

## Purpose of Document:

The purpose of this guidance document is to assist long-term care facilities (LTCFs) with enrolling in the CDC's National Healthcare Safety Network's (NHSN's) LTCF COVID-19 MODULE. LTCFs eligible to report data to the new Module include skilled nursing facilities/nursing homes, long-term care for the developmentally disabled, and assisted living facilities.

**Important Notes: If the facility is already enrolled in the National Healthcare Safety Network (NHSN), please do NOT re-enroll.**

- If enrolled and need to change your NHSN Facility Administrator, submit the change here: <https://www.cdc.gov/nhsn/facadmin/index.html>
- If your facility previously enrolled, but you are unable to access NHSN, please submit an e-mail to [nhsn@cdc.gov](mailto:nhsn@cdc.gov) for assistance

## Items Needed for Enrollment in the LTCF COVID-19 Module:

- Internet Connection (use a recommended up-to date browser)
  - **Recommended:** Internet Explorer 11 (latest version), Microsoft Edge (latest version), Chrome (latest version), Firefox (latest version), or Safari (latest version)
  - Other browsers or older versions of the recommended browsers may work, however certain features may be incompatible.
  - Please review the system requirements for your specific browser (for example, Internet Explorer: <https://support.microsoft.com/en-us/help/11531/internet-explorer-system-requirements>).
- NHSN Facility or Group Administrator Identified – This designated person will be the point of contact for receiving information from NHSN and other functions in the application.
- CCN - CMS Certification Number or CDC Registration ID (contact [NHSN@cdc.gov](mailto:NHSN@cdc.gov))
  - CCN Look up Tool <https://qcor.cms.gov/main.jsp>

## How to Enroll in NHSN LTCF COVID-19 Module:

### 1. Prepare your computer to interact with NHSN

- This is an important process to ensure that you receive all emails from NHSN and SAMS, which is required during enrollment.
- To ensure the best experience with NHSN, use a recommended, up-to-date browser.
- In your browser, add **cdc.gov** and **verisign.com** to your list of trusted websites and permit pop-ups for these sites.
- Check spam-blocker settings to allow emails from [NHSN@cdc.gov](mailto:NHSN@cdc.gov) and [SAMS-NO-REPLY@cdc.gov](mailto:SAMS-NO-REPLY@cdc.gov)

## LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF COVID-19 Module

- 2A. **Register your facility with NHSN.** The first step to enrolling is to read and agree to the **NHSN Rules of Behavior**. Click this link to access the NHSN Rules of Behavior, and begin your enrollment process- <https://nhsn.cdc.gov/RegistrationForm/index>
- After agreeing to the NHSN Rules of Behavior, you will be directed to the NHSN Registration page.

**Registration Form**

Please enter the values for the fields listed below and click on the **Submit** button. (\*) indicates a required field. For additional information on NHSN Training, please visit the NHSN Training Website.

**Personal Information**

\*First name:

\*Last name:

Middle name:

\*Email address:

**Facility Identifier**

\*Please select a facility identifier:

CCN

AHA

OVA

CDC Registration ID

NONE

\*Selected identifier ID:

\*Facility Type: LTC-DEVDIS - Longterm Care Facility for the De  
LTC-DEVDIS COVID19 - Longterm Care Facility fo  
LTC-SKILLNURS - Skilled Nursing Facility

**NHSN Training Date**

\*I certify that I have completed all of the appropriate, required NHSN trainings on:

**Important:** For enrollment into the **COVID-19 Module only**, LTCFs will need to select from **one** of the three following facility types from the “*Facility Type*” drop-down menu:

- **LTC-SKILLNURS COV19:** for skilled nursing facilities **and/or** nursing homes
- **LTC-DEVDIS COV19:** chronic care for developmentally disabled facilities
- **LTC-ASST COV19:** assisted living and/or residential care

LTC-ASSIST - Assisted Living Residence  
LTC-ASSIST COVID19 - Assisted Living Residence

LTC-DEVDIS - Longterm Care Facility for the De  
LTC-DEVDIS COVID19 - Longterm Care Facility fo  
LTC-SKILLNURS - Skilled Nursing Facility

\*Facility Type: LTC-SKILLNURS COVID19 - Skilled Nursing Facil

Select the date you are enrolling unless training was completed prior to this date.

## LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF COVID-19 Module

### On NHSN Registration Page:

- Enter all information with a red asterisk, including your name, correct e-mail address, CMS Certification Number (if applicable), and Facility Type.
- Be sure to enter your email address correctly, as all subsequent emails will come to this email address.
- If you are a certified CMS facility and do not know your CCN – use this link to find it: <https://qcor.cms.gov/main.jsp>
  - ✓ Select “Tool>basic search”
  - ✓ Enter your facility name
  - ✓ The Participation date is the CCN Effective Date needed for enrollment
- If unable to locate the facility CCN or if it cannot be validated in NHSN, you may request a temporary enrollment number also known as the CDC Registration ID by contacting [NHSN@CDC.GOV](mailto:NHSN@CDC.GOV). The temporary enrollment number is only valid for 30 days.
- Type either the CCN or CDC Registration ID number into the “Selected Identifier ID”
- Select the facility type that best applies to your facility. See above screen shots
  - ✓ Be sure to select the correct Facility Type, as highlighted in the above screenshot. For example, a nursing home enrolling to the LTCF COVID-19 Module will select, LTC-SKILLNURS COV19-Skilled Nursing Facility
- Select **Submit** once all required information is entered.

### 2B. Register with Secure Access Management Services (SAMS) with SAMS-NO-REPLY

- After NHSN receives your completed registration (as outlined in 2A), you will receive **2** e-mails: “Welcome to NHSN” from (NHSN@cdc.gov) **and** *Invitation to Register with SAMS* from (SAMS-NO-REPLY@cdc.gov).
  - Please allow **2 calendar days** to receive your email from SAMS.

## LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF COVID-19 Module

- Open the *Invitation to Register with SAMS* e-mail and click the link to SAMS where you will be guided to their *Log In Screen*

### If you need assistance with SAMS

You can reach the SAMS Help Desk between the hours of 8:00 AM and 8:00 PM ET Monday through Friday (excepting U.S. Federal holidays) at the following:

Local: 404-498-6065; Toll Free: 877-681-2901

Email: [samshelp@cdc.gov](mailto:samshelp@cdc.gov)

Hello

You have been invited to register with the U.S. CDC's Secure Access Management Service (SAMS). Registration with SAMS will allow you to access selected CDC Extranet applications specifically designed and implemented for the Public Health community. A registration account has already been created for you. A link to this account and a temporary password word are provided below. This invitation is valid for 30 days.

Should you have questions with the SAMS registration process, please contact our Help Desk for assistance.

Thank you,  
The SAMS Team

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SAMS basic registration process includes the following steps:

1. **Online Registration** - Follow the link below and use the included temporary password to log into SAMS' user registration pages. During registration, you will be asked to supply some basic information about yourself. This information will help CDC Program Administrators provide you with the application access most appropriate for your role in Public Health. You will also choose your personal SAMS password to help keep your account private and secure.
2. **Identity Verification** - Once you complete your online registration, you will receive an email with instructions for completing Identity Verification. In order to provide individuals with access to non-public information, U.S. law requires that the identity of potential users is first verified - this step is critical in helping to protect people's private data and in helping to prevent information misuse. Please be assured that CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive as possible. Also be assured that your registration materials will only be used to help determine your suitability for information access and that these materials will not be shared outside of CDC programs.
3. **Access Approval** - Once your Identity Verification is complete, CDC Program Administrators will determine the access level most appropriate for your role and will activate your SAMS account. SAMS will send you an account activation email with a link to the SAMS portal page where you can begin using your extranet applications.

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To register with SAMS, please click the following link or cut and paste it into your browser:  
[https://sams.cdc.gov/idm/SAMS.ca/index.jsp?task\\_tae=SAMSRegistration](https://sams.cdc.gov/idm/SAMS.ca/index.jsp?task_tae=SAMSRegistration)

When prompted, please enter:

- Your Username:
- Temporary Password:

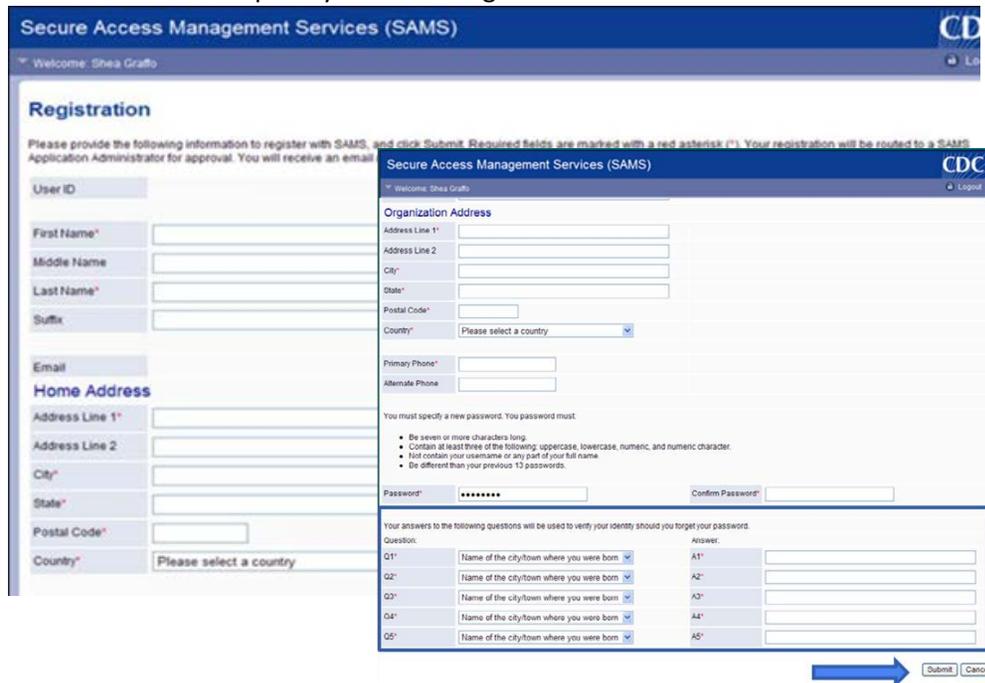
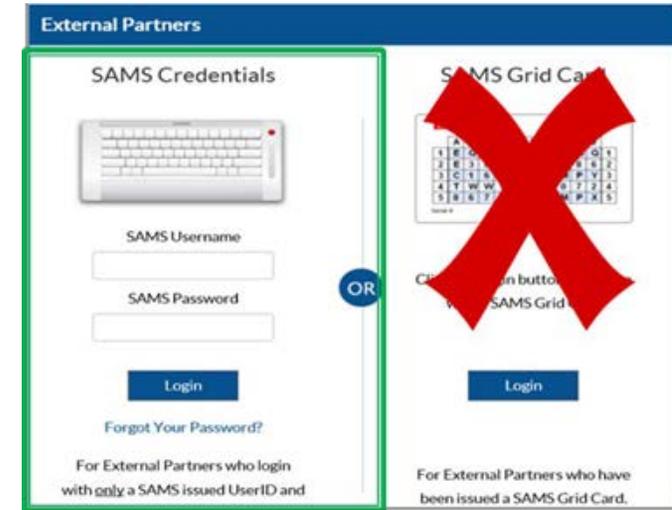
and click the Login button.

\*\*\*Note: In order to access SAMS, your browser must be configured to use TLS 1.0 encryption. If your computer is not configured for TLS, or if you are unsure, please contact your local IT System Administrator for assistance.

The username and temporary password is needed for online SAMS registration

# LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF COVID-19 Module

- After clicking on the link to SAMS in the Invitation to Register, you will be guided to the SAMS Credentials Log In screen.
  - Enter the username (email address) and temporary password provided in the email and click the Login button.
  - After clicking “Login” the SAMS Rules of Behavior screen displays.
  - Read the SAMS Rules of Behavior and click the Accept button.
  
- After accepting the SAMS Rules of Behavior, you will be taken to the SAMS registration page.
  - Enter the information in the fields displayed.
  - Fields marked with an asterisk are required and then CLICK SUBMIT to complete your SAMS registration.

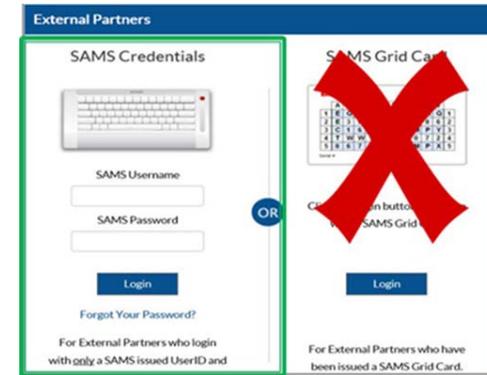
### Important Notes for SAMS Registration

- Enter your personal home address in the required data fields.
- You will be required to change your password. (Write down the new password because you will need this password again)
- You will be required to select security questions. (Make sure you remember your answers)

# LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF COVID-19 Module

### 3. Complete NHSN LTC Enrollment –

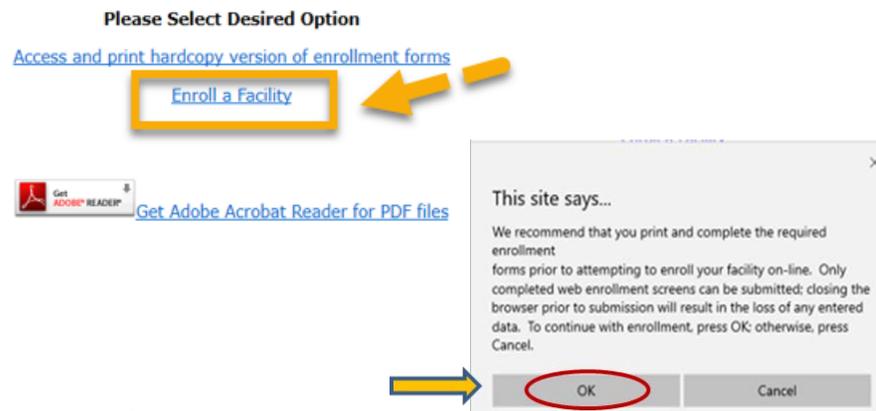
- Now that you've completed SAMS registration, it's time to complete LTC enrollment.
- First, access the SAMS log-in page by clicking on this link <https://sams.cdc.gov>
- Enter your username and password to login
- On the SAMS homepage, under "My Applications" click on the "NHSN LTC Enrollment" link to go to the NHSN Enrollment page.



#### NHSN Long Term Care Reporting

- [NHSN LTC Reporting](#)
- [NHSN LTC Enrollment](#)

- Next, select **Enroll a Facility**
- You will see this pop-up, select "OK"



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# LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF COVID-19 Module

## To Complete NHSN Facility Enrollment:

- On **page 1**, enter all information with a red asterisk, including facility information and CMS Certification Number (if applicable),
- If you are a certified CMS facility and do not know your CCN – use this link to find it: <https://qcor.cms.gov/main.jsp>
  - ✓ Select “Tool>basic search”
  - ✓ Enter your facility name
  - ✓ The Participation date is the CCN Effective Date needed for enrollment
- If unable to locate the facility CCN or if it cannot be validated in NHSN, you may request a temporary enrollment number also known as the CDC Registration ID by contacting [NHSN@CDC.GOV](mailto:NHSN@CDC.GOV). The temporary enrollment number is only valid for 30 days.
- Type either the CCN or CDC Registration ID number into the “Selected Identifier ID”
- Click **CONTINUE** be directed to **Page 2**

Page 1 of 2

Mandatory fields marked with \*

### NHSN Facility Information

Facility Name\*:  
Enter Name of Organization

Address, Line 1\*:  
Enter Street Address

Address, Line 2:  
Enter Street Address

Address, Line 3:  
Enter Street Address

City\*:  
Enter Name of City

State\*:  
Select State

County\*:  
Select County

Zip Code\*:  
Enter Zip Code

Main Telephone Number\*:  
Example: 111-111-1111

For each identifier listed below, enter the number/code, or check Not Applicable. If your facility does NOT have that identifier.

AHA ID\*:  
Enter AHA ID  Not Applicable

CMS Certification Number (CCN)\*:  
Enter CCN  Not Applicable

CCN Effective Date\*:  
Enter Effective Date

VA Station Code\*:  
Enter VA Station Code  Not Applicable

Object Identifier:  
Enter Object Identifier

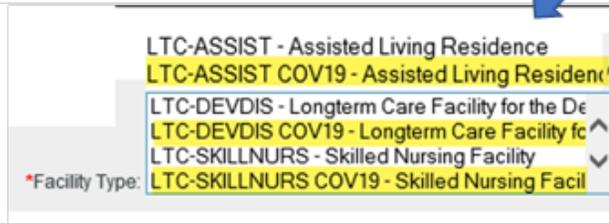
**Continue**

# LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF COVID-19 Module

2. On **Page 2**, select the facility type that best applies to your facility.
  - Be sure to select the correct Facility Type, as highlighted in the below screenshot. For example, a nursing home enrolling to the LTCF COVID-19 Module will select, LTC-SKILLNURS COV19-Skilled Nursing Facility
  - If you are not an Indian Health Service (IHS) Facility – select “No”
  - Enter the NHSN Facility Administrator designated to report COVID-19 data (could be the person enrolling the facility)
  - Enter information for the NHSN Facility Contact person, which CAN be the same person enrolling the facility (NHSN Facility Administrator).

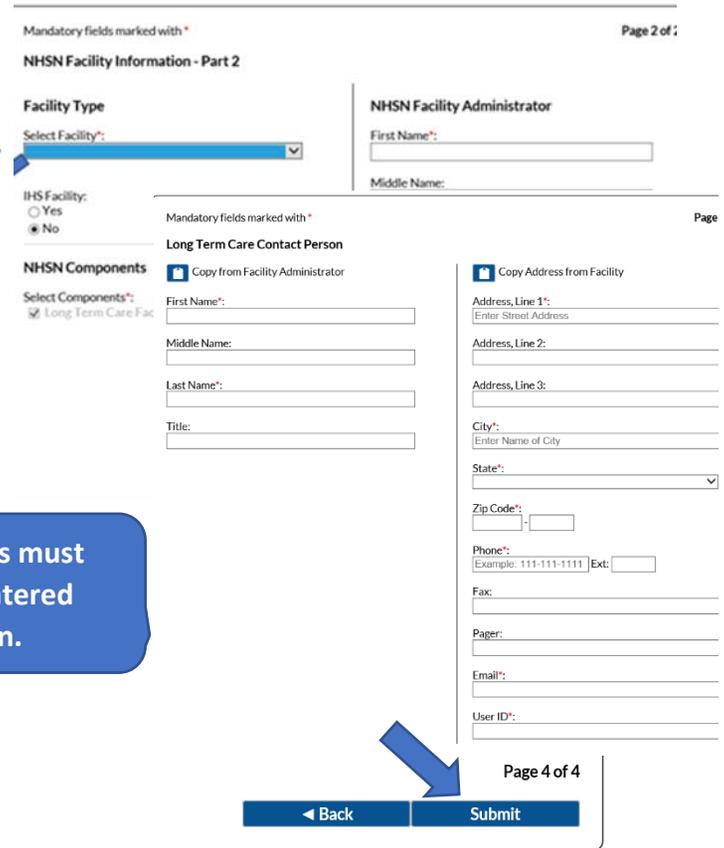
**Important:** For enrollment into the **COVID-19 Module only**, LTCFs will need to select from **one** of the three following facility types from the “Facility Type” drop-down menu:

- **LTC-SKILLNURS COV19:** for skilled nursing facilities **and/or** nursing homes
- **LTC-DEVDIS COV19:** chronic care for developmentally disabled facilities
- **LTC-ASST COV19:** assisted living and/or residential care



\*Facility Type: **LTC-ASSIST - Assisted Living Residence**  
**LTC-ASSIST COV19 - Assisted Living Resident**  
**LTC-DEVDIS - Longterm Care Facility for the De**  
**LTC-DEVDIS COV19 - Longterm Care Facility fo**  
**LTC-SKILLNURS - Skilled Nursing Facility**  
**LTC-SKILLNURS COV19 - Skilled Nursing Facil**

**Important: The email address must match the email the user entered during SAMS registration.**



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**NHSN Facility Information - Part 2**

**Facility Type**  
 Select Facility\*:

**NHSN Facility Administrator**  
 First Name\*:   
 Middle Name:

IHS Facility:  
 Yes  
 No

**Long Term Care Contact Person**  
 Copy from Facility Administrator

**NHSN Components**  
 Select Components\*:  
 Long Term Care Fac

First Name\*:   
 Middle Name:   
 Last Name\*:   
 Title:

Copy Address from Facility

Address, Line 1\*:   
Enter Street Address

Address, Line 2:

Address, Line 3:

City\*:   
Enter Name of City

State\*:

Zip Code\*:

Phone\*:   
Example: 111-111-1111 Ext:

Fax:

Pager:

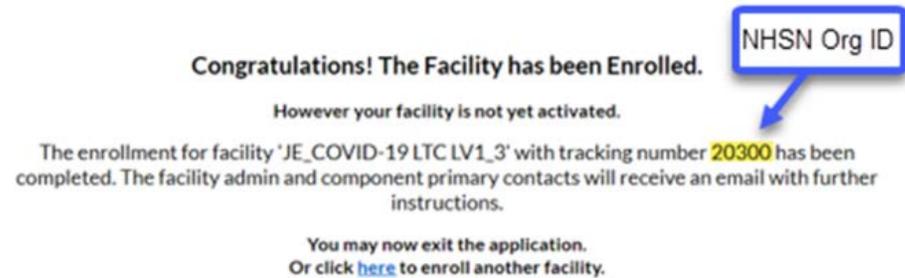
Email\*:

User ID\*:

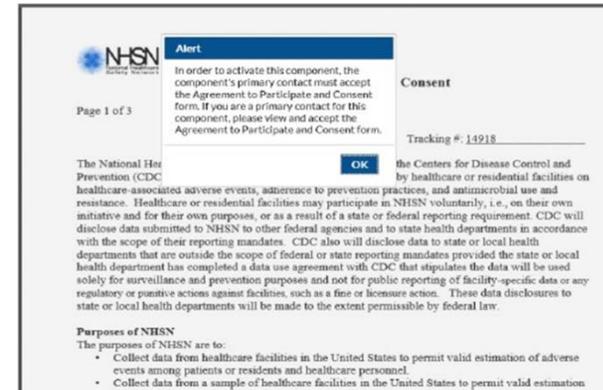
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## LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF COVID-19 Module

**4. Accept Agreement to Participate and Consent.** After successfully completing enrollment, the NHSN Facility Administrator and Component Primary Contact (if different) will receive an NHSN email with further instructions on how to electronically accept the *NHSN Agreement to Participate and Consent*



- After receiving the email from NHSN, users will need to log in to <https://sams.cdc.gov> and follow the instructions to complete the *NHSN Agreement to Participate and Consent*



**Important Note:** If a temporary ID was used to complete NHSN enrollment, the facility must remember to enter the facility CCN into NHSN once full enrollment is complete. For CMS certified LTCFs with reporting mandates, a correct CCN is required for data to be submitted to CMS. Guidance for making edits to facility information, including updating/changing the CCN, can be found here- <https://www.cdc.gov/nhsn/pdfs/ltc/ccn-guidance-508.pdf>