



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-25-11-NH

DATE: December 31, 2024

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Long-Term Care (LTC) Facility Acute Respiratory Illness Reporting Requirements

Memorandum Summary

- **Acute Respiratory Illness Reporting Requirements:** The LTC facility requirements for reporting COVID-19-related data expired on December 31, 2024, except for reporting COVID-19 resident and staff vaccination status. On November 1, 2024, the Centers for Medicare & Medicaid Services (CMS) released the Calendar Year 2025 Home Health Prospective Payment System Rate Update. The rule broadens the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) reporting requirements for nursing homes. Beginning on January 1, 2025, LTC facilities are required to electronically report information about COVID-19, influenza, and respiratory syncytial virus (RSV) in a standardized format and frequency specified by the Secretary.
- **Survey Process and Enforcement:** CMS expects LTC facilities to comply with all facility requirements. These requirements will be incorporated into the survey process once guidance to LTC facility surveyors is released.

Background:

CMS published an Interim Final Rule with Comment (IFC) (CMS-5531-IFC) in 2020, requiring all LTC facilities to report COVID-19 information using the Center for Disease Control (CDC) National Healthcare Safety Network (NHSN) (42 CFR § 483.80(g)). A final rule (CMS-1747-F) extended the reporting requirements until December 31, 2024.

On November 1, 2024, CMS released new acute respiratory illness reporting requirements as part of the Calendar Year 2025 Home Health Prospective Payment System Rate Update. These new requirements replace the COVID-19 reporting standards at § 483.80(g). The new data elements that LTC facilities are required to report are: facility census; resident vaccination status for COVID-19, influenza, and RSV; confirmed resident cases of COVID-19, influenza, and RSV (overall and by vaccination status); and hospitalized residents with confirmed cases of COVID-19, influenza, and RSV (overall and by vaccination status). CMS continues to believe that

sustained data collection and reporting of respiratory illnesses outside of emergencies will help LTC facilities gain important insights related to their evolving infection control needs.

The NHSN Long-Term Care Facility COVID-19 Module is available and has been updated to include the new data elements that nursing homes must report. Facilities should immediately gain access to the NHSN system and visit the home page for important information, including how to register: <https://www.cdc.gov/nhsn/>.

Survey Process and Enforcement:

CMS will develop guidance for surveyors to evaluate compliance with the new acute respiratory illness reporting requirements and provide information on enforcement actions for non-compliance. Once surveyor guidance and enforcement action information are developed, CMS will provide notification that the new requirements have been incorporated into the LTC facility survey process. This memo supersedes QSO-20-29-NH Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes.

Note: This does not alter the effective date of the regulatory requirement for reporting. Therefore, facilities are still required to report data as specified in the requirements.

Contact:

For questions or concerns relating to this memorandum, please contact DNH_TriageTeam@cms.hhs.gov.

Effective Date:

Immediately. Please communicate to all appropriate staff within 30 days.

	/s/	
Karen L. Tritz		David R. Wright
Director, Survey & Operations Group		Director, Quality, Safety & Oversight Group

Resources to Improve Quality of Care:

Check out CMS's new [Quality in Focus](#) interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.

Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the [Quality, Safety, & Education Portal Training Catalog](#), and select [Quality in Focus](#)

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