



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

LTC Component

- ❑ The purpose of the Long Term Care Facility Enrollment Guide is to assist facilities with enrolling into NHSN.
- ❑ Before a facility can report into the Long Term Care Component, facility enrollment into NHSN must occur.
- ❑ Please note, the 5-step enrollment process should be followed carefully to ensure successful enrollment.

Items Needed for Enrollment

- ❑ Internet Connection (Recommend using the most up-to-date browser - Microsoft Edge or Chrome)
- ❑ Identify an NHSN Facility or Group Administrator – This designated person will be the point of contact for receiving information from NHSN and other functions within the application.
- ❑ CCN - CMS Certification Number or CDC Registration ID (contact NHSN@cdc.gov)
 - CCN Look up Tool https://qcor.cms.gov/advanced_find_provider.jsp?which=0

Facilities Eligible for Enrolling in NHSN LTC Component

- ❑ Certified skilled nursing facilities (SNF) and nursing homes (NH)
- ❑ Intermediate Care Facilities for Individuals with Intellectual Disabilities
- ❑ Assisted living facilities (ALF) and residential care facilities
- ❑ State Veterans Home (SNF/ALF)

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 all components within NHSN
- May serve multiple roles (NHSN Contact Person and NHSN User)



Only the NHSN Facility Administrator can reassign their role to another user. Click link: <https://www.cdc.gov/nhsn/facadmin/index.html> to reassign NHSN Fac Admin. 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 for 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 Enrollment
New Facility Only**

NHSN LTC Enrollment Page

[Review the LTCF Enrollment page to access helpful resources for NHSN enrollment and set-up](#)

National Healthcare Safety Network (NHSN)

NHSN [CDC > NHSN > Enroll Here](#)

NHSN Login

About NHSN +

Enroll Here -

Enrollment for Ambulatory Surgery Centers +

Acute Care Hospitals/Facilities +

Enrollment for Long-term Acute Care Hospitals/Facilities +

Enrollment for Inpatient Rehabilitation Facilities +

Enrollment for Inpatient Psychiatric Facilities +

Enrollment for Long-term Care Facilities -

Set-up

Enrollment for Outpatient Dialysis Facilities +

Enrollment for Home Dialysis Facilities

FAQs About Enrollment

Materials for Enrolled Facilities +

2015 Rebaseline

Group Users +

Analysis Resources +

Annual Reports

CMS Requirements +

National Quality Forum (NQF)

Newsletters

E-mail Updates

Data Validation Guidance

HIPAA Privacy Rule +

Get Email Updates

5-Step Enrollment for Long-term Care Facilities

Note: Once your facility is enrolled in NHSN, you can add additional reporting options using your monthly reporting plan or activating a new component within the NHSN application. You do not need to re-enroll for each type of event reported.

Step 1: Training and Preparation

Print and follow [LTCF detailed checklist](#) (PDF - 209 KB) to ensure successful and efficient enrollment.

Complete required trainings: [Overview of the Long-term Care Facility Component July 2018](#) (PDF - 5 MB) and Enrollment: [Getting Access to NHSN for your LTCF](#) (PDF - 1.8 MB). **Note:** The Enrollment training is a useful guide through the enrollment process.

Complete the [Facility Contact form](#) (PDF - 63 KB) and [Annual Facility Survey for LTCF](#) (PDF - 66 KB).

These forms will assist with collecting the required information that will be needed to complete the electronic versions in Steps 2 and 4. Do not submit these forms to NHSN. Detailed instructions for completing the Annual Facility Survey for LTCF are located in the [Table of Instructions - Annual Facility Survey for LTCF](#) (PDF - 485K) document.

Check trusted websites and spam blocker settings (see [detailed checklist](#) (PDF - 209 KB)).

For detailed enrollment instructions, download the [NHSN Facility Administrator Enrollment Guide March 2018](#) (PDF - 797K). **Note:** This guide is not specific to Long Term Care Facilities.

Time to complete step 1: 3 hours, 15 minutes

↓

Step 2: Agree to NHSN Rules of Behavior and Register Facility

After electronically agreeing to the [Rules of Behavior](#), you will be taken to a screen to register your facility. The facility registration information was previously collected on the Facility Contact form in Step 1.

Time to complete step 2: 10 minutes

↓

After registration, you will receive two emails. "Welcome to NHSN" arrives from NHSN immediately and "Invitation to Register" arrives from SAMS-no-reply within 24 hours.

↓

Step 3a: Register with SAMS

From the "Invitation to Register" email, log in to [SAMS](#) with your username (i.e., email address) and temporary password provided. Accept the SAMS Rules of Behavior and complete the online SAMS registration form.

[Getting Secure Access to NHSN for LTCF Users](#) (PDF - 2M) August 2016

Time to complete step 3a: 15 minutes

STEP 1:

Enrollment
Preparation

Computer Preparation

Prepare your computer to interact with NHSN



Step 1 – Enrollment 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 and SAMS-NO-REPLY@cdc.gov
- ❑ Please use the supported browsers: Microsoft Edge or Google Chrome
- ❑ Add https://*.cdc.gov and https://*.verisign.com to trusted sites list and allow pop-ups
- ❑ These changes may require assistance from your IT manager or department

*For information regarding System requirements visit [FAQs About NHSN | NHSN | CDC](#)


Step 1 – Enrollment Preparation, *continued*

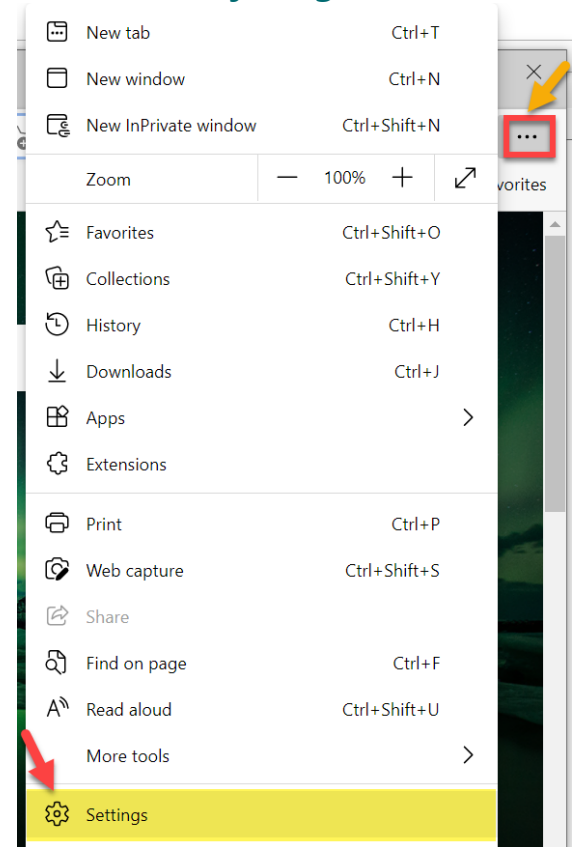


**NHSN provides support for multiple web browsers such as Chrome, Microsoft Edge and etc.*

1. Change spam-blocker settings to allow all email from: nhsn@cdc.gov and SAMS-NO-REPLY@cdc.gov

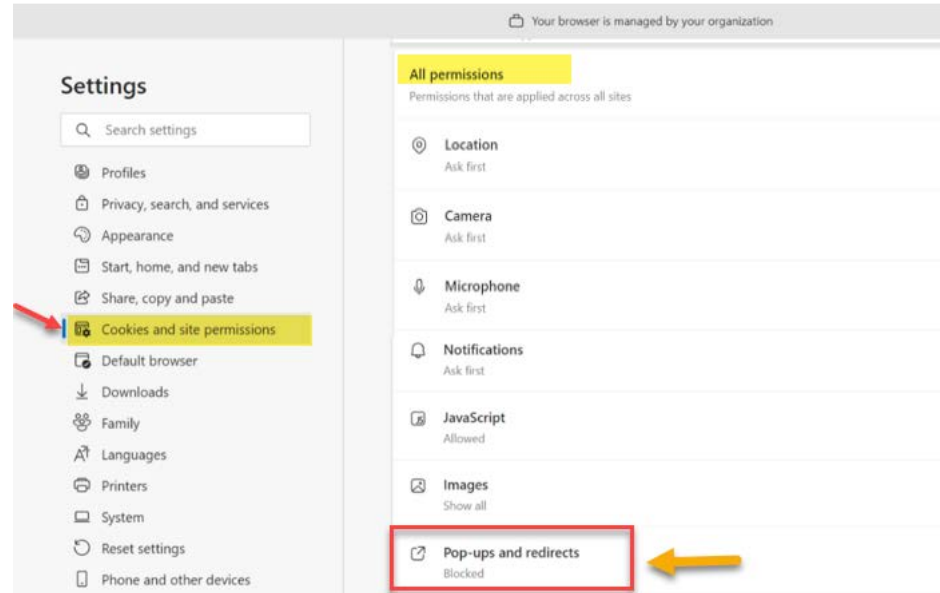
For example:

- a. In Microsoft Edge, click the “**More**” button  in the top right on the menu bar.
- b. Click “**Settings**”



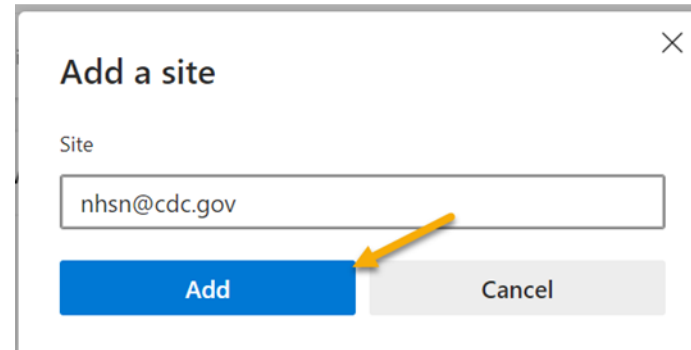
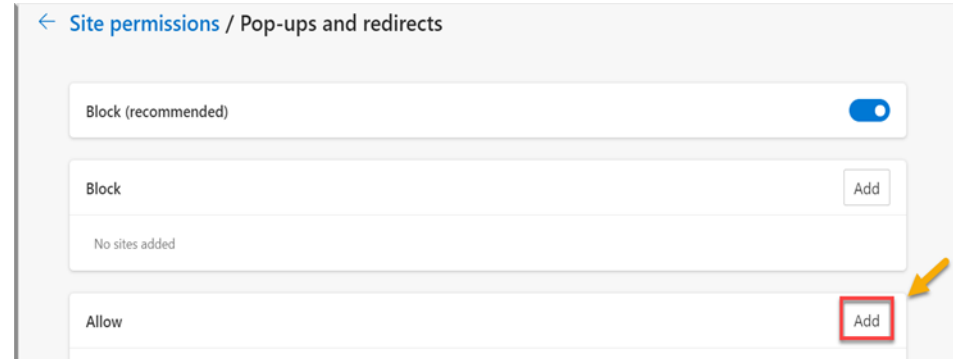
Step 1 – Enrollment Preparation, *continued*

- c. Select **“Cookies and site permissions”**
- d. Under **“Site Permissions”** scroll down to **“All Permissions”** tab, select **“Pop-ups and redirects”**



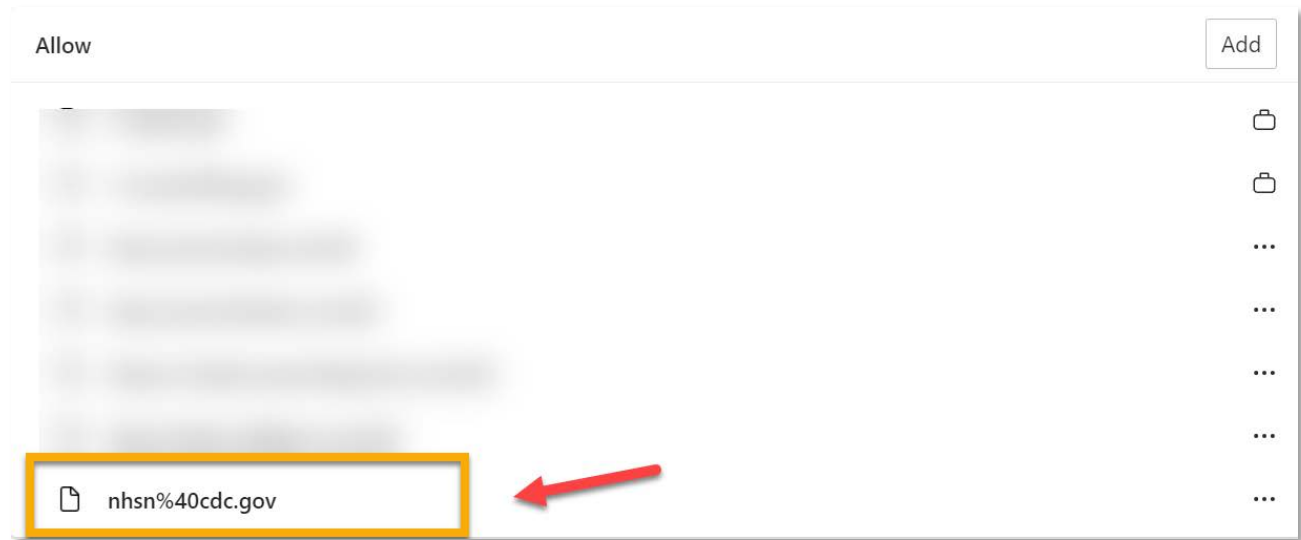
Step 1 – Enrollment Preparation, *continued*

- e. On “**Pop-ups and redirects**” screen, scroll down the “**Allow**” tab.
- f. Click “**Add**”
- g. Type in email address” nhsn@cdc.gov and sams-no-reply@cdc.gov
***add one address at a time**
- h. Click “**Add**”



Step 1 – Enrollment Preparation, *continued*

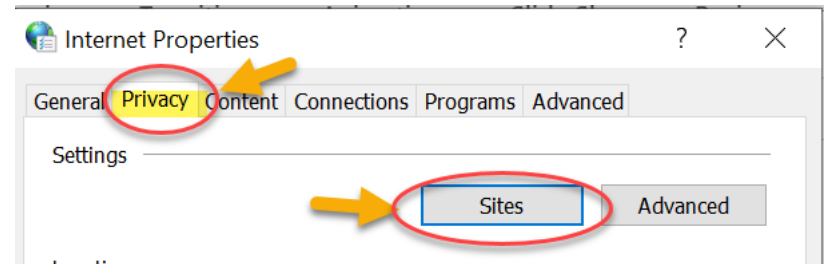
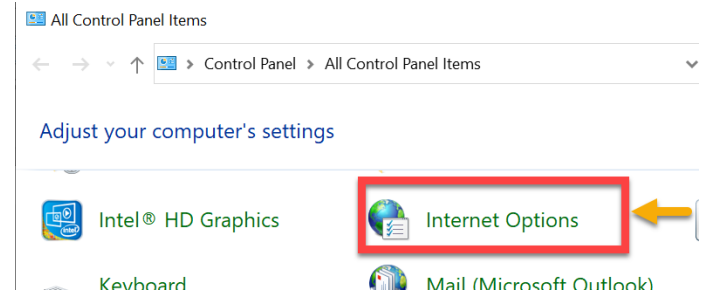
- i. Once you have completed entering both email addresses, you will see each address listed under the “**Allow**” tab.



Step 1 – Enrollment Preparation, *continued*

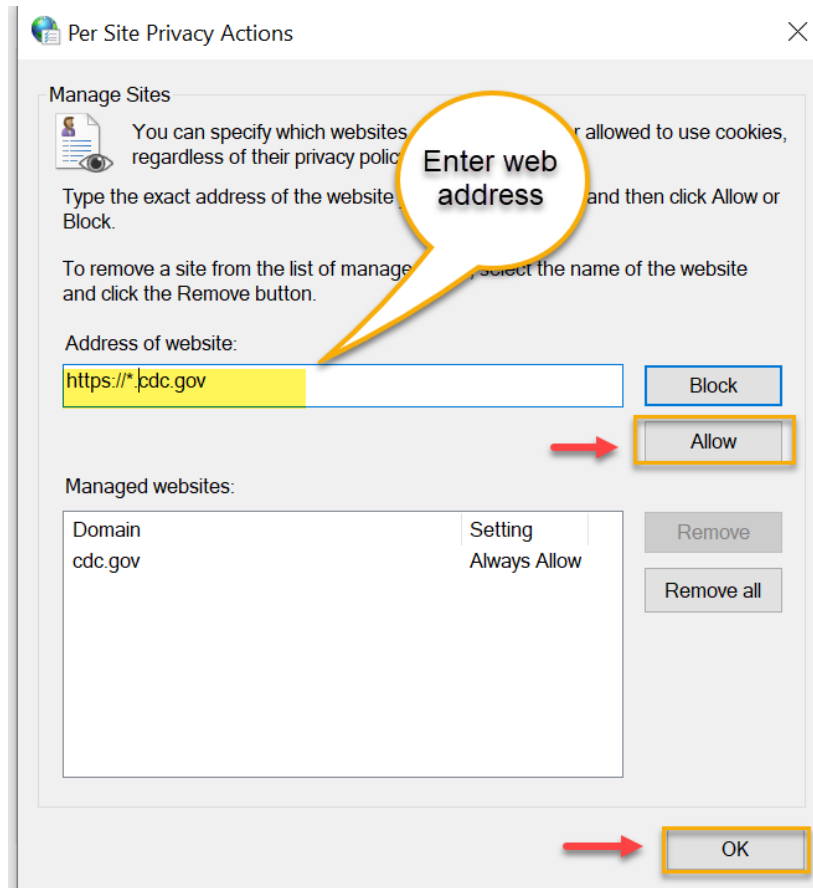
Add https://*.cdc.gov to trusted sites list and allow pop-ups

- a) Open the Control Panel
- b) Select “**Internet Options**” icon
- c) In the Internet Properties window, click the “**Privacy**” tab
- d) Click the “**Sites**” button



Step 1 – Enrollment Preparation, *continued*

- ❑ On the “Managed Sites” screen:
 - a. Type in website address:
https://*.cdc.gov
 - b. Click “**Allow**”
 - c. Click “**OK**”

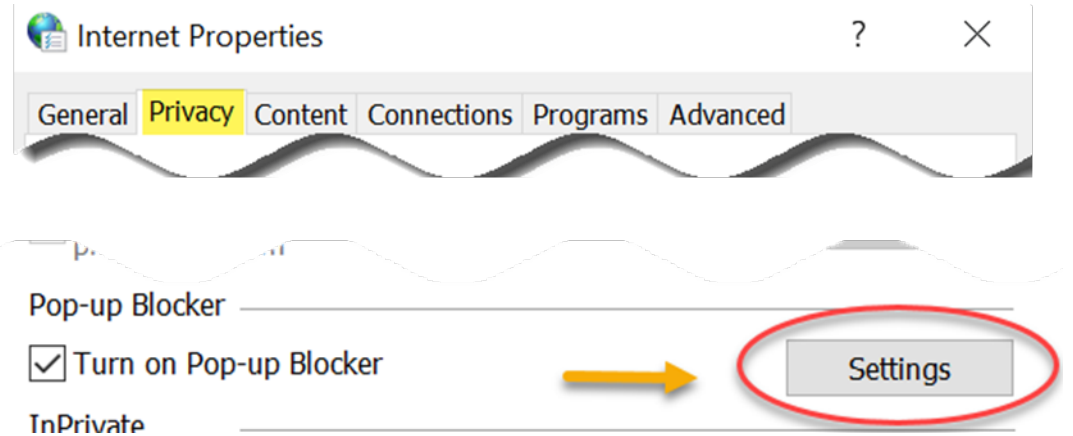


Step 1 – Enrollment Preparation, *continued*

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

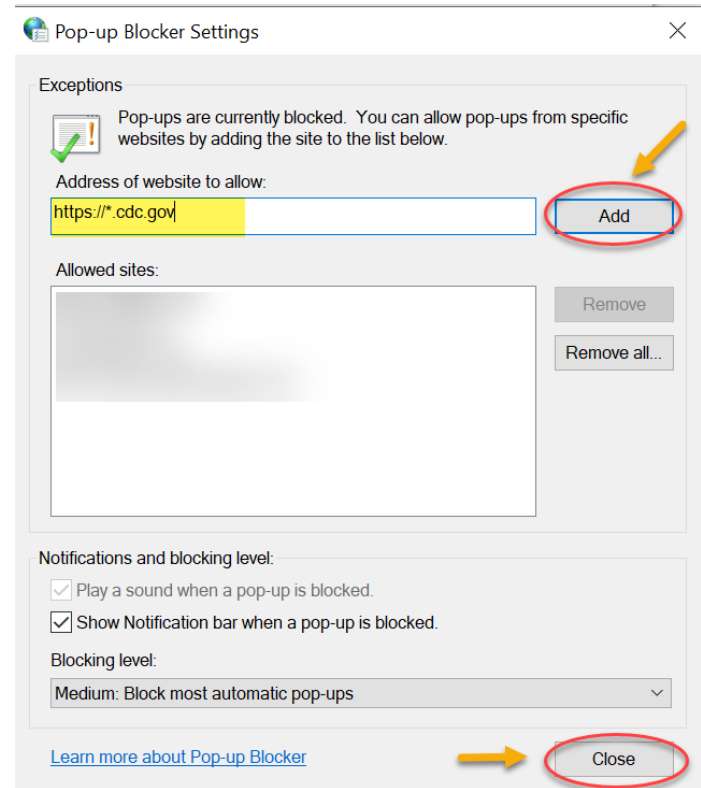
a) Click on “**Privacy**” tab

b) Click on “**Settings**”



Step 1 – Enrollment Preparation, *continued*

- c. Type in website address:
https://*.cdc.gov
- d. Click on **“Add”**
- e. Click on **“Close”**



STEP 2:

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 2 – 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 not, 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 2 – 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 2 – Register Facility with NHSN

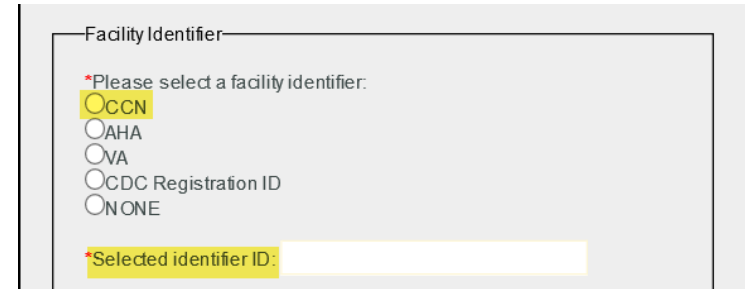
Complete NHSN Registration, *continued*

- ❑ You must select “CCN” as your Facility Identifier
- ❑ Enter your “CCN” number

⚠ If you are a certified CMS facility and do not know your CCN – use this link to find it:

https://qcor.cms.gov/advanced_find_provider.jsp?which=0

- ✓ 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". Below the title, there is a prompt: "*Please select a facility identifier:". There are five radio button options: "CCN", "AHA", "VA", "CDC Registration ID", and "NONE". The "CCN" option is selected and highlighted with a yellow background. Below the radio buttons, there is a text input field labeled "*Selected identifier ID:" with a yellow background.

If your Facility Identifier (CCN#) does not validate, you must request a temporary CDC Registration ID by emailing nhsn@cdc.gov. The temporary enrollment number is only valid for 30 days.

Step 2 – Register Facility with NHSN

Locate CMS Certification Number [CCN]

- ❑ To look up your CMS Certification Number [CCN] please use this link:
https://qcor.cms.gov/advanced_find_provider.jsp?which=0
- ❑ Click “OK”

The screenshot shows a web browser window with a red header bar containing the S&C QCOR logo. The main content area displays a 'Welcome to S&C's Quality, Certification' page. A 'Message from webpage' dialog box is open in the foreground, displaying the following text:

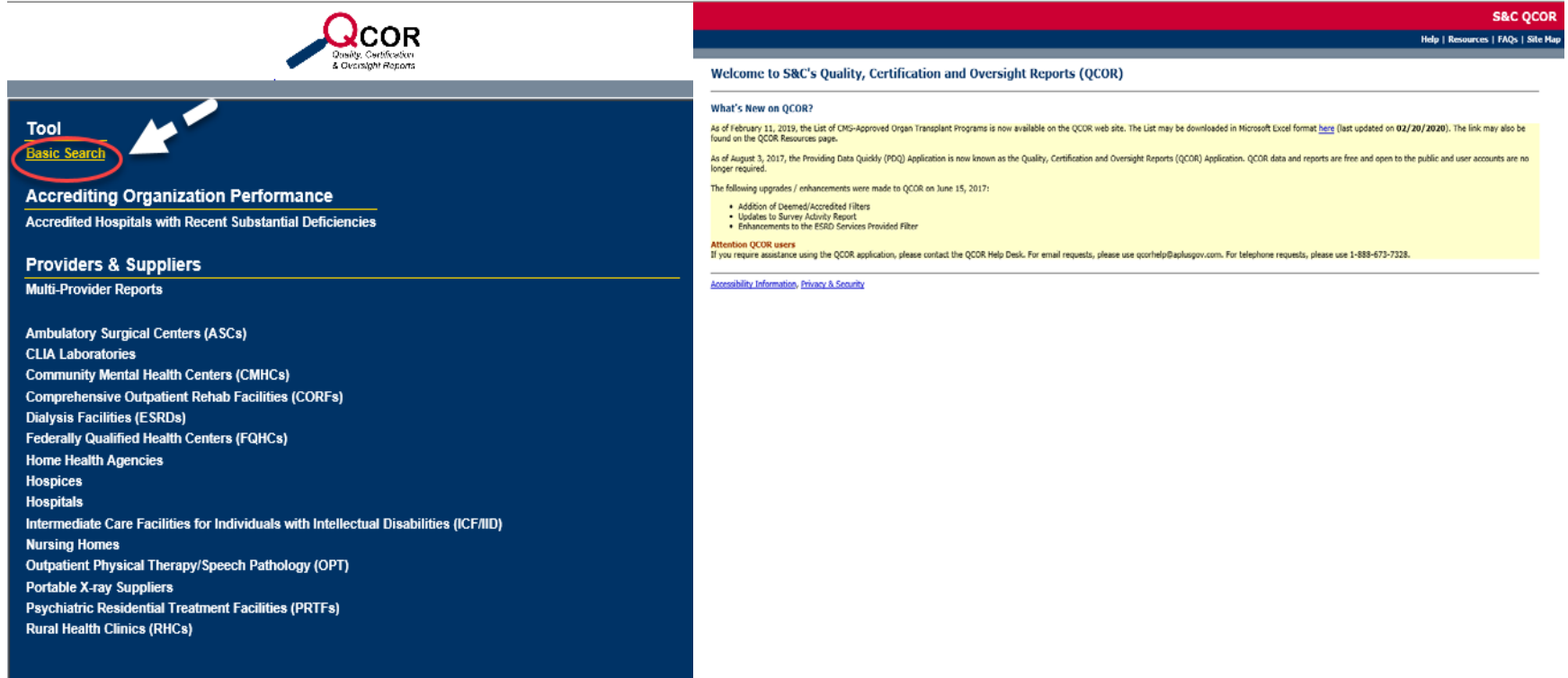
TERMS AND CONDITIONS: This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring. By using this system, you understand and consent to the following: The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

At the bottom of the dialog box are two buttons: 'OK' and 'Cancel'. A yellow dashed callout bubble with the text 'Click "OK"' points to the 'OK' button.

Step 2 – Register Facility with NHSN

Locate CMS Certification Number [CCN]

- ❑ Click “Basic Search”



The screenshot shows the S&C QCOR website interface. On the left, a dark blue sidebar contains a 'Tool' section with 'Basic Search' highlighted in a red circle and pointed to by a white arrow. Below this are sections for 'Accrediting Organization Performance', 'Providers & Suppliers', and 'Multi-Provider Reports'. The main content area on the right has a red header with 'S&C QCOR' and navigation links for 'Help', 'Resources', 'FAQs', and 'Site Map'. The main content includes a 'Welcome to S&C's Quality, Certification and Oversight Reports (QCOR)' message, a 'What's New on QCOR?' section with news items, and a list of 'Attention QCOR users'.

QCOR
Quality, Certification
& Oversight Reports

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

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

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. For telephone requests, please use 1-888-673-7328.

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

Step 2 – Register Facility with NHSN

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.

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

AND/OR

CMS Certification Number:

AND/OR

State:

AND/OR

City:

AND/OR

Zip Code:

[Go Back](#) [Search](#)

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.

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

OR

CMS Certification Number: End Year: 2020

OR

State: Search for: Active Providers

OR

Zip Code:

[Go Back](#) [Search](#)

Advanced Search

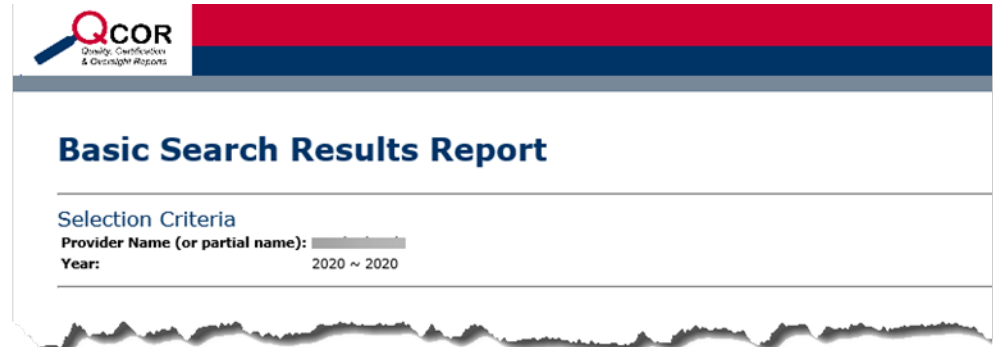
To perform an advanced search, please select a provider type below:

- [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 \(RHCs\)](#)

Step 2 – Register Facility with NHSN

Locate CMS Certification Number [CCN]

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



The screenshot shows the top portion of a web application. At the top left is the QCOR logo with the tagline "Quality, Certifications & Oversight Reports". To the right is a red and blue header bar. Below this is the title "Basic Search Results Report". Underneath the title is a "Selection Criteria" section with two input fields: "Provider Name (or partial name):" followed by a greyed-out text box, and "Year:" followed by "2020 ~ 2020". The bottom of the screenshot is torn, revealing the content below.



Nursing Facility

- [Redacted facility name]

SNF/NF (Distinct Part)

- [Redacted facility name]

SNF/NF (Dually Certified)



A large rectangular area that has been redacted with a light blue/white pattern. To the left of this area is a vertical column of small black dots, suggesting a list of items.



Skilled Nursing Facility

Step 2 – Register Facility with NHSN

Locate CMS Certification Number [CCN]

- 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

Provider or Supplier Name:

CMS Certification Number:

Provider or Supplier Type:

Address:

Phone Number:

Participation Date:

Region:

Number of Certified Beds:

Hospital Based:

Chain Name:

Ownership Type:

Information
listed here

Step 2 – 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 - Skilled Nursing Facility**)

Enter the date of registering facility

The screenshot shows a registration form with the following elements:

- A dropdown menu for Facility Type with the following options:
 - LTC-ASSIST - Assisted Living Residence
 - LTC-ICF/IID - Intermediate Care Facilities for Individuals with Intellectual Disabilities
 - LTC-PSYCH - Psychiatric Residential Treatment Facility
 - LTC-SKILLNURS - Skilled Nursing Facility
 - LTC-SVHALF - LTC Assisted Living Facility for State Veteran's Homes
 - LTC-SVHSNF - LTC Skilled Nursing Facility for State Veteran's Homes
- A text field for NHSN Training Date with the value 11/01/2021.
- A certification statement: "I certify that I have completed all of the appropriate, required NHSN trainings on:"
- A "Submit" button circled in red, with a yellow arrow pointing to it.

Step 2 – Register Facility with NHSN

Complete NHSN Registration, *continued*

- ❑ After clicking “Submit” the NHSN Registration Confirmation screen displays.
- ❑ After registration, you will receive two emails:
 - ❑ “Welcome to NHSN!” – immediately from *NHSN*
 - ❑ “Invitation to Register with SAMS” – within 24 hours from *SAMs-no-reply*

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



“Welcome to NHSN!”

From: NHSN (CDC) <nhsn@cdc.gov>
Sent: Monday, March 11, 2019 4:24 PM
To: [REDACTED]
Cc: NHSN (CDC) <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 and indicate that you need the NHSN Reporting Activity in SAMS.

For questions regarding NHSN, please email nhsn@cdc.gov.

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

STEP 3a:

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 3a – 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

- ❑ If you do not receive this email within **2 calendar days**, email nhsn@cdc.gov



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

Hello (Applicant Name),

You have been invited to register with the SAMS Public Health Partner Portal. This invitation was requested for you based on your specific role in public health and will enable you to access the following CDC computer application(s):

- **National Healthcare Safety Network: NHSN Reporting**

A registration account has already been created for you. A link to this account and a temporary password are provided below. This invitation is valid for 30 days.

SAMS Partner Portal Registration

Registration consists of the following steps:

1. Online Registration
2. Identity Verification (if required for your application)
3. Access Approval

Online registration with the SAMS portal takes a few minutes to complete. Before you begin:

- Your home address - This must match the address on your identification document.
- Your organization / employer and their address.
- Your telephone number.

Should you have questions about the SAMS Partner Portal, please contact our Help Desk for assistance or refer to the [SAMS Help Desk](#).

Thank you,

The SAMS Team

To register with the SAMS Partner Portal, please click the following link or cut and paste it into your browser:

<https://im.cdc.gov/iam/im/SAMS3/ui/index.jsp?task.tag=SAMSRegistration>

When prompted, please enter:

- Your Email/User Name: test@gmail.com (example email)
- Temporary Password: **1T_xS%9u** (example temporary pw)

and click the Login button.

*****Note:** In order to access the SAMS Partner Portal, your browser **must** be configured to use TLS 1.2 encryption. If your computer is not configured for TLS, or if you are unsure, please contact your local IT System Administrator for assistance.

For more information and assistance, please see the SAMS FAQ located [here](#), or contact the SAMS Help Desk between the hours of 8:00 AM and 6:00 PM EST Monday through Friday (excluding U.S. Federal holidays) at the following:

Toll Free: (877) 681-2901
Email: samshelp@cdc.gov

*****Note:** This email has been sent from an unmonitored mailbox. **DO NOT REPLY TO THIS EMAIL.** Please direct all inquiries to the Help Desk as listed above.

Step 3a – 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://im.cdc.gov/iam/im/SAMS3/ui/index.jsp?task.tag=SAMSRegistration>



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

To register with the SAMS Partner Portal, please click the following link or cut and paste it into your browser:

<https://im.cdc.gov/iam/im/SAMS3/ui/index.jsp?task.tag=SAMSRegistration>

When prompted, please enter:

- Your Email/User Name: test@gmail.com (example email)
- Temporary Password: **1T_xS%9u** (example temporary pw)

and click the Login button.

The email/username and password is needed for online SAMS registration

*****Note:** In order to access the SAMS Partner Portal, your browser **must** be configured to use TLS 1.2 encryption. If your computer is not configured for TLS, or if you are unsure, please contact your local IT System Administrator for assistance.

For more information and assistance, please see the SAMS FAQ located [here](#), or contact the SAMS Help Desk between the hours of 8:00 AM and 6:00 PM EST Monday through Friday (excluding U.S. Federal holidays) at the following:

Toll Free: (877) 681-2901
Email: samshelp@cdc.gov

*****Note:** *This email has been sent from an unmonitored mailbox. DO NOT REPLY TO THIS EMAIL. Please direct all inquiries to the Help Desk as listed above.*

Step 3a – 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.

External Partners

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 3a –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 'Secure Access Management Services (SAMS)' registration interface. The page is titled 'Registration' and includes a welcome message for 'Shea Graffo'. It contains several input fields for personal and organizational details, with required fields marked with an asterisk (*). The fields are organized into sections: 'User ID', 'Personal Information', 'Home Address', and 'Organization Address'. A password creation section follows, with a list of requirements: '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', and 'Be different than your previous 13 passwords'. Below the password fields is a security question section with five questions, each with a dropdown menu for the question and a text input for the answer. A blue arrow points to the 'Submit' button at the bottom right of the form.

Secure Access Management Services (SAMS)

Welcome, Shea Graffo

Registration

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

First Name*

Middle Name

Last Name*

Suffix

Email

Home Address

Address Line 1*

Address Line 2

City*

State*

Postal Code*

Country*

Organization Address

Address Line 1*

Address Line 2

City*

State*

Postal Code*

Country*

Primary Phone*

Alternate Phone

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*

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 3a – 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 3a – 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 able to remember.

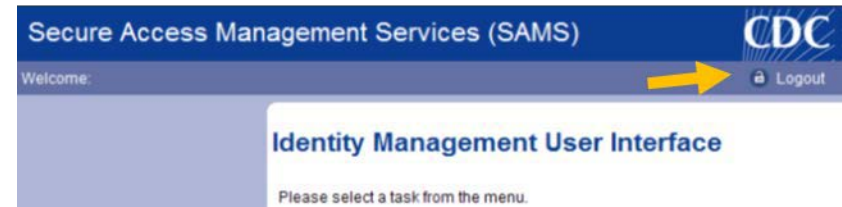
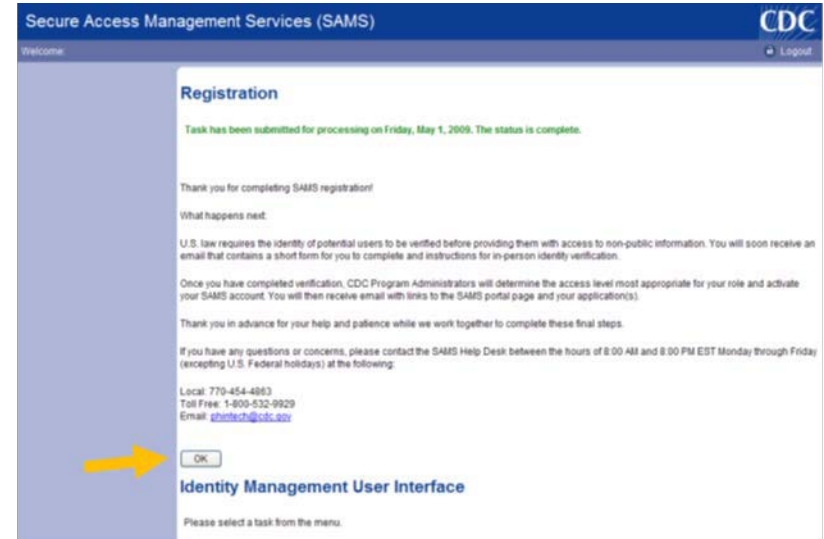
Your answers to the following questions will be used to verify your identity should you forget your password.

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 3a – 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.
- ❑ Click the **Logout** link.



STEP 3b:

Identity
Proofing
Verification
If applicable

SAMS Identity Verification Process



Step 3b – Identity Proofing Verification

- Within 24 hours of completing SAMS Registration, you will receive ‘Identity Verification Request’ email from SAMS with instructions for identity verification.

Hello (Applicant’s Name),

Thank you for registering with CDC’s SAMS. Your registration information has been received. Your next step is to verify your identity through a process called “identity proofing”.

SAMS supports two options to identity proof. Please review each option below and select what works best for you.

OPTION 1 - Experian Precise ID Check (preferred method)

Using a secure interface, you will provide Experian your social security number (SSN) and Date-Of-Birth (DOB). This information is sent directly to Experian and NOT stored by SAMS or CDC. Experian will validate this information and may ask you a series of questions derived from details contained in your credit report. This option will not impact your credit score or credit worthiness.

This process takes less than a minute and is the fastest way to complete the SAMS identity proofing process. If Experian is unable to validate your identity, you can still complete the identity verification process using Option 2.

To initiate the Experian Precise ID [check](#) select the link below and log into SAMS using the ‘SAMS Credentials’ option You will login using your SAMS username (email address) and recently established password.

<https://sams.cdc.gov/samsidproofing/idusers/edit/4743>

If Experian successfully validates your identity, **no further action** is required until you are notified via email that your SAMS account has been activated.

If selecting Option 1, stop reading. You can disregard all additional instructions.

OPTION 2 - Document Submission/Validation

The document submission/validation process requires you to collect, copy, and submit required documentation to CDC for review and validation. To complete this process please print the form included at the bottom of this email message and follow the instructions provided below. The required steps are as follows:

1. Complete the Applicant Section in the included form - part of the information has been pre-filled for you based on the information you supplied during registration.
2. Take the printed form, along with appropriate photo identity documentation to a Proofing Agent: a Notary Public or person specifically designated by CDC to conduct identity verification, or a CDC employee. Have them verify your identity and complete the ‘**Proofing Agent - Notary**’ Section. Acceptable forms of identification are listed in the table below:

***You must provide one (1) unexpired document from List A and one (1) additional unexpired document from List B. A copy of each ID must be included in your submission.**

List A - Primary Photo ID	List B - Secondary ID
Driver’s license or ID card issued by a state or outlying possession of the US	Driver’s license or ID card issued by a state or outlying possession of the US
U.S. Passport or U.S. Passport Card	U.S. Passport or U.S. Passport Card
U.S. Military ID	U.S. Military ID

Step 3b – Identity Proofing Verification

- ❑ Carefully follow the instructions in the **Identity Verification Request** email to ensure the enrollment process is not delayed
- ❑ SAMS supports two options to identity proof (review each option and select the option that works best for you):
 - ❑ Option 1 – Experian Precise ID Check (preferred method)
 - ***New!*** Fastest way to complete the SAMS identity proofing
 - ❑ Option 2 – Document Submission/Validation
 - Collect, copy, and submit required documentation for review and validation.


Step 3b – Identity Proofing Verification

Experian Precise ID Check (Preferred Method)

- ❑ To initiate the Experian Precise ID Check:
 - ❑ Select the link:
<https://sams.cdc.gov/samsidproofing/idusers/edit/4743>
 - ❑ Log into SAMS using the 'SAMS Credentials' option (SAMS username (email address) and recently established password)

External Partners

SAMS Credentials



SAMS Username

SAMS Password

Login

[Forgot Your Password?](#)

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

 **This option will not impact your credit score or credit worthiness.**

Step 3b – Identity Proofing Verification

- On the secured interface, provide Experian with social security number (SSN) and Date-Of-Birth (DOB)

The screenshot shows a web form for identity proofing. At the top, there are input fields for First Name, Last Name, Phone Number, Email Address, and Address. Below these is a light blue informational box. The main form contains two rows of input fields: Social Security Number (SSN) and Date of Birth (DOB), each with a toggle icon. A paragraph of text follows, explaining that a manual process is available if the system rejects the input. Below this are two sections, each with a paragraph of text and an 'I Agree' checkbox. A yellow arrow points to the first 'I Agree' checkbox. The second section also has a paragraph and an 'I Agree' checkbox, with a yellow arrow pointing to it. At the bottom, a yellow arrow points to the 'Submit' button, which is circled in red. A 'Cancel' button is located to the right of the 'Submit' button.

First Name [] Last Name []

Phone Number [] Email Address []

Address []

Please provide the following additional information. This information will only be used by Experian to complete your identity proofing during this session. SAMS does not store this information.

Social Security Number (SSN): [###-##-####] [eye icon]

Date of Birth (DOB): [MM/DD/YYYY] [eye icon]

If you cannot provide the above information, are uncomfortable providing this information, or if the system is not accepting the values you enter, a manual identity proofing process is available. Please click [here](#) to receive an email with the manual identity proofing instructions.

You understand that by selecting the 'I AGREE' checkbox immediately following this notice, you are providing 'written instructions' to CDC under the Fair Credit Reporting Act authorizing CDC to obtain information from your personal credit profile or other information from Experian. You authorize CDC to obtain such information solely to confirm your identity to avoid fraudulent transactions in your name.

I Agree.

You authorize your wireless operator to disclose to us details of your account, subscriber, billing and device, if available, to support verification of identity, fraud avoidance in support of and for the duration of your business relationship with us. Where applicable, this information may also be shared by us with other companies to support your transactions and for fraud avoidance purposes. You can see a more detailed list of information potentially disclosed and how we use your data in our Privacy Policy.

I Agree.

Step 3b – Identity Proofing Verification

- ❑ After clicking 'submit' Experian will validate this information and return five (5) questions derived from the applicant's credit profile that will need to be answered correctly.

1). According to your credit profile, you may have opened an auto loan in or around March 2018. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- WELLS FARGO
- CHRYSLER CAPITAL CORP
- 1ST CHOICE CREDIT UNIO
- NISSAN MOTOR ACCEPTANCE
- NONE OF THE ABOVE/DOES NOT APPLY

*Example questions

2). You may have opened an auto loan or auto lease in or around March 2018. Please select the dollar amount range in which your monthly auto loan or lease payment falls. If you have not had an auto loan or lease with any of these amount ranges now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'.

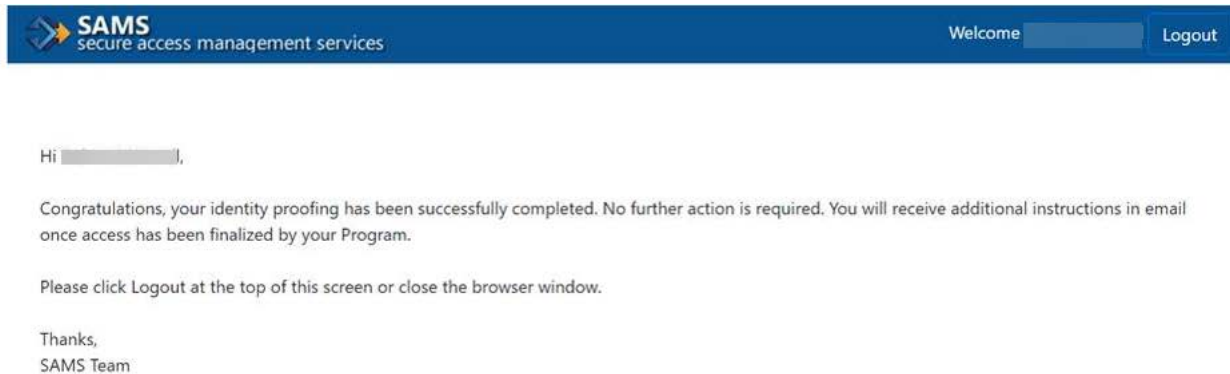
- \$455 - \$554
- \$555 - \$654
- \$655 - \$754
- \$755 - \$854
- NONE OF THE ABOVE/DOES NOT APPLY

Step 3b – Identity Proofing Verification

Experian Precise ID Check (Preferred Method)

Important Notes:

- ❑ If Experian successfully validates your identity, no further action is required until you are notified via email that your SAMS account has been activated.



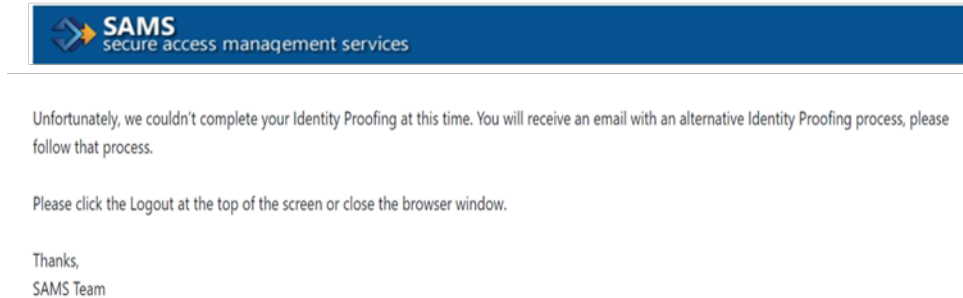
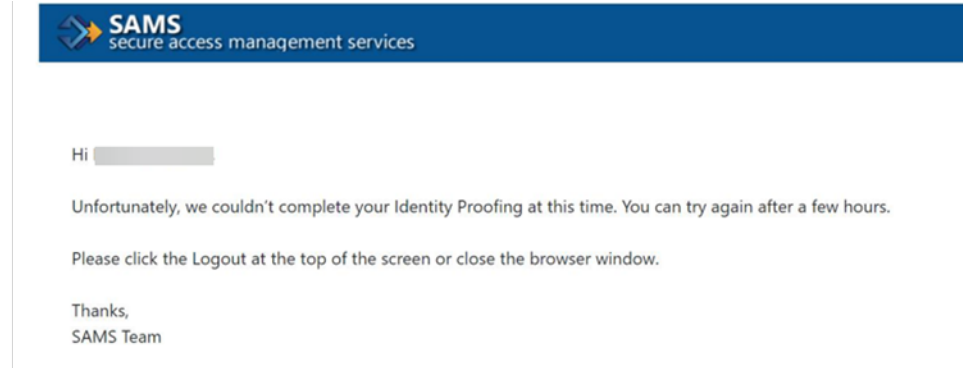
Step 3b – Identity Proofing Verification

Experian Precise ID Check (Preferred Method)

Important Notes:

- ❑ If Experian is unable to validate your identity you can:
 - ❑ Retry the process (up to 3 times)
 - ❑ Complete the identity verification process using Option 2.

 **This does NOT indicate an issue with your credit report or credit worthiness.**



Step 3b – Identity Proofing Verification

Document Submission Validation (second option)

Carefully follow the instructions in the **Identity Verification Request** email to ensure the enrollment process is not delayed

1. You will need to print the **Identity Verification** form, complete it, and take the completed form to a **notary** for public endorsement.
2. Two **unexpired** identity proofing documents are required. **Note:** your first and last name and home/ mailing address must match on all of your documents.
3. The e-mail will instruct you to submit the above documents through a digital upload, fax, or mail. **Note:** digital upload will offer the faster turnaround time.

Step 3b – Complete and Submit Identity Proofing Verification

Submit Identity Proofing Documents

Important Notes:

- ❑ You have **60 days** from receiving the SAMS confirmation email to complete and submit the ID verification application.
- ❑ Two un-expired forms of ID must be submitted with the endorsed identity verification form.
- ❑ Your photo identification must match the home address that reported during registration.
- ❑ Your first and last name on the identity verification documents must match exactly to what you reported during registration.

Step 3b – Complete and Submit Identity Proofing Verification



After submitting Identity Verification documents, it may take up to weeks to received approval



This would be a good time to complete Module specific training. LTCF training can be accessed on the following web-page:

<https://www.cdc.gov/nhsn/training/ltc/index.html>

STEP 4:

SAMS Access
Authentication

SAMS Partner Portal Access




Step 4 – SAMS Access Authentication

Receive SAMS Access Approval

Once your information have been received and approved by SAMS:

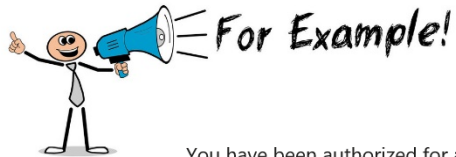


- ❑ You will receive an email confirming the application/s you can access through the SAMS Partner Portal account and second factor credential options.
- ❑ The email will contain web links to the SAMS Partner Portal and application, along with how to set-up second factor credentials.

 Note: *If you do not receive email approval within 3 weeks, contact samshelp@cdc.gov or toll-free at 877-681-2901 for assistance.*

Step 4 – SAMS Access Authentication

- ❑ The NHSN application requires users to be strongly authenticated
 - ❑ The first option is a soft token that requires the installation of an Entrust Authenticator application on your phone, tablet, or computer.
 - ❑ The second option is a hard token which is a physical Entrust grid card mailed to your home address.
 - ❑ SAMS will communicate this authentication requirement to you in email along with instructions on how to complete the setup after account activation.



You have been authorized for access to:

- **NHSN Reporting**
-

However, security policy for the level of access you've been authorized, requires you also setup a mobile soft token or grid card. These options, also called second factor credentials, will be used whenever you access SAMS in conjunction with your already established username and password.

To setup your second factor credential, please click the link below. For security, you will be required to login and answer your previously established security questions. <https://sams.cdc.gov/IdentityGuardSelfService/?successLink=https://sams.cdc.gov/&failureLink=https://auth.cdc.gov/errors/globallogout.asp>

The two second factor credential options are:

1. Install and setup an Entrust soft token using an 'authenticator' application on your smart phone, tablet, or computer (recommended for immediate access),
2. The issuance of a physical, card token, Entrust grid card which will be mailed to the home address associated with your SAMS profile.

After your second factor credential is setup (authenticator installed or grid card received via mail) you can reach the activity home page directly by clicking <https://care.cdc.gov>.

You may also access this activity through the SAMS Partner Portal by clicking [here](#).

To login, click the 'Login' button under the option labeled 'SAMS Multi-Factor Login' and enter:

Your username(enter email address) and the password you chose during registration. Then click the Login button. When prompted, enter the values from the Entrust token (authenticator or physical grid card) and click login.

If you've forgotten your password, you may reset it by following the 'Forgot Your Password' link on the SAMS Portal log in page.

*****Note:** In order to access the SAMS Partner Portal, your browser **must** be configured to use TLS 1.2 encryption. If your computer is not configured for TLS, or if you are unsure, please contact your local IT System Administrator for assistance.

Thank you,


The SAMS Team

Step 4 – SAMS Access Authentication

Secure Access Management Services (SAMS) New Interface

External Partners

SAMS Credentials



SAMS Username


SAMS Password

Login

[Forgot Your Password?](#)

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

SAMS Multi-factor Login



OR

Sign on with a SAMS Grid Card or Mobile Soft Token

Login

For External Partners who have been issued a SAMS Multi-factor token(s).

STEP 5a:

Complete
NHSN LTC
Enrollment

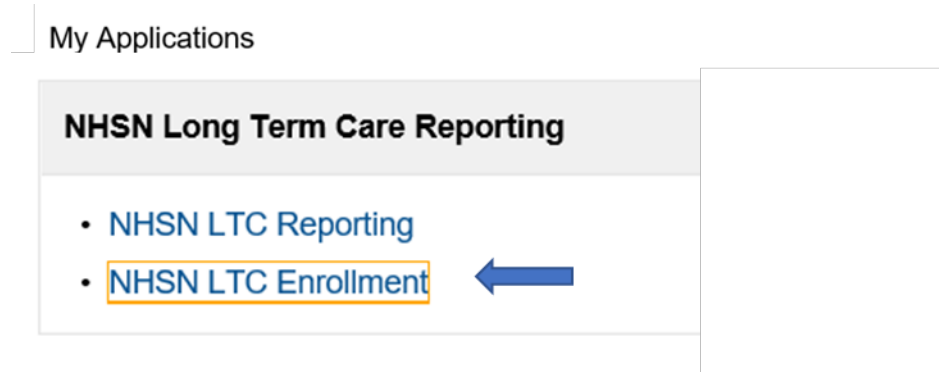
Complete NHSN Enrollment



Step 5a – Complete NHSN LTC Enrollment

NHSN LTC Enrollment

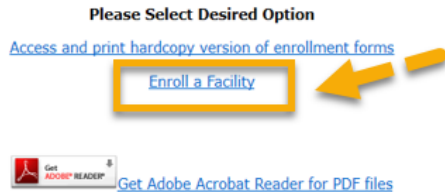
- ❑ On the SAMS homepage, under “**My Applications**” you should see a link to the National Healthcare Safety Network labeled **NHSN Long Term Care Reporting**.
- ❑ Click on the **NHSN LTC Enrollment** link to go to the NHSN Enrollment page.



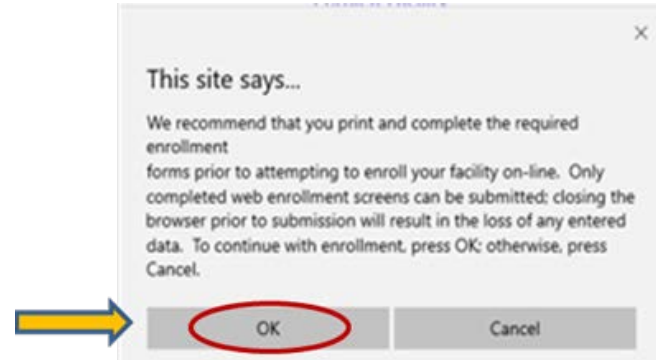
Step 5a – Complete NHSN LTC Enrollment

Enroll your Facility

- ❑ Select “Enroll a Facility”



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



Step 5a – 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/advanced_find_provider.jsp?which=0
- ❑ 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:

Step 5a – Complete NHSN LTC Enrollment: NHSN Facility Information *cont'd*

Select most appropriate
Facility Type:

- LTC-ASSIST - Assisted Living Residence
- LTC-ICF/IID - Intermediate Care Facilities for Individuals with Intellectual Disabilities
- LTC-PSYCH - Psychiatric Residential Treatment Facility
- LTC-SKILLNURS - Skilled Nursing Facility
- LTC-SVHALF - LTC Assisted Living Facility for State Veteran's Homes
- LTC-SVHSNF - LTC Skilled Nursing Facility for State Veteran's Homes

Mandatory fields marked with *

Page 2 of 2

NHSN Facility Information - Part 2

Facility Type

Select Facility*:
LTC-SKILLNURS - Skilled Nursing Facility

IHS Facility:
 Yes
 No

NHSN Components

Select Components*:
 Long Term Care Facility


NHSN Facility Administrator

First Name*:

Middle Name:

Last Name*:

Title:

 Copy Address from Facility

Address, Line 1*:

Step 5a – Complete NHSN LTC Enrollment: NHSN Facility Information *cont'd*

- Select “**Yes**” or “**No**” if your facility is an Indian Health Service (IHS) Facility
- The LTCF component is automatically checked and cannot be unchecked.
- Enter Facility Administrator designated to report data in NHSN
- 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

Facility Type Select Facility*: <input type="text" value="LTC-SKILLNURS COV 18 - Skilled Nursing Fac"/>	NHSN Facility Administrator First Name*: <input type="text"/> Middle Name: <input type="text"/> Last Name*: <input type="text"/> Title: <input type="text"/> <input type="checkbox"/> 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"/>
IHS Facility: <input type="radio"/> Yes <input checked="" type="radio"/> No	
NHSN Components Select Components*: <input checked="" type="checkbox"/> Long Term Care Facility	


Step 5a – 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 data in NHSN
***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 *

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Long Term Care Contact Person


 Copy from Facility Administrator

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:

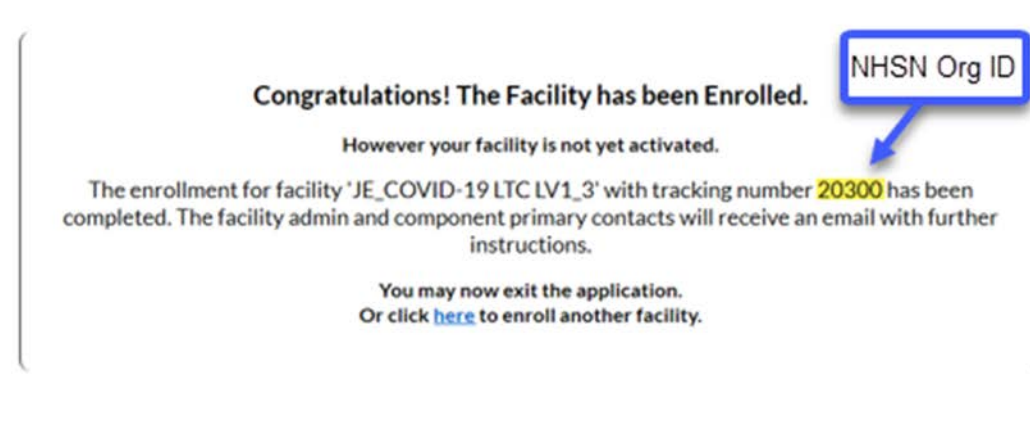
Email*:

User ID*:

Step 5a – Complete NHSN LTC Enrollment: Enrollment Confirmation

- ❑ 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 5b:

NHSN
Agreement to
Participate &
Consent

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




Step 5b – 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.**

External Partners

SAMS Credentials



SAMS Username

SAMS Password

Login

[Forgot Your Password?](#)

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

Step 5b – Electronically Accept NHSN Agreement to Participate and Consent

- Once you have logged in successfully you will receive an alert detailing the requirements for accepting the **Agreement to Participate and Consent form**.
- You must select “OK” to remove the alert.
- Accept the consent form by clicking in the box under **Accept**

NHSN
National Healthcare Safety Network

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 benefit. CDC will not collect, analyze, or report data submitted to NHSN without the consent of the component's primary contact. CDC will not disclose data submitted to NHSN to any other entity, including state, local, or territorial health departments that are not participating in NHSN, without the consent of the component's primary contact. Data submitted to NHSN will be used solely for the purposes of NHSN, including the reporting of facility-associated adverse events, adherence to prevention practices, and antimicrobial use and resistance. These data disclosures are subject to state, local, or territorial health department policies and federal law.

Alert

In order to activate this component, the component's primary contact must accept the Agreement to Participate and Consent form. If you are a primary contact for this component, please view and accept the Agreement to Participate and Consent form.

OK

Purposes of NHSN

The purposes of NHSN are to:

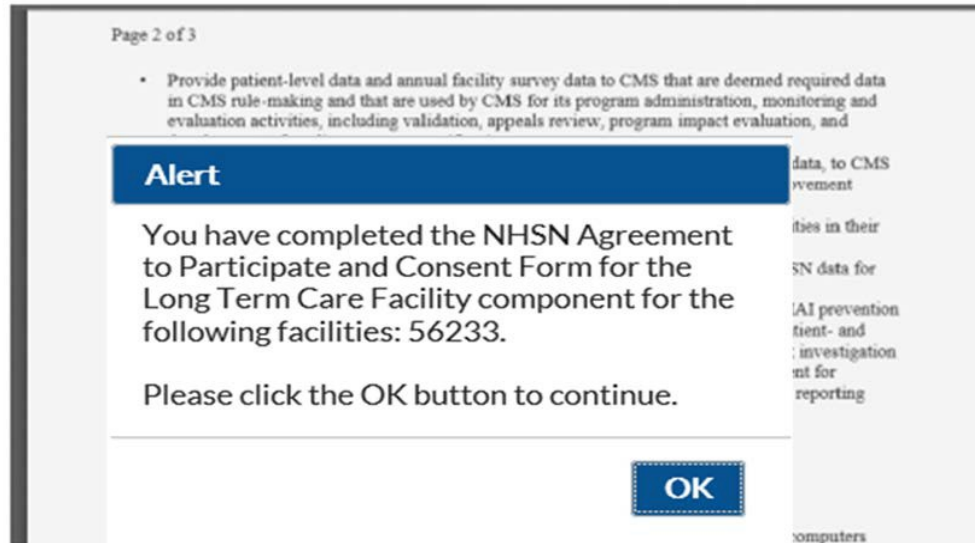
- Collect data from healthcare facilities in the United States to permit valid estimation of adverse events among patients or residents and healthcare personnel.
- Collect data from a sample of healthcare facilities in the United States to permit valid estimation of the national burden of healthcare-associated adverse events.

Component	Contact Type	Contact Name	Phone Number	Email	Accept
Long Term Care Facility	Facility Administrator	Ti McCrAY	123-456-7890	NQA0@CDC.GOV	<input type="checkbox"/>

Submit

Step 5b – 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”



A large, solid orange circle is positioned on the left side of the slide, partially cut off by the edge.

Enrollment is
Complete

Congratulations!!

You have completed the enrollment.

You can begin reporting!



Important Notes:

- ❑ 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 and nhsn@cdc.gov to get through.
- ❑ The same e-mail address must be used throughout the SAMS and NHSN enrollment process.

Important Notes:

- ❑ Ensure that the correct Facility Location Designation is selected:

Ex. LTC SKILLNURS COV19: for skilled nursing facilities **and/or** nursing homes

- ❑ 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/advanced_find_provider.jsp?which=0
- ❑ Contact nhsn@cdc.gov or sams-no-reply@cdc.gov with questions.

Where Can I Find More Information?

- ❑ To email questions to the NHSN Helpdesk: nhsn@cdc.gov with LTC in the subject line
- ❑ LTCF specific enrollment resources <https://www.cdc.gov/nhsn/ltc/enroll.html>
- ❑ LTC Enrollment Guide can be accessed here: ([LTC Enrollment Guidance](#))
- ❑ If you need assistance with SAMS: samshelp@cdc.gov

SAMS Help Desk: Monday – Friday: 8:00am and 8:00pm (except US Federal Holidays)

Local: (404) 498-6065

Toll Free: (877) 681-2901

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">❖ Change spam-blocker settings to allow all email from:<ul style="list-style-type: none">▸ nhsn@cdc.gov and SAMS-NO-REPLY@cdc.gov▸ Add https://*.cdc.gov and https://*.verisign.com to trusted sites list and allow pop-ups❖ In Control Panel” menu, select “Internet Options”<ul style="list-style-type: none">▸ Add trusted sites on the “Security” tab▸ Allow pop-ups on the “Privacy” tab <p>These changes may require assistance from your IT manager or department.</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 nhsn@cdc.gov 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>*User email addresses must be the exact same in SAMS and NHSN.*</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?	No. 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 https://www.cdc.gov/nhsn/facadmin/index.html .

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: https://qcor.cms.gov/advanced_find_provider.jsp?which=0</p> <ol style="list-style-type: none">1. Select “Tool > basic search”2. Enter your facility name <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 nhsn@cdc.gov and request a temporary enrollment number. This number is for enrollment purposes only and will expire in 30 days if not used.</p> <p>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. Guidance for making edits to facility information, including updating/changing the CCN, can be found here- http://www.cdc.gov/nhsn/pdfs/cms/changing-ccn-within-nhsn.</p>

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*:
Test facility

Address, Line 1*:
123 Test Ave

Address, Line 2:
[] Not Applicable

Address, Line 3:
[]

City*:
Atlanta

State*:
GA - Georgia

County*:
Fulton

Zip Code*:
32456 []


Main Telephone Number*:
401-637-1291

AHA ID*:
[] Not Applicable

CMS Certification Number (CCN)*:
[] Not Applicable

CCN Effective Date*:
[] []

VA Station Code*:
[] Not Applicable

Enrollment Number*:
[] 

Object Identifier:
[]

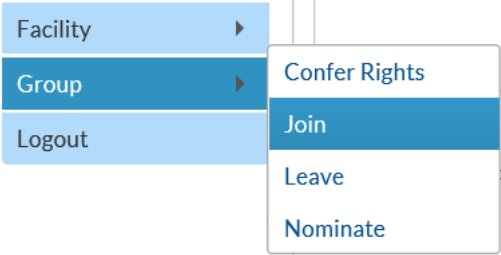
Troubleshooting Tips during LTC Enrollment

Common Errors/Question	Solution
<p>I accidentally selected the wrong facility type when I enrolled my facility.</p>	<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">1. Log into NHSN2. On left-side Navigation Bar, select <i>Facility</i> to open selections3. Select <i>Facility Info</i>4. Under Facility Information, Facility Type, select the appropriate facility from drop-down menu <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 sams-no-reply@cdc.gov for:</p> <ul style="list-style-type: none">• SAMS registration questions• Check your SAMS specific registration status• SAMS log in trouble• Forgot your SAMS log in• Identify proofing questions or concerns• Grid card status <p>Contact NHSN at nhsn@cdc.gov for:</p> <ul style="list-style-type: none">• NHSN facility enrollment & reporting questions• SAMS invitation requests• User additions to an existing NHSN facility account• Facility enrollment status• Guidance for changing your email in NHSN or SAMS• Facility administrator re-assignments• NHSN application alerts

Troubleshooting Tips during LTC Enrollment

Common Errors/Question	Solution
<p data-bbox="179 353 765 426">My facility enrolled in NHSN, how can we join a group ?</p>  <p data-bbox="202 831 755 852">Enter ID and Password for this facility to join a new group</p> <p data-bbox="334 863 581 893">Group ID: <input type="text"/></p> <p data-bbox="202 915 741 944">Group Joining Password: <input type="text"/> <input type="button" value="Join Group"/></p>	<p data-bbox="852 345 1682 416">There are approximately 5 steps after logging into to the facility homepage:</p> <ol data-bbox="852 445 1760 751" style="list-style-type: none"><li data-bbox="852 445 1760 511">1. From the Facility Home Page, Select Group from the menu tree on the left side of the screen<li data-bbox="852 532 1373 565">2. Select Join from the Group menu<li data-bbox="852 587 1673 653">3. To Join a group, Type the Group ID and type the Group Joining Password<li data-bbox="852 674 1174 707">4. Select Join Group<li data-bbox="852 729 1112 751">5. Select Accept

Troubleshooting Tips during LTC Enrollment

Common Errors/Question	Solution
<p>I am already a member of a group. How can I confer rights?</p>	<p>Facilities enrolled in the COVID-19 Module will get an alert to accept newly defined rights, if they are already members of a group.</p> <p>There are <u>3 steps</u> to confer rights</p> <ol style="list-style-type: none">1. From the Home Page, Click on the Confer Rights Not Accepted Alert2. Select the Group (Hyperlink) that has Defined Rights; you will be shown a screen to Review the Defined Rights Template3. Select Accept