

### DEPARTMENT OF AGING AND DISABILITY SERVICES CT Long Term Care Ombudsman Program

# Involuntary Discharge Portal User Manual

CT LONG TERM CARE OMBUDSMAN

### Involuntary Discharge Portal User Manual For Facility Staff

© CT Long Term Care Ombudsman Program 55 Farmington Ave Hartford CT Phone 866-388-1888

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#### Creating an Account

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

Terms of Use: This is a Sta data contained herein or mis	te of Connecticut government computer system that suse of the data or the system may be a violation of	t is restricted to official use by authorized users ONLY. Unauthorized access to the state and/or federal law and may result in civil or criminal penalties or both.
Login Name ★		Create New Account Create New Account Create New Account
Password *	Log in	<ul> <li>Forgot User ID?</li> <li>Request Activation Code</li> </ul>

- 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. **\*NOTE**: Your Login Name is different than your email address.

Login Name ★	8	••1
Password *	(	Q
Confirm Password <b>*</b>	(	$\mathfrak{P}$
First Name ★	(	<u>a</u>
Last Name ★		
Email ★		
Confirm Email ★		
Security Question *	Select one	~
Security Answer *		
	Anti-spam Code Clacv	C

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





# Logging in and Getting Authorized to Upload for a Facility INITIAL FACILITY SETUP

- 1. Return to Main Site: https://adsapps.ct.gov/LTCOP/Default.aspx
- 2. Click "Log in" on Top Banner





 Enter Login Name and Password and click "Log In" (\*NOTE: Login Name is Not Email Address – If you forget it you can always click "Forgot User ID" and follow prompts to have it e-mailed to you.)

Login Namo 🕇		Create New Account
Login Name A		Forgot password?
Password *	••••]	L Forgot User ID?
		Request Activation Code
	Log in	

4. Once logged in click "Involuntary Transfer & Discharge Notification Link





5. From The Main Landing Page You can Either Click the Link #2 or "Facility" Up Top. They will bring you to the same page.



#### Click "Add Facility"



Choose the type of facility and other identifiers to locate your facility in the list then click search.
 Once you locate your facility in the list click "select"

LTCO	DP > Facility > Facility Lookup					P	Previous Page
Fa	acility Lookup	Help					
lf	there are any questions/concerr	ns or you are not able to locate your fa	cility, please Contact Us for	further assistance.			
WAF in an	RNING: You are logging into the y official ombudsman reports. P	TEST version of the system. This is N Please go to https://adsapps.ct.gov/LTC	OT the final production envi COP/Default.aspx to access	ronment and is used fo the Official State of CT	r TESTING ONLY. Data	entered here will NOT t sfer Site.	be included
	Business Name hap			City	,		
	Street Address			ZipCode			
			Search Refres	1			
Reco	ords per Page 50 🗸						
Click	on a column heading to sort the da	ata (1 rows)					
#	Busin	ness Name 🛦	Street Address	City, State, Zipc	ode Phone	Credential Type	
1	HAPPY ACRES NURSING AND REF	HABILITATION	800 HOWARD AVE	NEW HAVEN, CT 06501		SNF	Select

7. Confirm Facility Type and Click "Save and Continue"



LTCOP > Facility > Facility Information		Previous Page
Facility Information	Help	
WARNING: You are logging into the TEST ver in any official ombudsman reports. Please go	sion of the system. This is NOT the final production enviro to https://adsapps.ct.gov/LTCOP/Default.aspx to access th	nment and is used for TESTING ONLY. Data entered here will NOT be included e Official State of CT LTCOP Discharge/Transfer Site.
Facility Name *	HAPPY ACRES NURSING AND REHABILITATION	
Facility Type: *	Nursing Facility 🗸	
Business Street *	800 HOWARD AVE	
Business Street 2		
Business City *	NEW HAVEN	
Business State *	СТ	
Business Zip Code ★	06501	
Is Mailing Address Different from Business Address?	⊖Yes ●No	
	Save and Continue Cancel	

Now when you return to the facility main page you'll see your new facility you can upload discharges under.

Home      Contact     Facility     Involuntary     Tra     The Department of Aging and Di     Public FACING STAGING ENVIRONMENT CHROME 108.     LTCOP > Facility     Facility Main Page      Public	nsfer and sability Services	Discharge Notifica	ation
WARNING: You are logging into the TEST version of the in any official ombudsman reports. Please go to https://a	e system. This is NOT the final plates and sapps.ct.gov/LTCOP/Default.a	oduction environment and is used for TESTING ONLY. spx to access the Official State of CT LTCOP Discharge	Data entered here will NOT be included
Facility Name	Facility Type		
BEST CHOICE SENIOR CARE	Nursing Facility	Update facility profile, contacts and accounts	Search or submit notifications
HAPPY ACRES NURSING AND REHABILITATION	Nursing Facility	Update facility profile, contacts and accounts	Search or submit notifications
Add Facility			

\*Note: In some circumstances a facility has already been setup in the system and there is a different user who will need to credential you. If so you'll follow the steps below. Otherwise Skip ahead to section entitled "Accessing/Using Facility Notification Database"



# Requesting Authorization to Upload for a Facility that's already been Set Up In the System

- 1. Return to Main Site: <u>https://adsapps.ct.gov/LTCOP/Default.aspx</u>
- 2. Click "Log in" on Top Banner

<u></u>	ADS App Portal	Search ADS Applications	۹
f Home	Contact		

3. Enter Login Name and Password and click "Log In" (\***NOTE**: Login Name is Not Email Address – If you forget it you can always click "Forgot User ID" and follow prompts to have it e-mailed to you.)

Login Namo 🕇		Ø	Create New Account
Login Name A		<b>a</b>	Forgot password?
Password *	••••]	1	Forgot User ID?
		S	Request Activation Code
	Log in		



4. Once logged in click "Involuntary Transfer & Discharge Notification Link





5. From The Main Landing Page You can Either Click the Link #2 or "Facility" Up Top. They will bring you to the same page.



#### 6. Click "Add Facility"

Add Facility

### Logging in and Getting Authorized from another user to Upload for your Facility

7. Choose the Type of Facility you are looking for and add any additional search parameters to find the facility then click Search. Once you click search and you find the facility you're looking for click "select"

		OResi	dential Care Homes (RCH) 🔍	ursing home Facilities (SNF)			
	Business Name	best		City			
	Street Address	I		ZipCode			
Reco Click	ords per Page 50 🗸	he data (2 rows)	Search Refr	resh			
#	Bu	isiness Name 🔺	Street Address	City, State, Zipcode	Phone	Credential Type	
1	BEST CHOICE SENIOR CARE		150 FAKE ST	HARTFORD, CT 06501		SNF	Select
2	BEST NURSING CARE IN THE	E WORLD LLC	123 FAKE STREET	GROTON, CT 06405		SNF	Select



8. If the facility has already been setup in the system by someone else it will send an e-mail to all the currently authorized representatives already associated with the account prompting them to add you. The message will look like this on the web page.

The <b>BEST CHOICE SENIOR CARE</b> facility has been registered in our database. An email has been sent to the authorized users who will grant you the access to <b>BEST CHOICE SENIOR CARE</b> facility account. You will receive an email notification once the authorization is granted. If there are any questions or concerns, please Contact Us for further assistance.	
ок	

Both the new User and the existing users will be added to an e-mail chain where the old user is prompted to authorize the new user by following the link

	al (act. gov	<b>公</b>
From 🛱 AD	S.Webmaster@ct.gov	合
To testsn	f4@protonmail.com testsnf2@protonmail.com	
<b>⊵</b> û £		\$
Hi BEST CHO testsof2@pro	CE SENIOR CARE, tonmail.com has requested to access and upload notifications to the LTC ase <u>Click Here.</u>	COP portal on behalf of <b>BEST CHOICE SENIOR CAP</b>
You can also	authorize by visiting http://stag-adsapps.ct.gov/LTCOP/NursingFacility/Fa yYvODQ=&Email=10Kt6oshQx29vTbae2rH3JJcekYynh3j	acilityAccounts.aspx?
FacID=Wby0	yYvODQ=&Email=I0Kt6oshQx29vTbae2rH3JJcekYynh3j	



Login Name 🕇	testsnf4	<ul> <li>Create New Account</li> <li>Forgot password?</li> </ul>
Password <b>*</b>		 Forgot User ID?
	Log in	

#### Existing User will be prompted to log in and then to add your e-mail to the facility accounts

LTCOP > Facility > Facility Accounts		Previous Page
BEST CHOICE SENIOR CARE	Facility Accounts	Help
Facility Main Page	i or Email ★ test	snf2@protonmail.com Add Account
Facility Contacts	Name Tim Admini	Email testsnf4@protonmail.com
Facility Accounts Notification Search	Back	
Add Involuntary 30-Day Notification		
Add Routine Moninity Notification		

testsnf2@protonmail.com has been added successfully.						
Email 🖈 🛛 te	Email * testsnf2@protonmail.com Add Account					
Name	Email					
Tim Admini	n Admini testsnf4@protonmail.com					
Mary Joe	testsnf2@protonmail.com	Delete				
Back						

Once new User added. An Additional Email will be sent to all parties to verify that new user TESTSNF2 has been authorized



CT/LTCOP - User Authorization Request to the LTCOP portal on behalf of BEST CHOICE SENIOR CARE was successfully completed.

ADS.Webinaster@ct.gov	
<ul> <li>testsnf4@protonmail.com, testsnf2@protonmail.com, testsnf2@protonmail.com</li> </ul>	~
	\$ \$
HI BEST CHOICE SENIOR CARE,	
Hi BEST CHOICE SENIOR CARE,	ions to the LTCOP portal on
Hi BEST CHOICE SENIOR CARE, testsnf4@protonmail.com has successfully authorized testsnf2@protonmail.com to access and upload notificati behalf of <b>BEST CHOICE SENIOR CARE</b> .	ions to the LTCOP portal on

Now When New User Logs in they will be able to see Best Choice listed under the "facility" Tab and they will be able to Search and Submit Notifications for the facility.

Facility Name	Facility Type		
BEST CHOICE SENIOR CARE	Nursing Facility	Update facility profile, contacts and accounts	Search or submit notifications

### Accessing/Using Facility Notification Database

1. From the Main Facility Page click "Search or Submit notifications" This Will bring you to the main Notifications Search Page where you can add new involuntary discharge notifications or routine monthly notifications.

L	Facility Name	Facility Type		
L	BEST CHOICE SENIOR CARE	Nursing Facility	Update facility profile, contacts and accou	Search or submit notifications

2. If you look on the left side of the page there are several menu options. Explained Below









# 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.

BEST CHOICE SENIOR CARE	Facility Accounts O Help		
Facility Main Page	_		
Facility Information	Email * d	aniel.beem@ct.gov	
Facility Contacts	Name	Email	
	Tim Admini	testsnf4@protonmail.com	Delete
Facility Accounts	Mary Joe	testsnf2@protonmail.com	
Notification Search			
Add Involuntary 30-Day Notification	Back		
Add Routine Monthly Notification			
Involuntary Discharge Report			

BEST CHOICE SENIOR CARE	Facility Accounts	Ə Help	
Facility Main Page Facility Information	c a daniel.beem@ct.gov has been added su Email * danie	ILCEESSFUIIY. Add Account	
Facility Contacts	Name	Email	
Facility Accounts	Tim Admini	testsnf4@protonmail.com	Delete
Notification Search	Mary Joe	testsnf2@protonmail.com	
Add Involuntary 30-Day Notification	Daniel Beem	daniel.beem@ct.gov	Delete
Add Routine Monthly Notification	Back		
Involuntary Discharge Report			

2. \*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 Newl	Jser@greengardensnursing.com hasn't be	en cr	reated in the ADS	Application Portal. Create Login
Email *	NewUser@greengardensnursing.com		Add Account	

### Adding a New Routine Monthly Discharge (SNF ONLY REQUIRED)

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 coverig 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.

Add Involuntary 30-Day Notification						D	ischarge Reason	ALL	~	
Add Routine Monthly Notification			Search	Refresh	Add Involuntary	30-Day Notifi	cation Add	Routine Monthly N	otification	
Involuntary Discharge Report	ords per Page k on a column	e: 50 🗸	ort the data (4 r	ows)						
	#	First Name	Last Name	Patient DOB	Support Document	Notice Date	Discharge Date	Submitted Date	Status	
	1				Routine	1/1/2022	1/31/2022	2/8/2022	Under_Review	View Details
	2				Routine	3/1/2022	3/31/2022	2/8/2022	Submitted	View Details
	3	Dan	Beem	10/31/1940	Involuntary	2/8/2022	3/9/2022	2/8/2022	Completed	View Details
	4				Routine	2/1/2022	2/28/2022	2/8/2022	Submitted	View Details

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



STEP 1 OF 2 - DISCHARGE NOTIFICATION					
Discharge Type	Routine Monthly Discharge     Involuntary Thirty-Day Discharge				
Start Date *	11/01/2022				
End Date *	11/30/2022				
Comments	November Monthly Discharge Notifications				
Next Cancel					

3. Verify Information is Correct and click "Save Progress and Proceed to Final Step (Upload File)"

:	STEP 2 OF 2 - VERIFY INFORMATION						
l	Please carefully review the information below. If everything is correct, go ahead and click Save Progress and Proceed to Final Step (Upload File). If you want to make any changes, click Modify Data In Previous Step to go back to the previous pages and make corrections.						
L	Name: BEST CHOICE SENIOR CARE Facility						
	Discharge Type: Routine Monthly Discharge						
	Start Date:	11/01/2022					
	End Date:	11/30/2022					
	Comments: November Monthly Discharge Notifications						
•	*** The information is not saved until you click the Save Progress and Proceed to Final Step (Upload File) button ***						
	Modify Data In Previous Step Save Progress and Proceed to Final Step (Upload File) Cancel						

4. Final Action is to Choose Which File to Upload and then click "Upload File and Finalize Submission"

**\*NOTE:** the formal submission of notifications to the program is not finalized until the document is uploaded.



FINAL ACTION - DOCUMENT UPLOAD								
The information has been saved successfully. To complete your submission, please upload the monthly routine discharge notice. - Step 1: click Choose File button to select the file. - Step 2: click Upload File and Finalize Submission button.								
Note: If you do not have your file to upload at this time, you can come back and finalize your submission by clicking Edit from the main notifications page. This process is also outlined in the user manual. https://portal.ct.gov/-/media/LTCOP/PDF/WEBPORTAL/LTCOP-INV-Transfer-Website-Help-Manual-For-Facility-Staff-V1-11-2-21.pdf								
Required Document Routine Monthly								
Acceptable File Type:								
Browse to File: Choose File Example Rosfer List.pdf								
Upload File and Finalize Submission Skip uploading file and Go to Main Notifications page								
*** Please note, the formal submission of notifications to the ombudsman program is not finalized until the document is uploaded. ***								

**\*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.

AutoSave 🧿 🤄 🖓 🗸 🖑 🥵 👻 🛛 LTCOP INV Transfer Website Help Manual For Facility Staff V1 10-20-21 🔹											
File	Home Ins	ert	Draw	Design	Layout	References	Mailings	Review	View	Developer	Help
						LTCOP INV Tran	sfer Website Help Manual F	For Facility Staff V1 10-20	)-21		0
©	Save	As									
ሰ Home				$\uparrow$	🗁 Desktop > R	O > Inv Transfer Website					
New	Recent     Recent     Routing And A in training Website     Routing Monthly Discourse for Facility										
l∂ Open	Other locations	c		More	options				Â	up save	
Info		0			New Folder				- K		
Save	Brow	se		Nar	ne 1				Date modified		
Save As											

LTCOP INV Transfer Website Help Manual For Facility Staff V1 10-20-21



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 confirmation number and e-mail. You can Now Return to Main Notifications Page.

A	dd Routine Monthly Notification OHelp							
(	CONFIRMATION #RTD013B-76							
	The document has been uploaded successfully. Your submission is now completed. A confirmation email has been sent to testsnf2@protonmail.com.							
	Go to Main Notifications page							

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





# Adding a New Involuntary 30 Day Discharge Notice / Notification (SNF AND RCH REQUIRED)

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

BEST CHOICE SENIOR CARE	Notification Search O Help										
	Se	arch for i	notificatio	ns using	one or more	of the follo	wing criteria				
Facility Main Page											
Facility Information										_	
Facility Contacts		Patient	t First Name				Notice Date	mm/dd/yyyy			
		Patient	t Last Name				Discharge Date	mm/dd/yyyy			
Facility Accounts	Patient SSN						Submitted Date	mm/dd/yyyy			
Notification Search	Patient DOB			mm/dd/yyyy			Discharge Type	ALL	~		
						D	ischarge Reason	ALL	~		
Add Involuntary 30-Day Notification			Coarch	Dofroch		v 20 Dov Notifi		Douting Monthly N	latification		
Add Routine Monthly Notification			Search	Reliesh		y 50-Day Nouili	Adur	Routine Monully N	ouncation		
Involuntary Discharge Report	Rec	ords per Page	e: 50 🗸								
, , ,	Clic	con a column	neading to so	ort the data (5 n	ows)						
	#	First Name	Last Name	Patient DOB	Support Document	Notice Date	Discharge Date	Submitted Date	Status		
	1				Routine	11/1/2022	11/30/2022	12/13/2022	Submitted	View Details	
	2				Routine	1/1/2022	1/31/2022	2/8/2022	Under_Review	View Details	
	3				Routine	3/1/2022	3/31/2022	2/8/2022	Submitted	View Details	
	4	Dan	Beem	10/31/1940	Involuntary	2/8/2022	3/9/2022	2/8/2022	Completed	View Details	
	5				Routine	2/1/2022	2/28/2022	2/8/2022	Submitted	View Details	

2. Provide Basic Patient Information and Click "Next"



Add Involuntar	y 30-Day Notificatio	n 🛛 Help
STEP 1 OF 4 - PATIENT	INFORMATION	
First Name 苯	Jeremy	
Middle Initial		
Last Name ★	Dutton	
Birth Date ★	10/25/1964	
SSN *	293009876	
Next Cancel		



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.

Add Involuntary 30-Day Notification O Help									
STEP 2 OF 4 - PATIENT ADDRESS AND CONTACT INFORMATION									
Use Facility Address 🗹 Home Phone									
Street *	150 FAKE ST	Work Phone							
Street 2		Cell Phone	2034568456						
City 🖈	HARTFORD	Fax							
State ★	СТ	Email							
Zip Code ★	06501								
Is Home Address Different Ves  Ves  No from Mailing Address?									
Modify Data In Previous Step Next Cancel									



STEP 3 OF 4 - DISCHARGE NOTIF	ICATION						
Discharge Type	Involuntary Thirty-Day Discharge ORou	tine Monthly Discharge					
Discharge Notice Date 🕇	12/13/2022						
Discharge Effective Date ★	01/14/2023	22 <b>2</b>					
Proposed Discharge Location <b>*</b>	Туре	Address					
	Homeless Shelter	800 High Street New Haven CT, 06501					
	~						
	×						
Appeal Rights Was Griven * • Yes No Legal Representative Required? * Yes No Discharge Reason * (1) To meet the welfare of the resident which cannot be met in the facility; (2) The resident no longer needs the services of the facility due to improved health; (3) The facility is required to transfer the resident pursuant to section 17b-359 or 17b-360; (4) The health or safety of individuals in the facility is endangered; (5) In the case of a self-pay resident, for the resident's nonpayment or arrearage of more than fifteen days of the per diem facility room rate; (6) The facility ceases to operate; (7) OTHER							
Comments Modify Data In Previous Step Next	Cancel						

### 4. Submit information about the discharge notification itself then click "Next"



5. Verify Information is Correct and Click "Save Progress and Proceed to Final Step (Upload File) "





6. Final Action is to Upload a copy of the 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. However if you do this. Then this must also be the discharge notice you provided to the residnet. Once a file is chosen click "Upload File and Finalize Submission".

Add Involuntar	ry 30-Day Notification OHep							
FINAL ACTION - DOC	CUMENT UPLOAD							
The information has been saved successfully. To complete your submission, please upload the patient discharge notice.         Step 1: click Choose File button to select the file.         Step 2: click Upload File and Finalize Submission button.         Note: If you do not have your file to upload at this time, you can come back and finalize your submission by clicking Edit from the main notifications page. This process is also outlined in the user manual. https://portal.ct.gov/-/media/LTCOP/PDF/WEBPORTAL/LTCOP-INV-Transfer-Website-Help-Manual-For-Facility-Staff-V1-11-2-21.pdf								
Required Document	Involuntary 30-Day							
Acceptable File Type:	.pdf							
Browse to File:	Choose File Example Invge Form.pdf							
	Upload File and Finalize Submission Skip uploading file and take me to Main Notifications page	Print Notification Letter						
*** Please note, the formal s	submission of notifications to the ombudsman program is not finalized until the document is uploaded. ***							

**\*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.

AutoSave 💽 🧐 🏷 🗸 🖏 🗧 🗸 エー LTCOP INV Transfer Website Help Manual For Facility Staff V1 10-20-21 🔹										
File H	lome Insert	Draw	Design	Layout	References	Mailings	Review	View	Developer	Help
					LTCOP INV Trans	fer Website Help Manual F	or Facility Staff V1 10-20	)-21		0
e	Save As									
☆ Home ♪ New	L Recent		↑ Rou	Desktop > R	D > Inv Transfer Website					
🗁 Open	Other locations		Wor	d Document (*.docx) options				Á	🔛 Save	
Info Save	This PC			New Folder						
Save As			Nan	ne				Date modified		

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



		LTCOP INV Transfer Website Help Manual For Facility Staff V1 10-20-21
e	Save As	
🛱 Home		
🖹 New	L Recent	C Desktop > RO > Inv Transfer Website      Routine Discharge Notification Monthly
🗁 Open	Other locations	PDF (*,pdf) More options
Info	This PC	Contract Con

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

Add Involuntary 30-Day Notification 🛛 Help						
CONFIRMATION #ITD013B-77-48JD						
The document has been uploaded successfully. Your submission is now completed. A confirmation email has been sent to testsnf2@protonmail.com.						
Go to Main Notifications page						

7. 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.



BEST CHOICE SENIOR CARE	Notification Search									
	Search for	Search for notifications using one or more of the following criteria								
Facility Main Page										
Facility Information									_	
	Patien	it First Name		••••]		Notice Date	mm/dd/yyyy			
Facility Contacts	Patier	nt Last Name				Discharge Date	mm/dd/yyyy			
Facility Accounts	Patient SSN				Submitted Date		mm/dd/yyyy			
Notification Search		Patient DOB	mm/dd/yyyy			Discharge Type	ALL	~		
Add Involuntary 30-Day Notification					Di	scharge Reason	ALL	~		
Add Routine Monthly Notification		Search	Refresh	Add Involuntar	y 30-Day Notific	cation Add F	Routine Monthly N	lotification		
	Records per Pag	je: 50 🗸								
involuntary Discharge Report	Click on a colum	n heading to se	ort the data (6 n	ows)						
	First # Name	Last Name	Patient DOB	Support Document	Notice Date	Discharge Date	Submitted Date	Status		
	1 Jeremy	Dutton	10/25/1964	Involuntary	12/13/2022	1/14/2023	12/13/2022	Submitted	View Details	
	2			Routine	11/1/2022	11/30/2022	12/13/2022	Submitted	View Details	

### Frequently Asked Questions

## What do I do if I don't remember my User/Login ID and don't know how to log in?

If you have already successfully created your account and previously logged in, but have forgotten your UserID/Login Name. you can click the "Forgot User ID" Button From the Main Login Screen or follow this link <u>https://adsapps.ct.gov/ADSPortal/Account/ForgotUserID.aspx</u> -

Login O Help		
Welcome to the State	of Connecticut Aging and Disability	y Services Application Portal.
Terms of Use: This is a Sta data contained herein or mis	e of Connecticut government computer system use of the data or the system may be a violation	that is restricted to official use by authorized users ONLY. Unauthorized access to the n of state and/or federal law and may result in civil or criminal penalties or both.
Login Name 🗙		<ul> <li>Create New Account</li> <li>Forgot password?</li> </ul>
Password ★		Forgot User ID?  Request Activation Code
	Log in	



Enter the required information and then click the **Email me Login ID** button. A reset password link with your login ID will be sent to the e-mail you provided.

Forgot User ID OHelp
Please enter the required information and then click the <b>Email Me Login ID</b> button. A reset password link with your Login ID will be sent to the email you provided.
Email *
Anti-spam Code
Email Me Login ID Cancel

Message Display OHelp
Your Login ID has been sent successfully.
A confirmation email has been sent to your email address TestSNF2@protonmail.com. Please allow a few minutes for the E-Mail to be sent to you.
The email contains a link which will allow you to reset your password.
If you do not receive an e-mail, check the following:
<ul> <li>Be sure you typed in your e-mail address accurately.</li> <li>The e-mail could have been caught by your spam filter. If you suspect this is the case, add @ct.gov to your Safe Senders list or contact your e-mail provider.</li> <li>If neither of these is the case, please Contact Us for assistance.</li> </ul>
Close

When you check your email you will be prompted to update your password



From DADS.Webmaster@ct.gov
To TestSNF2@protonmail.com
Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.
User ID was requested for your login account in the ADS Application Portal.
You can reset your password by <u>Click Here.</u>
Page visited: http://adsapps.ct.gov/ADSPortal/Account/ForgotUserID.aspx

When you click reset password it will bring you back to the web page and auto fill in your Login Name/User ID

Forgot Password OHe	р
Please enter the required information and th A reset password link will be sent to the ema	en click the <b>Submit</b> button. ail you provided.
Login Name ★ Email ★	TESTSNF2 TestSNF2@protonmail.com
Anti-spar Type Anti-Spar	m Code m Code XmefU XmefU
	Submit Cancel



You will be prompted to answer your security question once you complete that it will send you a password reset link

Forgot Password OHe	p
Please enter the required information and th A reset password link will be sent to the ema	en click the <b>Submit</b> button. ail you provided.
Security Question ★ Security Answer ★_	What is your favorite color?
Send Me Pas	ssword Reset Email Cancel

You will see this notification on the web page to note a confirmation email has been sent to your e-mail address.

Message Display OHelp
The password reset email has been sent successfully.
A confirmation email has been sent to your email address TestSNF2@protonmail.com. Please allow a few minutes for the E-Mail to be sent to you.
The email contains a link which will allow you to reset your password.
If you do not receive an e-mail, check the following:
<ul> <li>Be sure you typed in your e-mail address accurately.</li> <li>The e-mail could have been caught by your spam filter. If you suspect this is the case, add @ct.gov to your Safe Senders list or contact your e-mail provider.</li> <li>If neither of these is the case, please Contact Us for assistance.</li> </ul>
Close

Click the link in the email.



From     Description       To     TestSNF2@protonmail.com
Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.
A password reset was requested for your login account in the ADS Application Portal.
You can reset your password by <u>Clicking Here.</u>
Page visited: http://adsapps.ct.gov/ADSPortal/Account/ForgotPassword.aspx? Email=gKrGopsZiY8OMHsRCBpe%2fRZqIQkeMqp3&ID=5paKpx5mhHGx7nZwRXmbfQ%3d%3d

Reset Password OHelp	
Email ★	testsnf2@protonmail.com
New Password *	
Confirm New Password 🖈	••••
	Submit Cancel

You will now be able to choose your new password. Click submit.





You will now get another e-mail to activate your account with new updated password. **\*NOTE:** you will not be able to log in until you click the link in your e-mail activating the account.



After returning to the e-mail client and clicking the "Clicking Here" Link You'll be brought back to the page to put your New User ID and Password in and the Activation Code Verifying authenticity.



Account Activation 💿	Help
Login Name ★	TestSNF2
Password 🖈	
Activation Code ★	7ppupgEcmehiecSjQ78FG5oi3gN4hczS3IYikA3a6Y0=
	Activate My Account Cancel



Your Account has been activated. Click the Involuntary Transfer and Discharge Notification Link to return to <u>LTCOP Discharge Portal</u>

# What if you don't know the answer to your security question when trying to reset your password or user ID?

Use the <u>Contact Us</u> Link. Provide our programming staff with your e-mail address, contact information and note that you have forgotten the answers to your security questions while trying to reset your information. We can work with you to get those answers so that you can complete the rest of the reset process.



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TCOP

Services

How to Request a New Activation Code if I never received one VIA email

or it timed out. Go to the main Login Page and Click "Request Activation Code"

elcome to the State of Connect	ticut Aging and Disability Ser	vices Application Portal.
erms of Use: This is a State of Connectic ata contained herein or misuse of the data	cut government computer system that is a or the system may be a violation of sta	restricted to official use by authorized users ONLY. Unauthorized access to the te and/or federal law and may result in civil or criminal penalties or both.
Login Name *		Create New Account
Login Name *		Create New Account
Login Name *		Create New Account Forgot password? Forgot User ID?

I am trying to get authorized to upload for our account, but when I select the facility, it is e-mailing a person who no longer works for our company so they cannot authorize me. Or the Facility I am searching for isn't showing up on the facility contact list.

Reach out to us Using the Contact Us Button at the top of the page or

<u>https://adsapps.ct.gov/LTCOP/Contact.aspx</u>. We can work with you to authenticate and authorize you to be added to the facility. We suggest that multiple employees at your organization become authorized facility accounts so that if anyone is unavailable, another employee can still access the database.

ADS Applica	tion Portal	30e (776	2	
The Department of Aging a	nd Disability Services		F	
Public-Facing Staging Environment Chro	DME 108.0	The Sell	1	
ADSPortal > Log in			Ρ	revious P
Login O Help				
Welcome to the State of Connection	cut Aging and Disability Ser	vices Application Portal.		
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Terms of Use: This is a State of Connecticut data contained herein or misuse of the data of Login Name * Password * Log in	government computer system that is r the system may be a violation of sta 	estricted to official use by authorized users ONLY. Un e and/or federal law and may result in civil or criminal C Create New Account Forgot password? Forgot User ID? S Request Activation Code	authorized access to the penalties or both.	

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