Centers for Medicare & Medicaid Services

Internet Quality Improvement & Evaluation System (iQIES)

Survey and Certification (S&C) Manage an Intake User Manual

Version 2.0

April 8, 2025

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1. Introduction

This user manual addresses how to view and add a new intake, including involved parties, allegations, and responsible staff. Review the workflow in the next step to understand how the intake process works.

For information on other modules, refer to Reference & Manuals on QTSO.

1.1 Getting Started in S&C – Important Information to Know

Below is important general information about iQIES.

- Log in to iQIES at https://iqies.cms.gov/ with HARP (Health Care Quality Information Systems (HCQIS) Access Roles and Profile) login credentials. Refer to iQIES Onboarding Guide for further information, if necessary.
- All screenshots included in this manual contain only test data. Current screens in iQIES may be different from what is shown in screenshots below.
- Screenshots are dependent on user role and may not be an exact representation.
- Words highlighted in blue are clickable links.
- A red asterisk (*) indicates a required field.
- Blank fields may have a limited number of characters allowed in that field. If so, the character limit is shown on the bottom left. The blank fields may also be expanded. Click the two 45° parallel lines and drag to the right to enlarge the box. See *Figure 1, Expandable Field*.

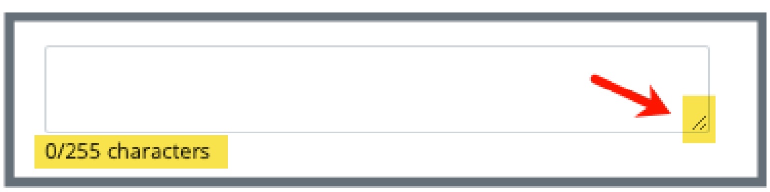

Figure 1: Expandable Field

- iQIES times out after 15 minutes of nonuse and reverts to the login page. Be sure to save data regularly. iQIES remains up and active as long as it is in use.

- iQIES uses a smart search. Once three letters/digits are typed in the search bar, results are shown based on letters/digits entered. The more letters/digits entered, the narrower the search. If any of the results is the correct result, click the result to open.
- Review any notification banners. Some banners may have links to review further information; others may be a reminder of a task that must be completed. See *Figure 2, Notification Banner* and *Table 1, Notification Banner Color Descriptions.* These banners can be closed (X'd out) at any time.

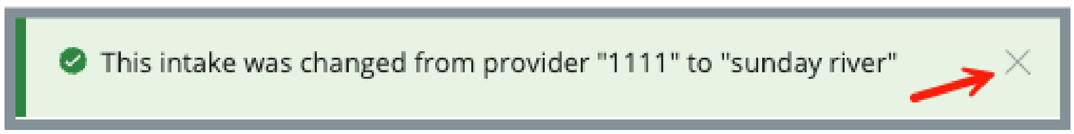

Figure 2: Notification Banner

Table 1: Notification Banner Color Descriptions

Notification Banner Color	Reason
Green	Action was successful
Blue	Informational only
Yellow	Warning. Review for information.
Red	Stop and review. The banner explains the actions must be taken.

- Review any Tool Tips for additional information to perform an action. Hover over the **i** icon to see the tip. Tool Tips are in iQIES to communicate information. Look for the information icon. See *Figure 3, Tool Tip Icon.*

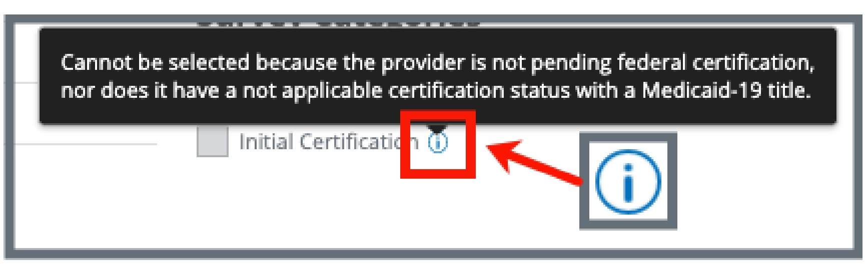

Figure 3: Tool Tip Icon

- Below are the supported browsers for access to iQIES. Be sure to keep your browser updated.

  [Chrome]
  [Edge]

1.2 iQIES Service Center

The iQIES Service Center supports users working within the various iQIES components: S&C, Patient Assessment, and Reporting.

Assistance Accessing iQIES:	Contact the iQIES Security Official (SO) for your organization
Technical Support:	Contact the iQIES Service Center: **Phone**: 888-477-7876 (select Option 1) **Email**: iQIES@cms.hhs.gov
CCSQ Support Central:	Create a new ticket or track an existing ticket: https://cmsqualitysupport.servicenowservices.com/ccsq_support_central
Idea Portal:	Feedback for future iQIES software development: CCSQ Support Central. Click **Idea Portals** and select **iQIES Idea Portal**.
More information on iQIES:	Refer to the QIES Technical Support Office (QTSO) and the Quality, Safety, & Education Portal (QSEP). Logging in to HARP may be required before accessing some documentation in QTSO and QSEP. iQIES reference materials include: • Links to Training Videos for providers • Assessment Management User Manual • Quick Reference Guides • Onboarding Guide • Managing User Information • Other helpful iQIES material iQIES training materials on QSEP include S&C Foundation Series Videos.

1.3 Roles and Permissions

iQIES roles allow users to access information pertinent to their area of work. The examples provided in this document pertain to S&C and require a State Agency or Centers for Medicare & Medicaid Services (CMS) role with the capability to view or edit this information.

Permissions are ultimately governed by HARP access privileges. Contact the SO for your organization or the iQIES Service Center for issues relating to access and permissions. Refer to the iQIES User Roles Matrix for detailed information on roles.

For additional help, refer to https://iqies.cms.gov/iqies/help or click the help icon in the top right corner of the screen, see *Figure 4, Help Icon*, for further information.

Figure 4: Help Icon

1.4 My Tasks

Purpose: My Tasks is a tool used to track and display data for individual users. It consolidates information and processes into one area so that the user can see at a glance what actions must be performed.

Note: My Tasks is limited to the State Agency General User and CMS General User roles.

1.4.1 Log in to iQIES. The landing page displays the My Tasks tool. See *Figure 5, My Tasks Landing Page* and *Table 2, My Tasks Landing Page Detailed Callout.*

Note: The My Tasks landing page defaults to **Active tasks**. Click the drop-down menu and select **Closed tasks** to view completed tasks.

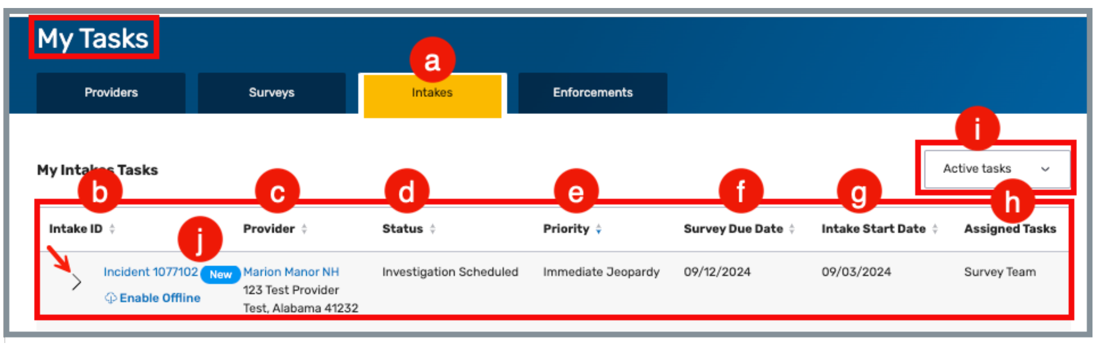

Figure 5: My Tasks Landing Page

Table 2: My Tasks Landing Page Detailed Callout

No.	Name	Description
a	**Intakes** tab	Click each available tab (**Providers**, **Surveys**, **Intakes**, **Enforcements**) to review the respective tasks. Not all tabs are available in all user roles. Click **Enable Offline** to enable the survey offline. For more details on how to enable offline, refer to S&C User Manual: Offline.
b	**Intake ID**	The enforcement ID shows as a link directly under **Intake ID**. Click the link to go directly to the Intake **Basic Information** page. Click the caret next to the intake ID to view task status details about the intake. See step 1.4.2.
c	**Provider**	The provider ID and address shows as a link directly under **Provider**. Click the link to go directly to the Provider Basic Information page.
d	**Status**	Shows the status of the intake.
e	**Priority**	Shows the priority level of the intake
f	**Survey Due Date**	Shows the due date of the survey
g	**Intake Start Date**	Links the starting date of the intake
h	**Assigned Tasks**	Lists the assigned tasks, if any
u	**Active/Closed Tasks**	Toggle between **Active** and **Closed** tasks.
j	**New**	A blue **New** in an oval shape (badge) next to the **Intake ID** in the intake tab indicates that the intake's task status is **New**.

Notes:

- Click the iQIES logo on the top left of the screen or **Home** to return to the My Tasks landing page at any time. See *Figure 6, iQIES Logo*.

Figure 6: iQIES Logo

- If there are no tasks, then a message appears below the selected tab. See *Figure 7, No Active Tasks*.

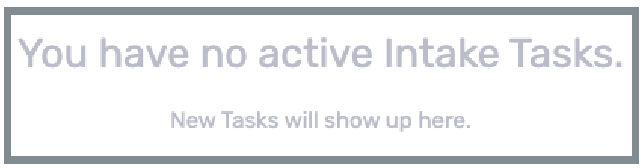

Figure 7: No Active Tasks

1.4.2 Click caret next to the intake ID and details open about tasks assigned to the intake. See *Figure 8, Task Status Details* and *Table 3, Task Status Details Detailed Callout*.

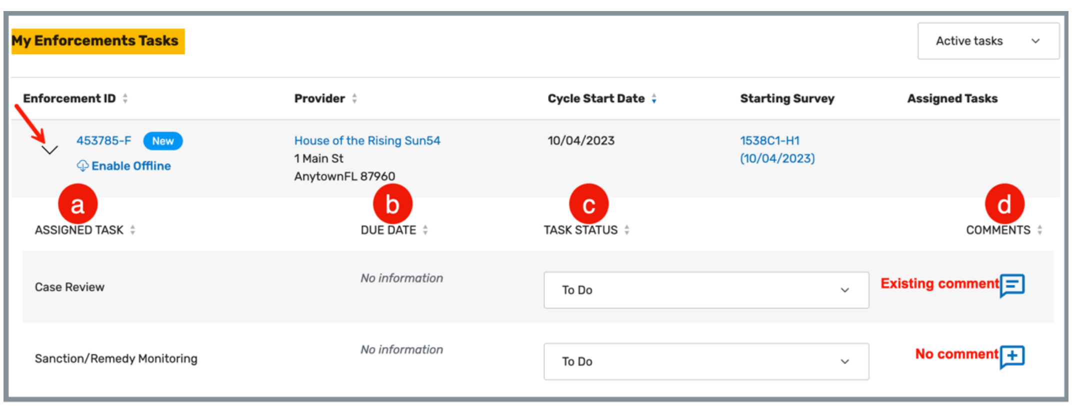

Figure 8: Task Status Details

Table 3: Task Status Details Detailed Callout

No.	Name	Description
a	**ASSIGNED TASK**	The name of the task assigned.
b	**DUE DATE**	The date the task is due, if available.
c	**TASK STATUS**	The task status. Task statuses are: **To Do**, **In Progress**, **Complete**.
d	**COMMENTS**	Comments. A **+** (plus sign) indicates a comment has not been left. See step 1.4.3.

1.4.3 Click the **+** to leave a comment. The side menu opens. See *Figure 9, My Tasks Comments*.

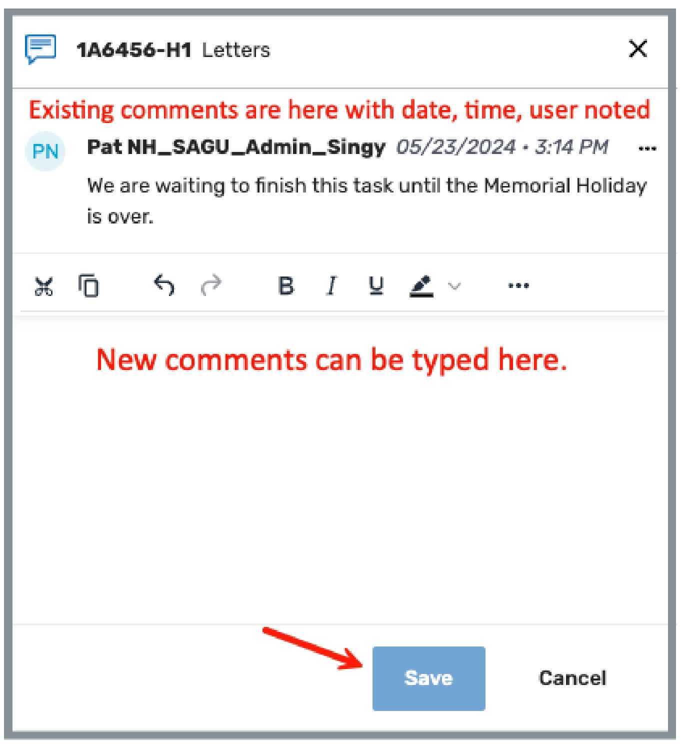

Figure 9: My Tasks Comments

1.4.4 Click **Save** to save comments. The side menu closes.

2. Manage an Intake Overview

This manual explains how to manage intakes, from adding or searching for an intake, to intake statuses, adding Responsible Staff, parties involved, allegations, triage, adding a survey, linking an intake, changing a provider, and the investigation narrative.

The intake workflow, see *Figure 10, Intake Workflow,* shows how the intake process works from start to finish. The intake status in iQIES is shown on the left for each step of the process. Review Intake Statuses, for details on each status.

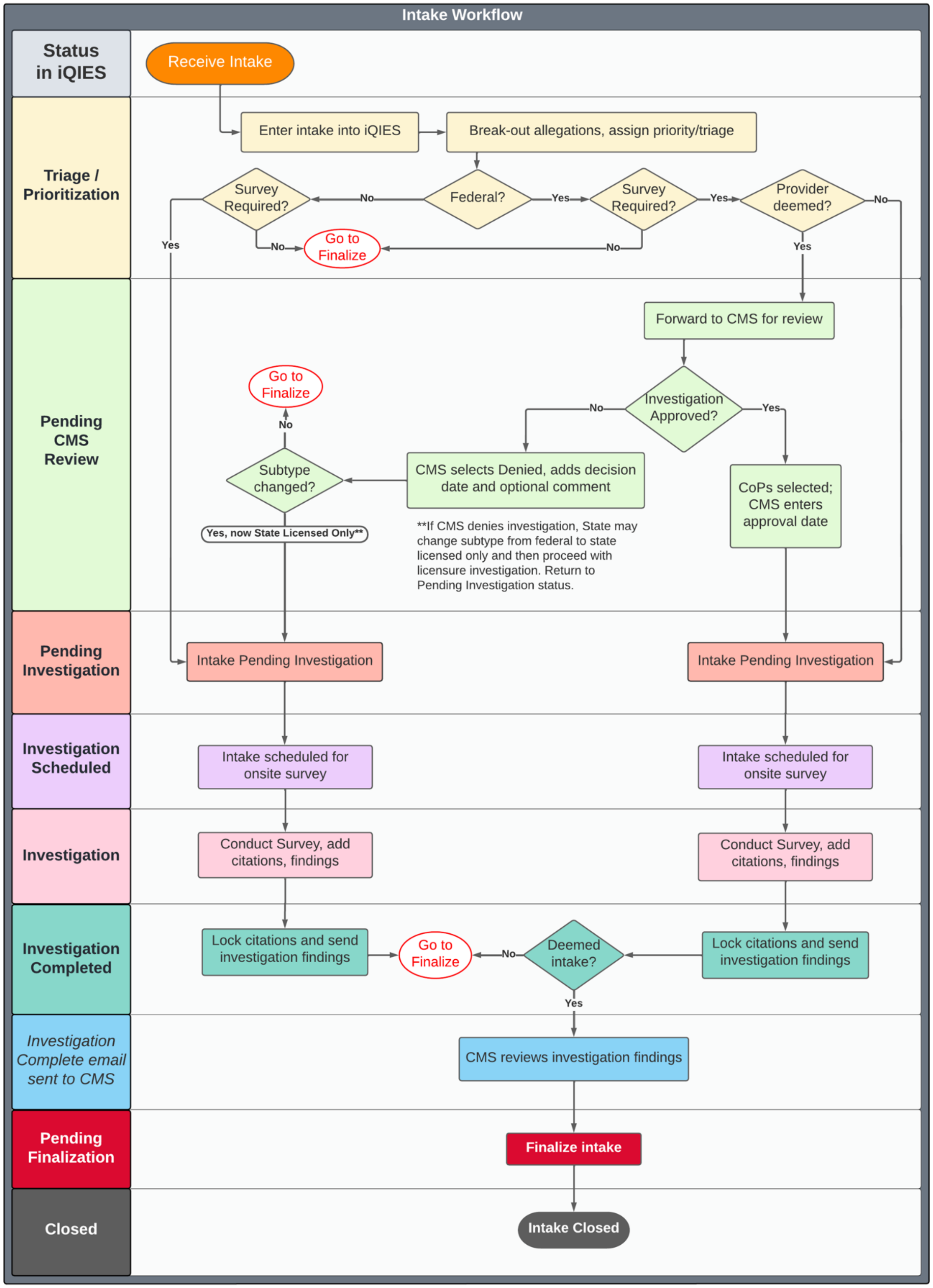

Figure 10: Intake Workflow

3. Intake Statuses

There are nine statuses for intakes. Each status shows where the intake process is in the workflow. Review the status on the gray bar. See *Figure 11, Intake Status.*

No Investigation	*No investigation reason is available and triage is disabled and set to complete.*
Triage/Prioritization	*Intake is entered and no priority assigned*
Pending CMS Review	*Deemed intakes that require a survey and pending approval by CMS to conduct an onsite investigation* Status not applicable for Nursing Home providers
Pending Investigation	*Triaged intakes that require a survey, but no survey is linked*
Investigation Scheduled	*Intake is linked to a survey record where survey status is **New***
Investigation	*Linked survey that has at least 1 citation added*
Pending Finalization	*State finalization step. Contains intakes where no survey is required, or intakes where a survey was conducted and the Statement of Deficiencies **Date Sent** has been updated.*
Investigation Completed	*Citations in linked survey are locked*
Closed	*Enter date SAGU completed all activities related to the intake*

Figure 11: Intake Status

4. Search for an Intake

4.1 Go to **Survey & Certification** at the top of the iQIES home page. Click the arrow to open the drop-down menu.

4.2 Click **Search**. The **Search** screen opens.

4.3 Click the **Intakes** tab on the **Search** page. See *Figure 12, Intakes Search Page*.

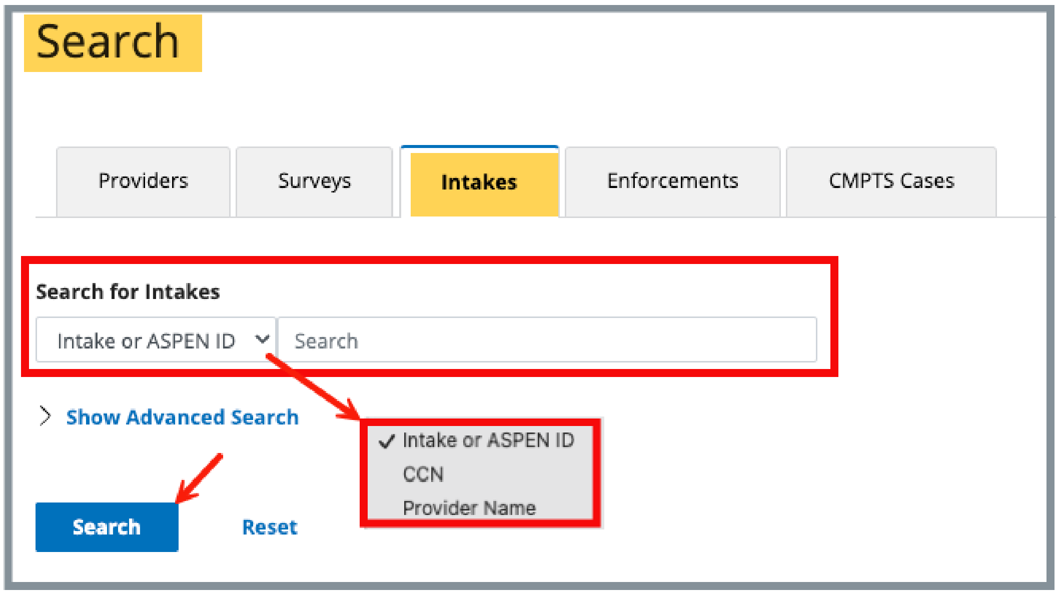

Figure 12: Intakes Search Page

Note: Click **Show Advanced Search** for a more detailed search. Refer to Advanced Search for details.

4.4 Select **Intake ID** or **ASPEN ID**, **CCN**, or **Provider Name** from the drop-down menu under **Search for Intakes**.

Notes:

- ASPEN is the legacy system.
- Intakes created in iQIES do not have an ASPEN ID. See *Figure 13, Intake Created in ASPEN.*

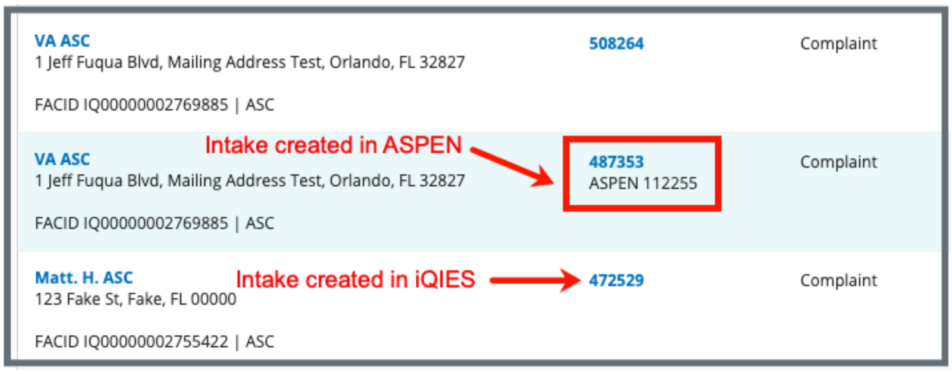

Figure 13: Intake Created in ASPEN

- There are existing intakes with ASPEN IDs that were created in ASPEN and are still in use
- **Basic Information** about the intake only shows an ASPEN ID if there is one available. See *Figure 14, Basic Information ASPEN ID.*

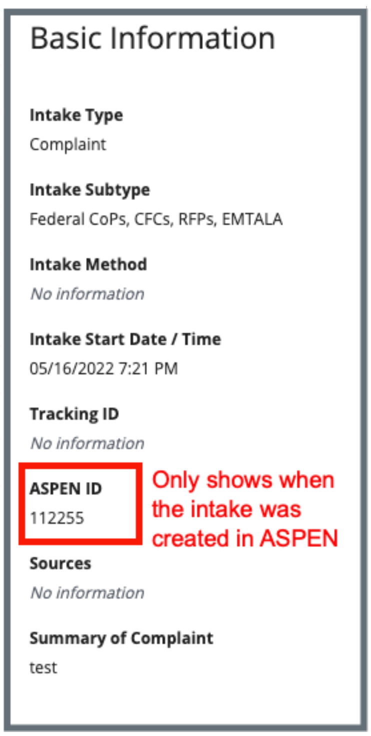

Figure 14: Basic Information ASPEN ID

4.5 Type search criteria.

4.6 Click **Search**. The intake information show below.

4.7 Click the intake ID to open the intake. The **Complaint Basic Information** window opens.

4.8 Click **Show Advanced Search** to open the **Advanced Search** drop-down menu and narrow the search criteria. See *Figure 15, Intakes Advanced Search*.

Note: Click **Hide Advanced Search** to close the **Advanced Search** menu.

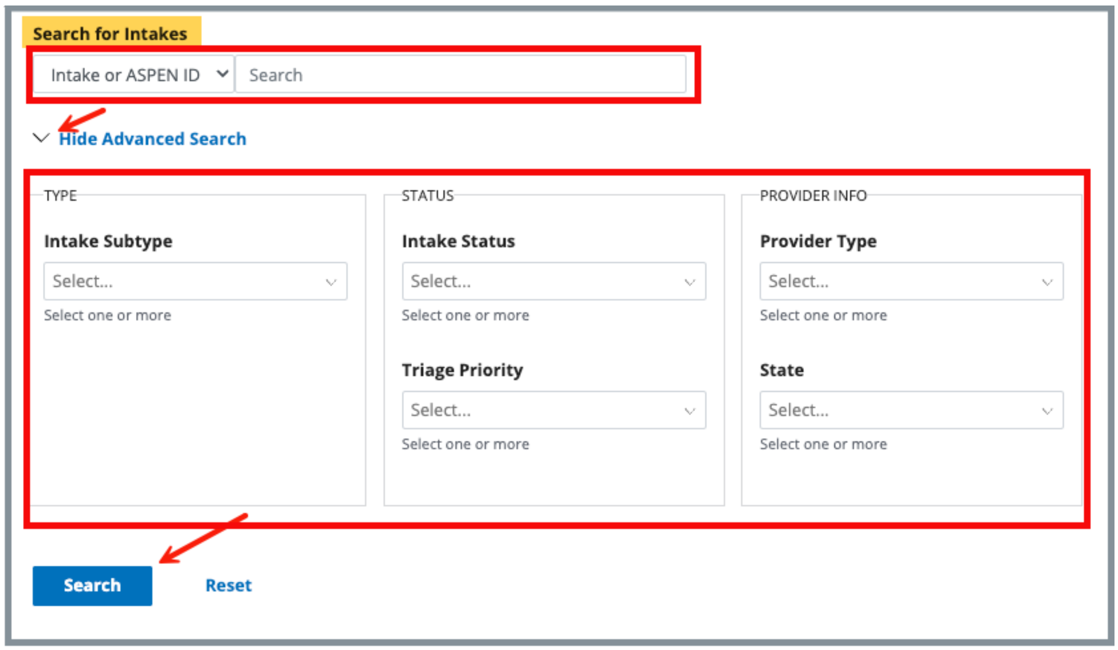

Figure 15: Intakes Advanced Search

5. Add an Intake

5.1 Click the desired provider record. The **Provider History** page opens. For more information on searching for and accessing a provider, refer to the S&C Manage a Provider User Manual QTSO.

Note: It is also possible to click the provider from the **Basic Information** page to open **Provider History**.

5.2 Click **Add Intake** on the **Provider History** page. See *Figure 16, Recent Intakes.* The **Basic Information** window opens.

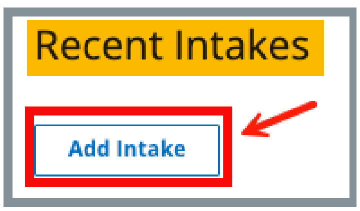

Figure 16: Add Intake

5.3 Click **Complaint** or **Incident.** See *Figure 17, Intake Type*. A menu opens for either a complaint or an incident.

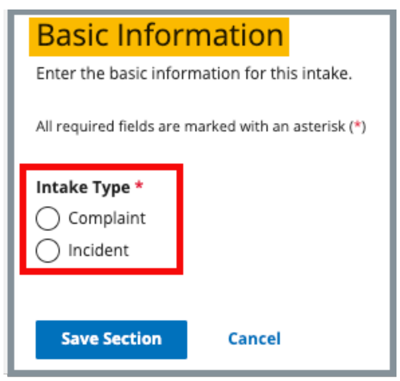

Figure 17: Intake Type

5.4 Fill out the information. See *Figure 18, Basic Information for Intake.*

Note: Nursing Home Providers will see **Receipt Date** and **Receipt Time** instead of **Intake Start Date** and **Intake Start Time**. See *Figure 19, Basic Information for Nursing Home Intakes.*

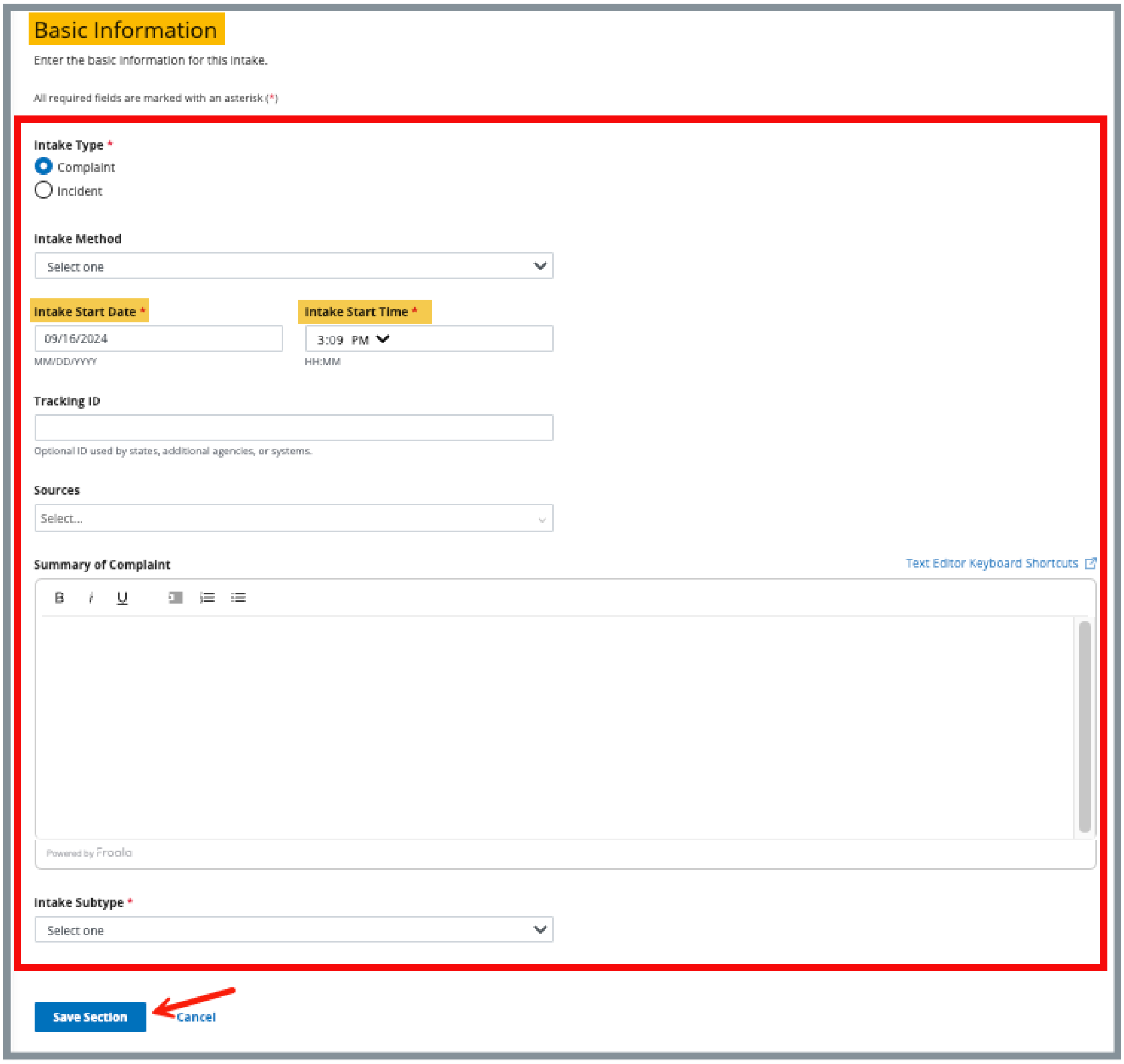

Figure 18: Basic Information for Intake

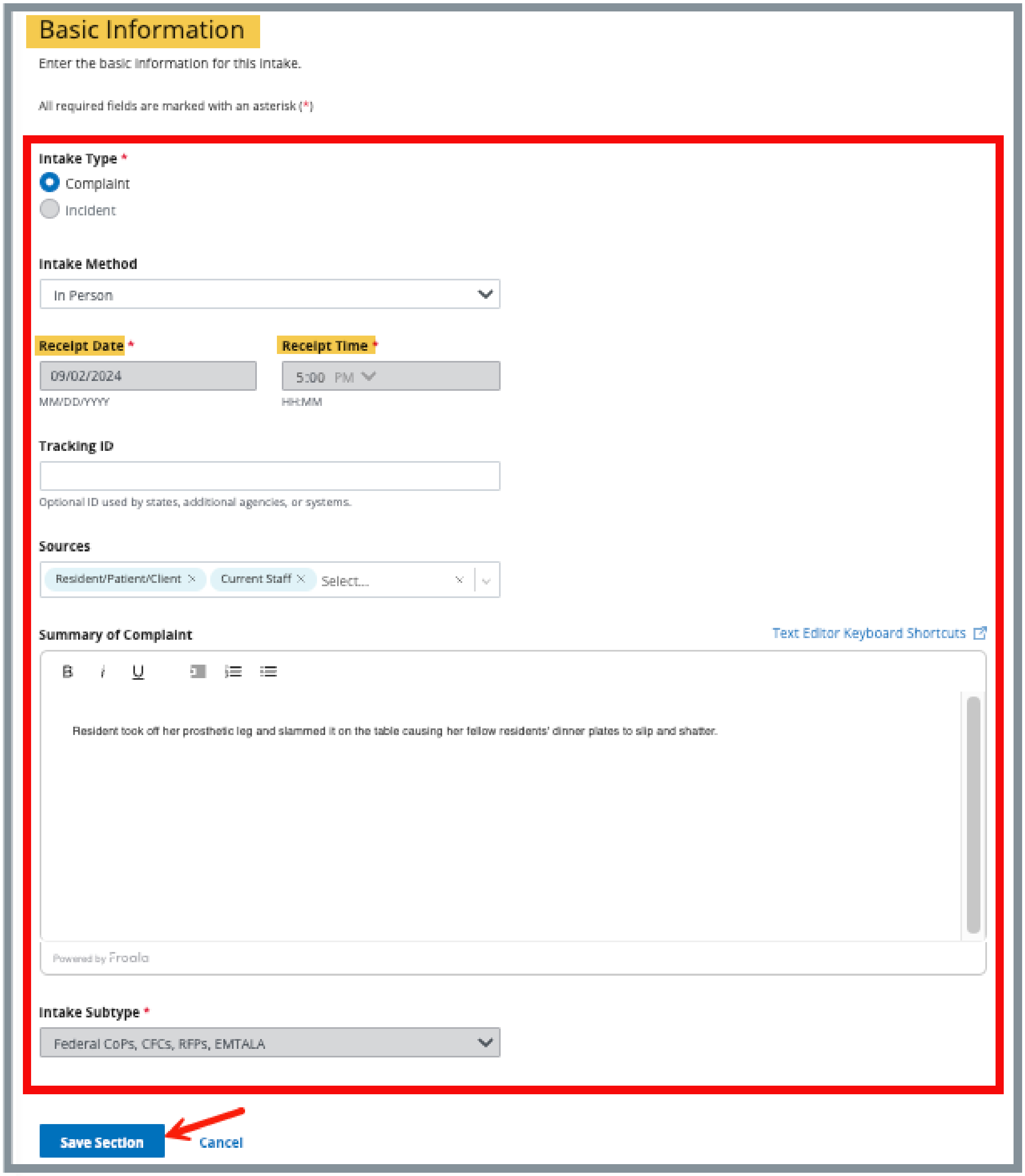

Figure 19: Basic Information for Nursing Home Intakes

5.5 Click **Save Section**.

6. Basic Information

Purpose: The **Basic Information** page gives basic information about the intake, including type, subtype, method, receipt date/time, start date/time, tracking ID, sources, and summary.

Notes:

- Intake **Type**, **Start Date/Time,** and **Receipt Date/Time** (Nursing Homes only) are not editable once the intake has been saved.
- **Intake Subtype** is not editable when the intake has been linked to a survey.
- **Start Date/Time** does not apply to Nursing Home providers.
- **Receipt Date/Time** is required for Nursing Home providers.

6.1 Click **Edit** to edit the **Basic Information** details. The **Basic Information** fields are now editable. See *Figure 20, Intakes Basic Information*.

Note: If the intake subtype is changed from non-federal to federal, and it has been marked as triage complete, the intake must be re-triaged to ensure there is adequate resident protection.

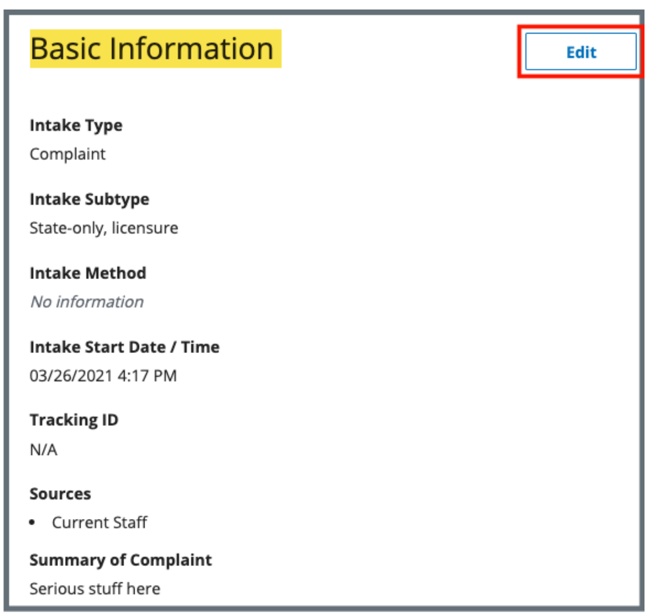

Figure 20: Intakes Basic Information

6.2 Click **Save Section**.

7. Responsible Staff

Purpose: Add new, delete, or view existing staff responsible for the complaint.

Notes:

- Responsible Staff are HARP ID users.
- One SAGU and one CMSGU must be selected as Responsible Staff for deemed providers to complete triage when CMS approval is required. This does not apply to Nursing Home providers.
- Adding Responsible Staff ensures that the appropriate individuals receive email notifications throughout the complaint process (approval, reviewing investigation findings).

7.1 Click **Responsible Staff** on the left menu. The **Responsible Staff** screen opens. See *Figure 21, Intakes Responsible Staff*.

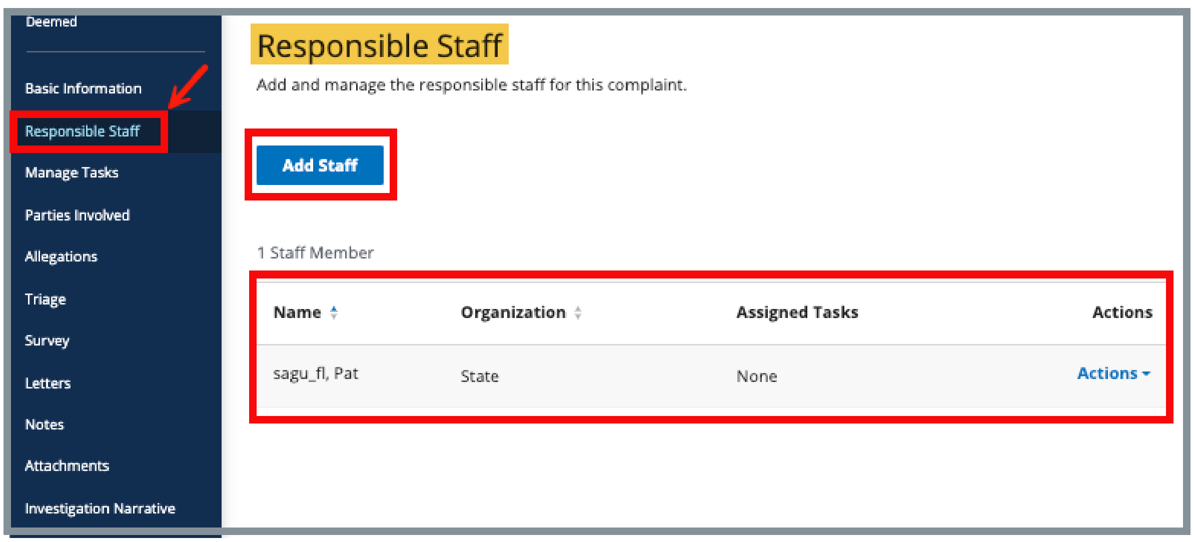

Figure 21: Intakes Responsible Staff

7.2 Click **Add Staff** to add responsible staff. The **Add Responsible Staff** page opens.

7.3 Type last name in text box under **Last Name**. Add first name to narrow down the results, if necessary.

7.4 Click **Search**. The search results appear below.

7.5 Check the box under **Select** next to the correct name. Click **Save**.

Notes:

- It is only possible to add staff that are in the list of staff members.
- It is not possible to select options that are greyed out.
- Click the arrow next to **Name** to sort names in alphabetical or reverse alphabetical order.

7.6 Verify the staff member was added.

7.7 Click **Delete** under **Actions** to delete a staff member. A confirmation pop-up window opens.

7.8 Click **Delete**. See *Figure 22, Delete a Responsible Staff*.

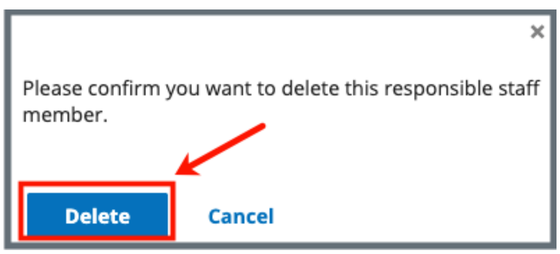

Figure 22: Delete a Responsible Staff

7.9 Verify that the Responsible Staff is no longer on the list.

8. Manage Tasks

Purpose: To manage and assign tasks for Responsible Staff.

Click **Manage Tasks** on the left menu. The **Manage Tasks** screen opens. See *Figure 23, Manage Tasks.* See *Table 4, Manage Tasks Detailed Callout.*

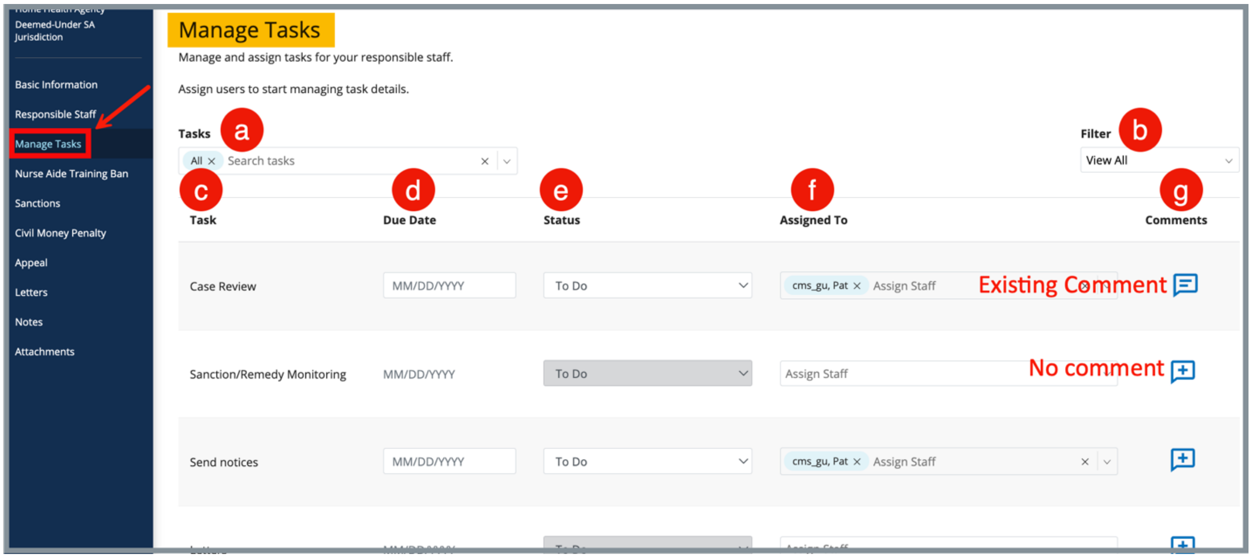

Figure 23: Manage Tasks

Table 4: Manage Tasks Detailed Callout

No.	Description
a	Select individual tasks from the drop-down menu under **Tasks** to assign to the **Responsible Staff** or select **All**
b	Select **View All**, **Assigned**, or **Unassigned** from the drop-down menu. **View All** is the default.
c	Each task that is selected shows under **Task**
d	The **Due Date** of the task
e	The **Status** of the task.
f	The Responsible Staff assigned to the task. More than one Responsible Staff can be assigned the task.
g	Click the **+** icon to add a comment. Click the letter icon to view an existing comment or to add a new comment.

9. Parties Involved

Purpose: Add new, manage, or view parties involved with the intake for the complaint.

Note: The **Complainant** and the **Person Affected** can be anonymous. Multiple anonymous people cannot be added.

9.1 Click **Parties Involved** on the left menu. See *Figure 24, Parties Involved.* The **Parties Involved** screen opens.

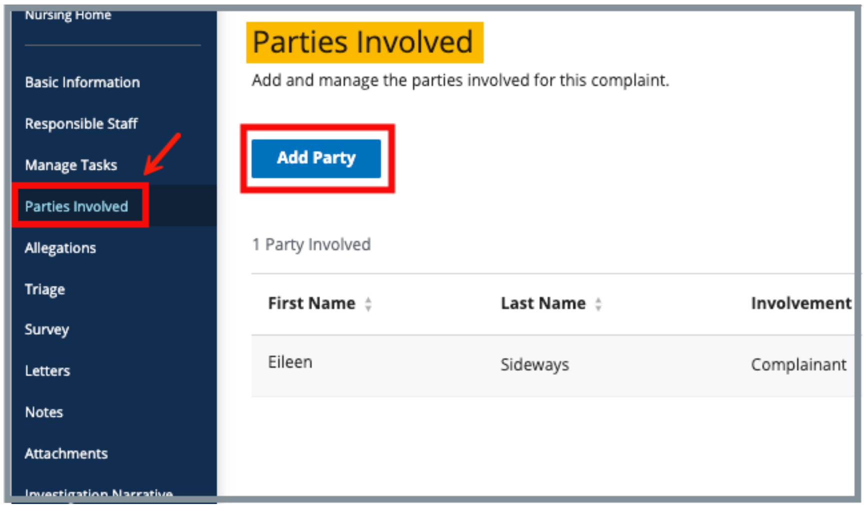

Figure 24: Parties Involved

9.2 Click **Add Party**. The **Add Parties Involved** screen opens. See *Figure 25, Add Parties Involved.*

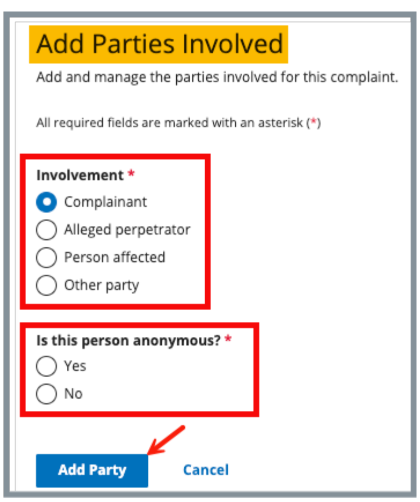

Figure 25: Add Parties Involved

9.3 Select **Involvement**.

9.4 Select **Yes** or **No** for Is this person anonymous?

Note: **Is this person anonymous?** only appears when either **Complainant** or **Person affected** is selected.

9.5 Click **Add Party**.

Notes:

- The **Add Parties Involved** window opens when the person is anonymous.
- The **Add Complainant** window opens when **Complainant** is selected and is not anonymous**.**
- The **Add Alleged Perpetrator** window opens when **Alleged perpetrator** is selected.
- The **Add Person Affected** window opens when **Person affected** is selected and is not anonymous.
- The **Add Other Party** window opens when **Other party** is selected.

9.6 Fill out the information.

9.7 Click **Save**.

9.8 Add additional parties, as necessary.

9.9 Verify all parties involved are included on the **Parties Involved** page.

9.10 Click **View**, **Edit**, or **Delete** under **Actions** to view, edit or delete an involved party. See *Figure 26, View, Edit, Delete*.

Figure 26: View, Edit, Delete

Notes:

- Anonymous parties can only be deleted. There is no information about them.
- A pop-up window asks to confirm a deletion.

10. Allegations

Purpose: To enter and track allegations. Each allegation must be entered separately.

10.1 Click **Allegations** on the left menu. The **Add Allegation** screen opens. See *Figure 27, Add Allegation*.

Notes:

- When there are existing allegations, an **Add Allegation** button is shown above the existing allegations. Click **Add Allegation** to add a new allegation.
- Nursing Home providers do not show **Allegation Findings**.

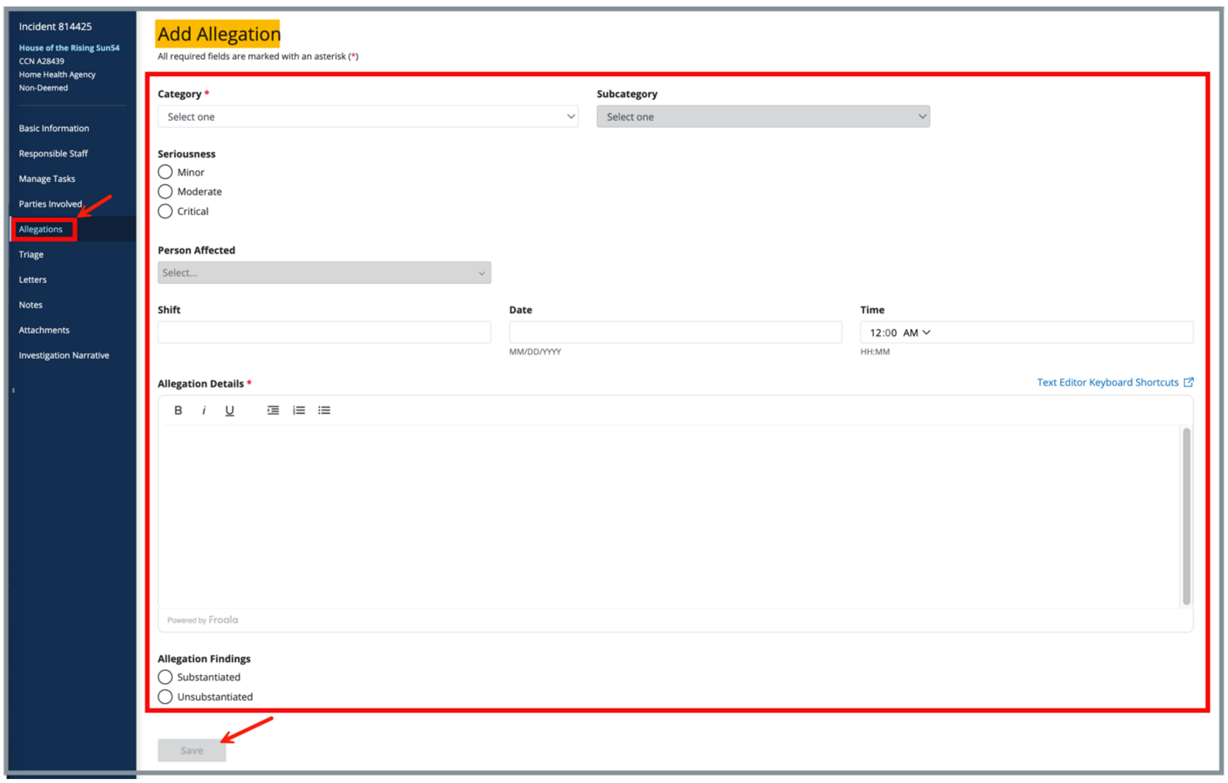

Figure 27: Add Allegation

10.2 Fill in the form with as much information possible.

10.3 Click **Save**. The screen populates with form information.

10.4 Click **Return to Allegations Overview** to add additional allegations, if necessary.

10.5 Click **View**, **Edit**, or **Delete** to view, edit, or delete an allegation.

Note: A pop-up window asks to confirm a deletion.

11. Triage

Purpose: To enter and view the triage prioritization.

11.1 Click **Triage** on the left menu. The **Triage** screen opens. See *Figure 28, Triage.*

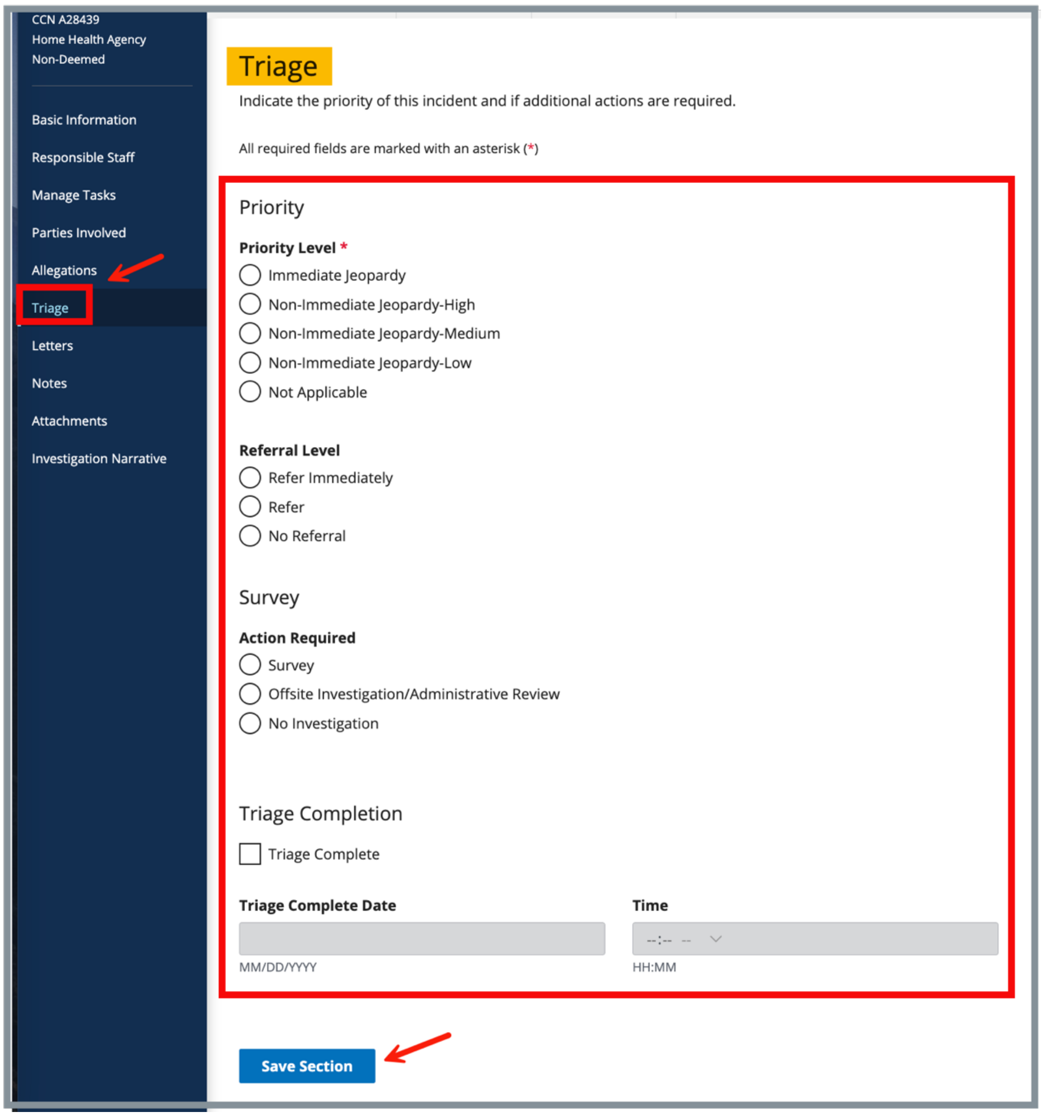

Figure 28: Triage

11.2 Fill in the form with as much information as possible.

Notes for ASC, HHA and Hospice Provider Types:

- A priority level is required.
- If a survey is required, check the **Enter calculated date** box to have the date calculated. Click **Accept Date** to accept the date. **Accept Date** populates the **Survey Due Date** box.
- The **Triage Complete Date / Time** autopopulates.

Notes for Nursing Home Provider Type:

- A priority level is required
  - If the **Priority Level** is **Immediate Jeopardy**, **Non-Immediate Jeopardy-High**, or **Non-Immediate Jeopardy-Medium**, the system selects **Survey** for **Action Required**.
  - If a priority level of **Immediate Jeopardy** is selected for an incident intake, the **Adequate Resident Protection** field opens. Select **Yes/No** from the drop-down menu.
- Select a **Referral Level** of **Refer Immediately** or **Refer** to add multiple referral agencies
- Additional fields open when **Refer Immediately** or **Refer** is selected.
  - Referral Agency
  - Date of Referral
  - Referral Contact Name
  - Referral Website
- The **Triage Complete Date** and **Time** fields autopopulate when **Triage Complete** is selected
- Additional comments about the intake can be made in the **Triage Comments** field.

11.3 Click **Save Section**.

11.4 Click **Edit** to edit the Triage, if desired. The **Edit Triage** window opens. See *Figure 29, Edit Triage*.

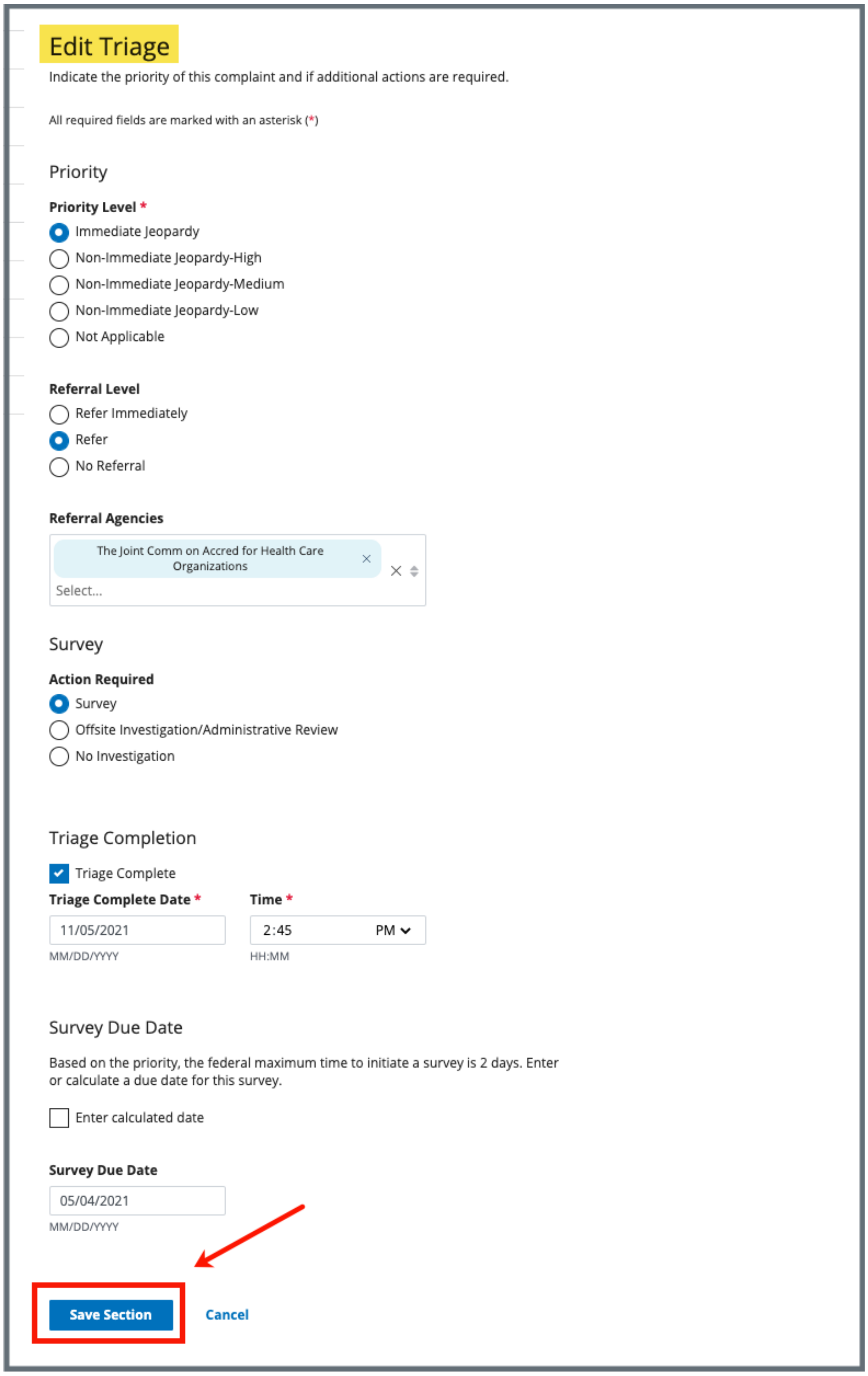

Figure 29: Edit Triage

11.5 Update the form.

Note: Check the **Triage Complete** box on the form to complete the triage. See *Figure 30, Triage Completion*.

Figure 30: Triage Completion

11.6 Click **Enter calculated date**. A form opens and shows calculation dates. See *Figure 31, Calculate Date*.

Note: **Calculated date** does not apply for Nursing Home providers.

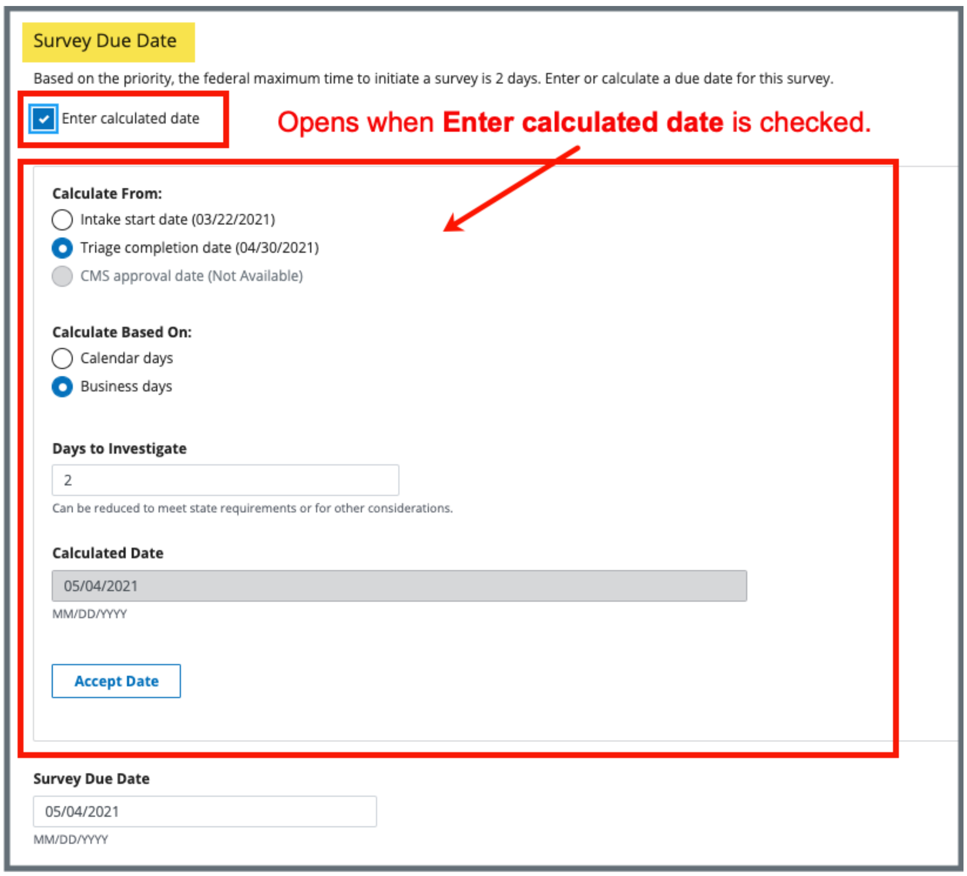

Figure 31: Calculate Date

Note: The **Intake Sent Date** (automatically generated) is the date the intake was sent to CMS, if CMS approval is required. The intake may be sent more than once. In that case, it is the latest date the intake was sent.

11.7 Click **Save Section**. The screen populates with updated form information.

12. Survey

Purpose: To create a survey if one is required for the intake..

Notes:

- Triage must be completed.
- An intake can be linked to a survey when it has an **Action Required** of **Survey**
- A triage category that requires a survey must be selected to enable the survey tab.
- Refer to S&C User Manual: Manage a Survey for further details.

12.1 Click **Survey** on the left menu. The **Survey** screen opens. See *Figure 32,* Survey.

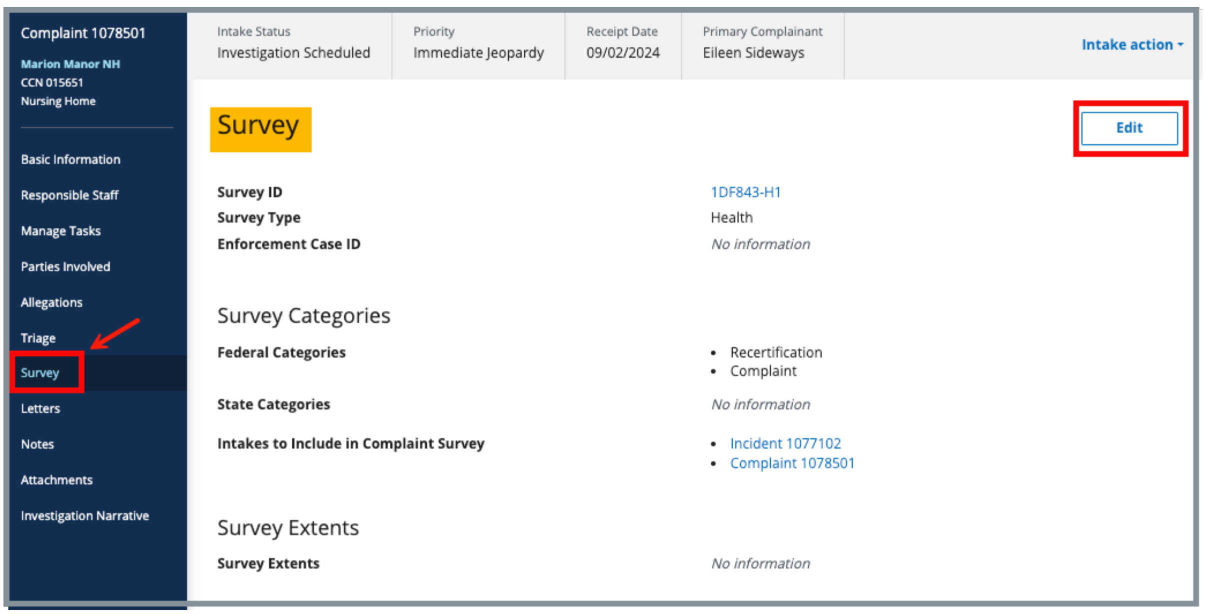

Figure 32: Survey

12.2 Click **Edit**. The **Survey Basic Information** page opens. See *Figure 33, Survey Basic Information.*

12.3 Click **Edit** to edit the survey, if desired.

12.4 Click **Save Basic Information**. The **Survey Basic Information** page updates.

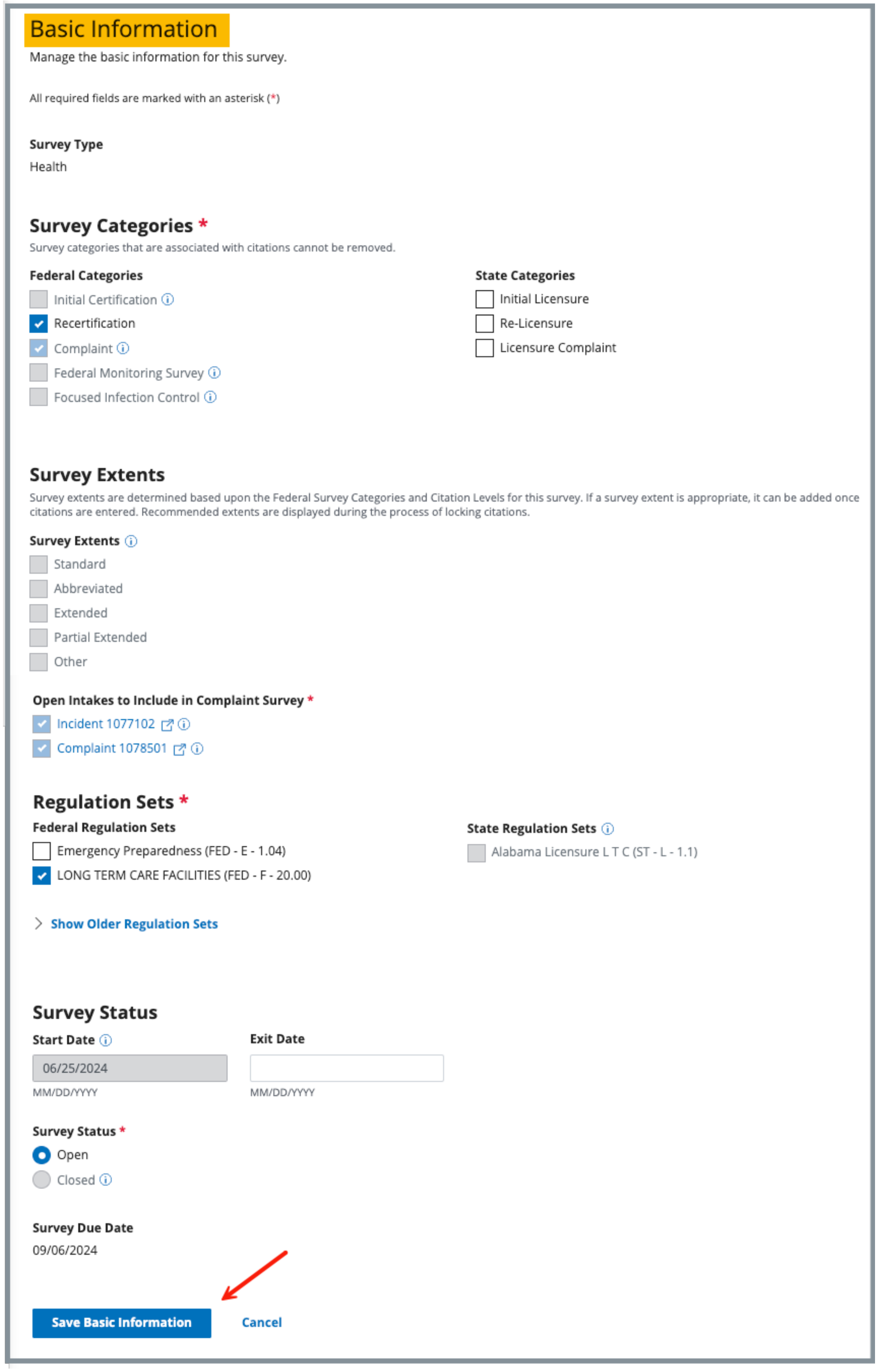

Figure 33: Survey Basic Information

13. Link an Intake

Purpose: To link an intake to a survey.

Notes:

- There must be an existing complaint intake to link an intake to a survey.
- There are two ways to link an intake to a survey, from the **Provider History** page or from the **Complaint** page.

13.1 Link an Intake to a Survey from the Provider History page

13.1.1 Click **Add Survey** on the **Provider History** page. The **Basic Information** page opens. See *Figure 34, Link an Intake Basic Information.*

13.1.2 Check the **Complaint** box in the **Survey Categories** section.

Note: An intake must be pending investigation to check Complaint.

13.1.3 Select the intake to include under **Open intakes** to include in **Complaint Survey**.

13.1.4 Click **Save Basic Information**. The complaint is now linked to the survey.

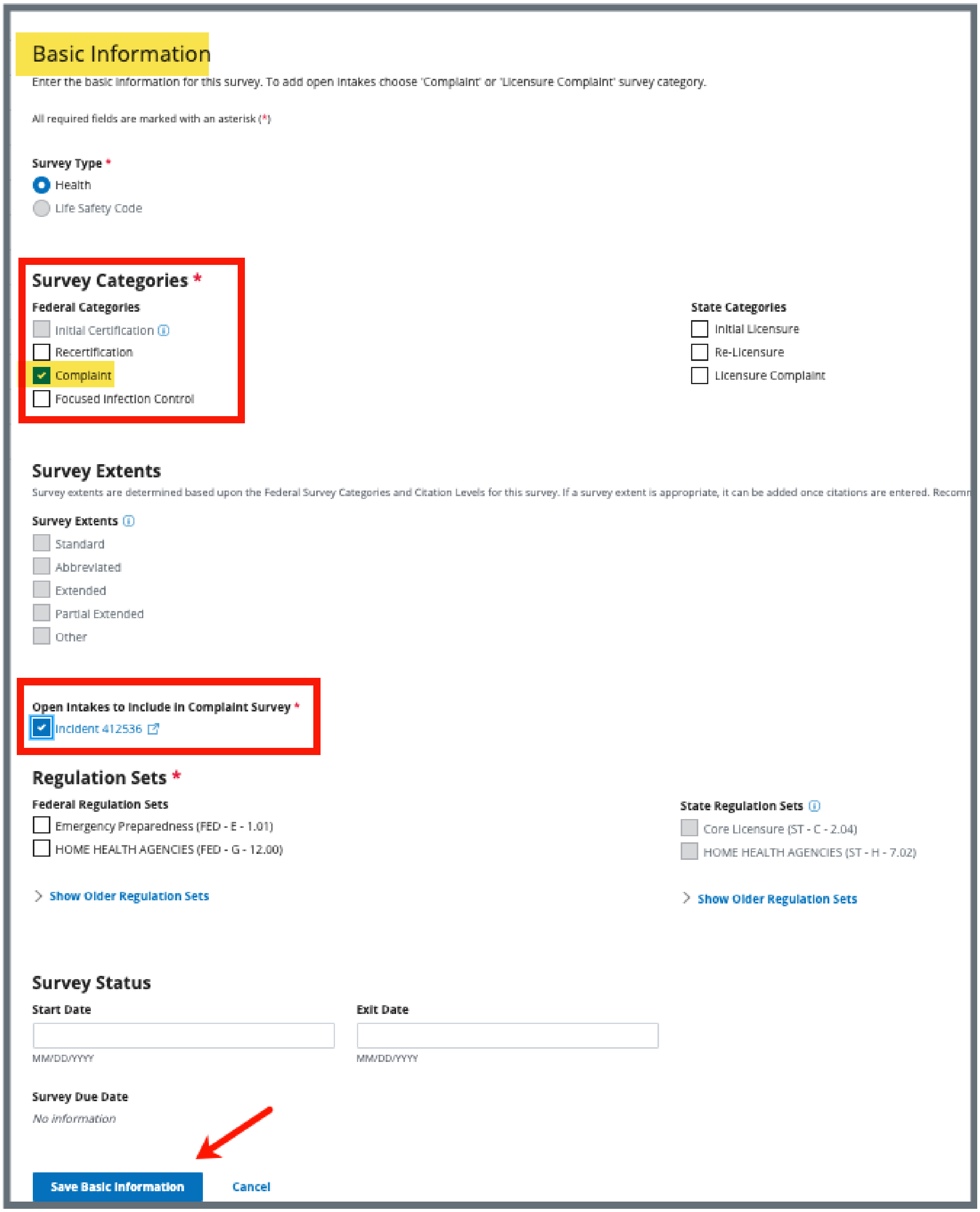

Figure 34: Link an Intake Basic Information

13.2 Link an Intake to a Survey from the Complaint page.

13.2.1 Select the **Intake ID** under **Recent Intakes** on the **Provider History** page. See *Figure 35, Intake ID Link*. The **Basic Information** page opens.

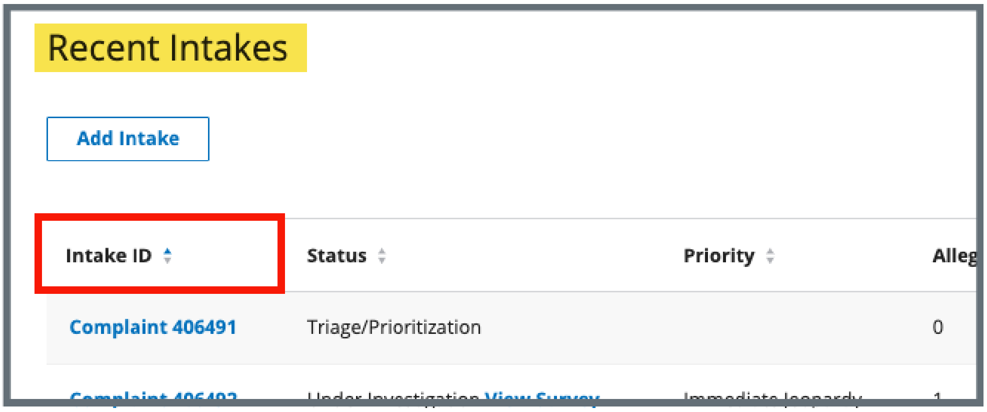

Figure 35: Intake ID Link

13.2.2 Click **Survey** on the left menu. The **Survey** page opens.

13.2.3 Click **Create Survey**. See *Figure 36, Create Survey*. The **Create Survey Basic Information** page opens.

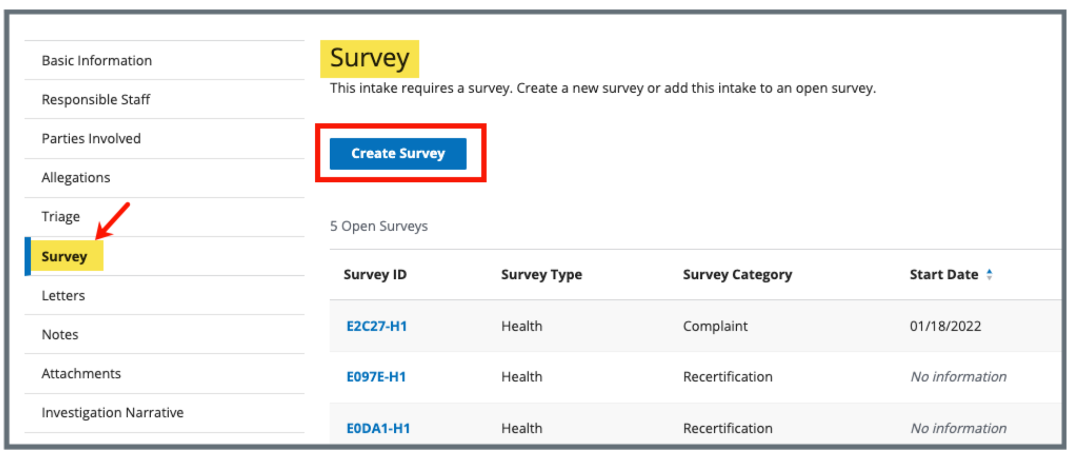

Figure 36: Create Survey

Note: Under **Open intakes to include in Complaint Survey**, the correct complaint intake is already selected. See *Figure 37, Open Intakes to Include in Complaint Survey.*

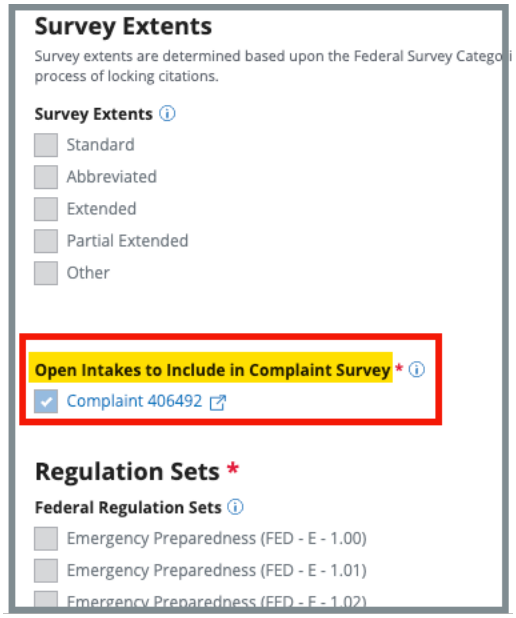

Figure 37: Open Intakes to Include in Complaint Survey

13.2.4 Fill out any other required information.

13.2.5 Click **Save Basic Information**. The **Survey Basic Information** page opens. The complaint or incident is now linked to the complaint survey. See *Figure 38, Linked Survey to Intake*.

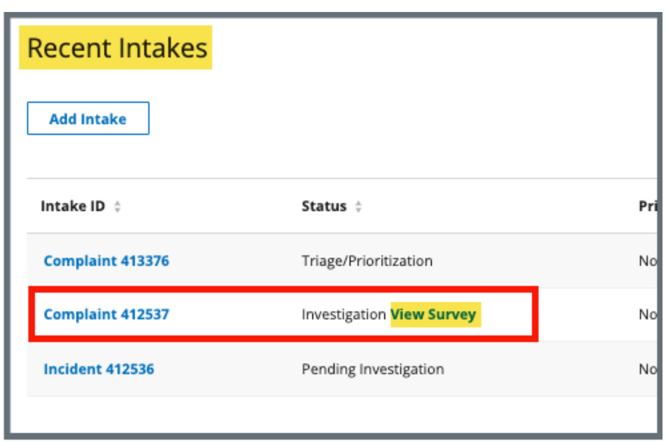

Figure 38: Linked Survey to Intake

14. Reassign Intake to a Different Provider

Purpose: To change a provider on an intake after intake information such as a complaint, allegation, letters, Investigation Narrative, etc., has been added. When a provider is changed, all information entered in the intake is moved to the new provider.

Note: The provider cannot be changed when:

- The intake status is **Pending Investigation, Investigation Scheduled, Pending Finalization, Investigation Completed**
- The intake is included in a complaint survey
- The intake is marked as **Triage Complete**

14.1 Click **Change Provider** from the **Intake** action drop-down menu. See *Figure 39, Change Provider Drop-Down Menu*. The **Change Provider** pop-up window opens.

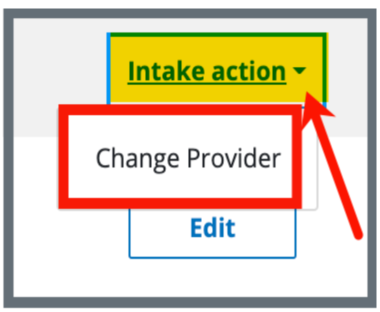

Figure 39: Change Provider Drop-Down Menu

14.2 Type the provider, DBA name, CCN or State Facility ID (FACID) to search for the correct provider. See *Figure 40, Change Provider for Complaint*.

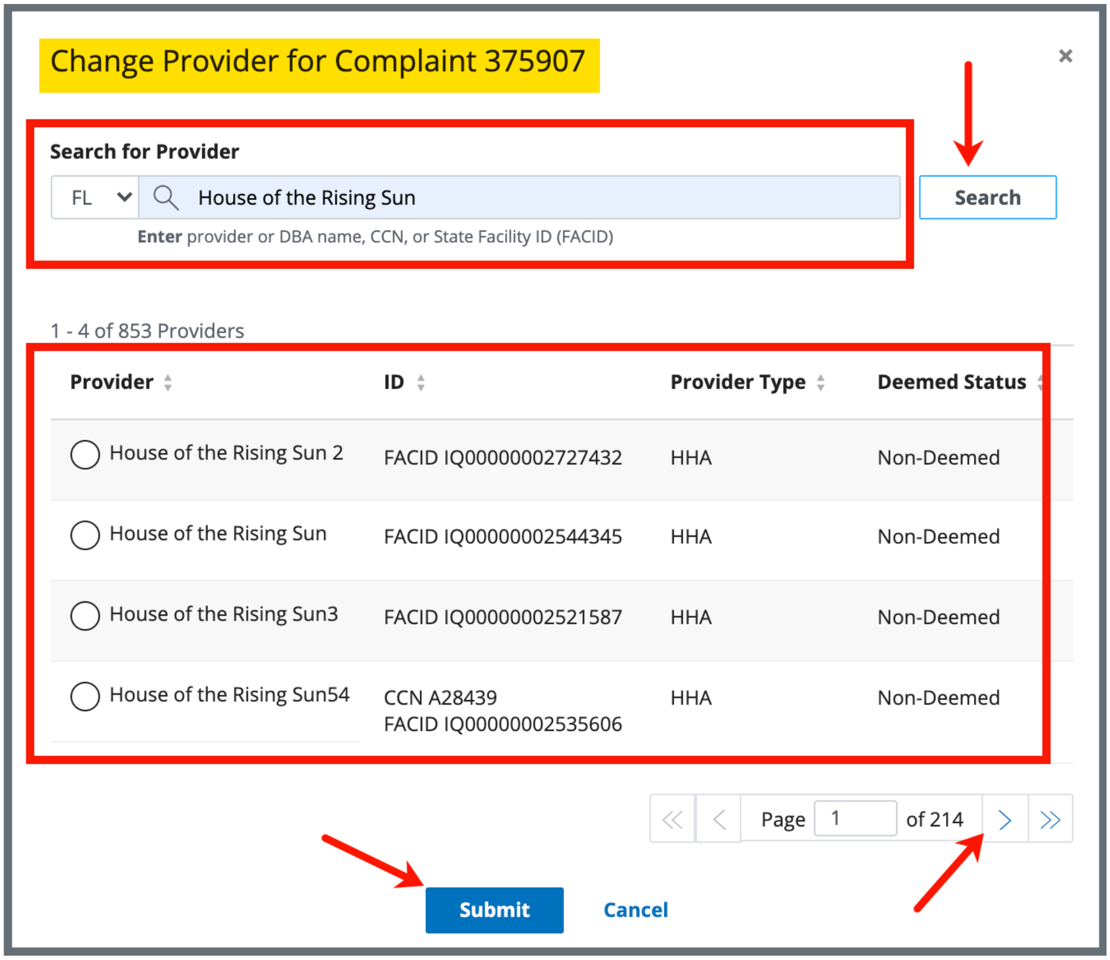

Figure 40: Change Provider for Complaint

14.3 Click the radio button next to the correct provider.

14.4 Click **Submit**. The **Changing Provider** pop-up window opens. See *Figure 41, Changing Provider*.

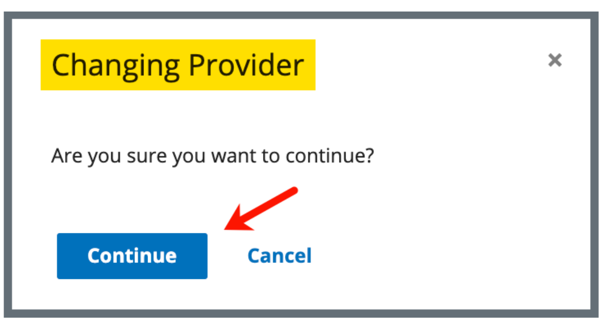

Figure 41: Changing Provider

14.5 Click **Continue**.

14.6 Verify the green notification banner is at the top of the screen confirming the intake provider was changed. See *Figure 42, Provider Intake Changed Green Notification Banner.*

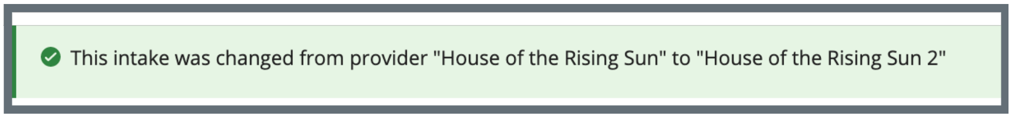

Figure 42: Provider Intake Changed Green Notification Banner

15. Finalization

Purpose: To close out an intake.

Notes:

- Once the Statement of Deficiency has been sent, the intake status changes to **Pending Finalization** and the intake must be closed manually.
- Closed intakes cannot be modified. Go to Reopen Intake if an intake needs to be reopened.
- Intakes with an **Action Required** other than **Survey** can also be closed when the intake status is **Pending Finalization**.

15.1 Click **Triage** on the left menu. The **Triage** window opens.

15.2 Click **Edit**. Scroll down to **Finalization**. See *Figure 43, Finalization*.

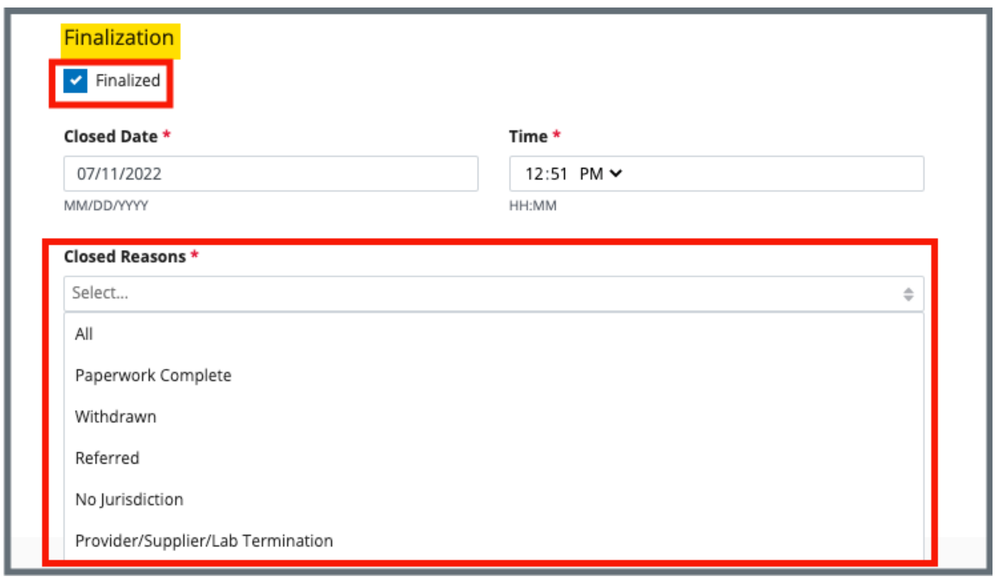

Figure 43: Finalization

15.3 Check the box next to **Finalized**. The date and time automatically populate.

15.4 Select one or more **Closed Reasons** from the drop-down list.

15.5 Click **Save Section**. The **Intake Status** changes to **Closed**. See *Figure 44, Intake Status*.

Figure 44: Intake Status

15.6 Click **Reopen Intake** under Intake action to reopen an intake. See *Figure 45, Reopen Intake*. A green banner notes that the intake is reopened. The **Edit** button is now available.

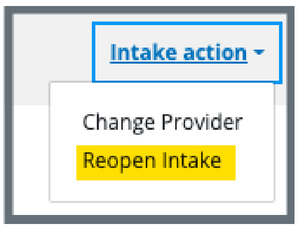

Figure 45: Reopen Intake

16. Letters

Purpose: To add, upload, generate a letter from an existing template, edit a Letter Overview, delete a letter, or add recipients to a letter. Nonstandardized templates can be edited in the Letters section of the applicable S&C area (providers, surveys, intakes, enforcements).

Note: Letter templates are created in the Letter Template Management section. Review [S&C User Manual: Letter Template Management] for more information.

16.1 Add/Upload a letter

16.1.1 Click **Letters** on the left menu to go to Letters. See *Figure 46, Intakes Letters*.

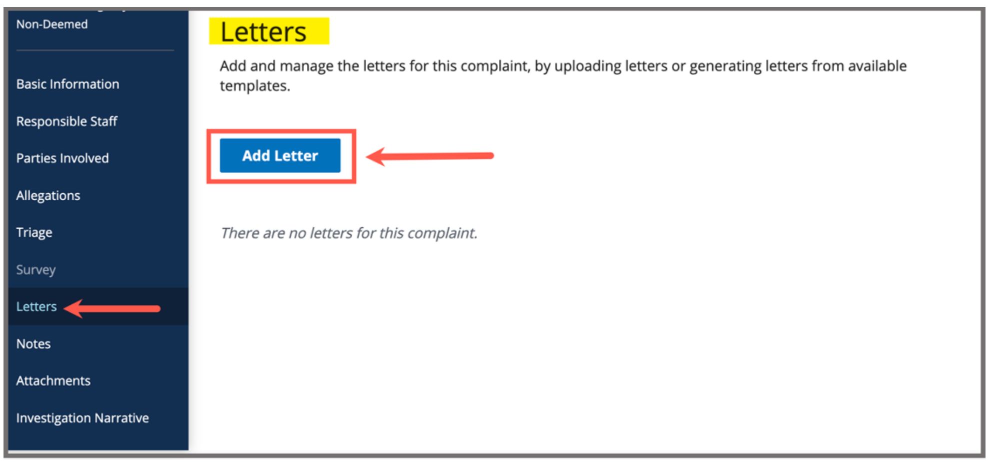

Figure 46: Intakes Letters

16.1.2 Click **Add Letter**. The **Letter Overview** window opens. See *Figure 47, Intakes Letter Overview*.

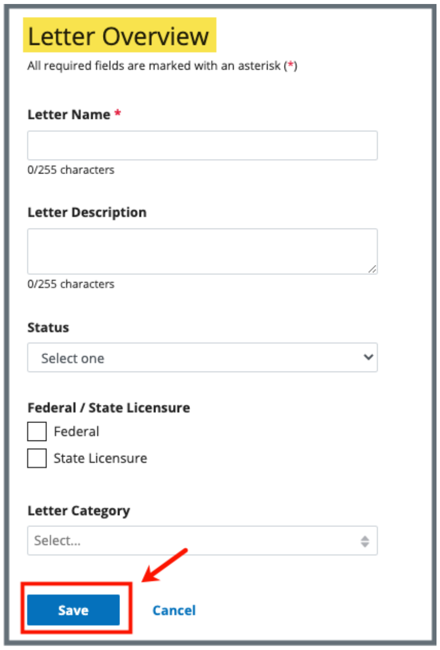

Figure 47: Intakes Letter Overview

16.1.3 Fill out the information.

16.1.4 Click **Save**. The information updates in a new screen. See *Figure 48, Letter Attachment and Recipient*.

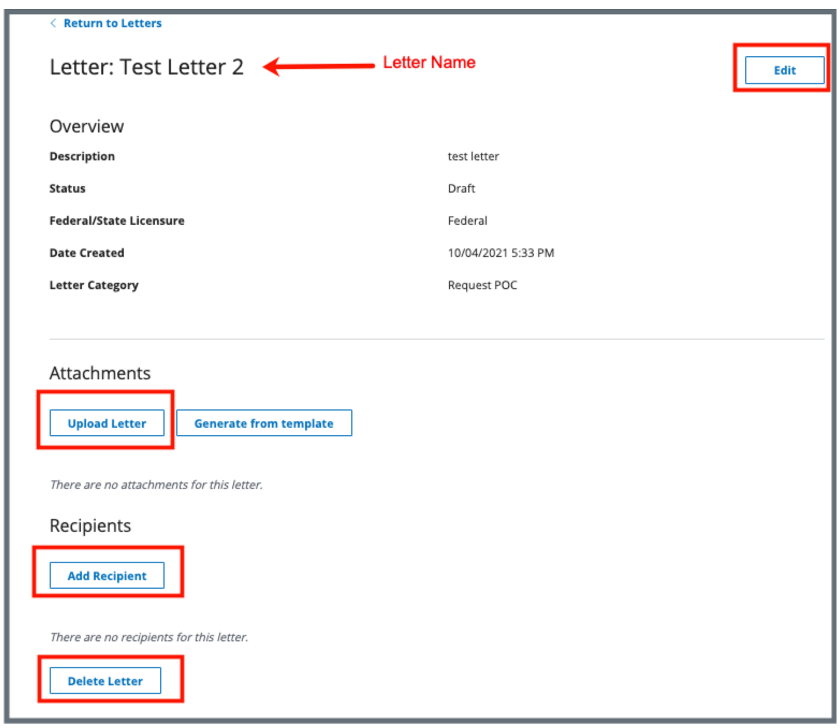

Figure 48: Letter Attachment and Recipient

16.1.5 Scroll down to **Attachments**. Click **Upload Letter** to upload a letter from the computer.

16.1.6 Click **Select File**. The Windows Explorer window pops up. For Mac users, the Finder window pops up.

16.1.7 Select the file to be attached. Click **Open**. The file is attached and ready to be saved.

16.1.8 Type a file description in the **File Description** field, if desired.

16.1.9 Click **Save**. The letter is attached to the survey.

16.2 Generate a letter from an existing template

16.2.1 Click **Add Letter**. The **Letter Overview** page opens.

Note: If there is already an existing letter that can be reused, click **Generate from template** under the **Actions** drop-down menu and go to step 16.2.5.

16.2.2 Type the letter name under **Letter Name**. Add additional information, if desired.

16.2.3 Click **Save**. The Letter: [Template Name] page opens.

16.2.4 Click **Generate from template** under **Attachments**. The **Add Letter** page opens.

16.2.5 Click the circle next to the desired template. See *Figure 49, Add Letter Template*.

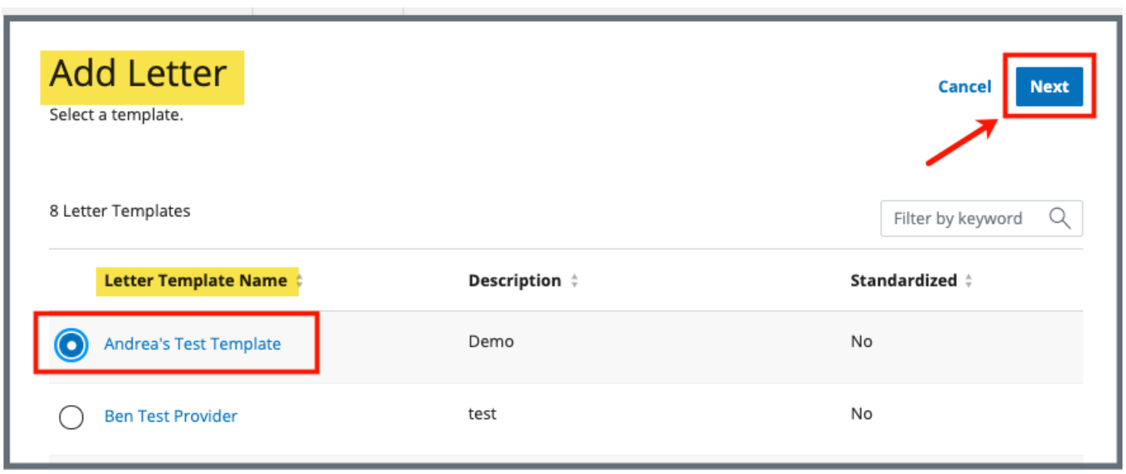

Figure 49: Add Letter Template

16.2.6 Click **Next**. The **Generate attachment from template** page opens.

16.2.7 Update the template as desired. See *Figure 50, Letter Template*.

Notes:

- The template can be modified. Textholders can be removed, words can be edited and updated. Be aware that the text changes apply only to the current letter and not to the template. Refer to Letter Template Management, to edit the original template.
- Standardized templates cannot be modified in the **Letters** section of any S&C area (providers, surveys, intakes, enforcements). To modify a standardized template, the template owner must edit the template in **Letter Template Management**.

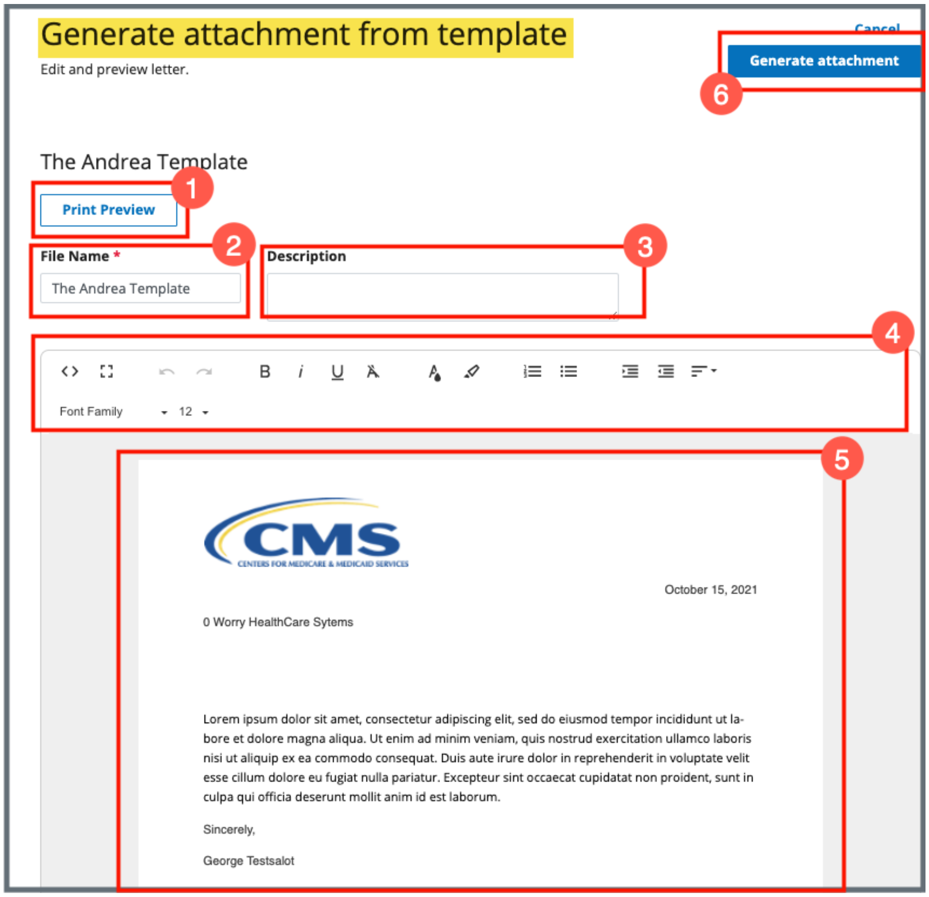

Figure 50: Letter Template

1. **Print Preview**: Click **Print Preview** to preview the .pdf version of the letter. The letter can be downloaded from **Print Preview**, if desired.
2. **File Name**: Edit the name, if desired.
3. **Description**: Enter keywords, if desired. Keywords are descriptive words that help the user find the content. For example, the template title might be “Unsubstantiated Claim,” and the key words could be federal, minor. Separate the keywords with a comma.
4. **Editor**: The editor allows content to be edited, including formatting, bulleting, etc. See Appendix A, Tips and Tricks for Working in a Template, for up-to-date details on each icon in the editor.
5. **Letter**: Shows how the letter looks. Verify inputs. Make any changes for nonstandardized templates, if desired.
6. **Generate attachment**: Click **Generate attachment** to create a .pdf that attaches to provider/survey/intake/enforcement record.

16.2.8 Click **Generate Attachment** to attach the letter to the record.

16.2.9 Verify the letter is attached under **File Name**. See *Figure 51, Letter Attachment.*

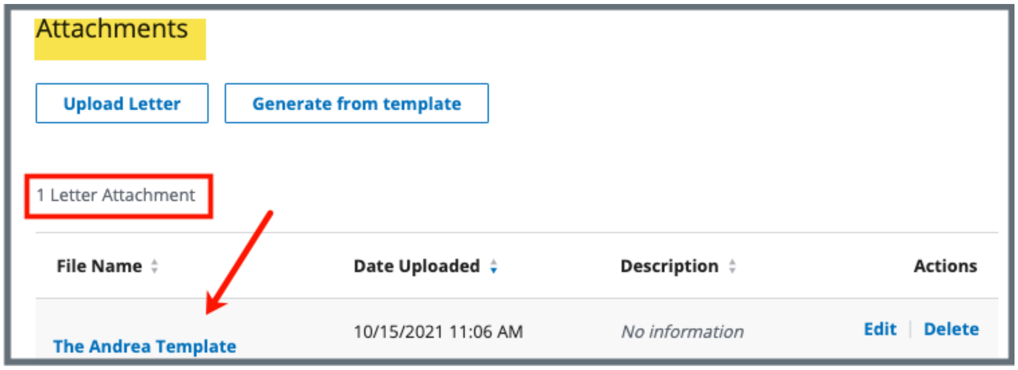

Figure 51: Letter Attachment

16.3 Add recipients to a letter

16.3.1 Click **Add Recipient** to add a recipient. The **Add Recipient** page opens. See *Figure 52, Add Recipient*.

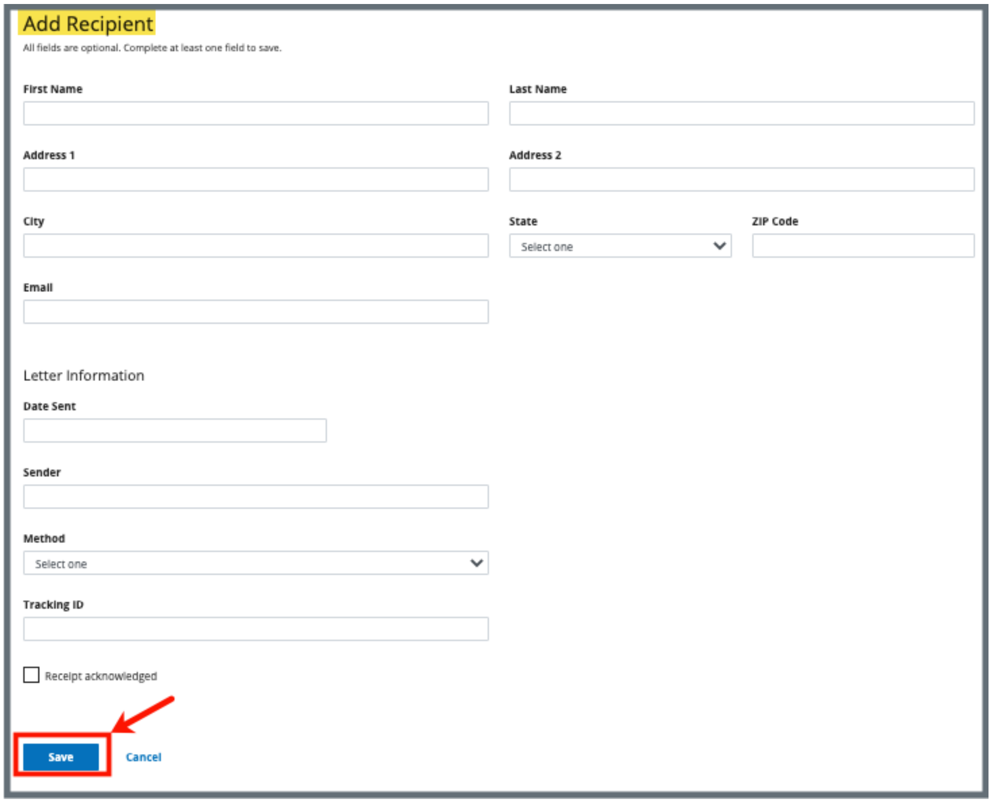

Figure 52: Add Recipient

16.3.2 Fill out the information.

16.3.3 Click **Save**. The Recipient Information updates.

Note: Recipients are not saved to the database.

16.4 Edit a Letter Overview

16.4.1 Click **Edit Overview** from the **Actions** drop-down menu to edit a **Letter Overview**. See *Figure 53, Edit a Letter Overview*. The **Edit Letter Overview** opens. See *Figure 54, Edit Letter Overview*.

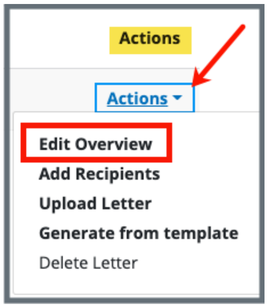

Figure 53: Edit a Letter Overview

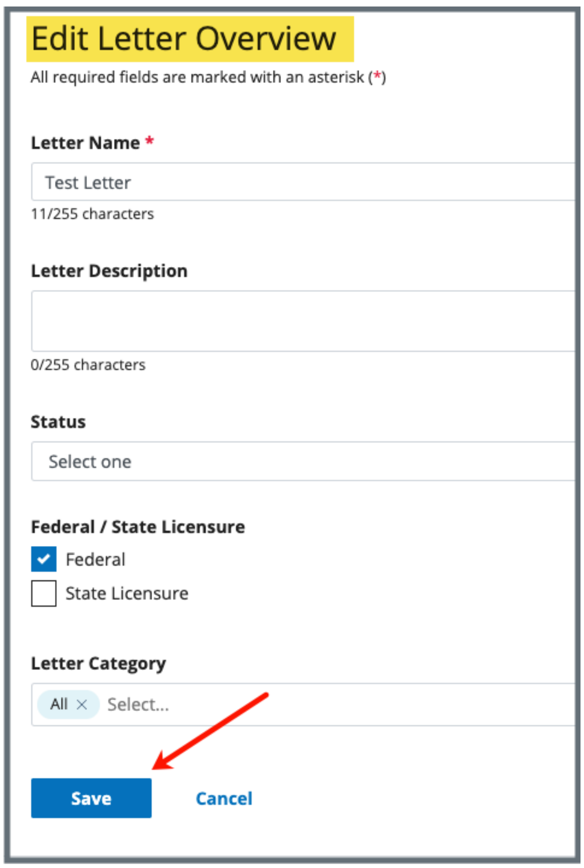

Figure 54: Edit Letter Overview

16.4.2 Update fields.

16.4.3 Click Save.

16.5 Delete a Letter

16.5.1 Click **Delete Letter** from the **Actions** drop-down menu to delete a letter. A pop-up note opens. See *Figure 55, Delete Letter Pop-Up Window*.

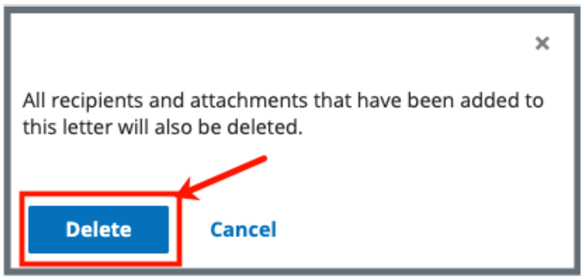

Figure 55: Delete Letter Pop-Up Window

16.5.2 Click **Delete**. The letter is removed from the list.

17. Notes

Purpose: To add or review any notes.

17.1 Click **Notes** on the left menu to view existing notes or add a note. See *Figure 56, Add Note Screen*.

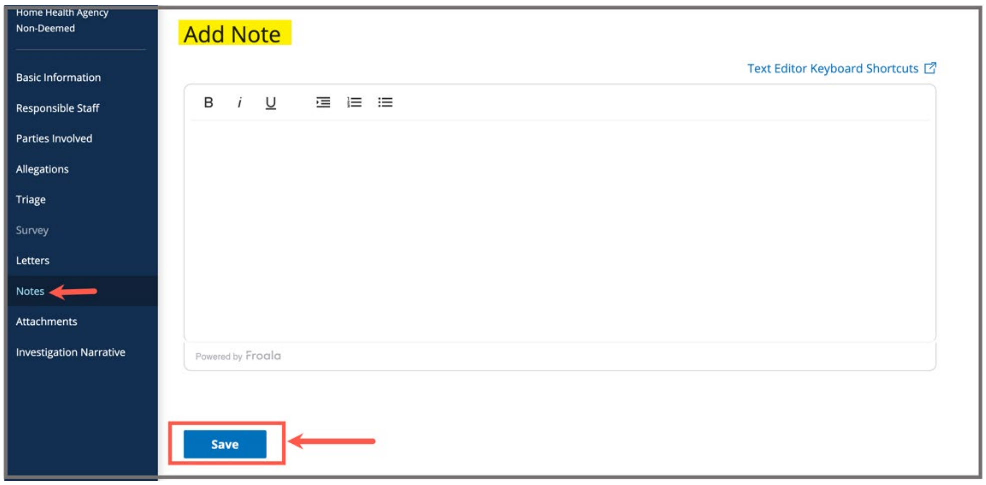

Figure 56: Add Note Screen

17.2 Add a note.

17.3 Click **Save**. The **Notes** window opens with note information.

Note: Click **Edit** to edit information, if desired. It is not possible to edit or delete a note created by another user.

17.4 Click **Delete** to delete a note. A pop-up note opens. See *Figure 57, Delete Note Pop-Up Window*.

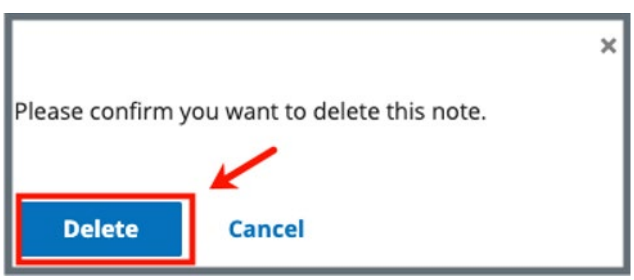

Figure 57: Delete Note Pop-Up Window

17.5 Click **Delete**. The updated **Notes** page opens.

18. Attachments

Notes:

- Only one attachment can be added at a time.
- Attachments can only be deleted by the user who uploaded the attachment. Contact the iQIES Service Center to delete any other attachments.

18.1 Click **Attachments** on the left menu. The **Attachments** window opens. *See Figure 58, Intake Attachments.*

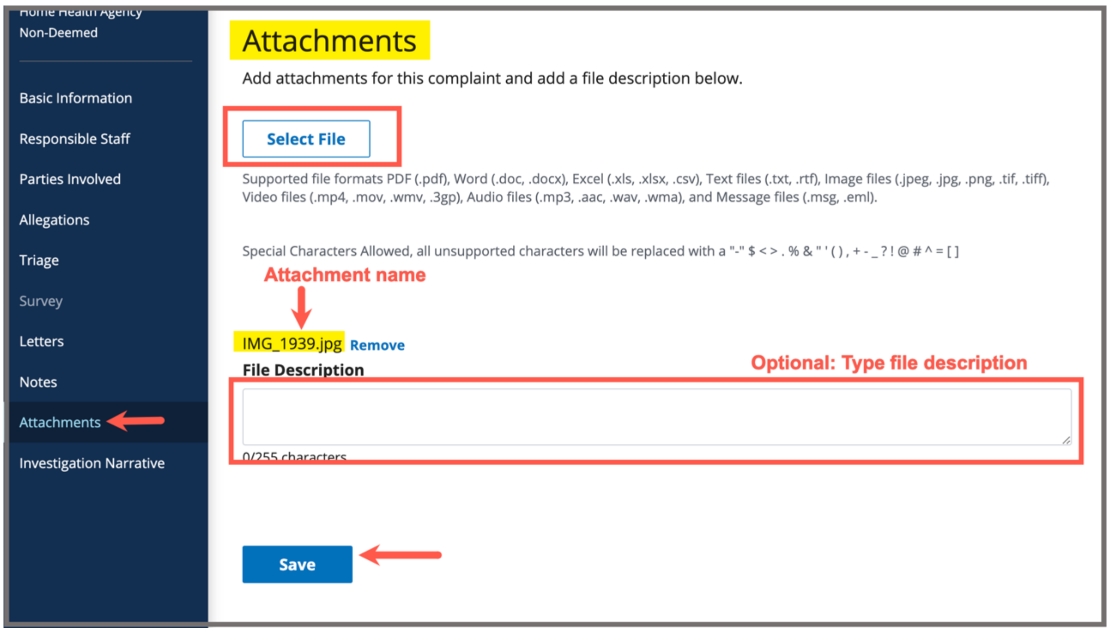

Figure 58: Intake Attachments

18.2 Click **Select File**. The Windows Explorer window pops up. For Mac users, the Finder window pops up.

18.3 Select the file to be attached. Click **Open**.

18.4 Type a file description in the **File Description** field, if desired.

18.5 Click **Save**. The file is attached to the intake.

Notes:

- Click **Edit** to edit information, if desired.
- Click **Download** to download the document, if desired.

19. Investigation Narrative

Purpose: To add a summary of the investigation, additional notes, or other text.

Notes:

- Investigation narratives cannot be deleted once they are saved.
- Anyone can update the **Investigation Narrative**; it is not limited to the original creator.

19.1 Click **Investigation Narrative** on the left menu. The **Add Investigation Narrative** window opens. See *Figure 59, Add Investigation Narrative*.

Figure 59: Add Investigation Narrative

19.2 Type freeform text in the text box.

19.3 Click **Save**. The **Add Investigation Narrative** window closes. The investigation narrative shows on the intake page. It can be edited or downloaded.

19.4 Click **Edit** to edit the investigation narrative. Click **Save** after editing. See *Figure 60, Edit or Download an Investigation Narrative*.

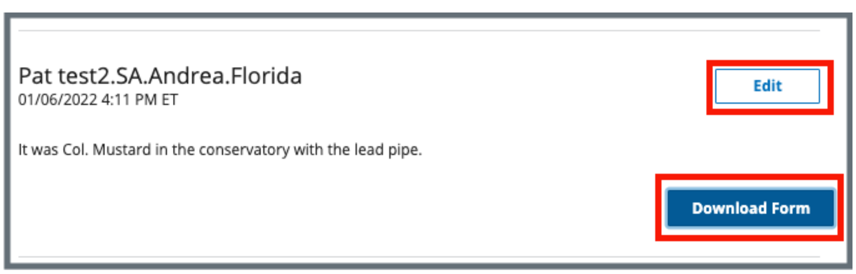

Figure 60: Edit or Download an Investigation Narrative

Notes:

- Be aware that two users can be in **Edit** mode in the **Investigation Narrative** at the same time. See *Figure 61, Concurrent Editor Notification.* One user will overwrite the other person's data. Exit **Edit** mode if either of the notifications below is shown. Carefully verify that any input has been saved correctly. Be sure to refresh the screen, if necessary.

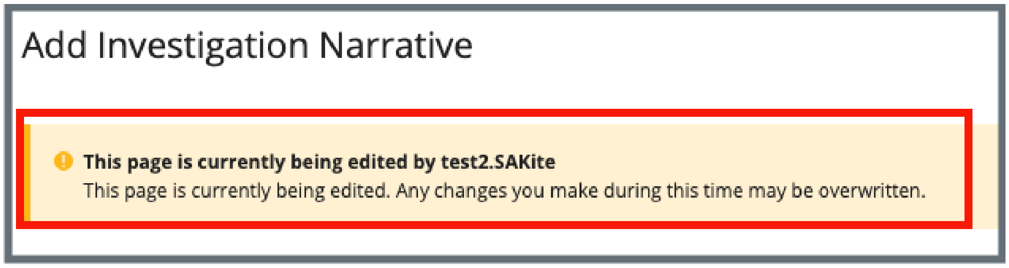

Figure 61: Concurrent Editor Notification

- A pencil icon is shown next to **Investigation Narrative** on the left menu when another user is editing the text area. Click the pencil and an explanatory text shows the name of the user who is editing the **Investigation Narrative**. See *Figure 62, Investigation Narrative Pencil Icon.*

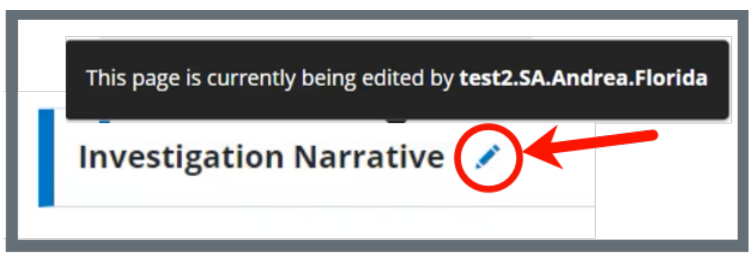

Figure 62: Investigation Narrative Pencil Icon

19.5 Click **Download** to download the narrative, if desired. The narrative downloads as a .pdf.

Appendix A: Tips and Tricks for Working in a Template

The letters template is very similar to working in Google Docs or Microsoft Word. Here are a few tips and tricks to help:

Template Menu

Hover over the template menu to see screen tips on what each of these icons are:

1. Show HTML code
2. Put document in full screen (make it bigger)
3. Undo/Redo
4. Insert an image. A small **Drop image** box opens. Drag and drop a file or click the box and search for the file.
5. Insert a table
6. Insert a horizontal line
7. Insert a page break
8. Highlight text and click to make **bold**
9. Highlight text and click to *italicize*
10. Highlight text and click to underline
11. Clear formatting
12. Highlight text and click to change text color
13. Highlight text and click to highlight text
14. Create a numbered list
15. Create a bulleted list
16. Insert a checklist
17. Indent/Remove indent
18. Alignment: Left, Center, Right, Justified
19. Adjust the line height
20. Select a font
21. Select a font size
22. Help: shows handy shortcuts, keyboard navigation, plugins, and version

Appendix B: Intake Textholder Text

Each provider, survey, intake, enforcement area has area-appropriate textholders. Intake Textholders are listed below.

Intake Textholders		
ALL – Allegation Text[with redact]	Event ID	Provider Full Address
Accrediting Organization (AO)	Exit Date (Numbers)	Provider Legal Name
Acknowledged	Exit Date (Words)	Provider Mailing Address
Activity Assignees	Exit Date + 6 Months (Numbers)	Provider State
Admin 1st Name	Exit Date + 6 Months (Words)	Provider State ID (FACID)
Admin Full Name	Federal Survey Categories	Provider State License Number
Admin Last Name	First Revisit High Citations	Provider Telephone
Admin Salutation	Highest Scope/Severity (Disabled for HHA)	Provider Type Abbrev
Admin Short with Salutation	IDR Conducted By	Provider Type Full Description
Admin Title	IDR Conducted Date	Provider Zip
Administrator Email	IJ Citations	Reference
ALL – Allegation Text[without redact]	Intake ID/Complaint Number	Revisit-Corrected Tags
Allegation Category	Intake Recipient	Revisit-List New Tags
Alleged Event Date	Investigation Due Date	Revisit-List Repeat Tags

Intake Textholders		
Building ID List	Investigation Due Date Long	Start Date (Numbers)
Buildings List	Investigators	Start Date (Words)
Buildings List Open	Letter Sent Date	State Intake ID
Complainant Address	List Intakes For This Survey	State Survey Categories
Complainant Names	List Level A Cites (Disabled for HHA)	Survey All Tags IDR Status
Complainant Relationship (Primary)	List Survey Team	Survey Extent(s)
Custom Text Prompt	List Tag Numbers Only	Survey High Citations
Date # Days after Exit Date (Numbers)	List Tag/Surveyor Test	Survey Purpose
Date # Days after Exit Date (Words)	List Tags Cited	Survey Regulation Type
Date # Days after Intake Date (Numbers)	Medicaid ID Number	Survey Revisits
Date # Days after Intake Date (Words)	Observation Text (9999)	Survey Revisits – Dates Only
Date # Days after Start Date (Numbers)	POC Due Date	Survey Team Leader
Date # Days after Start Date (Words)	POC Due Date in Words	Survey Type
Date # Days in Future (Numbers)	Primary Complainant	Termination – 23 Days
Date # Days in Future (Words)	Provider Address 1 (Street)	Termination – 90 Days
Date # Working Days	Provider Address 2	Third Visit Date

Intake Textholders		
Date CMS-2567 Issued	Provider CCN	Title (Mapped from Provider Certification & Licensure tab)
Date Follow-up Investigation	Provider City	Today's Date
Date IDR Request Received	Provider Doing Business As Name	Today's Date Full
Date Received/Intake Start Date	Provider Fax Number	