Exhibit 23- ACTS Required Fields

(Rev.)

ACTS REQUIRED FIELDS

TAB	*FIELD(s)*	*DEFINITION*
Intake	**Intake Type**	1) *Complaint* - A *complaint* is a report made to the SA or RO by anyone other than the administrator or authorized official for a provider or supplier that alleges noncompliance with Federal and/or State laws and regulations. 2) *Incident* - An *incident* is an official notification to the SA or RO from a self-reporting provider or supplier (i.e., the administrator or authorized official for the provider or supplier).
	Intake Subtype (for Complaints)	A) *Federal COPs, CFCs, RFPs, EMTALA*: The allegation relates to noncompliance with the Federal condition(s) of participation (COPs), condition(s) for coverage (CFCs), requirement(s) for participation (RFPs), or EMTALA requirement(s). This would include allegations of noncompliance with Federal requirements only or both Federal and State requirements. **(SAs and ROs are required to enter these cases into ACTS.)** B) *State-only, licensure*: The allegation is related to noncompliance with State licensure requirements only. **(SAs have the option to enter these cases into ACTS.)** C) *No State or Federal provider compliance issue involved*: The allegation does not relate to noncompliance with Federal or State survey and certification requirements. **(SAs have the option to enter these cases into ACTS.)**

		DEFINITION
	Intake Subtype (for Incidents)	A) *Federally required, entity-reported*: A provider or supplier is required by Federal law, regulation, or policy to report this type of incident, which includes the following: **a.** 42 C.F.R. §482.13*(g) Standard: Death Reporting Requirements: Hospitals must report deaths associated with the use of seclusion or restraint*. The hospital must report to CMS any death that occurs while a patient is restrained or in seclusion, or where it is reasonable to assume that a patient's death is a result of restraint or seclusion. **(SAs and ROs are required to enter into ACTS all incidents that lead to an onsite survey of Federal requirements or conditions.)** **b.** 42 C.F.R. §483.12*(c)(1)*- For skilled nursing facilities (SNFs) and nursing facilities (NFs), the facility must ensure that all alleged violations involving *abuse, neglect, exploitation or* mistreatment, including injuries of unknown source, and misappropriation of resident property are reported …to other officials in accordance with State law through established procedures (including to the State survey and certification agency). **(SAs and ROs are required to enter into ACTS all incidents.)** B) *State-required, may result in Federal noncompliance, entity-reported*: A provider or supplier is required by State law, regulation, or policy to report this type of incident to the SA. This type of incident may result in noncompliance with a Federal condition(s) of participation, condition(s) for coverage, requirement(s) for participation, or EMTALA requirement(s). For incidents of this type, the SA must follow CMS policies and procedures to investigate Medicare/Medicaid complaints, no matter the source of information. **(SAs and ROs are required to enter into ACTS all incidents that lead to an onsite survey of Federal requirements or conditions.)** C) *State-required, all other, entity-reported*: A provider or supplier is required by State law, regulation, or policy to report this type of incident to the SA. This type of incident does not imply noncompliance with Federal conditions or requirements. **(SAs and ROs are required to enter into ACTS all incidents that lead to an onsite survey of Federal requirements or conditions.)** D) *Reported by other agencies*: As defined by the State. E) *None of the above*: A provider or supplier is not required by Federal or State laws, regulations, or policies to report this type of incident. **(SAs and ROs are required to enter into ACTS all incidents that lead to an onsite survey of Federal requirements or conditions.)**
	Complainant's Name	For an incident the name of the official reporting the information is entered.
	Source	*A selection is made from a predefined list. The user cannot select more than 3.*

		DEFINITION
	Received Dates: Start/End	*Start Date:* The date of the telephone call or electronic correspondence; or, the date stamped by the SA or RO receiving office of the written correspondence. *Receipt of the initial complaint or incident report means when the report is received by the SA, whether it is received by the SA directly, or another State agency under arrangement or contractor that is receiving the report on behalf of the SA from the complainant or facility.* *End Date:* The date the SA or RO has sufficient information to prioritize the complaint or incident. This is the date in which the SA or RO determines 1) whether an onsite survey to assess Federal compliance or further action is necessary and 2) the appropriate time frame for investigation.
	Priority	*At least one priority must be selected for each intake. Some combinations are not permitted*. A) *Immediate Jeopardy*: Intakes assigned this priority indicate immediate corrective action is necessary because a provider's or supplier's noncompliance with one or more conditions or requirements may have caused, or is likely to cause, serious injury, harm, impairment or death to a resident, patient or client. *In addition, for nursing homes, all facility-reported incidents are assigned this priority if immediate jeopardy may have occurred, regardless of whether an immediate risk may continue to exist.* B) *Non-Immediate Jeopardy - High*: *For nursing homes,* intakes are assigned this priority if a provider's alleged noncompliance with one or more requirements or conditions may have caused *actual physical and/or psychosocial harm to the resident(s)*. This level of complaint is represented by specific rather than general information, such as, descriptive identifiers, individual names, date/time/location of occurrence, description of harm, etc. *For non-long term care providers/suppliers and EMTALA, intakes are assigned this priority if the alleged noncompliance with the applicable Conditions of Participation, Coverage or Certification, or EMTALA requirements, if found to be true and uncorrected, would not represent an IJ, but would result in a determination of substantial noncompliance, i.e., at least one condition-level deficiency.* C) *Non-Immediate Jeopardy - Medium*: *For nursing homes, complaints are assigned this priority if the alleged noncompliance with one or more requirements caused no actual physical and/or psychosocial harm but there is the potential for more than minimal harm to the resident(s) (Severity Level 2). Facility-reported incidents are assigned this priority if the alleged noncompliance with one or more requirements caused no actual physical and/or psychosocial harm but there is the potential for more than minimal harm to the resident(s) (Severity Level 2)*

TAB	FIELD(s)	DEFINITION
		and the facility has not provided an adequate response to the allegation or it is not known whether the facility provided an adequate response. For non-long term care providers/suppliers, intakes are assigned this priority if the alleged noncompliance with one or more standards within a Condition of Participation, Condition for Coverage or Condition for Certification is limited in manner and degree and/or caused, or may cause, harm that is of limited consequence and does not impair the individual's mental, physical and/or psychosocial status or function. D) *Non-Immediate Jeopardy - Low*: *For nursing homes, intakes are assigned this priority if the alleged noncompliance with one or more requirements may have no actual harm with a potential for minimal harm (Severity Level 1). In addition, facility-reported incidents are assigned a "low" priority if the alleged noncompliance with one or more requirements may have caused no actual physical and/or psychosocial harm but there is the potential for more than minimal harm to the resident(s) (Severity Level 2) and the facility has provided a potentially adequate response to the allegation. For non-long term care, intakes are assigned this priority if the alleged noncompliance with one or more standards within a Condition of Participation, Coverage or Certification may have caused physical, mental and/or psychosocial discomfort that does not constitute injury or damage.* E) *Administrative Review/Offsite Investigation*: This priority is used for complaints/incidents that are triaged as not needing an onsite investigation. However, further investigative action (written/verbal communication or documentation) initiated by the SA or RO to the provider may be needed to ensure compliance with the Federal requirements. The additional information is adequate in scope and depth to determine that an onsite investigation is not necessary; however, a SA has the discretion to review the information at the next onsite survey. F) *Referral – Immediate*: Complaints/incidents are assigned this priority if the seriousness of a complaint/incident and/or State procedures requires referral or reporting to another agency, board or network immediately for investigation. *For example, if a complaint has criminal implications and the complainant has not reported the incident to law enforcement, the SA must report the suspected crime to law enforcement immediately (NOTE: In such cases, the referral is recorded in the Contact/Refer tab under the ACTS intake).* G) *Referral - Other*: Complaints/incidents assigned this priority indicate referral to another agency, board, or network for investigation or for informational purposes. H) *No action necessary*: *Intakes are assigned a "No Action Necessary" priority* if the SA can determine with certainty that no further investigation, analysis, or action is necessary. For all

TAB	FIELD(s)	DEFINITION
		cases except EMTALA, that do not allege immediate jeopardy, and at the SAs discretion an intake may not require a new onsite investigation if, at a previously completed survey, the same events were investigated; the previously completed survey evaluated the appropriate individuals, including those identified in the intake; and the situation did not worsen. These types of intakes should be linked to the appropriate survey that has already reviewed the issue.
	Investigate Within X Days	*Completion is required if the Priority is Immediate Jeopardy or Non-immediate Jeopardy (Priorities A – D).* *A numerical time frame in calendar days or working days is entered to support the Priority selected. The calendar date of the intake is counted as day zero.*
	Investigation Due By	*Completion is required if the Priority is Immediate Jeopardy or Non-immediate Jeopardy (Priorities A – D).* *A corresponding calendar date is entered.*
Allegations	**Allegation Category**	*At least one allegation category from a predefined list per intake is required unless Priority H - No Action Necessary is selected.*
	Findings	*Not required.*
	Link Deficiencies	*Users indicate which Federal deficiencies are related to any of the allegations.*
	Priority	*This field is shared with the Intake page and Deemed page (when applicable).*
	Investigate Within X Days	*This field is shared with the Intake page and Deemed page (when applicable).*
	Investigation Due By	*This field is shared with the Intake page and Deemed page (when applicable).*

		DEFINITION
	Death Associated with Restraint/ Seclusion [Grid]	*For Hospitals: When allegation type = Death Associated with Restraint/Seclusion (05), the following must be completed:* • Patient; • Death type; • Reported; • Date of death; • AO Notify; and • To P&A.
EMTALA (Fields required only if 'Create EMTALA Allegation' box is checked)	**EMTALA Request for RO Approval Checkbox**	
	EMTALA Request for RO Approval Date	
	EMTALA RO Response Checkbox	Required when EMTALA Request for RO Approval is checked.
	EMTALA RO Response Date	Required when EMTALA Request for RO Approval is checked.
	Type of Emergency	
	RO EMTALA Determination	Not required if RO disapproves investigation.

		DEFINITION
	Resolution	Not required if RO disapproves investigation.
	RO Confirmed Violation Date *or* **RO Confirmed No Violation Date**	One of these fields should always be completed, unless RO disapproves investigation.
	EMTALA Allegation Type	Entry of EMTALA allegation here ties to an allegation record on the Allegation Page. Once an RO Response is entered, SA users cannot modify the EMTALA page. Also, once an EMTALA RO Response has been entered, EMTALA allegations may no longer be added or deleted by SA users; however, Allegation Findings categories and text may be entered by any user. Once the Determination has been entered, SA users may not add, delete, or modify EMTALA allegations.
Deemed and Accredited (Fields enabled if 'Deemed for Medicare Participation' or 'Accredited' box is checked. Fields are required if 'Request for RO Approval' box is checked.).	**Priority**	*This field is shared with Intake and Allegation pages.*
	Request for RO Approval	
	Date of Request for RO Approval	
	Condition(s) of Participation	
	RO Response	*There are no edits on these fields at this time.*
	Regional Representative	
	Region	
	Date	

TAB	*FIELD(s)*	*DEFINITION*
Investigation	**Investigated By**	*Required when Complaint Priority is Immediate Jeopardy or Non-immediate Jeopardy (Priorities A – D)*
	Investigation Completed	*Required when Complaint Priority is Immediate Jeopardy or Non-immediate Jeopardy (Priorities A – D)* The date that the result of the investigation is communicated to the provider or supplier.
Actions/Close	**Forwarded to RO/MSA**	**If the intake originates from the CMS RO, the SA should check the "Forwarded to CMS/MSA" box in all complaint/incident scenarios.** **If the intake originates from the SA, SAs <u>should not</u> check the box or enter a date for all <u>nursing home</u> intakes.** **For non-long-term care intakes, the SA should check the "Forwarded to RO/MSA" box on the complaint/incident record in the three following scenarios:** i. If the complaint/incident survey is on an accredited/deemed provider/supplier. ii. If the complaint results in an EMTALA investigation. iii. If the complaint/incident survey is on an "other than accredited/deemed provider or supplier" and the SA is recommending termination.
	Proposed Action	*At least one proposed action per complaint/incident record if a survey is present.*
	Proposed Action Date	*Date of the notice sent to the provider/supplier informing the provider/supplier of actions that may be taken as a result of the investigation findings. If the provider/supplier is in compliance, the proposed action date is the date the provider/supplier is notified that it is in compliance.* *At least one proposed action date per complaint/incident record if a survey is present.*
	Overall Findings	*Supplied by ACTS (For complaints, uses same rule as Findings: Required when Complaint Priority = Immediate Jeopardy or Non-immediate Jeopardy (Priorities A – D); for incidents, defaults on-screen to Not Applicable).*

		DEFINITION
	Reason Closed	*Field is completed by selecting one or more of the following:* A. *Paperwork complete* – All information and documentation related to this complaint or incident has been completed in the SA or RO file. If applicable, this would include the notification of the results of the investigation to the complainant and provider, and the successful upload of the investigation record to the Certification and Survey Provider Enhanced Reports (CASPER) system. For nursing homes, if applicable, the intake may be closed prior to the revisit and imposition of an enforcement action. B. *Withdrawn* – The complainant contacted the entity receiving the allegation and asked that the allegation be removed. C. *Referred* – At the intake, during administrative review, or after the onsite complaint survey, it is determined that the issues involved must be directed to another agency or organization for resolution. D. *No jurisdiction* – The issues identified at intake, during an administrative review or after a survey do not involve Medicare/Medicaid participation requirements. E. *Provider/Supplier Termination* – The provider or supplier has been terminated from participation in the Medicare and/or Medicaid programs.
	Date Closed	*Date associated with the latest reason closed action selected.*
NOTIFICATION: Notices Button (every tab) and the Acknowledgement and Parties Notified section on the Investigation Properties tab		*At least one notification is required, except when Priority is No Action Necessary.* For each notice, enter the Type, Party, Method, and Notification Date.