also be included in reports and in the Transactions window (Tracking | Transactions).

Information Included in Investigation Survey Uploads

The following information (data item location/source in parentheses) is included in an investigation survey (CSP-SRV) upload:

- Federal survey dates of initial surveys and Exit. (Survey Properties)
- Federal survey Category of initial surveys (Survey Properties)
- Team Roster (Survey Properties)
- 670 data (CMS 670 Workload Detail)
- Federal deficiency information (Citation Manager, Citation Properties)
- IJ indicator value (Investigation Properties tab)

Special Cases and Exceptions

Specific considerations and restrictions for investigation survey uploads are noted briefly below.

Allegations with Linked Federal Deficiencies

Upload does not occur until all allegations with linked Federal deficiencies (other than 0000 or 9999) have Findings set to Substantiated.

Transplant Program Type

A transplant program must be specified for each allegation on Transplant Hospital intakes created on or after 05/02/2011.

Offsite Surveys

CTS supports auto-upload of offsite investigation surveys, either standard or revisit. Since these surveys do not have 670 Workload onsite or travel time, specific qualification edits apply to them.

Workload Information on Revisits

For a successful investigation survey (CSP-SRV) upload to occur, workload and team information is required for each revisit uploaded, even when a second or later revisit has no citations. If a revisit does not qualify for upload, its workload/team information will not upload.

Combined Surveys

When a standard survey combines a complaint investigation and recertification survey, the investigation survey and recertification uploads are separate transactions. If there are no citations related to the complaint investigation, revisit(s) are not needed for the complaint investigation and a revisit is not sent to national when the investigation is uploaded.

Corrected Deficiencies

Citation text for corrected deficiencies is not uploaded except for corrected PNC deficiencies.

Short Form Cutoff Date

Upload of an LSC survey linked to a Short Form regulation is prevented if the survey's Exit Date is on or after the cutoff date, which is currently the effective date of the LSC regulations that were released in November 2016.

Priority = No Action Necessary

For all provider categories, auto-upload does not occur if intake Priority is No Action Necessary. However, If multiple intakes are linked to the same investigation survey, auto-upload is prevented only if Priority for all linked intakes is No Action Necessary.

IDR/IIDR, Hearing/Settlement status

Citations with an IDR/IIDR or Hearing /Settlement (AEM) status of 01, 03, 06, 07, 08, 09, or 10, 11 (HHA IDR only), or 12 (HHA only) are included in uploads to national. Citations with an IDR/IIDR or Hearing/Settlement status of 02, 04, or 05 are not uploaded.

More ...

Fields: "Survey Citation IDR/IIDR Status grid", on page 385
"Hearing/Settlement" on page 339

PRTF

Only N tags are uploaded.

CORF

The version 9.0 CORF regulation set was provided in ACTS 8.2 for assignment to new investigation surveys. The version 8.0 set was deactivated. You can, however, still manually upload existing CORF investigation surveys with 8.0 citations.

OPO

Only Z tags are uploaded.

FQHC

CSP-SRV upload is not available for Federally Qualified Health Center (FQHC).

CLIA

There are several "special case" considerations for CLIA CSP-SRV uploads:

- ACTS supports CSP-SRV uploads for labs that change states and keep their CLIA Number.
- For CLIA Certificate of Waiver (COW), Accreditation, or Provider Performed Microscopy Procedures (PPMP) intakes with Priority = U - No Action Necessary, RO Approval fields are not required for a CSP-SRV upload. However, the investigation survey can be uploaded only if at least one other intake with Priority other than U is linked to the investigation.
- Only specialties and sub-specialties relevant to cited tags are included in a CSRV upload.
- You cannot upload investigation surveys for labs of subtype 225-No CLIA Number (NOCN).

Separate Investigations of the Same Type

ACTS does *not* support upload of two *separate* investigation surveys of the *same type* (two Health or two LSC surveys) for the *same provider* with the *same exit date*. For example, you will be prevented from uploading two Health investigation surveys for XYZ Home that both have an exit date of 11/11/2015.

ACTS *does* support upload of two *separate* investigation surveys of *different types* (one Health, one LSC) for the *same provider* with the *same exit date* as long as they are *linked to separate intakes*. For example, you can upload a Health and an LSC investigation survey for XYZ Home that both have an exit date of 11/11/2015 if they are linked to separate intakes.

State-only Investigation Surveys

ACTS permits a CSP-SRV upload only if the investigation survey is linked to at least one Federal regulation set. The following investigation surveys cannot be uploaded to national:

- State licensure investigation surveys linked only to state regulations
- Investigation surveys of federally certified facilities linked only to state regulations

Investigation Survey Upload Transaction Types

CSP-SRV transactions are listed in the Prior Uploads section on the Upload tab of the Investigation Properties window. The following transaction types are supported for investigation survey (CSP-SRV) uploads:

- Add an investigation survey
- Update an investigation survey
- Change the exit date of an investigation survey
- Remove an investigation survey

CLIA - ADD uploads are not supported for CLIA investigation surveys created prior to March 27, 2006 (ASPEN 8.6 release date). UPDATE and DELETE uploads are supported.

Manual Investigation Survey Upload

Manual upload is required for investigation surveys with an exit date prior to 07/01/2014. You can also manually upload investigation surveys with an exit date on or after 07/01/2014 if desired; it may be useful as a diagnostic tool if auto-uploads are failing. Manually uploaded investigation surveys must pass the same edit checks as for automatic upload. You can initiate a manual upload at any time.

To manually upload an investigation survey:

1. At the bottom of the intake form, click the **Survey/Upload** button.

   -or-

   On the **Investigation** tab, select the **Click Here for ... Survey/Upload** button.

   -or-

   In the **Tree** or **List** view, locate and right-click the intake you want and select **Investigation Properties**.

2. Click the **Upload** tab.

3. Click the **Prevalidate and Upload** button and click **Yes** in the confirmation message.

   ACTS prevalidates the investigation survey.

   Revisits with no citations are not uploaded. A message will inform you of any revisits without citations. You can proceed with the upload, but the listed revisits will not be uploaded.

   If all required information is supplied and valid, ACTS transmits the investigation survey and a message indicates the success of the transaction. The status of the transaction is 00 - Pending Upload.

   When the investigation survey is accepted by national, the status changes to 10 - Successful. You may also see 05 - Upload in Process.

A successfully uploaded investigation survey is identified on the Investig tab in Tree view by a green arrow on the investigation survey icon. A blue arrow indicates a pending upload or previous failed upload attempt(s) .

If invalid or missing data is detected by ASPEN, the transaction is terminated, a message indicates the failure of the upload, and the status is -1 - Failed. If the transaction is a failure at the national level, the status may be 15 - Failed.

4 For unsuccessful transactions, click the transaction in the Prior Uploads section on the Upload tab.

The Upload Transaction Errors section appears and lists the problems. You can cut and paste this information to send to support personnel.

More ...

Screen: "Upload tab" on page 242
Screen: "Assign an Intake to Another Provider" on page 128

Upload ACTS Detail Data

ASPEN supports both investigation survey (CSP-SRV) and ACTS Detail uploads. The ACTS Detail Upload sends intake and expanded investigation information respectively through CASPER intake (CSP-INT) and CASPER investigation (CSP-INV) transactions. Detail uploads support national complaint and incident reporting.

The ACTS Detail Upload process can be initiated automatically or manually. Only standardized Federal allegation subcategories are included in ACTS Detail uploads; state subcategories are excluded. Personal or confidential information about complainants, residents/patients/clients, alleged perpetrators, and staff is not included in Detail uploads.

Detail Upload Conditions

An ACTS Detail Upload, manual or automatic, can occur only when:

- Intake Received Start date is on or after Original Participation date (L24 on the CMS-1539 form).

  CLIA - This condition does not apply for CLIA intakes and investigations.

- Received End Date is on or after the following cutoff dates:

  January 1, 2004 for NH, HHA, Hospital, ESRD, XRAY, OPT, RHC, CORF

  August 28, 2004 for PRTF

  October 1, 2004 for ICF/IID, ASC, Hospice, OPO, CMHC, FQHC

  March 27, 2006 for CLIA

  August 22, 2008 for Transplant Hospital

- A certification kit has been accepted, i.e., successfully uploaded to national, for the provider.

  TIP: When a kit has been successfully uploaded, it is identified in Tree view in ACO by a green arrow on the certification icon.

- The provider's CCN exists in the national database.

Note: Tags with a Scope/Severity rating of A are excluded from Detail uploads.

Detail Upload Transaction Types

The following transaction types are supported for ACTS Detail Upload to national:

- Add an intake
- Add an investigation

  An investigation transaction is added when an intake linked to it is first uploaded, or when an already uploaded intake is linked to the investigation and the intake is uploaded again.
- Update an intake
- Update an investigation
- Remove an intake
- Remove investigation information only

Multiple transactions may be logged during a single ACTS Detail Upload process. For example, if a new intake is added and linked to an existing investigation, an Add Intake transaction is logged and, possibly, also an Update Investigation transaction.

Note: When an investigation survey that has been uploaded to national is merged into a certification kit in ACO/ARO, the ACTS Detail Upload process will submit a DELETE of the old Investigation ID and an ADD of the new Investigation ID.

Automatic Detail Upload

The triggers for automatic ACTS Detail Upload to national are:

- Intake status change if status is 4-Under Investigation or above
- CSP-SRV upload is initiated
- Changes made directly to the investigation record

An automatic detail upload will not occur until an incident or complaint also meets the conditions specified below.

Incident

An incident is uploaded automatically to national:

- if intake Status is 4-Under Investigation or above (Status = 4-8); *or* it is a CLIA incident with an allegation of TR Fatality or TR Adverse Event and Status is 3-Pending Review/Assignment or above; *or* it is a Hospital incident with a D/R/S allegation and RO Determination is 04-RO Authorized, regardless of Status.

  and

- the intake is linked to a Federal regulation set, i.e., the intake must be linked to a survey assigned to a Federal regulation set.
- regardless of Intake Subtype.

Note: If a significant change occurs while an incident intake has a status of 3, e.g., the intake is moved to a different facility, an automatic ACTS Detail Upload is triggered.

Complaint

A complaint is uploaded automatically to national:

- if intake Status is 4-Under Investigation or above (Status = 4-8); *or* it is a CLIA complaint with an allegation of TR Fatality or TR Adverse Event and Status is 3-Pending Review/Assignment or above; *or* it is a Hospital complaint with a D/R/S allegation and RO Determination is 04-RO Authorized, regardless of intake Status.

  and

- Intake Subtype is A Federal.
- whether or not it is linked to a Federal regulation set, i.e., it can be linked to a state or Federal survey or not linked to a survey at all.

Note: If a significant change occurs while a complaint intake has a status of 3, e.g., the intake is moved to a different facility, an automatic ACTS Detail Upload is triggered.

Special Cases

- Intake Subtype is *not* A Federal

  A complaint with Status = 4 or above is uploaded automatically even when Intake Subtype is B State-only or C No compliance issue if it meets one of the following criteria:

  - Deemed or EMTALA complaint for which RO Approval was requested
  - CLIA RO Approval complaint
  - Deemed, CLIA RO Approval, or EMTALA complaint initially logged in ACTS by an RO/CO user

- Change Facility

  When an intake already successfully uploaded to national is moved to a different facility, an automatically-generated CSP-INT transaction is logged. The intake is re-uploaded in order to change the CCN on national to reflect the facility to which the intake was moved.

- D/R/S

  ACTS evaluates intakes for Detail Upload whenever a D/R/S record is added or deleted.

- 225 CLIA

  Automatic uploads to national are not supported for labs of subtype 225-No CLIA Number (NOCN). ACTS ensures that uploads are not automatically sent.

Manual Detail Upload

The ACTS Detail Upload process can be initiated manually to upload incident and complaint information. If an intake is linked to an investigation that is marked for deletion, the intake should not be uploaded until after the investigation has been deleted; otherwise, the intake upload (CSP-INT) fails.

Note: Manual uploads to national are not supported for labs of subtype 225-No CLIA Number (NOCN).

Incident

You can manually upload incident detail to national:

- if intake Status is 3-Pending Review/Assignment or above (Status = 3-8).
- whether or not it is linked to a Federal regulation set, i.e., it can be linked to a state or Federal survey or not linked to a survey at all.
- regardless of Intake Subtype.
- whether or not it qualifies for auto-upload.

Complaint

You can manually upload complaint detail to national:

- if intake Status is 3-Pending Review/Assignment or above (Status = 3-8).
- whether or not it is linked to a Federal regulation set, i.e., it can be linked to a state or Federal survey or not linked to a survey at all.
- if Intake Subtype is A Federal.

  -or-

- if it qualifies for automatic upload.

In the following cases, you can manually upload a complaint with Status = 3 or above even if Intake Subtype is B State-only or C No compliance issue if:

- RO Approval was requested for a Deemed or EMTALA complaint

  -or-

- RO Approval was requested for a CLIA complaint.

  -or-

- The complaint was created by an RO/CO user *and* it's EMTALA or Deemed *or* for a CLIA lab, Certificate Type is set to an applicable value (Waiver, Accreditation, or PPMP) on the RO Approval tab.

  Note: The value set for Certificate Type depends on the value selected for Certificate at Time of Alleged Event on the Intake tab.

A complaint or incident that you upload manually to national remains there whether or not it ever qualifies for automatic upload, unless:

- You delete it.
- Status level drops below 3.
- It no longer qualifies for manual upload for another reason, e.g., a Federal complaint is changed to a state complaint, i.e., Intake Subtype is changed from A to B.

Note: If a significant change occurs while an intake has a status of 3, e.g., the intake is moved to a different facility, an automatic ACTS Detail Upload is triggered.

To manually upload ACTS detail data to national:

1. Open the intake with the data you want to upload.
2. Click the **Upload Intake** tab.

   This tab is available only for Federal provider types. Arrow color indicates whether Detail data for the intake/investigation exists on national:

   Gray: no Detail data on national, no pending Detail Upload

   Blue: no Detail data on national, pending Detail Upload

   Green: existing Detail data on national, i.e., previous successful Add transaction

   Note: Once national has logged a successful Add transaction, the arrow will remain green until the Detail data is deleted, even if a new upload transaction is pending. For example, if a Modify Intake transaction is pending after a successful Add Intake transaction, the arrow will be green–not blue.

3 Below the **Prior Intake Uploads** section, click **Upload Intake**.

If all information is valid, ACTS transmits the data to national via an overnight batch process. Both intake and investigation information is uploaded if the intake is linked to an investigation. The message "CASPER Upload Pending" appears below the Prior Intake Uploads section. The status of the transactions—CSP-INT and, if applicable, CSP-INV—is 00 - Pending Upload.

When the ACTS Detail data is accepted by national, the status changes to 10 - Successful. If invalid data is detected by ASPEN, e.g., the provider's CCN number is not in the national database, the transaction is terminated and the status is -1 - Failed. If the transaction is a failure at the national level, the status may be 15 - Failed.

For unsuccessful transactions, click the transaction in the Prior Intake Uploads section on the Upload Intake tab. The Upload Transaction Errors section appears and lists the problems. You can cut and paste this information to send to support personnel.

Note: CSP-INV (and CSP-SRV) transactions associated with the intake are not listed in the Prior Intake Uploads section. You will find them in the Prior Uploads section on the Upload tab of the Investigation Properties window.

More ...

Screen: "Upload Intake tab" on page 234

Track Upload Transactions

ACTS provides a tracking window where you can see all investigation survey (CSP-SRV) and ACTS Detail (CSP-INT, CSP-INV) upload transactions for a given time period with status, and explanations of errors for failed transactions.

To track upload transactions:

1 From the **Tracking** menu, select **Transactions**.

2 In the **Date Qualification Dialog**, enter the **Start Date** and **End Date**.

3 Choose which of three groups of transactions to display.

4 Choose a **Transaction Type** and click **OK**.

The Transactions window lists upload attempts for the specified date range and transaction types. The list of transactions is also filtered according to your active My Selections settings.

Intake (CSP-INT) and investigation survey (CSP-SRV) transactions with substantiated findings are red otherwise they are blue. Investigation detail transactions (CSP-INV) are always black.

The following information is displayed:

- ID: Investigation or Intake ID as applicable
- Provider name
- Provider ID (CCN)
- Action (assigned by ACTS for processing each upload transaction): Add, Update, ChgDate, Delete
- Date (of transaction)
- Type (of upload transaction): CSP-SRV (CASPER-Survey, i.e., investigation survey), CSP-INT (CASPER-Intake), CSP-INV (CASPER-Investigation detail)
- Status: -1 - Failed, 00 - Pending Upload, 05 - Upload in Process, 10 - Successful, 15 - Failed (at national level)
- By (staff member who uploaded)
- Error Message
- Transaction ID
- Provider Type
- Findings: Substantiated, Unsubstantiated, Not Applicable (incidents), or blank
- Survey/Intake Status: for survey - Open, Closed; for intake - status level 3-8 as applicable
- Exit Date (of investigation survey)

TIP: You can change the sort order of the list by clicking any column heading.

5. Use the four fields at the top of the **Transactions** window to redefine filtering criteria as needed; click **Refresh List** to update the display.
6. To view explanations of errors associated with a failed transaction, click the transaction to display the **Upload Transaction Errors** section.
7. Select a transaction and click the **View Related Investigation/Intake** button or double-click the transaction to open the corresponding **Investigation Properties** tab for a **CSP-SRV** or **CSP-INV** transaction, or the intake form for a **CSP-INT** transaction.
8. Click **Print** to print the displayed transaction list as a report.
9. In the report preview window, click the **Export** icon to generate the transaction list in the format of choice.

More ...

Screen: "Transactions window" on page 283

View Failed and Overdue Investigation Uploads

The Failed and Overdue Investigation (CSP-SRV) Uploads window lists Federal investigations in need of an upload or completion. It includes failed and overdue investigation survey (CSP-SRV) uploads as well as incomplete investigations. By default, the list is filtered according to your active My Selections set.

You can open the Investigation Properties dialog for a selected investigation and make needed changes. For a selected failed upload, the transaction errors that caused the failure are displayed.

To view failed and overdue investigation uploads:

1. From the **Tracking** menu, select **Failed and Overdue Investigation Uploads**.

   The Failed and Overdue Investigation (CSP-SRV) Uploads window lists failed (orange) and overdue (yellow) investigation uploads, and incomplete (green) investigations that require additional data before an upload can occur. Status is explicitly indicated in the Upload Status column.

   The following information is displayed:

   - Investigation ID
   - Provider Number
   - Exit Date of investigation survey
   - Age (in Days) of investigation
   - Facility Name
   - SA Completed Date
   - Last Upload Date
   - Upload Status: Failed, Overdue, or Incomplete
   - Responsibility: SA, RO, or Both

   TIP: You can change the sort order of the list by clicking any column heading.

2. Adjust **Filter Options** at the top as needed; click **Refresh List** to update the display.
3. To view explanations of errors associated with a failed upload in the **Upload Transaction Errors** section, click in the applicable row.
4. Select an investigation (row) and click the **Investigation Properties** button or double-click the transaction to open the corresponding Investigation Properties screen.
5. Click **Print** to print the displayed list as a report.

6 In the report preview window, click the **Export** icon to generate the list in the format of choice.

More ...

Screen: "Failed and Overdue Investigation Uploads window" on page 284

Late Investigations and Intakes

An investigation is considered late if it has not been successfully uploaded within a specified number of days from its exit date. An intake is past due if it has not been finalized within a specified number of days from the Received End Date.

Two upload monitoring emails are automatically generated, which provide notification of late investigations and intakes:

- Late Investigation Upload Review

  Lists all investigations that have never been uploaded and are late.

- Late Intake Finalization

  Lists Federal intakes that have not been finalized after a given number of days have elapsed since the Received End Date. Factors such as intake priority, facility type, deemed status, EMTALA, and Death due to Restraint or Seclusion are taken into account when determining if an intake is late.

More ...

"Upload Monitoring Emails" on page 472

Reopen an Intake

Once an intake is Finalized/Closed, SA/RO personnel can view it, but cannot modify it with one exception: RO users can modify EMTALA fields in closed intakes if the Referred to QIO checkbox is selected. If the intake needs additional work and you have appropriate security rights, you can reopen it in ACTS. When you select the Modify Intake option in the Tree view for a finalized intake, you will receive a message indicating you must reopen the intake to make changes.

To reopen an intake:

1 Locate the intake in **Tree** view.

2 Right-click it and select **Reopen Intake**.

3 Click **Yes** in the confirmation message.

The status changes to 5 - Investigation Completed, or 6 - Forwarded to RO/CO if the Forwarded to RO/MSA (Forwarded to RO if CLIA) or Forwarded to CO checkbox was selected on the Investigation or Actions/Close tab (these fields are shared by the two tabs) of the closed intake. You can now modify the intake as needed.

Associate Related Intakes

When more than one complaint/incident intake concerns the same issue, you can associate them. This feature provides a way to reference related intakes.

TIP: Associating intakes is *not* the same thing as linking them to an investigation. If you want to link several intakes to a single investigation, see Procedure: "Link Multiple Intakes to an Investigation" on page 59.

To associate a related intake:

1. On the **Intake** tab, select the **Click Here to Associate** button above **Questions to Remember**.

   You may need to scroll down to see this button.

   The Intakes Associated With window appears. The left pane (Unrelated Intakes) lists intakes for the provider that are not associated with any other intakes.

2. Select the intake you want to associate and click the right arrows to move it to the **Related Intakes** pane.

   The Has Related Intakes checkbox is now selected.

   Note: EMTALA intakes can be associated only with other EMTALA intakes.

More ...

Screen: "Intakes Associated With window" on page 212

Refer a Complaint/Incident

The SA/RO can refer a complaint/incident to an outside agency when an investigation is not needed, or during an investigation. When a complaint/incident is referred during an investigation, the SA must request a report on the results of the investigation. Whether or not there is an investigation, and regardless of who conducts the investigation, the SA remains responsible for assessing compliance with Federal conditions and requirements.

A non-CLIA complaint/incident can be referred with a priority of Referral - Immediately, Referral - Other, or No Action Necessary. For a CLIA complaint, priority can be Non-CLIA Referral or No Action Necessary.

Referral - Immediately is assigned if the seriousness of the complaint/incident requires immediate referral to another agency, board, or ESRD network for investigation.

- Referral - Other, or for CLIA, Non-CLIA Referral is assigned when referring to another agency, board, or ESRD network for investigation or informational purposes.
- No Action Necessary is assigned if the SA or RO is certain that no further investigation, analysis, or action is necessary.

Refer a Complaint/Incident to Another Agency

The SA or RO can refer a complaint or incident at the outset when an investigation or further action on the part of the SA or RO is not warranted, or at any time during an investigation. In either case, the SA/RO must ensure compliance with Federal conditions and requirements.

To refer a complaint or incident:

1. On the **Intake**, **Allegations**, or **Deemed/RO Approval** tab (if applicable) of the intake, choose the appropriate option for **Priority**.
   - If no investigation: No Action Necessary, Referral - Other (non-CLIA), or Non-CLIA Referral (CLIA only)
   - With an investigation: Referral - Immediately (non-CLIA), Referral - Other (non-CLIA), or for CLIA, Non-CLIA Referral (CLIA only)

   Only authorized users can set Priority.
2. Click the **Contact/Refer** tab and create a record of the referral.
3. Optionally, send a letter to the referral agency.
4. Keep a record of notifications about the referral.
5. When appropriate, request a report from the referral agency on the results of the investigation.
6. Print the **Agency Referral Summary Report**.
7. If linked to an investigation, upload data and close the complaint/incident.

More ...

"Priority" on page 463
Procedure: "Add a Referral Record" (below)
Procedure: "Generate Letters" on page 167
Procedure: "Track Notifications" on page 171
Procedure: "Display and Print Reports" on page 174
Procedure: "Data Upload" on page 111
Procedure: "Close Out the Complaint/Incident" on page 105

Add a Referral Record

When you refer a complaint/incident, you create a record of the referral on the Contact/Refer tab of the intake. The SA, RO, and CO can all add referral records as needed.

To add a referral record:

1. Under the **Referral Details** section on the **Contact/Refer** tab, click **Add**.
2. In the **Select Agency for Referral** window, click an agency and then click **Select**.

   The selected agency is added to the Referral Details grid.

   ACTS adds the agency to the Distribution List for the referred complaint/incident so you can generate and track correspondence with the agency regarding the complaint/incident.

   TIP: To add new agencies to the list in the Select Agency for Referral window, go to System | Lookup Tables | Agency Maintenance.

3. Enter dates related to the referral as they are available: **Date Referred**, **Due Date**, **Agency Visit**, **Report Received**.

   The background color of the date fields is white if an SA user adds the referral record, blue if RO, orange if CO.

More ...

Screen: "Referral Details" on page 220
Screen: "Agency Maintenance window" on page 290

Assign an Intake to Another Provider

If an intake has been created erroneously for a provider, you can use the Change Facility option to reassign it to the correct provider, unless:

- The intake is already linked to an investigation survey.
- The intake is EMTALA or Deemed/CLIA RO Approval and the RO has already entered a response (Approved/Disapproved) or response date.
- The intake is not linked to a survey, but has been forwarded to the RO or CO for review before finalization.

You can reassign an EMTALA and/or Deemed intake to a provider that does not support EMTALA/Deemed intakes. However, the intake will lose its EMTALA/Deemed status and all EMTALA information (including EMTALA allegations) and/or all Deemed/2802 information.

When you use Change Facility to reassign an intake already successfully uploaded to national, an automatically-generated CSP-INT transaction is logged to re-upload the intake in order to change the CCN on national to reflect the facility to which the intake is currently assigned.

Note: You are permitted to reassign an intake to a facility that doesn't have a CCN.

To assign an intake to a different provider:

1. In **Tree** view, locate the intake.
2. Right-click the intake and select **Change Facility** to open the **Search for Facility** window.

   You will receive an error message if the intake:

   - is linked to a survey.
   - is EMTALA or Deemed/CLIA RO Approval and the RO has entered a response or response date.
   - is not linked to a survey and has been forwarded to the RO.
3. Search for and select the facility to which you want to reassign the intake.

   The Search for Facility window works just like the Find window.

   A message will appear after you select a facility in Search Results in the following cases:

   - The selected facility isn't open. You can choose to go ahead with the reassignment or not.
   - If there is at least one COP marked for investigation on the Deemed tab of the intake and you move the intake to another Deemed provider, a message warns you that all COPs will be removed. You can choose to continue or not.

- If you are trying to assign an EMTALA and/or Deemed intake to a provider that does not support such intakes, a message tells you that the intake will lose its EMTALA/Deemed status and all EMTALA/Deemed information. You can choose to continue or not.
- If values for Location Received, Responsible Parties, or Responsible Team exist, a message asks whether to retain these values or delete them.

  If you choose to retain the values, action items for the Responsible Parties will be automatically updated with the correct provider information upon transfer. If you choose not to retain the values, they will be cleared. However, if default values have been defined for Location Received and Responsible Team, they will appear in the reassigned intake (and may be the same as they were for the original provider). Action items related to the cleared fields will be deleted.

All intake-level attachments to the intake will be retained.

Note: Request for RO Approval (EMTALA/Deemed/CLIA RO Approval intakes) will not be reassigned to the new facility, nor will Activity Action Items. You should determine whether existing activities need to be reassigned to staff at the new facility.

More ...

Screen: "Find window" on page 276

Process Intake: Deemed Provider

Complaint/Incident Workflow: Deemed Provider

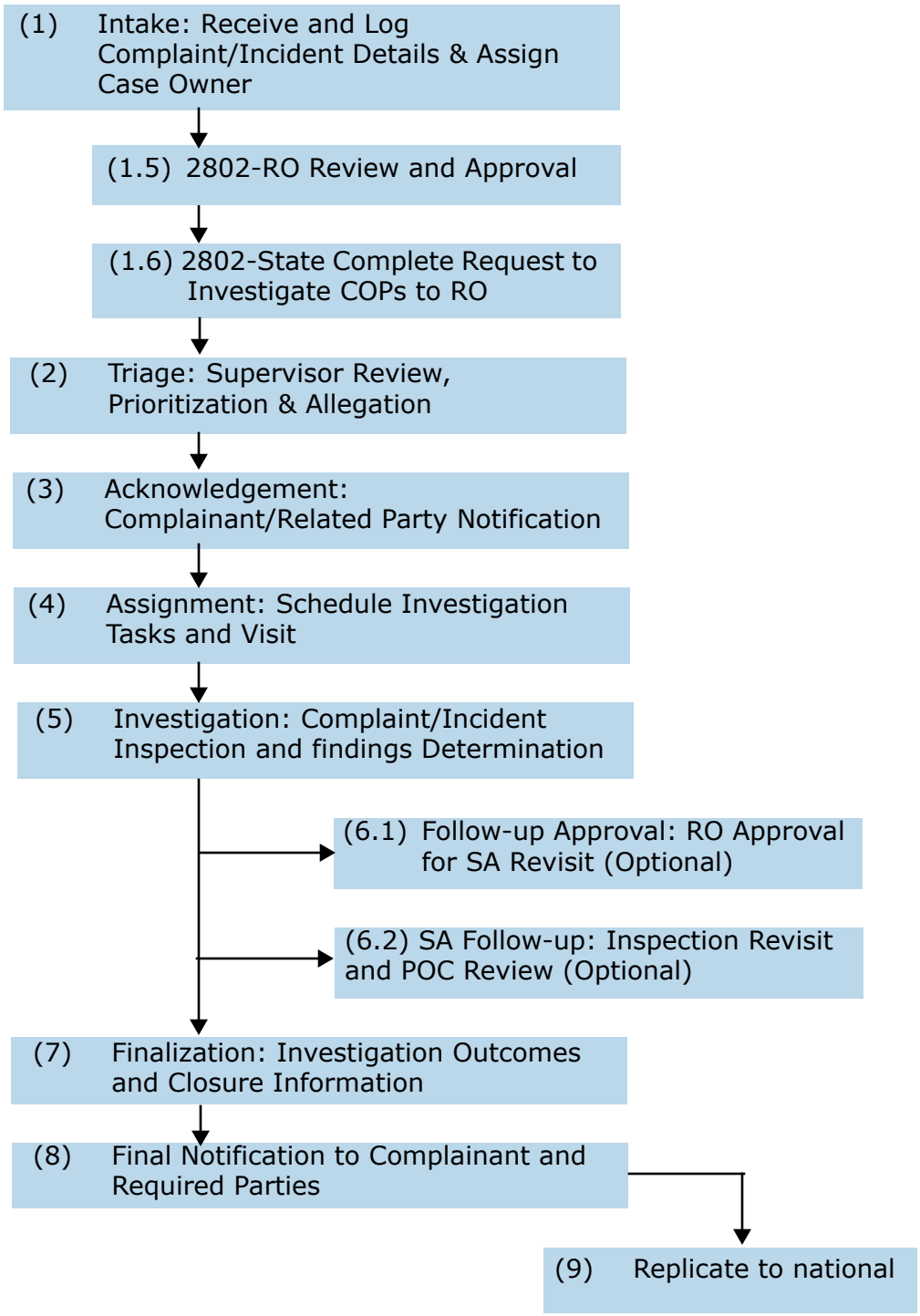


Figure 30: Workflow: Deemed Complaint/Incident

Intakes for providers that may be deemed for Medicare participation have an additional Deemed tab, and an “A” appears on icons in the ACTS Tree view.

The SA and RO need to coordinate closely to assure clear communication about complaint/incident investigations of deemed providers. The Deemed tab replicates the portions of the CMS-2802 form used to authorize the investigation survey and to identify those areas of the provider's operations that are to be investigated. It includes additional information (such as Priority) and provides a common area where states and regions can track the progress of the Deemed complaint/incident process.

Note: A paper copy of the CMS-2802 is not required, though it can be printed for informational purposes after an investigation is approved by the RO.

When a State Agency receives an allegation of noncompliance against a deemed provider, the SA enters the intake information and then goes to the Deemed tab to request authorization from the RO to conduct an investigation. The RO reviews the information entered by the SA and approves or disapproves an investigation.

When an allegation is reported to the Regional Office, the RO can create the intake and go directly to the Deemed tab to approve or disapprove an investigation by the SA.

To create an intake for a complaint/incident involving a deemed provider:

1. Open a new intake and enter basic information on the **Intake** tab.
2. Enter allegation information on the **Allegations** tab.
3. Click the **Deemed** tab.
4. Select the **Deemed for Medicare Participation** checkbox to activate the rest of the form.

   The default is the setting for Deemed on the latest CMS-1539 for the provider in ACO, i.e., if Deemed = Yes, this checkbox is selected, and if No, this checkbox is not selected. If you change the setting here, the change is not reflected on the latest CMS-1539.

   If the provider is accredited but not deemed, process the complaint/incident intake as for a non-accredited provider. Do *not* use the Deemed tab.

   Note: If you clear the Deemed for Medicare Participation checkbox, all related fields are cleared and disabled on the Deemed tab. If Request for RO Approval is selected when you clear the Deemed checkbox, you are warned and can choose to clear the Request checkbox and date, or not.

5. Enter the “**Date of last accreditation survey**”.

6 Select the **Conditions of Participation** you believe should be investigated.

At least one COP is required for all deemed providers *unless* the intake has only Two-Point Soft Wrist Only D/R/S allegations. You will receive a message if the regulation set required to populate the COP list is missing, or if a selected COP is associated with a tag that changed from Condition to Standard.

7 In the **Full Survey** section, click **Find** to list surveys for the current provider and optionally select one as a **Cross Reference**.

This creates a cross reference between the current intake and the selected survey, which resulted from a related investigation.

8 **SA -** Select the **Request for RO Approval** checkbox.

ACTS sets the complaint/incident intake Status to 2 - Pending RO Approval - if the existing Status is 1 - and sends an RO Approval Requested action item to the responsible RO staff member(s). If Status is already greater than 2, it stays the same, but an action item message is sent.

If no responsible RO party has been specified for the intake, the action item message is sent to every RO user in the current region.

Note: When you use the Change Facility option to reassign an intake, the Request for RO Approval will not be reassigned to the new facility.

RO - To approve/disapprove a deemed investigation:

Regional Office staff should check their action items often for new requests for approval.

1 In your list of action items, double-click the appropriate **RO Approval Requested** message to open the complaint/incident intake.

-or-

Locate the intake on the **Status** tab under **2 - Pending RO Approval**, right-click it, and select **Modify Intake**.

2 After reviewing allegations and other information in the intake, click the **Deemed** tab, and if you approve the investigation:

- Change Priority, if necessary, to determine when the SA should conduct the investigation.

  Only authorized users can enter a value.
- If necessary, change the default Received End Date and Time.
- If you changed Priority and/or Received End Date and Time, go to the Intake or Allegations tab and, as necessary, change or enter the number of days within which the investigation must begin and the Investigation Due By date, based on working or calendar days as appropriate.
- Add, modify, or delete the COPs that the SA should review in the investigation survey.

3 In either case (approval or disapproval), complete the **Signature** section.

When you enter an RO Response, either Approved or Disapproved, ACTS sends a Response from RO action item to the responsible SA staff member(s). The Status of the intake changes from 2 - Pending RO Approval to 3 - Pending Review/Assignment *unless* the intake is both EMTALA and Deemed. In that case, Status changes to Pending Review/Assignment only after an RO response is entered on both the EMTALA and Deemed tabs. If Status is already 3 or greater, it stays the same.

If Deemed for Medicare Participation is selected, all fields in the Signature section except Comments are required for finalization and upload.

Note: CO personnel can complete the Signature section if necessary.

You can check the Status of an intake in a number of places:

- Locate the Status field at the upper right of the Intake tab.
- Locate the intake on the Facility tab in Tree view; Status is listed there.
- Click the provider on the Facility tab in Tree view; the List view shows all complaints/incidents involving that provider, and indicates Status, among other things.
- Click the Status tab in Tree view, where intakes are grouped by status.

To generate a printed CMS-2802:

➥ Click **Print...** at the bottom of the intake form and select **CMS 2802 Form**.

You cannot print the CMS-2802 unless Deemed for Medicare Participation is selected and RO Response = Approved.

The version printed depends on provider type:

- CMS-2802 - Hospital, except CAH
- CMS-2802A - CLIA Labs
- CMS-2802B - Hospice
- CMS-2802C - HHA
- CMS-2802D - ASC
- CMS-2802E - CAH

SA - To conduct the investigation:

Once the RO has responded to a request for approval, the complaint/incident intake is listed on the Status tab under 3 - Pending Review/Assignment (unless the Status is greater than 3).

1. Click the **Status** tab in the **Tree** view, expand the **Pending Review/Assignment** node, and locate the intake.
2. Right-click the intake and select **Modify Intake**.
3. On the **Investigation** tab, either schedule a new survey and link the intake to it, or link the intake to an existing survey (mark the **Selected** checkbox).

To complete the investigation - SA:

1. When the survey is completed, enter deficiencies (if any) in **Citation Manager**.
2. For providers other than nursing homes and CLIA labs, be sure to answer the IJ question (**CoPs out of compliance - is there an IJ?**) on the **Investigation Properties** tab *if* it is enabled.

   The IJ indicator is enabled as appropriate and required when enabled.
3. Generate a **2567**, if appropriate.
4. Enter findings on the **Allegations** tab.
5. Send appropriate correspondence to the complainant(s), provider, and others as needed.
6. On the **Actions/Close** or **Investigation** tab, select the **Forwarded to RO/MSA** checkbox and enter a date.

   Today's date is entered by default. ACTS sends a Forwarded to RO action item to the responsible RO staff member(s), except for licensure-only and Medicaid-only providers (a message informs you of this).

RO - To review the findings:

1. Open the intake and review the findings.
2. Enter applicable values in the **Regional Office Tracking** section on the **Investigation Properties** tab in I**nvestigation Properties->Survey View**.

Note: The Regional Office Tracking section is enabled in both ACTS and ACTS RO for Medicaid-only providers (including PRTF 061).

To finalize the deemed complaint/incident:

1. On the **Actions/Close** tab, specify **Proposed Action**(**s**) and enter **Imposed Date**(**s**).
2. Send appropriate correspondence to the complainant(s), provider, and others as needed.
3. Close the complaint/incident.

   When the complaint/incident intake is finalized, either the automatic upload process is initiated or you can perform a manual upload.

Note: Deemed finalization edits apply to an incident intake linked to a survey with a Federal regulation set regardless of the assigned Intake Subtype.

More ...

Procedure: “Create an Intake” on page 41
Procedure: “Enter Basic Intake Information” on page 44
Procedure: “Add Complainants, Residents/Patients/Clients, Alleged Perpetrators” on page 46
Procedure: “Enter Allegations (Federal and State)” on page 51
Screen: "Deemed tab" on page 223
Procedure: “Process a Standard Complaint/Incident” on page 38
“Priority” on page 463
Procedure: “Process CLIA Intake: RO Approval Required” on page 140
Procedure: “Schedule a Survey” on page 56
Procedure: “Link an Intake to an Investigation” on page 57
Procedure: “Record Deficiencies” on page 63
Procedure: “Print CMS-2567” on page 77
Procedure: “Enter Allegation Findings” on page 81
Procedure: “Generate Letters” on page 167
Fields: "Deficiencies", on page 353
Procedure: “Specify Proposed Actions - Federal” on page 85
Procedure: “Specify Proposed Actions—State” on page 86
Procedure: “Close a Complaint/Incident” on page 104
Procedure: “Data Upload” on page 111

Track State Survey Jurisdiction Processes

The Provider/Supplier's State Survey Jurisdiction History section at the bottom of the Deemed tab displays a history of instances in which a deemed provider was removed from Accrediting Organization (AO) jurisdiction and placed under State Survey Jurisdiction because it had out-of-compliance COPs. SAs and ROs can view details of State Survey Jurisdiction processes for providers. ROs can enter dates and initiate new State Survey Jurisdiction processes, if necessary.

Start a State Survey Jurisdiction Process

RO

The RO initiates a new State Survey Jurisdiction process when at least one condition-level tag is cited on a complaint investigation survey linked to an intake and the intake is not already linked to a State Survey Jurisdiction process. In these circumstances, a message appears in red to alert the RO.

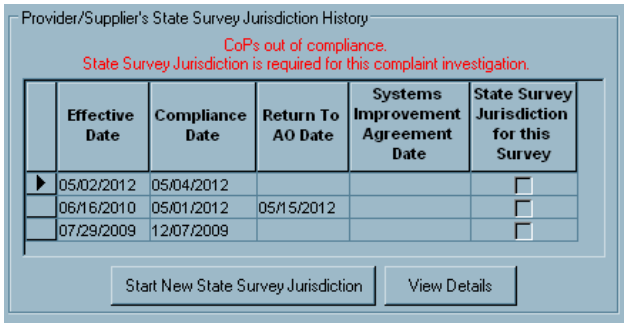


Figure 31: "State Survey Jurisdiction required" message

Note: A single state monitoring process can include both complaint investigation and certification surveys.

To start a new State Survey Jurisdiction process:

1. In **Tree** view, locate the applicable intake, right-click it, and select **Modify Intake**.
2. Go to the **Deemed** tab and scroll down to the **Provider/Supplier's State Survey Jurisdiction History** section.

3 Click the **Start New State Survey Jurisdiction** button.

WARNING! A state survey jurisdiction process cannot be deleted once it is initiated.

The current complaint/incident intake is linked to the new State Survey Jurisdiction record and Effective and Compliance dates are calculated. State Survey Jurisdiction for this Survey is selected.

If the investigation survey linked to the intake is associated with a certification kit, the new State Survey Jurisdiction record is added there as well. If both Complaint Investig and Recertification are assigned to the condition-level deficiencies as Citation Category, the State Survey Jurisdiction for this Survey checkbox is also selected in the certification kit. If Recertification is not assigned as a Citation Category, the checkbox is not selected in the certification kit.

More ...

Screen: "Provider/Supplier's State Survey Jurisdiction History" on page 225

View and Enter State Survey Jurisdiction Details

SAs and ROs can view details of State Survey Jurisdiction processes for a provider in the State Survey Jurisdiction Detail window. ROs can enter dates for the selected State Survey Jurisdiction process.

To view and enter State Survey Jurisdiction details:

1 Go to the **Deemed** tab in the applicable intake.

2 Scroll down to the **Provider/Supplier's State Survey Jurisdiction History** section.

3 Select a State Survey Jurisdiction process and click **View Details** to open the **State Survey Jurisdiction Detail** window.

This window displays dates associated with the selected process and all surveys linked to the process at the intake and certification kit level.

4 **RO -** As applicable, enter **Compliance Date**, **Return to AO Date**, and **Systems Improvement Agreement Date**.

Effective Date is calculated and entered by the system.

5 Click **OK** to close the window when you are done.

Any dates entered are copied to the process record in the Provider/Supplier's State Survey Jurisdiction History grid.

More ...

Screen: "Provider/Supplier's State Survey Jurisdiction History" on page 225
Screen: "State Survey Jurisdiction Detail window" on page 226

Remove Surveys from State Survey Jurisdiction

RO

On historical (pre-ASPEN 10.1.3) state monitoring records only, the RO can remove surveys from the State Survey Jurisdiction process and return them to AO jurisdiction when COP deficiencies are corrected.

To remove a survey from a State Survey Jurisdiction process:

1. In the **Provider/Supplier's State Survey Jurisdiction History** section, select the applicable State Survey Jurisdiction process.
2. Click **View Details** to open the **State Survey Jurisdiction Detail** window.
3. Select the survey you want to remove from the process and click **Remove Survey**.

   One or more confirmation messages will appear.
4. Make sure you want to delete the survey, and respond **Yes**.
5. Click **OK** to close the window when you are done.

More ...

Screen: "Provider/Supplier's State Survey Jurisdiction History" on page 225
Screen: "State Survey Jurisdiction Detail window" on page 226

Process Intake: CLIA

Phase 1 of the CLIA conversion to the QIES/ASPEN architecture was implemented in ASPEN 8.6: the integration of CLIA complaints management into ACTS. You can create and maintain CLIA complaint intakes in ACTS. New CLIA incident intakes are not supported. However, you can maintain CLIA incident intakes created in ACTS prior to March 27, 2006 (ASPEN 8.6 release date).

Depending on a lab's certificate type at the time of the event that led to a complaint, RO approval for a complaint investigations may or may not be needed. If RO approval is required, the complaint is handled much the same as a Deemed complaint. If RO approval is not required, the standard intake process is followed.

Note: If a 225 NOCN lab applies for a CLIA number, the CMS Certification Number and Type (now in the 220-224 range) fields must be updated on the Facility Definition tab in ACO. As for any CLIA lab, RO approval may or may not be required for a complaint investigation depending on certificate type at the time of the event.

Process CLIA Intake: RO Approval Required

The SA and RO need to coordinate closely to assure clear communication about complaint investigations of CLIA labs that require RO approval. The RO Approval tab on the ACTS Intake screen is the CLIA equivalent of the Deemed tab for deemed providers. It replicates the portions of the CMS-2802A form used to authorize a complaint investigation and to identify those areas of the lab's operations that are to be investigated. It includes additional information (such as Priority) and provides a common area where states and regions can track the progress of the CLIA complaint process.

Note: A paper copy of the CMS-2802A isn't required, though it can be printed for informational purposes after an investigation is approved by the RO.

The RO Approval tab is enabled or disabled based on the value of the Certificate at Time of Alleged Event field on the Intake tab and the Certificate Type field on the RO Approval tab. When the RO Approval tab is enabled, as shown below, the SA must obtain approval from the RO to conduct an investigation.

The RO Approval tab is enabled when:

- Certificate at Time of Alleged Event = Waiver

  and

  Certificate Type = 2 Waiver. Auto-selected and read only. Value here can be changed only by changing value of Certificate at Time of Alleged Event.
- Certificate at Time of Alleged Event = Accreditation

  and

  Certificate Type = 3 Accredited. Auto-selected and read only. Value here can be changed only by changing value of Certificate at Time of Alleged Event.
- Certificate at Time of Alleged Event = Registration (Accreditation)

  and

  Certificate Type = 3 Accredited. Auto-selected and read only. Value here can be changed only by changing value of Certificate at Time of Alleged Event.
- Certificate at Time of Alleged Event = PPMP

  and

  Certificate Type = 4 PPMP. Auto-selected and read only. Value here can be changed only by changing value of Certificate at Time of Alleged Event.

When a State Agency receives an allegation of noncompliance against a CLIA lab requiring RO approval to investigate, the SA enters the intake information and goes to the RO Approval tab to request authorization from the RO to conduct an investigation. The RO reviews the information entered by the SA and approves or disapproves an investigation.

When an allegation is reported to the Regional Office, the RO can create the intake and go directly to the RO Approval tab to approve or disapprove an investigation by the SA.

Note: For CLIA COW, Accreditation, or PPMP intakes, if Priority is No Action Necessary, RO approval is not required.

To process a CLIA intake - RO approval required:

1. Open a new intake and enter intake and assignment, complainant, resident/patient/client, and allegation information.

   The RO Approval tab is enabled if one of the following is selected for Certificate at Time of Alleged Event on the Intake tab:

   - Waiver
   - Accreditation
   - Registration (Accreditation)
   - PPMP

2. Click the **RO Approval** tab.

   Certificate Type defaults to the value entered for Certificate at Time of Alleged Event on the Intake tab.

   Date of Last AO Inspection is automatically entered.

3. **SA –** Select the **Request for RO Approval** checkbox.

   ACTS sets the intake Status to 2 - Pending RO Approval - if the existing Status is 1 - and sends an RO Approval action item message to the responsible RO staff member(s). If Status is already greater than 2, it stays the same, but an action item message is sent.

   If no responsible RO party has been specified for the intake, the action item message is sent to every RO user in the current region.

   Note: When you use the Change Facility option to reassign an intake, the Request for RO Approval will not be reassigned to the new facility.

4. Select the **Areas to Investigate**, that is, those areas of lab operation that you think should be reviewed during the investigation survey.

   When you select the checkbox next to an area, the corresponding row in the Comments/Specialties/Subspecialties section is activated and you can enter text. At least one Area is required for all CLIA RO Approval intakes.

5. In the **Full Survey** section, click **Find** to list surveys for the current provider and optionally select one as a **Cross Reference**.

   This creates a cross reference between the current intake and the selected survey, which resulted from a related investigation.

Regional Office staff should check their action items often for new requests for approval.

RO - To approve or disapprove an investigation:

1. In your list of action items, double-click the appropriate **RO Approval** message to open the **CLIA** intake.

   -or-

   Locate the intake on the **Status** tab under **2 - Pending RO Approval**, right-click it, and select **Modify Intake**.

2. After reviewing information in the intake, click the **RO Approval** tab, and if you approve the investigation:

   - Change Priority, if necessary, to determine when the SA should conduct the investigation.

     Only authorized users can enter a value.
   - If necessary, change the default Received End Date and Time.
   - If you changed Priority and/or Received End Date and Time, go to the Intake or Allegations tab and, as necessary, change or enter the number of days within which the investigation must begin and the Investigation Due By date, based on working or calendar days as appropriate.
   - Add, modify, or delete the Areas to Investigate that the SA should review in the investigation.

3. In the case of either approval or disapproval, complete the **Signature** section.

   This section is enabled in ACTS RO only. All fields except Comments are required for finalization and investigation survey upload *unless* Priority is T - Non-CLIA Referral or the intake was created by RO/CO.

   Note: CO personnel can complete the Signature section if necessary.

   When you enter an RO Response, either Approved or Disapproved, the Status of the intake changes from 2 - Pending RO Approval to 3 - Pending Review/Assignment. If Status is already 3 or greater, it stays the same.

   You can check the Status of an intake in a number of places:

   - Locate the Status field at the upper right of the Intake tab.
   - Locate the intake on the Facility tab in Tree view; Status is listed there.
   - Click the provider on the Facility tab in Tree view; the List view shows all complaints/incidents involving that provider, and indicates Status, among other things.

4. Click the Status tab in Tree view, where intakes are grouped by status.To generate a printed CMS-2802A, click **Print...** at the bottom of the intake form and select **CMS 2802 Form** in the **Select the Reports** window.

   You cannot print the CMS-2802A unless Certificate at Time of Alleged Event on the Intake tab is Accreditation and RO Response is Approved.

Once the RO has responded to a request for approval, the intake is listed on the Status tab under 3 - Pending Review/Assignment (unless the Status is greater than 3).

SA - To conduct the investigation:

1. Click the **Status** tab in the **Tree** view, expand the **Pending Review/Assignment** node, and locate the intake.
2. Right-click the intake and select **Modify Intake**.
3. On the **Investigation** tab, either schedule a new investigation survey and link the intake to it, or link the intake to an existing survey (mark the **Selected** checkbox).

After the survey

➥ Once the survey is done, proceed as for a standard intake.

More ...

Procedure: “Create an Intake” on page 41
Procedure: “Enter Basic Intake Information: CLIA” on page 144
Procedure: “Add Complainants, Residents/Patients/Clients, Alleged Perpetrators” on page 46
Procedure: “Enter Allegations (Federal and State)” on page 51
“Priority” on page 463
Screen: "Signature, Full Survey - RO Approval" on page 228
Procedure: “Merge Data” on page 96
Procedure: “Complete the Investigation” on page 84
Procedure: “Data Upload” on page 111

Process CLIA Intake: RO Approval Not Required

RO approval is not required for a CLIA complaint investigation if the value entered in the Certificate at Time of Alleged Event field on the Intake tab is one of the following:

- Compliance
- Registration (Compliance)
- No CLIA Number

  If a 225 NOCN lab applies for a CLIA number, the CMS Certification Number and Type (now in the 220-224 range) fields must be updated on the Facility Definition tab in ACO. As for any CLIA lab, RO approval may or may not be required for a complaint investigation depending on certificate type at the time of the event.

When RO approval is not required, the RO Approval tab is disabled and you follow the standard complaint process.

Note: For CLIA COW, Accreditation, or PPMP intakes, if Priority is No Action Necessary, RO approval is not required.

To process a CLIA intake - no RO approval required:

1. Open a new intake and enter intake and assignment information.

   Intake Type is read-only for all CLIA intakes. It defaults to 01 Complaint for all new CLIA intakes. For CLIA incidents created prior to March 27, 2006 (ASPEN 8.6 release date), Intake Type remains 02 Entity Reported Incident.
2. Add complainant and resident/patient/client names.
3. Enter allegation information.
4. Optionally contact concerned parties to acknowledge the complaint.
5. Prepare and conduct a complaint investigation survey.
6. Once the survey is done, finish up the investigation and finalize the intake.

   When the intake is finalized, either the automatic upload process is initiated or you can perform a manual upload.

More ...

Procedure: "Create an Intake" on page 41
Procedure: "Enter Basic Intake Information: CLIA" (below)
Procedure: "Add Complainants, Residents/Patients/Clients, Alleged Perpetrators" on page 46
Procedure: "Enter Allegations (Federal and State)" on page 51
Procedure: "Acknowledge the Complaint/Incident" on page 53
Procedure: "Prepare a Complaint/Incident Investigation" on page 54
Procedure: "Merge Data" on page 96
Procedure: "Complete the Investigation" on page 84
Procedure: "Data Upload" on page 111
Procedure: "Close a Complaint/Incident" on page 104

Enter Basic Intake Information: CLIA

It is best to provide information on the Intake tab as soon as possible. Responsible parties need to be specified so ACTS can send them action item messages. If known, complainant address information should be entered if you plan to use ACTS to generate and record an acknowledgement letter.

To enter basic intake information for CLIA:

1. On the **Intake** tab, identify **Intake Staff**.

   ACTS supplies the name of the currently logged-in user and selects State Agency, Regional Office, or Central Office as appropriate. Click **Change Staff** if the complaint report was initially received by a different staff member. This activates the drop-down list, so you can select another staff member.
2. ACTS supplies the **Status** value.

   ACTS determines status levels as the CLIA complaint process progresses.

3 Select the appropriate **Certificate at Time of Alleged Event**.

The RO Approval tab is enabled or not depending on your selection.

4 In the **Assignment** section:

- Specify Intake Type and Subtype.
- Provide information about receipt of the complaint report.
- Enter ID and control numbers.
- Use the buttons to specify Responsible Parties; select the Responsible Team.

ACTS will add the complaint to My Action Items for the responsible parties with the designation "Responsible For".

5 Add complainants and residents/patients/clients.

6 Specify the **Source**(**s**) of the complaint report.

7 Specify complaint **Priority**, if known.

8 If necessary, change default **Received Start Date** and **Time**, and **Received End Date** and **Time**.

9 Press the **Click Here to Associate** button to open the **Intakes Associated With** window where you can select related intakes.

10 If you have a caller on the phone, use the applicable **Notes** text editor at the bottom left of the **Intake** tab.

You may find it helpful to refer to the **Questions to Remember** prompts on the right.

SA only - Click the **Insert Questions into Notes** button to insert the Questions to Remember prompts into the **Notes** text editor.

Put brackets [ ] around text that should not be shown in public reports.

More ...

Screen: "Intake Staff and Status" on page 203
Screen: "CLIA Certificate" on page 203
Screen: "Assignment" on page 204
Procedure: "Add Complainants, Residents/Patients/Clients, Alleged Perpetrators" on page 46
Screen: "Source" on page 210
Procedure: "Assign Priority" on page 53
Screen: "Received and Related Intakes" on page 212
Screen: "Intakes Associated With window" on page 212

Track TRF Complaints

CO, ACTS RO – Transfusion-related fatalities (TRF) are tracked nationally. Only Central Office staff who are not Federal contractors, as determined from personnel records, can access TRF functionality in ACTS RO. With appropriate option/tab/button security, you (CO user) can add, modify, and delete TRF records, and access related intakes. For Lab-related and Both Lab and Hospital TRFs, you can create CLIA intakes.

View the TRF Log

The Transfusion-related Fatality Tracking window available only in ACTS RO to CO users with appropriate option/tab/button security, lets you access all TRF complaint information, regardless of laboratory location and TRF type.

To view the TRF log:

1. On the **ACTS RO** toolbar, click **TRF** to open the **Transfusion-related Fatality Tracking** window.

   TRF information is displayed in a grid. Scroll to the right to see all columns.

   Overdue Lab-related TRF complaints–those with no investigation report date 60 or more days after the CO notified the ARA (Associate Regional Administrator)–are highlighted in red.

2. Use the **TRF Filter** fields to filter the list of **TRFs**.

   - Enter or select the **Beginning Date** and **Ending Date** of the date range you want.

     Note: TRF Placeholder records will display only if their Initial from FDA date falls into the specified date range.

   - Select the desired **Status** and **Type**.
   - Click **Refresh List** to filter the list of TRFs according the specified criteria.

3. To attach documents, photographs, or any other relevant files to a **TRF**, click **Attach...** in the row for the applicable **TRF** to open the **Attachment Documents for CBER Number** window.

4 To add notes or comments to a **TRF** record, click **Notes** in the applicable row.

You can enter or paste text in the TRF Notes word processor that appears. An asterisk is added to the Notes button when text has been entered.

TIP: You can also enter notes via the Transfusion Related Fatality window. Changes or additions you make in one location are reflected in the other location.

---

5 Click **Print** to print **TRF** reports.

More ...

Screen: "Transfusion-related Fatality Tracking window" on page 288
Procedure: “Add a TRF Placeholder Record: Type 05” on page 149
Screen: "Attachments window" on page 257
Procedure: “Display and Print TRF Reports” on page 154

Add a TRF Record: Types 01-04

You use the Transfusion Related Fatality window to add a record for TRFs of types 01 FYI-Only, 02 Lab-related, 03 Hospital-related, and 04 Both Lab and Hospital. For types 02 or 04, you can link a new or existing CLIA intake to the new TRF record.

To add a TRF record:

1 On the **ACTS RO** toolbar, click **TRF** to open the **Transfusion-related Fatality Tracking** window.

2 At the bottom of the window, click **New**.

3 In the **Transfusion Related Fatality** window, enter **CBER Number**, **Type** (of TRF), **Facility Name**, and the **Initial from FDA** date.

These fields are all required. Initial from FDA must be equal to, or later than the Date of Death in the bottom section.

4 As applicable, select a **Status**, enter a **CLIA Number**, and select a **Type of Follow-up**.

5 For a **Lab-related** or **Both Lab and Hospital** TRF type, click **Add/Link...** to the right of the **Intake ID for Lab field** to link an existing CLIA intake or create and link a new intake to the TRF record.

6 In the **Text Search** field of the **Find** window, enter all or part of the lab name. If the search text you enter does not appear at the start of the name or number, type an asterisk (*) before the text, e.g., *alw.

-or-

Click the down arrow to select from prior search text.

7 Select **Search By Name** and click **Find Now**.

The Search Results list box displays labs that match the search text.

TIP: You can use the other Search Criteria as desired.

8 Double-click the applicable CLIA lab, or click it and then click **Select**.

The Available Intakes for Facility window opens.

9 Select an intake, then click **Link to Intake...** to link that intake to the new TRF record.

-or-

Click **Create New Intake...** to open a new intake, enter information, and link it to the new TRF record when you OK out of the intake.

On the Allegations tab, 70 General is automatically selected as Category and 05 Transfusion Related Fatalities as the Subcategory.

When you return to the Transfusion Related Fatality window, the Intake ID for Lab field contains the ID of the linked intake and the Add/Link... button has toggled to View....

10 Select the **Cause**(**s**) of the TRF.

11 Supply the various dates at the bottom as they are available, e.g., Date of Death, CMS Receives FDA Rpt, TRF Closure Date.

12 To add notes or comments, click **Notes** at the bottom of the screen.

You can enter or paste text in the TRF Notes word processor that appears. An asterisk is added to the Notes button when text has been entered.

TIP: You can also enter notes to the TRF record via the applicable row in the Transfusion-related Fatality Tracking window. Changes or additions you make in one location are reflected in the other location.

13 Click **OK** to close the **Transfusion Related Fatality** window and add the new **TRF** to the grid in the **Transfusion-related Fatality Tracking** window.

You will receive a message if you entered a duplicate CBER Number.

If you linked an intake, the button in the Intake ID for Lab column is labeled with the intake ID.

More ...

Screen: "Transfusion-related Fatality Tracking window" on page 288
Screen: "Transfusion-related Fatality window" on page 289

Add a TRF Placeholder Record: Type 05

To add a TRF record for type 05 CBER# Placeholder, i.e., an FDA CBER report, you open the Insert Missing CBER Number window.

To add a placeholder TRF record:

1. On the **ACTS RO** toolbar, click **TRF** to open the **Transfusion-related Fatality Tracking** window.
2. At the bottom of the window, click the **Insert Missing CBER Number** button.
3. In the **Insert Missing CBER Number** window, enter the **CBER Number** and **Gap Reason**.

   CBER Number is required.
4. **Type** is automatically entered as 05 CBER# Placeholder.
5. Enter the **Initial from FDA** date.

   This field is required. It is the date the report of the TRF incident was initially received from the FDA.
6. Click **OK** to close the **Insert Missing CBER Number** window and add the new placeholder record to the grid in the **Transfusion-related Fatality Tracking** window.

More ...

Screen: "Transfusion-related Fatality Tracking window" on page 288
Screen: "Insert Missing CBER Number window" on page 289

Link a CLIA Intake to an Existing TRF Record

A TRF record may have a corresponding CLIA complaint intake logged on a state server, which will be listed in the Transfusion-related Fatality Tracking grid. If not, for Lab-related and Both Lab and Hospital TRFs, you can link a new or existing CLIA intake from the Transfusion-related Fatality Tracking window.

TIP: You can also link a new or existing intake from the Transfusion Related Fatality window.

To create and link a CLIA intake to a TRF record:

1. On the **ACTS RO** toolbar, click **TRF** to open the **Transfusion-related Fatality Tracking window**.
2. In the **Intake ID for Lab** column for the appropriate TRF record, click **Add/Link...**.

   You may have to scroll to the right to see this column.
3. In the **Text Search** field of the **Find** window, enter all or part of the lab name. If the search text you enter does not appear at the start of the name or number, type an asterisk (*) before the text, e.g., *alw.

   -or-

   Click the down arrow to select from prior search text.
4. Select **Search By Name** and click **Find Now**.

   The Search Results list box displays labs that match the search text.

   TIP: You can use the other Search Criteria as desired.
5. Double-click the applicable CLIA lab, or click it and then click **Select**.

   The Available Intakes for Facility window opens.

6 Select an intake, then click **Link to Intake...** to link that intake to the new TRF record.

-or-

Click **Create New Intake...** to open a new intake, enter information, and link it to the selected TRF record when you OK out of the intake.

On the Allegations tab, 70 General is automatically selected as Category and 05 Transfusion Related Fatalities as the Subcategory.

When you return to the Transfusion-related Fatality Tracking window, the new intake is listed. The Add/Link... button in the Intake ID for Lab column has been relabeled with the new intake ID, e.g., CA00067036

More ...

Screen: "Transfusion-related Fatality Tracking window" on page 288
Procedure: “Process CLIA Intake: RO Approval Required” on page 140
Procedure: “Process CLIA Intake: RO Approval Not Required” on page 143

Modify a TRF Record

For a TRF record of types 01-04, you make changes in the Transfusion Related Fatality window. For type 05 TRF records, you open the Insert Missing CBER Number window.

To modify a TRF record:

1 On the **ACTS RO** toolbar, click **TRF** to open the **Transfusion-related Fatality Tracking** window.

2 Select the **TRF** record you want to modify.

3 At the bottom of the window, click **Modify**.

If you selected a TRF record of type 01-04, the Transfusion Related Fatality window opens. For a type 05 TRF record, the Insert Missing CBER Number window opens.

4 Update the information as needed.

5 If an intake is linked, click **View...** to the right of the **Intake ID for Lab** field in the **Transfusion Related Fatality** window to view and modify the intake.

6 To remove a linked intake, click **Remove...**

7 Click **OK** to save your changes and return to the **Transfusion-related Fatality Tracking** window.

More ...

Screen: "Transfusion-related Fatality Tracking window" on page 288
Screen: "Transfusion-related Fatality window" on page 289

Modify a Linked CLIA Intake

You can access a CLIA complaint intake linked to a TRF record from the Transfusion-related Fatality Tracking window and modify it as needed.

TIP: You can also access a linked intake from the Transfusion Related Fatality window.

To modify a CLIA intake linked to a TRF record:

1 On the **ACTS RO** toolbar, click **TRF** to open the **Transfusion-related Fatality Tracking** window.

2 In the **Intake ID for Lab** column for the appropriate TRF record, click the button labeled with the intake ID such as CA00067036 to open the intake.

You may have to scroll to the right to see this column.

3 Update the intake as needed.

4 When you are ready, click **OK** to close the intake and save the information you entered.

You return to the Transfusion-related Fatality Tracking window.

More ...

Procedure: “Modify a TRF Record” on page 151
Screen: "Transfusion-related Fatality Tracking window" on page 288

Unlink a CLIA Intake from a TRF Record

If necessary, you can remove the link between a TRF record and a CLIA intake without deleting either. It is then possible to link another intake to the TRF record.

To unlink a CLIA intake from a TRF record:

1. On the **ACTS RO** toolbar, click **TRF** to open the **Transfusion-related Fatality Tracking** window.
2. Select the applicable TRF record and click **Modify** at the bottom of the window.

   The TRF must be linked to an intake, i.e., there must be a button in the Intake ID for Lab column labeled with the linked intake ID, such as A0006703E.
3. In the **Transfusion Related Fatality** window, click **Remove...**.

   This button is to the right of the Intake ID for Lab field, which displays the ID of the linked CLIA intake.
4. Click **Yes** in the confirmation message.

   A message lets you know the link between the intake and TRF record has been removed.
5. Click **OK** to return to the **Transfusion Related Fatality** window.

   The Intake ID for Lab field is now empty and **View...** has toggled to **Add/Link...**
6. Click **OK** to return to the **Transfusion-related Fatality Tracking** window.

   The button in the Intake ID for Lab column for the TRF record has toggled to **Add/Link...**.

   You can create and link another intake if appropriate.

More ...

Procedure: “Link a CLIA Intake to an Existing TRF Record” on page 150
Screen: "Transfusion-related Fatality Tracking window" on page 288

Display and Print TRF Reports

You can generate three TRF reports from the Transfusion-related Fatality Tracking window:

- Transfusion Related Fatalities Log
- TRF Complaints
- Transfusion Related Adverse Events

To display and print a TRF report:

1. On the **ACTS RO** toolbar, click **TRF** to open the **Transfusion-related Fatality Tracking** window.
2. At the bottom of the screen, click **Print**.
3. Select the report(s) you want to print.
4. For **TRF Complaints** and **Transfusion Related Adverse Events**, specify a date range (based on intake Received Start Date) in the window that appears.

   Note: The TRF Log includes only those TRF Placeholder records with an Initial from FDA date that falls into the date range specified in the TRF Filter area of the Transfusion-related Fatality Tracking window.

5. Click **OK**.

   The report(s) are generated and displayed in a preview window.
6. To print or export a report, click **Print** or **Export** on the preview window's toolbar. Provide requested information, then click **OK**.
7. Click the **X** in the upper-right corner to close each preview window.

More ...

Screen: "Transfusion-related Fatality Tracking window" on page 288
"TRF Reports" on page 503
Screen: "Report Preview window" on page 285

Process Intake: EMTALA

Complaint/Incident Workflow: EMTALA

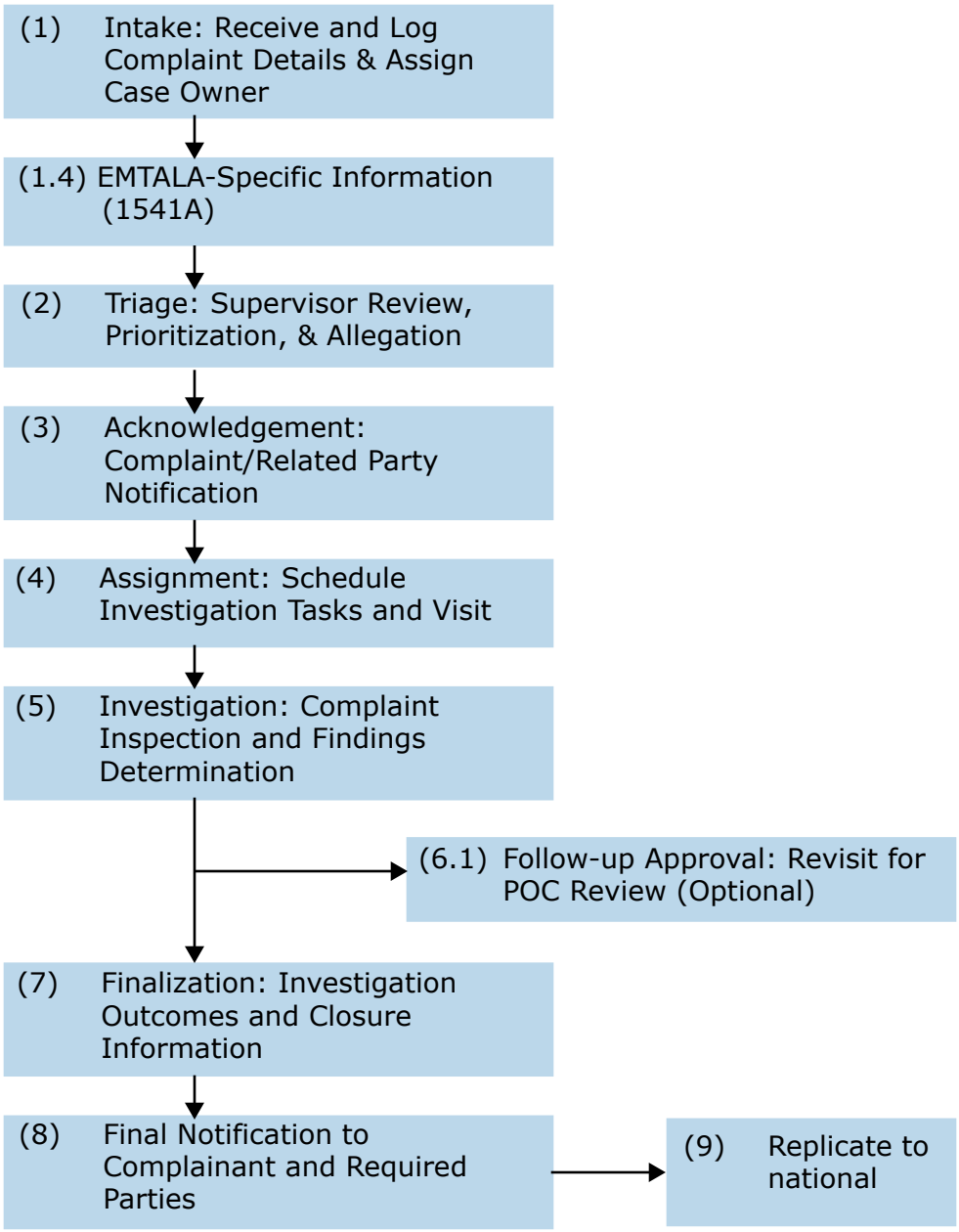


Figure 32: Workflow: EMTALA Complaint/Incident

Intakes for providers that are subject to EMTALA requirements include an EMTALA tab.

To create an EMTALA intake:

1. Open a new intake and enter basic intake information.
   - Intake Type is always Complaint and Priority is always IJ for EMTALA complaints.
   - Be sure to select Responsible RO and SA staff member(s).
   - For Investigate within, enter 5. Do *not* use the Calculate button to calculate the Investigation Due By date.

     If the investigation is approved, ACTS will enter the date 5 working days after the date of RO approval, i.e., 5 working days after the EMTALA RO Response Date on the EMTALA tab, as the Investigation Due By date. If you manually change the Due By date to a date more than 5 working days later than the EMTALA RO Response Date, the system assumes you plan to grant an extension and issues an overridable message when you leave the Intake tab and also the Allegations and EMTALA tabs.

   TIP: You can go through Questions to Remember to Ask with the complainant in order to get as much detailed information as possible. The Insert Questions into Notes button makes it convenient to enter the complainant's response to each question in the Notes section at the bottom of the Intake tab.

2. Go to the **EMTALA** tab, and select **Create EMTALA Allegation**.
3. In the **EMTALA Allegations** section, select the applicable allegation subcategories.

   You must select at least one subcategory.

   This action:
   - Adds EMTALA allegation(s) with the selected subcategory(s) on the Allegations tab of the intake.
   - Activates the Request for RO Approval checkbox.

   Note: You can also add EMTALA allegations and specify subcategories on the Allegations tab.

4. Select the **Type(s) of Emergency** you believe should be investigated.

5 **SA –** Select the **EMTALA Request for RO Approval** checkbox.

This action:

- Activates the Date field so you can enter a request date.
- Changes the complaint/incident intake Status to 2 - Pending RO Approval - if the existing Status is 1.
- Sends an EMTALA RO Approval Requested action item message to the responsible RO staff member(s). If Status is already greater than 2, it stays the same, but an action item message is sent. If no responsible RO party has been specified for the intake, the action item message is sent to every RO user in the current region.

TIP: To remove EMTALA allegation(s), just de-select the subcategory(s) on the EMTALA tab. If you have already selected Request for RO Approval, the EMTALA RO Approval Requested message remains on the list of action items for the responsible RO staff member(s). Note that you must go to the Allegations tab to remove EMTALA allegations that don't have a subcategory specified.

Complaint/incident intakes that need approval for an EMTALA investigation are listed by priority under 2 - Pending RO Approval on the Status tab in the Tree view. RO staff will receive an action item message requesting the approval.

RO - To approve/disapprove an EMTALA investigation:

1 Click the **Status** tab and locate the intake under **2 - Pending RO Approval**, right-click it, and select **Modify Intake**.

-or-

In your list of action items, double-click the appropriate **EMTALA RO Approval Requested** message to open the intake.

2 Review the facts of the complaint/incident.

3 On the **EMTALA** tab, select or de-select the **Type(s) of Emergency** that are to be investigated.

4 In the **EMTALA RO Response** field, indicate whether the investigation is **01 Approved** or **02 Disapproved** and enter the date.

Today's date is entered by default as the EMTALA RO Response Date.

5 Complete the **Signature** section whether or not the investigation is approved.

ACTS sends the EMTALA Response from RO action item to the responsible SA staff member(s).

If Approved, the intake Status changes to Pending Review/Assignment and ACTS enters the date 5 working days after the EMTALA RO Response Date as the Investigation Due By date on the Intake tab.

Note: For working days, ACTS excludes weekends and Federal holidays (Christmas, Columbus Day, Independence Day, etc.) in its calculations.

If you manually change the Due By date on an approved intake to a date more than 5 working days later than the EMTALA RO Response Date, the system assumes you plan to grant an extension and will issue an overridable message when you leave the Intake, Allegations, and EMTALA tabs.

If Disapproved, intake Status is re-calculated as if there had been no request for RO approval.

Note: If an intake is both EMTALA and Deemed, Status changes to Pending Review/Assignment only after an RO response is entered on both the EMTALA and Deemed tabs.

After an EMTALA RO Response is entered, SA users cannot modify information on the EMTALA tab, nor can they add or delete EMTALA allegations. However, both SA and RO users can enter allegation findings and text.

6 If you are granting an extension, enter the **Extension Granted Until** date.

Extensions should be granted only if there are extenuating circumstances.

EMTALA complaints/incidents that have been reviewed by the RO are listed under the Pending Review/Assignment node on the Status tab in the Tree view. An “E” appears on icons for EMTALA complaints/incidents.

SA - To conduct an EMTALA investigation survey:

1 On the **Status** tab, expand the **Pending Review/Assignment** node and locate the intake you want.

2 Right-click the intake and select **Modify Intake**.

3 On the **Investigation** tab, either schedule a new survey and link the intake to it, or link the intake to an existing survey.

4 Conduct the survey.

SA - To complete an EMTALA investigation:

1. When the survey is completed, enter deficiencies (if any) in **Citation Manager**.
2. For providers other than nursing homes and CLIA labs, be sure to answer the IJ question (**CoPs out of compliance - is there an IJ?**) on the **Investigation Properties** tab *if* it is enabled.

   The IJ indicator is enabled as appropriate and required when enabled.
3. Generate a 2567, if appropriate.
4. Enter findings on the **Allegations** tab.
5. Send appropriate correspondence to the complainant(s), provider, and others as needed.
6. On the **Actions/Close** or **Investigation** tab, select the **Forwarded to RO/MSA** checkbox and enter a date.

   Today's date is entered by default. ACTS sends a Forwarded to RO action item to the responsible RO staff member(s), except for licensure-only and Medicaid-only providers (a message informs you of this).

RO - To review the EMTALA allegation findings:

1. Open the intake and review the findings.
2. On the **EMTALA tab**, use the **RO Determination** drop-down to indicate whether there was an EMTALA violation or not, a decision is pending, or there was a past violation but no termination.

   After an RO Determination option has been selected, SA users cannot add, delete, modify, or link deficiencies to EMTALA allegations. However, all users can still add, delete, or modify non-EMTALA allegations.
3. When the RO determines whether the hospital complied with EMTALA, enter the **RO Confirmed Violation** or **RO Confirmed No Violation** date if either is applicable.

   One of these fields must be completed before finalization if the EMTALA RO Response = Approved. If you change RO Determination after entering either of these dates, the date may be cleared. You will receive a message.
4. Select **23 day Termination Track** and (optionally) **23 Day Conversion**, or **90 day Termination Track** as appropriate.

   A default date is entered when you select a checkbox. You can change the date.
5. Select the applicable **Resolution**.

   Required for finalization if the EMTALA RO Response = Approved. Disabled if RO Determination is 03 Decision Pending. It may be cleared if you change RO Determination. You will receive a message.

6 Enter **Imposed Termination** date, if applicable.

Enabled only when Resolution is 02 Facility Terminate. When enabled, required for finalization.

7 If you feel the subcategory should be changed for any **EMTALA** violation: click the **Allegations** tab, open the **Allegation Input** window for the applicable **EMTALA** violation(s), and select the correct **Subcategory**.

TIP: You can also change the subcategory in the EMTALA Allegations section on the EMTALA tab. Deselect the subcategory you want to change and select the correct subcategory. This removes the original EMTALA allegation and creates another allegation with the desired subcategory.

8 In the **Allegation Input** window, select a **Findings** option and a **Findings** qualifier for the allegation.

9 If necessary, select the **Referred to QIO** checkbox in the **QIO-EMTALA** section on the **EMTALA** tab.

This activates the date fields in the QIO-EMTALA section. This field is enabled only in ACTS RO.

10 Enter dates in the **QIO-EMTALA** section to track the review process with **QIO** or **OIG**.

11 If necessary, enter a **Referred to OCR** date.

This field is enabled only in ACTS RO.

12 Enter applicable values in the **Regional Office Tracking** section on the **Investigation Properties** tab.

This section is enabled only in ACTS RO for Federal providers, but in both ACTS and ACTS RO for Medicaid-only providers (including PRTF 061)).

Note: When the Final Action Signoff date is entered on the Investigation Properties tab in Investigation Properties->Survey View, all fields on the EMTALA tab will be locked. Neither SA nor RO users can change values on the EMTALA tab for any intake linked to the investigation with one exception. If Referred to QIO is selected, RO users can update information on the EMTALA tab.

To finalize an EMTALA complaint:

1. On the **Actions/Close** tab, specify **Proposed Action**(**s**) and enter **Imposed Date**(**s**).
2. Send appropriate correspondence to the complainant(s), provider, and others as needed.
3. Close the complaint.

   When the intake is finalized, either the automatic upload process is initiated or you can perform a manual upload.

More ...

Procedure: “Create an Intake” on page 41
Procedure: “Enter Basic Intake Information” on page 44
Procedure: “Add Complainants, Residents/Patients/Clients, Alleged Perpetrators” on page 46
Screen: "Create EMTALA Allegation" on page 221
Procedure: “Schedule a Survey” on page 56
Procedure: “Link an Intake to an Investigation” on page 57
Procedure: “Record Deficiencies” on page 63
Procedure: “Print CMS-2567” on page 77
Procedure: “Enter Allegation Findings” on page 81
Screen: "Allegation Input window" on page 215
Procedure: “Specify Proposed Actions - Federal” on page 85
Procedure: “Specify Proposed Actions—State” on page 86
Procedure: “Generate Letters” on page 167
Procedure: “Close a Complaint/Incident” on page 104
Procedure: “Data Upload” on page 111

Process Intake: Death-Restraints/Seclusion

You can use ACTS to record relevant reporting information for incidents of Death Associated with Restraints/Seclusion. ACTS evaluates intakes for Detail Upload whenever a D/R/S record is added or deleted.

Hospitals

On post-ASPEN 10.1.5 Hospital intakes (created on or after 07/28/2013):

- Only RO users can add or update D/R/S records.
- D/R/S records can be created only for Federal entity-reported incidents.
- The D/R/S grid and input form are always disabled for state intakes.
- If a D/R/S record exists, you cannot change Intake Type from Incident to Complaint, or Intake Subtype from Federal to State.

SA users can still update D/R/S information on Hospital intakes created prior to ACTS 10.1.5, and view D/R/S information entered by the RO on post-ASPEN 10.1.5 Hospital intakes.

To create a Death-Restraints/Seclusion intake:

1. Open a new intake and enter basic intake information.
2. Add the name of the **Resident/Patient/Client** who died to the **Intake** tab.
3. On the **Allegations** tab, click **Add** to open the **Allegation Input** window, and select **05 Restraints/Seclusion - Death** for Category.

   This activates the Death Associated with the Use of Restraints/Seclusion section.

   In ASPEN 9.1-10.1.4 intakes (Received End Date is 12/07/2007-07/27/2013), a word processor will automatically open to let you describe the circumstances of the death.
4. In the **Death Associated with the Use of Restraints/Seclusion** grid, enter required information:
   - Select the name of the **Patient** who died and **Death type**.
   - Enter the **Reported** date, **Date of Death**, **Date of Birth** (Hospital and PRTF only), and other dates as available.

   Note: For Hospitals only, you cannot finalize an intake if there is a D/R/S allegation with no record in the D/R/S grid.

   You can modify required information except Patient name and Date of Birth in the Death Associated with the Use of Restraints/Seclusion window (next step).
5. To enter additional details, click the **Modify** button in the applicable row to open the **Death Associated with the Use of Restraints/Seclusion** window.

   You cannot open this window until you have completed the required fields (yellow) on the Death Associated with the Use of Restraints/Seclusion grid. Depending on provider type, you can enter a number of additional details about the episode through this window–some required–such as:
   - Restraint/Seclusion Ordered Date/Time
   - Staff Involved Trained in Use of Emergency Safety Interventions
   - Resident Evaluated Immediately After Restraint Removed/Removed from Seclusion
   - Length of Time In Restraints/Seclusion
   - Last Patient Assessment Date/Time
   - Type of Restraint
   - Reasons for Restraint/Seclusion

   You can also modify several fields shared with the grid. Patient name, Medicaid Number, and Date of Birth are read-only.

6 **SA -** For Hospitals only, to refer a Restraints/Seclusion - Death complaint/incident to the RO, select **Request RO Determination**.

An action item is sent to all RO Responsible Parties assigned to the intake or to all RO staff if no RO Responsible Parties are specified.

7 **RO -** For Hospitals only, after you receive the action item, select the applicable **RO Determination** option.

An action item is sent to all SA Responsible Parties assigned to the intake. If you select 04 RO Authorized and no SA Responsible Parties are assigned, you will receive a message telling you to notify the appropriate SA staff.

Note: When you create a new intake with a D/R/S allegation for a Hospital, ACTS checks–in order to minimize duplicates–if a D/R/S allegation for the same resident has already been added to another intake for the same provider within the past 365 days. If so, you will receive a message.

D/R/S Required Fields: Hospital

The following fields in the D/R/S grid and window must be completed for a D/R/S allegation against a Hospital, depending on Received End Date as noted.

- Patient name
- Death Type
- Reported date of death
- Date of Birth
- When did patient die
- Cause of Death
- Date of Death
- Type of Restraint if Death Type is 01 Restraint or 03 Both
- Physical Restraint(s)—at least one if Type of Restraint is 05 Physical.

Two-Point Soft Wrist Only Intakes

If an intake has only Two-Point Soft Wrist Only D/R/S allegations and Priority is H - No Action Necessary, ACTS asks if you want to finalize the intake when you exit /save. If you choose Yes, the Actions/Close tab opens.

If Priority on a Two-Point soft Wrist Only intake is not set to H, ACTS prompts you to change the priority to H when you attempt to exit/save.

To delete a Restraints/Seclusion - Death allegation:

1. Click **Delete** in the appropriate row in the **Death Associated with the Use of Restraints/Seclusion** section.
2. Select the allegation in the **Allegations** grid and click the **Delete** button.

   If you attempt to delete a Death Associated with the Use of Restraints/Seclusion allegation directly from the Allegations grid, you will get a message that is intended to direct you to the Death Associated with the Use of Restraints/Seclusion section.

More ...

"Automatic Detail Upload" on page 118
Procedure: "Create an Intake" on page 41
Procedure: "Enter Basic Intake Information" on page 44
Procedure: "Add Complainants, Residents/Patients/Clients, Alleged Perpetrators" on page 46
Screen: "Death Associated with the Use of Restraints/Seclusion section" on page 216
Screen: "Death Associated with the Use of Restraints/Seclusion window" on page 217

Log a Hotline Call

The ACTS Hotline function is used optionally to log incoming calls and generate an intake when necessary.

Create a Hotline Call Record

You can log and document all calls, including those that are not categorized as complaints or incidents.

To create a hotline call record:

1. In **Tree** view, right-click the **Hotline** node and select **New Call**.

   ACTS enters the name of the current user as the Hotline Staff member who logged the call.
2. Select call **Category** from the drop-down list.
3. Enter the name of the **Caller**.
4. If necessary, change the **Received Date** and **Time** supplied by ACTS.

5 If you want to create an intake, click **Generate Intake...**.

If you haven't already added a facility to the call record (see next step), the Find window appears so that you can search for and select a facility. Then an intake opens.

6 To add a facility to the call record without generating an intake, click **Select Facility** and in the **Find** window, search for and select the facility.

Only facilities that match your active My Selections settings are displayed. When you select a facility and return to the New Call window, the Facility Information section is filled in by ACTS.

- Click **Remove Facility** to delete the facility from the call record.

7 Use the **Notes** text box to record details of the call.

To modify a call record:

1 In **Tree** view, locate and right-click the call.

2 Select **Modify Call**, and make changes as needed in the **Modify Call** window.

To delete a call record:

➥ Locate and right-click the call, then select **Delete Call**.

To delete multiple call records:

1 Under the **Hotline** node, select a call category.

All calls in that category are displayed in Detail view.

2 Use **Shift+click** to select a sequence of calls, or **Ctrl+click** to select multiple non-sequential calls.

You can combine selection of calls listed sequentially and non-sequentially.

3 Right-click in **Detail** view, then select **Delete Call**.

All selected call records are deleted.

More ...

Screen: "New/Modify Call window" on page 277
Procedure: "Generate an Intake from a Hotline Call Record" (just below)

Generate an Intake from a Hotline Call Record

When appropriate, you can generate an intake from a new or existing Hotline call record. The notes you made in the Hotline record are automatically transferred to the intake.

To create an intake from a hotline call record:

1. If applicable, locate and open an existing call record.
2. In the **New/Modify Call** window, click **Generate Intake...**.
3. In the **Find** window, search for and select the facility involved.

   If you haven't already added a facility (no data in the Facility Information section), the Find window appears so that you can search for and select a facility. Only facilities that match your active My Selections settings are displayed in the Search Results list. When you select one, a new intake opens to the Intake tab.

   If you have added a facility (the Facility Information section contains data), a message asks if you want to generate the intake for that facility. If Yes, an intake opens. If No, the Find window opens and you can search for and select a facility; then an intake opens.

   In either case, whatever Notes were entered in the text box at the bottom of the screen are transferred to the Notes text editor (whether entered by SA, RO, or CO staff) on the Intake tab. When you close the intake, the Facility Information section is completed for the selected facility and the Select and Remove buttons are disabled.

More ...

Screen: "New/Modify Call window" on page 277
Screen: "Find window" on page 276

Send Letters

You can generate letters throughout the day as you do your routine work, then print all the letters at the same time when you're ready to send them. Options are also available to lock your letters against change and to customize batch settings.

Custom batch settings make it possible to produce hard copies of letters in an efficient manner. For example, each member of a team could add letters to the batch as they are created, then an administrative assistant could batch print them on a regular basis for the whole work unit/team.

Generate Letters

To generate a letter:

1. Click **Notices...** at the bottom of the intake form.
2. Click **New...** to the right of the **Letter History** list box in the **Notices History** window.
3. In the **Form Letter** section of the **Select Letters and Distribution Lists** window, select the letter you want to send.

   Only Complaint letters for the current provider type are listed by default. Select the Show All checkbox to list all letters.
4. Select the recipient(s) of the letter in the **Distributions** section.

   The Distribution List for complaint/incident letters consists of the general Distribution List maintained via the System menu, the provider named in the complaint/incident report, and complainant(s) entered on the Intake tab.
5. For each recipient, click **Set Action** or double-click the recipient to cycle through distribution options (letter, cc, bcc), until the correct action is shown next to the recipient's name.

   There can be only one primary recipient, i.e., Letter action, for a letter.
6. Click **Preview** to view the letter before printing it.

   If custom prompts are included in the form letter template, they now appear and request information.
7. Enter the appropriate information in response to each custom prompt and click **OK**.

   The letter is displayed in the letter or ASPEN word processor, depending on the WP Ver (Version) of its template in the Letters window (New or Old respectively).

   ACTS replaces the macros in the template with applicable information from the database.

   Note: If the information isn't available in the database, macro substitution is not performed.
8. Make any needed changes to the letter.

9 To print the letter, click the **Print** icon in the letter word processor, or the **Print** button in the ASPEN word processor.

- From the letter word processor, the letter is printed unless the Batch Print Letters option is selected.
- From the ASPEN word processor, the letter is displayed in a report preview window, but not printed. Go to Step 11.

10 Click **Save & Exit** (letter word processor).

When you return to the Notices History window, the letter will be listed there.

11 In the **Select the Reports/Labels to Print** window, choose the appropriate mailing label and click **OK**.

The mailing label(s) are generated and displayed in a report preview window.

TIP: Click Cancel in the Select the Reports/Labels to Print window if you don't want to print a mailing label.

---

12 Click the **Print** icon to print the mailing label(s) and/or to print an "old" letter.

If you print an "old" letter, it will be displayed when you return to the Notices History window.

13 Close the report preview window(s) to return to the **Notices History** window.

More ...

Screen: "Notices History window" on page 266
Screen: "Select Letters and Distribution Lists window" on page 267
Procedure: "Add Recipients to the Distribution List" on page 200
Screen: "Letter word processor" on page 272
Screen: "ASPEN word processor" on page 286
Screen: "Letters window" on page 268
Procedure: "Batch Print Letters" on page 170
Screen: "Report Preview window" on page 285

Lock Letters

You can choose to lock a letter so that users can view the letter, but not change the text. You might want to lock a letter after it has been sent.

Note: All users, including the user who set the lock, are locked out of the letter.

To lock a letter:

1. Click **Notices...** at the bottom of the intake form.
2. In the **Notices History** window, select the letter you want to lock in the **Letter History** list box.
3. Click **Lock**.
4. Click **Yes** in the confirmation message.

   In the Letter History list, the value in the Locked column for the letter is now Yes. Lock toggles to Unlock.

To unlock the letter:

➥ In the **Notices History** window, select the letter and click **Unlock**.

You can use button-level security to limit the availability of the Unlock function to system administrators or other designated individuals.

More ...

Screen: "Notices History window" on page 266
Procedure: “Set Option/Tab/Button Security” on page 175

Define a Custom Batch Filter

ACTS lets you batch print letters rather than printing each letter as it is created. You can list your batched letters only, or you can define and use a custom filter that displays batched letters for the specified combination of work units/teams, users, and ASPEN applications.

To create a custom batch filter:

1. Select **Print Batched Letter** from the **Reports** menu.
2. At the bottom of the **Batched Letters** window, click the **Define Custom Batch Setting...** to open the **Customize Batch Letter Display Setting** window.
3. Select the **Work Unit**(**s**)**/Team**(**s**), **Staff member**(**s**), and **Application**(**s**) whose batched letters you want to list.

   You can filter the selected work units/teams by Facility Work Unit/Team Assignment or Staff Work Unit/Team Assignment. This setting is stored on a user-by-user basis.

4 If you wish to be notified that you have batched letters when you open or close ACTS, select the **Start-up/Exit Notification** checkbox.

5 Click **OK** to return to the **Batched Letters** window.

Batch Print Letters

To batch letters, then view and print batched letters, you need to enable an option in the File menu. When you are ready to print the batched letters, you select the appropriate filter, then print the letters you want. You can retain the batched letters from one session to the next if desired.

To print batched letters:

1 From the **File** menu, select **Batch Print Letters**, if it isn't already enabled.

It stays enabled for subsequent sessions.

Note: This option is enabled by individual users. If a team plans to batch print its letters, each team member must activate this option.

2 Create individual letters as usual.

3 When you click the **Print** icon in the letter word processor, or the **Print** button in the ASPEN word processor, the **Confirm Batch** window appears.

Note: The Confirm Batch window appears only if the Batch Print Letters option is enabled on the File menu.

4 Select **Add to Batch** to add the letter to existing batched letters.

If you select **Print Now**, the letter is printed immediately. In either case, when you return to the Notices History window, saved letters will be listed there. The Status will be Batched or Printed as appropriate.

5 When you are ready to print batched letters, select **Print Batched Letters** from the **Reports** menu.

6 To see your own batched letters, select **Show by Current User Only** from the **Filter Settings** drop-down at the bottom of the **Batched Letters** window.

-or-

To see the batched letters per your custom filter, select **Show by Custom Batch Setting**.

7 Print or delete one, several (one at a time), or all letters as desired.

Use **Print All** or **Delete All** to print or delete all letters at once.

After you have printed one letter or all letters, a message asks if you want to delete the one letter or all letters from the queue. If you choose to delete letter(s) without printing them first, a confirmation message appears.

8 Click **Yes** or **No** as appropriate.

9 When you are finished, click **Close** to close the **Batched Letters** window.

If letters remain in your batch letter queue when you close ACTS, you will receive a message if:

the Start-up/Exit Notification option is enabled ***and***

the Current User filter is active.

-or-

the Custom Batch filter is active and defined so that your batched letters are included.

More ...

Procedure: "Generate Letters" on page 167

Track Notifications

The Notification History section in the lower half of the Notices History window lets you keep track of notifications that have been made concerning the complaint/incident. You can include or exclude (more likely) letters listed in the Letter History section.

To create a notification record:

1 At the bottom of the intake form, click **Notices...**.

2 Click **New...** to the right of the **Notification History** list box in the **Notices History** window.

3 In the **Notification Type** window, enter notice details and click **OK**.

More ...

Screen: "Notices History window" on page 266
Screen: "Notification Type window" on page 268

Print Forms and Reports

You can generate forms and reports from various places in ACTS. To generate reports for a selected entity, you use right-click menus. For reports listing data from multiple providers, you use the Reports menu. You can specify filters for a number of the reports through the report customization window.

Citations moved to another tag or removed due to IDR/Independent IDR and/or hearing/settlement will not be included on the following survey forms and reports:

- CMS-2567 and CMS-2567B
- Quick Report (draft CMS-2567)
- Severity/Scope Grid

Display and Print Survey Forms

You can generate CMS forms from various places in ACTS including Tree view, intakes, and the Citation Manager.

To display and print survey forms:

1. In the **Tree** view, click the **Investig** tab, right-click the appropriate investigation survey, and select **Print Forms**.

   -or-

   In an intake, select the survey on the **Investigation** or **Investigation Properties** tab and click **Survey Forms**.

   Note: On the Investigation tab, you can print forms only for the Selected survey (highlighted in purple) to which the intake is linked.

   -or-

   Open the **Citation Manager** for the survey and click **Forms...**.

   -or-

   At the bottom of the intake form, click **Print...** and then click **Survey Forms** in the **Select the Reports/Labels to Print** window.

2. In the **Select Form(s) to Print** window, select the forms you want to display.

   You can select one or more forms.

   - If you select the CMS 2567 report, which encompasses 2567L/A, you can specify the components you want to include. The CMS 2567B is for revisits with corrected deficiencies. If state tags are cited, they print separately on the State Form (CMS-2567) or, for corrected state deficiencies, on the State Form: Revisit Report (CMS-2567B).
   - You can enter data for the CMS-670 and CMS-1539 forms using the proper Entry button.

   Note: If you access the Select Form(s) to Print via the Print button at the bottom of an intake, you won't be able to print forms unless the intake is linked to an investigation survey.

3. Click **OK**.

   Each form you selected is displayed in a report preview window.

4. To print or export a form, click **Print** or **Export** on the preview window's toolbar. Provide requested information, then click **OK**.

5. Click the **X** in the upper-right corner to close each preview window.

More ...

Screen: "Select Form(s) to print window" on page 258
Screen: "Report Preview window" on page 285

Display and Print Quick Reports

You can generate a number of reports through right-click menus that you access from nodes and items in ACTS Explorer. These quick reports present information only for the selected entity.

To create and print a quick report:

1. In the **Tree** or **List** view, right-click an item (intake, facility, Hotline node, Hotline call).
2. Select **Quick Report** from the popup menu, then (in some cases) the report(s)/form(s) you want to print.

   TIP: For intakes, you can click **Survey Forms** in the Select the Reports/Labels to Print window to access the Select Form(s) to Print window. You won't be able to print forms unless the intake is linked to an investigation survey.

3. If report customization window(s) appear, set your report filtering criteria.

   The full-size report customization window appears, for example, for quick facility reports F01-F04.

   Smaller customization window(s) may appear instead of the full-size window. For the Hotline node quick report, for example, the Hotline Call Log Customization window lets you choose the version of the report you want and whether the report should include only calls handled by selected Hotline staff members. Then you choose the date range you want in a second customization window.

4. Click **OK**.

   A report preview window displays each report/form. Filter criteria are listed in each report's footer.

5. To print or export the report, click **Print** or **Export** on the preview window's toolbar. Provide requested information, then click **OK**.
6. Click the **X** in the upper-right corner to close each preview window.

More ...

"Quick Reports - right-click" on page 477
Screen: "Report Customization window" on page 278
Screen: "Report Preview window" on page 285

Display and Print Reports

You can generate a number of complaint/incident reports through the Reports menu. These reports combine and present information from multiple providers.

TIP: You can also print batched letters from the Reports menu.

To create and print a report:

1. From the **Reports** menu, select the report you want to print.
2. If report customization window(s) appear, set your report filtering criteria.

   The full-size report customization window appears for all reports except Tracking Report - SOC/POC and Hotline Call Summary.

   A smaller customization window may appear in addition to or instead of the full-size window. For example, after you click OK in the full-size customization window for a Timeliness Report, the smaller Timeliness Report Customization window appears.
3. Click **OK**.

   The report is generated and displayed in a preview window. Filtering criteria are listed in the report's footer.

   If you click Cancel before the report is completely generated, a partial report is produced.
4. To print or export the report, click **Print** or **Export** on the preview window's toolbar. Provide requested information, then click **OK**.
5. Click the **X** in the upper-right corner to close each preview window.

More ...

Procedure: "Batch Print Letters" on page 170
"Reports - Reports menu" on page 482
Procedure: "Customize Reports" (below)
Screen: "Report Preview window" on page 285

Customize Reports

The report customization window, which opens automatically when you select most reports (Reports menu) or quick reports (right-click Quick Report option), lets you set any of the multiple filters provided to narrow the focus of reports to your requirements. The generated reports will reflect the filter options you choose.

To customize a report:

1. In the full-size customization window with the name of the report in the title bar, specify your report criteria. There are many filtering options.

   The applicable report filters usually default to the currently active selection settings (My Selections). You can change them as needed.

2. If desired, use the **Report Settings** section to save the criteria you have specified for later use.
   - Select the Save Settings checkbox and enter a name for the current set of report filter settings.
   - Select the Public checkbox if you want a named set to be listed on all users' computers.
3. To apply a named set of report criteria, select it from the "**Name of**" list.

   Public sets are preceded by an asterisk.

More ...

Screen: "Report Customization window" on page 278

Setup and Maintenance

ASPEN provides options for setting system security, customizing your screen display, and managing your work. SA and RO system administrators can assign access rights by defining security groups and permissions at a detailed level of system functionality. You can configure selection sets and groups so your screen displays only what you need to see. States can tailor items such as allegation subcategories and referral agency lists. You can access audit history and system connection information for tracking and troubleshooting purposes.

Set Option/Tab/Button Security

Each state and region can set security at the option (menu or right-click), tab, and button level to provide access to specific segments of ACTS according to its individual practices. ASPEN administrators use the Menu Security Editor to set and adjust menu option, tab, and button permissions as needed. Security groups must be defined before permissions can be assigned.

By default, new SA users are denied access to all menu and right-click options, and all SA users are denied access to new options. RO and CO users are granted read-only access unless security level is explicitly set otherwise.

All users initially have read/write permissions for all tabs and buttons in the application. However, SA users must be assigned permissions to access the menu and right-click options from which the screens or windows containing the buttons and tabs are opened. Tab and button permissions can then be adjusted as needed.

The highest level of access that a user can have to whatever is opened from a menu or right-click option depends on the assigned access level for the option. For example, if the access level for an option is read/write, then the access level for the buttons and tabs in the screen or window opened from the option can be read/write or lower. If the access level for the option is read-only, the access level for the tabs and buttons cannot be higher than read-only.

To set a option/tab/button permissions:

1. Use **Ctrl+left-click** to select the **option**, **tab**, or **button** for which you are assigning permissions.

   If this is the first time you are opening the Menu Security Editor during the current work session, you must enter the Menu Security Administrator password. When the Editor opens, the selected menu or right-click option, tab, or button is highlighted in the Menus section.

2. In the **Groups** section, select the group whose permissions you want to restrict. Drag the group icon from the **Groups** tree to the highlighted **option/tab/button** in the **Menus** section.

3. Release the mouse when the icon is positioned on top of the option/tab/button.

   The group is added under the option/tab/button in the Menus tree. The default security level for the group is No Access.

   To change the security level, right-click the group and select the desired security level from the popup menu.

   -or-

   Double-click the group to cycle through the available choices until the correct level is selected.

Set Survey View Security

State Agencies can set Survey View Security through the Menu Security Editor in ACTS to prevent all the users in a security group from modifying surveys if they are not assigned as survey team members. By default, ACTS users can view and modify all surveys in the database. Survey View Security works in conjunction with Facility Type, Menu, and Future Survey Security (set in ACO) to restrict access to surveys as needed.

The system checks Facility Type, Menu, and Future Survey Security before it checks Survey View Security. If the members of a security group are otherwise granted read/write access to a survey, Survey View Security can be set to ensure that only those security group members who are assigned to the survey team can modify the survey.

Survey View Security applies to the Survey Properties, Citation Manager, IDR/IIDR, and CMS 670 Workload windows. It is imposed whenever and wherever (e.g., Tree view, complaint/incident investigation survey) a user opens any of these windows.

Only the system administrator can open the Menu Security Editor. The Survey View Security function is disabled in ACTS RO as it does not apply in RO mode.

To set survey view security:

1. From the **System** menu, select **Security**, then **Menu Security**.
2. Enter the **Menu Security Administrator** password.
3. In the **Groups** section of the **Menu Security Editor**, right-click the applicable security group and select **Survey View Security**.
4. Select **View Only**, or **View** and **Update** as appropriate.

   If you select View Only, the group name will display in yellow and group members won't be able to modify surveys if they aren't on the applicable survey team. Group names are green by default, denoting read/write privileges for group members whether or not they are on the survey team. If a user is a member of more than one security group, Survey View Security is allotted at the highest level assigned across all the groups.

Assign Licensure-only Types to Options

To make options in lists throughout ASPEN available for licensure-only provider types, you can use the Assign Licensure-only Facility Types option to assign them as appropriate to LOOKUPVALUE records defined in the Lookup Values Dictionary.

For some lookup values, assignment of facility types is irrelevant. Therefore, the Assign Licensure-only Facility Types option is enabled only if one or more Federal or state licensure types are already assigned for a lookup value, i.e., the Types list for a lookup value is populated.

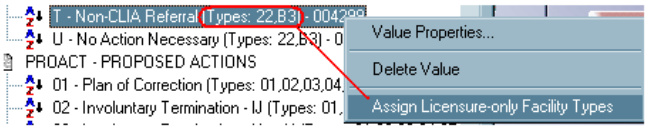


Figure 33: Assign Licensure-only Facility Types option

To assign licensure-only type(s) to an option:

1. From the **System** menu, select **Lookup Tables**, then **Standard Lookups**.
2. Answer **Yes** or **No** (most likely) to the "Are you a CMS Central Office User?" question.
3. Enter a password if required.
4. In the **Lookup Values Dictionary** window, expand the applicable table, e.g., CINTAKE, and column, e.g, PRIORITYNH.

5 Right-click a value, e.g., D - Non-IJ Low, and select **Assign Licensure-only Facility Types**.

This option is enabled only if the Types list for the lookup value is populated.

6 In the **Assign Licensure-only Facility Types: <lookupvalue>** window, select the state-defined provider types you want to assign to the lookup value.

Federal provider types do not appear in the list. The checkboxes for previously assigned state types are selected.

The maximum number of provider types you can assign to a lookup value is 390. Thus, the number of licensure-only providers you can assign per lookup value is 390 minus the number of Federal types.

7 To remove an assigned type, simply clear the checkbox.

8 Click **OK** when you're done.

The newly assigned state facility types now appear in the Types list for the lookup value in the Lookup Values Dictionary window. Any types you de-assigned are no longer in the Types list. The lookup value–in our example, D - Non-IJ Low–will be included in the list of Priority options on the Intake tab for all providers of the assigned state licensure (and Federal) types.

9 Click **Close** to exit the **Lookup Values Dictionary** screen.

Configure Groups in Tree View

In the Tree view, ACTS uses default sets of groupings for alphabetical listings on the Facility, Investig, and Staff tabs. You can configure these groups to meet your own needs.

To configure a group in Tree view:

1 In the **Tree** view, click the **Facility** tab.

2 Right-click the top-level **Facilities** node, and select **Configure Groups**.

3 Select one of the following: **Configure Groups for Facility Tree**, **Configure Groups for Investigation Tree**, **Configure Groups for Staff Tree**.

The applicable Groups window appears with the currently configured groups listed. The Group Properties section shows properties for the highlighted group.

4 To add a group, click **New**.

5 Enter a label for the group in the **Display Value** field.

6 Enter the **Low** and **High** values that you want to include in the group.

For example, enter C as the Low value and Cz as the High value to include all items beginning with the letter C. If you want to include items only up to Co, enter Co as the High value. To include all items beginning with C and D, enter C as the Low Value and Dz as the High value.

7 Click **Save** to save changes and continue.

8 To undo changes or additions since the last **Save**, click **Undo**.

9 To modify a group, select it and edit the **Group Properties**.

10 To delete a group, select it and click **Delete**.

11 Click **OK** when you are done.

Example

If you have two groups C and D and you want to combine them, first create a new group with the Display Value (label) C-D, a Low value of C, and a high value of Dz. Then delete existing groups C and D. Or, modify either group C or D as appropriate, then delete the other group.

More ...

Screen: "Tree Groups windows" on page 273

Configure My Selections

By default, ACTS Explorer displays all the facilities, complaint/incident intakes, investigations, Hotline calls, and other items in the database (as allowed by security permissions). You can use My Selections to:

- Limit the display to those records that concern you

  For example, you could define a My Selections filter (Location Received tab) to display only those intakes for complaints/incidents reported to your district office.
- Reduce the amount of scrolling you have to do
- Increase application response time
- Enhance display refresh (redrawing) efficiency

A selection set can be personal, i.e., displayed only to you, or it can be global, i.e., displayed to any user. You can create as many selection sets as you need, but you can apply only one at a time. The name of the active My Selections set is displayed in the title bar of the ACTS Explorer screen.

To create a selection set:

1. At the top of the **Tree** view on the **Facility** tab, right-click **My Selections**, then click **New Personal Selection** or **New Global Selection**.

   The Selection Properties window appears.

   If you are creating a personal selection, the Public checkbox is blank and disabled. For a global selection, it is selected and disabled, so no user can clear it.

2. Click the tab for a filtering criterion you want to use.

3. Click the checkbox at the top to activate the filter and select the items you want to include in the filter.

   For the Date filter, indicate the desired range of dates (applies to intakes, investigations, and Hotline calls).

   For each tab, if you do not activate the filter and select specific options, ACTS assumes all options (or dates) on that tab are selected when filtering items for display. When you activate a filter and select options, only the items matching the criteria you select in that and other activated filters in the current selection set are displayed in ACTS.

   WARNING! If you activate the CLIA filter in a selection set, it suppresses display of all intakes for non-CLIA providers. It is best to activate it when you display only CLIA labs (Facility Type filter) and you want to filter the associated intakes by certificate type.

4. Repeat steps 2-4 to define as many filters (selections) as you want.

5. Enter a name in the **Filter Name** field for your new selection set.

6. Click **OK**.

   The selection set is created, but is not activated, as indicated by a red checkmark. Public (global) selection sets are denoted by a globe icon.

To activate a selection set:

➥ Click the plus sign (+) next to the **My Selections** node, right-click a selection set, and select **Activate** from the popup menu.

-or-

➥ In the toolbar, choose the selection set you want to activate from the **ACTS Selection** drop-down.

The checkmark by the selection set name turns green to indicate it is active.

When you activate a My Selections filter set, it affects (depending on the filters defined):

- Providers, intakes, and Hotline calls included in Tree view and, as a consequence, what's included in List view.
- Investigations included on the Investig tab.
- Action Items, which are filtered by the Facility Type and State Region filters in the active My Selections set (as well as the active Action Item filter).
- Search Results in the Find window.
- Search Results in the Search for Facility window.
- Report filter defaults in the Report Customization window (e.g., Provider Type defaults), which are usually determined by the active My Selections set.
- Transactions in the Transactions window, where you can specify additional filters specific to transactions.

To modify a selection set:

1. Click the **Expand** node next to the **My Selections** node to expand it, and right-click the selection set you want to modify.
2. Select **Selection Properties - Global** or **Selection Properties - Personal** from the popup menu.

   The option on the menu depends on whether you right-click a global or personal selection.
3. Make the changes you want and click **OK**.

To delete a selection set:

1. Click the **Expand** node next to the **My Selections** node to expand it, and right-click the selection set you want to delete.
2. Select **Delete Global Selection** or **Delete Personal Selection** from the popup menu.

   The option on the menu depends on whether you right-click a global or personal selection.
3. Click **Yes** in the confirmation message.

More ...

Screen: "Selection Properties window" on page 274

Insert Backup Text

When an ASPEN word processor/text editor is open for entering or editing text, ACTS takes a snapshot of its contents every two minutes if at least 250 characters (notes on Intake tab) or 500 characters (other text, e.g., citation) have been entered. The snapshot is saved as an .rtf for the Intake tab or .txt file for other text entries. These backup files are stored in the WPBackupDir folder in the ACTS Data directory.

Note: If you paste text passages containing more than 250 or 500 characters (as applicable), but do not leave the word processor open for at least two minutes, the text is not backed up.

If you lose a quantity of work due to:

- hardware failure

  -or-

- inadvertent deletion of text,

you can restore the text from within the word processor.

To insert backup text:

1. If necessary, open the applicable word processor.
2. Place the cursor where you want to insert the backup text.
3. Select **Insert Backup File** from the **File** menu.

   ACTS displays the contents of the WPBackupDir folder in the Select Backup File window.
4. Locate the applicable backup file.

   For example, a citation text backup filename consists of the following elements:

   <Survey EventID><ASPEN Reg Set ID><Tag><StaffID>.txt
5. Double-click the file to insert the text into the word processor.

   Note: ACTS overwrites existing backup files every two minutes only if more than 250 or 500 new characters (as applicable), have been entered in the word processor. This prevents the backup from being overwritten by the contents of an empty word processor while you are locating and inserting the file.

Delete an Intake

This procedure permanently deletes a complaint/incident intake from ACTS and national, but does not delete any related survey event.

SA personnel cannot delete an intake if the RO has entered an EMTALA RO Response on the EMTALA tab or RO Response on the Deemed or RO Approval tab, whether Approved or Disapproved. RO personnel can delete such intakes.

You cannot delete an intake that is pending either a detail upload to national (CSP-INT) or upload of the associated investigation survey (CSP-SRV). SA personnel cannot delete an intake associated with a successful investigation survey upload until the survey it is linked to has been removed. Only RO personnel can delete investigations with surveys that have been successfully uploaded.

TIP: A successful investigation survey upload is identified on the Investig tab in Tree view by a green arrow on the investigation survey icon. Use the Investigation Properties right-click option to open the Investigation Properties->Survey View window and identify linked intake(s).

To delete an intake:

1. Locate the intake in the **Tree** view on the **Facility**, **Investig**, or **Status** tab.
2. Right-click the intake, and select **Delete Intake**.
3. Click **Yes** in the confirmation message.

   The intake and its link to an investigation (if there is one) are removed. If the deleted intake was the only one linked to the investigation, then the investigation is removed from the Investig tree. If the intake was linked to a survey, you may need to remove complaint/incident-related hours from the CMS-670.

More ...

Procedure: “Delete an Investigation” (just below)

Delete an Investigation

When you delete an investigation, the investigation record is permanently removed, but the complaint/incident intake(s) remain in ACTS, and the survey records in ACO.

Note: Deleting an investigation is *not* the same thing as deleting a survey. You can delete surveys through ACO/ARO or ASE-Q.

Only RO users can delete investigations that have been successfully uploaded.

RO

When you delete an uploaded investigation, a Pending Delete transaction is created and the Delete is processed overnight. Once the transaction has been processed, you can delete the complaint(s)/incident(s) that were linked to the investigation.

You *cannot* delete an uploaded investigation if the exit date of the investigation survey has been changed since the upload. There must first be a successful upload with the new survey date; then you can delete the investigation.

Note: If an investigation survey of one type was included in a successful investigation survey upload and it is then discovered that the partner Health or LSC survey actually represented the investigation, you can delete the uploaded investigation survey, then link and manually upload the partner survey.

To delete an investigation:

1. Click the **Investig** tab in the **Tree** view and locate the investigation you want to delete.
2. Right-click the investigation and select **Delete Investigation**.

   RO users will be prevented from deleting an uploaded investigation if the survey exit date has been changed since the upload. A successful upload with the revised exit date must occur prior to investigation deletion.
3. Click **Yes** in the confirmation message.

   Any links to complaints/incidents are removed. Linked complaints/incidents are those that had the Selected checkbox marked for the deleted investigation (survey) on the Investigation tab.

   The investigation is no longer listed in the Investig tree; however, the survey and citation information is retained in ACO/ARO and the complaint/incident intake(s) remain in ACTS.

When an RO deletes a successfully uploaded investigation, a Pending Delete transaction is created and the Delete is processed overnight.

TIP: If the investigation has not been uploaded (that is, it hasn't been uploaded at all or has been included only in a Detail upload), SA/RO personnel can delete it by unlinking all complaints/incidents. It will no longer appear in the Investig tree.

More ...

Procedure: "Delete an Intake" on page 183

Retain Investigation Survey but Delete Combined Certification Kit

When you have combined a certification kit with an uploaded complaint/incident investigation, in which case you have a combined certification/investigation survey, you may want to delete the certification kit (and survey) from ACO/ARO, but retain the investigation survey in ACTS/ACTS RO. No option is available to perform this action directly, but you can combine several operations in ACO/ARO and ACTS/ACTS RO to approximate the desired result.

Be sure to follow the steps below exactly to achieve the intended result. At least one step must be performed by the RO. You will lose some investigation information in the process, which must be re-entered in the intake.

To retain an investigation survey, but delete a combined certification kit:

1. In ACTS, open the investigation (**Investigation Properties->Survey View** window) and export the investigation survey and its revisits (if any), so that you have a copy of the survey(s).
   - Select the standard investigation survey (and revisits) you want to export in the **Investigation/Revisit** section of the **Investigation Properties** tab, then click **Export...**.
   - In the **Export** window, indicate the transfer location.

   You must complete this step separately for the standard survey and each revisit.
2. In ACTS RO, delete the investigation.

   Any related revisit surveys will also be deleted. This is an overnight process, since the investigation has been uploaded.

Note: When you delete the investigation, you will lose some investigation information including (but not limited to) Proposed Actions and Parties Notified dates.

3 In ACO/ARO (kit not successfully uploaded) or ARO (kit successfully uploaded), delete the certification kit.

- In the Tree view, locate and right-click the certification, then select Remove Certification.

  If you receive a message that Actions are pending, wait and try again the next day. There may be a pending upload transaction, explicit or implicit, and it may be an overnight process.

Note: When you use ARO to delete a successfully uploaded kit, it is an overnight process.

4 In ACO, import the survey (and revisits) you exported in step 1.

- On the ACO toolbar, click Import.
- In the Import window, select the transfer location or file where the survey(s) are stored.
- In the Survey Import window, select the survey(s) you exported from ACTS in step 1.

  You will receive a message that complaint/incident information hasn't been transferred. This is because you deleted the investigation (step 2). However, the survey information will be imported successfully.

5 In ACO, open the **Survey Properties** window for the imported survey (and revisits) and deselect **Recertification** or **Initial Certification** as a **Type of Survey**.

You will receive a message if one or more tags have Recertification or Initial Certification as a Citation Category. To proceed:

- Close the Survey Properties window.
- Select the survey in Tree view to display the tags (citations) in List view. Check the Cert column (you may have to scroll to the right to see it) and note the citations that have Yes in this column.Open the Citation Properties window from Citation Manager to deselect Recertification or Initial Certification as a Citation Category for each of the Cert citations.
- Open Survey Properties again when you've finished.

After you select OK in Survey Properties, you may receive a Date Range message and/or a message about losing 670 information; select Yes to continue.

You must complete this step separately for the standard survey and each revisit.

6 To re-create the investigation, re-link the standard survey (no longer combined with a certification kit) to the intake(s), i.e., mark the survey as **Selected** on the **Investigation** tab.

   Any revisits are automatically linked along with the standard survey.

   You may receive a message about the survey Exit date; select Yes to continue.

   If there was more than one complaint/incident assigned to the investigation originally, be sure to link the survey to all the intakes involved.

7 Re-enter any missing information in the intake(s), and verify that all information is correct.

8 Manually upload the investigation survey in ACTS.

More ...

Procedure: "Delete an Investigation" on page 184
Procedure: "Manual Investigation Survey Upload" on page 116

Add Questions to Ask Caller

In the lower right part of the Intake tab is a list of Questions to ... Ask the Caller. States can add questions to the bottom of the list in a separate section. To do this, you modify a "view" through the Letters window.

Views are not letter templates. ACTS uses them to store text for display in various areas of the application. CMS maintains all views except State Prompts, which stores the text displayed in Questions to ... Ask the Caller.

To add questions to ask a caller:

1 From the **System** menu, select **Letter Management**.

2 In the **Letters** window, select the **Show Views** checkbox to include views in the list of letters.

TIP: If you scroll to the right, you'll see that the value in the ISVIEW column for views is 1.

---

3 Locate the **State Prompts** view in the list, select it, and click **Text**.

4 Add, modify, or delete prompts as needed, and click **OK**.

   You will see the changes the next time you open an intake.

Note: You can rename the State Prompts view (by changing the Description), but you should not delete it. You should *not* modify or delete any other views.

More ...

Screen: "Letters window" on page 268
Screen: "ASPEN word processor" on page 286

Customize Allegation Subcategories

You can add, modify, or delete most allegation subcategories as needed. Federal subcategories defined for EMTALA cannot be modified or deleted, although you can add additional ones. You cannot add, modify, or delete CLIA subcategories.

Note: You cannot change allegation categories.

To add an allegation subcategory:

1. From the **System** menu, select **Lookup Tables**, then **Allegation Subcategories**.
2. In the **Allegation Subcategory Lookup Choices** window, select the allegation category to which you are adding a subcategory, then click **New**.

   If state-specific subcategories are not allowed, the New button is disabled.
3. In the **New Subcategory** window, enter a **Value** (**Code**) and **Description** for the subcategory and click **OK**.

To modify an allegation subcategory:

1. In the **Allegation Subcategory Lookup Choices** window, select a subcategory and click **Modify**.
2. Make changes as needed in the **Modify Subcategory** window.

To delete an allegation subcategory:

1. In the **Allegation Subcategory Lookup Choices** window, select a subcategory and click **Delete**.
2. Click **Yes** in the confirmation message.

   If the subcategory is assigned to existing allegations, you cannot delete it.

Enter Your Agency Name

You will need to add your agency's name to ACTS so it can be inserted in the CMS-1541A form. There is no synching mechanism to make the agency specified in ACTS match that in ACO or vice versa.

To enter your agency name:

1. From the **System** menu, select **State Configurations**.
2. Enter identifying information for your agency in the **State Configurations** window and click **OK**.

More ...

Screen: "State Configurations window" on page 291

Add Referral Agencies

You can add agency and contact information to the Agency Maintenance list. When referring complaints/incidents, you will be able to select an agency from this list. The agency will also be added to the Distribution List for the complaint/incident.

To add a referral agency:

1. From the **System** menu, select **Lookup Tables**, then **Agency Maintenance**.
2. In the **Agency Maintenance** window click **New**.
3. In the **New Agency** window, enter agency information and click **OK**.

   Agency (name) is the only required field, but you need to add address information if you want ACTS to generate letters and print address labels for the agency. You can only add agencies of Type 99 Other, which is automatically assigned.

Note: If you want to add a non-99 agency, contact your RO.

To modify agency information:

1. In the **Agency Maintenance** window, select a listed agency and click **Modify**.
2. Make changes as needed in the **Modify Agency** window.

   You can only modify agencies of Type 99 Other. If you select an agency of another type, you will receive a message and a read-only record will appear.

Note: If you want to modify information for a non-99 agency, contact your RO.

To delete a referral agency:

1. In the **Agency Maintenance** window, select a listed agency and click **Delete**.

   You can only delete agencies of Type 99 Other.
2. Click **Yes** in the confirmation message.

   If any intakes have been referred to the agency, you can’t delete it.

Note: If you want to delete a non-99 agency, contact your RO.

More ...

Screen: "Agency Maintenance window" on page 290
Screen: "New Agency" on page 290
Screen: "Modify Agency window" on page 291

View the Audit History

ASPEN applications have an internal auditing capability that tracks changes to a number of significant fields in the database. The Audit History option in ACTS provides an interface to the log of changes, additions, and deletions to those fields resulting from user and system actions on login, intake, survey, facility, and other records.

By viewing the Audit History, you can trace changes to values, find out dates of changes, and see who made the changes. For example, you can determine if your login ID is in use, either because you are logged in, or another user activated you (i.e., your login ID) via the Activate button in the Citation Manager. You can set criteria to filter the list of audits and also print the log and delete audit records.

To view the audit history:

1. From the **System** menu, select **Audit History** to open the **Audit History** window.

   It will be empty. You must specify a date range for the audits you want to see.

2. Click **Get Audit History** to open the **Audit History Select** window.

3. Enter a **Begin Date** and **End Date** and click **OK**.

   The shorter the time period you specify, the more quickly the audit records are retrieved. All audit records for the specified date range are displayed. The title of the window changes to Audit History from <BeginDate> to <EndDate>.

To filter the list of audits:

1. In the **Audit History** window, click **Filter Audits** to open the **Filter Audit Records** window.

   You can set one, several, or all of four filters: Date, Facility ID, Employee, Table/Column (in the ASPEN database).

2. To specify a **Date** filter, enter the **Start Date** and **End Date** of the desired time period.

   The date range you specified for the currently displayed audits is the default.

3. To specify a **Facility ID** filter, click the **Select Facility for Audit Filter** button. Search for and select the desired provider.

   The provider's name, ID, and city/state are entered in the Filter Audit Records window. To deactivate the Facility ID filter, click **Clear Text** to remove the provider information.

4. To specify an **Employee** and/or **Table/Column** filter, select the applicable checkbox(es) and the desired employee(s) and/or table(s)/column(s).
5. Click **OK**.

   The list of audits is refreshed according to the filters you specified.

To delete audit record(s):

1. In the **Audit History** window, select the audit record(s) you want to delete.
2. Use **Shift+click** to select a sequence of audit records, or **Ctrl+click** to select multiple non-sequential audit records.
3. Click **Delete**.

   The audit records you selected are deleted. You will receive a message if any of the selected audit records are used in CMS reporting; they will not be deleted.

WARNING! There is no confirmation message, so be sure you want to delete the audit records you selected.

To print the currently displayed audit records:

1. In the **Audit History** window, click **Print**.
2. In the **List print** window, specify header/footer, font, and margins for the printed list.
3. Click **Print** in the **List print** window and **OK** in the **Print** window.

   The print job goes directly to the printer. There is no report preview. All displayed audits are printed in a grid format.

More ...

Screen: "Audit History window" on page 292

View System Connections

The System Connection option displays basic details about the Oracle server(s) to which the client application is currently connected. This feature can assist technical support personnel with troubleshooting.

To view client/server connections:

➥ From the **System** menu, select **System Connection**.

The System Connection Information screen displays details about the client and the Oracle database(s) to which the client is connected. In RO mode, information about both national and state connections is displayed. SAs see only the state client connection.

Manage Action Items

ACTS includes a variety of options for managing your action items. You can:

- Restrict the list of action items to those that are relevant to you
- View action items of other users
- Filter the list by date range, status, and type
- Toggle action item display
- Delete action items as needed

Email delivery of action items is available when configured by your system or network administrator in ACO/ARO.

More ...

Refer to "Set Up Action Item Email Notification" in the *ACO Procedures Guide*, which is posted on the QTSO website at https://qtso.cms.gov.

Create Action Item Filters

ACTS lets you create named action item filters to display subsets of your action items in List view or Detail view. You can specify multiple filters, but only one is active at a time.

Note: If you are an RO staff member, your action items are displayed in Detail view at startup only if you activated an action item filter in a previous session.

To create an action item filter:

1. On the **Facility** or **Staff** tab in the **Tree** view, right-click **My Action Items**, then click **New Action Item Filter**.
2. In the **Action Item Filter Settings** window, indicate the desired **Date** range and select the **Status**(**es**) and **Type**(**s**) of action items you want to include in the filter.

   The Type options differ between ACTS and ACTS RO.
3. Add (find and select) staff members whose action item messages you want to see.
4. To see only your action items, select **Include Action Items for Current User**; click **Yes** in the confirmation message.
5. Enter a name for the new filter, and indicate whether you want it to be **Public** (visible to other users).
6. Click **OK**.

   The action item filter is created, but is not activated, as indicated by a red checkmark. Public filters are denoted by a globe icon.

More ...

Screen: "Action Item Filter Settings window" on page 275

Activate an Action Item Filter

You must activate an item action filter for it to take effect. Only one filter can be active at a time.

Note: If you are an RO staff member, your action items are displayed in Detail view at startup only if you activated an action item filter in a previous session.

To activate an action item filter:

1. Click the **Expand** node next to the **My Action Items** node to expand it, and right-click the action item filter you want to activate.
2. Select **Activate** from the popup menu.

   The checkmark by the filter name turns green to indicate it is active.

   The display of your action items is filtered accordingly, whether you click the My Action Items node on the Facility or Staff tab to display action items in List view, or click the top level Facilities or Investigators node on either tab to display action items in Detail view, or when ACTS starts up and displays your action items in Detail view. The filter applies as well to the list of another staff member's action items in List view when you click the My Action Items node for that staff member on the Staff tab.

   Note: The list of action items is also filtered by the Facility Type and State Region settings in your active Selection (My Selections).

Toggle Action Item Display

You can toggle the display of action items in Detail view in the lower right hand corner of ACTS at startup.

Note: If you are an RO staff member, your action items are displayed in Detail view at startup only if you activated an action item filter in a previous session.

To toggle action item display:

1. In **Tree** view, right-click the **My Action Items** node on the **Facility** or **Staff** tab.
2. Select **Hide Action Items** or **Show Action Items** as appropriate.

   Hide Action Items hides the display of your action items in Detail view (lower right hand corner of screen) at startup, and when you click the top level Facilities or Investigators node on the Facility or Staff tab during your ACTS session. They will stay hidden in future sessions. Show Action Items enables the display of your action items in Detail view again.

   This toggle doesn't affect the display of your action items in List view when you click the My Action Items node on the Facility or Staff tab; they're always shown. You also cannot hide other staff members' action items.

Delete Action Items

Action Item History lists action items for all ASPEN modules. From here, you can delete action items by date range. RO users can delete RO action items; SA users can delete SA action items.

To delete an action item:

1. From the **System** menu, select **Action Item History**.
2. In the **Action Item Trail** window, click **Delete**.
3. In the **Action Item Delete Range** window, enter a **Start Date** and **End Date** to specify the time range of the action items you want to delete.
4. Click **OK**.
5. Click **Yes** in the confirmation message.

   The RO or SA action items (as applicable) issued within the specified time range are deleted.
6. Click **Close** to close the **Action Item Trail** window.

Manage Letter Templates

The Letter Management option lets you create form letter templates from which ACTS users can generate letters customized for individual surveys, complaints/incidents, provider types, and recipients. A form letter template contains standard text and macros (merge codes), which serve as placeholders for information about the specific survey, intake, or provider.

You use the letter word processor, which was introduced in ASPEN 6.5, to create and modify the content of "new" letter templates. You cannot create templates using the ASPEN word processor, but you can still use it to modify the text in "old" templates, which were created using the ASPEN word processor prior to ASPEN 6.5.

- Create a letter template.

  Procedure: "Create Letter Templates" (below)
- Modify a New letter template.

  Procedure: "Modify New Letter Templates" on page 196
- Modify an Old letter template.

  Procedure: "Modify Old Letter Templates" on page 197
- Insert macros (merge codes) into a letter template.

  Procedure: "Insert Letter Macros" on page 198
- Print a letter template

  Procedure: "Print Letter Templates" on page 199

- Delete one or more letter templates.

  Procedure: “Delete Letter Templates” on page 199

- Add a new recipient to the Distribution List.

  Procedure: “Add Recipients to the Distribution List” on page 200

- Add your agency’s name to ACTS for use in letter macros.

  Procedure: “Enter Your Agency Name” on page 188

Create Letter Templates

Creation of a letter template is a two-part process. You specify letter attributes, then enter letter text.

Specify Letter Attributes

Letter attributes, e.g., letter type and description, are entered in the Letter Desc (Description) window.

To specify letter attributes:

1. From the **System** menu, select **Letter Management**.
2. In the **Letters** window, click **New...**.
3. In the **Letter Desc** window, enter a **Description** of the letter.

   The template ID is provided by the system.

   TIP: To group similar letters together, use the Description field to provide descriptive phrases that sort together alphabetically. You could, for example, assign prefixes that will group and list the templates in the desired order.

   The Margin fields, Header/Footer section, and Logo button are disabled since you specify margins, create headers and footers, and add logos directly to the letter in the word processor.

4. **ACTS RO only –** Select the **Federal Letter** checkbox if this is a Federal letter that should be available only to RO personnel.
5. Select the **Letter Type**.
6. For **Complaint** letters only, select the **Notification Type**.
7. To assign facility types to the letter, click the **Facility Type** tab, select the **Letter appears ...** checkbox, then select the facility types for which the letter will be available.
8. Click **OK** to open the letter word processor (window title is Edit Letter Text).

More ...

Screen: "Letters window" on page 268
Screen: "Letter Desc window" on page 269

Enter Letter Content

You use the letter word processor (window title is Edit Letter Text) to enter letter content. For a new letter template, it opens when you click OK in the Letter Desc (Description) window.

To enter letter content:

1. Enter the text of the letter in the **Edit Letter Text** window.

   You can enter as much text as you need. Edit Letter Text includes a variety of text formatting features.

   You can insert macros (merge codes) to merge information from ASPEN databases into custom complaint/incident-related letters that are generated from the template.

2. To insert headers and footers, select **Headers and Footers** from the **View** menu.
3. To include your agency's logo, select **Image** from the **Insert** menu, then navigate to and select the appropriate image file.
4. To add tables, use the **Table** menu options.
5. Click **Save & Exit** to save the text and formatting and return to the **Letters** window.

   The new template is added to the list.

More ...

Screen: "Letter word processor" on page 272
Procedure: "Insert Letter Macros" on page 198 (Start with step 3)

Modify New Letter Templates

You can modify the attributes of New letter templates (WP Ver = New, created in ASPEN 6.5 or later) and open Edit Letter Text to modify the letter content.

Note: Federal letter templates (attributes and content) can be modified only in ACTS RO.

To modify a New letter template:

1. From the **System** menu, select **Letter Management**.
2. In the **Letters** window, select a New letter template and click **Modify**.

   A letter's word processor version is shown in the WP Ver column.

3. In the **Letter Desc** window, change attributes, including Facility Type assignments, as needed.

4 Click **OK** to save your changes and return to the **Letters** window.

5 To modify letter content, select the letter in the **Letters** window and click **Text...**.

6 In **Edit Letter Text**, modify the content and insert macros (merge codes) as needed.

7 Click **OK** to save the content and return to the **Letters** window.

More ...

Screen: "Letters window" on page 268
Procedure: “Specify Letter Attributes” on page 195
Screen: "Letter word processor" on page 272
Procedure: “Screen: "Letter Desc window" on page 267” on page 195
Procedure: “Insert Letter Macros” on page 198 (Start with step 3)

Modify Old Letter Templates

You can modify the attributes of Old letter templates (WP Ver = Old, created prior to ASPEN 6.5) and open the ASPEN word processor modify the text.

Note: Federal letter templates (attributes and content) can be modified only in ACTS RO.

To modify an Old letter template:

1 From the **System** menu, select **Letter Management**.

2 In the **Letters** window, select an Old letter template and click **Modify**.

A letter’s word processor version is shown in the WP Ver column.

3 In the **Letter Desc** window, change attributes as needed.

4 To include your agency’s logo in the letterhead: click **Logo**, navigate to the BMP file containing a bitmap of your logo, select the file, and click **Open**.

Tip: Margins must be set large enough to accommodate the logo.

5 To assign facility types to the letter, click the **Facility Type** tab and select the facility types for which the letter will be available, then click **OK**.

6 In the **Letter Desc** window, click **OK** to save your changes and return to the **Letters** window.

7 To modify letter text, select the letter in the **Letters** window and click **Text...**. to open the ASPEN word processor (window title is Edit Letter Text).

8 In **Edit Letter Text**, change the text as needed.

You can insert macros (merge codes) to include information from ASPEN databases into custom complaint/incident-related letters that are generated from the template.

9 Click **OK** to save the text and return to the **Letters** window.

More ...

Screen: "Letters window" on page 268
Screen: "Letter Desc window" on page 269
Screen: "ASPEN word processor" on page 286
"Insert Letter Macros" (just below - start with step 3)

Insert Letter Macros

You can insert macros from a predefined list into letter templates. The macros function like mail merge codes in word processors. Each macro (merge code) references information stored in ASPEN databases. When letters are generated from templates, the macros are replaced with the referenced information.

Custom Text Prompt is a specialized macro that lets users insert custom text when they print letters from templates with custom text prompt(s). When a letter is generated, ACTS displays a prompt window with a text field. The user can enter up to 250 characters in this field.

To insert a letter macro:

1 From the **System** menu, select **Letter Management**.

2 In the **Letters** window, select a letter template and click **Text...**.

3 Click in the letter text at the point where you want to insert the macro (merge code).

4 Select the macro you want from the **Macros** drop-down list.

5 Click **Insert**.

The system inserts the macro in the letter template. Format macros as you do other text. You can insert as many macros as you need.

More ...

Screen: "Letters window" on page 268

Print Letter Templates

Access to the Print option is available in the letter word processor for new templates and in the ASPEN word processor for old templates.

Note: The letter and ASPEN word processors are both titled Edit Letter Text.

To print a letter template:

1. From the **System** menu, select **Letter Management**.
2. In the **Letters** window, select a letter template and click **Text...**.
3. For a **New** template, click the **Print** button in the **Edit Letter Text** toolbar.

   For an **Old** template, expand the **File** menu and select **Print**.

   Note: You can use the File menu for a New template as well.

More ...

Screen: "Letters window" on page 268
Screen: "Letter word processor" on page 272
Screen: "ASPEN word processor" on page 286

Delete Letter Templates

When templates become outdated, you can delete one or more at a time.

To delete letter templates:

1. From the **System** menu, select **Letter Management**.
2. In the **Letters** window, select one or more letter templates and click **Delete**.
3. Click **Yes** or **Yes to All** (if you selected more than one template) in the confirmation prompt.

   If you selected multiple templates and click Yes in the confirmation prompt, the prompt will appear for each selected template.

More ...

Screen: "Letters window" on page 268

Add Recipients to the Distribution List

Use the ACTS Distribution List window to maintain name and address information of agencies and representatives with which you often correspond. You will be able to select from this list when generating letters and notices in ACTS.

To add a recipient to the ACTS distribution list:

1. From the **System** menu, select **Distribution Lists**.
2. In the **ACTS Distribution List** window, click **New** to add a new Recipient.
3. In the **Distribution** window, enter a 3-character alphanumeric **ID**.
4. Enter identifying and address information for the recipient.
5. Select a **Recipient Type**.
6. Select **CC by Default** if you want a cc action (copies sent to) to be set by default for all correspondence. You can remove this action for individual letters.

More ...

Screen: "ACTS Distribution List window" on page 270
Screen: "Distribution window" on page 271

ACTS Screens

This chapter contains pictures of the screens and windows you will encounter when working in ACTS including: intake screens, Investigation Properties->Survey View screens, survey/investigation-related windows, notices/letters-related windows, and other ACTS application windows.

If you are viewing this document online, take advantage of the hyperlinks. You can click the cross-reference at the top of each graphic to jump to detailed descriptions of the fields on that section of screen, as shown in the example below (page number may not be current).

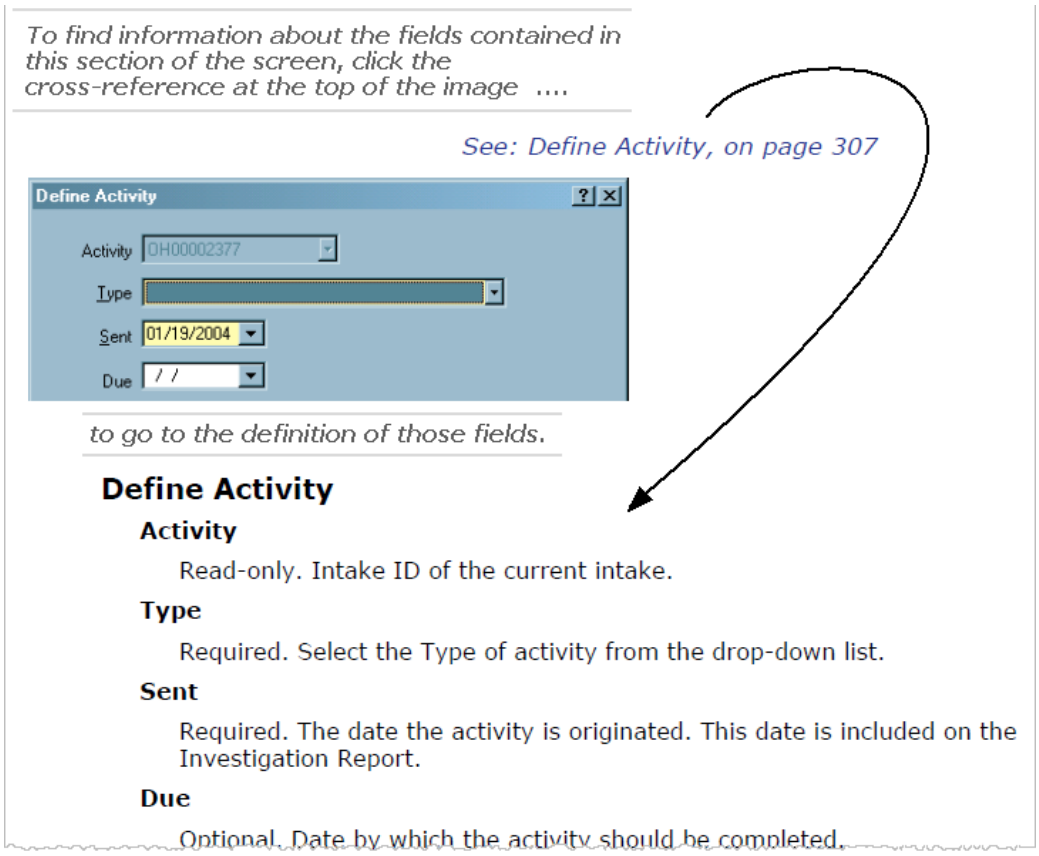


Figure 34: Cross-reference from screen shot to field descriptions

Complaint/Incident Intake Tabs

The ACTS complaint/incident intake tabs provide an updated interface for data entry and prevalidation. All intakes contain the following tabs:

- Intake
- Allegations
- Contact/Refer
- Activities
- Investigation
- Actions/Close
- Upload Intake

An intake for hospitals includes the following tab:

- EMTALA

An intake for providers that may be deemed includes the following tab:

- Deemed

Finally, an intake for CLIA labs includes the following tab:

- RO Approval

Intake tab

A new intake opens initially to the Intake tab, which has the following sections:

- Intake Staff and Status
- CLIA Certificate (CLIA only)
- Assignment
- Complainants (states also have Residents/Patients/Clients and Alleged Perpetrators tabs)
- Source
- Response Information
- Received and Related Intakes
- Notes

Intake Staff and Status

The Intake Staff section at the top of the Intake tab indicates whether the intake was initially received by the State Agency, Regional Office, or Central Office and the name of the person who logged the intake.

On non-CLIA intakes, the current intake Status is entered by ACTS to the right of the Intake Staff section. On CLIA intakes, the Status field is above the CLIA Certificate section.

Fields: "Intake Staff and Status", on page 293

Figure 35: Intake Staff section of Intake tab

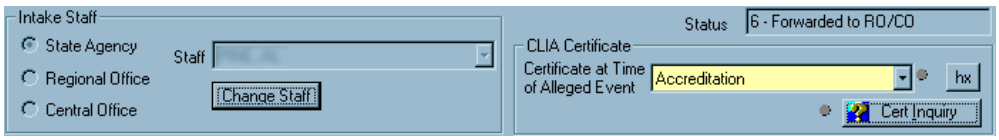


Figure 36: Intake Staff section of CLIA Intake tab

CLIA Certificate

The CLIA Certificate section is included only on CLIA intakes. It indicates which certificate was held by the CLIA lab when the complaint was logged. You can view a history of certificates for the lab.

Fields: "CLIA Certificate", on page 294

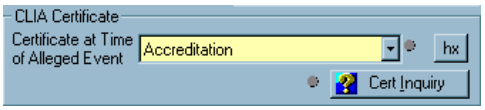


Figure 37: CLIA Certificate section of CLIA Intake tab

Assignment

The Assignment section contains fields where you can enter a variety of tracking information. In this area, you designate the staff members and team that are to be responsible for the intake. The responsible staff members will receive action item messages as they are triggered by specific steps in the intake process. The Assignment section from a CLIA intake is shown below.

Fields: "Assignment", on page 295

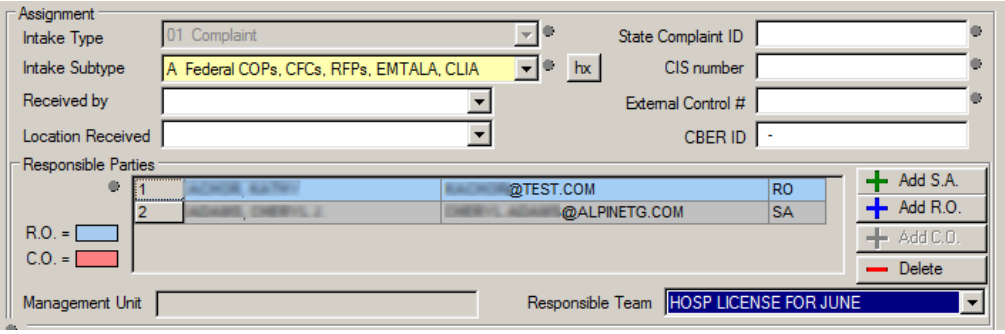


Figure 38: Assignment section of Intake tab

Complainants tab

Click the Complainants tab to enter information about complainants or to modify complainant information if necessary. All complainants are added to the intake's Distribution List so they can receive notices and other correspondence. SAs can type in all or part of the Last and First Name and click Find/Add to find the name in the directory or add the name to the directory.

Fields: "Complainants tab", on page 297

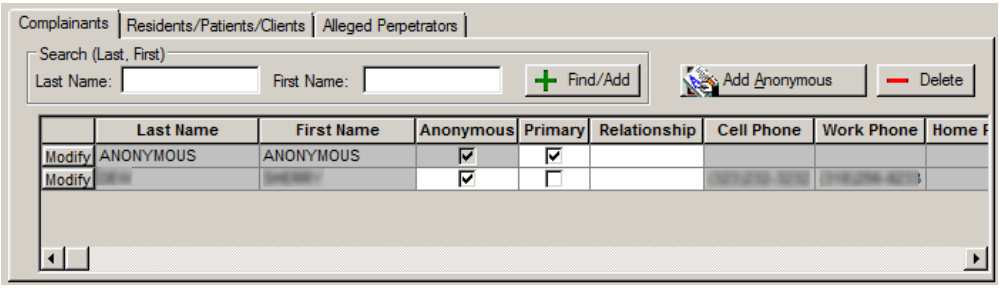


Figure 39: Complainants tab - SA

RO - ROs cannot search the Complainants directory.

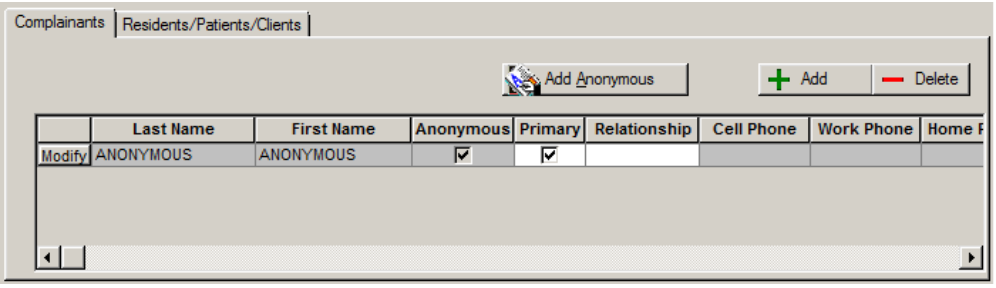


Figure 40: Complainants tab - RO

Select Complainant or Resident/Patient/Client or Alleged Perpetrator window

This window may be titled Select Complainant Name, Select Resident/Patient/Client Name, or Select Alleged Perpetrator depending on the tab you open it from. In this example, a portion of a name has been typed in the Last Name field on the Complainants tab. After you (SA user) click Find/Add on the Complainants tab, the Select Complainant Name window shows names in the directory that match the text you entered.

RO - ROs cannot search the <Dir name> directory.

Fields: "Select Complainant or ...", on page 300

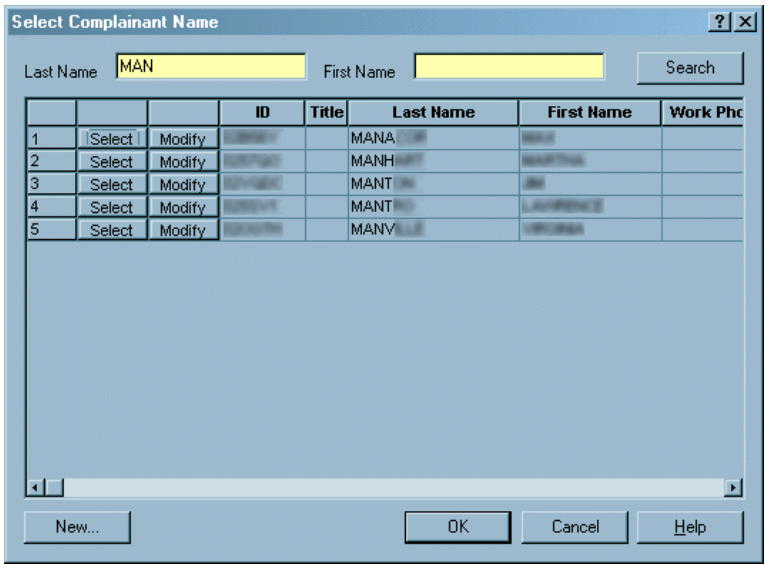


Figure 41: Select Complainant Name window

Complainant Directory Input

Use this window to add a complainant record and link that complainant to the current intake, as well as to modify complainant information. You must enter address and phone information if you plan to use ACTS to generate letters or notices to the complainant.

Fields: "Complainant Directory Input", on page 301

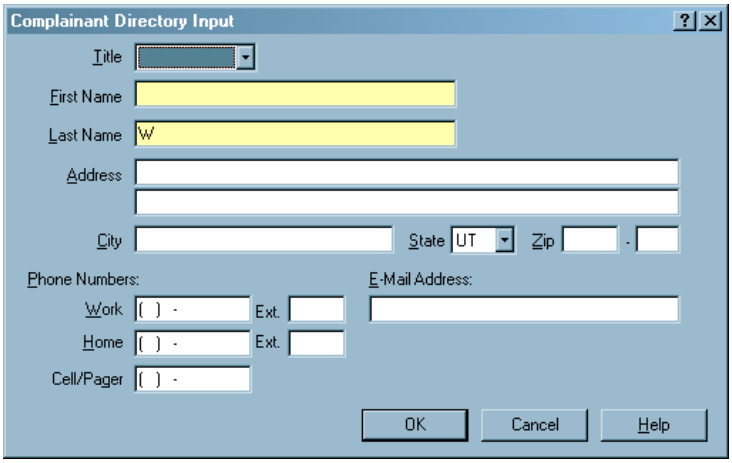


Figure 42: Complainant Directory Input window

Residents/Patients/Clients tab

Click the Residents/Patients/Clients tab to record the names of residents/patients/clients who are associated with the intake. Type in all or part of the Last and First Name and click Find/Add to find the name in the directory or add the name to the directory.

Fields: "Residents/Patients/Clients tab", on page 299

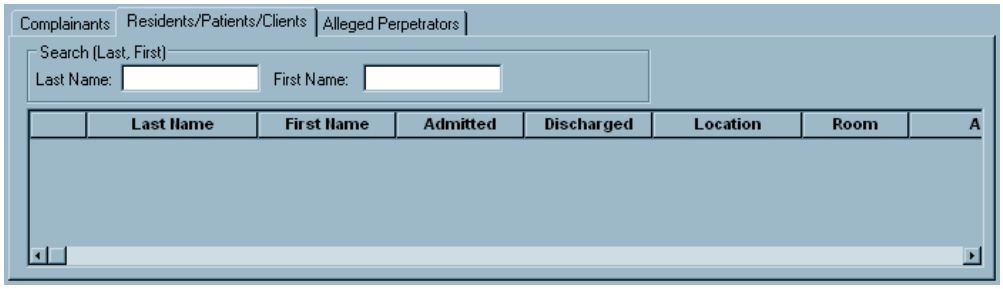


Figure 43: Residents/Patients/Clients tab - SA

RO - ROs cannot search the Residents/Patients/Clients directory.

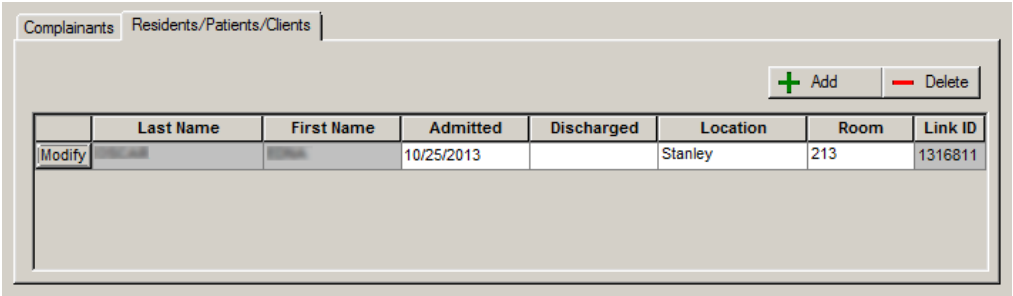


Figure 44: Residents/Patients/Clients tab - RO

The Residents/Patients/Clients tab on post-ASPEN 9.1 Hospital and PRTF intakes (Received End Date is 12/07/2007 or later) includes an additional Admitting Diagnoses field.

Fields: "Residents/Patients/Clients tab", on page 299

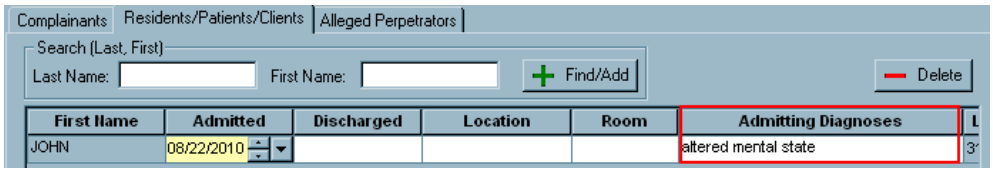


Figure 45: Admitting Diagnoses field on Residents/Patients/Clients tab

Resident/Patient/Client Directory Input

Use this window to add a record to the Resident/Patient/Client Directory and to link the resident/patient/client to the current intake, as well as to modify resident/patient/client information. ACTS does not maintain contact information in the Resident/Patient/Client Directory.

States can store Gender in the resident/patient/client record. This field is not visible to ROs.

Fields: "Resident/Patient/Client Directory Input", on page 301

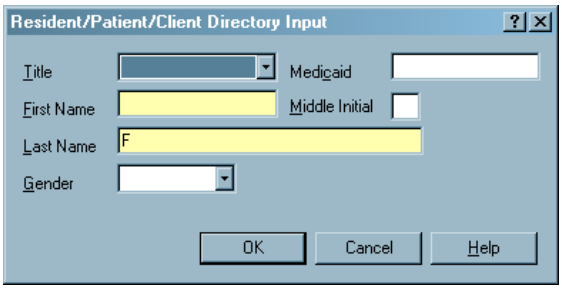


Figure 46: SA Resident/Patient/Client Directory Input window

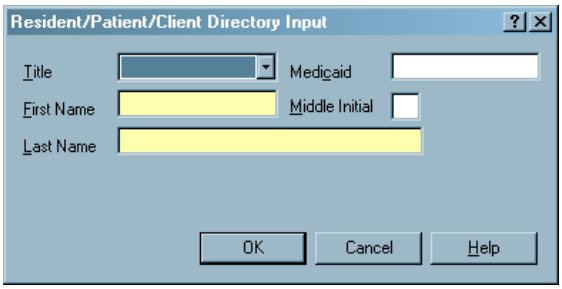


Figure 47: RO Resident/Patient/Client Directory Input window

Alleged Perpetrators tab

The Alleged Perpetrators tab is displayed only to SAs. It is not displayed to ROs and is also not available in CLIA intakes. Click Alias to record aliases used by the individual.

Fields: "Alleged Perpetrators tab", on page 300

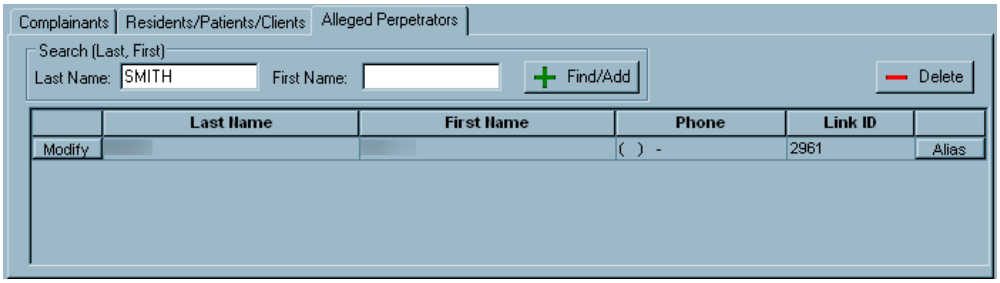


Figure 48: Alleged Perpetrators tab

Alleged Perpetrator Directory Input

Use this window to add a record to the Alleged Perpetrator Directory and to link the alleged perpetrator to the current intake, as well as to modify alleged perpetrator information. Alleged Perpetrator records contain name and contact information, plus title and license number. ROs cannot access this window, nor can it be accessed from CLIA intakes.

Fields: "Alleged Perpetrator Directory Input", on page 302

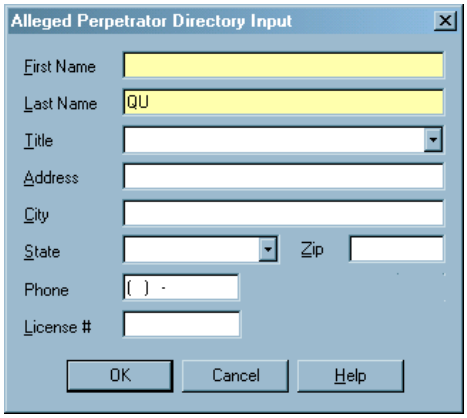


Figure 49: Alleged Perpetrator Directory Input

Alleged Perpetrator Aliases

Use this window to add or delete aliases the alleged perpetrator is known to have used. ROs cannot access this window, nor can it be accessed from CLIA intakes.

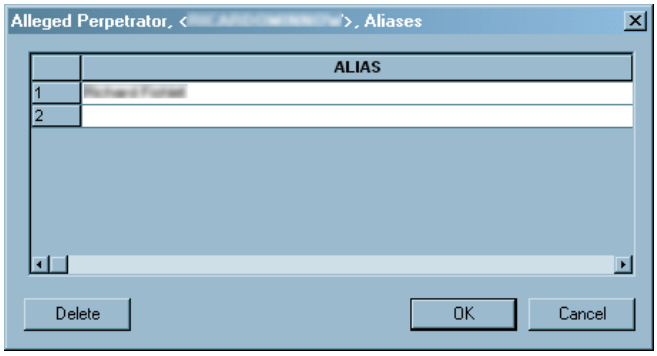


Figure 50: Alleged Perpetrator Aliases window

Alleged Event Information

Use this section if the intake concerns a specific event. The Date is required only on intakes created on or after 05/02/2011 for Transplant Hospitals, otherwise this section is optional.

Fields: "Alleged Event Information", on page 302

Figure 51: Alleged Event Information section of Intake tab

Source

You can select up to three sources for each intake. When more than one intake is linked to an investigation, their sources are combined and cross walked to the five Source types that national accepts.

Note: For pre-ASPEN 10.1.7 investigations, Source(s) will print in Item 6A of CMS-562.

Fields: "Source", on page 302

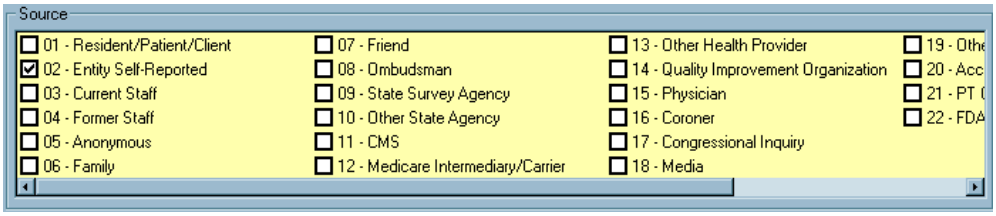


Figure 52: Source section of Intake tab

Response Information windows

The Response Information section is included on the Intake tab and the Allegations tab. The fields are shared; you can update this information from either tab. Priority can also be viewed or entered (depending on circumstances) on the Deemed or RO Approval tab, when either tab is present. After you specify Priority(s), Investigate within and Investigation Due By are required if Priority is A-E, or Q or R for CLIA.

Fields: "Response Information", on page 303

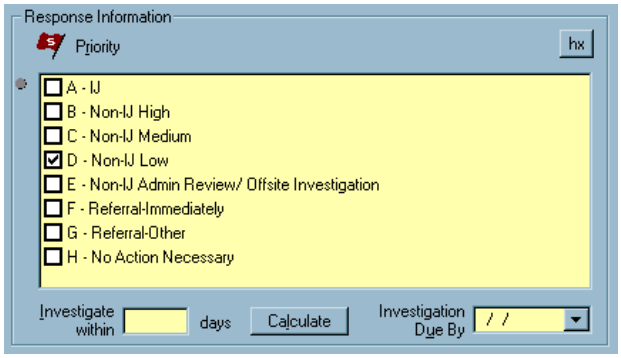


Figure 53: Response Information window

The Priority options for CLIA intakes are Q-U.

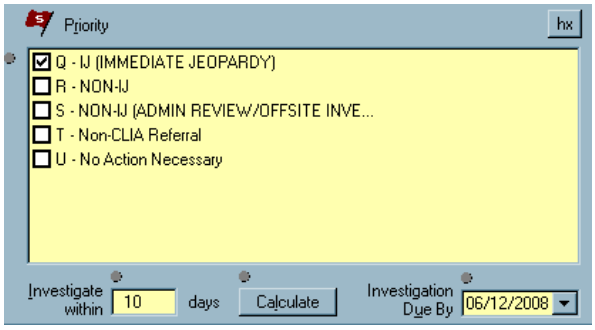


Figure 54: Priority window

Received and Related Intakes

In the Received section, Received Start and End Dates are required. If you click Calculate to have ACTS calculate Investigation Due By (above), you can use either date for the starting point as appropriate. Other investigation dates may be calculated from the End Date and a number of reports are sorted by the End Date.

You can click the Click Here to Associate button to "relate" other intakes to the current intake.

Fields: "Received and Related Intakes", on page 304

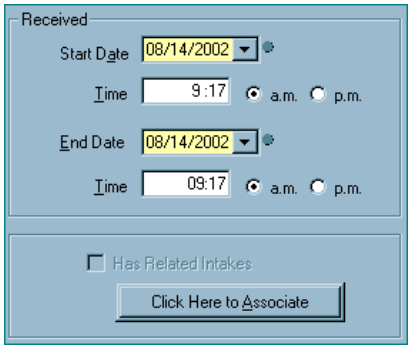


Figure 55: Received section of Intake tab

Intakes Associated With window

The Click Here to Associate button opens this window, which shows other intakes involving the provider. You can choose to "relate" one or more of those intakes to the current intake. This association is a reference tool; there is no additional functionality in the application as there is when you link several intakes to the same investigation. It provides a way to advise staff of other intakes that they may want to look into while reviewing the current intake.

Fields: "Intakes Associated With", on page 305

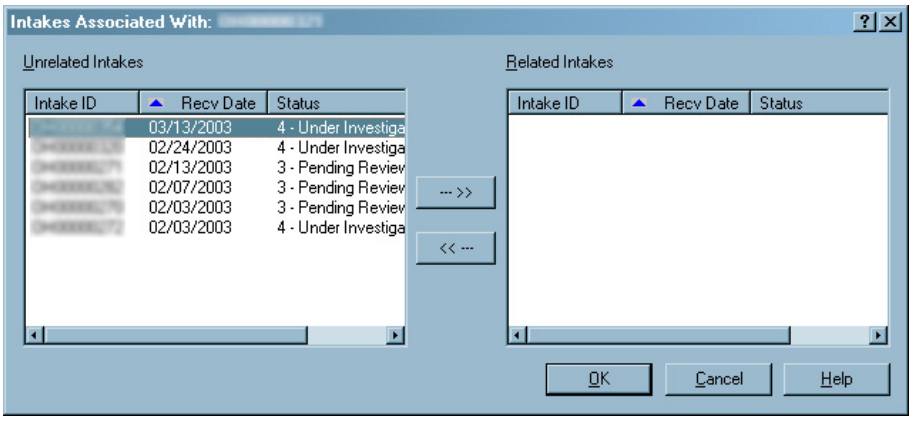


Figure 56: Intakes Associated With window

Notes

ACTS provides separate text editor panes where SA, RO, and CO users can enter notes concerning the intake. To the right of the Notes sections is a list of questions intended to help SA staff members who have a caller on the line. You can click the Insert Questions into Notes button to insert the Questions to Remember prompts into the Notes text editor (SA only).

Limited formatting buttons are at the top of each Notes pane. Click Notes... at the bottom of the intake window to open the ASPEN word processor, which contains the text you have entered.

Fields: "Notes", on page 305

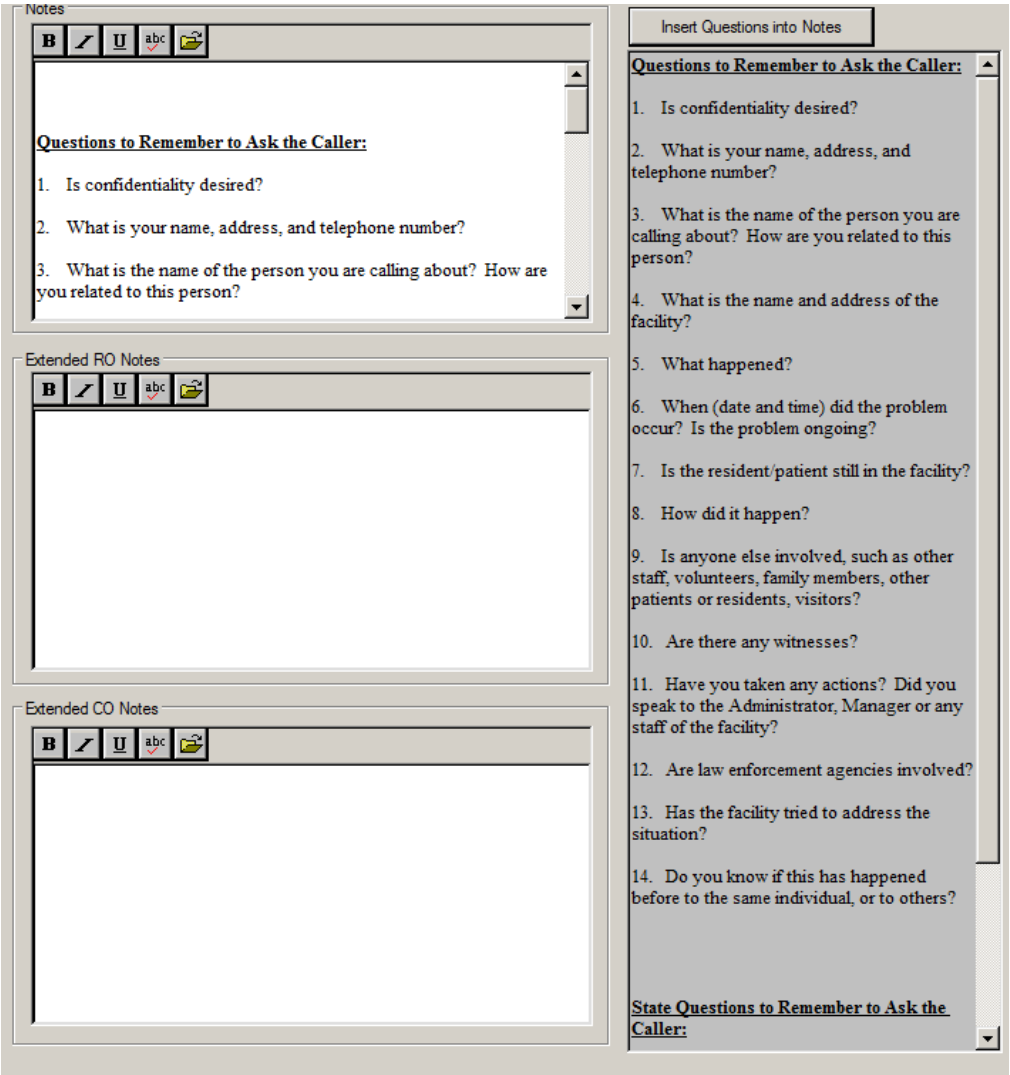


Figure 57: Notes section of Intake tab

Allegations tab

The Allegations tab contains details of the allegations made against the provider. It has three sections:

- Allegations and Deficiencies
- Death Associated with the Use of Restraints/Seclusion
- Response Information

Allegations and Deficiencies

Allegations are entered and modified using the buttons below the grid. Findings are required when the investigation is complete. If deficiencies are found, use the Link Deficiencies button to tie the tags cited to specific allegation(s). The checkboxes in the Deficiencies section are selected by ACTS based on deficiencies cited in the investigation.

Fields: "Allegations and Deficiencies", on page 306

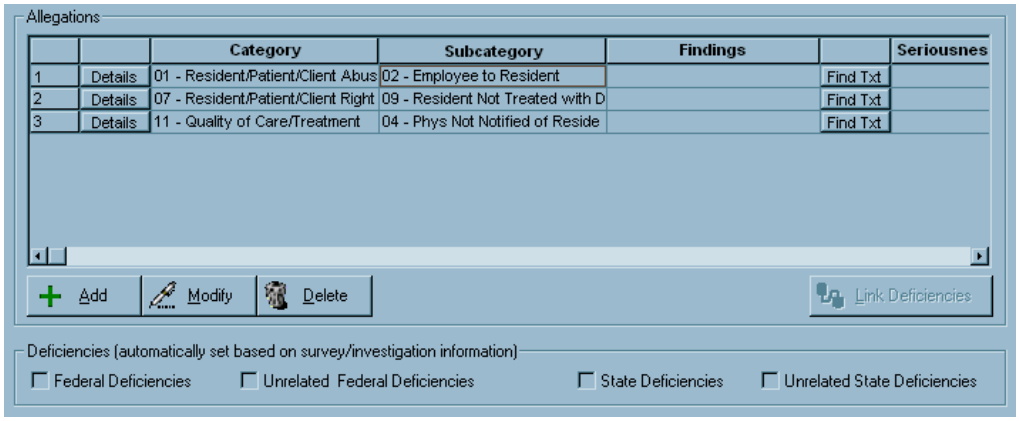


Figure 58: Allegations grid

For Transplant Hospital intakes, the grid includes the Program Type column.

Fields: "Allegations and Deficiencies", on page 306

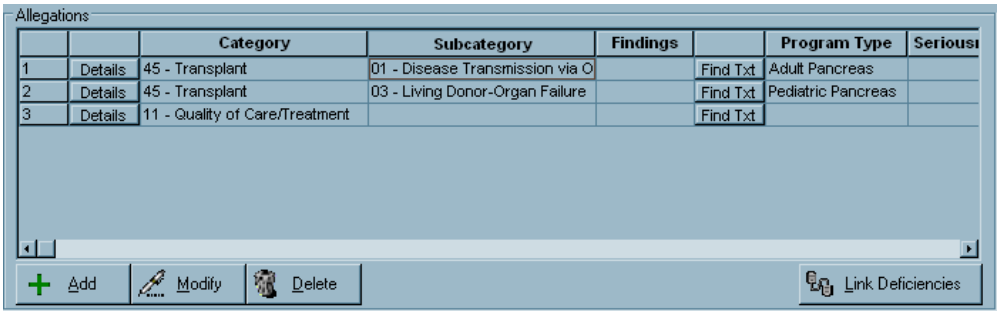


Figure 59: Allegations grid for Transplant Hospital intakes

Allegation Input window

Use the Allegation Input window to add or modify information about individual allegations.

Fields: "Allegation Input", on page 308

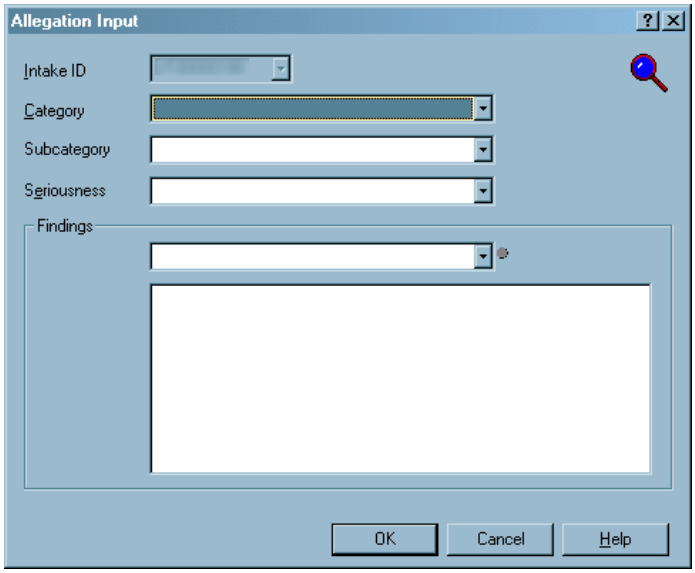


Figure 60: Allegation Input window

For Transplant Hospitals only, the Allegation Input window includes an additional field, Transplant Program Type. This makes it possible to track the program associated with each allegation on a TH intake.

Fields: "Allegation Input", on page 308

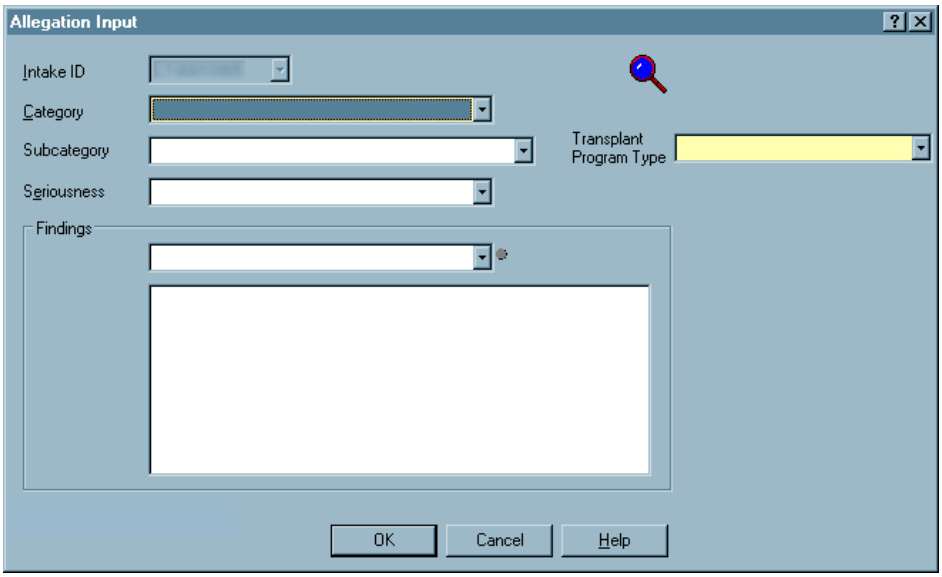


Figure 61: Allegation Input window for Transplant Hospitals window

Assign Aspen Tags window

This window appears when you select an allegation and click Link Deficiencies. For all providers other than Transplant Hospital, it lists all tags cited in the investigation except Federal memo tags 0000 and 9999. For Transplant Hospitals, the list of tags is limited to those that have the same program assigned as the allegation. You can link one or more tags to the allegation you selected.

Fields: "Assign Aspen Tags", on page 310

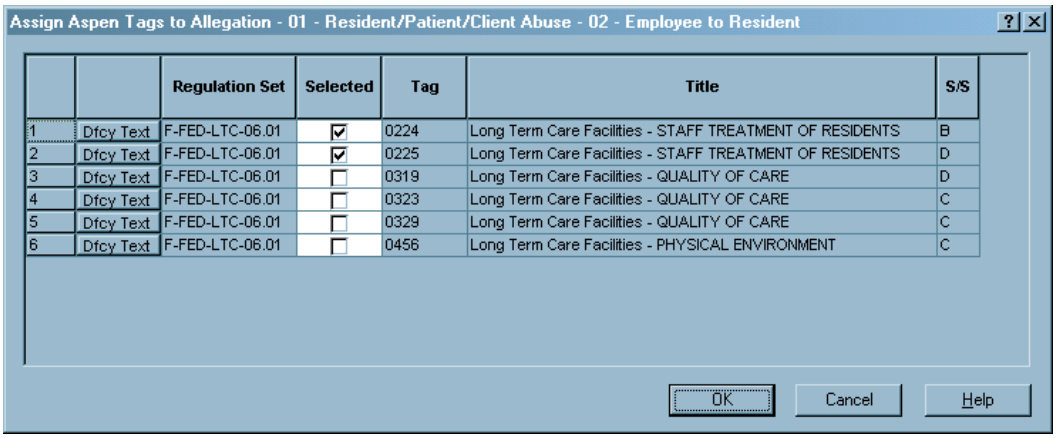


Figure 62: Assign Aspen Tags window

Death Associated with the Use of Restraints/Seclusion section

The Death Associated with the Use of Restraints/Seclusion section becomes active when you select 05 Restraints/Seclusion - Death as the Category in the Allegation Input window.

Fields: "Death Associated with the Use of Restraints/Seclusion grid", on page 311

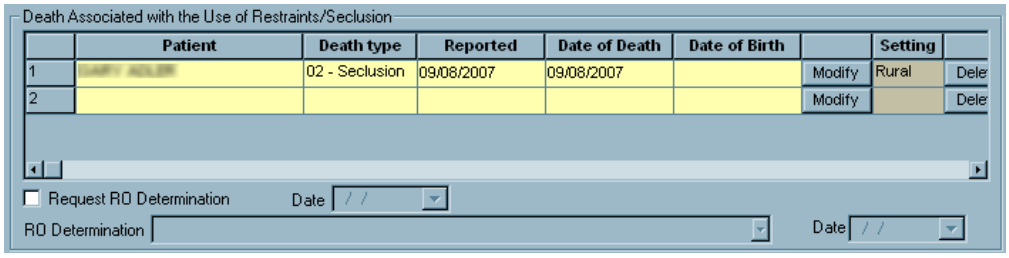


Figure 63: Death Associated with the Use of Restraints/Seclusion section

Death Associated with the Use of Restraints/Seclusion window

This window is displayed when you click the Modify button in a row of the Death Associated … grid on the Allegations tab (see above). You must complete the required fields on the grid before you can open the window. The fields that are enabled/required depend on provider type and intake Received End Date.

Fields: "Death Associated with the Use of Restraints/Seclusion window", on page 313

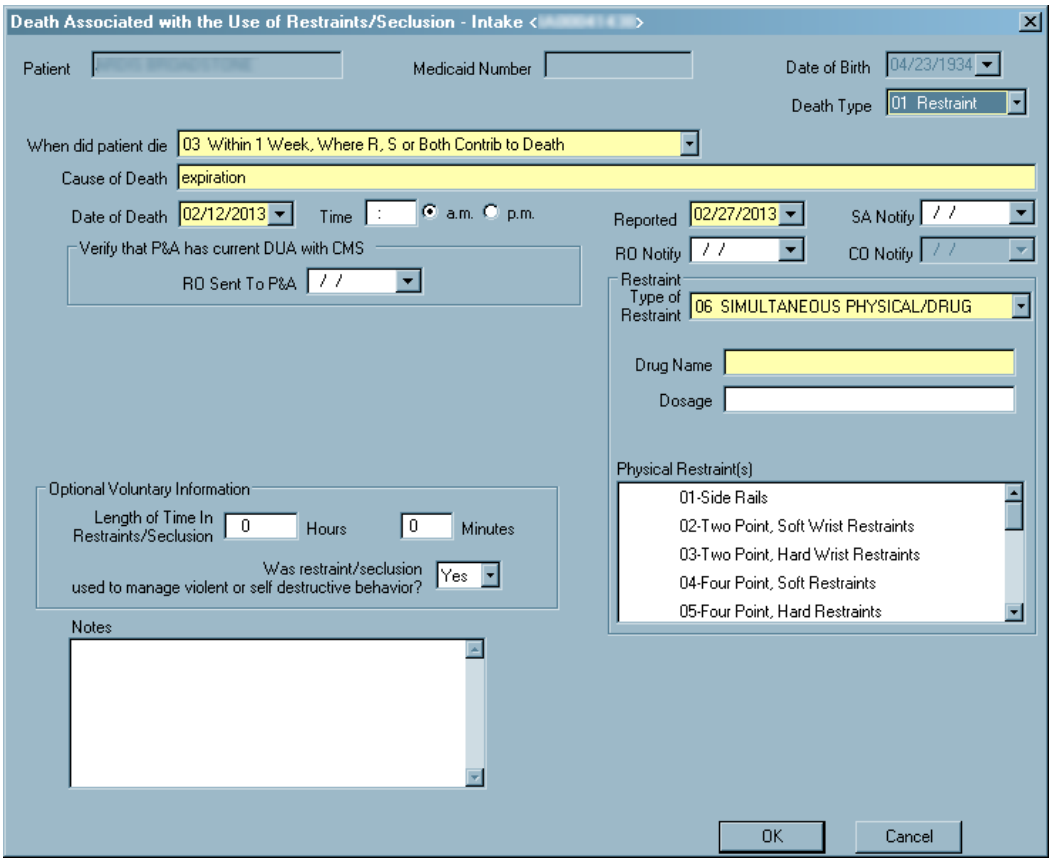


Figure 64: Death Associated with the Use of Restraints/Seclusion window: post-ASPEN 10.1.5 Hospital version

Note: On post-ASPEN 10.1.5 Hospital intakes (Received End Date on or after 07/28/2013), Only RO users can add or update D/R/S records.

Fields: "Death Associated with the Use of Restraints/Seclusion window", on page 313

Death Associated with the Use of Restraints/Seclusion - Intake <

Patient
Medicaid Number
Date of Birth 07/17/1934
Death Type 03 Both
When did patient die
Cause of Death REQ
Date of Death 05/27/2013 Time : a.m. p.m.
Reported 05/27/2013 SA Notify / /
AO Notify / / Facility Sent to P&A / /
RO Notify / / CO Notify 05/28/2013
Restraint/Seclusion Ordered Date / / Time : a.m p.m
Restraint/Seclusion Ordered By
Staff Involved Trained in Use of Emergency Safety Interventions No
Resident Evaluated Immediately After Restraint Removed/ Removed from Seclusion No
For This Current Episode
Restraint/Seclusion First Applied / / Time : a.m p.m
Patient Last Monitored Date 05/27/2013 Time 6:00 a.m p.m
Length of Time In Restraints/Seclusion 1 Hours 0 Minutes
Monitor Method 01 Face to Face
Destructive Behavior
Last Patient Assessment Date / / Time : a.m p.m
Was restraint/seclusion used to manage violent or self destructive behavior?
One hour face to face evaluation documented?
Was the order renewed at appropriate intervals based on the patient's age? (every x hours)
Restraint
Type of Restraint
Drug Used as Restraint
Drug Name
Dosage
Number of Doses Given
Adverse Reaction
Physical Restraint(s)
01-Side Rails
02-Two Point, Soft Wrist Restraints
03-Two Point, Hard Wrist Restraints
04-Four Point, Soft Restraints
05-Four Point, Hard Restraints
Reasons for Restraint/Seclusion
REQ
Circumstances surrounding the death must be entered in the Allegation Detail section.
OK Cancel

Figure 65: Death Associated with the Use of Restraints/Seclusion window: post-ASPEN 9.1 PRTF version

Response Information

The Response Information section on the Allegations tab shares fields with the one on the Intake tab. You can update this information from either tab.

Fields: "Response Information", on page 318

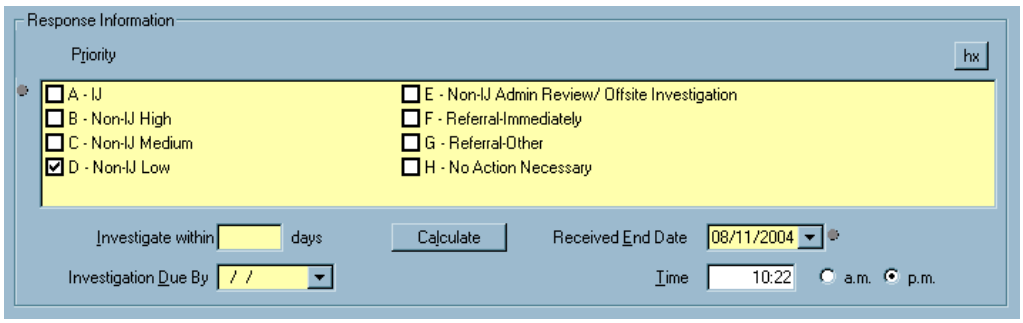


Figure 66: Response Information section

Contact/Refer tab

The Contact/Refer tab has two parts:

- Contact/Witnesses
- Referral Details

Contact/Witnesses

This section lists contacts/witnesses linked to the current intake.

Fields: "Contact/Witnesses", on page 319

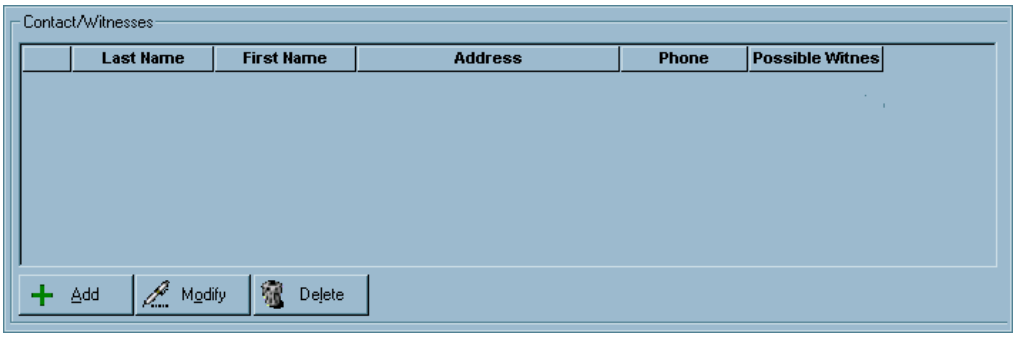


Figure 67: Contact/Witnesses

Add/Modify Contact/Witness window

Click Add in the Contact/Witnesses grid to open this window. Use it to add a contact or witness record and to link the contact/witness to the current intake.

Fields: "Add/Modify Contact/Witness", on page 320

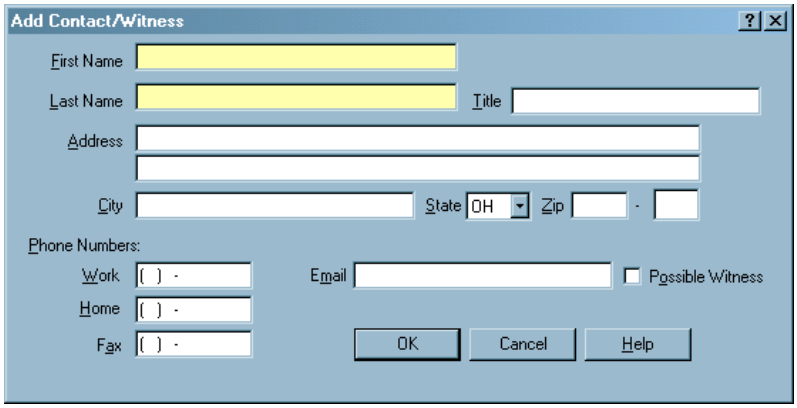


Figure 68: Add/Modify Contact/Witness window

Referral Details

If you refer a complaint/incident, use this section to list the applicable outside agencies. Click Add to open the Select Agency for Referral window. After you select an agency, date fields on the grid are enabled and you can enter referral and reporting dates directly. The background color of the date fields is white if the referral was by the SA, blue if by the RO, orange if by the CO.

Fields: "Referral Details", on page 320

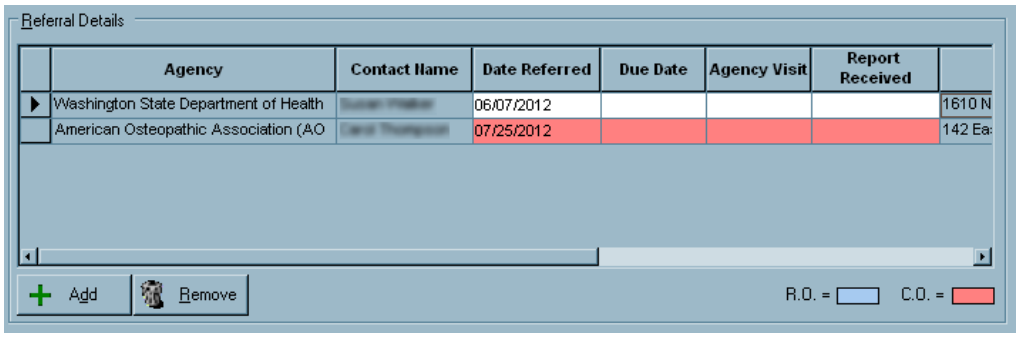


Figure 69: Referral Details

EMTALA tab

The EMTALA tab is included in the intake when the provider involved is a Hospital. It is disabled unless an EMTALA allegation is specified. You can add an EMTALA allegation either directly on the Allegations tab, or by selecting the Create EMTALA Allegation checkbox on the EMTALA tab. States use this tab to request approval for the investigation from the RO, and to indicate the type of violation(s) they believe should be investigated. The rest of the fields on the tab are completed by the RO.

Create EMTALA Allegation

When you select Create EMTALA Allegation, the rest of the tab is activated. This checkbox is selected automatically when an EMTALA allegation is added on the Allegations tab.

Fields: "EMTALA tab", on page 321

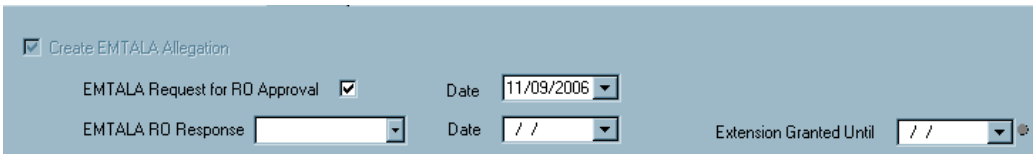


Figure 70: Create EMTALA Allegation

EMTALA

The SA can specify Type of Emergency. The other fields in this section are enabled only for RO/CO users.

Fields: "EMTALA tab", on page 321

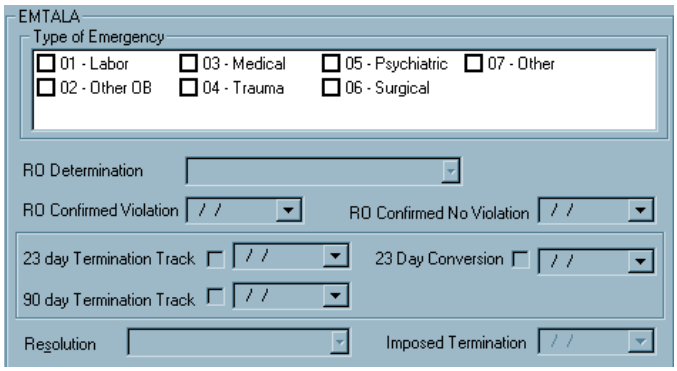


Figure 71: EMTALA

QIO-EMTALA/OCR

If the RO decides to send the intake to the Quality Improvement Organization (formerly Peer Review Organization) for review, the QIO-EMTALA section provides date fields to track the review process. If the RO refers the intake to OCR (Office of Civil Rights), there is a field for the referral date.

Fields: "EMTALA tab", on page 321

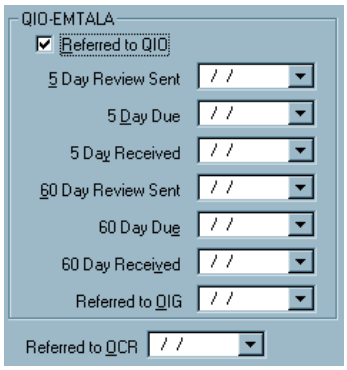


Figure 72: QIO-EMTALA/OCR

EMTALA Allegations (link to Allegations ...)

This section lets you add and remove EMTALA allegations on the Allegations tab by selecting or deselecting subcategories here. Read-only for SAs if the intake status is greater than or equal to 3 - Pending Review/Assignment.

Fields: "EMTALA tab", on page 321

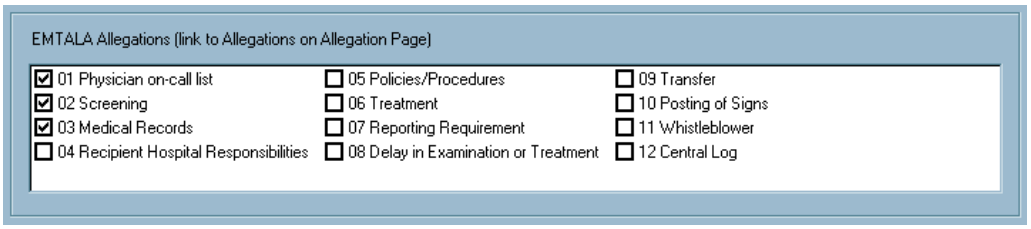


Figure 73: EMTALA Allegations (link to Allegations on Allegation Page)

Signature - EMTALA

The Signature section corresponds to the Signature block on CMS-1541A.

Fields: "Signature - EMTALA", on page 325

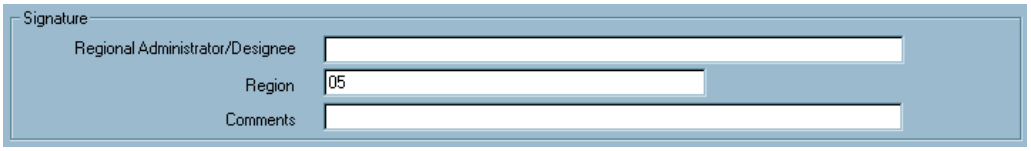


Figure 74: Signature - EMTALA

Deemed tab

The Deemed tab is added to intakes for the following deemable provider types:

- Hospital
- HHA
- OPT/SP
- ESRD
- RHC
- CORF
- ASC
- CAH
- Hospice

It replicates the portions of the CMS-2802 form used to authorize the survey and to identify those areas of the provider's operations that are to be investigated. It includes additional information (such as Priority) and provides a common area where states and regions can track the progress of the Deemed complaint/incident process. States and ROs can also track State Survey Jurisdiction processes on the Deemed tab.

Note: Existing Deemed intakes include the Deemed tab even if the provider can no longer be deemed, e.g., Transplant and Non-participating hospitals.

Deemed

The top section of the Deemed tab is used to indicate whether or not the provider is deemed, date of the last accreditation survey, and the Deemed by organizations (read-only for states; read/write and required for ROs). The fields on the Deemed tab are not activated until the Deemed for Medicare participation checkbox is selected.

When the Request for RO Approval checkbox is selected, the status changes to 2 - Pending RO Approval (unless the status is already greater than 2), and a Request RO Approval message is sent to the Responsible RO.

Fields: "Deemed tab", on page 326

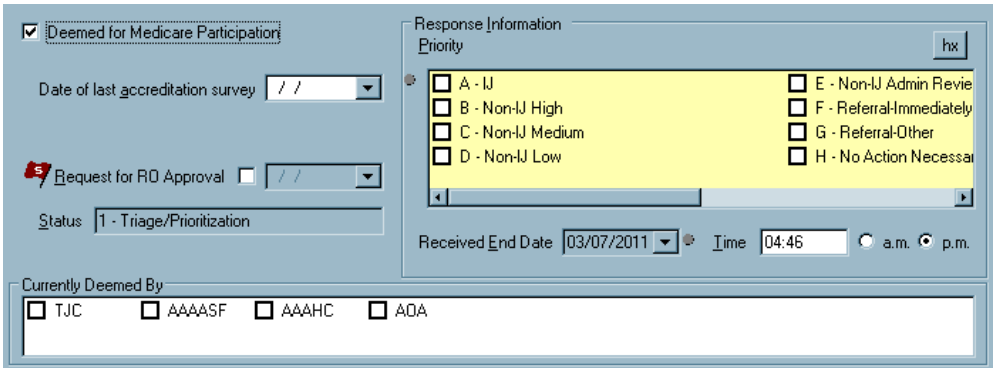


Figure 75: Deemed section of Deemed tab

Conditions of Participation

Lists the Conditions of Participation for the provider named in the intake. The graphic below shows the COPs displayed for an ASC.

Note: Pre-ASPEN 10.1.1 intakes (created before 05/02/2011) include a Standards column.

Fields: "Deemed tab", on page 326

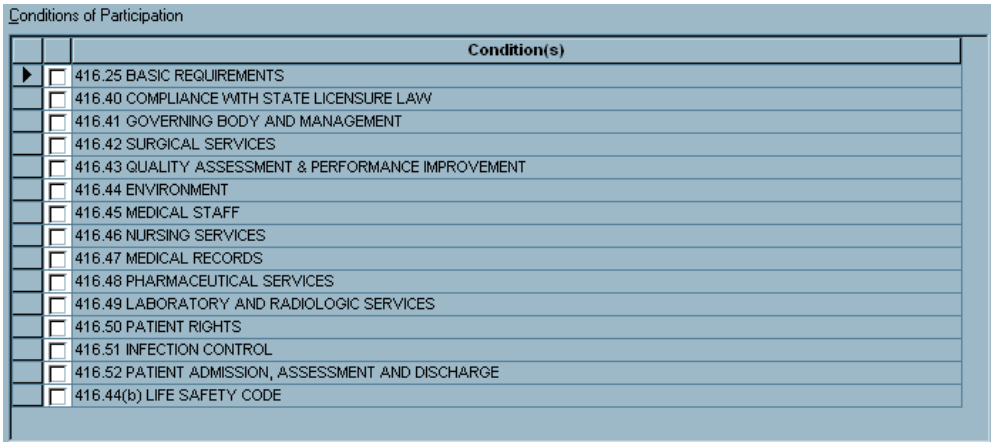


Figure 76: Conditions of Participation section of Deemed tab

Signature, Full Survey - Deemed

The Signature section corresponds to the Signature block on CMS-2802/B/C/D/E. It is enabled only in ACTS RO mode.

The Full Survey section lets you create a cross-reference between an intake for a deemed provider and a full survey resulting from the related investigation.

Fields: "Signature, Full Survey - Deemed", on page 328

Figure 77: Signature, Full Survey sections of Deemed tab

Provider/Supplier's State Survey Jurisdiction History

This section displays a history of State Survey Jurisdiction for the current provider/supplier. Information entered here is shared with the corresponding section on the Deemed/2802 tab in a related certification kit, if there is one.

Fields: "Provider/Supplier's State Survey Jurisdiction History", on page 330

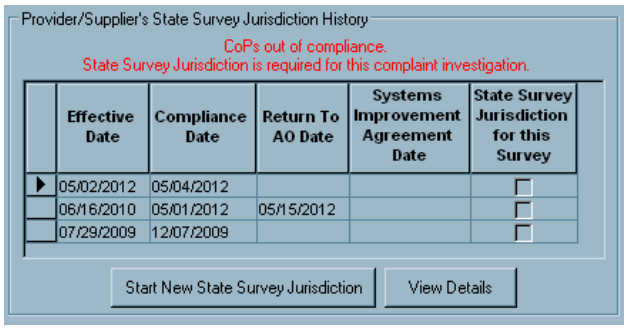


Figure 78: Provider/Supplier's State Survey Jurisdiction History section

State Survey Jurisdiction Detail window

SAs and ROs can view details of State Survey Jurisdiction processes for the current provider in this window. ROs enter dates for the selected State Survey Jurisdiction process here. The window also displays all surveys linked at the intake and certification kit level to the selected process.

Fields: "State Survey Jurisdiction Detail", on page 331

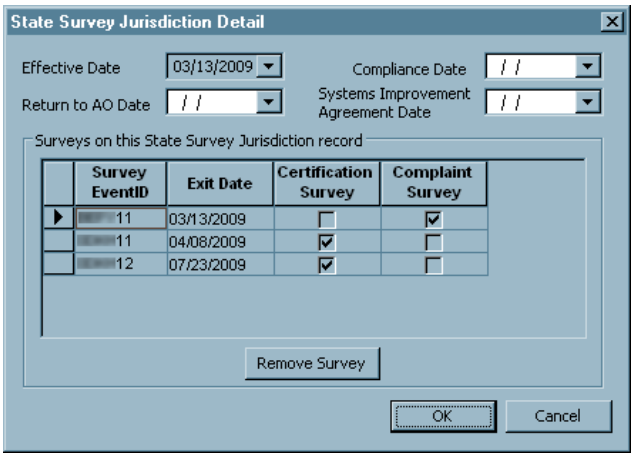


Figure 79: State Survey Jurisdiction Detail window

RO Approval tab

The RO Approval tab is included on CLIA intakes. It replicates the portions of the CMS-2802A form used to authorize a complaint investigation and to identify those areas of the lab's operations that are to be investigated. It includes additional information (such as Priority) and provides a common area where states and regions can track the progress of the CLIA complaint process.

This tab is enabled or disabled based on the value of the Certificate at Time of Alleged Event field on the Intake tab and the Certificate Type field on the RO Approval tab. When the RO Approval tab is enabled, the SA must obtain approval from the RO to conduct an investigation.

RO Approval

The top section of the RO Approval tab is used to indicate certificate type, the date of the last accreditation survey, and priority. When the Request for RO Approval checkbox is selected, the status changes to 2 - Pending RO Approval (unless the status is already greater than 2), and a Request RO Approval message is sent to the Responsible RO.

Fields: "RO Approval tab", on page 332

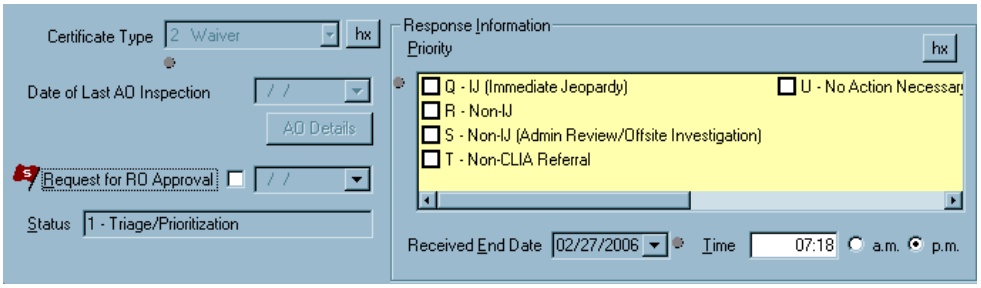
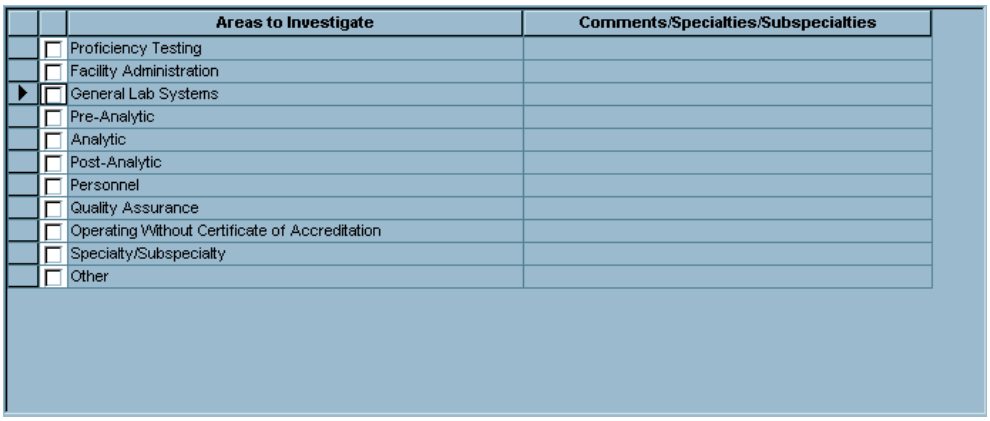


Figure 80: RO Approval section

Areas to Investigate

Lists the areas of the lab's operations to be investigated. When an Area is selected, the corresponding row in the Comments/Specialties/Subspecialties section is enabled.

Fields: "RO Approval tab", on page 332



Areas to Investigate	Comments/Specialties/Subspecialties
Proficiency Testing	
Facility Administration	
General Lab Systems	
Pre-Analytic	
Analytic	
Post-Analytic	
Personnel	
Quality Assurance	
Operating Without Certificate of Accreditation	
Specialty/Subspecialty	
Other	

Figure 81: Areas to Investigate

Signature, Full Survey - RO Approval

The Signature section corresponds to the Signature block on CMS-2802A. It is enabled only in ACTS RO mode.

The Full Survey section lets you create a cross-reference between a CLIA RO Approval intake and a full survey resulting from the related investigation.

Fields: "Signature, Full Survey - RO Approval", on page 334

Figure 82: Signature, Full Survey sections

Activities tab

Use this tab to schedule investigation activities and assign them to individual staff members. An action item message naming the activity will be sent to the staff member. The list of activities provides a history of the intake's progress. Activities added by SA personnel are gray; those added by RO staff are blue. Only SA personnel can modify SA-assigned activities. Likewise, only RO personnel can modify RO-assigned activities.

Fields: "Activities grid", on page 335

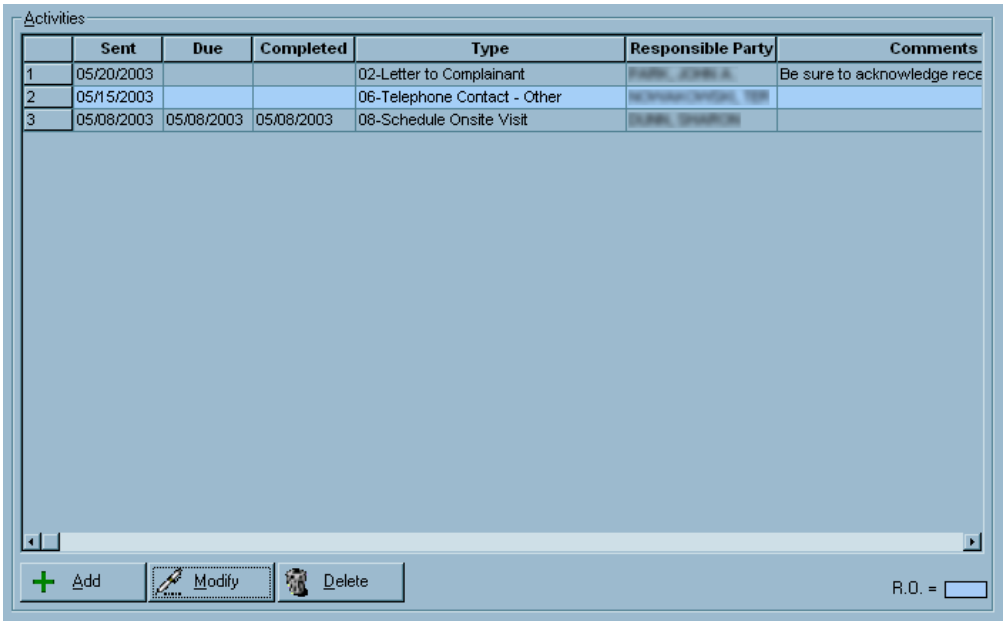


Figure 83: Activities tab

Define Activity window

When you create or modify an activity, enter the details in this window.

Fields: "Define Activity", on page 336

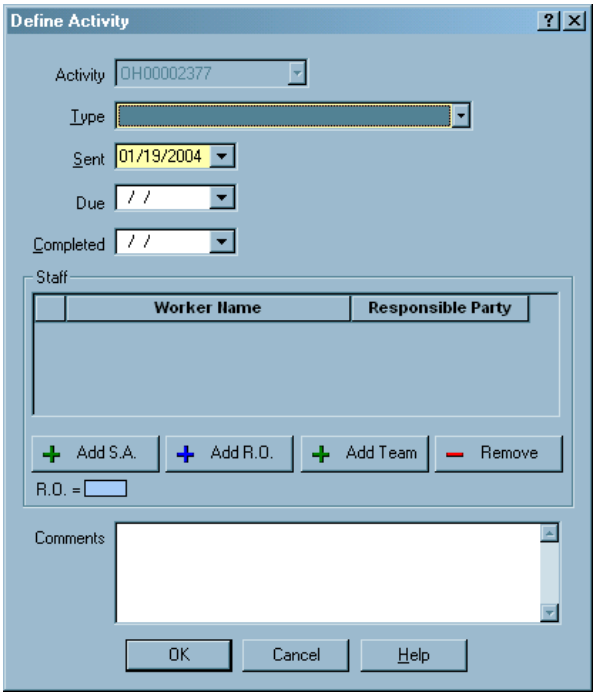


Figure 84: Define Activity window

Investigation tab

The Investigation tab contains investigation and survey information for the current intake.

Investigation and Survey

The Investigation and Survey section of the Investigation tab shows the survey selected for investigation of the complaint/incident as well as other surveys of the provider. You may have to scroll to the right to see all columns. The Enf Case column appears for NH, HHA, and CLIA providers; the IDR-related columns appear for NH and HHA providers.

Fields: "Investigation and Survey", on page 337

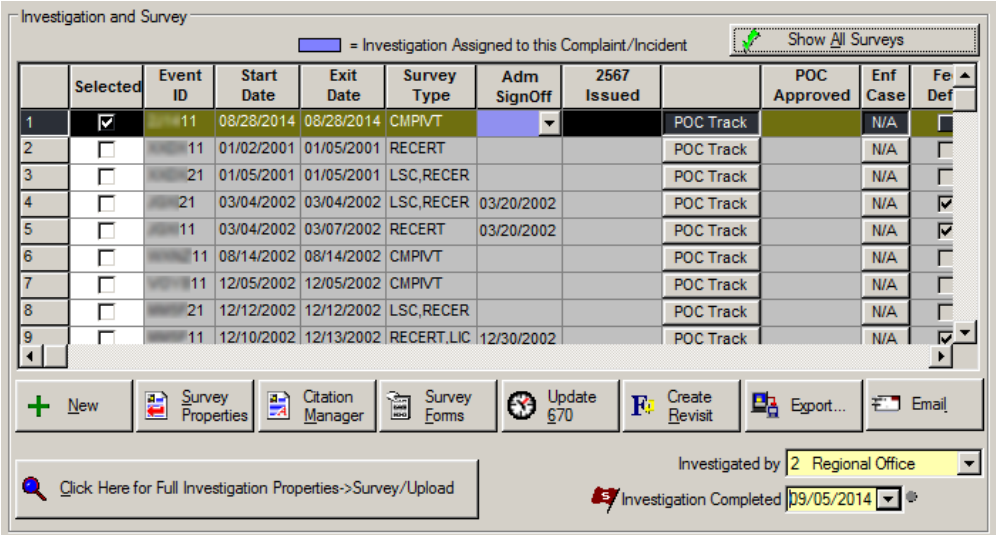


Figure 85: Investigation and Survey section

Fields: "Investigation and Survey", on page 337

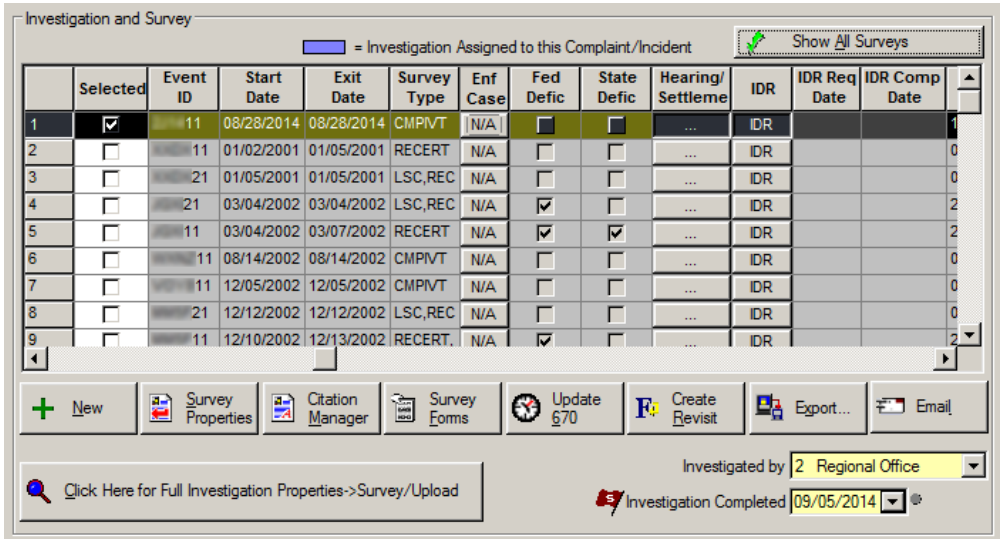


Figure 86: Investigation and Survey section showing Enf Case and IDR columns

The Click Here for Full Investigation Properties->Survey/Upload button opens a screen that displays a compilation of information about the selected investigation, including any other intakes linked to the investigation. You can also access the Upload tab from there.

More ...

Screen: "Upload tab" on page 242

Tracking for Investigation

The Tracking for Investigation section on the Investigation tab displays fields that show the progress of the investigation. The In Compliance and RO Received Investigation Packet fields are shared with the Tracking for Investigation section on the Investigation Properties tab of the Investigation Properties->Survey View window. You can update information in these fields from either tab. You can also add and view notes relevant to the investigation from both tabs. The RO Received Investigation Packet field is also shared with the Closure Information section on the Actions/Close tab.

Note: This section is labeled Tracking until the intake is linked to an investigation.

Fields: "Tracking for Investigation", on page 343

Figure 87: Tracking for Investigation section

Actions/Close tab

The Actions/Close tab lists actions that are proposed and imposed as a result of the complaint/incident. The bottom of the tab has intake closure and finalization information.

Proposed Actions

Federal and State proposed actions with imposed dates are listed here.

Fields: "Federal/State Proposed Actions", on page 345

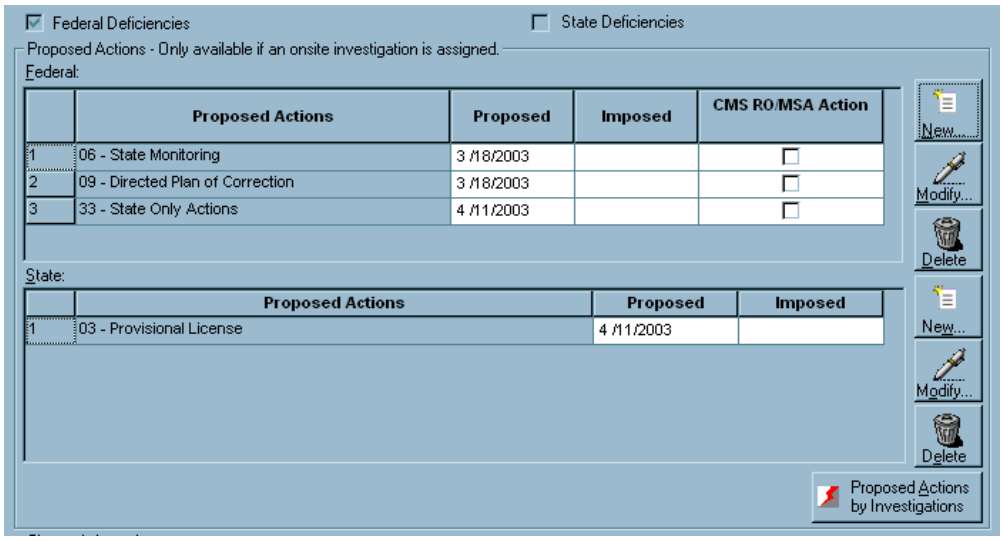


Figure 88: Proposed Actions

Proposed Action window

When you add or modify a proposed action, provide details in this window.

Fields: "Proposed Actions Grids", on page 345

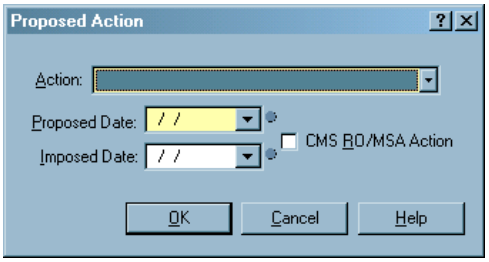


Figure 89: Proposed Action window

Closure Information

When no more activity is expected for the intake, the SA can either close it, or forward it to the RO for Final Action Signoff. The RO can forward it to the CO if necessary.

Fields: "Closure Information", on page 348

Figure 90: Closure Information

Finalization

When a complaint/incident packet is complete, you use this section to close it out.

Fields: "Finalization", on page 350

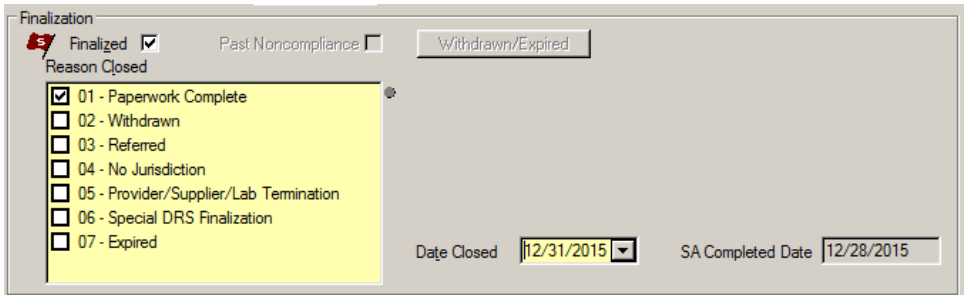


Figure 91: Finalization

Upload Intake tab

The ACTS Detail Upload process can be initiated manually or automatically. To manually initiate the upload of ACTS Detail data (intake and expanded investigation information) to national, you use the Upload Intake tab of the intake form. ACTS supports the upload of Detail data to national for all Federal provider types.

Prior Intake Uploads

The Prior Intake Uploads section lists CASPER intake Detail upload transactions (CSP-INT) for the current intake only. Each transaction appears as a separate row in the list.

Fields: "Prior Intake Uploads", on page 351

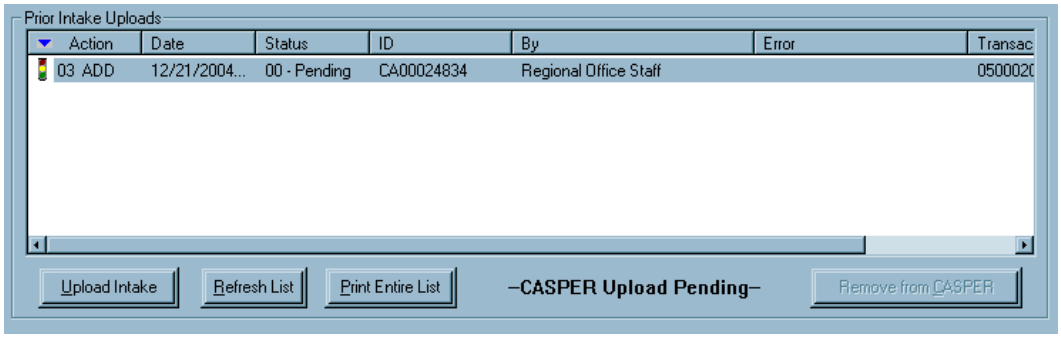


Figure 92: Prior Intake Uploads section

TIP: You can change the sort order of the list by clicking any column heading.

When you select an upload transaction that failed, the Upload Transaction Errors section opens, listing the reasons for the failure. You can cut and paste this information to send to support personnel.

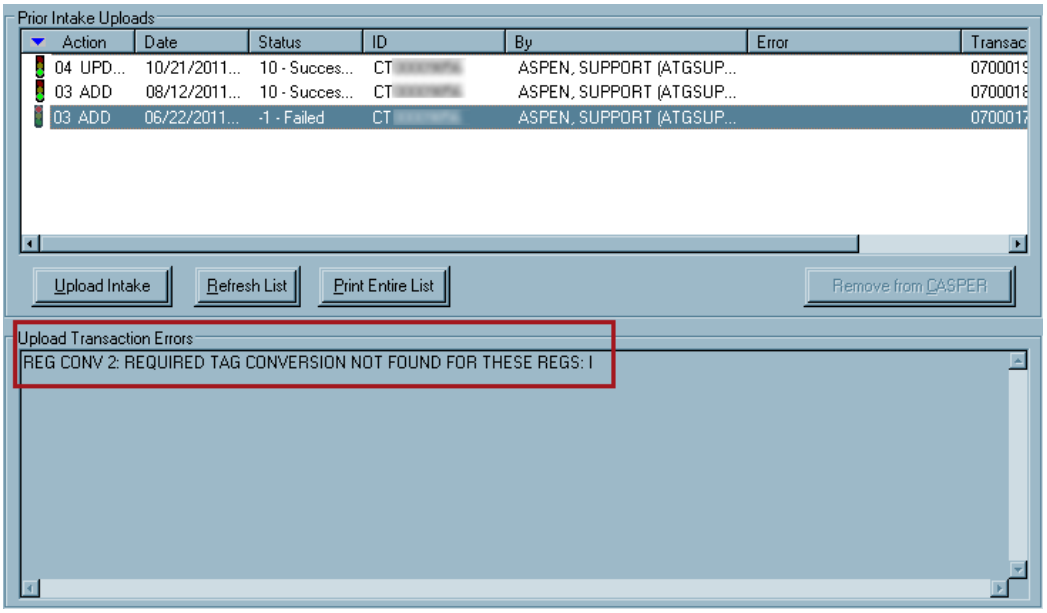


Figure 93: Upload Transaction Errors section

Survey and detail upload transactions for the investigation that the current intake is linked to (CSP-SRV. CSP-INV) are not listed here; they are found in the Prior Uploads section on the Upload tab in Investigation Properties->Survey View. A message tells you this and a button is provided to access Investigation Properties->Survey View.

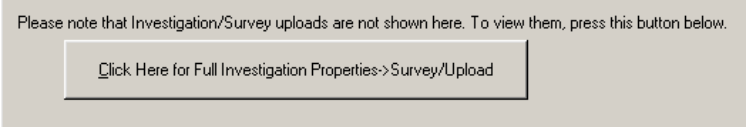


Figure 94: Message and Investigation Properties->Survey View access button

Note: Detail upload transactions for the intake (CSP-INT) appear there as well.

More ...

Screen: "Upload tab" on page 242

Investigation Properties->Survey View Tabs

The Investigation Properties and Survey View tabs provide summery information for the investigation.

Investigation Properties tab

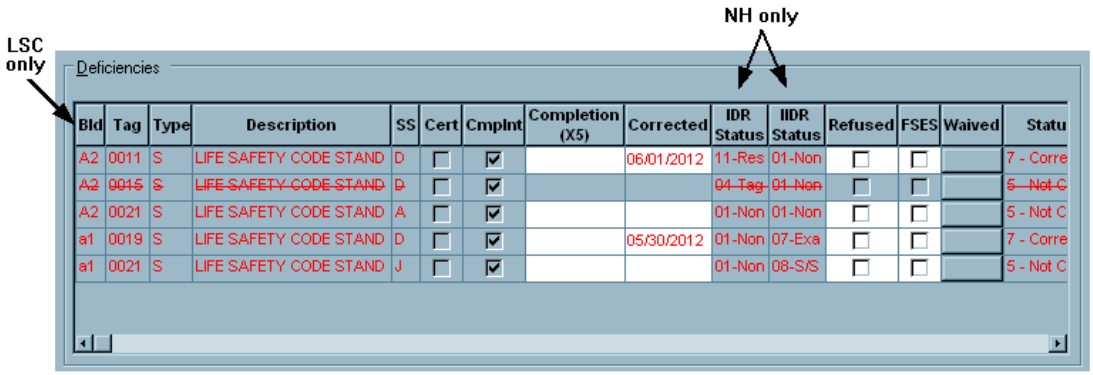
The Investigation Properties tab of the Investigation Properties->Survey View window provides summary information from a different perspective. While the tabs in the complaint/incident intake provide information about each individual intake, Investigation Properties shows information at the investigation level. It combines information from the current intake, plus any other intakes linked to the investigation, onto one summary sheet for convenient reference and entry by survey team members. The tab includes:

- Deficiencies
- Regional Office Tracking
- Investigation/Revisit
- Complaints/Incidents Assigned to Investigation
- Allegations of All Complaints/Incidents Assigned to Investigation
- Activities for All Complaints/Incidents Assigned to Investigation
- Tracking
- Acknowledgement and Parties Notified

Deficiencies

The Deficiencies section of the Investigation Properties tab lists all the tags cited as a result of the survey linked to the intake, with summary information about each tag. You can change information in the white cells. The Bld (Building) column appears only for LSC surveys, and the IDR and IIDR Status columns only for NH providers.

Fields: "Deficiencies", on page 353



Bld	Tag	Type	Description	SS	Cert	CmpInt	Completion (X5)	Corrected	IDR Status	IIDR Status	Refused	FSES	Waived	Statu
A2	0011	S	LIFE SAFETY CODE STAND	D	☐	☑		06/01/2012	11-Res	01-Non	☐	☐		7 - Corre
~~A2~~	~~0015~~	~~S~~	~~LIFE SAFETY CODE STAND~~	~~D~~	☐	☑			~~04-Tag~~	~~01-Non~~	☐	☐		~~5 - Not C~~
A2	0021	S	LIFE SAFETY CODE STAND	A	☐	☑			01-Non	01-Non	☐	☐		5 - Not C
a1	0019	S	LIFE SAFETY CODE STAND	D	☐	☑		05/30/2012	01-Non	07-Exa	☐	☐		7 - Corre
a1	0021	S	LIFE SAFETY CODE STAND	J	☐	☑			01-Non	08-S/S	☐	☐		5 - Not C

Figure 95: Deficiencies section for NH providers

Intakes for providers other than nursing homes and CLIA labs include the IJ question (CoPs out of compliance - is there an IJ?) in the Deficiencies section. It is enabled as appropriate and required when enabled.

Fields: "Deficiencies", on page 353

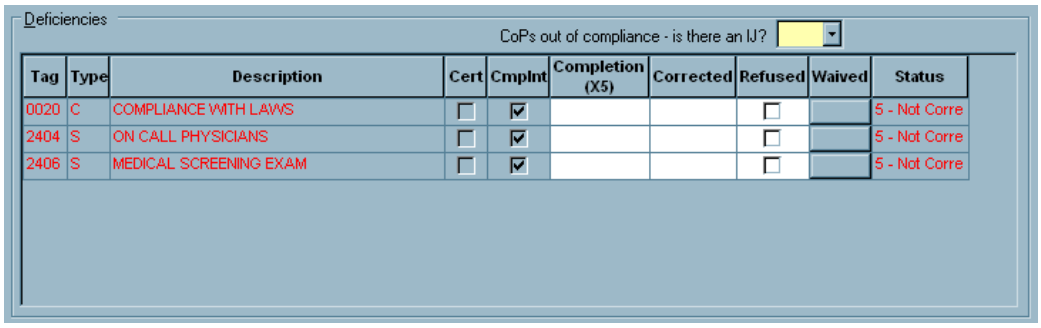


Figure 96: Deficiencies section for providers other than nursing homes and CLIA labs

Regional Office Tracking

This section is used when the intake is reviewed before finalization by the Regional Office. It is enabled only in ACTS RO for Federal providers, but in both ACTS and ACTS RO for Medicaid-only providers (including PRTF 061).

If the Forwarded to RO/MSA (Forwarded to RO if CLIA) is selected on the Actions/Close or Investigation tab (this field is shared by the two tabs), the RO will receive a Forwarded to RO action item message (except for licensure-only and Medicaid-only providers; a message informs you of this) and should review the intake and complete this section.

Note: CO personnel can use this section if necessary.

Fields: "Regional Office Tracking", on page 354

Figure 97: Regional Office Tracking section

Investigation/Revisit

The Investigation/Revisit section lists the investigation survey linked to the current intake and any revisits that have been scheduled. The usual survey function buttons are available. You can enter new information directly into the white cells on the grid. You may have to scroll to the right to see all columns. The columns included in the grid vary somewhat depending on user type. For NH providers, the grid includes Enf Case, Hearing/Settlement, and IDR-related columns.

Fields: "Investigation/Revisit", on page 355

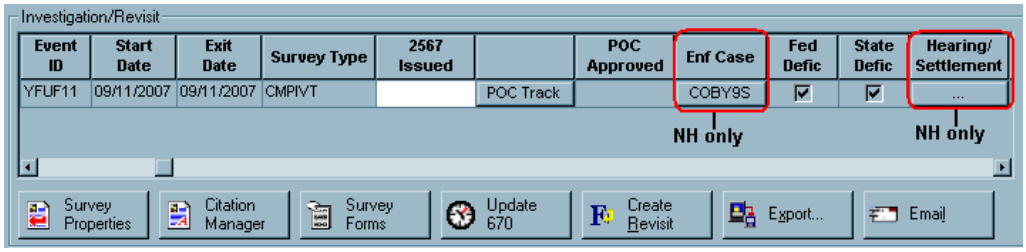


Figure 98: Investigation/Revisit section

Fields: "Investigation/Revisit", on page 355

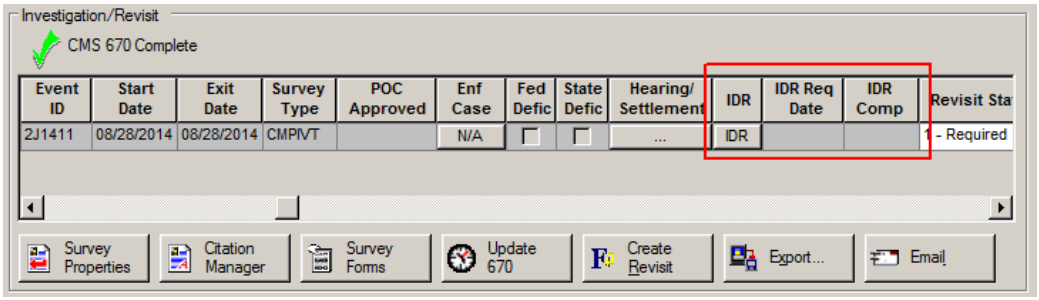


Figure 99: Investigation/Revisit section showing IDR-related columns

Complaints/Incidents Assigned to Investigation

The Complaints/Incidents Assigned to Investigation section lists all of the intakes linked to the investigation. From this area, you can link additional intakes, modify an intake, remove an intake from the investigation, initiate finalization of all non-finalized intakes, and view and generate notices relevant to the investigation. Columns that may change intake status are indicated by an asterisk.

Fields: "Complaints/Incidents Assigned to Investigation", on page 359

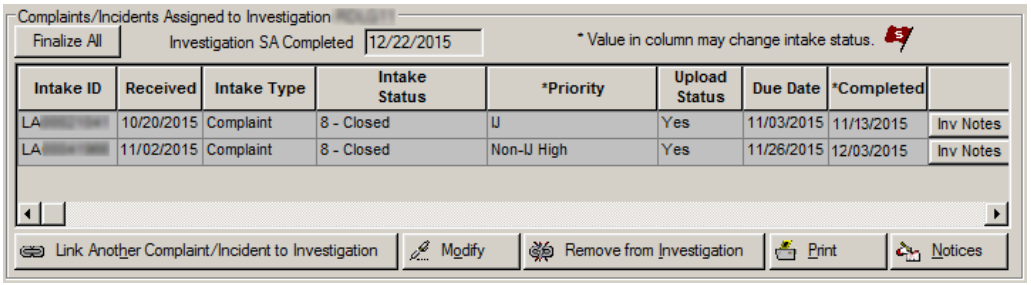


Figure 100: Complaints/Incidents Assigned to Investigation section

Allegations of All Complaints/Incidents Assigned

The Allegations of All Complaints/Incidents Assigned to Investigation section combines all the allegations that are to be investigated onto one list, enabling surveyors to enter findings on one screen, rather than opening and updating the individual intakes. Use the Modify button to enter Findings.

Fields: "Allegations of All Complaints/Incidents Assigned to Investigation", on page 361

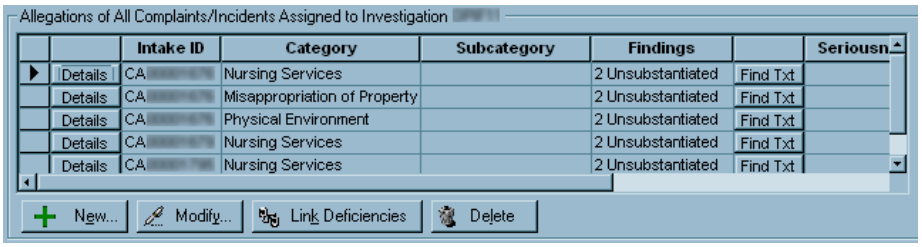


Figure 101: Allegations of All Complaints/Incidents Assigned to Investigation section

For Transplant Hospital intakes, the grid includes the Program Type column.

Fields: "Allegations of All Complaints/Incidents Assigned to Investigation", on page 361

Allegations of All Complaints/Incidents Assigned to Investigation

	Intake ID	Category	Subcategory	Findings		Program Type	Seriou
Details	CT	Transplant	Disease Transmission vi		Find Txt	Adult Kidney-Only	2 Moder
Details	CT	Transplant	Living Donor Suitability	2 Unsubstantiated	Find Txt	Adult Kidney-Only	2 Moder
Details	CT	Transplant	Disease Transmission vi		Find Txt	Adult Pancreas	
Details	CT	Transplant	Living Donor-Organ Fail		Find Txt	Pediatric Pancrea	
Details	CT	Quality of Care/Treatment			Find Txt		

New... Modify... Link Deficiencies Delete

Figure 102: Allegations of All Complaints/Incidents Assigned to Investigation section - Transplant Hospitals

Activities for All Complaints/Incidents Assigned

This section lists all activities assigned in the investigation from all the intakes linked to it.

Fields: "Activities for All Complaints/Incidents Assigned to Investigation", on page 363

Activities for All Complaints/Incidents Assigned to Investigation

	Intake ID	Assigned	Due	Completed	Type	Responsible Staff Mbr
1	UT	01/07/2003			02-Letter to Complainant	ABRAHAM, ALICE
2	UT	01/06/2003	01/06/2003	1 / 6 /2003	08-Schedule Onsite Visit	SYSTEM ADMIN
3	UT	01/06/2003	01/06/2003	1 / 6 /2003	08-Schedule Onsite Visit	SYSTEM ADMIN
4	UT	01/06/2003	01/06/2003	1 / 6 /2003	08-Schedule Onsite Visit	SYSTEM ADMIN

Add... Modify... Delete

Figure 103: Activities for All Complaints/Incidents Assigned to Investigation

Tracking for Investigation

The Tracking for Investigation section shares some fields with the Investigation tab of the intake for convenient viewing and maintenance. Additionally, there is a FOSS indicator for the investigation.

Fields: "Tracking for Investigation", on page 364

Tracking for Investigation: with 1 intakes ( )

FOSS Survey ☐

In Compliance / /

RO Received Investigation Packet 11/10/2006

Investigation By 1 State Survey Agency

Figure 104: Tracking for Investigation section

For Deemed/CLIA RO Approval investigations, there is also a Full Survey section that lets you create a cross-reference between an investigation and a full survey resulting from that investigation.

Fields: "Tracking for Investigation", on page 364

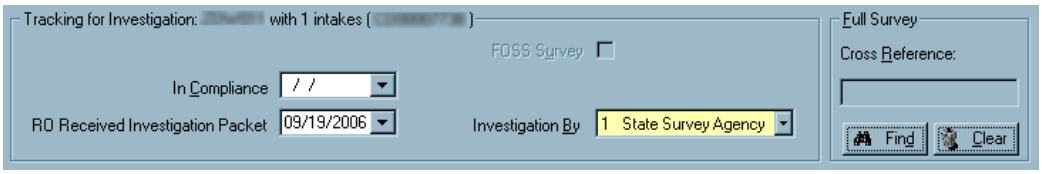


Figure 105: Full Survey section

Acknowledgement and Action

You can manually enter notification information in the Acknowledgement and Parties Notified section, i.e., names of parties notified and dates of written acknowledgment.

Note: For pre-ASPEN 10.1.7 investigations, the values in these fields are the values that will print on the CMS-562, Items 5 and 14.

On the right, the default value for Action is system-calculated based on Priority value(s) specified in linked intake(s). If you change the Priority value in an intake, click Recalculate Action to update the Action value.

Fields: "Acknowledgement and Action", on page 365

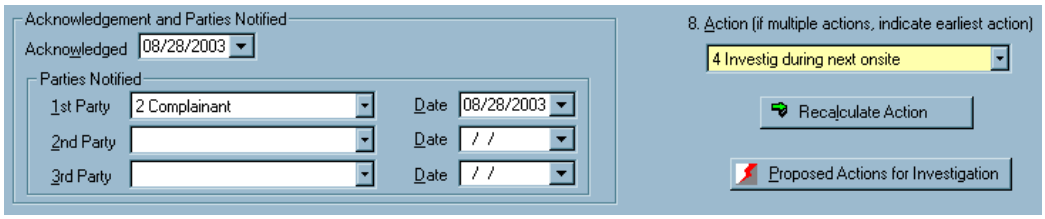


Figure 106: Acknowledgement and Parties Notified section

More ...

Screen: "Notices History window" on page 266

Investigation Properties->Survey View Buttons

These buttons appear at the bottom of both the Investigation Properties and Upload tabs in the Investigation Properties ->Survey View window.

Fields: "Investigation Properties->Survey View Buttons", on page 368

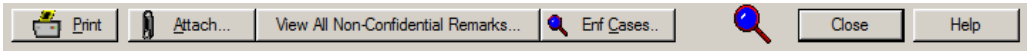


Figure 107: Survey View buttons

Upload tab

You can check the status of uploads on the Upload tab of the Investigation Properties->Survey View window.

Fields: "Upload tab", on page 366

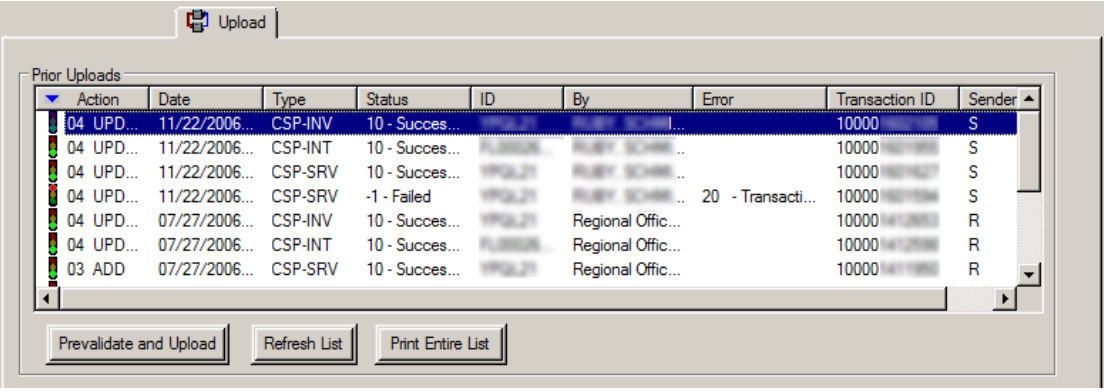


Figure 108: Upload tab

Prior Uploads

The Prior Uploads section lists both investigation survey (CSP-SRV) and ACTS Detail (CSP-INT, CSP-INV) upload transactions. Each transaction appears as a separate row in the list. If applicable, CSP-INT transactions appear for multiple intakes linked to the investigation.

TIP: You can change the sort order of the list by clicking any column heading.

Fields: "Prior Uploads", on page 366

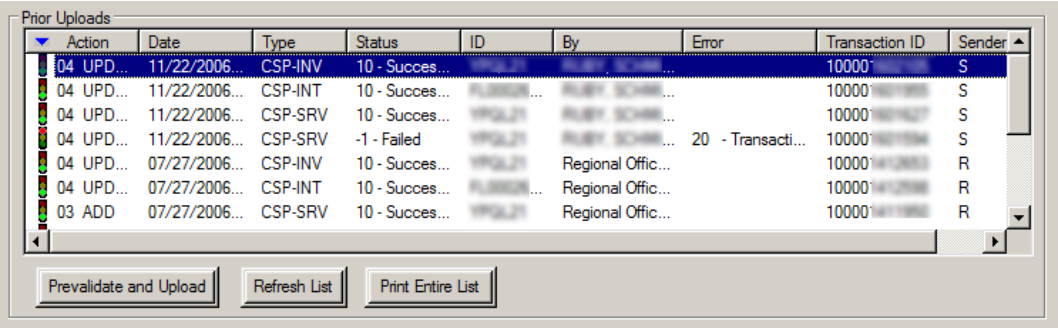


Figure 109: Prior Uploads section

When you select an upload transaction that failed, the Upload Transaction Errors section opens, listing the reasons for the failure. You can cut and paste this information to send to support personnel.

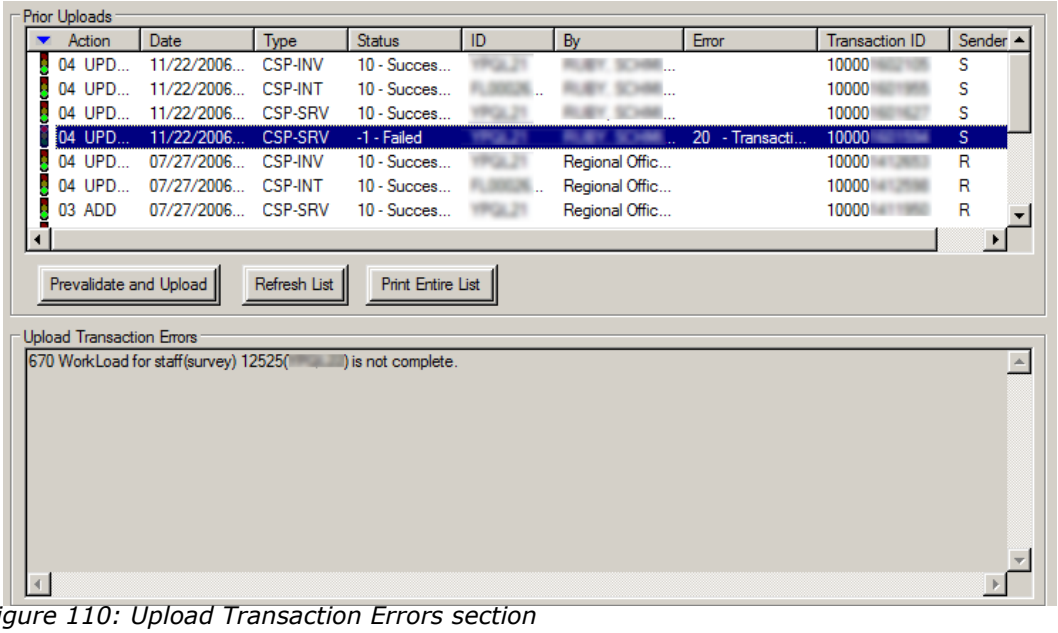


Figure 110: Upload Transaction Errors section

ACTS Survey Windows

Define Survey/Survey Properties window

This window is where you enter basic information for a new survey, or view and change information for an existing survey. In ACTS, you can only change survey properties for the investigation survey to which the current intake is linked.

Fields: "Define Survey/Survey Properties", on page 368

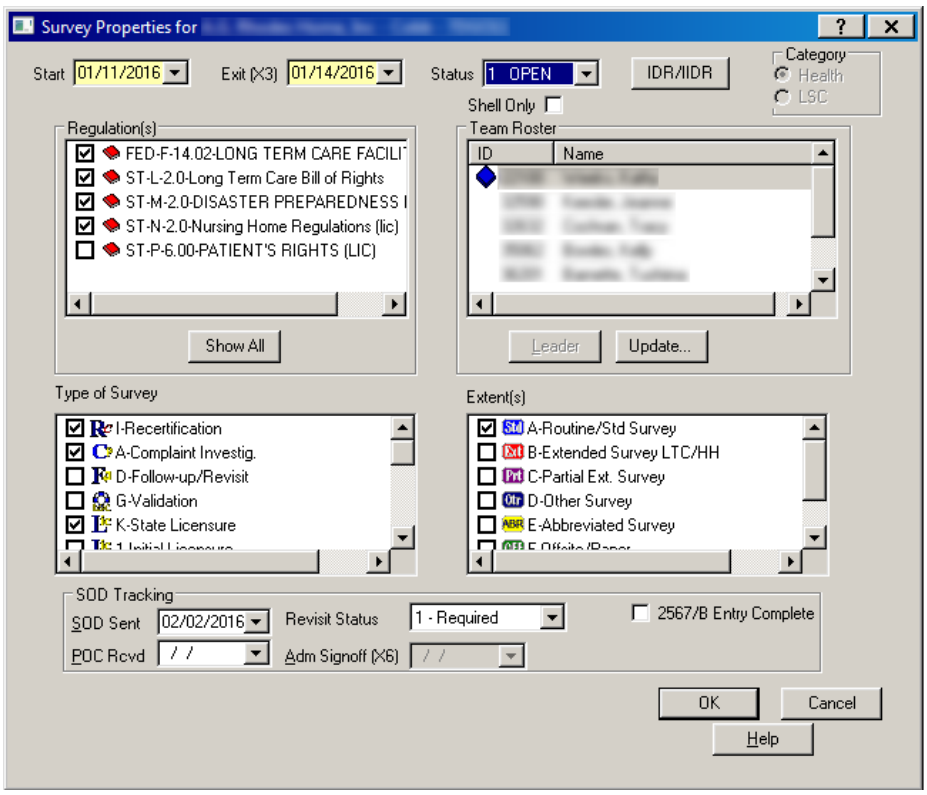


Figure 111: Define Survey/Survey Properties window

For special surveys only, there is a Special Survey Tracking section at the bottom of the screen.

Fields: "Special Survey Tracking", on page 375

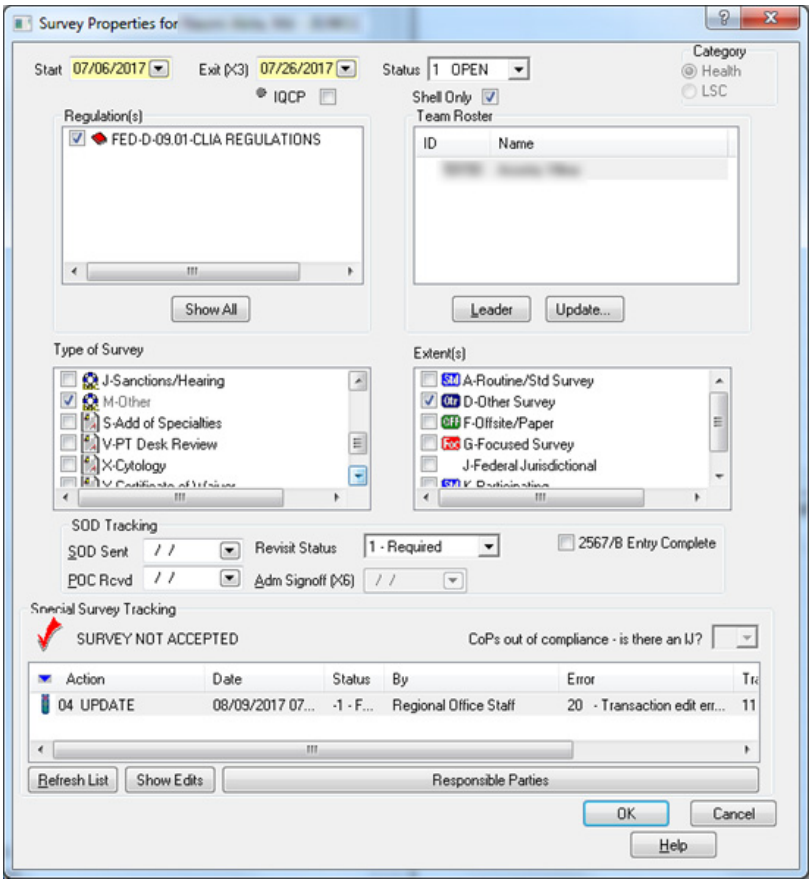


Figure 112: Survey Properties window with Special Survey Tracking section

Citation Manager window

The Citation Manager window lets you enter and modify citations, review the citations entered by other team members, and enter and review remarks. You can view the text or interpretive guidelines of any regulation (tag) and search for any text within the citations, tags, or interpretive guidelines. You can also display and print CMS forms, print customized form letters, and add survey-level attachments.

In ACTS, Citation Manager is enabled only for the investigation survey linked to the current intake.

Fields: "Citation Manager", on page 376

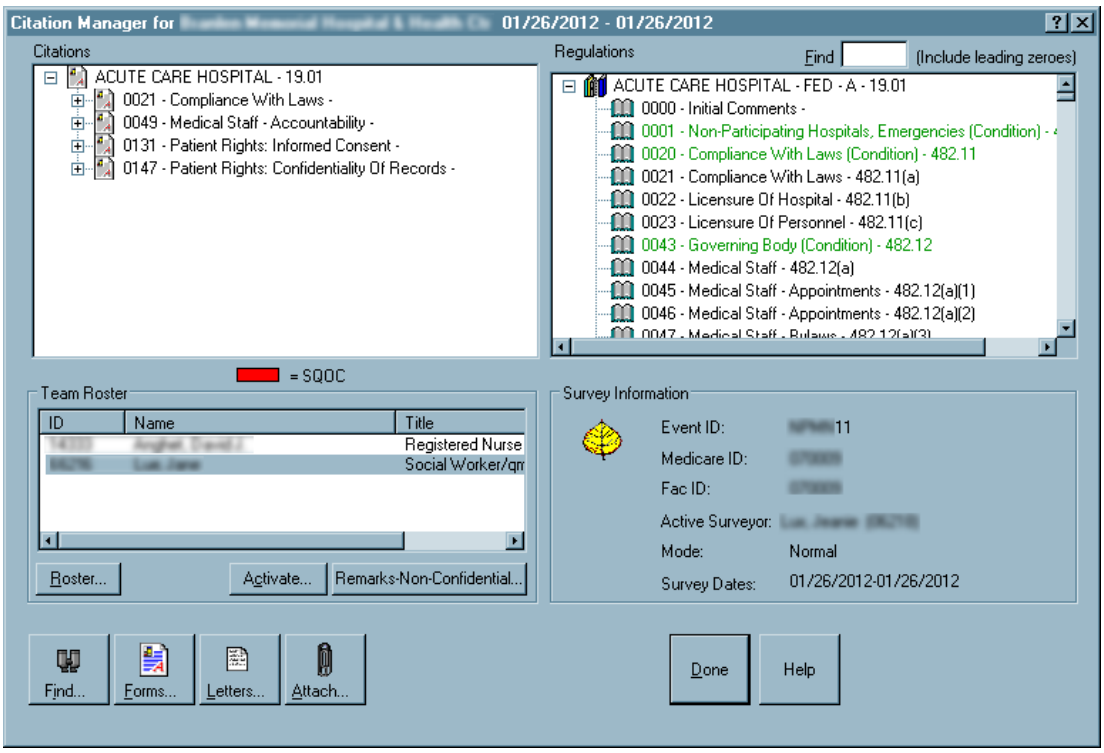


Figure 113: Citation Manager window

Citation Manager - NH

For Nursing Homes, the Scope/Severity assigned to a tag is indicated.

Fields: "Citation Manager", on page 376

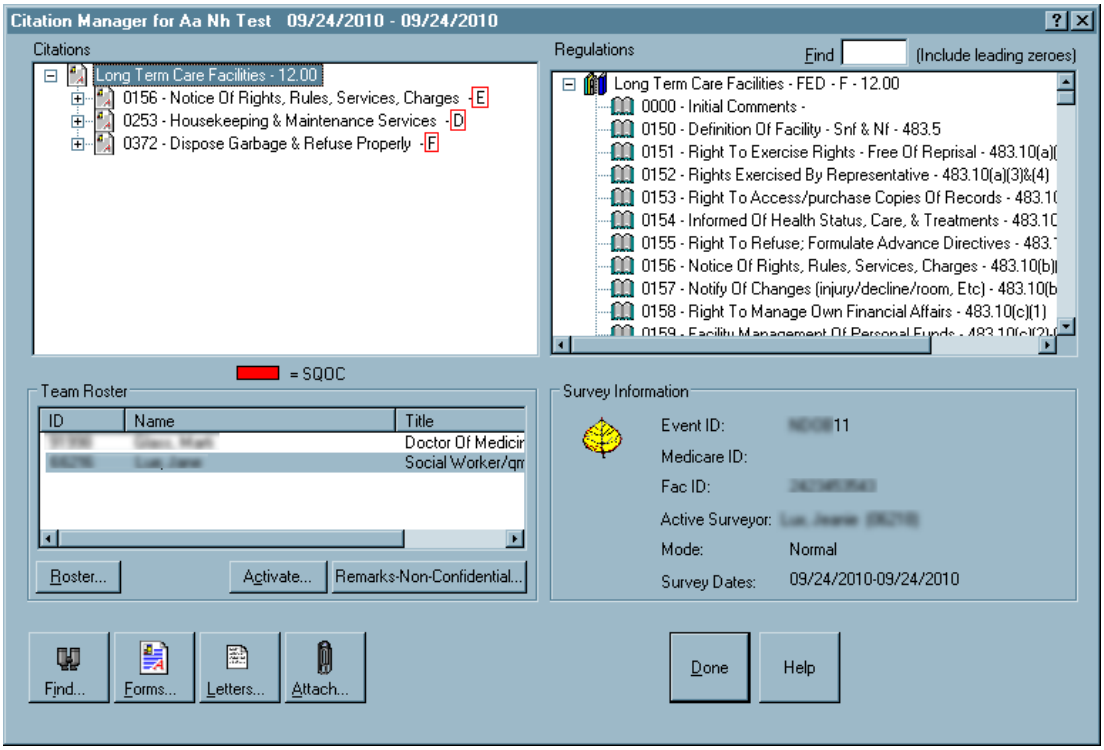


Figure 114: Citation Manager - NH

Citation Manager - CLIA

When you add citations to a CLIA lab survey, a ‘P’ indicates a tag was marked for an Individualized Quality Control Plan (IQCP). A 'Q' appended to a tag indicates it was flagged for QC exclusion prior to 01/01/16. The Repeat Deficiencies button opens a list of tags cited in previous surveys that match tags cited in the current survey.

Fields: "Citation Manager", on page 376

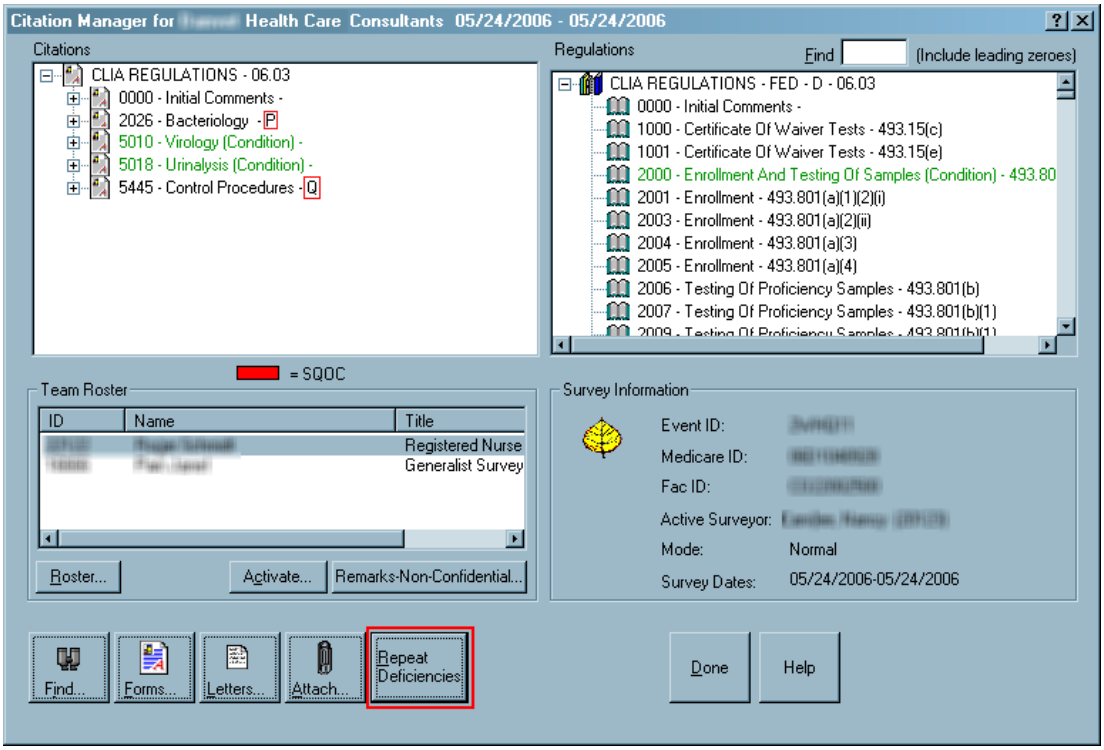


Figure 115: Citation Manager - CLIA

More ...

For more information about IQCP:
Refer to the *CLIA 116 and Certification Procedures Guide*, which is posted on https://qtso.cms.gov.

Repeat Deficiencies window

For CLIA labs, the Citation Manager provides access to a list of repeat deficiencies from previous surveys that used the same regulation set as the current survey. You can view citation text to determine if a tag is cited on the current survey for the same reason it was cited previously. You can also view regulation text and interpretive guidelines for each previously cited tag.

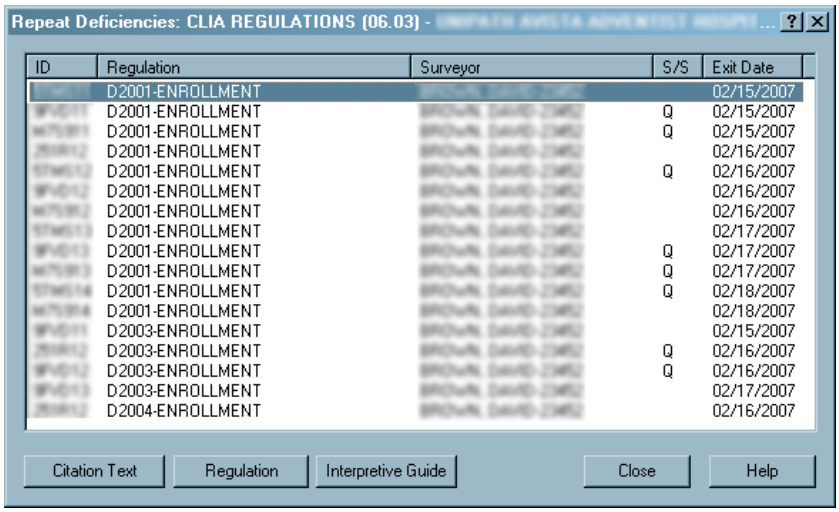


Figure 116: Repeat Deficiencies window

Citation Properties window

This window opens whenever you cite a new tag in Citation Manager. You can make changes to citation properties later by right-clicking the tag in Citation Manager and selecting Citation Properties from the menu.

Fields: "Citation Properties", on page 379

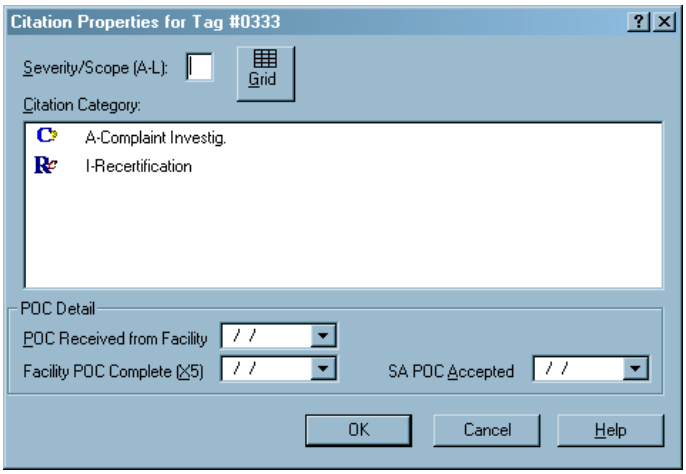


Figure 117: Citation Properties window

The fields that are displayed and enabled vary depending on the properties of the survey. Several examples follow.

When a Severity/Scope change is made anywhere in ASPEN for a tag, and the tag currently exists on a revisit survey, a warning notification appears informing users that the tag may require updating on that revisit survey as well.

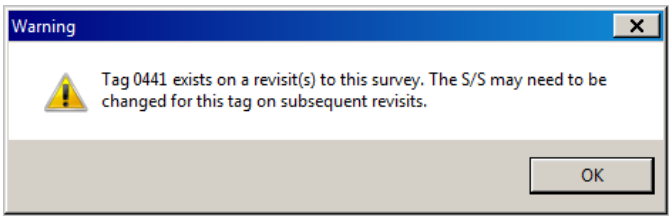


Figure 118: Severity/Scope Change Warning message

Citation Properties - LSC Revisit

If you are adding or updating a tag for an LSC revisit, you will see several additional fields.

Fields: "Citation Properties", on page 379

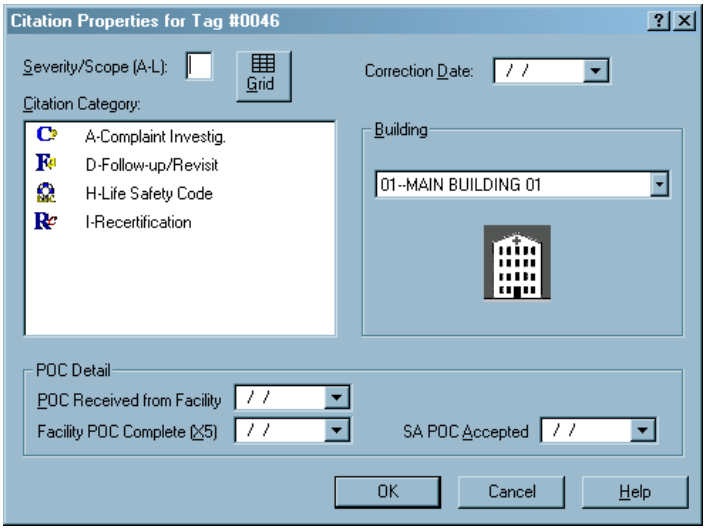


Figure 119: Citation Properties - LSC Revisit

Citation Properties - NH

For Nursing Homes only, you will see the Past Noncompliance indicator.

Fields: "Citation Properties", on page 379

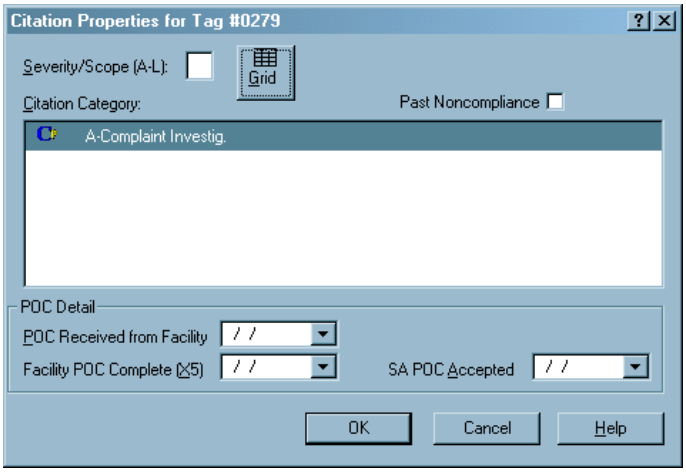


Figure 120: Citation Properties - NH

Citation Properties - Transplant Hospital

For a Transplant Hospital, the Transplant Types button appears with the number of selected transplant types. The X5 and Correction Date fields are not included since Completion Date and Correction Date are entered at the transplant type level.

Fields: "Citation Properties", on page 379

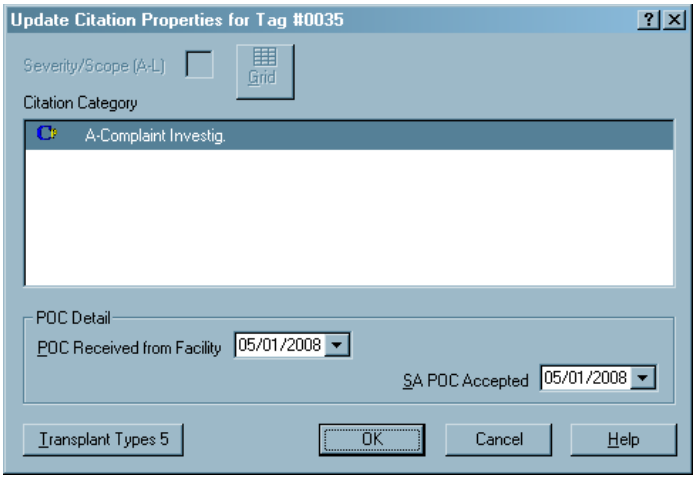


Figure 121: Citation Properties - Transplant Hospital

More ...

Screen: "Citation Dates by Transplant Type window" on page 253

Select Transplant Types window

For Transplant Hospital citations only, this window opens when you select the Transplant Types button in Citation Properties. Use it to specify the transplant program types associated with the citation. The number on the button indicates how many types are currently selected.

Fields: "Citation Properties", on page 379

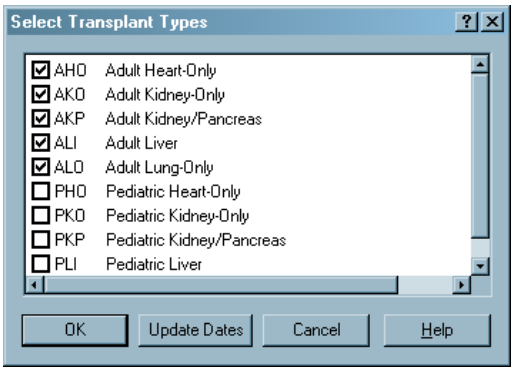


Figure 122: Select Transplant Types window

Citation Dates by Transplant Type window

For Transplant Hospital citations only, this window opens when you click the Update Dates button in the Select Transplant Types window (above). Use it to enter Completion (X5) and Correction dates for each transplant type associated with the citation, i.e., the types chosen in the Select Transplant Types window. If there aren't any revisits, the Correction Date column is disabled.

Fields: "Citation Properties", on page 379

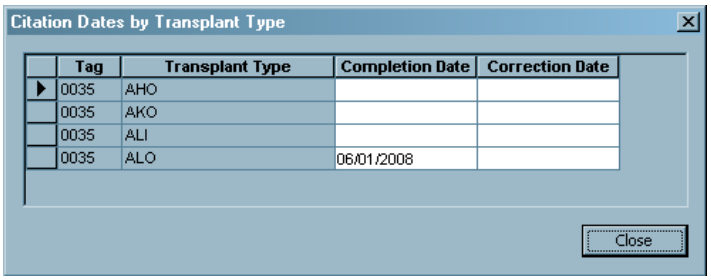


Figure 123: Citation Dates by Transplant Type window

Citation Properties - CLIA

For CLIA tags, the Specialties button is included to let you select applicable specialties and sub-specialties to associate with the citation; it is enabled only for tags that require specialty information. The IQCP checkbox appears only for D-tags that are IQCP-eligible. If a tag was marked as QC exclusion prior to 01/01/16, the QC Exclusion checkbox appears.

Fields: "Citation Properties", on page 379

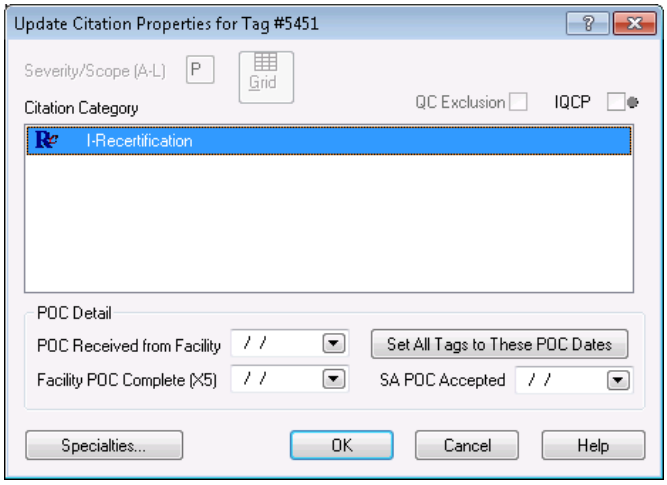


Figure 124: Citation Properties - CLIA

The Refused field is included for citations assigned any CLIA special survey type.

Fields: "Citation Properties", on page 379

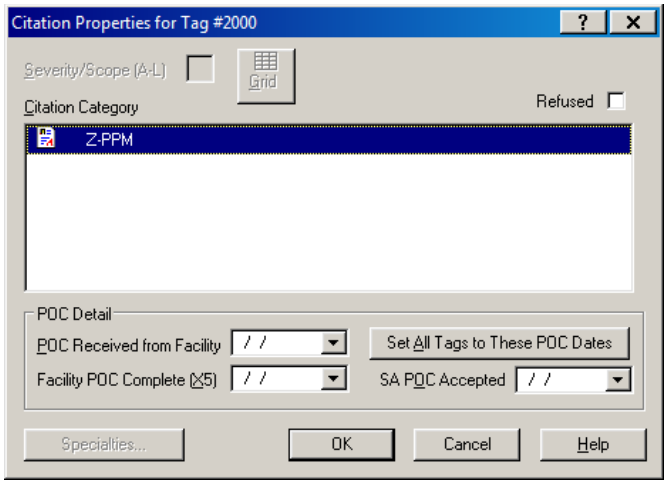


Figure 125: Citation Properties - CLIA special survey

Content Library Tag Text window

The Content Library Tag Text window lists predefined regulation-specific tag text that can be added to citations whenever appropriate. To add a predefined text item to the Content Library, the user clicks the New button.

Fields: "Content Library Tag Text", on page 383

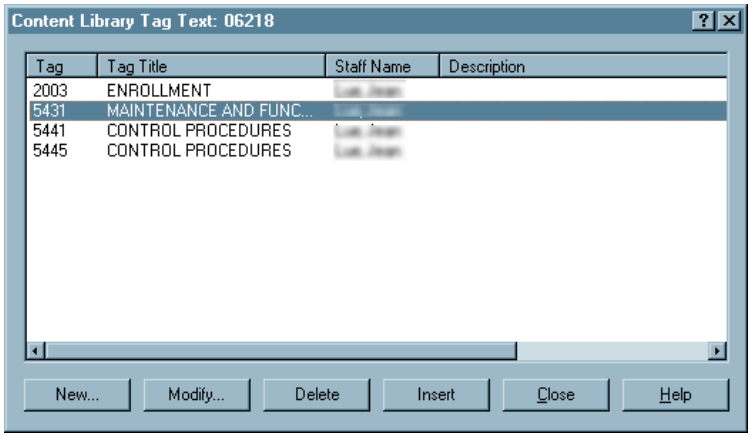


Figure 126: Content Library Tag Text window

POC Tracking window

The POC Tracking window is available for each survey event listed on the Investigation and Survey section of the Investigation tab, and on the Investigation/Revisit section of the Investigation Properties tab on the Investigation Properties->Survey View window. Use it to record the progress of POCs that go through multiple revisions, with related correspondence. POC Signoff dates for individual tags are entered in Citation Properties.

Note: This window appears only for surveys that are not eligible for the ePOC process.

Fields: "POC Tracking", on page 383

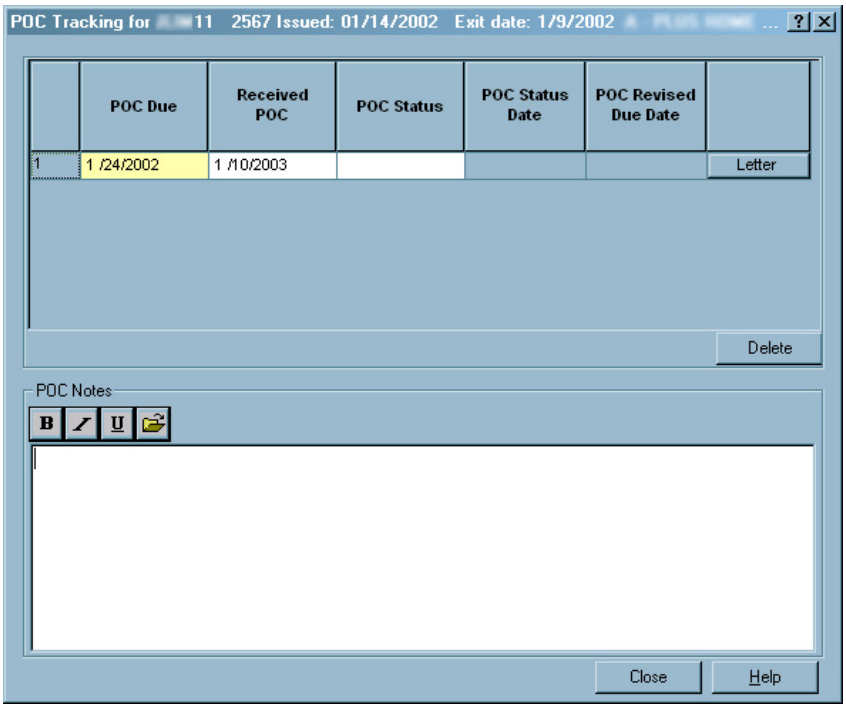


Figure 127: POC Tracking window

More ...

For complete information about the ePOC system:

Refer to the ePOC guides for facilities and CMS (*ASPEN Web: electronic Plan of Correction* and *ASPEN electronic Plan of Correction*, respectively), which are posted on https://qtso.cms.gov.

Informal Dispute Resolution window

You can access this window from intakes, the Investigation Properties->Survey View window, or Survey Properties window for all NH and HHA providers, including licensure subtypes, and other state-defined providers activated for IDR/IIDR. For each citation, you can record IDR details.

For NH surveys associated with a CMP on an enforcement case with a cycle start date of 01/01/2012 or later, this window has two tabs: IDR and IIDR. For NHs only, you can record IDR and Independent IDR details.

TIP: In ACO/ARO, the system administrator can activate IDR/IIDR functionality for state-defined provider types via the System menu (Facility Types | Type Maintenance).

Fields: "Informal Dispute Resolution", on page 384

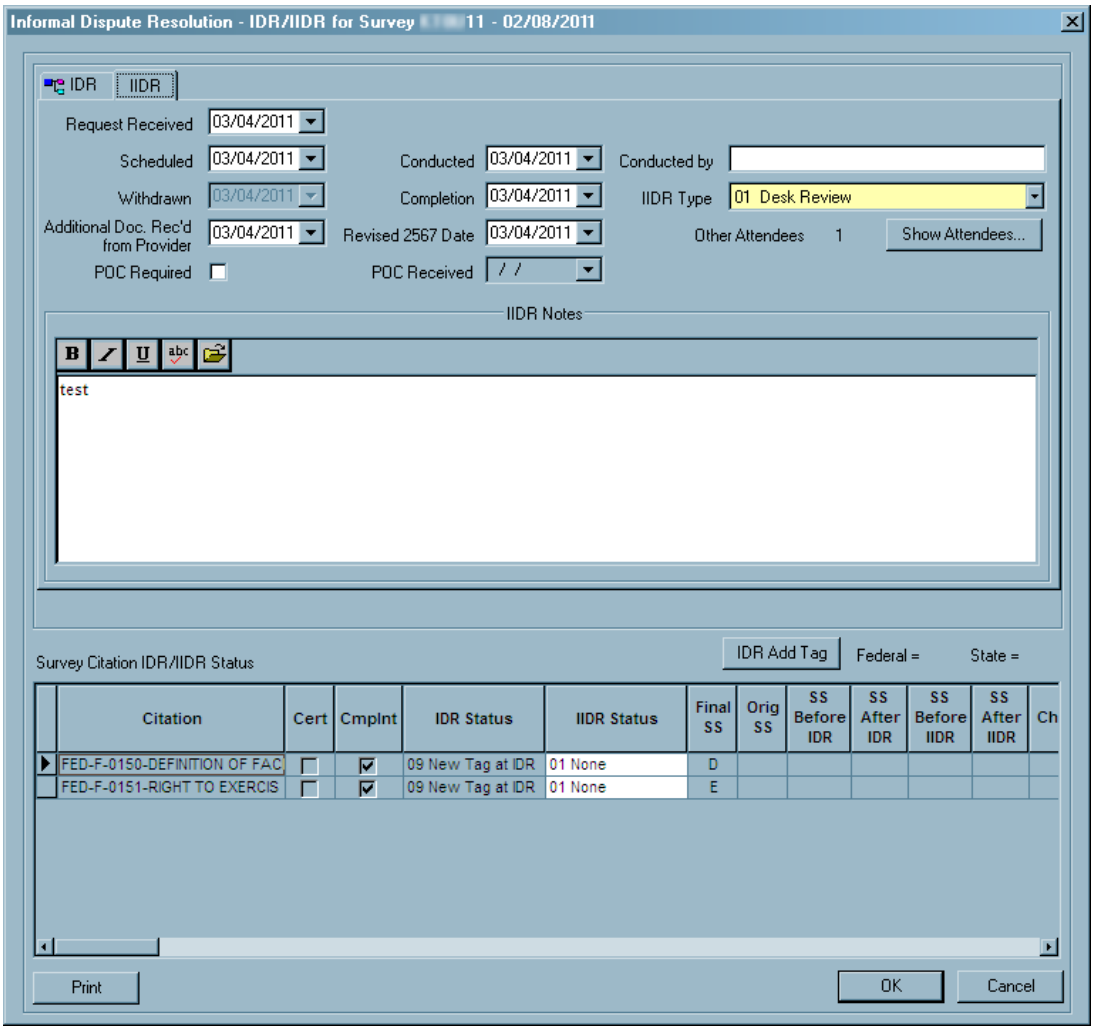


Figure 128: NH: Informal Dispute Resolution - IDR/IIDR for Survey window

Attachments window

Use this window to attach documents, digital photographs, or any other relevant files (including ePOC-related) to surveys, intakes, and TRFs. Depending on where you access it, the window is called Survey Attachment Documents, ePOC Attachments, Attachment Documents for Intake, or Attachment Documents for CBER Number.

To open it, click the Attach button in Citation Manager, the ePOC Attachments (#) button in this window, Attach... at the bottom of the intake form, or Attach... in the applicable row in the Transfusion-related Fatality Tracking window.

Fields: "Survey Attachment Documents/ePOC Attachments", on page 388

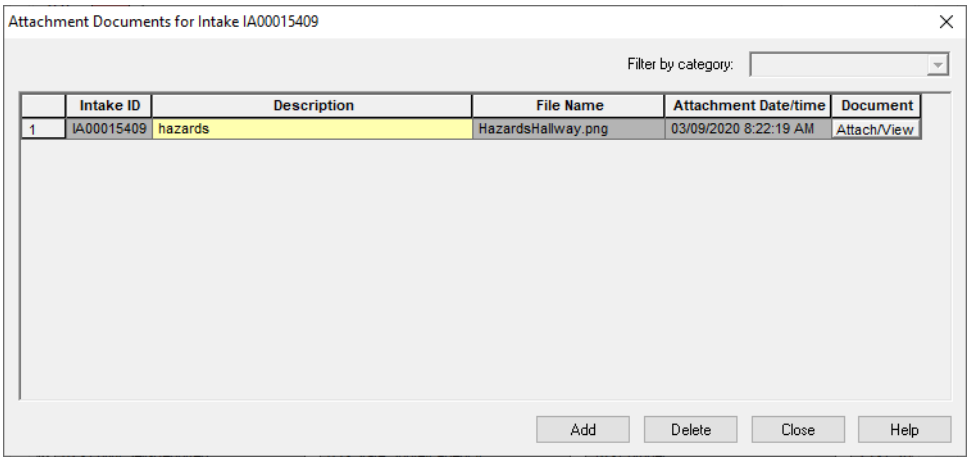


Figure 129: Attachment Documents window - Intake

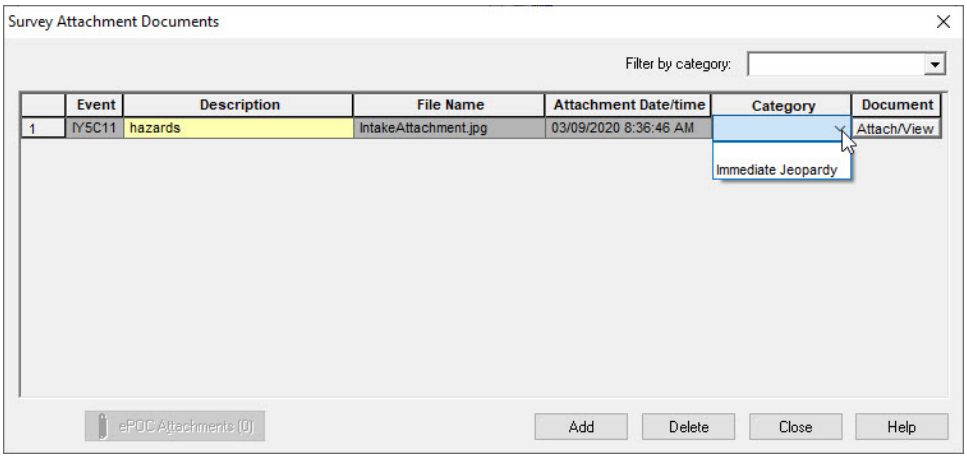


Figure 130: Attachment Documents window - Survey

Select Form(s) to print window

The Select Form(s) to print window lists standard CMS forms that ACTS can generate. You can generate one or more forms at a time.

Fields: "Select Form(s) to print", on page 389

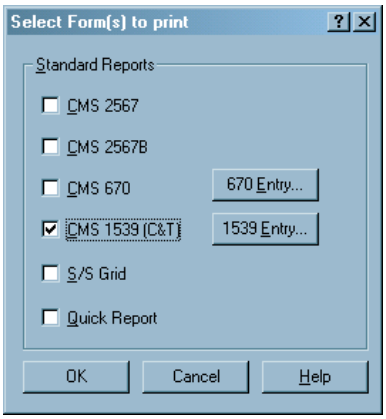


Figure 131: Select Form(s) to print window

Note: If you access this window via the right-click Quick Report option for an intake in ACTS Explorer, you won't be able to print forms unless the intake is linked to an investigation survey.

Customize Survey Report Form

Select the options to customize the CMS-2567 Form.

Fields: "Customize Survey Report Form", on page 390

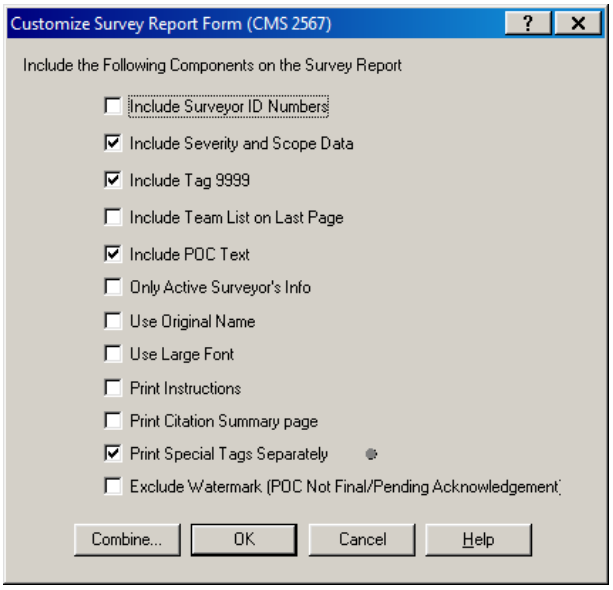
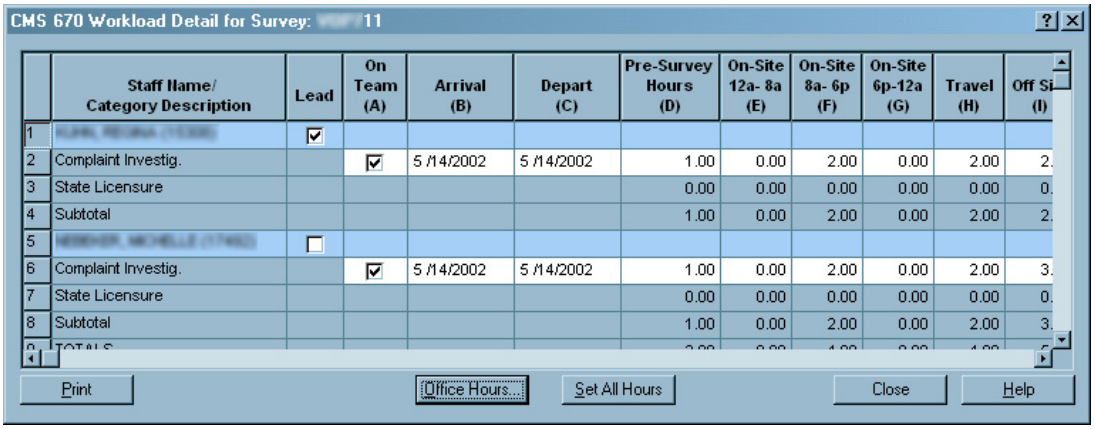


Figure 132: Customize Survey Report Form

CMS 670 Workload Detail window

Enter the time that surveyors spent preparing for and/or conducting an investigation—on site during different shifts, off site, and traveling.

Fields: "CMS 670 Workload Detail", on page 392



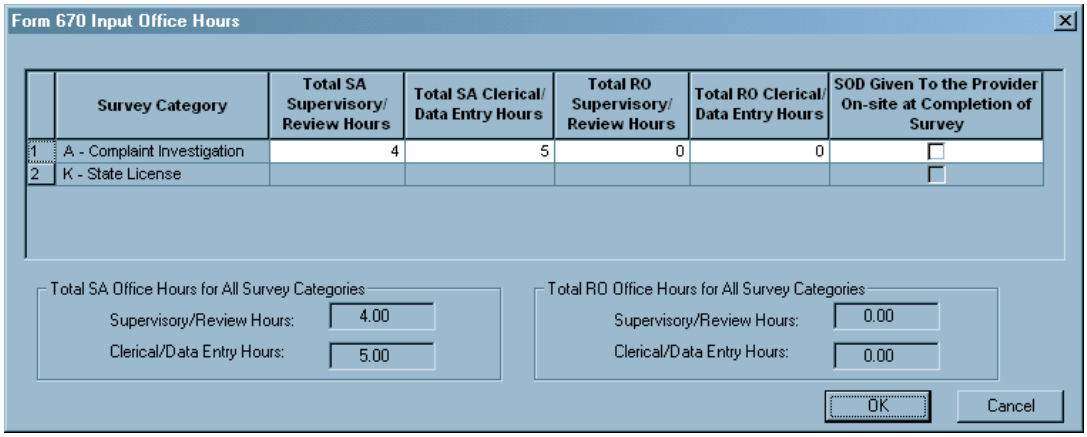
	Staff Name/ Category Description	Lead	On Team (A)	Arrival (B)	Depart (C)	Pre-Survey Hours (D)	On-Site 12a- 8a (E)	On-Site 8a- 6p (F)	On-Site 6p-12a (G)	Travel (H)	Off Si (I)
1	[illegible]	☑									
2	Complaint Investig.		☑	5 /14/2002	5 /14/2002	1.00	0.00	2.00	0.00	2.00	2.
3	State Licensure					0.00	0.00	0.00	0.00	0.00	0.
4	Subtotal					1.00	0.00	2.00	0.00	2.00	2.
5	[illegible]	☐									
6	Complaint Investig.		☑	5 /14/2002	5 /14/2002	1.00	0.00	2.00	0.00	2.00	3.
7	State Licensure					0.00	0.00	0.00	0.00	0.00	0.
8	Subtotal					1.00	0.00	2.00	0.00	2.00	3.
9	TOTALS					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Figure 133: CMS 670 Workload Detail window

Form 670 Input Office Hours window

Open this window from CMS 670 Workload Detail to enter supervisory and clerical hours for each survey type.

Fields: "Form 670 Input Office Hours", on page 393



	Survey Category	Total SA Supervisory/ Review Hours	Total SA Clerical/ Data Entry Hours	Total RO Supervisory/ Review Hours	Total RO Clerical/ Data Entry Hours	SOD Given To the Provider On-site at Completion of Survey
1	A - Complaint Investigation	4	5	0	0	☐
2	K - State License					☐

Figure 134: Form 670 Input Office Hours window

Create Followup window

Creates a followup survey (revisit) to the survey where noncompliance was found. In ACTS, you can create a revisit only for a survey linked to an intake or its latest followup. A revisit cannot be independently linked to an intake, but is automatically linked to the same intake as the survey from which it is created.

Fields: "Create Followup", on page 394

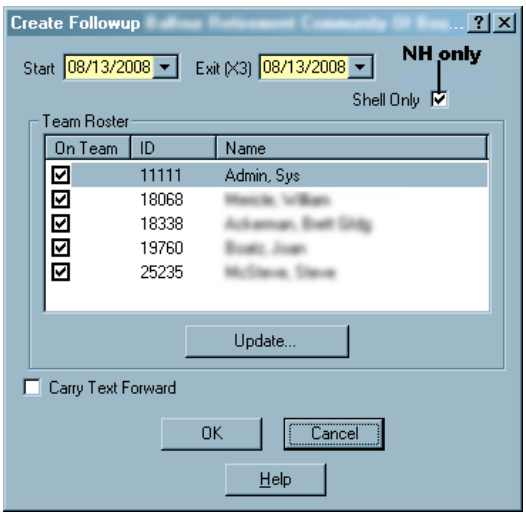


Figure 135: Create Followup window

Export window

You can export any survey you select to a Transfer Location. From there, surveyors can import the survey into ASE-Q.

Fields: "Export", on page 395

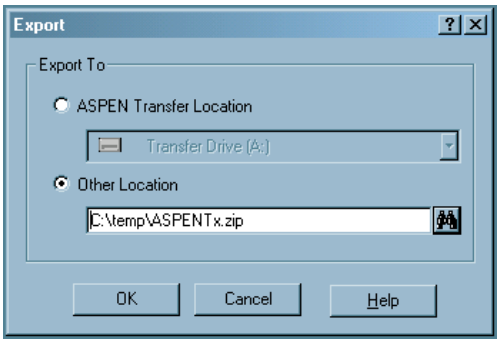


Figure 136: Export window

Survey Export window

Use this window to indicate which survey(s) to export to the specified destination. The title bar indicates the Source of the listed survey(s) and the export Destination. In the example below, Source is ACO/ACTS and Destination is Transfer File.

Fields: "Survey Export", on page 396

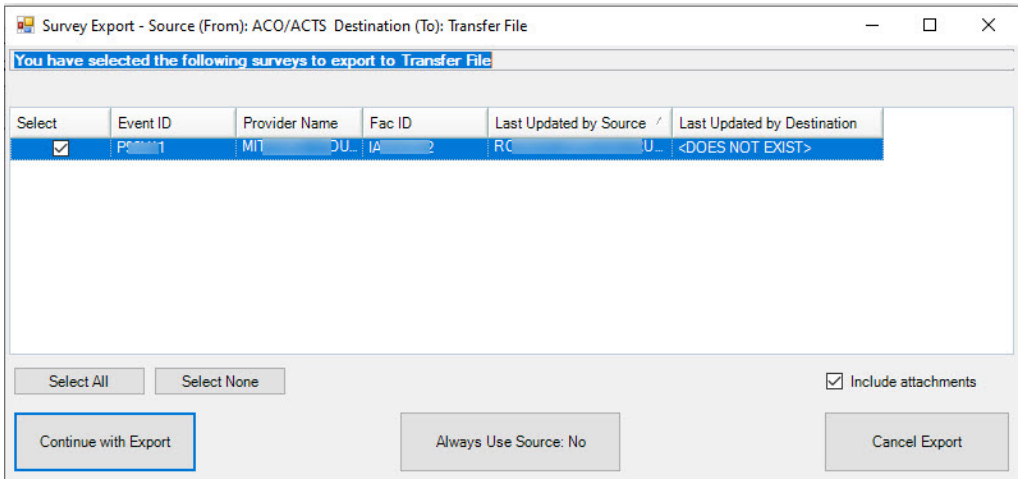


Figure 137: Survey Export window

In ACTS RO only and only when an LTCSP comparative survey is exported, the Include related LCSP Surveys checkbox appears.

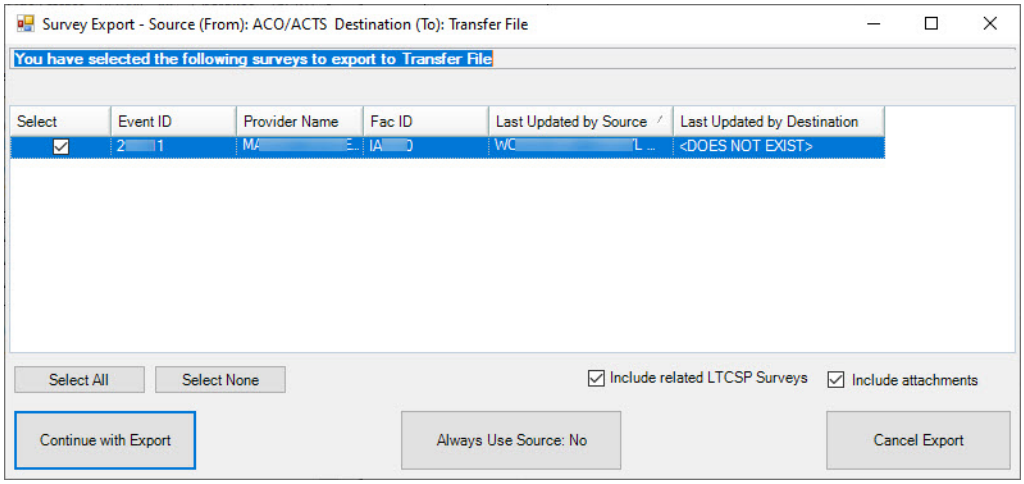


Figure 138: Survey Export window with Include related LTCSP Surveys checkbox

Finalize Transfer window

The Finalize Transfer window displays a log of changes made during the export. Clicking Apply completes the file transfer.

Fields: "Finalize Transfer", on page 396

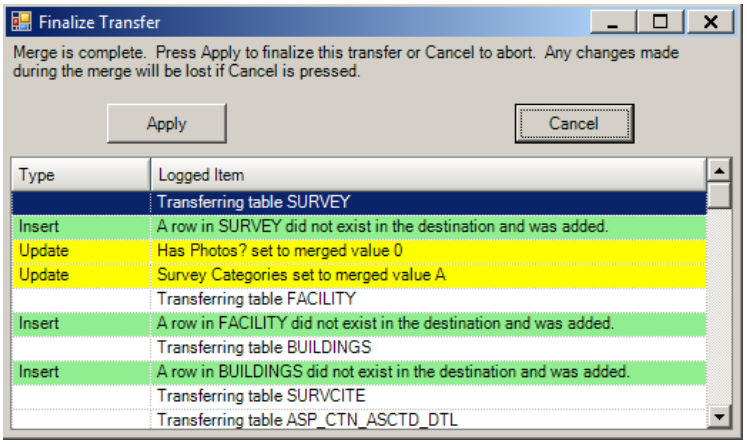


Figure 139: Finalize Transfer window

Import window

You can select the Import icon on the ACTS toolbar to import surveys from a Transfer Location into ACTS. The Import window is used to specify what you are importing and its location.

Fields: "Import", on page 397

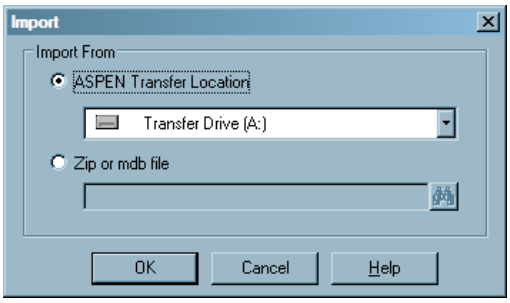


Figure 140: Import window

Merge fields window

The Merge fields window displays differences in field values between source and destination files and lets you specify how to merge the conflicting values.

Fields: "Merge fields", on page 397

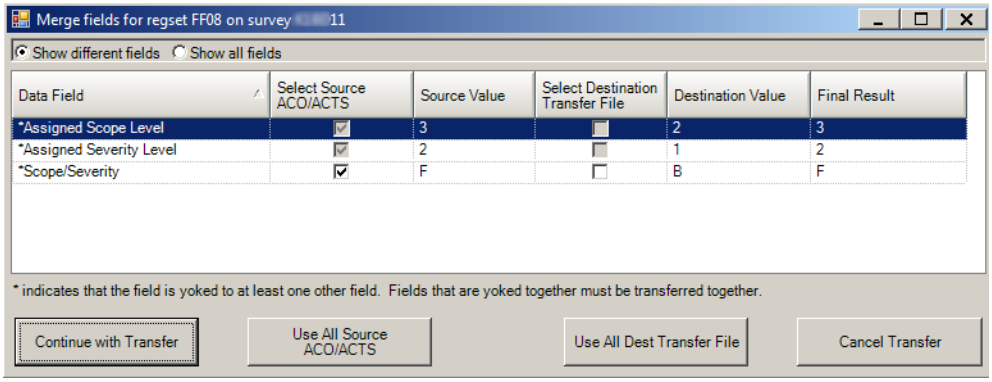


Figure 141: Merge Fields window

Merge Rows window

The Multiple Row Merge window displays conflicts between source and destination contact information.

Fields: "Multiple Row Merge", on page 397

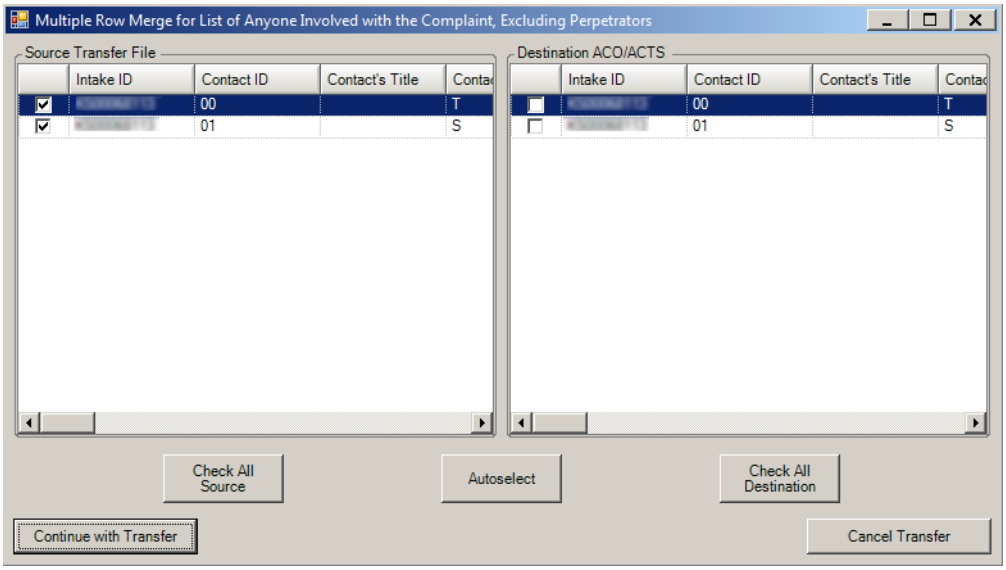


Figure 142: Multiple Row Merge window

Merge Text window

For intakes, you can choose how to merge text for allegation findings and investigation notes.

The Merge or Replace Investigation Notes window compares investigation notes in ASE-Q (Source text) to the transfer file (Destination text). Notes in the red box were added in ASE-Q. You can decide whether to include them in the destination text.

Fields: "Merge or Replace Investigation Notes", on page 398

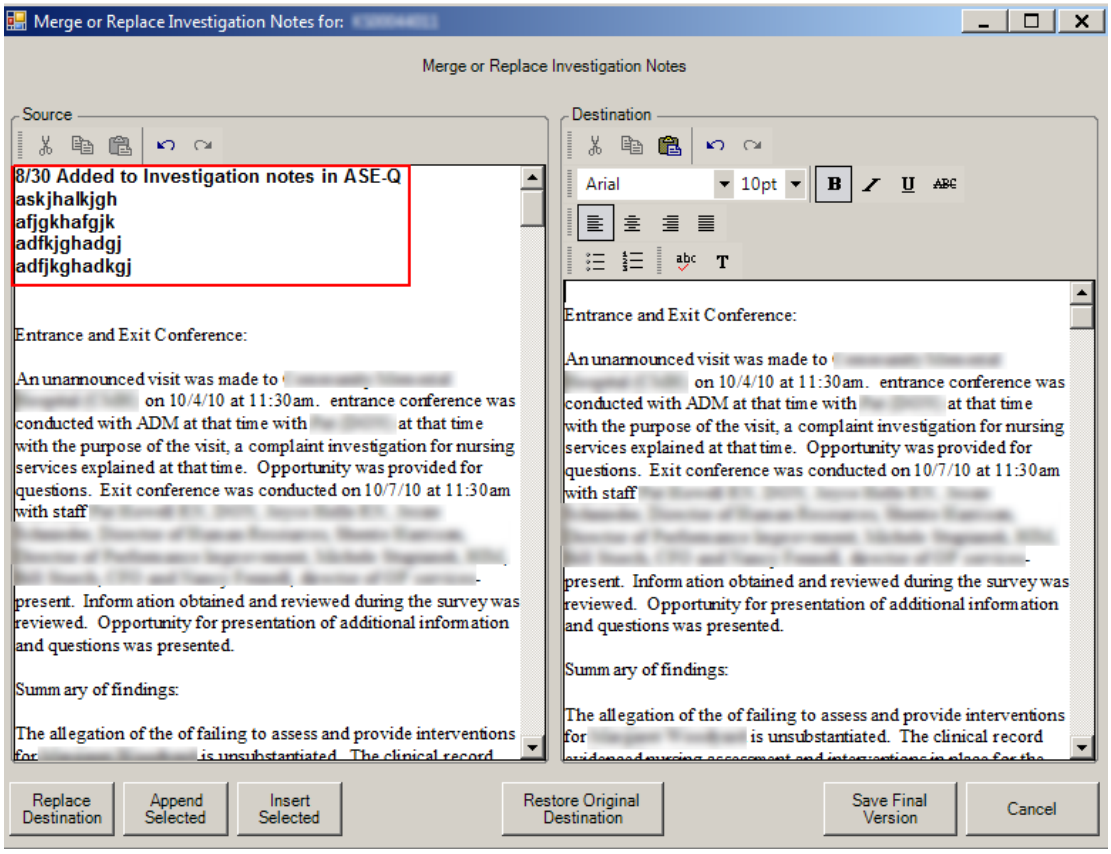


Figure 143: Merge or Replace Investigation Notes

Notices Windows

The Notices window provides you a place to monitor and update letters and notifications associated with your intake or investigation.

Notices History window

The Notices History window lists letters and notifications that have been sent related to the current intake or survey. You can also generate new letters and notices from this window.

Fields: "Notices History", on page 399

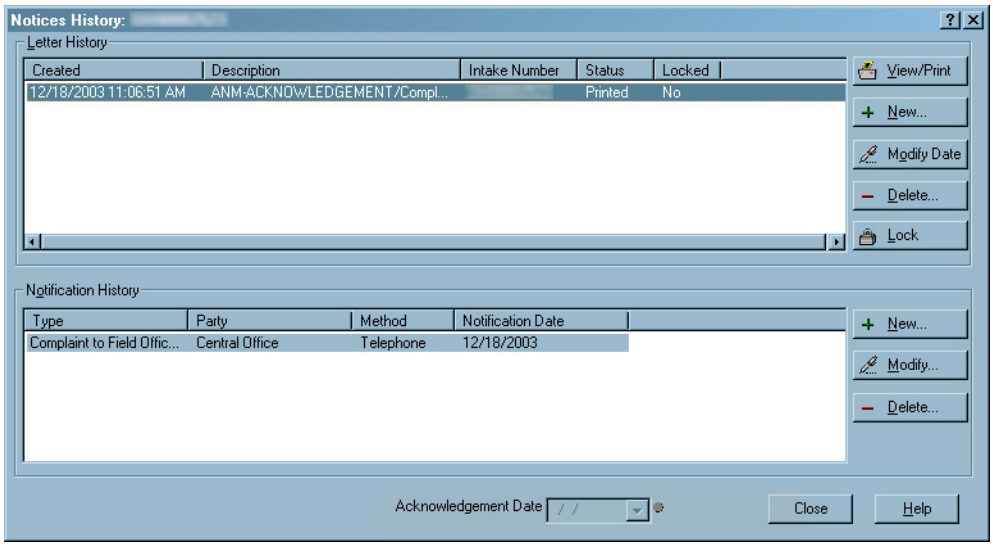


Figure 144: Notices History window

Select Letters and Distribution Lists window

This window opens when you click New in the Letter History section of Notices History. The Form Letter pane lists the letters that ACTS can generate, and the Distributions pane lists potential recipients. You select the letter you want to send and its recipient(s), and use the Set Action button to indicate whether each recipient receives a Letter, a copy (cc), or a blind copy (bcc).

TIP: If you open this window from an intake, ACTS displays Complaint type letters by default. If you open it from Citation Manager, the default display is of Survey letters. Select Show All to list all letters.

Fields: "Select Letters and Distribution Lists", on page 400

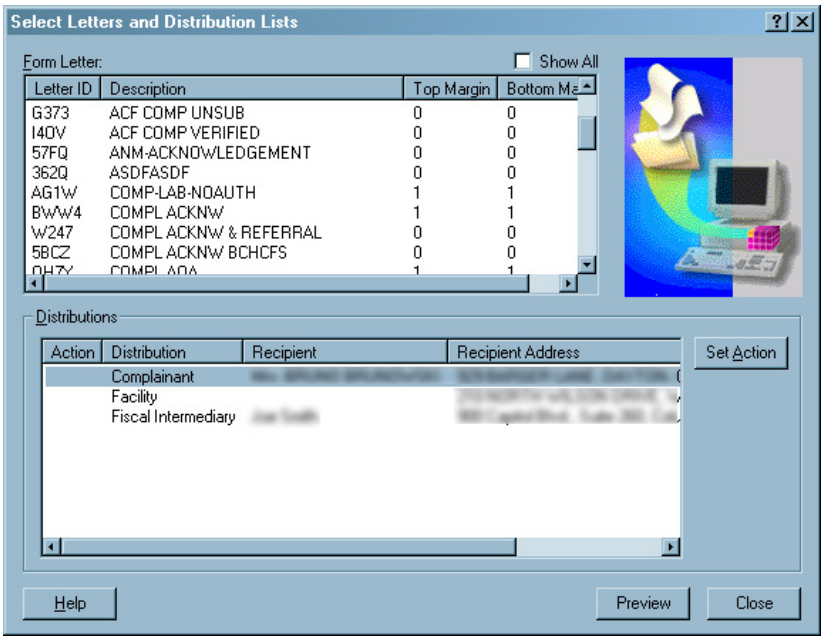


Figure 145: Select Letters and Distribution Lists window

Notification Type window

When you click New in the Notification History section of the Notices History window, you'll be asked to supply details about the notification. All fields are required.

Fields: "Notification Type", on page 401

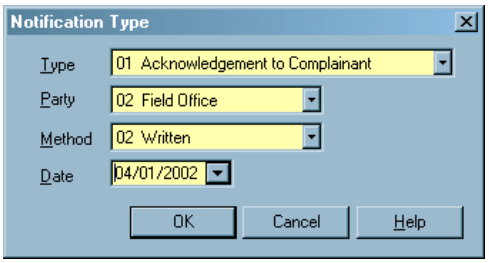
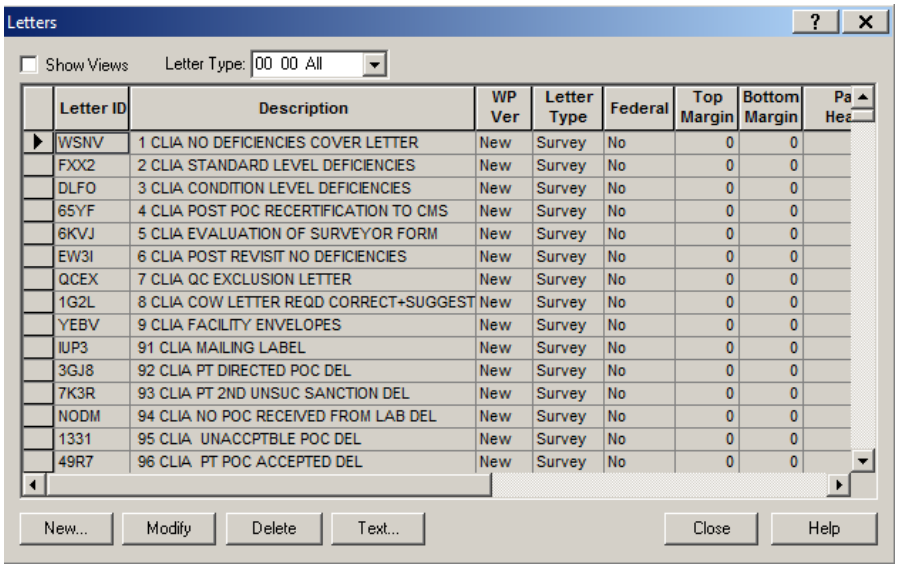


Figure 146: Notification Type window

Letters window

From this window, you create and manage form letter templates. ACTS users can generate customized letters from the templates.

Fields: "Enter the date of the notification.Letters", on page 401



Letter ID	Description	WP Ver	Letter Type	Federal	Top Margin	Bottom Margin	Pa Hea
WSNV	1 CLIA NO DEFICIENCIES COVER LETTER	New	Survey	No	0	0	
FXX2	2 CLIA STANDARD LEVEL DEFICIENCIES	New	Survey	No	0	0	
DLFO	3 CLIA CONDITION LEVEL DEFICIENCIES	New	Survey	No	0	0	
65YF	4 CLIA POST POC RECERTIFICATION TO CMS	New	Survey	No	0	0	
6KVJ	5 CLIA EVALUATION OF SURVEYOR FORM	New	Survey	No	0	0	
EW3I	6 CLIA POST REVISIT NO DEFICIENCIES	New	Survey	No	0	0	
QCEX	7 CLIA QC EXCLUSION LETTER	New	Survey	No	0	0	
1G2L	8 CLIA COW LETTER REQD CORRECT+SUGGEST	New	Survey	No	0	0	
YEBV	9 CLIA FACILITY ENVELOPES	New	Survey	No	0	0	
IUP3	91 CLIA MAILING LABEL	New	Survey	No	0	0	
3GJ8	92 CLIA PT DIRECTED POC DEL	New	Survey	No	0	0	
7K3R	93 CLIA PT 2ND UNSUC SANCTION DEL	New	Survey	No	0	0	
NODM	94 CLIA NO POC RECEIVED FROM LAB DEL	New	Survey	No	0	0	
1331	95 CLIA UNACCPTBLE POC DEL	New	Survey	No	0	0	
49R7	96 CLIA PT POC ACCEPTED DEL	New	Survey	No	0	0	

Figure 147: Letters window

Letter Desc window

When you create a letter template, the first step is to supply basic information about the form letter. For templates created in ASPEN 6.5 or later, the Margin fields, Header/Footer section, and Logo button in the Letter Desc window are disabled. You specify margins, create headers and footers, and add logos directly in the letter word processor.

Fields: "Letter Desc", on page 403

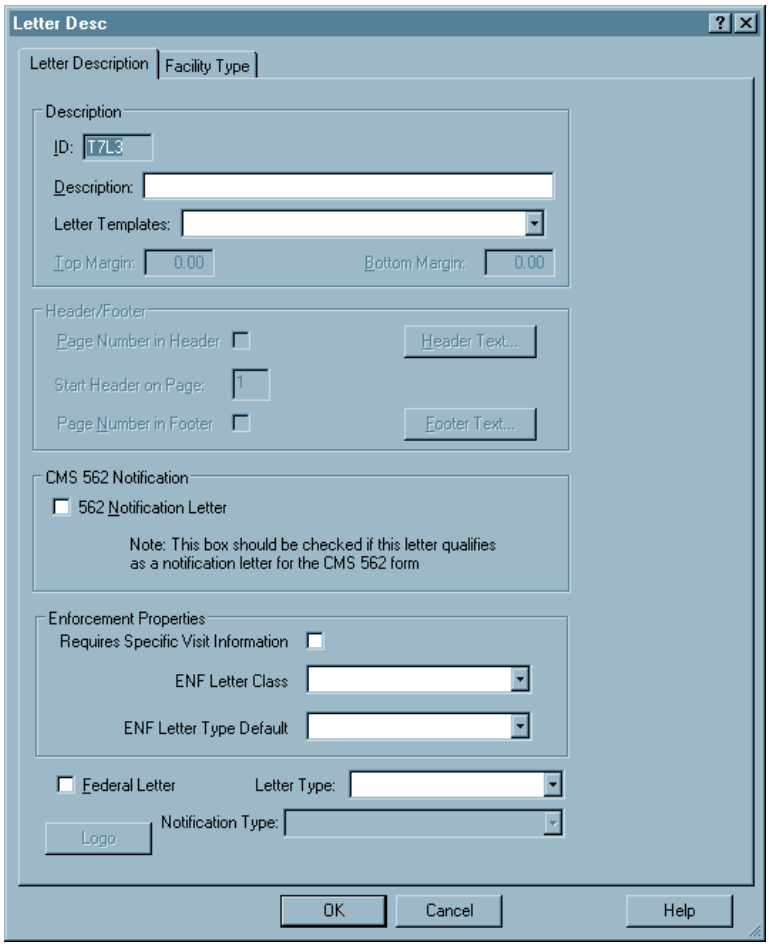


Figure 148: Letter Desc window

Note: The Federal Letter field appears only in ACTS RO.

ACTS Distribution List window

The ACTS Distribution List window displays potential institutional recipients, both agencies and individuals, of the form letters in the ACTS database. You can add new recipients or modify existing recipient information as needed. The provider involved in a complaint/incident and assigned complainants are automatically included in the distribution list for an intake, so you do not need to add them here.

When you are ready to send a form letter, you select the recipients from the Distributions list in the Select Letters and Distribution Lists window. The Distributions list includes all the recipients defined in the ACTS Distribution List window as well as intake-specific recipients, i.e., the provider, complainants, and referral agency (if applicable).

Fields: "ACTS Distribution List", on page 404

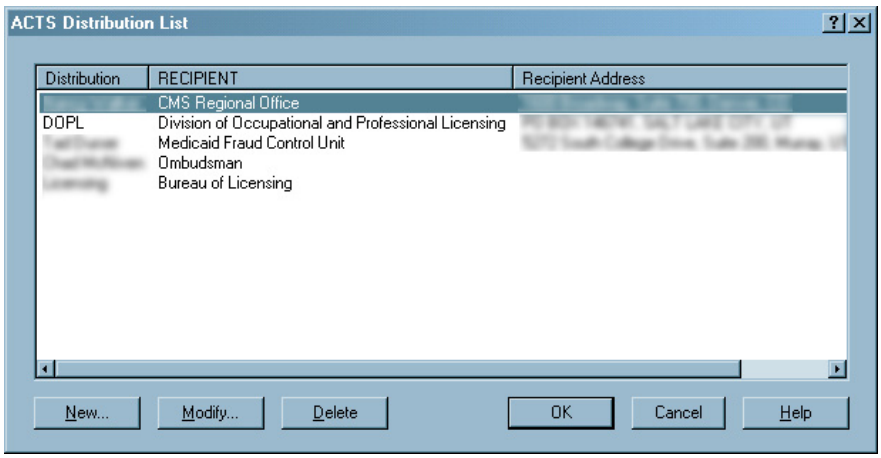


Figure 149: ACTS Distribution List window

More ...

Screen: "Select Letters and Distribution Lists window" on page 267

Distribution window

When you click New on the ACTS Distribution List window, the Distribution window opens and you can enter information about the new recipient.

Fields: "Distribution", on page 405

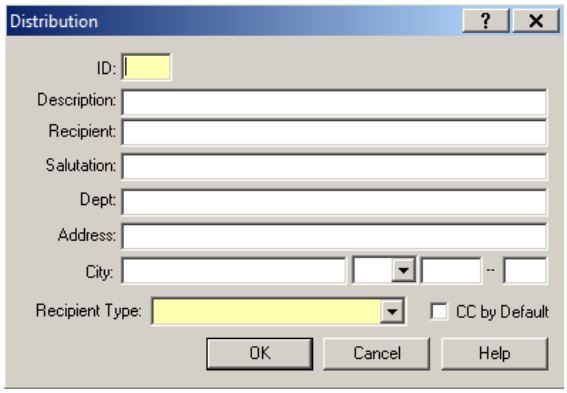


Figure 150: Distribution window

Letter word processor

This full-featured word processor is used to create and modify the content of:

- New letter templates (WP Ver = New)
- Custom letters generated from new letter templates

For letter templates, the window title is Edit Letter Text. For custom letters, the title is Word Processor Dialog.

The word processor includes a variety of formatting options. You can specify margins, create headers and footers, and add logos directly to the letter.

Fields: "Letter word processor", on page 406

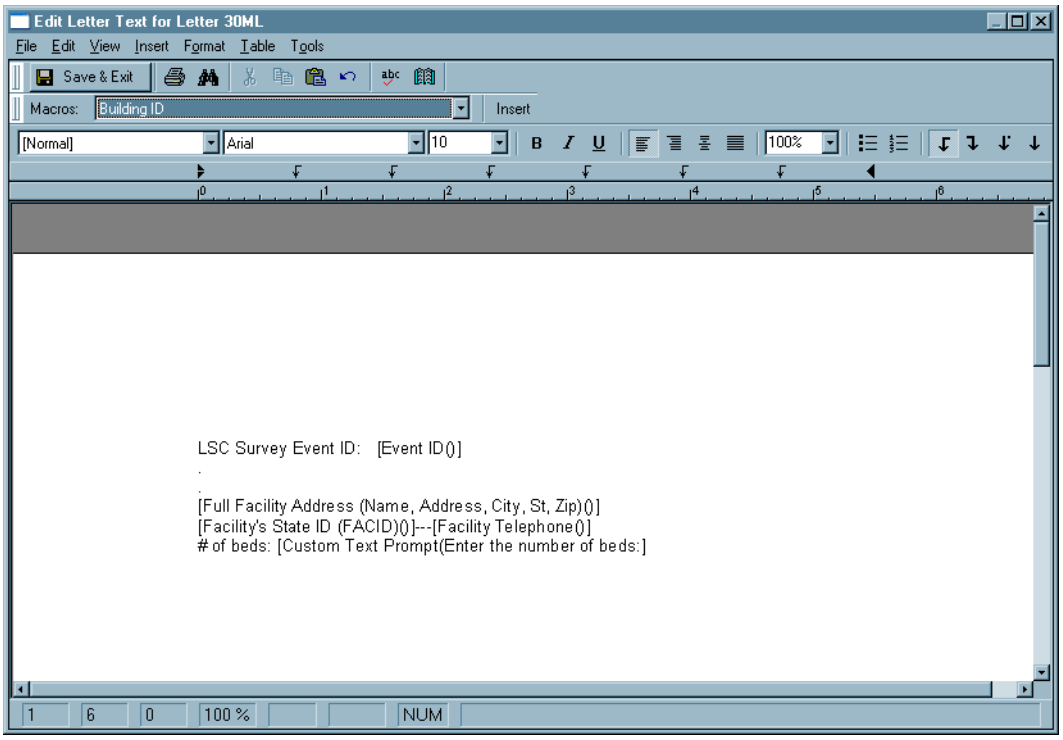


Figure 151: Letter word processor

Note: When a user previews a custom letter in this word processor, the Macros field is not displayed.

Other ACTS Windows

These are windows that may be accessed from a number of different places in ACTS, or are not part of the intake or survey areas.

Tree Groups windows

From the Facilities node you can right-click to configure Facility, Investigation, and Staff tree groups. The screens are identical for all three.

Fields: "Tree Groups", on page 408

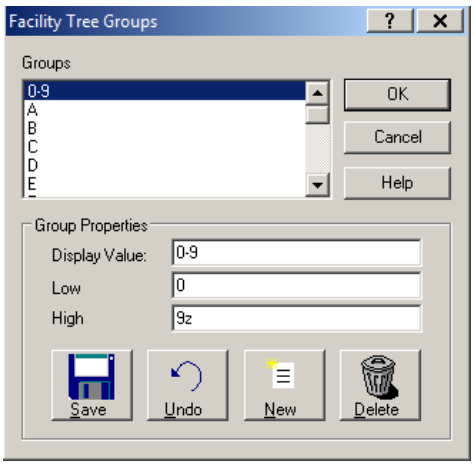


Figure 152: Facility Tree Groups window

Selection Properties window

Use this window to specify selection sets (filter sets) that control the records - facilities (providers), intakes, surveys, etc. - you see displayed in ACTS. The graphic below shows a public (global) selection filter that specifies the display of Hospitals only (and associated intakes and surveys).

Fields: "Selection Properties", on page 408

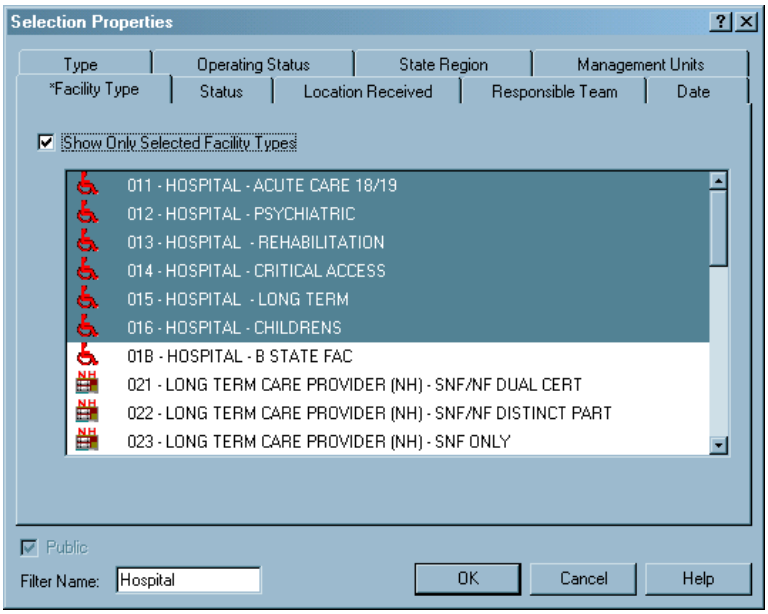


Figure 153: Selection Properties window

Note: The name of the active My Selections set is displayed in the title bar of the ACTS Explorer screen.

Action Item Filter Settings window

Use this window to specify filter settings for the display of action items.

Fields: "Action Item Filter Settings", on page 410

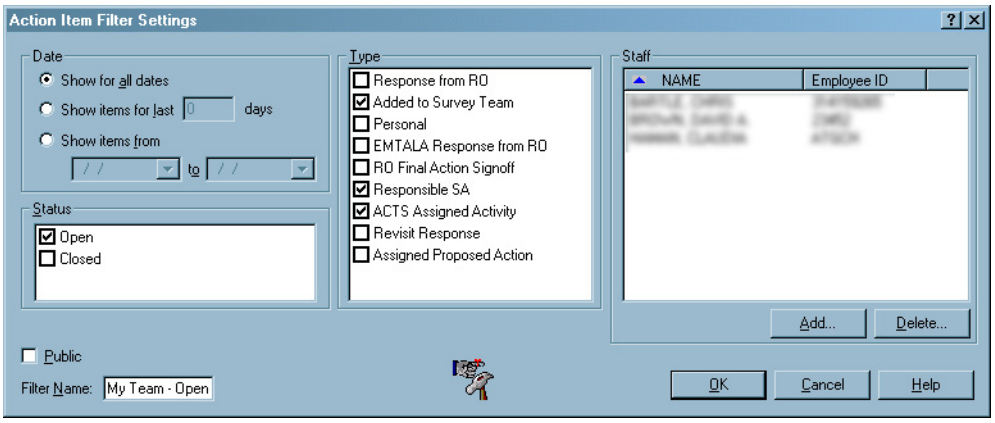


Figure 154: Action Item Filter Settings window

Find window

The Find window lets you search the database for facilities (providers), intakes, and investigations (depending on the tab you opened the Find window from) using the search criterion of your choice. The Search Results list is filtered according to the active My Selections settings.

Fields: "Find", on page 411

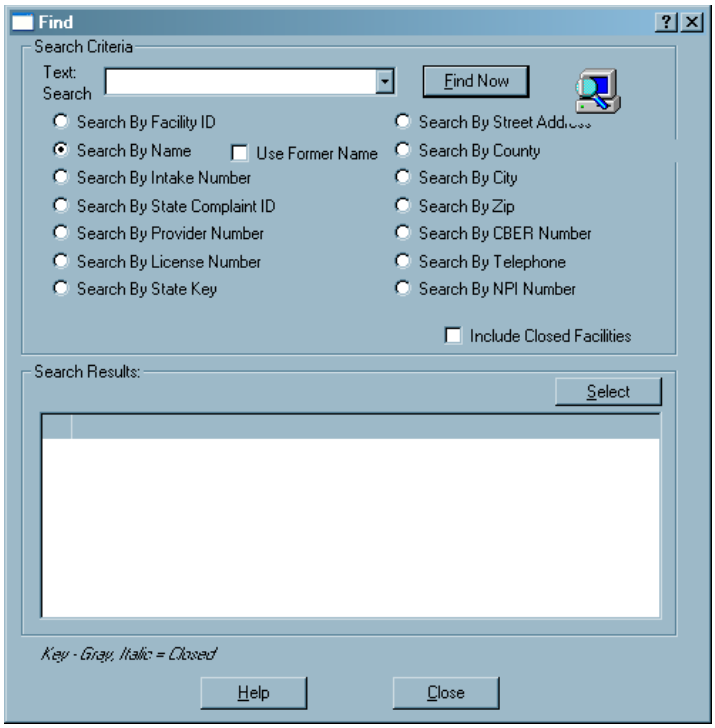


Figure 155: Find window

New/Modify Call window

The New/Modify Call window is displayed when you use the ACTS Hotline to log calls, modify call records, and generate intakes.

Fields: "New/Modify Call", on page 411

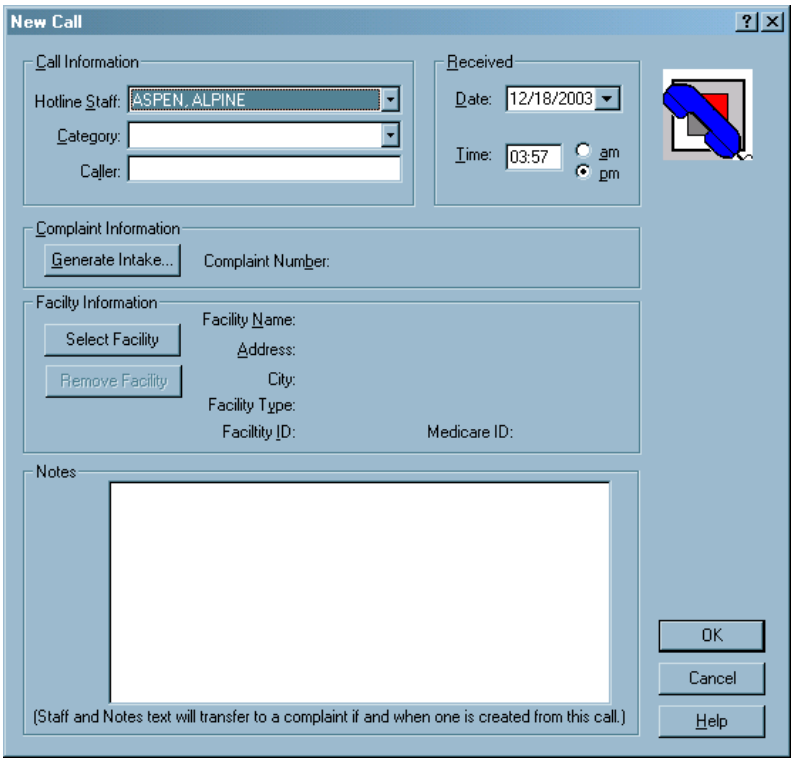


Figure 156: New Call window

Report Customization window

Use this window to customize ACTS reports. It opens automatically when you select most reports (Reports menu) or quick reports (right-click Quick Report option). You can enter a custom title that will appear on the generated report. The Report Settings section lets you name and save the current set of criteria for later use, and activate and delete named sets.

You can set any of the multiple filters provided to narrow the focus of the report to your requirements. The generated report will reflect the filter options you choose. Filter criteria for the report are listed on a separate page if the Print Report Definitions checkbox at the top of the report customization window is selected.

The filters default to the currently active selection settings (My Selections). You can change them as needed. For certain filters, you can use the De-Select All button to de-select all options and then select those that you want to include. The De-Select All button toggles to Select All.

The fields you see vary somewhat depending on the report you are generating. The following example shows the report customization window for the Complaint/Incident Investigation Log.

Report Customization: top of screen

Fields: "Report Customization", on page 412

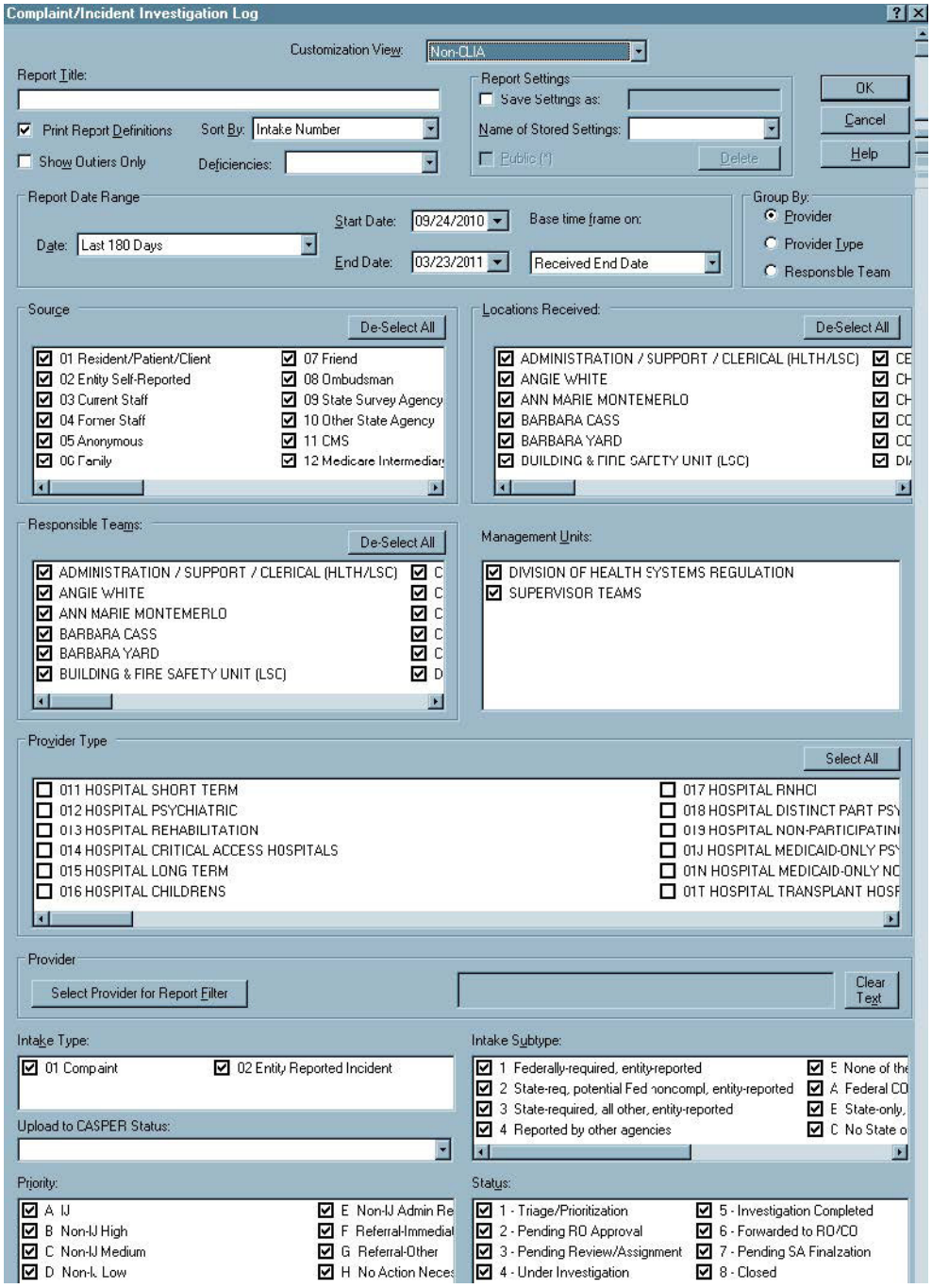


Figure 157: Report Customization: top of screen

Report Customization: bottom of screen

Fields: "Report Customization", on page 412

Allegation Type
Show Subcategories | Select Category | De-Select All
Category
Accidents
Administration/Personnel
Admission, Transfer & Discharge Rights
Certification/Unauthorized Testing
Death - General
Dental Services
Diagnostic Discrepancy/Erroneous Test Results
Dietary Services
EMTALA (Patient Dumping)
ESRD Involuntary Discharge (IVD)
ESRD Involuntary Transfer (IVT)
Educational Services
Falsification of Records/Reports
Fatality/Transfusion Fatality
Fraud/False Billing
Infection Control
Injury of Unknown Origin
Life Safety Code

Received By:
1 E-Mail
2 In Person
3 Telephone
4 Written
5 Media
6 Hotline
7 Fax
8 Other
9 Online

Reason Closed:
01 Paperwork Complete
02 Withdrawn
03 Referred
04 No Jurisdiction
05 Pr
06 Sp
07 Ex

Overall Findings:
1 Substantiated
2 Unsubstantiated
3 Not Applicable (Incident)

Transplant Program Type
De-Select All
Adult Heart/Lung
Adult Heart-Only
Adult Intestine/Multivisceral
Adult Kidney-Only
Adult Liver
Adult Lung-Only
Adult Pancreas
Pediatric Heart/Lung
Pediatric Heart-Only
Pediatric Intestine/Multivisceral
Pediatric Kidney-Only
Pediatric Liver
Pediatric Lung-Only
Pediatric Pancreas

EMTALA
EMTALA Intakes:
EMTALA RO Response:
Type of Emergency:
01 Labor
02 Other OB
03 Medical
04 Trauma
05 Psychiatric
06 Surgical
07 Other
Resolution:
01 Facility in Compliance
02 Facility Terminate

Deemed
Inclusion Criteria:
Base On: Intake Deemed Status
Deemed RO Response:
Accrediting Organizations:
00-NONE
01-JC
03-CHAP
06-COLA
07-AAAASF
08-AAAHC
09-AABB
10-AOA/HFAP
11-ASHI
12-CAP
13-CARF
14-ACH(
De-Select All

Death by Restrairt/Seclusion
Inclusion Criteria:
RO Determination:

State Region:
001 COLORADO
LAB LABORATORIES

Onsite/Offsite:
1 Onsite survey performed
2 No survey performed
3 Offsite survey performed

Certificate at Time of Alleged Event:
Compliance
Registration (Compliance)
Waiver
Accreditation
Registration (Accreditation)
PPMP
No Current Active Certificate
No CLIA Number

OK | Cancel

Figure 158: Report Customization: bottom of screen

Regional Reports

The Regional Reports window is used to create new regional reports and view completed reports. Reports can be viewed once the status is Complete. Viewed reports are automatically deleted overnight, unless you select the Save checkbox. Unviewed reports are deleted after seven days.

Fields: "Regional Reports", on page 418

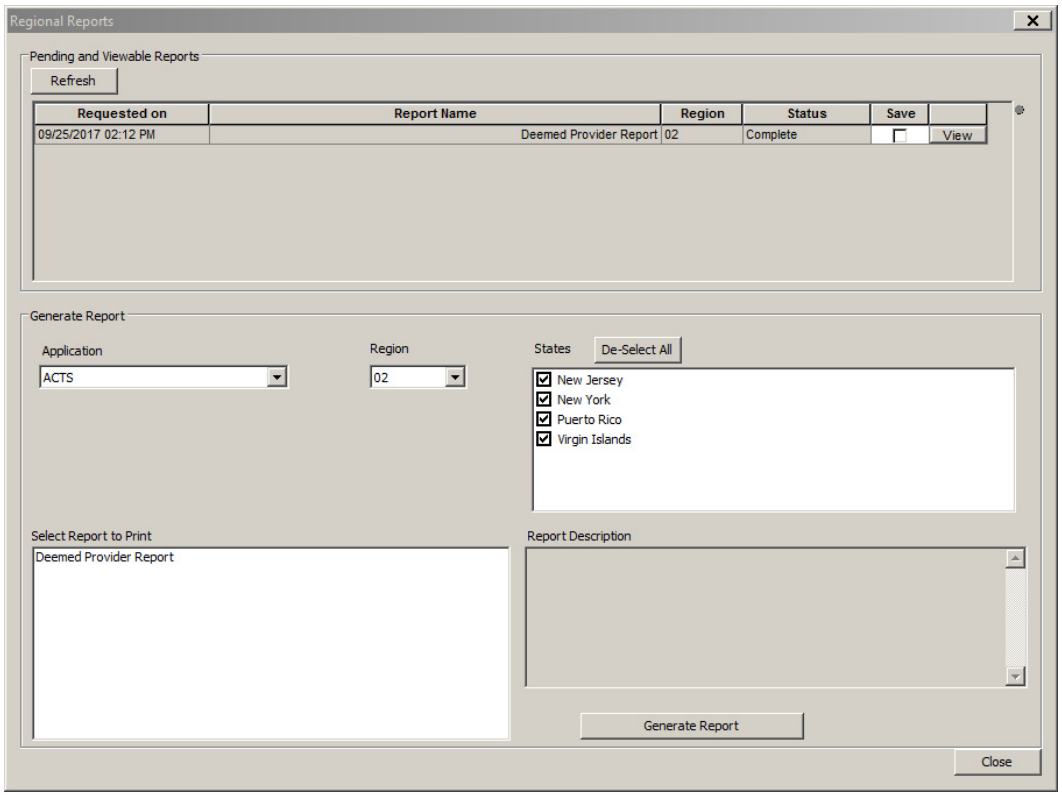


Figure 159: Regional Reports window

Date Qualification Dialog

When you select Transactions from the Tracking menu, this window appears to let you enter a transaction date range, choose which of three groups of transactions to display and a Transaction Type.

Fields: "Date Qualification Dialog", on page 419

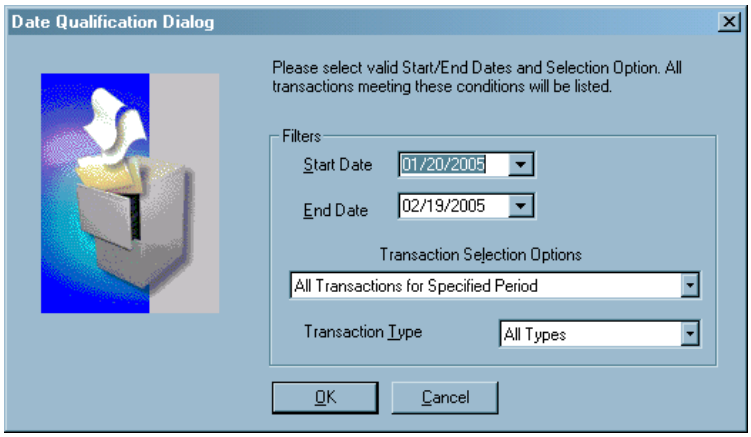


Figure 160: Date Qualification Dialog

Transactions window

The Transactions window displays upload transactions matching the criteria set in the Date Qualification Dialog. The list shows transactions of the specified type(s) from the days between (not including) the dates you entered. Complaints with substantiated allegations are red unsubstantiated are blue. Incidents with one or more deficiencies linked to allegations are red; blue if there aren't any linked deficiencies. Investigation transactions (CSP-INV) are always black.

Fields: "Transactions", on page 420

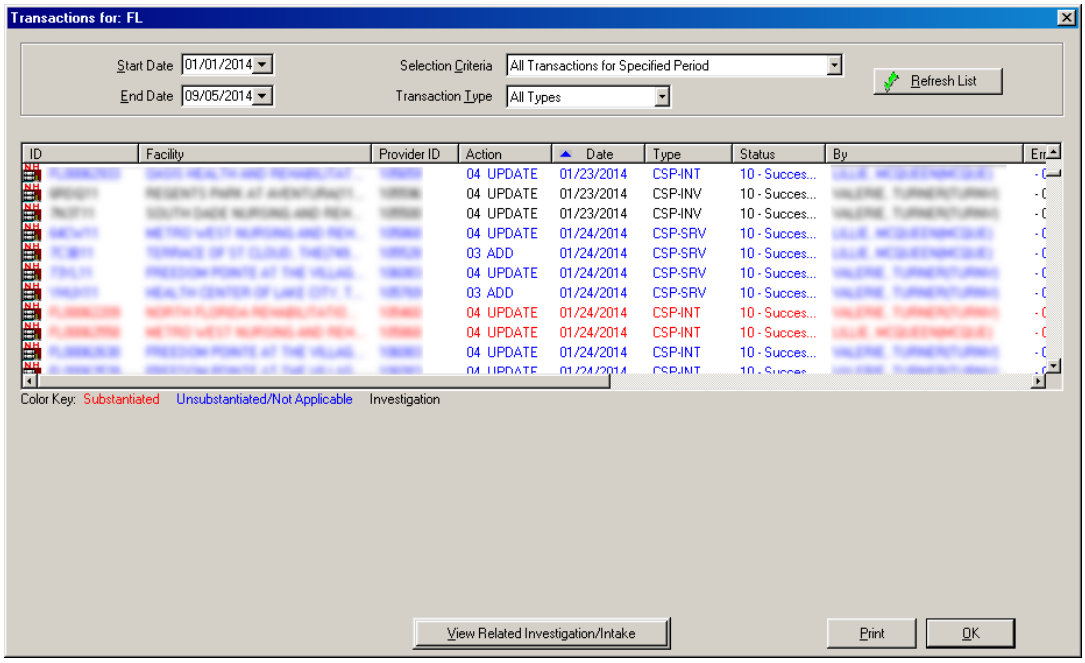


Figure 161: Transactions window

Failed and Overdue Investigation Uploads window

The Failed and Overdue Investigation (CSP-SRV) Uploads window lists:

- Failed investigation survey (CSP-SRV) uploads
- Investigations overdue for a CSP-SRV upload
- Incomplete investigations

Fields: "Failed and Overdue Investigation Uploads", on page 422

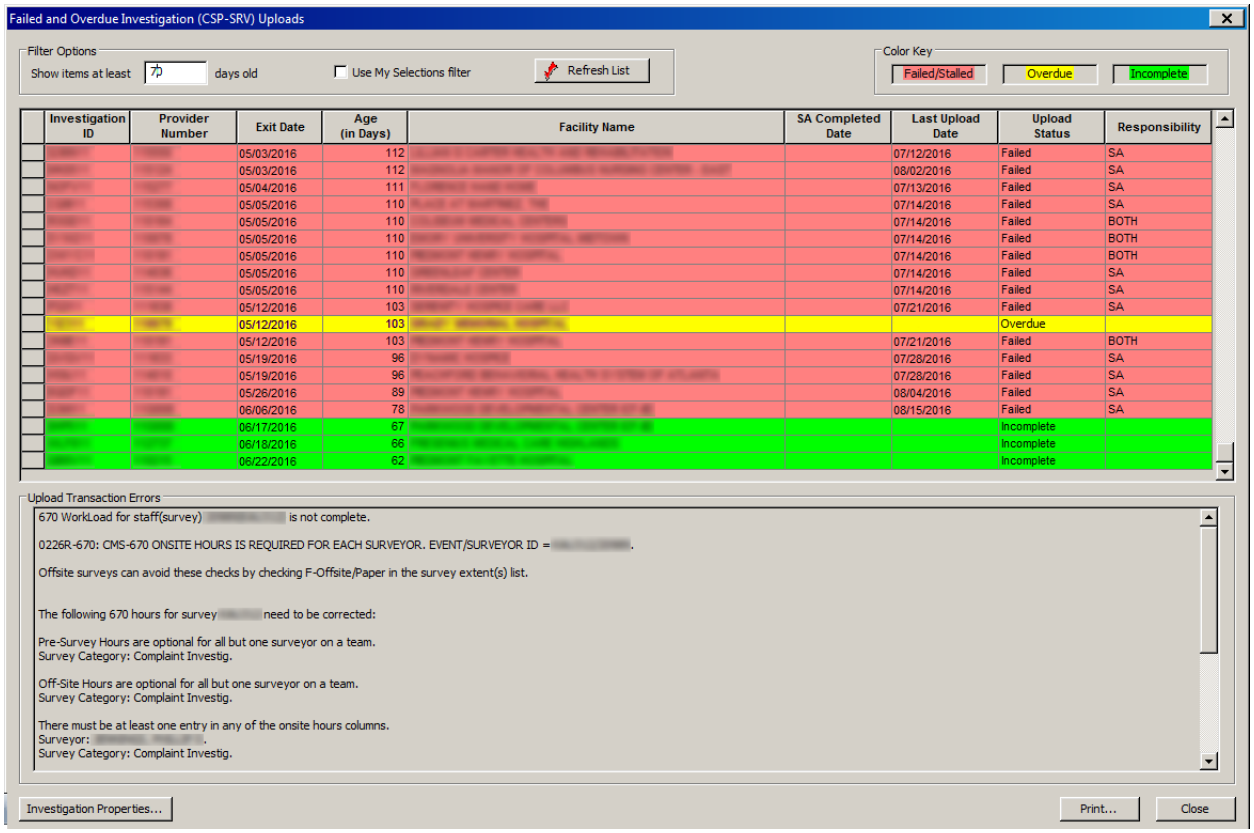


Figure 162: Failed and Overdue Investigation (CSP-SRV) Uploads window

Report Preview window

ACTS forms, reports, and custom letters (if template WP Ver = Old) are displayed initially in a report preview window, where you can view the contents, then send the report to a printer or to an export file. The name of the report appears in the title bar. The preview window includes a toolbar for convenient activation of commonly used commands.

Fields: "Report Preview", on page 423

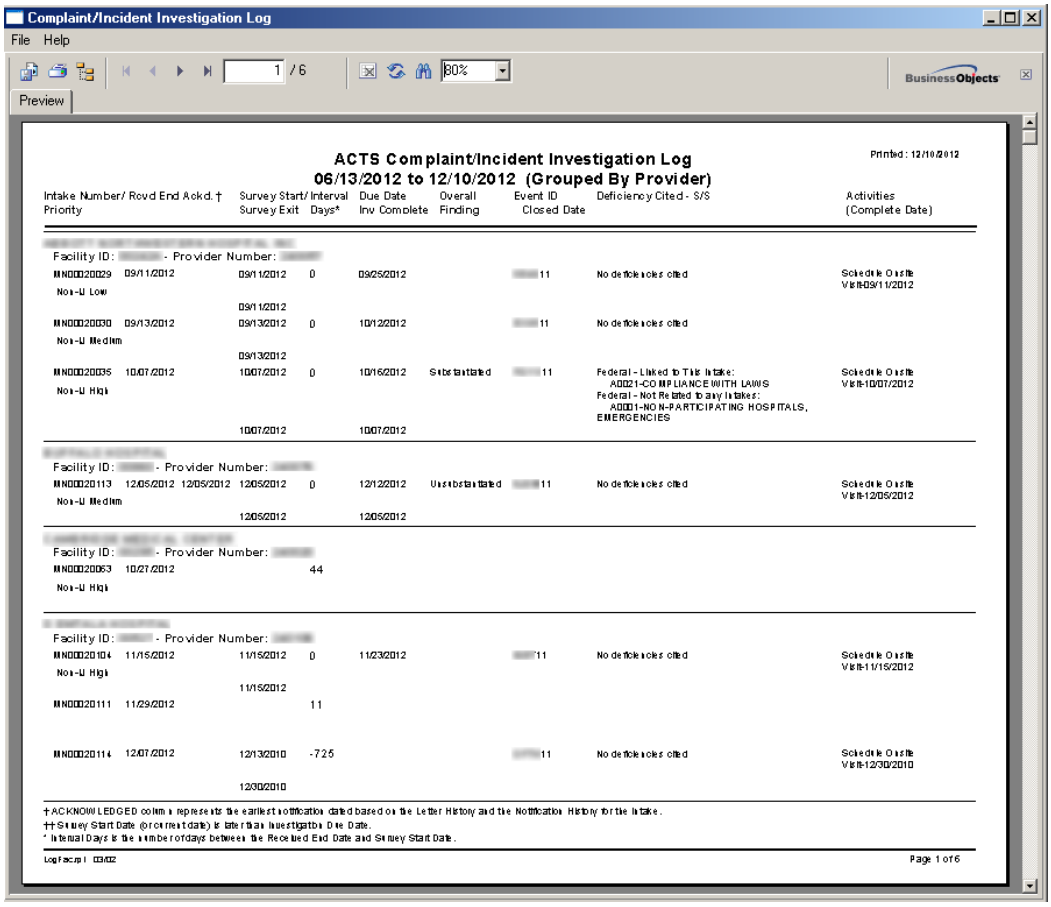


Figure 163: Report Preview window

ASPEN word processor

This word processor has basic formatting features. It is used to:

- Enter supporting text or comments, e.g., citation text, allegation findings.
- Modify content of custom letters generated from old letter templates (WP Ver = Old).

The title of the ASPEN word processor window as well as layout and options vary somewhat depending on what you use it for. The example below is the word processor you see when you click Notes... at the bottom of the Intake window.

Fields: "ASPEN word processor", on page 424

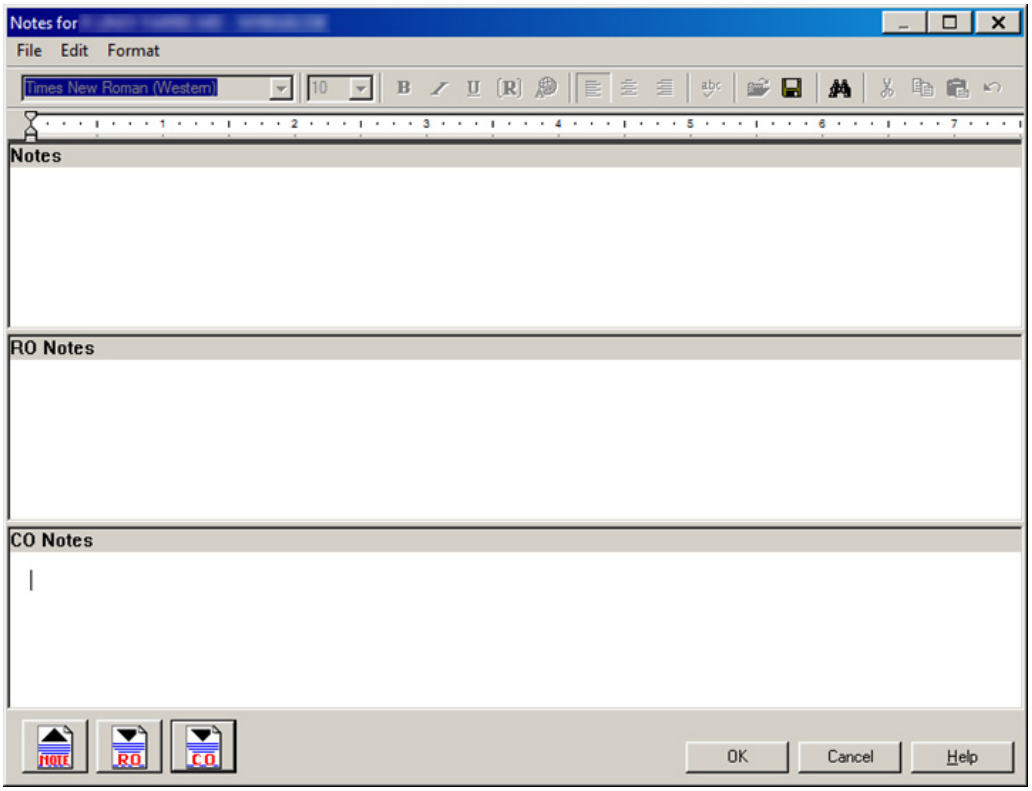


Figure 164: ASPEN word processor

Note: When content is copied and pasted from an external word processor such as Word, RTF formatting is automatically stripped out and the content is pasted as plain text into the ASPEN word processor where you can format it as desired.

You cannot cut text from or paste text into a read-only word processor pane. For example, you cannot cut or paste in the Regulations or Interpretive Guidelines panes of the Citation word processor. You can, however, copy text from a read-only pane and paste it into an editable pane as shown below. Editable word processor panes are white, read-only panes are various colors.

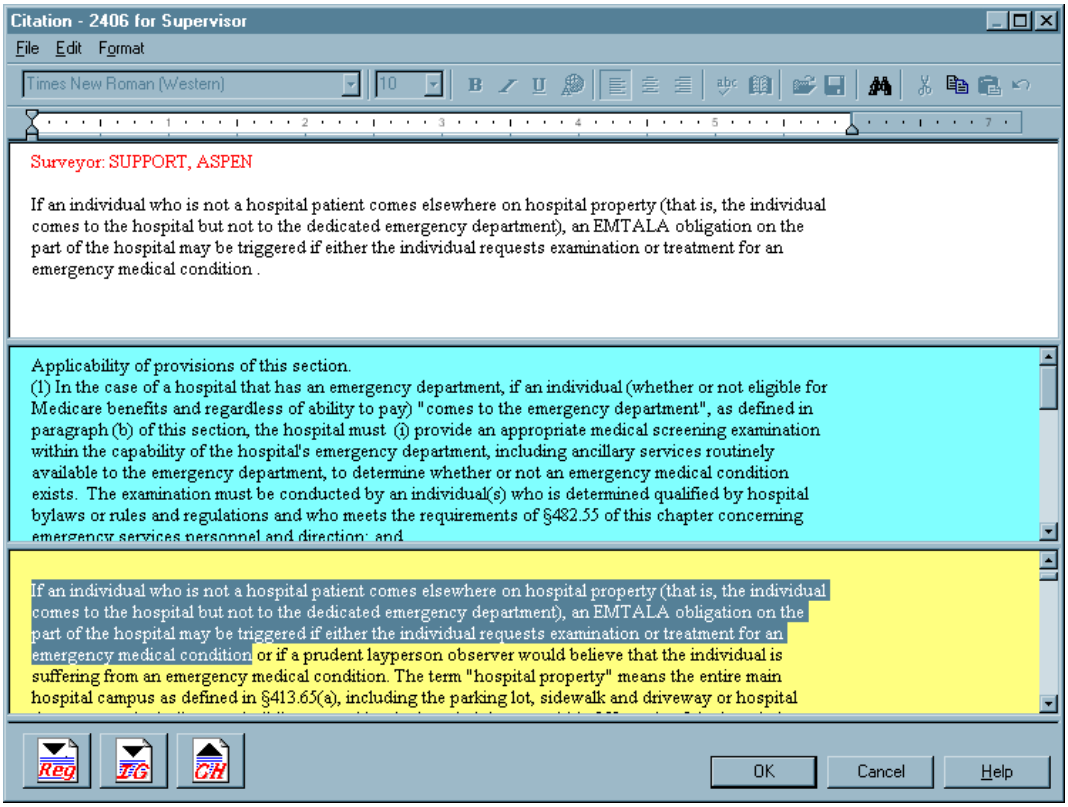
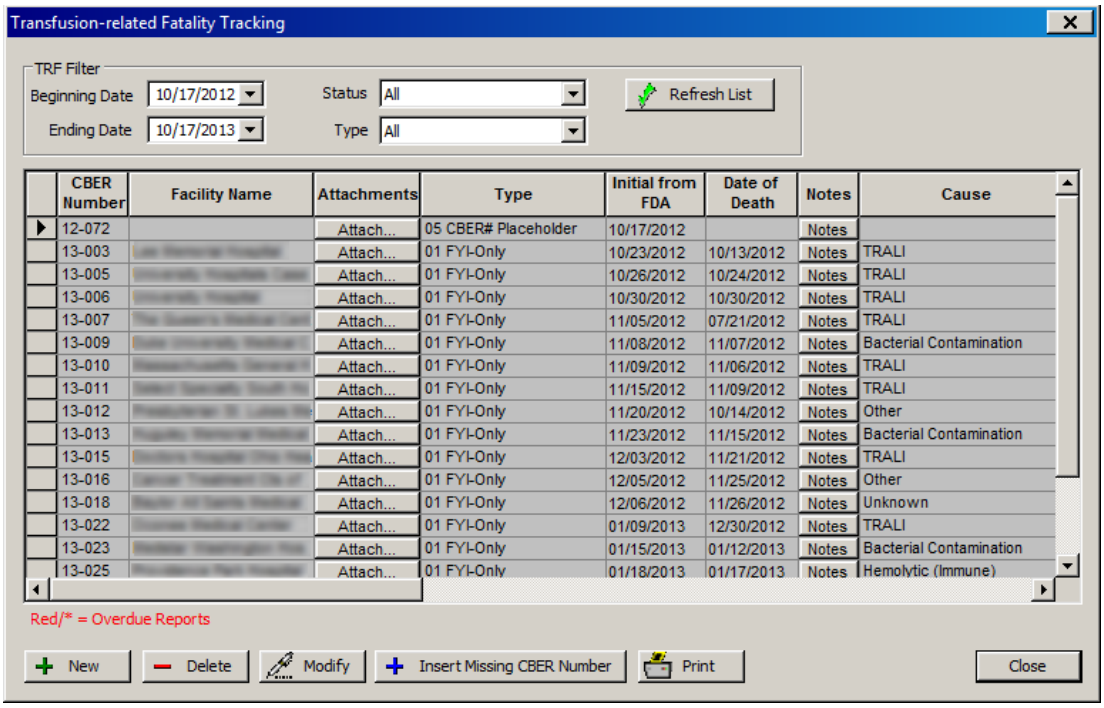


Figure 165: Citation word processor

Transfusion-related Fatality Tracking window

Transfusion-related fatalities (TRF) are tracked nationally. Only Central Office staff who are not Federal contractors, as determined from personnel records, can access TRF functionality in ACTS RO. With appropriate option/tab/button security, you (CO user) can add, modify, and delete TRF records, and access related intakes. For Lab-related and Both Lab and Hospital TRFs, you can create CLIA intakes.

Fields: "Transfusion-related Fatality Tracking", on page 426



CBER Number	Facility Name	Attachments	Type	Initial from FDA	Date of Death	Notes	Cause
12-072		Attach...	05 CBER# Placeholder	10/17/2012		Notes	
13-003		Attach...	01 FYI-Only	10/23/2012	10/13/2012	Notes	TRALI
13-005		Attach...	01 FYI-Only	10/26/2012	10/24/2012	Notes	TRALI
13-006		Attach...	01 FYI-Only	10/30/2012	10/30/2012	Notes	TRALI
13-007		Attach...	01 FYI-Only	11/05/2012	07/21/2012	Notes	TRALI
13-009		Attach...	01 FYI-Only	11/08/2012	11/07/2012	Notes	Bacterial Contamination
13-010		Attach...	01 FYI-Only	11/09/2012	11/06/2012	Notes	TRALI
13-011		Attach...	01 FYI-Only	11/15/2012	11/09/2012	Notes	TRALI
13-012		Attach...	01 FYI-Only	11/20/2012	10/14/2012	Notes	Other
13-013		Attach...	01 FYI-Only	11/23/2012	11/15/2012	Notes	Bacterial Contamination
13-015		Attach...	01 FYI-Only	12/03/2012	11/21/2012	Notes	TRALI
13-016		Attach...	01 FYI-Only	12/05/2012	11/25/2012	Notes	Other
13-018		Attach...	01 FYI-Only	12/06/2012	11/26/2012	Notes	Unknown
13-022		Attach...	01 FYI-Only	01/09/2013	12/30/2012	Notes	TRALI
13-023		Attach...	01 FYI-Only	01/15/2013	01/12/2013	Notes	Bacterial Contamination
13-025		Attach...	01 FYI-Only	01/18/2013	01/17/2013	Notes	Hemolytic (Immune)

Figure 166: Transfusion-related Tracking window

Transfusion-related Fatality window

You use the Transfusion Related Fatality window to add a record for TRFs of types 01 FYI-Only, 02 Lab-related, 03 Hospital-related, and 04 Both Lab and Hospital.

Fields: "Transfusion Related Fatality", on page 428

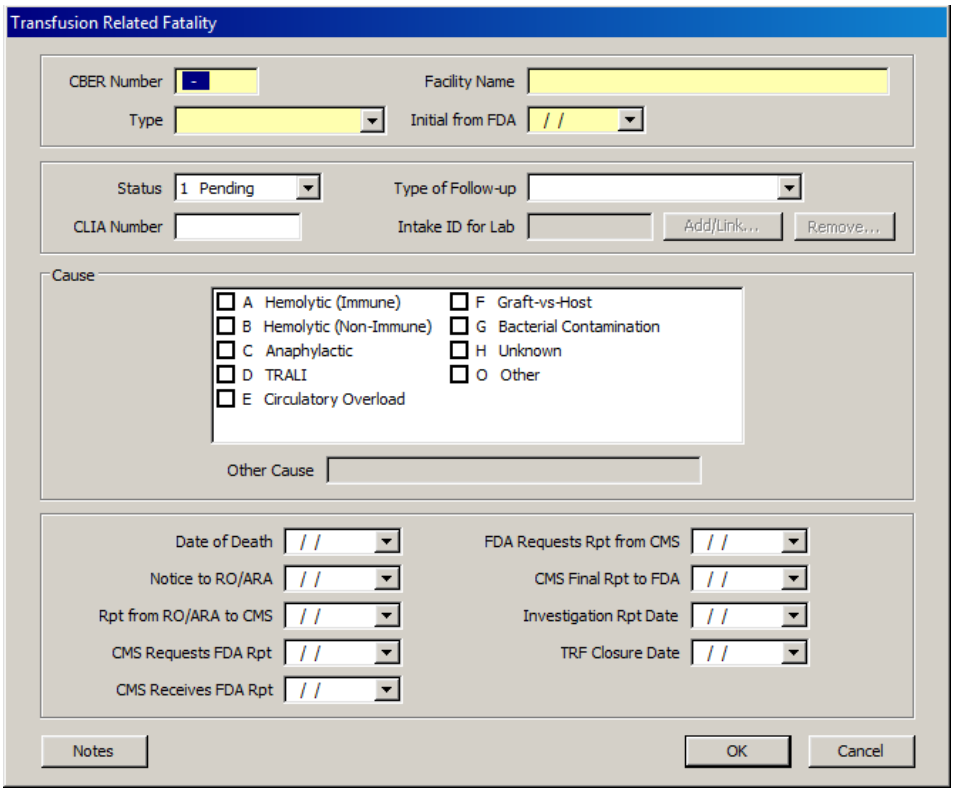


Figure 167: Transfusion Related Fatality window

Insert Missing CBER Number window

To add a TRF record for type 05 CBER# Placeholder, i.e., an FDA CBER report, you open the Insert Missing CBER Number window.

Fields: "Insert Missing CBER Number", on page 431

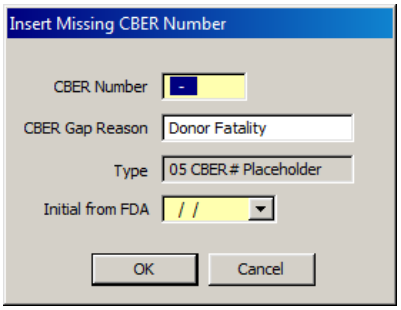


Figure 168: Insert Missing CBER Number window

Agency Maintenance window

When referring complaints/incidents, you can select an agency from the Agency Maintenance list. The agency will also be added to the letter Distribution List for the complaint/incident.

Fields: "Agency Maintenance", on page 431

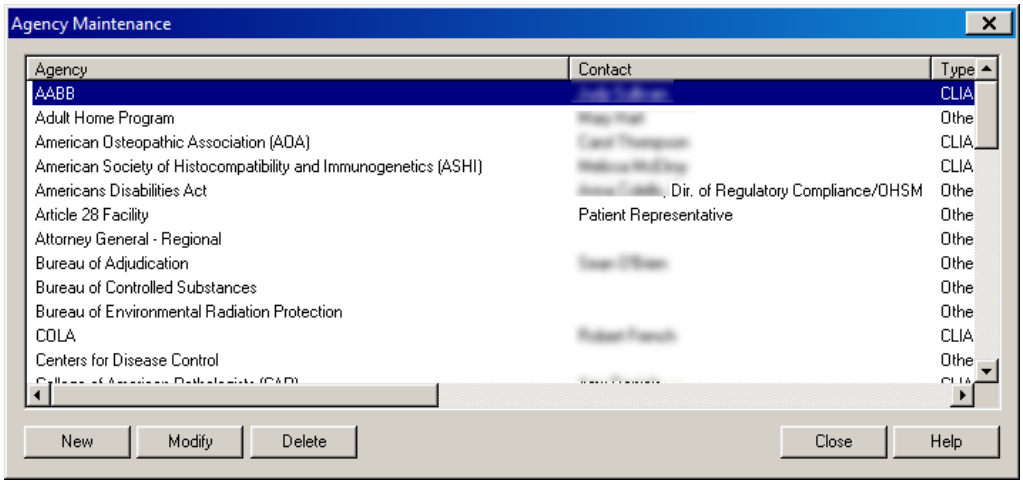


Figure 169: Agency Maintenance window

New Agency

This window opens when you click New in the Agency Maintenance window. Agency (name) is the only required field, but you need to add address information if you want ACTS to generate letters and print address labels for the agency when you select the agency as a letter recipient. You can only add agencies of Type 99 Other, which is automatically assigned.

Fields: "New Agency", on page 432

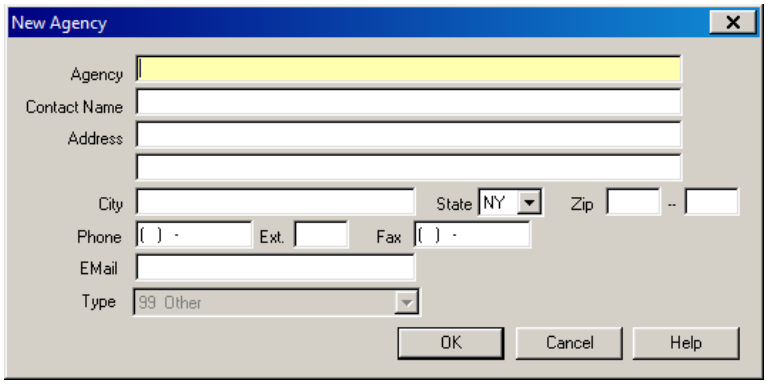


Figure 170: New Agency window

Note: If you want to add a non-99 agency, contact your RO.

Modify Agency window

You can only modify agencies of Type 99 Other. If you select an agency of another type, you will receive a message and a read-only record will appear.

Fields: "Modify Agency", on page 433

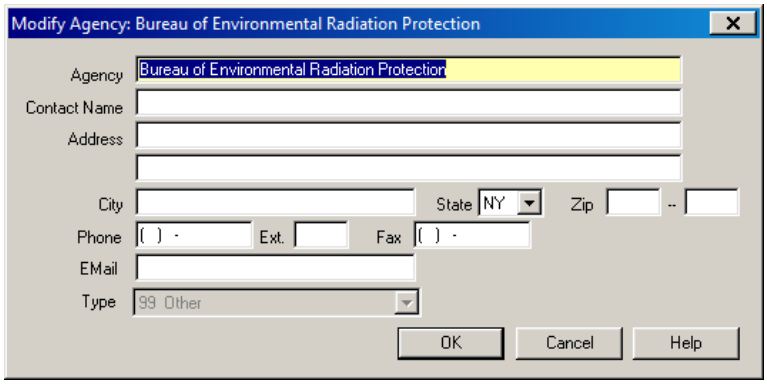


Figure 171: Modify Agency window

Note: If you want to modify information for a non-99 agency, contact your RO.

State Configurations window

Select the State Configurations option from the System menu to open this window. State Agency information prints in box 1 of the CMS-1541A form.

Fields: "State Configurations", on page 434

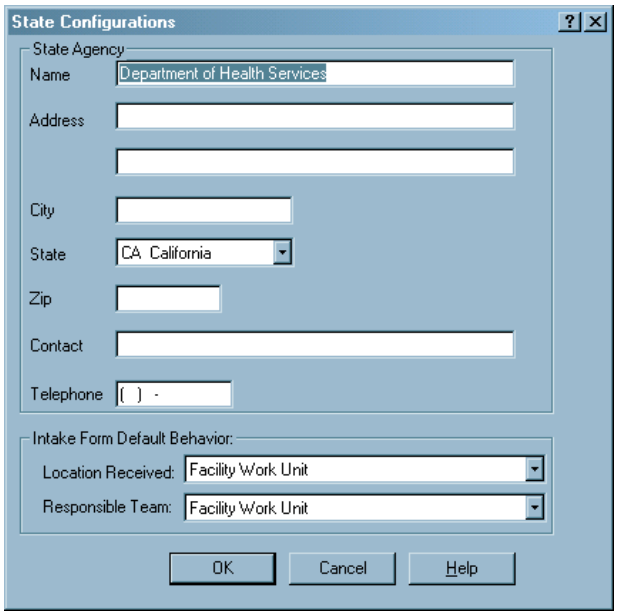


Figure 172: State Configurations window

Audit History window

Use this window to view changes, additions, and deletions to significant fields in the database.

Fields: "Audit History", on page 434

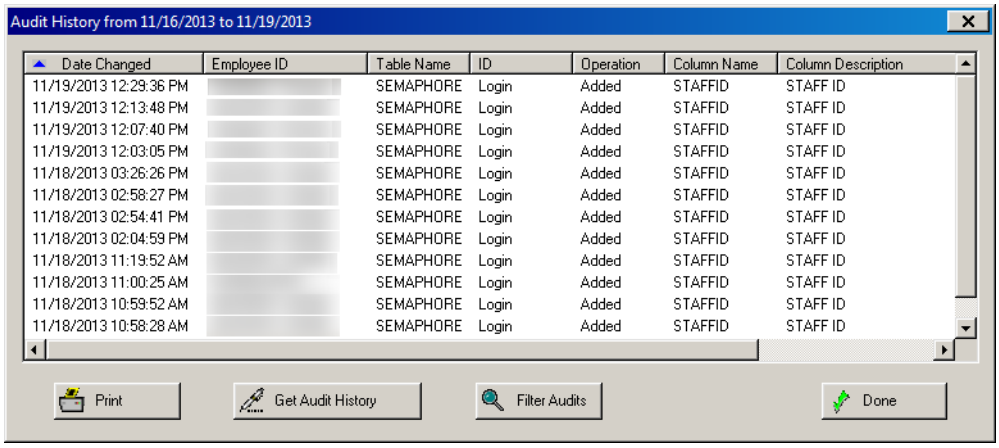


Figure 173: Audit History window

ACTS Fields and Buttons

This chapter provides detailed descriptions of the fields and buttons in ACTS. Their order corresponds to the order of the screen graphics in the previous chapter, "ACTS Screens". For each field in a screen or section of screen, the field or button name is given followed by a description.

Intake Fields

You will see the **hx** (History) button to the right of certain fields, e.g., Intake Subtype. Click it to display a history of changes to the value entered for a field in the current intake.

Intake tab

Intake Staff and Status

Intake Staff

ACTS selects State Agency, Regional Office, or Central Office depending on whether a State Agency, Regional Office, or Central Office user opens the new intake.

Note: For pre-ASPEN 10.1.7 investigations, the value selected here is entered as Receiving Component (4), on CMS-562.

Staff

Name of the staff member creating the intake. ACTS provides the name of the currently logged-in user, if the current user is in the personnel table.

To enter a different name, click Change Staff.

Change Staff

If the person opening the intake is not the currently logged-in user, this button activates the Staff field, and you can then select the correct name from the drop-down list. The personnel list is specific to the State Agency, Regional Office, or Central Office depending on the Intake Staff value. The Regional Office and Central Office Staff lists include only non-terminated staff.

Status

Status levels are determined by ACTS as the complaint/incident process progresses. New intakes are assigned a status of Triage/Prioritization. When you add or change information to certain fields in the intake, the Status value changes. These fields are indicated by a maroon flag icon.

Status levels are:

1 - Triage/Prioritization

2 - Pending RO Approval

3 - Pending Review/Assignment

4 - Under Investigation

5 - Investigation Completed

6 - Forwarded to RO/CO

7 - Pending SA Finalization

8 - Closed

CLIA Certificate

The section appears only on CLIA intakes.

Certificate at Time of Alleged Event

Required. CLIA certificate held at the time of the alleged event that led to the complaint. The RO Approval tab is enabled or disabled depending on the value selected here.

Options are:

- Compliance
- Registration (Compliance)
- Waiver
- Accreditation
- Registration (Accreditation)
- PPMP
- No Current Active Certificate
- No CLIA Number

The RO Approval tab is enabled if one of the following is selected:

- Waiver
- Accreditation

- Registration (Accreditation)
- PPMP

For CLIA intakes created prior to March 27, 2006 (ASPEN 8.6 release date), a confirmation message appears if you select a value here other than Accreditation or Registration (Accreditation) if Certificate Type on the RO Approval tab is Accreditation.

Cert Inquiry

Click to open the CLIA Certificate Inquiry window and view details of certificate history for the lab such as certificate status, type, and dates.

You can also click the Inquiry button at the bottom of the Intake screen to open the CLIA Certificate Inquiry window. This button is available across all tabs (CLIA only).

Assignment

Intake Type

Required. Drop-down list of intake types. Most reports can be filtered by Intake Type.

CLIA - Read-only for all CLIA intakes. Defaults to 01 Complaint for all new CLIA intakes. For CLIA incidents created prior to March 27, 2006 (ASPEN 8.6 release date), Intake Type remains 02 Entity Reported Incident.

Intake Subtype

Required. The choices vary depending on your selection for Intake Type.

If an investigation is disapproved for a deemed provider (RO Response on the Deemed tab), Intake Subtype cannot be A Federal COPs, CFCs, RFPs, EMTALA, CLIA.

CLIA - CLIA-specific subtypes are listed. The default is A Federal COPs, CFCs, RFPs, EMTALA, CLIA.

Received by

Optional. Method by which the intake was received.

Location Received

Work unit that received the complaint/incident report. If a work unit has been assigned to the provider in ASPEN Central Office, ACTS enters that team as the default for this field. You can also select a work unit from the drop-down list.

In ACTS, you can use the Facility Properties right-click option in Tree view to see what work unit is assigned to a facility. To change it, you must go to ACO/ARO (Facility Properties window | Associations tab | Supervisory | Work Unit).

State Complaint ID

Optional. States can enter state-defined internal complaint/incident tracking numbers. This field is disabled in Regional Office mode.

CIS Number

Optional. You can enter a CMS Customer Inquiry System number, if there is one.

External Control #

Optional. Usually used to record a referring agency's control number.

CBER ID

CLIA - Optional, numeric. YY-XXX, where YY is the last two digits of the fiscal year and XXX is a sequential number, starting with 001. TRF record number assigned by FDAs Center for Biologics Evaluation and Research (CBER).

Responsible Parties

List of SA, RO, and CO staff members who are to be responsible for the intake and their email address. These individuals will receive a "Responsible for" action item message, and the intake will be listed under each staff member's Action Items node on the Staff tab.

When an intake is first created, the intake's creator is made a responsible party automatically. There must always be at least one responsible party for any given intake. Intake creators cannot remove themselves from the list of responsible parties until they assign someone else.

If none of the responsible parties has an email address entered, an overridable message appears for intakes created on or after 07/01/2014.

Add S.A.

Button displays a list of SA staff members from which you can select an individual to add to the Responsible Parties list.

Add R.O.

Click to display a list of RO staff members from which you can select an individual to add to the Responsible Parties list.

Add C.O.

Enabled only in ACTS RO. Click to display a list of CO staff members from which you can select an individual to add to the Responsible Parties list.

Delete

Deletes the selected individual from the Responsible Parties list.

Management Unit

The management unit responsible for the provider as specified in the Management Unit field on the Associations tab of the Facility Properties window in ACO/ARO.

Responsible Team

The work unit that is to be responsible for the intake. If a work unit has been assigned to the provider in ASPEN Central Office and your state has configured that as the default for this field, ACTS enters that team here. Otherwise, the field is blank. You can select a work unit from the drop-down list.

The date the Responsible Team is selected is printed as the Assigned Date on some reports. Responsible Teams is one of the filters available when you print ACTS reports.

In ACTS, you can use the Facility Properties right-click option in Tree view to see what work unit is assigned to a provider. To change it, you must go to ACO/ARO (Facility Properties window | Associations tab | Supervisory | Work Unit). You can also change the default behavior for Responsible Team (System menu | State Configurations). The default can be either the work unit assigned to the provider in ACO, or no value (blank).

Complainants tab

Last, First Name

Every intake must have at least one complainant.

SA – Type in the last and first name of the complainant, then click Find/Add.

You can type a portion of the last and/or first name and click Find/Add to see a list of names that start with the same letters.

Type an asterisk (*), then click Find/Add to see a list of all names in the directory.

RO – ROs cannot search the Complainants directory.

Find/Add (SA), Add (RO)

SA – Click Find/Add to locate and add complainant name to the intake.

ACTS first searches to see if this name is already in the ACTS directory. If it is not, you can try a new search using a different spelling of the name, or click New to add the individual to the directory.

RO – Click Add to open the Complainant Directory Input window.

Add Anonymous

Adds an anonymous complainant to the intake. The ACTS directory contains five records for complainants named ANONYMOUS ANONYMOUS that you can use when one or more complainants is anonymous. An anonymous complainant is not the same as a complainant who wishes to remain anonymous.

Delete

Deletes the selected complainant. Click in the appropriate row to select a complainant.

Complainants grid

Lists all the complainants linked to the intake. All complainants are included on reports. All complainants are included on the Distribution List for notifications.

Once a complainant has been added:

Click Modify in the applicable row (or double-click the row) to change information about a complainant. You cannot modify an anonymous complainant (identified as ANONYMOUS ANONYMOUS).

Anonymous, Primary, and Relationship information can be entered directly:

Anonymous

Indicate whether or not the complainant wants to remain anonymous. There is no functionality connected with what you select here. This is not the same as an anonymous complainant (identified as ANONYMOUS ANONYMOUS).

Primary

Select to indicate the primary complainant. The primary complainant's name is shown in ACTS List view.

The Primary checkbox must be selected and the Anonymous checkbox must be blank in order for the Complainant Address macro to pull the primary complainant address into letters/notices. If the Anonymous checkbox is selected, only the State code will display for the address field.

Relationship

Indicates the relationship of each complainant to a resident/patient/client for information purposes. Also referenced by the letter macro (merge code) Complainant Relationship (Primary), which inserts the primary complainant's Relationship into a letter.

Link ID

ACTS-assigned reference number that ties a complainant to a particular intake.

Residents/Patients/Clients tab

Last, First Name

Optional. Type in the last and first name of the resident/patient/client, then click Find/Add.

You can type a portion of the last and/or first name and click Find/Add to see a list of names that start with the same letters.

Type an asterisk (*), then click Find/Add to see a list of all names in the directory.

RO - ROs cannot search the Residents/Patients/Clients directory.

Find/Add (SA), Add (RO)

SA - Click Find/Add to locate and add the name of the resident/patient/client to the intake.

ACTS first searches to see if the name is already in the ACTS directory. If it is not, you can try a new search for a different spelling of the name, or click New to add the individual to the directory.

RO - Click Add to open the Resident/Patient/Client Directory Input window.

Delete

Deletes the selected resident/patient/client. Click in the appropriate row to select a resident/patient/client.

Residents/Patients/Clients grid

Lists all the residents/patients/clients linked to the intake.

Once a resident/patient/client has been added:

Click Modify in the applicable row (or double-click the row) to add or change personal information. Only the title and name are visible to Regional Offices.

You can enter Admitted date, Discharged date, Location, and Room directly on the grid. Admitted must be earlier than or equal to the Discharged date and Date of Death (if entered on the Death Associated with the Use of Restraints/Seclusion grid on the Allegations tab).

For Hospital intakes only:

- Admitted is required (but overridable) if a resident/patient/client is added to the D/R/S grid on the Allegations tab. It is entered as Date of Admission on the D/R/S grid.
- When Date of Death is specified in the D/R/S grid or window, it is entered as the Discharged date unless a date is already present.

The optional Admitting Diagnoses field is included only on post-ASPEN 9.1 (Received End Date is 12/07/2007 or later) Hospital and PRTF intakes.

Link ID is an ACTS-assigned reference number that ties a resident/patient/client to a particular intake.

Alleged Perpetrators tab

The Alleged Perpetrators tab is not displayed in ACTS RO or in CLIA intakes.

Last, First Name

Optional. Type in the last first name of the alleged perpetrator, then click Find/Add.

You can type a portion of the last and/or first name and click Find/Add to see a list of names that start with the same letters.

Type an asterisk (*), then click Find/Add to see a list of all names in the directory.

Find/Add

Locates and adds the name of the alleged perpetrator to the intake.

ACTS first searches to see if the name is already in the ACTS directory. If it is not, you can try a new search for a different spelling of the name, or click New to add the individual to the directory.

Delete

Deletes the selected alleged perpetrator from the intake. Click in the appropriate row to select an alleged perpetrator.

Alleged Perpetrators grid

Lists all the alleged perpetrators linked to the intake.

Click Modify in the applicable row (or double-click the row) to add or change information about an alleged perpetrator.

Link ID is an ACTS-assigned reference number that ties an alleged perpetrator to a particular intake.

Click Alias to enter aliases used by the alleged perpetrator.

Select Complainant or ...

This window may be titled Select Complainant Name, Select Resident/Patient/Client Name, or Select Alleged Perpetrator.

None of these windows is displayed in ACTS RO. Select Alleged Perpetrator is not displayed in CLIA intakes.

Last, First Name

The text you initially entered on the Complainants, Residents/Patients/Clients, or Alleged Perpetrators tab is brought forward. You need to supply both names before you can add the name to the directory, but you can search for partial entries, or for a variety of spellings in either field.

Search

Searches the directory for the text entered in the Name fields.

Names grid

After you click Search this area lists all names that match the text entered in the Last and First Name fields. For complainants, there is additional information. You can double-click a name to add it to the intake, or click Select next to the name.

Select

Click this button next to a name to add that individual to the intake.

Modify

Click this button next to a name to open the applicable Directory Input window for that individual so you can make changes.

New

Click this button to add the name entered in the Last and First Name fields to the directory. This opens the applicable Directory Input window so you can enter additional information.

Complainant Directory Input

Title

Optional. Select a title from the drop-down list.

First Name, Last Name

Required. Text you entered in the Search fields on the Complainants tab is brought forward (SA only).

Address, City, State Zip

Optional. Used by ACTS letter macros (merge codes) and Distribution List to generate letters to the complainant.

Phone Numbers and E-Mail Address

Optional. Provide contact information if available.

Resident/Patient/Client Directory Input

Title

Optional. Select a title from the drop-down list.

Medicaid

Enter the resident’s/patient’s/client’s Medicaid number if known.

First Name, Last Name, and Middle Initial

First and Last Name are required. Text you entered in the Search fields on the Residents/Patients/Clients tab is brought forward (SA only).

Gender

Provide if known. Not available to ROs.

Alleged Perpetrator Directory Input

ROs cannot access this window, nor can it be accessed from CLIA intakes.

First Name, Last Name

Required. Text you entered in the Search fields on the Alleged Perpetrators tab is brought forward.

Title

Optional. Select a title from the drop-down list.

Address, City, State, Zip, Phone

Optional. Provide available information.

License #

Optional. Provide professional license number if known.

Alleged Event Information

Date

Required on intakes created on or after 05/02/2011 for Transplant Hospitals only. Use the drop-down arrow to select a date from the Select Date window.

Time

Optional. Enter the time of the event.

AM/PM

Required if Time is entered. Select AM/PM from the drop-down list.

Shift

Optional. Enter the shift when the event occurred.

Source

Source

Required. Select up to three options that best describe the source(s) of the complaint/incident report. If you select 02 Entity Reported Incident as the Intake Type, 02 Entity Self-Reported is automatically selected as a Source, unless you select 4 Reported by other agencies as the Intake Subtype.

ACTS provides numerous Source options to improve reporting capability. The 23 available options are cross walked to the five options that national accepts.

For pre-ASPEN 10.1.7 investigations, the code numbers of up to three cross-walked sources print in Item 6A, Source of Complaints, on CMS-562. For example, if the only source selected on linked intake(s) cross walks to Facility Employee/Ex-Employ, then “3” prints in the box for 6A.1. When more than one intake is linked to an investigation, ACTS combines the cross-walked source types from all the intakes and prints code numbers of the three unique sources with the lowest code numbers, i.e., highest priority.

Response Information

Priority

Required for upload, but you can temporarily override the requirement. Used in calculation of the default value for 8. Action, on the Investigation Properties tab. The system-calculated value can be overridden by selecting another value from the Action drop-down list. Only authorized users can enter a value.

High priority complaints/incidents (A - IJ) appear in red in the List view.

CLIA – CLIA-specific Priority options are displayed. On CLIA intakes created prior to March 27, 2006 (ASPEN 8.6 release date), any non-CLIA options that were selected are also displayed. However, CLIA and non-CLIA priorities cannot be combined. High priority CLIA complaints (Q - IJ) do *not* appear in red in the List view.

You can also specify Priority on the Allegations tab, as well as on the Deemed or RO Approval tab, when applicable. The Priority section is enabled or disabled as appropriate for the circumstances. Certain combinations are not allowed; error messages will appear.

If you enter Priority during initial intake, the Status of the complaint/incident changes from 1 Triage/Prioritization to 3 Pending Review/Assignment unless the intake is EMTALA and/or Deemed, or CLIA RO Approval.

Note: You cannot change priority to referral only (F, G, or T–for CLIA) on an intake that is already linked to an investigation.

More ...

"Priority" on page 463
"ACTS Status Levels and Detail Upload Triggers" on page 462

Investigate within ___ days

Determined by assigned Priority. Required after you specify Priority(s) and for finalization if a Priority of A-D is selected, or Q or R for CLIA intakes. Enter the number of days, working or calendar, as appropriate. CO personnel can use this section if necessary.

Can also be entered on the Allegations, Deemed, or RO Approval tab, as available.

Calculate

Click if you want ACTS to calculate the Investigation Due By date based on the "Investigate within" value. Select Working Days or Calendar Days as the basis of the calculation, and Received Start or Received End Date as the starting point for the calculation as appropriate.

ACTS excludes weekends and Federal holidays (Christmas, Columbus Day, Independence Day, etc.) in its working days calculations. Received End is the default start date for the calculation unless Priority is A - IJ, in which case Received Start is the default.

Investigation Due By

Required after you select Priority(s) and for finalization if a Priority of A-D is selected, or Q or R for CLIA intakes. The Due By date is determined by adding the "Investigate within" value to the Received End Date (see next section).

Enter manually, based on working or calendar days as appropriate, or click Calculate (see above) if you want ACTS to calculate the date for you.

If you change the Received End Date, you should recalculate the Due By date.

Can also be entered on the Allegations tab.

EMTALA – When an investigation is approved, ACTS enters the date 5 working days after the date of RO approval, i.e., EMTALA RO Response Date on the EMTALA tab, as the Investigation Due By date. If you manually change the Due By date to a date more than 5 working days later than the EMTALA RO Response Date, the system assumes you plan to grant an extension and issues an overridable message when you leave the Intake tab and also the Allegations and EMTALA tabs.

Received and Related Intakes

Start Date and Time

Required. The date and time information about the complaint/incident was first received, by whatever method. Defaults to the date and time the intake was first opened in ACTS. The user-specified date range for the TRF Complaints and Transfusion Related Adverse Events reports references the Start Date.

If you enter a date later than the date the intake was first opened, you will receive a message when you attempt to go to another tab, use the function buttons at the bottom of the intake, or close the intake. You must change the date to be the same as or later than the date the intake was created.

End Date and Time

Required. Defaults to the date and time the intake was first opened in ACTS. Received End Date is provided separately for those instances when there is a lag between the day the complaint/incident report was initially received (Received Start Date), and the date there was sufficient information to prioritize the intake.

A number of reports and other ACTS functions that reference Received Date use the End Date. Used to calculate the Investigation Due By date.

You can specify Received End Date and Time on either the Intake or the Allegations tab, as well as the Deemed or RO Approval tab, as available.

Click Here to Associate

Opens the Intakes Associated With window, which lists other intakes for the same provider.

You can select intakes “related” to the current intake, that is, intakes concerning similar issues, but not part of the same investigation. This is not the same as linking an intake to an investigation. This information is included on the Intake and Investigation reports to advise surveyors that related intakes exist.

The checkbox above this button indicates whether the intake has others related to it.

Intakes Associated With

Unrelated Intakes

Other intakes involving the provider that have not been associated with the current intake.

Related Intakes

Intakes that have been associated with the current intake. Associated intakes are listed on the Intake and Investigation reports, but information is not combined unless the intakes are linked to the same investigation.

Move Right

Select an intake, then click this button to move the intake from the Unrelated Intakes list box to the Related Intakes list box.

Move Left

Select an intake, then click this button to move the intake from the Related Intakes list box to the Unrelated Intakes list box.

Notes

Notes, Extended RO Notes, Extended CO Notes

State Agencies can use the Notes text editor to record relevant comments about the intake. If the intake is generated from a Hotline call, Hotline notes are imported into this area when the intake is generated. You can copy and paste text here, and format it using the buttons at the top of the text editor.

Extended RO Notes and Extended CO Notes are visible to state users, but can be modified only by RO and CO personnel respectively. The RO and CO text editors also have buttons to apply formatting.

Use the Import button to import text from other document files. When you click this button, ACTS opens the default WPBackupDir, where timed backups for the text entered in the Notes panes are stored. You can Browse to the location of the file you want to import.

Click Notes... at the bottom of the intake window to open the Notes word processor, which contains text entered in the Notes panes.

Questions to Remember

These questions remind you of information to request from callers. Questions 1-14 are provided by ACTS and cannot be modified. States can add additional questions: from the System menu, select Letter Management, select the Show Views checkbox, then open the State Prompts letter for editing.

Click Insert Questions into Notes to insert the Questions to Remember prompts into the Notes text editor pane. The questions are not inserted into either Extended Notes pane.

Allegations tab

Allegations and Deficiencies

Allegations grid

Lists allegations made. Every intake must include at least one allegation unless the Priority of the intake is H - No Action Necessary. Use the Add, Modify, and Delete buttons to maintain the list (see below).

Order created

Allegations are listed in ascending order, from first to last, entered as indicated by the ascending numbers in this column.

Details

Button opens the Allegation word processor to the Details pane. Add or modify allegation details.

Category

Allegation type.

Subcategory

Allegation subcategory.

Note: States can add or modify most subcategories as desired.

Findings

Determination resulting from the investigation. A finding must be entered (in the Allegation Input window) for each allegation. This field is not required if the intake's Priority is set to E, F, G, or H and the intake is not linked to an investigation.

Find txt

Button opens the Allegation word processor to the Findings: Non-confidential pane. Add or modify findings text.

Program Type

Transplant Hospitals only. Transplant program associated with the allegation.

Seriousness

Level of severity of the allegation.

Deficiencies

Tags cited during the investigation that are linked specifically to this Button.

Add

Opens the Allegation Input window so you can add a new allegation.

Modify

Opens the Allegation Input window for the selected allegation.

Delete

Deletes the selected allegation. Click in the appropriate row to select an allegation to delete.

Link Deficiencies

Links tags cited in the investigation to specific allegations, providing valuable information for reports. This button is enabled only if citations have been entered for the investigation.

Select an allegation, then click this button to open the Assign Aspen Tags to Allegation window. Memo tags 0000 and 9999 are excluded from the list of cited Federal tags that are available for linking. However, all cited state licensure tags are listed including memo tags.

When you select a tag to link, you can optionally append the tag's citation text to the allegation’s Findings text. You can link the same deficiency to more than one allegation.

Note: For Transplant Hospital intakes created on or after 05/02/2011, a current transplant program must be specified for each allegation before you can link deficiencies. The list of tags for each allegation is limited to those that have the same program assigned as the allegation.

Deficiencies section

These checkboxes are selected by ACTS based on the tags cited in the investigation. The Federal and State Deficiencies checkboxes are selected when Federal and state tags are cited. Federal and state tags cited are considered Unrelated until they are linked to a specific allegation.

Note: If only tags 0000 or 9999 in a state regulation set are cited, the State Deficiencies and Unrelated State Deficiencies checkboxes will not be selected.

Allegation Input

Intake ID

Read-only when opened from an individual intake. The unique intake ID number that is generated by ACTS. If you open this window from Investigation Properties->Survey View, you will need to specify the Intake ID for the allegation you are adding.

Category

Required. Select the appropriate allegation category from the drop-down list. The values on this list are determined by CMS Central Office and cannot be modified by SAs or ROs. The list varies according to provider type.

CLIA - For intakes created prior to March 27, 2006 (ASPEN 8.6 release date), any non-CLIA category that was selected is also displayed.

Subcategory

Optional for most provider types in most circumstances (exceptions noted below). Subcategory options change according to the selected Category.

Subcategory is required for the following:

- Post-ASPEN 10.1.1 Transplant Hospital intakes (created on or after 05/02/2011). Optional on pre-ASPEN 10.1.1 TH intakes.
- CLIA intakes, except for Category 72 Facility Administration/Physical Environment, which does not have any subcategories.
- EMTALA allegations.
- Any allegation with Category = Transplant on a Hospital, ESRD, or OPO intake.

You can customize subcategories for many allegation categories. From the System menu, select Lookup Tables, then Allegation Subcategories. CLIA categories (70-80) cannot be customized at all and EMTALA subcategories can be added, but not modified.

Seriousness

Optional. Select the level of severity. Default options are: 1 Minor, 2 Moderate, 3 Critical. Users can customize this list: from the System menu, select Lookup Tables | Standard Lookups (No to message) | COMP_ALG - COMPLAINT ALLEGATIONS | SERIOUS.

Transplant Program Type

Transplant Hospitals only. Required for finalization on intakes created on or after 05/02/2011. Select an associated transplant program for each allegation. Only one program can be specified for an allegation. If necessary, create additional allegations with the same category but different program types.

You will receive a message if you select a transplant program that is not current for the provider or if Surveyed is set to No as per the Transplant Programs tab of the most recent certification kit at the time of intake receipt. A program is considered current if it is listed in the Transplant Program Summary section and Status is: Applied but not Surveyed, Survey in Progress, or Program Approved. If a transplant program was not in effect on the applicable certification kit, the program is not considered current, even if it is in effect on a more recent certification kit. The value for Surveyed is also set in the Transplant Program Summary section.

Findings

This field is not required if the intake's Priority is set to E, F, G, or H and the intake is not linked to an investigation. Otherwise, it is required. Choices are Substantiated and Unsubstantiated.

Note: If Federal deficiencies are linked to the allegation and the finding is Unsubstantiated, an overridable warning is issued that the finding must be Substantiated.

Findings Qualifiers

The options here depend on whether the allegation was Substantiated or Unsubstantiated. You can select more than one, although some combinations are not permitted:

If the allegation is **Substantiated**, the options are:

A Federal deficiencies related to alleg are cited

B State deficiencies related to the alleg are cited

C No deficiencies related to the alleg are cited

D Referral to appropriate agency

Note: A and B - one or both can be selected. A and/or B can be selected along with D. C and D can be selected together. C can never be selected with A and/or B. D alone cannot be selected.

ACTS will issue an overridable warning if:

- Federal deficiencies are linked to the allegation and the finding is Substantiated, but the qualifier A Federal deficiencies … is NOT selected.
- Federal deficiencies have NOT been linked to the allegation and the finding is Substantiated, but the qualifier A Federal deficiencies … is selected.

If the allegation is **Unsubstantiated**, the options are:

A Allegation [i.e., the alleged situation or event] did not occur

B Lack of sufficient evidence

C Referral to appropriate agency

Note: A cannot be selected with B. Both A and C can be selected. Both B and C can be selected. C alone cannot be selected.

Assign Aspen Tags

Dfcy Text

Button opens the Citation word processor, where you can add or edit text related to the deficiency. Deficiency text added in Citation Manager is displayed here. You can also access regulation text and interpretive guidelines. If you link the deficiency to an allegation, you can optionally transfer this text to the allegation's Findings text.

Regulation Set

Lists the Regulation Set for the tag cited.

Selected

Select this checkbox to link the tag to the selected allegation (shown in the title bar of the window). A message asks if you want to also append the tag's text to the allegation's findings. If you do append the text to Findings, it will not be deleted if you later unlink the tag.

Note: Investigation survey upload (automatic or manual) is prevented unless all allegations with linked Federal deficiencies (other than 0000 or 9999) have Findings set to Substantiated.

Tag

Tag number.

Title

Tag title.

S/S

Scope/Severity rating, when applicable.

When a Severity/Scope change is made for a tag anywhere in ASPEN, and the tag currently exists on a revisit survey, a warning notification appears informing users that the tag may require updating on that revisit survey as well.

Death Associated with the Use of Restraints/Seclusion grid

This grid is enabled when you select allegation category 05 - Restraint/Seclusion - Death in the Allegations section above. You can provide certain relevant details and reporting dates by clicking in the appropriate cells.

The fields that are present/enabled/required depend on provider type and whether the intake is pre- or post-ASPEN 9.1 and, for Hospitals, pre- or post-ASPEN 10.1.5. For pre-ASPEN 9.1 intakes, the Received End Date is prior to 12/07/2007; for post-ASPEN 9.1 intakes, the Received End Date is 12/07/2007 or later. The Received End Date for pre-ASPEN 10.1.5 intakes is prior to 07/28/2013; for post-ASPEN 10.1.5 intakes, it is 07/28/2013 or later.

Patient

Required. Click in the cell and select from the drop-down list. The names on this list are the names of Residents/Patients/Clients entered on the Intake tab.

Death type

Required. Restraint, Seclusion, or Both.

Reported

Required. The date the death was reported.

Date of Death

Required. Date the death occurred. Must be earlier than the Received Start Date on the Intake tab and later than Admitted/Date of Admission (Intake tab/DRS grid-Hospitals only). Discharged date for the resident (Residents/Patients/Clients grid on the Intake tab) is set to this date unless a date is already present.

Date of Birth

Present on post-ASPEN 9.1 Hospital and PRTF intakes (Received End Date is 12/07/2007 or later). Required on post-ASPEN 9.1 Hospital intakes only: The birth date of the patient.

Modify

Button opens the Death Associated with the Use of Restraints/Seclusion window, where you can enter additional details about the episode. You must complete the required fields on the grid before you can open the window. Some fields appear in both the grid and window; you can complete most of these fields in either place.

Setting

Urban or Rural. Automatically set based on the MSA county code in QIES for the provider.

Delete

Button deletes the record.

AO Notify

Date the Accrediting Organization was notified of the death. Not present on post-ASPEN 9.1 Hospital intakes.

To P&A

Date the state Protection & Advocacy agency was informed of the death. For post-ASPEN 10.1.5 Hospital intakes, this is the RO Sent to P&A date from the D/R/S window; for all other D/R/S intakes, it is the Facility Sent to P&A date.

RO Notify

Date the Regional Office was notified of the death.

CO Notify

Date the CMS Central Office was notified of the death.

SA Notify

Date the State Agency was notified of the death.

Date of Admission

Post-ASPEN 10.1.5 Hospital intakes only. Read-only. Admitted date entered from the Residents/Patients/Clients grid on the Intake tab. This date must be earlier than or equal to the Discharged date on the Intake tab and Date of Death on the D/R/S grid.

Request RO Determination and Date (SA only)

Post-ASPEN 10.1.5 Hospital intakes only. Enabled only if intake status is 3 or less. Not applicable and always disabled in ACTS RO; also disabled in ACTS on all pre-ASPEN 10.1.5 Hospital intakes.

Select this checkbox if you want the RO to review the Restraints/Seclusion - Death allegation to determine whether an investigation is necessary. Today’s date is automatically entered.

When this checkbox is selected, a “Death-Rstrnt/Sclsn, Request Determntn” action item message is sent to the responsible RO and CO staff member(s), or, if none is designated, to all RO staff members in the region as well as all CO users.

If this checkbox is selected and there is no corresponding RO Determination, you are prevented from finalizing the intake unless Priority is Referral-Immediately or Referral-Other.

When you use the Change Facility option to reassign an intake, the Request for RO Determination is not reassigned to the new provider.

RO Determination and Date (RO only)

Hospital only. Indicate whether an investigation is needed or not.

On pre-ASPEN 9.1 intakes (Received End Date is prior to 12/07/2007), select 01 to approve a Standard F survey or 02 to approve a survey other than Standard F. Select 03 No Standard F Survey - No Survey Needed to disapprove an investigation.

On post-ASPEN 9.1 intakes (Received End Date is 12/07/2007 or later), the two available options are: 04 RO Authorized, 05 RO Unauthorized.

Today's date is automatically entered.

When the RO Determination is entered, a "Death-Rstrnt/Sclsn, RO Response" action item is sent to all SA Responsible Parties assigned to the intake. If you select 04 RO Authorized and no SA Responsible Parties are assigned, you will receive a message.

Note: When RO Determination is set to RO Unauthorized, an investigation survey is not required and Priority is automatically set to H, even if there are other allegations. Investigation Due By date is not required in this case.

Death Associated with the Use of Restraints/Seclusion window

You must complete the required fields on the grid before you can open the window. The fields that are present/enabled/required depend on provider type and whether the intake is pre- or post-ASPEN 9.1 and also, for Hospitals, pre- or post-ASPEN 10.1.5.

For pre-ASPEN 9.1 intakes, the Received End Date is prior to 12/07/2007; for post-ASPEN 9.1 intakes, the Received End Date is 12/07/2007 or later. The Received End Date for pre-ASPEN 10.1.5 intakes is prior to 07/28/2013; for post-ASPEN 10.1.5 intakes, it is 07/28/2013 or later.

Patient

Read-only. Entered from D/R/S grid.

Medicaid Number

Read-only. Patient's Medicaid number from Resident/Patient/Client Input.

Date of Birth

Enabled on post-ASPEN 9.1 Hospital and PRTF intakes. Required on post-ASPEN 9.1 Hospital intakes only. The birth date of the patient. Entered from D/R/S grid.

Was a Two-Point Soft Wrist Restraint used alone …

Hospital only. Present on ASPEN 9.1-10.1.4 intakes only; not present on post-ASPEN 10.1.5 intakes.

Select No or Yes. If Yes, ACTS automatically populates the following fields as indicated:

- Death Type = 01 Restraint
- Type of Restraint = 05 Physical
- Physical Restraint(s) = 02-Two Point, Soft Wrist Restraints
- Was restraint/seclusion used to manage violent or self-destructive behavior? = No

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Note: You will receive a message if you change the automatically set value for any of these fields.

Death Type

Required. Restraint, Seclusion, or Both. Entered from D/R/S grid, but can be updated here. Set to Restraint if Was a Two-Point Soft Wrist Restraint used alone … is Yes (not applicable on post-ASPEN 10.1.5 Hospital intakes).

When did patient die

Hospital only. Enabled and required on post-ASPEN 9.1 intakes only. Select the appropriate option:

- While in Restraint, Seclusion, or Both
- Within 24 hours of Removal of R, S, or Both
- Within 1 week, Where R, S or Both Contrib to Death

Cause of Death

Hospital and PRTF. Enabled and required on post-ASPEN 9.1 intakes only. Enter the cause of death.

Date of Death

Required. Date the death occurred. Entered from D/R/S grid, but can be updated here. Discharged date for the resident (Residents/Patients/Clients grid on the Intake tab) is set to this date unless a date is already present.

Time of death

Optional. Enabled on post-ASPEN 9.1 Hospital and PRTF intakes. The time the death occurred.

Reported

Required. The date the death was reported. Entered from Death Associated … grid, but can be updated here.

SA Notify

Optional. Can be entered here or on the grid. The date the State Agency was notified of the death.

RO Notify

Optional. Can be entered here or on the grid. The date the Regional Office was notified of the death.

CO Notify

Required for PRTF, disabled for Hospital, optional for all other provider types. Can be entered here or on the grid. The date the CMS Central Office was notified of the death.

AO Notify

Optional. Field not present on post-ASPEN 9.1 Hospital intakes. Can be entered here or on the grid. The date the Accrediting Organization was notified of the death.

Facility Sent To P&A

Date the state Protection & Advocacy agency was informed of the death. Entered on the grid as the To P&A date.

For intakes created between ASPEN 9.1 and 10.1.3 releases (Received End Date between 12/07/2007 and 07/28/2012), disabled for Hospitals and enabled for all other provider types.

Note: On post-ASPEN 10.1.5 Hospital intakes, this field is named RO Sent to P&A (see below).

RO Sent To P&A

On post-ASPEN 10.1.5 Hospital intakes only, the one field in the Verify that P&A has current DUA with CMS section. Date the RO informed the state Protection & Advocacy agency of the death. Entered on the grid as the To P&A date.

Restraint/Seclusion Ordered Date/Time

Optional. Field not present on post-ASPEN 9.1 Hospital intakes. Enter the date and time that the restraint/seclusion was ordered.

Restraint/Seclusion Ordered By

Optional. Field not present on post-ASPEN 9.1 Hospital intakes. Select the appropriate option.

Staff Involved Trained in Use of Emergency Safety Interventions

Optional. Field not present on post-ASPEN 9.1 Hospital intakes. Select Yes or No.

Resident Evaluated Immediately After Restraint Removed/Removed from Seclusion

Optional. Field not present on post-ASPEN 9.1 Hospital intakes. Select Yes or No.

For This Current Episode

Note: Section not present on post-ASPEN 10.1.5 Hospital intakes.

Restraint/Seclusion First Applied date/Time

Optional on ASPEN 9.1-10.1.4 Hospital intakes; not present on post-ASPEN 10.1.5 Hospital intakes. Disabled for all other provider types.

Patient Last Monitored Date/Time

Required for PRTF. Optional for all other provider types. Not present on post-ASPEN 10.1.5 Hospital intakes.

Length of Time In Restraints/Seclusion

Required for all provider types *except* for Hospital. Cannot be less than 1 minute. Located in the Optional Voluntary Information section in post-ASPEN 10.1.5 Hospital intakes.

Monitor Method

Hospital and PRTF. Enabled only if Death Type is Both, or (Hospital only) if Manage violent behavior? (Destructive Behavior section) is Yes.

Not present on post-ASPEN 10.1.5 Hospital intakes.

Destructive Behavior

Note: Section not present on post-ASPEN 10.1.5 Hospital intakes.

Last Patient Assessment Date/Time

Optional. Enter the date and time the patient’s condition was last assessed. Not present on post-ASPEN 10.1.5 Hospital intakes.

Questions

Hospital only. Select Yes or No. Manage violent behavior? is located in the Optional Voluntary Information section on post-ASPEN 10.1.5 Hospital intakes.

Optional Voluntary Information

Post-ASPEN 10.1.5 Hospital intakes only. Replaces the Current Episode and Destructive Behavior sections.

Length of Time In Restraints/Seclusion

Optional. Cannot be less than 1 minute.

Note: Field located in For This Current Episode section for intakes other than post-ASPEN 10.1.5 Hospital.

Manage violent behavior?

Optional. Select Yes or No.

Note: Field located in Destructive Behavior section for intakes other than post-ASPEN 10.1.5 Hospital.

Restraint

Type of Restraint required for Hospitals only. Set to 05 Physical if Was a Two-Point Soft Wrist Restraint used alone … is Yes (not applicable on post-ASPEN 10.1.5 Hospital intakes).

Drug Used as Restraint

Hospital and PRTF. Post-ASPEN 9.1 intakes only. For Hospitals, two fields are enabled if Type of Restraint is 04 Drug or 06 Simultaneous Physical/Drug. Drug Name is required, Dosage is optional. For PRTFs, there are four fields and all are enabled and required if Type of Restraint is 04 Drug.

Physical Restraint(s)

Hospital only. On ASPEN 9.1 intakes only, the Physical Restraint(s) list is enabled and at least one option must be selected if Type of Restraint is 05 Physical or 06 Simultaneous Physical/Drug. On post-ASPEN 10.1.5 intakes, at least one option must be selected if Type of Restraint is 05 Physical.

Automatically set to Two Point, Soft Wrist Restraints if Was a Two-Point Soft Wrist Restraint used alone … is Yes (not applicable on post-ASPEN 10.1.5 Hospital intakes). If you select only Two Point, Soft Wrist Restraints on a post-ASPEN 10.1.5 Hospital intake, a message indicates you need to select another option.

Reasons for Restraint/Seclusion or Notes

Hospital and PRTF. Called Notes on post-ASPEN 10.1.5 Hospital intakes. Specify the reasons the restraint/seclusion was ordered.

Response Information

Priority

Required for upload. Used to calculate the default value for 8. Action. The system-calculated value can be overridden by selecting another value from the Action drop-down list on the Investigation Properties tab.

High priority complaints/incidents (A - IJ) appear in red in the List view.

CLIA – CLIA-specific Priority options are displayed. On CLIA intakes created prior to March 27, 2006 (ASPEN 8.6 release date), any non-CLIA options that were selected are also displayed. However, CLIA and non-CLIA priorities cannot be combined. High priority CLIA complaints (Q - IJ) do *not* appear in red in the List view.

You can also specify Priority on the Intake tab, as well as the Deemed or RO Approval tab, as applicable. Authorized users can enter or update a value on any of the tabs. The priority section is enabled or disabled as appropriate for the circumstances.

More ...

"Priority" on page 463

Investigate within ___ days

Determined by assigned Priority. Required after you specify Priority(s) and for finalization if a Priority of A-D is selected, or Q or R for CLIA intakes. Enter the number of days, working or calendar as appropriate.

Can also be entered on the Intake tab.

Calculate

Button calculates the Due By date based on the "Investigate within" value; select Working Days or Calendar Days as appropriate. ACTS excludes weekends and Federal holidays (Christmas, Columbus Day, Independence Day, etc.) in its working days calculations.

Investigation Due By

Required after you select Priority(s) and for finalization if a Priority of A-D is selected, or Q or R for CLIA intakes. The Due By date is determined by adding the "Investigate within" value to the Received End Date (see below).

Enter manually, based on working or calendar days as appropriate, or click Calculate (see above) if you want ACTS to calculate the date for you.

If you change the Received End Date, you should recalculate the Due By date.

Can also be entered on the Intake tab.

EMTALA - When an investigation is approved, ACTS enters the date 5 working days after the date of RO approval, i.e., EMTALA RO Response Date on the EMTALA tab, as the Investigation Due By date. If you manually change the Due By date to a date more than 5 working days later than the EMTALA RO Response Date, the system assumes you plan to grant an extension and issues an overridable message when you leave the Allegations tab and also the Intake and EMTALA tabs.

Received End Date and Time

Required. Defaults to the date and time the Intake tab was first opened in ACTS.

Received End Date is provided in addition to Received Start Date on the Intake tab for those instances when there is a lag between the day the intake information was initially received and the day there was sufficient information to prioritize the intake.

A number of reports and other ACTS functions that reference Received Date use the End Date.

You can specify Received End Date and Time on either the Allegations or the Intake tab, as well as the Deemed or RO Approval tab, when available.

Contact/Refer tab

Contact/Witnesses

Contact/Witnesses: Grid

Lists contacts/witnesses linked to the current intake, with name and optional address and phone information. Also indicates possible witnesses.

More ...

Fields: Add/Modify Contact/Witness

Contact/Witnesses: Buttons

Add

Opens the Add Contact/Witness window, for entry of information about a new contact.

Modify

Select a contact, then click this button to open the Modify Contact/Witness window so you can change information.

Delete

Select a contact, then click this button to delete the record from the Contact/Witnesses list.

Add/Modify Contact/Witness

First, Last Name

Required.

Title

Optional. Enter if known.

Address, City, State, Zip

Provide available information.

Phone Numbers, Email

Optional. Provide contact information if available.

Possible Witness

Select if applicable.

Referral Details

Referral Details: Grid

Lists outside agencies to which the complaint/incident was referred, with relevant referral and reporting dates. Background color of date fields is white if the referral was by the SA, blue if by the RO, orange if by the CO.

Agency

Agency to which the complaint/incident was referred. Click Add to open the Select Agency for Referral window and then select the agency.

Contact Name

Person at the referral agency to contact about the referred intake. To change the contact person in the master agency record, select Lookup Tables from the System menu, then Agency Maintenance.

Date Referred

Date the referral was made to the outside agency.

Due Date

If the outside agency is expected to supply further information concerning the intake, this is the date the report is due.

Agency Visit

If the outside agency visits the provider named in the intake, this is the visit date.

Report Received

If a report is received from the outside agency, this is the date that the report was received.

Address, Phone, Ext, Fax, EMail

Contact information for the outside agency. To update these details in the master record, select Lookup Tables from the System menu, then Agency Maintenance.

SA/RO/CO

Indicates whether the referral was by the SA, RO, or CO, i.e, whether an SA, RO, or CO user created the referral record.

Referral Details: Buttons

Add

Opens the Select Agency for Referral window, so you can select the agency to which you are referring the intake.

If you want to add agencies to the list in the Select Agency for Referral window, select Lookup Tables from the System menu, then Agency Maintenance.

Remove

Select an agency and click Remove to delete the agency from the list.

EMTALA tab

EMTALA

Create EMTALA Allegation

Click the checkbox to add an allegation category of 21- EMTALA (Patient Dumping) allegation to the Allegations tab.

This action also activates EMTALA Request for RO Approval (unless the intake status is already greater than 3), EMTALA RO Response, and the Type of Emergency area.

Note: You must also select an allegation subcategory in the EMTALA Allegations section.

To clear the Create EMTALA Allegation checkbox, you have to remove the EMTALA allegation on the Allegations tab.

EMTALA Request for RO Approval and Date (SA only)

Enabled only if the intake status is less than or equal to 3 - Pending Review/Assignment.

Select this checkbox to request RO Approval for an EMTALA investigation and enter the Date of the request. This date is included on the Investigation Report and Intake Information report for EMTALA intakes.

This action sends an EMTALA RO Approval Requested action item to the responsible RO staff member(s), or to all RO users in the region if no responsible RO staff member is specified. Intake status changes to 2 - Pending RO Approval, unless the status is already 2 or higher.

When you use the Change Facility option to reassign an intake, EMTALA Request for RO Approval is not reassigned to the new facility.

EMTALA RO Response and Date (RO only)

Required for finalization *unless* Priority = Referral-Immediately or Referral-Other. Indicate whether the investigation is Approved or Disapproved, and enter the Date of the response. This date is included as RO Approval/Disapproval Date on the Investigation Report and Intake Information report for EMTALA intakes.

If Approved, the intake status changes to 3 - Pending Review/Assignment (unless the status is already 3 or higher) and the Investigation Due By date is set to 5 working days after the EMTALA RO Response Date. An RO Response action item message is sent to the responsible SA staff member(s).

Note: ACTS excludes weekends and Federal holidays (Christmas, Columbus Day, Independence Day, etc.) in its working day calculations.

If you manually change the Due By date on an approved intake to a date more than 5 working days later than the EMTALA RO Response Date, the system assumes you plan to grant an extension and issues an overridable message when you leave the Intake, Allegations, and EMTALA tabs.

If Disapproved, intake Status is re-calculated as if there had been no request for RO approval.

If an intake is both EMTALA and Deemed, Status (on the Intake tab) changes to Pending Review/Assignment only after an RO response is entered on both the EMTALA and Deemed tabs.

If an EMTALA RO Response is entered, whether Approved or Disapproved, SA personnel cannot delete the intake. RO personnel can delete such intakes.

Extension Granted Until (RO only)

Date extension expires. Extensions should be granted only if there are extenuating circumstances.

Type of Emergency

Required for finalization *unless* Priority = Referral-Immediately or Referral-Other. The SA can select the Type(s) of Emergency that it thinks should be investigated. The RO can add or remove items.

RO Determination (RO only)

Enabled when Forwarded to RO/MSA is selected on the Actions/Close tab. Required for finalization if the EMTALA RO Response = Approved *unless* Priority = Referral-Immediately or Referral-Other. Options are:

01 EMTALA Violation

02 No EMTALA Violation

03 Decision Pending

04 Past Violation No Termination

If this value is changed, the fields below it in the EMTALA section may be cleared out and disabled.

Note: Only the RO can link deficiencies to an EMTALA allegation if RO Determination has been entered.

RO Confirmed Violation (RO only)

Enabled and required if RO Determination is 01 EMTALA Violation or 04 Past Violation No Termination. Once the investigation is complete, enter the date here. Date may be cleared if you change RO Determination.

RO Confirmed No Violation (RO only)

Enabled and required if RO Determination is 02 No EMTALA Violation. Once the investigation is complete, enter the date here. Date may be cleared if you change RO Determination.

23 day Termination Track (RO only)

Checkbox and date field. Enabled if RO Determination is 01 EMTALA Violation unless the 90 day Termination Track box is already selected. When the checkbox is selected, a default date is automatically entered; it is the date 23 calendar days after the RO Confirmed Violation date. The date can be changed; it must be on or after the Received End Date.

23 Day Conversion (RO only)

Checkbox and date field. Checkbox enabled only when 23 day Termination Track checkbox is selected. Then the date field is enabled and populated with the date 67 calendar days after the 23 day Termination Track date. The date can be changed; it must be on or after the Received End Date.

90 day Termination Track (RO only)

Checkbox and date field. Enabled if RO Determination is 01 EMTALA Violation unless the 23 day Termination Track box is already selected. When the checkbox is selected, a default date is automatically entered; it is the date 90 calendar days after the RO Confirmed Violation date. The date can be changed; it must be on or after the Received End Date.

Resolution (RO only)

Required for finalization if the EMTALA RO Response = Approved *unless* Priority = Referral-Immediately or Referral-Other. Disabled if RO Determination is 03 Decision Pending.

After the investigation, select the appropriate option from the drop-down list. Options are: 01 Facility in Compliance, 02 Facility Terminate. 02 is available only if RO Determination is 01 EMTALA Violation.

The current value may be cleared if you change RO Determination.

Imposed Termination (RO only)

Enabled only when Resolution is 02 Facility Terminate. When enabled, this field is required for finalization and either 23 day or 90 day Termination Track must be selected.

Enter date of facility termination, if applicable. Cannot be before:

Received End Date

90 day Termination date if present, or if not

23 Day Conversion date if present, or if not

23 day Termination date if present

Extension Granted Until (RO only)

If you are granting an extension, enter this date. Extensions should be granted only if there are extenuating circumstances. Enter the reason for the extension in the Extended RO Notes text editor on the Intake tab.

Referred to QIO (RO only)

The RO selects this checkbox if the investigation results are to be sent to the Quality Improvement Organization for review. This activates the date fields below.

Once an intake is Finalized/Closed, it cannot be modified with one exception: RO or CO users can modify EMTALA fields in closed intakes if this checkbox is selected.

QIO Review Dates (RO only)

Enter dates as appropriate to track the QIO review process.

Referred to OCR (RO only)

If the RO refers the intake to the Office of Civil Rights (OCR), enter the date here.

EMTALA Allegations (link to Allegations on Allegation Page)

Checkbox list of EMTALA allegation subcategories. Read-only for SAs if the intake status is greater than or equal to 3 - Pending Review/Assignment.

Required when enabled and you select Create EMTALA Allegation. An overridable message appears when you exit the EMTALA tab if you do not select an option.

Select a subcategory from this list to specify the subcategory for the EMTALA allegation added to the Allegations tab when you selected the Create EMTALA Allegation checkbox. To create another EMTALA allegation on the Allegations tab, select another subcategory here.

If you de-select a subcategory in this list, the corresponding allegation is automatically deleted on the Allegations tab. However, if either allegation Description or Findings text is present, you will receive an error message. In that case, you can delete the allegation from the Allegations tab, if appropriate. You also must go to the Allegations tab to remove EMTALA allegations that don’t have a subcategory specified.

Signature - EMTALA

This section is enabled only in ACTS RO mode. CO personnel can use it if necessary.

Regional Administrator/Designee

Name of the RO staff member approving or disapproving the survey.

Region

Supplied by ACTS.

Comments

The RO can use this text field to enter relevant notes to the SA. 80 character limit.

Deemed tab

Deemed

Deemed for Medicare Participation

Select if an accredited provider has been granted deemed status. The default for providers that can be deemed is the setting for Deemed on the latest 1539 for the provider in ACO, i.e., if Deemed = Yes, this checkbox is selected, and if No, this checkbox is not selected. You can change the setting here, but the change is not reflected on the latest 1539.

When selected, the rest of the tab is activated. Providers that are accredited but not deemed are processed as if they were not accredited; the Deemed tab should not be used for these providers.

Note: If you clear this checkbox, all related fields are cleared and disabled on the Deemed tab. If Request for RO Approval is selected when you clear the Deemed checkbox, you are warned and can choose to clear the Request checkbox and date, or not.

Date of Last Accreditation Survey

Exit date of the most recent accreditation survey. This will print on CMS-2802/B/C/D/E.

Request for RO Approval and date (SA only)

Enabled only if the intake status is less than or equal to 3 - Pending Review/Assignment.

Select this checkbox if you want the RO to review the allegations to determine whether an investigation is necessary. This field is not enabled if there is already an investigation; i.e., the intake status is 4 or greater. Today's date is automatically entered. This date is included on the Investigation Report and Intake Information report for deemed intakes.

When this checkbox is selected, a Request for RO Approval action item message is sent to the responsible RO staff member(s), or, if none is designated, to all RO staff members in the region; and the Status of the intake changes to 2 - Pending RO Approval, unless the status is already 2 or higher.

If this checkbox is selected and there is no corresponding RO Response (Approved or Disapproved), you are prevented from finalizing the intake *unless* Priority = Referral-Immediately or Referral-Other.

When you use the Change Facility option to reassign an intake, the Request for RO Approval is not reassigned to the new facility.

Status

Read-only. Status levels are determined by ACTS as the intake process progresses. Triage/Prioritization is the status assigned to new intakes.

Priority

Required for upload. Used in calculation of the default value for 8. Action. The system-calculated value can be overridden by selecting another value from the Action drop-down list on the Investigation Properties tab.

High priority complaints/incidents (A - IJ) appear in red in the List view.

This field also appears on the Intake and Allegations tabs. Authorized users can enter or update a value on any of the tabs. The field is enabled or disabled as appropriate for the circumstances.

More ...

"Priority" on page 463

Received End Date and Time

Required. Defaults to the date and time the intake was first opened in ACTS.

Received End Date is provided in addition to Received Start Date on the Intake tab for those instances when there is a lag between the day the intake information was initially received and the day there was sufficient information to prioritize the intake.

A number of reports and other ACTS functions that reference Received Date use the End Date.

These fields also appear on the Intake and Allegations tabs.

Currently Deemed By

The Currently Deemed By field is read-only for states; read/write and required for ROs. It is automatically populated from the current certification kit, and must be complete before the intake can be finalized.

Note: This section is disabled on all pre-ASPEN 10.1.1 intakes (created prior to 05/02/2011).

Conditions of Participation

The Conditions of Participation that apply to the current provider type. COPs are based on condition-level tags in the regulation set(s) in effect when the intake was created.

ACTS now allows the Conditions of Participation grid on the Deemed tab to be populated by multiple regulation sets with different REG IDs.

Note: For facility types with multiple reg sets in effect (Psych Hospitals), the tags are grouped together within their regulation sets.

SAs can select the COPs that the provider may be violating and ROs can modify the list as needed. At least one COP is required for all deemed/accredited providers *unless* the intake has only Two-Point Soft Wrist Only D/R/S allegations.

At least one COP is required for Federal intakes, i.e., complaints where Intake Type is 01 Complaint and Intake Subtype is A, or incidents where Intake Type is 02 Entity Reported Incident and Intake Subtype is 1 or 2. The linked survey must include a Federal regulation set.

For Critical Access Hospital (CAH) intakes received on or after January 26, 2004 (ASPEN 7.3 release date), the COPs specific to CAHs will be displayed. For CAH intakes received prior to the ASPEN 7.3 release, Acute Care Hospital COPs will continue to be shown.

Note: Pre-ASPEN 10.1.1 intakes (created prior to 05/02/2011) include a Standards column and the pre-ASPEN 10.1.1 CMS-2802/B/C/D/E report includes standards information.

Signature, Full Survey - Deemed

This section is enabled only in ACTS RO mode. CO personnel can use it if necessary.

RO Response

Indicate whether an investigation is Approved or Disapproved.

When you enter a value here, intake status changes to 3 - Pending Review/Assignment, unless the status is already 3 or higher.

If an intake is both EMTALA and Deemed, Status (on Intake tab) changes to Pending Review/Assignment only after an RO response is entered on both the EMTALA and Deemed tabs.

If the investigation is Disapproved, Intake Subtype (on the Intake tab) cannot be A Federal COPs, CFCs, …

If Deemed for Medicare Participation is selected, RO Response is required for finalization and investigation survey upload (automatic or manual) *unless* Priority is Referral-Immediately or Referral-Other.

This field is required for Federal intakes, i.e., complaints where Intake Type is 01 Complaint and Intake Subtype is A, or incidents where Intake Type is 02 Entity Reported Incident and Intake Subtype is 1 or 2. The linked survey must include a Federal regulation set.

If an RO Response is entered, whether Approved or Disapproved, SA personnel cannot delete the intake. RO or CO personnel can delete such intakes.

Regional Representative

Name of the RO staff member making the determination.

If Deemed for Medicare Participation is selected, Regional Representative is required for finalization and investigation survey upload (automatic or manual) *unless* Priority is Referral-Immediately or Referral-Other; *or* the intake has only Two-Point Soft Wrist Only D/R/S allegations.

This field is required for Federal intakes, i.e., complaints where Intake Type is 01 Complaint and Intake Subtype is A, or incidents where Intake Type is 02 Entity Reported Incident and Intake Subtype is 1 or 2. The linked survey must include a Federal regulation set.

Region

Supplied by ACTS.

If Deemed for Medicare Participation is selected, this field is required for finalization and investigation survey upload (automatic or manual) *unless* Priority is Referral-Immediately or Referral-Other.

Date

Date RO signed the response. Today's date is inserted when the RO Response field is filled. You can change the date if necessary.

This date is included as RO Approval/Disapproval Date on the Investigation Report and Intake Information report for deemed (non-CLIA) intakes or CLIA complaints that require RO approval.

If Deemed for Medicare Participation is selected, this field is required for finalization and investigation survey upload (automatic or manual) *unless* Priority is Referral-Immediately or Referral-Other.

This field is required for Federal intakes, i.e., complaints where Intake Type is 01 Complaint and Intake Subtype is A, or incidents where Intake Type is 02 Entity Reported Incident and Intake Subtype is 1 or 2. The linked survey must include a Federal regulation set.

Comments

Use this text field to identify additional areas for the SA to review. 80 character limit.

Cross-Reference

Shows the event ID and exit date of the survey selected as the cross-reference to the current intake.

Find

Button opens the Find Cross Reference window, which lists surveys for the current provider. Select one to be the cross-reference to the current intake.

Clear

Button removes the current Cross-Reference.

Provider/Supplier's State Survey Jurisdiction History

CoPs out of compliance, State Survey Jurisdiction is required ...

Message displays in red when the complaint investigation linked to the intake has out-of-compliance COPs and the intake is not already linked to a State Survey Jurisdiction process.

Effective Date

Effective date of the State Survey Jurisdiction process. Calculated as the exit date of the earliest survey related to the State Survey Jurisdiction process.

These surveys must contain one or more condition-level citations. A single state monitoring process can include both complaint investigation and certification surveys.

Compliance Date

Latest correction date across qualifying citations for all surveys related to the State Survey Jurisdiction process.

Calculated by the system for State Survey Jurisdiction records created in ASPEN 10.1.3 release (07/28/2012) or later. Can be entered by RO in State Survey Jurisdiction Detail window for historical (pre-ASPEN 10.1.3) state monitoring records.

Return to AO Date

Entered from State Survey Jurisdiction Detail window.

Date the provider was returned to AO Jurisdiction. Must be on or after Compliance Date.

Systems Improvement Agreement Date

Entered from State Survey Jurisdiction Detail window.

Date provider entered into Systems Improvement Agreement with CMS to fix problems and avoid closure.

State Survey Jurisdiction for this Survey

Selected if the current intake is linked to the State Survey Jurisdiction record.

Start New State Survey Jurisdiction

Enabled when the intake has out-of-compliance CoPs, is not already linked to a State Survey Jurisdiction record, and there are no other open State Survey Jurisdiction records for the provider.

Press this button to create a new State Survey Jurisdiction record.

View Details

Press this button to open the State Survey Jurisdiction Detail window and view/enter detailed information for the selected State Survey Jurisdiction record.

State Survey Jurisdiction Detail

Effective Date

Effective date of the State Survey Jurisdiction process. Calculated as the exit date of the earliest survey related to the State Survey Jurisdiction process.

These surveys must contain one or more condition-level citations. A single state monitoring process can include both complaint investigation and certification surveys.

Compliance Date

Latest correction date across qualifying citations for all surveys related to the State Survey Jurisdiction process.

Calculated by the system for State Survey Jurisdiction records created in ASPEN 10.1.3 release or later. Can be entered by RO for historical (pre-ASPEN 10.1.3) state monitoring records.

Return to AO Date

Date the provider was returned to AO Jurisdiction.

Enabled in ACTS RO only and only if Compliance Date is entered. Must be on or after Compliance Date.

Systems Improvement Agreement Date

Enabled in ACTS RO only. Date provider entered into Systems Improvement Agreement with CMS to fix problems and avoid closure.

Surveys on this State Survey Jurisdiction record

Lists all surveys linked to the process at the intake and certification kit level. The record in the Provider/Supplier’s State Survey Jurisdiction History grid shows only the starting survey for the process.

Remove Survey

Click to remove the selected survey from the State Survey Jurisdiction when COP deficiencies are corrected. i.e.,the condition cites must have correction dates.

Enabled in ACTS RO only for historical (pre-ASPEN 10.1.3) state monitoring records.

RO Approval tab

Certificate

Certificate Type

CLIA certificate that applies to the complaint. Options are:

Blank

Waiver

Accreditation

PPMP

This field and other fields on the RO Approval tab are enabled if the value for Certificate at Time of Alleged Event on the Intake tab is one of the following:

- Waiver
- Accreditation
- Registration (Accreditation)
- PPMP
- No Current Active Certificate

Certificate at Time of Alleged Event determines the value auto-entered here. No Current Active Certificate results in the selection of Blank; select the appropriate value to enable the other fields on the RO Approval tab.

When RO Response is entered in the Signature section, this field is disabled in SA mode; however, it remains enabled in RO mode.

Date of Last AO Inspection

Most recent AO survey date. Auto-entered and updated via the Nightly Extract. Populated only when Certificate Type is Accreditation.

AO Details

Click to access a read-only history of accreditations, confirmed by the AO(s) or not, and AO surveys. The data is provided and updated via the Nightly Extract.

Request for RO Approval and date (SA only)

Enabled only if the intake status is less than or equal to 3 - Pending Review/Assignment and Certificate Type is specified (not blank).

Select this checkbox if you want the RO to review the allegations to determine whether an investigation is necessary. This field is not enabled if there is already an investigation; i.e., the intake status is 4 or greater. Today’s date is automatically entered. This date is included on the Investigation Report and Intake Information report for CLIA complaints that require RO Approval.

When this checkbox is selected, a Request for RO Approval action item message is sent to the responsible RO staff member(s), or, if none is designated, to all RO staff members in the region. The Status of the intake changes to 2 - Pending RO Approval, unless the status is already 2 or higher.

If this checkbox is selected and there is no corresponding RO Response (Approved or Disapproved), you are prevented from finalizing the intake *unless* Priority is Non-CLIA Referral.

When you use the Change Facility option to reassign an intake, the Request for RO Approval is not reassigned to the new facility.

Status

Read-only. Status levels are determined by ACTS as the CLIA complaint process progresses. New intakes are assigned a status of Triage/Prioritization.

Priority

Required for upload (automatic or manual). Disabled if Certificate Type is not specified (blank). Used in calculation of the default value for 8. Action on the Investigation Properties tab. The system-calculated value can be overridden by selecting another value from the Action drop-down list.

CLIA-specific options are displayed. On CLIA intakes created prior to March 27, 2006 (ASPEN 8.6 release date), any non-CLIA options that were selected are also displayed. However, CLIA and non-CLIA priorities cannot be combined. High priority CLIA complaints Q - IJ do *not* appear in red in the List view.

This field also appears on the Intake and Allegations tabs. Authorized users can enter or update a value on any of the tabs. The field is enabled or disabled as appropriate for the circumstances.

More ...

"Priority" on page 463

Received End Date and Time

Required. Defaults to the date and time the intake was first opened in ACTS. Disabled if Certificate Type is not specified (blank).

Received End Date is provided in addition to Received Start Date on the Intake tab for those instances when there is a lag between the day the intake information was initially received and the day there was sufficient information to prioritize the intake.

A number of reports and other ACTS functions that reference Received Date use the End Date.

These fields also appear on the Intake and Allegations tabs.

Currently Deemed By

This section is disabled on all CLIA intakes.

Areas to Investigate

Select areas of the lab's operations to be investigated. Areas listed depend on the Certificate Type. Blank and disabled if Certificate Type is not specified (blank). At least one Area is required for finalization when RO Response = Approved.

SAs can select those Areas that the lab may be violating. Regional Office personnel can modify the list as needed. This information is included on CMS-2802A.

When RO Response is entered in the Signature section, this grid is disabled in SA mode; however, it remains enabled in RO mode.

Comments/Specialties/Subspecialties

When an Area is selected, the corresponding row in this section is enabled. Enter relevant comments; specify specialties/subspecialties as needed. This information is included on CMS-2802A.

Signature, Full Survey - RO Approval

This section is enabled only in ACTS RO mode. CO personnel can use it if necessary.

RO Response

Indicate whether a CLIA complaint investigation is Approved or Disapproved. Disabled if Certificate Type is not specified (blank).

When you enter a value here, intake status changes to 3 - Pending Review/Assignment, unless the status is already 3 or higher.

This field is required for finalization and investigation survey upload (automatic or manual) *unless* Priority is T - Non-CLIA Referral or the intake was created by RO/CO.

If an RO Response is entered, whether Approved or Disapproved, SA personnel cannot delete the intake. RO personnel can delete such intakes.

Regional Representative

Name of the RO staff member making the determination. Disabled if Certificate Type is not specified (blank).

This field is required for finalization and investigation survey upload (automatic or manual) *unless* Priority is T - Non-CLIA Referral or the intake was created by RO/CO.

Region

Supplied by ACTS. Can overwrite unless Certificate Type is not specified (blank). This field is required for finalization and investigation survey upload (automatic or manual) *unless* Priority is T - Non-CLIA Referral or the intake was created by RO/CO.

Date

Date RO signed the response. Today's date is inserted when an RO Response is selected. You can change the date if necessary unless Certificate Type is not specified (blank).

This field is required for finalization and investigation survey upload (automatic or manual) *unless* Priority is T - Non-CLIA Referral or the intake was created by RO/CO.

Comments

Use this text field to identify related areas for the SA to review. 80 character limit. Disabled if Certificate Type is not specified (blank).

Cross-Reference

Shows the event ID and exit date of the survey selected as the cross-reference to the current intake.

Find

Opens the Find Cross Reference window, which lists surveys for the current provider. Select one to be the cross-reference to the current intake.

Clear

Removes the current Cross-Reference.

Activities tab

Activities grid

A list of activities associated with the intake, such as on and offsite contacts, reviews, and notifications. The Activities list can be used both as a scheduling tool and to record the history of the intake process. When activities are added, action item messages are sent to assigned SA and RO staff.

Activities added to the list by the RO are light blue.

More ...

Fields: Define Activity (below)

Activities: Buttons

Add

Button opens the Define Activity window, where you can add a new activity to the list.

Modify

Button opens the Define Activity window for the selected activity, so you can make changes.

Delete

Button deletes the selected investigation activity.

Comments

Record additional details about the activity.

Define Activity

Activity

Read-only. Intake ID of the current intake.

Type

Required. Select the Type of activity from the drop-down list.

Sent

Required. The date the activity is originated. This date is included on the Investigation Report.

Due

Optional. Date by which the activity should be completed.

Completed

Enter a date here after the activity is finished. This date is included (as the End date) on the Investigation report.

When a Completed date is entered for an activity, the status of related action items is automatically changed from Open to Closed.

Staff

Required. To add a staff member, click the appropriate button under the Staff grid (see below), and select an individual or team from the drop-down list in the Add Activity Recipient window.

When you add an individual, the activity is added to that person's action items. If you add a team, all team members are added to the Staff grid and will receive an action item for the activity.

Only one individual listed in the Staff grid can be designated the Responsible Party. The Activities grid on the Activities tab lists the Responsible Party for the activity.

When you use the Change Facility option to reassign an intake, Activity Action Items are not reassigned. You should determine whether existing activities need to be reassigned to staff at the new facility.

Add S.A.

Button adds (assigns) an SA staff member to the activity and as a recipient of the related action item message.

Add R.O.

Button adds (assigns) an RO staff member to the activity and as a recipient of the related action item message.

Add Team

Button adds (assigns) a team to the activity. All team members will be added to the Staff grid and will receive the related action item message.

Remove

Button removes (de-assigns) the selected Staff member from the activity. All members of an assigned team must be removed individually.

Investigation tab

Investigation and Survey

Show All Surveys
Exclude Revisits/Follow-ups

Button toggles the display to show all surveys of the current provider, except any recycled in ACO, or exclude revisits/followups since they can't be linked independently to the intake. Revisits/followups, except revisit(s) associated with the Selected survey, are excluded by default.

Investigation and Survey grid

Lists surveys for the current provider. The investigation survey and any revisits linked to the intake are purple.

You can add or modify information in the white cells. If you want to make changes to other information, use the function buttons under the grid.

You may need to scroll to the right to see all fields. The fields you can edit directly for the Selected (linked) survey are:

Selected

Select this checkbox to link a survey to the intake. The linked survey will be used to investigate allegations in the intake. Only one survey can be linked to an intake, i.e., there can be only one Selected survey. The linked investigation survey and associated revisits are highlighted in purple.

You cannot link an intake to a survey when intake priority is Referral-only (F, G, or T–for CLIA). If any other priority code is selected along with F, G, or T, it is not considered a referral-only intake and can be linked to a survey.

Note: If a complaint/incident involves both Health and LSC allegations, you can create two intakes, one for the Health allegations and the other for the LSC allegations and link a Health survey and an LSC survey, respectively. The surveys can have the same exit date.

Adm SignOff

ePOC: Automatically entered by ePOC for surveys posted to ASPEN Web: ePOC. Set to the date when the facility has submitted a Plan of Correction for all deficiencies on a survey that require a POC.

ACTS: Date the administrator signed the POC.

Enabled only if there are correctable citation(s). Can also be entered on the Investigation Properties tab (Investigation Properties->Survey View) and in the Survey Properties window.

It is required for upload to national if:

- All linked intakes are deemed and at least one condition-level Federal tag is cited for the complaint survey.
- Any linked intake is not deemed and at least one Federal deficiency other than 0000 or 9999 with Scope/Severity > A is cited for the complaint survey.

NH: Not required for upload when only Past Noncompliance (PNC) tags are present (with or without memo tags 0000 and 9999).

2567 Issued

ePOC: Automatically entered by ePOC for surveys posted to ASPEN Web: ePOC. Set to the current date as soon as the SA/RO posts (releases) the survey to the ePOC facility web site.

ACTS: Date CMS-2567 (Statement of Deficiencies) was sent to the provider. Automatically updated if user manually changes SOD Sent Date in POC Properties (ePOC-related screen).

You will receive a message if you enter this date and the survey has no correctable citations. You can choose to retain the 2567 date and allow revisit scheduling anyway, or not.

This is a shared field that is also seen on the Investigation Properties tab (Investigation Properties->Survey View) and in the Survey Properties window (as SOD Sent).

POC Track

Use only for surveys of facilities that are not ePOC-enabled. For ePOC-enabled facilities, pressing the POC Track button opens the POC Properties window.

Enabled when a 2567 Issued date is entered. Opens the POC Tracking window where you can enter dates and notes relevant to the POC tracking process. You can also open the Notices History window.

POC Approved

ePOC: Automatically entered by ePOC for surveys posted to ASPEN Web: ePOC.

ACTS: Read-only. Date the POC was approved by the investigating agency.

Automatically entered here when POC Status Date is entered in the POC Tracking window if POC Status is Accepted.

<CaseID>

NH, HHA, CLIA. Button opens the indicated enforcement case (case ID is on button), which is related to the selected complaint/incident investigation.

Fed Defic

Selected if survey includes citations of federal tags.

State Defic

Selected if survey includes citations of state tags.

Hearing/Settlement

NH, HHA

Click the ellipsis button to open the Hearing/Settlement window, which displays changes to citations that resulted from hearings and settlements. You can enter or change the Revised 2567 Date. All other information is read-only; it can be entered or changed in AEM.

If a tag is changed or removed as a result of a hearing/settlement, the original tag will not be printed on survey forms or reports. Citations with a Hearing /Settlement status of 01, 03, 06, 07, 08, 09, or 10, or 12 (HHA only) are included in uploads to national. Citations with a status of 02, 04, or 05 are not uploaded.

The status code definitions follow.

01 None – Appeal not requested for the citation. This is the default Hearing/Settlement status.

02 Appealed – Appeal requested but not completed for the citation. Tags with a status of 02 are not included in uploads.

03 No Change – IDR/Independent IDR performed, state determines no change warranted.

04 Tag Change – Hearing/Settlement determined citation should be moved to different tag. The other direct resolution option is disabled for the tag. The original tag is considered removed and a new tag cited. Original tag will not be printed on survey forms.

05 Tag Removed – Hearing/Settlement determined tag should be removed. The other direct resolution option is disabled for the tag. Original tag will not be printed on survey forms.

06 S/S Change – Hearing/Settlement determined new Scope/Severity level warranted. New S/S value will be printed on survey forms.

07 Examples Removed/ ... – Hearing/Settlement determined evidence should be changed.

08 S/S Change/Examples Removed/ ... – Combines 06 & 07.

09 New Tag – Hearing/Settlement determined a new citation is warranted.

10 Appeal Withdrawn – Provider withdrew appeal request before hearing.

11 Result of Tag Change – Status assigned to tag that replaced a tag with IDR/IIDR Status = 04.

12 Correction Date Change – HHA only. Hearing/Settlement determined citation correction date should be changed.

IDR

The button is enabled only for the Selected survey. Click to open the Informal Dispute Resolution window and enter IDR/Independent IDR information.

Available by default for Federal NH providers, i.e., ASPEN provider types 021, 022, 023, 024. Available for state-created NH licensure subtypes such as 02L if IDR/IIDR functionality has been activated.

Available for Federal HHA providers, i.e., ASPEN provider types 051, 052 if a COP is cited. Available for state-created HHA licensure subtypes such as 05S if IDR functionality has been activated.

TIP: The system administrator can activate IDR/Independent IDR functionality for eligible provider types via the System menu in ACO/ARO (Facility Types | Type Maintenance).

If a tag is changed or removed as a result of IDR/IIDR, the original tag will not be printed on survey forms or reports. Citations with an IDR/IIDR status of 01, 03, 06, 07, 08, 09, or 10, 11 (HHA only), or 12 (HHA only) are included in uploads to national. Citations with a status of 02, 04, or 05 are not uploaded. For status code definitions, see Fields: "Survey Citation IDR/IIDR Status grid", on page 385

IDR Req Date

NH and HHA. Read-only. Date the IDR request was received from the provider. Automatically entered here when a Request Received date is entered in the Informal Dispute Resolution window.

IDR Comp Date

NH and HHA. Read-only. Date the results of the review were formally sent to the provider. Automatically entered here when a Completion date is entered in the Informal Dispute Resolution window.

Revisit Status

Used by AST. Determines which providers go on the Revisits to be Scheduled list. This is a shared value that also appears on the Investigation Properties tab (Investigation Properties->Survey View) and in the Survey Properties window.

Set by the system to 1-Required for standard surveys, and to 2-Not Required for revisits. You can manually override the auto-entered value.

When a 2567 Issued date is entered for any survey, Revisit Status is updated to 1-Required, and the survey is flagged for revisit scheduling in AST. You will receive a message if the survey has no correctable citations. You can choose to retain the 2567 date and allow revisit scheduling anyway, or not.

If an intake is finalized and Revisit Status is 1-Required for the most recent investigation revisit survey (based on exit date) associated with the intake, Revisit Status is automatically set to 2-Not Required for that revisit. If an investigation does not have any revisits, Revisit Status is not changed for the investigation.

2567/B Entry Complete

ePOC: Automatically selected when appropriate by ePOC for surveys posted to ASPEN Web: ePOC. Indicates 2567 or 2567B data entry in ASPEN is complete. Checkbox is selected when the survey is posted to ASPEN Web: ePOC if it is not already selected.

ACTS: Select this checkbox when all 2567 or 2567B data entry in ASPEN is complete. This is a shared field that also appears on the Investigation Properties tab in Investigation Properties->Survey View.

When selected, an audit record is created. The system retains the date the checkbox was first selected and the date it was last changed (selected or cleared). This audit date cannot be changed. The date is used in national performance reports.

Request for RO Approval for Revisit

When the SA enters a date in this column - for deemed providers, RO Approval CLIA labs, or a third NH revisit - a Revisit Requested action item message is sent to the responsible RO staff member(s).

RO Response and RO Response Date (RO only)

The RO can either Approve or Disapprove the revisit, and enter the date of the decision. A Response Received from RO action item message is sent to the responsible SA staff member(s).

Investigation and Survey: Buttons

New

Opens the Define Survey window so you can create a new survey. By default, ACTS selects Complaint Investig. for the Type of Survey. You can combine it with other types.

Survey Properties

Opens the Survey Properties window, where you can view or change basic information about the survey: dates, type, extent, regulations, team members. In ACTS, you can only make changes to surveys and revisits that are linked to an investigation.

Citation Manager

Opens the Citation Manager for the selected survey, so you can add, modify or view citations. In ACTS, you can only make changes to citations in surveys that are linked to an investigation.

Survey Forms

Opens the Select Form(s) to print window, where you can select CMS forms to print.

Update 670

Opens the CMS 670 Workload Detail window. You can record surveyor and office hours, and print CMS-670 from this window.

Create Revisit

Creates a revisit (followup) survey. You can create a revisit only for a survey linked to an intake (Selected on the Investigation tab) and its followups. A revisit is automatically linked to the intake.

Export

Opens the Export window. You can export any survey you select to a Transfer Location. From there, surveyors can import the survey into ASE-Q.

Email

Emails the selected investigation survey in an encrypted transfer file.

Click here for Full Investigation Properties->Survey/Upload

Opens the Investigation Properties tab of the Investigation Properties->Survey View window for a comprehensive view of information about the investigation, combining information from the current intake and other intakes linked to the investigation.

This button also provides access to the Upload tab for initiating investigation survey uploads.

Investigated by

Enabled when the intake is linked to an investigation. Required when intake Priority = A - D; R or S for CLIA intakes.

The default is the agency that initially created the intake, but you can change it. For pre-ASPEN 10.1.7 investigations, appears as Item 9, Investigated by, on CMS-562.

You can enter this information on the Investigation tab or on the Investigation Properties tab of the Investigation Properties->Survey View window (where it's called “Investigation by”).

Investigation Completed

Enabled when the intake is linked to an investigation. Required when intake Priority = A - D; R or S for CLIA intakes.

This is defined as the date the complainant is notified of the results of the offsite or onsite investigation.

For anonymous complaints and self-reported incidents, the Investigation Completed date is the date that the result of the investigation is issued to the provider or supplier.

When this date is entered, the intake status changes to 5 - Investigation Completed, unless the status is already 5 or higher.

More ...

Fields: "Revisit Status", on page 340
Fields: "POC Tracking", on page 383
Fields: "Notices History", on page 399
Fields: "Define Survey/Survey Properties", on page 368
Fields: "Citation Manager", on page 376
Fields: "Select Form(s) to print", on page 389
Fields: "CMS 670 Workload Detail", on page 392
Fields: "Create Followup", on page 394
Fields: "Export", on page 395

Tracking for Investigation

Forwarded to RO/MSA, Forwarded to RO (CLIA)

Enabled only in ACTS RO for Federal providers, but in both ACTS and ACTS RO for Medicaid-only providers (except PRTF 061).

Priority must be set on the Intake tab. Select this checkbox in the following cases when the investigation is finished and the intake is ready for review by the Regional Office before finalization.

- The intake originated from the RO.
- A non-NH intake originated from the SA for any of the following:
  - a deemed provider
  - SA recommended termination for a non-accredited/deemed provider
  - an EMTALA complaint

If the current status of the intake is less than 6, it is set to 6 - Forwarded to RO/CO when you select this checkbox. A Forwarded to RO action item message is sent to all responsible Regional Office staff member(s), except for licensure-only and Medicaid-only providers (a message informs you of this).

A Forwarded date is required for finalization if this checkbox is selected, the intake was created by an RO or CO user, and it has a priority of A, B, C, or D (in the Response Information section on the Intake and Allegations tabs). A Forwarded date is not required for finalization if the intake was created by an SA user with the exceptions noted above (second bulleted item).

ACTS provides today's date, but you can change it. The date is stored at the investigation survey level and, for pre-ASPEN 10.1.7 investigations, will print in Item 15 of CMS-562.

If the date is removed, the Forwarded to RO/MSA (Forwarded to RO if CLIA) field is automatically cleared, the action item is deleted, and status is reset if it originally was less than 6. If the status is 7 - Pending SA Finalization because the RO has entered the Final Action Signoff date in the Regional Office Tracking section on the Investigation Properties tab, the status stays at 7 if the Forwarded to RO/MSA (Forwarded to RO if CLIA) date is removed.

This field is also available on the Actions/Close tab. The Change Facility option is disabled for an intake that has been forwarded to the RO/MSA.

Forwarded to CO

Enabled only in ACTS RO for Federal providers; Priority must be set on the Intake tab. Select this checkbox and enter the date when the investigation is finished and the intake is ready for review by the CMS Central Office before finalization.

If the current status of the intake is less than 6, it is set to 6 - Forwarded to RO/CO when you select this checkbox. A Forwarded to CO action item message is sent to responsible Central Office staff member(s), except for licensure-only and Medicaid-only providers (a message informs you of this).

ACTS provides today's date as the Forwarded date, but you can change it. The date is stored at the investigation survey level. If the date is removed, the Forwarded to CO field is automatically cleared, the action item is deleted, and status is reset if it originally was less than 6.

This field is also available on the Actions/Close tab. The Change Facility option is disabled for an intake that has been forwarded to the CO.

In Compliance

Date that the provider was found to be in compliance.

This field also appears on the Actions/Close tab and the Investigation Properties tab of the Investigation Properties->Survey View window.

RO Received Investigation Packet (RO only)

Date the RO received a complaint/incident from the SA after the SA entered a Forwarded to RO/MSA date (Actions/Close tab). The current date is automatically entered. It can be changed.

This is a shared field that also appears in the Closure Information section on the Actions/Close tab and in the Tracking for Investigation section on the Investigation Properties tab in Investigation Properties->Survey View.

View Investigation Notes

Opens an editable copy of investigation notes that surveyors have entered for the current intake. You can enter investigation notes whether or not the intake is linked to an investigation.

Surveyors can enter the notes either here, or on the Investigation Properties tab of the Investigation Properties->Survey View window, by clicking Inv Notes in the applicable row on the Complaints/Incidents

Assigned grid. Changes or additions you make here will be reflected in Investigation Properties->Survey View.

You cannot modify the investigation notes for an intake that is closed. However, you can open a read-only copy of the investigation notes for a closed intake in either location.

Actions/Close tab

Federal/State Proposed Actions

Federal Deficiencies

Read-only. This checkbox is selected when Federal deficiencies are cited as a result of the investigation linked to the intake.

State Deficiencies

Read-only. This checkbox is selected when state deficiencies are cited as a result of the investigation linked to the intake.

Proposed Actions Grids

Federal Proposed Actions

This grid is enabled for intakes that are linked to an onsite investigation. It lists the Federal actions proposed as a result of the investigation, with proposed and imposed dates. The list includes Federal proposed actions from all intakes linked to the investigation.

The white cells can be edited directly, or you can use New, Modify, or Delete buttons to maintain the list.

RO - If appropriate, choose one action to be the CMS RO/MSA Action that will print in Item 17 of CMS-562 for pre-ASPEN 10.1.7 investigations. If you select 33 - or 56 - State Only Actions (non-CLIA or CLIA respectively) as the CMS RO/MSA Action, it will be entered as Other in Item 17.

Note: The CMS RO/MSA Action checkbox is enabled in both ACTS and ACTS RO for Medicaid-only providers (including PRTF 061.

State Proposed Actions

This grid becomes active when you select 33 - or 56 - State Only Actions (non-CLIA or CLIA respectively) as a Federal proposed action. State proposed actions are not uploaded.

Note: In the case of NH intakes, the State Proposed Actions section is enabled regardless of which, if any, Federal proposed actions are entered.

The white cells can be edited directly, or you can use New, Modify, or Delete buttons to maintain the list. The list includes State Proposed Actions for all intakes linked to the investigation.

Columns in grid

Action

Select the appropriate Federal or State action. When you select an action, it is removed from the list of available actions.

To finalize an intake, you must specify a Federal proposed action. You can select 32 - or 54 - None (non-CLIA or CLIA respectively) if no Federal action is proposed, or 99 - None if no State action is proposed.

NH - For intakes created in ASPEN 9.1 or later, only three Federal proposed actions are available:

01 - Plan of Correction

32 - None

34 - Other

However, if one or more tags with Scope/Severity of D or greater are cited on an NH investigation survey, the investigation can have only one Federal proposed action: 40 - Enforcement Action. ACTS automatically adds it.

To enable the State Proposed Actions section, select 33 - or 56 - State Only Actions (non-CLIA or CLIA respectively). In the case of NH intakes, the State Proposed Actions section is enabled regardless of which, if any, Federal proposed actions are entered.

non-NH - Select the Federal action 33 - or 56 - State Only Actions (non-CLIA or CLIA respectively) to activate the State Proposed Actions section. In the case of NHs, you can enter State proposed actions regardless of which, if any, Federal proposed actions are entered.

Proposed Date

The date that the State or RO proposed the action. The default is today’s date. If a Federal action is 32 - or 54 - None (non-CLIA or CLIA respectively) or a State action is 99 - None, then enter the date that this was determined for Proposed Date.

NH - For intakes created in ASPEN 9.1 or later, if an investigation survey has one or more tags with Scope/Severity of D or greater, ACTS automatically adds 40 - Enforcement Action as the Federal proposed action and also sets the Proposed Date to the survey exit date. If the exit date changes, the Proposed date is updated to match the new survey exit date.

Imposed Date

The date the action was actually imposed.

NH - For intakes with investigations created in ASPEN 9.1 or later (on or after 12/07/2007), only three Federal proposed actions are available:

- 01 - Plan of Correction
- 32 - None
- 34 - Other

For intakes created in ASPEN 9.1 or later, if an investigation survey has one or more tags with Scope/Severity of D or greater, ACTS automatically adds 40 - Enforcement Action as the Federal proposed action and also sets the Imposed Date to the survey exit date. If the exit date changes, the Imposed date is updated to match the new survey exit date.

If other proposed action(s) have already been entered, ACTS asks if they should be deleted when the intake is finalized.

CMS RO/MSA Action

Enabled only in ACTS RO for Federal providers, but in both ACTS and ACTS RO for Medicaid-only providers (including PRTF 061).

Only applies to Federal proposed actions. If you select 33 - or 56 - State Only Actions (non-CLIA or CLIA respectively) as the CMS RO/MSA Action, it will be entered as Other in Item 17.

Can also be specified as the RO/MSA Action in the Regional Office Tracking section on the Investigation Properties tab (Investigation Properties->Survey View).

Proposed Actions: Buttons

New

Button opens the Proposed Action window so you can select the Federal or State action, as applicable, that you want to add.

NH - For intakes with investigations created in ASPEN 9.1 or later (on or after 12/07/2007), only three Federal proposed actions are available:

01 - Plan of Correction

32 - None

34 - Other

However, if an NH investigation survey has one or more tags with Scope/Severity of D or greater, the investigation can have only one Federal proposed action: 40 - Enforcement Action.

Modify

Select a Federal or State action, as applicable, then click this button to open the Proposed Action window. You can change the date(s), but not the action.

Delete

Select a Federal or State action, as applicable, then click this button to remove the action from the current intake and from all other intakes linked to the investigation.

Proposed Actions by Investigations

Opens the Proposed actions for Investigation window, which duplicates the list in the Proposed Actions section.

Closure Information

Overall Findings

Read-only. Assigned by the application: Substantiated, Unsubstantiated, or Not Applicable (Incident).

For complaint intakes, if there is at least one substantiated allegation (that is not a state licensure allegation), Overall Findings is 1 Substantiated. For entity-reported incidents, Overall Findings will always be 3 Not Applicable (Incident).

Forwarded to RO/MSA, Forwarded to RO (CLIA)

Enabled only in ACTS RO for Federal providers, but in both ACTS and ACTS RO for Medicaid-only providers (except PRTF 061).

Priority must be set on the Intake tab. Select this checkbox in the following cases when the investigation is finished and the intake is ready for review by the Regional Office before finalization.

- The intake originated from the RO.
- A non-NH intake originated from the SA for any of the following:
  - a deemed provider
  - SA recommended termination for a non-accredited/deemed provider
  - an EMTALA complaint

If the current status of the intake is less than 6, it is set to 6 - Forwarded to RO/CO when you select this checkbox. A Forwarded to RO action item message is sent to the responsible Regional Office staff member(s), except for licensure-only and Medicaid-only providers (a message informs you of this).

A Forwarded date is required for finalization if this checkbox is selected, the intake was created by an RO or CO user, and it has a priority of A, B, C, or D (in the Response Information section on the Intake and Allegations tabs). A Forwarded date is not required for finalization if the intake was created by an SA user with the exceptions noted above (second bulleted item).

ACTS provides today's date, but you can change it. The date is stored at the investigation survey level.For pre-ASPEN 10.1.7 investigations, it prints in Item 15 of CMS-562.

If the date is removed, the Forwarded to RO/MSA field is automatically cleared and status is reset, if it originally was less than 6. If the status is 7 - Pending SA Finalization because the RO has entered the Final Action Signoff date in the Regional Office Tracking section on the Investigation Properties tab, the status stays at 7 if the Forwarded to RO/MSA (Forwarded to RO if CLIA) date is removed.

This field is also available on the Investigation tab.

RO Received Investigation Packet (RO only)

Date the RO received a complaint/incident from the SA after the SA entered a Forwarded to RO/MSA date. The current date is automatically entered. It can be changed.

This is a shared field that also appears in the Tracking for Investigation section on the Investigation tab of the intake and on the Investigation Properties tab in Investigation Properties->Survey View.

Forwarded to CO

Enabled only in ACTS RO for Federal providers; Priority must be set on the Intake tab. Select this checkbox and enter the date when the investigation is finished and the intake is ready for review by the CMS Central Office before finalization.

If the current status of the intake is less than 6, it is set to 6 - Forwarded to RO/CO when you select this checkbox. A Forwarded to CO action item message is sent to responsible Central Office staff member(s), except for licensure-only and Medicaid-only providers (a message informs you of this).

ACTS provides today's date as the Forwarded date, but you can change it. The date is stored at the investigation survey level. If the date is removed, the Forwarded to CO field is automatically cleared, the action item is deleted, and status is reset if it originally was less than 6.

This field is also available on the Investigation tab. The Change Facility option is disabled for an intake that has been forwarded to the CO.

In Compliance

Date that the provider was found to be in compliance.

This field also appears on the Investigation tab and the Investigation Properties tab of the Investigation Properties->Survey View window.

Finalization

Finalized

If Password Protection is enabled (System | Security | Password Protection), a password is required when you select this checkbox. You are prevented from finalizing the intake until it meets all conditions for finalization. A message will tell you what information is missing or incorrect.

When the finalization process is successful, the status of the intake changes to 8 - Closed, and a Complaint Closed action item message is sent to the Responsible RO staff member(s).

When selected here, Finalized is also selected for the current intake in the Complaints/Incidents Assigned to Investigation section on the Investigation Properties tab in Investigation Properties->Survey View.

Selected automatically if the Withdrawn/Expired button is clicked.

Past Noncompliance

Read-only. Available only for Nursing Homes. The PNC checkbox is automatically selected when:

- the survey Exit date is prior to 11/01/2005 and tag F698 is cited.
- the survey Exit date is on or after 11/01/2005 and the Past Noncompliance indicator is selected in Citation Properties.

If a tag in the surveys associated with an intake is cited for both current noncompliance and past noncompliance, the tag is considered current noncompliance and this indicator is not selected.

Withdrawn/Expired

Enabled only if the intake is not linked to an investigation and has been withdrawn or has expired. Lets you finalize such intakes without having to pass all investigation/finalization edits.

Reason Closed

Enabled and required after the Finalized checkbox is selected and the finalization process is successful.

Select one or more options from the drop-down list; some combinations are not permitted.

Shared with Reason Closed for the current intake in the Complaints/Incidents Assigned to Investigation section on the Investigation Properties tab in Investigation Properties->Survey View.

Note: You can sort reports by Reason Closed.

Date Closed

Enabled and required after the Finalized checkbox is selected and the finalization process is successful.

Enter date the intake was closed. Cannot be before or more than two years after the Received End Date.

Shared with Closed Date for the current intake in the Complaints/Incidents Assigned to Investigation section on the Investigation Properties tab in Investigation Properties->Survey View.

SA Completed Date

Date the SA completed the intake, i.e., no SA finalization edits were triggered, whether or not the RO has provided all required information. Automatically entered and read-only.

Once this date is set, it cannot be removed or changed. For example, if an RO user attempts to finalize an intake a second time after entering required information, the field still reflects the date the SA originally completed and tried to finalize the intake. However, when an intake is unlinked from an investigation or switched to another investigation, this field is cleared.

Note: This date is not entered if you use the Withdrawn/Expired button to finalize an intake.

Upload Intake tab

Prior Intake Uploads

Action

Type of action can be 01 Delete, 03 Add (intake uploaded to national for the first time) or 04 Update (uploaded intake edited).

The traffic light icon is red if the transaction failed, yellow if the transaction is pending, and green if the transaction was successful.

Date

Date of the transaction.

Status

Status codes are:

-1 - Failed

Invalid data detected, transaction terminated.

00 - Pending Upload

Transaction successful, but intake not yet uploaded to national.

05 - Upload in Process

Intake is in the process of being uploaded to national.

10 - Successful

Intake accepted by national.

15 - Failed

Transaction failed at the national level.

ID

Intake ID.

By

Name and Federal ID of the employee who initiated the Detail upload. If the intake is uploaded by the Regional Office, "Regional Office" is displayed instead of staff name.

Error

Type of error.

Transaction ID

Identifier assigned by ACTS to each Detail upload transaction.

Sender Type

Originator of transaction. S = State, R = Region

Upload Intake

If the intake meets Detail upload criteria, ACTS initiates an upload transaction. This button is enabled only if the intake qualifies for manual Detail upload to national.

Refresh List

Button returns the list to the original sort order.

Print Entire List

Button prints a Transaction Report with all the listed ACTS Detail upload transactions in the specified order.

Remove from CASPER

Button removes the intake from national (CASPER), and, if applicable, its related investigation. Enabled only if the intake meets the criteria for manual Detail upload but does not meet the criteria for automatic upload.

Note: You cannot delete an intake that has been automatically uploaded.

Upload Transaction Errors

This section opens when you select a transaction with errors in the Prior Intake Uploads section. It lists the reasons the transaction failed.

Investigation Properties->Survey View

Investigation Properties tab

Deficiencies

CoPs out of compliance - is there an IJ?

The IJ indicator supports Immediate Jeopardy (IJ) tracking for providers other than nursing homes and CLIA labs. Yes if there is an IJ situation, No if not.

Displayed for providers other than nursing homes and CLIA labs. Enabled and required only if:

- a survey has condition-level citations

  and/or

- an EMTALA survey has EMTALA citations, i.e., any of the tags A2400, A2404, A2406, A2407, A2408, A2409, or A2410 is cited

Enabled, but not required for Medicaid-only non-NH providers.

Set to null and disabled if all condition-level tags on a survey and/or all EMTALA citations on an EMTALA survey are deleted.

Finalization and upload (automatic or manual) are prevented if the IJ question is not answered when required.

For investigations with an exit date on or after 06/04/2018, you will receive a message if tag-level and investigation-level IJ flag settings do not match.

Deficiencies grid

A list of all the tags cited during the selected survey, with summary information about each tag. You can change information in the white cells for tags that are related to this intake. These are the tags (red or blue) that have A-Complaint Investig. specified as the Citation Category in Citation Properties. For comment tags 0000 and 9999, and tags changed or removed as a result of IDR/Independent IDR, all cells are read-only.

Red indicates a Federal tag, cited as part of the investigation, i.e., Complaint Investig. is selected in the Citation Properties window.

Blue indicates a state tag, cited as part of the investigation, i.e., Complaint Investig. is selected in the Citation Properties window.

Black indicates either a Federal or state tag, not cited as part of the investigation, i.e., Complaint Investig. is *not* selected in the Citation Properties window.

In this grid, you can edit:

Completion (X5)

ePOC: Automatically entered by ePOC for surveys posted to ASPEN Web: ePOC. Set to the date the facility indicates the POC will be completed for the tag.

ACTS: Date the facility states the deficiency will be corrected.

This is the Facility POC Complete date from Citation Properties. You can edit the date on the grid and the change will be stored in Citation Properties, or vice versa.

Corrected

Date the deficiency was found to be corrected during a revisit.

Refused

Select this checkbox if the provider refuses to correct the deficiency.

Waived

For tags identified as Waiverable in the Regulatory Tag Properties window in ACO, this button opens the Waiver Detail for tag window in which you can add, modify, or delete a Federal or state waiver. Current waiver status is displayed on the button:

- blank if no waiver information is entered
- Pending if the waiver has not yet been approved
- Waived if the waiver was approved
- Denied if the waiver was not approved

NH - Disabled if the PNC indicator is selected in Citation Properties.

More ...

Fields: "Citation Properties", on page 379

Regional Office Tracking

This section is enabled only in ACTS RO for Federal providers, but in both ACTS and ACTS RO for Medicaid-only providers (including PRTF 061).

RO Receipt

ACTS inserts the date in this field when the Regional Office first opens the intake after the Forwarded to CMS RO/MSA date is entered on the Investigation or Actions/Close tab. You can change it if you need to.

This date is stored at the investigation survey level. For pre-ASPEN 10.1.7 investigations, it prints in Item 16 of CMS-562.

RO/MSA Action

If appropriate, choose one action to print as Item 17 on CMS-562, which you can generate only for pre-ASPEN 10.1.7 investigations. The drop-down duplicates the list of Proposed Federal Actions on the Actions/Close tab. Do not select an action if you do not plan to complete Part III of the 562.

Can also be specified via the CMS RO/MSA Action checkbox on the Actions/Close tab.

Final Action Signoff

Date all activity related to the complaint/incident is concluded.

This date is stored at the investigation survey level and, for pre-ASPEN 10.1.7 investigations, appears as Item 18 on CMS-562.

Note: When this date is entered, the EMTALA tab will be read-only on all intakes linked to the investigation *unless* Referred to QIO is selected, in which case RO users can update information on the EMTALA tab.

Investigation/Revisit

This section lists the investigation survey and its revisits that are linked to the intake. You may need to scroll to the right to see all fields.

CMS 670 Complete/Not Complete

Indicates whether all 670 edit checks have passed. A green checkmark and the text, CMS 670 Complete, means that all 670 edit checks have been passed. A red check367

mark with the text, CMS 670 Not Complete, means that all checks have not passed.

Event ID

ID assigned to the survey by ASPEN.

Start Date

Start date of the survey.

Exit Date

Exit date of the survey.

Survey Type

Survey type(s) selected in Survey Properties.

Adm SignOff

ePOC: Automatically entered by ePOC for surveys posted to ASPEN Web: ePOC. Set to the date when the facility has submitted a Plan of Correction for all deficiencies on a survey that require a POC.

ACTS: Date the administrator signed the POC.

Enabled only if there are correctable citation(s). Can also be entered on the Investigation tab (intake) and in the Survey Properties window.

It is required for upload to national if:

- All linked intakes are deemed and at least one condition-level Federal tag is cited for the complaint survey.
- Any linked intake is not deemed and at least one Federal deficiency other than 0000 or 9999 with Scope/Severity > A is cited for the complaint survey.

NH: Not required for upload when only Past Noncompliance (PNC) tags are present (with or without memo tags 0000 and 9999).

2567 Issued

ePOC: Automatically entered by ePOC for surveys posted to ASPEN Web: ePOC.

ACTS: Date the CMS-2567 (Statement of Deficiencies) was sent to the provider. Automatically updated if user manually changes SOD Sent Date in POC Properties (ePOC-related screen).

This is a shared field that is also seen on the Investigation tab (intake) and in the Survey Properties window (as SOD Sent).

You will receive a message if you enter this date and the survey has no correctable citations. You can choose to retain the 2567 date and allow revisit scheduling anyway, or not.

POC Track

Use only for surveys of facilities that are not ePOC-enabled. For ePOC-enabled facilities, pressing the POC Track button opens the POC Properties window.

Enabled when a 2567 Issued date is entered. Opens the POC Tracking window where you can enter dates and notes relevant to the POC tracking process. You can also open the Notices History window.

POC Approved

ePOC: Automatically entered by ePOC for surveys posted to ASPEN Web: ePOC. Set to the date the final POC for the last tag is approved.

ACTS: Read-only. Date the POC is approved by the investigating agency.

Automatically entered here when POC Status Date is entered in the POC Tracking window if POC Status is Accepted.

Enf Case/<CaseID>

NH, HHA, CLIA. To open an enforcement case related to the survey (if any), click the button in the applicable row with the case number.

Fed Defic

Selected if Federal deficiencies are cited on the survey.

State Defic

Selected if licensure deficiencies are cited on the survey.

Hearing/Settlement

Available for Federal and state NHs and HHAs. Click the ellipsis button to open the Hearing/Settlement window, which displays changes to citations that resulted from hearings and settlements. All information is read-only; it can be entered or changed in AEM.

IDR

NH, HHA. Click to open the Informal Dispute Resolution window and enter IDR and, for NHs only, Independent IDR information.

Available by default for Federal and state NH and HHA providers, i.e., ASPEN provider types 021, 022, 023, 024, 051, 052 and state-created NH and HHA licensure subtypes such as 02L and 05S.

TIP: The system administrator can activate IDR/Independent IDR functionality for other provider types, state-only providers in particular, via the System menu in ACO/ARO (Facility Types | Type Maintenance).

IDR Req Date

NH, HHA. Read-only. Date the IDR request was received from the provider. Automatically entered here when a Request Received date is entered in the Informal Dispute Resolution window.

IDR Comp Date

NH, HHA. Read-only. Date the results of the review were formally sent to the provider. Automatically entered here when a Completion date is entered in the Informal Dispute Resolution window.

Revisit Status

Used by AST. Determines which providers go on the Revisits to be Scheduled list. This is a shared value that also appears on the Investigation tab (intake) and in the Survey Properties window.

Set by the system to 1-Required for standard surveys, and to 2-Not Required for revisits. You can manually override the auto-entered value.

When a 2567 Issued date is entered for any survey, Revisit Status is updated to 1-Required, and the survey is flagged for revisit scheduling in AST. You will receive a message if the survey has no correctable citations. You can choose to retain the 2567 date and allow revisit scheduling anyway, or not.

If an intake is finalized and Revisit Status is 1-Required for the most recent investigation revisit survey (based on exit date) associated with the intake, Revisit Status is automatically set to 2-Not Required for that revisit. If an investigation does not have any revisits, Revisit Status is not changed for the investigation.

Request RO Approval for Revisit

When the SA enters a date in this column - for deemed providers, RO Approval CLIA labs, or a third NH revisit - a Revisit Requested action item message is sent to the responsible RO staff member(s).

RO Response and RO Response Date (RO only)

The RO can either Approve or Disapprove the revisit, and enter the date of the decision. A Response Received from RO action item message is sent to the responsible SA staff member(s).

2567/B Entry Complete

ePOC: Automatically selected when appropriate by ePOC for surveys posted to ASPEN Web: ePOC. Indicates all 2567 or 2567B data entry in ASPEN is complete. Checkbox is selected when the survey is posted to the ASPEN Web: ePOC if it is not already selected.

ACTS: Select this checkbox when all 2567 or 2567B data entry in ASPEN is complete. This is a shared field that also appears on the Investigation tab of the intake.

When selected, an audit record is created. The system retains the date the checkbox was first selected and the date it was last changed (selected or cleared). This audit date cannot be changed. The date is used in national performance reports.

Investigation/Revisit: Buttons

Survey Properties

Opens the Survey Properties window, where you can view or change basic information about the survey: dates, type, extent, regulations, team members. In ACTS, you can only make changes to surveys and revisits that are linked to an investigation.

Citation Manager

Opens the Citation Manager for the selected survey, so you can add, modify or view citations. In ACTS, you can only make changes to citations in surveys that are linked to an investigation.

Survey Forms

Opens the Select Form(s) to print window, where you can select CMS forms to print.

Update 670

Opens the CMS 670 Workload Detail window. You can record surveyor and office hours, and print CMS-670 from this window.

Create Revisit

Creates a revisit (followup) survey. You can create a revisit only for a survey linked to an intake (Selected on the Investigation tab) and its followups. A revisit is automatically linked to the intake.

Export

Opens the Export window. You can export any survey you select to a Transfer Location. From there, surveyors can import the survey into ASE-Q.

Email

Emails the investigation survey in an encrypted transfer file.

More ...

Fields: "Revisit Status", on page 340
Fields: "POC Tracking", on page 383
Fields: "Notices History", on page 399

Complaints/Incidents Assigned to Investigation

Finalize All button

Initiates finalization of all intakes linked to the investigation. If the intakes pass all finalization edits and the investigation survey passes all edit checks, ACTS finalizes the intakes and automatically uploads the investigation survey to national.

Investigation SA Completed

Date the investigation survey was successfully uploaded, i.e., a CSP-SRV upload was successful. If the upload was successful on the first attempt, or failed solely due to RO edits, this date is set to the most recent SA Completed Date on the attached intake(s). If one or more CSP-SRV attempts were unsuccessful due to failed upload edits, Investigation SA Completed is set to the date of the first successful CSP-SRV upload attempt after the SA fixes problems.

Complaints/Incidents Assigned to Investigation: Grid

Lists every complaint/incident intake linked to the investigation with summary information for each intake. You can change or enter the following information in this section. It is updated in the corresponding fields of the individual intakes.

Completed date

Shared with Investigation Completed field on the Investigation tab of the intake.

Inv Notes

Click to open the Investigation Notes word processor and enter or paste information about the investigation that is relevant to the selected intake. Changes or additions made here will be reflected when you click View Investigation Notes button on the Investigation tab of the intake.

You cannot modify the investigation notes for an intake that is closed. However, you can open a read-only copy of the investigation notes for a closed intake in either location.

Finalized

If Password Protection is enabled (System | Security | Password Protection), a password is required when you select this checkbox. You are prevented from finalizing the intake until it meets all conditions for finalization. A message will tell you what information is missing or incorrect.

When the finalization process is successful, the status of the intake changes to 8 - Closed, and a Complaint Closed action item message is sent to the Responsible RO staff member(s).

If selected here, Finalized will also be selected on the Actions/Close tab of the intake.

Reason Closed

Enabled and required when Finalized is selected.

Select one or more options from the drop-down list; some combinations are not permitted. Be sure to select the checkbox to the left of the applicable reason(s).

Shared with Reason Closed on the Actions/Close tab of the intake.

Closed Date

Enabled and required after the Finalized checkbox is selected and the finalization process is successful.

Enter date the intake was closed. Cannot be before or more than two years after the Received End Date.

Shared with Date Closed on the Actions/Close tab of the intake.

TIP: You can sort reports by Reason Closed.

Complaints/Incidents Assigned to Investigation: Buttons

Link Another Complaint/Incident to Investigation

Opens the Available Intakes window, where you can select an intake, then click OK to link that intake to the current investigation.

You cannot link a Referral-only intake (priority is F, G, or T–for CLIA) to an investigation. If any other priority code is selected along with F, G, or T, it is not considered a referral-only intake and can be linked.

Modify

Opens the selected intake so you can make changes.

If you opened the Investigation Properties->Survey View window from the intake you want to modify, close Investigation Properties->Survey View to return to that intake. If you try to open the same intake using this button, you will receive an error message. Click the Close button in Investigation Properties->Survey View to return to the intake.

Remove from Investigation

Unlinks the selected intake from the investigation. Click an intake to select it before clicking this button.

Note: Only RO users can unlink an intake from an investigation that has been uploaded.

Print

Lets you print one or more quick reports for the selected intake.

Notices

Opens the Notices History window, from which you can create, modify, or view letters and notices related to the current intake.

Allegations of All Complaints/Incidents Assigned to Investigation

Allegations Assigned to Investigation: Grid

Lists all allegations from all the intakes linked to the investigation. It provides a single place where surveyors can enter findings for all allegations covered by the investigation, rather than entering them in the individual intakes.

Details

Button opens the Allegation word processor to the Details pane. Add or modify allegation details.

Category

Allegation type.

Subcategory

Allegation subcategory.

Findings

Determination resulting from the investigation. A finding must be entered (in the Allegation Input window) for each allegation. This field is not required if the intake's Priority is set to E, F, G, or H and the intake is not linked to an investigation.

Find txt

Button opens the Allegation word processor to the Findings: Non-confidential pane. Add or modify findings text.

Program Type

Transplant Hospitals only. Transplant program associated with the allegation.

Seriousness

Level of severity of the allegation.

Deficiencies

Tags cited during the investigation that are linked specifically to this Button.

Allegations of All Complaints/Incidents Assigned to Investigation: Buttons

New

Button opens the Allegation Input window so you can add a new allegation. Be sure to specify the intake to which the new allegation belongs.

Modify

Button opens the Allegation Input window for the selected allegation, so you can make changes.

Click an allegation to select it before you click Modify.

Link Deficiencies

Button opens the Assign Aspen Tags to Allegation window, which lists Federal and state tags cited in the investigation that have been assigned Citation Category A (Complaint Investig) in the Citation Properties window.

Memo tags 0000 and 9999 are excluded from the list of cited Federal tags that are available for linking. However, all cited state licensure tags are listed including memo tags.

You can link deficiencies to individual allegations. When you link a deficiency, you can optionally copy the tag's citation text to the allegation's Findings text. You can link the same tag to more than one allegation.

The following restrictions apply:

- Only the RO can link deficiencies to an EMTALA allegation if RO Determination has been entered (on the EMTALA tab).
- For Transplant Hospital intakes created on or after 05/02/2011, a current transplant program must be specified for each allegation before you can link deficiencies. The list of tags for each allegation is limited to those that have the same program assigned as the allegation.

Delete

Button deletes the selected allegation. Click anywhere in the row to select the allegation, then click Delete.

More ...

Fields: "Allegation Input", on page 308

Activities for All Complaints/Incidents Assigned to Investigation

Activities Assigned to Investigation: Grid

Lists all activities assigned for all the intakes linked to the investigation. The Start, Due, and End dates correspond to the Assigned, Due, and Completed dates on the Activities tab. The only field you can change directly is the End Date, the date the activity was completed.

When you use the Change Facility option to reassign an intake, Activity Action Items are not reassigned to the new facility. You should determine whether existing activities need to be reassigned to staff at the new facility.

Activities Assigned to Investigation: Buttons

Add

Button opens the Define Activity window, where you can enter details about a new activity.

Modify

Button makes changes to the selected activity.

Delete

Button deletes the selected activity from the intake. Click Yes to the confirmation message.

More ...

Fields: "Define Activity", on page 336

Tracking for Investigation

In Compliance

Date that the provider was found to be in compliance.

This field also appears on the Investigation and the Actions/Close tabs.

RO Received Investigation Packet (RO only)

Date the RO received a complaint/incident from the SA after the SA entered a Forwarded to RO/MSA date (Actions/Close tab). The current date is automatically entered. It can be changed.

This is a shared field that also appears in the Closure Information section on the Actions/Close tab and in the Tracking for Investigation section on the Investigation tab of the intake.

Investigation by

Required. The selection defaults to the agency that initially created the intake, but you can change it. For pre-ASPEN 10.1.7 investigations, appears as Item 9, Investigated by, on CMS-562.

FOSS Survey

Select this checkbox if the investigation survey is subject to the Federal Oversight-Support Survey (FOSS) monitoring system.

Number of Buildings

Appears for Hospital LSC surveys only. Enter the number of buildings at the hospital.

Cross-Reference

Shows the event ID and exit date of the survey selected as the cross-reference to the current investigation.

Find

Button opens the Find Cross Reference window, which lists surveys for the current provider. Select one to be the Cross-Reference to the current investigation.

Clear

Button removes the current Cross-Reference.

Acknowledgement and Action

Acknowledged

Optional. Date of acknowledgement letter from the linked intake with the highest priority.

If both complaint(s) and incident(s) are linked to the investigation, ACTS enters the date of the acknowledgement letter from the intake with the highest priority, even if it's an incident letter.

1st Party and Date

Optional. Select the party notified from the drop-down and enter the date. For pre-ASPEN 10.1.7 investigations, prints as the first Party and Date for Item 14 in the CMS-562.

2nd Party and Date

Optional. Select the party notified from the drop-down and enter the date. For pre-ASPEN 10.1.7 investigations, prints as the second Party and Date for Item 14 in the CMS-562.

3rd Party and Date

Optional. Select the party notified from the drop-down and enter the date. For pre-ASPEN 10.1.7 investigations, prints as the third Party and Date for Item 14 in the CMS-562.

8. Action

Default value is the system-calculated value, which is based on Priority value(s) specified in intake(s) linked to the investigation. Click the Recalculate Action button to update Action if you change the Priority value in an intake. You can override the system-calculated Action value by selecting a value from this drop-down list.

Proposed Actions for Investigation

Opens the Proposed actions for Investigation window, which lists Federal and State Proposed Actions for the investigation. Duplicates the list in the Proposed Actions section on the Actions/Close tab.

Upload tab

Prior Uploads

Action

Type of action can be:

00 ChgDate

Exit date of an uploaded investigation survey was changed.

01 Delete

An investigation survey (CSP-SRV), intake detail (CSP-INT), or investigation detail (CSP-INV) was deleted from national.

03 Add

An investigation survey (CSP-SRV), intake detail (CSP-INT), or investigation detail (CSP-INV) was uploaded to national for the first time.

04 Update

An uploaded investigation survey (CSP-SRV), intake detail (CSP-INT), or investigation detail (CSP-INV) was edited.

The traffic light icon is red if the transaction failed, yellow if the transaction is pending, and green if the transaction was successful.

Date

Date of the transaction.

Type

Type (of upload transaction):

CSP-SRV (CASPER-Survey), i.e., investigation survey

CSP-INV (CASPER-Investigation), i.e., investigation detail

CSP-INT (CASPER-Intake), i.e., intake detail

Status

Status codes are:

-1 - Failed

Invalid or missing data detected, transaction terminated.

00 - Pending Upload

Transaction successful, but investigation survey (CSP-SRV), intake detail (CSP-INT), or investigation detail (CSP-INV) not yet uploaded to national.

05 - Upload in Process

As applicable, investigation survey (CSP-SRV), intake detail (CSP-INT), or investigation detail (CSP-INV) is in the process of being uploaded to national.

10 - Successful

As applicable, investigation survey (CSP-SRV), intake detail (CSP-INT), or investigation detail (CSP-INV) accepted by national.

15 - Failed

Transaction failed at the national level.

ID

Investigation or Intake ID as appropriate.

By

Name and Federal ID of the employee who initiated the upload. “Regional Office” is displayed instead of staff name for an RO employee.

Error

Type of error.

Transaction ID

Identifier assigned to each upload transaction.

Sender Type

Originator of transaction. S = State, R = Region

Prevalidate and Upload

Button prevalidates (checks to make sure required information is present and in the appropriate formats), and initiates an upload transaction.

Refresh list

Button returns the list to the original sort order.

Print Entire List

Button prints a Transaction Report with all the listed upload transactions in the specified order.

Upload Transaction Errors

This section opens when you select a transaction with errors in the Prior Uploads section. It lists the reasons the transaction failed–often missing information.

Investigation Properties->Survey View Buttons

Print

For pre-ASPEN 10.1.7 investigations only - From the Investigation Properties tab, click to generate the CMS-562.

From the Upload tab, click to print the Transaction Tracking Report.

Attach...

Click to attach supplemental materials in electronic format to the investigation survey.

View All Non-Confidential Remarks...

Opens a read-only view of surveyors' remarks from the survey and revisits linked to the investigation.

Enf Cases

Opens related AEM enforcement case(s) for NHs, HHAs, and CLIA labs.

Survey Fields

Define Survey/Survey Properties

Start Date

Start date for the onsite survey. Click the down arrow to display the ASPEN calendar and select the date, or you can type the date in the format mmddyyyy. A provider should not have more than one survey with identical dates.

Exit Date

Exit date of the onsite survey. Click the down arrow to display the calendar in which you select the date, or you can type the date in the format mmddyyyy. A provider should not have more than one survey with identical dates.

Always uploaded when a survey exists.

Status

By default, the status for a new survey is 1 Open. To change the status to Closed, click the down arrow and then click 2 Closed.

IDR/IIDR

Click to open the Informal Dispute Resolution window and enter IDR and, for NHs only, IIDR information. Available by default for Federal and state NH and HHA providers, i.e., ASPEN provider types 021, 022, 023, 024, 051, 052 and state-created NH and HHA licensure subtypes such as 02L and 05S.

TIP: The system administrator can activate IDR/Independent IDR functionality for other provider types, state-only facilities in particular, via the System menu in ACO/ARO (Facility Types | Type Maintenance).

Category

Indicate the survey category by checking either Health or LSC (Life Safety Code). You can set category only when creating a new survey.

IQCP

CLIA only. Enabled if:

- The regulation set selected in Regulation(s) has at least one tag eligible for IQCP (per regulation set definition).

  and

- At least one selected Type of Survey option supports IQCP (Recertification, Initial Certification, Complaint Investig., or Federal Monitoring).

Select only if the lab has implemented IQCP for one or more test systems and is following the IQCP process for the survey.

Shell Only

NH, HHA, CLIA. Selected by default for new surveys and revisits. When selected, the survey will not be added automatically to an AEM case. When the checkbox is cleared, AEM determines if the survey belongs on an existing enforcement case. If so, AEM automatically adds it to the case.

Users can manually clear this checkbox. ACTS automatically clears it in the following cases:

- 2567/B Complete checkbox selected
- 670 hours entered

- Tags entered (other than 0000 and 9999)
- Correction Dates entered

Note: When a revisit is created, uncorrected tags from the previous visit are carried forward. If tags are added after the initial creation, the Shell Only checkbox is cleared.

If you select the Shell Only indicator when any of the above conditions exist, a warning message indicates that if the survey is on an enforcement case, it will not be removed.

Regulation(s)

Select one or more regulation sets that apply to the investigation. The regulations that appear in this list box are determined by selections in the Regulation Set Properties and Define New/Modify Facility Type windows in ACO/ARO. If you want to add or change regulation sets in the list, use these two windows.

For Health surveys, only current applicable Federal regulation sets and any applicable state regulation sets for the provider type are listed. You can toggle the display to show additional regulations.

For LSC surveys, available regulation sets are not shown until you enter the Exit date (X3). By default, only current Federal regulation sets that apply to the facility's buildings are shown.

The version 9.0 CORF regulation set was provided in ACTS 8.2 for assignment to new investigation surveys. The version 8.0 set was deactivated. You can, however, still upload existing CORF investigation surveys with 8.0 citations to national.

If both Federal and state types are selected in the Type of Survey section, you must select at least one Federal regulation set. You cannot select more than one Federal set with the same prefix. You can select state regulation set(s) as well, but you cannot select only state regulation set(s).

Show All/Filter

Button toggles the list of regulation sets between the primary (filtered) list of regulation sets and a secondary (unfiltered) list.The primary list is displayed by default.

For Health surveys–in the most basic case–the primary list displays current applicable Federal regulation sets, and the secondary list adds all state regulation sets.

For LSC surveys, the basic primary list displays current Federal K regulation sets that are available for the facility's buildings. The secondary list adds non-current applicable Federal K regulation sets, the Short Form K regulations, and all state regulation sets.

The applicable regulation sets shown in the primary display for both Health and LSC surveys are determined by selections in the Regulation Set Properties and Define New/Modify Facility Type windows in ACO. If a state regulation set is selected for certain provider types, for instance, it will be included in the primary list for those provider types. After a reg set is selected for the survey, whether from the primary or secondary list, it is included in the primary display.

Note: You cannot select multiple versions of the same regulation set for an LSC survey. Selection of a Short Form regulation is prevented if the survey's Exit Date is on or after the cutoff date, which is currently the effective date of the LSC regulations that were released in November 2016.

Team Roster

IDs and names of members of the investigation team. Click the Update button to add or remove surveyors.

Leader

Designates highlighted surveyor as team leader. Disabled in closed surveys.

Update

Accesses the Staff Availability List window, in which you select the surveyors you want to assign to the survey team.

The list of staff members is filtered by the Responsible Team setting in the current My Selections set.

The list of staff members is also filtered by the Facility Type setting in the current My Selections set and by Allowed Facility Types in the Enter/Update Surveyor window (in ACO), so that only active surveyors who are eligible to work on currently displayed facility types are included:

- *if* you have AST installed
- *and if* "Use facility types of active selection" is selected on the Scheduling tab of My Preferences in AST. It is deselected by default, so you must select it and then click Save Settings

If these conditions are not met, the list of staff members in the Staff Availability List window is not filtered at all by facility type.

You can add out-of-state and other special surveyors (icon has a red jacket) if they have been assigned proper survey rights through the State Working Access system.

A message appears if you select a staff member whose General Staff Type is 02 Clerical/Support (in the Enter/Update Surveyor Information window in ACO). You can choose whether to go ahead and add that staff member or not.

Type of Survey

Click the checkbox next to a survey type to select it. Listed types vary according to provider type and situation. For a complete list of survey types, see "Survey Categories/Types" on page 453.

If a Federal regulation set is linked to the survey, you must select at least one Federal survey type.

You can select a maximum of 5 types.

For surveys created in ACTS, Complaint Investig. is selected by default. If the intake is linked to a survey that was created in ACO/ARO, you cannot change the initial certification and recertification types that are selected; they can be changed only in ACO/ARO. You cannot create initial or recertification surveys in ACTS.

You can create LSC complaint surveys for NHs, Hospitals, ICFs/IID, ASCs, and Hospices. For LSC surveys with an Exit date (X3) on or after the ASPEN 7.1 release (9/11/03), you can assign only K-2000 regulation sets.

Special surveys are listed after M-Other. They are specific to provider type with the exception of U-COVID19, which is available to all Federal provider types. For details, see "Special Surveys" on page 458.

Type M-Other can be selected by itself for standalone surveys, i.e., surveys not linked to intakes or certification kits, and not assigned special survey type(s).

Extent(s)

Select the extents that apply to the survey. Extent options for Federal provider types except CLIA are:

A-Routine/Std Survey

B-Extended Survey LTC/HH

C-Partial Ext. Survey

D-Other Survey

E-Abbreviated Survey

F-Offsite/Paper

I-COVID19

Do *not* use the I-COVID19 extent exclusively on a standard survey with a COVID-19 focus; the extent will not upload as an independent transaction. You *must* also select U-COVID19 for Type of Survey.

J-Federal Jurisdictional

Extent options for CLIA labs are:

A-Routine/Std Survey

D-Other Survey

F-Offsite/Paper

I-COVID19

Do *not* use the I-COVID19 extent exclusively on a standard survey with a COVID-19 focus; the extent will not upload as an independent transaction. You *must* also select U-COVID19 for Type of Survey.

J-Federal Jurisdictional

K-Participating

SOD Tracking

SOD Sent

ePOC: Automatically entered by ePOC for surveys posted to ASPEN Web: ePOC.

ACTS: Date the Statement of Deficiencies (CMS-2567) was sent to the provider. Automatically updated if user manually changes SOD Sent Date in POC Properties (ePOC-related screen).

This is a shared field that is also seen (as 2567 Issued) on the Investigation tab (intake) and on the Investigation Properties tab (Investigation Properties->Survey View).

POC Rcvd

ePOC: Automatically entered by ePOC for surveys posted to ASPEN Web: ePOC. Set to the first date the POC for non-0000, non-9999 tags has been submitted by the provider for the survey.

ACTS: Date the Plan of Correction was received from the provider.

Revisit Status

Used by AST. Determines which providers go on the Revisits to be Scheduled list. This is a shared value that also appears on the Investigation tab (intake) and Investigation Properties tab (Investigation Properties->Survey View).

Set by the system to 1-Required for standard surveys, and to 2-Not Required for revisits. You can manually override the auto-entered value.

Note: If Provides Swing Beds (SF44) = Yes in a related certification kit when an initial survey is created for a deemed Hospital in a combined survey, Revisit Status is set to 2-Not Required by default. If SF44 is changed from No to Yes after the survey is created, Revisit Status is not changed.

When a 2567 Issued date is entered for any survey, Revisit Status is updated to 1-Required, and the survey is flagged for revisit scheduling in AST. You will receive a message if the survey has no correctable citations. You can choose to retain the 2567 date and allow revisit scheduling anyway, or not.

If an intake is finalized and Revisit Status is 1-Required for the most recent investigation revisit survey (based on exit date) associated with the intake, Revisit Status is automatically set to 2-Not Required for that revisit. If an investigation does not have any revisits, Revisit Status is not changed for the investigation.

Adm Signoff (X6)

ePOC: Automatically entered by ePOC for surveys posted to ASPEN Web: ePOC. Set to the date when the facility has submitted a Plan of Correction for all deficiencies on a survey that require a POC.

ACTS: Date the administrator signed the POC.

Enabled only if there are correctable citation(s). Can also be entered on the Investigation tab (intake) and on the Investigation Properties tab (Investigation Properties->Survey View).

It is required for upload to national if:

- All linked intakes are deemed and at least one condition-level Federal tag is cited for the complaint survey.
- Any linked intake is not deemed and at least one Federal deficiency other than 0000 or 9999 with Scope/Severity > A is cited for the complaint survey.

NH: Not required for upload when only Past Noncompliance (PNC) tags are present (with or without memo tags 0000 and 9999).

2567/B Entry Complete

ePOC: Automatically selected when appropriate by ePOC for surveys posted to ASPEN Web: ePOC. Indicates all 2567 or 2567B data entry in ASPEN is complete. Checkbox selected when the survey is posted to ASPEN Web: ePOC if it is not already checked.

ACTS: Select this checkbox when all 2567 or 2567B data entry in ASPEN is complete.

If the survey is linked to a certification kit, the setting is shared with 2567/B Entry Complete for the survey in the Surveys grid on the Certification & Surveys tab. This field also appears on the Investigation tab of the intake and on the Investigation Properties tab in Investigation Properties->Survey View.

When selected, an audit record is created. The system retains the date the checkbox was first selected and the date it was last changed (selected or cleared). This audit date cannot be changed. The date is used in national performance reports.

Special Survey Tracking

Checkmark

Red - Survey Not Accepted

Survey has been uploaded to national, but not accepted.

Yellow - Survey Not Uploaded

Survey has not been uploaded to national.

Green - Survey Accepted

Survey has been uploaded to national and accepted.

Black - Pending Delete

Survey is pending delete from national.

A checkmark of the appropriate (not necessarily matching) color also appears on the icon for a special survey in Tree view.

Action

Upload transaction type: 00 ChgDate, 01 Delete, 03 Add or 04 Update.

Date

Date of the transaction.

Status

Status codes are:

-1 - Failed

Invalid data detected, transaction terminated.

00 - Pending Upload

Transaction successful, but survey not yet uploaded to national.

05 - Upload in Process

Survey is in the process of being uploaded to national.

10 - Successful

Survey accepted by national.

15 - Failed

Transaction failed at the national level.

By

Party that initiated the upload.

Error

Type of error.

Transaction ID

Identifier assigned to transaction by the system.

Sender Type

S = State, R = Region

Refresh List

Button returns the list to the original sort order.

Show Edits

Button opens a list of edits associated with the upload transaction.

Responsible Parties

Button opens the Manage Special Survey Responsible Parties dialog, which lets you assign non-surveyors to a special survey as responsible parties. The surnames of the assigned responsible parties are displayed on the Responsible Parties button as they fit. An ellipsis (…) is added if they do not all fit.

Citation Manager

Citations

All tags cited during the investigation. Condition level tags are displayed in green.

Right-click in this area to give yourself supervisor privileges, delete a citation, view the citation properties or POC text, or to rearrange the order of the citations.

A red checkmark appears to the left of a citation in the Citations list if the deficiency has been corrected and a correction date has been entered. Only followup surveys can have corrected deficiencies *except* standard NH surveys can include corrected PNC deficiencies.

To add a citation, select a tag in the Regulations section and drag it to this section. To edit or view your citation text for a single tag, double-click the tag. If you are in Supervisor mode, you can edit or view all surveyors' citation text when you double-click the tag. To edit or view one citation, double-click the surveyor's name beneath the tag.

CLIA only – ‘P’ is appended to tags marked as IQCP. They are included on the CMS-2567 and *are* uploaded. ‘Q’ is appended to tags marked as QC exclusion prior to 01/01/16. They are not included on the CMS-2567 and are not uploaded.

Regulations

This section lists the reg sets that were selected when the investigation was originally defined. Tags are listed beneath each regulation set. Condition level tags are displayed in green.

For LSC surveys with an Exit date (X3) on or after the ASPEN 7.1 release (9/11/03), only K-2000 regulation sets appear. The regulation sets that preceded K-2000 are still displayed for LSC surveys with an X3 date prior to ASPEN 7.1.

Bold tags have content library text available. You can add content library text to any tag: right-click the tag, select Edit Content, then click New in the Content Library Tag Text window.

To enter a citation, you must be the active surveyor. You can click a tag and drag it to the Citations field, or you can right-click a tag and click Add Citation.

To view the text of the regulation, tag, or interpretive guideline, right-click the regulation or a tag, then click Regulation Text or Interpretive Guidelines.

Find

If you know the tag number, enter all or part of it in the Find field above the Regulations list, and ACTS locates the tag in the list for you. Include leading zeros. This function is case-sensitive (upper/lower), so if the tag number is alphanumeric, use the correct case for the alpha characters.

Double-click the tag in the Regulations list to move it to the Citations section.

Team Roster

The surveyors assigned to the investigation. From this list, you can change the active surveyor or change the roster of team members.

Roster

Button opens the survey Team Roster window. You can add or remove surveyors from the team, and designate a team leader.

A message appears if you select a staff member whose General Staff Type is 02 Clerical/Support (in the Enter/Update Surveyor Information window in ACO). You can choose whether to go ahead and add that staff member or not.

Activate

Button makes the selected surveyor the active surveyor. New citations entered are associated with the active surveyor's name. The active surveyor's name appears in the Survey Information area of the Citation Manager.

To make a surveyor active, click the name or ID in the Survey Team list and then click Activate. Click Yes in the confirmation message.

Remarks-Non-Confidential

Button opens the Pre-decision remarks - Non-Confidential window, which displays the selected surveyor’s notes about the survey, if any. You can enter or edit remarks for the surveyor.

If you are in Supervisor mode, the Pre-decision Remarks for Entire Team - Non-Confidential window opens and displays all team members’ remarks. You can enter or edit notes for any listed surveyor.

Survey Information

General information about the survey, including:

Event ID

The ID assigned to the survey by ASPEN. ACTS uses this number to identify the surveys and to merge information collected by different surveyors into the same survey record.

Medicare ID

CCN of the provider being investigated.

Fac ID

State facility ID generated by ASPEN when the provider record is created.

Active Surveyor

New citations entered are attributed to the Active Surveyor. If you are not listed as the active surveyor, click your name in the Survey Team field and then click Activate.

Mode

Displays either Normal or Supervisor. Normal mode means that the active surveyor is on the team and can add citations. Supervisor mode means that the active surveyor opened the Citation Manager as supervisor and can review but not add citations.

Survey Dates

Start and exit dates of the investigation.

Find

Button opens the Find window, in which you can type text that you want to find in a citation, a regulation, or an interpretive guideline. Use this feature to find citations that already address a problem, or to find the tag and regulation that applies to a problem you've found.

Forms

Button opens the Select Form(s) to print window, from which you can print survey-related forms.

Letters

Button opens the Letter Selection window, where you can generate a new letter, or view letter and notification history.

Attach

Button opens the Survey Attachment Documents window. You can attach supporting documents and digital pictures to the survey. You can also view existing survey-level attachments.

Citation Properties

Severity/Scope

Enter a code from A through L that indicates the combined severity and scope of the problem being cited. If the field is disabled, the regulation you are citing does not require this code, or the regulation doesn't require it for the current provider type. For example, LSC regulation sets require S/S only for NHs.

When a Severity/Scope change is made for a tag anywhere in ASPEN, and the tag currently exists on a revisit survey, a warning notification appears informing users that the tag may require updating on that revisit survey as well.

CMS-2567 forms include the S/S for both Federal and state tags when the following conditions are met:

- you choose to include S/S data
- the S/S option is enabled for the regulation set(s)
- S/S values have been assigned

Grid

Displays the Severity/Scope Grid, with a graphic representation of the codes from A to L. Severity increases from the bottom to the top of the grid, Scope increases from left to right.

Correction Date

This field is displayed only for revisits with one exception: it is displayed and enabled if you select the Past Noncompliance indicator (see next) for a citation on a standard NH survey.

It is the date on which the provider corrected the original problem. If multiple surveyors have cited a tag and one surveyor enters a correction date, that date is automatically entered in this field for the other surveyors' cites.

Transplant Hospital – This field is not present because Correction Date is entered at the transplant type level in the Citation Dates by Transplant Type window.

NH – Correction Date is optional for PNC tags, but, if entered, must be before the Start date of the survey during which the PNC was discovered.

For *current* noncompliance tags, the Correction Date cannot be earlier than the exit date of the survey on which the tag was first cited, or later than the exit date of the latest revisit that included the tag.

Past Noncompliance

Available only for Nursing Homes when the survey Exit date is on or after 11/01/2005. If you select this indicator for a citation on a standard survey, the Correction Date field will be displayed and enabled. Also, the PNC checkbox on the Actions/Close tab will be automatically selected (unless the tag is also cited for current noncompliance), whether the survey is standard or revisit.

PNC tags are not eligible for Refused or Waived status. You can cite PNC tags on a survey as well as current noncompliance tags. PNC tags are allowed on revisits, but they are not carried forward from the standard survey when you create a revisit.

If a tag in the surveys associated with an intake is cited for both current noncompliance and past noncompliance, the tag is uploaded as current noncompliance.

QC Exclusion

CLIA only - This checkbox appears for D-tags that were flagged as QC exclusion prior to 01/01/16. QC exclusion tags are not included on the CMS-2567 and are not uploaded.

IQCP

CLIA only - This checkbox appears only for D-tags that are IQCP-eligible (per regulation set definition). Select if the tag is being cited under the lab's IQCP and the citation references deficiencies related to IQCP, even if non-IQCP deficiencies are also included. Tags marked as IQCP are included on the CMS-2567 and are uploaded.

Refused

Included for citations assigned any CLIA special survey type. Select to indicate the provider has refused to submit a Plan of Correction for the tag.

Citation Category

This list comes from the Survey Types that were selected in Survey Properties. The tag you are citing may, for instance, apply only to the Complaint aspect of the investigation, not to the Recertification. Select the category (or categories) appropriate for the tag.

Note: Survey types K-State Licensure, 1-Initial Licensure, 2-Re-Licensure, and 3-Licensure Complaint will not be included in the list for a Federal tag. For a state tag, all selected Survey Types will be included.

Building

This field is displayed only for LSC surveys.

Select the building you are citing. The drop-down includes open buildings that are associated with the current regulation set. The same surveyor cannot cite the same tag more than once for a single building.

The regulation set for each building is determined by the LSC Form Indicator selected when the building was added to the provider record in ACO. For building records created on or after the ASPEN 7.1 release (9/11/03), only K-2000 form numbers can be assigned. Building records that existed before ASPEN 7.1 retain the older form numbers.

POC Received from Facility

ePOC: Automatically updated by ePOC for surveys posted to ASPEN Web: ePOC. Set to the date the Plan of Correction for the current tag was received from the facility.

ACTS: Date the Plan of Correction for the current tag was received from the facility.

NH – Disabled if the PNC indicator is selected. If this date is entered and then the PNC indicator is selected, this date is removed.

CLIA – Disabled if the QC Exclusion checkbox was selected for a tag prior to 01/01/16.

Facility POC Complete (X5)

ePOC: Automatically entered by ePOC for surveys posted to ASPEN Web: ePOC. Set to the date the facility indicates the POC will be completed for the tag.

ACTS: Date by which the facility states the deficiency will be corrected.

This date appears as the Completion date (X5) for the tag in the Deficiencies grid on the Investigation Properties tab. If the date is changed in one location, the change is stored in both locations.

Transplant Hospital – This field is not present because Completion Date is entered at the transplant type level in the Citation Dates by Transplant Type window.

NH – Disabled if the PNC indicator is selected. If this date is entered and then the PNC indicator is selected, this date is removed.

CLIA – Disabled if the QC Exclusion checkbox was selected for a tag prior to 01/01/16.

Set All Tags to These POC Dates

Button applies the POC dates entered for the current tag to all other tags cited in the survey.

NH – Disabled if the PNC indicator is selected. When selected for a non-PNC tag, the dates will not cascade to PNC tags.

CLIA – Disabled if the QC Exclusion checkbox was selected for a tag prior to 01/01/16.

SA POC Accepted

ePOC: Automatically updated by ePOC for surveys posted to ASPEN Web: ePOC when the SA/RO approves the tag's POC.

ACTS: Date the SA/RO accepted the tag's POC.

NH – This field is disabled if the PNC indicator is selected. If this date is entered and then the PNC indicator is selected, this date is removed.

CLIA – Disabled if the QC Exclusion checkbox was selected for a tag prior to 01/01/16.

Transplant Types

Transplant Hospital only – Button opens the Select Transplant Types window in which you choose the transplant types (programs) to associate with the citation. The number on the button indicates how many types are currently selected.

You will receive a message if you select a transplant type that is not current for the provider or if Surveyed is set to No per the Transplant Programs tab of the most recent certification kit at the time of intake receipt. A program is considered current if it is listed in the Transplant Program Summary section and Status is: Applied but not Surveyed, Survey in Progress, or Program Approved. If a transplant program was not in effect on the applicable certification kit, the program is not considered current, even if it is in effect on a more recent certification kit. The value for Surveyed is also set in the Transplant Program Summary section.

In the Select Transplant Types window, click the Update Dates button to open the Citation Dates by Transplant Type window and enter Completion (X5) and Correction dates as applicable for each transplant type associated with the citation. The Citation Dates window lists only the transplant types specified in the Select Transplant Types window.

Specialties

CLIA only – Enabled only for tags that require specialty information. Click to open the Select Survey Specialties/Sub-specialties window and associate applicable tests with the citation. Only specialties applicable to the current D tag are listed. For each selected test, specify its Complexity.

Content Library Tag Text

Predefined text list

Lists existing predefined text entries in the Content Library. If there is already predefined text for the current tag, the tag will be highlighted.

New

Opens the Input Content Library Tag Text window, so you can type or paste content for a new predefined text item.

Modify

Opens the Input Content Library Tag Text window, so you can edit the existing content for a predefined text item.

Delete

Deletes the selected predefined text item from the Content Library. You will be asked to confirm.

Insert

Inserts the selected predefined text item into the Citation word processor at the cursor's location.

Close

Closes the Content Library Tag Text window.

POC Tracking

This window appears only for surveys of facilities that are not ePOC-enabled. For complete information about ePOC, see the ePOC guides for facilities and CMS.

POC Tracking: Grid

POC Due

Defaults to the 2567 Issued date + 10 days.

Received POC

Date the POC was actually received.

POC Status

Indicate whether the POC was Accepted or Not Accepted.

POC Status Date

Date the POC Status was entered. If POC Status is Accepted, this is entered as the POC Approved date for the investigation survey in the Investigation and Survey section on the Investigation tab of the intake.

POC Revised Due Date

Enabled if POC Status is Not Accepted. Date the revised POC is due.

Letter

Button opens the Notices History window, where you can see the letters that have already been sent concerning the investigation, and select a new letter to send.

Delete

Button deletes POC dates in the selected row.

POC Notes

A text editor in which you can enter notes about the POC process.

Informal Dispute Resolution

Can be accessed for NH and HHA providers, including licensure subtypes, and other state-defined providers activated for IDR/IIDR.

Note: IIDR is not available for HHAs.

Request Received

Date the IDR/Independent IDR request was received from the provider.

Scheduled

Date the IDR/Independent IDR was scheduled to be conducted.

Conducted

Date the review occurred.

Conducted By

Name of the individual or entity conducting the IDR/Independent IDR review.

Withdrawn

If the request for IDR/Independent IDR was withdrawn, the date the withdrawal was received.

Completion

Date the results of the review were formally sent to the provider.

IDR/IIDR Type

Options are: 01 Desk Review, 02 Phone Review, 03 Face to Face Review.

Additional Doc. Rec'd from Provider

Date additional documentation was received from the provider.

Revised 2567 Date

New 2567 date.

POC Required

ePOC: Automatically selected if appropriate by ePOC for surveys posted to ASPEN Web: ePOC.

ACTS: Select if applicable. Activates the POC Received field.

POC Received

ePOC: Automatically entered by ePOC for surveys posted to ASPEN Web: ePOC. Set to the date when the facility has submitted a Plan of Correction for all deficiencies on a survey that require a POC.

ACO: Date a POC was received from the provider.

Show Attendees

Button opens the Select Attendees window, which shows who attended the review. You can add or remove attendees.

IDR/IIDR Notes

Record resident and ombudsman input, dates, and other relevant information in this text field.

IDR Add Tag

Button opens the Select Team Member window, then Select New Tag window lets you add a new tag when there is a determination that a new citation should be added as a result of IDR.

Survey Citation IDR/IIDR Status grid

Shows current IDR/IIDR status and related information for each tag cited in the selected survey.

This grid has the following columns:

Citation - Tag number and description.

Cert - Selected if the tag was cited as part of a certification survey (Certification is selected in Citation Properties).

Cmplnt - Selected if the tag was cited as part of a complaint survey (Complaint Investig. is selected in Citation Properties).

IDR Status, IIDR Status - Two drop-down lists of status options. This field indicates changes to a citation as a result of IDR/Independent IDR. Options are:

01 None - IDR/Independent IDR not requested for the citation. This is the default IDR/IIDR status.

02 Requested - IDR/Independent IDR requested but not completed for the citation. Tags with a status of 02 are not included in uploads.

03 No Change - IDR/Independent IDR performed, state determines no change warranted.

04 Tag Change - IDR/Independent IDR determined citation should be moved to different tag. The other direct resolution option is disabled for the tag. The original tag is considered removed and a new tag cited. Original tag will not be printed on survey forms.

05 Tag Removed - IDR/Independent IDR determined tag should be removed. The other direct resolution option is disabled for the tag. Original tag will not be printed on survey forms.

06 S/S Change - IDR/Independent IDR determined new Scope/Severity level warranted. New S/S value will be printed on survey forms.

07 Examples Removed/ ... - IDR/Independent IDR determined evidence should be changed.

08 S/S Change/Examples Removed/ ... - Combines 06 & 07.

09 New Tag at IDR - IDR/Independent IDR determined a new citation is warranted.

10 Request Withdrawn - Provider withdrew IDR/Independent IDR request before review.

11 Result of Tag Change - HHA only. Status assigned to tag that replaced a tag with IDR/IIDR Status = 04.

12 IJ Removed - HHA only. IDR/Independent IDR determined IJ situation should be removed.

Citations with an IDR/IIDR status of 01, 03, 06, 07, 08, 09, 10, 11, or 12 are included in uploads. Citations with an IDR/IIDR status of 02, 04, or 05 are not uploaded.

Citations moved to another tag or removed due to IDR/Independent IDR are excluded from the following forms/reports:

- CMS-2567 and CMS-2567B
- Quick Report (draft CMS-2567)
- Severity/Scope Grid

Citations moved to another tag or removed due to IDR/Independent IDR also cannot be linked to an allegation. If a citation is already linked to an allegation when it is moved to another tag or removed due to IDR/Independent IDR, the link to the allegation is removed.

Scroll to the right to see additional fields.

Final SS - Final Scope/Severity level for the tag. S/S changes due to IDR and Independent IDR are allowed on the same tag. The Final SS value defaults to the latest S/S change, but you can change it. A warning is issued if Final SS does not match SS After IDR or After IIDR.

Orig SS - When Scope/Severity level changes as a result of IDR/Independent IDR, the original level is stored in this column.

SS Before IDR - Scope/Severity level for the tag before IDR.

SS After IDR - Scope/Severity level for the tag after IDR.

SS Before IIDR - Scope/Severity level for the tag before Independent IDR.

SS After IIDR - Scope/Severity level for the tag after Independent IDR.

IDR Changed To - If the tag changes as a result of IDR, this column shows the new tag number.

IIDR Changed To - If the tag changes as a result of Independent IDR, this column shows the new tag number.

Evidence - Opens a read-only view of the surveyor's findings for the tag.

IDR Request Reason - Select the primary reason given by the provider for requesting IDR. If new information is offered for a tag, select 05 New Information Available as the primary reason.

IIDR Request Reason - Select the primary reason given by the provider for requesting Independent IDR. If new information is offered for a tag, select 05 New Information Available as the primary reason.

Corrected - The Correction Date entered in Citation Properties.

IDR Reason for Decision - Indicate the primary reason for the IDR decision. Select 01 No Change when there is no change to the citation. If there is more than one reason for a change, and if 02 Additional Information Provided is one of them, always indicate one of the others as the primary reason.

IIDR Reason for Decision - Indicate the primary reason for the Independent IDR decision. Select 01 No Change when there is no change to the citation. If there is more than one reason for a change, and if 02 Additional Information Provided is one of them, always indicate one of the others as the primary reason.

Undo IDR - Button undoes the assigned IDR Status and returns it to the default 01 None.

Undo IIDR - Button undoes the assigned IIDR Status and returns it to the default 01 None.

Print

Click button to print the IDR/IIDR details as a report.

Survey Attachment Documents/ePOC Attachments

Event/Intake ID

Attachment Documents windows. Depending on whether you open the window from an investigation survey or intake, the Event ID of the survey or the intake ID.

Description

User-defined description of the attachment. For intake and survey-level attachments, a description is required before you can attach a file. For ePOC attachments, it is optional.

File Name

File name and extension of the attachment.

Attachment Date/time

Date and time of attachment are automatically entered.

Category - Survey attachments only

Select a Category if needed. For example, select Immediate Jeopardy if attachment is associated with an IJ survey.

Source

ePOC Attachments window only. Indicates whether the ePOC-related file was attached by the SA/RO or Facility

Document: Attach/View

Attachment Documents windows. Button adds a new attachment, or opens an existing attachment. Some attachment types open minimized, so check your Task bar if you do not see your attachment full screen.

Filter by category - Survey attachments only

Only displays attachments assigned the selected category.

Document: View

ePOC Attachments window only. Button opens an existing facility or SA/RO ePOC attachment. Some attachment types open minimized, so check your Task bar if you do not see your attachment full screen. To add an attachment, you must click the New button.

ePOC Attachments (#)

Survey Attachment Documents window only. Enabled only for ePOC-enrolled providers. Opens the ePOC Attachments window to display 1) SA/RO ePOC-related survey attachments (which the SA/RO can modify) and 2) Files the facility attached via ASPEN Web: ePOC (read-only) to support POC(s) for the selected survey until final POC approval.

If ePOC attachments exist, a number is displayed between the parentheses. ePOC attachments are separate from survey attachments and are deleted upon approval of the last tag's POC.

New

ePOC Attachments window only. Button opens Add ePOC Attachment window, where you can enter the Description and locate the file to attach.

Delete

Button deletes the selected attachment. You are asked to confirm the deletion.

Close

Survey Attachment Documents window – Closes the Survey Attachment Documents window.

ePOC Attachments window – Closes the ePOC Attachments window and returns you to the Survey Attachment documents window.

Select Form(s) to print

Standard Reports

The reports you can print from this window are:

CMS 2567

Generates the Statement of Deficiencies and Plan of Correction for the survey. When you select this form, ACTS opens the Customize Survey Report Form window so you can customize the report as needed.

Citations moved to another tag or removed due to IDR/Independent IDR and/or hearing settlement are excluded from CMS-2567. If state tags are cited, they print separately on the State Form (CMS-2567).

CMS 2567B

Generates the Statement of Deficiencies and Plan of Correction for a revisit.

Citations moved to another tag or removed due to IDR/Independent IDR and/or hearing settlement are excluded from CMS-2567B. If state tags were cited and the deficiencies corrected, they print separately on the State Form: Revisit Report (CMS-2567B).

CMS 670

Before printing the CMS-670, you tell ACTS whether you want a combined report or separate CMS-670s. For a combined survey, e.g., both a complaint/incident investigation and recertification, you can choose to print a separate CMS-670 for each survey type, or combine the data for the survey types you select (except State Licensure) into one CMS-670 report.

CMS 1539 (C&T)

Generates the Federal Medicare/Medicaid Certification and Transmittal Report for the survey. Click the 1539 Entry button to enter or review the information for this form.

S/S Grid

Shows the distribution of citations by severity/scope level.

Citations moved to another tag or removed due to IDR/Independent IDR and/or hearing settlement are excluded from the Severity/Scope Grid report.

Quick Report

Prints a draft of information that will be included on the CMS-2567. Useful for reviewing citation text before printing the final CMS-2567.

Citations moved to another tag or removed due to IDR/Independent IDR and/or hearing settlement are excluded from the Quick Report.

Select Form(s) to Print: Buttons

670 Entry

Opens the CMS 670 Workload Detail window, which lists the IDs and names of surveyors on the survey team, and their hours. You must complete this information before printing the 670 report, and in order for the investigation to qualify for upload.

1539 Entry

Opens the C&T 1539 window for the survey (read-only), from which you can print the CMS-1539 form.

Customize Survey Report Form

Include Surveyor ID Numbers

Prints the ID numbers of survey team members.

Include Severity and Scope Data

Prints the S/S code for each tag (Federal and state) beneath the tag number if the S/S option is enabled for the regulation set(s) and S/S values have been assigned.

Depending on provider type, this option may or may not be selected by default. For example, it is selected for NHs, but not for ESRDs (since it’s not applicable).

Include Tag 9999

Prints Tag 9999 comments. Selected by default.

Include Team List on Last Page

Includes the survey team roster on the last page of the form.

Include POC Text

Prints the Plan of Correction. Selected by default.

Only Active Surveyor's Info

Includes only the active surveyor's citations on the form.

Use Original Name

Prints the form using the provider's prior name.

Use Large Font

Prints the form in a larger font size.

Print Instructions

Includes the Instructions for Completion of the CMS-2567 form as the cover page.

Print Citation Summary Page

Prints a list of citations on the survey titled Statement of Deficiencies Citation Summary Sheet on a page preceding the form.

Print Special Tags Separately

Prints separate CMS-2567 reports for EMTALA and/or Swing Bed tags. Selected by default.

Exclude POC Not Final/Pending Acknowledgment Watermark

Suppresses printing of the watermark on an ePOC-posted survey with tags that not yet been approved. Enabled only for ePOC-posted surveys.

Combine

Click to include more than one survey type, regulation set, or building on the same form.

If the survey contains multiple regulation sets (or buildings if LSC), ASPEN normally produces a separate CMS-2567 for each one. Use the Combine function to combine regulations or buildings on one form.

You cannot, however, combine Federal and state regulations on the same form. If state tags are cited, they print separately on the State Form (CMS-2567), or, for corrected state deficiencies, on the State Form: Revisit Report (CMS-2567B).

CMS 670 Workload Detail

For a combined survey, you can enter hours spent for each portion of the survey, and print either separate or combined 670 forms.

CMS 670 Workload Detail for Survey

Staff Name

Each surveyor's name and unique 5-digit ID is on a shaded row. Surveyors listed are those that are on the Team Roster in Survey Properties.

Category Description

Survey category. Those listed are the Type(s) of Survey specified for the survey in Survey Properties. For a complete list of survey types, see "Survey Categories/Types" on page 453.

Lead

Indicates the survey team leader. You can select only one.

On Team (A)

Select this checkbox for each survey category in which the surveyor participated. You cannot enter hours for a survey type, and the surveyor is not included on the printed 670 for a survey type until you select this checkbox.

Arrival (B)

The date the surveyor arrived at the facility. Start date is brought forward from Survey Properties. If you change the Arrival date, it must be on or before the survey Exit date (X3), and you should also manually update Start date in Survey Properties.

Depart (C)

The final date the surveyor departed from the facility. Exit date (X3) is brought forward from Survey Properties. If you change the Depart date, it must be on or before X3, and you should also manually update X3 in Survey Properties.

Pre-Survey Hours (D)

Number of hours the surveyor spent preparing for the survey. Includes phone calls, conferences and paperwork. Enter hours to the nearest quarter hour.

Pre-survey hours are optional except for one surveyor on the team.

On-Site Hours (E), (F) and (G)

The number of working hours the surveyor spent onsite, in the specified time frames. There must be at least one entry in either (E), (F) or (G) for each surveyor on the team. Enter hours to the nearest quarter-hour.

Travel (H)

Hours (entered to the nearest quarter-hour) the surveyor spent traveling from home to site or office to site (the lesser of the two). ACO expects travel hours when onsite hours have been entered.

Off Site (I)

Hours (entered to the nearest quarter-hour) the surveyor spent offsite working on the survey and preparing reports.

Off Site hours are optional except for one surveyor on the team.

Print

Button opens the Form 670 Print Preferences window, where you can choose to print either separate or combined 670 forms.

Office Hours

Button opens the Form 670 Input Office Hours window, for entry of supervisory and clerical hours for both SA and RO. Also use this window to indicate whether or not a Statement of Deficiencies was given to the provider at the completion of the survey.

Office hours are required for upload.

As in the CMS 670 Workload Detail window, office hours can be split among different portions of a combined survey.

Set All Hours

Button copies selected team member hours to all the other members of the team.

When there is more than one survey type (i.e., recertification and complaint), hours are copied from the selected surveyor to those surveyors who have the On Team box marked for that type.

Form 670 Input Office Hours

Form 670 Input Office Hours: Grid

Survey Category

Survey Types specified for the survey in Survey Properties.

Total SA Supervisory/Review Hours

Total number of survey and/or review hours spent by the state agency.

Total SA Clerical/Data Entry Hours

Total number of clerical and/or data entry hours spent by the state agency.

Total RO Clerical/Data Entry Hours

Total number of clerical and/or data entry hours spent by the regional office.

SOD Given To the Provider On-Site at Completion of Survey

Select the checkbox to indicate that a Statement of Deficiencies was given to the provider at the completion of the survey.

Total SA Office Hours for All Survey Categories

Supervisory/Review Hours

Complete total of state agency supervisory and/or review hours across all survey categories.

Clerical/Data Entry Hours

Complete total of state agency clerical and/or data entry hours across all survey categories.

Total RO Hours for All Survey Categories

Supervisory/Review Hours

Complete total of regional office supervisory and/or review hours across all survey categories.

Clerical/Data Entry Hours

Complete total of regional office clerical and/or data entry hours across all survey categories.

Create Followup

Start Date

Start date for the revisit.

Exit Date

Date the revisit is completed. You cannot create multiple followups with the same exit date for the same survey.

Shell Only

NH, HHA, CLIA. Selected by default for new revisits. When selected, the survey will not be added automatically to an AEM case. When a revisit is created, uncorrected tags from the previous visit are carried forward. In this case, if tags are added after the initial creation, the Shell Only checkbox is cleared.

Team Roster

IDs and names of members of the investigation team. Click the Update button to add or remove surveyors.

Update

Button accesses the Staff Availability List window, in which you select the surveyors you want to assign to the survey team.

The list of staff members is filtered by the Responsible Team setting in the current My Selections set.

The list of staff members is also filtered by the Facility Type setting in the current My Selections set and by Allowed Facility Types in the Enter/Update Surveyor window in ACO, so that only active surveyors who are eligible to work on currently displayed facility types are included:

- *if* you have AST installed
- *and if* "Use facility types of active selection" is selected on the Scheduling tab of My Preferences in AST. It is deselected by default, so you must select it and then click the Save Settings button.

If these conditions are not met, the list of staff members in the Staff Availability List window is not filtered at all by facility type.

You can add out-of-state and other special surveyors (icon has a red jacket) if they have been assigned proper survey rights through the State Working Access system.

A message appears if you select a staff member whose General Staff Type is 02 Clerical/Support (in the Enter/Update Surveyor Information window in ACO). You can choose whether to go ahead and add that staff member or not.

Carry Text Forward

Select this checkbox if you want to copy all the surveyor tag text into the followup survey.

Export

Aspen Transfer Location

A drop-down list of transfer locations to which you can export the data, usually the roots of the A and C drives.

Other Location

If you want to use a transfer location not specified above, enter the complete path to the export destination, or click the Find button to browse to that location.

Survey Export

List of surveys

Lists all the surveys selected for export with Event ID, Provider Name, Fac (Facility) ID, and Last Updated by Source and Destination (user, date, time) for each. Updates may be by transfer or changes made in the application.

Select the surveys you want to send to the transfer destination. If you exported just one survey, it is selected by default. Linked intake(s) will also go to the transfer destination.

Select All

Click to select all surveys in the list.

Select None

Click to deselect all surveys in the list.

Include related LCSP Surveys

Displayed in ACTS RO only and only when an LTCSP comparative survey is exported. Select to include the linked state survey and its associated LTCSP information.

For complete information about LTCSP comparative procedures:

See the *LTCSP User's Guide*, which is posted on the QTSO website at https://qtso.cms.gov

Include attachments

Select or deselect to include or exclude attachments in the transfer; selected by default.

Continue with Export

Select this button or press Enter to continue the export process.

Always Use Source: No/Yes

Click the button to toggle between No and Yes. If No (the default), you will be prompted to resolve conflicts between the export source and destination. If Yes, source values will be used for all data fields.

Cancel Export

Select to stop the export process.

Finalize Transfer

Apply

Completes the export/import process.

Cancel

Cancels the export/import process.

Transfer Log

Lists items transferred and merged.

Import

Aspen Transfer Location

A drop-down list of transfer locations to which you can import the survey. ASPEN Transfer Locations are usually the root of the A and C drives.

Zip or mdb file

If the transfer file is in a location not specified in this screen, enter the complete path here, or click the binoculars to browse to that location.

Merge fields

Show Different Fields

Shows only fields that differ between the source and destination transfer files.

Show ALL Fields

Shows all fields being exported.

Select Source ACO/ACTS

Overwrites Destination Value with Source Value for an individual field.

Select Destination Transfer File

Keeps the Destination Value for an individual field.

Continue With Transfer

Saves the current values and continues the data transfer.

Use All Source ACO/ACTS

Overwrites Destination Value with Source Value for all fields with differing values.

Use All Dest Transfer File

Keeps Destination Value for all fields with differing values.

Cancel Transfer

Halts the transfer process.

Multiple Row Merge

Source Transfer Files

Contents of files that you are exporting.

Destination Transfer Files

Contents of existing transfer files.

Check All Source

Check to include only Source rows in merge.

Autoselect

Reverts to default selections. All Source rows are selected by default as are Destination rows that do not conflict with Source rows.

Check All Destination

Check to include only Destination rows in merge.

Continue With Transfer

Saves current merge selections and continues with transfer.

Cancel Transfer

Halts the transfer process.

Merge or Replace Investigation Notes

Source

Contents of file that you are exporting.

Destination

Contents of existing transfer file.

Replace Destination

Replaces all the Destination text with all the contents of the Source text.

Append Selected

Appends the text you highlight in the Source pane to the end of the text in the Destination pane.

Insert Selected

Inserts the text you highlight in the Source pane at the position of your cursor in the Destination pane.

Restore Original Destination

Undoes any changes you made to the Destination text.

Save Final Version

Saves your changes. If more than one citation has been changed, another Merge Text window opens for the next citation.

Cancel

Closes window without saving changes.

Notices Fields

Notices History

Letter History section

Lists summary information about letters generated for the current complaint/incident or investigation survey including: date Created, letter Description, Intake Number, Status (Batched/Printed), and Locked status (Yes/No).

Note: Intake Number is entered for intake-level letters but not survey-level letters. If a letter has been added to the print batch, Status = Batched. Otherwise, Status = Printed whether or not the letter has been sent to a printer.

View/Print

Button opens the selected letter in the letter or ASPEN word processor depending on the WP version of its template (New or Old respectively), so you can view, edit, and print it.

New

Button opens the Select Letters and Distribution Lists window, so you can select the letter you want to send and its recipients.

Modify Date

Button opens the Modify Letter History Date window, so you can change the date the letter was sent if necessary.

Delete

Button deletes the selected letter from the intake's letter history.

Lock/Unlock

Button toggles to let you lock a letter so it is read-only, or unlock a locked letter. You can use button-level security to limit the availability of the Unlock function to system administrators or other designated individuals.

Notification History section

Lists notifications that have been made concerning the complaint/incident. You can include or exclude (more likely) letters listed in the Letter History section.

New

Button opens the Notification Type window, where you specify the type of notification, the party sending it, the method (telephone, written, or email) and the date. All fields are required.

Modify

Button opens the Notification Type window for the selected notification so you can make changes.

Delete

Button deletes the selected notification from the intake's Notices History.

Acknowledgement Date

Read-only. Indicates the earliest notification record of type 01 Acknowledgement to Complainant for the intake.

Select Letters and Distribution Lists

Show All

When you open Select Letters and Distribution Lists from an intake, ACTS displays only Complaint type letters by default. If you open the window from Citation Manager, the default display is of Survey letters. Select this checkbox to show all letters.

Form Letter section

Lists letter templates from which custom form letters can be generated. You can modify individual letters before sending them. To create new form letter templates that will be added to this list, select Letter Management from the System menu.

Distributions section

Lists possible recipients for the letter. The list includes recipients from the ACTS Distribution List (System menu) as well as intake-specific recipients, i.e., the provider, complainants, and referral agency (if applicable).

Set Action

Select a recipient, then click this button to toggle through the action options: Letter (sends the letter to the recipient), cc (sends a copy with a notation on the main letter that a copy has been sent to this recipient), bcc (sends a copy with no indication on the main letter that a copy has been sent), or blank (no action).

Preview

Opens the letter in the letter or ASPEN word processor depending on the WP version of its template (New or Old respectively), where you can make changes. Once you print the letter from either word processor, it is added to the intake's Letter History.

Notification Type

Type

Select a type for the notification from the pre-defined list.

To modify the list: from the System menu, select Lookup Tables | Standard Lookups | NOTIFICATION | NOTIFYTYPE, then make your modifications.

Party

Indicate whether the notification originated from the 01 Central Office (SA), 02 Field Office (SA), 03 CMS Regional Office, or 04 CMS Central Office.

Method

Options are:

01 Telephone

02 Written

03 E-Mail

04 In Person

Date

Enter the date of the notification.Letters

Show Views

Select this checkbox to include templates designated as “views” on the list (ISVIEW = 1). Views are not letter templates; ACTS uses them to store text for display in various areas of the application. CMS maintains all views except State Prompts, which SAs can modify as needed.

Letter Type

Select the type of letter templates to list in the grid. The default is All.

Letters: Grid

Letter ID

Unique identifier generated by ACTS.

Description

Brief description of the letter template.

WP Ver

Indicates whether the template and its content was created in ASPEN 6.5 or later using the letter word processor (New), or prior to ASPEN 6.5 using the ASPEN word processor (Old).

Letter Type

This field is required when you create a new letter template. When you generate custom letters from within an intake, the default list displays Complaint templates; when you generate them from a survey screen, the default list displays Survey templates.

Federal

Yes/No. RO users can designate a letter template as Federal. This field is not available in ACTS SA. Federal letter templates can be modified only in ACTS RO.

Top/Bottom Margin

You can specify margins when creating the template.

Page Header/ Page Footer

Text of header and/or footer.

Page Num in Header/Page Num in Footer

Indicates whether or not page numbers are in the header and/or footer of the template.

Logo

Yes/No. Indicates whether an Old template contains a logo. Logos are added to Old templates via the Logo button in the Letter Desc window. Not applicable for New templates; value is always No.

HasOrigLett

If 1, letter was converted from the “old” ASPEN word processor to the “new” letter word processor and it can be rolled back to the original format, if desired.

ISVIEW

Indicates the item is a view rather than a letter template. Views are not letter templates; ACTS uses them to store text for display in various areas of the application. CMS maintains all views except State Prompts, which SAs can modify as needed.

More ...

Procedure: “Add Questions to Ask Caller” on page 187

Letters: Buttons

New

Button opens the Letter Desc window, where you specify the attributes of new letters.

Modify

Button makes changes to selected letter attributes.

Delete

Button deletes selected template(s) from the database. You are asked to confirm.

Use Shift+click to select a consecutive group of templates to delete, or Ctrl+click to select multiple non-sequential templates.

Text

Opens the letter or ASPEN word processor, depending on the WP version of its template (New or Old respectively), where you can add or modify text in the selected template.

Note: Federal letter templates (attributes and content) can be modified only in ACTS RO.

Letter Desc

ID

Unique identifier generated by ACTS.

Description

Brief description of the letter. 40 characters are permitted, but you may have to scroll to the right in the Letters screen to see the last several characters if the description is longer than 35 characters or so.

TIP: To group similar letters together, provide descriptions that sort together alphabetically. You could, for example, assign prefixes that will group and list the templates in the desired order.

Top/Bottom margin

Enter a value in inches.

Disabled for New letter templates.

Page Number in Header

Select this checkbox to insert “Page x of x” in the header, left aligned.

Disabled for New letter templates.

Header Text

Button opens Edit Text for Header window where you can add header text to Old letter templates and even insert letter macros (merge codes). Font is 10 pt Times New Roman, and cannot be changed.

Disabled for New letter templates.

Start Header on Page

Specify the first page on which you want the header to print.

Disabled for New letter templates.

Page Number in Footer

Select this checkbox to insert “Page x of x” in the footer, left aligned.

Disabled for New letter templates.

Footer Text

Button opens Edit Text for Footer window where you can add footer text to Old templates and even insert letter macros (merge codes). Font is 10 pt Times New Roman, and cannot be changed.

Disabled for New letter templates.

Federal Letter

ACTS RO only. Regional Office staff can indicate whether the letter is a Federal letter and should be available only to RO personnel.

Letter Type

Required. Choices are: Survey, Complaint, Facility.

When you send a letter from an intake, the default list shows only Complaint letters; from survey windows you will see Survey letters, and so on. You can select the Show All checkbox to display all letters if you need to.

Logo

Button inserts a file containing a bitmap of your agency’s logo.

Disabled for New letter templates.

Notification Type

Enabled only for Complaint letters. Whenever a Complaint letter is generated from a template with Notification Type specified, a notification record is automatically added to the Notification History section in the Notices History window.

Facility Type tab

Use to assign facility types to the letter template. Select the “Letter appears” checkbox, then select the desired facility types. When you generate a letter, only letters assigned to the current facility type will appear. You can select the Show All checkbox to display all letters if you need to.

ACTS Distribution List

ACTS Distribution List: Grid

Distribution

A user-defined description of the recipient.

Recipient

Recipient’s name.

Recipient Address

Recipient's address.

Default CC

Yes or No. Indicates whether this recipient is set to receive a copy of all complaint correspondence by default. You can change this when you print individual letters.

ACTS Distribution List: Buttons

New

Button adds a new recipient to the Distribution List.

Modify

Button modifies information for selected recipient.

Delete

Button deletes the selected recipient.

Distribution

ID

Required. 3 characters alphanumeric. Once the record is saved, this ID cannot be changed.

Description

A brief description of the recipient.

Recipient

Recipient's full name.

Salutation

Salutation (title) you may want to use in letter macros (merge codes): Ms., Mr., Mrs., Miss

Dept

Enter an agency Department, if applicable.

Address

Street Address, including Suite or Office number.

City, State, Zip

City, state, and Zip code for recipient.

Recipient Type

Required. If an individual or agency will be a Party receiving notification letters, select the appropriate classification. Options are:

1 Facility

2 Complainant

3 Representative

4 Other

CC by default

Select this checkbox to set the default recipient (person or agency) to receive copies of all complaint correspondence. You can change the cc setting when you send individual letters.

Letter word processor

Menus

File menu

File menu options are:

Save As

Page Setup

Print Preview

Print

Save & Exit

Exit

Edit menu

Standard editing tools such as cut and paste, find and replace.

View menu

Lets you choose among several view layouts, display headers and footers, choose toolbar display preferences, and set zoom level.

Insert menu

Options are:

File

Image

Object

Page Break

Page Number

Format menu

Define and change character and paragraph formats, set tab stops, apply bullets, define and apply styles, and choose text and background color.

Table menu

Options for creating and customizing tables.

Tools menu

Access a spell checker and thesaurus.

Toolbar Functions

Save & Exit

Button saves the document and exits.

Cut

Cut selected text.

Copy

Copy selected text.

Paste

Pastes the contents of the Windows clipboard into your text at the insertion point.

Undo

Undo your last action.

Spell check

Opens the spell checker.

Insert

Inserts the selected macro from the Macros list into your text at the insertion point.

Bold/Italic/Underline

Applies bold, italic and underline attributes to the selected text.

Alignment icon

Applies left, right, centered, and justified alignment to the selected text.

Bullet icon

Inserts a bulleted paragraph.

Number icon

Inserts a numbered paragraph. Use to create numbered lists or steps.

Tab Stops icon

Sets left, right, decimal, and center tab stops.

Other ACTS Fields

Tree Groups

Groups grid

Displays a list of currently configured groups.

Group Properties

Display Value

The label displayed for the group.

Low

The low value that you want to include in the group.

High

The high value that you want to include in the group.

Group Properties: Buttons

Save

Select to save changes and continue.

Undo

Select to undo changes or additions since the last save.

New

Select to create a new group.

Delete

Select the group to remove and click Delete.

Selection Properties

Filters

You can create selection sets that filter the records displayed in ACTS according to the criteria you specify. The name of the active My Selections set is displayed in the title bar of the ACTS Explorer screen.

On each tab, click the checkbox at the upper left to activate the filter so you can select filter options. If you do not activate a filter and select specific options, ACTS assumes all options (or dates) on that tab are selected when filtering items for display.

Available filters are:

Facility Type

Filters providers by specified type(s) according to Type selected on Facility Definition tab (ACO).

Status

Filters intakes by selected status(es) according to Status auto-entered on Intake tab.

Location Received

Filters intakes by selected location(s) according to Location Received entered on Intake tab.

Responsible Team

Filters intakes by selected team(s) according to Responsible Team entered on Intake tab.

Date

Filters items (intakes, investigations, Hotline calls) by specified date criteria based on Received End Date entered on Intake tab (intakes), Exit date entered in Survey Properties (investigations), and Received Date entered in New/Modify Call window (Hotline calls).

Type

Filters intakes by specified type(s) according to Intake Type and Subtype entered on Intake tab.

CLIA

Filters CLIA complaints by selected certificate(s) according to CLIA Certificate entered on Intake tab.

WARNING! If you activate the CLIA filter in a selection set, it suppresses display of all intakes for non-CLIA providers. It is best to activate it when you display only CLIA labs (Facility Type filter) and you want to filter the associated intakes by certificate type.

Operating Status

Filters providers by specified status(es) according to Current Operating Status entered on Facility Definition tab (ACO).

State Region

Filters providers by specified region(s) for the selected state according to OSCAR State Region entered on Facility Definition tab (ACO).

Management Units

Filters providers by selected management unit(s) according to Management Unit entered on Associations tab (Facility Properties window, ACO).

Public

ACTS auto-selects this checkbox when you create a new global (public) selection set that will be available to other users.

Filter Name

Required. Type a brief descriptive name for the selection set.

Action Item Filter Settings

Date

Date range options for filtering the display of action item messages.

You can show messages for all dates, for a specified number of days, or for a specified date range. The default is all dates.

Status

Select Open if you want to see only open action item messages. Select Closed to see only closed action item messages. By default, both open and closed action item messages are displayed.

Type

This section lists the various types of action item messages. Select the type(s) you want to display. The options differ between ACTS and ACTS RO.

Include Action Items for Current User

Select this option to see only your action items. When you select this option, you will not be able to view action items for other staff members. Any names in the Staff section will be deleted.

Staff

This section lists the recipients whose action item messages you will see when this filter is active. The action items will all be filtered according to the criteria specified for this filter.

Public

Select this checkbox to make the action item filter available to other users.

Filter Name

Required. Type a brief descriptive name for the action item filter.

Find

Text Search

Type the search string you want ACTS to locate.

Search By options

The options listed under Search Criteria vary depending on the tab you were on when you opened the Find window. Click an option to tell ACTS which field to search to locate the text you typed. ACTS supports partial text searches when you select Search By Intake Number. For instance, if you search for “456”, the Search Results list displays all qualifying intake numbers containing 456, such as GA00000456 or GA00094567, GA04456878, etc.

The initial Search By default can be Name (of provider) or Provider Number (CCN or, for laboratories, CLIA Number). To change from one to the other, go to the System menu in ACO/ARO and select System Configuration, then State Customization. Make the change, then restart ACTS to see the new default.

For subsequent searches, Search By defaults to the last option selected until you close ACTS.

Find Now

Button locates matching records. They are displayed in the Search Results list box.

Search Results

All records that match the search string are listed in this area. The list is filtered according to the active My Selections settings.

Select

Click an item in the Search Results list and then click this button to go to that item in the Tree, or enter it in the window you opened Find from. Or, double-click an item in the list and ACTS locates it in the Tree or enters it in the original window for you.

New/Modify Call

Hotline Staff

Staff member who logged the call. Defaults to the current user, but you can change it.

Category

Select the appropriate category for the call. The call will be listed under this category in the Tree view by date and caller (if entered).

Caller

Optional. Name of the person calling. The call is listed in the tree view by date with the caller name.

Received Date

Date the call came in. ACTS enters the current date, but you can change it.

Received Time

Time the call came in. ACTS enters the current time, but you can change it.

Generate Intake

Button opens the Find window so you can select the provider named in the call, and then creates a new intake for that provider.

Notes

A text box for entry of notes about the call. If you generate an intake from the call record, the notes (whether entered by SA, RO, or CO staff) are transferred to the Notes text editor on the Intake tab.

Report Customization

Customization View

Choices are Non-CLIA (the default), CLIA, or Both Non-CLIA and CLIA. If you select Non-CLIA, filter droplists show only non-CLIA options. If you select CLIA, filter droplists show only CLIA-specific options. If you select Both, the droplists show both non-CLIA and CLIA-specific options.

For reports that aren't applicable to CLIA, this field is locked to Non-CLIA. Those reports include the Incidents Resulting in Deficiencies reports and the Federal Investigation Timeframe Reports.

Report Title

Enter a custom title that will appear on the generated report.

Print Report Definitions

Selected by default. Generates a separate page at the end of the report that provides a detailed list of filter settings specified in the report customization window.

Sort By

This drop-down list appears for applicable reports. The sort options include a subset of the following, depending on the report: Due Date, Provider Name, Provider Number (CCN), Facility ID, Intake Number, Received End Date, Survey Exit Date, Exit Date to Today Interval (number of days between survey exit date and today's date), Timeliness Interval Start (first date in interval selected on Timeliness Report Customization screen).

More ...

"Report Sort By Options" on page 497

Show Outliers Only

Available only for the Complaint/Incident Investigation Log report. Select this checkbox to include only outliers, i.e., those surveys with a Start date greater than the Investigation Due date.

Deficiencies

This drop-down list appears for the reports that include a Deficiency Cited column: Complaint/Incident Investigation Log and Substantiated Complaint Detail reports, Facility Summary (F03) and Hotline Call Complaint Log (complaints only) quick reports. You can choose to include Federal and State deficiencies, just Federal deficiencies, just State deficiencies, or No Federal Deficiencies (Substantiated Complaint Detail report only).

If you select No Federal Deficiencies for the Substantiated Complaint Detail report, it will include only substantiated complaints with no federal deficiencies linked to any of the intake's allegations, whether or not there are linked state deficiencies. Complaints will be included on the report even if the investigation has unrelated federal deficiencies, i.e. deficiencies not linked to an allegation.

More ...

"Deficiency Cited Categories" on page 501

Include Responsible Party and Schedulers

Available only for the Intakes without Scheduled Surveys report. Select to list assigned Responsible Party(s) and Scheduler(s) in the report with an indication if they are State or RO staff members.

Only Include Providers with <n> or Fewer Intakes

Available only for the Facilities With Few or No Intakes report. Required. Enter a number between 0 and 999.

Report Settings

To save the current set of report filter options to use again later, select the Save Settings As checkbox and enter a name. The named set is saved when you click OK to print the report. Date ranges are not saved.

Select Public if you want a named set to be available to others.

Select a previously-saved filtering set from the Name of Stored Settings drop-down list.

Select a saved set and click the Delete button to delete if from the Stored Settings list.

Report Date Range

Select a range from the Date drop-down list, or enter the Start Date and End Date of the date range you want for the report. If you select a predefined range from the Date drop-down, the Start Date and End Date are filled in by ACTS. The choices are:

- Last 180 Days
- Current Calendar Year-To-Date
- Current Federal Fiscal Year-To-Date
- Last Calendar Year
- Last Federal Fiscal Year
- 1st Quarter (January - March)
- 2nd Quarter (April - June)
- 3rd Quarter (July - September)
- 4th Calendar Quarter (October - December)

Select the appropriate “Base time frame on” option. The choices may be:

- Received End Date (intake)
- Survey Exit Date
- Investigation Complete Date - ACTS EMTALA Tracking Report only
- Due Date - Intakes without Scheduled Surveys report only
- Closed Date (intake) - for the Complaint/Incident Investigation Log and the eight Timeliness reports

Additional choices for the Death-Restraint/Seclusion Report:

- Received Start Date
- Death Reported Date
- Date of Death

Group by

Available for Complaint/Incident Investigation Log, Substantiated Complaint Details, and Intakes without Scheduled Surveys reports.

For the first two, you can group results by Provider (default), Provider Type, or Responsible Team. For Intakes without Scheduled Surveys, the options are: None (default), Provider Type, Responsible Team.

Chart Type

Available only for Volume by Location Received - Summary and Volume by Responsible Team - Summary reports. Choose whether to display the data visually in a bar or pie chart.

Filtering Criteria

ACTS permits you to customize reports by specifying filters based on fields in the intake. The filters default to the currently active selection settings (My Selections). You can change them as needed.

When all options for a filter are selected, ACTS does not filter the corresponding field. To include intakes with blank fields in a report, do not define filters, i.e., select all filter options.

When you specify filter options, the report is based only on intakes containing the specified items. If you select only Triage in the Status section, for instance, the report is based only on intakes with a Triage status.

If the Print Report Definitions checkbox is selected, filter criteria for the report are listed in the Report Definitions section on the last page. The filters are in alphabetical order by name.

Filtering criteria include:

- Source
- Locations Received

  (LSC) denotes an LSC receiving location (work unit or team); (HLTH/LSC) denotes receiving locations that are both Health and LSC. Up to 70 can be selected.
- Responsible Teams

  (LSC) denotes LSC teams (work units); (HLTH/LSC) denotes teams that are both Health and LSC. Up to 70 can be selected.
- Management Units
- Provider Type

  Defaults to Hospital, HHA, ASC, and Hospice types for the two Deemed Federal Investigation Timeframe reports.
- Provider

  Makes the report provider-specific. Click the Select Provider fro Report Filter button. Search for and select the provider you want.

  Click the Clear Text button to remove the provider name.
- Intake Type

  Complaint or Entity-Reported Incident

  Locked to Entity-Reported Incident for the Non-Deemed Provider - Immediate Jeopardy Incidents Federal Investigation Timeframe Report.
- Intake Subtype

- Upload to CASPER Status

  Only show intakes in national (CASPER)

  Only show intakes pending upload to national (CASPER)

  Show intakes uploaded or pending upload to national (CASPER)
  Disregard upload to CASPER status
- Priority
- Status
- Allegation Type

  Click the Show Subcategories button to show allegation subcategories. It toggles to Hide Subcategories.

  To select a category with all its subcategories, click in any row for the category and click the Select Category button.
- Received By
- Reason Closed
- Overall Findings

Transplant Program Type

Select the transplant programs to include. This section is enabled and all TPTs are selected by default when the report customization screen opens.

EMTALA

Select the "Include only EMTALA intakes" option for the EMTALA Intakes field to activate and set as desired the other EMTALA filters:

- EMTALA RO Response
- Type of Emergency
- Resolution

For EMTALA reports (Tracking and Interval) and the EMTALA Intakes: Federal Investigation Timeframe Report, the EMTALA Intakes field is set to "Include Only EMTALA" and disabled. The other EMTALA filter options are enabled.

If the EMTALA Intakes field is set to "Exclude EMTALA-Only intakes" for the Federal Investigation IJ Timeframe reports, intakes with EMTALA allegations only are excluded from the report. Intakes with one or more non-EMTALA allegations as well as EMTALA allegations are *not* excluded.

When "Exclude EMTALA" is selected for other reports, all intakes with at least one EMTALA allegation are excluded from the report.

Note: The entire EMTALA filter section is disabled for LTC Timeframe reports.

Deemed

If the report is for deemed providers, select the Include Only Deemed option for Inclusion Criteria and choose the appropriate Base On, Deemed RO Response, and Accrediting Organizations filter settings.

Inclusion Criteria state (enabled or disabled) and setting varies by report. When Inclusion Criteria is disabled and blank, all the filters are disabled. When it is disabled and set to Include Only Deemed, all the filters are enabled. If Inclusion Criteria is enabled, all the filters are enabled. If you choose the Exclude Deemed option for Inclusion Criteria, all the filters are then disabled. This section is disabled altogether for LTC Timeframe reports.

Base On specifies whether facility or intake deemed status will be used. Facility deemed status is set on the Transmittal (CMS-1539) tab in the most recent certification kit. Intake deemed status is controlled by the Deemed for Medicare checkbox on the Deemed tab of the intake.

Death by Restraint/Seclusion

If the report is for D/R/S intakes, select the Include Only D/R/S option for Inclusion Criteria and choose the appropriate RO Determination filter setting:

- Blank
- 01 Standard F Survey
- 02 No Standard F, but survey for Other Noncompliance
- 03 No Standard F Survey - No Survey Needed
- 04 RO Authorized
- 05 RO Unauthorized

If you choose Exclude D/R/S (or blank) for Inclusion Criteria, RO Determination will be disabled.

State Region

Choose state region(s) to include.

Onsite/Offsite

Use to filter by onsite survey status: onsite if 670 hours have been logged, offsite if no 670 hours.

Certificate at Time of Alleged Event

CLIA - Choose certificates to include. Disabled if Customization View is Non-CLIA.

Regional Reports

Pending and Viewable Reports

Refresh button

Refreshes the Pending and Viewable Reports grid to show current report status.

Pending and Viewable Reports grid

Requested on

Date/time the report was requested (Eastern Time).

Report Name

Name of requested report.

Region

Report region. All indicates the report covers all states.

Status

Report status. Options are:

Queued - A new report has been requested, but has not yet been generated.

Generating - The ASPEN application server is in the process of generating the new report.

Delayed - Report generation was attempted but failed. The ASPEN application server periodically attempts to regenerate this report.

Complete - The report has been successfully generated and may be viewed.

Viewed - The report has been viewed and can be viewed again.

Failed - The report could not be generated. Failed report tasks are shown for two days after they failed before being removed from view.

Save

Select this checkbox to save the report. Unsaved reports are automatically deleted overnight. Unviewed reports are automatically deleted after seven days.

View

Select to view the completed report. A viewer opens where the user can view or save the report. The View button is only enabled for reports with Complete or Viewed status. A viewed report is automatically deleted after being viewed, unless the Save checkbox is selected.

Generate Report

Application

Defaults to ACTS.

Region

Select from list of CMS regions.

States

Lists the states in the selected region. Select state(s) to include in the report. All selected by default; button toggles between De-Select All and Select All.

Select Report to Print

Select the report you want to print.

Report Description

Displays brief description of selected report.

Generate Report button

Click to generate the selected report, which will then be added to the Pending and Viewable Reports grid.

Date Qualification Dialog

Start Date

Enter desired start date of transaction date range.

End Date

Enter desired end date of transaction date range.

Transaction Selection Options

Choose which group of transactions to display. Options are:

- All Transactions for Specified Period
- All Failed Transactions with No Following Success
- ODIE Overnight Failures (15s) with No Following Success

Transaction Type

Choose the type of upload transaction to display. Options are:

- All Types
- Surveys (CSP-SRV)
- CASPER Investigations
- CASPER Intakes

Transactions

Filter Criteria

Start Date

Start date of transaction date range. Defaults to date entered in Date Qualification Dialog.

End Date

End date of transaction date range. Defaults to date entered in Date Qualification Dialog.

Selection Criteria

Transaction filtering options are:

All Transactions for Specified Period

All Failed Transactions with No Following Success

ODIE Overnight Failures (15s) with No Following Success

Defaults to the Transaction Selection Option selected in Date Qualification Dialog.

Transaction Type

Type of upload transaction:

- All Types
- Surveys (CSP-SRV)
- CASPER Investigations
- CASPER Intakes

Defaults to option selected in Date Qualification Dialog.

Refresh List

The checkmark is green on the Refresh List button until you redefine filtering criteria. Then it turns red. At that point, click the button to update the display according to the new criteria. The checkmark turns green again after you refresh the list.

Transactions: Grid

ID

Investigation (i.e., Survey Event) or Intake ID as applicable.

Facility

Facility name.

Provider ID

Provider’s CCN.

Action

Type of action assigned by ACTS for processing each upload transaction: 00 ChgDate, 01 Delete, 03 Add (initial upload) or 04 Update (edit an already uploaded item).

Date

Date of the transaction.

Type

Type (of upload transaction):

CSP-SRV (CASPER-Investigation Survey)

CSP-INV (CASPER-Investigation Detail)

CSP-INT (CASPER-Intake Detail)

Status

Status codes are:

-1 - Failed

Invalid or missing data detected, transaction terminated.

00 - Pending Upload

Transaction successful, but (as applicable) investigation survey (CSP-SRV), intake detail (CSP-INT), or investigation detail (CSP-INV) not yet uploaded to national.

05 - Upload in Process

As applicable, intake (CSP-INT) or investigation (CSP-INV) detail is in the process of being uploaded to national.

10 - Successful

As applicable, intake (CSP-INT) or investigation (CSP-INV) detail accepted by national.

15 - Failed

Upload transaction failed at the national level.

By

Name and Federal ID of person who initiated the transaction. If initiated by the Regional Office, “Regional Office” is displayed instead of staff name.

Error Message

Message identifying type of error, if applicable.

Transaction ID

Unique identifier for the transaction.

Facility Type

Facility type and/or subtype.

Findings

Overall Findings (on Actions/Close tab) for intake: Substantiated, Unsubstantiated, Not Applicable (incidents), or blank.

Survey/Intake Status

Current status of the investigation survey: Open Closed.

-or-

Current status of the intake: status level 3-8 as applicable.

Exit Date

Exit date of the investigation survey.

View Related Investigation/Intake

Button opens the corresponding Investigation Properties tab for a CSP-SRV or CSP-INV transaction, or the intake form for a CSP-INT transaction.

Print

Button prints the displayed transaction list as a report.

Failed and Overdue Investigation Uploads

Filter Options

Show items at least x days old

Enter the desired number of days; the default is 70.

Use My Selections filter

Selected by default. Filters the list of investigations according to your active My Selections settings. If not selected, all applicable investigations are shown. Checkbox disabled if there is no active My Selections filter.

Refresh List

The checkmark is green on the Refresh List button until you reset filter options. Then it turns red. At that point, click the button to update the display according to the new criteria. The checkmark turns green again after you refresh the list.

Failed and Overdue Investigation Uploads: Grid

Investigation ID

Survey Event number of the investigation survey.

Provider Number

Provider’s CCN.

Exit Date

Exit date of the investigation survey.

Age (in Days)

Age of the investigation; today’s date minus the Exit Date.

Facility Name

Name of the provider.

SA Completed Date

Date the SA completed the investigation, i.e., no SA finalization edits were triggered.

Last Upload Date

Date the investigation was last uploaded.

Upload Status

Status options are:

Failed

The most recent CSP-SRV upload attempt failed, or the investigation was previously successfully uploaded but can no longer be uploaded because of missing or incorrect data.

Overdue

Investigation is overdue for a CSP-SRV upload.

Incomplete

Additional data required before an upload can occur.

Responsibility

Entity responsible for addressing the issue whether it is fixing a failed upload, uploading an overdue investigation, or entering all required data for an incomplete investigation.

Investigation Properties

Button opens the Investigation Properties tab for the selected investigation.

Print

Button prints the displayed list of investigations as a report.

Report Preview

Close Window

Closes the report preview window.

First Page

Go to the first page of the report.

Previous Page

Go to the previous page in the report.

Page x of x

Shows which page is currently in view out of the total number of pages in the report.

Next Page

Go to the next page in the report.

Last Page

Go to the last page of the report.

Stop Processing

Stop processing. Used when you want to cancel processing of long reports.

Print

Send the report to the printer. This opens your system's default Print window so you can select print options.

Print Setup

Opens the Print Setup window, so you can make changes to printer properties and paper source, etc.

Export Window

Opens the Export window, where you select a format and destination for the report. Standard Crystal Reports options are available.

Magnification Level

Permits you to set an exact magnification level for viewing. The number represents the percentage of actual page size.

Find

A convenient Find tool for locating text or numbers in a report. Type in an alphanumeric string, then click the binoculars to have ACTS locate that string in the report.

ASPEN word processor

The title as well as layout and options vary somewhat depending on where you access it.

Menus

File menu

File menu options are:

Save

Export

Import

Insert Backup File

Print

Page Setup

Print Preview and (when applicable) Complainant Prompts

Edit menu

Standard cut, paste, search and language tools.

Format menu

Change fonts, apply bullets, adjust paragraph and tab settings.

Toolbar Functions

Bold/Italic/Underline

Applies bold, italic and underline attributes to the selected text.

Redaction

Redacts the selected text. ACTS puts brackets [ ] around the text in the word processor. Redacted text is replaced with (###) in letters using the Allegation Findings and Text [with redact] macros.

Text Color

Applies color to selected text.

Alignment

Applies left, center and right alignment to the selected text.

Spell check

Opens the Check Spelling window, from which you can check your text.

Import

Opens the Import window, from which you can import a text or RTF file.

Save

Disabled. Click OK to save your notes.

Find

Opens the Find dialog window.

Cut

Removes selected text from the letter and pastes it into the Windows clipboard.

Copy

Copies selected text to the Windows clipboard.

Paste

Pastes the contents of the Windows clipboard into your text at the insertion point.

Undo

Undoes the last action performed.

Tab stops

Set left, right, decimal, and center tab stops.

Transfusion-related Fatality Tracking

TRF Filter

Beginning Date

Beginning Date of the date range you want.

Ending Date

Ending Date of the date range you want.

Status

Status of the Transfusion-related Fatality tracking record. Options are: All, 1 Pending, 9 Complete.

Type

Transfusion-related Fatality type. Options are:

All

01 FYI Only

02 Lab-related

03 Hospital-related

04 Both Lab

Hospital

Refresh List

Clicking this button filters the list of TRFs according the specified criteria.

Transfusion-related Fatality Tracking: Grid

CBER Number

TRF record number assigned by FDAs Center for Biologics Evaluation and Research (CBER).

Facility Name

Name of the facility.

Attachments

To attach documents, photographs, or any other relevant files to a TRF, click Attach... in the row for the applicable TRF to open the Attachment Documents for CBER Number window.

You can attach supporting documents and digital pictures to the record. You can also view existing attachments.

Type

Transfusion-related Fatality type.

Initial From FDA

Required. Date the report of the TRF incident was initially received from the FDA.

Date of Death

Date the death occurred.

Notes

To add notes or comments to a TRF record, click Notes... in the applicable row. You can enter or paste text in the TRF Notes word processor that appears. An asterisk is added to the Notes button when text has been entered.

You can also enter notes via the Transfusion Related Fatality window. Changes or additions you make in one location are reflected in the other location.

Cause

Cause of the Transfusion-related Fatality. Options are:

A Hemolytic (Immune)

B Hemolytic (Non-Immune)

C Anaphylactic

D TRAILI

E Circulatory Overload

F Graft-vs-Host

G Bacterial Contamination

H Unknown

O Other

Other Cause

Other Cause

Text field is enabled upon selection of Other Cause.

Type of Follow-up

Options are: 01 CMS Requests Investigation, 02 FDA Requests Investigation, 03 No Action Required.

Notice to RO/ARA

Date the notice was sent to the RO/ARA.

Rpt from RO/ARA to CMS

Date of the Report from RO/ARA to CMS.

CMS Requests FDA Rpt

Date CMS requests the FDA report.

CMS Receives FDA Rpt

Date that CMS receives the FDA report.

FDA Requests Rpt from CMS

Date that the FDA requests the report from CMS.

CMS Final Rpt to FDA

Date of the final report from CMS to the FDA.

Investigation Rpt Date

The investigation report date.

Status

Status of the Transfusion-related Fatality tracking record.

TRF Closure Date

Date the Transfusion-related Fatality record was closed.

CBER Gap Reason

Reason for the CBER gap.

CLIA Number

CLIA number if the transfusion-related fatality is associated with a CLIA lab.

Intake ID for Lab

Button labeled with ID of linked CLIA intake or Add/Link if an intake is not linked.

Transfusion-related Fatality Tracking: Buttons

New

Click this button to add to open the Transfusion Related Fatality window so you can enter a new record.

Delete

Select the applicable row in the grid and click this button to remove the transfusion-related fatality record. ASPEN displays a confirmation message; selecting Yes permanently removes the record.

Modify

Select the applicable row in the grid and click this button to open the Transfusion Related Fatality window and modify the record.

Insert Missing CBER Number

Click this button to open the Insert Missing CBER Number window.

Print

Opens the Select the Reports/Labels to Print window to print TRF reports.

Transfusion Related Fatality

CBER Number

Required. TRF record number assigned by FDAs Center for Biologics Evaluation and Research (CBER).

Facility Name

Required. Name of the facility.

Type

Required. Transfusion-related Fatality type. Options are:

01 FYI Only

02 Lab-related

03 Hospital-related

04 Both Lab and Hospital

05 CBER# Placeholder

Initial from FDA

Required. Date the report of the TRF incident was initially received from the FDA. The Initial from FDA must be equal to, or later than the Date of Death in the bottom section.

Status

Status of the Transfusion-related Fatality tracking record. Options are: All, 1 Pending, 9 Complete.

Type of Follow-up

Options are: 01 CMS Requests Investigation, 02 FDA Requests Investigation, 03 No Action Required.

CLIA Number

CLIA number if the transfusion-related fatality is associated with a CLIA lab.

Intake ID for Lab

ID of linked CLIA intake, if applicable.

Add/Link... or View...

Select Add/Link to link an existing CLIA intake or create and link a new intake to the TRF record. After linking an intake, the Add... button changes to View... Select it to view and modify the linked intake.

Remove...

Select this button to remove the linked intake from the TRF record.

Cause

Cause of the Transfusion-related Fatality. Options are:

A Hemolytic (Immune)

B Hemolytic (Non-Immune)

C Anaphylactic

D TRAILI

E Circulatory Overload

F Graft-vs-Host

G Bacterial Contamination

H Unknown

O Other

Other Cause

Other Cause

Text field is enabled upon selection of Other Cause.

Date of Death

Date the death occurred.

Notice to RO/ARA

Date the notice was sent to the RO/ARA.

Rpt from RO/ARA to CMS

Date of the Report from RO/ARA to CMS.

CMS Requests FDA Rpt

Date CMS requests the FDA report.

CMS Receives FDA Rpt

Date that CMS receives the FDA report.

FDA Requests Rpt from CMS

Date that the FDA requests the report from CMS.

CMS Final Rpt to FDA

Date of the final report from CMS to the FDA.

Investigation Rpt Date

The investigation report date.

TRF Closure Date

Date the Transfusion-related Fatality record was closed.

Transfusion Relation Fatality: Buttons

Notes

Click Notes to add notes or comments to the TRF record. You can enter or paste text in the TRF Notes word processor that appears. An asterisk is added to the Notes button when text has been entered.

You can also enter notes via the Transfusion-related Fatality Tracking window. Changes or additions you make in one location are reflected in the other location.

Insert Missing CBER Number

CBER Number

Required. TRF record number assigned by FDAs Center for Biologics Evaluation and Research (CBER).

CBER Gap Reason

Reason for the CBER gap. “Donor Fatality” is entered by default; you can change the reason.

Type

Transfusion-related Fatality type. The only option is 05 CBER# Placeholder.

Initial from FDA

Required. Date the report of the TRF incident was initially received from the FDA. The Initial from FDA must be equal to, or later than the Date of Death in the bottom section.

Agency Maintenance

Agency Maintenance: Grid

Agency

The name of the referral agency.

Contact

Contact person at the referral agency.

Type

Provider type of the agency.

Address

Agency Street Address, including Suite or Office number.

Phone

Agency phone number.

Ext.

Contact person’s phone extension, if applicable.

Fax

Agency fax number.

EMail

Agency or contact person’s email address.

Type

Provider type code.

Agency Maintenance: Buttons

New

Select to add a new referral agency.

Modify

You can only modify agencies of Type 99 Other. If you select an agency of another type, you will receive a message and a read-only record will appear.

Delete

Select a listed agency and click Delete. You can only delete agencies of Type 99 Other. If any intakes have been referred to the agency, you can't delete it.

New Agency

You can only add agencies of Type 99 Other. If you want to add a non-99 agency, contact your RO.

Agency

Required. The name of the referral agency.

Contact Name

Contact person at the referral agency.

Address

Agency Street Address, including Suite or Office number.

City

Location city of the agency.

State

2-digit state code of the agency.

Zip+4

Agency zip code.

Phone

Agency phone number.

Ext.

Contact person's phone extension, if applicable.

Fax

Agency fax number.

EMail

Agency or contact person's email address.

Type

You can only add agencies of Type 99 Other, which is automatically assigned.

Modify Agency

You can only modify agencies of Type 99 Other. If you select an agency of another type, you will receive a message and a read-only record will appear. If you want to modify information for a non-99 agency, contact your RO.

Agency

The name of the referral agency.

Contact Name

Contact person at the referral agency.

Address

Agency Street Address, including Suite or Office number.

City

Location city of the agency.

State

2-digit state code of the agency.

Zip+4

Agency zip code.

Phone

Agency phone number.

Ext.

Contact person's phone extension, if applicable.

Fax

Agency fax number.

EMail

Agency or contact person's email address.

Type

Agency type. You can only modify agencies of Type 99 Other. If you select an agency of another type, you will receive a message and a read-only record will appear.

State Configurations

State Agency information

Enter your agency's name and address information as you want it to print on the CMS-1541A:

Name

Address

City

State

Zip

Contact

This field does not print on the CMS-1541A.

Phone

Location Received

Determines the default Location Received for new intakes. Can be the work unit assigned to the provider in ACO, the work unit assigned to the Intake Staff member in ACO, or no value (blank). This field does not print on the CMS-1541A.

Responsible Team

Determines whether or not a Responsible Team, i.e., work unit is automatically assigned to a provider. The default can be either the work unit assigned to the provider in ACO, or no value (blank). This field does not print on the CMS-1541A.

Audit History

Audit History: Grid

Date Changed

Date and time the record was changed.

Employee ID

Last Name, First Name of the employee who made the data change.

Table Name

Name of the table in which the data change occurred.

ID

Login ID of the employee making the data change.

Operation

Type of data change. Options are: Added, Modified.

Column Name

Column in the table where the data was modified.

Column Description

Description of the column in the table where the data was modified.

Old Value

The previously entered data value.

New Value

The updated data value.

Audit History: Buttons

Print

Opens the List Print window.

Get Audit History

Opens the Audit History Select window for you to enter a date range.

Filter Audits

Opens the Filter Audit Records window to narrow your search results.

Done

Closes the window.

Supporting Materials

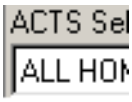
This chapter includes

- Tables of ACTS buttons and icons
- Descriptions of ACTS action item messages
- A table of intake status levels and associated detail upload processes
- A table specifying when the Priority section is enabled/disabled
- Descriptions of data sources that ACTS uses to complete the CMS-562 (available for pre-ASPEN 10.1.7 investigations only)
- A list of information items required for an investigation (CSP-SRV) upload
- Descriptions of ACTS reports
- Descriptions of the EMTALA model form letters supplied with ACTS
- A list of ACTS customization options available to states.

Buttons and Icons

ACTS Toolbar

Icon	Description
	E-Mail. Drag-and-drop an intake or investigation to send it as an attachment to one or more recipients.
	Print. Drag-and-drop an intake or provider to print selected complaint/incident or provider reports.
	Export. Drag-and-drop a survey on the Investig tab to export it to a transfer file. Any linked intakes are also exported.

Icon	Description
	Import. Click to import a survey or facility (all or selected surveys).
	Action Items. Click to display the action items for the current user in List view.
	TRF. Click to open the Transfusion-related Fatality Tracking window where you can add, modify, and delete TRF records.
	POC. Opens POC Manager.
	Guides. Opens web page with links to ASPEN guides.
	Training. Opens web page with links to ASPEN Online Learning modules.
	Displays active selection set. Choose a selection set from the drop-down to activate it.
	Find. Use to locate an intake, facility, or investigation survey (depending on the tab you open the Find window from) in the ACTS Tree view.

Facility view

Icons are listed in the order they appear in the Facility view from top to bottom. Bars indicate level in hierarchy: main level, | first level, || second level, etc.

Icon	Description
	Icon on the Facility tab.
	ACTS Desktop (Facility view). Root of the Facilities tree.
	My Selections node. Contains the selections you have created to customize what is displayed.
	| Active private selection set.
	| Inactive private selection set.
	| Active public selection set.
	| Inactive public selection set.
	My Action Items node. Lists action item filters.
	| Active private action item filter.

Icon	Description
	| Inactive private action item filter.
	| Active public action item filter.
	| Inactive public action item filter.
	Hotline node.
	| Call type.
	|| Individual call.
	||| Complaint intake generated as result of call.
	||| EMTALA complaint intake generated as result of call. Hospitals only.
	||| Incident intake generated as result of call.
	||| Incident intake generated as result of call.
	|||| Allegation associated with intake.
	Complainants node. ACTS SA only.

Icon	Description
	| Alphabetical group of complainants.
	|| Individual complainant.
	||| Complaint intake associated with complainant.
	||| EMTALA complaint intake associated with complainant. Hospitals only.
	||| Incident intake associated with complainant.
	||| EMTALA incident intake associated with complainant. Hospitals only.
	|||| Allegation associated with intake.
	Residents/Patients/Clients node. ACTS SA only.
	| Alphabetical group of residents/patients/clients.
	|| Individual resident/patient/client.
	||| Complaint intake associated with resident/patient/client.
	||| EMTALA complaint intake associated with resident/patient/client. Hospitals only.

Icon	Description
	||| Incident intake associated with resident/patient/client.
	||| EMTALA incident intake associated with resident/patient/client. Hospitals only.
	|||| Allegation associated with intake.
	Alleged Perpetrators node. ACTS SA only.
		Alphabetical group of alleged perpetrators.
	|| Individual alleged perpetrator.
	||| Complaint intake associated with alleged perpetrator.
	||| EMTALA complaint intake associated with alleged perpetrator. Hospitals only.
	||| Incident intake associated with alleged perpetrator.
	||| EMTALA incident intake associated with alleged perpetrator. Hospitals only.
	|||| EMTALA incident intake associated with alleged perpetrator. Hospitals only.
	Alphabetical group of facilities.

Icon	Description
	| Physical Therapist Independent Practice. | Other. | Health Maintenance Organization (HMO). | Health Provider (Undefined).
	| Hospital.
	| End Stage Renal Disease Facilities (ESRD).
	| Rural Health Clinics (RHC).
	| Nursing Homes (NH).
	| Assisted Living Residence (ALR).
	| Assisted Living Residence (ALR).
	| Hospice.
	| Organ Procurement Organizations (OPO).
	| Federally Qualified Health Center.
	| Lab (CLIA).
	| Outpatient Physical Therapy/Speech Pathology Services (OPT/SP).

Icon	Description
	| Portable X-Ray Suppliers (XRAY).
	| Intermediate Care Facility for Individuals with Intellectual Disability.
	| Comprehensive Outpatient Rehabilitation Facilities (CORF).
	| Community Mental Health Center.
	| Psychiatric Residential Treatment Facility.
	Superimposed “A” on an icon indicates facility can be accredited.
	Superimposed “X” on an icon indicates facility is pending or terminated.
	|| Complaint intake associated with facility.
	|| EMTALA complaint intake associated with facility. Hospitals only.
	|| Incident intake associated with facility.
	|| EMTALA incident intake associated with facility. Hospitals only.
	|| Intake associated with facility; intake type not assigned.

Icon	Description
	||| Allegation associated with intake.
	||| Attachments node.
	|||| Individual intake-level attachment (document, photo).

Investig view

Icons are listed in the order they appear in the Investig view from top to bottom. Bars indicate level in hierarchy: main level, | first level, || second level, etc.

Icon	Description
	Icon on the Investig tab.
	ACTS Desktop (Investig view). Root of the Investigations tree.
	Group of investigations listed numerically/alphabetically by provider, then by date, with the most recent first.
		Individual investigation–Health survey.
		Health survey pending upload, or previous failed upload attempt(s).
		Health survey successfully uploaded.
		Individual investigation–LSC survey.

Icon	Description
	| LSC survey pending upload, or previous failed upload attempt(s).
	| LSC survey successfully uploaded.
	|| Cited Federal deficiency
	|| Cited state deficiency
	|| Complaint intake associated with investigation.
	|| EMTALA complaint intake associated with investigation. (Hospitals only).
	|| Incident intake associated with investigation.
	|| EMTALA incident intake associated with investigation (Hospitals only).
	||| Allegation associated with intake.
	||| Intake attachments node.
	|||| Intake-level attachment (document, photo).

Icon	Description
	|| Survey attachments node
	||| Individual survey-level attachment (document, photo).

Status view

Icons are listed in the order they appear in the Status view from top to bottom. Bars indicate level in hierarchy: main level, | first level, || second level, etc.

Icon	Description
	Icon on the Status tab.
	ACTS Desktop (Status view). Root of the Status tree.
	Status type.
	| Complaint intake of given status.
	| EMTALA complaint intake of given status. Hospitals only.
	| Incident intake of given status.
	| EMTALA incident intake of given status. Hospitals only.

Icon	Description
	| Intake associated of given status; intake type not assigned.
	|| Allegation associated with intake.

Staff view

Icons are listed in the order they appear in the Staff view from top to bottom. Bars indicate level in hierarchy: main level, | first level, || second level, etc

Icon	Description
	Icon on the Staff tab.
	ACTS Desktop (Staff view). Root of the Investigators tree.
	Group of investigators/staff members.
	| Individual investigator/staff member.
	| Special surveyor.
	| Terminated investigator/staff member.
	|| Action item(s).
	|| Complaint intake associated with investigator/staff member.

Icon	Description
	|| EMTALA complaint intake associated with investigator/staff member. Hospitals only.
	|| Incident intake associated with investigator/staff member.
	|| EMTALA incident intake associated with investigator/staff member. Hospitals only.
	||| Allegation associated with intake.

ACTS window

The buttons and icons in this table appear in various ACTS application windows, which are listed alphabetically. Bars indicate level in hierarchy: main level, | first level, || second level, etc.

Icon	Description
	Allegation word processor (click Details for an allegation on the Allegations tab to open). Click this button to expand/collapse the Details pane.
	Allegation word processor (click Find Txt for an allegation on the Allegations tab to open). Click this button to expand/collapse the Findings pane.
	Citation Manager window—Regulation set.
	| Citation Manager window—Tag in regulation set.
	Citation Manager window—Cited regulation set.

Icon	Description
	| Citation Manager window—Surveyor who wrote a citation.
	Citation Manager window—Find. Click to search for citation text, interpretive guideline text, or regulation text.
	Citation Manager window—Forms. Click this button to print survey forms.
	Citation Manager window—Letters. Click to generate a letter or view letter history.
	Citation Manager window—Attach. Click to add or view survey-level attachments, such as documents and photos, to the survey.
	Citation Properties window—Grid. Click to display the Scope/Severity Grid.
	Citation window. Click to enter content library tag text.
	Citation window. Click to see the regulation that applies to the citation.

Icon	Description
	Citation window. Click to see the text of the interpretative guideline.
	Create Survey/Survey Properties window—Regulation set.
	Create Survey/Survey Properties window—Recertification.
	Create Survey/Survey Properties window—Initial certification.
	Create Survey/Survey Properties window—Complaint Investig.
	Create Survey/Survey Properties window—Follow-up/Revisit.
	Create Survey/Survey Properties window—State Licensure, Initial Licensure, Re-Licensure, Licensure Complaint.
	Create Survey/Survey Properties window—Federal Monitoring, Inspection of Care, Validation, Life Safety Code, Sanctions/Hearing, Change of Owner, Other.
	Create Survey/Survey Properties window—Routine/Std Survey.
	Create Survey/Survey Properties window—Extended Survey LTC/HH.
	Create Survey/Survey Properties window—Partial Ext. Survey.
	Create Survey/Survey Properties window—Other Survey

Icon	Description
	Create Survey/Survey Properties window—Abbreviated Survey.
	Create Survey/Survey Properties window—Offsite/Paper.
	Lookup Values Dictionary window—Lookup table.
	| Lookup Values Dictionary window—Lookup column.
	|| Lookup Values Dictionary window—Lookup value.
	Menu Security Editor. Menu, menu option.
	| Menu Security Editor. No Access (red).
	| Menu Security Editor. Read-Only Access (yellow).
	| Menu Security Editor. Read/Write Access (green).
	Menu Security Editor—Security group.
	| Menu Security Editor—Security group member.
	Notes word processor. Click this button to expand/collapse the Notes pane.

Icon	Description
	Notes word processor. Click this button to expand/collapse the RO Notes pane.
	Notes word processor. Click this button to expand/collapse the CO Notes pane.
	Team Roster window—Indicates the team leader.

Survey Categories/Types

Abbreviations for survey types used in the:

- Survey Type column in intakes (investigation tab/Investigation and Survey)
- Category Description field in the CMS 670 Workload window

are listed below along with the corresponding Type of Survey from Survey Properties where available types depend on circumstances.

Note: Only “Other” types are abbreviated in the Category Description field.

Survey Type	Description
RECERT	I-Recertification
INCERT	E-Initial Certification
CMPIVT	A-Complaint Investig.
REVST	D-Follow-up/Revisit
VALID	G-Validation
LICEN	K-State Licensure
INLIC	1-Initial Licensure
RELIC	2-Re-Licensure
CMPLI	3-Licensure Complaint
FEDMON	C-Federal Monitoring
IOC	F-Inspection of Care
LSC	H-Life Safety Code

Survey Type	Description
SANCT	J-Sanctions/Hearing
CHOW	L-Change of Owner
DUMP	B-Dumping Investig.
OTHER	M-Other
MDS	N-MDS
DMNTA	O-Dementia Care
ADVEVT	P-Adverse Events
QAPI	Q-QAPI
DSCHRG	R-Discharge Planning
ADDSPC	S-Add of Specialties
INFCTN	T-Infection Control
COVID	U-COVID19
PTRVW	V-PT Desk Review
CWPROJ	W-CW Project - obsolete, may appear on older surveys
CYT	X-Cytology
CRTW	Y-Certificate of Waiver
PPM	Z-PPM

Allegation Categories and Subcategories - Federal

Federal allegation categories and subcategories are listed below. They vary by provider type. Allegation categories cannot be changed, but states can add or modify most subcategories as needed.

Category Number	Category Name	Subcategory Number	Subcategory Name
01	Resident/Patient/Client Abuse	-	-
02	Resident/Patient/Client Neglect	-	-
03	Misappropriation of Property	-	-
04	Injury of Unknown Origin	-	-

Category Number	Category Name	Subcategory Number	Subcategory Name
05	Restraints/Seclusion - Death	-	-
06	Restraints/Seclusion - General	-	-
07	Resident/Patient/Client Rights	-	-
08	Admission, Transfer & Discharge Rights	-	-
09	Death - General	-	-
10	Quality of Life	-	-
11	Quality of Care/Treatment	-	-
12	Accidents	-	-
13	Dental Services	-	-
14	Dietary Services	-	-
15	Nursing Services	-	-
16	Pharmaceutical Services	-	-
17	Physician Services	-	-
18	Rehabilitation Services	-	-
19	Educational Services	-	-
20	Other Services	-	-
21	EMTALA (Patient Dumping)	01	Physician on-call list
21	EMTALA (Patient Dumping)	02	Screening
21	EMTALA (Patient Dumping)	03	Medical Records
21	EMTALA (Patient Dumping)	04	Recipient Hospital Responsibilities
21	EMTALA (Patient Dumping)	05	Policies/Procedures
21	EMTALA (Patient Dumping)	06	Treatment
21	EMTALA (Patient Dumping)	07	Reporting Requirement
21	EMTALA (Patient Dumping)	08	Delay in Examination or Treatment
21	EMTALA (Patient Dumping)	09	Transfer/Discharge
21	EMTALA (Patient Dumping)	10	Posting of Signs

Category Number	Category Name	Subcategory Number	Subcategory Name
21	EMTALA (Patient Dumping)	11	Whistleblower
21	EMTALA (Patient Dumping)	12	Central Log
22	Physical Environment	-	-
23	Infection Control	-	-
24	Resident/Patient/Client Assessment	-	-
25	Administration/Personnel	-	-
26	Fraud/False Billing	-	-
27	Certification/Unauthorized Testing	-	-
28	Proficiency Testing	-	-
29	Falsification of Records/Reports	-	-
30	Unqualified Personnel	-	-
31	Quality Control	-	-
32	Specimen Handling	-	-
33	Diagnostic Discrepancy/ Erroneous Test Results	-	-
34	Fatality/Transfusion Fatality	-	-
35	State Licensure	-	-
36	Other	-	-
37	Life Safety Code	-	-
38	State Monitoring	-	-
39	ESRD Involuntary Discharge (IVD)	-	-
40	ESRD Involuntary Transfer (IVT)	-	-
45	Transplant	01	Disease Transmission via Organ Transplant

Category Number	Category Name	Subcategory Number	Subcategory Name
45	Transplant	02	Living Donor Suitability
45	Transplant	03	Living Donor-Organ Failure
45	Transplant	04	Improper Waiting List Management
45	Transplant	05	Improper Organ Allocation to Transplant Recipient
45	Transplant	06	Denial of Services
45	Transplant	07	Informed Consent
45	Transplant	99	Other
70	General	01	Death - General
70	General	02	Fraud/False Billing
70	General	03	Certification /Unauthorized Testing
70	General	04	Unqualified Personnel
70	General	05	Transfusion Related Fatalities
70	General	06	Transfusion Related Adverse Events (Non-Fatal)
70	General	07	State Licensure
70	General	08	Proficiency Testing
70	General	99	Other
72	Facility Administration/Physical Environment	-	-
74	General Lab Systems	01	Patient Confidentiality
74	General Lab Systems	02	Specimen ID and Integrity
74	General Lab Systems	99	Other
76	Pre-Analytic	01	Specimen Handling
76	Pre-Analytic	99	Other
78	Analytic	01	Quality Control

Category Number	Category Name	Subcategory Number	Subcategory Name
78oo	Analytic	99	Other
80	Post-Analytic	01	Diagnostic Discrepancy/Erroneous Test Results
80	Post-Analytic	02	Falsification of Records/Reports
80	Post-Analytic	99	Other

More ...

Procedure: "Customize Allegation Subcategories" on page 188

Special Surveys

Special surveys can be specified under Type of Survey in Survey Properties. They are listed after M-Other. The available special survey types are:

All Federal provider types

- U-COVID19

Nursing Home

- N-MDS
- O-Dementia Care
- P-Adverse Events
- Q-QAPI

Hospital

- Q-QAPI
- R-Discharge Planning
- T-Infection Control

CLIA

- V-PT Desk Review – Compliance labs only (221)
- W-CW Project - obsolete, may appear on older surveys
- X-Cytology - Compliance or Accredited labs (221, 223)
- Y-Certificate of Waiver - Waiver labs (222) only; replaced W-CW Project
- Z-PPM (Physician Performed Microscopy) - PPM labs only (224)

You cannot deselect M-Other when a special survey type is selected; when all special survey types are deselected, M-Other is automatically deselected.

The following rules apply to special surveys:

- Only one special survey per day is permitted for a provider.
- Z-PPM surveys cannot be combined with any other survey, standard or special.
- With the exception of Z-PPM, special surveys can be combined on a single survey event record.
- With the exception of Z-PPM, special surveys can be combined with complaint and/or certification survey events. In this case, each transaction type is uploaded independently from the others.
- Special surveys cannot be combined with FMS surveys.
- LSC surveys cannot currently be combined with any special survey categories.
- Special surveys can be created only for providers on national, i.e., providers with an accepted certification kit on national or any CLIA lab type except 225.
- An initial survey must be a special survey for a revisit to be a special survey. That is, if special survey types are not selected on the initial, special types cannot be selected on follow-up surveys. Correspondingly, special types cannot be removed from an initial survey if they are still selected on related follow-up surveys.

To create a special survey:

1. Follow the usual steps for creating a survey.
2. Under **Type of Survey**, choose the applicable special survey category/ies.

Note: In a combined survey, each survey type is uploaded to national as an independent transaction.

You can assign non-surveyors to special surveys as responsible parties. They will be notified along with survey team members if an upload of a survey fails.

To assign a non-surveyor to a special survey:

1. Open **Survey Properties** for the survey.
2. In the **Special Survey Tracking** section, click the **Responsible Parties** button to open the **Manage Special Survey Responsible Parties** window.

3 Use the buttons to add SA and/or RO responsible parties, or delete assigned responsible parties as needed.

4 When you are done, click **Close**.

The last names of the assigned staff members are displayed on the Responsible Parties button. An ellipsis (…) is added if all the names do not fit on the button.

To check for possible upload issues:

1 Open **Survey Properties** for the survey.

2 In the **Special Survey Tracking** section, click the **Show Edits** button to see any issues that may interfere with upload.

More …

Procedure: "Schedule a Survey" on page 56
Survey Properties window with Special Survey Tracking section page 245

COVID-19 Surveys

ASPEN provides support for surveys that focus on infection control practices relating to the COVID-19 outbreak. These surveys can be created for all Federal provider types to track inspections that involve a special focus on infection control/COVID-19.

Create a COVID-19 Standalone or Combined Survey

For standalone surveys focusing on infection control–surveys not related to any other survey type such as standard complaint or certification–you can create a COVID-19 special survey. You can also combine a COVID-19 special survey with a standard complaint or certification visit. This special survey type is available for all Federal providers. Other special survey types are available only for a subset of providers.

When creating a survey for any Federal provider type, you will see the special survey value U-COVID19 in the Type of Survey list of the Survey Properties window.

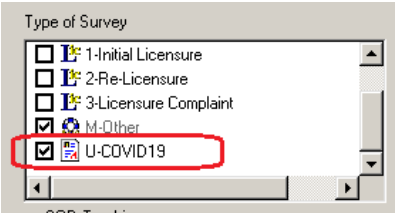


Figure 174: COVID19 special survey type

To create an infection control/COVID-19 special survey:

➥ In ASPEN 11.9.1 or later, follow the usual steps for scheduling a survey. For **Type of Survey**, choose **U-COVID19**.

Choose the COVID19 option by itself for a standalone COVID-19 special survey or along with the applicable standard survey type (certification or complaint) for a combined survey.

Note: In a combined survey, each survey type is uploaded to national as an independent transaction.

More ...

Procedure: "Schedule a Survey" on page 56
Procedure: "Special Surveys" on page 458

COVID-19 Extension to a Standard Survey

For informational purposes only, you can optionally select I-COVID19 under Extent(s) in the Survey Properties widow for a Federal survey in addition to selecting U-COVID19 for Type of Survey.

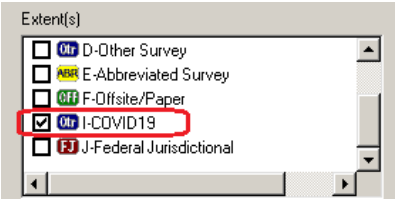


Figure 175: COVID19 survey extent

Do *not* use the I-COVID19 extent exclusively on a standard survey with a COVID-19 focus; the extent will not upload as an independent transaction. You *must* also select U-COVID19 for Type of Survey.

Note: Since licensure-only special surveys are not supported, states can set up an infection control/COVID-19 focused inspection as an extension of a licensure survey by selecting the COVID19 extent.

ACTS Status Levels and Detail Upload Triggers

The status level of an ACTS intake is automatically set in the Status field on the Intake tab as pertinent data elements are entered during the logging, investigation, and final disposition of a complaint/incident. Each status level is listed below followed by what triggers it, and whether an ACTS Detail upload is possible. Not all intakes pass through every status level as they are processed.

The Trigger indicates the data field(s) that can trigger the setting of each status level and the tab(s) of the ACTS intake containing the field(s). The algorithm for setting the status levels is a Bottom-Up analysis where information to trigger status level 8 is checked first. If that information is not found, the information to trigger status level 7 is checked next and so on until, if none of the triggering information is found, the status is set to level 1. The ACTS Detail Upload Process is associated with or triggered by each status level.

1. Triage/Prioritization

   Trigger: Default status for new intake.

   ACTS Detail Upload Process: User-controlled upload not permitted

2. Pending RO Approval

   Trigger: EMTALA Request for RO Approval or Request for RO Approval selected. Tabs: EMTALA, Deemed, RO Approval

   ACTS Detail Upload Process: User-controlled upload not permitted

3. Pending Review/Assignment

   Trigger: Intake is not EMTALA, Deemed, or CLIA RO Approval and Priority level is selected. Tab: Intake

   Trigger: EMTALA, Deemed, or CLIA RO Approval intake and EMTALA RO Response or RO Response entered. Tabs: EMTALA, Deemed, RO Approval

   Trigger: Intake is both EMTALA and Deemed and both EMTALA RO Response and RO Response are entered. Tabs: EMTALA, Deemed

   ACTS Detail Upload Process: User-controlled upload permitted. State and RO supervisory staff can decide whether or not the intake is a Federal intake, which should therefore be uploaded.

4. Under Investigation

   Trigger: Investigation Dates entered. Tab: Investigation

   Trigger: Findings entered for at least one allegation. Tab: Allegations

   Trigger: Intake Subtype is 1 - Federally-required, entity-reported and there is a Death Associated with the Use of Restraints/Seclusion allegation. Tabs: Intake, Allegations

   ACTS Detail Upload Process: Automatic Upload

5. Investigation Completed

   Trigger: Investigation Completed Date entered. Tab: Investigation

   ACTS Detail Upload Process: Automatic Upload

6. Forwarded to RO/CO

   Trigger: Forwarded to RO/MSA, Forwarded to RO (CLIA), or Forwarded to CO date entered. Tabs: Investigation, Actions/Close

   ACTS Detail Upload Process: Automatic Upload

7. Pending SA Finalization

   Trigger: Final Action Signoff date entered by RO, but intake not yet finalized. Tab: Investigation Properties (Investigation Properties->Survey View)

   ACTS Detail Upload Process: Automatic Upload

8. Closed

   Trigger: Finalized checkbox is selected. Tabs: Actions/Close, Investigation Properties (Investigation Properties->Survey View)

   ACTS Detail Upload Process: Automatic Upload

Priority

The Priority section on the Intake, Allegation, Deemed, and RO Approval tabs is enabled or disabled according to the following rules.

Intake Type:

Non-EMTALA, Non-Deemed

SA Users:

Read-Only if RO/CO-initiated

Read-Write if SA-initiated

RO/CO Users:

Read-Only if SA-initiated

Read-Write if RO/CO-initiated

Intake Type:

Non-EMTALA, Deemed

SA Users:

Read-Only if RO Response is Approved

Read-Write if Pending RO Approval, or if RO Response is Disapproved

RO/CO Users:

Read-Write

Intake Type:

EMTALA, Non-Deemed

SA Users:

Read-Only if EMTALA RO Response is Approved

Read-Write if Pending RO Approval, or if EMTALA RO Response is Disapproved

RO/CO Users:

Read-Write

Intake Type:

EMTALA, Deemed

SA Users:

Read-Only if RO Response (for Deemed) and EMTALA RO Response are Approved

Read-Write if Pending RO Approval, or if either RO Response (for Deemed) or EMTALA RO Response is Disapproved

RO/CO Users:

Read-Write

Intake Type:

CLIA: non-RO Approval

SA Users:

Read-Write

RO/CO Users:

Read-Write

Intake Type:

CLIA: RO Approval

SA Users:

Read-Only if RO Response is Approved

Read-Write if Pending RO Approval, or if RO Response is Disapproved

RO/CO Users:

Read-Write

Priority Codes

Code	Description	Provider Type
A	IJ	Non-CLIA
B	Non-IJ High	Non-CLIA
C	Non-IJ Medium	Non-CLIA
D	Non-IJ Low	Non-CLIA
E	Non-IJ Admin Review/ Offsite Investigation	Non-CLIA
F	Referral-Immediately	Non-CLIA
G	Referral-Other	Non-CLIA
H	No Action Necessary	Non-CLIA
Q	IJ (Immediate Jeopardy)	CLIA
R	Non-IJ	CLIA
S	Non-IJ (Admin Review/Offsite Investigation)	CLIA
T	Non-CLIA Referral	CLIA
U	No Action Necessary	CLIA

Disallowed Priority Combinations

The following combinations of Priority values are not allowed. An error message is issued if you specify an invalid combination.

For Non-CLIA:

- A - B, C, and D cannot be selected with A.
- B – A, C, and D cannot be selected with B.
- C – A, B, and D cannot be selected with C
- F – G cannot be selected with F.
- H – Nothing else can be selected with H.

For CLIA:

- Q – R and S cannot be selected with Q.
- R – Q and S cannot be selected with R.
- U – Nothing else can be selected with U.

CMS-562 Data Sources

ACTS obtains the data needed to complete CMS-562 from a number of sources as detailed below.

Note: The CMS-562 can be printed only for pre-ASPEN 10.1.7 investigations.

1. Medicare/Medicaid Identification Number

   This is the CMS Certification Number (CCN) from the Facility Definition tab in ASPEN Central Office. CCN cannot be entered in ACTS. This field is blank if a CCN has not been entered in ACO.

2. Facility Name and Address

   Comes from the Facility Definition tab in ACO.

3. Date Complaint Received

   This is the Received End Date on the Intake tab. If there is more than one intake linked to the investigation, the Received End Date from the intake with the highest priority (closest to the beginning of the alphabet) is used.

4. Receiving Component

   ACTS assigns the receiving component based on whether an SA or RO user created the intake as indicated in the Intake Staff section of the Intake tab. When there is more than one intake linked to the investigation, ACTS enters the Receiving Component from the intake with the earliest Received End Date.

5. Date Acknowledged

   ACTS checks all intakes linked to the investigation and uses the date of written acknowledgment as recorded in Notices History from the intake with the highest priority.

   If you are not using ACTS to generate letters, you can manually enter this date in the Acknowledgement and Parties Notified section on the Investigation Properties tab. It will not overwrite letter dates recorded in Notices History for linked intakes.

   Note: For post-ASPEN 10.1.7 investigations, you *must* manually enter this date.

6A. Source of Complaint

   ACTS cross walks the 23 Source types available on the Intake tab to the five Source types that national accepts and enters the number of each of those five types selected on all the intakes linked to the investigation.

6B. Total Number of Complainants

The total number of all the complainants entered for all of the intakes linked to the investigation.

7A. Allegations

ACTS consolidates all the allegations that were selected to be included on the CMS-562 from all intakes linked to the investigation.

7B. Findings

As specified in the Allegations section on the Investigation Properties tab of the Investigation Properties->Survey View window. Findings must be selected for every listed allegation.

7C. Number of Complainants per Allegation

For each allegation, ACTS totals the number of complainants on all linked intakes that list that allegation.

8. Action

Based on Priority value(s) specified in intake(s) linked to the investigation. If more than one intake is linked, ACTS uses the highest Priority.

9. Investigated by

SA, RO, or Other. Taken from the Investigated By field on the Investigation tab. The same field is on the Investigation Properties tab of the Investigation Properties->Survey View window. The default value is the agency that assigned the intake to an investigation, but it can be overridden.

10. Complaint Survey Date

The exit date of the investigation survey.

11. Findings

N/A. See 7B.

12. Proposed Actions Taken by SA or RO

ACTS consolidates the proposed actions from all intakes linked to the investigation.

13. Date of Proposed Action

ACTS uses the earliest proposed action of the three included in Item 12.

14. Parties Notified and Dates

    If you used ACTS to generate letters, these are the three parties notified earliest by written means subsequent to the survey exit date for any of the intakes linked to the selected investigation.

    Otherwise, you can enter this information manually in the Acknowledgement and Parties Notified section of the Investigation Properties tab on the Investigation Properties->Survey View window. Information entered directly in these fields does not overwrite information recorded in Notices History for linked intakes.

    Note: For post-ASPEN 10.1.7 investigations, you *must* manually enter this information.

15. Date Forwarded to CMS RO or MSA

    As entered on the Investigation and Actions/Close tabs.

16. Date of CMS RO/MSA Receipts

    Entered by RO on the Investigation Properties tab (Investigation Properties->Survey View).

17. CMS RO/MSA Action

    Taken from the checkbox in the Federal Proposed Actions section on the Actions/Close tab. Only one action can apply.

18. Date of Final Action Sign-off

    Entered on the Investigation Properties tab (Investigation Properties->Survey View).

If you generate the CMS-562 from the intake form (pre-ASPEN 10.1.7 investigations only, click Print and select CMS 562 Form), the following field values are carried over from the Investigation Properties tab (Investigation Properties->Survey View window) if it has ever been accessed and the values exist:

- Acknowledged date
- Parties Notified
- 8. Action setting

These values are carried over from Investigation Properties even if the values have been changed in the current intake or any other linked intake. Suppose, for example, you change the Priority of an intake (on the Intake, Allegations, or Deemed/Accredited tab - if applicable), then print the CMS-562 from the intake. The generated CMS-562 will use the existing (and now possibly not current) 8. Action setting - which is derived from the Priority setting(s) on linked intake(s) - from the Investigation Properties tab on the Investigation Properties->Survey View window when it prints the CMS-562.

To change the 8. Action setting on the Investigation Properties tab to match that in the intake, you must open the Investigation Properties->Survey View window, close it to generate an error message, click No in the confirmation message, and manually enter the value the error message has indicated.

You must manually update Acknowledged date and Parties Notified if any changes were made to Notices History in linked intakes. For post-ASPEN 10.1.7 investigations, you must always manually enter this information.

Minimum Investigation Survey Upload Requirements

The following data items must be provided in order to successfully finalize an intake, which must be done before the linked investigation survey can be uploaded. The corresponding CMS-562 item number (applicable only for pre-ASPEN 10.1.7 investigations) is in parentheses.

Intake tab

Staff (4)

Intake Type

Intake Subtype

Complainants (6B) (7C)

Source(s) (6A)

Priority (8)

Received End Date (3)

Allegations tab

Allegations (7A)

Findings (for each allegation) (7B)

Investigation tab

Investigation Survey (10)

670 Workload

Investigated by (9)

Actions/Close tab

Proposed Federal Action(s) and date Proposed (12) (13)

CMS RO/MSA Action (17)

Date Forwarded to RO/MSA or Date Forwarded to RO if CLIA (15)

Notices History (or Investigation Properties->Survey View)

Date of Acknowledgement letter or phone call *unless* only incidents are linked to the investigation, or Source is 05 - Anonymous, for all complaints/incidents linked to the investigation. (5)

562 Notification letters (14)

Pre-ASPEN 10.1.7 investigations only. If you used ACTS to generate letters, the date of the earliest letter in Notices History in all linked intakes is automatically entered as the Date Acknowledged (5) on CMS-562. Letters specified as 562 Notification letters that were sent to designated recipients supply Parties Notified and Dates (14).

You can manually enter this information in the Acknowledgement and Parties Notified section of the Investigation Properties tab on the Investigation Properties->Survey View window. You may elect to do this if you are not using ACTS to generate letters. Information entered directly in these fields does not overwrite information recorded in Notices History for linked intakes.

Note: If you print the CMS-562 from a pre-ASPEN 10.1.7 investigation after making changes in Notices History for any linked intake, the changes aren't reflected in the CMS-562. You must manually update Acknowledged date and Parties Notified on the Investigation Properties tab to take into account changes in linked intakes.

For post-ASPEN 10.1.7 investigations, you *must* manually enter this information.

Investigation Properties tab (Investigation Properties->Survey View)

Date of RO[/MSA] Receipt (16)

ACTS Tables Included in Detail Upload

ACTS Table	National (CASPER) Tables	Table Description	Primary Key
CINTAKE	ACTS_INTK	Complaint intake.	INTAKEID
COMP_ALG	ACTS_ALGTN	Description for allegation in a complaint.	INTAKEID ALGID
COMP_ALG_ QUAL	ACTS_ALGTN_ QUALN	Allegation sub-findings.	INTAKEID ALGID CODE

ACTS Table	National (CASPER) Tables	Table Description	Primary Key
COMP_DL	ACTS_ALGTN_ CTN	Link between citation and allegation.	INTAKEID ALGID BUILDID TAG PREFIX
CROSSLINK	ACTS_INTK_ RLTNSHP	Links Complaint (Sinkage) records together.	INTAKEID LINKEDINTAKEID
CSCHED	ACTS_ INVSTGTN	Investigation table. Fields used only for investigation (CSP-SRV) upload are excluded from ACTS Detail upload.	REF_ST_CD INVESTID
DEATHINTAKE	ACTS_DEATH_ INTK	List of deaths by restraints and/or seclusion.	INTAKEID DEATHID
EMTALAINTAKE	ACTS_EMTALA_ INTK	EMTALA information for each allegation.	INTAKEID
HCFA2802	ACTS_DEMD_ INTK	CMS 2802 information for a deemed intake.	INTAKEID
HCFA2802 CONDITIONS	ACTS_DEMD_ COP	Proposed and approved Conditions of Participation for a deemed intake.	INTAKEID CONDCODE
INVACTIONS	CSP_ACTVTY	Activities; no staff information is uploaded.	REF_ST_CD ACTID
LETTHIST	CSP_LTR_HSTRY	Intake & Investigation Letter History. Non-identifying information only is uploaded: dates and letter category.	REF_ST_CD LETTHISTID
LETTHIST	ACTS_NTFCTN	List of contacts made for a complaint. Limited information is uploaded to identify the type and date of notification.	REF_ST_CD NOTIFYID
NOTIFICATION PROACTINVEST	ACTS_PROPD_ INVSTGTN_ACTN	Description of any proposed actions for a investigation.	REF_ST_CD PROACTID INVESTID

Upload Monitoring Emails

This section contains descriptions and boilerplate text of the automatically generated email notices that alert applicable users to late investigations and intakes.

Late Investigation Upload Review

This email lists all investigations that have never been uploaded and are late. An investigation is considered late if it has not been successfully uploaded within a specified number of days from its exit date.

Recipients

Management units, team/work units in the given state configured as recipients (ACO | File | Email Recipients).

Frequency

Every night.

Email Text

Subject: Late Investigation Upload Review - <State> - <MGMTUNIT> - <Team/Work Unit> <Facility Category>

The following investigations have not yet been uploaded within x days of their exit date.

<Invest ID><Invest Exit Date><Days Since Exit><CCN><FacName>…

Please do not reply to this message.
Thank you.

Late Intake Finalization

This email lists late intakes, i.e., Federal intakes meeting defined lateness criteria, which take into account factors such as intake priority, facility type, and deemed status. Federal intakes are defined as complaints with Intake Type = 01 Complaint and Intake Subtype = A, or incidents with Intake Type = 02 Entity Reported Incident and Intake Subtype = 1 or 2.

More …

Procedure: "Lateness Criteria" (below)

Email

Recipients

SA/RO staff members who are a responsible party for at least one late Federal intake.

Frequency

Every Sunday night.

Email Text

Subject: Late Intake Finalization for <State> - <Staff ID> - <Staff Name>

The following Federal intakes have not yet been completed within x days of their initial received date.

<Intake ID><Intake Rcv Date><Days Since Rcv><CCN><FacName>…

These intakes must be finalized within a timely manner. Please complete all of the remaining steps required for intake finalization.

Please do not reply to this message.
Thank you.

Lateness Criteria

Provider/Complaint Type	Immediate Jeopardy (IJ) (A,Q)*	Non-IJ High (B)	Non-IJ Medium (C,R)	Non-IJ Low (D)
Nursing homes	SA must initiate an onsite survey within 2 working days of receipt. **Late = 100 or more days after Received End date**	SA must initiate an onsite survey within 10 working days of prioritization. **Late = 100 or more days after Received End date**	No timeframe specified, but an onsite survey *must* be scheduled. **Late = 100 or more days after the later of either** • **Survey Exit date** • **Received End date**	SA *must* investigate during the next onsite survey. **Late = 100 days after the later of either** • **Survey Exit date** *-or-* • **Received End date + 15 months (NH maximum survey window)**
Non-deemed *non-long term care* providers/suppliers	SA must initiate an onsite survey within 2 working days of receipt. **Late = 100 or more days after Received End date**	*SA must initiate an onsite survey within 45 calendar days of prioritization.* **Late = 145 or more days after Received End date**	*An onsite survey must be scheduled no later than when the next onsite survey occurs.* **Late = 100 days after either** • **Survey Start date** *-or-* • **Received End date + 3 years, whichever is later**	SA *must track/trend for potential focus* areas during the next onsite survey. **Late = 100 days after either** • **Survey Start date** *-or-* • **Received End date + 3 years, whichever is later**

Provider/Complaint Type	Immediate Jeopardy (IJ) (A,Q)*	Non-IJ High (B)	Non-IJ Medium (C,R)	Non-IJ Low (D)
Deemed providers/suppliers with RO Authorization and Authorization date	SA must initiate an onsite survey within 2 working days of receipt of RO authorization. **Late = 100 or more days after RO Authorization**	*SA must initiate an onsite survey within 45 calendar days of receipt of RO authorization.* **Late = 100 or more days after RO Authorization**	*Complaint is referred to the applicable accreditation organization(s).* **Late = 100 or more days after Received End date**	*Complaint is referred to the applicable accreditation organization(s).* **Late = 100 or more days after Received End date**
EMTALA with RO Authorization and Authorization date	SA must complete investigation within 5 *working* days of receipt of RO authorization. **Late = 100 or more days after RO Authorization**	N/A **If present (though N/A):** **Late = 100 or more days after Received End date**	N/A **If present (though N/A):** **Late = 100 or more days after Received End date**	N/A **If present (though N/A):** **Late = 100 or more days after Received End date**
Death *associated with* Restraint/Seclusion (DRS)-Hospitals with RO Authorization and Authorization date	SA must complete investigation within 5 *working* days of receipt of RO authorization. **Late = 100 or more days after RO Authorization**	N/A **If present (though N/A):** **Late = 100 or more days after Received End date**	N/A **If present (though N/A):** **Late = 100 or more days after Received End date**	N/A **If present (though N/A):** **Late = 100 or more days after Received End date**
Deemed, EMTALA, DRS Disapproved by RO or Pending RO Response	**Late = 100 or more days after Received End date**	**Late = 100 or more days after Received End date**	**Late = 100 or more days after Received End date**	**Late = 100 or more days after Received End date**
Fires resulting in serious injury or death	See criteria for applicable Provider/Complaint Type row	See criteria for applicable Provider/Complaint Type row	See criteria for applicable Provider/Complaint Type row	See criteria for applicable Provider/Complaint Type row

Provider/Complaint Type	**Non-IJ Admin Review/Offsite Investigation (E,S)** **Referral Immediately (F)** **Referral Other (G,T)** **No Action Necessary (H,U)**
Nursing homes	**Late = 100 or more days after Received End date**
Non-deemed *non-long term care* providers/suppliers	**Late = 100 or more days after Received End date**
Deemed providers/suppliers without RO Authorization and Authorization date	**Late = 100 or more days after Received End date**
EMTALA	**Late = 100 or more days after Received End date**
Death *associated with* Restraint/Seclusion-Hospitals	**Late = 100 or more days after Received End date**
Fires resulting in serious injury or death	**Late = 100 or more days after Received End date**

ACTS Reports

ACTS provides a number of complaint/incident reports to support your accountability and analysis requirements.

Note: Perpetrator information does not print on intake and investigation reports for CLIA labs or on any report in ACTS RO mode.

Quick Reports - right-click

You can generate and display a number of complaint/incident reports through right-click menus that you access from nodes and items in ACTS Explorer. These quick reports present information only for the selected entity. Access to the Quick Report menu is indicated in boldface for each report, followed by a description of the report.

The full-size report customization window appears for some quick reports, for example, quick facility reports F01-F04. A smaller customization window may appear instead of the full-size window, for example, if you print the Non-Complaint version of the Hotline Log from the Hotline node.

More ...

Screen: "Report Customization window" on page 278

Action Item Report

Right-click My Action Items node | Quick Report
The ACTS Action Item Report lists action items with their type, status, and date with description (such as Survey Start, Assigned). The action items are grouped by staff member and filtered according to the active Action Item filter.

CMS 562 Form

Right-click intake | Quick Report
Can be printed only for pre-ASPEN 10.1.7 investigations. The standard CMS-562 form is automatically completed for the selected intake based on intake, investigation, and close-out information collected within ACTS.

CMS 1541A Form

Right-click intake | Quick Report
This is the standard CMS-1541A, Request for Survey: Responsibilities of Medicare Participation Hospitals in Emergency Cases for use with EMTALA complaints/incidents.

CMS-2802 Form

Right-click intake | Quick Report
This is the standard CMS-2802, Request for Validation of Accreditation Survey, or for CLIA, Request for Complaint Investigation or Validation Survey. It can be generated for Hospitals, ASCs, Hospices, and CLIA labs.

Note: You cannot print the CMS-2802 unless Deemed for Medicare Participation is selected on the Deemed tab (not applicable for labs), and RO Response is set to Approved. For labs, Certificate at Time of Alleged Event on the Intake tab must be set to Accreditation.

The version printed depends on provider type:

- CMS-2802 - Hospital, except CAH
- CMS-2802A - CLIA
- CMS-2802B - Hospice
- CMS-2802D - ASC
- CMS-2802E - CAH

For CAH intakes received on or after 1/26/04, you can print the CMS-2802E, which is specific to CAHs. For CAH intakes received prior to 1/26/04, CMS-2802 for Acute Care Hospitals will continue to be printed.

The Intake ID and State Complaint ID are printed on all non-CLIA 2802 forms. State Agency information included on the CMS-2802 is configured through the ACO State Customization option.

The name of the accrediting organization for all but CLIA labs is pulled from the 1539 for the provider's most recent certification kit rather than from the Accreditation section on the Associations tab in the Facility Definition window in ACO. For labs, it comes from the CLIA nightly extract.

Complainant Intake History

Right-click complainant | Quick Report
The ACTS Complainant History report supplies information about all the intakes that include the selected complainant. You can choose to place brackets around redacted (suppressed from display to the public) information by clearing the Hide Brackets checkbox. For each intake, the report provides details about the provider, intake, complainants, residents/patients/clients, alleged perpetrators, allegations, survey, and activities.

Complainant Intake Summary

Right-click complainant|Quick Report
The ACTS Complainant Intake Listing lists all the intakes that include the selected complainant and provides basic intake, provider, and investigation information.

Deemed Provider Report

Right-click provider | Quick Report
The Deemed Provider Report lists the deemed intakes for the selected deemed provider within the specified time period. It lists accreditation details, relevant dates, allegations, findings, tags cited, and other information.

The number of working days between the Request for RO Approval and RO Response dates entered on the Deemed tab appears in the RO Response Date / Bus. Days column. The count of working days appears under the Approved or Disapproved date for each listed provider as Diff: n.

The Business Days count is uploaded as part of the INTK upload, which is triggered whenever the intake status changes. If either Request RO Approval or RO Response date is null, then the count will be null.

Note: Accred Organization is pulled from the 1539 for the provider's most recent certification kit rather than from the Accreditation section on the Associations tab in the Facility Definition window in ACO.

Facility History: w/Names (F01), No Names (F02)

Right-click facility | Quick Report
The Facility History w/Names (F01) report shows the intakes for the selected facility for the specified time period. It provides details including names of individuals associated with the intake. Approximately 96 K of Details text and Findings Text can be printed for each allegation. You can choose to place brackets around redacted (suppressed from display to the public) information by clearing the Hide Brackets checkbox.

The Facility History, No Names (F02) report also provides details about intakes for the selected facility for the specified time period. It does not include names of people associated with the intake nor does it include allegation details. Approximately 96 K of Findings Text can be printed for each allegation.

Facility Status

Right-click facility | Quick Report
Provides facility identification information and operating status, and, as available, administrator information, bed count, and building information.

Facility Summary (F03)

Right-click facility | Quick Report
This report provides detailed information for the selected facility including intake numbers and status, allegations, findings, cited deficiencies (except memo tags 0000, 9999, and 999K), etc. The total number of intakes for the facility is given at the end of the report.

More ...
"Deficiency Cited Categories" on page 501

Hotline Call Detail Report

Right-click hotline call | Quick Report
Provides details about the selected call and intake (if applicable). Includes any notes.

Hotline Call Log: Complaint, Non-Complaint

When you right-click the Hotline node and choose Quick Report, the Hotline Call Log Customization window lets you choose the version of the report you want. You can also choose whether the report should include only calls handled by selected Hotline staff members (as assigned in the New/Modify Call window). Click the Select Staff Name(s) checkbox and use the Find Staff window that appears to specify the staff members.

Right-click Hotline node | Quick Report|Complaint and Non-Complaint
The Hotline Log (displayed in the Hotline Complaint Log window) lists all calls received on the Hotline during the specified time period by all or selected Hotline staff members. Details such as caller name and call category are provided. Includes any notes.

Right-click Hotline node | Quick Report | Complaint only
The Hotline Call Complaint Log (displayed in the Hotline Call Log: Complaints window) lists only calls from which an intake - Complaint and/or Incident depending on your selection in the report customization window was generated. It includes calls received by all or selected Hotline staff members depending on your selection in the Hotline Call Log Customization window. Information about the intakes, investigations, cited deficiencies (except memo tags 0000, 9999, and 999K), activities, etc. are included.

Right-click Hotline node | Quick Report | Non-Complaint only
The Hotline Log (displayed in the Hotline Complaint Log window) lists only non-complaint calls received on the Hotline during the specified time period by all or selected Hotline staff members. Non-complaint calls are those of any Category except Complaint as specified in the New/Modify Call window. Details such as caller name and call category are provided. Includes any notes.

Intake Information

Right-click intake | Quick Report
The Intake Information report presents detailed information collected within ACTS about the selected intake. You can choose to place brackets around redacted (suppressed from display to the public) information by clearing the Hide Brackets checkbox. Approximately 96 K of details text can be printed for each allegation. The allegation Findings category and findings text are not included on the Intake Information report. For findings information, run the Investigation Report.

A Contacts section is included if at least one contact is entered on the Contact/Refer tab of the intake. An EMTALA Information section is included only for an EMTALA intake. A Deemed/RO Approval Information section appears for a deemed (non-CLIA) intake or a CLIA complaint that requires RO approval. A Death Associated with the Use of Restraints/Seclusion section appears if the intake includes D/R/S allegations and D/R/S details have been entered.

More ...
"Investigation Report" (below)

Intake Notes

Right-click intake | Quick Report
Identifies the intake and shows any supplementary notes that have been entered about the complaint/incident. You can choose to place brackets around redacted (suppressed from display to the public) information by clearing the Hide Brackets checkbox. You can also choose which notes to display: Standard and Extended RO, Standard only, or Extended RO only.

Investigation Report

Right-click intake | Quick Report
For the selected intake, the ACTS Complaint/Incident Investigation Report provides detailed information about the provider, intake, complainants, residents/patients/clients, perpetrators, allegations, and investigation. If there isn't any information to print in a section, "No Data" is appended to the section header.

The report indicates whether deficiencies are linked or not. Approximately 96 K of details text and findings text can be printed for each allegation. You can choose to place brackets around redacted (suppressed from display to the public) information by clearing the Hide Brackets checkbox.

An EMTALA Information section is included only for an EMTALA intake. A Deemed/RO Approval Information section appears for a deemed (non-CLIA) intake or a CLIA complaint that requires RO approval. A Death Associated with the Use of Restraints/Seclusion section appears if the intake includes D/R/S allegations and D/R/S details have been entered.

Investigation Survey Report

Right-click intake | Quick Report
This report, aka Complaint/Incident Survey Report, provides summary information about all intakes linked to the same investigation as the selected intake. Summary information is included about the provider, survey, complaint(s)/incident(s), allegations, citations, and activities.

Restraint/Seclusion Death Report (F04)

Right-click provider | Quick Report
The Restraint/Seclusion Facility Death Report lists deaths by restraint and/or seclusion for the selected facility with relevant details and dates such as Patient Medicaid # (Number), Type of Restraint, Date Death Reported, Date of Death, Date RO Aware, etc. Total and average time in restraint/seclusion is given at the end of the report.

Note: Accreditation information is pulled from the 1539 for the provider's most recent certification kit rather than from the Accreditation section on the Associations tab in the Facility Definition window in ACO.

Summary - Non-confidential

Right-click intake | Quick Report
Provides a summary of information for the public about the selected intake; titled Complaint Summary or Incident Summary as appropriate. This report does not include allegation details. It prints the Findings category for each allegation, but does not include findings text. For details text, run the Intake Information report or Investigation Report. For findings text, run the Investigation Report.

More ...

"Intake Information" on page 481
"Investigation Report" on page 481

Reports - Reports menu

You can generate and display complaint/incident reports that combine and present information from multiple entities through the Reports menu. You can generate provider-specific reports by using the Provider filter in the report customization window.

The full-size report customization window appears for all reports except Tracking Report - SOD/POC and Hotline Call Summary, and QE 562 Log. A smaller customization window may appear in addition to or instead of the full-size window. For example, after you click OK in the full-size customization window for a Timeliness Report, the smaller Timeliness Report Customization window appears.

Agency Referral Summary Report

Lists referred intakes and provides referral information including contact name and phone, date referred, date of outside agency's visit, and date report was received from outside agency. Also indicates provider name, intake number, received end date for the complaint/incident report, and priority.

Allegation Detail Reports

The Allegation Detail Report and Allegation Detail Report by Team provide basic intake information and allegation details including category, subcategory, and findings. You can specify the types of allegations to include in the customization window that appears before the main report customization window. The primary sort order for the Allegation Detail Report is allegation category. The primary sort order for the Allegation Detail Report by Team is work unit.

Group summaries give intake and allegation totals for each group. The overall total number of intakes, allegations, substantiated allegations, unsubstantiated allegations, findings not specified, and the percentage of substantiated allegations are included at the end of these reports.

Complaint/Incident Allegation History

Provides graphical and text display of allegation information. A graph shows allegations by findings type followed by a summary with the number of intakes by status, total number of intakes, and total number of allegations. Following the summary, allegations and findings are listed by category.

Note: When multiple facility types are selected in the first report customization window and the Separate Provider Types option is selected in the second customization window, a separate report is produced for each provider type.

Findings categories, which are shown in the report footer, are:

Substantiated. Allegation Findings set to 1 Substantiated.

Unsubstantiated. Allegation Findings set to 2 Unsubstantiated.

Investigation N/A. No Findings set for allegation. CLIA intake Priority: I or U (Non-CLIA Referral or No Action Necessary). Non-CLIA intake Priority: F, G, or H (Referral-Immediately, Referral-Other, or No Action Necessary).

Pending Investigation. No Findings set for allegation. CLIA intake Priority: Q, R, or S (IJ, Non-IJ, or Non-IJ (Admin Review/Offsite Investigation)). Non-CLIA intake Priority: A, B, C, D, or E (IJ, Non-IJ High, Non-IJ Medium, Non-IJ Low, or Non-IJ Admin Review/Offsite Investigation).

Note: For Investigation N/A and Pending Investigation, the Priority information shown in the footer depends on the Customization View selected in the report customization window. If Non-CLIA, only non-CLIA Priority values are shown; if CLIA, only CLIA Priority values; if Both Non-CLIA and CLIA, all Priority values are listed.

Pending Triage. No Findings set for allegation. No Priority set for intake.

Complaint/Incident Assignment Listing

Lists assigned intakes and provides information including provider name, facility ID and CCN, intake number, assigned and received end dates, priority, survey exit date and ID, responsible SA and RO staff member(s), and investigator or scheduler name(s). If there isn't a survey team, the Investigator/Scheduler column displays the name of the scheduler, i.e., the staff member assigned the activity 08 Schedule Onsite Visit. If there is a survey team, the name(s) of team member(s) are displayed rather than the scheduler's name. The total number of intakes is given at the end of the report.

Complaint/Incident Investigation Log

Provides detailed information about investigations. Includes intake number, priority, survey start and exit dates, findings, survey Event ID, intake Closed Date, cited deficiencies (except memo tags 0000, 9999, and 999K) with an indication of which are linked, activities, and other information.

Outliers, i.e., surveys with a Start date greater than the Investigation Due date, are indicated in boldface followed by double daggers in the Start - Recv End column.

Start - Recv End
46††
7

Figure 176: Outliers indicated in log

A key to symbols in the body of the report–single or double daggers or asterisks–appears in the report footer. Group summaries indicate number of providers, number of complaints/incidents, number of deficiencies, and number/% of IJ/condition tags for each group. Overall totals for the report are given after the last group summary.

More ...

"Deficiency Cited Categories" on page 501

Death-Restraint/Seclusion

The Death Associated with the Use of Restraints/Seclusion Report lists deaths by restraint and/or seclusion with details about each including intake number; Patient Medicaid # (Number); whether death was by restraints, seclusion, or both; relevant dates; etc. Total and average time in restraint/seclusion is given at the end of the report.

Note: Accreditation information is pulled from the CMS-1539 for the provider's most recent certification kit rather than from the Accreditation section on the Associations tab in the Facility Definition window in ACO.

Deemed

Deemed Provider Report

Lists deemed intakes for the specified time period with basic provider information, accreditation details, relevant dates, allegations, findings, tags cited, and other information.

The number of working days between the Request for RO Approval and RO Response dates entered on the Deemed tab appears in the Req Sent/RO Resp/Bus. Days column. The count of working days appears under the Approved or Disapproved date for each listed provider as Diff: n.

The Business Days count is uploaded as part of the INTK upload, which is triggered whenever the intake status changes. If either Request RO Approval or RO Response date is null, then the count will be null.

Provides the following information at the end of the report: total records (intakes), total RO approved (#/%), total RO disapproved (#/%), total pending RO response (#/%), total RO approval requests not sent by SA (#/%), average number of days between request and RO response, % of intakes with condition-level tags out of compliance, % of facilities with multiple intakes authorized by RO.

Note: Accred Organization is pulled from the 1539 for the provider's most recent certification kit rather than from the Accreditation section on the Associations tab in the Facility Definition window in ACO.

Deemed Provider RO Response to Survey Start Interval

Lists deemed intakes that exceed the specified interval in number of days between RO Response date and Survey Start Date, or RO Response date and Survey Exit Date. You can choose to show all intervals, i.e., to include intakes regardless of interval. This report excludes intakes where RO Response (on the Deemed tab) is Disapproved and intakes where the SA has not selected Request for RO Approval. The total number of deemed complaints is given at the end of the report.

Deficiency Reports

Incidents Resulting in Deficiencies: Detail and Summary

The detail and summary reports both list providers where there were incidents that resulted in deficiencies.

The detail report includes Intake Number, Received End Date, Priority, Survey Start and Exit dates, cited deficiencies (except memo tags 0000, 9999, and 999K), and other information. Group summaries give the number of providers (unless grouped by provider) and incidents reported for each group. The total number of providers, incidents reported, and the average number of incidents per group are given at the end of the report.

The summary gives provider information and indicates the Number of Intakes Linked to Federal Deficiencies for each provider. The total number of providers appears at the end of the report.

Investigation Deficiency Types

Lists tags cited and type of each (Condition, Standard, etc.) for all investigation surveys included on the report as determined by report customization setting. Includes the following fields: Provider Name, CCN, Facility ID, Event ID, Survey Exit date, Tags Cited, Tag Type, Total Tags Cited, and Tag Type Percentages per Event ID. The total number of investigation surveys, total number of tags cited, and overall percentage of each type of tag is given at the end of the report.

EMTALA

EMTALA Interval Report

Lists EMTALA intakes that exceed the specified interval in number of days between RO Response date and Survey Start Date, or RO Response date and Survey Exit Date. You can choose to show all intervals, i.e., to include intakes regardless of interval.

EMTALA Tracking Report

Provides detailed information about EMTALA intakes including receipt date, provider information, alleged EMALA violation, Request Sent/RO Response dates and the number of days between, date investigation completed, RO confirmation or not, resolution, and so forth. Provider types included in the report depend on the current user's facility type security assignments. The total number of intakes and overall average of days between Request Sent and RO Response appear at the end of the report.

Federal Only

Federal Intakes

Lists Federal intakes (those linked to a Federal survey) for the specified time period. Includes the following fields: Intake Number, Provider Name and Number, Facility ID, Intake Type, Priority, Event ID, Received Start Date, and Received End Date. The total number of Federal intakes is given at the end of the report.

Federal Investigation Timeframe Reports: IJ

Non-Deemed Provider Complaints

Non-Deemed Provider Incidents

These two reports provide investigation timeliness data for complaint and incident intakes (respectively) with a Priority of A - IJ involving non-deemed providers.

CLIA - These reports are not available for CLIA labs.

These reports include a number of fields such as: Intake Number, Provider Name and CCN, Received Start Date and End Date, Investigation Due date, Survey Start and Exit dates. The last two columns give the intervals, as number of days, between 1) Received Start and Survey Start dates and 2) Received End and Survey Start dates, excluding weekends and Federal holidays (Christmas, Columbus Day, Independence Day, etc.) If the first interval for an intake is greater than 2 working days, it is indicated with an asterisk.

The total number of Federal intakes (those linked to a Federal survey), the total number of those intakes with the first interval in excess of 2 working days, and the total number of intakes with the second interval greater than 2 working days are given at the end of the report. Group summaries provide these same numbers for each group (provider type).

Note: For the Non-Deemed Provider Incidents report, Intake Type on the report customization screen is locked to Entity-Reported Incident.

Deemed Provider

The Deemed Provider report provides similar investigation timeliness information as for non-deemed providers for intakes with a Priority of A - IJ involving deemed providers, for which an investigation was approved. It includes a number of fields such as: Intake Number, Provider Name and CCN, RO Approval Date, number of days to Investigate Within, Survey Start and Exit dates. The last column gives the interval, as number of days, between RO Approval date and Survey Start date, excluding weekends and Federal holidays (Christmas, Columbus Day, Independence Day, etc.) Intervals greater than 2 working days are indicated with an asterisk.

The total number of Federal intakes (those linked to a Federal survey) approved for an investigation and the total number of those with intervals greater than 2 working days are given at the end of the report.

Note: For the Deemed Provider report, Provider Type on the report customization screen defaults to Hospital, ASC, and Hospice.

Federal Investigation Timeframe Reports: EMTALA Intakes

The EMTALA Intakes: Federal Investigation Timeframe Report provides investigation timeliness data for EMTALA intakes.

CLIA - This report is not available for CLIA labs.

The report includes a number of fields such as: Intake Number, Provider Name and Number, Received Start Date and End Date, RO Approval date, Investigation Due date, Survey Start and Exit dates. The last column gives the interval, as number of days, between EMTALA Approved date and Survey Exit date, excluding weekends and Federal holidays (Christmas, Columbus Day, Independence Day, etc.). Intervals greater than 5 working days are indicated with an asterisk.

The total number of Federal intakes (those linked to a Federal survey) approved for an EMTALA investigation and the total number of those with intervals greater than 5 working days are given at the end of the report.

Federal Investigation Timeframe Reports: Deemed Providers - Non-IJ

The Deemed Providers - Non-Immediate Jeopardy Federal Investigation Timeframe Report provides investigation timeliness information for non-IJ intakes involving deemed providers, for which an investigation was approved.

CLIA - This report is not available for CLIA labs.

The report includes a number of fields such as: Intake Number, Provider Name and Number, RO Approval date, number of days to Investigate Within, Survey Start and Exit dates. The last two columns give two intervals, as number of days, between 1) RO Approval date and Survey Start date and 2) RO Approval date and Survey Exit date. Weekends and Federal holidays (Christmas, Columbus Day, Independence Day, etc.) are excluded. Intervals greater than 45 working days are indicated with an asterisk.

Numbers at the end of the report include:

- Total Federal intakes (those linked to a Federal survey) approved for an investigation
- Number of those intakes with the RO Approval to Survey Start date exceeding the specified Investigate Within interval
- Number of those intakes with the RO Approval to Survey Start date interval greater than 45 working days
- Number of those intakes with the RO Approval to Survey Exit date interval greater than 45 working days
- Average interval

Note: For this report, Provider Type on the report customization screen defaults to Hospital, ASC, and Hospice types.

Federal Investigation Timeframe Reports: Long Term Care

Non-IJ-High

Provides investigation timeliness information for non-IJ High intakes involving Nursing Homes. It includes a number of fields such as: Intake Number, Provider Name and CCN, Received Start and End dates, Investigation Due date, Survey Start and Exit dates. The last two columns give the intervals, as number of days, between 1) Received End and Survey Start dates and 2) Received End and Survey Exit dates, excluding weekends and Federal holidays (Christmas, Columbus Day, Independence Day, etc.) If the first interval for an intake is greater than 20 working days, it is indicated with an asterisk.

Numbers at the end of the report include:

- Total Federal intakes (those linked to a Federal survey)
- Number of those intakes with Received Start to Survey Start in excess of 20 working days
- Number of those intakes with Received End to Survey Start (first interval in report) in excess of 10 working days
- Number of those intakes with Received Start to Survey Exit in excess of 20 working days
- Number of those intakes with Received End to Survey Exit (second interval in report) in excess of 20 working days
- Average number of days between Received Start and Survey Start
- Average number of days between Received End and Survey Start (first interval in report)

Non-IJ-Medium

Provides investigation timeliness information for non-IJ Medium intakes involving Nursing Homes that have been assigned an Investigate Within value of more than 10 days. It includes a number of fields such as: Intake Number, Provider Name and CCN, Received Start and End dates, number of days to Investigate Within, Survey Start and Exit dates. The last two columns gives the intervals, as number of days, between 1) Received Start and Survey Start dates and 2) Received End and Survey Start dates, excluding weekends and Federal holidays.

The total number of Federal intakes (those linked to a Federal survey), and the average number of days for the first and second intervals are given at the end of the LTC Non-IJ Medium Timeframe Report.

Investigations Lacking Survey Upload

Lists Federal complaint and incident investigations (those linked to a Federal regulation set) that have no record of an upload attempt. Includes the following details for each: Facility ID, Facility Name, CCN, Event ID, Survey Start and Exit dates, Intake ID and Status, Recv (Received) Start and Received End Date, and Closed Date. The total number of investigations, number of investigations included in the average interval calculation, and the average interval (survey exit to today) in days is given at the end of the report.

Note: If an investigation (CSP-SRV) upload was initiated but the upload is pending or an overnight failure occurred, the investigation and linked intakes will be included in the report.

Intakes Requiring RO Authorization

Lists intakes received within a specified time period for which RO authorization is required, i.e., Deemed, D/R/S, and EMTALA intakes. The report is grouped by provider type.

For each intake, the report provides the following information: Intake Number, State Complaint ID, Provider Name, Priority, CCN, Facility ID, Forward to RO/MSA date, EMTALA/Deemed/DRS (intake type), and RO Response/Determination date.

RO Response is <intake type> Resp Pending if the intake is deemed or there is an EMTALA or DRS allegation, but there is no RO determination. Otherwise, RO Response is <intake type> Approved or <intake type> Disapproved; Authorized or Unauthorized for D/R/S.

Group (provider type) and overall totals show total number of intakes for each intake type (Deemed, D/R/S, EMTALA) and the percentage of intakes that have been approved/authorized, disapproved/unauthorized, or are awaiting response by the RO.

Hotline Call Summary

Breaks hotline calls down by category for each month within the specified year.

Intakes without Scheduled Surveys

Lists intakes that require an investigation survey, but do not have a linked survey (marked as Selected on the Investigation tab). Includes only intakes with an assigned Priority of A-E, i.e., those that require a survey, and Status of 1-4. Intakes with Priority D or E are included only if an Investigation Due date has been entered.

If None is selected for Group By on the report customization screen, the intakes are grouped by Priority in the report. If Provider Type or Responsible Team is selected for Group By, the report is grouped accordingly and then by Priority within each Provider Type or Responsible Team group.

Shows intake Status and ID, basic provider information, Received End Date, Investigation Due Date, Calendar Days Remaining, and Calendar Days Overdue. The latter two are defined in footnotes. Also shows assigned Responsible Party(s) and Scheduler(s) and identifies them as State or RO staff members *if* you select Include Responsible Party and Schedulers near the top of the report customization screen. Gives subtotals of intakes by priority and the grand total of intakes.

Interval Report

Intake Interval Report

The Intake Interval Report shows the interval in number of days between the Received End Date and the Investigation Due Date for each intake. It also provides Survey Start Date and End Date, and indicates Priority.

Intake Accredited Interval Report

The Intake Accredited Interval Report lists the same interval information for accredited providers.

Investigation Survey Categories

Lists investigations grouped by survey categories for a specified time period. Includes the following details for each investigation survey: Invest (Investigation) ID; Exit Date; Provider Name; CCN; Facility ID; and Start Date. A single investigation survey may be included in multiple survey categories.

Group summaries give the number of investigation surveys in each category and indicate what percentage the surveys in each category are of the total number of surveys in the report. All the group summaries are repeated in a list in the “totals” section at the end of the report.

QE 562 Log

Lists QE 562 records for a specified time frame. A customization screen lets you specify a date range and provider types. The report includes brief provider information, Survey Exit Date, Recipient of complaint/incident report, investigating agency, and whether each QE 562 was Uploaded to National.

Substantiated Reports

Both reports list substantiated complaints for a specified period of time.

Substantiated Complaint Details

Includes intake number, priority, cited deficiencies (except memo tags 0000, 9999, and 999K), activities, and other information.

Group summaries indicate the number of providers (unless grouped by provider) and the number of complaints/incidents reported for each group. The total number of providers and complaints/incidents reported, and the average number of complaints/incidents per group appear at the end of the report.

Substantiated Complaint by Provider

Gives provider information and a substantiated intakes count for each provider (must be greater than 0) as well as Number of Intakes Linked to Federal Deficiencies. The total number of providers is given at the end of the report

More ...

"Deficiency Cited Categories" on page 501

Timeliness Reports

Each report shows those intakes that exceed the specified timeliness period for one of eight resolution action intervals (e.g., SOD Issuance - Exit Date to 2567 Issue Date), and indicates the number of days elapsed between the two dates of the selected interval. These reports include intake numbers and basic provider information.

If Timeliness Interval Start is specified for Sort By on the Report Customization screen, the timeliness report is sorted by the first date in the interval selected on the Timeliness Report Customization screen. For example, if the Forward to Closure interval is selected, the report is sorted based on the Forward to RO/MSA date.

Note: For the SOD Issuance report, if the 2567 Issued date is blank on the Investigation tab, the current date is used for interval calculation.

The interval can be based on Calendar Days or Business Days as selected on the Timeliness Report Customization screen and indicated in the report title. The overall number of intakes, number of intakes included in the average interval calculation, and the average interval in days is given at the end of all these reports.

A grouping option is available for the SOD Issuance report only. When the Group by IJ/Condition Level option is selected on the Timeliness Report Customization screen, the report is grouped by IJ/condition level and non-IJ/non-condition level tags. Group summaries give the number of intakes, intakes included in the average, and average interval for each group.

Tracking Report - SOD/POC

Shows SOD/POC-related dates, linked intakes, and RO approval information (if applicable) for investigation surveys within a specified period of time. The total number of investigations is given at the end of the report.

Volume Reports

Details

The two detail reports, Volume by Location Received - Detail and Volume by Responsible Team - Detail, indicate the number of intakes received by day of month respectively for each location and responsible team.

Volume Summaries

The two summary reports, Volume by Location Received - Summary and Volume by Responsible Team - Summary, each provide a bar or pie chart (depending on your report customization selection) and summary showing the total number of intakes received by each location or responsible team as well as each location's or responsible team's percentage and rank for all intakes received.

Weekly Summary

For the specified week, the Weekly Summary indicates by day the number of complaints/incidents received by selected responsible teams.

Volume by Week

Complaint/Incident Volume by Week provides graphical and text display of the number of intakes received by week. Daily counts are shown for each week.

Few or No Intakes

The Facilities with Few or No Intakes report lists all facilities with few or no intakes within the specified time period. You must specify the maximum number of intakes per facility to include in the report on the report customization screen. The title of the generated report is ACTS Facilities with <n> or Fewer Intakes where n is the number you specified for report customization.

Federal Intake Volume by State

ARO only. Displays daily number of intakes within the specified time period for each state in the region. The report is sorted by primary Federal facility type for each state. If the specified time range spans multiple months, each month starts on a new page. Grand totals appear at the end of the report.

Report - Regional Reports

Available to RO users only, regional reports produce data identical to the same state reports, but are run across all states in the region. Configuration options work identically for regional reports as for state reports.

To generate regional reports:

1. Select **Regional Reports** from the **Reports** menu to open the Regional Reports dialog.
2. Choose the state(s) in the selected region to include in the report.
3. Select your report from the **Select Report to Print** list.
4. Click the G**enerate Report** button.

   A filter options window opens.
5. Select the appropriate filters and click **OK**.

   The report is generated, added to the queue, and listed in the Pending and Viewable Reports grid.
6. Press **Refresh** until Status changes to Complete.
7. Click the **View** button to view the report on screen as a PDF.

   Facilities are listed by state.

   The report will be automatically deleted unless you save it.
8. To prevent automatic deletion:

   Save it from the PDF viewer.

   -or-

   In the Regional Reports dialog, select the Save box in the Pending and Viewable Reports grid.

Deemed Provider Regional Report

Available for RO users only, this report produces data identical to the Deemed Provider Report, but can be run across all states in the region. Configuration options work identically for the regional report as for the state report. To generate, select Regional Reports from the Reports menu.

More ...

Screen: "Regional Reports" on page 281

Confidential Reports

No information is excluded, but the word "Confidential" appears as a watermark or in the header of reports that could potentially or actually do include one or more of the following types of sensitive information:

- Any information that should be kept confidential as determined by the Reports workgroup.
- Any information that is for internal use only as determined by the Reports workgroup.
- Any report that shows the names of administrators, complainants, residents/patients/clients, or perpetrators in the intake, intake notes, allegation details, or allegation findings text.

The following quick reports have been designated Confidential:

Facility History w/Names (F01)

Facility History, No Names (F02)

Facility Status

Facility Summary (F03)

Hotline Call Detail Report

Hotline Call Log: Complaint and Non-Complaint

Hotline Call Log: Non-Complaint only

Intake Information

Intake Notes

Investigation Report

Investigation Survey Report

One report (Reports menu) has been designated Confidential:

Complaint/Incident Assignment Listing

Confidential reports are usually restricted to internal distribution.

Report Sort By Options

The Sort By options available on the report customization screen for individual reports, both those on the Reports menu and Quick Reports, are listed below. Following that is a list of reports that don't have Sort By options on the report customization screen. Reports for which the report customization screen isn't available are not listed at all.

Sort By options available

Reports menu

Allegation Detail Reports:

AllegationDetail.rpt

Two sorts: Provider Name, Intake Number

Interval Report -> Intake Interval Report/Intake Accredited Interval Report:

Interval.rpt

Four sorts: Provider Name, Facility ID, Intake Number, Received End Date

Complaint/Incident Assignment Listing:

ComplaintLog.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

Complaint/Incident Investigation Log:

(Grouped by Provider) LogFac.rpt

Two sorts: Intake Number, Received End Date

(Grouped by Provider Type) LogFac.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

(Grouped by Responsible Team) LogFac.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

Timeliness Report:

Resolution.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Timeliness Interval Start

Substantiated Reports -> Substantiated Complaint Details:

(Grouped by Provider) SubstantiatedDetail.rpt

Two sorts: Intake Number, Received End Date

(Grouped by Provider Type) SubstantiatedDetail.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

(Grouped by Responsible Team) SubstantiatedDetail.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

Incidents Resulting in Deficiencies -> Incidents Resulting in Deficiencies Detail:

(Grouped by Provider) IncidentsResultingDetail.rpt

Two sorts: Intake Number, Received End Date

(Grouped by Provider Type) IncidentsResultingDetail.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

(Grouped by Responsible Team) IncidentsResultingDetail.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

Death-Restraint/Seclusion:

RestraintSeclusion.rpt

Three sorts: Provider Name, Provider Number, Intake Number

Outstanding Activities:

OutInvestAct.rpt

Four sorts: Due Date, Provider Name, Intake Number, Received End Date

EMTALA -> EMTALA Tracking Report:

Emtala.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

EMTALA -> EMTALA Interval Report:

EmtalaInterval.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

Deemed-> Deemed Provider Report/ Deemed Provider RO Response to Survey Start Interval:

DeemedAll.rpt/DeemedInterval.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

Federal Only-> Federal Intakes:

FederalIntakes.rpt

Three sorts: Provider Name, Intake Number, Received End Date

Federal Only-> Federal Investigation Timeframe Reports -> IJ -> Non-Deemed Provider Complaints/Non-Deemed Provider Incidents:

InvestTimeframeIJ.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

Federal Only-> Federal Investigation Timeframe Reports -> IJ -> Deemed Provider:

InvestTimeframeIJ.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

Federal Only-> Federal Investigation Timeframe Reports -> EMTALA Intakes:

InvestTimeframeEmtala.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

Federal Only-> Federal Investigation Timeframe Reports -> Deemed Providers-> Non-IJ:

InvestTimeframeNonIJ.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

Federal Only-> Federal Investigation Timeframe Reports -> Long Term Care-> Non-IJ -> High/Medium:

InvestTimeframeNonIJ.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

Federal Only-> Intakes Lacking Survey Upload

Lack562Upload.rpt

Six sorts: Received End Date, Survey Exit Date, Exit Date to Today Interval, Provider Number, Provider Name, Intake Number

Federal Only-> Intakes Requiring RO Authorization

IntakesROAuth.rpt

Three sorts: Provider Name, Provider Number, Intake Number

Intakes without Scheduled Surveys:

IntakesPendingInvest.rpt

Five sorts: Due Date, Provider Name, Provider Number, Intake Number, Received End Date

Quick Reports

Hotline node->Quick Report->Hotline Call Log:

HotCOnly.rpt

Three sorts: Provider Name, Intake Number, Received End Date

Complainant node->Quick Report-> Complainant Intake Summary:

ClainSum.rpt

Four sorts: Provider Name, Provider Number, Intake Number, Received End Date

Facility node->Quick Report-> Allegation Detail:

AllegationDetail.rpt

Two sorts: Provider Name Intake Number

Sort By options unavailable

Reports menu

Complaint/Incident Allegation History:

ComplaintHistory.rpt

SummarizeHistory.rpt

Volume Reports -> Details -> Volume by Location Received/Volume by Responsible Team:

NoOfComplaints.rpt

Volume Reports -> Summary -> Volume by Location Received/Volume by Responsible Team:

SummNumb[Pie/Bar].rpt

Volume Reports - > Weekly Summary:

NumCompWeek. rpt

Volume Reports - > Complaint/Incident Volume by Week:

NumCompCumm. rpt

Substantiated Reports -> Substantiated Complaint by Provider:

Substantiated.rpt

Incidents Resulting in Deficiencies -> Incidents Resulting in Deficiencies Summary:

IncidentsResultingSummary.rpt

Agency Referral Summary Report:

AgencySumm.rpt

Quick Reports

Complainant Intake History:

Invest.rpt

Facility node ->Quick Report -> Facility History w/Names:

Invest.rpt

Facility node ->Quick Report -> Facility History, No Names:

SummPv.rpt

Facility node ->Quick Report -> Facility Summary:

ComplaintTrackingLog.rpt

Facility node ->Quick Report -> Restraint/Seclusion Death Report:

FacResSecl.rpt

Facility node ->Quick Report -> Deemed Provider Report:

Deemed.rpt

Deficiency Cited Categories

The following ACTS reports and quick reports include a Deficiency Cited column:

- Complaint/Incident Investigation Log report
- Substantiated Complaint Detail report
- Facility Summary (03) quick report
- Hotline Call Complaint Log (complaints only) quick report

There are seven possible categories for deficiencies cited against a provider. The Deficiency Cited column lists all deficiencies for each provider under the appropriate categories, which are briefly described below.

Federal - Linked to This Intake
Federal deficiency linked to the current (this) intake, which is linked to the current investigation survey. The deficiency has been linked to at least one allegation on the Allegations page of the intake, where it is listed in the Deficiencies column of the Allegations grid. The Intake Number of the current (this) intake is listed in the leftmost column in the report. The current investigation survey is identified in the Event ID column.

Federal - Linked to Another Intake of this Survey
Federal deficiency linked to another intake, not the intake with the Intake Number in the lefthand column. That other intake is linked to the current (this) investigation survey. The deficiency has been linked to at least one allegation on the Allegations page of the other intake, where it is listed in the Deficiencies column of the Allegations grid. The current investigation survey is identified in the Event ID column.

Federal - Not Related to any Intakes
Federal deficiency *not* linked to any intake that is linked to the current investigation survey. The deficiency has *not* been linked to any allegation on the Allegations page of the intake, so it is *not* listed in the Deficiencies column of the Allegations grid. The current investigation survey is identified in the Event ID column.

State - Linked to This Intake
State deficiency linked to the current (this) intake, which is linked to the current investigation survey. The deficiency has been linked to at least one allegation on the Allegations page of the intake, where it is listed in the Deficiencies column of the Allegations grid. The Intake Number of the current (this) intake is listed in the leftmost column in the report. The current investigation survey is identified in the Event ID column.

State - Linked to Another Intake of this Survey
State deficiency linked to another intake, not the intake with the Intake Number in the lefthand column. That other intake is linked to the current (this) investigation survey. The deficiency has been linked to at least one allegation on the Allegations page of the other intake, where it is listed in the Deficiencies column of the Allegations grid. The current investigation survey is identified in the Event ID column.

State - Not Related to any Intakes
State deficiency *not* linked to any intake that is linked to the current investigation survey. The deficiency has *not* been linked to any allegation on the Allegations page of the intake, so it is *not* listed in the Deficiencies column of the Allegations grid. The current investigation survey is identified in the Event ID column.

No deficiencies cited
No Federal or State deficiencies have been cited in the current investigation survey, which is identified in the Event ID column. If the intake has not been linked to a survey, the Event ID and Deficiency Cited columns are blank for the current intake, which is identified in the leftmost column in the report.

TRF Reports

CO, ACTS RO

CO users can generate and display three TRF reports from the Transfusion-related Fatality Tracking window in ACTS RO.

More ...

Procedure: "Display and Print TRF Reports" on page 154

Transfusion Related Adverse Events

The ACTS Transfusion Related Adverse Events (Non-Fatal) report lists complaint intakes with at least one allegation of a non-fatal transfusion reaction for the specified date range (based on Received Start Date) for intakes that have been successfully uploaded to national. The details given for each include Received (Start) Date, Lab Name, lab city and state, CLIA #, ACTS Intake ID, CBER # (may be blank), intake Status, and Allegation Finding. The report is sorted by Received Date with most recent first.

Transfusion Related Fatalities Log

The ACTS Transfusion Related Fatalities log presents the TRF information in the Transfusion-related Fatality Tracking window in report form. It is sorted by CBER number.

Note: This report includes only those TRF Placeholder records with an Initial from FDA date that falls into the date range specified in the TRF Filter area of the Transfusion-related Fatality Tracking window.

TRF Complaints

The ACTS Transfusion Related Fatalities (Complaint-based) report lists complaint intakes with at least one allegation of a transfusion related fatality for the specified date range (based on Received Start Date) for intakes that have been successfully uploaded to national. The details given for each include Received (Start) Date, Lab Name, lab city and state, CLIA #, ACTS Intake ID, CBER # (may be blank), intake Status, and Allegation Finding. The report is sorted by Received Date with most recent first.

EMTALA Model Form Letters

Letter ID	Description	Title
GZK	Exhibit 200	Model Letter Acknowledging Complaint Alleging Noncompliance with 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Investigation Not Warranted
XRU	Exhibit 201	Model Letter Acknowledging Complaint Alleging Noncompliance with 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20: Investigation Warranted
LVN	Exhibit 202	Model Letter Requesting Physician Review Of Possible Violation Of 42 CFR 489.24
CQ9	Exhibit 203	Model Letter Following Investigation Into Alleged Violation Of 42 CFR 489.24 And/Or The Related Requirements Of 42 CFR 489.20 Facility In Compliance
154	Exhibit 204	Model Letter For A Violation Of 42 CFR 489.24: Preliminary Determination Letter (Immediate and Serious Threat)
R3H	Exhibit 205	Model Letter For A Violation Of 42 CFR 489.24 And/Or The Related Requirements Of 42 CFR 489.20 Preliminary Determination Letter (90 Day Termination Track)
M60	Exhibit 206	Model Letter To Complainant Following Investigation Of Alleged Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 Complaint Not Substantiated
IJC	Exhibit 207	Model Letter To Complainant Following Investigation of Alleged Violation Of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 Complaint Substantiated
6FT	Exhibit 208	Model Letter For Referring A Violation of 42 CFR 489.24 To The Office Of Inspector General

Letter ID	Description	Title
6PJ	Exhibit 209	Model Letter For Referring A Violation of 42 CFR 489.24 To The Regional Office For Civil Rights
UFG	Exhibit 210	Model Letter For A Past Violation of 42 CFR 489.24 And/Or The Related Requirements Of 42 CFR 489.20:No Termination
48I	Exhibit 211	Model Letter For A Violation Of 42 CFR 489.24 And/Or The Related Provisions Of 42 CFR 489.20 Notice of Termination
B5K	Exhibit 212	Model Letter Requesting PRO Review Of A Confirmed Violation Of 42 CFR 489.24 For Purposes Of Assessing Civil Monetary Penalties (CMPs) Or Excluding Physicians

State Customization

ASPEN includes a number of functions that allow states to customize ACTS to accommodate their specific needs. Various customization options are listed below with access[1] to them briefly specified. In some cases, settings that affect ACTS are made in ACO, as noted.

- **Create state-specific primary provider categories. (ACO)**

  System menu | Facility Types | Primary Categories|New

- **Add state licensure facility types to primary provider categories. (ACO)**

  System menu | Facility Types | Type Maintenance|New

- **Create state licensure providers. (ACO)**

  File menu | New Facility

- **Create state regulation sets. (ACO)**

  Alpha or Type tab | right-click Regulations node | New Regulation Set

- **Add tags to state regulation sets. (ACO)**

  Alpha or Type tab | right-click applicable state regulation set | New Tag

- **Add regulation text to state tags. (ACO)**

  Alpha or Type tab | right-click applicable state tag | Tag Properties| click Regulations.

1. There may be more than one way to access a function. Only one is given here.

- **Add interpretive guidelines to state tags. (ACO)**

  Alpha or Type tab | right-click applicable state tag | Tag Properties | click Interpretive Guidelines.

- **Add Custom Help to state tags. (ACO)**

  Alpha or Type tab | right-click applicable state tag | Tag Properties | click Custom Help.

- **Assign state regulation sets to provider types. (ACO)**

  System menu | Facility Types | Type Maintenance | select applicable facility type | Modify | select applicable state regulations in Allowed Regulation Sets list

- **Create content library tag text for individual state tags and store in Content Library. (ACTS or ACO)**

  open Citation Manager | right-click applicable state tag in Regulations pane | Edit Content | New

- **Activate CMS-provided Hover Guidance. (ACO)**

  System menu | System Configuration | State Customization | select Enable Guidance (selected by default)

- **Configure Action Item notification by e-mail. (ACO)**

  System menu | System Configuration | Email Configuration

- **Customize startup screen. (ACTS)**

  open preferred HTML editor | File menu | Open | navigate to HTML subfolder of ACTS folder | open Desktop.htm | modify as desired

- **Configure tree groups in ACTS Explorer. (ACTS)**

  Facility tab | right-click top-level Facilities node | Configure Groups |

  Configure Groups for Facility Tree: customize nodes on Facility tab

  Configure Groups for Investigation Tree: customize nodes on Investig tab

  Configure Groups for Staff Tree: customize nodes on Staff tab

- **Set password/intake security for intake finalization. (ACTS)**

  System menu | Security | Password Protection

- **Define user access by facility type. (ACTS)**

  System menu | Security | Facility Types

- **Define user group access to menu commands. (ACTS)**

  System menu | Security | Menu Security

- **Define user group access to tabs and buttons in ACTS data entry screens; use shared Menu Security interface. (ACTS)**

  System menu | Security | Menu Security

- **Define user access to surveys scheduled in the future. (ACO)**

  Directory tab|Staff Directory | right-click staff member | Update Staff Member | Security tab | May Not See Surveys Scheduled Beyond

- **Define user group access to surveys they are not assigned to as a team member. (ACTS)**

  System menu | Security | Menu Security | Groups pane | right-click group | Survey View Security

- **Define user access to surveys they are not assigned to as a team member. (ACO)**

  Directory tab | Staff Directory | right-click staff member | Update Staff Member | Security tab | Access control for non-assigned surveys

- **Add values to certain lookup tables. (ACTS, ACO)**

  ACTS | System menu | Lookup Tables | Standard Lookups | No | expand applicable table | right-click applicable column | New Value

More ...

"Modify Lookup Tables" on page 508

- **Modify or delete state-specified values in certain lookup tables. (ACTS, ACO)**

  ACTS | System menu | Lookup Tables | Standard Lookups | No | expand applicable table and column | right-click applicable state value | Value Properties or Delete Value

More ...

"Modify Lookup Tables" on page 508

- **Assign state licensure facility types to Federal lookup values. (ACTS, ACO)**

  ACTS | System menu | Lookup Tables | Standard Lookups | No | expand applicable table and column | right-click applicable value | Assign Licensure-only Facility Types

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Note: This option is enabled only if one or more Federal or state-licensure types are already assigned for a lookup value, i.e., the Types list is populated.

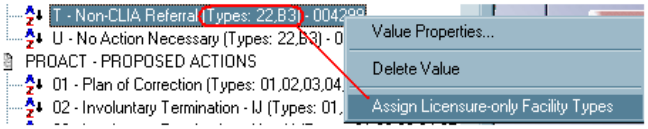

Figure 177: Assign Licensure-only Facility Types option

- **Customize spell check dictionaries. (ACO)**

  System menu | Spell Check Dictionary

- **Define basic SA details. (ACTS)**

  System menu | State Configurations | State Agency section
- **Define default intake behavior. (ACTS)**

  System menu | State Configurations | Intake Form Default Behavior section
- **Create agency list for referrals. (ACTS)**

  System menu | Lookup Tables | Agency Maintenance
- **Customize allegation subcategories. (ACTS)**

  System menu | Lookup Tables | Allegation Subcategories
- **Create custom form letter templates. (ACTS, ACO)**

  System menu | Letter Management
- **Assign facility types (Federal and state) to letter templates. (ACTS, ACO)**

  System menu | Letter Management | Facility Type tab
- **Customize distribution lists. (ACTS, ACO)**

  ACTS | System menu | Distribution Lists
- **Customize State Prompts view with state-specific Questions to Ask the Caller. (ACTS, ACO)**

  System menu | Letter Management | enable Show Views | select State Prompts view | Text
- **Create custom reports.**

  Use your preferred report generator with the ability to connect to an Oracle database: Seagate Crystal Reports, Sybase InfoMaker, Microsoft Access and others.

Modify Lookup Tables

The items in drop-down lists in ASPEN applications are stored in lookup tables in the ASPEN database. SAs can customize the following drop-down lists in ACTS by modifying values in the indicated lookup table/column.

Drop-down list	Lookup Tables	Lookup Column
New Call dialog: Category	HOTLINE	CATEG
Allegation Input dialog:	COMP_ALG	SERIOUS
Define Activity dialog:	INVEST	TYPES
Proposed Action dialog (State): Action	CINTAKE	PROACTST

Drop-down list	Lookup Tables	Lookup Column
Notification Type dialog: Type	NOTIFICATION	NOTIFYTYPE
Notification Type dialog: Party	NOTIFICATION	NOTIFYTYPE
Alleged Perpetrator Directory Input dialog: Title	PERSP	TITLES

POC-related Fields Updated in ASPEN

The electronic POC process automatically updates several tag level and survey level POC-related fields in ASPEN.

ASPEN Tag Level POC Fields

ePOC updates the following ASPEN tag level POC fields when a POC is submitted. These fields are updated only upon submission of a tag. The fields are not updated when a user saves the POC as a draft. When a Revisit is created, these fields do not carry forward from the prior survey.

POC Text (SurvCite.POC)

Set to the POC text submitted by the facility.

POC Submitted Date (SurvCite.POCDate)

Set to the first date the provider submits the POC for the tag. If a tag is rejected and POC resubmitted, the POC Date is not updated.

POC Approval Date (SurvCite.POCAppr)

Set to the date the final POC for the tag is approved.

POC Complete Date (X5) (SurvCite.CompleteDt)

Set to the date the facility indicates the POC will be completed for the tag.

ASPEN Survey Level POC-related Fields

ePOC updates the following ASPEN survey level POC-related fields as indicated:

Sent Date (Survey.POCSent)

Set to the current date as soon as the SA/RO posts (releases) the survey to the ePOC facility web site.

POC Due date (Survey.POC_Due_dt)

Date the POC for all tags on the survey is due. Set to the Sent Date plus 10 calendar days when the survey is posted to ASPEN Web: ePOC *unless* SA/RO sets this date *before* posting the survey. Not reset on re-posting.

2567/B Entry Complete (SURVEY.CMPLT_2567_SW)

Indicates all 2567 or 2567B data entry in ASPEN is complete. Checkbox selected when the survey is posted to ASPEN Web: ePOC if it is not already selected.

POC Received Date (Survey.POCRecvd)

Set to the date when the facility has submitted a Plan of Correction for all deficiencies on a survey that requires a POC.

Survey's POC Approval date (Survey.POCAppr)

Set to the date the final POC for the last tag is approved.

Survey's Admin Signoff (X6) date (Survey.Admsignoff)

Set to the date when the facility has submitted a Plan of Correction for all deficiencies on a survey that requires a POC.

Keyboard Shortcuts

Windows keyboard shortcuts are combinations of two or more keys that, when pressed, can perform the same task as using a mouse or other pointing device.

Ease of Access keyboard shortcuts

Press this	To do this
Right Shift for eight seconds	Turn Filter Keys on and off
Left Alt+Left Shift+PrtScn (or PrtScn)	Turn High Contrast on or off
Left Alt+Left Shift+Num Lock	Turn Mouse Keys on or off
Shift five times	Turn Sticky Keys on or off
Num Lock for five seconds	Turn Toggle Keys on or off
Windows logo key+ u	Open the Ease of Access Center

General keyboard shortcuts

Press this	To do this
F1	Display Help
Ctrl+ c (or Ctrl+Insert)	Copy the selected item
Ctrl+ x	Cut the selected item
Ctrl+ v (or Shift+Insert)	Paste the selected item
Ctrl+ z	Undo an action

Press this	To do this (Continued)
Ctrl+ y	Redo an action
Delete (or Ctrl+ d)	Delete the selected item and move it to the Recycle Bin
Shift+Delete	Delete the selected item without moving it to the Recycle Bin first
F2	Edit/Rename the selected item
Ctrl+Right Arrow	Move the cursor to the beginning of the next word
Ctrl+Left Arrow	Move the cursor to the beginning of the previous word
Ctrl+Down Arrow	Move the cursor to the beginning of the next paragraph
Ctrl+Up Arrow	Move the cursor to the beginning of the previous paragraph
Ctrl+Shift with an arrow key	Select a block of text
Shift with any arrow key	Select more than one item in a window or on the desktop, or select text within a document
Ctrl with any arrow key+Spacebar	Select multiple individual items in a window or on the desktop
Ctrl+A	Select all items in a document or window
F3	Search for a file or folder
Alt + F	Open the file menu for the active window
Alt+Enter	Display properties for the selected item
Alt+F4	Close the active item, or exit the active program
Alt+Spacebar	Open the shortcut menu for the active window
Ctrl + Spacebar	Activate the current grid row
Ctrl+F4	Close the active document (in programs that allow you to have multiple documents open simultaneously)
Alt+Tab	Switch between open items
Ctrl+Alt+Tab	Use the arrow keys to switch between open items

Press this	To do this (Continued)
Ctrl+Mouse scroll wheel	Change the size of icons on the desktop
Windows logo key+Tab	Cycle through programs on the taskbar by using Aero Flip 3-D
Ctrl+Windows logo key+Tab	Use the arrow keys to cycle through programs on the taskbar by using Aero Flip 3-D
Alt+Esc	Cycle through items in the order in which they were opened
F6	Cycle through screen elements in a window
F4	Display the address bar list in Windows Explorer
Shift+F10	Display the shortcut menu for the selected item
Ctrl+Esc	Open the Start menu
Alt+underlined letter	Display the corresponding menu
Underlined letter	Perform the menu command (or other underlined command)
F10	Activate the menu bar in the active program
Right Arrow	Open the next menu to the right, or open a submenu
Left Arrow	Open the next menu to the left, or close a submenu
F5 (or Ctrl+ r)	Refresh the active window
Alt+Up Arrow	View the folder one level up in Windows Explorer
Esc	Cancel the current task
Ctrl+Shift+Esc	Open Task Manager

Press this	To do this (Continued)
Shift	When CD is inserted, prevent it from automatically playing
Left Alt+Shift	Switch the input language when multiple input languages are enabled
Ctrl+Shift	Switch the keyboard layout when multiple keyboard layouts are enabled
Right or Left Ctrl+Shift	Change the reading direction of text in right-to-left reading languages

Dialog Box keyboard shortcuts

Press this	To do this
Ctrl+Tab	Move forward through tabs
Ctrl+Shift+Tab	Move back through tabs
Tab	Move forward through options
Shift+Tab	Move back through options
Alt+underlined letter	Perform the command (or select the option) that goes with that letter
Enter	Replaces clicking the mouse for many selected commands
Spacebar	Select or clear the checkbox if the active option is a checkbox
Arrow keys	Select a button if the active option is a group of option buttons
F1	Display Help
F4	Display the items in the active/drop-down list
Backspace	Open a folder one level up if a folder is selected in the Save As or Open dialog box

Required Fields and Edits

Intake and Investigation Edits

Required fields and edit checks in ACTS are listed in the following pages. Detailed notes about behavior are included.

Intake

Field(s)	Behavior Notes	Edit Checks
Intake Staff (SA, RO, CO staff)	-	Immediate edit, no override
Certificate at Time of Alleged Event	Field appears only for CLIA. Lookup value.	Immediate edit, no override
Intake Type	For CLIA: Intake type defaults to 01 Compliant and is locked.	Immediate edit, no override
Intake Subtype	For CLIA: Intake Subtype will default to Federal COPs, CFCs, PFDs, EMTALA, CLIA, but may be changed by user.	Immediate edit, no override
Intake Subtype	For Deemed: Intake Subtype cannot be entered without RO approval.	Finalization edit
Responsible Party	At least one required is received on or after July 1, 2014.	Immediate edit, no override
Responsible Party	At least one complainant/incident record.	Page level edit, override OK
Complainant’s Name	At least one complainant/incident record.	Edit leaving page, override OK, required for finalization
Source of Complaint	At least one required. Cannot select more than three.	Edit leaving page, override OK, required for finalization

Field(s)	Behavior Notes	Edit Checks
Received Dates: Start/End	Received End date disabled until Priority entered at which point Received End defaults to the current date and becomes enabled. Received Start must be equal to or later than the date that the intake is created.	Immediate edit, no override
Complaint Priority	At least one priority must be selected; some combinations are not permitted.	Edit leaving page, override OK, required for finalization
Complaint Priority	CLIA Rules - No Action Necessary cannot be combined with any other value; Non CLIA Referral can be combined with IJ, Non IJ or Non IJ Admin/Offsite (but not more than one), IJ, Non IJ and Non IJ Admin/Offsite cannot be combined with each other.	-
Complaint Priority	Non CLIA Rules - IJ, Non IJ-High, Non IJ-Medium, Non IJ-Low cannot be combined with each other; No Action Necessary cannot be combined with any other value; Referral Immediately and Referral Other cannot be combined with each other; Non IJ Admin Review/Offsite Investigation can be combined with IJ, Non IJ-High.	-
Complaint Priority	If an investigation survey is linked to a complaint, at least one non-referral priority must be selected.	Immediate edit, no override
Investigate Within X Days	Required when Complaint Priority = Immediate Jeopardy or Non-immediate Jeopardy unless the complaint is on a CLIA lab and has been referred to an AO (in which case, this field is not required) or the EMTALA RO Response is set to 01.	Edit leaving page, override OK, required for finalization

Field(s)	Behavior Notes	Edit Checks
Investigation Due By	If the EMTALA RO Response is set to 01 then this date must be set to five working days past the RO Approval date.	Edit leaving page, override OK
Investigation Due By	Required when Complaint Priority = Immediate Jeopardy or Non-immediate Jeopardy unless the complaint is on a CLIA lab and has been referred to an AO (in which case, this field is not required). For hospitals post-10.1.5 D/R/S intakes, not required if RO Determination set to Unauthorized.	Edit leaving page, override OK, required for finalization; not required for finalization if RO Determination set to Unauthorized
Resident/Patient	For hospitals, at least one required when a Death Associated with the Use of Restraint/Seclusion allegation exists.	Required for finalization when D/R/S allegation present
Alleged Date of Non-Compliance/Alleged Event Date post-10.1.1	For Transplant Hospitals only; post-10.1.1 only	Edit leaving page, override OK, required for finalization
Date of Admission post-10.0	For hospitals, patient Date of Admissions is required for finalization when a Death Associated with the Use of Restraint/Seclusion allegation exists.	When D/R/S allegation present, edit leaving page, override OK, required for finalization

Allegations

Field(s)	Behavior Notes	Edit Checks
Allegation Category	At least one allegation category per complaint/incident record is required unless Priority = No Action Necessary, Referral Immediately, or Referral Other. For CLIA intakes, no allegation category is required if Priority = Non-CLIA Referral.	Required for finalization
Allegation Category	Transplant Hospitals: Allegation Category must be current based on most recent certification kit.	Finalization edit
Allegation Subcategory	Uploaded to CASPER for EMTALA and CLIA (unless Allegation Category is General and Subcategory is State Licensure) Required for CLIA. Required for Hospitals, OPOs, and ESRDs when category = 45 (Transplant) post-10.1.1 only. Required for EMTALA intakes.	Immediate edit, no override
Allegation Seriousness	Disabled for CLIA.	-
Findings	Required when Complaint Priority = Immediate Jeopardy or Non-immediate Jeopardy. Not required if Priority = Immediate Jeopardy or Non-immediate Jeopardy and an AO referral is made.	Edit in Allegation Input dialog when Status is greater than or equal to 5 - Investigation Completed, required for finalization
Findings	Findings of 1-Substantiated required if there are linked deficiencies.	Findings of 1-Substantiated required for finalization if there are linked Federal deficiencies
Findings	Findings for all allegations must be specified.	Edit in Allegation Input dialog when findings are unsubstantiated and deficiencies are linked to allegation; Page level and Finalization edits

Field(s)	Behavior Notes	Edit Checks
Findings	Findings for all allegations must be specified.	Edit in Allegation Input dialog when findings are substantiated and qualifier is no deficiency; Page level and Finalization edits
Findings	Findings for all allegations must be specified.	Edit in Allegation Input dialog when findings are substantiated and no deficiencies are linked to allegation; Page level and Finalization edits
Sub-findings	Required when Complaint Priority = Immediate Jeopardy or Non-immediate Jeopardy value	Edit in Allegation Input dialog when Status is greater than or equal to 5 - Investigation Completed, required for finalization
Complaint Priority	This field is shared with the Intake, Allegation, Deemed (for Hospital, OPT/SP, ESRD. RHC, CORF, ASC, and Hospice), as well as (for CLIA) the RO Approval tab.	Edit leaving page, override OK, required for finalization
Investigate Within X Days	Required when Complaint Priority = Immediate Jeopardy on Non-immediate unless the complaint is on a CLIA lab and has been referred to an AO (in which case, this field is not required) or the EMTALA RO Response is set to 01. This field is shared with the Intake page.	Edit leaving page, override OK, required for finalization (finalization edit listed one time under Intake page)
Investigation Due By	If the EMTALA RO Response is set to 01 then this date must be set to five working days past the RO Approval date.	Edit leaving page, override OK

Field(s)	Behavior Notes	Edit Checks
Investigation Due By	Required when Complaint Priority = Immediate Jeopardy or Non-immediate Jeopardy unless the complaint is on a CLIA lab and has been referred to an AO (in which case, this field is not required). This field is shared with the Intake page.	Edit leaving page, override OK, required for finalization - (finalization edit listed on time under Intake page).
Received Date: End	This field is shared by the Intake tab.	Immediate edit, no override
Link Deficiencies	Only allegations categorized as "Substantiated with related Federal Deficiencies" may be linked to Federal deficiencies. At least one Federal deficiency must be linked to an allegation if it is categorized as 'Substantiated with related Federal Deficiencies'.	Required for finalization
Link Deficiencies	Findings of 1-Substantiated required if there are linked Federal deficiencies.	Findings of 1-Substantiated required for finalization if there are linked Federal deficiencies
Transplant Program Type (post-10.1.1)	For Transplant Hospitals Only, post-10.1.1 must be a current program for the facility. For pre-10.1.1, the field is displayed but not required.	Edit leaving page, override OK, required for finalization

EMTALA

Fields required only if "Create EMTALA Allegation Box" is checked.

Field(s)	Behavior Notes	Edit Checks
EMTALA Request for RO Approval	There are no edits on this field at this time.	-
EMTALA Request for RO Approval date	There are no edits on this field at this time.	-
EMTALA RO Response	Required when EMTALA Request RO approval marked unless Priority = Referral Immediately, Referral Other, or for a CLIA intake, Non-CLIA Referral.	Conditionally required for finalization
EMTALA RO Response Date	Required when EMTALA Request RO approval marked unless Priority = Referral Immediately, Referral Other, or for a CLIA intake, Non-CLIA Referral. If the EMTALA TO Response is set to 01, then the Received End Date must be set to 5 working days before the Investigation Due By date.	Edit leaving page, override OK, conditionally required for finalization
Type of Emergency	There are no edits on this field at this time.	Required for finalization
RO EMTALA Determination	Per req 2673, not required if RO disapproves investigation	Required for finalization
Resolution	Per req 2673, not required if RO disapproves investigation	-
RO Confirmed Violation Date or RO Confirmed No Violation Date	One of these fields should always be completed unless Determination is blank or decision is pending	Required for finalization

Field(s)	Behavior Notes	Edit Checks
23 or 90 Day Termination Track	If the Imposed Termination date has been entered, then either the 23 day or the 90 day Termination Track must be set.	Immediate edit, no override
23 Date Termination Track date	The 23 day Termination Track date is required if the 23 day Termination Track checkbox is checked. A warning message appears if this date is not exactly 23 calendar days after the RO Violation date.	Edit leaving page, override OK, conditionally required for finalization
23 Date Termination Track date	The 23-day Termination Track Date must be on or later than the Received End Date.	Immediate edit, no override
90 Day Termination Track date	The 90 day Termination Track date is required if the 90 day Termination Track checkbox is checked. A warning message appears if this date is not exactly 90 calendar days after the RO Violation date.	Edit leaving page, override OK, conditionally required for finalization
90 Day Termination Track date	The 90-day Termination Track Date must be on or later than the Received End Date.	Immediate edit, no override
23 Day Conversion date	The 23 day conversion date is required if the 23 day conversion checkbox is checked.	Edit leaving page, override OK, conditionally required for finalization

Field(s)	Behavior Notes	Edit Checks
Imposed Termination date	The Imposed Termination date is required if the Resolution is set to 02. It must be before the 23 and 90 day Termination Track dates and before the 23 day Conversion date.	Edit leaving page, override OK, conditionally required for finalization
EMTALA Allegation Type	Entry of EMTALA allegation here tires to an allegation record on the Allegation Page. When the EMTALA allegation is created, when leaving the page, an edit check requires the EMTALA allegation type to be completed. Once an RO Response is entered, state users cannot modify the EMTALA page. Also, once an EMTALA RO Response has been entered, EMTALA allegations may no longer be added or deleted by state users; however, allegation findings categories and text may be entered by any user. Once the Determination has been entered, state users may not add, delete, or modify EMTALA allegations.	Edit leaving page, override OK, required for finalization

Deemed

Fields enabled if "Deemed for Medicate Participation" box is checked.

Field(s)	Behavior Notes	Edit Checks
Priority	This field is shared with the Intake, Allegation, Deemed (for Hospital, OPT/SP, ESRD. RHC, CORF, ASC, and Hospice), as well as (for CLIA) the RO Approval tabs.	Required for finalization - (finalization edited listed under Intake page)
Received Date: End	This field is shared by the Intake tab.	Immediate edit, no override
Request for RO Approval	There are no edits in this field at this time.	Not Required for finalization - no edit at this time
RO Response	If the Deemed for Medicare checkbox is marked this field is required unless Priority = Referral Immediately, Referral Other, or for a CLIA Intake, Non-CLIA Referral.	Required for finalization, when Deemed for Medicare is checked
Regional Representative	If the Deemed for Medicate checkbox is marked, this field is required.	Required for finalization when Deemed for Medicare is checked
Region	If the Deemed for Medicare checkbox is marked, this field is required.	Required for finalization when Deemed for Medicare is checked
RO Response Date	If the Deemed for Medicare Participation checkbox is marked, this field is required unless Priority = Referral Immediately, Referral Other, or for a CLIA Intake, Non-CLIA Referral.	Required for finalization when Deemed for Medicare is checked

Field(s)	Behavior Notes	Edit Checks
Conditions of Participation	At least one is required, if the Deemed for Medicare Participation checkbox is marked, and if the RO has indicated approval in the RO Response field.	Required for finalization when RO Response is “Approved”
Currently Deemed By	At least one is required, if the Deemed for Medicare Participation checkbox is marked.	Required for finalization when Deemed for Medicare is checked

RO Approval Tab

For CLIA only, Finalization checks do not occur if Priority is No Action Necessary.

Field(s)	Behavior Notes	Edit Checks
Certificate Type	Derived from Certificate at Time of Alleged Event selection. read-only unless No Current Active Certificate is selected in the Certificate at Time of Alleged Event field.	Required for finalization unless Certificate at Time of Alleged Event = Compliance, Registration (Compliance) or no CLIA Number
Date of Last AO Inspection	Defaults to date of most recent AO survey (from CLIA system). Read-only field, populated when Certificate Type is Accredited.	Not Required for finalization - no edit
Priority	This field is shared with the Intake, Allegation, Deemed (for Hospital, OPT/SP, ESRD. RHC, CORF, ASC, and Hospice), as well as (for CLIA) the RO Approval tabs.	Required for finalization - (finalization edited listed under Intake page)
Received Date: End	This field is shared by the Intake tab.	Immediate edit, no override
Request for RO Approval	There are no edits in this field at this time.	Not Required for finalization - no edit at this time

Field(s)	Behavior Notes	Edit Checks
RO Response	If selection is made in Certification Type field, this field is required unless the RO or CO enters the complaint or Priority is Non-CLIA Referral.	Required for finalization when a selection exists in the Certificate Type field
Regional Representative	If selection is made in Certification Type field, this field is required unless the RO or CO enters the complaint or Priority is Non-CLIA Referral.	Required for finalization when a selection exists in the Certificate Type field
Region	If selection is made in Certification Type field, this field is required unless the RO or CO enters the complaint or Priority is Non-CLIA Referral.	Required for finalization when a selection exists in the Certificate Type field
RO Response Date	If selection is made in Certification Type field, this field is required unless the RO or CO enters the complaint or Priority is Non-CLIA Referral.	Required for finalization when a selection exists in the Certificate Type field
Areas to Investigate	At least one is required, if there is a selection in the Certificate Type field and if the RO has indicated approval in the RO Response field.	Required for finalization when RO Response is “Approved”

Investigation

Field(s)	Behavior Notes	Edit Checks
Investigated By	Required when Complaint Priority = Immediate Jeopardy or Non-immediate Jeopardy unless the complaint is on a CLIA lab and has been referred to an AO (in which case, this filed is not required).	Required for finalization if there is a survey
Investigation Completed	Required when Complaint Priority = Immediate Jeopardy or Non-immediate Jeopardy unless the complaint is on a CLIA lab and has been referred to an AO (in which case, this filed is not required).	Required for finalization if there is a survey
Admin Signoff (x6)	Required when deficiencies are present on the survey. Must be a valid date greater than or equal to investigation completed date.	Required for finalization and survey upload if there are deficiencies on the survey **NH:** Not required for upload when only Past Noncompliance (PNC) tags are present (with or without memo tags 0000 and 9999)
Intake ID	Required if the intake has a Death Associated with Restraint/Seclusion (DRS) allegation, and RO Determination is set to "04-RO Authorized", and the intake is not linked to a survey.	Required for finalization when allegation is DRS and RO Determination is RO Authorized
Intake ID	When the priority is referral only, ACTS prevents a survey from being linked to the intake.	Immediate Edit, no override
Investigation ID	For finalization, a EMTALA or Deemed Intake must be linked to a Federal investigation if it has been approved by the RO.	Required for finalization for a Deemed or EMTALA intake with RO Approval

Field(s)	Behavior Notes	Edit Checks
670 Travel Hours	Must be completed for all surveyors for all onsite surveys.	Required for finalization
670 On-site Hours	Must be at least one entry in the on-site hours column for all surveyors for all onsite surveys.	Required for finalization
670 Off-site Hours	Revisit Surveys: Off-site Hours or Pre-Survey Hours are required for all offsite surveys. Onsite Surveys: Pre-Survey and Off-site Hours are optional for all but one surveyor on the team.	Required for finalization
670 Pre-Survey Hours	Revisit Surveys: Offsite Hours or Pre-Survey Hours are required for all offsite surveys. Onsite Surveys: Pre-Survey and Offsite Hours are optional for all but one surveyor on the team.	Required for finalization
670 SA or RO Supervisory/Review Hours	Total SA Supervisory/Review Hours or Total RO Supervisory/Review Hours must be entered when survey category is Complaint Investigation.	Required for finalization
670 SA or RO Clerical/Data Entry Hours	Total SA Clerical/Data Entry Hours or Total RO Clerical/Data Entry Hours must be entered when survey category is Complaint Investigation.	Required for finalization

Field(s)	Behavior Notes	Edit Checks
670 Arrival Date/Departure Date	Revisit Surveys: If Arrival Date is not present, Departure Date should also be removed. If Departure Date is not present, Arrival Date should also be removed.	Required for finalization
670 Onsite/Travel Hours	Revisit Surveys: If arrival and Departure Dates are not present, onsite and travel hours cannot be completed.	Required for finalization

Actions/Close

Field(s)	Behavior Notes	Edit Checks
Proposed Action	At least one proposed action per complaint/incident report if a survey is present. For finalization, the only proposed action can be 40-Enforcement Action if there are D or above scope/severity tags on the survey. For finalization, 40-Enforcement Action cannot be a proposed action if there are no D or above scope/severity tags on the survey.	Required for finalization if there is survey
Proposed Action Date	At least one proposed action date per complaint/incident record if a survey is present.	Required for finalization if there is survey

Field(s)	Behavior Notes	Edit Checks
Forwarded to RO/MSA checkbox/Date (for CLIA, this field is labeled Forwarded to RO)	If the intake originates from the CMS RO, the SA should check the "Forwarded to RO/MSA" box in all complaint/incident scenarios if Priority is Immediate Jeopardy or any of the Non-immediate Jeopardy values. For nursing home intake, if the intake originates from the SA, SAs should not check the box or enter a date. For non-long term care intakes other than CLIA (for CLIA, see "For CLIA Intakes...") the SA should check the "Forwarded to RO/MSA" box on the complaint/scenario record in the following scenarios: • If the complaint/incident survey is on an accredited/deemed provider/supplier. • If the complaint results in an EMTALA investigation. • If the complaint/incident survey is on an "other than accredited/deemed provider or supplier" and the SA is recommending termination. • If the complaint/incident survey is for Medicaid-only Hospital facility types (01u, 01V, 01W, 01X, 01Y, and 01Z.)	Required for finalization and upload

Field(s)	Behavior Notes	Edit Checks
Forwarded to RO/MSA checkbox/Date (for CLIA, this field is labeled Forwarded to RO)	For CLIA intakes, the SA should check the "Forwarded to RO" box in the two following scenarios: • If the complaint survey is on an accredited lab. • If the complaint survey is on an "other than accredited lab" and the SA is recommending termination.	Required for finalization and upload
Overall Findings	Supplied by ACTS (For complaints, uses rule as Findings: Required when Complaint Priority = Immediate Jeopardy or any Non-immediate Jeopardy value; for incidents, defaults on-screen to Not Applicable.)	Required for finalization
Reason Closed	-	Edit leaving page after "finalize" checkbox is checked
Date Closed	Date closed cannot be before the Received End date. If it is later than two years the Received End date then an over-ridable warning appears.	Edit leaving page after "finalize" checkbox is checked

Field(s)	Behavior Notes	Edit Checks
Withdrawn/Expired button	When the Withdrawn/Expired button is clicked, page edit checks **will be bypassed**. The Withdrawn/Expired button will only be enabled for open intakes that have no assigned investigations. Clicking the Withdrawn/Expired button will automatically select the Finalized checkbox and perform the same activity as if Finalized was checked, except that upload edit checks will not occur, thus, in such a finalized intake, an allegation may be present without a specified Findings, a Deemed Request for RO Approval may be present without an RO Response, etc. The Closed date and a Reason Closed are required for Withdrawn/Expired intakes.	Edit leaving page after "Withdrawn/Expired Button" is clicked
SPECIALITIES AND SUB-SPECIALITIES	ACTS shall enforce the tag/specialty (or sub-specialty) relationships as defined by CMS.	Investigation Survey Upload edits shall enforce the tag/specialty (or sub-specialty) relationships as defined by CMS (and included in the CASPER tables)
INVESTIGATION PROPERTIES CoPs Out of Compliance - is there an IJ?	If condition-level tags exist or if an EMTALA tag (2400, 2404, 2406, 2407, 2408, 2409, or 2410) is cited on the investigation survey, the CoPs out of Compliance - is there an IJ? question must be answered.	Edit leaving page, override OK, Required for Finalization and Upload

D/R/S Allegations Edits: Pre-10.1.5

Field(s)	Behavior Notes	Edit Checks
Death Associated with Restraint/Seclusion [Grid]	For Hospitals: When allegation type = Death Associated with Restraint/Seclusion (50), at least one row must be completed.	Required for Finalization
D/R/S Grid	All facilities: Death Type, Reported ate, Date of Date, Date of Birth (hospital only post-9.1) must be filled in. This is true for all records in the grid.	Immediate Edit, Required for Finalization
D/R/S Tracking Dates pre-9.1 (Intakes received before 12/7/2007)	Hospitals and PRTF: AO Notify, To P & A, RO Notify, CO Notify (except hosp.), and SA Notify must all be filled in. This is true for all records in the grid.	Required for Finalization
D/R/S post-9.1 (Intakes received on or after 12/7/2007)	PRTF only.	Edit leaving page, override OK, required for finalization
D/R/S post-10.1.3: To P & A (Date to be determined	Hospitals: Mandatory All other facility types: Enabled but not required	Edit leaving page, override OK, required for finalization
D/R/S post 9.1: Cause of Death	Hospital and PRTF only.	Edit leaving page, override OK, required for finalization

Field(s)	Behavior Notes	Edit Checks
D/R/S post-9.1: Type of Restraint	Hospital only when Death Type is 01-Restraint.	Edit leaving page, override OK, required for finalization
D/R/S post-9.1: When did Patient Die	Hospital only.	Edit leaving page, override OK, required for finalization
D/R/S post-9.1: Drug Used as Restraint Section	Applies only if Type of Restraint is 04 or 06. PRTF: Drug Name, Dosage, Number of Dosages Given, Adverse Reaction required. Hospital: Drug Name required.	Edit leaving page, override OK, required for finalization
D/R/S post-9.1: Physical Restraint(s)	Hospital only. Applies only if Type of Restraint is 05 - Physical or 06 - Simultaneous Physical and Drug. At least one item must be selected from the list.	Edit leaving page, override OK, required for finalization
D/R/S post-9.1: Patient Last Monitored Date/Time	PRTF only.	Edit leaving page, override OK, required for finalization
D/R/S RO Determination	Hospital only. If the RO Determination is 01 or 02 (pre-9.1 intakes) or 04 (post-9.1) the intake cannot be finalized unless the intake is linked to an investigation survey and has been uploaded to national.	Required for Finalization

D/R/S Allegations Edits: Post-10.1.5

Field(s)	Behavior Notes	Edit Checks
Death Associated with Restraint/Seclusion [Grid]	For Hospitals: When allegation type = Death Associated with Restraint/Seclusion (5), at least one row must be completed. Post-10.1.15 only RO users can add new rows to the grid for Federal entity-reported incidents.	Required for Finalization
D/R/S Grid	All facilities: Death Type, Reported date, Date of Death, Date of Birth (hospital only post-9.1) must be filled in. This is true for all records in the grid.	Immediate Edit, Required for Finalization
D/R/S Grid: Date of Death	Date of Death must be on or before intake received date.	Required for Finalization
D/R/S Input Form: Cause of Death	All Facilities: Cause of Death required for all patients in grid.	Required for Finalization
D/R/S Input Form: When Did Patient Die	All Facilities: When Did Patient Die field required for all patients in grid.	Required for Finalization D/R/S
D/R/S Input Form: Type of Restraint	All Facilities: type of Restraint is required for all patients in grid.	Required for Finalization
D/R/S Input Form: Drug Used as Restraint	Hospitals and PRTF only: Drug Used as Restraint required for all patients in grid.	Required for Finalization
D/R/S post-10.1.5: Sent By	Hospitals post-10.1.5 only: Mandatory when RO Determination is authorized.	Edit leaving page, override OK, required for finalization

Field(s)	Behavior Notes	Edit Checks
D/R/S post-9.1: Physical Restraint(s)	Hospital only. Applies only if Type of Restraint is 05 - Physical or 06 - Simultaneous Physical and Drug. At least one item must be selected from the list. Hospital only post-10.1.5: ACTS will not allow 02 - Two Point, Soft Wrist Restraints as only physical restraint type if Type of Restraint is 05 - Physical.	Edit leaving page, override OK, required for finalization
D/R/S RO Determination	Hospital only: If the RO Determination is 01 or 02 (pre-9.1 intakes) or 04 (post-9.1), the intake cannot be finalized unless the intake is linked to an investigation survey and has been uploaded to national.	Required for Finalization