Centers for Medicare & Medicaid Services

Internet Quality Improvement & Evaluation System (iQIES)

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

Version 3.0

May 4, 2026

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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*.

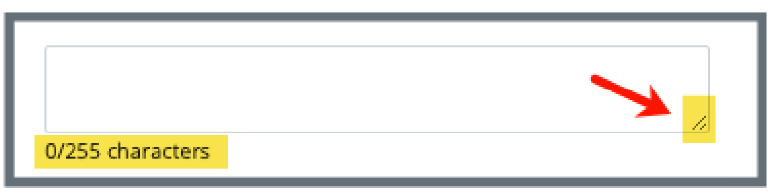

Figure 1: Expandable Field

- iQIES times out after 30 minutes of nonuse and reverts to the login page.
  - iQIES remains up and active as long as it is in use.
  - iQIES gives a five-minute warning before timing out.
  - The session resumes at the last accessed page after reauthentication.
  - Be sure to save data regularly. Pages that require saving are noted in this document and have a **Save** button on the page.
- 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.

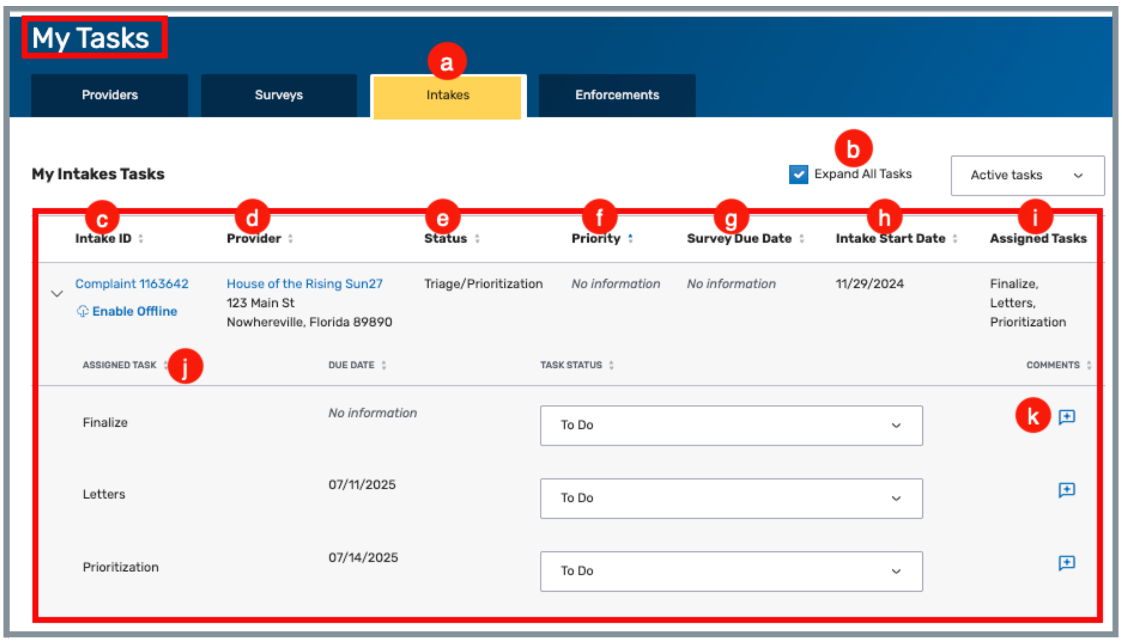

Figure 5: My Tasks Landing Page

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	**Expand All Tasks**	This checkbox defaults to checked so users can see tasks assigned to them. Uncheck box to close task detail.
c	**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.
d	**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.
e	**Status**	Shows the status of the intake.
f	**Priority**	Shows the priority level of the intake
g	**Survey Due Date**	Shows the due date of the survey
h	**Intake Start Date**	Links the starting date of the intake
i	**Assigned Tasks**	Lists the assigned tasks, if any.
j	**Assigned Tasks**	Shows tasks in detail assigned to the user.
k	Notes	Click the **+** to add a note. See step 1.4.3.

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*.

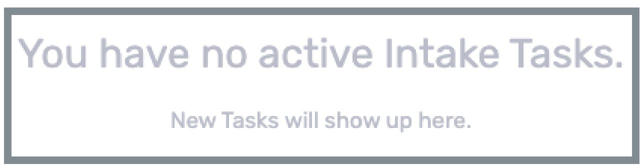

Figure 7: No Active Tasks

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*.

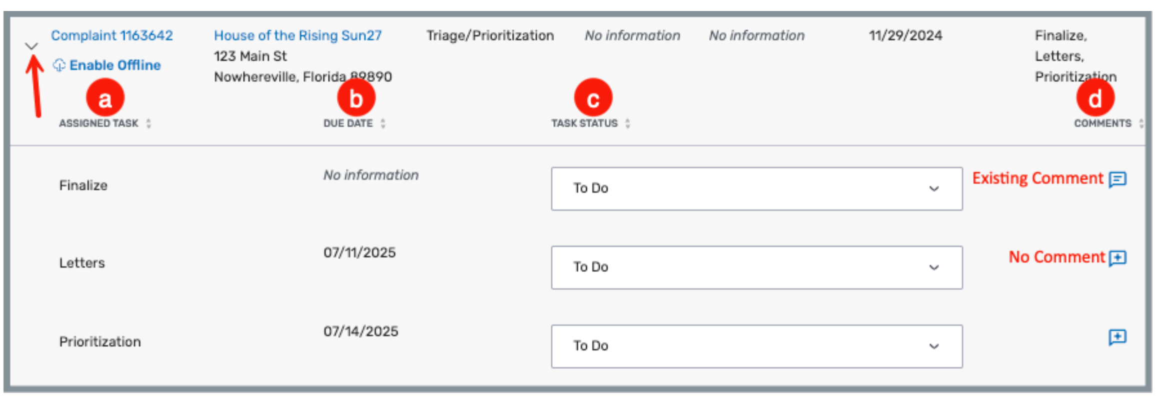

Figure 8: Task Status Details

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*.

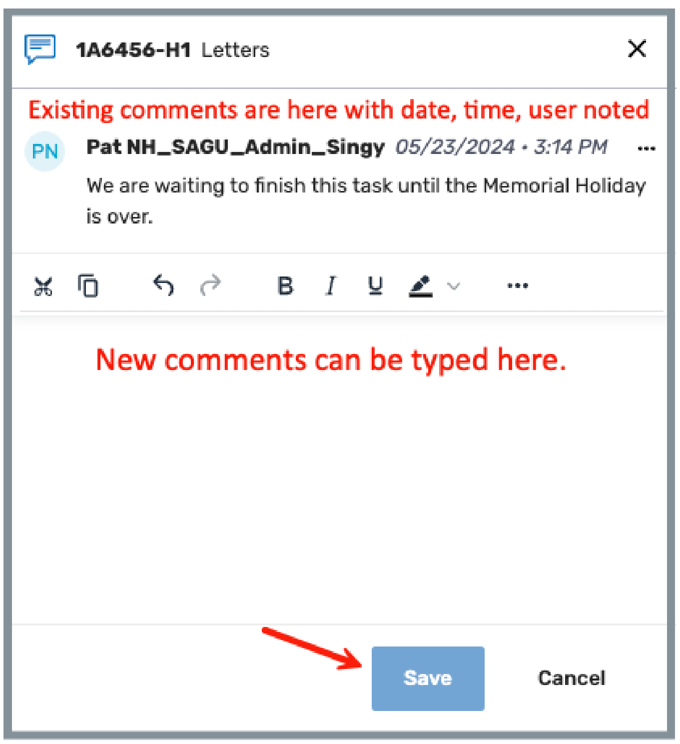

Figure 9: My Tasks Comments

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.

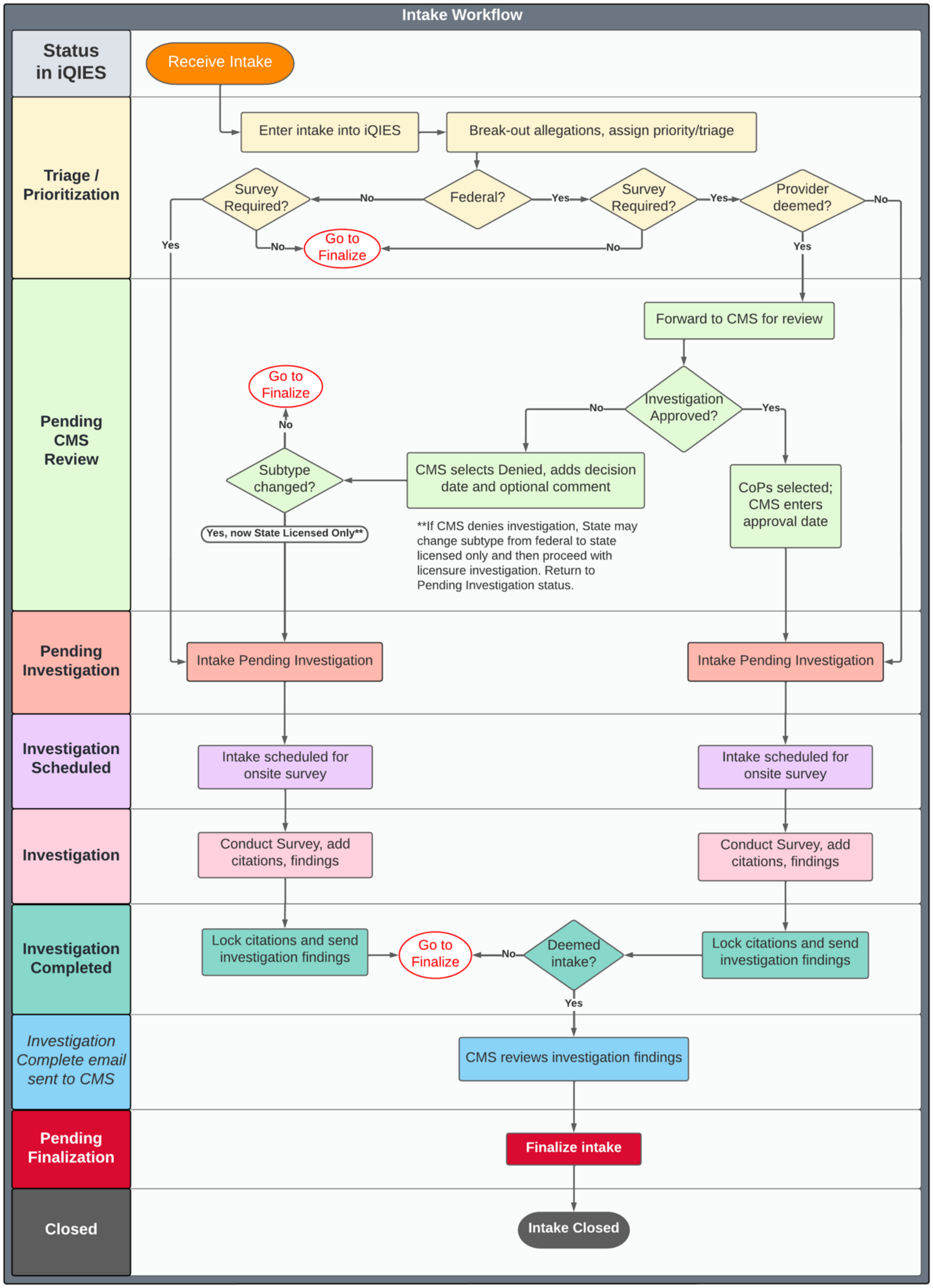

Figure 10: Intake Workflow

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** window opens.

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

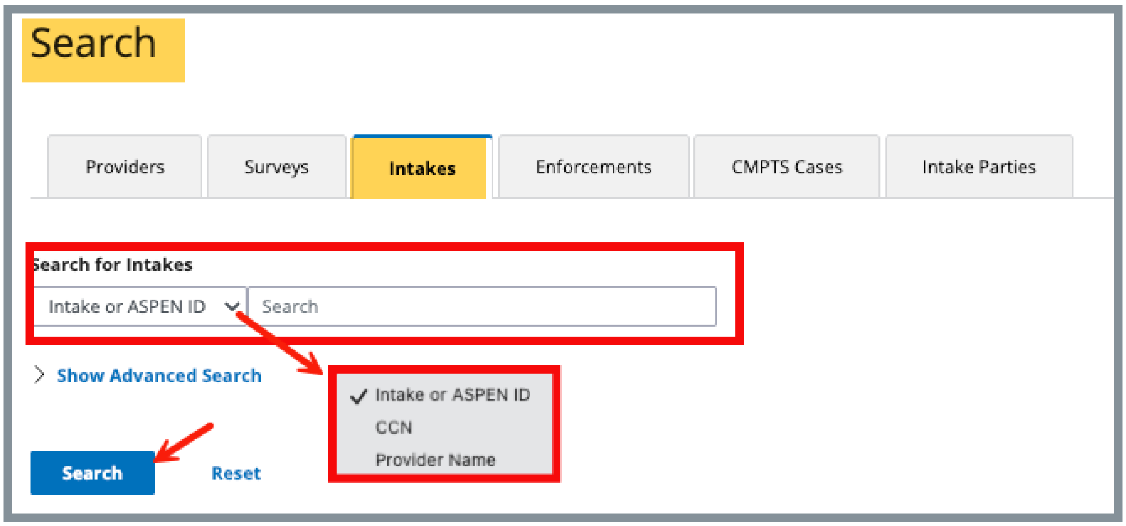

Figure 12: Intakes Search Page

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.*

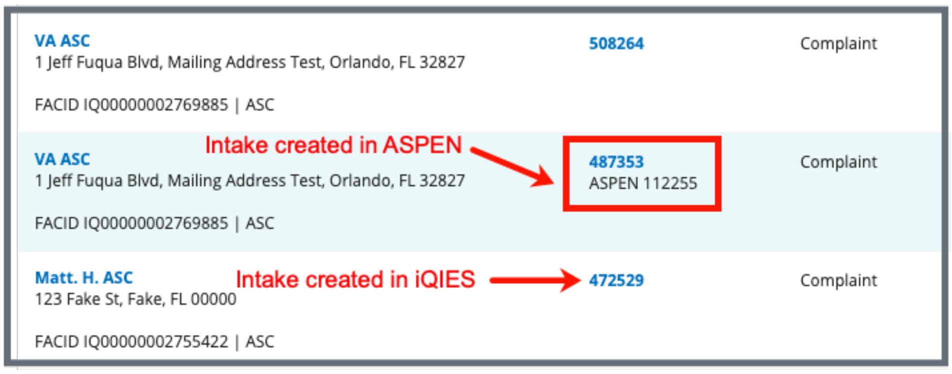

Figure 13: Intake Created in ASPEN

- 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.*

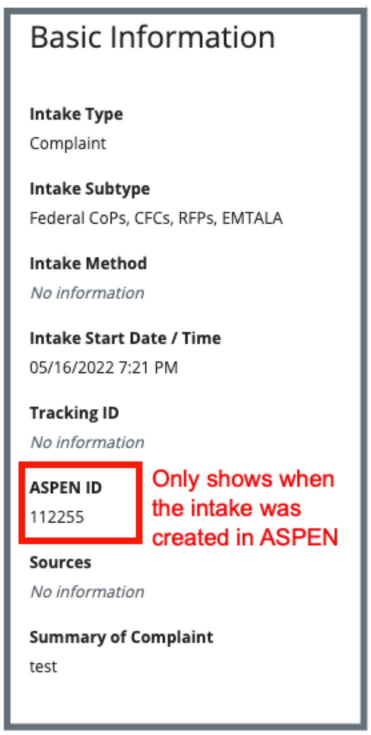

Figure 14: Basic Information ASPEN ID

4.5 Type search criteria.

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

4.7 Click the intake ID to open the intake. The **Complaint** or **Incident 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.

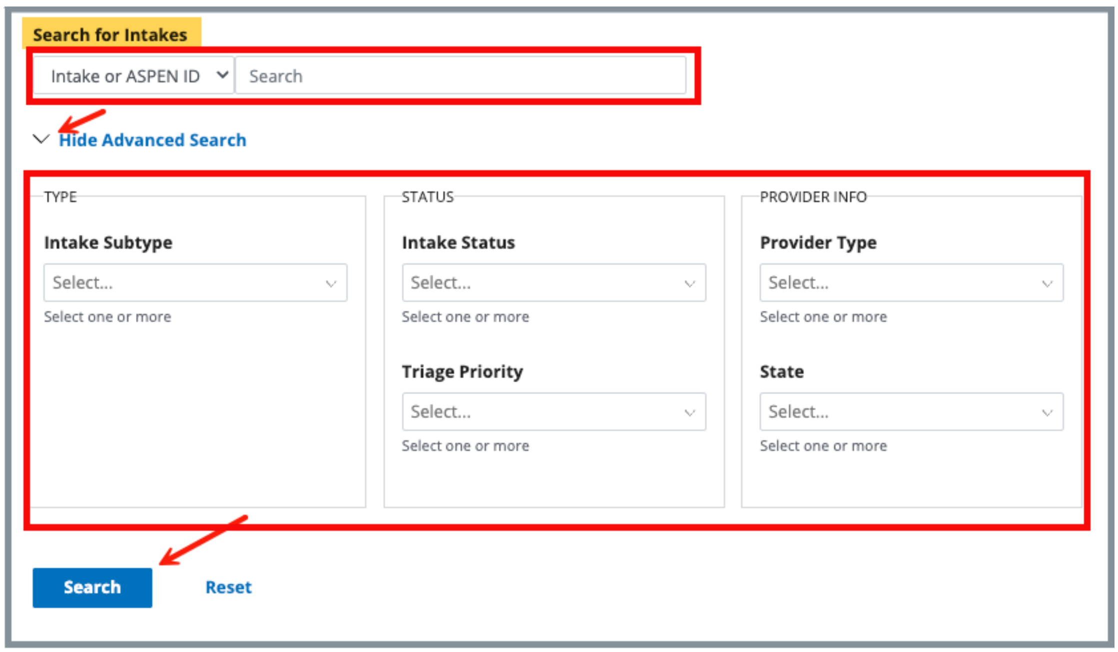

Figure 15: Intakes Advanced Search

5. Search for Intake Parties

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

5.2 Click **Search**. The **Search** window opens.

5.3 Click the **Intake Parties** tab on the **Search** page. See *Figure 16, Intake Parties Search Page*.

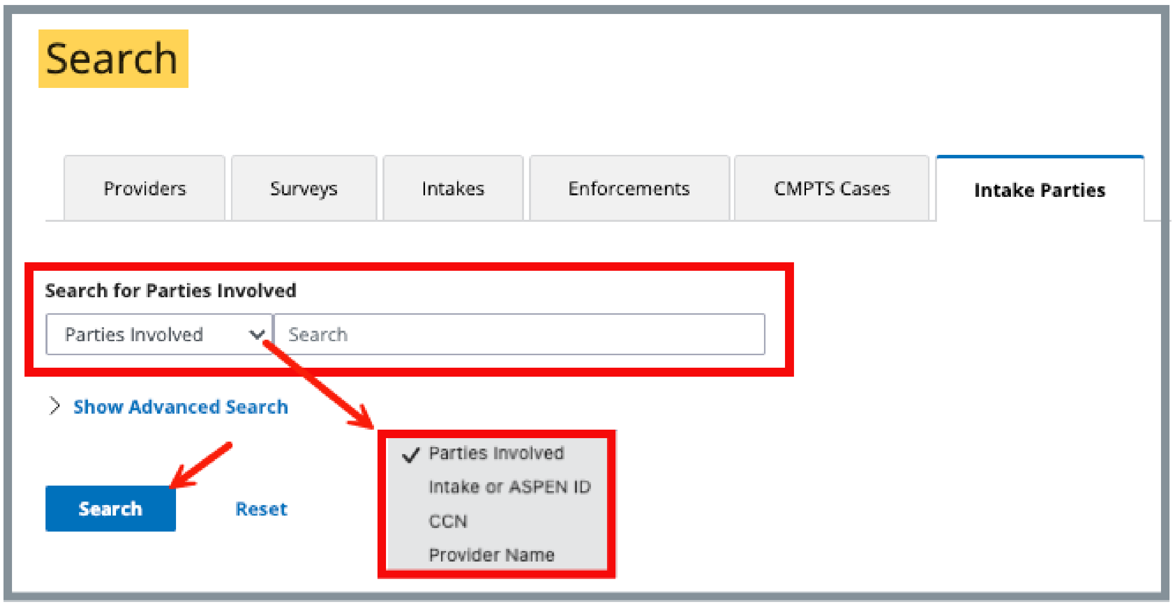

Figure 16: Intake Parties Search Page

Note: Click **Show Advanced Search** for a more detailed search. Refer to [Advanced Search](#) for details.

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

5.5 Type search criteria.

5.6 Click **Search**. The intake parties information shows below, including the **Parties Involved** and the **Intake ID**. See *Figure 17, Search Results.*

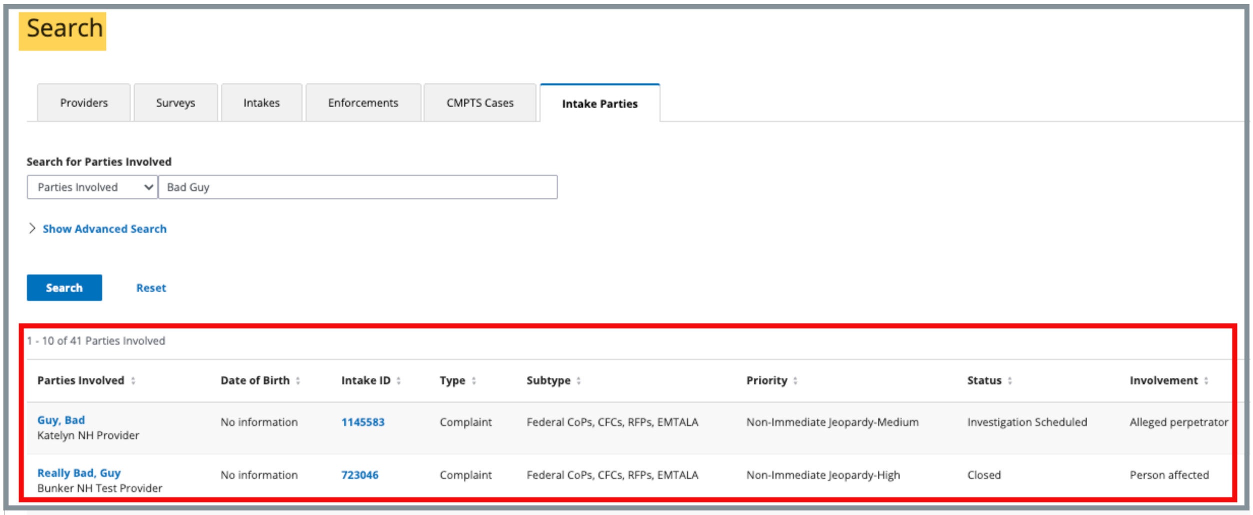

Figure 17: Search Results

5.7 Click the links within the search results to view detailed information.

a. Click the highlighted name under **Parties** Involved to view the **Alleged Perpetrator** page.

b. Click the intake ID to open the intake. The **Complaint** or **Incident Basic Information** window opens.

5.8 Click **Show Advanced Search** to open the **Advanced Search** drop-down menu and narrow the search criteria. See *Figure 18, Intake Parties Advanced Search*.

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

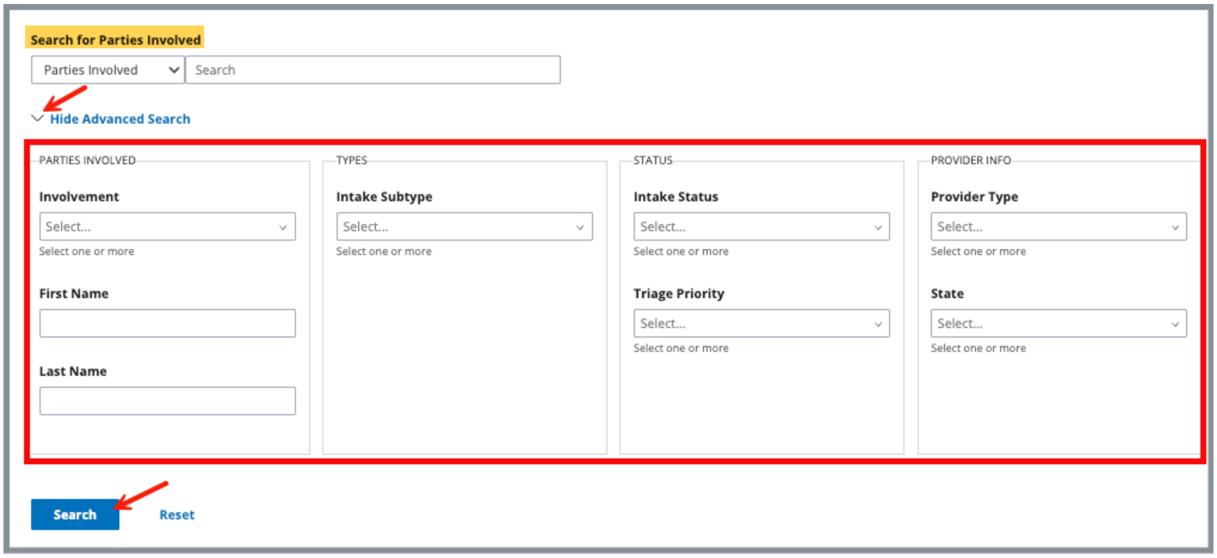

Figure 18: Intake Parties Advanced Search

Note: Select the drop-down menu under **PARTIES INVOLVED** to view additional options for a search. Options include **Complainant**, **Alleged perpetrator**, **Person affected**, and **Other party**. See *Figure 19, Involvement.*

Figure 19: Involvement

6. Add an Intake

6.1 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.

Notes:

- It is also possible to click the provider from the **Basic Information** page to open **Provider History**
- State users are permitted to enter intakes for OPO provider types; however, they are restricted from editing information beyond the basic intake details
- An email notification is automatically sent to the Survey & Operations Group (SOG) whenever an OPO intake is created

6.2 Click **Add Intake** on the **Provider History** page. See *Figure 20, Recent Intakes.* The **Basic Information** window opens.

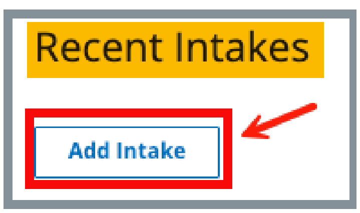

Figure 20: Add Intake

6.3 Click **Complaint** or **Incident.** See *Figure 21, Intake Type*. A menu opens for either a complaint or an incident.

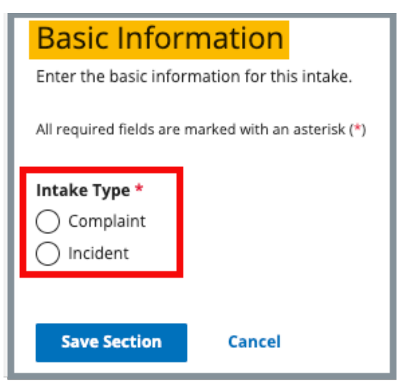

Figure 21: Intake Type

6.4 Fill out the information. See *Figure 22, Basic Information for Intake.*

Note: Nursing Home Providers will see **Receipt Date** and **Receipt Time** instead of **Intake Start Date** and **Intake Start Time** and will see an additional **External Control Number** field. See *Figure 23, Basic Information for Nursing Home Intakes.*

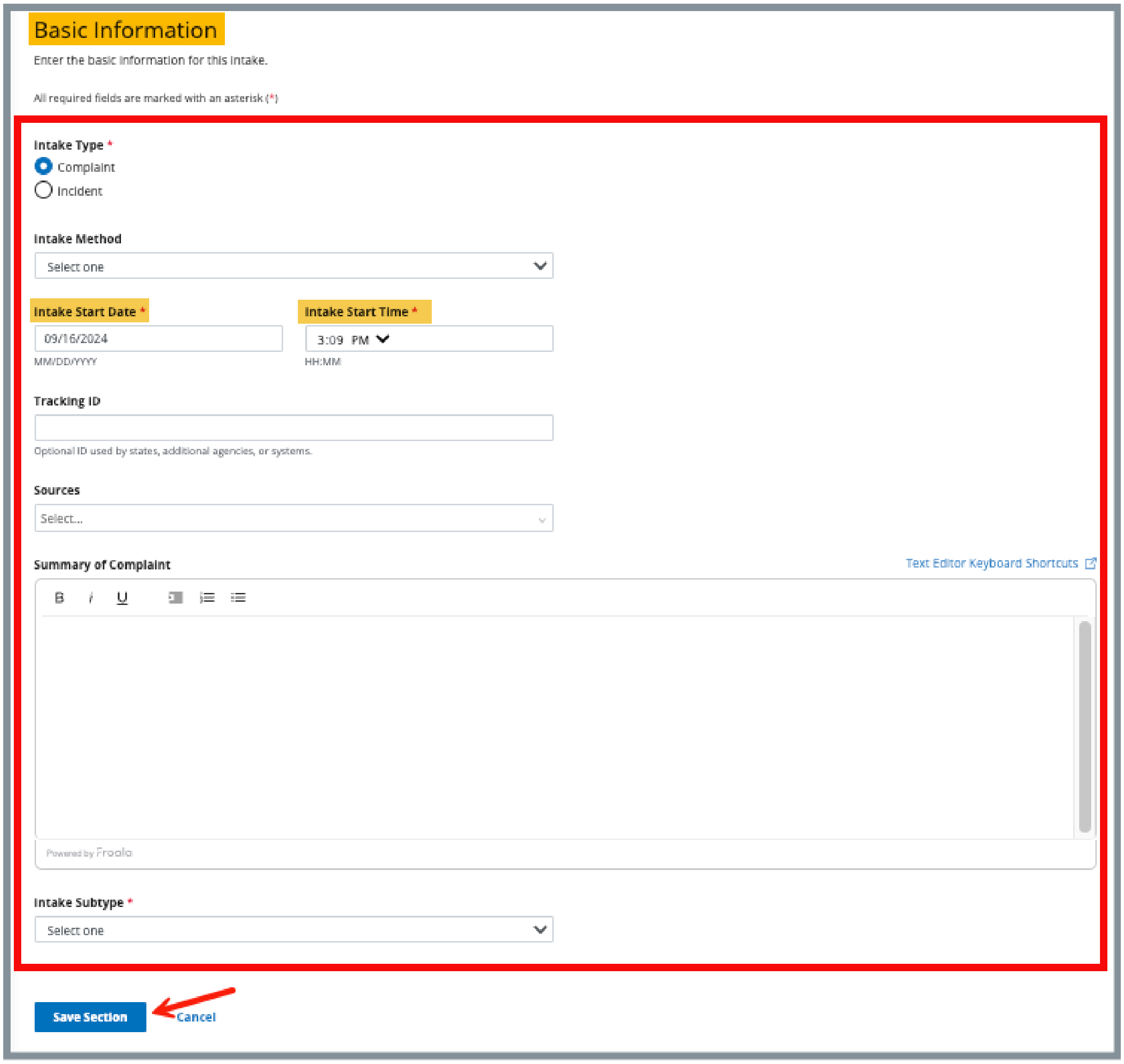

Figure 22: Basic Information for Intake

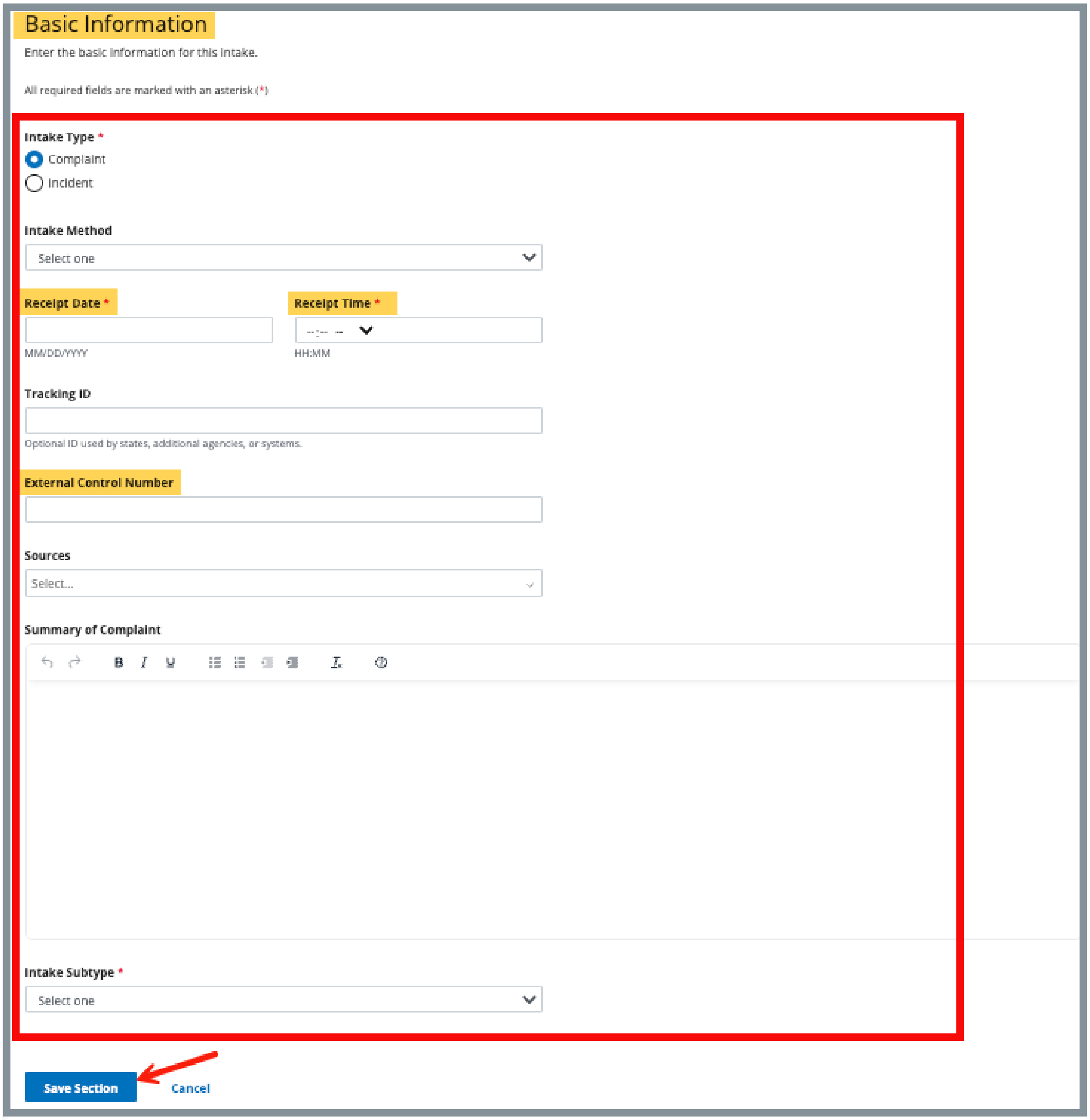

Figure 23: Basic Information for Nursing Home Intakes

6.5 Click **Save Section**.

7. 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 for all provider types:

- Intake **Type** and **Start Date/Time** are not editable once the intake has been saved
- **Intake Subtype** is not editable when the intake has been linked to a survey

Notes for Nursing Home provider type:

- Intake **Type** and **Receipt Date/Time** are not editable once the intake has been saved
- **Start Date/Time** does not apply to Nursing Home providers
- **Receipt Date/Time** is required for Nursing Home providers
- The intake header displays a link to MDS Assessments when the intake is for a Nursing Home provider. See MDS Assessments Link for further information.

7.1 Click **Edit** to edit the **Basic Information** details. The **Basic Information** fields are now editable. See *Figure 24, 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.

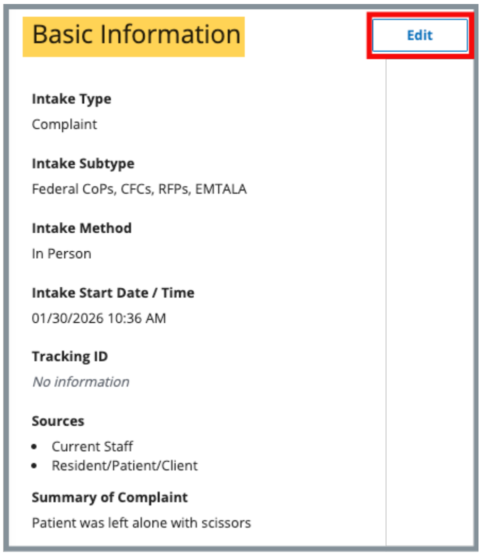

Figure 24: Intakes Basic Information

7.2 Click **Save Section**.

8. MDS Assessments

Purpose: The **MDS Assessments** link in the intake header provides access to records for admitted patients.

Notes:

- MDS Assessments link is only available for Nursing Home providers.
- Only users with appropriate permissions can view MDS Assessments.

8.1 MDS Assessments Link

Click **View Residents** under **MDS Assessments** on the intake header. See *Figure 25, MDS Assessments Link.* The **Manage Assessments** page opens with a list of admitted patients in a separate tab.

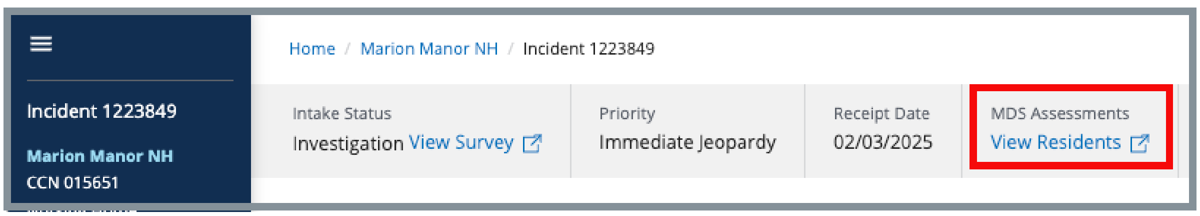

Figure 25: MDS Assessments Link

8.2 Find a Patient

8.2.1 Click **Find Patient** to find a patient within the list of admitted patients. See *Figure 26, Find Patient.* The **Find a Patient** page opens.

Note: It is always possible to scroll through the list of patients to view all patients.

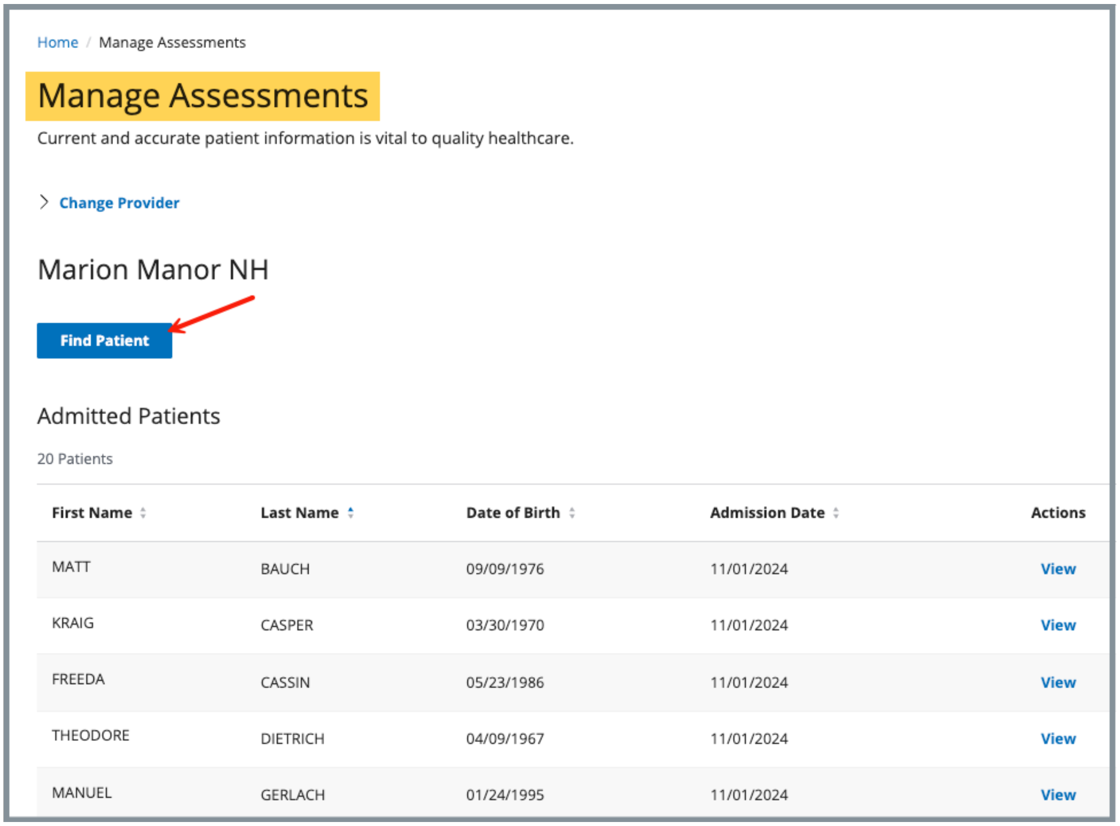

Figure 26: Find Patient

8.2.2 Type **First Name** or **Last Name** or click the caret next to **Show Advanced** for additional search options such as **Date of Birth**, **Social Security Number**, or **Admission Date**. See *Figure 27, Find a Patient Details*.

Note: Click the caret next to **Hide Advanced** to hide advanced search functions.

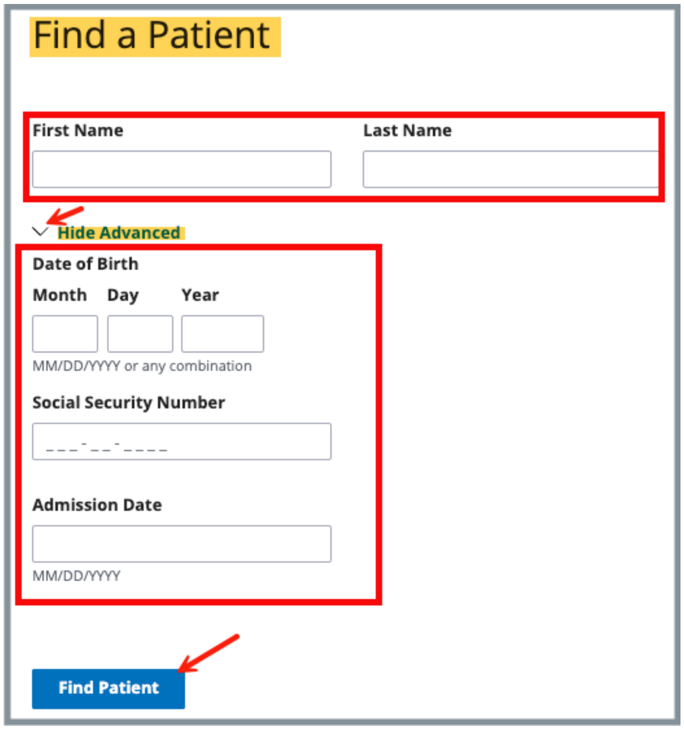

Figure 27: Find a Patient Details

8.2.3 Click **Find Patient**. The **Patient Results** page opens with the results. See *Figure 28, Patient Results*.

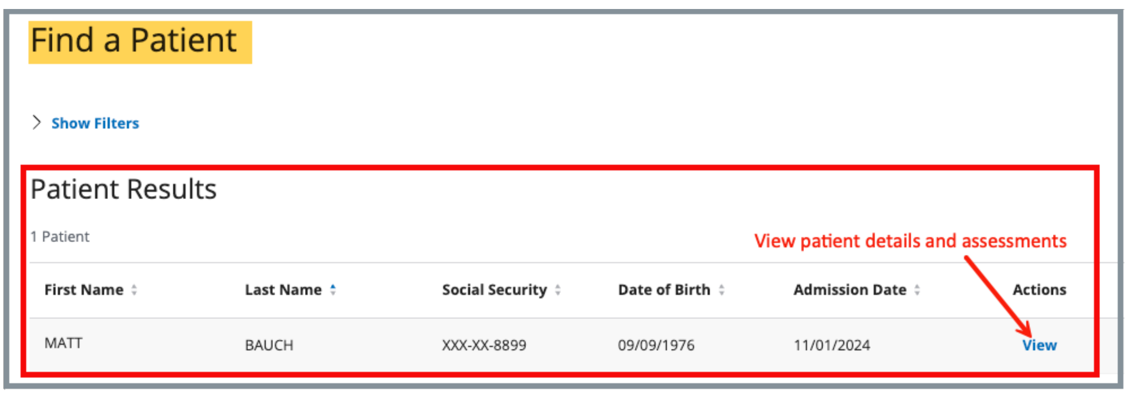

Figure 28: Patient Results

8.3 View Patient Details

Click **View** under **Actions** next to the patient name to view patient details and MDS assessments. The patient information page opens. See *Figure 29, Patient Details and MDS Assessments* and *Table 4, Patient Details and MDS Assessments Detailed Callout*.

Note: The **View** option on both the [Admitted Patients]() section and the [Patient Results]() section navigates to the patient information page.

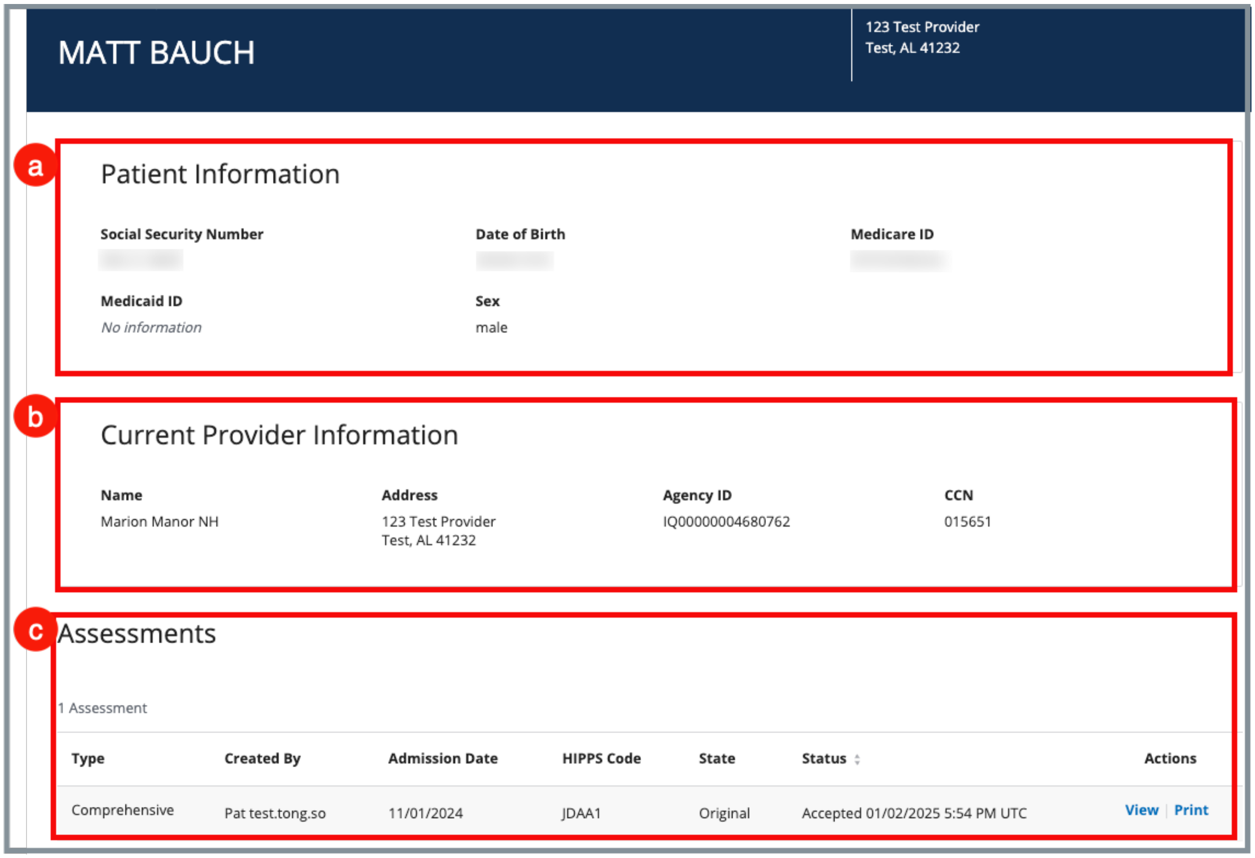

Figure 29: Patient Details and MDS Assessments

Table 4: Patient Details and MDS Assessments Detailed Callout

No.	Name	Description
a	**Patient Information**	Shows **Social Security Number**, **Date of Birth**, **Medicare ID**, **Medicaid ID**, and **Sex**
b	**Current Provider Information**	Shows provider **Name**, **Address**, **Agency ID**, and **CCN**
c	**Assessments**	Shows assessments, **Type**, **Created By**, **Admission Date**, **HIPPS Code**, **State**, **Status**, and allows viewing and printing of the assessment.

8.4 View Assessment

Click **View** under **Actions** in the **Assessments** section of the [Patient Details](#) page to view the assessment. See *Figure 30, View an Assessment.* The patient assessment opens.

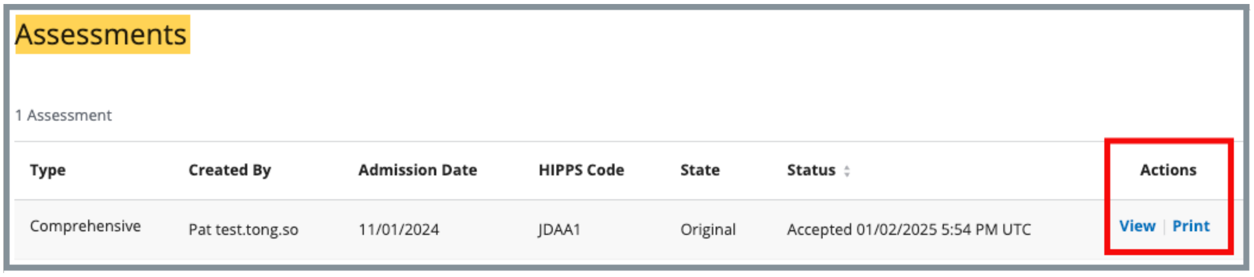

Figure 30: View an Assessment

8.5 Print Assessment

Click **Print** under **Actions** in the **Assessments** section of the [Patient Details](#) page to print the assessment.

Note: The assessment downloads to the user's computer.

9. Delete an Intake

Purpose: To delete an existing intake.

Notes:

- Intake must have a status of **Triage/Prioritization**
- Only the CMS General User and the Intake Admin user roles can delete an intake

9.1 Go to the **Basic Information** page of the intake. See *Figure 31, Intake Basic Information Page*.

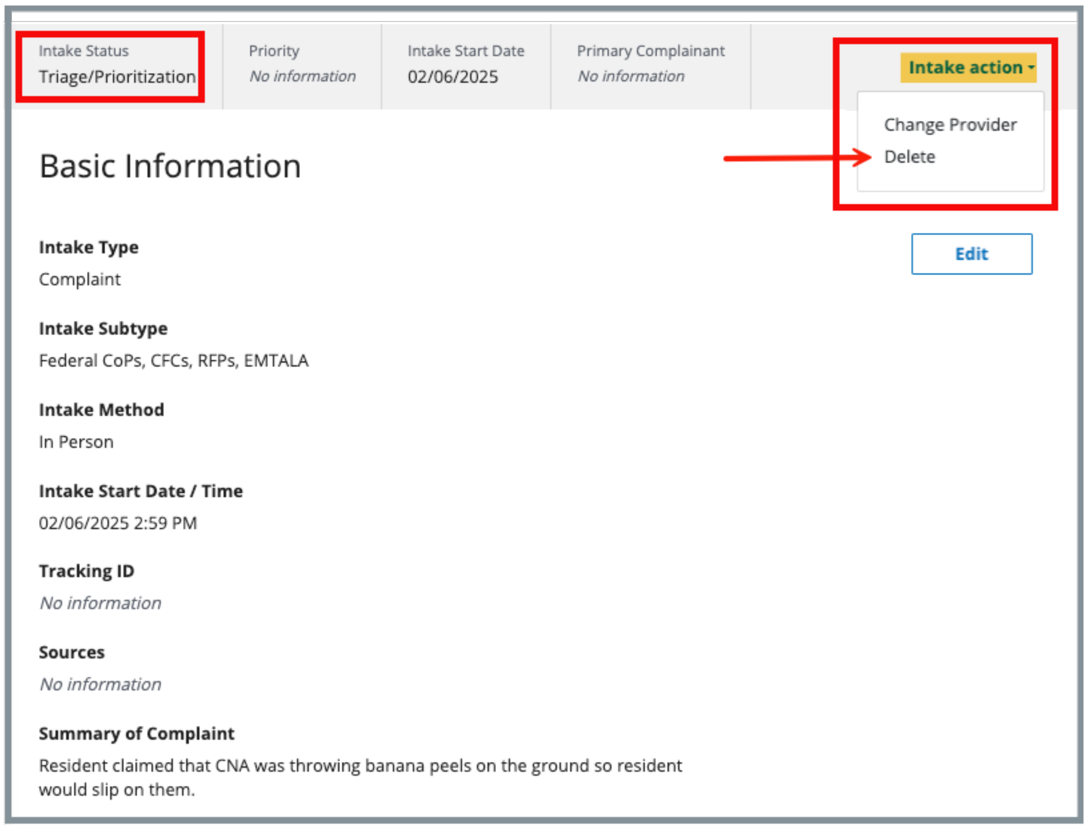

Figure 31: Intake Basic Information Page

9.2 Select **Delete** from the **Intake** action drop-down menu. The **Confirm Intake Deletion** pop-up window opens.

Note: The **Delete** selection only appears when all conditions noted above are met.

9.3 Select the **Deletion Reason** from the drop-down menu under **Deletion Reason**. See *Figure 32, Deletion Reason*.

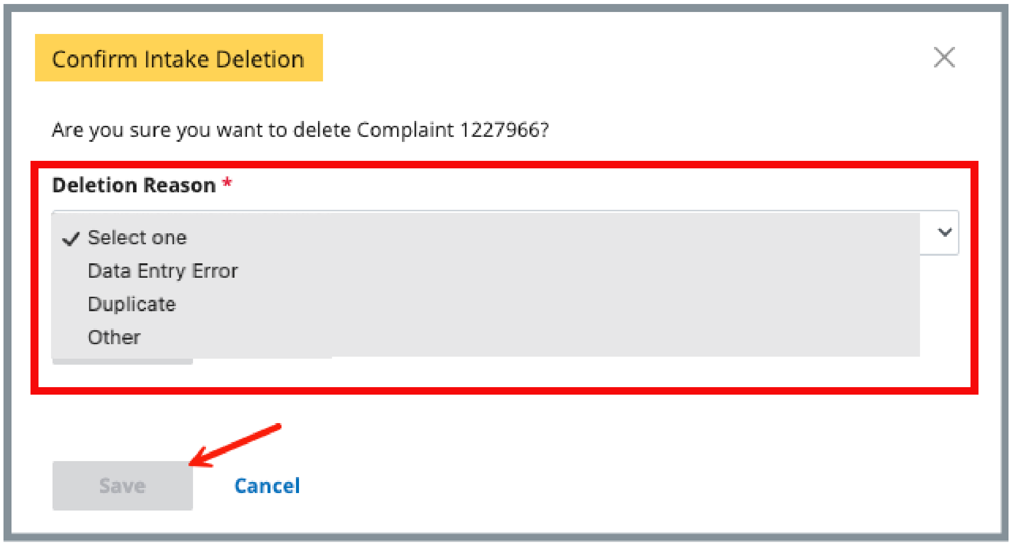

Figure 32: Deletion Reason

9.4 Click **Save**.

Note: Save is disabled until a reason is selected.

9.5 Verify the green notification banner confirms the intake was deleted. See *Figure 33, Intake Deletion Green Notification Banner.*

Figure 33: Intake Deletion Green Notification Banner

10. 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).

10.1 Click **Responsible Staff** on the left menu. The **Responsible Staff** window opens. See *Figure 34, Intakes Responsible Staff*.

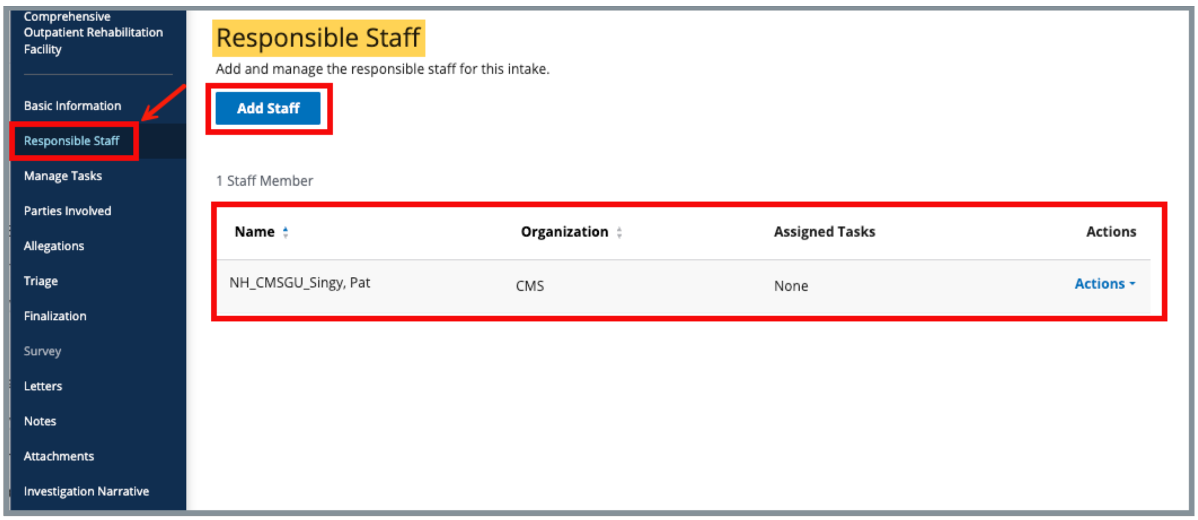

Figure 34: Intakes Responsible Staff

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

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

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

10.5 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.

10.6 Verify the staff member was added.

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

10.8 Click **Delete**. See *Figure 35, Delete a Responsible Staff*.

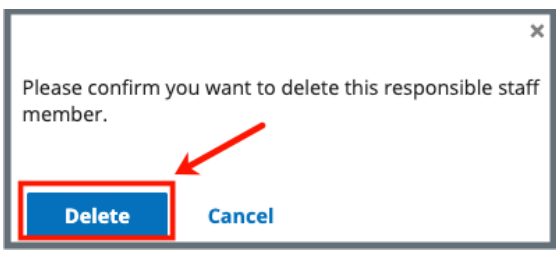

Figure 35: Delete a Responsible Staff

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

11. Manage Tasks

Purpose: To manage and assign tasks for Responsible Staff.

Click **Manage Tasks** on the left menu. The **Manage Tasks** window opens. See *Figure 36, Manage Tasks.* See *Table 5, Manage Tasks Detailed Callout.*

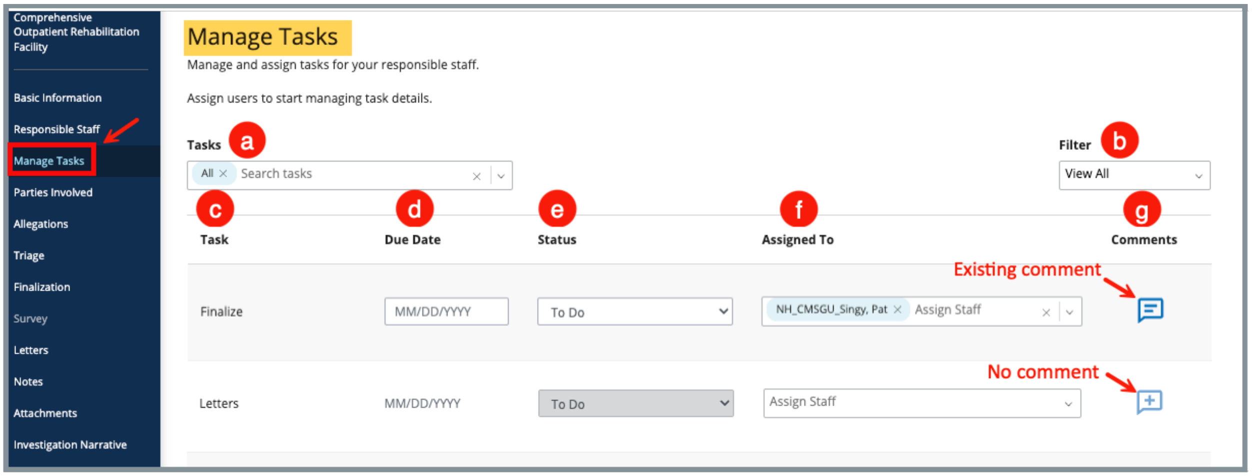

Figure 36: Manage Tasks

Table 5: 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.

12. 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.

12.1 Click **Parties Involved** on the left menu. See *Figure 37, Add Parties Involved*.

Figure 37: Add Parties Involved

Note: The **Parties Involved** window opens when there is an existing party. See *Figure 38, Add Parties Involved.*

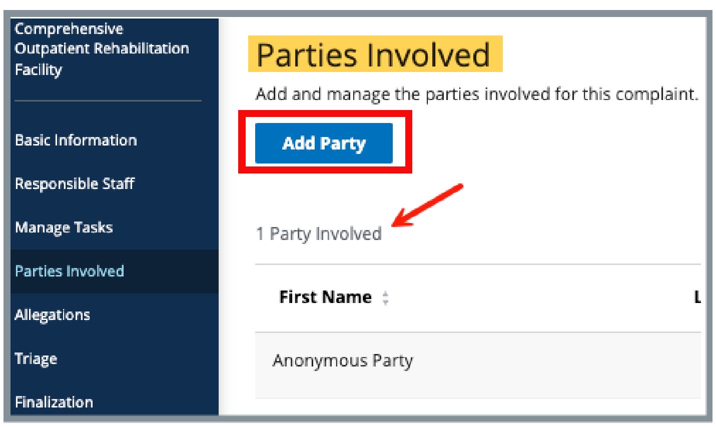

Figure 38: Parties Involved

12.2 Select **Involvement** type.

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

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

12.4 Click **Add Party**.

Notes:

- **Add Party** is disabled until an **Involvement** is selected.
- 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.

12.5 Fill out the information.

12.6 Click **Save**.

12.7 Add additional parties, as necessary.

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

12.9 Click **View**, **Edit**, or **Delete** under **Actions** to view, edit or delete an involved party. See *Figure 39, View, Edit, Delete*.

Figure 39: 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.

13. Allegations

Purpose: To enter and track allegations.

Note: Each allegation must be entered separately.

13.1 Click **Allegations** on the left menu. The **Add Allegation** window opens. See *Figure 40, 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**.

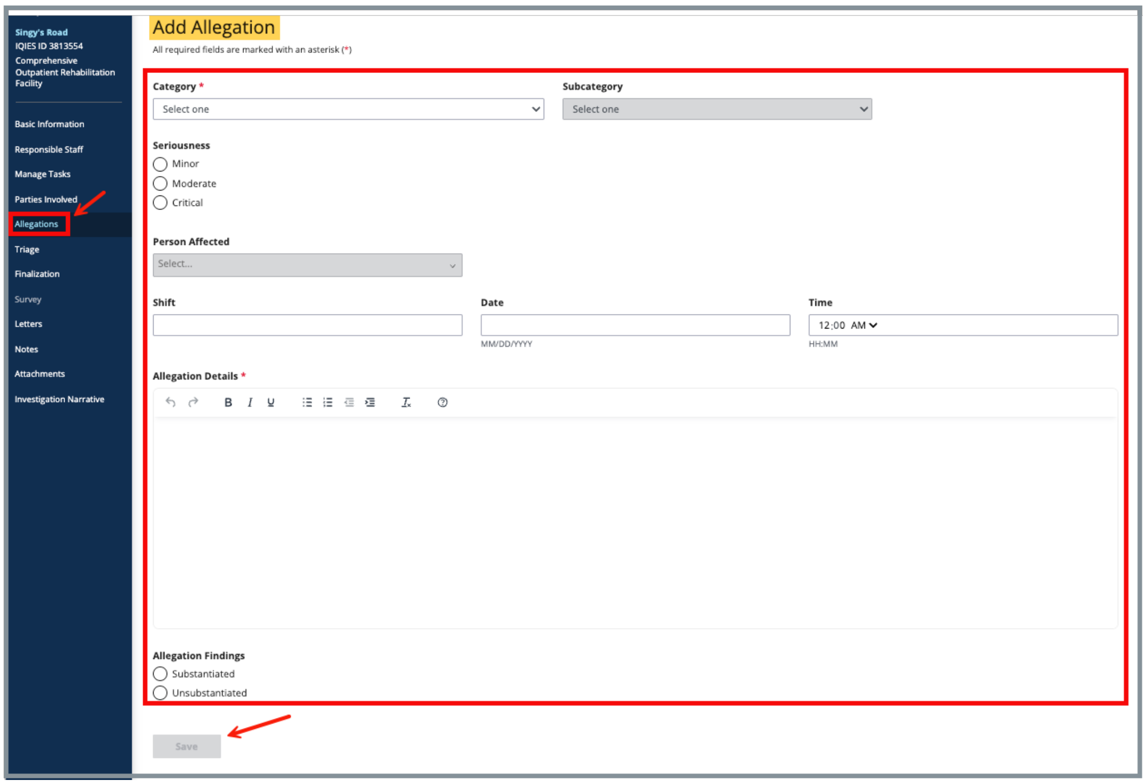

Figure 40: Add Allegation

13.2 Fill in the form with as much information possible.

13.3 Click **Save**. The window populates with form information.

Note: **Save** is disabled until required fields are filled out.

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

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

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

14. Triage

Purpose: To enter and view the triage prioritization.

14.1 Click **Triage** on the left menu. The **Triage** window opens. See *Figure 41, Triage.*

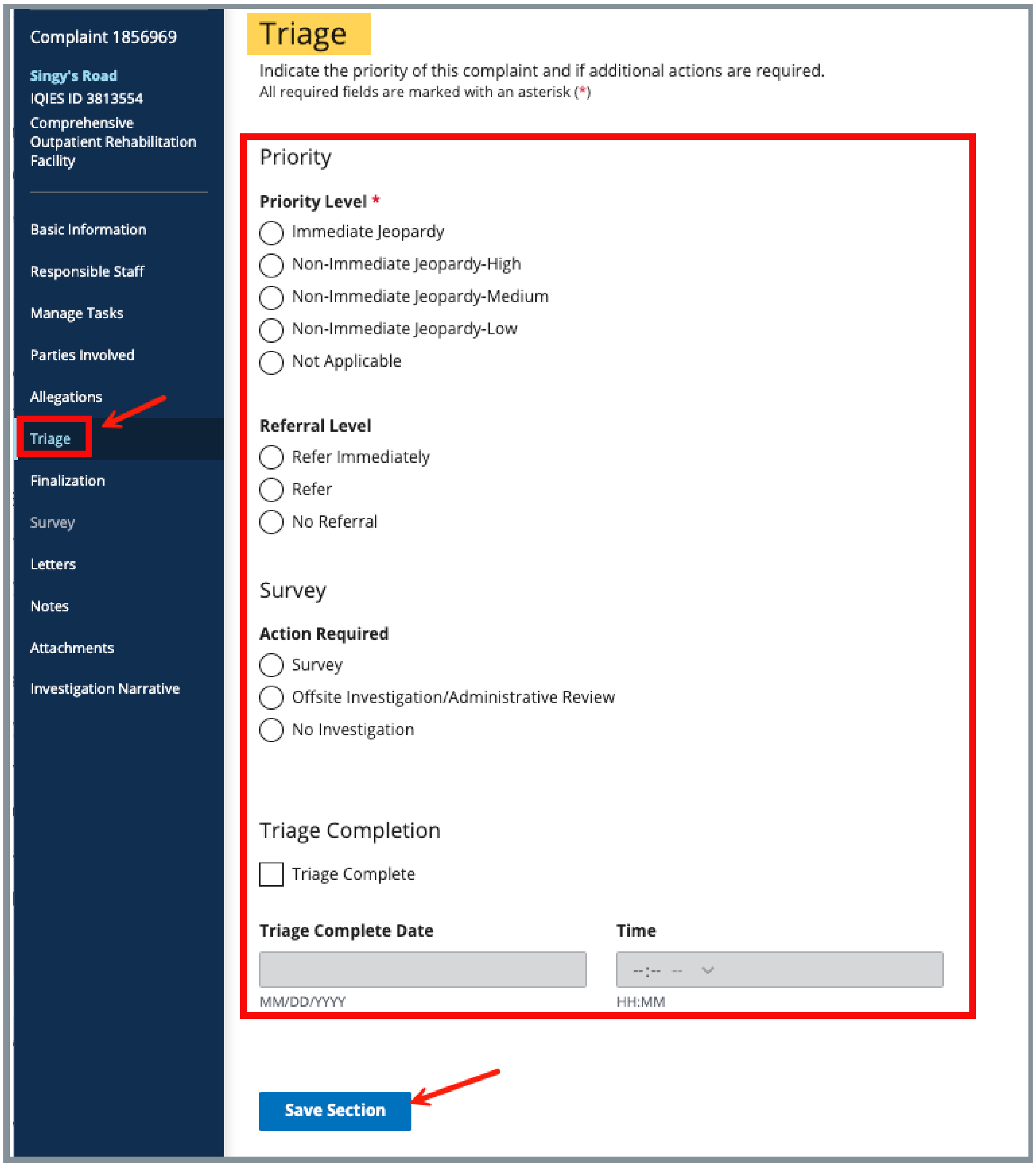

Figure 41: Triage

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

Notes for Acute Care Provider Types (i.e., ASC, HHA, ESRD, etc.):

- 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.

14.3 Click **Save Section**.

14.4 Click **Edit** to edit the Triage, if desired. The **Edit Triage** window opens. See *Figure 42, Edit Triage*.

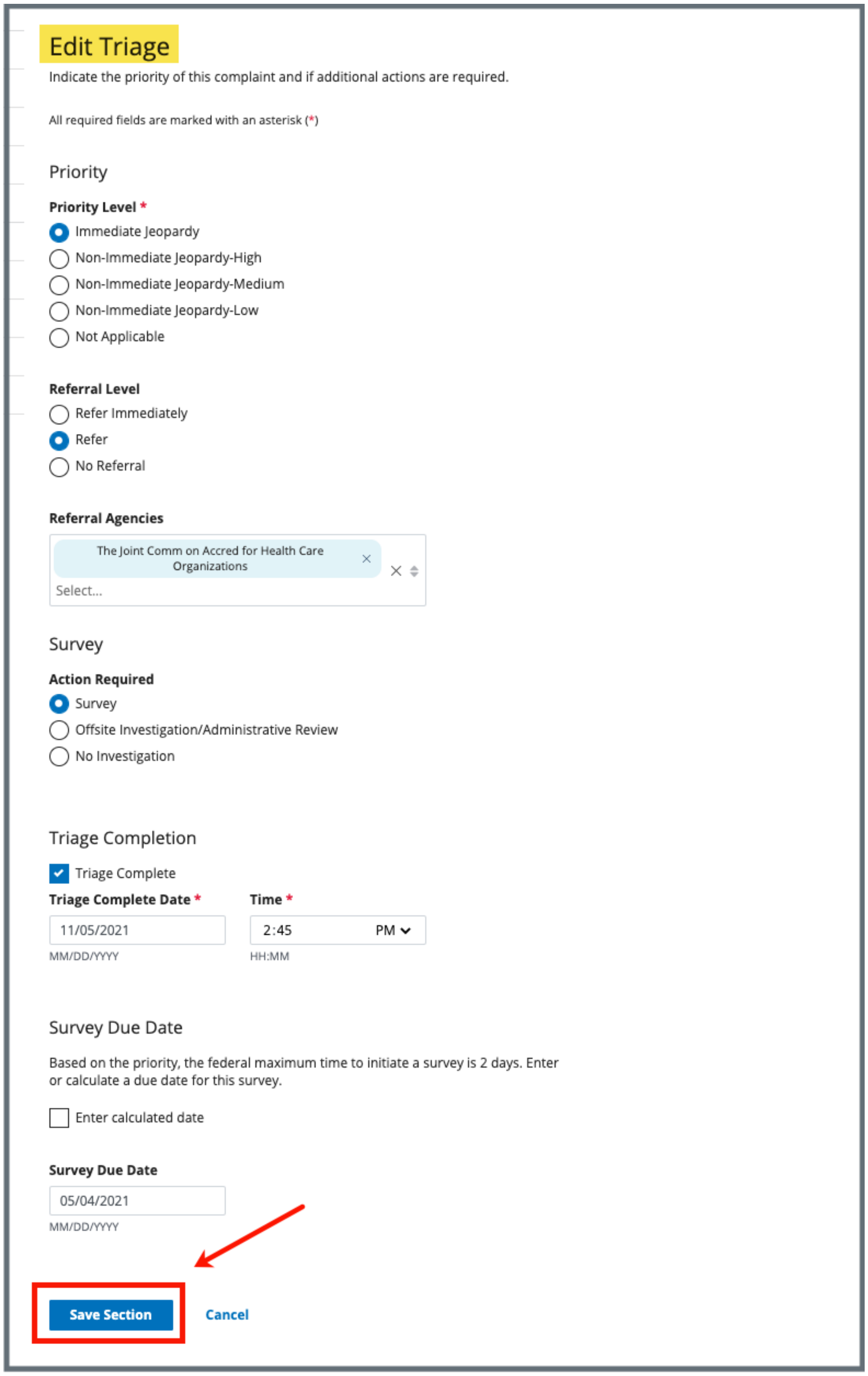

Figure 42: Edit Triage

14.5 Update the form.

Note: Check the **Triage Complete** box on the form to complete the triage. See *Figure 43, Triage Completion*.

Figure 43: Triage Completion

14.6 Click **Enter calculated date**. A form opens and shows calculation dates. See *Figure 44, Calculate Date*.

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

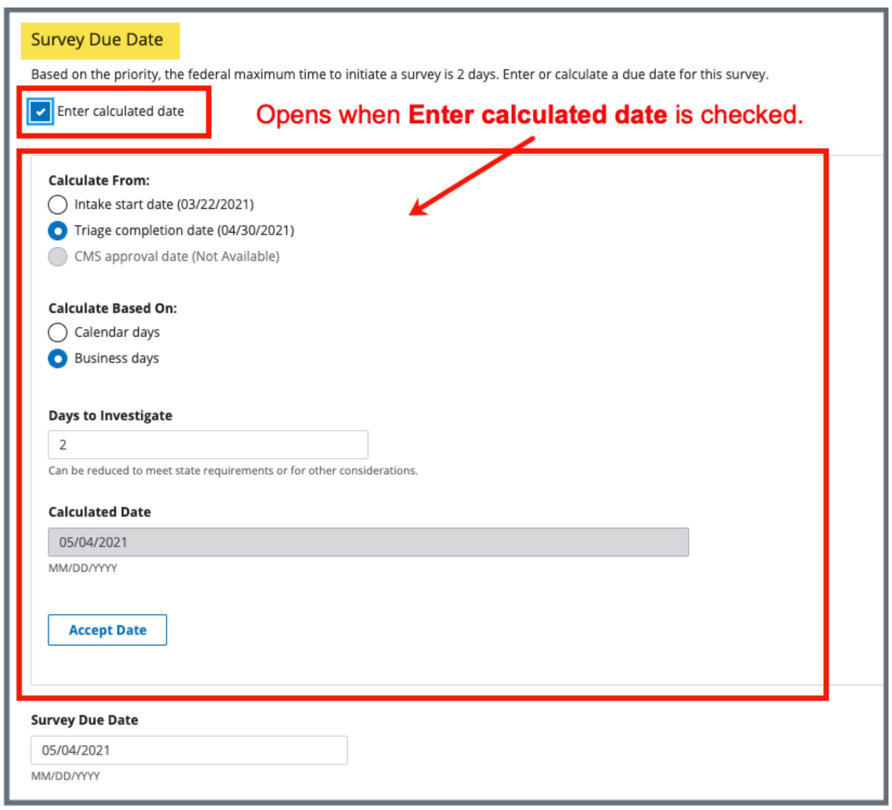

Figure 44: Calculate Date

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.

14.7 Click **Save Section**. The window populates with updated form information.

15. Finalization

Purpose: To ensure the intake is manually closed after the intake status changes to **Pending Finalization** when the Statement of Deficiency has been sent.

Notes:

- 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 **Finalization** on the left menu. The **Finalization** window opens. See *Figure 45, Finalization.*

Note: The **Edit** button does not appear until the intake status is **Pending Finalization**.

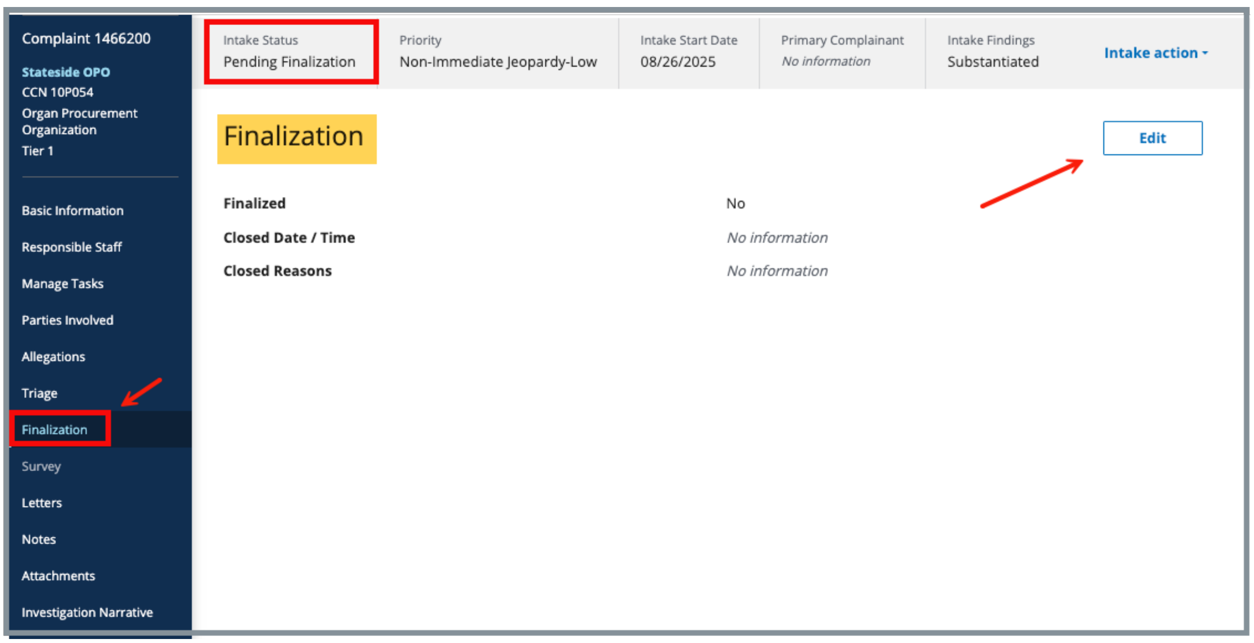

Figure 45: Finalization

15.2 Click **Edit**. The **Edit Finalization** window opens. See *Figure 46, Edit Finalization*.

Notes:

- Fields are disabled until **Finalized** is checked
- The **Closed Date** and **Time** fields automatically populate but can be updated.

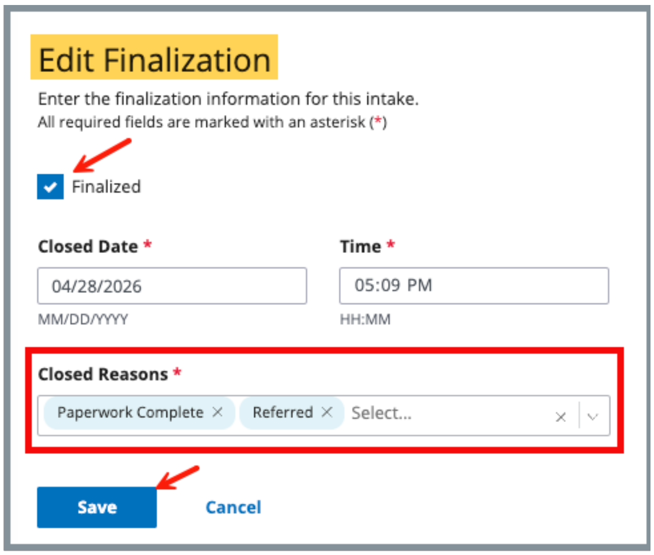

Figure 46: Edit Finalization

15.3 Check the box next to **Finalized**.

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

15.5 Click **Save**. The **Finalization** page updates and the **Intake Status** changes to **Closed**. See *Figure 47, Intake Status*.

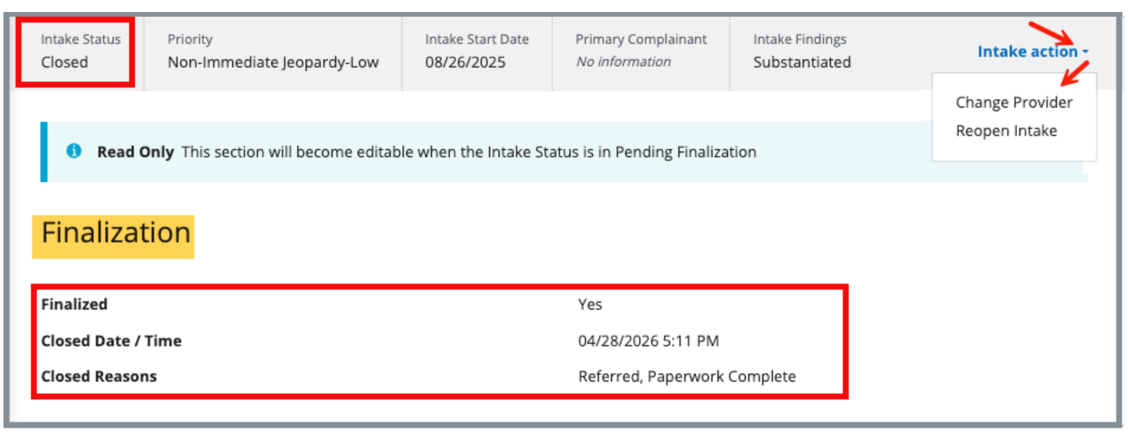

Figure 47: Intake Status

15.6 Click **Reopen Intake** under **Intake action** to reopen an intake. See *Figure 48, Reopen Intake*. A green banner notes that the intake is reopened.

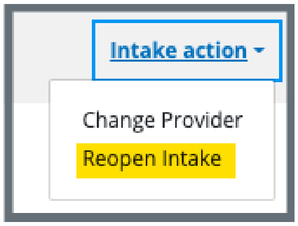

Figure 48: Reopen Intake

16. 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

16.1 Click **Survey** on the left menu. The **Survey** window opens. See *Figure 49,* Survey.

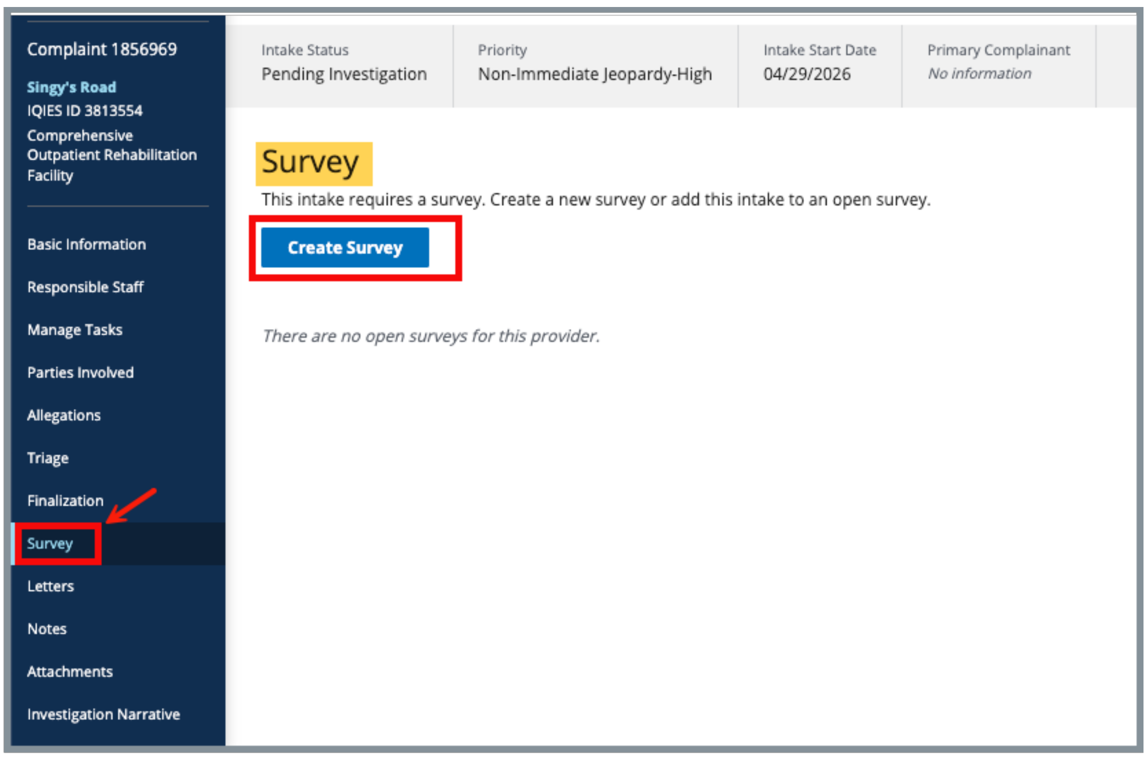

Figure 49: Survey

16.2 Click **Create Survey**. The **Survey Basic Information** page opens. See *Figure 50, Survey Basic Information.*

Note: The **Survey Basic Information** page opens when there is an existing survey. Click **Edit** to edit that survey.

16.3 Fill out the information.

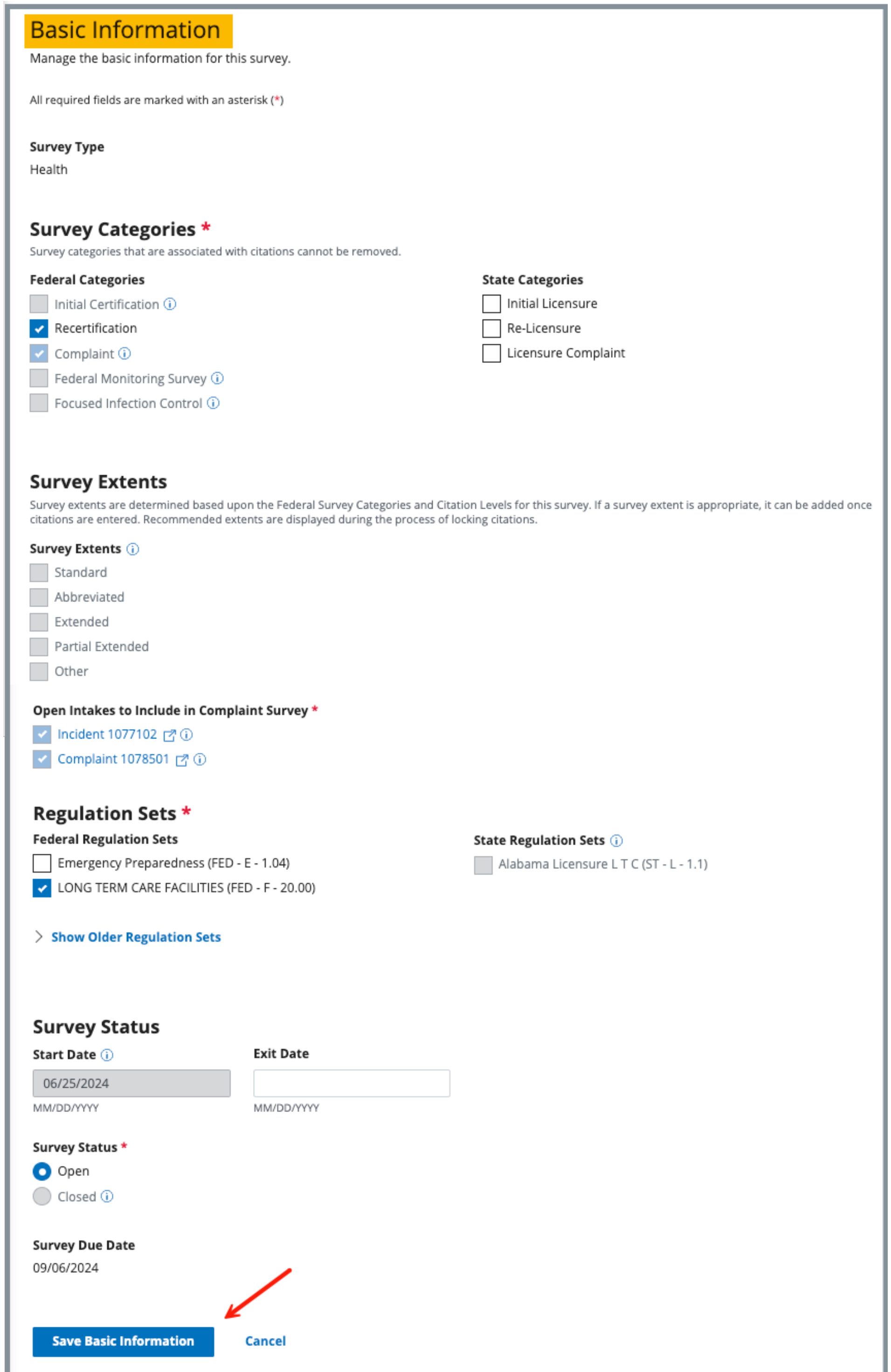

Figure 50: Survey Basic Information

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

17. 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.

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

17.1.1 Click **Add Survey** on the **Provider History** page. The **Basic Information** page opens. See *Figure 51, Link an Intake Basic Information.*

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

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

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

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

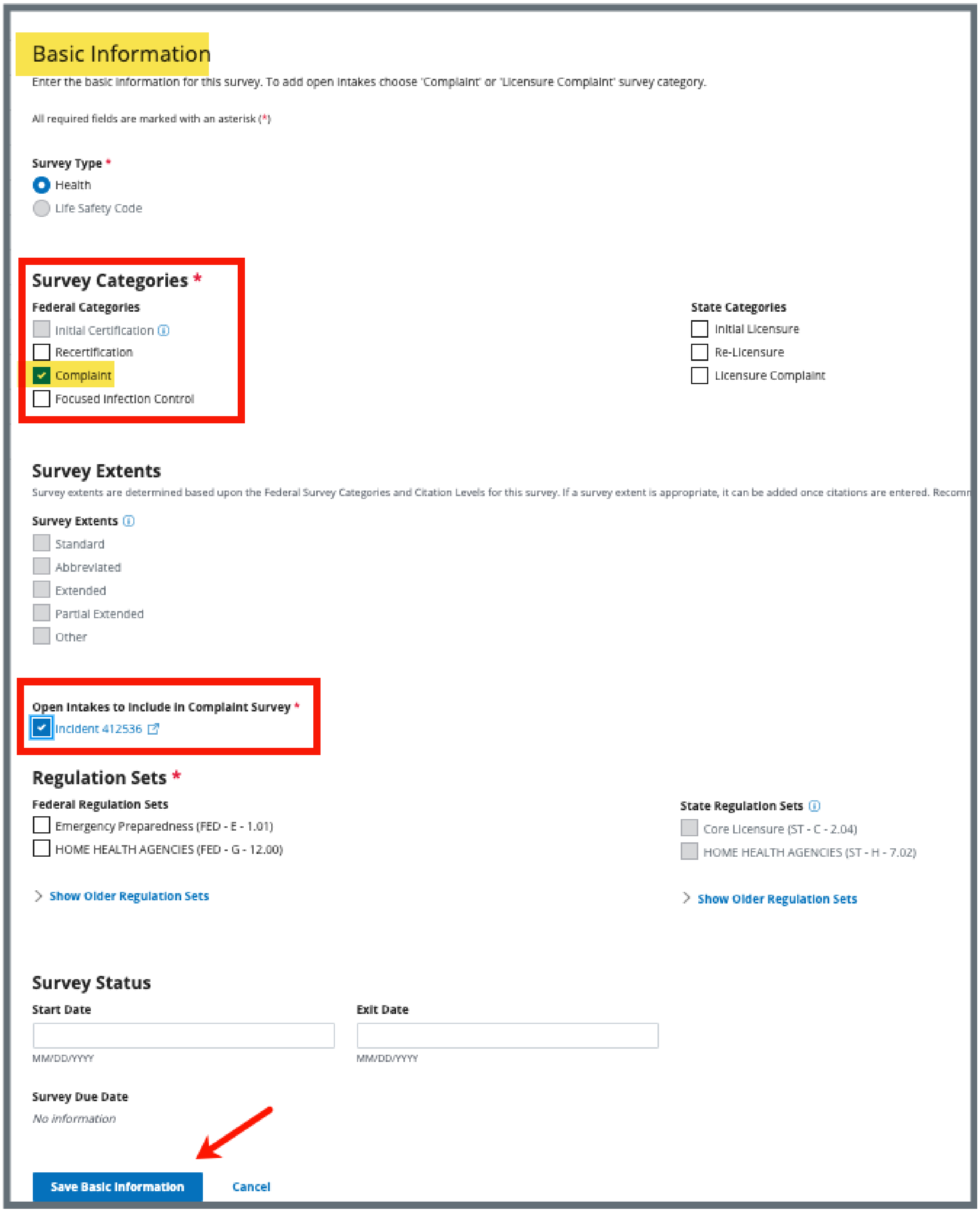

Figure 51: Link an Intake Basic Information

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

17.2.1 Select the **Intake ID** under **Recent Intakes** on the **Provider History** page. See *Figure 52, Intake ID Link*. The **Basic Information** page opens.

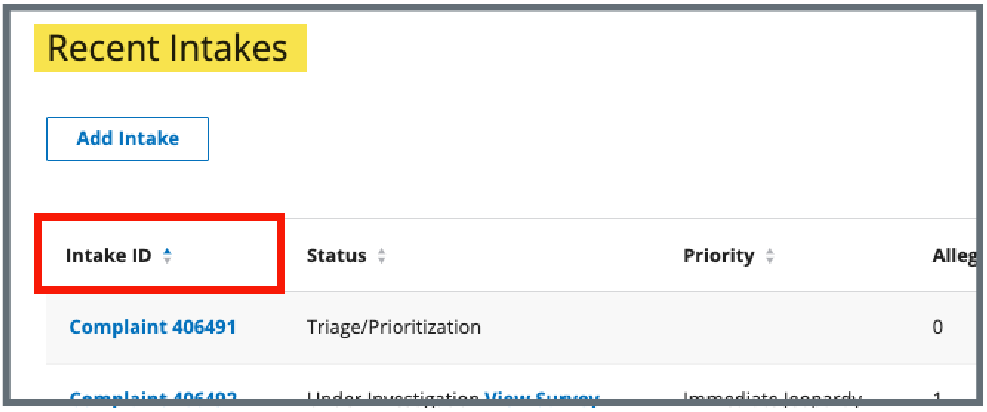

Figure 52: Intake ID Link

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

17.2.3 Click **Create Survey**. See *Figure 53, Create Survey*. The **Create Survey Basic Information** page opens.

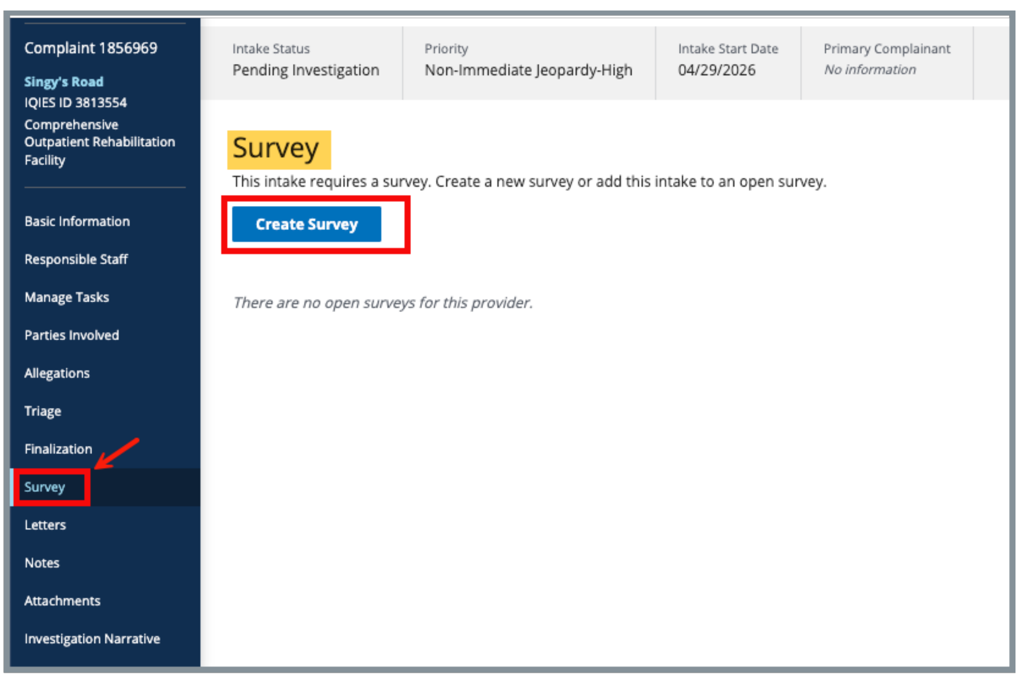

Figure 53: Create Survey

Note: The correct complaint intake is already selected under **Open intakes to include in Complaint Survey**. See *Figure 54, Open Intakes to Include in Complaint Survey.*

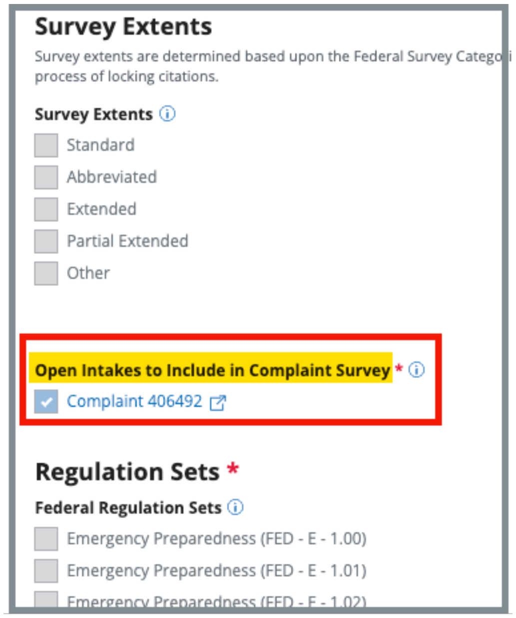

Figure 54: Open Intakes to Include in Complaint Survey

17.2.4 Fill out any other required information.

17.2.5 Click **Save Basic Information**. The **Survey Basic Information** page opens. The complaint or incident is now linked to the complaint survey. See *Figure 55, Linked Survey to Intake*.

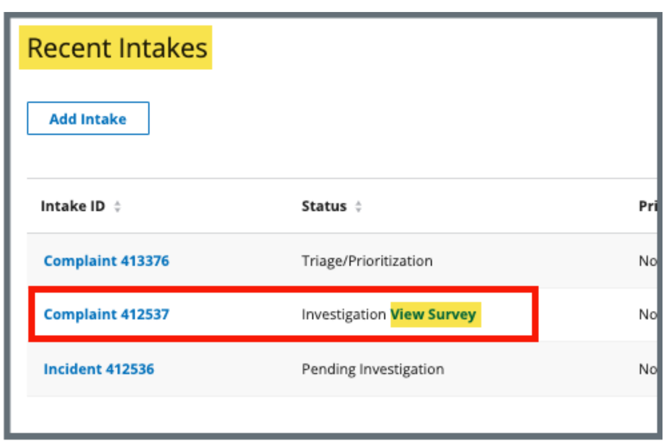

Figure 55: Linked Survey to Intake

18. 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**

18.1 Click **Change Provider** from the **Intake** action drop-down menu. See *Figure 56, Change Provider Drop-Down Menu*. The **Change Provider** pop-up window opens.

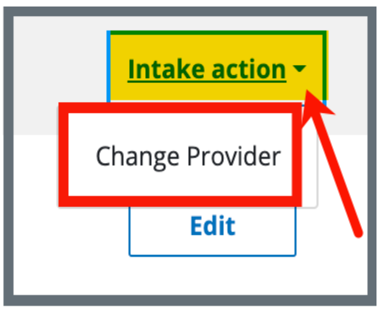

Figure 56: Change Provider Drop-Down Menu

18.2 Type the provider, DBA name, CCN or State Facility ID (FACID) to search for the correct provider. See *Figure 57, Change Provider for Complaint*.

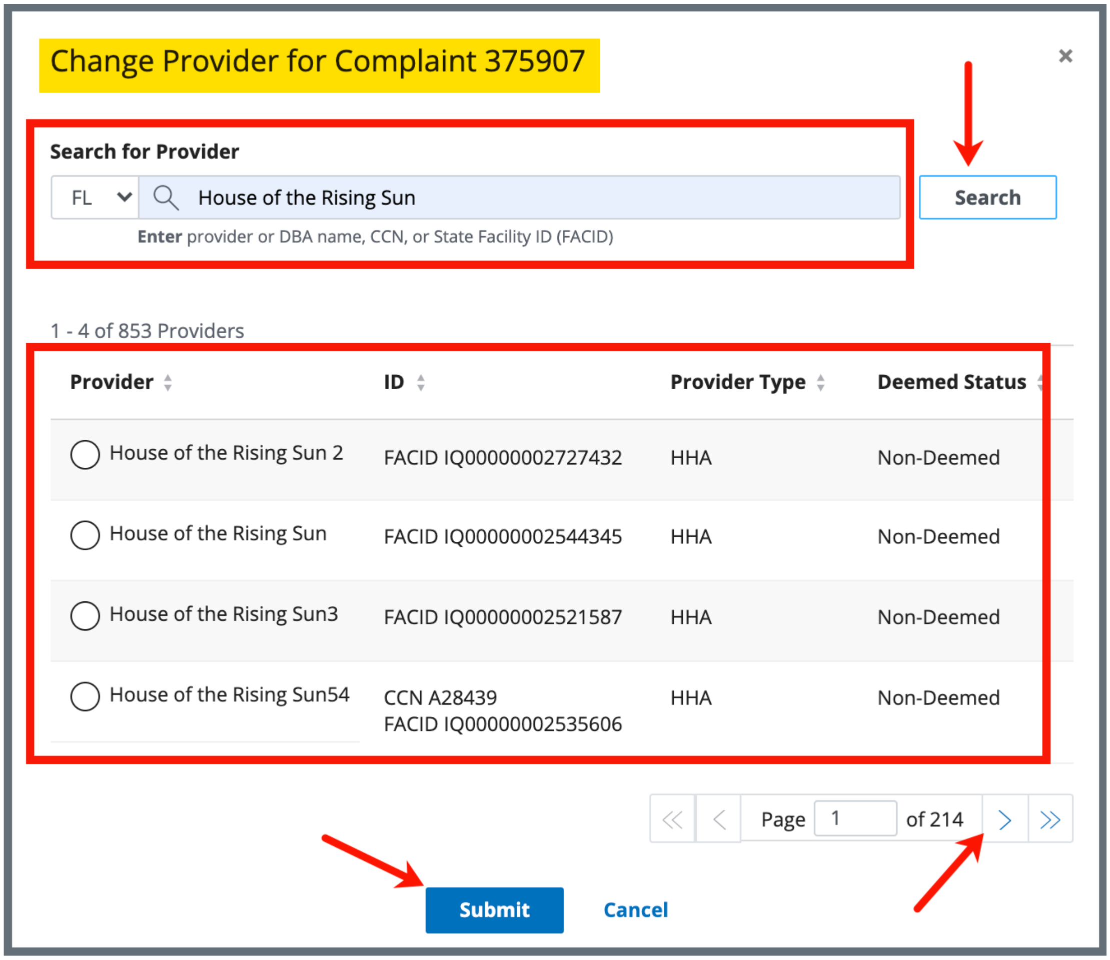

Figure 57: Change Provider for Complaint

18.3 Click the radio button next to the correct provider.

18.4 Click **Submit**. The **Changing Provider** pop-up window opens. See *Figure 58, Changing Provider*.

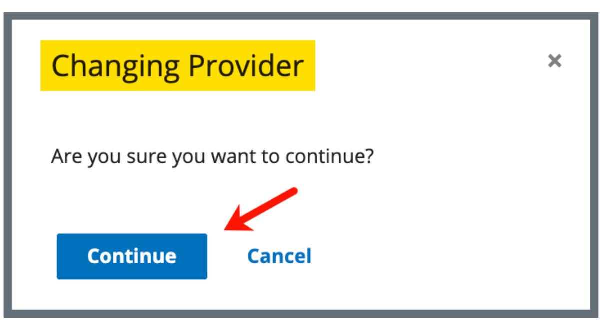

Figure 58: Changing Provider

18.5 Click **Continue**.

18.6 Verify the green notification banner is at the top of the window confirming the intake provider was changed. See *Figure 59, Provider Intake Changed Green Notification Banner.*

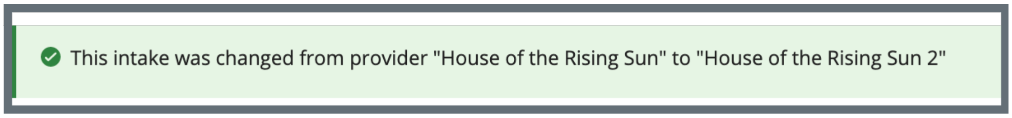

Figure 59: Provider Intake Changed Green Notification Banner

19. Letters, Notes, Attachments

Note: **Letters, Notes,** and **Attachments** information can be found in the S&C User Manual: **Letters, Notes, and Attachments** on QTSO.

20. 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.

20.1 Click **Investigation Narrative** on the left menu. The **Add Investigation Narrative** window opens. See *Figure 60, Add Investigation Narrative*.

Figure 60: Add Investigation Narrative

20.2 Type freeform text in the text box.

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

20.4 Click **Edit** to edit the investigation narrative. Click **Save** after editing. See *Figure 61, Edit or Download an Investigation Narrative*.

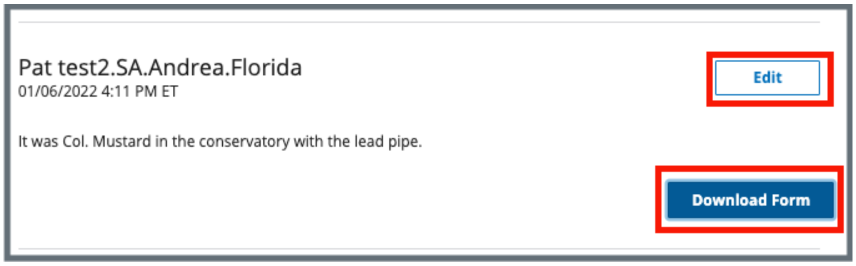

Figure 61: Edit or Download an Investigation Narrative

Notes:

- Be aware that two users can be in **Edit** mode in the **Investigation Narrative** at the same time. See *Figure 62, Concurrent Editor Notification.* <u>One user will overwrite the other person's data</u>. 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.

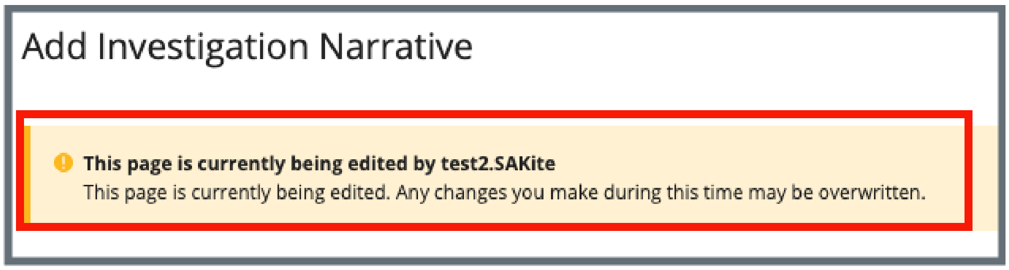

Figure 62: Concurrent Editor Notification

- 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 63, Investigation Narrative Pencil Icon.*

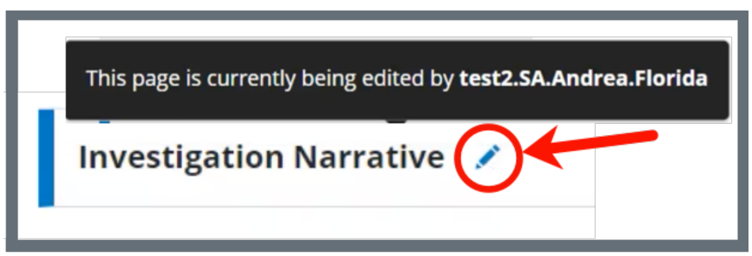

Figure 63: Investigation Narrative Pencil Icon

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