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LONG-TERM CARE FACILITY (LTCF) COVID-19 Module Frequently Asked Questions

I. PROTOCOL & DEFINITION RELATED QUESTIONS

1. Resident Impact and Facility Capacity Pathway

TOPIC	QUESTION	RESPONSE
ALL BEDS	Are private pay beds included in the <i>All Beds</i> count?	YES. The <i>ALL BEDS</i> count includes <u>all</u> payer types and includes the total number of beds the LTCF is licensed for. Facility-wide LTCF beds.
ADMISSIONS	Do I include recovered COVID-19 patients in the <i>Admissions</i> count?	NO. Only residents admitted or readmitted who were previously diagnosed with COVID-19 and continue to require transmission-based isolation precautions are included in the <i>ADMISSIONS</i> count. The purpose of <i>ADMISSIONS</i> is to assess burden of COVID-19 coming into a LTCF.
ADMISSIONS	Can I include COVID-19 positive residents transferred from our Assisted Living (AL) facility?	YES. <i>ADMISSIONS</i> count includes residents newly admitted or readmitted to your LTCF from another facility, such as assisted living, hospital, rehabilitation, or another facility type, who were previously diagnosed with confirmed or suspected COVID-19 this week (during the previous 7 days) and still require transmission-based isolation precautions upon admission to the LTCF. The purpose of <i>ADMISSIONS</i> is to assess burden of COVID-19 coming into a LTCF.
ADMISSIONS PLACED ON OBSERVATION	Our facility places all new admissions under mandatory COVID-19 observation for 14 days. Do these new admissions count as <i>Admissions</i> or <i>Suspected</i> COVID-19?	DEPENDS. To be included in <i>ADMISSIONS</i> count, residents must be admitted or readmitted to your LTCF from another facility, such as assisted living, hospital, rehabilitation, or another facility type, where they were previously diagnosed with COVID-19 and still require transmission-based isolation precautions because of this previous diagnosis. Admitted or readmitted residents preemptively placed on observation, but who do not have a previous diagnosis of COVID-19 should not be included in the <i>ADMISSIONS</i> count.
ADMISSIONS and CONFIRMED	Is a newly admitted resident with COVID-19 counted in the <i>Admissions</i> and <i>Confirmed</i> counts?	NO. Residents admitted or readmitted who were previously diagnosed with COVID-19 from another facility and continue to require transmission-based isolation precautions should only be included in the <i>ADMISSIONS</i> count for your LTCF. The purpose of <i>CONFIRMED</i> is to assess LTCF onset cases.
CONFIRMED COVID-19	Are staff and/or residents positive for antibodies included in <i>Confirmed</i> COVID-19 counts?	NO. Only include residents and staff with new positive COVID-19 viral test (nucleic acid or antigen) results. Antibody test results are excluded since they do not necessarily indicate an active infection.
CONFIRMED POINT OF CARE TESTING	Do we include positive COVID-19 test results from Point of Care testing kits?	YES. These testing instruments are considered as molecular testing instruments, which are appropriate for diagnosing for COVID-19 infection.

LONG-TERM CARE FACILITY (LTCF) COVID-19 Module Frequently Asked Questions

TOPIC	QUESTION	RESPONSE
COUNTS	I still don't understand how to count <i>Suspected and Confirmed</i> residents for reporting. Am I supposed to count the resident in my daily count until recovered?	NO. Remember, this Module is based on incident counts only. Meaning, each calendar day, only newly positive or newly <i>SUSPECTED</i> residents since the last count should be included for that calendar day. For example, resident GR developed symptoms consistent with COVID-19 on Monday, so she should be included in the newly <i>SUSPECTED</i> count for Monday only. On Tuesday, 0 residents developed symptoms consistent with COVID-19, so 0 is the counts for <i>SUSPECTED</i> for Tuesday. The counting rules are the same for all questions that require counts.
COVID-19 UNIT AND COUNTING CONFIRMED CASES	How do we count a unit that only takes <i>Confirmed</i> COVID-19 cases who have been inpatients at other facilities and need skilled rehab prior to going home?	If these residents are transfers from other facilities (specifically different facility types, such as Assisted Living Residences) they should be included in the <i>ADMISSIONS</i> count <u>if</u> they still require transmission-based isolation precautions because of COVID-19 transmission risks. Note: If a unit receives transfers from residents within the same facility type, just another pod/unit/location, the inpatient transfer is not considered as a new Admission for the facility. These residents should've already been counted in the <i>CONFIRMED</i> COVID-19 count and should not be counted again. Counts include new counts only- facility-wide.
DEATHS (TOTAL)	Do I include new <i>COVID-19 Death</i> counts in the <i>Total Deaths</i> count?	YES. <i>TOTAL DEATHS</i> count must include counts for <u>all new deaths</u> for that reporting week. This includes deaths also reported in the COVID-19 DEATHS count for that reporting week. <i>TOTAL DEATHS</i> count should always be greater than the <i>COVID-19 DEATHS</i> count.
DEATHS (COVID-19 DEATHS)	If a resident previously had COVID-19, but recovered and then dies later, is he still included in the COVID-19 death count?	NO. A resident who recovers from COVID-19 (no signs or symptoms or evidence of infection), the death should be included in the <i>TOTAL DEATHS</i> count and not the <i>COVID-19 DEATHS</i> count.
DEATHS AMONG HOSPITALIZED RESIDENTS	If one of our resident dies of COVID-19 during a hospitalization, do I count that resident in the LTCF COVID-19 Death count?	YES. If a resident from your LTCF dies during an admission in another facility, such as a hospital, that resident should be included in <u>two</u> death counts for your LTCF: <ul style="list-style-type: none"> • <i>TOTAL DEATHS</i> (includes deaths from all causes) AND • <i>COVID-19 DEATHS</i> (Residents with suspected or with a positive COVID-19 test result who died in the facility or another location)
DEATHS	Is the <i>Total Deaths</i> count a cumulative count?	NO. <i>TOTAL DEATHS</i> should be reported as only the new deaths from any cause (including COVID-19) since the last time these counts were collected for reporting. The goal is to report incidence only. For example, on Monday, your LTCF had 2 new

LONG-TERM CARE FACILITY (LTCF) COVID-19 Module Frequently Asked Questions

TOPIC	QUESTION	RESPONSE
		deaths – one COVID-19 related, and one non-COVID-19 related. On Thursday, one more resident died from COVID-19 related complications. If no other deaths occurred in the reporting week, you will report 3 TOTAL DEATHS and 2 COVID-19 DEATHS for the reporting week.
DEATHS	If a resident goes to the hospital and dies but the death is not related to COVID-19, do I count them in my data?	YES. The resident should be included in the <i>TOTAL DEATHS</i> count, but not the <i>COVID-19 DEATHS</i> count.
EXPOSURE TO COVID-19	Do we count residents as <i>Suspected</i> COVID-19 due to exposure?	<p>NOT NECESSARILY. Exposure alone does not meet NHSN definition for <i>SUSPECTED</i>. To be included in the <i>SUSPECTED</i> COVID-19 count, residents without a COVID-19 positive result must be managed as though they have COVID-19 due to signs and/or symptoms compatible with COVID-19. See CDC's Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19).</p> <p>Examples include, but are not limited to fever, acute respiratory illness (cough, shortness of breath, difficulty breathing), chills, repeated shaking with chills, muscle pain, new loss of taste or smell, diarrhea, vomiting, headache or sore throat. The definition includes residents who have not been tested or those with pending test results.</p> <p>Note: <i>SUSPECTED</i> may also include residents with negative test results but whom continue to have signs and/or symptoms compatible with COVID-19, as described above.</p>
HOW LONG TO COUNT POSITIVE COVID-19 CASES	For residents who test positive for COVID-19, how long do I include them in my reported counts for NHSN?	<p>ONCE. <i>CONFIRMED</i> (positive COVID-19 test result) counts must represent newly confirmed counts since the last time confirmed counts were collected for reporting in NHSN (depending if the facility reports weekly or more than once per week). <i>CONFIRMED</i> residents and/or staff should only be counted <u>one time</u>. Note: Previously reported <i>CONFIRMED</i> counts must not be removed from counts after a resident and/or staff recover.</p>
NEGATIVE TEST RESULT AND "SUSPECTED COVID-19"	If I have a resident who has signs and symptoms suggestive of COVID-19 and we isolate him, but his COVID-19 test later comes back as negative, do I still include him in the "Suspected" COVID-19 count for the LTCF?	<p>YES. According to the data collection form instructions, <i>Suspected</i> COVID-19 is defined as a resident with signs and symptoms suggestive of COVID-19 in accordance with CDC's guidance for evaluating and testing person for COVID-19 but do not have a positive COVID-19 test result. This includes those who have not been tested, pending test results, as well as those with a negative test result in the presence of COVID-19 signs/symptoms.</p>

LONG-TERM CARE FACILITY (LTCF) COVID-19 Module Frequently Asked Questions

TOPIC	QUESTION	RESPONSE
PREEMPTIVE TESTING	Do I count residents preemptively tested, but without signs or symptoms in my “Suspected” count?	NO. To be included in the SUSPECTED COVID-19 count, staff and/or residents without a positive COVID-19 test result <u>must be managed as though they have COVID-19 due to signs and/or symptoms</u> compatible with COVID-19. See CDC’s Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19). Examples include, but are not limited to fever, acute respiratory illness (cough, shortness of breath, difficulty breathing), chills, repeated shaking with chills, muscle pain, new loss of taste or smell, diarrhea, vomiting, headache or sore throat. Preemptive testing to rule out COVID-19 in the absence of signs or symptoms does not meet the NHSN definition for <i>SUSPECTED</i> .
REMOVING SUSPECTED COUNTS AFTER CONFIRMED COVID-19 RESULT	If I have a resident who has signs and symptoms suggestive of COVID-19 and is included in our <i>Suspected</i> count on Wednesday, and then on Friday, his COVID-19 test is positive for COVID-19, do I remove him from the <i>Suspected</i> count?	NO. Do not remove residents or staff from previously reported <i>SUSPECTED</i> counts even if the test result later returns as COVID-19 positive. Instead, the resident and/or staff will be included in <u>both</u> counts. Count as <i>SUSPECTED</i> on the date signs/symptoms begin and then later as <i>CONFIRMED</i> on the date of the positive test result. Keep in mind, the response to this question is not based on the medical trajectory of the resident. Instead, each day is a new data collection period for NHSN. Each day, the user should ask “how many new COVID-19 positive cases do I have today?” It does not matter if the resident was previously in the suspected count if this is the first COVID-19 positive test result for the resident.
REMOVING SUSPECTED COUNTS AFTER NEGATIVE COVID-19 RESULT	Should I remove previously <i>Suspected</i> residents from my <i>Suspected</i> count if their test result comes back as negative?	NO. Newly <i>Suspected</i> counts must be included in the <i>Suspected</i> count on the date signs/symptoms begin. Once reported, these counts should not be removed for any reason, other than data entry or lab error.
SUSPECTED	We isolate all new admissions for 14 days to monitor for COVID-19 signs or symptoms. Should I include all these residents in the “Suspected” count?	NO. Isolation alone does not meet NHSN definition for <i>SUSPECTED</i> . To be included in the <i>SUSPECTED</i> COVID-19 count, residents without a COVID-19 positive test result must be managed as though they have COVID-19 due to signs and/or symptoms compatible with COVID-19. See CDC’s Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19) . Examples include, but are not limited to fever, acute respiratory illness (cough, shortness of breath, difficulty breathing), chills, repeated shaking with chills, muscle pain, new loss of taste or smell, diarrhea, vomiting, headache or sore throat. The definition includes residents who have not been tested or those with pending test results.

LONG-TERM CARE FACILITY (LTCF)

COVID-19 Module Frequently Asked Questions

TOPIC	QUESTION	RESPONSE
TESTING	Explain what is meant by, <i>“does your facility have access to COVID-19 testing while the resident is in the facility?”</i>	This question is asking, on the date responses are being reported, does your LTCF have the ability perform COVID-19 testing without having to send the resident to the hospital or somewhere else to have the specimen collected for testing.
TESTING	Are positive antibody tests included in <i>Confirmed</i> counts?	NO. Only positive test results performed by a viral (nucleic acid or antigen) test to diagnose acute infection should be included in the <i>CONFIRMED</i> count. Specimens are typically taken in the form of nasal swabs. Serology testing for antibodies are excluded from this count since these testing do not necessarily indicate a current infection. Refer to CDC’s Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19) for additional information about testing.
ZERO COUNTS	Do I still need to report if I have no new cases for the reporting week?	YES. Continue to report in the module since questions include a combination of counts and yes/no responses. If your facility has no new cases to report for a specific question, enter a 0 for that question. This is important since a blank field is equivalent to “missing data” for a pathway.

I. PROTOCOL & DEFINITION RELATED QUESTIONS

2. Staff and Personnel Impact Pathway

TOPIC	QUESTION	RESPONSE
FLOAT STAFF	Some of our staff float throughout the hospital. Am I only reporting <i>Suspected</i> and/or <i>Confirmed</i> counts for dedicated SNF staff or do I include staff who float to other locations, such as a phlebotomist who may come on the floor briefly?	Include float staff in the <i>Suspected</i> and/or <i>Confirmed</i> counts. Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.

LONG-TERM CARE FACILITY (LTCF) COVID-19 Module Frequently Asked Questions

TOPIC	QUESTION	RESPONSE
NEGATIVE TEST RESULT AND SUSPECTED COVID-19	If I have a staff member who has signs and symptoms suggestive of COVID-19, but the COVID-19 test result later comes back as negative, do I still include them in my <i>Suspected</i> COVID-19 counts for reporting or should I remove them from the count?	<p>YES. Included ALL <i>Suspected</i> staff and facility personnel who meet the NHSN definition of Suspected and do NOT remove the counts later regardless if the test result returns as positive or negative.</p> <p>According to the data collection form instructions, <i>Suspected</i> COVID-19 is defined as staff or facility personnel with signs and symptoms suggestive of COVID-19 in accordance with CDC's Guidance for Evaluating and Testing Person for COVID-19 but do not have a positive COVID-19 test result. This includes those who have not been, pending test results, as well as those with a negative test result in the presence of COVID-19 signs/symptoms.</p>
ZERO COUNTS	Do I still need to report if I have no new cases for the reporting week?	<p>YES. Continue to report in the module since questions include a combination of counts and yes/no responses. If your facility has no new cases to report for a specific question, enter a 0 for that question. This is important since a blank field is equivalent to "missing data" for a pathway.</p>
PREEMPTIVE TESTING	Do I count staff preemptively tested, but without signs or symptom in the "Suspected" count?	<p>NO. To be included in the SUSPECTED COVID-19 count, staff and/or residents without a COVID-19 positive test result must be managed as though they have COVID-19 due to signs and/or symptoms compatible with COVID-19.</p> <p>Preemptive testing to rule out COVID-19 in the absence of signs or symptoms does not meet the NHSN definition for <i>SUSPECTED</i>.</p> <p>See CDC's Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19). Examples include, but are not limited to fever, acute respiratory illness (cough, shortness of breath, difficulty breathing), chills, repeated shaking with chills, muscle pain, new loss of taste or smell, diarrhea, vomiting, headache or sore throat.</p>

I. PROTOCOL & DEFINITION RELATED QUESTIONS

3. Supplies and Personal Protective Equipment Pathway

TOPIC	QUESTION	RESPONSE
ADEQUATE PPE	What does NHSN consider as having “any” or “enough” PPE?	Facilities should select “YES” for each supply item in which the facility has available for conventional use (also referred to as conventional capacity). Facilities are encouraged to refer to CDC’s Optimize PPE Supply website for specific examples: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
CRISIS AND CONTINGENCY LEVEL STRATEGIES	Are crisis and contingency level strategies for PPE considered “Any” supply?”	NO. CDC’s optimization strategies for PPE , such as contingency and/or crisis level strategies are NOT considered as having “Any” supply, and therefore, “NO” must be selected for each supply item in which contingency or crisis strategies are being used on the date responses are reported. An accurate assessment of resource needs is important in the provision of supplies and resources. Facilities are encouraged to refer to CDC’s Optimize PPE Supply website for specific examples: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
KN95 MASKS	Are KN95 masks considered adequate PPE?	NO. A facility using KN95 masks instead of N95 masks would answer “NO” for the question, “Do you currently have any supply of N95 masks?”
PERSONAL PROTECTIVE EQUIPMENT (PPE)	How is personal protective equipment “Enough for one week” defined if using crisis level strategies?	The use of crisis level strategies for personal protective equipment (PPE) is considered as not having any or enough PPE . We recognize crisis level strategies may be used during severe PPE shortages with contingency options to assist facilities stretch available supplies for the most critical needs. However, since crisis level strategies do not commensurate with U.S. standards of care, any facility implementing crisis strategies must answer “NO” to having “any” or “enough” for each supply item in which crisis level strategies are being used. For information in relation to CDC’s optimization strategies for PPE (standard, conventional, and crisis), please refer to Optimize PPE Supply website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

LONG-TERM CARE FACILITY (LTCF) COVID-19 Module Frequently Asked Questions

TOPIC	QUESTION	RESPONSE
PPE- GOWN ALTERNATIVES	Are gown alternatives considered “Any or enough for one week” for supplies?	NO. The use of gown alternatives would constitute “ not any and/or not enough supply for one week.”
PPE- CLOTH FACEMASK	Are cloth face coverings considered PPE?	NO. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown.

I. PROTOCOL & DEFINITION RELATED QUESTIONS

4. Ventilator Capacity and Supplies Pathway

TOPIC	QUESTION	RESPONSE
DEFINE MECHANICAL VENTILATORS IN USE	Am I supposed to include all residents who have been on a mechanical ventilator?	NO. Unlike counts for other pathways, the count <i>for total number of mechanical ventilators in use</i> for residents who have suspected, or positive COVID-19 is based on the count on the day the data are entered in the NHSN COVID-19 Module. The count must only include residents on mechanical ventilation in your LTCF for COVID-19 related reasons.

II. ENROLLMENT INTO COVID-19 MODULE RELATED QUESTIONS

TOPIC	QUESTION	RESPONSE
ACTIVE SAMS USER	I am already an Active SAMS user and need to enroll a facility.	To enroll a facility: <ul style="list-style-type: none"> • Log into https://sams.cdc.gov/ using your SAMS grid card • On the SAMS homepage under “My Applications” Select “NHSN Enrollment” • Select “Enroll a Facility” • Complete Facility Enrollment questions • After Facility Enrollment submitted, activate LTC facility by accepting the "Agreement to Participate and Consent"

LONG-TERM CARE FACILITY (LTCF) COVID-19 Module Frequently Asked Questions

<p>ADD USER</p>	<p>How do I add a user to my facility?</p>	<p>After facility enrollment is complete and activated in NHSN, the NHSN Facility Administrator may add users to the account.</p> <ul style="list-style-type: none"> • Log into SAMS • Select NHSN Reporting • On left-side Navigation pane, select Users > ADD • Complete the required fields and click “SAVE” • You will then be prompted to assign the new user rights • Click on “Save” <p>*Please check to ensure that you have made added users as an “Active User.”</p> <p>If a newly added user does not have SAMS access, they should receive an email confirmation following this process. The email will also ask the new user to click on the corresponding link to agree to the NHSN Rules of Behavior. Once they agree to the Rules of Behavior, NHSN will automatically submit an invite to the user for SAMS authentication.</p>
<p>AGREEMENT TO PARTICIPATE & CONSENT</p>	<p>I did my email with instructions to accept the agreement. What must I do?</p>	<ul style="list-style-type: none"> • Log-in to SAMS. • On the SAMS homepage, under “My Applications” you should see a link labeled NHSN Long Term Care Reporting. • Select Long-term Care Facility Component and your facility/group name. • Click “Submit” to review the “Agreement to Participate and Consent”. • Click ‘Accept’ next to the appropriate contact name. • Click “Submit”. A pop-up notification will appear confirming this action. • Click “ok” to acknowledge the notification.
<p>ANNUAL SURVEY</p>	<p>I am being asked to complete an Annual Survey. What must I do?</p>	<p>To complete the Annual Survey:</p> <ul style="list-style-type: none"> • Log in to SAMS • On the SAMS homepage, click "NHSN LTC Reporting" to be directed to the NHSN homepage • On the NHSN homepage, select your facility/group type and click "submit" to be directed to the NHSN facility homepage • On the facility homepage, click "Survey Required 2020" alert on the facility homepage to be directed to the online survey • Complete the "Facility Characteristics" section and scroll to the bottom to click "save" to submit your survey.

LONG-TERM CARE FACILITY (LTCF) COVID-19 Module Frequently Asked Questions

<p>CHANGE E-MAIL ADDRESS</p>	<p>How do I change my e-mail address if I have a SAMS grid card?</p>	<p>How to Change Email Address in NHSN:</p> <ol style="list-style-type: none"> 1. Go to https://sams.cdc.gov. 2. Log in with your current SAMS Credentials. 3. Once you gain access into NHSN and go to the USERS tab on the left navigational bar. 4. Select FIND and FIND again on the bottom of the screen. 5. Select your user profile and go to EDIT on the bottom of the screen. (This is will allow you to change the email address in the facility in NHSN) 6. Remember to click on SAVE to save your changes. <p>How to Change Email Address in SAMS:</p> <ol style="list-style-type: none"> 1. Go to https://sams.cdc.gov. 2. Log in with your current SAMS Credentials. 3. Click on My Profile in the upper right corner. 4. Then from the menu on the left select Change My Email. 5. Then just follow the prompts. 6. You'll have to click on the verification link you will receive at your new email address. <p>It takes about 48 hours for SAMS to process the request. An email will be sent once completed.</p> <p>Important: For users to continue to have access to the facility in NHSN, both email addresses in SAMS and NHSN must be the exact same.</p>
<p>FACILITY ADMINISTRATOR</p>	<p>We need to change the Facility Administrator. What is the process to change?</p>	<p>If you need to change your NHSN Facility Administrator, you can submit the change electronically by using this link: https://www.cdc.gov/nhsn/facadmin/index.html</p>
<p>FORGET PASSWORD</p>	<p>What do I do if I forget my NHSN password?</p>	<p>Contact the SAMS help desk for help in resetting password. User must remember responses to surety questions that were set-up during SAMS enrollment. SAMS may be reached by phone or e-mail for assistance with passwords, grid cards, e-mail changes, name changes, etc. samshelp@cdc.gov or toll-free at 877-681-2901</p>
<p>INTERNET BROWSER</p>	<p>What is the best Internet browser to use for NHSN?</p>	<p>To have the best experience with NHSN, use a recommended, up-to-date browser. We recommend: Internet Explorer 11 (latest version), Microsoft Edge (latest version), Chrome (latest version), Firefox (latest version), or Safari (latest version).</p> <p>Other browsers or older versions of the recommended browsers may work, however certain features may be incompatible. Please review the system requirements for</p>

LONG-TERM CARE FACILITY (LTCF) COVID-19 Module Frequently Asked Questions

		your specific browser (e.g., Internet Explorer: https://support.microsoft.com/en-us/help/11531/internet-explorer-system-requirements)
WRONG FACILITY TYPE	I selected the wrong facility type during enrollment. What do I need to do to correct my facility type?	<p>If you selected the incorrect facility type upon or after completing the enrollment process the resolution is to log into the facility and do the following:</p> <ul style="list-style-type: none"> • Select on the left-hand side> Facility>>Facility info>>>edit on the bottom of the screen. • This will allow you with the ability to change your facility type. • Choose the correct facility type in the drop-down menu. • Select “save” at the bottom of the screen.
USER ID	What is my User ID?	NHSN User ID is a label used to identify users in the NHSN application. The user id is created by the NHSN user during facility enrollment or when a new user is added to the NHSN application. Most users will set-up their NHSN User ID as being the first initial and last name (i.e. A Smith). The NHSN User ID can have up to 32 characters or numbers. It cannot be an email-address or contain any special characters (i.e. %\$&).

III. GROUPS AND UPLOADING DATA RELATED QUESTIONS

TOPIC	QUESTION	RESPONSE
DATA SHARING	Will health departments and CMS share my facility data?	Yes. Facility-level data will be publicly available on a CMS website. Group users are custodians of the data and assume data governance responsibilities for how the data are used and accessed - https://www.cdc.gov/nhsn/pdfs/groups-startup/group-data-use-guidance-508.pdf
ELECTRONIC SUBMISSION	Are you working towards developing an electronic submission for Health IT Developers to connect & submit the COVID Long-term Care Facility (LTCF) Resident Impact & Facility Capacity Forms?	Facilities looking to upload their data by working directly with a vendor will need to work with the vendor directly to provide their OrgID and establish the process. Vendors (e.g., EHR providers, EOC providers, etc.) intending to provide COVID-19 CSV uploads on behalf of NHSN facilities please submit an inquiry to NHSN@cdc.gov with the title “Vendor Support for NHSN COVID-19 Facility Reporting.” NHSN will follow up to confirm procedural details as the process may differ by vendor.

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CONFERRING RIGHTS	Does NHSN send COVID-19 data to CMS or do we need to confer rights?	CMS will receive the LTC COVID-19 data directly from CDC without rights conferral through the group function. However, if the user wants LTCF data shared with another entity, that will need to be done through the conferral of rights by the LTCF.
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IV. CMS RELATED QUESTIONS

TOPIC	QUESTION	RESPONSE
CMS ENFORCEMENT	Who do I contact if I have a question about a letter or CMS mandate?	For CMS mandates and enforcement-related questions, please email CMS directly: DNH_Enforcement@cms.hhs.gov
CMS MANDATES	How can I learn more about the CMS reporting mandates for LTCFs?	The NHSN LTCF COVID-19 website has information about CMS requirements for reporting - https://www.cdc.gov/nhsn/ltc/covid19/index.html . An FAQ document is also available for users - https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/faq-cms-datarelease-508.pdf
CCN PARTICIPATION DATE VS EFFECTIVE DATE	What is the CCN effective date?	The CCN effective date is also referred to as the CCN participation date. It is defined as the date in which the CMS Certification Number became active for the facility. The CCN and effective/participation date are required for CMS certified facilities as part of NHSN enrollment and participation in LTCF COVID-19 reporting mandates.
PURPOSE OF CCN EFFECTIVE DATE	What is the purpose of entering the correct CCN effective date/participation date?	The CCN Effective Date (also referred to as the participation date) is in place so that NHSN can provide appropriate data to CMS for facilities with CMS reporting requirements (for example, COVID-19 Module). For example, mandated data to be reported to CMS for a newly certified CMS facility would begin on the facility's CCN effective date. Another example, if a facility changes ownership and/or CCN, we need to know the effective data for the new CCN so NHSN can provide the appropriate data to CMS. Historically, this question has been important for acute care facilities with CMS reporting mandates and less important for LTCFs. However, with the COVID-19 mandates, we are now asking CMS certified SNFs/NHs to make every effort to enter the correct CCN effective date during enrollment.

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TOPIC	QUESTION	RESPONSE
CCN EFFECTIVE DATE	What if I don't know my CCN or CCN effective date/participation date?	For CMS certified SNFs/NHs, the CCN and effective date (participation date) will be required as part of COVID-19 mandates. Please refer to this look-up tool https://qcor.cms.gov/main.jsp and select "Basic Search" to the left under "Tools" to look up the correct CCN and effective date for the facility. If you find that your CCN in <u>NHSN</u> is incorrect, please use the following guidance document to either add or correct your CCN in the NHSN application https://www.cdc.gov/nhsn/pdfs/ltc/ccn-guidance-508.pdf
CCN	How do I update a facility CCN in NHSN?	If you find that your CCN in <u>NHSN</u> is incorrect, please use the following guidance document to either add or correct your CCN in the NHSN application https://www.cdc.gov/nhsn/pdfs/ltc/ccn-guidance-508.pdf
DATE CREATED	At the top of the pathway page, there is a "Date Created" and I'm unable to edit. How can I edit this date?	YOU CANNOT EDIT. Date Created is based on the first calendar date and time that a user manually enters and saves data or the date the facility first submitted a CSV file for a specific pathway. Note: The date and time will automatically generate once the "Save" button is selected and cannot be modified.
DATA RECEIVED	How will a facility know their data were received by CMS?	NHSN COVID-19 module does not have a feature that allows SNFs/NHs to verify their data were submitted to CMS. It is up to individual NHs to verify the correct CCN in the NHSN application and that all required data have been entered. The NHSN application does have a calendar feature that allows users to view complete and incomplete responses in individual pathways. On the calendar view, each pathway will be flagged as complete or incomplete based on all questions being answered for that pathway. Green == complete pathway/all questions answered; and tan = incomplete pathway/one or more missing data elements. A pathway that has not been started at all will not show on the calendar (white space). This functionality allows users to easily view the status all pathways.
STATE HEALTH DEPARTMENT REQUIREMENTS	Does reporting to NHSN also meet state health department requirements for my state? I received a noncompliance letter from the Department of Health.	NO. NHSN reporting may meet state reporting requirements. Please refer to your respective state on how to meet state reporting requirements. Additional information is discussed in CMS memo that is posted on NHSN LTCF COVID-19 website.

LONG-TERM CARE FACILITY (LTCF) COVID-19 Module Frequently Asked Questions

TOPIC	QUESTION	RESPONSE
<p>DISPREPANCY BETWEEN NHSN REPORTED DATA AND PUBLICALLY REPORTED DATA BY CMS</p>	<p>What if the data reported to NHSN is showing as incorrect in publicly reported CMS data?</p>	<p>NHSN submits all COVID-19 data to CMS on a weekly basis. Incorrect CMS data could be a result of incorrect data entry in the NHSN COVID-19 Module. For example, a facility submitting cumulative data every day instead of only the new data for the day or data submitted to NHSN more than once a week and submitting aggregate data weekly, all of which will result in incorrectly inflated counts.</p> <p>Here are some steps that may be taken to verify data entry:</p> <ol style="list-style-type: none"> 1. First, make sure you are looking at the correct time frame. CMS data are not in real-time like NHSN. 2. Look in NHSN COVID-19 Module and verify the numbers. This can be done using the Export feature at the bottom of the calendar, which will export the LTCF data into an Excel file. 3. Review the Frequently Asked Question document at https://www.cdc.gov/nhsn/pdfs/covid19/lctf/faq-cms-datarelease-508.pdf 4. Review detailed information about how CMS processes NHSN data here- https://data.cms.gov/Covid19-nursing-home-data 5. Contact CMS for questions about incorrect data by e-mailing NH_COVID_Data@cms.hhs.gov
<p>NHSN'S INTERMEDIATE / CHRONIC CARE FACILITIES FOR THE DEVELOPMENTALLY DISABLED</p>	<p>Are NHSN's Intermediate/chronic care facilities for the developmentally disabled considered as CMS certified facilities?</p>	<p>Yes. NHSN's Intermediate/chronic care facilities for the developmentally disabled are considered CMS certified facilities. CMS changed the name to intermediate care facilities for individuals with intellectual disabilities (ICF/IID) after NHSN LTCF Component was set-up.</p>

V. DATA ENTRY AND ANALYSIS RELATED QUESTIONS

TOPIC	QUESTION	RESPONSE
DATA ENTRY	Can I enter my COVID-19 data manually?	YES. Click on the date in the calendar for which data will be entered. Once questions have been answered, click SAVE. Saved data are automatically transmitted to CMS for CMS certified LTCFs.
DATA ENTRY ERRORS	Is it ok to go back in and correct data errors?	YES. Facilities are strongly encouraged to correct data entry errors, as well as incorrect data previously entered in the Module.
DATA SUBMISSION TO CMS	If our LTCF enters data manually in the COVID-19 Module, does the data automatically get sent to CMS or do we need to upload something?	NHSN automatically receives the manually entered data once the pathway is SAVED . NHSN will submit LTCF data to CMS every week. If you are manually entering data, you do not have to upload anything to NHSN. Once you save each pathway, you should see the pathway highlighted green to indicate all questions have been answered. Remember, if the answer is none--enter 0 so you get credit for answering.
DATA SUBMISSION TO CMS – FAIL QA CHECK	My facility continues to show weekly reporting to the NHSN for COVID-19, but then CMS informs us that we failed our QA check. How do I correct this?	If your facility is not meeting the QA checks for CMS, please click the CMS link https://data.cms.gov/Special-Programs-Initiatives-COVID-19-Nursing-Home/Nursing-Home-Data-QA/bqa5-3dzf to access the document which outlines the cleaning process that NHSN have done to the data and CMS final determination of the facility data prior to deciding whether the facility passed quality checks and posting of their data on the CMS website.
DOUBLE REPORTING COUNTS	Is there are risk of double counting?	Data submitted to NHSN are summary of new COVID-19 suspected, confirmed, and death cases since the last date a user submitted the data to NHSN or counted the resident or staff on the daily line list. The data will be analyzed and depicted accordingly to represent weekly incidence and avoid double-counting.
HOW OFTEN TO ENTER DATA	Do I have to enter data in the NHSN calendar every day?	NO. LTCFs are encouraged to report data in NHSN as often as possible. However, facilities must report a minimum of once per week (7 days). If data are entered more than once a week, it's important NOT to include duplicate counts (for example, do not roll over counts from the previous days). LTCFs are encourage to <i>either</i> report once per week (every 7 days) or more than once per week, but not both to decrease possibility of reporting duplicate counts.

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<p>MANUAL DATA ENTRY</p>	<p>After I manually enter my data is there anything else, I need to do to submit it to NHSN? Do I need to do something with the CSV options at the bottom of the calendar?</p>	<p>NO. Users have the option to either enter data manually OR use one of the available upload options. The CSV options you see at the bottom of the calendar are options for uploading data. This is not required, as many facilities will enter data manually. Once you've answered and saved all responses to questions, you are done. There is not a "submit" button.</p>
<p>RETROSPECTIVE COUNTS</p>	<p>Should I enter cumulative counts from January 1, 2020 until the end of April 2020?</p>	<p>Yes. LTCFs are encouraged to entered cumulative counts from January 1, 2020 by selecting a date <u>prior to</u> May 1, 2020 to enter any known cumulative counts (for example, total positive COVID-19 cases, total COVID-19 death counts, etc.). Prior to June 5, NHSN had a business rule that prevented the user from submitting counts if the total counts were greater than the total census for the date entering the counts. However, this business rule has been removed. If you attempted to enter retrospective counts and received the error message, please try again now. The only other question that will be required to answer when entering retrospective counts is <i>Testing: Does your facility have access to COVID-19 testing while the resident is in the facility</i> since this is a required question. Since you will not be able to submit the retrospective counts before answering this question, we encourage users to answer to the best of your ability, but do not let not knowing the answer prevent you from entering the facility total retrospective counts.</p>
<p>ZERO COUNTS</p>	<p>Do I still need to report if I have no new cases for the reporting week?</p>	<p>YES. Continue to report in the module since questions include a combination of counts and yes/no responses. If your facility has no new cases to report for a specific question, enter a 0 for that question. This is important since a blank field is equivalent to "missing data" for a pathway.</p>

LONG-TERM CARE FACILITY (LTCF) COVID-19 Module Frequently Asked Questions

EXAMPLES OF COUNTING DATA FOR REPORTING:

1. Example of how a LTCF can use a line list to collect counts for reporting. In this example, new counts are collected Friday through Thursday and entered in the NHSN LTCF COVID-19 Module on Fridays, allowing a full 7 calendar days to be included in the counts for the week of surveillance and reporting. Only new counts for each day are included. Some residents may be included in more than one count during the week. For example, a resident who initially starts off as “Suspected” may also get counted in the “Confirmed” count during the week if a COVID-19 viral test is collected and positive.

Week 5/29 - 6/4	NEW ADMITS	NEW CONFIRMED	NEW SUSPECTED	NEW TOTAL DEATHS	NEW COVID-19 DEATHS	COMMENTS
Friday 5/29	1	0	0	0	0	1 SNF resident with diagnosis of COVID-19 admitted and required transmission-based isolation. No confirmed, suspected, or deaths this day.
Saturday 5/30	0	3	4	0	0	3 residents with new COVID-19 positive test results (point of care testing); 4 residents put on isolation for symptoms (suspected)
Sunday 5/31	0	0	2	0	0	2 additional residents put on isolation for symptoms
Monday 6/1	0	2	1	3	2	2 residents with new COVID-19 positive test results; 1 new resident put on isolation due to respiratory symptoms and fever; 3 total residents died today- 1 heart attack and 2 COVID-19 related complications
Tuesday 6/2	0	1	5	1	1	3 new admissions, but none had COVID-19 diagnosis; 1 positive COVID-19 test result; 5 new residents put on isolation for symptoms; one new death today- from COVID-19. No other deaths today
Weds 6/3	0	3	0	0	0	3 positive COVID-19 test results
Thursday 6/4	1	1	0	3	1	1 new admit from hospitals (diagnosis of COVID-19- needs isolation); 1 newly confirmed resident; 3 new deaths, only 1 related to COVID-19
TOTAL FOR WEEK	2	10	12	7	4	These new counts entered in NHSN COVID-19 Module on Friday 6/5 for the week of 5/29-6/4.

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2. Example of how a LTCF can use a line list to collect counts for weekly reporting to NHSN. In this example, new counts are collected Thursday through Wednesday of each week and entered in NHSN COVID-19 Module on Thursdays of each reporting week. This allows a full 7 calendar days to be included in the counts for the week of surveillance and reporting.

Surveillance Period: Thursday 7/2- Wednesday 7/08	ADMISSIONS (admitted or readmitted with COVID-19 diagnosis and require transmission-based precautions)	CONFIRMED (residents with new COVID-19 positive test results)	SUSPECTED (residents who develop signs/symptoms and placed on transmission-based precautions)	TOTAL DEATHS (include deaths for any reason)	COVID-19 DEATHS (number of deaths that were related to COVID-19)
Thursday 7/2	1	0	3	1	1
Friday 7/3	0	2	1	2	1
Saturday 7/4	1	1	1	0	0
Sunday 7/5	3	0	4	1	1
Monday 7/6	0	3	2	0	0
Tuesday 7/7	1	1	0	3	2
Wednesday 7/8	0	2	3	0	0
Total for Reporting Week (reported in NHSN on Thursday 7/9)	6	9	14	7	5