**SSA/SONGH-13-001**

**Attachment M**

**Children’s Services Outcomes Measurement System (CSOMS)
Screen Requirements and Instructions**

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The purpose of this document is to clearly identify data elements that are required to be entered for outcomes measurement. All forms and fields not identified as required may be used at the provider’s discretion to create a more comprehensive case record.

**Overview**

The CSOMS wizard is used to create a new placement admission and should be completed as soon as possible but no later than 30 days after admission. The wizard has a total of 18 data collection screens based on information that is typically available or obtained during the youth’s admission to placement. The case is officially created in the system after completing the first 4 screens. Some wizard screens:

* can be skipped when information is unavailable or not applicable to the youth as indicated by a command button labeled **skip > >** at the bottom of the screen.
* allow for recording multiple records (for example, more than one family member) as indicated by a command button labeled **Save & Add Another** at the bottom of the screen.

Throughout the system, when completing a form, all fields with a:

* \* red asterisk must be completed in order to save information entered in the form.
* + blue plus sign need to be completed before the youth can be discharged from placement.

Some fields on a form may only be required based on another field selection. For

example, on the Placement Information Step 1 of 18, the “Referring Agency (LLA)” field will require the Identification number for the youth at the Referring Agency in the fields relating to the “Youth client ID # with other Agencies”. In any required field, *INA* (information not available) may be used when the information required has not been provided by the referring agency. Case requirements to be met before youth is discharged from placement are listed in the Case Close Requirements section under the Discharge from Placement form (Placement tab). These requirements may include information data in a field, form or combination of forms based on the status of the youth.

**I. Wizard Screens**

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**The first four screens are required to create the case and must be completed within 24 hours of admission.**

1. **Placement Information**

This form is required to create the case.

\*Note: Local Lead Agency (LLA) refers to the referring agency, Vendor/Provider is your program, LSS stands for local school system *not* local social services.

1. **Case Child**

This form is required to create the case.

1. **Case Child Information**

This form is required to create the case.

1. **Referral Reasons**

This form is required to create the case. It is not necessary to add DSM-IV diagnoses here as they will be input on a later form.

1. **Local Lead Agency**

This entire form is optional.

1. **Family Members**

Starred information on this form is required prior to discharge.

1. **Addresses**

This entire form is optional.

1. **Legal Guardian**

Starred information on this form is required prior to discharge.

1. **Youth Legal Status**

Starred information on this form is required prior to discharge.

1. **Youth Insurance**

This entire form is optional. Starred information on this form is required prior to discharge

1. **Federal Census Codes**

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This form not required to be completed in the wizard. This information will be required in the case itself if the youth has an IEP.

1. **Youth Education Environment**

Starred information on this form required prior to discharge.

1. **Youth Employment**

Starred information on this form required prior to discharge.

1. **Youth Physicians/Clinicians** This entire form is optional.
2. **Clinical Information**

Information on this form is required within 30 days of admission.

1. **Diagnostic Evaluations** This entire form is optional.
2. **History**

This entire form is optional.

**II. CASE FORMS**

These are the various forms you will see under each tab after the case has been

created. Once the case has been created, you may update each of these forms at any time.

**A. FAMILY TAB**

1. **Case Child Information**

This form is populated by wizard screens 1 and 3.

1. **Family Members**

This form is populated by wizard screen 6. Starred information is required prior to discharge.

1. **Legal Guardian**

This form is populated by wizard screen 8. Starred information is required prior to discharge.

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1. **Addresses**

This screen is populated by wizard screen 7. All information is optional.

1. **Youth Legal Status**

This screen is populated by wizard screen 9. Starred information is required prior to discharge.

1. **Living Environment**

This form must be updated every time the youth is AWOL, hospitalized or detained overnight. It must also be updated when youth returns to placement.

1. **Youth Insurance**

This form is populated by wizard screen 10. All information is optional.

1. **Youth Education/IEP**

This form is populated by wizard screen 11. Starred information is required prior to discharge.

1. **Youth Education Environment**

This form is populated by wizard screen 13. This form must be updated if the youth changes schools while in placement.

1. **Vendor Case Ownership**

This form is used only if provider is assigning cases to specific individuals within the program or organization.

**B. CLINICAL TAB**

1. **Youth Physicians/Clinicians**

This form is populated by wizard screen 15. All information is optional.

1. **Clinical Information**

This form is populated by wizard screen 16. Updates are optional.

1. **Diagnostic Evaluations**

This form is populated by wizard screen 17. Updates are optional.

1. **Medical Activities**

This entire form is optional.

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**5. Clinical Services Provided**

This form must be updated monthly with a list of services that were scheduled and those that actually were delivered.

**C. PLACEMENT TAB**

1. **Placement Information**

This form is populated by wizard screen 1.

1. **Local Lead Agency**

This form is populated by wizard screen 5. All information is optional.

1. **Referral Reasons**

This form is populated by wizard screen 4.

1. **Admission Information**

This form is populated by wizard screen 1.

1. **Discharge from Placement**

This screen is must be completed within 24 hours of discharge. Case requirements that must be met prior to discharge will be listed under this form. The discharge CANS assessment must be completed within 30 days of discharge.

**D. CONTACT NOTES TAB**

**1. Contact Notes**

This entire form is optional.

**E. POC TAB**

This entire tab is optional.

1. **WORK TAB**

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**1. Youth Employment**

This form must be completed if the youth works and must be updated whenever the youth changes or terminates employment.

1. **ATTENDANCE TAB**

This form must be updated monthly.

1. **REVIEWS TAB**

This form must be updated for 90 day treatment plan reviews. Review notes are optional.

**ANNUAL AUDIT REPORT REQUIREMENTS**

The audit submitted must be expanded to include procedures that give assurances of program integrity, compliance with applicable laws and regulations, and the propriety of use of funds. It must contain all of the following:

* Statement that the Generally Accepted Accounting Principles and the Generally Accepted Auditing Standards established by the American Institute of Certified Public Accountants was followed.
* Opinion Statement on Financial Statements.
* Report on Compliance.
* Comments on Prior Audit findings and completion of Corrective Actions, if applicable.
* Financial Statements

1. Balance Sheet,

2. Statement of Revenue and Expense, and

3. Functional Distribution of Expenses

a. Basic Care

b. Special Education

c. Management and General

Other Schedules

1. Identification of the specific sources of funds received;

2. Comparison of budgeted expenses to actual expenses;

3. Computation of rate determination for actual cost of care per month;

4. Comparison of payment rate to actual rate from 3; and

5. Determination of overpayment and underpayment per service function.

For Contractors having more than one contract with SSA, discrete Financial Statements and Other Schedules must be provided for each contract, i.e., there must be an audit of each entity as well as a separate accounting for each SSA- funded program. Contractor having contracts with other units of DHR or other Executive Departments of the State of Maryland, other States, Federal sources, etc., must list each source of revenue, amount of contract, services provided, etc., separately.

The annual audit report of the Contractor’s financial records must be submitted from an independent certified public accountant to the Social Services Administration, 311 W. Saratoga Street, 5th Floor, Baltimore, MD 21201, Attn: Audit Coordinator and the Office of the Inspector General, 100 S. Charles Street, Room 1608, Baltimore, MD 21201 in the format specified by December 2. Submission of this report to another party does not fulfill this requirement.