



ASPEN 11.5

Release Notes

Table of Contents

<i>ASPEN 11.5 Overview</i>	<i>2</i>
<i>Changes and New Features: Across ASPEN.....</i>	<i>3</i>
Facility	3
MDS Data.....	8
Surveys.....	9
<i>Changes and New Features: ACO.....</i>	<i>10</i>
FMS.....	10
<i>Changes and New Features: ePOC.....</i>	<i>11</i>
Reports.....	11
Surveys.....	12
<i>ASPEN Database Additions and Modifications</i>	<i>13</i>
State Server	13
Sybase Server	15

ASPEN 11.5 Overview

ASPEN 11.5 is scheduled for deployment to states and CMS Regional/Central Offices starting Sunday, October 7, 2018. This ASPEN release includes additions and enhancements to existing functionality in the following applications:

- ACO/ARO
- ACTS/ACTS RO
- ASE-Q
- ePOC
- LTCSP

A major feature of this release is the update to MDS Viewer in ACO/ARO and ASE-Q to support the new MDS assessment definition that becomes effective October 1, 2018. This and other 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 11.5. For detailed information about ASPEN applications, please refer to existing versions of the applicable procedures guides.

For information about LTCSP 11.5, which adds RO Comparative functionality, refer to the separate LTCSP release memo and LTCSP User's Guide.

The last section of these release notes, *ASPEN Database Additions and Modifications*, describes the changes implemented in the database to support the ASPEN 11.5 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

Facility

Allow deeming for ESRD facilities - ACO, ACTS

CMS is required to allow ESRD facilities to be accredited and deemed. Therefore, ESRD facilities are now a deemable provider type in ASPEN. Existing screens and functionality in place for other deemable facility types were modified as described below.

Note: Although ESRD deeming functionality has been developed for this release, it *will not be available* to users until Accrediting Organizations (AOs) that are allowed to deem ESRD have been approved. Once CMS approves AOs for ESRD, these AOs will be activated in ASPEN.

- The Deemed/2802 tab is included in certification kits for ESRDs:

Figure 1: Deemed/2802 tab in ESRD certification kit

- The Transmittal (CMS-1539) tab displays deeming information for deemed ESRDs:

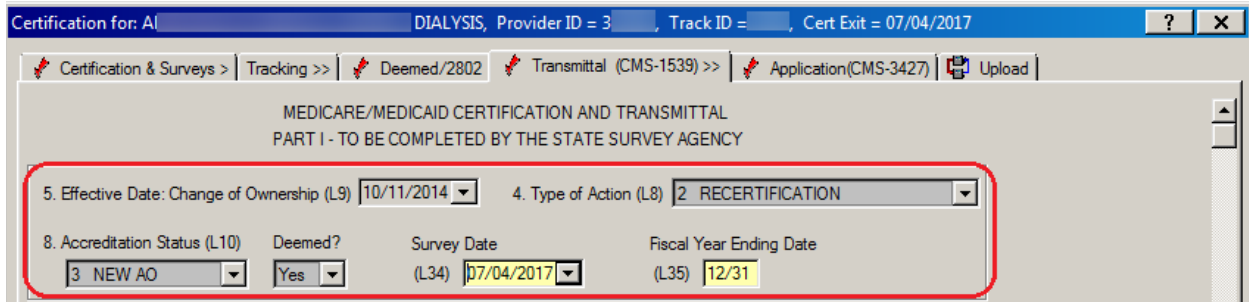


Figure 2: Deemed information on Transmittal (CMS-1539) tab

- Validation surveys are available for deemed ESRDs:

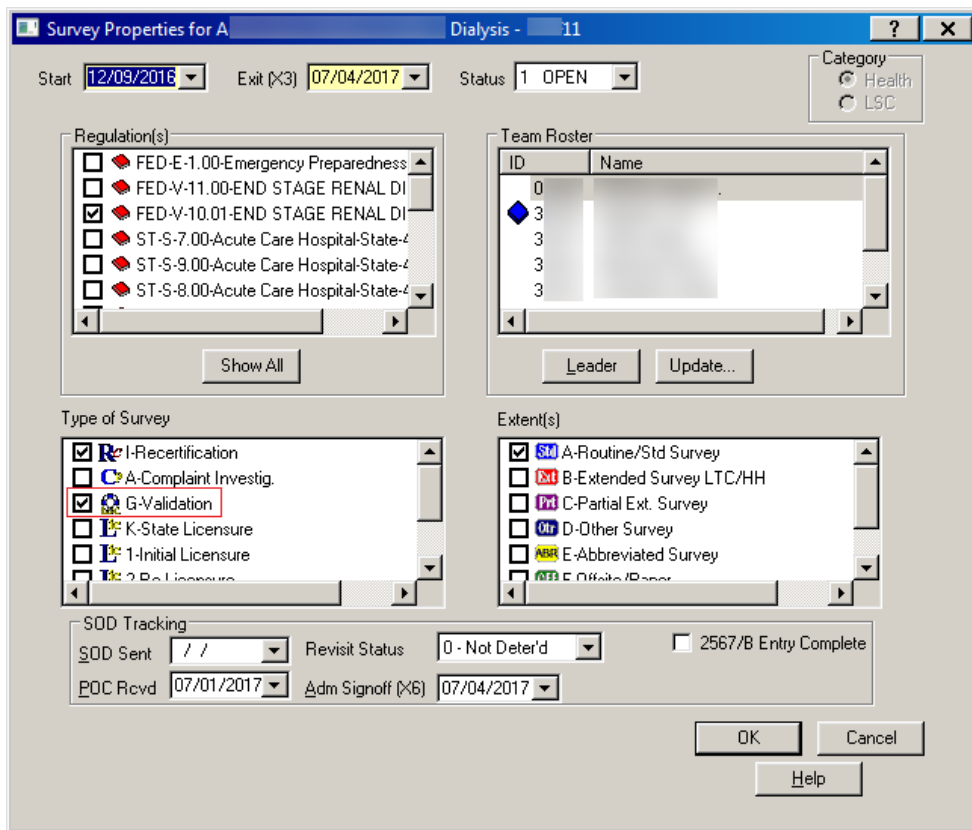


Figure 3: Validation is an available Type of Survey for deemed ESRDs

- The Deemed tab is included on intakes for ESRDs:

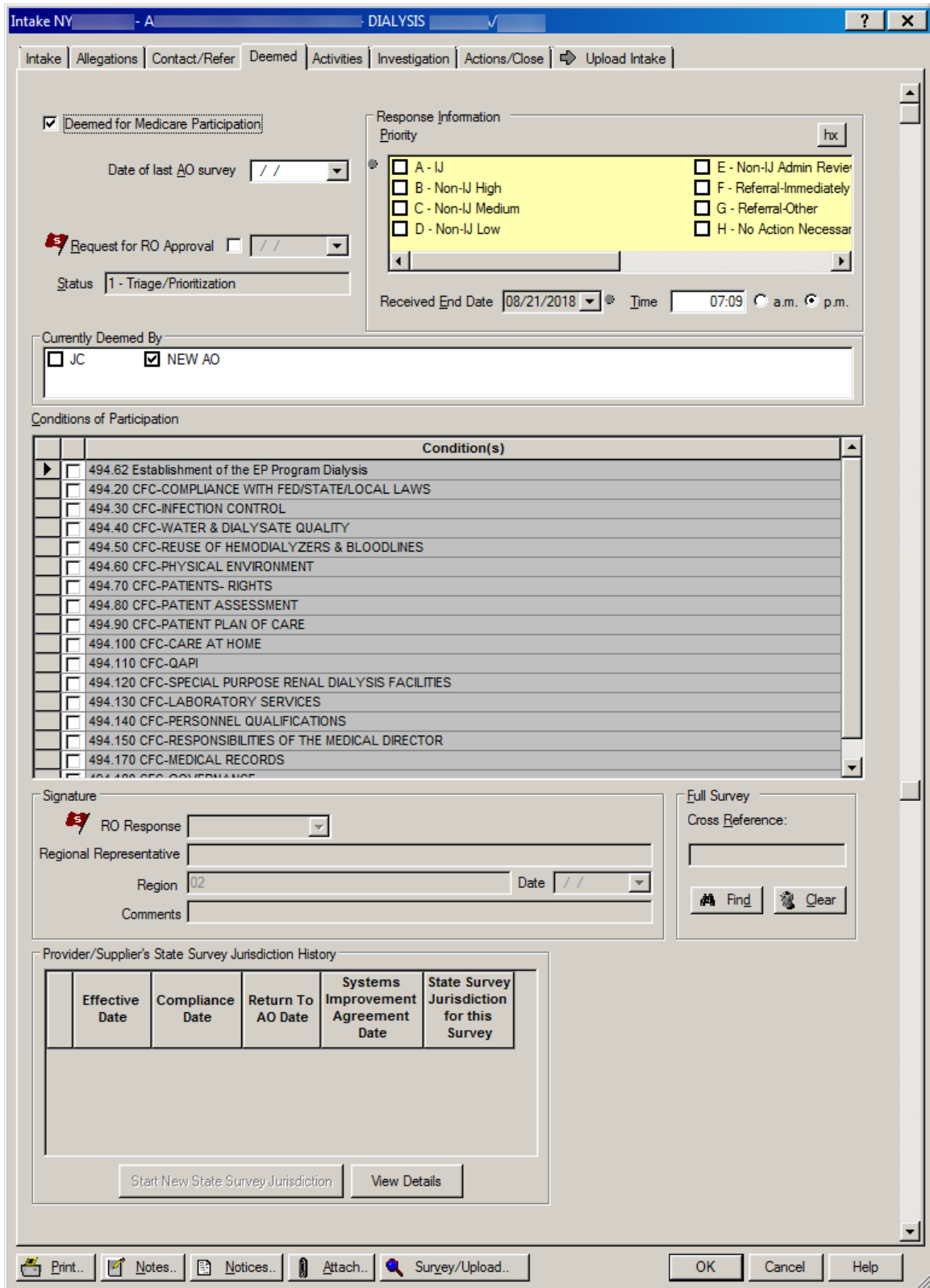


Figure 4: Deemed tab on ESRD intake

- The CMS-2802 form will print for deemed ESRDs:

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES			
AUTHORIZATION FOR STATE AGENCY END STAGE RENAL DISEASE FACILITIES VALIDATION SURVEY			
1. NAME AND ADDRESS OF STATE AGENCY New York State Department of Health - 12054 (518)408-1638	2. NAME AND ADDRESS OF PROVIDER ADIRONDACK MEDICAL CENTER - DIALYSIS 114 WAWBEEK AV TUPPER LAKE, NY, 12986 CMS CERTIFICATION NUMBER: 333564		
3. THIS ESRD IS CURRENTLY DEEMED BY (NONE OR MORE THAN 1 MAY BE CHECKED):			
<input type="checkbox"/> JC <input type="checkbox"/> NEW AO <input checked="" type="checkbox"/> NONE			
4. CHECK A OR B; DO NOT CHECK BOTH			
A. <input checked="" type="checkbox"/> THIS VALIDATION SURVEY IS BASED ON A SAMPLE SELECTION .			
PLEASE CONDUCT A FULL VALIDATION SURVEY FOLLOWING THE PROTOCOLS AND PROCEDURES FOR A MEDICARE CERTIFICATION SURVEY WITHIN 60 CALENDAR DAYS OF _____ (ENTER AO NAME) ACCREDITATION SURVEY END DATE. THE SCHEDULED END DATE OF THE ACCREDITATION SURVEY IS : _____			
IF APPLICABLE, CHECK ONE OF THE FOLLOWING:			
<input type="checkbox"/> THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS CURRENTLY PARTICIPATING , NON-DEEMED ESRD.			
<input type="checkbox"/> THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS AO ; ESRD IS CURRENTLY DEEMED.			
2. <input type="checkbox"/> THIS IS A MID-CYCLE VALIDATION SURVEY . PLEASE CONDUCT A FULL VALIDATION SURVEY FOLLOWING THE PROTOCOLS AND PROCEDURES FOR A MEDICARE CERTIFICATION SURVEY .			
SA MUST COMPLETE ALL VALIDATION PACKET DOCUMENTS LISTED IN EXHIBIT 63.			
OR			
B. <input type="checkbox"/> THIS VALIDATION SURVEY IS BASED ON ALLEGATIONS OF SIGNIFICANT DEFICIENCIES WHICH COULD AFFECT THE HEALTH AND SAFETY OF PATIENTS . CHECK ONE OF THE FOLLOWING:			
<input type="checkbox"/> POTENTIAL UNINITIATED SURVEY WITHIN 2 WORKING DAYS			
OR			
<input type="checkbox"/> INITIATED SURVEY WITHIN 45 CALENDAR DAYS			
SA MUST NOT NOTIFY THE (@FacType) OR AO IN ADVANCE OF THE SURVEY			
5. AREAS TO BE SURVEYED (FOR SAMPLE VALIDATION SURVEYS, CHECK ALL; FOR ALLEGATION SURVEYS, CHECK ALL APPLICABLE CONDITIONS, AND, IF APPLICABLE, THE LIFE SAFETY CODE STANDARD):			
<input checked="" type="checkbox"/> 494.100	CFC-CARE AT HOME	<input checked="" type="checkbox"/> 494.70	CFC-PATIENTS- RIGHTS
<input checked="" type="checkbox"/> 494.110	CFC-QAPI	<input checked="" type="checkbox"/> 494.80	CFC-PATIENT ASSESSMENT
<input checked="" type="checkbox"/> 494.120	CFC-SPECIAL PURPOSE RENAL DIALYSIS FACILITIES	<input checked="" type="checkbox"/> 494.90	CFC-PATIENT PLAN OF CARE
<input checked="" type="checkbox"/> 494.130	CFC-LABORATORY SERVICES		
<input checked="" type="checkbox"/> 494.140	CFC-PERSONNEL QUALIFICATIONS		
<input checked="" type="checkbox"/> 494.150	CFC-RESPONSIBILITIES OF THE MEDICAL DIRECTOR		
<input checked="" type="checkbox"/> 494.170	CFC-MEDICAL RECORDS		
<input checked="" type="checkbox"/> 494.180	CFC-GOVERNANCE		
<input checked="" type="checkbox"/> 494.20	CFC-COMPLIANCE WITH FED/STATE/LOCAL LAWS		
<input checked="" type="checkbox"/> 494.30	CFC-INFECTION CONTROL		
<input checked="" type="checkbox"/> 494.40	CFC-WATER & DIALYSATE QUALITY		
<input checked="" type="checkbox"/> 494.50	CFC-REUSE OF HEMODIALYZERS & BLOOD LINES		
<input checked="" type="checkbox"/> 494.60	CFC-PHYSICAL ENVIRONMENT		
<input checked="" type="checkbox"/> 494.62	Establishment of the EPP program Dialysis		
6. SIGNATURE OF REGIONAL REPRESENTATIVE MCTIGHE, ALANNAH	7. REGION 02	8. DATE 08/21/2018	
Form CMS-2802 (01/10)		ORIGINAL TO: STATE SURVEY AGENCY COPIES TO: CMSO/SGC/DACS	

Figure 5: CMS-2802 for deemed ESRD

- The printed CMS-1539 includes deeming information for ESRDs:

DEPARTMENT OF HEALTH AND HUMAN SERVICES		CENTERS FOR MEDICARE & MEDICAID SERVICES	
MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL		ID: _____	
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY		Facility ID: _____	
1. MEDICARE/MEDICAID PROVIDER NO. (L1) <u>3</u>	3. NAME AND ADDRESS OF FACILITY (L3) A <u>DIALYSIS</u>	4. TYPE OF ACTION: <u>5</u> (L5)	
2. STATE VENDOR OR MEDICAID NO. (L2) <u>1</u>	(L4) _____ (L5) _____ (L6) _____	1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 8. Other 8. Full Survey After Complaint	
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9) <u>10/11/2014</u>	7. PROVIDER/SUPPLIER CATEGORY <u>09</u> (L7)	FISCAL YEAR ENDING DATE: (L35) <u>12/31</u>	
6. DATE OF SURVEY <u>07/04/2017</u> (L34)	01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA 02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF 03 SNF/NF/Distinct 07 X-Ray 11 ICF/HID 15 ASC 04 SNF 08 OPT/SP 12 RHC 16 HOSPICE		
8. ACCREDITATION STATUS: <u>3</u> (L10)			
0 Unaccredited 1 TJC 2 AOA 3 Other			
11. LTC PERIOD OF CERTIFICATION From (a): _____ To (b): _____	10. THE FACILITY IS CERTIFIED AS: A. In Compliance With Program Requirements Compliance Based On: <u>1. Acceptable POC</u> B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: <u>B*</u> (L12)		
12. Total Facility Beds (L18)	And/Or Approved Waivers Of The Following Requirements: <u>2. Technical Personnel</u> 6. Scope of Services Limit <u>3. 24 Hour RN</u> 7. Medical Director <u>4. 7-Day RN (Rural SNF)</u> 8. Patient Room Size <u>5. Life Safety Code</u> 9. Beds/Room		
13. Total Certified Beds (L17)	15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)		
14. LTC CERTIFIED BED BREAKDOWN			
18 SNF (L37)	18/19 SNF (L38)	19 SNF (L39)	ICF (L42) IID (L43)
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE): Medicare ESRD Recertification survey completed on 11/18/2016. Standard level deficiencies identified. Statement of Deficiencies issued on 12/5/2016. Plan of Correction received on 12/15/2016 and is acceptable. 2/17/2017 - Certification kit reuploaded today; corrections have been made in the 3427 Form in field #30, staffing. FTE's have been corrected for dietician and social worker. eslocum			
17. SURVEYOR SIGNATURE _____ Date: <u>07/16/2017</u> (L19)	18. STATE SURVEY AGENCY APPROVAL _____ Date: <u>07/17/2017</u> (L20)		
PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY			
19. DETERMINATION OF ELIGIBILITY <u>X</u> 1. Facility is Eligible to Participate ____ 2. Facility is not Eligible (L21)		20. COMPLIANCE WITH CIVIL RIGHTS ACT: ____	
21. 1. Statement of Financial Solvency (HCFA-1572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above: _____			
22. ORIGINAL DATE OF PARTICIPATION <u>11/10/2010</u> (L24)	23. LTC AGREEMENT BEGINNING DATE (L41)	24. LTC AGREEMENT ENDING DATE (L25)	26. TERMINATION ACTION: (L30) <u>VOLUNTARY</u> <u>00</u> <u>INVOLUNTARY</u> 01-Merger, Closure 05-Fail to Meet Health/Safety 02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement 03-Risk of Involuntary Termination 04-Other Reason for Withdrawal <u>OTHER</u> 07-Provider Status Change 00-Active
25. LTC EXTENSION DATE: (L27)	27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: _____ (L44) B. Rescind Suspension Date: _____ (L45)		
28. TERMINATION DATE: (L28)	29. INTERMEDIARY/CARRIER NO. <u>13201</u> (L31)		30. REMARKS DETERMINATION APPROVAL
31. RO RECEIPT OF CMS-1539 (L32)	32. DETERMINATION OF APPROVAL DATE <u>07/16/2017</u> (L33)		

Figure 6: Deeming information on CMS-1539 for deemed ESRD

- All deeming-related fields will upload to national for ESRDs:
 - Deemed By List
 - State Survey Jurisdiction
 - CMS-2802
 - Deeming info on the CMS-1539

MDS Data

View updated MDS 3.0 data - ACO, ASE-Q

In order for SA, RO, and CO staff members to view revised MDS 3.0 data, the ASPEN MDS viewer has been updated to support the new MDS assessment definition, effective October 1, 2018.

For example

- H. Opioid was added to N0410.

N0410. Medications Received	
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days.	
A. Antipsychotic	
B. Antianxiety	
C. Antidepressant	
D. Hypnotic	
E. Anticoagulant	
F. Antibiotic	
G. Diuretic	
H. Opioid	5

Figure 7: H. Opioid added to N0410

H3 was removed from GG170.

H3. Does the resident walk?	
0. No	
2. Yes	

Figure 8: H3 removed from GG170

MDS data is transferred to ASE-Q for any survey imported from ACO that had assessments assigned within 120 days of the survey date.

Surveys

X6 date allowed when deficiency-free ePOC surveys uploaded - ACO, ACTS, ePOC

ePOC surveys with no federal deficiencies, that is:

- Deficiency-free ePOC surveys
- Surveys that cite only state tags and/or EP tags

can now be uploaded even when the Adm[in] Signoff (X6) date is entered.

The screenshot shows the 'Survey Properties for Nursing Home - 11' dialog box. At the top, there are dropdown menus for 'Start' (04/30/2018) and 'Exit (X3)' (04/30/2018), a 'Status' dropdown (1 OPEN), and buttons for 'IDR/IIDR' and 'Shell Only'. Below these are sections for 'Regulation(s)', 'Type of Survey', and 'Extent(s)'. The 'Regulation(s)' section lists several federal regulations, with 'ST-L-2.0-Adult Day Health Care Progr' checked. The 'Type of Survey' section lists various survey types, with 'K-State Licensure' checked. The 'Extent(s)' section lists survey extents, with 'A-Routine/Std Survey' checked. At the bottom, there is an 'SOD Tracking' section with dropdowns for 'SOD Sent' (05/01/2018), 'Revisit Status' (1 - Required), and 'Adm Signoff (X6)' (06/29/2018). The 'Adm Signoff (X6)' dropdown is highlighted with a red box. There are also 'OK', 'Cancel', and 'Help' buttons at the bottom right.

Figure 9: Adm Signoff (X6) populated for ePOC survey with no federal tags

Certification kits and investigations including ePOC surveys without federal tags will successfully upload when Admin Signoff is populated.

Changes and New Features: ACO

FMS

Activate the CMS-2567 Sent to Facility field

The CMS-2567 Sent to Facility field is now enabled for FMS Comparative surveys.

The screenshot shows the 'FMS Add/Update' form. The 'Type of Federal Survey' is set to 'A Comparative' and 'Extent of Federal Survey' is '6 Full Health'. The 'CMS-2567 Sent to Facility' dropdown is highlighted with a red box and set to 'Yes'. The 'Date Sent' field is also highlighted with a red box and contains '05/14/2018'. Other fields include 'CCN (Provider Number): 330127', 'Name: JACOBI MEDICAL CENTER', 'Address: 1400 PELHAM PARKWAY SOUTH', 'City: BRONX', 'State: NY', 'Zip: 10461', 'Survey Date (L34): 06/14/2017', and 'Match Occurred: Yes'. The 'Contractor Usage' section has 'Fully Contracted' checked. The 'Conditions/Standards' table is empty.

Figure 10: CMS-2567 Sent to Facility field enabled for FMS Comparative survey

If you select Yes for CMS-2567 Sent, the associated Date Sent field is activated.

A close-up of the 'CMS-2567 Sent to Facility' dropdown menu, which is set to 'Yes'. The 'Date Sent' field is also highlighted with a red box and contains '05/14/2018'.

Figure 11: Date Sent enabled when CMS-2567 Sent is Yes

Changes and New Features: ePOC

Reports

Exclude tags removed by settlement/hearing

The following ePOC reports no longer include tags that have been changed/removed due to AEM hearing/settlement:

- Tardy POC Submission from Facility
- Rejected Tags Requiring Facility Follow-Up
- Facilities Pending SA/RO POC Review
- Surveys Changed Since Posting
- Deficiencies Not Posted
- Plan of Correction Audit Trail
- Survey POC Information

In addition, the following ePOC emails no longer include tags that have been changed/removed due to AEM hearing/settlement:

- No Response from Facility
- Survey Results Re-Posted

The Plan of Correction Audit Trail report contains historical data. There will be an asterisk next to any historical tag that was changed/removed due to IDR/IIDR or hearing/settlement. The bottom of each page contains a note about the asterisk.

New York State Department of Health						
ASPEN: Plan of Correction Audit Trail						
Printed: 08/14/2018 12:52 pm Survey Exit Date between 07/25/2017 - 08/14/2018						
CCN	Facility ID	Name				
Event ID	Exit Date	Categ	Intake ID			
Tag	S/S	Status		Update Date	Bldg	Staff
3	1				Lic#:	State Key:
E0001	12/01/2017	A				
E0004	F	No POC		12/14/2017	00	
E0018	L	No POC		12/14/2017	00	
F0550	A	No POC		12/18/2017	00	
F0555	L	No POC		12/14/2017	00	
F0555	A	No POC		12/14/2017	00	
F0555	A	No POC		08/10/2018	00	
F0557 *	G	No POC		12/14/2017	00	
F0558	A	No POC		12/18/2017	00	
F0558	C	No POC		08/10/2018	00	
2WEC11	02/15/2018	IAM				
F0553 *	E	No POC		08/01/2018	00	
F0553 *	J	No POC		08/10/2018	00	
COLC11	08/01/2018	A				
F0552	J	No POC		08/10/2018	00	
F0553 *	E	No POC		08/01/2018	00	
F0553 *	F	No POC		08/10/2018	00	
QUZ211	08/06/2018	A				
F0600	F	No POC		08/14/2018	00	
F0602	G	No POC		08/14/2018	00	

* Deficiency has been changed or removed due to IDR/IIDR or Hearing/Settlement

PlanO #CorrectionAuditTrail.rpt Page 1 of 2

Figure 12: POC Audit Trail report

Surveys

Close survey when last tag removed or finalized

ePOC surveys will now correctly be set to a POC Status of CLOSED when the last (or only) tag on a survey is:

- Removed whether due to IDR/IIDR or hearing/settlement, or actual tag deletion
- Finalized, i.e., correction date is set

ASPEN Database Additions and Modifications

All database changes are related to LTCSP 11.5. There are no changes associated with ASPEN 11.5 maintenance items or regulation set changes.

State Server

Create New Tables

<i>Object Name</i>	<i>Description</i>
NGS_INTRVW_RO_CMPR_RSPNS	New table of Regional Office (RO) Comparative survey interview response data.

Alter Existing Tables

<i>Object Name</i>	<i>Description</i>
NGS_DEFN_INTRVW_RSPNS	Add new column NEG_RSPNS_SW.
NGS_DEFN_SMPL_SZ	Add new column RCMNDD_NUM_SRVYRS.
NGS_DEFN_TEAM_MTG	Add new column SRVY_TYPE and redefine PK to use this column.
NGS_INTRVW_RSPNS	Add new column NEG_RSPNS_SW.
NGS_RPT_MSTR	Add new column SRVY_TYPE_TXT.
NGS_RSDNT	Add new columns SA_NGS_RSDNT_ID and SA_INITL_POOL_STUS_CD.
NGS_SRVY	Add new columns UPLD_OVRRD_SW, RLTD_SRVY_ID, INITL_POOL_CNCRN_SW, INITL_POOL_CNCRN_CLOB, TBP_SW, TBP_RSDNT_NAME, and FAC_ID. Rename column TBP_RSDNT_NAME to TBP_RSDNT_ID.

Add/Modify Views

<i>Object Name</i>	<i>Description</i>
NGS_DEFN_INTRVW_RSPNS_VW	Modify existing view.

Add/Modify Table Contents

Object Name	Description
ALPINESETUP	Insert new data records.
ASP_RPT_MSTR_LST	Insert new data records.
ASPENSETUP	Insert new data records.
LOOKUPVALUES	Insert new data records.
NGS_DEFN_INVST_INSTR	Reload of LTCSP Static Data
NGS_RPT_JASPER	Reload of LTCSP Static Data
NGS_DEFN_FACTSK	Reload of LTCSP Static Data
NGS_DEFN_INVST	Reload of LTCSP Static Data
NGS_DEFN_FACTSK_CE	Reload of LTCSP Static Data
NGS_DEFN_IND	Reload of LTCSP Static Data
NGS_DEFN_GNRC_CLOBS	Reload of LTCSP Static Data
NGS_DEFN_INVST_CE	Reload of LTCSP Static Data
NGS_DEFN_CARE_AREA_PROBES	Reload of LTCSP Static Data
NGS_DEFN_INVST_RSPNS	Reload of LTCSP Static Data
NGS_DEFN_FACTSK_RSPNS	Reload of LTCSP Static Data
NGS_DEFN_INVST_RSPNS_TAG	Reload of LTCSP Static Data
NGS_RPT_MSTR	Reload of LTCSP Static Data
NGS_DEFN_FACTSK_RSPNS_TAG	Reload of LTCSP Static Data
NGS_DEFN_CARE_AREA	Reload of LTCSP Static Data
NGS_DEFN_CARE_AREA_IND	Reload of LTCSP Static Data
NGS_DEFN_FACTSK_CARE_AREA	Reload of LTCSP Static Data
NGS_DEFN_INTRVW_RSPNS	Reload of LTCSP Static Data
NGS_DEFN_INVST_CARE_AREA	Reload of LTCSP Static Data
NGS_DEFN_PROBE_RULE	Reload of LTCSP Static Data
NGS_DEFN_RULE	Reload of LTCSP Static Data
NGS_DEFN_SMPL_SZ	Reload of LTCSP Static Data
NGS_DEFN_TEAM_MTG	Reload of LTCSP Static Data
NGS_VRSN	Reload of LTCSP Static Data

Sybase Server

Add new tables

<i>Object Name</i>	<i>Description</i>
NGS_INTRVW_RO_CMPR_RSPNS	Table of Regional Office (RO) Comparative survey interview response data

