



TRANSFER AND DISCHARGE PORTAL

Nursing Home Facility Staff User Manual

Submitting Discharge Notices and Routine Emergency Transfer Notifications

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CT Long Term Care Ombudsman Program | 866-388-1888

[LTCOP Discharge Portal Resources](#)

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1. Quick Rules for Nursing Homes

The core distinction

TRANSFER means the resident leaves the nursing home with an expectation of return. DISCHARGE means the resident leaves, or remains elsewhere, with no expectation of returning to the nursing home.

Situation	Portal expectation
Discharge notice	Upload the discharge notice to the LTCOP portal when it is issued to the resident. This includes short term rehab, voluntary, involuntary, resident initiated, and AMA discharges.
Emergency or hospital transfer	When the resident is expected to return, provide the required transfer notice as soon as practicable. Copies to LTCOP may be submitted through the routine monthly transfer process.
Hospitalized resident will not return	Issue a formal discharge notice when the facility determines the resident will not return, even if the resident remains hospitalized. Upload that discharge notice when it is issued.
Weekend or holiday discharge	Submit the discharge notice the same calendar day it is issued to the resident.
NOMNC or coverage notice	Do not upload a Medicare or managed care notice of noncoverage as the facility discharge notice. If the facility intends to discharge the resident, issue and upload the separate facility discharge notice.
Data_Entry	The notice has been started but has not been finalized. Upload the required PDF and complete the finalization step.

2. Create an Account and Log In

Create the Portal Account

ADSPortal > Log in Previous Page

Login [Help](#)

Welcome to the State of Connecticut Aging and Disability Services Application Portal.

Terms of Use: This is a State of Connecticut government computer system that is restricted to official use by authorized users ONLY. Unauthorized access to the data contained herein or misuse of the data or the system may be a violation of state and/or federal law and may result in civil or criminal penalties for both.

Login Name *
 Password *

☒ Create New Account

Figure 1. Current ADS Application Portal login page. Select Create New Account to begin registration.

1. Open the [CT LTCOP portal landing page](#) and select Create New Account.
2. Enter the requested login name, password, name, email, security question, security answer, and anti-spam code.
3. Select Submit. The portal sends an activation email.
4. Open the activation email and use the activation link before attempting to log in.

*** **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.

Login Name *
 Password *
 Confirm Password *
 First Name *
 Last Name *
 Email *
 Confirm Email *
 Security Question *
 Security Answer *

Anti-spam Code 
 Type Anti-Spam Code *

Figure 2. Account registration screen. Your login name is separate from your email address.

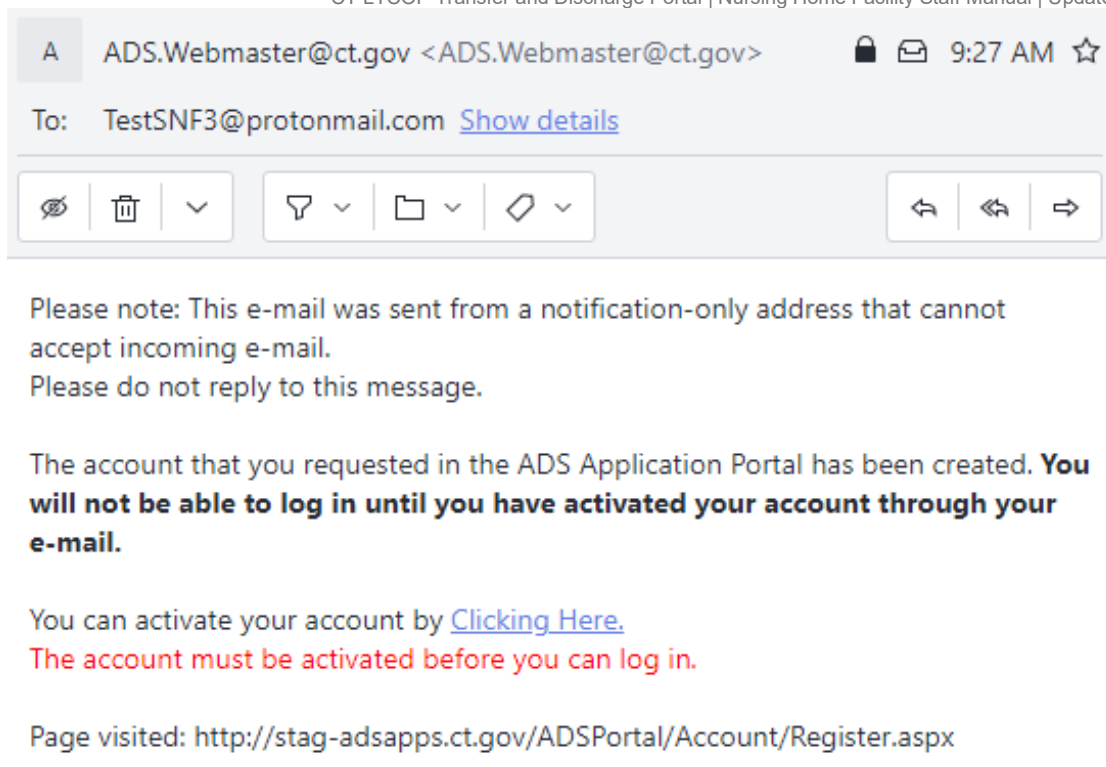


Figure 3. Example activation email. The account must be activated before login.

Important

Your login name is not your email address. Use Forgot User ID from the login screen if you do not remember the login name.

Log In and Open the LTCOP Transfer and Discharge Notice Application

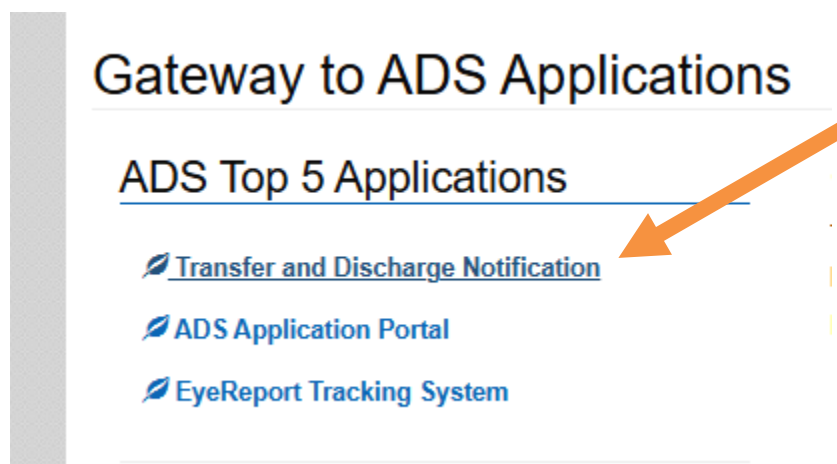


Figure 4. Gateway to ADS Applications. Select Transfer and Discharge Notification.

3. Connect to Your Facility and Obtain Authorization

Initial Facility Connection

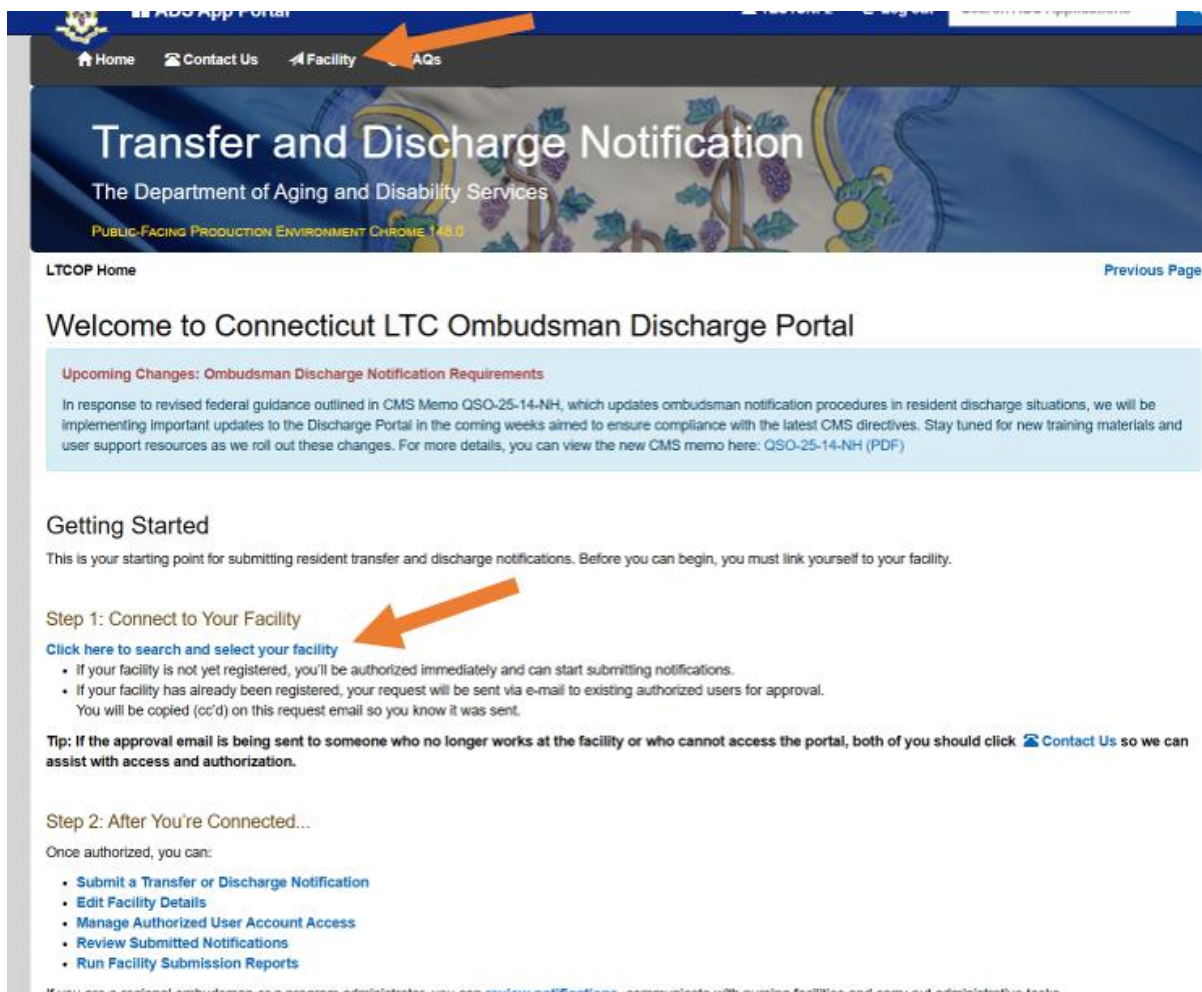


Figure 5. Portal home page. Use Connect to Your Facility or the Facility link.

1. From the portal home page, select Connect to Your Facility or [Facility using the Facility Lookup Page](#)
2. Search by facility name, town, or facility type.
3. Confirm that you select the Nursing Facility record. Some locations may have both a nursing home and an RCH.
4. Select the correct facility and review the facility information.
5. Select Save and Continue.

Facility Lookup

If you are not able to locate your facility, please Contact Us for further assistance.

Facility Type:
 Business Name:
 Street Address:
 City:
 ZipCode:
 Search Refresh

Records per Page:

Click on a column heading to sort the data (8 rows)

#	Business Name ▲	Facility Type	Street Address	City, State, Zipcode	Phone	
1	EVERGREEN HEALTH CARE CENTER	SNF	205 CHESTNUT HILL RD	STAFFORD SPRINGS, CT 06076		Select
2	EVERGREEN WOODS HEALTH CENTER	SNF	88 NOTCH HILL ROAD	NORTH BRANFORD, CT 06471		Select
3	GREEN GARDEN NURSING CARE	SNF	400 HIGH STREET	NEW HAVEN, CT 06511		Select
4	GREEN GROVE INC.	RCH	148 WHITFIELD ST	GUILFORD, CT 06437	(203) 453-9795	Select
5	GREEN LODGE OF MANCHESTER INC	RCH	612 MIDDLE TPKE E	MANCHESTER, CT 06040	(860) 649-5965	Select
6	GREENTREE MANOR & REHABILITATION CENTER	SNF	4 GREENTREE DRIVE	WATERFORD, CT 06385		Select
7	GREENWICH WOODS REHABILITATION	SNF	1165 KING STREET	GREENWICH, CT 06831		Select
8	VILLAGE GREEN OF BRISTOL	SNF	23 FAIR STREET	FORESTVILLE, CT 06010		Select

Figure 6. Facility Lookup. Search and select the correct nursing facility record.

LTCOP > Facility > Facility Information Previous Page

Facility Information 

WARNING: You are logging into the TEST version of the system. This is NOT the final production environment and is used for TESTING ONLY. Data entered here will NOT be included in any official ombudsman reports. Please go to <https://adsapps.ct.gov/LTCOP/Default.aspx> to access the Official State of CT LTCOP Discharge/Transfer Site.

Facility Name *
 Facility Type *
 Business Street *
 Business Street 2
 Business City *
 Business State *
 Business Zip Code *
 Is Mailing Address Different from Business Address? ☐ Yes ☒ No

Save and Continue Cancel

Figure 7. Confirm the facility type and facility information before saving.

If the Facility Is Already Registered

If another user is already authorized for the facility, the portal sends the existing authorized user or users an approval request. The new user is copied so they know the request was sent.

[2] CT/LTCOP - User Authorization Request to the LTCOP portal on behalf of BEST CHOICE SENIOR CARE

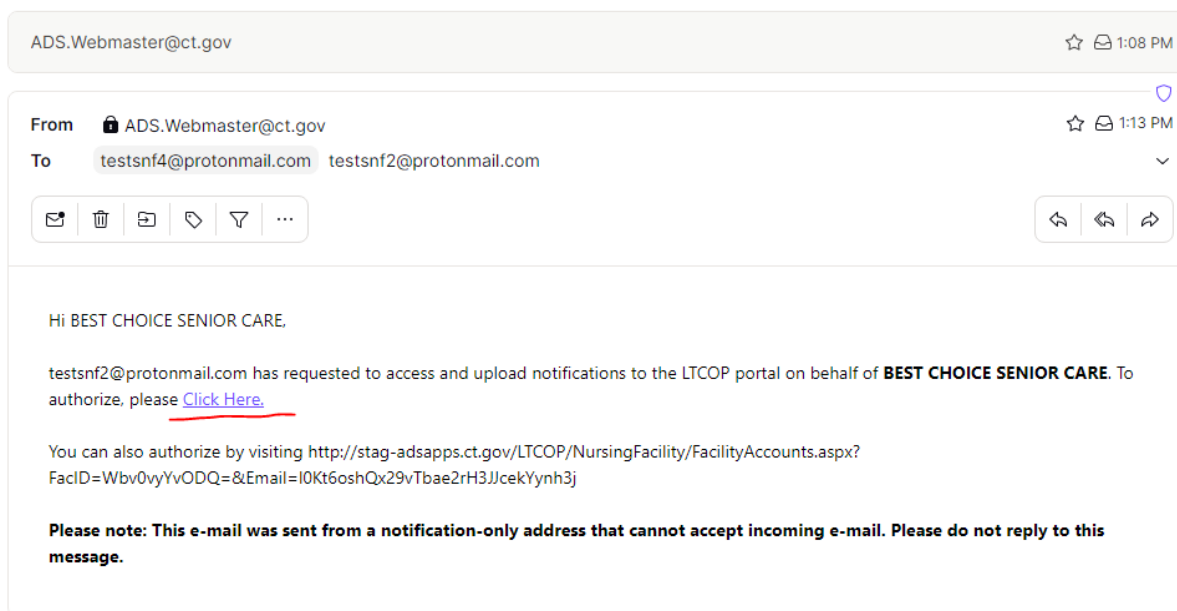


Figure 8. Example authorization request sent to existing facility users.

testsnf2@protonmail.com has been added successfully.

Email ★

Name	Email	
Tim Admini	testsnf4@protonmail.com	
Mary Joe	testsnf2@protonmail.com	Delete

Figure 9. Current Facility Accounts screen. An existing authorized user enters the new user's email address and selects Add Account.

If the approver has left

If the authorization email is being sent to someone who no longer works at the facility, use [Contact Us](#) so LTCOP or portal support can assist with authorization.

4. Facility Main Page, Profile, and Notification Search

After authorization, facility staff work from a facility-facing dashboard. The current home page provides direct links to submit a transfer or discharge notification, edit facility details, manage authorized user access, review submitted notifications, and run facility submission reports.

Transfer and Discharge Notification
The Department of Aging and Disability Services
PUBLIC-FACING PRODUCTION ENVIRONMENT CHROME 150.0

LTCOP Home > Facility Previous Page

Facility Main Page

Upcoming Changes: Ombudsman Discharge Notification Requirements

In response to revised federal guidance outlined in CMS Memo QSO-25-14-NH, which updates ombudsman notification procedures in resident discharge situations, we will be implementing important updates to the Discharge Portal in the coming weeks aimed to ensure compliance with the latest CMS directives. Stay tuned for new training materials and user support resources as we roll out these changes. For more details, you can view the new CMS memo here: [QSO-25-14-NH \(PDF\)](#)

You're authorized to upload for facilities listed below

Facility Name	Facility Type	Add or Remove Authorized Users	Search or Submit Notifications	Run Facility Reports
GREEN GARDEN NURSING CARE	Nursing Facility			

[Add Facility](#)

Figure 10. Current facility-facing Facility Main Page. Use Add or Remove Authorized Users to manage portal access, Search or Submit Notifications to open the facility notification database, and Run Facility Reports to review submission activity.

Open Your Facility Record

LTCOP Home > Facility Previous Page

Facility Main Page

Upcoming Changes: Ombudsman Discharge Notification Requirements

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You're authorized to upload for facilities listed below

Facility Name	Facility Type	Add or Remove Authorized Users	Search or Submit Notifications	Run Facility Reports
GREEN GARDEN NURSING CARE	Nursing Facility			

Figure 11. Once authorized, the nursing home appears on the Facility Main Page. Use Search or Submit Notifications to open Notification Search. Use Add or Remove Authorized Users to manage facility accounts.

Notification Search

GREEN GARDEN NURSING CARE

- Facility Main Page
- Facility Information
- Facility Accounts
- Notification Search
- Add Discharge Notification
- Add Routine Monthly Transfer
- Run Facility Reports

Notification Search

Search For Notifications Using One Or More Of The Following Criteria

Discharge Type	ALL	Notification Status	ALL
Resident First Name		Discharge Reason	ALL
Resident Last Name		Discharge Location	ALL
Resident SSN		Short Term Rehab	ALL
Resident DOB	mm/dd/yyyy	Notice < 30 Days	ALL
Legal Rep		Exception Reason	ALL
Notice Date	mm/dd/yyyy	Cognitive Impairment	ALL
Discharge Date	mm/dd/yyyy	Money Follows Person	ALL
Entry Creation Date	mm/dd/yyyy	Against Medical Advice	ALL

Records per Page: 50

Attention: Pending Data Entry Submissions

This facility currently has **5 submission(s)** with a Data_Entry status. To review and manage these entries:

- Search and view all submissions currently in Data_Entry status.
- To **finalize** a submission and upload the required discharge notice, click the icon next to the entry.
- To **delete** an incomplete or duplicate submission, click the icon next to the entry.

Important: A submission is **not finalized** until the required document has been uploaded through the Upload File and Finalize Submission process. Notifications remain in Data_Entry status until the Upload File step is completed.

Click on a column heading to sort the data (10 rows)

#	Resident Name	Resident DOB	Notice Date	Discharge Date	Entry Creation Date	Document Upload Date	Status	Action
1			6/1/2026	6/30/2026	7/13/2026	7/13/2026 Routine Monthly Transfer	Completed	
2	Badnono, Kelly	10/10/1985	7/13/2026	7/15/2026	7/13/2026	7/13/2026 Discharge Notification	Completed	

Figure 12. Facility-user Notification Search layout. This is where you can also add discharge notifications or routine monthly transfer notifications.

Status	Meaning
Data_Entry	A notice has been started but the required upload or finalization step is not complete.
Submitted	The facility has completed the upload and finalization step and the notice has been transmitted for program review.
Under_Review	The notice is being reviewed by LTCOP staff.
Completed	The portal review has been completed.

Attention: Pending Data Entry Submissions

This facility currently has **5 submission(s)** with a Data_Entry status. To review and manage these entries:

-  Search and view all submissions currently in Data_Entry status.
- To **finalize** a submission and upload the required discharge notice, click the  icon next to the entry.
- To **delete** an incomplete or duplicate submission, click the  icon next to the entry.

Important: A submission is **not finalized** until the required document has been uploaded through the Upload File and Finalize Submission process. Notifications remain in Data_Entry status until the Upload File step is completed.

This warning appears when one or more entries have been started but not completed. A notice does not count as submitted until the required PDF has been uploaded and the entry has been finalized.

5. Transfer or Discharge: Use the Expectation of Return Test

Scenario	Use this workflow
Resident goes to the hospital and is expected to return	TRANSFER. Provide the required transfer notice and include the transfer in the routine monthly transfer submission to LTCOP.
Resident was expected to return, but the facility later determines the resident will not return	DISCHARGE. Issue a formal discharge notice when that determination is made and upload it when issued.
Short term rehab resident returns home	DISCHARGE. Submit the discharge notice.
Resident leaves AMA	DISCHARGE. Submit the discharge notice.
Resident permanently moves to another SNF	DISCHARGE. Submit the discharge notice.
Bed hold expires but the resident is still expected to return	TRANSFER. Bed hold expiration alone does not create a discharge.

Simple test

If the answer to Is the resident expected to return to this nursing home is Yes, treat the event as a transfer. If the answer is No, use the discharge notice workflow.

6. Submit a Discharge Notification

When to use this workflow

Use the Discharge Notification workflow whenever the resident is leaving the nursing home, or will remain outside the nursing home, with no expectation of return.

Step 1: Start the Notice and Enter Resident Information

1. Open the facility Notification Search page.
2. Select the current Add Discharge Notification option.
3. Enter the resident identification information requested by the portal and select Next.

Add Discharge Notification

Required fields are marked with a star (★)

STEP 1 OF 5 - RESIDENT INFORMATION

First Name ★	Jeremy
Middle Initial	
Last Name ★	Dutton
Birth Date ★	10/24/1964
SSN ★	999999999 or 999-99-9999
Do Not Have Residents SSN ☐	
Next Cancel	

Figure 13. Resident information step. If the resident SSN is unavailable, or the portal cannot validate the SSN entered, use the Do Not Have Resident SSN option.

Step 2: Enter Address and Contact Information

Add Discharge Notification

Required fields are marked with a star (★)

STEP 2 OF 5 - RESIDENT ADDRESS AND CONTACT INFORMATION

Use Facility Address ☒

Street ★ 400 HIGH STREET

Street 2

City ★ NEW HAVEN

State ★ CT

Zip Code ★ 06511

Home Phone

Work Phone

Cell Phone

Fax

Email

Is Home Address Different from Mailing Address? ☐ Yes ☒ No

Figure 14. Resident address and contact information. Use Facility Address when appropriate, or enter the resident mailing or home address.

Step 3: Complete the Current Discharge Questions

Complete all current portal fields that apply.

STEP 3 OF 5 - DISCHARGE NOTIFICATION

Discharge Notice Date ★ mm/dd/yyyy

Discharge Effective Date ★ mm/dd/yyyy

Proposed Discharge Location ★

Type	Address

Resident is returning to their previous home after short-term rehab stay ★ ☐ Yes ☐ No

Facility is giving less than 30 days advanced written notice ★ ☐ Yes ☐ No

Resident is discharging with Money Follows the Person ★ ☐ Yes ☐ No

Resident is discharging Against Medical Advice ★ ☐ Yes ☐ No

Resident is hospitalized, facility is refusing resident readmission ★ ☐ Yes ☐ No

Appeal Rights Was Given ★ ☒ Yes ☐ No

Legal Representative Required ★ ☐ Yes ☒ No

This is an Emergency Involuntary Discharge ★ ☐ Yes ☒ No

This notification was submitted due to evacuation or closure ★ ☐ Yes ☒ No

Resident has a diagnosis related to a Cognitive Impairment (e.g.: Dementia, Alzheimer, Mild/moderate/Severe Cognitive Impairment) ★ ☐ 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

If select OTHER, please explain

Comments

Modify Data In Previous Step
Next
Cancel

Figure 15. Discharge reason and comments portion of Step 3. Select the applicable discharge reason or reasons, and use the comments field when additional context is helpful.

- Short Term Rehab: Select Yes when the discharge relates to a short-term rehabilitation stay.
- Notice less than 30 days: Select Yes whenever the notice is issued with less than 30 days' advance notice and identify the applicable exception reason.
- Against Medical Advice: Select Yes when the resident is leaving against medical advice.
- Hospitalized and Facility Refused Readmission: Select Yes when the resident is hospitalized and the facility has determined that the resident will not be readmitted.
- Proposed Discharge Location: Enter the actual planned destination. Use the specific address or receiving facility when it is known.
- Other current fields: Answer Money Follows the Person, Appeal Rights Were Given, Legal Representative Required, Emergency Involuntary Discharge, Evacuation or Closure, and Cognitive Impairment based on the actual circumstances.

Step 4: Verify the Notice Before Saving

Add Discharge Notification

Required fields are marked with a star (*)

STEP 4 OF 5 - VERIFY INFORMATION

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 previous pages and make corrections.

Discharge Notification

Discharge Notice Date: 02/06/2026

Discharge Effective Date: 03/01/2026

Short Term Rehab Stay Resident: **No**

Facility providing a discharge notice with less than 30 days notice: **No**

Money Follows the Person: **No**

Against Medical Advice: **No**

Resident hospitalized and Facility Refused Readmission: **No**

Appeal Rights Was Given: **Yes**

This is an Emergency Involuntary Discharge: **No**

Notification Submitted Due to Evacuation or Closure: **No**

Cognitive Impairment Resident: **No**

Discharge Reason:

- (3) The facility is required to transfer the resident pursuant to section 17b-359 or 17b-360;

Proposed Discharge Location:

Type	Address
Individuals Previous Home Address	123 fake st hartford ct 06105

Comments: **No Comments**

Resident Information

Name: asdfadf asdfdasd

Date of Birth: 10/10/1985

SSN: (Not Provided)

Use Facility Address: **Yes**

Home Address: 400 HIGH STREET, NEW HAVEN CT 06511

Mailing Address:

Home Phone:

Work Phone:

Cell Phone:

Fax:

E-mail:

Legal Representative

Legal Representative Name:

Legal Representative Type:

Home Phone:

Work Phone:

Cell Phone:

Fax:

E-mail:

*** 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

Figure 16. Verify Information screen. Use **Modify Data in Previous Step** if any information needs to be corrected before saving.

1. Review the resident, notice date, discharge effective date, discharge location, reason, and representative information.
2. If something is wrong, select **Modify Data in Previous Step** and correct the information.
3. When the information is correct, select **Save Progress and Proceed to Final Step (Upload File)**.

Add Discharge Notification

Required fields are marked with a star (★)

STEP 5 OF 5 - DOCUMENT UPLOAD (FINAL ACTION)

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

- Step 1: click Choose File button to select the discharge notice file (.pdf).
- Step 2: click Upload File and Finalize Submission button to complete the submission.

Note: If you do not have your file to upload at this time, you can come back and finalize your submission by clicking the 📄 icon from the Main Notifications page. If a submission was created in error or is no longer needed, you can delete it by clicking the 🗑 icon next to the entry.

Acceptable File Type: .pdf

Uploaded File: ★ No file chosen

Document Type: ★

Comments:

[Print Notification Letter](#)

*** ⚠ Attention: the formal submission of notifications to the ombudsman program is not finalized until the document is uploaded. ***

Figure 17. Final document upload screen. Use Print Notification Letter if you are using the portal-generated notice, or choose the PDF notice that will be uploaded.

Note: Only PDF files are accepted. Save or convert any Word document to PDF before uploading.

7. Edit or Finish a Notice in Data_Entry

A notice in Data_Entry is not a completed submission. This usually means the entry was saved but the final PDF upload and finalization step was not completed.

Records per Page: 50 ▾

⚠ Attention: Pending Data Entry Submissions

This facility currently has **5 submission(s)** with a Data_Entry status. To review and manage these entries:

- 🔍 Search and view all submissions currently in Data_Entry status.
- To **finalize** a submission and upload the required discharge notice, click the 📎 icon next to the entry.
- To **delete** an incomplete or duplicate submission, click the 🗑 icon next to the entry.

Important: A submission is **not finalized** until the required document has been uploaded through the Upload File and Finalize Submission process. Notifications remain in Data_Entry status until the Upload File step is completed.

Click on a column heading to sort the data (10 rows)

#	Resident Name	Resident DOB	Notice Date	Discharge Date	Entry Creation Date ▼	Document Upload Date	Status	Action
1			6/1/2026	6/30/2026	7/13/2026	7/13/2026 Routine Monthly Transfer	Completed	📎
2	Badnono, Kelly	10/10/1985	7/13/2026	7/15/2026	7/13/2026	7/13/2026 Discharge Notification	Completed	📎

Figure 18. Facility-user Notification Search showing the Pending Data Entry Submissions warning. Use the action icon next to an unfinished entry to return to the upload/finalization step.

1. Open Review Submitted Notifications or Notification Search for your facility.
2. Locate the resident and confirm the status is Data_Entry or the record is marked incomplete.
3. Open the record using the View/Details action icon shown next to the entry.
4. Review the saved information. If the portal displays Modify Data in Previous Step, use it to return to earlier pages and correct the entry.
5. If the notice information is correct, proceed to the final document upload screen.
6. Use Print Notification if the portal generated notice is the notice you intend to give the resident.
7. Upload the actual PDF notice provided to the resident and select Upload File and Finalize Submission.
8. Confirm that the entry no longer remains in Data_Entry and that a confirmation number is generated.

Do not create a second notice just because the first one is Data_Entry

If the original entry is merely unfinished and the notice information remains correct, return to that entry and finish it. Create or reissue a new notice when the notice itself must change, such as a material change in discharge date, destination, or other required information.

8. Submit Routine Monthly Emergency Transfer Notifications

When to use this workflow

Use the Routine Monthly Transfer Notification workflow for emergency or hospital transfers when the resident is expected to return to the nursing home.

Facilities must still provide the resident and representative the required transfer notice as soon as practicable. Copies of emergency transfer notices may be submitted to LTCOP when practicable, such as in a monthly list, when the required notice content is included.

1. Open the facility Notification Search page.
2. Select the current Add Routine Monthly Transfer Notification option.
3. Enter the month or date range covered by the batch.
4. Add any requested description or confirmation comment.
5. Review the information and proceed to the final upload step.
6. Upload the facility monthly transfer list or transfer notice batch as a PDF.
7. Select Upload File and Finalize Submission.
8. Confirm that the monthly submission was finalized.

Current monthly transfer workflow

Use the monthly batch process only for emergency or hospital transfers when the resident is expected to return. Actual discharges are submitted individually through the Discharge Notification workflow when the notice is issued.

9. Print, Upload, Finalize, and Confirm Submission

Print Notification

After the notice is saved, the final page includes a Print Notification option. If you use the portal-generated notice, provide that notice to the resident and upload the same notice.

Add Discharge Notification

Required fields are marked with a star (★)

STEP 5 OF 5 - DOCUMENT UPLOAD (FINAL ACTION)

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

- Step 1: click Choose File button to select the discharge notice file (.pdf).
- Step 2: click Upload File and Finalize Submission button to complete the submission.

Note: If you do not have your file to upload at this time, you can come back and finalize your submission by clicking the 📄 icon from the Main Notifications page. If a submission was created in error or is no longer needed, you can delete it by clicking the 🗑 icon next to the entry.

Acceptable File Type: .pdf

Uploaded File: ★ No file chosen

Document Type: ★

Comments:

[Print Notification Letter](#)

*** ⚠ Attention: the formal submission of notifications to the ombudsman program is not finalized until the document is uploaded. ***

Figure 19. Final document upload screen. Print Notification appears on the final page, and Upload File and Finalize Submission completes the portal submission.

PDF required

The portal accepts PDF files for the required notice upload. Convert Word documents to PDF before uploading if necessary.

Finalize the Submission

1. Select Choose File and attach the required PDF for the submission: the actual discharge notice provided to the resident, or the monthly transfer batch, as applicable.
2. Select Upload File and Finalize Submission.
3. Wait for the confirmation screen and confirmation number.
4. Return to the main notifications page and verify that the record was submitted.

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](#)

Figure 20. Confirmation screen. A confirmation number is generated after the required document has been uploaded and the submission is complete.

The notice must match what the resident received

If you use the portal-generated notice, provide that notice to the resident and upload the same notice. If you use the facility's own compliant notice, upload the actual notice that was provided to the resident.

10. Facility Information, Accounts, and Reports

From the Facility Main Page, use the facility information/profile option to review facility information. Use Add or Remove Authorized Users to manage portal accounts, Search or Submit Notifications to review or submit notices, and Run Facility Reports to review submission activity.

Facility Information

Figure 21. Facility Information screen. Review the facility name, facility type, business address, and mailing address information before saving changes.

1. Review the facility name and confirm the facility type is Nursing Facility.
2. Review the business address and mailing address information.
3. Correct information when the facility-facing page permits editing, then save the changes.
4. If information is locked or cannot be corrected by the facility user, use Contact Us for assistance.

Facility Accounts

testsnf2@protonmail.com has been added successfully.

Name	Email	
Tim Admini	testsnf4@protonmail.com	
Mary Joe	testsnf2@protonmail.com	Delete

Figure 22. Facility Accounts page. Enter the email address associated with an existing activated portal account and select Add Account.

1. Review the staff currently authorized for the facility.
2. Before adding someone, confirm that the person has already created and activated their own portal account.
3. Enter the email address requested by the Facility Accounts page and select Add Account.
4. Confirm the user appears in the authorized account list.
5. Remove obsolete access when staff leave or no longer need portal access.

Recommended practice

Maintain at least two active authorized users for each nursing home whenever possible.

Notification Search and Facility Reports

- Use Search or Submit Notifications / Notification Search to locate submitted notices and unfinished Data_Entry records.
- Use Run Facility Reports to review facility submission activity and help confirm expected notices were finalized.
- Use the direct links on the facility home page whenever possible; the portal may no longer display the older left-side navigation shown in some screenshots.

11. Hospitalization, Bed Hold, and Right to Return

A bed hold decision and a discharge decision are not the same. For the portal workflow, the key question remains whether the resident is expected to return to the nursing home.

Situation	Notice and portal approach
Resident goes to hospital and is expected to return	Transfer. Provide the required transfer notice and include it in the routine monthly LTCOP transfer submission.
Resident declines to pay for a bed hold	Do not automatically treat this as a discharge. If return is still expected, remain in the transfer workflow.
Bed hold expires	Expiration by itself does not establish that the resident has been discharged. If return is expected, continue to treat the event as a transfer.
Facility later determines the resident will not return	Issue a formal discharge notice, provide it to the resident or representative, and upload it to LTCOP when it is issued.
Resident goes directly home from the hospital and will not return	Issue and upload a discharge notice because the nursing home stay is ending with no expectation of return.

12. Frequently Asked Questions

Q: Do all nursing home discharges have to be submitted?

A: Under the current LTCOP portal workflow, submit the facility discharge notice when it is issued to the resident, including short-term rehab, voluntary, involuntary, resident initiated, and AMA discharges.

Q: Do I use a discharge notice for a hospital transfer when the resident is expected to return?

A: No. This is a transfer. Provide the required transfer notice and include it in the routine monthly transfer notification to LTCOP.

Q: What if the hospital transfer starts as a transfer but later becomes a discharge?

A: Issue a formal discharge notice as soon as the facility determines the resident will not return, even if the resident is still hospitalized. Upload that discharge notice when it is issued.

Q: Does refusing or exhausting a bed hold automatically mean the resident is discharged?

A: No. If the resident is still expected to return, continue to use the transfer workflow.

Q: Do I upload a NOMNC?

A: No. A notice of noncoverage is not the facility discharge notice. If the facility intends to discharge the resident, issue and upload the separate facility discharge notice.

Q: What if the resident leaves AMA?

A: Submit the discharge notice. Enter the actual destination and answer the short term, less than 30 days, and AMA fields accurately.

Q: Do short-term rehab returns home need a discharge notice?

A: Yes. Submit the discharge notice when it is issued.

Q: Do weekends and holidays count?

A: Yes. Submit the discharge notice the same calendar day it is issued.

Q: What if the planned discharge date changes?

A: If the notice itself must be corrected or reissued, provide the corrected notice as required and submit the updated notice to LTCOP.

Q: What if the entry still says Data_Entry?

A: The submission is unfinished. Open the existing record, correct it if necessary, upload the required PDF, and select Upload File and Finalize Submission.

Q: Where is the Print Notification option?

A: It is available on the final document upload page after the entry has been saved. It can also be accessed when returning to an unfinished notice where the portal provides the print option.

Q: The authorization request went to an employee who left. What do I do?

A: Use the Contact Us feature so LTCOP or portal support can assist with facility authorization.

Appendix A. Required Content for Monthly Transfer Notifications

The monthly emergency transfer submission must contain the required transfer notice content. The facility may use its own transfer notices or a monthly list if the information submitted meets the required notice content standard.

- The specific reason for the transfer, including the applicable regulatory basis.
- The effective date of the transfer.
- The specific location to which the resident was transferred.
- An explanation of the right to appeal the transfer or discharge to the State.
- The name, address, email address, and telephone number of the State entity that receives appeal hearing requests.
- Information on how to obtain an appeal form.
- Information on obtaining assistance to complete and submit the appeal hearing request.
- The name, mailing and email address, and telephone number of the Office of the State Long-Term Care Ombudsman.
- Additional protection and advocacy information when required by the applicable regulation.

Appendix B. Portal Links and Support

[LTCOP Discharge Portal Public Page](#)

[Portal Login](#)

[Create New Account](#)

[Facility Notifications](#)

[Facility Information](#)

[Authorized User Account Access](#)

[Facility Submission Reports](#)

[Contact Us](#)

[42 CFR 483.15](#)

[CMS QSO 25 14 NH](#)

Operational guidance

This manual explains use of the LTCOP portal. Facilities remain responsible for complying with applicable federal and Connecticut transfer and discharge requirements, notice content, timing, appeal rights, and documentation requirements.

CT Long Term Care Ombudsman Program | 866-388-1888