

Purpose of Document:

The purpose of this guidance document is to assist long-term care facilities (LTCFs) with enrolling in the CDC's National Healthcare Safety Network's (NHSN's) LTCF Component. LTCFs eligible to report data in the long-term care component include skilled nursing facilities/nursing homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities, and assisted living facilities.

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

- If enrolled and need to change your NHSN Facility Administrator, submit the change here: <https://www.cdc.gov/nhsn/facadmin/index.html>
- If your facility was previously enrolled, but you are unable to access NHSN, please submit an e-mail to nhsn@cdc.gov for assistance or utilize the ServiceNow portal within your SAMS homepage.

Items Needed for Enrollment in the LTCF Component:

- Internet Connection (use a recommended up-to date browser)
 - **Recommended:** Microsoft Edge (latest version), Chrome (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, Microsoft Edge: <https://docs.microsoft.com/en-us/DeployEdge/configure-microsoft-edge>)
 - To ensure proper access to, and operation of, web-based applications please follow these directions to clear your browser's cache [SAMS Cache Clearing Instructions 2024.pdf](#)
- Identify an NHSN Facility or Group Administrator – 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)
 - CCN Look up Tool <https://qcor.cms.gov/main.jsp>

How to Enroll in NHSN LTCF Component:

1. Prepare your computer to interact with NHSN

- This is an important process to ensure that you receive all emails from NHSN and SAMS, which is required during enrollment.
- To ensure the best experience with NHSN, use a recommended, up-to-date browser.
- In your browser, add **cdc.gov** and **verisign.com** to your list of trusted websites and permit pop-ups for these sites.

LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF Component

- Check spam-blocker settings to allow emails from NHSN@cdc.gov and SAMS-NO-REPLY@cdc.gov
2. **Register your facility with NHSN.** The first step to enrolling is to read and agree to the **NHSN Rules of Behavior**. Click this link to access the NHSN Rules of Behavior, and begin your enrollment process- <https://nhsn.cdc.gov/RegistrationForm/index>
- After agreeing to the NHSN Rules of Behavior, you will be directed to the NHSN Registration page.

LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF Component

On NHSN Registration Page:

- Enter all information with a red asterisk, including your name, correct e-mail address, CMS Certification Number (if applicable), and Facility Type.

Registration Form

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

Personal Information

*First name:

*Last name:

Middle name:

*Email address:

Facility Identifier

*Please select a facility identifier:

CCN

AHA

OVA

CDC Registration ID

NONE

*Selected identifier ID:

*Facility Type:

NHSN Training Date

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

- 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

Enter the date you are registering the facility

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

LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF Component

- If you are a certified CMS facility and do not know your CCN – use this link to find it: <https://qcor.cms.gov/main.jsp>
 - ✓ Select “Tool>basic search”
 - ✓ Enter your facility name
 - ✓ The Participation date is the CCN Effective Date needed for enrollment
- If unable to locate the facility CCN or if it cannot be validated in NHSN, you may request a temporary enrollment number also known as the CDC Registration ID by contacting NHSN@CDC.GOV. The temporary enrollment number is only valid for 30 days. You must select N/A for CMS, AHA and VA station code before you will be prompted to enter the enrollment number.
- Type either the CCN or CDC Registration ID number into the “Selected Identifier ID”.
- Select the facility type that best applies to your facility. See above screen shots
 - ✓ Be sure to select the correct Facility Type, as highlighted in the above screenshot. For example, a nursing home enrolling their Skilled Nursing Facility will select, LTC-SKILLNURS - Skilled Nursing Facility
- Select **Submit** once all required information is entered.

3a. Register with Secure Access Management Services (SAMS) with SAMS-NO-REPLY

- After NHSN receives your completed registration (as outlined in 2A), you will receive **2** e-mails: “Welcome to NHSN” from (NHSN@cdc.gov) **and** *Invitation to Register with SAMS* from (SAMS-NO-REPLY@cdc.gov).
 - Please allow **2 calendar days** to receive your e-mail from SAMS.
- Please be sure to check all mail folders including your spam folder for an email from "sams-no-reply". If you have yet to receive a SAMS Level 3 Invite, please request one by submit a ticket to the NHSN Help Desk through the ServiceNow portal or by submitting an email to NHSN@cdc.gov.

LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF Component

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@](#)

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>.

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 R

Registration consists of

1. Online Registrat
2. Identity Verifica
3. Access Approval

Online registration with before you begin:

- Your home add applicable.
- Your organizati
- Your telephone

Should you have questi our Help Desk for assist

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/iam/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.

If you need assistance with SAMS

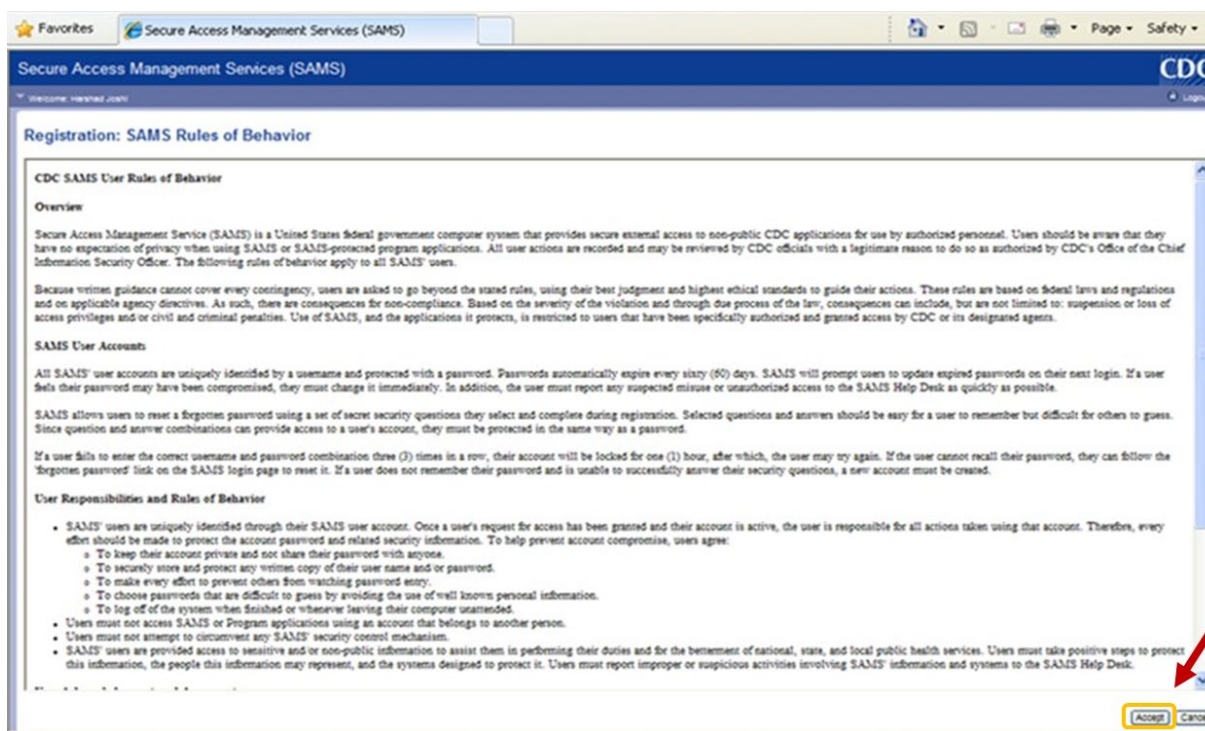
You can reach the SAMS Help Desk between the hours of 8:00 AM and 8:00 PM ET Monday through Friday (excepting U.S. Federal holidays) at the following:

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

Email: samshelp@cdc.gov

LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF Component

- After clicking on the link to SAMS in the Invitation to Register, you will be guided to the SAMS Credentials Log In screen.
 - Enter the username (email address) and temporary password provided in the email and click the Login button.
 - After clicking “Login” the SAMS Rules of Behavior screen displays
 - Read the SAMS Rules of Behavior and click the “Accept” button



- After accepting the SAMS Rules of Behavior, you will be taken to the SAMS registration page.

External Partners

SAMS Credentials



SAMS Username

SAMS Password

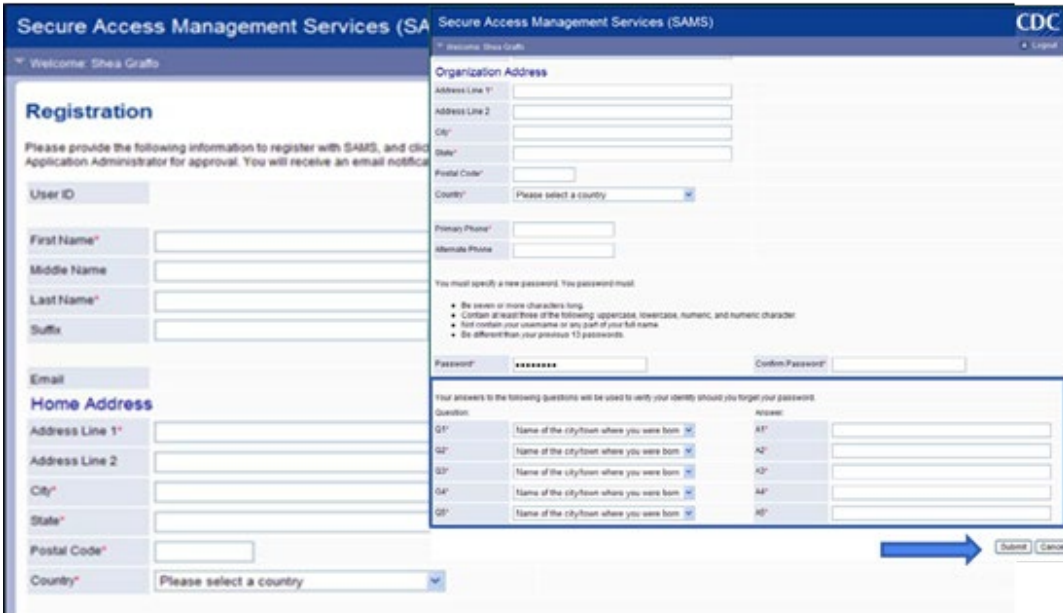
Login

[Forgot Your Password?](#)

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

LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF Component

- Enter the information in the fields displayed.
- Fields marked with an asterisk are required and then CLICK SUBMIT to complete your SAMS registration.



Secure Access Management Services (SAMS) CDC

Welcome: Shea Grubb

Registration

Please provide the following information to register with SAMS, and click Application Administrator for approval. You will receive an email notification.

User ID

First Name*

Middle Name

Last Name*

Suffix

Email

Home Address

Address Line 1*

Address Line 2

City*

State*

Postal Code*

Country* Please select a country

Organization Address

Address Line 1*

Address Line 2

City*

State*

Postal Code*

Country* Please select a 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 12 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* Name of the city/town where you were born	A1*
Q2* Name of the city/town where you were born	A2*
Q3* Name of the city/town where you were born	A3*
Q4* Name of the city/town where you were born	A4*
Q5* Name of the city/town where you were born	A5*

Submit Cancel

Important Notes for SAMS Registration

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

3b. Identity Proofing Verification

LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF Component

- After successful online registration, you will immediately receive a second email from SAMS with instructions and a request to provide proof of your identity. SAMS supports two options for completing this step:
 - **Option 1 - Experian Precise ID Check (preferred method)**
 - Click link in email: (<https://sams.cdc.gov/samsidproofing/>)
 - Log into the SAMS Partner Portal using your SAMS username (email address) and recently established password.
 - Provide Experian with your social security number (SSN) and Date-of-Birth (DOB)

Important Notes with selecting Option #1:



- Provided information is sent directly to Experian and not captured or stored by SAMS.
 - At any point you can exit the Experian process if you'd prefer to not provide this information.
 - This option will not impact your credit score or credit worthiness.
 - This process is the fastest and safest method to complete the SAMS identity proofing process.
 - If Experian is unable to validate your identity after the third attempt, you can still complete the identity verification process using Option 2.
- **OPTION 2 - Document Submission/Validation**
 - **Identity Verification Request** email will contain detailed instructions about the process and options for identity documentation submission.
 - Once received by CDC, it will be reviewed and validated.
 - This process can take several weeks to complete depending on volume and how the documentation is sent to the CDC.

LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF Component

4. Access Approval and Account Activation

- After your information is received and approved, you will receive an email:
 - An approval e-mail containing web links to SAMS Partner Portal and to the NHSN application.
 - Two second factor credentials options and how to set-up.
- The NHSN application requires users to be strongly authenticated.
- Users must have an additional ‘token’, along with their password, to log in.
 - 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.

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

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).

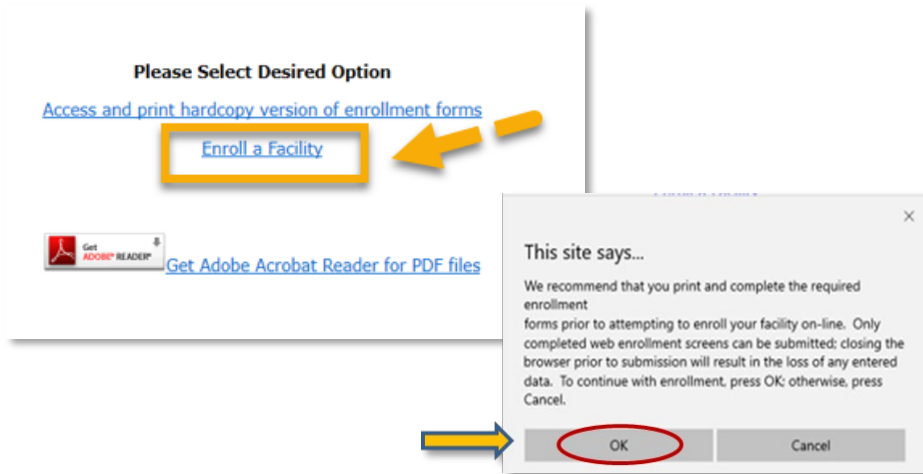
5a. Complete NHSN LTC Enrollment –

- Now that you’ve completed SAMS account activation, it’s time to complete LTC enrollment.
- First, access the SAMS log-in page by clicking on this link <https://sams.cdc.gov>
- Enter your SAMS credentials to login
- On the SAMS homepage, under “My Applications” click on the “**NHSN LTC Enrollment**” link to go to the NHSN Enrollment page.

National Healthcare Safety Network System

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

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



SAMS Multi-factor Login



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).

LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF Component

To Complete NHSN Facility Enrollment:

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

Mandatory fields marked with *

Page 1 of 2

NHSN Facility Information

Facility Name*:
Enter Name of Organization

Address, Line 1*:
Enter Street Address

Address, Line 2:

Address, Line 3:

City*:
Enter Name of City

State*:

County*:

Zip Code*:
____ - ____

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

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

AHA ID*:
_____ Not Applicable

CMS Certification Number (CCN)*:
_____ Not Applicable

CCN Effective Date*:
____/____/____

VA Station Code*:
_____ Not Applicable

Object Identifier:

Continue

On **Page 2**, select the facility type that best applies to your facility.

LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF Component

- Be sure to select the correct Facility Type, as highlighted in the below screenshot. For example, a nursing home enrolling to the LTCF COVID-19 Module will select, LTC-SKILLNURS COVID19-Skilled Nursing Facility
- If you are not an Indian Health Service (IHS) Facility – select “No”
- Enter the NHSN Facility Administrator designated to report COVID-19 data (could be the person enrolling the facility)
- Enter information for the NHSN Facility Contact person, which CAN be the same person enrolling the facility (NHSN Facility Administrator).

- LTC-ASSIST - Assisted Living Residence**

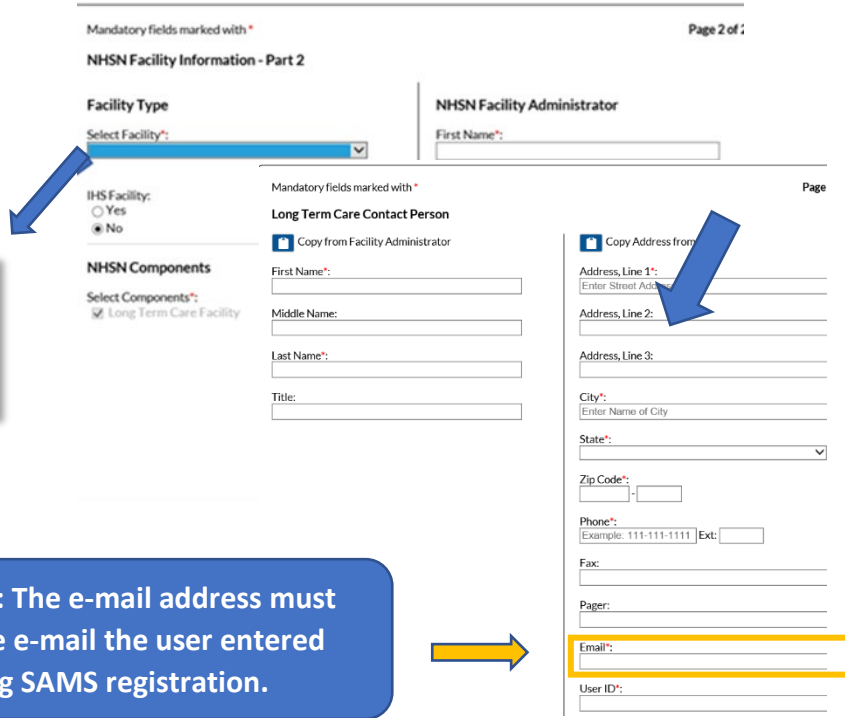
LTC-ICF/IID - Intermediate Care Facilities for Individuals with Intellectual Disabilities

LTC-PSYCH - Psychiatric Residential Treatment Facility

LTC-SKILLNURS - Skilled Nursing Facility

LTC-SVHALF - LTC Assisted Living Facility for State Veteran's Homes

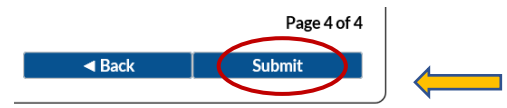
LTC-SVHSNF - LTC Skilled Nursing Facility for State Veteran's Homes



The screenshot shows the 'NHSN Facility Information - Part 2' form. Key elements include:

- Facility Type:** A dropdown menu with a blue arrow pointing to it.
- IHS Facility:** Radio buttons for 'Yes' and 'No' (selected).
- NHSN Components:** A section with a checked box for 'Long Term Care Facility'.
- NHSN Facility Administrator:** A text field for 'First Name'.
- Long Term Care Contact Person:** Fields for 'First Name', 'Middle Name', 'Last Name', and 'Title'.
- Address:** Fields for 'Address, Line 1', 'Address, Line 2', and 'Address, Line 3'. A blue arrow points to the 'Address, Line 2' field.
- State:** A dropdown menu.
- Zip Code:** A text field.
- Phone:** Fields for 'Phone' and 'Ext'.
- Fax:** A text field.
- Pager:** A text field.
- Email:** A text field highlighted with a yellow box.
- User ID:** A text field.

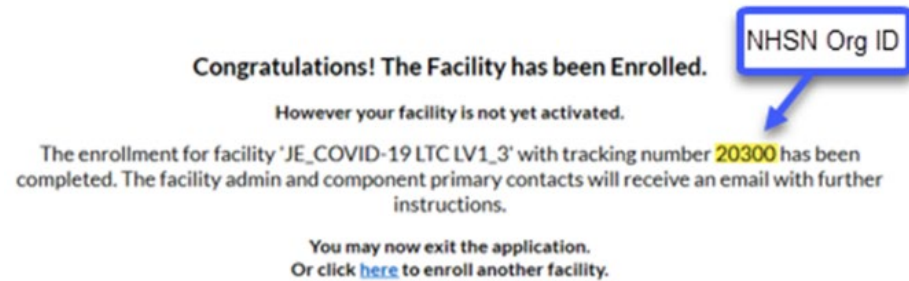
Important: The e-mail address must match the e-mail the user entered during SAMS registration.



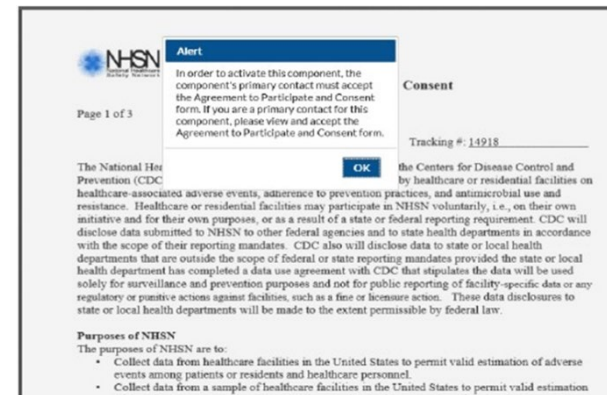
The screenshot shows the bottom of the form with navigation buttons. The 'Submit' button is circled in red, and a yellow arrow points to it from the right.

LONG-TERM CARE FACILITY (LTCF) ENROLLMENT in LTCF Component

5b. Accept Agreement to Participate and Consent. After successfully completing enrollment, the NHSN Facility Administrator and Component Primary Contact (if different) will receive an NHSN email with further instructions on how to electronically accept the *NHSN Agreement to Participate and Consent*



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



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