



Connecticut WebSTARS™ Nursing Facility Application User guide

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Ascend is recognized nationally as a leader in providing outstanding clinical processes, information systems and superior management solutions to help our customers enhance their healthcare delivery systems.

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Log In

Open www.ascendami.com in your internet browser.

Click **Log In**.



Figure 1

Enter **Username & Password**.

Click **Login**.

Web-Based System Access

Your username for this system is the first letter of your first and full last name, without spaces. If this is your first time logging into the system and you are not a supervisor, please use the password that was given to you by your supervisor or sent to your email address. If you are a supervisor, please use the password that you entered on your registration form.

Username:

Password:

User Agreement:
 Attestation, By using this system, I attest that, under penalty of law, the information I submit will be accurate to the best of my knowledge. I also understand that this information is required by federal law, and any falsification is subject to penalties toward both myself and the agency I represent.

[Forgot Password?](#)

ALL users should use a unique Username and Password. Do not share Login information.

Figure 2

General Navigation



Back



Home



Review



Accepted



Add Individual



Reports

Back icon
Return to the previous page.

Home icon
Return to the home page.

Review icon
See queue of individuals who need review.

Accepted icon
See queue of individuals who have been accepted.

Add Individual icon
Add an unlisted individual to the queue.

Reports icon
Run reports.

Figure 3

Home Page Navigation

Click the dropdown beside **Review**.

Click **Review** or **Accepted** to view the appropriate queue.

Click the dropdown beside **Select the report**.

Click the title of the report you would like to create.

Click **Add a Medicaid/Level II Individual** to add individual an individual to your queue.

The screenshot shows three main sections on the home page:

- Review:** A blue icon with a network of nodes. Below it is a dropdown menu titled "Select your queue" with options "Review" and "Accepted". A red circle highlights the dropdown arrow.
- Reports:** A blue icon of a document with a bar chart. Below it is a dropdown menu titled "Select the report" with options "LOC Short Term Stays" and "Level II Short Term Stays". A red circle highlights the dropdown arrow.
- Add Individual:** A blue icon of a person with a plus sign. Below it is a blue button labeled "Add a Medicaid/Level II Individual".

Figure 4

Review Active Admissions

Click the **Review**.

The screenshot shows the "Review" section with a blue icon and a dropdown menu titled "Select your queue". The "Review" option is selected and highlighted in blue.

Figure 5

Click the button beside **No** or **Yes**.

If No, click **Submit**.
If Yes, complete the SSN.

Click **Submit**.

SS # (Last 4 digits)	DOB	First Name (First 2 letters)	Last Name (First 3 letters)	Is this person in your facility?	Complete SS #	
6789	1/13/1960	Mi	Tes	<input type="radio"/> No <input type="radio"/> Yes	__-__-6789	Submit
6789	1/13/1960	Mi	Tes	<input type="radio"/> No <input type="radio"/> Yes	__-__-6789	Submit

Figure 6

The queue will appear empty after you have selected **yes** or **no** to each individual in your queue. (Fig. 6)

The screenshot shows the "Review" section with a blue icon and a message: "Below is a list of Medicaid and Level II Active Admissions reported to be in your facility. Please select the Yes or No column to confirm their residence at your facility." Below the message is a navigation bar with icons for Home, Accepted, Add Individual, and Reports. Below the navigation bar is a message: "Sort by clicking the column header." Below that is a message: "There are currently no active admissions."

Figure 7

Accepted Queue

Click the **Accepted** icon from the top of a page, or click **Accepted** from the homepage **Review** dropdown list to go to the accepted queue. (Fig. 3 & 4)

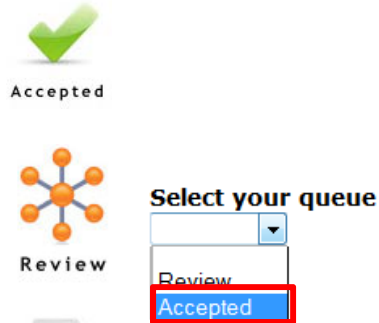


Fig. 9 is an example of the Accepted Queue.

Figure 8

Ascend ID	SS #	DOB	First Name	Last Name	PASRR Level I Outcome	PASRR Level I Review Date	LOC Outcome	LOC Review Date	Summary Outcome	Summary Date	Short Term Days	
101778	4321	5/21/1970	Testy	Tester	Refer for Level II-Level I Positive	1/1/2012			Long Term Approval	1/1/2012		View
101781	4444	6/15/1965	Jane	Doe	Refer for Level II-Level I Positive	3/31/2012			Long Term Approval	3/31/2012		View
101782	5555	1/13/1978	Tom	Smith	Refer for Level II-Level I Positive	3/20/2012			Short Term Approval	3/20/2012	30 Days	View
101783	6666	11/11/1961	Tina	Smith	Refer for Level II-Level I Positive	3/15/2012			Short Term Approval	3/15/2012	30 Days	View

Figure 9

Rows shaded in pink indicate residents requiring a new LOC.

Pay close attention to the **Summary Outcome** column to assure your facility remains compliant.

Click **View** to see more information on an individual residing in your facility. (Fig. 10)

Individual View

Click the type of screen you would like to complete.

Click **View** to access the individual view. (Fig. 9).

[Create New Level 1](#)
[Create New LOC](#)
[Create New Combo](#)
[Create New Admission Notice](#)
[Create New Discharge/Transfer Notice](#)

Admit-Discharge-Transfer Notices

Type	Date	Admit/Trans /Discharge Date	Facility Name	NPI Code	Facility #	Submitter	Submitter Phone	Entered into EMS	Entered By	
Admission	4/30/2012	4/25/2012	ABC NF			Teri Lepley	(213)333-4444			View/Print

Figure 10

New Admission Notice

Click **Create New Admission Notice**.

Complete the fields that did not auto populate:

- **Type of Facility**
- **Admission Date**
- **Admitted From**
- **Length of Stay**
- **Phone Number**

If admitting from Home or unlisted facility, enter address information.

Click **Submit** once you have completed all the required fields.

Admitting Facility ABC NF **Type of Facility**
 Nursing Facility—SNF
 ICF/IID
 Nursing Facility RHNS
 Chronic Disease Hospital

Address 123 Main
 New Haven, CT 06519

Facility NPI _____

Admission Date _____

Admitted From
 Home ICF/IID
 Hospital Other Institution _____
 Other Nursing Facility

Name of Institution _____

Address _____ **City** _____ **State** _____ **Zip** _____ **Phone** _____

Length of Stay **The stay is expected to last (check one)**
 Less than 30 days At least 30 days but less than 6 months 6 months or longer

Notes

Completed by _____ **Phone** _____ **Date** _____

The fields in pink are either empty and required, or you have entered an invalid answer.

Figure 11

Click **OK** to continue or **Cancel** to change the form.

Are you sure you want to submit this Admission Notice now?

Figure 12

An error message will appear if required information is missing.

Click **OK** and complete the pink highlighted field.

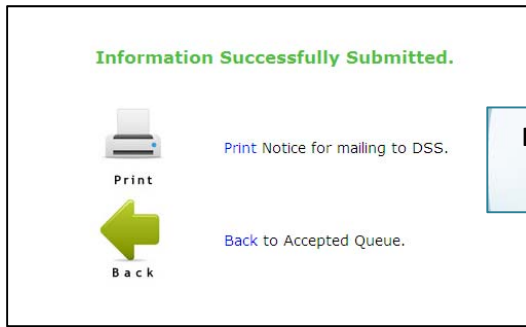
Click **Submit** once you have completed all the required fields (Figs. 11 & 12).

Please complete the missing/invalid information in pink.

Figure 13

Click **Print** to print the notice.

Click **Back** to return to the **Accepted Queue**.



If there are no form errors, a confirmation screen will appear.

Figure 14

New Discharge/Transfer Notice

Click **Create New Discharge/Transfer Notice** from the Individual View (Fig. 10)

Figure 15

Enter the **Discharge/Transfer/Deceased Date**.

Select the appropriate **Discharged/Transferred to** choice.

Fill in the necessary blanks.

Click **Submit**.

First Name Tina **SS #** 123-45-8901
Middle Initial **Client/Medicaid ID** 0098765
Last Name Smith **Level I Outcome** Refer for Level II-Level I Positive
DOB 2/2/1961 **LOC Outcome**
Gender Female **Summary Outcome** Short Term Approval

The **Create New Discharge/Transfer Notice** form will appear, listing your facility as the Submitting Facility.

Submitting Facility ABC NF
Address 123 Main
 New Haven, CT 06519
Facility NPI
Admission Date 1/1/2012

Discharge/Transfer/Deceased Date

Discharged/Transferred to

Home Hospital
 Deceased Medicare Certified Bed
 Medicare Non-certified Bed Other Institution
 Other Nursing Facility

Name of Institution

Address **City** **State** **Zip**
Phone

Notes

Completed by **Phone** **Date**

Figure 16

Enter additional important information in the **Notes** section.

Click **Submit**. Follow Figures 13-15 to complete submission.

Notes

All information typed in this field can be viewed by anyone with access to the individual's information at the Nursing Facility or District Office.

Completed by **Phone** **Date**

Figure 16

Create New Level 1, New LOC or New Combo

Click **Create New Level 1**, **Create New LOC**, or **Create Now Combo** (Fig. 10).

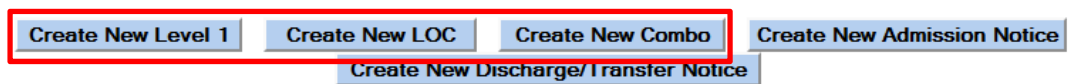


Figure 17

Add Individual

Adding an individual who is at your facility but not in the Accepted queue

Click the **Add Individual** icon from any page. (Fig. 3 & 4)



Figure 18

Enter the requested information and click **Submit**.

Note: If the individual is not already a pending new client and is not listed as residing in a different facility, the individual will be accepted to your queue.

Last Name: **MID:**
First Name: **DOB:**
Middle Name: **Gender:**
SSN:
Pre-Dates Ascend:

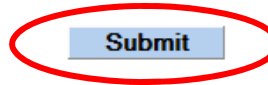


Figure 19

Run Reports

This feature allows you to track all individuals in your facility that have had a review by Ascend

Click the **Reports Icon** (Fig. 3 & 4)

Select the report you want to run.

A PDF version of the report will be created.



Select the report

LOC Short Term Stays
Level II Short Term Stays

Figure 20

Log Out

Click **Log-out** to end your session.



Figure 21