



# National Healthcare Safety Network (NHSN) Long-Term Care Facility Enrollment

# COVID-19 LTC Module

- ❑ The purpose of the Long Term Care Reporting Enrollment training is to guide facilities with enrolling into NHSN to enter their targeted data elements to be used for COVID-19 emergency response activities.
- ❑ Before a facility can report into the COVID-19 Module, facility enrollment into NHSN must occur. Once the online facility enrollment is complete, the facility will gain same-day access to NHSN.
- ❑ Please note, the enrollment process for the COVID-19 Module does not enable full NHSN reporting capability for healthcare-associated infections and prevention process measures.

## Is Your Facility Currently Enrolled in NHSN?

*If yes,*



If you are already enrolled into National Healthcare Safety Network, please **do not re-enroll**. A facility should enroll only **ONE** time.

- ❑ LTCFs that are currently enrolled in NHSN's LTCF Component will have immediate access to the new module and may begin reporting.
- ❑ If you are enrolled and need to change your NHSN Facility Administrator, please click the link to submit the change:  
<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

- ❑ Internet Connection (up-to-date browser needed)
  - **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>

# Facilities Eligible for Enrolling in NHSN LTC Reporting Module

- ❑ Certified skilled nursing facilities (SNF) and nursing homes (NH)
- ❑ Intermediate/chronic care facilities for the developmentally disabled
- ❑ Assisted living facilities and residential care facilities are able to participate in the Prevention Process Measures Module

# Who should enroll a Facility into NHSN?

- ❑ The **NHSN Facility Administrator** must be identified to enroll the LTC Facility into NHSN **(YOU)**

**Note: The NHSN Facility Administrator may not necessarily be the Administrator at your facility**

The **NHSN** Facility Administrator:

- Manages users and user rights
- Can add, edit & delete facility data
- Authority to nominate groups (data sharing arrangements)
- An NHSN Facility Administrator will have this role for every component
- May serve multiple roles (NHSN Contact Person and NHSN User)



**Only the NHSN Facility Administrator can reassign their role to another user. We STRONGLY encourage facilities to have at least one other person trained on the NHSN enrollment/data submission process.**

# Other Key Personnel Roles for NHSN LTC Reporting

## ❑ NHSN LTCF Contact Person

- Serves as the main point of contact CDC and the facility
- Is often the same person as the NHSN Facility Administrator

## ❑ NHSN User

- Rights are determined by NHSN Facility Administrator
  - View data
  - Data entry
  - Data analysis
- May be given NHSN administrative rights
  - This gives the new user the right to view, enter, and analyze data, but also to add locations, surgeons, and other users.
- One person may hold multiple roles

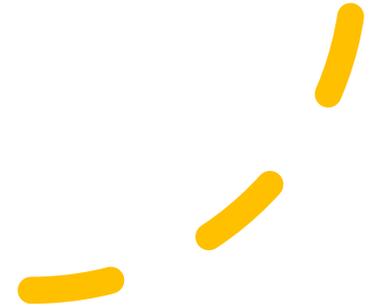
**NHSN LTC Reporting Enrollment  
New Facility Only**

STEP 1:

Enrollment  
Preparation

## Computer Preparation

Prepare your computer to interact with NHSN



# Step 1 – Enrollment Preparation

## Computer Preparation

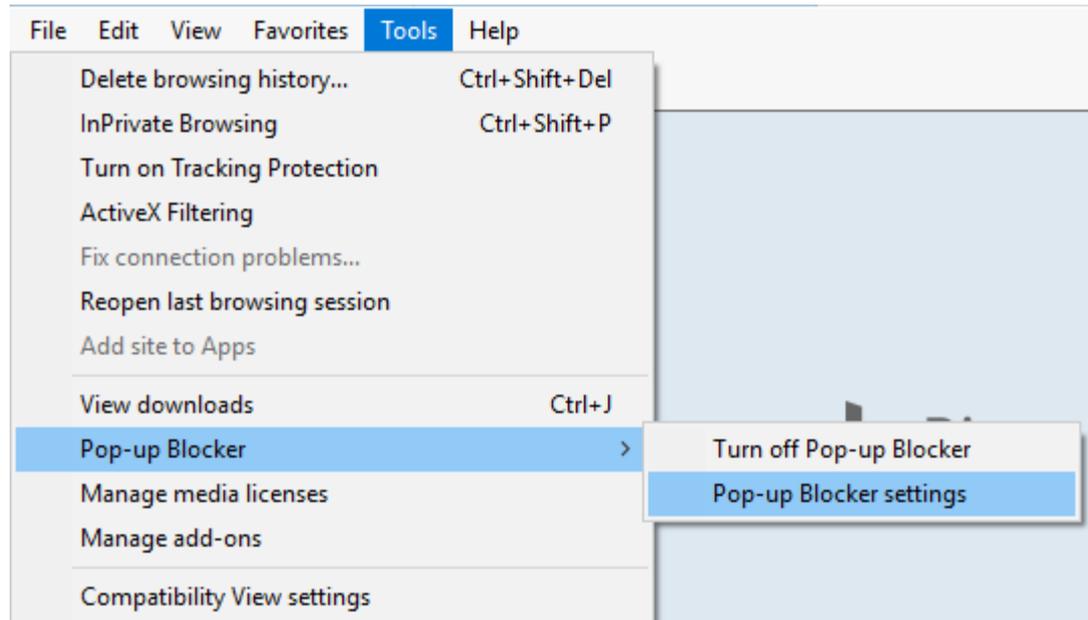
### Prepare your computer to interact with NHSN

- ❑ You may need to change your email and internet security settings to receive communications from NHSN during the enrollment process
- ❑ Change spam-blocker settings to allow all email from:
  - [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and [SAMS-NO-REPLY@cdc.gov](mailto:SAMS-NO-REPLY@cdc.gov)
- ❑ Add [https://\\*.cdc.gov](https://*.cdc.gov) and [https://\\*.verisign.com](https://*.verisign.com) to trusted sites list and allow pop-ups
  - Please review the instructions to change security and privacy settings for your specific browser (for example, Internet Explorer 11: <https://support.microsoft.com/en-us/help/17479/windows-internet-explorer-11-change-security-privacy-settings>).
- ❑ These changes may require assistance from your IT manager or department

## Step 1 – Enrollment Preparation, *continued*

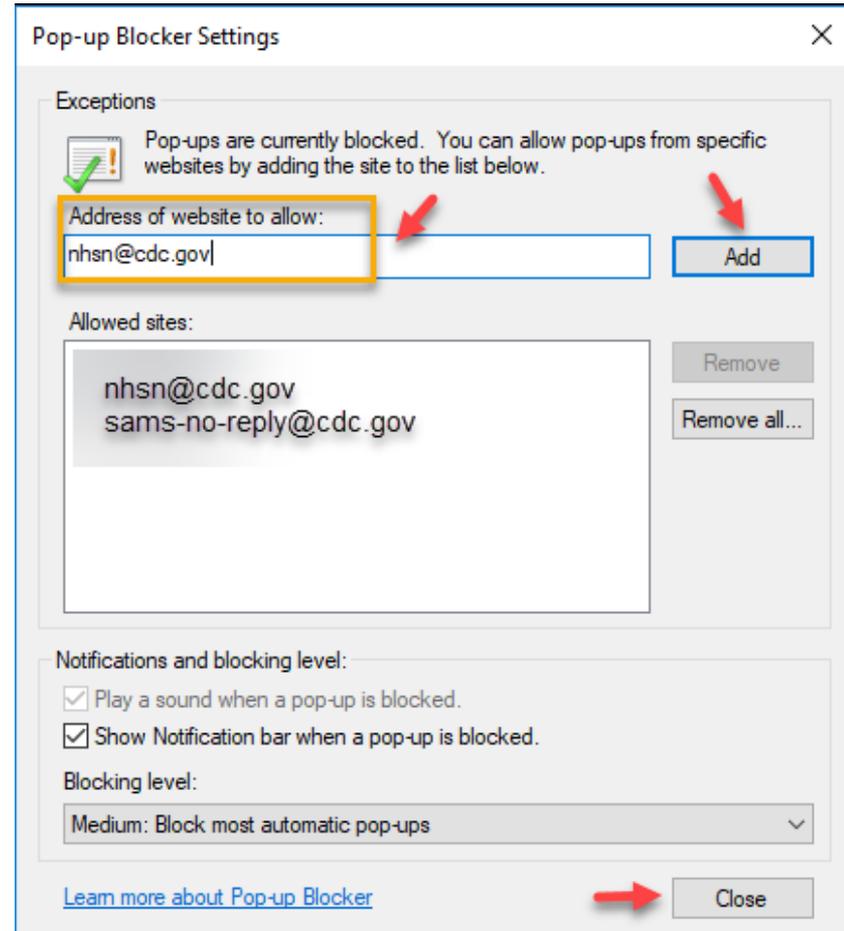
 *To have the best experience with NHSN, please ensure your spam-blockers and privacy settings for your browsers allow email from NHSN and SAMS. (For example, see below instructions to change settings for Internet Explorer 11)*

1. Change spam-blocker settings to allow all email from: [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and [SAMS-NO-REPLY@cdc.gov](mailto:SAMS-NO-REPLY@cdc.gov)
  - a. In Internet Explorer, select “**Tools**” on menu bar
  - b. Select “**Pop-up Blocker**”
  - c. Select “**Pop-up Blocker settings**”



## Step 1 – Enrollment Preparation, *continued*

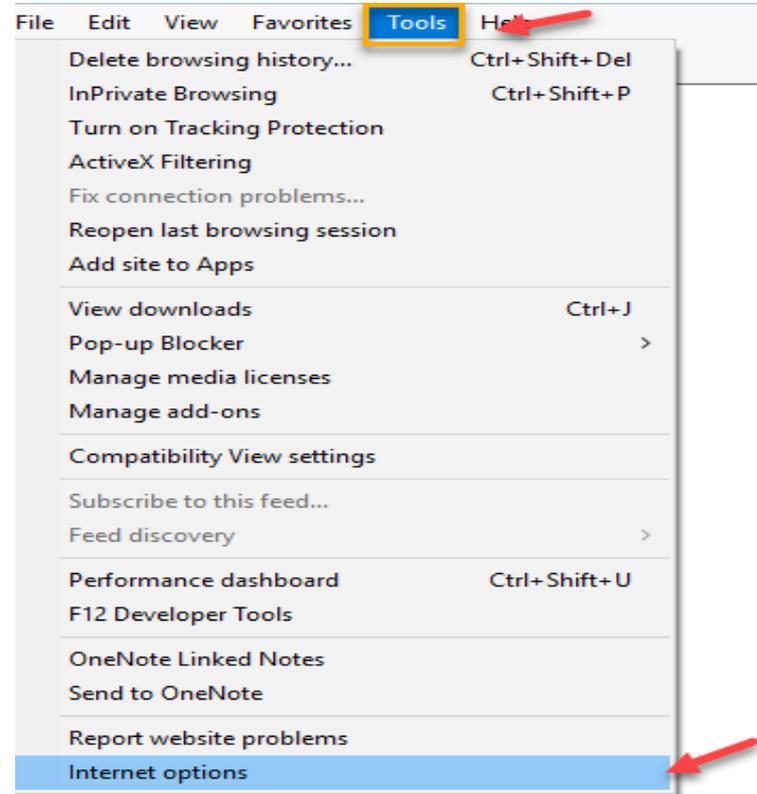
- d. Type in email address” [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and [sams-no-reply@cdc.gov](mailto:sams-no-reply@cdc.gov)  
\***add one address at a time**
- d. Click “**Add**”
- e. Click “**Close**” (once you have completed entering both email addresses)



## Step 1 – Enrollment Preparation, *continued*

2. Add [https://\\*.cdc.gov](https://*.cdc.gov) to trusted sites list and allow pop-ups

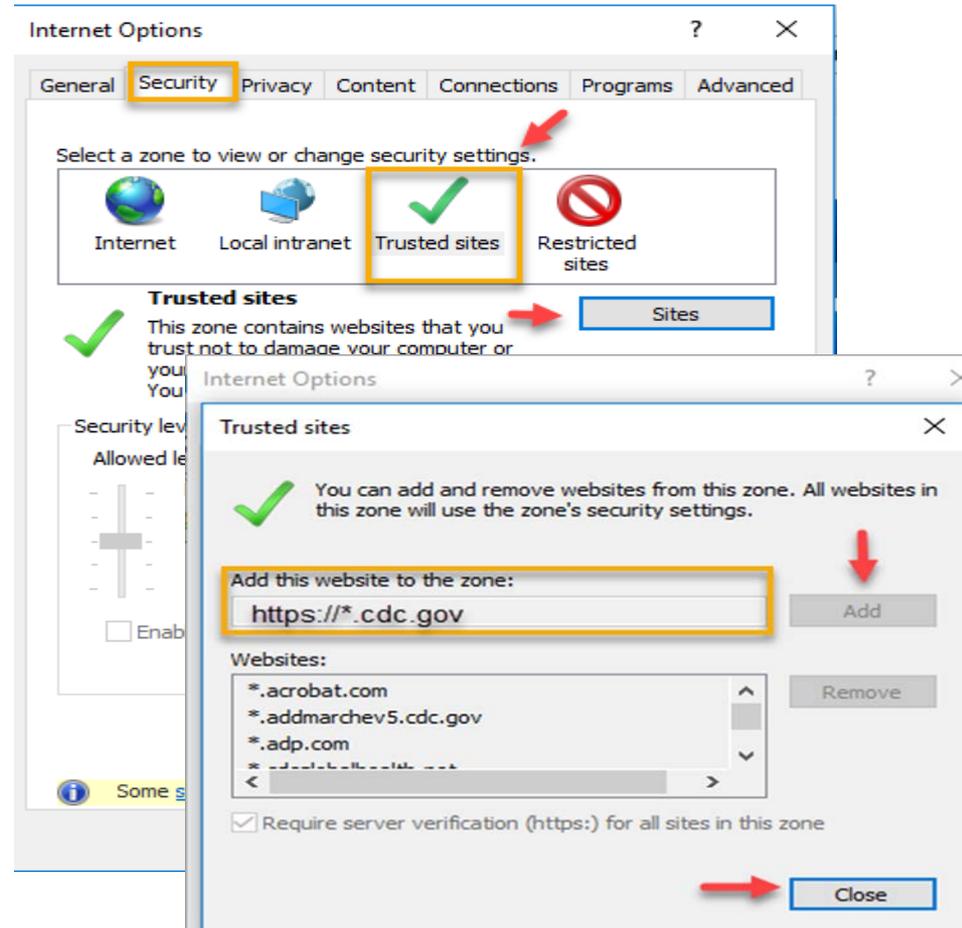
a) In Internet Explorer, open “**Tools**” menu, select “**Internet Options**”



# Step 1 – Enrollment Preparation, *continued*

❑ Add trusted sites on the “**Security**” tab

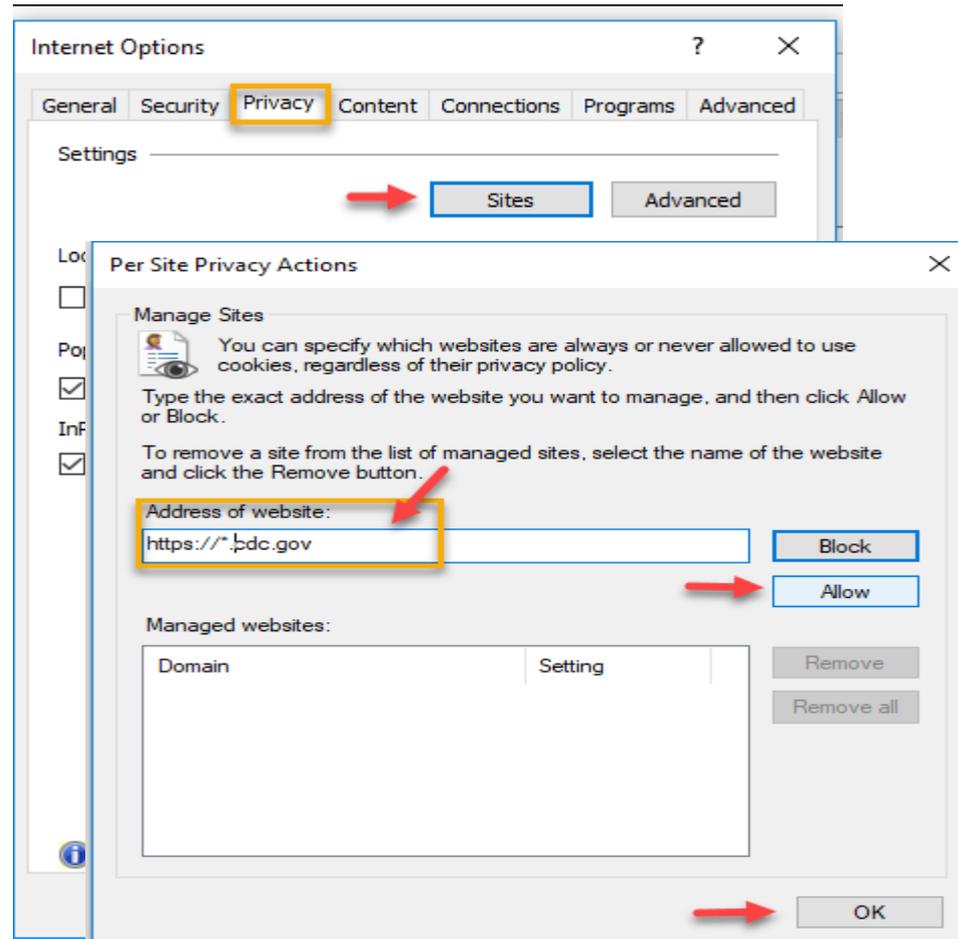
- b) Click on “**Security**” tab
- c) Click on “**Trusted sites**”
- d) Click on “**Sites**”
- e) Type in website address:  
[https://\\*.cdc.gov](https://*.cdc.gov)
- f) Click on “**Add**”
- g) Click on “**Close**”



# Step 1 – Enrollment Preparation, *continued*

❑ Allow pop-ups on the “**Privacy**” tab

- a) Click on “**Privacy**” tab
- b) Click on “**Sites**”
- c) Type in website address:  
[https://\\*.cdc.gov](https://*.cdc.gov)
- d) Click on “**Allow**”
- e) Click on “**Ok**”



STEP 2A:

Register  
Facility  
(NHSN)

**Read and Agree to the NHSN Rules of Behavior  
to register your facility with NHSN**



# What is NHSN?

- ❑ The **National Healthcare Safety Network (NHSN)** is a secure, internet-based surveillance system managed by the Centers for Disease Control and Prevention that is open to a variety of healthcare facilities in the United States. It enables these facilities to collect, analyze, summarize, and provide data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

## Step 2A – Register Facility with NHSN

### Read and Agree to the NHSN *Facility/Group Administrator Rules of Behavior*

- ❑ The person who will serve as the NHSN Facility Administrator must access and read the NHSN Facility/Group Administrator Rules of Behavior from <https://nhsn.cdc.gov/RegistrationForm/index>
- ❑ After clicking **Agree**, you will be guided to the NHSN Registration page.

**Facility/Group Administrator Rules of Behavior**

In order to participate in the NHSN, you must read and agree to abide by the following rules of behavior for safeguarding the system's security. Scroll through the document below and click on Agree or Do Not Agree button. To print a copy of the rules, click on the Print button.

**Introduction**  
National Healthcare Safety Network (NHSN), a surveillance system of the Centers for Disease Control and Prevention (CDC), allows participating healthcare facilities to enter data associated with healthcare safety, such as surgical site infections, antimicrobial use and resistance, bloodstream infections, dialysis incidents, and healthcare worker vaccinations. NHSN provides analysis tools that generate reports using the aggregated data (reports about infection rates, national and local comparisons, etc). NHSN also provides links to best practices, guidelines, and lessons learned.

NHSN processes and stores a variety of sensitive data that are provided by healthcare facilities. This information requires protection from unauthorized access, disclosure, or modification based on confidentiality, integrity, and availability requirements. These "Rules of Behavior" apply to all users of the NHSN web-based computer system.

**Purpose**  
Rules of Behavior establish standards that recognize knowledgeable users are the foundation

**CLICK HERE** →

**WARNING**  
This is a U.S. Government computer system, which may be accessed and used only for official government business by authorized personnel. Unauthorized access or use may subject violators to criminal or administrative action. There is no right to privacy on this system. All information on this system is monitored, intercepted, recorded, read, copied, and shared by authorized personnel for criminal investigations. Access or use of this system, whether authorized or unauthorized, is subject to the terms, conditions, and restrictions of the system's terms. (Title 18, U.S.C.)

<https://nhsn.cdc.gov/RegistrationForm/index>

# Step 2A– Register Facility with NHSN

## Complete NHSN Registration



The **same** email address must be used for all enrollment steps.

- Be sure to enter your email address correctly, as all subsequent emails will come to this email address.

National Healthcare Safety Network (NHSN)

[NHSN Home Page](#) > [NHSN Registration](#)

[back to NHSN Enrollment Requirements](#)

### 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:

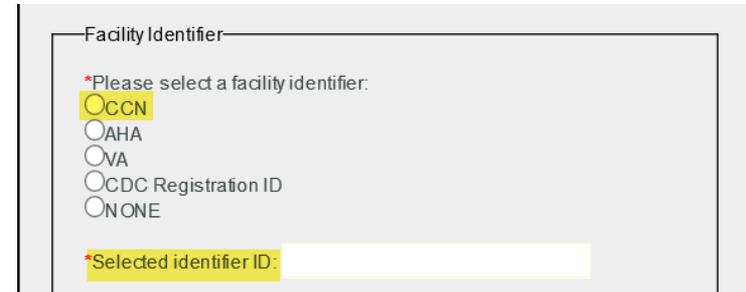
Middle name:

\*Email address:

# Step 2A– Register Facility with NHSN

## Complete NHSN Registration, *continued*

- ❑ You will need to select “**CCN**” as your Facility Identifier (CMS certified facilities)
- ❑ Enter your “**CCN**” number in the “**Selected identifier ID** field”
- ⚠ 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



The screenshot shows a web form titled "Facility Identifier". It contains a radio button selection for "Please select a facility identifier:" with options: CCN (selected), AHA, VA, CDC Registration ID, and NONE. Below this is a text input field labeled "Selected identifier ID:".

\*If your Facility Identifier (CCN#) does not validate, you will need to request a temporary CDC Registration ID by emailing [nhsn@cdc.gov](mailto:nhsn@cdc.gov). The temporary enrollment number is only valid for 30 days.\* Once you enroll, you will need to update your facility account with your CCN# <https://www.cdc.gov/nhsn/pdfs/lrc/ccn-guidance-508.pdf>

# Step 2A– Register Facility with NHSN

## Complete NHSN Registration, *continued*

- Non-CMS facilities (i.e. ALFs, Residential Care, etc.) will need to request a temporary enrollment number



**Request a temporary CDC Registration ID by emailing [nhsn@cdc.gov](mailto:nhsn@cdc.gov). The temporary enrollment number is only valid for 30 days.\***

- You will need to select “**CDC Registration ID**” as your Facility Identifier (CMS certified facilities)
- Enter the temporary CDC Registration ID# in the “**Selected identifier ID field**”

The screenshot shows a form titled "Facility Identifier" with the following content:

- A red asterisk followed by the text: "Please select a facility identifier."
- Four radio button options:
  - CCN
  - AHA
  - VA
  - CDC Registration ID (highlighted in yellow)
  - NONE
- A red asterisk followed by the text: "Selected identifier ID:" followed by a yellow rectangular input field.



# If you requested a temporary CDC Registration ID# from NHSN.

- ❑ You should receive **1** CDC Registration ID Number
  - First time entry – input as your “**Facility Identifier**” during Step 2A registration
  - Second time entry – input as the “**Enrollment Number**” during Step 3 NHSN Enrollment
- ❑ The temporary enrollment numbers are only valid for 30 days.\*
- ❑ Discard number after enrollment is complete

## Enter during Step 2A NHSN Registration

Facility Identifier

\*Please select a facility identifier.

CCN

AHA

VA

CDC Registration ID

NONE

\*Selected identifier ID:

## Enter during Step 3 NHSN Enrollment

Mandatory fields marked with NHSN Facility Informatic

Facility Name \*: Test facility

Address, Line 1 \*: 123 Test Ave

Address, Line 2:

Address, Line 3:

City \*: Atlanta

State \*: GA - Georgia

Country \*: Fulton

Zip Code \*: 32456

Main Telephone Number \*: 401-637-1201

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

AHA ID \*:   Not Applicable

CMS Certification Number (CCN) \*:   Not Applicable

CCN Effective Date \*:

VA Station Code \*:   Not Applicable

Enrollment Number \*:

Object Identifier:

# Step 2A– Register Facility with NHSN

## Complete NHSN Registration, *continued*

- Be sure to select the correct **Facility Type**
  - (e.g. Nursing homes and/or skilled nursing facilities will select: **LTC-SKILLNURS COVID19 -Skilled Nursing Facility**)
- Click **“Submit”**

**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 COVID19:** for skilled nursing facilities **and/or** nursing homes
- **LTC-DEVDIS COVID19:** chronic care for developmentally disabled facilities
- **LTC-ASST COVID19:** assisted living and/or residential care

The screenshot shows a registration form with a dropdown menu for Facility Type. The selected option is "LTC-SKILLNURS COVID19 - Skilled Nursing Facility". Below the dropdown is a field for "NHSN Training Date" with a note: "\*I certify that I have completed all of the appropriate, required NHSN trainings on:" followed by a date input field. A "Submit" button is at the bottom right.

LTC-ASSIST - Assisted Living Residence  
LTC-ASSIST COVID19 - Assisted Living Resident  
LTC-DEVDIS - Longterm Care Facility for the De  
LTC-DEVDIS COVID19 - Longterm Care Facility for the De  
LTC-SKILLNURS - Skilled Nursing Facility  
LTC-SKILLNURS COVID19 - Skilled Nursing Facility

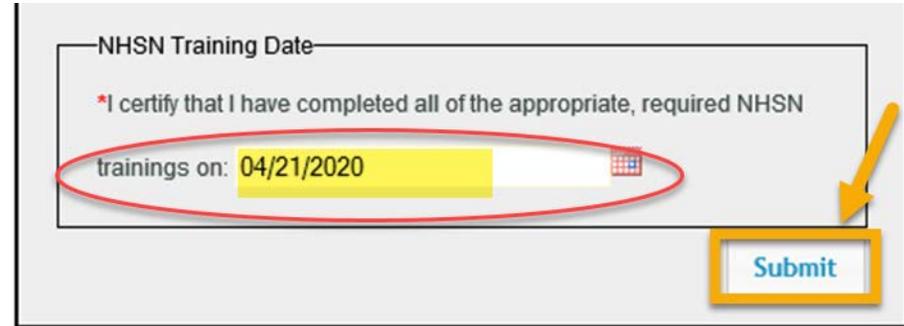
Select the date you are enrolling unless training was completed prior to this date.

**Please note:** Not identifying a COVID-19 facility type from the drop down list during registration will not impact the enrollment process. Once the facility is completely enrolled and activated in NHSN, the COVID-19 Module will be added in the application.

## Step 2A – Register Facility with NHSN

### Complete NHSN Registration, *continued*

- ❑ You will need to enter the date you are registering the facility.
- ❑ Click **Submit** button once form is complete



NHSN Training Date

\*I certify that I have completed all of the appropriate, required NHSN trainings on: 04/21/2020

Submit

The screenshot shows a form with a text input field containing the date '04/21/2020'. A red oval highlights the date input field. A yellow arrow points to the 'Submit' button, which is also highlighted with a yellow border.

# Step 2A– Register Facility with NHSN

## Complete NHSN Registration, *continued*

- ❑ After clicking “Submit” the NHSN Registration Confirmation screen displays.

National Healthcare Safety Network (NHSN)

[NHSN Home Page](#) > [NHSN Registration](#)

[back to NHSN Enrollment Requirements](#)

### NHSN Registration Confirmation

Thank you, **Test Facility**, for registering with the NHSN.

An email from NHSN will be sent to **nqa0@cdc.gov** that provides instructions on how to complete enrollment in NHSN.

[Home](#) [A-Z Index](#) [Site Map](#) [Policies](#) [About CDC.gov](#) [Link to Us](#) [All Languages](#) [CDC Mobile](#) [Contact CDC](#)

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA  
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day - [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)



“Welcome to NHSN!”

- Shortly, after submitting the NHSN registration, you will receive an email from NHSN

**From:** NHSN (CDC) <[nhsn@cdc.gov](mailto:nhsn@cdc.gov)>  
**Sent:** Monday, March 11, 2019 4:24 PM  
**To:** [REDACTED]  
**Cc:** NHSN (CDC) <[nhsn@cdc.gov](mailto:nhsn@cdc.gov)>  
**Subject:** Welcome to NHSN!

Welcome to the National Healthcare Safety Network (NHSN)!

You have been added as the type of user indicated for the following facility or Group:

Facility or Group Name: [REDACTED]

User Type:

**In order to participate as an NHSN user, you must agree to follow the rules of behavior for safeguarding the system's security.** Click on the URL below to read and indicate your agreement to abide by the rules.

[@SDN ENROLLMENT GUIDE URL@ \[REDACTED\]](#)

Once you have agreed to the Rules of Behavior, you will need to register with the Centers for Disease Control and Prevention's (CDC) Secure Access Management System (SAMS) and submit documentation for identity proofing. SAMS is a web portal designed to provide centralized access to public health information and computer applications operated by the CDC.

If you are already an active NHSN user, you may disregard the instructions in this email. Log in to the Secure Access Management System (SAMS) and access NHSN Reporting.

If you have already completed the SAMS process for another CDC application but you have not previously had access to NHSN, please contact [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and indicate that you need the NHSN Reporting Activity in SAMS.

For questions regarding NHSN, please email [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

Additional NHSN information is also available at <http://www.cdc.gov/nhsn>.



# How to Locate CMS Certification Number [CCN]

- ❑ To look up your CMS Certification Number [CCN] please use this link:  
<https://qcor.cms.gov/main.jsp>
- ❑ Click “OK”

The screenshot shows the QCOR website interface. At the top left is the QCOR logo with the tagline 'Quality Certification & Ongoing Plans'. The main content area displays a 'Welcome to S&C's Quality, Certification' message. Below this, there is a section titled 'TERMS AND CONDITIONS' with a list of bullet points and a checkbox for acceptance. A modal dialog box titled 'Message from webpage' is overlaid on the page, containing a question mark icon and the full text of the terms and conditions. At the bottom of the dialog are 'OK' and 'Cancel' buttons. A yellow dashed speech bubble points to the 'OK' button with the text 'Click "OK"'. The website header on the right side says 'S&C QCOR'. At the bottom left of the page, there is a 'Top of Page' link.



# How to Locate CMS Certification Number [CCN], *continued*

- ❑ Click “Basic Search”

**Tool**

- Basic Search**

**Accrediting Organization Performance**

- Accredited Hospitals with Recent Substantial Deficiencies

**Providers & Suppliers**

- Multi-Provider Reports
- Ambulatory Surgical Centers (ASCs)
- CLIA Laboratories
- Community Mental Health Centers (CMHCs)
- Comprehensive Outpatient Rehab Facilities (CORFs)
- Dialysis Facilities (ESRDs)
- Federally Qualified Health Centers (FQHCs)
- Home Health Agencies
- Hospices
- Hospitals
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Nursing Homes
- Outpatient Physical Therapy/Speech Pathology (OPT)
- Portable X-ray Suppliers
- Psychiatric Residential Treatment Facilities (PRTFs)
- Rural Health Clinics (RHCs)

S&C QCOR

[Help](#) | [Resources](#) | [FAQs](#) | [Site Map](#)

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Welcome to S&C's Quality, Certification and Oversight Reports (QCOR)

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**What's New on QCOR?**

As of February 11, 2019, the List of CMS-Approved Organ Transplant Programs is now available on the QCOR web site. The List may be downloaded in Microsoft Excel format [here](#) (last updated on **02/20/2020**). The link may also be found on the QCOR Resources page.

As of August 3, 2017, the Providing Data Quickly (PDQ) Application is now known as the Quality, Certification and Oversight Reports (QCOR) Application. QCOR data and reports are free and open to the public and user accounts are no longer required.

The following upgrades / enhancements were made to QCOR on June 15, 2017:

- Addition of Deemed/Accredited Filters
- Updates to Survey Activity Report
- Enhancements to the ESRD Services Provided Filter

**Attention QCOR users**  
If you require assistance using the QCOR application, please contact the QCOR Help Desk. For email requests, please use [qcorhelp@aplusgov.com](mailto:qcorhelp@aplusgov.com). For telephone requests, please use 1-888-673-7328.

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[Accessibility Information](#), [Privacy & Security](#)



# How to Locate CMS Certification Number [CCN], *continued*

- ❑ Enter your Facility Name and Click **“Search”** *Or Advanced Search*, Click **“Nursing Homes”**



## Search for a Provider or Supplier

To search for a Provider, enter a CMS Certification Number, select a State, or enter a zip code (full or partial zip code with \* replacing missing number(s), such as 223\*\*). You can limit or refine your results, by selecting Begin Year and End Year. Click on the <Search> button to begin the search.

Enter your Facility name and Click "Search" **OR** Click "Nursing Homes" below in Advanced Search

Provider Name (or partial name):  Begin Year: 2020 ▼

AND/OR

CMS Certification Number:  End Year: 2020 ▼

AND/OR

State:  ▼

AND/OR

City:

AND/OR

Zip Code:

## Advanced Search

To perform an advanced search, please select a provider type below:

- [Ambulatory Surgical Centers \(ASCs\)](#)
- [CLIA Laboratories](#)
- [Community Mental Health Centers \(CMHCs\)](#)
- [Comprehensive Outpatient Rehab Facilities \(CORFs\)](#)
- [Dialysis Facilities \(ESRDs\)](#)
- [Federally Qualified Health Centers \(FQHCs\)](#)
- [Home Health Agencies](#)
- [Hospices](#)
- [Hospitals](#)
- [Intermediate Care Facilities for Individuals with Intellectual Disabilities \(ICF/IID\)](#)
- [Nursing Homes](#)
- [Outpatient Physical Therapy/Speech Pathology \(OPT\)](#)
- [Portable X-ray Supplier](#)
- [Psychiatric Residential Treatment Facilities \(PRTFs\)](#)
- [Rural Health Clinics \(RHCs\)](#)



## Search for a Nursing Home Provider or

To search for a Provider, please enter a Provider Name (full or partial name) or a CMS Certification Number, select a State, or enter a zip code (full or partial zip code with \* replacing missing number(s), such as 223\*\*). You can limit or refine your results, by selecting Begin Year and End Year and/or Report Description and click on the <Search> button.

Enter Facility Name and click "Search"

Provider Name (or partial name):  Begin Year: 2020 ▼

OR

CMS Certification Number:  End Year: 2020 ▼

OR

State:  ▼

OR

Zip Code:

Search for:  ▼



# How to Locate CMS Certification Number [CCN], *continued*

- Click on your Facility name under the search criteria (*depending on your facility type*)

The screenshot shows the top of the QCOR website. The logo for QCOR (Quality, Certifications & Oversight Reports) is on the left. To the right is a red and blue horizontal bar. Below this is the title 'Basic Search Results Report'. Underneath the title is a section for 'Selection Criteria' with two input fields: 'Provider Name (or partial name):' and 'Year: 2020 ~ 2020'. The bottom edge of the screenshot is torn, indicating a transition to the next page.



## Nursing Facility

- [Facility Name]

## SNF/NF (Distinct Part)

- [Facility Name]

## SNF/NF (Dually Certified)



## Skilled Nursing Facility



# How to Locate CMS Certification Number [CCN], *continued*

- ❑ Facility's CCN and Participation Date (*First date that the facility was certified as Medicare and/or Medicaid*) can be obtained from the details.

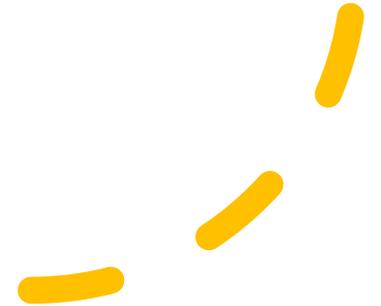
## Provider or Supplier Details

<b>Provider or Supplier Name:</b>	<b>Information listed here</b>
<b>CMS Certification Number:</b>	
<b>Provider or Supplier Type:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Participation Date:</b>	
<b>Region:</b>	
<b>Number of Certified Beds:</b>	
<b>Hospital Based:</b>	
<b>Chain Name:</b>	
<b>Ownership Type:</b>	

STEP 2B:

Register  
Facility  
(SAMS)

**Read and Agree to the SAMS Rules of Behavior  
to register your facility with SAMS**



# What is SAMS?

- ❑ The Centers for Disease Control and Prevention's (CDC) **Secure Access Management Services (SAMS)** is a federal information technology (IT) system designed to provide centralized access to public health information and computer applications operated by the CDC. For the National Healthcare Safety Network (NHSN) Program, SAMS will provide healthcare facilities and other partners, such as state health departments and QIOs, with secure and immediate access to the NHSN application.

# Step 2B – Register with Secure Access Management Services (SAMS)

## Receive Invitation to Register with SAMS email

- ❑ After CDC receives your completed registration, you will receive an ***Invitation to Register with SAMS*** via email

- ❑ Please allow **3-5 calendar days** to receive email from SAMS. After day 5, please email [nhsn@cdc.gov](mailto:nhsn@cdc.gov)

 **Save** this email because it has information you will need to register for SAMS

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.

---

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=SAMSRenistration>

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.

# Step 2B – Register with SAMS

## Click Link to SAMS

- ❑ In the *Invitation to Register* email you will receive, click the link to [SAMS](#) or cut and paste the following link into your browser:

<https://sams.cdc.gov/idm/SAMS/ca/index.jsp?task.tag=SAMSRegistration>



**Note: The SAMS username and temporary password will expire in 30 days**

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

---

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.

---

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.tag=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**

## Step 2B – Register with SAMS

### Log-In to SAMS Credentials Using Username and Temporary Password and Accept SAMS Rules of Behavior

- ❑ After clicking on the link to SAMS in the *Invitation to Register*, you will be guided to this *Log In* screen.
- ❑ Enter the user name 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.

#### SAMS Credentials



SAMS Username

SAMS Password

Login

[Forgot Your Password?](#)

For External Partners who login with only a SAMS issued UserID and Password.

## Secure Access Management Services (SAMS)



Welcome, Harshad Joshi

Logout

## Registration: SAMS Rules of Behavior

## CDC SAMS User Rules of Behavior

## Overview

Secure Access Management Service (SAMS) is a United States federal government computer system that provides secure external access to non-public CDC applications for use by authorized personnel. Users should be aware that they have no expectation of privacy when using SAMS or SAMS-protected program applications. All user actions are recorded and may be reviewed by CDC officials with a legitimate reason to do so as authorized by CDC's Office of the Chief Information Security Officer. The following rules of behavior apply to all SAMS' users.

Because written guidance cannot cover every contingency, users are asked to go beyond the stated rules, using their best judgment and highest ethical standards to guide their actions. These rules are based on federal laws and regulations and on applicable agency directives. As such, there are consequences for non-compliance. Based on the severity of the violation and through due process of the law, consequences can include, but are not limited to: suspension or loss of access privileges and/or civil and criminal penalties. Use of SAMS, and the applications it protects, is restricted to users that have been specifically authorized and granted access by CDC or its designated agents.

## SAMS User Accounts

All SAMS' user accounts are uniquely identified by a username and protected with a password. Passwords automatically expire every sixty (60) days. SAMS will prompt users to update expired passwords on their next login. If a user feels their password may have been compromised, they must change it immediately. In addition, the user must report any suspected misuse or unauthorized access to the SAMS Help Desk as quickly as possible.

SAMS allows users to reset a forgotten password using a set of secret security questions they select and complete during registration. Selected questions and answers should be easy for a user to remember but difficult for others to guess. Since question and answer combinations can provide access to a user's account, they must be protected in the same way as a password.

If a user fails to enter the correct username and password combination three (3) times in a row, their account will be locked for one (1) hour, after which, the user may try again. If the user cannot recall their password, they can follow the 'forgotten password' link on the SAMS login page to reset it. If a user does not remember their password and is unable to successfully answer their security questions, a new account must be created.

## User Responsibilities and Rules of Behavior

- SAMS' users are uniquely identified through their SAMS user account. Once a user's request for access has been granted and their account is active, the user is responsible for all actions taken using that account. Therefore, every effort should be made to protect the account password and related security information. To help prevent account compromise, users agree:
  - To keep their account private and not share their password with anyone.
  - To securely store and protect any written copy of their user name and/or password.
  - To make every effort to prevent others from watching password entry.
  - To choose passwords that are difficult to guess by avoiding the use of well known personal information.
  - To log off of the system when finished or whenever leaving their computer unattended.
- Users must not access SAMS or Program applications using an account that belongs to another person.
- Users must not attempt to circumvent any SAMS' security control mechanism.
- SAMS' users are provided access to sensitive and/or non-public information to assist them in performing their duties and for the betterment of national, state, and local public health services. Users must take positive steps to protect this information, the people this information may represent, and the systems designed to protect it. Users must report improper or suspicious activities involving SAMS' information and systems to the SAMS Help Desk.

Accept

Cancel

# Step 2B –Register with SAMS

## Enter Information to Register with SAMS

- ❑ After accepting the **SAMS Rules of Behavior**, the SAMS registration page displays.
- ❑ Enter the information in the fields displayed. Fields marked with an asterisk are required.
- ❑ Click the **Submit** button to complete your registration.

The screenshot displays the SAMS Registration page with the following sections:

- Registration**: A header section with a welcome message and instructions: "Please provide the following information to register with SAMS, and click: Submit. Required fields are marked with a red asterisk (\*). Your registration will be routed to a SAMS Application Administrator for approval. You will receive an email notification when your registration has been approved and you have been granted access to SAMS."
- User ID**: A text input field.
- Personal Information**: Fields for First Name\*, Middle Name, Last Name\*, and Suffix.
- Email**: A text input field.
- Home Address**: Fields for Address Line 1\*, Address Line 2, City\*, State\*, Postal Code\*, and Country\* (Please select a country).
- Organization Address**: Fields for Address Line 1\*, Address Line 2, City\*, Date\*, Postal Code\*, Country\* (Please select a country), Primary Phone\*, and Alternate Phone.
- Password Requirements**: A section stating "You must specify a new password. Your password must:" followed by a bulleted list:
  - Be seven or more characters long.
  - Contain at least three of the following: uppercase, lowercase, numeric, and numeric character.
  - Not contain your username or any part of your full name.
  - Be different than your previous 13 passwords.
- Password and Confirm Password**: Two text input fields, one masked with asterisks.
- Security Questions**: A section titled "Your answers to the following questions will be used to verify your identity should you forget your password." with a table of questions and answers:

Question	Answer
Q1*	A1*
Q2*	A2*
Q3*	A3*
Q4*	A4*
Q5*	A5*
- Submit and Cancel**: Two buttons at the bottom right, with a blue arrow pointing to the Submit button.

# Step 2B – Register with SAMS

## Change Your Password

❑ You will be required to **change your password**.



Ensure that you write down the new password because you will need this password again.

You must specify a new password. Your password must

- Be seven or more characters long.
- Contain at least three of the following: uppercase, lowercase, numeric, and numeric character.
- Not contain your username or any part of your full name.
- Be different than your previous 13 passwords.

Password\*

Confirm Password\*

## Step 2B – Register with SAMS

### Select Security Questions

- ❑ In the *Question* section, select a question from the list displayed in line 1.
- ❑ In the *Answer* section in line 1, type your answer to the question you selected. Repeat these steps until all five questions are answered.



**The questions you select should have answers you are sure to remember.**

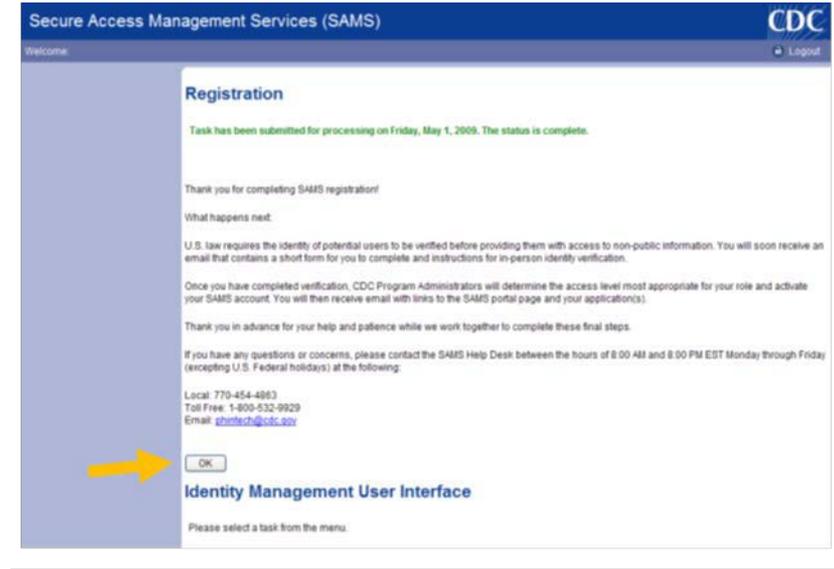
Your answers to the following questions will be used to verify your identity should you forget your password.

Question:	Answer:
Q1* <input type="text" value="Name of the city/town where you were born"/>	A1* <input type="text"/>
Q2* <input type="text" value="Name of the city/town where you were born"/>	A2* <input type="text"/>
Q3* <input type="text" value="Name of the city/town where you were born"/>	A3* <input type="text"/>
Q4* <input type="text" value="Name of the city/town where you were born"/>	A4* <input type="text"/>
Q5* <input type="text" value="Name of the city/town where you were born"/>	A5* <input type="text"/>

# Step 2B – Register with SAMS

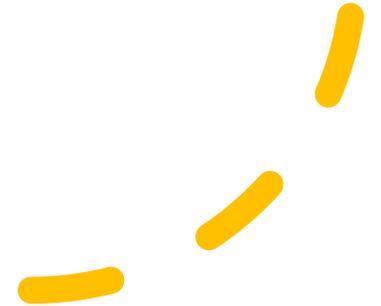
## Receive SAMS Registration Confirmation

- ❑ After clicking the *Submit* button to complete your registration. The **Registration Confirmation** message displays.
- ❑ Click the **OK** button to acknowledge the message and receive an additional display.



## STEP 3:

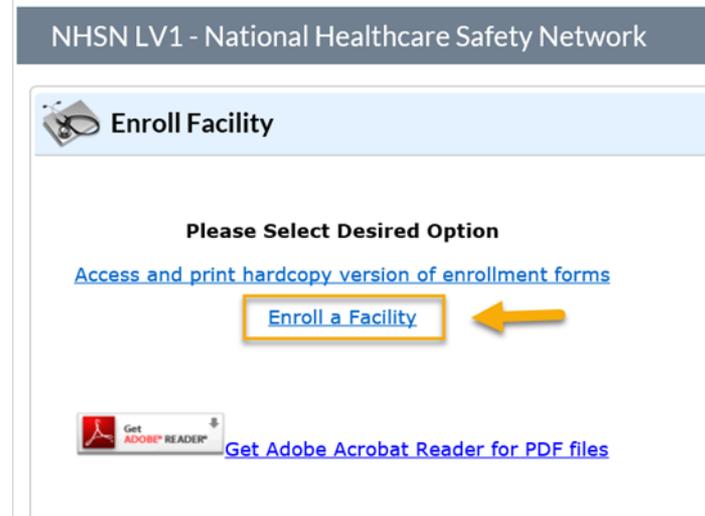
Complete  
NHSN LTC  
Enrollment



# Step 3 – Complete NHSN LTC Enrollment

## NHSN LTC Enrollment

- ❑ On the SAMS homepage, under “**My Applications**” you should see a link to the National Healthcare Safety Network labeled **NHSN Long Term Care Enrollment**.
- ❑ Click on the **NHSN LTC Enrollment** link to go to the NHSN Enrollment page.



# Step 3 – Complete NHSN LTC Enrollment

## Enroll your Facility

- ❑ Select “Enroll a Facility”

NHSN LV1 - National Healthcare Safety Network

 Enroll Facility

**Please Select Desired Option**

[Access and print hardcopy version of enrollment forms](#)

[Enroll a Facility](#) ←

 [Get Adobe Acrobat Reader for PDF files](#)

- ❑ You will see this pop-up, select “OK”

Message from webpage ×

 We recommend that you print and complete the required enrollment forms prior to attempting to enroll your facility on-line. Only completed web enrollment screens can be submitted; closing the browser prior to submission will result in the loss of any entered data. To continue with enrollment, press OK; otherwise, press Cancel.

[OK](#) [Cancel](#)

# Step 3 – Complete NHSN LTC Enrollment : NSHN Facility Information Screen

- ❑ Enter required (\*) information
- ❑ Input your CCN/CMS Certification Number (CMS) and Effective date.
- ❗ **If you do not know your CCN, use this link to find it:**  
<https://qcor.cms.gov/main.jsp>
- ❑ Check “not applicable” box next to the AHA ID # and the VA Station Code.

**Note: Facilities within the Department of Veterans Affairs (VA) Healthcare System, may have a VA station code instead of a CCN.**

Mandatory fields marked with \*

Page 1 of 2

### NHSN Facility Information

Facility Name\*:

Address, Line 1\*:

Address, Line 2:

Address, Line 3:

City\*:

State\*:

County\*:

Zip Code\*:  
 -

Main Telephone Number\*:

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

AHA ID\*:  
  Not Applicable

CMS Certification Number (CCN)\*:  
  Not Applicable

CCN Effective Date\*:  
 -

VA Station Code\*:  
  Not Applicable

Object Identifier:

[Continue](#)

## Step 3 – Complete NHSN LTC Enrollment : NSHN Facility Information Screen

**\*If you received a Temporary CDC Registration ID# from NHSN\***

- Enter required (\*) information
- Check “not applicable” box next to the AHA ID #, CMS Certification Number (CCN), and the VA Station Code.
- Input the temporary CDC Registration ID# that was provided by NHSN
  - The temporary enrollment number is only valid for 30 days.
  - Discard number after initial use
- Click “continue”

Mandatory fields marked with NHSN Facility Informatic

Facility Name*: Test facility	For each identifier listed below, enter the number/code, or check Not Applicable. If your facility does NOT have that identifier.
Address, Line 1*: 123 Test Ave	AHA ID*: <input type="text"/> <input checked="" type="checkbox"/> Not Applicable
Address, Line 2: <input type="text"/>	CMS Certification Number (CCN)*: <input type="text"/> <input checked="" type="checkbox"/> Not Applicable
Address, Line 3: <input type="text"/>	CCN Effective Date*: <input type="text"/> <input type="text"/>
City*: Atlanta	VA Station Code*: <input type="text"/> <input checked="" type="checkbox"/> Not Applicable
State*: GA - Georgia	Enrollment Number* : <input type="text"/> <input checked="" type="checkbox"/>
County*: Fulton	Object Identifier: <input type="text"/>
Zip Code*: 32456 - <input type="text"/>	
Main Telephone Number*: 401-637-1201	

# Step 3 – Complete NHSN LTC Enrollment: NHSN Facility Information *cont'd*

## Select the Facility Type



**Please note:** The COVID-19 facility types are not reflected during the enrollment section. This will not impact the enrollment process. Once the facility is completed enrolled and activated in NHSN, the COVID-19 Module will be added in the application.

Mandatory fields marked with \*

Page 2 of 2

### NHSN Facility Information - Part 2



**NHSN Facility Administrator**

**Facility Type:**

- LTC-ASSIST - Assisted Living Residence
- LTC-DEVDIS - Longterm Care Facility for the Developmentally Disabled
- LTC-SKILLNURS - Skilled Nursing Facility**

**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 \_\_\_\_\_

**IHS Facility:**

Yes

No

**NHSN Components**

Select Components\*:

Long Term Care Facility

## Step 3 – Complete NHSN LTC Enrollment: NHSN Facility Information *cont'd*

- Select “**Yes**” or “**No**” if your facility is a Indian Health Service (HIS) Facility
- The LTCF component is automatically checked and cannot be unchecked.
- Enter Facility Administrator designated to report COVID-19 data here
- Complete the Facility Contact Information Form in its entirety and click “**Continue**”

Mandatory fields marked with \*

Page 2 of 2

### NHSN Facility Information - Part 2

<b>Facility Type</b> Select Facility*: <input type="text" value="LTC-SKILLNURS COV 19 - Skilled Nursing Fac"/>	<b>NHSN Facility Administrator</b> First Name*: <input type="text"/> Middle Name: <input type="text"/> Last Name*: <input type="text"/> Title: <input type="text"/> <input type="button" value="Copy Address from Facility"/> Address, Line 1*: <input type="text"/> Address, Line 2: <input type="text"/> Address, Line 3: <input type="text"/> City*: <input type="text"/> State*: <input type="text"/> Zip Code*: <input type="text"/> - <input type="text"/> Phone*: <input type="text"/> Ext: <input type="text"/> Fax: <input type="text"/>
--	--

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

Important  
Message

# Important Tips to Remember when Creating the User ID

- Up to 32 letters or digits



Ex. TMcCray123

- No special characters



Ex. TMcCray\* &%\$

NHSN user ID, cannot  
include special characters  
Example: TMcCray

## NHSN Facility Administrator

First name\*:

Middle name:

Last name\*:

Title:



Click to copy mailing address from the facility given above

Address, line 1\*:

Address, line 2:

Address, line 3:

City\*:

State\*:

Zip Code\*:  -

Phone\*:  Ext:

Fax:

Pager:

E-mail\*:

User ID\*:  Up to 32 letters or digits

Facility  
Address

Use same e-mail address entered  
during SAMS registration



## Step 3 – Complete NHSN LTC Enrollment: LTC Contact Person Screen

- ❑ Each facility must have a listed contact person either the Facility Administrator or another user to be a back-up
- ❑ Enter Contact Person designated to report COVID-19 data here  
**\*Click the blue folder icon to copy previously entered information if Contact Person is the same.**
- ❑ Complete the Facility Contact Information Form in its entirety and click **“submit”**

Mandatory fields marked with \*

Page 3 of 4

### Long Term Care Contact Person

 Copy from Facility Administrator |  Copy Address from Facility

First Name\*:

Middle Name:

Last Name\*:

Title:

City\*:

State\*:

Zip Code\*:  
 -

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

Fax:

Pager:

Email\*:

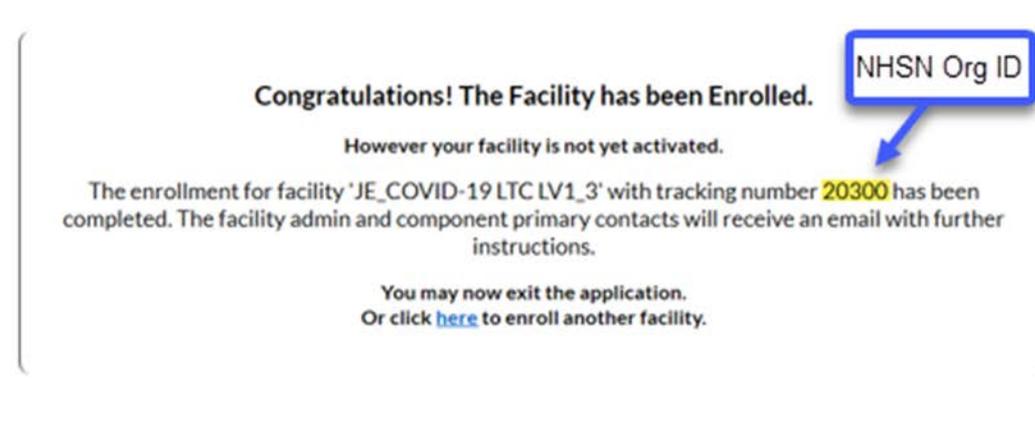
User ID\*:

**Contact person can be the same as NHSN Facility Administrator or another user**

## Step 3 – Complete NHSN LTC Enrollment: Enrollment Confirmation

- Shortly after successfully completing enrollment, the NHSN Facility Administrator and Component Primary Contact (*if different*) will receive an NHSN email with instructions on how to electronically accept the *NHSN Agreement to Participate and Consent*.
- ⚠ The consent form must be accepted by either the NHSN Facility Administer or the NHSN Primary Contact immediately to expedite access to NHSN for LTC reporting.

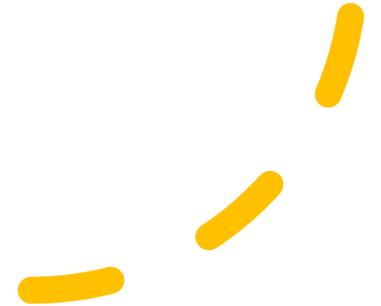
\*Please note the tracking number issued after submitting is your NHSN Org ID\*



STEP 4:

NHSN  
Agreement to  
Participate &  
Consent

**Electronically Accept the NHSN Agreement  
to Participate and Consent**



## Step 4 – 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.**

### SAMS Credentials



SAMS Username

SAMS Password

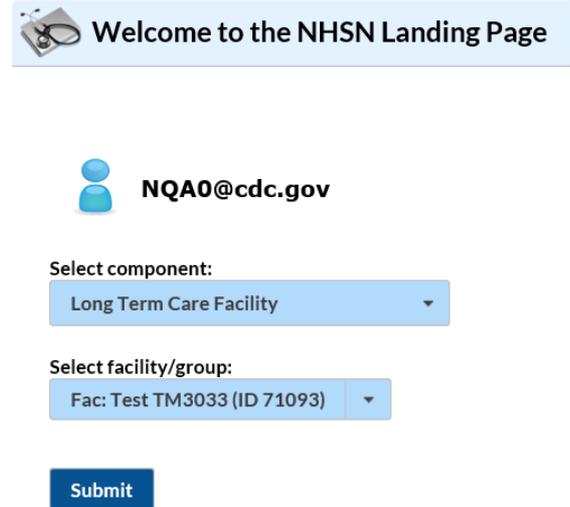
Login

[Forgot Your Password?](#)

For External Partners who login with only a SAMS issued UserID and Password.

## Step 4 – Electronically Accept the NHSN Agreement to Participate and Consent (New Facility Only)

- ❑ After successful log-in you will be directed the NHSN Landing Page
- ❑ Select Long-term Care Facility Component in the drop down
- ❑ Select your Facility/Group
- ❑ Click “**submit**” to be directed to the facility homepage



Welcome to the NHSN Landing Page

 **NQA0@cdc.gov**

Select component:  
Long Term Care Facility ▼

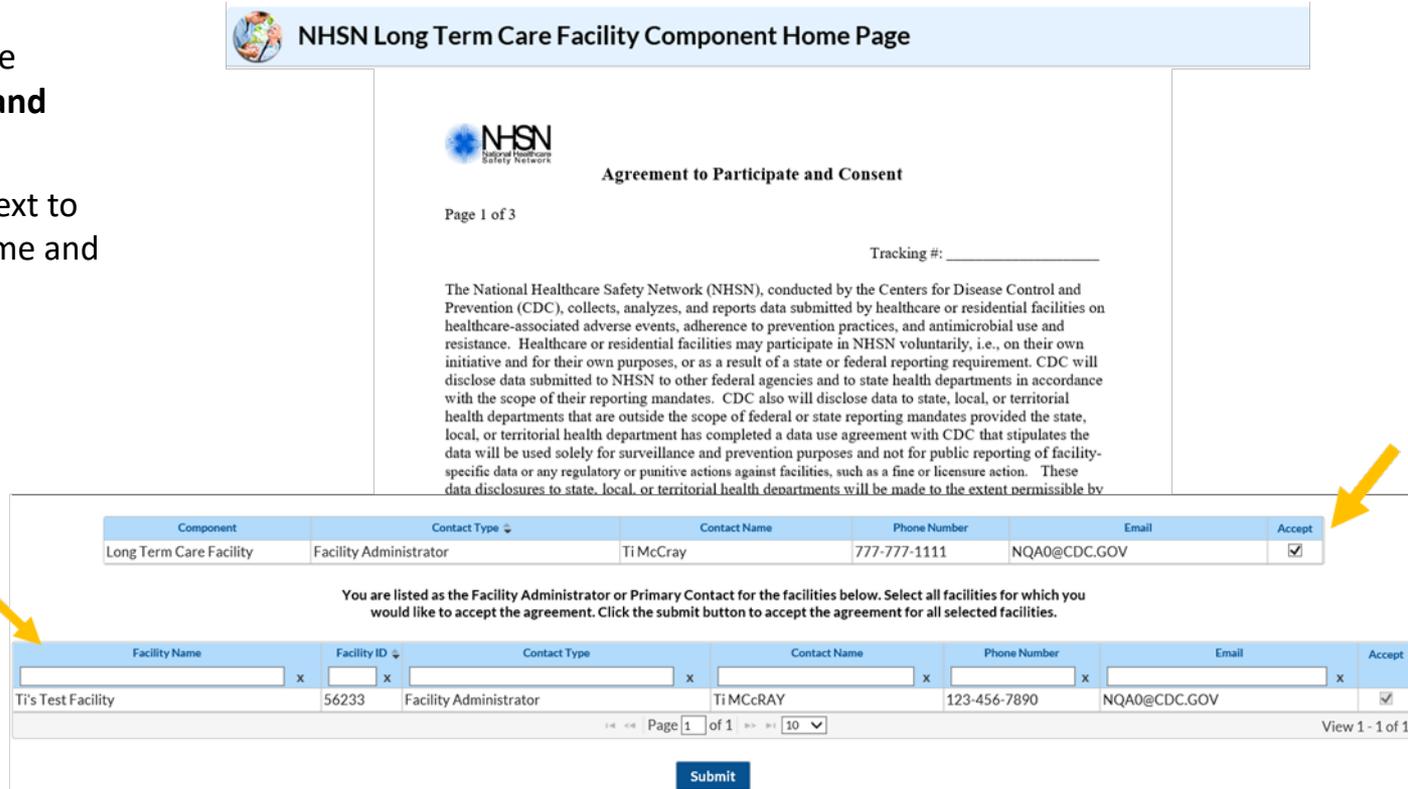
Select facility/group:  
Fac: Test TM3033 (ID 71093) ▼

**Submit**

# Step 4 – Electronically Accept NHSN Agreement to Participate and Consent

- Once you have logged in successfully you will see the **Agreement to Participate and Consent** form.
- Check the box to ‘Accept’ next to the appropriate contact name and then **‘Submit’**.

**Please note:** If you are the NHSN Facility Administrator for multiple facilities, you will also see those facilities listed. You can accept all agreements for all selected facilities.



**NHSN Long Term Care Facility Component Home Page**

**Agreement to Participate and Consent**

Page 1 of 3

Tracking #: \_\_\_\_\_

The National Healthcare Safety Network (NHSN), conducted by the Centers for Disease Control and Prevention (CDC), collects, analyzes, and reports data submitted by healthcare or residential facilities on healthcare-associated adverse events, adherence to prevention practices, and antimicrobial use and resistance. Healthcare or residential facilities may participate in NHSN voluntarily, i.e., on their own initiative and for their own purposes, or as a result of a state or federal reporting requirement. CDC will disclose data submitted to NHSN to other federal agencies and to state health departments in accordance with the scope of their reporting mandates. CDC also will disclose data to state, local, or territorial health departments that are outside the scope of federal or state reporting mandates provided the state, local, or territorial health department has completed a data use agreement with CDC that stipulates the data will be used solely for surveillance and prevention purposes and not for public reporting of facility-specific data or any regulatory or punitive actions against facilities, such as a fine or licensure action. These data disclosures to state, local, or territorial health departments will be made to the extent permissible by

Component	Contact Type	Contact Name	Phone Number	Email	Accept
Long Term Care Facility	Facility Administrator	Ti McCray	777-777-1111	NQA0@CDC.GOV	<input checked="" type="checkbox"/>

You are listed as the Facility Administrator or Primary Contact for the facilities below. Select all facilities for which you would like to accept the agreement. Click the submit button to accept the agreement for all selected facilities.

Facility Name	Facility ID	Contact Type	Contact Name	Phone Number	Email	Accept
<input type="text"/> x	<input type="checkbox"/>					
Ti's Test Facility	56233	Facility Administrator	Ti McCRAY	123-456-7890	NQA0@CDC.GOV	<input checked="" type="checkbox"/>

Page 1 of 1

View 1 - 1 of 1

**Submit**

# Step 4 – Electronically Accept NHSN Agreement to Participate and Consent

- As the NHSN Primary Contact or Facility Administrator has accepted, an alert will pop-up confirming this action
- Click “OK”

 **NHSN Long Term Care Facility Component Home Page**

 **Agreement to Participate and Consent**

Page 1 of 2

**Alert**

You have completed the NHSN Agreement to Participate and Consent Form for the Long Term Care Facility component for the following facilities: 71093.

Please click the OK button to continue.

**OK**

The National Prevention Healthcare Resistance Initiative will disclose data with the health department, or to specific data disclosure federal law.

**Purposes**  
The purpose of this agreement is to collect data on adverse events among patients or residents and healthcare personnel.

Component	Contact Type	Contact Name	Phone Number	Email	Accept
Long Term Care Facility	Facility Administrator	Ti McCray	777-777-1111	NQA0@CDC.GOV	<input checked="" type="checkbox"/>

You are listed as the Facility Administrator or Primary Contact for the facilities below. Select all facilities for which you would like to accept the agreement. Click the submit button to accept the agreement for all selected facilities.

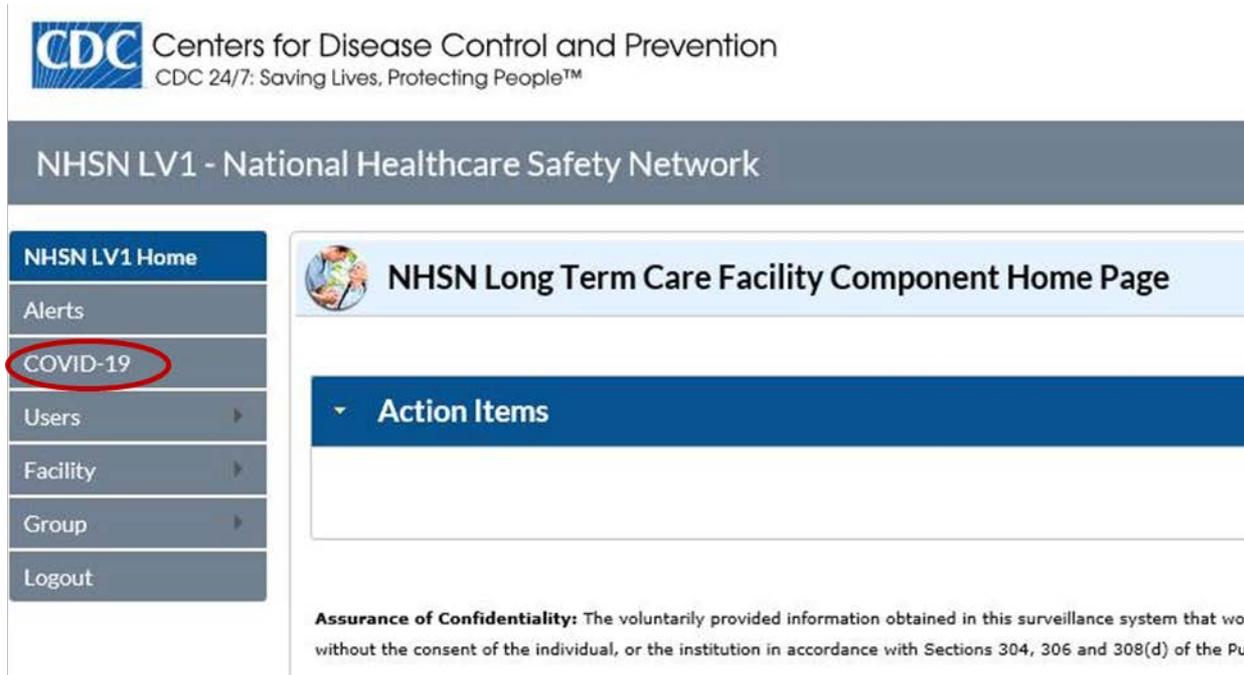
Facility Name	Facility ID	Contact Type	Contact Name	Phone Number	Email	Accept
Ti's Test Facility	56233	Facility Administrator	Ti McCRAY	123-456-7890	NQA0@CDC.GOV	<input checked="" type="checkbox"/>

Page 1 of 1

**Submit**

## Step 4 – Electronically Accept NHSN Agreement to Participate and Consent

- ❑ After selecting “OK” the LTC Home Page will be displayed
- ❑ Click on “COVID-19” to begin reporting



**CDC** Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

NHSN LV1 - National Healthcare Safety Network

NHSN LV1 Home

- Alerts
- COVID-19**
- Users ▶
- Facility ▶
- Group ▶
- Logout

 NHSN Long Term Care Facility Component Home Page

▼ Action Items

**Assurance of Confidentiality:** The voluntarily provided information obtained in this surveillance system that would be used for public health purposes without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act.



Enrollment is  
Complete

**Congratulations!!**

**You have completed the enrollment.**

**You can begin LTC Reporting in the  
COVID-19 Module.**



## Important Notes:

- ❑ COVID-19 level access does not enable full NHSN reporting capability for HAIs
- ❑ Each facility should designate **one** person to serve in the role of NHSN Facility Administrator.
- ❑ NHSN Facility Administrator is responsible for NHSN enrollment for the LTCF and coordination of NHSN tasks and users.
- ❑ To ensure that information sent by email is not blocked by your organization's anti-spam program, set-up your computer to allow [sams-no-reply@cdc.gov](mailto:sams-no-reply@cdc.gov) and [nhsn@cdc.gov](mailto:nhsn@cdc.gov) to get through.

## Important Notes:

- ❑ The same e-mail address must be used throughout the SAMS and NHSN enrollment process.
- ❑ 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. 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>
- ❑ 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>
- ❑ Contact [nhsn@cdc.gov](mailto:nhsn@cdc.gov) or [sams-no-reply@cdc.gov](mailto:sams-no-reply@cdc.gov) with questions.

# Where Can I Find More Information?

- ❑ To email questions to the NHSN Helpdesk: [nhsn@cdc.gov](mailto:nhsn@cdc.gov) with LTC COVID-19 in the subject line
- ❑ LTCF specific enrollment and reporting resources  
<https://www.cdc.gov/nhsn/covid19/index.html>
- ❑ LTC Reporting Guide can be accessed here: ([LTC Enrollment Guidance](#))
- ❑ If you need assistance with SAMS: [samshelp@cdc.gov](mailto:samshelp@cdc.gov)
- ❑ If you have questions regarding CMS' enforcement of the new COVID-19 reporting requirement on nursing homes: [DNH\\_Enforcement@cms.hhs.gov](mailto:DNH_Enforcement@cms.hhs.gov).

**Questions?**

# Troubleshooting Tips during LTC Enrollment

Common Errors/Question	Solution
I am not receiving any communication from NHSN.	<p>This may occur if there is a compatibility issue with email or internet settings. You may need to change your email and internet security settings to receive communications from NHSN during the enrollment process:</p> <ul style="list-style-type: none"><li>❖ Change spam-blocker settings to allow all email from:<ul style="list-style-type: none"><li>▸ nhsn@cdc.gov and SAMS-NO-REPLY@cdc.gov</li><li>▸ Add https://*.cdc.gov and https://*.verisign.com to trusted sites list and allow pop-ups</li></ul></li><li>❖ In Internet Explorer, open “Tools” menu, select “Internet Options”<ul style="list-style-type: none"><li>▸ Add trusted sites on the “Security” tab</li><li>▸ Allow pop-ups on the “Privacy” tab</li></ul></li></ul> <p><a href="#">These changes may require assistance from your IT manager or department.</a></p>
I have registered my facility and did not receive my invitation to join SAMS.	<p>Accepting the Rules of Behavior triggers the SAMS invite process. If you have accepted the Rules of Behavior and have not received a SAMS invite, please contact the NHSN helpdesk at <a href="mailto:nhsn@cdc.gov">nhsn@cdc.gov</a> to request one.</p> <p>SAMS invites are auto-generated from the email address the user enters when agreeing to the NHSN Rules of Behavior, if the email was entered incorrectly in any way, the user will not receive the welcome emails.</p> <p><b>*User email addresses must be the exact same in SAMS and NHSN.*</b></p>

# Troubleshooting Tips during LTC Enrollment

Common Errors/Question	Solution
NHSN facility administrator verses a long-term care facility administrator.	The NHSN facility administrator is the point of contact for NHSN communication and is responsible for enrollment and set-up for the LTCF. This representative does not have to be the organization's facility administrator or part of the executive leadership. Often, this person oversees infection prevention program activities, and may be the infection preventionist, director of nursing, assistant director of nursing, staff educator, or MDS coordinator. Although only one person in the facility will have the role of NHSN Facility administrator, the facility should train a second person as an alternate and assign him/her as a NHSN user with administrative rights.
The NHSN facility administrator resigned before reassigning the role of NHSN facility administrator, do I need to re-enroll?	<b>No.</b> If the role of NHSN facility administrator cannot be re-assigned by the outgoing NHSN facility administrator, the facility must request NHSN to manually re-assign the role. This request can now be made electronically by using the link <a href="https://www.cdc.gov/nhsn/facadmin/index.html">https://www.cdc.gov/nhsn/facadmin/index.html</a> .

# Troubleshooting Tips during LTC Enrollment

Common Errors/Question	Solution
I do not have my CCN number.	<p>If you need assistance with identifying your CMS Certification Number [CCN] please use this link: <a href="https://qcor.cms.gov/main.jsp">https://qcor.cms.gov/main.jsp</a></p> <ol style="list-style-type: none"><li>1. Select “<i>Tool</i> &gt; <b>basic search</b>”</li><li>2. Enter your facility name</li></ol> <p>* The Participation date is the CCN Effective Date needed for enrollment*</p>
My CCN number will not validate. NHSN is not accepting the CCN entered during enrollment, preventing the completion of the enrollment process.	<p>In the unlikely event that NHSN does not accept your AHA ID, CCN, or VA Station Code, should immediately contact the NHSN help desk at <a href="mailto:nhsn@cdc.gov">nhsn@cdc.gov</a> and request a temporary enrollment number. This number is for enrollment purposes only and will expire in 30 days if not used.</p> <p><b>Note:</b> 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. Guidance for making edits to facility information, including updating/changing the CCN, can be found here- <a href="http://www.cdc.gov/nhsn/pdfs/cms/changing-ccn-within-nhsn">http://www.cdc.gov/nhsn/pdfs/cms/changing-ccn-within-nhsn</a>.</p>

# Troubleshooting Tips during LTC Enrollment

Common Errors/Question	Solution
How do I accept the Agreement to Participate and Consent.	<p>To complete the enrollment process and accept the “Agreement to Participate and Consent”, please follow the steps below:</p> <ol style="list-style-type: none"><li>1. Log-in to <a href="#">SAMS</a>.</li><li>2. Select Long-term Care Facility Component and your facility/group name.</li><li>3. Click “Submit” to review the “Agreement to Participate and Consent”.</li><li>4. Click ‘Accept’ next to the appropriate contact name.</li><li>5. Click “Submit”. A pop-up notification will appear confirming this action.</li><li>6. Click “ok” to acknowledge the notification.</li></ol>
My facility has been enrolled twice. What must I do?	<p>The newly enrolled facility must be withdrawn from NHSN and NHSN Facility Administrator of the newly enrolled facility must be added as a user in the eldest facility.</p> <ol style="list-style-type: none"><li>1. Log into the newly enrolled facility in NHSN</li><li>2. On the left navigation panel, select facility&gt;facility info&gt;&gt;</li><li>3. Scroll down to the component itemization and deselect the component that is a duplicate</li><li>4. Accept the alert indicating that you’ve deselected</li><li>5. Select update to reflect changes.</li></ol>

# Troubleshooting Tips during LTC Enrollment

## Common Errors/Question

## Solution

I received a temporary enrollment number. What do I do?

After facility receives their temporary enrollment number, facilities may log-into NHSN and complete the enrollment process.

1. Log into SAMS
2. On the SAMS homepage click **NHSN LTC Enrollment Application** link to go to NHSN Enrollment page
3. Click on the **Enroll a Facility** option
4. Click “OK”
5. On Facility Contact Form please enter all required data and click the **Not Applicable** button for AHA ID, CCN, and VA Station Code.
6. A new box will appear, titled **Enrollment Number** - Enter the provided temporary enrollment number
7. Click **Continue**

Mandatory fields marked with \*

NHSN Facility Informatic

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

Facility Name \*:

Address Line 1\*:   Not Applicable

Address Line 2\*:   Not Applicable

Address Line 3\*:

City\*:

State\*:

County\*:

Zip Code\*:

Main Telephone Number\*:

AHA ID\*:   Not Applicable

CMS Certification Number (CCN)\*:   Not Applicable

CCN Effective Date\*:

VA Station Code\*:   Not Applicable

Enrollment Number\*:  

Object Identifier:

# Troubleshooting Tips during LTC Enrollment

Common Errors/Question	Solution
How do I add a user to my facility?	<p>After facility enrollment is complete, the NHSN Facility Administrator may add users to the account.</p> <ol style="list-style-type: none"><li>1. Log into SAMS</li><li>2. Select NHSN Reporting</li><li>3. On left-side Navigation Bar, <b>select <i>Users &gt; Add</i></b> to open selections</li><li>4. Complete the required fields and click “Save”</li><li>5. You will then be prompted to assign the new user rights</li><li>6. Click on “Save”</li></ol> <p>*Please check to ensure that you have made them an Active User.</p> <p><b>(If they don’t have SAMS yet)</b> Shortly after being added, they should receive an email confirmation, also asking your new user to click on the corresponding link, to agree to the Rules of Behavior. Once they agree to the Rules of Behavior, our system gets prompted automatically to submit an invite to your user for SAMS.</p>

# Troubleshooting Tips during LTC Enrollment

Common Errors/Question	Solution
I accidentally selected the wrong facility type when I enrolled my facility.	<p>After facility enrollment is complete, facilities may log-into NHSN and make edits to facility information, if needed.</p> <p>To edit <i>Facility Type</i>:</p> <ol style="list-style-type: none"><li>1. Log into SAMS</li><li>2. Select NHSN Reporting</li><li>3. On left-side Navigation Bar, <b>select <i>Facility</i></b> to open selections</li><li><b>4. Select <i>Facility Info</i></b></li><li>5. Under Facility Information, Facility Type, <b>select</b> type from drop-down menu</li></ol> <p>Don't forget to click <i>Update</i> to save your edits</p>

# Troubleshooting Tips during LTC Enrollment

Common Errors/Question	Solution
<p>I'm not sure who to contact when I have issues or a question.</p>	<p>Contact SAMS at <a href="mailto:sams-no-reply@cdc.gov">sams-no-reply@cdc.gov</a> for:</p> <ul style="list-style-type: none"><li>• SAMS registration questions</li><li>• Check your SAMS specific registration status</li><li>• SAMS log in trouble</li><li>• Forgot your SAMS log in</li><li>• Identify proofing questions or concerns</li><li>• Grid card status</li></ul> <p>Contact NHSN at <a href="mailto:nhsn@cdc.gov">nhsn@cdc.gov</a> for:</p> <ul style="list-style-type: none"><li>• NHSN facility enrollment &amp; reporting questions</li><li>• SAMS invitation requests</li><li>• User additions to an existing NHSN facility account</li><li>• Facility enrollment status</li><li>• Guidance for changing your email in NHSN or SAMS</li><li>• Facility administrator re-assignments</li><li>• NHSN application alerts</li></ul>