

MEMORANDUM

Texas Department of Human Services * Long Term Care/Policy

TO: Long Term Care -Regulatory
Regional Directors and State Office Managers

FROM: Marc Gold, Director
Long Term Care Policy
State Office MC: W-519

SUBJECT: Regional Survey & Certification Letter #02-07

DATE: July 10, 2002

The attached RS&C Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 02-07 - **ASPEN CENTRAL OFFICE AND ASPEN REGIONAL OFFICE PROCEDURES FOR LONG TERM CARE PROVIDERS (SNF/NF).**

If you have any questions, please direct ASPEN inquiries to Tim Kruse, Program Analyst in Data Management and Analysis, LTC-R, at (512) 438-2964; or to Cecile Hay, Nursing Facility Program Specialist in Professional Services, LTC-R, at (512) 438-2396. Please direct Medicare certification inquiries to a Medicare Contract Specialist in Facility Enrollment, LTC-R, at (512) 438-2360.

~Original Signature on File~

Marc Gold

[Attachment](#)

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

May 31 , 2002

REGIONAL SURVEY AND CERTIFICATION LETTER NO: 02-07

To: All State Survey Agencies (Action)
All Title XIX Single State (Information)
Agencies

Subject: **ASPEN CENTRAL OFFICE AND ASPEN REGIONAL OFFICE PROCEDURES FOR LONG TERM CARE PROVIDERS (SNF/NF)**

At this point, all states have received training in the ASPEN CO for LTC providers. As a result of moving to the new system for data input, there will be some changes in the way we do business between the states and the Regional Office. The most significant changes will be in the areas of initial certification and terminations. To be sure that we are all clear on how actions will be processed utilizing the new method of conducting business, we are setting forth below some guidelines on processing typical actions.

INITIAL CERTIFICATIONS:

This is an area of major change. In the past, partial packets were forwarded to the RO, and the RO sent back a completed 1539 for the state to key in with the Initial survey into ODIE.

New Process for Initials:

1. After the survey is conducted for SNF or SNF/NF, the state agency forwards three signed original copies of the Health Insurance Benefits Agreement, the 855 Fiscal Intermediary approval letter to the RO, a recommended participation date, and a copy of the 1539 or a cover sheet to identify the provider name, address and etc. In some rare cases, there may be a notice of fiscal intermediary selection for a chain owned facility that has an out of Region FI.
2. The state agency enters the full certification kit (1539, 671, 672, 2786, 2567, 670) into ASPEN. All fields are completed except the provider number, participation date, RO receipt and sign off date. The state agency releases the kit to the RO (electronically).
3. Until some enhancements are added to automatically notify our office that a survey is there for us to review, please send an e-mail note (giving the name of the facility) to (msantana@cms.hhs.gov) advising us that an initial certification is there for us to

act on.

4. The RO will assign the provider number, issue the certification letter and complete the remaining fields (provider number, participation date, RO receipt and approval date), and RO will upload the certification to ODIE.
5. If other errors occur then an e-mail note will be sent back to the State Agencies' main office for correction of error and for State Agencies to upload the certification to ODIE.

NURSING FACILITY CHANGING TO SNF:

The State will need to send to the RO three signed original copies of the Health Insurance Benefits Agreement, the 855 Fiscal Intermediary approval letter to the RO and the recommended Medicare Certification date. Also include the NF provider number, recommended termination date and any other changes to the RO. The RO (Mary Ann Santana) will assign the SNF provider number, participation date, RO receipt, approval date and make the change in ASPEN and upload the certification to ODIE. Also, the RO will terminate the NF provider number. RO will notify the State Agency of the provider number by letter. If other errors occur then an e-mail note will be sent back to the State Agencies' main office for correction of error and for SA to upload the certification to ODIE.

SNF CHANGING TO NF:

The State will notify the RO by e-mail, Sonja Chuprinko (schuprinko@cms.hhs.gov) that the provider is changing to a NF. Include in the e-mail, the SNF provider number, State Survey Agency Approval Date (L20), termination date, termination code (L30), the new NF provider number, participation date, and any other changes. RO will terminate SNF number and upload NF to ODIE. By mail, send a copy of the Certification Transmittal form (1539), the newspaper notice, and letter requesting changes in status by the provider.

INVOLUNTARY TERMINATIONS OF SNF SNF/NF:

1. The first survey, showing requirements not met, would be entered into ASPEN in its entirety (1539, 671, 672, 2786, 2567, 670). It would reflect a compliance status of 'B' in L12 (non-compliance).
2. After the 45 - 60 day revisit, if the facility had regained compliance, the 2567 can be updated to reflect the revisit, the new 670 added, L12 changed to the appropriate level of compliance, (A1) and the kit submitted and updated to ODIE.
3. If after the 45 - 60 day revisit, non-compliance remained, the revisit and 670 should be added to the kit. At this time, you will follow the present enforcement procedures.
4. The RO would complete the termination action, fill in the termination date and RO approval, and submit the kit to ODIE.
5. If a second revisit found compliance, the kit will be updated by the state, the RO advised, Ginny Tibbetts, (vtibbetts@cms.hhs.gov) that it was completed, and the RO will finalize the kit, issue any appropriate rescission letter, and upload the kit to

ODIE.

VOLUNTARY TERMINATIONS, CLOSURES, MERGERS:

No change from the present practice other than the system utilized. The paperwork will be forwarded to the RO, the kit will be updated in the RO, and action uploaded to the system by the RO. RS&C Letter # 00-10.

CHANGE OF OWNERSHIP:

No change from the present practice, other than the system utilized. The paperwork will be forwarded to the RO, the kit will be updated in the RO, and the CHOW uploaded to the system by the RO. If there has been a name change, address change, or fiscal intermediary change in conjunction with the CHOW, the data will be entered in the RO. RS&C Letter # 97-21.

If other errors occur then an e-mail note will be sent back to the State Agencies' main office for correction of error and to upload the certification to ODIE.

FISCAL INTERMEDIARY CHANGES ONLY:

No change from the present practice, other than the system utilized.

NAME CHANGES, ADDRESS CHANGES - NOT PART OF A CHOW:

No change from the present practice, other than the system utilized. The state will enter the name and /or address change into ASPEN. The system will automatically upload the data. The state will notify the fiscal intermediary of the change. No notice to the RO required.

RECERTIFICATION SURVEYS:

No change from the present practice, other than the system utilized. The state will enter the recertification into ASPEN and upload the data. The state will notify the fiscal intermediary if there was a name or address change. No notice to the RO required. RO will clear Flagged Cases weekly.

BED CHANGES:

No change from the present practice, other than the system utilized. The state will enter the bed change into ASPEN and upload the data. RS&C Letter # 00-13.

FLAGGED ACTION:

The Regions have requested that 'flags' be removed from the system. The concept is obsolete. Until that happens, 'flagged' actions will appear on the transaction file as such, and will be cleared by the RO. No paperwork should be forwarded to the RO unless there is a specific request for it. RO will clear Flagged Cases weekly.

Note that as time goes on, we may have to tinker with the processes a bit. For example, as noted earlier, we hope to soon have an automatic notification feature to eliminate the state having to notify us that an action requires attention. No doubt, as we gain

experience with the system, better methods may become apparent.

If you have any questions, please contact Mary Ann Santana at 214-767-6070 or by e-mail, msantana@cms.hhs.gov.

Sincerely,

~Signature on File~

Molly Crawshaw, Chief
Survey and Certification Operation Branch

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