

Chapter 8 Functional Assessment Rating Scale (FARS)

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Revision History:

Version 10.1

- ◆ Update document footers.
- ◆ Page 1 – Added language stating FARS is not required for CSU stays.
- ◆ Page 2 – Added URL for FARS on-line training site.
- ◆ Page 4 – Changed wording on # 3 DCF Evaluation, # 4

Version 10.2

- ◆ Update document footers.
- ◆ Page 1 – removed subsection ‘g.’
- ◆ Page 2 – removed reference to Dr. Jane Streit.

Version 10.3

- ◆ Created Table of Contents
- ◆ Moved Revision History to beginning of chapter
- ◆ Updated document footer

I. General Policies and Considerations

A. Providers Required to Submit FARS Data

1. All providers, who are contracted with the district SAMH office, or subcontracted through a lead agency, Administrative Services organization (ASO) or Managing Entity (ME) to provide either adult mental health services or services to adults who are dually diagnosed.

B. General Policies Related to FARS Data

1. The measure will be used in community settings and state mental health treatment facilities and is an integral part of the Community Needs Assessment (CNA) for clients referred from community to state mental health treatment facilities and from these facilities back to community.
2. A Functional Assessment Rating Scale is completed for every adult who is to be served in an adult mental health target population group at the beginning of an episode of care, at 6 month intervals thereafter, and at discharge. This includes clients who are between the ages of 18 to 20, served in a Department of Juvenile Justice or Medicaid funded setting, and who may elsewhere be classified as children or adolescents.

A FARS should **NOT** be completed for clients who:

- only receive a one time assessment service and are immediately discharged
OR
- are served in “Medication Only” settings. “Medication Only” clients will be rated with the MGA-F-R completed by qualified clinicians. FARS ratings “for “med only” clients are optional.
- FARS are not required when a client is admitted and discharged from a crisis stabilization unit (CSU).

Changes to any other level of service will require administration of the FARS.

3. If a client for whom a FARS has been completed is not seen for an interval of 30 or more days, a FARS record indicating an administrative discharge should be submitted to the SAMHIS system.
4. Data items specified as mandatory are required and must be collected at the time of admission, every six (6) months after admission, and at the time of discharge.
5. If a domain is not applicable to the client, the item should be rated ‘1’ (“no problem”).
6. Like the Children’s Functional Assessment Rating Scale (CFARS), the FARS is required at admission, 6 months, and discharge for each episode of care. Administration at the time of any significant clinical change is encouraged and results may be entered in the state data base more frequently if desired. If additional FARS are done and submitted, the Purpose code should be ‘6.’
7. The FARS 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.

The FARS form may be found at: <http://www.myflfamilies.com/service-programs/substance-abuse/SAMHIS/data-forms> Questions regarding certification should be directed to Sarah Griffith, sarah_griffith@dcf.state.fl.us, 850-717-4785.

8. The FARS may be entered into the SAMHIS data system through online data entry screens or through file transfer protocol (FTP).
9. Raters must be certified and be a member of the individual's treatment team (this would include case managers). The certification for FARS and CFARS is not interchangeable. Raters must have the requisite background and must have passed the certification for each instrument in order to administer and score the FARS or CFARS.
10. Provider agencies are encouraged to provide periodic trainings for FARS raters in order to encourage reliable and valid ratings. On-line training is available at the following URL: <http://myflfamilies.com/service-programs/substance-abuse/SAMHIS>

C. Relationship of Records in the FARS Data Set to Records in other Data Sets

1. "Parents" of FARS Data

Demographic data are the "parent" of FARS data. This means that the SAMH system will only accept a FARS record if there is a pre-existing demographic record for the client in the state database. The link between the demographic data set and the FARS data set is based on the provider ID + client ID (SSN)

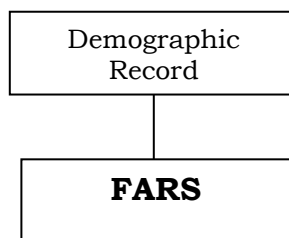
2. "Children" of FARS Data

FARS data does not have no "children" data.

3. "Orphan" FARS Data

The SAMH system will reject a FARS record as an orphan record, if there is no demographic record in the system with matching Provider ID and Social Security Number. The system will only accept a FARS record with a DCF Evaluation/Purpose code of 1 if the record is for a new admission. The system will also only accept a FARS record with a DCF Evaluation/Purpose code of 2, 3, 4, or 5 if there is a pre-existing FARS record for the same client with a DCF Evaluation/Purpose code of 1.

Relationship Diagram



D. Removing Undesired Records (DELETION RECORDS)

1. A FARS record that has already been accepted to the SAMH system can be deleted. This should only be done if one of the record keys has changed. If any other data field needs to be corrected, the current record should be updated and submitted, causing the existing record to be updated. A list of the record key fields and details is contained in the chart in 4.d below.
2. On-Screen: Retrieve the record needing Deletion using the VIEW Information Navigation button. Once the specific record is displayed, left click on the Delete Information button at the bottom of the screen. You will be prompted by the program to ensure you wish to continue with a deletion process. You have the option to CANCEL the deletion. Selecting OK will delete the record. When the system has deleted the record, it displays a "Record Deleted" message. CAUTION: Deleting the Admission

FARS will also result in subsequent linked FARS records (semiannual and discharge) being deleted.

3. Multiple FARS records may be deleted through submitting a batch file through FTP to the SAMH system.
4. The file format for this deletion record follows.

Field	START	Length	Type
SSN	1	9	CHAR
Contractor ID	10	10	CHAR
PURPOSE	20	1	CHAR
EVALDATE	21	8	DATE
ProvID	29	10	CHAR

E. Exception Reports/Files

1. Clients with MH client-specific service events and no reported FARS
2. Clients with an open FARS episode, but not any reported MH program client-specific service events
3. Clients with an open FARS episode, but not any reported MH program client-specific service events within the past 45 days

II. Instructions for Collecting and Reporting FARS Data Elements

Below are definitions for the data elements included in the FARS data set. Each data item is listed according to its order, left to right, on the FARS Information Screen in the SAMH system. The data element's screen name is listed, followed by a designation if the data element comprises a key field. This is followed by the name of the field, the data type and size of the field, the field's position number in each record of the data set, and a notation whether or not the field has mandatory input. Descriptions with instructions are listed beneath this information. An optional input form is located near the end of this chapter. The last chart in the chapter specifies field positions and validation edits used in lieu of screen entry, when the required data will be submitted in an ASCII file over the internet to the SAMHIS system.

1. Social Security Number - Key Field

Field Name: SSN **Data Type-Size:** Character 9
FTP Field Position: 1 **Mandatory?:** Yes

Enter the client's 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the chapter on Demographics). This must match the number submitted to SAMH for the client's demographic record.

Keep in mind that the client's admission record will be linked with the client's discharge record, so items such as the Contractor ID, Provider ID, Admission Date, and Client SSN must match.

2. Contractor ID - Key Field

Field Name: CONTRACTOR **Data Type-Size:** Character 10 (dash in 3rd position)
FTP Field Position: 10 **Mandatory?:** Yes

The Contractor Identification number is the 10-digit (including the dash) Federal Employer Identification Number (example: 59-1234567). It should be identical to the number provided to the department when the agency registered as a provider.

3. DCF Evaluation - Key Field

Field Name: DCFPURP **Data Type-Size:** Character 1

FTP Field Position: 20 **Mandatory?:** Yes

Enter the appropriate code for the purpose of the assessment.

- [1] = The person's admission to the provider agency: evaluation is being completed at the time of the client's admission to the provider agency. "Admission" is the first service for that client following a previous agency discharge or no prior service for that client at that agency.
- [2] = One of the six-month assessment periods following admission to the provider agency: this evaluation is every six months from the evaluation date on the admission or last FARS record for that client at that agency.
- [3] = The person's discharge from the provider agency: evaluation is being completed at the time of discharge from the provider agency. "Discharge" is the last service for that client at that agency, with no other services expected to be rendered.
- [4] = Administrative discharge from the provider agency: evaluation is being completed for an administrative discharge, FARS ratings and MGAF scores are not required. An "administrative discharge" is used when a provider has no contact with a client for at least the 30 days prior to the evaluation and therefore has no knowledge of the data needed to complete the Problem Severity Ratings Scale.
- [5] = None of the Above: This code is used only for program evaluation purpose as defined below.

4. Evaluation Date - Key Field

Field Name: EVALDATE **Data Type-Size:** Character 8
FTP Field Position: 21 **Mandatory?:** Yes

Enter two digits each for the month, day, and the four-digit year of the day the assessment was done.

5. Provider ID - Key Field

Field Name: PROVID **Data Type-Size:** Character 10 (dash in 3rd position)
FTP Field Position: 29 **Mandatory?:** Yes

Enter the 10 digit Federal Employer ID of the subcontracted agency serving the consumer
 Contractor agencies reenter the Contractor ID.

6. Program Evaluation Purpose

Field Name: Progpurp **Data Type-Size:** Char 1
FTP Field Position: 39 **Mandatory?:** Yes, if DCF evaluation purpose is 5.

- [1] = Admission to Program
- [2] = Six months after admission to program
- [3] = Annually after admission to program or service
- [4] = Planned discharge from /transfer to program service within agency
- [5] = Administrative discharge
- [6] = None of the above

This field can be used by providers that wish to complete a FARS when a client moves from one program to another.

7. M-GAF Score

Field Name: MGAFCORE **Data Type-Size:** Numeric 2
FTP Field Position: 40 **Mandatory?:** No

Enter the client's score, up to 2 numbers, for the Modified Global Assessment (M-GAF). Please note the M-GAF Score is used for clients who are receiving medications-only services. If a score is entered, the selection of Rating Scales is not required. If a client is receiving other services besides medications, this item may be left blank. Valid values are from 1 thru 99 or blank.

The M-GAF score is not the same as the GAF. Do not enter a GAF score here.

Note: copies of the M-GAF instrument are available from your local DCF SAMH Program Office

8. Rater Education/Specialty

Field Name: EDULEVEL
FTP Field Position: 42

Data Type-Size: Character 2
Mandatory?: Yes

Indicate the degree level of the person as described in the Educational Levels outlined here:

EDUCATION LEVELS:

- 01** - Non-Degree Trained Technician
- 02** - AA Degree Trained Technician
- 03** - BA/BS – Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field
- 04** - MA/MS – Master's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field
- 05** - Licensed Practitioner of the Healing Arts – MA/MSD advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors and marriage/family therapists
- 06** - PhD/PsyD/EdD – Licensed Psychologist
- 07** - MD/DO – Board Certified

9. Rater FMHI Certification Number

Field Name: FMHINUM
FTP Field Position: 44

Data Type-Size: Character 9
Mandatory?: Yes

Enter the nine (9) digit FMHI Certification Number of the person who completed the Problem Severity Ratings. This is the ID number received upon successful completion of the FARS Rater Certification test.

10. Substance Abuse History

Field Name: SAHIST
FTP Field Position: 53

Data Type-Size: Character 1
Mandatory?: Yes

Select either code to indicate whether the client being evaluated has abused drugs or alcohol within the past six months.

1= Yes **0**= No

11. Depression Scale

Field Name: DEPRESS
FTP Field Position: 54

Data Type-Size: Numeric 1
Mandatory?: Yes

Enter the appropriate rating for this scale.

- | | |
|---|---|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |
| [4] = Slight to Moderate Problem | [9] = Extreme Problem |
| [5] = Moderate Problem | |

12. Anxiety Scale

Field Name: ANXIETY
FTP Field Position: 55

Data Type-Size: Numeric 1
Mandatory?: Yes

Enter the appropriate rating for this scale.

- | | |
|---------------------------------------|---|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |

[4] = Slight to Moderate Problem

[9] = Extreme Problem

[5] = Moderate Problem

13. Hyper Affective Scale

Field Name: HYPERAFF

Data Type-Size: Numeric 1

FTP Field Position: 56

Mandatory?: Yes

Enter the appropriate rating for this scale.

[1] = No Problem

[6] = Moderate to Severe Problem

[2] = Less than Slight Problem

[7] = Severe Problem

[3] = Slight Problem

[8] = Severe to Extreme Problem

[4] = Slight to Moderate Problem

[9] = Extreme Problem

[5] = Moderate Problem

14. Thought Process Scale

Field Name: THOUGHT

Data Type-Size: Numeric 1

FTP Field Position: 57

Mandatory?: Yes

Enter the appropriate rating for this scale.

[1] = No Problem

[6] = Moderate to Severe Problem

[2] = Less than Slight Problem

[7] = Severe Problem

[3] = Slight Problem

[8] = Severe to Extreme Problem

[4] = Slight to Moderate Problem

[9] = Extreme Problem

[5] = Moderate Problem

15. Cognitive Performance Scale

Field Name: COGNITIV

Data Type-Size: Numeric 1

FTP Field Position: 58

Mandatory?: Yes

Enter the appropriate rating for this scale.

[1] = No Problem

[6] = Moderate to Severe Problem

[2] = Less than Slight Problem

[7] = Severe Problem

[3] = Slight Problem

[8] = Severe to Extreme Problem

[4] = Slight to Moderate Problem

[9] = Extreme Problem

[5] = Moderate Problem

16. Medical/Physical Scale

Field Name: MEDICAL

Data Type-Size: Numeric 1

FTP Field Position: 59

Mandatory?: Yes

Enter the appropriate rating for this scale.

[1] = No Problem

[6] = Moderate to Severe Problem

[2] = Less than Slight Problem

[7] = Severe Problem

[3] = Slight Problem

[8] = Severe to Extreme Problem

[4] = Slight to Moderate Problem

[9] = Extreme Problem

[5] = Moderate Problem

17. Traumatic Stress Scale

Field Name: TRAUMATI

Data Type-Size: Numeric 1

FTP Field Position: 60

Mandatory?: Yes

Enter the appropriate rating for this scale.

- | | |
|----------------------------------|----------------------------------|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |
| [4] = Slight to Moderate Problem | [9] = Extreme Problem |
| [5] = Moderate Problem | |

18. Substance Abuse Scale

Field Name: SUBSTANC
FTP Field Position: 61

Data Type-Size: Numeric 1
Mandatory?: Yes

Enter the appropriate rating for this scale.

- | | |
|----------------------------------|----------------------------------|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |
| [4] = Slight to Moderate Problem | [9] = Extreme Problem |
| [5] = Moderate Problem | |

19. Interpersonal Relationships Scale

Field Name: RELATION
FTP Field Position: 62

Data Type-Size: Numeric 1
Mandatory?: Yes

Enter the appropriate rating for this scale.

- | | |
|----------------------------------|----------------------------------|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |
| [4] = Slight to Moderate Problem | [9] = Extreme Problem |
| [5] = Moderate Problem | |

20. Family Relationships Scale

Field Name: FAMRELA
FTP Field Position: 63

Data Type-Size: Numeric 1
Mandatory?: Yes

Enter the appropriate rating for this scale.

- | | |
|----------------------------------|----------------------------------|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |
| [4] = Slight to Moderate Problem | [9] = Extreme Problem |
| [5] = Moderate Problem | |

21. Family Environment Scale

Field Name: FAMENVI
FTP Field Position: 64

Data Type-Size: Numeric 1
Mandatory?: Yes

Enter the appropriate rating for this scale.

- | | |
|----------------------------------|----------------------------------|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |
| [4] = Slight to Moderate Problem | [9] = Extreme Problem |
| [5] = Moderate Problem | |

22. Socio-Legal Scale

Field Name: SOCLEGAL

Data Type-Size: Numeric 1

FTP Field Position: 65 **Mandatory?:** Yes

Enter the appropriate rating for this scale.

- | | |
|---|---|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |
| [4] = Slight to Moderate Problem | [9] = Extreme Problem |
| [5] = Moderate Problem | |

23. Work / School Scale

Field Name: WORKSCHO **Data Type-Size:** Numeric 1
FTP Field Position: 66 **Mandatory?:** Yes

Enter the appropriate rating for this scale.

- | | |
|---|---|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |
| [4] = Slight to Moderate Problem | [9] = Extreme Problem |
| [5] = Moderate Problem | |

24. ADL Functioning Scale

Field Name: ADLFUNCT **Data Type-Size:** Numeric 1
FTP Field Position: 67 **Mandatory?:** Yes

Enter the appropriate rating for this scale.

- | | |
|---|---|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |
| [4] = Slight to Moderate Problem | [9] = Extreme Problem |
| [5] = Moderate Problem | |

25. Ability to Care for Self Scale

Field Name: SELFCARE **Data Type-Size:** Numeric 1
FTP Field Position: 68 **Mandatory?:** Yes

Enter the appropriate rating for this scale.

- | | |
|----------------------------------|----------------------------------|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |
| [4] = Slight to Moderate Problem | [9] = Extreme Problem |
| [5] = Moderate Problem | |

26. Danger to Self Scale

Field Name: DANGSELF
FTP Field Position: 69

Data Type-Size: Numeric 1
Mandatory?: Yes

Enter the appropriate rating for this scale.

- | | |
|----------------------------------|----------------------------------|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |
| [4] = Slight to Moderate Problem | [9] = Extreme Problem |
| [5] = Moderate Problem | |

27. Danger to Others Scale

Field Name: DANGOTH
FTP Field Position: 70

Data Type-Size: Numeric 1
Mandatory?: Yes

Enter the appropriate rating for this scale.

- | | |
|----------------------------------|----------------------------------|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |
| [4] = Slight to Moderate Problem | [9] = Extreme Problem |
| [5] = Moderate Problem | |

28. Security Management Scale

Field Name: SECURITY
FTP Field Position: 71

Data Type-Size: Numeric 1
Mandatory?: Yes

Enter the appropriate rating for this scale.

- | | |
|----------------------------------|----------------------------------|
| [1] = No Problem | [6] = Moderate to Severe Problem |
| [2] = Less than Slight Problem | [7] = Severe Problem |
| [3] = Slight Problem | [8] = Severe to Extreme Problem |
| [4] = Slight to Moderate Problem | [9] = Extreme Problem |
| [5] = Moderate Problem | |

29. SAMH Contract Number 1

Field Name: CONTID1
FTP Field Position: 92

Data Type-Size: CHAR 5
Mandatory?: Yes, if PURPEVAL =1 through 4

Enter the Contract Number of the SAMH contract through which this client's services will be funded. The Contract ID must meet the following criteria: (1) Must be a valid SAMH contract as verified through FLAIR, (2) Must be a contract number assigned to the Contractor designated by the Contractor ID in this record, (3) Must be a contract active on the date indicated in the Evaluation Date.

Enter 5 zeros (00000) if the client doesn't receive any service event funded by a State contract that is in FLAIR during the current episode of care. The default contract of '00000' is used by DCF to designate a non-SAMH contract or a contract that is not in FLAIR. For example, 00000 should be

entered if a person only receives services fully funded by State using a non-FLAIR contract number such as one from AHCA. Also, 00000 should be used if a non-SAMH contract (e.g., private insurance) is accountable for improving the performance outcomes of the person being evaluated.

If the client is **Medicaid** funded for mental health services, enter the current SAMH contract number. Effective July 1, 2007, a provider that does not have an SAMH contract does not have to report Medicaid services into the SAMHIS.

30. SAMH Contract Number 2

Field Name: CONTID2
FTP Field Position: 97

Data Type-Size: CHAR 5
Mandatory?: No

Enter the Contract Number of the SAMH contract through which this client's services will be funded. The Contract ID must meet the following criteria: (1) Must be a valid SAMH contract as verified through FLAIR, (2) Must be a contract number assigned to EITHER the Contractor OR Provider designated by the Contractor ID or Provider ID in this record, (3) Must be a contract active on the date indicated in the Evaluation Date.

If the client is **Medicaid** funded for substance abuse services, enter the current SAMH contract number.

31. SAMH Contract Number 3

Field Name: CONTID3
FTP Field Position: 102

Data Type-Size: CHAR 5
Mandatory?: No

Enter the Contract Number of the SAMH contract through which this client's services will be funded. The Contract ID must meet the following criteria: (1) Must be a valid SAMH contract as verified through FLAIR, (2) Must be a contract number assigned to EITHER the Contractor OR Provider designated by the Contractor ID or Provider ID in this record, (3) Must be a contract active on the date indicated in the Evaluation Date.

If the client is **Medicaid** funded for substance abuse services, enter the current SAMH contract number.

32. Provider Local Information

Field Name: PROVINFO
FTP Field Position: 72

Data Type-Size: CHAR 20
Mandatory?: No

Local information that can be used by the Provider agency to identify or track client's other information for reporting purposes

33. Medicaid Recipient ID

Field Name: MEDRECPID
FTP Field Position: 107

Data Type-Size: CHAR 10
Mandatory?: Yes, if Medicaid Provider ID or MCO Plan ID is entered

Enter the client's Medicaid ID if the record is going to be submitted to a Managed Care Organization.

34. Medicaid Provider ID

Field Name: MEDPROVID
FTP Field Position: 117

Data Type-Size: CHAR 9
Mandatory?: Yes, if Medicaid Recipient ID or MCO Plan ID is entered

Enter the Medicaid Provider ID, if the record is going to be submitted to a Managed Care Organization. This should be the ID used to bill Medicaid for the service.

35. Medicaid Managed Care Organization ID

Field Name: MEDPLANID
FTP Field Position: 126

Data Type-Size: CHAR 2
Mandatory?: Yes, if Medicaid Recipient ID or Medicaid Provider ID is entered

Enter the Medicaid Managed Care Organization ID to which the agency will submit the record.

36. County of Service

Field Name: CNTYSERV

Data Type-Size: CHAR 2

FTP Field Position: 128

Mandatory?: Yes, if Medicaid Recipient ID or Medicaid
Provider ID or the Managed Care
Organization ID is entered.

Enter the county of service where the FARS is done. Valid values are '01 through '67' or blank.

III. Optional FARS Data Collection Form

For those providers who use paper forms to collect and process Functional Assessment Rating Scale data, an optional form is provided below.

**STATE OF FLORIDA
ALCOHOL, DRUG ABUSE & MENTAL HEALTH
FARS FORM**

(* Mandatory Fields)

1. *CLIENT SSN: _ _ _ - _ _ - _ _ _ _ _

2. *CONTRACTOR ID: _ _ - _ _ _ _ _ _ _

Federal Employer ID# of agency directly contracted with SAMH. If your agency is subcontracted, enter the ID# of the contractor/ASO here.

3. *DCF EVALUATION (PURPOSE) : _ _

- 1 – Admission/initiation into episode of care
2 - Six (6) month interval after admission
3 - Discharge from agency
4 – Administrative Discharge
5 – None of the Above (Program Evaluation Only)

4. *EVALUATION DATE: _ _ / _ _ / _ _ _ _ _ _
month day year

5. *PROVIDER ID: _ _ - _ _ _ _ _ _ _

Federal Employer ID# of the provider agency actually completing the FARS. Subcontracted agencies Tax ID# goes here. Contractor agencies reenter the Contractor ID.

6. Program Evaluation Purpose (Optional):

1. Admission to Program
2. Six months after admission to program
3. Annually after admission to program or service
4. Planned discharge from /transfer to a program service within agency
5. Administrative discharge
6. None of the above

7. M-GAF SCORE: _ _ _

8. *RATER EDUCATION / SPECIALTY: _ _ _ -

9. *RATER FMHI
CERTIFICATION# : _ _ _ _ _ _ _ _ _ _

10. *SUBSTANCE ABUSE HISTORY: Yes (1) or No (0)

Respond to questions 11 through 28 with the appropriate rating for this scale.

- | | | |
|------------------------------|--------------------------------|----------------------------|
| 1 - No Problem | 4 - Slight to Moderate Problem | 7 – Severe Problem |
| 2 - Less than Slight Problem | 5 - Moderate Problem | 8 – Severe/Extreme Problem |
| 3 - Slight Problem | 6 - Moderate /Severe Problem | 9 – Extreme Problem |

11. *DEPRESSION SCALE: _ _

12. *ANXIETY SCALE: _ _

13. *HYPER AFFECT SCALE: _ _

14. *THOUGHT PROCESS SCALE: _ _

15. *COGNITIVE PERFORMANCE SCALE: _ _

16. * MEDICAL/PHYSICAL SCALE: _ _

17. * TRAUMATIC STRESS SCALE: _ _

18. * SUBSTANCE USE SCALE: _ _

19. *INTERPERSONAL RELATIONSHIP SCALE: _ _

20. *FAMILY RELATIONSHIPS SCALE: _ _

21. *FAMILY ENVIRONMENT SCALE: _ _

22. *SOCIAL-LEGAL SCALE: _ _

23. * WORK / SCHOOL SCALE: _ _

24. * ACTIVITIES OF DAILY LIVING (ADL) SCALE: _ _

25. *ABILITY TO CARE FOR SELF SCALE: _ _

26. *DANGER TO SELF SCALE: _ _

27. *DANGER TO OTHERS SCALE: _ _

28. *SECURITY MANAGEMENT NEEDS: _ _

29. *ContID 1: _ _ _ _ _ _

30. ContID 2: _ _ _ _ _ _

31. ContID 3: _ _ _ _ _ _

32. PROVIDER LOCAL INFORMATION:

33. Medicaid Recipient ID: _ _ _ _ _ _ _ _

35. MCO ID: _ _ _

34. Medicaid Provider ID: _ _ _ _ _ _ _ _

36. County of Service: _ _ _

Signature: _____ Date: _____

IV. File Layout and Validation Edits for the FARS

User View Name	Field Position	Type / Size	Validation Edits for FARS.TXT Batch File
SSN	1-9	CHAR(9)	Valid values = 9 characters that already exists in DEMO table. Else, reject. Mandatory Key
CONTRACTOR ID	10-19	CHAR(10)	Valid values = 10 characters for Federal Employer ID of the contractor that already exists in PROVIDER table. Else, reject. Mandatory Key
DCFPURP	20	CHAR(1)	Valid value = 1 through 5. Else, reject. Mandatory Key
EVALDATE	21-28	CHAR(8)	Evaldate must be >= DOB and <= system date. Else, reject Mandatory Key
PROVID	29-38	CHAR(10)	Valid values = 10 characters for Federal Employer ID of the provider that already exists in PROVIDER table. Else, reject. Mandatory Key
PROGPURP	39	CHAR(1)	Valid values = 1 through 6. If DCF Purp =1 through 4 then PROGPURP= 6. If DCFPURP= 5, then PROGPURP = 1 through 5, else reject.
MGAFSCORE	40-41	NUM(2)	Valid values = 1 through 99 or blank. Else, reject.
EDULEVEL	42-43	CHAR(2)	If MGAFSCORE is not null, the valid value = 01 through 07 or blank. Else, if MGAFSCORE is null, then valid values = 01 through 07. Else, reject.
FMHINUM	44-52	CHAR(9)	If MGAFSCORE is NULL, then valid value = (9) digit FMHI Certification Number, Else, If MGAFSCORE is NOT NULL, then valid value = (9) digit FMHI Certification Number or blank. Else, reject.
SAHIST	53	CHAR(1)	If MGAFSCORE is NULL, then valid value = 0 or 1. Else, if MGAFSCORE is NOT NULL, then Valid value = 0 or 1 or BLANK. Else reject. Mandatory
DEPRESS	54	NUM(1)	If MGAFSCORE is NULL, then valid value = 1 thru 9.

User View Name	Field Position	Type / Size	Validation Edits for FARS.TXT Batch File
			Else, if MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
ANXIETY	55	NUM(1)	If MGAFScore is NULL, then valid value = 1 thru 9. Else, if MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
HYPERAFF	56	NUM(1)	If MGAFScore is NULL, then valid value = 1 thru 9. Else, if MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
THOUGHT	57	NUM(1)	If MGAFScore is NULL, then valid value = 1 thru 9. Else, if MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
COGNITIV	58	NUM(1)	If MGAFScore is NULL, then valid value = 1 thru 9. Else, if MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
MEDICAL	59	NUM(1)	If MGAFScore is NULL, then valid value = 1 thru 9. Else, if MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
TRAUMATI	60	NUM(1)	If MGAFScore is NULL, then valid value = 1 thru 9. Else, if MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
SUBSTANC	61	NUM(1)	If MGAFScore is NULL, then valid value = 1 thru 9. Else, if MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK.

User View Name	Field Position	Type / Size	Validation Edits for FARS.TXT Batch File
			Else, Reject Mandatory
RELATION	62	NUM(1)	If MGAFCORE is NULL, then valid value = 1 thru 9. Else, if MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
FAMRELA	63	NUM(1)	If MGAFCORE is NULL, then valid value = 1 thru 9. Else, if MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
FAMENVI	64	NUM(1)	If MGAFCORE is NULL, then valid value = 1 thru 9. Else, if MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
SOCLEGAL	65	NUM(1)	If MGAFCORE is NULL, then valid value = 1 thru 9. Else, if MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
WORKSCHO	66	NUM(1)	If MGAFCORE is NULL, then valid value = 1 thru 9. Else, if MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
ADLFUNCT	67	NUM(1)	If MGAFCORE is NULL, then valid value = 1 thru 9. Else, if MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
SELFCARE	68	NUM(1)	If MGAFCORE is NULL, then valid value = 1 thru 9. Else, if MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory

User View Name	Field Position	Type / Size	Validation Edits for FARS.TXT Batch File
DANGSELF	69	NUM(1)	If MGAFCORE is NULL, then valid value = 1 thru 9. Else, if MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
DANGOTH	70	NUM(1)	If MGAFCORE is NULL, then valid value = 1 thru 9. Else, if MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
SECURITY	71	NUM(1)	If MGAFCORE is NULL, then valid value = 1 thru 9. Else, if MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK. Else, Reject Mandatory
PROVINFO	72	CHAR(20)	Valid value = up to 20 characters or blank.
CONTID1	92	Char (5)	If DCFPURP= 1 through 4, then valid values is CONTID Where CONTID1 is a valid contract found in FLAIR AND ContractorID = Employer ID in FLAIR AND EVALDATE is Between Begin Date and End Date for the Contract in FLAIR OR '00000' Else reject.
CONTID2	97	Char (5)	If DCFPURP= 1 through 4, then valid values is CONTID Where CONTID2 is found in FLAIR AND ContractorID OR ProvID = Employer ID in FLAIR AND EVALDATE is Between Begin Date and End Date for the Contract in FLAIR '00000' Or Blank.
CONTID3	102	Char (5)	If DCFPURP= 1 through 4, then valid values is CONTID Where CONTID3 is found in FLAIR AND ContractorID OR ProvID = Tax ID in FLAIR AND EVALDATE is Between Begin Date and End Date for the Contract in FLAIR '00000' Or Blank.
MedRecpID	107	Char(10)	Enter the client's Medicaid ID or blank. Optional If either Medicaid provider ID or Medicaid Plan ID is entered, then the field is mandatory.

User View Name	Field Position	Type / Size	Validation Edits for FARS.TXT Batch File
MedProvID	117	Char(9)	Enter the agency's Medicaid ID or blank. Optional If either Medicaid recipient ID or Medicaid Plan ID is entered, then the field is mandatory.
MedPlanID	126	Char(2)	Enter the identifier for the Managed Care Organization ID or blank. Optional. If either Medicaid recipient ID or Medicaid provider ID is entered, then the field is mandatory. Code table to be specified later.
CNTYSERV	128	Char(2)	Enter the county of service where the FARS was done. Valid values = '01' through '67' or blank. Optional. If either Medicaid recipient ID or Medicaid provider ID or Medicaid Plan ID is entered, then the field is mandatory.