

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

HEALTHCARE QUALITY AND SAFETY BRANCH

BLAST FAX 2020-103A

TO: Nursing Home Administrators

FROM: Acting Commissioner Deidre S. Gifford, MD, MPH

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Adelita Orefice, MPM, JD, CHC, Senior Advisor to the Commissioner
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch
Donna Ortelle, Section Chief, Facility Licensing and Investigations Section

DATE: November 20, 2020

SUBJECT: Nursing Home Visitation and Request for Civil Money Penalties (CMPs)

Pursuant to Blast Fax 2020-103, an electronic portal has been established to facilitate electronic submission of CMP applications for visitation aids. Please Log in to the Reportable events website (<https://dphflisevents.ct.gov>) and you will see the FLIS Event Report Tracking System. Click on Reportable Events, All Other Facilities. Sign in with your username and password and click Login. At the top of the next page, please select the CMP request tab which will bring you to the application. Once you complete the application in its entirety, adding the line item details, submit to the Department of Public Health (DPH) for review. If you have submitted a request, please resubmit the request via the portal.

Should you have any questions, please submit a ticket online at <https://dph-cthelpdesk.ct.gov/Ticket> and select "FLIS - Healthcare Facilities Quality & Safety" for system you need assistance and select "CMP" under Category and submit the ticket.

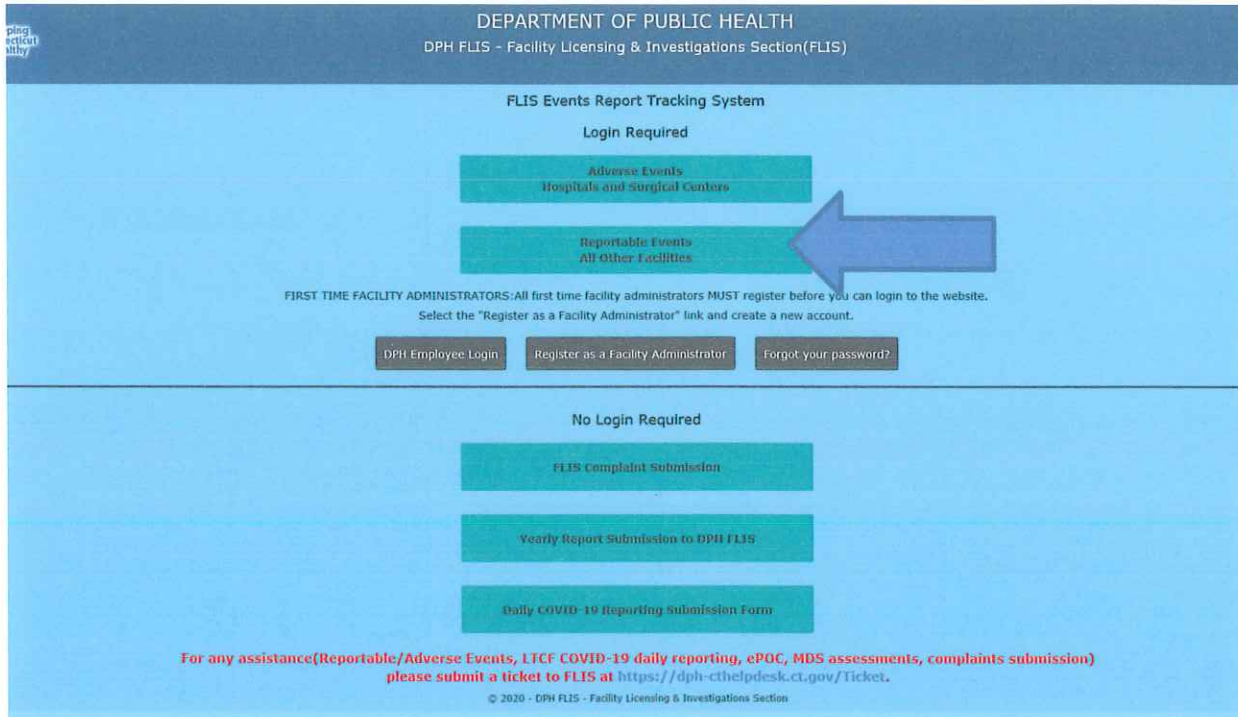


Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

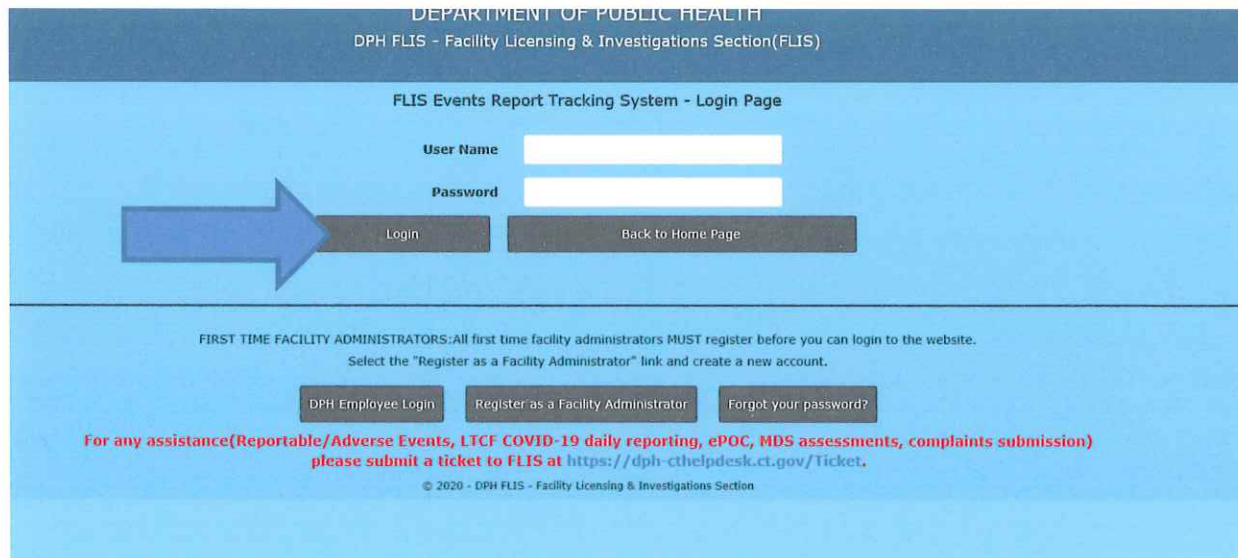
Affirmative Action/Equal Opportunity Employer



1. Visit <https://dphflisevents.ct.gov> and select “Reportable Events”



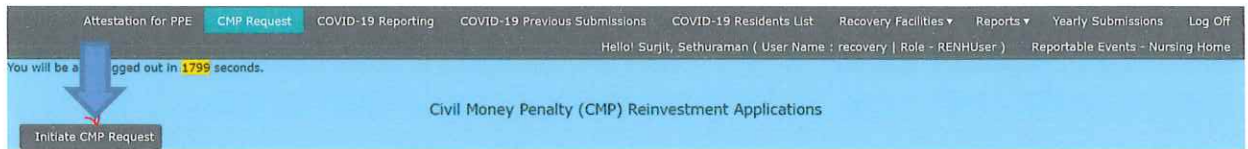
2. Enter your credentials (Username and Password) and click Login



3. Click "CMP Request" tab



4. To submit a CMP request form, click "Initiate CMP Request"



5. Select the facility and complete the form.

Facility Name Select a Facility *

Date of CMP request Submitted 11/16/2020 *

Number of Certified Beds *

Census *

Contact First Name *

Contact Last Name *

Contact Title *

Contact Email *

Contact Phone number *

Is compliance with LSC? Yes No *

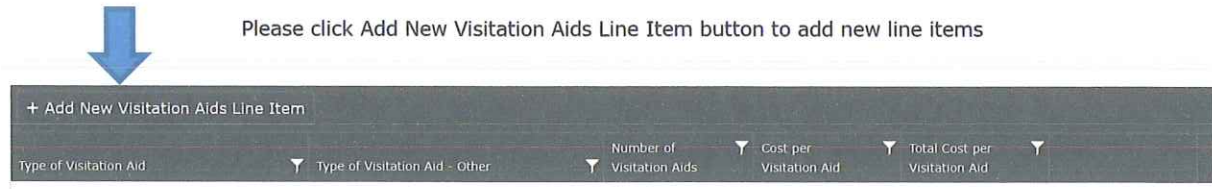
Is compliance with Infection Control Practices? Yes No *

Please click Add New Visitation Aids Line Item button to add new line items

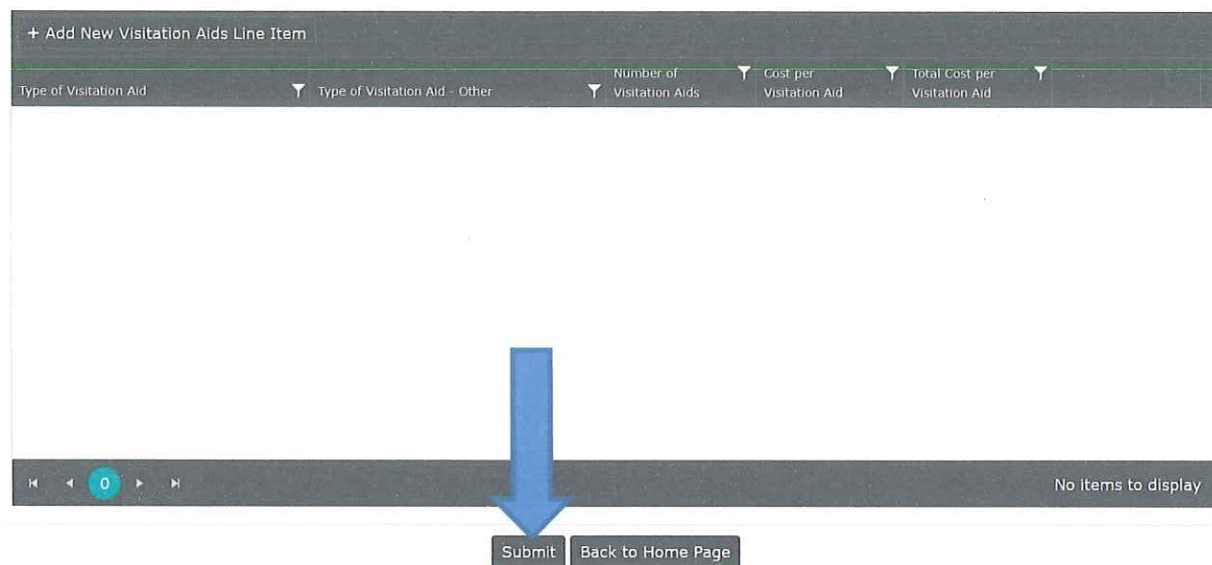
+ Add New Visitation Aids Line Item

Type of Visitation Aid	Type of Visitation Aid - Other	Number of Visitation Aids	Cost per Visitation Aid	Total Cost per Visitation Aid
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6. Click “Add New Visitation Aids Line Item” to add the line items for the CMP request. You can add more than one-line items with the request by keep repeating this step. The line items you added to the request will be displayed in the table below.



7. Finally click “Submit” at the end of this form to submit the CMP request to DPH.



How to view the successfully submitted CMP request to DPH for your facility?

When you select “CMP Request” tab you will see all the successfully submitted CMP requests to DPH along with the status of the request.