

# MEMORANDUM

## Texas Department of Human Services

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

**FROM:** Jeanoyce Wilson, Unit Manager  
Long Term Care-Regulatory Policy Unit  
State Office MC W-519

**SUBJECT:** Regional Survey and Certification (RS&C) Letter No. 03-07

**DATE:** May 16, 2003

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The attached Centers for Medicare and Medicaid Services (CMS), Regional Survey and Certification (RS&C) Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 03-07 – Aspen Central Office and Aspen Regional Office Procedures For Home Health Agencies (HHA)

If you have any questions, please direct ASPEN inquiries to Bevo Morris in the Long Term Care-Regulatory Policy Unit at (512) 438-2363. Please direct inquiries regarding Terminations, Changes of Ownership and Branch Offices to Mary Jo Grassmuck, Unit Manager, HCSSA Licensure, Long Term-Care Regulatory, at 512-438-2183.

Jeanoyce Wilson

JW:bbm

Attachment

c: Evelyn Delgado, E-340  
Paul Leche, W-615  
Merrie Dufflot, W-404  
Regional Administrators



**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**Centers for Medicare & Medicaid Services**  
**Division of Medicaid and State Operations, Region VI**

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Dallas, Texas 75202  
Phone (214) 767-6301  
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April 28, 2003

**REGIONAL SURVEY AND CERTIFICATION LETTER NO. 03-07**

**TO:** All State Survey Agencies (ACTION)  
All Title XIX Single State Agencies (INFORMATION)

**SUBJECT: ASPEN CENTRAL OFFICE AND ASPEN REGIONAL OFFICE  
PROCEDURES FOR HOME HEALTH AGENCIES (HHA)**

At this point, all states have received training in the ASPEN CO for HHA 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.

**NON ACCREDITED 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 HHA, 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 accordance with 42 CFR 489.13, if the provider had standard level deficiencies, state on the CMS 1539, Block 16, the date the Plan of Correction is accepted and approved by the approving authority, also send a copy of Page 1 of the 2567 (signed/dated by the approving authority). In some cases, there may be a notice of fiscal intermediary selection for a chain owned facility other than Palmetto.



- 2). The state agency enters the full certification kit (1539, 1572, 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 the appropriate staff per Addendum A, advising us that an initial certification is there for us to act on.
- 4). The RO assigns the provider number, issues the certification letter and completes 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.

#### **ACCREDITED INITIAL CERTIFICATIONS:**

- 1.) After the accredited organization conducts the Initial survey, the State Agency requests from the provider a completed 1572 (HHA Application) and three signed original copies of the Health Insurance Benefits Agreement. The State Agency completes a 1539 and a 670. The 670 will be completed as follows:
  - a. Surveyor ID Number: Use the State Agency Supervisor's surveyor ID number;
  - b. First date arrived – Survey date;
  - c. Last date departed – Survey date;
  - d. Pre-survey preparation hours – key in .25;
  - e. On-site hours (8:00 a.m.- 6:00 p.m.) – key in .25;
  - f. Travel hours – key in .25;
  - g. Off-site report preparation hours – key in .25;
  - h. Total Supervisory Review Hours – key in your hours for review;
  - i. Total clerical/data entry hours – key in your clerical/data hours.

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 cases, there may be a notice of fiscal intermediary selection for a chain owned facility other than Palmetto.

- 2.) The State Agency enters the full certification kit (1539, 1572, 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 the appropriate

staff per Addendum A, advising us that an initial accredited certification is there for us to act on.

- 4.) The RO assigns the provider number, issues the certification letter and completes 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.

#### **INVOLUNTARY TERMINATIONS OF HHA:**

- 1). The first survey, showing conditions not met, is entered into ASPEN in its entirety (1539, 1572, 2567, 670). Compliance status of 'B' in L12 (non-compliance).
- 2). After the 45 day revisit, if the facility had regained compliance, the 2567 is 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 day revisit, non-compliance remained, the revisit and 670 are added to the kit. At this time, you will follow the present enforcement procedures.
- 4). The RO completes the termination action, fills in the termination date and RO approval, and submits the kit to ODIE.
- 5). If a second revisit finds compliance, the kit is updated by the state, the RO advised per addendum A, that it is completed, and the RO finalizes the kit, issues any appropriate rescission letter, and uploads the kit to ODIE.

#### **VOLUNTARY TERMINATIONS, CLOSURES, MERGERS:**

No change from the present practice other than the system utilized. The paperwork is forwarded to the RO, the kit is 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 is forwarded to the RO, the kit is 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 is entered by the RO. RS&C Letter # 97-21.

If 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.

## **BRANCH OFFICE APPROVALS, DENIALS, AND CLOSURES**

The significant change here is that branch offices will now be tracked in detail by the system. Per past practice, forward the paperwork to the RO with the state recommendation. The RO will review and assign the branch identification number and notify the HHA. The RO will enter the branch ID number and address into the system. (Update and upload to the system.)

As each annual survey is conducted, the state agency enters the information about existing approved branch offices into the system. Over the course of the three years, all branch office data will be captured.

**BRANCH CLOSURES:** When branch offices close for whatever reason, please notify the Regional Office, via the CMS 1539, along with any supporting documentation. The RO updates and uploads to the system.

**BRANCH ADDRESS CHANGES:** When a branch office changes address the State agency will make the changes in ASPEN and notify the Intermediary. The system will upload the changes 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 enters the name and /or address change into ASPEN. The system will automatically upload the data. The state notifies 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 enters the recertification into ASPEN and uploads the data. The state notifies the fiscal intermediary if there is a name or address change. No notice to the RO required. RO will clear Flagged Cases weekly.

### **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 is 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.*

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If you have any questions, please contact Linda Jones at 214-767-2076 or by e-mail, [ljones2@cms.hhs.gov](mailto:ljones2@cms.hhs.gov) or you may contact Jann Caldwell at 214-767-4401 or by e-mail, [jcaldwell1@cms.hhs.gov](mailto:jcaldwell1@cms.hhs.gov).

Sincerely,

/S/

Molly Crawshaw, Chief  
Survey and Certification Operation Branch

Addendum A

## ADDENDUM A

### **INITIALS (Non-Accredited and Accredited):**

Linda Jones – 214-767-2076 ([ljones2@cms.hhs.gov](mailto:ljones2@cms.hhs.gov))

### **TERMINATIONS (Involuntary and Voluntary):**

Linda Jones – 214-767-2076 ([ljones2@cms.hhs.gov](mailto:ljones2@cms.hhs.gov))

### **CHANGE OF OWNERSHIP:**

Jann Caldwell – 214-767-4401 ([jcaldwell1@cms.hhs.gov](mailto:jcaldwell1@cms.hhs.gov))

### **BRANCH OFFICES:**

Jann Caldwell – 214-767-4401 ([jcaldwell1@cms.hhs.gov](mailto:jcaldwell1@cms.hhs.gov))