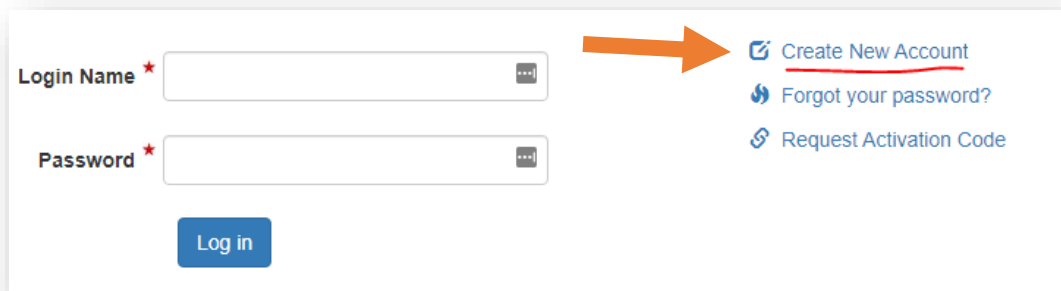


LTCOP Involuntary Discharge Website User Manual For Facility Staff

Final Production Website: <https://adsapps.ct.gov/LTCOP/Default.aspx>

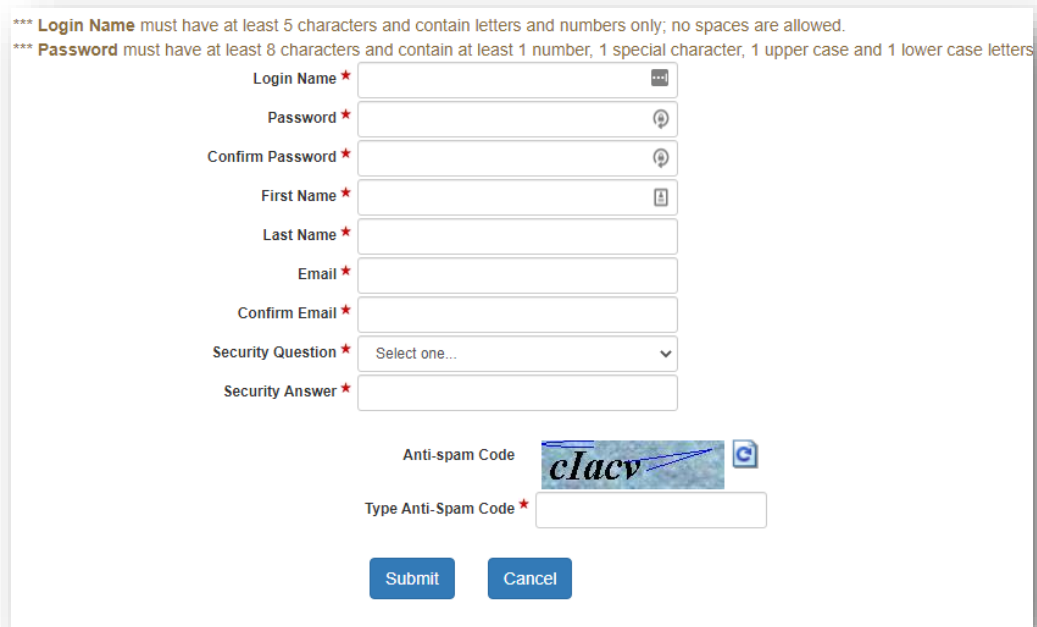
Creating an Account

1. Go to: <https://adsapps.ct.gov/LTCOP/Default.aspx>
2. From Main Landing Page Click Create New Account



The screenshot shows a login form with two input fields: "Login Name" and "Password", each with a red asterisk and a "Log in" button below them. To the right of the form, there are three links: "Create New Account" (underlined in red), "Forgot your password?", and "Request Activation Code". An orange arrow points from the "Create New Account" link towards the left.

- a. There are two steps to create an account.
 - i. Enter the required information and then click submit button. The system will send you an e-mail with a link containing an activation code.



The screenshot shows the account creation form with the following fields and validation rules:

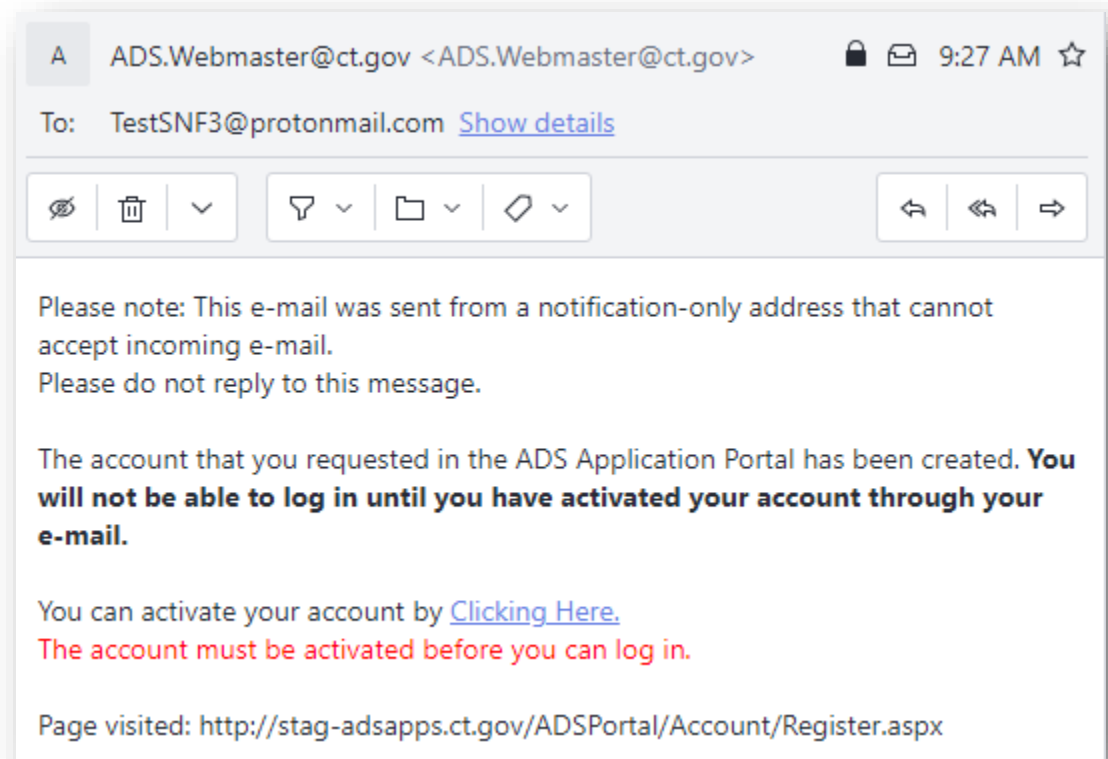
- *** **Login Name** must have at least 5 characters and contain letters and numbers only; no spaces are allowed.
- *** **Password** must have at least 8 characters and contain at least 1 number, 1 special character, 1 upper case and 1 lower case letters

The form includes the following fields:

- Login Name *
- Password *
- Confirm Password *
- First Name *
- Last Name *
- Email *
- Confirm Email *
- Security Question * (Select one...)
- Security Answer *
- Anti-spam Code (Image with "clacv" text)
- Type Anti-Spam Code *

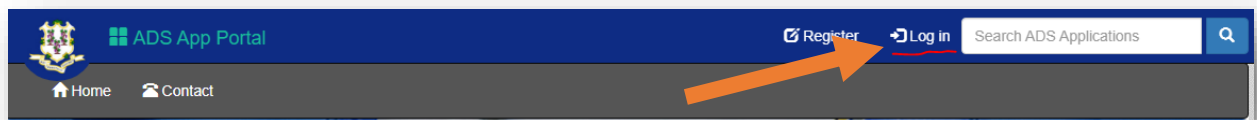
Buttons: Submit, Cancel

- ii. Click on the link found in your e-mail to activate your account



Logging in and Creating a Facility

1. Return to Main Site: <https://adsapps.ct.gov/LTCOP/Default.aspx>
2. Click Login on Top Banner



3. Enter Login Name and Password (*NOTE: Login Name is Not Email Address) and click “Log In”

Login Name *

Password *

[Log in](#)

- Once logged in click "Involuntary Transfer & Discharge Notification Link

Gateway to ADS Applications

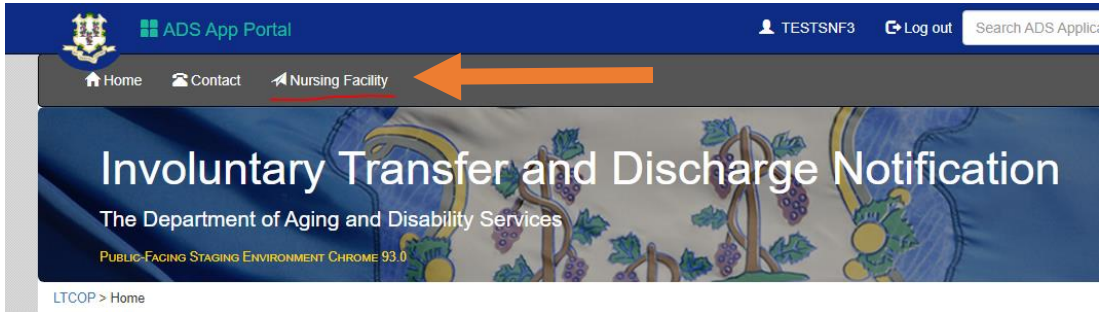
ADS Top 5 Applications

- [ADS Application Portal](#) 227
- [Involuntary Transfer & Discharge Notification](#) 178

My Applications

- [Involuntary Transfer & Discharge Notification](#) 10

5. Click Nursing Facility



6. Click "Add Facility"



7. Enter Facility Information and then click "Save and Continue"

Facility Information [? Help](#)

Facility Name * Green Gardens Nursing Care

Facility Type * Nursing Facility

Business Street * 400 High Street

Business Street 2

Business City * New Haven

Business State * CT

Business Zip Code * 06511

Is Mailing Address Different from Business Address? Yes No

Parent Company FamilyChoiceCare LLC

Owner Name Tim Admini

Web Address www.greengardensnursingcare.com

BedCount 120

For Profit

Licensed

Licensed Date 01/01/1990

Closed Date mm/dd/yyyy

[Save and Continue](#) [Cancel](#)



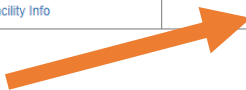
Accessing/Using Facility Notification Database

1. Click "Notifications". This Will bring you to the main Notifications Search Page where you can add new involuntary discharge notifications or routine monthly notifications.

Nursing Facility [Help](#)

Facility Name		
Green Gardens Nursing Care	Facility Info	Notifications

[Add Facility](#)



LTCOP > Nursing Facility > Notifications [Previous Page](#)

Green Gardens Nursing Care

- Facility Information
- Facility Contacts
- Facility Accounts
- Notification Search
- Add Involuntary 30-Day Notification
- Add Routine Monthly Notification

Notifications [Help](#)

Search for notifications using one or more of the following criteria

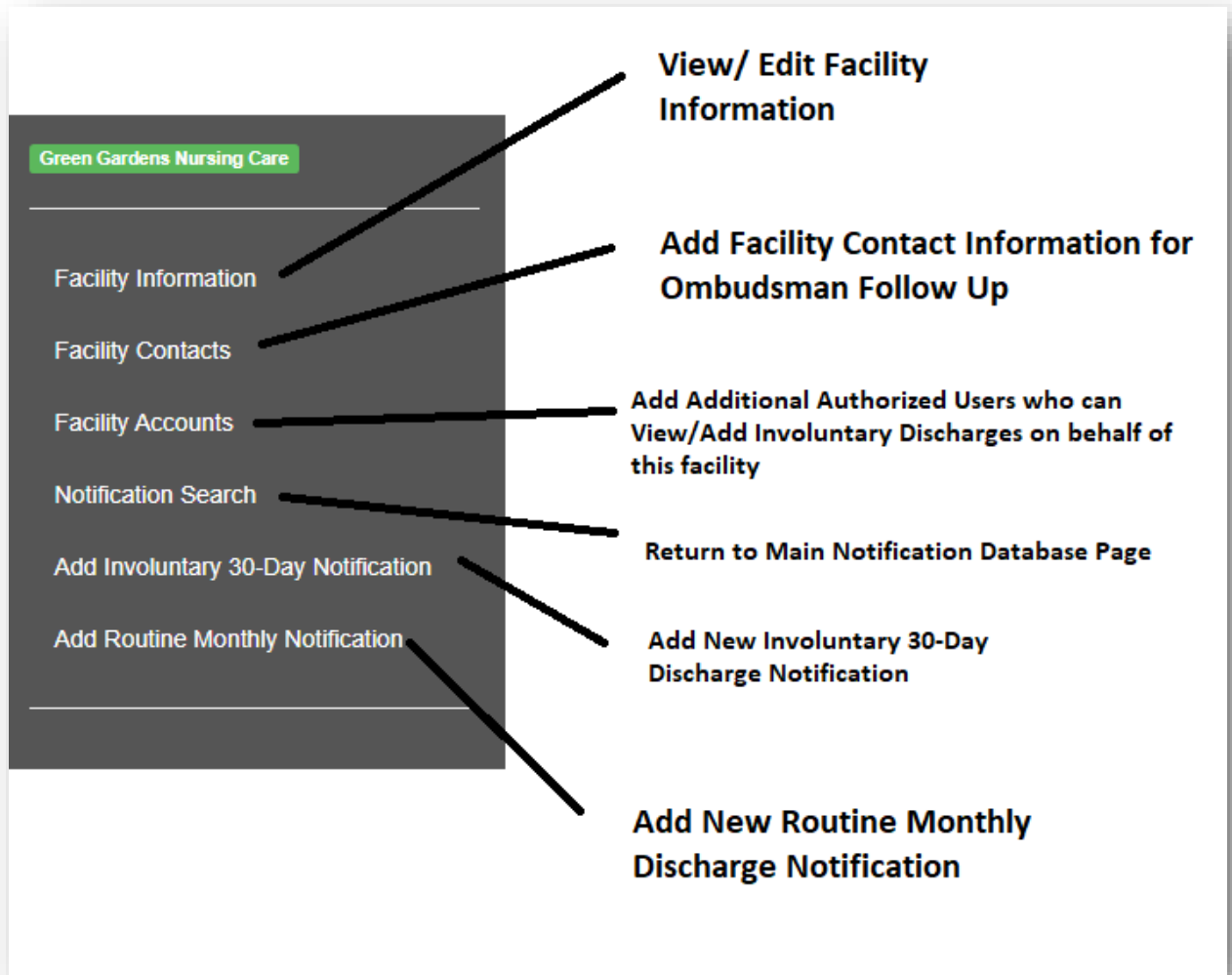
Patient First Name	<input type="text"/>	Notice Date	<input type="text" value="mm/dd/yyyy"/>
Patient Last Name	<input type="text"/>	Discharge Date	<input type="text" value="mm/dd/yyyy"/>
Patient SSN	<input type="text"/>	Discharge Type	ALL
Patient DOB	<input type="text" value="mm/dd/yyyy"/>	Discharge Reason	ALL

[Search](#)
[Refresh](#)
[Add Involuntary 30-Day Notification](#)
[Add Routine Monthly Notification](#)

Records per Page: 50

Click on a column heading to sort the data (7 rows)

#	First Name	Last Name	Patient DOB	Support Document	Notice Date	Discharge Date	Submitted Date	Status
1	Terry	Tobad	12/1/1950	Involuntary 30-Day	9/3/2021	10/4/2021	9/3/2021	Submitted
2	Ronald	Gattago	1/9/1950	Involuntary 30-Day	8/1/2021	9/1/2021	8/30/2021	Submitted
3	Green Gardens Nursing Care	Facility		Routine Monthly	8/1/2021	8/31/2021	8/30/2021	Submitted
4	Mairread	Painter	9/2/2000	Involuntary 30-Day	9/1/2021	10/30/2021	7/28/2021	Data_Entry
5	Sean	Resident	3/1/1950	Involuntary 30-Day	7/28/2021	8/31/2021	7/28/2021	Data_Entry
6	Nancy	Walker	1/5/1960	Involuntary 30-Day	7/16/2021	8/17/2021	7/16/2021	Data_Entry
7	John	Goodman	12/1/1960	Involuntary 30-Day	7/21/2021	8/23/2021	7/16/2021	Completed



Adding Additional Authorized Users Who Can View/Add Involuntary Discharges on Behalf of Your Facility

1. From Main Notifications Page Select “Facility Accounts” from the menu option on the left hand side of the page. Once on The Facility Accounts Page, Enter the Email of the user who you wish to have access to this facility account and then click “Add Account”. Once added, you will see

them listed in the list of authorized accounts for this facility.

LTCOP > Nursing Facility > Facility Accounts Previous Page

Green Gardens Nursing Care

Facility Information
Facility Contacts
Facility Accounts
Notification Search
Add Involuntary 30-Day Notification
Add Routine Monthly Notification

Facility Accounts [Help](#)

Email * [Add Account](#)

Name	Email	
Daniel Beem	daniel.beem@ct.gov	

[Back](#)

Email * [Add Account](#)

Name	Email	
Daniel Beem	daniel.beem@ct.gov	
Tim Admini	testsnf4@protonmail.com	Delete

[Back](#)

- *NOTE: ***ONLY already created user accounts*** can be added by E-mail here. If the person has yet to setup an account, you will not be able to add them and you will get this error. Ensure the individual who you are adding has already created their login account before attempting to assign them to your facility as an additional authorized user.

The login account with email [NewUser@greengardensnursing.com](#) hasn't been created in the ADS Application Portal. [Create Login Account](#)

Email * [Add Account](#)

Adding a New Routine Monthly Discharge

Routine Monthly Discharge Notifications are typically defined as all facility initiated discharges. This includes, MLOA to hospital when the patient is expected to return, discharges to home, expirations, and voluntary transfers to another long term care community. Facilities do not need to input these notifications individually but instead can upload them all together as a single batch at the end of the month covering the whole date range. In order to do so, follow the steps below.

1. From the main notifications Page Select Add Routine Monthly Notification from either of these two locations.

The screenshot shows the 'Notifications' page in the LTCOP system. The page title is 'LTCOP > Nursing Facility > Notifications'. On the left is a sidebar menu for 'Green Gardens Nursing Care' with options: Facility Information, Facility Contacts, Facility Accounts, Notification Search, Add Involuntary 30-Day Notification, and Add Routine Monthly Notification (highlighted in red). The main content area has a 'Notifications' header with a 'Help' icon. Below it is a search section with the text 'Search for notifications using one or more of the following criteria'. The search criteria include: Patient First Name, Patient Last Name, Patient SSN, Patient DOB, Notice Date, Discharge Date, Discharge Type (dropdown menu), and Discharge Reason (dropdown menu). There are buttons for 'Search', 'Refresh', 'Add Involuntary 30-Day Notification', and 'Add Routine Monthly Notification' (highlighted in red). Below the search section is a 'Records per Page' dropdown set to 50. A note says 'Click on a column heading to sort the data (7 rows)'. The table below contains 7 rows of notification data.

#	First Name	Last Name	Patient DOB	Support Document	Notice Date	Discharge Date	Submitted Date	Status	
1	Terry	Tobad	12/1/1950	Involuntary 30-Day	9/3/2021	10/4/2021	9/3/2021	Submitted	
2	Ronald	Gattago	1/9/1950	Involuntary 30-Day	8/1/2021	9/1/2021	8/30/2021	Submitted	
3	Green Gardens Nursing Care	Facility		Routine Monthly	8/1/2021	8/31/2021	8/30/2021	Submitted	
4	Maread	Painter	9/2/2000	Involuntary 30-Day	9/1/2021	10/30/2021	7/28/2021	Data_Entry	
5	Sean	Resident	3/1/1950	Involuntary 30-Day	7/28/2021	8/31/2021	7/28/2021	Data_Entry	
6	Nancy	Walker	1/5/1960	Involuntary 30-Day	7/15/2021	8/17/2021	7/16/2021	Data_Entry	
7	John	Goodman	12/1/1960	Involuntary 30-Day	7/21/2021	8/23/2021	7/16/2021	Completed	

2. Select the Date Range for the Month or timeframe you are Submitting for with a confirmaiton comment if needed, then press “next”.

STEP 1 OF 2 - DISCHARGE NOTIFICATION

Discharge Type Routine Monthly Discharge
 Involuntary Thirty-Day Discharge

Start Date * 8/1/2021

End Date * 8/31/2021

Comments August Routine Monthly Discharges for Green Gardens Nursing Care

[Next](#) [Cancel](#)

3. Verify Information is Correct and click “submit”

STEP 2 OF 2 - VERIFY INFORMATION

Please carefully review the information below. If everything is correct, go ahead and submit your request. If you want to make any changes, click the link **Modify data in previous step** to go back to the previous pages and make the corrections.

Name: Green Gardens Nursing Care Facility

Discharge Type: Routine Monthly Discharge

Start Date: 8/1/2021

End Date: 8/31/2021

Comments: August Routine Monthly Discharges for Green Gardens Nursing Care

*** The request is not completed until you click the Submit button ***

[Modify data in previous step](#) [Submit](#) [Cancel](#)

4. Final Action is to Choose Which File to Upload and then click “Upload File”

FINAL ACTION - DOCUMENT UPLOAD

The information has been saved successfully. To complete your submission, please upload the patient discharge notice.

Required Document Routine Monthly

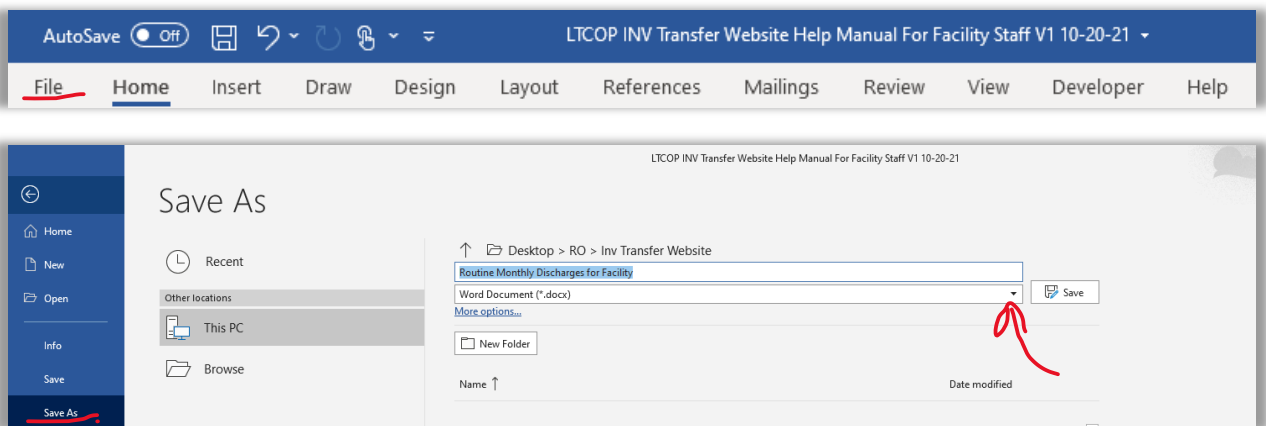
Browse to File: Example Ro...ge Sheet.pdf

Acceptable File Type: .pdf

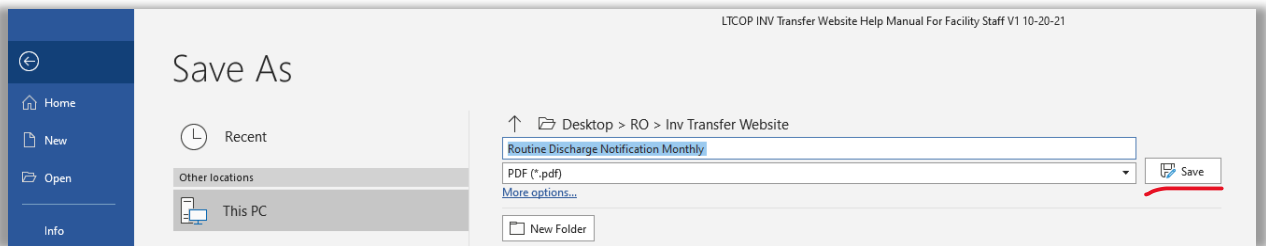
1. Select File to Upload

2. Click "Upload File"

***NOTE*:** The Web Portal can only accept PDF's. If you have a word document and you would like to be able to upload it, you'd first need to save it as a PDF from word document. To do so, with your Microsoft word document open from the top toolbar click File and then Save As.



Where it says Word Document, click the dropdown and select PDF.



- Once you Click Upload File You have successfully uploaded the document and the submission is now complete. You'll be provided a confirmaiton number and e-mail



CONFIRMATION #RTD011G-24


The document has been uploaded successfully. Your submission is now completed.
A confirmation email has been sent to daniel.beem@ct.gov.


- You will now be able to view and confirm it was uploaded and Status is "submitted" from main notifications page.



Notifications [Help](#)


Search for notifications using one or more of the following criteria

Patient First Name 
 Notice Date 




Patient Last Name
 Discharge Date 

Patient SSN
 Discharge Type 

Patient DOB 
 Discharge Reason 

Records per Page: 

Click on a column heading to sort the data (2 rows)

#	First Name	Last Name	Patient DOB	Support Document	Notice Date	Discharge Date	Submitted Date 	Status	
1	Green Gardens Nursing Care	Facility		Routine Monthly	8/1/2021	8/31/2021	10/4/2021	Submitted	

Adding a New Involuntary 30 Day Discharge Notice / Notification

1. From Main Notifications Page Select Add Involuntary 30-Day Notification from either of these two locations.

LTCOP > Nursing Facility > Notifications Previous Page

Green Gardens Nursing Care

- Facility Information
- Facility Contacts
- Facility Accounts
- Notification Search
- Add Involuntary 30-Day Notification
- Add Routine Monthly Notification

Notifications Help

Search for notifications using one or more of the following criteria

Patient First Name	<input type="text"/>	Notice Date	<input type="text" value="mm/dd/yyyy"/>
Patient Last Name	<input type="text"/>	Discharge Date	<input type="text" value="mm/dd/yyyy"/>
Patient SSN	<input type="text"/>	Discharge Type	ALL
Patient DOB	<input type="text" value="mm/dd/yyyy"/>	Discharge Reason	ALL

Records per Page: 50

Click on a column heading to sort the data (7 rows)

#	First Name	Last Name	Patient DOB	Support Document	Notice Date	Discharge Date	Submitted Date	Status
1	Terry	Tobad	12/1/1950	Involuntary 30-Day	9/3/2021	10/4/2021	9/3/2021	Submitted
2	Ronald	Gattago	1/9/1950	Involuntary 30-Day	8/1/2021	9/1/2021	8/30/2021	Submitted
3	Green Gardens Nursing Care	Facility		Routine Monthly	8/1/2021	8/31/2021	8/30/2021	Submitted
4	Maread	Painter	9/2/2000	Involuntary 30-Day	9/1/2021	10/30/2021	7/28/2021	Data_Entry
5	Sean	Resident	3/1/1950	Involuntary 30-Day	7/28/2021	8/31/2021	7/28/2021	Data_Entry
6	Nancy	Walker	1/5/1960	Involuntary 30-Day	7/16/2021	8/17/2021	7/16/2021	Data_Entry
7	John	Goodman	12/1/1960	Involuntary 30-Day	7/21/2021	8/23/2021	7/16/2021	Completed

2. Provide Basic Patient Information and Click "Next"

STEP 1 OF 4 - PATIENT INFORMATION

First Name *

Middle Initial

Last Name *

Birth Date *

SSN *

3. Continue by providing patient address and contact information, then again clicking “next”.
*NOTE: If resident has no alternate mailing address, you can choose to “use facility address” and it will pre-populate this information based on facility address.

STEP 2 OF 4 - PATIENT ADDRESS AND CONTACT INFORMATION

Use Facility Address

Street * 123 Fake Street

Street 2

City * Groton

State * CT

Zip Code * 06511

Home Phone

Work Phone

Cell Phone 8604844188

Fax

Email


Is Home Address Different from Mailing Address? Yes No


Modify data in previous step Next Cancel

4. Submit information about the discharge notification itself then click “Next”




STEP 3 OF 4 - DISCHARGE NOTIFICATION

Discharge Type Involuntary Thirty-Day Discharge
 Routine Monthly Discharge

Discharge Notice Date * 8/1/2021 

Discharge Effective Date * 9/1/2021 

Proposed Discharge Location *

Type	Address
Homeless Shelter 	50 Randolph Road Middletown CT, 064
Homeless Shelter 	25 Rock Ave Middletown CT, 06450
	

Appeal Rights Was Given * Yes No

Legal Representative Required? * Yes No

Discharge Reason *

- (1) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility.
- (2) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.
- (3) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident.
- (4) The health of individuals in the facility would otherwise be endangered.
- (5) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Non-payment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid.
- (6) The facility ceases to operate.
- (7) OTHER

If select OTHER, please explain

Comments

5. Verify Information is Correct and Click "Submit"

STEP 4 OF 4 - VERIFY INFORMATION

Please carefully review the information below. If everything is correct, go ahead and submit your request. If you want to make any changes, click the **Modify data in previous step** link to go back to the previous pages and make the corrections.

Discharge Notification	Patient Information	Legal Representative						
<p>Discharge Type: Involuntary Thirty-Day Discharge Discharge Notice Date: 8/1/2021 Discharge Effective Date: 9/1/2021 Appeal Rights Was Given: Yes Discharge Reason:</p> <ul style="list-style-type: none"> (1) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility. (4) The health of individuals in the facility would otherwise be endangered. <p>Proposed Discharge Location:</p> <table border="1"> <thead> <tr> <th>Type</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Homeless Shelter</td> <td>50 Randolph Road Middletown CT, 06450</td> </tr> <tr> <td>Homeless Shelter</td> <td>25 Rock Ave Middletown CT, 06450</td> </tr> </tbody> </table> <p>Comments: *** The request is not completed until you click the Submit button ***</p>	Type	Address	Homeless Shelter	50 Randolph Road Middletown CT, 06450	Homeless Shelter	25 Rock Ave Middletown CT, 06450	<p>Name: Norman J White Date of Birth: 01/03/1960 SSN: 456-88-1515 Use Facility Address: True Home Address: 123 Fake Street Groton CT 06511 Mailing Address: Home Phone: Work Phone: Cell Phone: 8604844188 Fax: E-mail:</p>	<p>Legal Representative Name: Legal Representative Type: Home Phone: Work Phone: Cell Phone: Fax: E-mail:</p>
Type	Address							
Homeless Shelter	50 Randolph Road Middletown CT, 06450							
Homeless Shelter	25 Rock Ave Middletown CT, 06450							

[Modify data in previous step](#)
[Submit](#)
[Cancel](#)

- Final Action is to Upload a copy of the Facility created involuntary discharge notice which was provided to resident (Including any clinical documentation, nurses notes, discharge plan) *Note: If you wish to use the LTCOP generated discharge notice click “print notification” which will generate a 30 day discharge notice PDF that you can print and re-upload with accompanying documents. Once a file is chosen click “Upload File”.

FINAL ACTION - DOCUMENT UPLOAD

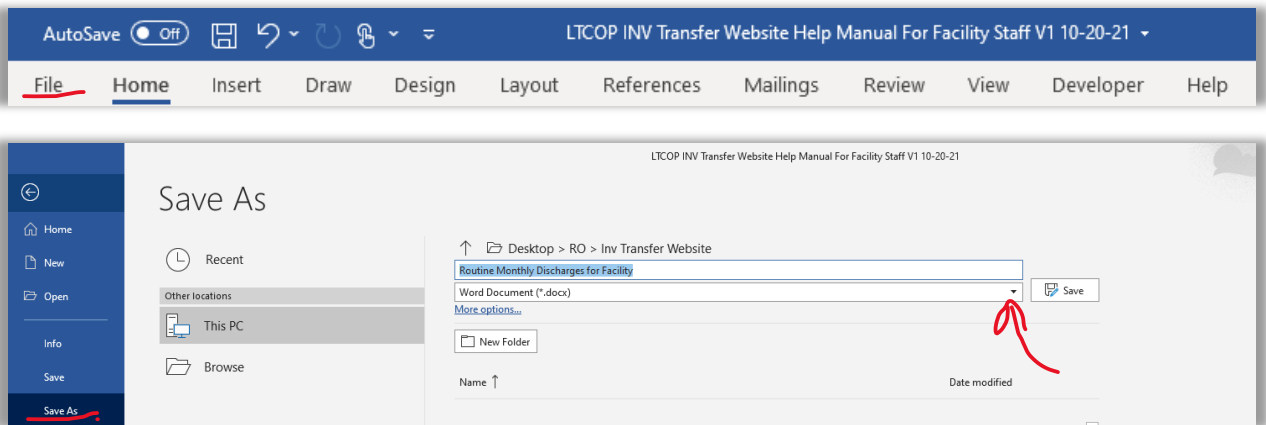
The information has been saved successfully. To complete your submission, please upload the patient discharge notice.

Required Document: Involuntary 30-Day

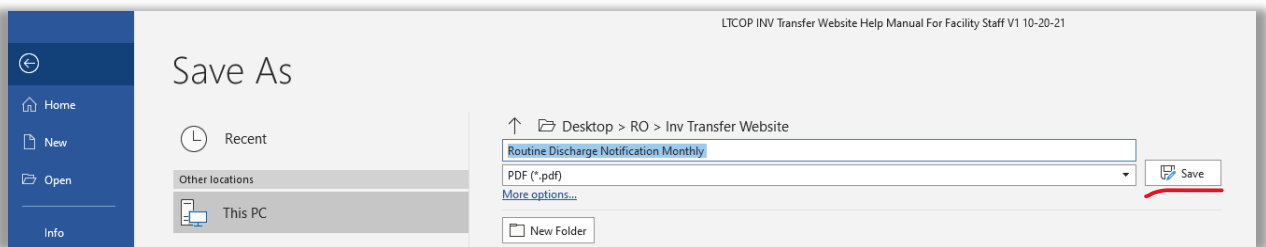
Browse to File: Example Inv...ge Form.pdf

Acceptable File Type: .pdf

NOTE: The Web Portal can only accept PDF's. IF you have a word document and you would like to be able to upload it, you'd first need to save it as a PDF from word document. To do so, with your Microsoft word document open from the top toolbar click File and then Save As.



Where it says Word Document, click the dropdown and select PDF.



Once you Click Upload File You have successfully uploaded the document and the submission is now complete. You'll be provided a confirmaiton number and e-mail

- Once you Click Upload File You have successfully uploaded the document and the submission is now complete. You'll be provided a confirmaiton number and e-mail.

CONFIRMATION #ITD011G-25-21NW

The document has been uploaded successfully. Your submission is now completed.

- You will now be able to view and confirm it was uploaded and Status is “submitted” from main notifications page. *Note: In order to meet regulatory requirements for an discharge notification you must upload the actual discharge notification provided to the resident. You will not be provided the confirmation number until that task is completed. Once the document is uploaded to the system it should show in the system as “Submitted”. Afterwards, you can review the specific document that was uploaded by clicking the link to the document under the Support Document Column.

Patient First Name

Patient Last Name

Patient SSN

Patient DOB

Notice Date

Discharge Date

Discharge Type

Discharge Reason

Search
Refresh
Add Involuntary 30-Day Notification
Add Routine Monthly Notification

Records per Page:

Click on a column heading to sort the data (3 rows)

#	First Name	Last Name	Patient DOB	Support Document	Notice Date	Discharge Date	Submitted Date	Status
1	Norman	White	1/3/1960	Involuntary 30-Day	8/1/2021	9/1/2021	10/4/2021	Submitted
2	Green Gardens Nursing Care	Facility		Routine Monthly	8/1/2021	8/31/2021	10/4/2021	Submitted