Chapter 9 – Children's Functional Assessment Rating Scale (CFARS)

Table of Contents

I. De	ocument Revision History	2
II. Ge	eneral Policies and Considerations	3
II.A.	Contractors Required to Submit CFARS Data	3
II.B.	Adding a CFARS Record	3
II.C.	Updating CFARS Records	3
II.D.	Deleting CFARS Records	3
III. Ch	hildren's Functional Assessment Rating Scale Data File Layout (CFARS)	4

Table 1. Document Revision History	2
Table 2. CFARS Record Deletion File Layout	3
Table 3. CFARS Data File Layout	

I. Document Revision History

	Document Revision History				
Version Number	Effective Date	Revision Date	Description	Author	
11.0	07/01/2015	04/13/2015	Completed Version 11.0	SAMH Data Unit	
11.1	07/01/2015	04/30/2015	Completed Version 11.1 revisions	SAMH Data Unit	
11.1.1	07/01/2015	05/29/2015	Completed Version 11.1.1 revisions	SAMH Data Unit	
11.1.2	07/01/2015	06/22/2015	Completed Version 11.1.2 revisions	SAMH Data Unit	
11.1.3	07/01/2016	08/20/2016	Completed Version 11.1.3	SAMH Data Unit	

Table 1. Document Revision History

II. General Policies and Considerations

II.A. Contractors Required to Submit CFARS Data

1. Contractors that provide children mental health services or services to children who are dually diagnosed are required to submit Children's Functional Assessment Rating Scale (CFARS) data.

II.B. Adding a CFARS Record

- 1. A CFARS should be completed for every child over five years of age at the beginning of an episode of care, at six month intervals thereafter and at discharge.
- 2. A demographic record must exist for the same SSN, CONTRACTORID, and PROVIDERID.
- 3. The CFARS manual and certification training may be found at http://www.myflfamilies.com/service-programs/substance-abuse/SAMHIS.

Use of the manual when completing ratings is necessary to ensure reliable and valid ratings. A copy of the rater's certification must be placed in the rater's employment file. Questions regarding certification should be sent to SAMH@myflfamilies.com.

II.C. Updating CFARS Records

1. A CFARS record can be updated by submitting a record with the same key fields. Refer to the mandatory key fields in Table 3 to identify the record to update. If the key fields match the record will be updated, otherwise it will be added.

II.D. Deleting CFARS Records

1. To delete a CFARS record, a CFARS deletion file must be submitted according to the file layout in Table 2.

Field	Position	Length	Format
SSN	1	9	XXXXXXXXX
CONTRACTORID	10	10	XX-XXXXXXX
PURPOSE	20	1	Х
EVALDATE	21	8	YYYYMMDD
PROVIDERID	29	10	XX-XXXXXXX

Table 2. CFARS Record Deletion File Layout

III. Children's Functional Assessment Rating Scale Data File Layout (CFARS)

Field Name	Pos	Type / Size	Edits and Validations	
SSN (Mandatory Key)	1	CHAR(9)	Format: XXXXXXXXMust match SSN in DEMO record.	
	Descriptions and Instructions: Social Security Number - See General Policies and Considerations on Adding a CFARS Record.			
CONTRACTORID (Mandatory Key)	10	CHAR(10)	 Format: XX-XXXXXXX Contractor must be registered in SAMHIS. 	
			Must match CONTRACTORID in DEMO record.	
		•	structions: Contractor Identification Number - The contractor id is r Identification Number of the entity which holds a contract with DCF.	
PURPOSE	20	CHAR(1)	Must be 1 through 4.	
(Mandatory Key)	Descriptions and Instructions: Purpose Code - Indicate the purpose code of the assessment. Refer to the FARS/CFARS Purpose of Assessment Codes Table in Appendix 5 – Data Code Tables. Note: Changed from DCFPURP to PURPOSE and deleted code 5 as of 07/01/2015.[1] Admission[3] Discharge			
		-Month Assess		
EVALDATE	21	CHAR (8)	Format: YYYYMMDD	
(Mandatory Key)			• Must be >= client's date of birth and <= system date.	
			 Must be within the begin and end date of the contract in CONTNUM1. 	
	Descriptions and Instructions: Evaluation Date - The date on which this evaluation is conducted.			
PROVIDERID	29	CHAR(10)	Format: XX-XXXXXX	
(Mandatory Key)	Deee	intions and In	Provider must be registered in SAMHIS.	
	Descriptions and Instructions: Provider Identification Number - The provider id is the Federal Employer Identification Number of the entity which provides the service to the client.			
PROGPURP	39	CHAR(1)	Space filled.	
	Descriptions and Instructions: Program Evaluation Purpose - No longer used as of July 1, 2015.			
EDULEVEL (Mandatory)	40	CHAR(2)	Must be 01 through 07.	
	Descriptions and Instructions: Education Level - Indicate the degree level of the staff completing the CFARS. Refer to the Staff ID Education Codes Table in Appendix 5 – Data Code Tables.			
FMHINUM	42	CHAR(9)	Must be the 9 digit FMHI Certification Number.	
(Mandatory)	Descriptions and Instructions: Florida Mental Health Institute Number - Enter the nine digit FMHI Certification Number of the person who completed the Problem Severity Ratings. This is the ID number received upon successful completion of the CFARS Rater Certification test.			
SAHIST	51	CHAR(1)	• Must be 0 or 1.	
(Mandatory)				
	Descriptions and Instructions: Substance Abuse History Status - Indicate whether or not the client being evaluated has abused drugs or alcohol within the past six months.			
		•] No [1] Yes	
		[0		

Table 3. CFARS Da	ata File Layout
-------------------	-----------------

Field Name	Pos	Type / Size	Edits and Validations	
Enter the appropriate problem severity code for the following 16 scales. (Positions 52 through 67.)				
[1] No Problem[4] Slight to moderate problem[7] Severe problem				
[2] Less than slight	problen	n [5] i	Moderate problem [8] Severe to extreme problem	
[3] Slight problem		[6]	Moderate to severe problem [9] Extreme problem	
DEPRESS	52	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 	
	Desc	riptions and In	structions: Depression Scale.	
ANXIETY	53	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 	
	Desc	riptions and In	structions: Anxiety Scale.	
HYPERACT	54	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 	
	Desc	riptions and In	structions: Hyper Activity Scale.	
THOUGHT	55	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 	
	Desc	riptions and In	structions: Thought process Scale.	
COGNITIV	56	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 	
	Desc	riptions and In	structions: Cognitive Performance Scale.	
MEDICAL	57	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 	
	Desc	riptions and In	structions: Medical / Physical Scale.	
TRAUMATI	58	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 	
	Desc	riptions and In	structions: Traumatic Stress Scale.	
SUBSTANC	59	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 	
	Desc	riptions and In	structions: Substance Abuse Scale.	
RELATION	60	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 	
	Desc	riptions and In	structions: Interpersonal Relationships Scale.	
BEHAVIOR	61	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 	
	Desc	riptions and In	structions: Behavior in Home Setting Scale.	
ADLFUNCT	62	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 	
	Desc	riptions and In	structions: ADL Functioning Scale.	
SOCLEGAL	63	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 	
	Desc	riptions and In	structions: Socio-Legal Scale.	
WORKSCHO	64	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 	
	Desc	riptions and In	structions: Work / School Scale.	

DCF Pamphlet 155-2 Chapter 9 (CFARS)

Field Name	Pos	Type / Size	Edits and Validations		
DANGSELF	65	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 		
	Descriptions and Instructions: Danger to Self Scale.				
DANGOTH	66	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 		
	Desc	riptions and In	structions: Danger to Others Scale.		
SECURITY	67	CHAR(1)	 Must be 1 thru 9 if PURPOSE = 1, 2 or 3. (Mandatory) Must be blank if PURPOSE = 4. 		
	Desc	riptions and In	structions: Security Management Scale.		
PROVINFO	68	CHAR(20)	Left justified, space filled.		
	Descriptions and Instructions: Provider Information - Local use only.				
CONTNUM1 (Mandatory)	88	CHAR (5)	• Must be a valid and active SAMH contract number that is in the Florida Accountability Contract Tracking System (FACTS).		
	Descriptions and Instructions : Contract Number 1 - Contract under which the services were provided.				
CONTNUM2	93	CHAR (5)	Format: XXXXX; space filled.		
	Descriptions and Instructions: Contract Number 2 - No longer used as of 07/01/2015.				
CONTNUM3	98	CHAR (5)	Format: XXXXX; space filled.		
	Descriptions and Instructions: Contract Number 3 - No longer used as of 07/01/2015.				
MEDRECPID	103	CHAR (10)	Space filled.		
		riptions and In /2015.	structions: Medicaid Recipient Paid - No longer used as of		
MEDPROVID	113	CHAR (9)	Space filled.		
	Descriptions and Instructions: Medicaid Provider Id - No longer used as of 07/01/20				
MEDPLANID	122	CHAR (2)	Space filled.		
	Desc	Descriptions and Instructions: Medicaid Plan Id - No longer used as of 07/15/2015.			
CNTYSERV	124	CHAR (2)	Must be between 01 and 67 or space filled.		
	Descriptions and Instructions: County of Service - Indicate the county where the CFARS was completed. Refer to the Florida County Codes Table in Appendix 5 – Data Code Tables.				

IV. Pamphlet 155-2 Chapters, Appendices and Forms

1. The Pamphlet 155-2 chapters, appendices and forms can be found at:

http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v11