



ASPEN 11.3

Release Notes

Table of Contents

<i>ASPEN 11.3 Overview</i>	<i>3</i>
<i>Changes and New Features: Across ASPEN.....</i>	<i>4</i>
Citations.....	4
CMPTS	10
IJ.....	11
<i>Changes and New Features: ACO.....</i>	<i>14</i>
Certification.....	14
Upload	14
<i>Changes and New Features: ACTS</i>	<i>15</i>
IJ.....	15
Reports.....	15
Upload	16
<i>Changes and New Features: AEM.....</i>	<i>17</i>
CMPTS	17
Reports.....	18

- Changes and New Features: CLIA23***
 - Audit History23
 - Demographics26
 - Find27
- Changes and New Features: ASSURE.....28***
 - Surveys.....28
- Changes and New Features: STAR29***
 - Environmental Flash Tour.....29
 - Medical Record Review31
 - Quick List32
- ASPEN Database Additions and Modifications33***
 - Sybase Server35

ASPEN 11.3 Overview

ASPEN 11.3 is scheduled for deployment to states and CMS Regional/Central Offices starting Sunday, June 3, 2018. The ASPEN suite supports Oracle 11 to Oracle 12 client upgrade and has been modified as needed to work with the new Oracle call interface.

- ✓ The ASPEN 11.3 installation DVD includes the Oracle 12 client.
- ✓ The batch file that silently installs the necessary Oracle components was updated to use the new client.
- ✓ References to and dependencies upon the Oracle Objects for Ole (OO4O) library were removed from all ASPEN thick client applications. ASPEN will operate without OO4O installed on the client computer.
- ✓ ASPEN applications will use the ADO.NET Oracle database driver for all communication between the client applications and Oracle databases.
- ✓ All client application interactions with the Oracle database have been validated for ACO, ACTS, AEM, ASE-Q, AST and related Crystal reports.

This ASPEN release also includes additions and enhancements to existing functionality in the following applications:

- ACO/ARO
- ACTS/ACTS RO
- AEM
- CLIA
- ePOC
- ASSURE
- STAR

The updates are described in the *Changes and New Features* section for each application. Requirements marked as ACO and ACTS affect ACO/ARO and ACTS/ACTS RO.

These release notes provide a summary of new and updated features in ASPEN 11.3. For more information, please refer to the ACO, ACTS, AEM, CLIA 116, and ePOC 11.3 Procedures Guides; the ASSURE 1.7 Procedures Guide; and the STAR 4.20 User's Guide. These guides will be released in conjunction with the ASPEN 11.3 production release in June. The existing versions of other application guides are the most current.

The last section of these release notes, *ASPEN Database Additions and Modifications*, describes the changes implemented in the database to support the ASPEN 11.3 release. States that have developed custom reports and data extract functions should review this section as these may be affected by structural changes in the database.

Changes and New Features: Across ASPEN

Citations

19771/182709: Tags changed by hearing/settlement - ACO, ACTS, AEM, ePOC

Tags that are changed or removed by hearing/settlement in AEM will not print on the CMS-2567/2567b form in ACO, ACTS, or ASPEN Web: ePOC. These tags will behave the same as a tag changed or removed by IDR/IIDR.

Tags can be changed or removed through the Hearing/Settlement Manager as needed in AEM.

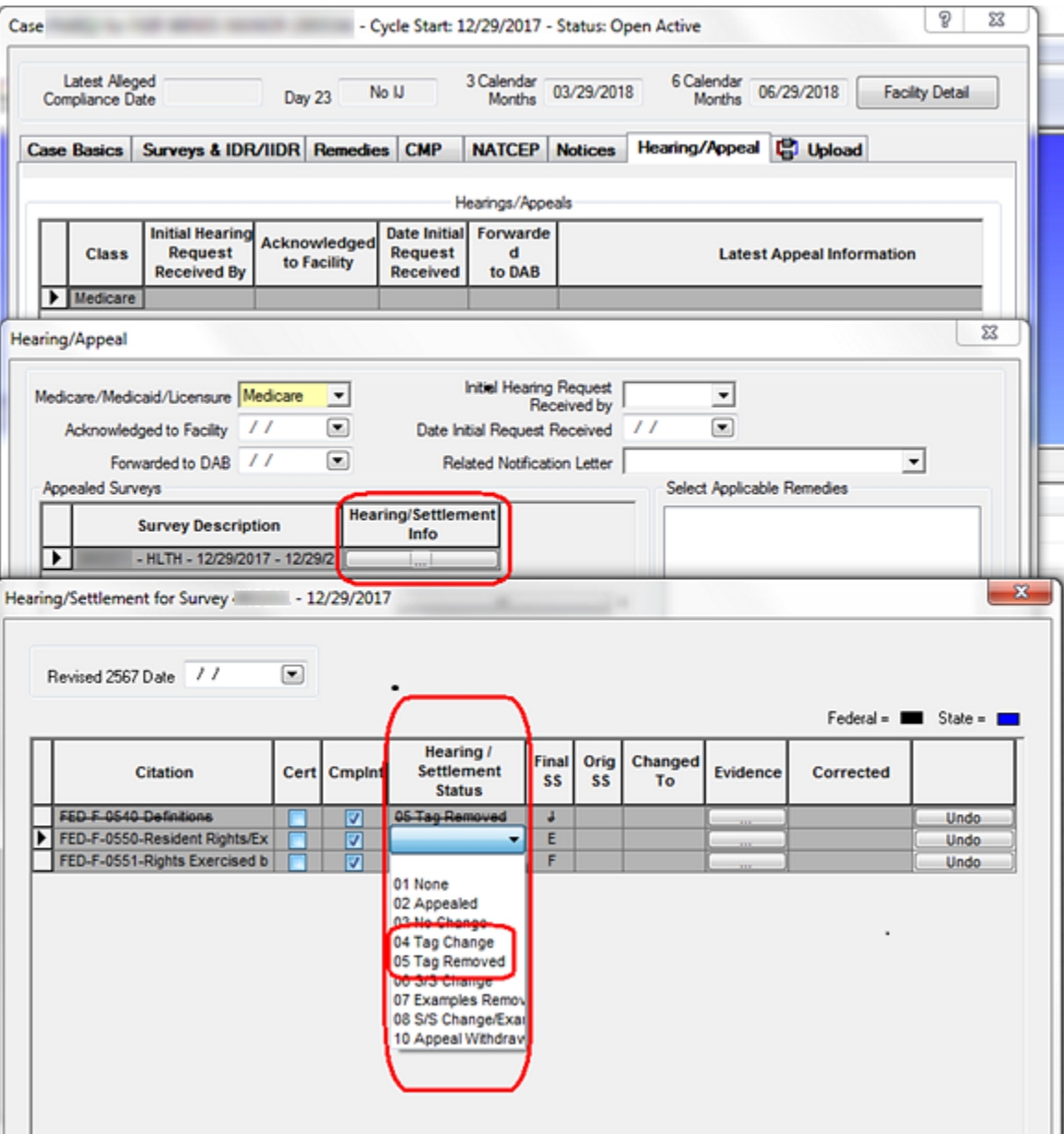


Figure 1: AEM Hearing/Settlement Manager – tag F540 removed

Once a tag is changed or removed by hearing/settlement, the tag will no longer appear on the CMS-2567/2567b, no matter where it is printed from (ACO, ACTS, or ASPEN Web: ePOC).

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		PRINTED: 04/19/2018 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 311111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/01/2018
NAME OF PROVIDER OR SUPPLIER A NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1920 PIKE RD EMPIRE STATE, NY 10001	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 659 SS-F	<p>Qualified Persons</p> <p>CFR(s): 483.21(b)(3)(II)</p> <p>§ 483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(II) Be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by:</p> <p>polu(j)lo</p>	F 659	
F 658 SS-H	<p>Services Provided Meet Professional Standards</p> <p>CFR(s): 483.21(b)(3)(I)</p> <p>§ 483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(I) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>louh</p>	F 658	
F 655 SS-D	<p>Baseline Care Plan</p> <p>CFR(s): 483.21(a)(1)-(3)</p> <p>§ 483.21 Comprehensive Person-Centered Care Planning § 483.21(a) Baseline Care Plans § 483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-</p> <p>(I) Be developed within 48 hours of a resident's admission.</p> <p>(II) Include the minimum healthcare information</p>	F 655	

Figure 2: Printed CMS-2567

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		PRINTED: 04/29/2018 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 311111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/01/2018
NAME OF PROVIDER OR SUPPLIER A NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1920 PIKE RD EMPIRE STATE, NY 10001	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 658 SS-H	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(f) § 483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (f) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: 1. 10/1/18	F 658	
F 655 SS-D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) § 483.21 Comprehensive Person-Centered Care Planning § 483.21(a) Baseline Care Plans § 483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (1) Be developed within 48 hours of a resident's admission.	F 655	

Figure 3: Printed CMS-2567 after tag 659 was removed by hearing/settlement

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 344444	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/3/2018
NAME OF FACILITY A NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1920 PIKE RD EMPIRE STATE, NY 10001	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0655	Correction	ID Prefix F0655	Correction	ID Prefix	Correction
Reg # 483.21(a)(1)-(3)	Completed	Reg # 483.21(b)(3)(i)	Completed	Reg #	Completed
LSC	05/02/2018	LSC	04/30/2018	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg #	Completed	Reg #	Completed	Reg #	Completed
LSC		LSC		LSC	

Figure 4: Printed CMS-2567b – tag 659 not included

ASPEN Web: ePOC treats tags changed or removed by hearing/settlement the same as tags removed/changed by IDR/IIDR.

- The tag is displayed with a strikethrough in the POC Properties dialog and cannot be selected.

POC Properties for - 12/29/2017

ePOC Posting
Citations for ePOC Display

Select	Reg	Bld	Tag	Type	Description	S/S	Cert	Cmplnt	Completion (X5)	Posted	Changed
<input type="checkbox"/>	FF11	00	0540	R	Definitions	J	N	Y		Not Posted	No
<input checked="" type="checkbox"/>	FF11	00	0550	R	Resident Rights/Exercise of Rights	E	N	Y		Not Posted	No
<input checked="" type="checkbox"/>	FF11	00	0551	R	Rights Exercised by Representative	F	N	Y		Not Posted	No

Post on ePOC Website Reason for Re-posting or Removing Posting Post Date: / / hx
Remove Posting POC Due: / / Change
SOD Sent Date: / / Change Approval: / / Change

Survey Letters for ePOC Display

Select	Created	Letter ID	Description	Intake Number	Status	Locked
--------	---------	-----------	-------------	---------------	--------	--------

View/Print
New...
Alert Facility

Responsible Parties

R.O. =

+ Add S.A.
+ Add R.Q.
+ Add Facility Team/Work Unit
+ Add Survey Team
+ Add Intake Resp Parties
Delete

Status
Posted: Not Posted
Provider First View:
By Web User:
POC Status: None
Locked: Unlocked
Lock Survey to Prevent SA/RQ Updates
Stop Survey

POC Tracking POC Approve/Reject ePOC Attachments (0)
Report Selection
POC Audit Trail Report Close

Figure 5: ePOC Properties - tag F540 removed by hearing/settlement

- The tag is also displayed with a strikethrough in the POC Approval and Rejection dialog.

POC Approval and Rejection for - 12/29/2017

Deficiencies

Tag	S/S	POC Status	POC Date	Completion (X5)	Title	Posted	Changed	IDR Status	CFR
F0540	A				Definitions		No	Tag-Removed	483.6
F0550	E				Resident rights/Exercise of Rights		No	None	483.10(b)(1)(2)(b)(1)(2)
F0551	F				Rights Exercised by Representative		No	None	483.10(b)(3)-(7)(i)-(8)

Color Key: Deficiency not posted on ePOC website Plan of Correction pending approval/rejection

Deficiency F0540 Detail

Not met as evidenced by:
This is some evidence for tag F540...

Plan of Correction

Approve | Reject | History | Remove Approval

Completion Date (X5):

Survey Forms | ePOC Attachments (0) | Finalize Drafts

Close

Figure 6: POC Approval and Rejection - tag F540 removed by hearing/settlement

- Survey Detail will not display the tag.

CMS HOME FOR RETIRED TECH PROFESSIONALS (CCN:)

Survey Detail

Event Id: 11 Survey Date: 05/01/2018 Status: Open

Submit All Pending 3 Back

Deficiencies

- F155 - Approved
- F272 - Rejected
- F314 - Submitted
- F322 - Submitted
- F363 - Approved
- F463 - Submitted
- F495 - Pending

* = 13/ Substandard Quality of Care

Tag	S/S	Deficiency	Plan of Correction	Completion Date (X5)	Status	Date
F155	A	483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section. The facility [MORE] Observations: The programmer wanted to go outside, but that is not allowed!	Plan of Correction: Click to View Acknowledgement	07/06/2015	Approved	07/06/2015
F272	D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive a [MORE] Observations: The tech professional should be able to have a cubical next to his spouse's cubical.	Plan of Correction: Click to Modify Plan of Correction Can i request a waiver for this tag? It's justified.	06/30/2015	Rejected	06/14/2015
F314	E	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's cil [MORE] Observations: The tech professional was denied a request for a 4th monitor due to budget constraints.	Plan of Correction: Click to View Plan of Correction Budget constraints are irksome.	06/25/2015	Submitted	06/12/2015
F322	F	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that -- (1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless [MORE] Observations: Programmers keep leaving old lunches in the fridge for significant periods of time.	Plan of Correction: Click to View Plan of Correction this is my poc for 322	06/24/2015	Submitted	06/16/2015

Figure 7: Survey Detail

CMS HOME FOR RETIRED TECH PROFESSIONALS (CCN:)

Survey Detail

Deficiencies
F155 - Approved
F272 - Rejected
F314 - Submitted
F365 - Approved
F463 - Submitted
F495 - Pending

Event Id: 11 Survey Date: 05/01/2018 Status: Open

Submit All Pending 3 Back

F155 S/S: A	483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section. The facility [MORE] Observations: The programmer wanted to go outside, but that is not allowed!	Plan of Correction: Click to View Acknowledgement	Completion Date (X5): 07/06/2015 Status: Approved Date: 07/06/2015
F272 S/S: D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive a [MORE] Observations: The tech professional should be able to have a cubical next to his spouse's cubical.	Plan of Correction: Click to Modify Plan of Correction Can i request a waiver for this tag? It's justified.	Completion Date (X5): 06/30/2015 Status: Rejected Date: 06/14/2015
F314 S/S: E	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's cil [MORE] Observations: The tech professional was denied a request for a 4th monitor due to budget constraints.	Plan of Correction: Click to View Plan of Correction Budget constraints are irksome.	Completion Date (X5): 06/25/2015 Status: Submitted Date: 06/12/2015

Figure 8: Survey Detail after tag 322 was removed by hearing/settlement

CMPTS

19797: CMPTS List report sort options - ARO, AEM

The CMPTS List report (Tracking -> CMPTS List -> Print button) can now be sorted by the following options:

- Provider #
- Facility Name
- Cycle Start Date
- CMPTS Case #
- Amount Paid
- Date Paid
- Unpaid CMP Amount
- Amt Sent to Offset
- Date Sent to Offset
- Amt Sent to Treasury
- Date Sent to Treasury

CMPTS List (RO Mode)

Filter Options

Report Time Period

Date Date Range

First Date 03/16/2017

Last Date 03/16/2018

Fiscal Year All

Sort Order

CMPTS Case #

Provider #

Facility Name

Cycle Start Date

CMPTS Case #

Amount Paid

Date Paid

Unpaid CMP Amount

Amt Sent to Offset

Date Sent to Offset

Amt Sent to Treasury

Date Sent to Treasury

Region

Payment Status

Provider Type

OK

Figure 9: CMPTS List report – Sort Order options

You can sort the displayed CMPTS List by any column. If the list is sorted by CMPTS #, Facility Name, Provider #, or Cycle Start date, the corresponding Sort Order option will be the default for the report; otherwise, the default will be CMPTS #. Reverse sorting the list does not reverse sort the printed report.

Printed: 03/19/2018 4:29PM

CMPTS List

Report Filter: Date: 03/19/2017 to 03/19/2018 Sort Order: Cycle Start Date Region: 02 Payment Status: All Provider Type: LTC

Provider #	Facility Name	Cycle Start Date	CMPTS Case #	Amount Date Paid Paid	Unpaid CMP Amount	Amt Sent Date Sent to Offset to Offset	Amt Sent Date Sent to Treasury to Treasury
000000	WILSON PARK MEDICAL CENTER & CLINIC	09/06/2017	2017-02-LTC-000	0.00	3,259.75	0.00	0.00
000010	WILSON PARK MEDICAL CENTER & CLINIC	10/02/2017	2018-02-LTC-000	0.00	3,333.00	0.00	0.00
000010	WILSON PARK MEDICAL CENTER & CLINIC	10/22/2017	2018-02-LTC-000	0.00	2,222.00	0.00	0.00
000010	WILSON PARK MEDICAL CENTER & CLINIC	11/01/2017	2018-02-LTC-000	0.00	2,222.00	0.00	0.00
000010	WILSON PARK MEDICAL CENTER & CLINIC	01/02/2018	2018-02-LTC-000	7,000.00 01/08/2018	-7,000.00	0.00	0.00
000010	WILSON PARK MEDICAL CENTER & CLINIC	02/13/2018	2018-02-LTC-000	144.00 03/06/2018	2,078.00	2,345.00 03/13/2018	2,222.00 03/06/2018

Figure 10: CMPTS List report sorted by Cycle Start Date - LTC

Note: The report for CLIA laboratories does not include the last four columns (Amt/Date Sent to Offset/Treasury).

Printed: 03/19/2018 4:52PM

CMPTS List

Report Filter: Date: 03/18/2017 to 03/19/2018 Sort Order: Cycle Start Date Region: 02 Payment Status: All Provider Type: LAB

Provider #	Facility Name	Cycle Start Date	CMPTS Case #	Amount Date Paid Paid	Unpaid CMP Amount
000000	WILSON PARK MEDICAL CENTER & CLINIC	04/11/2017	2017-02-LAB-000	650.00 07/06/2017	0.00
000010	WILSON PARK MEDICAL CENTER & CLINIC	05/31/2017	2017-02-LAB-000	3,000.00 10/24/2017	0.00
000010	WILSON PARK MEDICAL CENTER & CLINIC	06/07/2017	2017-02-LAB-000	1,950.00 07/17/2017	0.00
000010	WILSON PARK MEDICAL CENTER & CLINIC	06/13/2017	2017-02-LAB-000	1,982.50 08/29/2017	0.00
000010	WILSON PARK MEDICAL CENTER & CLINIC	06/26/2017	2017-02-LAB-000	2,600.00 08/20/2017	0.00
000010	WILSON PARK MEDICAL CENTER & CLINIC	08/13/2017	2017-02-LAB-000	650.00 11/05/2017	0.00
000010	WILSON PARK MEDICAL CENTER & CLINIC	09/24/2017	2017-02-LAB-000	0.00	3,200.00

Figure 11: CMPTS List report sorted by Cycle Start Date - LAB

IJ

SCG0005: IJ indicator - ACO, ASE-Q

The Immediate Jeopardy (IJ) indicator now appears for condition-level and certain EMTALA standard-level citations for non-LTC providers (including CLIA). This enables staff to quickly identify IJ situations at the citation level. In addition, users of CASPER reports and QIES Workbench will be able to identify citations associated with an IJ situation.

The EMTALA standard-level tags are:

- A2400/C2400 – Policies and Procedures for anti-dumping provisions
- A2404/C2404 – On-call physician requirements
- A2406/C2406 – Appropriate medical screening examination
- A2407/C2407 – Stabilizing treatment
- A2408/C2408 – Delay in examination and/or treatment for payment inquiries
- A2409/C2409 – Appropriate transfer

- A2410/C2410 – Whistleblower protections
- A2411/C2411 – Recipient hospital responsibilities

“CoPs associated with an Immediate Jeopardy?” (Yes/No) is displayed on the Citation Properties dialog on the first survey in a series to include the citation, usually the regular/standard survey, but also on any revisit if a condition-level or EMTALA tag is first discovered during the revisit. This indicator appears for any federal survey: certification, complaint, special survey, FMS, as well as combined federal surveys.

Figure 12: Citation-level IJ indicator

When you initially select a Condition of Participation (CoP) or standard-level EMTALA tag in Citation Manager, the following prompt appears:

Figure 13: Citation-level IJ prompt

If you select Yes, the citation-level IJ indicator is set to Yes. You can also directly set the citation-level response in Citation Properties.

The Citation Manager includes a survey-level IJ indicator - "CoP associated with an IJ on this survey" and a Show all IJ Citation(s) button. The survey-level indicator checkbox is selected if the citation-level IJ indicator is set to Y for any citation on the survey.

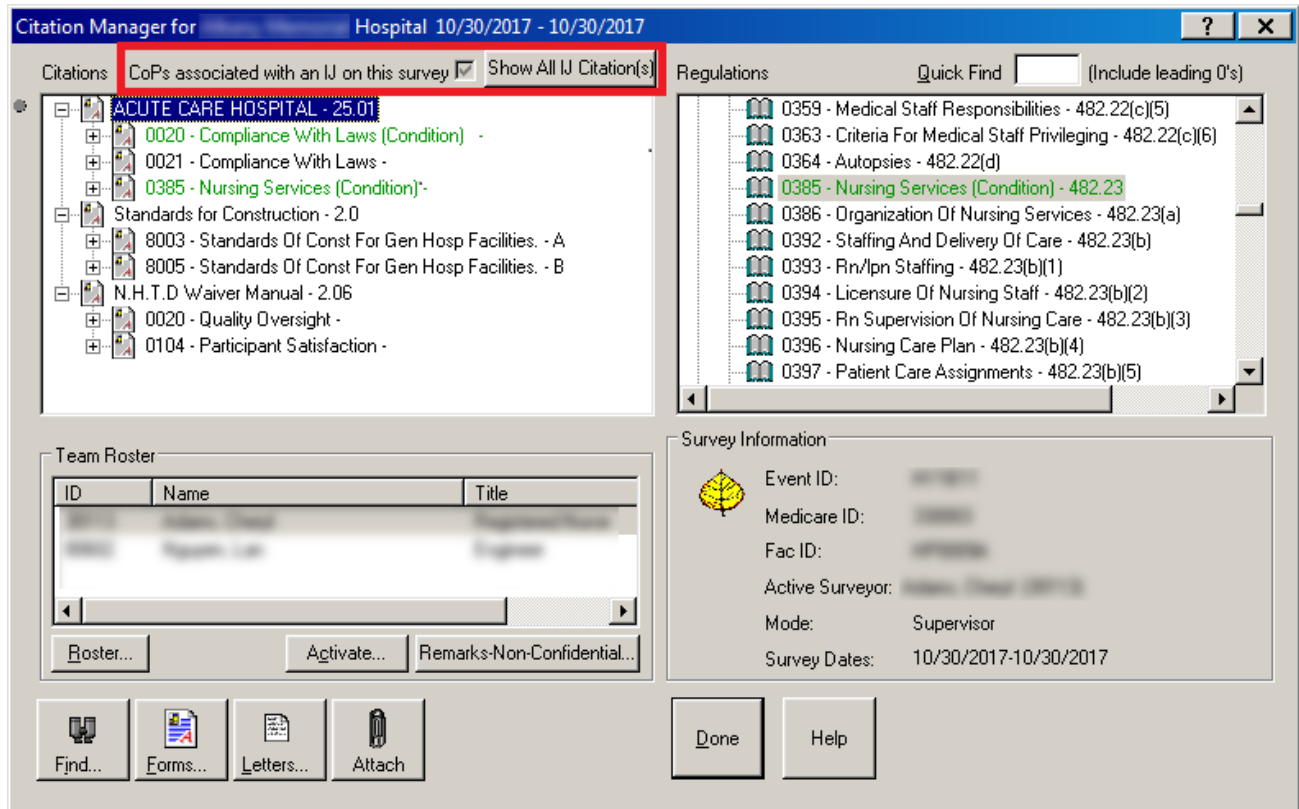


Figure 14: Survey-level IJ indicator/Show All IJ button

When you press the button, a list of all condition-level and designated EMTALA standard-level citations on the current survey with IJ =Yes is displayed.

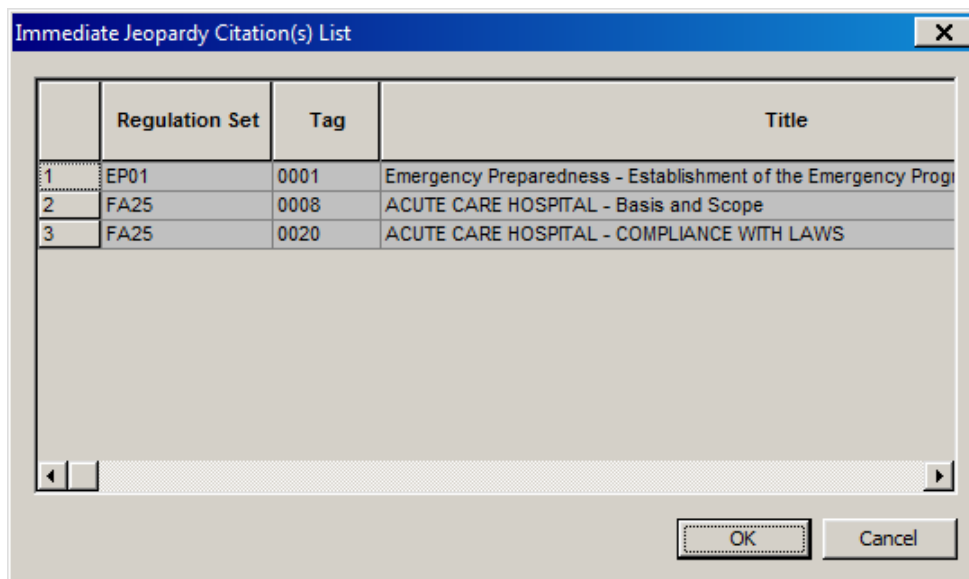


Figure 15: IJ Citation(s) List

Changes and New Features: ACO

Certification

Delete STAR surveys associated with deleted certification kits

ASPEN overnight processing was modified to first delete STAR survey(s) associated with a certification kit before deleting the kit. You will no longer receive an error message about-associated STAR survey(s) when a certification kit is deleted.

DCCP0005: V13 on CMS-3427 not required on initial certification surveys

Item 20 (ASPEN item V13) on the CMS-3427 form is only required on re-certification surveys of End-Stage Renal Disease (ESRD) facilities. The edit requiring that this field be completed on initial certifications has been removed.

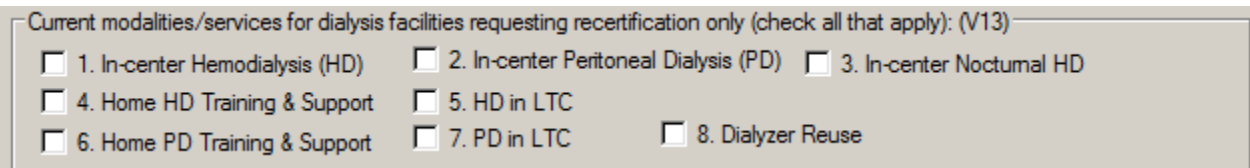
A screenshot of a form titled "Current modalities/services for dialysis facilities requesting recertification only (check all that apply): (V13)". The form contains eight checkboxes arranged in three rows. The first row has three checkboxes: "1. In-center Hemodialysis (HD)", "2. In-center Peritoneal Dialysis (PD)", and "3. In-center Nocturnal HD". The second row has two checkboxes: "4. Home HD Training & Support" and "5. HD in LTC". The third row has three checkboxes: "6. Home PD Training & Support", "7. PD in LTC", and "8. Dialyzer Reuse". All checkboxes are currently unchecked.

Figure 16: V13 not required for initial certification

Upload

182587: Include building information if no LSC survey

ASPEN uploads will separate building detail transactions from LSC surveys on certification (ODIE) transactions. This allows building updates to be posted to the national reporting system when LSC surveys are not performed for a certification.

Changes and New Features: ACTS

IJ

Is IJ? and SA Completed date

The investigation SA Completed date will no longer be set when the “CoPs out of compliance – is there an IJ field” is relevant but empty. The SA Completed date will remain empty if the “Is IJ” field is empty. This will prevent SA personnel from incorrectly stopping work on an investigation.

The following edit will apply to SA users instead of RO users:

When condition-level or EMTALA citations exist, a response to the “Is there an IJ?” question is required.

Reports

Deemed Provider Regional Report

Previously, if an ACTS RO deselected one of the facility types on the filter window leaving a large number of facility types—but not all—selected, the report went indefinitely to Delayed status. This issue has been addressed.

19720: Substantiated Complaints Detail report

A new option, No Federal Deficiencies, was added to the Deficiencies filter on the report customization window for the Substantiated Complaints Detail report.

Figure 17: No Federal Deficiencies filter option

When you choose this option, the report will include only substantiated complaints that lack a federal deficiency related (linked) to any of the intake's allegations, regardless of whether state deficiencies are linked to one or more of the allegations. Complaints will be included when the report is filtered to No Federal Deficiencies even if the investigation includes unrelated federal deficiencies, i.e., deficiencies not linked to an allegation.

187942: Investigations Lacking Survey Upload report

A new option, No Federal Deficiencies, was added to the Deficiencies filter on the report customization window for the Substantiated Complaints Detail report.

Two new options, Exit Date and Exit Date to Today Interval, were added to the Sort By filter on the report customization window for the Investigations Lacking Survey Upload report only.

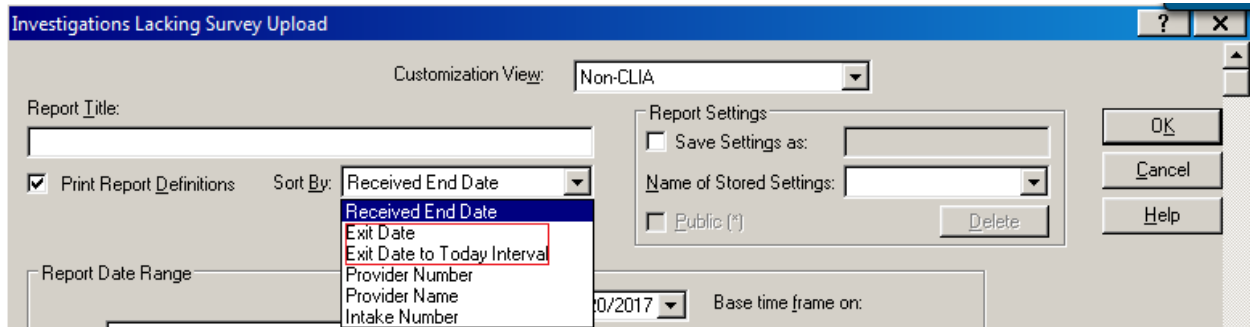


Figure 18: Exit Date and Exit Date to Today Interval filter options

If you choose Exit Date, the report is sorted by the Survey Exit column, from oldest to newest. Facilities that have investigation survey exit dates on the same day will be sorted in alphabetical order by name, then by facility ID. For facilities with multiple intakes that have surveys with the same exit-date, the surveys will be in intake number order.

If you filter by Exit Date to Today Interval (i.e., the number of days between the survey exit date and today's date), the report is sorted by the Interval Days column in numerical order. Facilities with the same interval value will be sorted in alphabetical order by name, then by facility ID if the names are identical. Facilities with multiple intakes that have the same interval value will be in intake number order.

Upload

Workload information required for each revisit

For a successful investigation survey (COMP) upload to occur, workload/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. A revisit date will not appear on the investigation's upload table (OCS_COMP) unless its corresponding workload/team information also uploads.

Changes and New Features: AEM

CMPTS

182694: Escrow Payments Received field added on CMP tab

For Long Term Care enforcement cases, a field named Escrow Pmts Rec'd was added on the CMP tab next to the Pmts Rec'd field. This lets RO staff determine if escrow payments have been made per hearing agreements, without having to open the CMPTS case.

The screenshot shows the 'Case CMP Detail' tab in the AEM system. The 'Escrow Pmts Rec'd' field is highlighted with a red box. The table below shows the current total across all CMPs.

	Amt. Due	Pmts. Rec'd	Escrow Pmts Rec'd
Federal	2500.00	2500.00	1000.00
State	0.00	0.00	

Below the table, there are buttons for 'Apply Full Pmt' and 'Apply Full Pmt'.

The 'Civil Money Penalties (CMP)' section shows the following totals:

Federal Totals	Per Instance Total	Day Total	Survey Total
	2500.00	2500.00	2500.00

Figure 19: Escrow Pmts Rec'd field on CMP tab

Escrow Pmts Rec'd displays only for LTC facilities, not HHA or CLIA, and is read-only on the CMP tab. It is populated from the Escrow Collected field in the associated CMPTS case. If the Escrow Collected value changes, it carries forward to Escrow Pmts Rec'd.

CMPTS Detail (CMPTS Super User Mode) - ? x

CMPTS Detail | Installments & Payments | CMPTS Remarks | Upload

CMP Allocation

Current CMP Allocation

Medicare	Medicaid
# Residents: 2	# Residents: 59
Amount: 0.00	Amount: 0.00

Escrow

Amount: 2500.00

Offset and Treasury Totals

Date Sent To Offset: / /

Amount Sent To Offset: 0.00

Date Sent To Treasury: / /

Amount Sent to Treasury: 0.00

CMP Totals

Interest: 0.00

Total Due:

Payments Received: 0.00

Balance: 0.00

Escrow Account Totals

Escrow Collected	1000.00
Escrow Interest Accrued	0.00
Principal Returned To Facility	0.00
Interest Returned To Facility	0.00
Medicare / Medicaid Escrow Interest Accrued	0.00
Amount Retained	0.00
Escrow Balance	1000.00

Figure 20: Escrow Collected field on CMPTS Detail - Installments & Payments tab

The Escrow Pmts Rec'd value is included in AEM Detail uploads to national. For all existing enforcement cases, the new Escrow Pmts Rec'd field will automatically be populated with the corresponding CMPTS Escrow Collected value. An initial load of Escrow Pmts Rec'd values will occur with the deployment of this requirement.

Reports

SCG2017012: New LTCSP-related enforcement report

The new Long-Term Care Survey Process (LTCSP) is being implemented in two phases. As part of Phase 2, only certain remedies will be used on certain covered Phase 2 tags cited at Scope/Severity G or above for 18 months for surveys with no:

- Non-covered Phase 2 tags cited at S/S G or above
- or
- Phase 1 Tags cited at S/S G or above

The covered Phase 2 tags are F655, F740, F741, F758, F838, F865, F881, F926.

The non-covered Phase 2 tags are F574, F608, F622, F725, F744, F756, F790, F791, F801.

The new G+ Enforcement Report – Phase 1 and Phase 2 reflects the temporary policy changes to the enforcement process pertaining to remedies.

You can access the report from the Enforcement Reports menu in ACO/ARO.

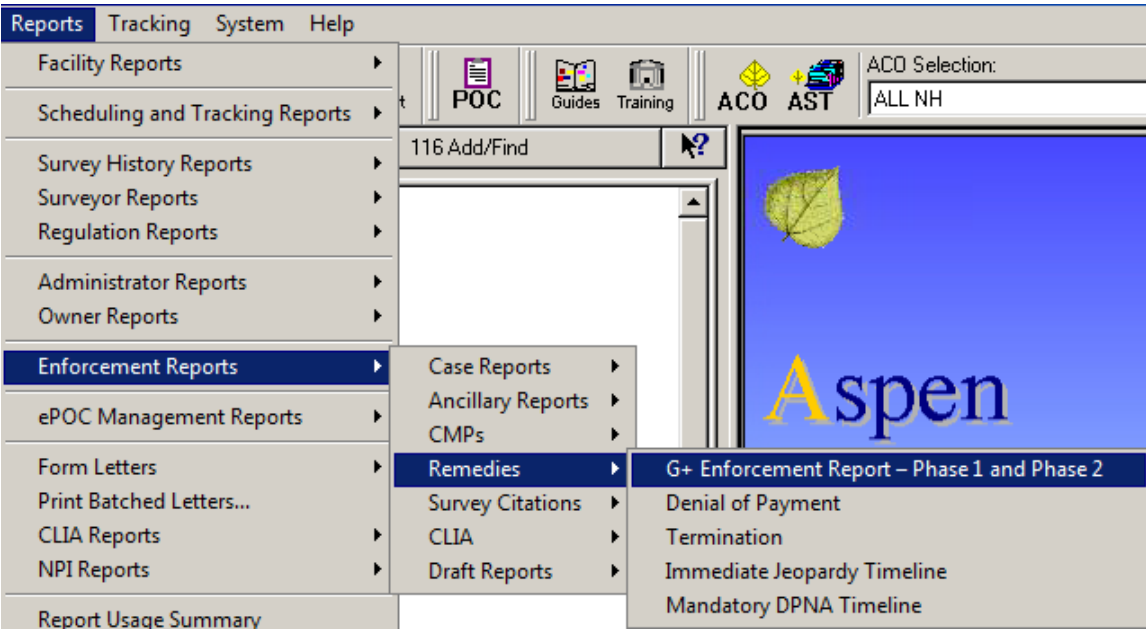


Figure 21: Access to G+ Enforcement Report in ACO/ARO from Enforcement Reports

In ARO only, you can access the report from Reports/Regional Reports.

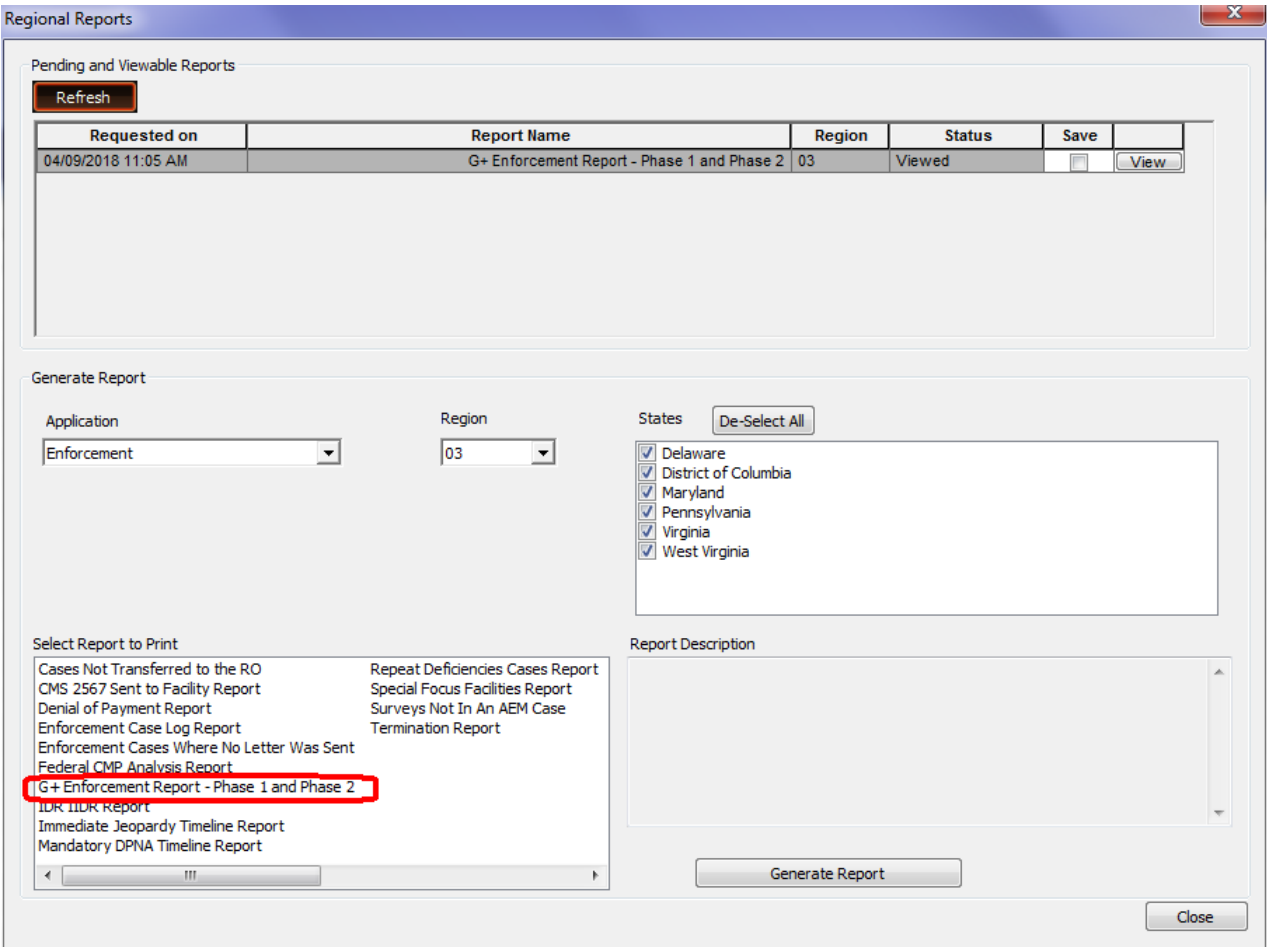


Figure 22: Access to G+ Enforcement Report in ARO from Regional Reports

The report has the following filter options screen:

Figure 23: Filter options for G+ Enforcement Report

The date range for the report defaults to 11/28/2017 through today, but you can change it.

G+ Enforcement Report – Phase 1 and Phase 2 has three sections, referred to as checks.

- Check 1 lists surveys with at least one covered Phase 2 tag at S/S of G+ and no non-covered Phase 2 tags at S/S of G+ and no Phase 1 tags at S/S of G+.

Printed: 04/17/2018 11:00 PM

G+ Enforcement Report - Phase 1 and Phase 2

State: NJ

Report Filter: Facility Types: 11/28/2017 thru 04/17/2018 Sort Order: Provider # Facility Types: All

Surveys at S/S G or Above with Only Covered Phase 2 Tags (no Non-covered Phase 2 or Phase 1 Tags):

Provider #	Provider Name	Survey Event ID	Survey Exit Date	Federal Survey Type	Highest S/S	Remedy(s) in Effect (if any)
				MDS		Temporary Management
				Other		
				QAPI		
				Other		
00000	ST. MARK'S HOSPITAL FOR CHILDREN	000001	04/13/2018		L	Directed Plan of Correction State Monitoring Temporary Management
00000	ST. MARK'S HOSPITAL FOR CHILDREN	000002	04/13/2018	Complaint Investig.	G	Directed Plan of Correction State Monitoring Temporary Management

Figure 24: G+ Enforcement Report: Check 1 example

- Check 2 lists surveys with at least one covered Phase 2 tag at S/S of G+ and at least one non-covered Phase 2 tag at S/S of G+ or Phase 1 tag at S/S of G+.

Printed 04/17/2018 11:00 PM

G+ Enforcement Report - Phase 1 and Phase 2

State: NJ

Report Filter: Facility Types: 11/28/2017 thru 04/17/2018 Sort Order: Provider # Facility Types: All

Surveys at S/S G or Above with Covered Phase 2 Tags and Non-covered Phase 2 or Phase 1 Tags:

Provider #	Provider Name	Survey Event ID	Survey Exit Date	Federal Survey Type	Highest S/S	Remedy(s) in Effect (if any)
00000	ST MARY'S HOSPITAL FOR CHILDREN INC	10271	04/17/2018	Other	J	Directed Plan of Correction State Monitoring Temporary Management
00000	ST MARY'S HOSPITAL FOR CHILDREN INC	10271	04/18/2018	Adverse Events Dementia Care MDS Other QAPI	G	Directed Plan of Correction State Monitoring Temporary Management

Figure 25: G+ Enforcement Report: Check 2 example

- Check 3 lists surveys with no covered Phase 2 tags at S/S of G+ and at least one non-covered Phase 2 tag at S/S of G+ or Phase 1 tag at S/S of G+.

Printed 04/17/2018 11:00 PM

G+ Enforcement Report - Phase 1 and Phase 2

State: NJ

Report Filter: Facility Types: 11/28/2017 thru 04/17/2018 Sort Order: Provider # Facility Types: All

Surveys at S/S G or Above with Only Non-covered Phase 2 or Phase 1 Tags (no Covered Phase 2 Tags):

Provider #	Provider Name	Survey Event ID	Survey Exit Date	Federal Survey Type	Highest S/S	Remedy(s) in Effect (if any)
00000	ST MARY'S HOSPITAL FOR CHILDREN INC	10271	04/13/2018	MDS Other QAPI	G	Temporary Management
00000	ST MARY'S HOSPITAL FOR CHILDREN INC	10271	04/13/2018	Adverse Events Dementia Care MDS Other QAPI	G	Directed Plan of Correction State Monitoring Temporary Management
00000	ST MARY'S HOSPITAL FOR CHILDREN INC	10271	04/13/2018	Complaint Investig.	G	Directed Plan of Correction State Monitoring Temporary Management
00000	ST MARY'S HOSPITAL FOR CHILDREN INC	10271	12/22/2017	Adverse Events Dementia Care MDS Other QAPI	L	Civil Money Penalty

Figure 26: G+ Enforcement Report: Check 3 example

Changes and New Features: CLIA

Audit History

2015016: Show multiple Accrediting Organizations (AOs)

AO data on the ASPEN Web: CLIA 116 Audit History page has been expanded. AOs are grouped by Accreditation Code in both the AO Information and AO Survey Dates sections so that changes made for each sponsoring AO can be easily determined.

AO Information

In the AO Information section, AOs are sorted numerically by Accreditation Code and data is listed chronologically in descending order, starting with the X-match (first entry of an AO for a laboratory) to provide a full history of changes.

Information from audited records includes, as applicable:

- Date the change was made
- User who made the change
- New value set at the time of the change

Audit information for all AOs currently sponsoring the laboratory is shown at the top of the AO Information section with the word Current for Date of Change and time and N/A for User ID. Historical information follows.

For any laboratory where the X-match was entered prior to ASPEN 11.3, there will be no audit history for the X-match. All auditing will begin with the first change after the X-match, either Y-match confirmation or remarks code entry.

In the following example, X-match was audited for TJC (01) but not CAP (04), because the X-match was entered before the ASPEN 11.3 release.

AO Information

Date of Change	User ID	Accreditation Code	Confirmed	Confirmed Date	Remarks	Remarks Date
Current	N/A	01				
Current	N/A	04	Y	04/10/2013		
2018-04-17 14:41:05	HELP DESK,HELP DESK	01				
2013-04-10 20:02:59	ARCK,LINDA	04	Y	04/10/2013		

Figure 27 - AO Information

AO Information

Date of Change	User ID	Accreditation Code	Confirmed	Confirmed Date	Remarks	Remarks Date
Current	N/A	01	Y	04/17/2018		
Current	N/A	04	Y	04/10/2013		
2018-04-17 14:43:46	HELP DESK,HELP DESK	01	Y	04/17/2018		
2018-04-17 14:41:05	HELP DESK,HELP DESK	01				
2013-04-10 20:02:59	ARCK,LINDA	04	Y	04/10/2013		

Figure 28: AO Information after Y-match entered

AO Information

Date of Change	User ID	Accreditation Code	Confirmed	Confirmed Date	Remarks	Remarks Date
Current	N/A	01	Y	04/17/2018	31	04/17/2018
Current	N/A	04	Y	04/10/2013		
2018-04-17 14:47:12	HELP DESK,HELP DESK	01	Y	04/17/2018	31	04/17/2018
2018-04-17 14:43:46	HELP DESK,HELP DESK	01	Y	04/17/2018		
2018-04-17 14:41:05	HELP DESK,HELP DESK	01				
2013-04-10 20:02:59	ARCK,LINDA	04	Y	04/10/2013		

Figure 29: AO Information after remarks code entered

All AO Information deleted in the cleanup process is audited with the user ID of CLAB in order to accurately track where the removal occurred. Historical information follows in AO code order.

Date of Change	User ID	Accreditation Code	Confirmed	Confirmed Date	Remarks	Remarks Date
Current	N/A	04	Y	04/10/2013		
2018-04-18 14:27:50	CLAB	01				
2018-04-17 14:47:12	HELP DESK,HELP DESK	01	Y	04/17/2018	31	04/17/2018
2018-04-17 14:43:46	HELP DESK,HELP DESK	01	Y	04/17/2018		
2018-04-17 14:41:05	HELP DESK,HELP DESK	01				
2013-04-10 20:02:59	ARCK,LINDA	04	Y	04/10/2013		

*Figure 30: AO Information after cleanup***AO Survey Dates**

The date an AO survey was entered in the system is now audited. The AO Survey Dates section lists dates of AO surveys in descending chronological order grouped by AO code. Information from audited records includes:

- Date of change - add date for surveys created in 11.3 and later, survey date for pre-11.3 surveys
- User who made the change
- AO survey date

All surveys listed on the Accred Org Info tab of the 116 (up to four) are included in the top "current" section; Date of Change is Current and User ID is N/A. The four current surveys are also listed in the "history" section below the current section, but with Date of Change and User ID specified. Any surveys with dates prior to the four current surveys are displayed in the history section below the current surveys.

The example below shows the audit history for a lab with five recorded AO surveys.

AO Survey Dates

Date of Change	User ID	Accreditation Code	AO Survey Date
Current	N/A	04	02/02/2016
Current	N/A	04	04/09/2014
Current	N/A	04	02/06/2013
Current	N/A	04	02/04/2011
02/02/2016 00:00	UACR	04	02/02/2016
04/09/2014 00:00	UACR	04	04/09/2014
02/06/2013 00:00	UACR	04	02/06/2013
02/04/2011 00:00	UACR	04	02/04/2011
02/04/2009 00:00	UACR	04	02/04/2009

Figure 31: AO Survey Dates

When the fourth oldest AO survey becomes the fifth oldest, it will be removed from the current list, but will remain on the history list.

When an AO adds a survey with a date at least one year after the latest current AO survey date, it is added to both the current and history lists.

AO Survey Dates				
Date of Change	User ID	Accreditation Code	AO Survey Date	
Current	N/A	04	04/15/2018	new survey
Current	N/A	04	02/02/2016	
Current	N/A	04	04/09/2014	
Current	N/A	04	02/06/2013	
04/18/2018 15:08	HELP DESK,HELP DESK	04	04/15/2018	new survey
02/02/2016 00:00	UACR	04	02/02/2016	
04/09/2014 00:00	UACR	04	04/09/2014	
02/06/2013 00:00	UACR	04	02/06/2013	
02/04/2011 00:00	UACR	04	02/04/2011	no longer current
02/04/2009 00:00	UACR	04	02/04/2009	

Figure 32: AO Survey Dates – new survey with date at least one year later

When an AO changes a survey date within one year of entering the original date, both survey dates are included in the history list as separate entries. The current list will show only the new date.

AO Survey Dates				
Date of Change	User ID	Accreditation Code	AO Survey Date	
Current	N/A	04	04/17/2018	new date
Current	N/A	04	02/02/2016	
Current	N/A	04	04/09/2014	
Current	N/A	04	02/06/2013	
04/18/2018 15:59	HELP DESK,HELP DESK	04	04/17/2018	new date
04/18/2018 15:29	HELP DESK,HELP DESK	04	04/15/2018	original date
02/02/2016 00:00	UACR	04	02/02/2016	
04/09/2014 00:00	UACR	04	04/09/2014	
02/06/2013 00:00	UACR	04	02/06/2013	
02/04/2011 00:00	UACR	04	02/04/2011	
02/04/2009 00:00	UACR	04	02/04/2009	

Figure 33: AO Survey Dates – survey date changed within one year

When an AO no longer sponsors the lab, the system deletes all surveys for that AO during cleanup. There will be no current surveys listed for the AO, but the deleted surveys still appear in the history section.

AO Survey Dates				
Date of Change	User ID	Accreditation Code	AO Survey Date	
04/18/2018 15:59	HELP DESK,HELP DESK	04	04/17/2018	
04/18/2018 15:29	HELP DESK,HELP DESK	04	04/15/2018	
02/02/2016 00:00	UACR	04	02/02/2016	
04/09/2014 00:00	UACR	04	04/09/2014	
02/06/2013 00:00	UACR	04	02/06/2013	
02/04/2011 00:00	UACR	04	02/04/2011	
02/04/2009 00:00	UACR	04	02/04/2009	

Figure 34: AO Survey Dates after cleanup

Demographics

R2017010: Stop collecting shared lab data

Since shared lab data is no longer used, the Shared Lab field was removed from the Demographics tab in the CLIA 116 web app.

The screenshot shows the 'ASPEN WEB CLIA 116 - Update' form. At the top, there's a header with the ASPEN WEB logo and the CMS logo. Below the header, there's a summary bar with fields like CLIA #, Name, Current, Pending, New, Most Current Survey, and Enforcement Status. The main form area has tabs for Demographics, Multiple Sites, Accredited Org Info, Specialties, Additional Info, and PT Info. The Demographics tab is active. It contains sections for International, Corporate Address, Form Mailing, and Type of Laboratory. The 'Type of Laboratory' section has a dropdown menu with '04 Assisted Living Facility' selected, and a 'Shared Lab' checkbox which is highlighted with a red box.

Figure 35: Shared Lab field included prior to ASPEN 11.3

The screenshot shows the 'ASPEN WEB CLIA 116 - Update' form, similar to Figure 35, but the 'Shared Lab' checkbox has been removed from the 'Type of Laboratory' section. The '04 Assisted Living Facility' dropdown is still present, and the area where the checkbox was is now empty, highlighted with a red box.

Figure 36: Shared Lab field removed in ASPEN 11.3

Error messages related to shared lab data will not appear when you go to another tab or save data. Shared lab information for existing laboratories is retained and uploaded.

*Find***SCG0006: Allow AO users to search and view other accredited labs**

AO users can now search laboratories not accredited by them and view them in Inquiry mode only. All sections on the CLIA 116 Find screen are available regardless of laboratory type or AO sponsorship.

Figure 37: CLIA 116 Find screen

When AO users select a laboratory from the search results that is not sponsored by their organization, they can view all 116 information in Inquiry (read-only) mode and the Certificate and Billing Inquiry screen.

Existing rules and edits controlling how AO users access and update laboratories sponsored by them remain the same. When AO users select a laboratory they sponsor, the Add, Update, and Inquiry options are all available.

Changes and New Features: ASSURE

Surveys

182654: Surveyor hours

Two fields were added to the survey record for AOs to record the number of hours surveyors spent on review at the facility:

- LSC Onsite Surveyor Hours
Enter the number of hours spent on Life Safety Code (LSC) review.
- Health Onsite Surveyor Hours
Enter the number of hours spent on Health & Safety review.

Note: These fields are currently optional, but will become mandatory for all survey types on October 1, 2018.

The screenshot shows a web form for surveying. On the left, there are several dropdown menus: 'Survey Type' (set to 'Complaint Survey'), 'Survey Request Type', 'Accreditation Decision', 'Effective Term of Decision' (with a 'months' label), and 'Medicare Certification Recommendation'. On the right, there are date fields for 'Start Date' (04/11/2018) and 'End Date' (04/13/2018), followed by an 'AO Survey ID' field. Below these, there are two new fields: 'LSC Onsite Surveyor Hours' and 'Health Onsite Surveyor Hours', both of which are currently blank and highlighted with a red rectangular box.

Figure 38: New fields for recording onsite surveyor hours

These two fields are loaded via the AO Upload, so the upload specification has changed. LSCONSITESURVEYORHOURS and HEALTHONSITESURVEYORHOURS were added to the end of the survey upload specification. They can be blank initially since they are currently optional, but they will need to be added as placeholders at the end of the survey csv definition. i.e., add to the end of existing rows when uploading.

Changes and New Features: STAR

Environmental Flash Tour

182606: Reuse and Home Training

The Reuse and Home Training related questions, below, are duplicated from the Entrance Conference: Facility Design and Setup screen on the Environmental Flash Tour as the first questions in the Flash Tour's Reuse and Home Training sections.

Reuse

- Ask: Does the facility reuse patients' dialyzers?
- Ask: When will the facility be reprocessing dialyzers?
- Ask: What type of germicide is used during reprocessing?
- Ask: Does the facility send dialyzers to a central reprocessing location?

[418] Reuse/Reprocessing Room
Environmental Flash Tour

Core Survey Guidance:

Observe the condition of the reprocessing equipment, dialyzer storage, and dialyzer refrigerator, if present. This is a first look, a more complete review will be conducted later in the survey.

Ask: Does the facility reuse patients' dialyzers?

Ask: When will the facility be reprocessing dialyzers?

Ask: What type of germicide is used during reprocessing?

Ask: Does the facility send dialyzers to a central reprocessing location?

☒ Yes
 ☐ No

☒ Yes
 ☐ No

☒ Yes
 ☐ No

Observe: Is the reprocessing room and equipment clean and appears maintained?

Potential Findings:

Observe: Are the stored dialyzers aesthetically acceptable in appearance?

☒ Yes
 ☐ No

Potential Findings:

Observe: If dialyzers are not reprocessed within two hours of use, are they refrigerated and not allowed to freeze? Is the reuse refrigerator temperature monitored?

☒ Yes
 ☐ No
 ☐ N/A

Potential Findings:

Observe: Are stored dialyzers protected from unauthorized access, damage and contamination?

☒ Yes
 ☐ No

Potential Findings:

Observe: Are clean and "dirty" areas separated?

☐ Yes
 ☐ No

Potential Findings:

Figure 39: Environmental Flash Tour: Reuse section

Home Training

- Ask: Does the facility have a home hemodialysis program?
- Ask: Does the facility provide home staff-assisted hemodialysis?
- Ask: Does the facility have a peritoneal dialysis program?

[460] Home Dialysis Training Area		Environmental Flash Tour
<p>Core Survey Guidance: Observe the physical layout, infection control and availability of emergency equipment with method for summoning immediate assistance. This is the first look at the home dialysis training area. A more complete review will be conducted later in the survey.</p>		
Ask: Does the facility have a home hemodialysis program?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Ask: Does the facility provide home staff-assisted hemodialysis?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Ask: Does the facility have a peritoneal dialysis program?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Observe: Is the home training area, equipment and surfaces clean and free from blood and dialysis effluent spills and spatters?	<input type="radio"/> Yes	<input type="radio"/> No
<p>Potential Findings:</p> <input type="text"/>		
Observe: Is there sufficient space in the home training area to provide privacy, minimize cross-contamination and allow education to be effectively delivered?	<input type="radio"/> Yes	<input type="radio"/> No
<p>Potential Findings:</p> <input type="text"/>		
Observe: Is there emergency resuscitation equipment in the home training area or immediately available?	<input type="radio"/> Yes	<input type="radio"/> No
<p>Potential Findings:</p> <input type="text"/>		
Observe: Is there a method for the patient or solitary staff to summon immediate assistance?	<input type="radio"/> Yes	<input type="radio"/> No
<p>Potential Findings:</p> <input type="text"/>		
<p>Show extended questions</p>		

Figure 40: Environmental Flash Tour: Home Training section

It is no longer necessary for the Team Leader to synchronize the survey before the Reuse and Home Training sections can be activated in the survey.

When the survey is synchronized:

- Any answer will replace no answer for these questions.
- If both the Team Leader and team member have answered the question, the Team Leader's response is used.

An answer entered in either location (Entrance Conference or Flash Tour) will automatically populate the other location.

When you answer Yes to “Do you identify a deficient practice?” on any section with a summary review, the associated Potential Findings/comments from each individual record are automatically copied into the Potential Findings field under the deficient practice question. The format in the summary review is the same as in the individual records. This action occurs on all six Medical Record Summary Review sections as well as the Observations of Hemodialysis Care Checklist summaries.

Figure 41: Potential Findings copied to summary when deficient practice = Yes

Once you have answered Yes to the deficient practice question, changing the answer to No *does not* clear the Potential Findings content in the summary review. You must clear the content manually if you want it removed.

If you have answered Yes to the deficient practice question and then change Potential Findings content in individual record(s), the new/updated content is *not copied automatically* to the Potential Findings field in the summary review. You must copy changes/additions manually from individual records to the summary review.

Quick List

182638: Quick List sort

The Quick List is a user-defined list of items supporting the auto-fill function that enters stored long or repetitive pieces of information without users having to type them. It is now ordered alphabetically, regardless of the order in which items were added originally, so that users can easily find stored entries.

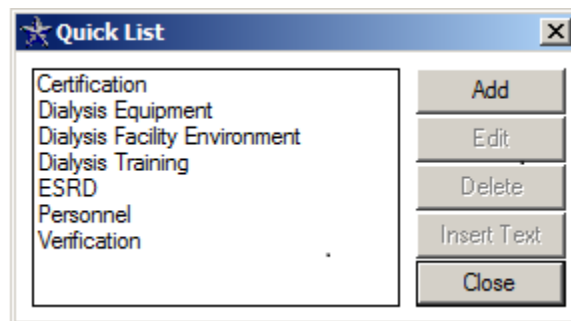


Figure 42: Quick List items sorted alphabetically

ASPEN Database Additions and Modifications

State Server

Alter Existing Tables

<i>Object Name</i>	<i>Description</i>
ENF_CASE	Added new column ESCRO_PYMTS_RCVD_AMT.
SURVCITE	Added new column IJ_SW.
SURVEY	Added new column IJ_SW.
TMP_CTN_EVNT_DTL	Added new column IJ_SW.
SURV1539	Changed column EVENTID to NOT NULL. Created primary key SURV1539_PK on EVENTID.
STATEAGENCY	Created primary key STATEAGENCY_PK on AGENCY_NAME.
TMP_COMP_ALG_DEF	Modified ALGID and REPORTID to NOT NULL. Created primary key TMP_COMP_ALG_DEF_PK on INTAKEID, ALGID, REPORTID.
TMPCOMP_ALG_NOTEPAD	Modified INTAKEID and REPORTID to NOT NULL. Created primary key TMPCOMP_ALG_NOTEPAD_PK on INTAKEID and REPORTID.
TMPCOMP_ALG_SANOTEPAD	Modified INTAKEID and REPORTID to NOT NULL. Created primary key TMPCOMP_ALG_SANOTEPAD_PK on INTAKEID and REPORTID.
CLOB_TMP	Modified ID to be NOT NULL. Created primary key on ID.

Add/Modify Views

<i>Object Name</i>	<i>Description</i>
AEM_LD_CASE_VW	Modified existing view.
CTN_PROC_MSTR_VW	Modified existing view.
EPOC_SURVCITE_CORRECTED_VW	Modified existing view.
EPOC_SURVCITE_VW	Modified existing view.
OCOSDEFH_HIST_VW	Modified existing view.
OCOSDEFH_VW	Modified existing view.
OCS_BDCH_HIST_VW	Modified existing view.
OCS_BDCH_VW	Modified existing view.
SURVEY_VW	Modified existing view.

Add/Modify Table Contents

<i>Object Name</i>	<i>Description</i>
SURV1539	Removed duplicate records.
ASP_RPT_MSTR_LST	Add records to existing table.
ASP_SETUP_VALS	Add records to existing table.
TRANSACTDICT	Add/modify records to existing table.
APPLICATION	Update software version number.
ASP_LOCALTRANS_WHERE	Update existing table.
TAGS	Update existing table.

Sybase Server

Alter Existing Tables

<i>Object Name</i>	<i>Description</i>
SURVEY	Add new column IJ_SW.
SURVCITE	Add new column IJ_SW.

Update Existing Tables

<i>Object Name</i>	<i>Description</i>
TAGS	Set 2567 code for A-tag and C-tag Fed lists.

Update Existing Procedure

<i>Object Name</i>	<i>Description</i>
MDS30_GETRESASSESSMENTS	Add A0600A_SSN_NUM as 'XXXXXXXX' to the procedure.

