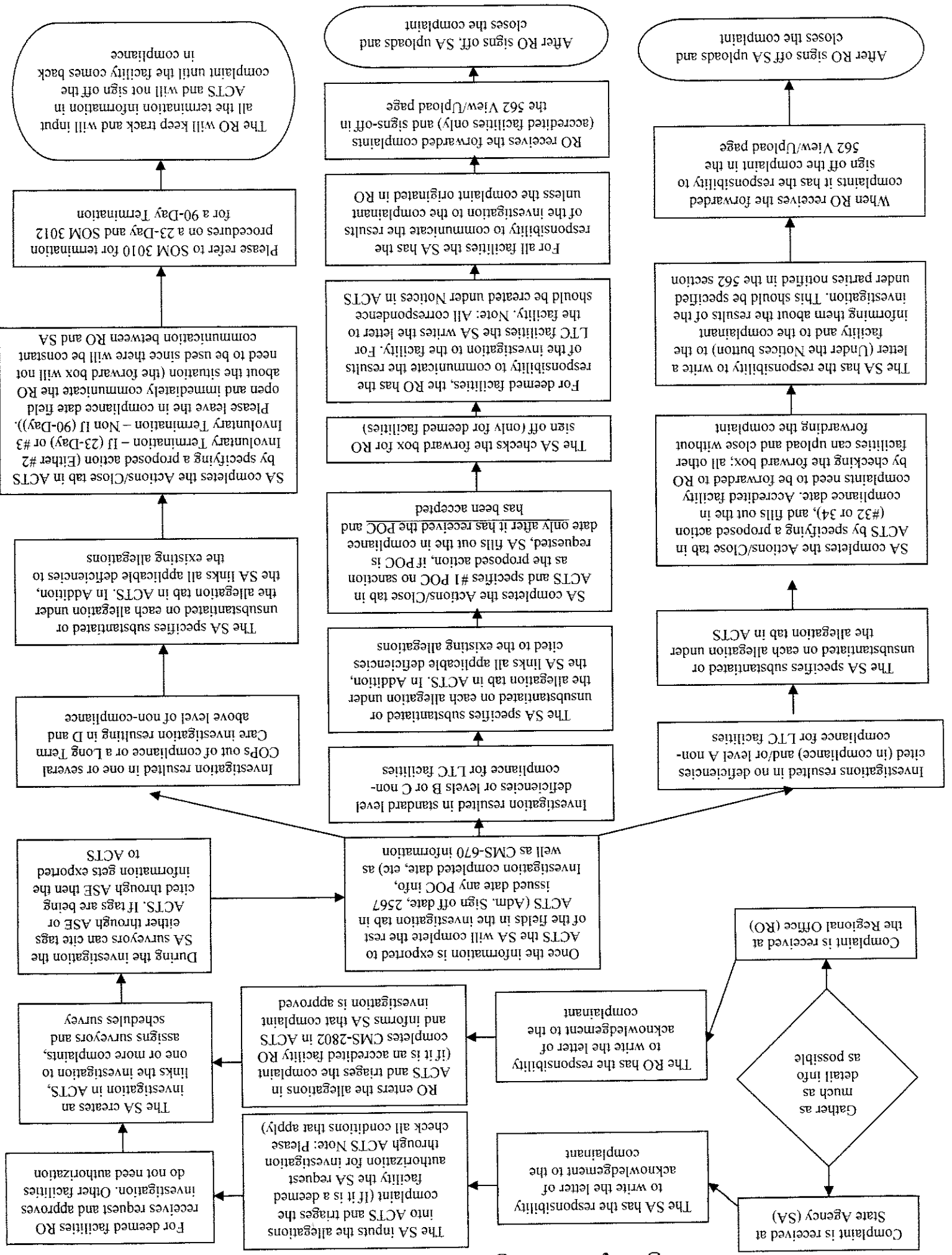


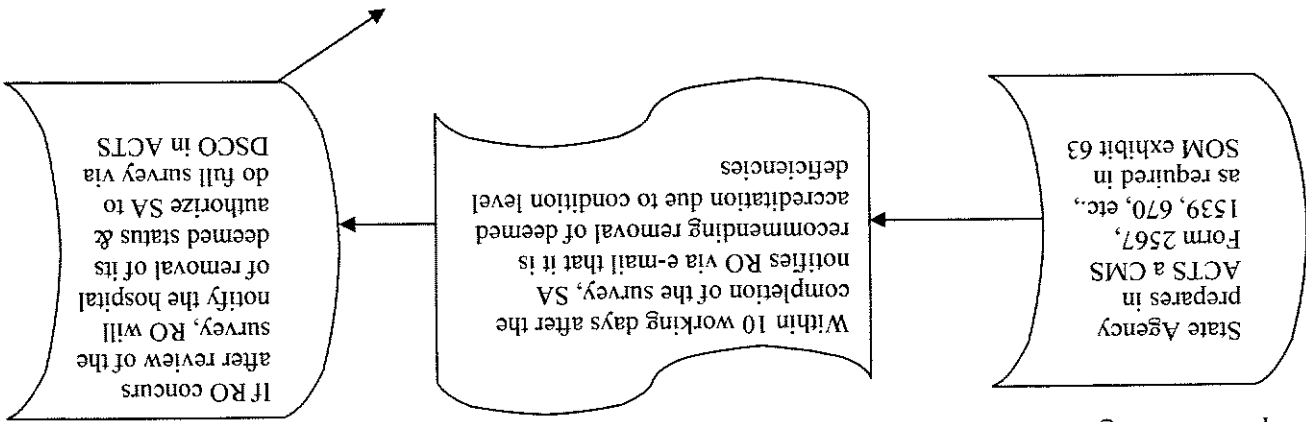
Overall State Agency and Regional Office process for complaints



SOM 3012/5160B – Accredited Hospital Termination Process

By Juanita Cortez

Condition level deficiencies cited that do not pose an immediate jeopardy to patient health and safety - after a complaint investigation:



A Plan of Correction (POC) is not required when removing deemed accreditation. The State Agency will conduct a full Medicare survey of all conditions of participation (CoPs) and if condition level deficiencies are found, the State Agency will follow the 90-day process as follows... unless an immediate jeopardy applies.

10th working day State Agency (SA) sends the Provider a warning letter giving a recommended termination date, including the 2567 and requesting a POC within 10 days (see SOM 3012)

45th Calendar day SA conducts a follow-up visit... if provider back in compliance, SA prepares applicable forms in ACTS & informs RO.

RO will notify provider in writing via ACTS restoring deemed accreditation, in addition, will sign off in ACTS for SA upload

If Provider not back in compliance, SA requests authorization to conduct 2nd revisit, SA notifies provider and conducts /u visit by the 65th day.

Is Provider back in compliance? (Update ACTS) & Inform RO

70th calendar day, notify RO... make sure that all pertinent data is in ACTS... RO will send termination letter and sign off in ACTS. For SA upload

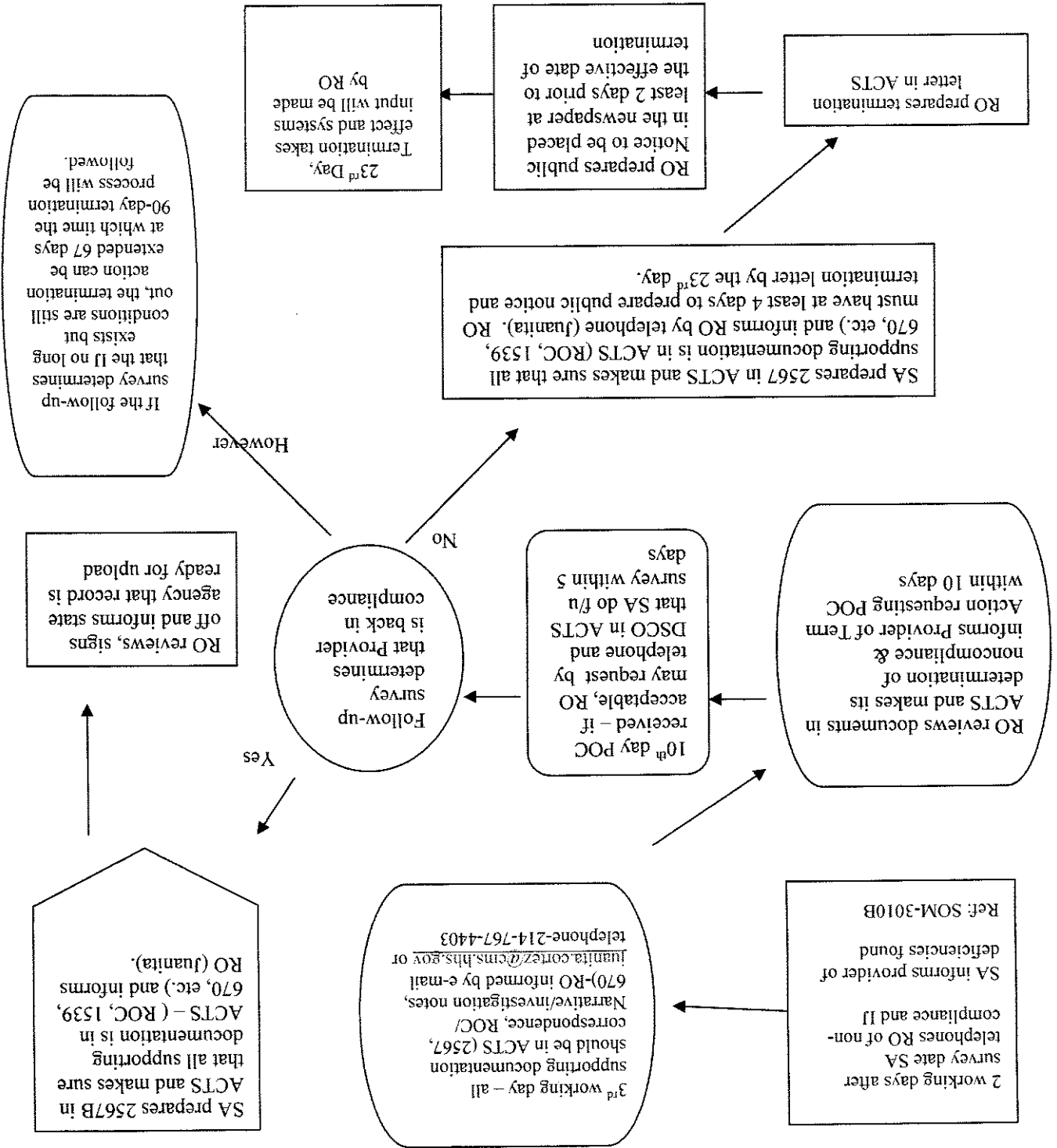
RO prepares public notice to be placed in the newspaper at least 15 days prior to the effective date of termination

90th Day, Termination takes effect and systems input will be made by RO

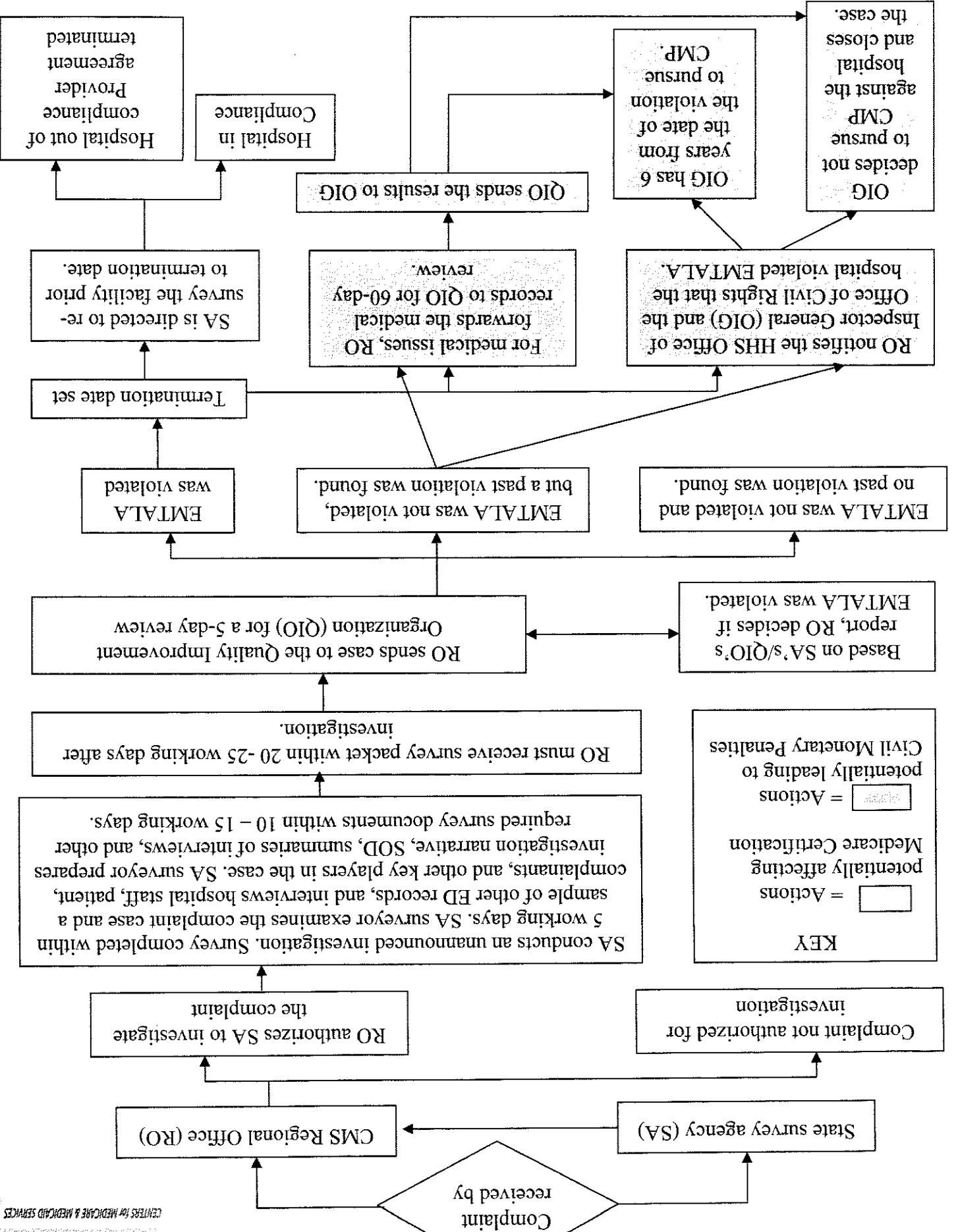
Note: It is very important that the ACTS system be used for all complaint and termination actions. We now use this system as our filing system. Attachments to Plan of Correction, additional correspondence, notes and other memos that are not a part of the notices system or the forms system can be attached to ACTS by scanning the information, saving and attaching to ACTS. This facilitates access to all those involved in the termination process.

SOM 3010B/5140 – Accredited Hospital Termination Process by Juanita Cortez

23-Day Termination Action Workflow:



Note: It is very important that the ACTS system be used for all complaint and termination actions. We now use this system as our filing system. Attachments to Plan of Correction, additional correspondence, notes and other memos that are not a part of the notices system or the forms system can be attached to ACTS by scanning the information, saving and attaching to ACTS. This facilitates access to all those involved in the termination process.



KEY

☐ = Actions potentially affecting Medicare Certification

☐ = Actions potentially leading to Civil Monetary Penalties

CMS Region VI Survey and Certification Online References and Contact Information

ASPEN

Link to electronic ACO Manual (Look for the latest version, should be on top of the page, the latest is called ACO 9.2 Procedure Guide)

<https://www.gtso.com/aspemanguide.html>

Link to electronic ACTS Manual (Look for the latest version, should be on top of the page, the latest is called ACTS 9.2 Procedure Guide)

<https://www.gtso.com/aspemanguide.html>

ASPEN online training (All Webex)

<https://www.yourvirtualconference.com/qiesclasses.php>

CASPER Reports

<https://web.qiesnet.org/Web/Login.jsp>

State Operations Manual (All Provider Types)

<http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=99&sortByDID=1&sortOrder=ascending&itemID=CMS1201984&intNumPerPage=10>

Interpretive Guidelines (Please select the appropriate Appendix in accordance to each Provider for example A-Hospitals, V-EMTALA)

http://www.cms.hhs.gov/manuals/downloads/som107_Appendicesoc.pdf

Joint Commission (To verify accreditation of a facility)

<http://www.qualitycheck.org/consumer/searchOCR.aspx>

Hospital Compare

<http://www.hospitalcompare.hhs.gov/Hospital/Home2.asp?version=alternate&browser=E%7C6%7CWinXP&language=English&defaultstatus=0&pagelist=Home>

Provider Specific Survey and Certification reference page:

http://www.cms.hhs.gov/Certificationandcompliance/01_overview.asp

Survey and Certification Letters Online

<http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/ist.asp#TopOfPage>

Code of Federal Regulation search page (You can look for the latest CFR)

<http://www.gpoaccess.gov/cfr/index.html>

Surveyor Online Training

http://surveyortraining.cms.hhs.gov/CEOC/LI/LI_455.aspx

Surveyor Training Online Resources (CFR, SOM, S&C Letters, etc)

http://surveyortraining.cms.hhs.gov/CEOC/documents/CMS_Cert-and-Enforce_QuickRef_121107.pdf

Support Phone #

ASPEN help desk: 888-477-7876 or by email at help@ifmc.org

Instruction:

When encountering a technical problem with ASPEN you should:

- #1 Contact your State designated ASPEN Coordinator
- #2 Contact the ASPEN Help desk either by email or by toll free number (888) 477-7876
- #3 Contact your Regional Office contact for that specific provider
- #4 Contact Vilma Acosta for long term care issues and or Sergio Mora for Non-long term care issues.

5075.9 - Maximum Time Frames Related to the Federal Onsite Investigation of Complaints/Incidents

(Rev. 18, Issued: 03-17-06; Effective/Implementation Dates: 03-17-06)

Provider Type	Intake Prioritization			Non-IJ Low
	Immediate Jeopardy (IJ)	Non-IJ High	Non-IJ Medium	
Nursing homes	SA must initiate an onsite survey within 2 working days of receipt.	SA must initiate an onsite survey within 10 working days of prioritization.	No timeframe specified, but an onsite survey should be scheduled.	SA should investigate during the next onsite survey.
Non-deemed providers/suppliers, other than nursing homes	SA must initiate an onsite survey within 2 working days of receipt.	N/A	SA must initiate an onsite survey within 45 calendar days of prioritization	SA should investigate during the next onsite survey.
Deemed providers/suppliers	SA must initiate an onsite survey within 2 working days of receipt of RO authorization	N/A	SA must initiate an onsite survey within 45 calendar days of receipt of RO authorization.	SA should investigate during the next onsite survey.
CLIA, non-exempt, non-accredited	SA investigates within 2 working days of receipt	N/A	N/A	N/A
CLIA, exempt	SA notifies RO within 10 calendar days	N/A	N/A	N/A
CLIA, accredited	SA submits information to RO within 2 calendar days	N/A	N/A	N/A
EMTALA	SA must complete investigation within 5 days of receipt of RO authorization.	N/A	N/A	N/A
Death related to restraint/seclusion used for behavior management-Hospitals	SA must complete an onsite investigation within 5 working days of telephone authorization from the RO.	N/A	N/A	N/A
Fires resulting in serious injury or death	SA must initiate an onsite survey within 2 working days of receipt.	N/A	N/A	N/A