

CMS Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes

The information below provides a detailed summary of the [QSO memo](#) issued by CMS on May 6, 2020. Navigate to a specific section by selecting it below:

Notifying Residents, Representatives, and Families of COVID Cases	1
Enforcement of COVID-19 Reporting to Residents, their Representatives, and Families (F885).....	3
NHSN Reporting COVID-19 Nursing Homes	3
NHSN Registration.....	3
NHSN Reporting Requirements and Timeline	4
Enforcement of COVID-19 Reporting to CDC (F884).....	5
Posting Facility-Level COVID-19 Data.....	6
Survey and Compliance Tools	6

Notifying Residents, Representatives, and Families of COVID Cases

The new COVID-19 reporting requirements at §483.80(g)(3) state nursing homes have to inform residents, their representatives, and families of confirmed or suspected COVID-19 infections among residents and staff. These notifications must be done by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other.

The latest guidance from CMS in this [QSO memo 20-29-NH](#) states that these new requirements go into effect as of May 8. This means the first notification could be required to occur by May 9 at 5 pm, should the facility have any of the resident and/or staff cases on May 8 as described by CMS as requiring notification. Therefore, it is important to have systems in place for making these notifications, or to adjust your current systems to meet these requirements.

AHCA/NCAL developed this [template notification](#) to assist you in providing these notifications. Please customize it as needed.

Who to Notify:

You must notify all residents, their representatives, and families, not just those with suspected or confirmed cases of COVID-19.

What to Notify:

- Any time a **single** new COVID-19 case is confirmed among residents or staff.
 - You do not need to identify whether the new case is a resident or staff member.
 - For purposes of reporting confirmed cases or clusters, CMS defines “staff” to include employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents in the facility, including nurse aides that have not yet completed a nurse aide training, competency, and evaluation program (NATCEP) but are providing services to residents.
- Any time **three or more** residents or staff have new onset respiratory symptoms within a 72-hour period.
 - The CMS memo states that respiratory symptoms consistent with COVID-19 are shortness of breath, difficulty breathing, new or change in cough, sore throat, or new loss of taste or smell; and, to a lesser extent, new sputum production, rhinorrhea, or hemoptysis. CMS also directs providers to CDC for more information on updated symptoms: [Symptoms of Coronavirus and Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#). Be sure to continue monitoring CDC guidance for updates on symptoms and report to the best of your knowledge and guidance at the time.
- In each notification, include information on mitigating actions implemented, including any changes to normal facility operations.

When to Notify:

- By 5 p.m. on the next calendar day following each occurrence of either a new confirmed infection or three or more residents or staff with new onset respiratory symptoms within 72 hours of each other.
- Weekly if no new notifications have otherwise occurred during the past week.

How to Notify (variety of possible formats):

- You may meet this notification requirement in a variety of ways including email listservs, website postings, recorded telephone messages, and written letters.
- You are not required to make individual telephone calls to each resident’s responsibly party to inform that there is a new confirmed case in the facility. CMS expects facilities “to make all reasonable efforts to properly inform” residents, their representatives, and families of the required information.

Cumulative Cases:

Each notification should provide a cumulative total of confirmed cases. You do not need to provide separate counts of new versus total cases. For example, if you previously had 2 cases, but now have 2 more cases confirmed, your next update would state, “Our facility has 4 confirmed COVID-19 cases.”

Weekly Notifications:

- Notifications must be provided on a weekly basis at a minimum.

- If a facility has provided any (1 or more) resident/representative/family notifications in a given week due to having a new confirmed case and/or a new 72-hour cluster of 3 cases, they do not need to do an additional weekly notification in that same week.
- A separate weekly notification is only required if you had no new confirmed cases or 72-hour clusters of 3 to report on in that week. That separate weekly notification would be a general status update indicating existing cumulative totals of confirmed cases and information on mitigating actions being taken.

Privacy Protections:

Make sure your notifications do not include any personally identifiable information such as names, locations within the facility, or specific medical information.

Notifications of Resident Change of Condition

You must continue to notify the resident, physician, and representative of a resident's change in condition, including if they have suspected or confirmed COVID-19 (according to §483.10(g)(14)(i)(B), Notification of Changes (F580)).

Enforcement of COVID-19 Reporting to Residents, their Representatives, and Families (F885)

CMS has established a new F-Tag, F885, based on the new requirement to inform residents, their representatives, and families of COVID cases. CMS has not provided a grace period for implementation of this requirement. Survey review for compliance with F885 is included in the "[COVID-19 Focused Survey Protocol](#)" document and will occur onsite by State and/or Federal surveyors. Enforcement actions will follow the [focused Infection Control survey process](#). For enforcement-related questions, please email: DNH_Enforcement@cms.hhs.gov.

NHSN Reporting COVID-19 Nursing Homes

CMS will begin posting data from the CDC National Healthcare Safety Network (NHSN) for viewing by facilities, stakeholders, or the general public.

NHSN Registration

Facilities should immediately register and gain access to [NHSN LTCF COVID-19 Module](#).

Overview of process:

1. Step 1 – Update email/internet security settings to receive communications from NHSN
2. Step 2
 - a. Step 2A – Register Facility with NHSN
 - b. Step 2B – Register with SAMS (Security Access Management System) – After NHSN receives your completed registration, you will receive *Invitation to Register with SAMS* via email
3. Step 3 – Complete NHSN Enrollment – on SAMS homepage, click the link labeled "NHSN LTC Enrollment" and complete facility contact information
4. Step 4 - Electronically Accept the NHSN Agreement to Participate and Consent sent via email to NHSN Facility Administrator and Component Primary Contact (may be the same person)

Resources and Training:

- NHSN provides an overview of the process on their [LTC Enrollment website](#) and a PDF [Enrollment Guidance Document](#) with screen shots of the process.
- NHSN also has live trainings scheduled for May 12 and 14th. Registration information and slide decks are available on the [NHSN LTCF COVID-19 Module](#) website.

Important notes:

- During enrollment, you will designate a person to serve as the NHSN Facility Administrator or Group Administrator (one person can be both).
- The CMS Certification Number (CCN) must be entered correctly into the NHSN system so CMS can confirm the facility has met the reporting requirement.
- The facility should only enroll in NHSN once. If previously enrolled, submit an email to nhsn@cdc.gov for assistance.

If you experience problems during enrollment, please contact the NHSN user support nhsn@cdc.gov.

NHSN Reporting Requirements and Timeline

NHSN reporting requirements and links to the pathways forms are listed below.

- Suspected and confirmed COVID-19 infections among residents and staff, including residents
- previously treated for COVID-19
- Total deaths and COVID-19 deaths among residents and staff;
- Personal protective equipment and hand hygiene supplies in the facility;
- Ventilator capacity and supplies in the facility;
- Resident beds and census;
- Access to COVID-19 testing while the resident is in the facility;
- Staffing shortages; and
- Other information specified by the Secretary.

Providers can use the following pathways forms to collect the data and then electronically submit through the NHSN system once enrolled.

- [COVID-19 Resident Impact and Facility Capacity Pathway Form](#)
- [COVID-19 Staff and Personnel Impact Pathway Form](#)
- [COVID-19 Supplies and Personal Protective Equipment Pathway Form](#)
- [COVID-19 Ventilator Capacity and Supplies Pathway Form](#)

The first reporting is due by 11:59p.m. Sunday, May 17, 2020. To be compliant, facilities must adhere to the following guidance:

- Submit the data through the NHSN reporting system at least once every seven days.
- Maintain consistent data collection and reporting periods. Each Monday, CMS will review data submitted to assess if each facility submitted data at least once in the previous seven days.
- Facilities may submit multiple times a week although reporting should remain consistent with data being submitted on the same day(s) each week. Collection period should remain consistent.

- Keep in mind that reporting is a requirement for all facilities, regardless of COVID-19 status. In other words, even if there are zero COVID-19 cases in your facility, you still need to report.
- Other important reporting notes:
- Nursing homes will be able to view their data in the NHSN application upon data submission. NHSN's analysis and reporting features allows nursing homes to quickly verify that their data have been received.
- Data pulled by CMS on Mondays will also be used to update data that is publicly reported.
- State and local health departments can report this information on behalf of the provider, but the accountability to report in accordance with the regulation will still fall to the nursing home.
- While the NHSN system has capability for retrospective reporting from January 2020 onward, there is no requirement in the rule to collect older data.

Enforcement of COVID-19 Reporting to CDC (F884)

CMS has established a new F-Tag F884, COVID-19 reporting to CDC. Survey review for compliance with F884 is included in the "[COVID-19 Focused Survey Protocol](#)" document. **Only** CMS federal surveyors will review for compliance with F884 offsite and state surveyors should not cite this F-tag.

CMS will receive the CDC NHSN COVID-19 reported data and review for timely and complete reporting of all data elements. Regulation requires a minimum of weekly reporting. Facilities that are identified by CMS as not reporting timely and/or complete data, following the grace period, will receive a deficiency citation at F884 with a scope and severity level at an F and be subject to imposition of a civil money penalty (CMP).

Important note: Centers must report data on all four pathways, even if information did not change from previous reporting period.

Schedule of enforcement CMPs

- May 24, 2020 at 11:59 pm: Two-week grace period ends
- May 31, 2020 at 11:59 pm: Facilities that fail to begin reporting receive a warning letter
- June 7, 2020 at 11:59 pm: Facilities that have not started reporting into NHSN will have a per day CMP of \$1,000 for one day of the failure to report that week imposed by CMS.
- Each subsequent week : Facilities that fail to submit the required report, will receive an additional one day per day CMP imposed at an amount increased by \$500. If facility reports in week 6, but then fails to report in week 7, a one-day PD CMP amount of \$2,000 (which is \$500 more than the last imposed PD CMP amount) for total CMPs imposed \$4,500.

The CMS memo states that the presence of COVID-19 in a nursing home does not automatically mean that noncompliance exists and that it will not use the NHSN data to penalize nursing homes for the presence of COVID-19; surveyors will only cite for noncompliance with federal requirements for infection prevention and control based on their survey investigations using existing survey tools.

For enforcement related questions, providers should contact DNH_Enforcement@cms.hhs.gov.

Posting Facility-Level COVID-19 Data

CMS plans to publicly post CDC's NHSN data (including facility names, number of COVID-19 suspected and confirmed cases, deaths, and other data as determined appropriate) weekly on <https://data.cms.gov> by the end of May.

Survey and Compliance Tools

Until further notice, surveys will continue to be conducted in accordance with [CMS memorandum QSO-20-20-All](#), which includes surveying for Immediate Jeopardy allegations and Focused Infection Control surveys.

COVID-19 Focused Survey for Nursing Homes

Providers should use the revised "[COVID-19 Focused Survey for Nursing Homes](#)" to perform their self-assessment. This revised tool will be used to evaluate compliance with two new F-Tags (F884 and F885) pertaining to the new requirements at §483.80(g) as noted above.

Other Survey Tools Updated

Visit the Survey Resources folder in the [COVID-19 Focused Survey \(zip file\)](#) sub-folder on the CMS Nursing Homes website for other survey tools that have been updated including Entrance Conference Worksheet, COVID-19 Focused Survey Protocol, and Summary of the COVID-19 Focused Survey for Nursing Homes.