MEMORANDUM
Texas Department of Aging and Disability Services

TO: Regulatory Services Division
    Regional Directors and State Office Managers

FROM: Linda Lothringer, Unit Manager
      Policy, Rules and Curriculum Development Unit
      State Office MC E-370

SUBJECT: Regional Survey and Certification (RS&C) Letter No. 09-07

DATE: August 21, 2009

The referenced Region VI Centers for Medicare and Medicaid Services (CMS) Regional Survey and Certification (RS&C) Letter was issued on August 20, 2009. This letter, which was distributed by e-mail on the date of its release, is being provided to you for information and action purposes and should be shared with all professional staff.

- RS&C Letter No. 09-07 – Sharing and Implementing Settlement Agreements in the AEM System

If you have any questions, please contact a policy program specialist in the Policy, Rules and Curriculum Development Unit at (512) 438-3161.

Attachment
August 20, 2009

REGIONAL SURVEY AND CERTIFICATION LETTER NO. 09-07

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

SUBJECT: Sharing and Implementing Settlement Agreements in the AEM system.

The Centers for Medicare & Medicaid Services, Dallas Regional Office (RO) is revising how settlement agreements will be shared with the State Survey Agencies (SA) and how revisions related to the settlement agreements will be completed in AEM.

Effective immediately, the RO will no longer fax settlement agreements to the SA. Instead, the RO will attach the settlement agreement to the respective enforcement case in the AEM system (please see figure 1 & 2) and will notify the SA through AEM (please see figure 3). A notification will be sent to the SA primary case worker (as identified in AEM), who will be responsible for forwarding it to any additional SA staff that may need it. If the settlement agreement includes changes in scope and severity (S/S), the RO will revise the S/S. As needed, the RO will also revise the S/S on subsequent revisits to that survey.

The SA will be responsible for reviewing the settlement agreements and making any revisions related to the deficiency evidence. Upon request from the facility, the SA will provide the revised CMS 2567 to the facility. The facility will re-submit its plan of correction and return the completed CMS 2567 to the SA.

These instructions are effective immediately. Please distribute to all staff within 30 days. If you have any questions please call Vilma Acosta at 214-767-4460.

Sincerely,

/s/

David R. Wright
Associate Regional Administrator

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1 This is necessary because the highest scope and severity is extracted for Nursing Home Compare. For example, the first survey visit has F323 at J. When the revisit is created ACO pulls forward F323/J. Changing only the first survey F323/J to G leaves the J at the revisit. Nursing Home Compare will use the J from the revisit, even if the CMS 2567B shows the deficiency corrected before the revisit.
Figure 2:

Figure 3:

CMS Settlement Agreement saved document

Settlement Agreement Notification to SA