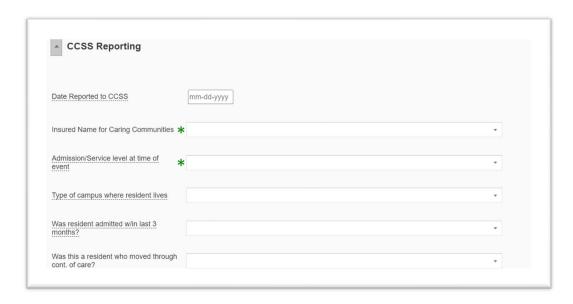# CCSS Reporting – How To

If you have the "Risk Manager" role in PEER, you will have access to the "CCSS Reporting" section on the event form after it is submitted. Note: Only Risk Managers can see this section.

The CCSS Reporting section is located at the bottom of the event form.

To submit to Caring Communities, you will need to complete this section and select "yes" in the Submit File to CCSS field.

Select "Save & Exit"

PEER runs a check on the system 4 times per day and will submit all the events marked as "yes" in the Report to CCSS in a bulk export.

Filling out the CCSS form questions

Some information that is sent over to Caring Communities, is sent from other sections in the event form that have already been completed. *These are: general event type, event date, severity, and brief factual description.* It may be a good idea to review the event form and ensure that all information is complete and accurate.

You will also want to complete the following fields in the CCSS section:

Date Reported to CCSS: Enter the current date

Insured Name for Caring Communities:

- Majority of communities will see the option "Use Organization Name" – if this is what you see, please select this as the value to let the system know to report the incident using your Organization name.
- If you have options in this drop down and do not see "Use Organization Name" this means that Caring Communities has multiple ID's for your organization, please select the appropriate location from the options provided

Admission/Service Level at the time of the event – Select the level of care that corresponds to the categories at Caring Communities

Injury to be reported to CCSS – indicate the injury type

Additional fields in the CCSS section that you may opt to complete:

Type of Campus where the resident lives – select the option that best describes

Was resident admitted w/in last 3 months? – select yes/no

Was this resident moved through the cont. of care? Select appropriate response

Type of Facility Where Event Occurred – select the appropriate response

Body Part Affected - select appropriate response

Information Provided by – First Name – list your first name

Information Provided by - Last Name – List your last name

Title/Position – List your title

Event Reported To – select the appropriate response

Bedrails in Use - select the appropriate response

Was Resident/Family Complaint Received - select the appropriate response

If reported to the family, rate their response - select the appropriate response

Additional Information about the event – list any additional information

Confirmation of CCSS submission:

If you do not receive a confirmation email from Caring Communities that your incident was submitted within 24 hours of submission, please check that you selected "yes" for Submit File to CCSS? If you did, please reach out to Linda Durbin at FSA (durbin@fsainfo.org) to troubleshoot the issue.