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CMS/
CENTERS for MEDICARE & MEDICAID SERVICES

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-04-43

DATE: **August 12, 2004**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: **October 4, 2004 National Transition Date -** Automated Survey Processing
Environment (ASPEN) Enforcement Manager (AEM) for <u>Nursing Homes</u>

Letter Summary

- The national date for transition to AEM is October 4, 2004.
- Guidance for entering various survey and enforcement activities into the new tracking system is attached.
- Definitions are provided for Federal Monitoring Surveys and State Monitoring Visits in the ASPEN/AEM context.
- For assistance contact **ASPEN_HELP@IFMC.ORG**, 1-888-477-7876, and the FAQ section of www.QTSO.com.

October 4, 2004 is the date for national transition to AEM. We moved the transition from the original August 30th date in order to permit some states to make last-minute readiness adjustments.

This letter provides guidance for the transition to AEM and for entering various survey and enforcement activities into the new tracking system.

AEM is a product of continuous federal and state efforts to improve the national system of quality assurance in nursing homes. The AEM will enable a number of improvements, including:

> *National Consistency*: All states and all federal offices will use the same system, the same set of definitions, and have the same improved capability for tracking and managing enforcement.

Improved Tracking: From beginning to end of an enforcement cycle, the Manager will promote fast, real-time entry and tracking of enforcement actions, with more information about each transaction, instead of after-the-fact reporting.

Automatic Alerting: AEM can issue alerts and assignments as enforcement tasks are needed.

Improved Communications: AEM will promote more efficient communication of actions with providers and other organizations, through features such as an automatic letter generation function.

Improved Analysis & Oversight: AEM incorporates reporting functions that will help a state agency analyze patterns of activity.

Coordination with State Activities: AEM may be used with state licensure activities, so as to promote optimum coordination between survey and certification and state licensure functions.

Transition to AEM

The production version of AEM is part of ASPEN 8.0 and will be implemented on Monday, October 4, 2004. All Medicare and Medicaid nursing home enforcement cycles that begin October 4, 2004 or after must be entered and processed to completion in AEM. (The cycle beginning date is the survey exit date of the first survey in the cycle.) If States have not already done so, they should immediately review their individual AEM readiness with their respective CMS Regional Office (RO) in order to address and resolve any remaining implementation issues prior to the October implementation date. AEM supports the tracking and processing of State licensure-only enforcement actions (either independent of Medicare or Medicaid enforcement, or parallel with it) and we encourage States to use this optional feature.

For cycles that begin October 4, 2004 and after, the full enforcement business process will take place in AEM at both the State and RO levels. All enforcement cycles are to be recorded in AEM when noncompliance is determined, including the most basic Opportunity to Correct cases in which there is a single deficiency at a Scope and Severity level of "D."

Electronic Processing Environment

All enforcement processing will occur in the electronic environment; State and RO recommendations, decisions and correspondence must be entered in AEM at the time these review and processing actions take place. Generally, there should be no "after the fact" AEM input, only electronic processing of cases in AEM. Because enforcement processing is dependent upon survey findings, the input of survey, complaint investigation, follow-up and informal dispute resolution information must be completed in ASPEN in a timely fashion.

Forms and documents that exist electronically in AEM and the other areas of ASPEN will no longer be mailed to the ROs in paper form. Facility written plans of correction (PoC), which are not currently submitted electronically, are not integrated into AEM and, in many cases, will have to be transmitted via previously existing means. However, States which have the capability of

scanning PoCs and transmitting them as an electronic attachment to an AEM case may work with their ROs to implement this option.

There are a limited number of "required fields" indicated in AEM by their yellow color. Unlike past ASPEN releases, these fields should not be understood as the minimum number of items required for entry, with the remaining fields being optional. Because the full enforcement business process takes place in AEM, and because each enforcement case can vary significantly, all fields relevant to each specific case must be entered at the time the case is processed. The indicated "required fields" are designated as such primarily for data consistency purposes.

For ROs, the decision about which data system to use for entering cases will be dependent upon the cycle start date. ROs should not enter cycles beginning October 4, 2004 or after into the RO LTC tracking system; those cases will be processed in AEM. The RO LTC tracking system should only contain cycles that begin prior to October 4, 2004; these pre-AEM cases should be followed to completion in the RO LTC tracking system. For pre-AEM cases, States must continue to use their former processing means, including mailing paper kits and other information to the RO, as appropriate.

Instructions for Entering/Performing Specific Activities in AEM
See Attachment 1.

Available Help
➢ Systems related issues should be directed to the Help Line at ASPEN_HELP@IFMC.ORG or 1-888-477-7876.
➢ Attachment 2 provides the CMS regional office AEM contacts.
➢ Questions and answers will be posted to the QTSO website, as necessary. The web address is www.QTSO.com, then select FAQ, then AEM.

Effective Date: October 4, 2004.

Training: This information should be distributed to all nursing home survey and certification staff, their managers, and the State and RO training coordinators.

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management (G-5)
     John Williams, DNS

Attachments: Instructions for Entering/Performing Specific Activities in AEM
                CMS Regional Office AEM Contacts

Instructions for Entering/Performing Specific Activities in AEM

State Monitoring Visits
For purposes of these instructions, "State Monitoring" refers to monitoring visits to a facility by the State to oversee a facility's compliance status:
➢ During bankruptcy, in those cases in which CMS has authorized such visits.
➢ After a change of ownership, as authorized by the CMS RO.
➢ During or shortly after removal of immediate jeopardy when the purpose of the visit is to ensure the welfare of the residents by providing an oversight presence, rather than to perform a structured follow-up visit.
➢ In other circumstances, as authorized by the CMS RO.

When such a State Monitoring Visit results in a Federal deficiency, the State will identify the survey in ASPEN as "complaint" and create an intake and survey record in the ASPEN Complaint/Incident Tracking System (ACTS). The data should be entered into ACTS as follows:
➢ Intake type = complaint
➢ Intake Subtype = Federal
➢ Source = State SA
➢ Priority = can vary
➢ Allegation type = State Monitoring

Form CMS-462L
Continue to complete the CMS-462L form for pre-AEM cycles with starting dates before October 4, 2004. Processing cases in AEM will automatically populate the required data fields from the 462L so that separate completion of that form will not be required for cycle starting dates of October 4, 2004 and after. You must complete any 462Ls entered into the Online Data Input and Edit (ODIE) enforcement system.

Letter Generation
AEM calls for tracking and contents information on every letter sent by the State and RO for each case. This information is then available to both the State and RO as an integral part of AEM's communication-enhancing electronic environment. Ideally, the letters themselves will also be in place for both offices to immediately see. Letter tracking and recording of contents is required in AEM; however, we are not mandating letter-generation by States on the implementation date.

Using the AEM automatic letter generation function will significantly increase the efficiency of States and ROs that do not currently use automated letter software, or whose software is not as fully integrated into an equivalent enforcement processing system. Such States and all ROs should begin using this AEM function as soon as possible.

States using other systems should seriously explore migrating to the AEM letter function to take advantage of the efficiency gains this can provide. AEM letter generation derives its efficiency from using the extensive data that is available as a byproduct of the electronic processing of each case. AEM data populates an extensive set of automatic merge codes ("macros") which will speed letter production. (AEM-generated letters can also be saved as electronic files outside of the system.)

As AEM goes into effect, there are three methods of incorporating letters into a case:
➢ Create the letters in AEM. This is our recommended option; all States should move in this direction.
➢ Create the letters outside of AEM, save in Rich Text Format (.rtf), and import into a dummy letter template in AEM. This has the advantage of making all correspondence text conveniently available in AEM's Notices grid.
➢ Create the letters outside of AEM and import the file into the case as an attachment. While having the advantage of being an exact copy of the letter that was sent, this is the least well-integrated option, since attachments will not be displayed in date order on the Notices grid for easy reference and retrieval.

Federal Monitoring Surveys
The following Federal monitoring survey capabilities will be effective with the ASPEN 8.0 release:
➢ A new survey type of Federal Monitoring will be supported by ASPEN for nursing homes. This will utilize the existing survey type of "Federal Monitoring," designated with a letter code of "C".
➢ At this time, Federal Monitoring Surveys will include direct Federal surveys and comparative surveys. Federal Oversight and Support Surveys (FOSS) will not be included in ASPEN since any citations issued will be entered by States as part of their action.
➢ At this time, the supported Federal Monitoring Surveys will not be able to be combined with complaint or certification surveys. They will not be uploaded to the mainframe since there is no linkage between ASPEN and the Online Survey, Certification and Reporting (OSCAR) Federal Monitoring System (FMS).
➢ Only those Federal Monitoring Surveys that are part of an enforcement cycle (i.e., that begin an enforcement cycle, occur during a cycle, or end a cycle by finding substantial compliance) are required to be entered into ASPEN. These surveys will be displayed within the appropriate AEM enforcement case. Entry of these surveys when they are not part of an enforcement case is discretionary.
➢ Form CMS 670 hours entry will apply only to comparative surveys.
➢ Only CMS Regional Offices will be able to create or modify Federal Monitoring Surveys. States may view the surveys and citations but will not be able to create or modify them.
➢ States may create or modify follow-up visits to Federal Monitoring Surveys if the State conducted the follow-up visit.

CMS Regional Office AEM Contacts

Regional Office	Contacts	Phone	E-mail
I – Boston	Beverly Kercz Viola Siriani	617-565-1333 617-565-1196	Bkercz@cms.hhs.gov Vsiriani@cms.hhs.gov
II - New York	Halda Greenidge Jim Kerrigan	212-264-3957 212-264-8523	Hgreenidge@cms.hhs.gov Jkerrigan@cms.hhs.gov
III – Philadelphia	Stuart Cogan Bernae Hinnant	215-861-4734 215-861-4286	Scogan@cms.hhs.gov Bhinnant@cms.hhs.gov
IV – Atlanta	Sam Ray Vickie Scott Rosemary Wilder	404-562-7469 404-562-7456 404-562-7452	Iray@cms.hhs.gov Vscott@cms.hhs.gov Rwilder@cms.hhs.gov
V – Chicago	Mark Dykstra Doug Wolfe Sabrina Stinson Michael Bishop	312-886-5217 312-886-5214 312-353-1454 312-353-1089	Mdykstra1@cms.hhs.gov Dwolfe@cms.hhs.gov Sstinson@cms.hhs.gov Mbishop2@cms.hhs.gov
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VII – Kansas City	Wayne Martin Rhonda Wells	816-426-6485 816-426-2011	Wmartin@cms.hhs.gov Rwells2@cms.hhs.gov
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IX – San Francisco	Jeannie Lim Mary Lee Yvonne Pon Emery Lee	415-744-3711 415-744-3743 415-744-3710 415-744-3702	Jlim@cms.hhs.gov Mlee2@cms.hhs.gov Ypon@cms.hhs.gov Elee2@cms.hhs.gov
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