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

Table of Contents

Revision History:

Version 10.2

    ♦ Updated document footers.

Version 10.3

    ♦ Updated document footers.

I. General Policies and Considerations

A. Providers Required to Submit CFARS 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 children's mental health services or services to children who are dually diagnosed.

B. General Policies Related to CFARS Data

1. A Children's Functional Assessment Rating Scale is completed for every child over 5 years of age who is to be served in a children's mental health target population at the beginning of an episode of care, at 6 month intervals thereafter and at discharge. This does not include clients who are between the ages of 18 to 20, who are considered adults in SAMH programs as determined by the state legislature or children who are less than 5 years of age (Effective July 1, 2006). These clients, served in a Department of Juvenile Justice or Medicaid funded setting, may be classified elsewhere as children or adolescents. If a client is already being served as a child prior to his/her 18th birthday and will continue to be served as a child between the age of 18 and 20, CFARS data is to continue to be collected and reported until the client reaches the age of 21 or is transitioned into an adult status.

2. A CFARS should not be completed for clients who only receive a one time assessment service and are immediately discharged. If a client on whom a CFARS has been completed has not had any contact for an interval of 30 or more days, a CFARS record indicating an administrative discharge should be submitted to the Substance Abuse and Mental Health Information System (SAMHIS).

3. A CFARS should not be completed for clients who are admitted and discharged from a crisis stabilization unit (CSU)

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. On-line training is available for the CFARS. 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.

The CFARS 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.

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

1. "Parents" of CFARS data

Demographic data are the "parent" of CFARS data. This means that the SAMH system will only accept a CFARS 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 CFARS data set is based on the Provider ID + SSN.

2. "Children" of CFARS data

CFARS data have no "children" data.

3. **"Orphan" CFARS data**

The SAMH system will reject a CFARS 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 CFARS record with a DCF Evaluation/Purpose code of 1 if the record is for a new admission. The system will also only accept a CFARS record with a DCF Evaluation/Purpose code of 2, 3, or 4 if there is a pre-existing CFARS record for the same client with a DCF Evaluation/Purpose code of 1.

Relationship Diagram

```
┌─────────────────┐
│   Demographic   │
│     Record      │
└─────────────────┘
         │
┌─────────────────┐
│     CFARS       │
└─────────────────┘
```
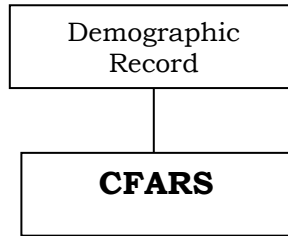
D. **Removing Undesired Records (DELETION RECORDS)**

1. A CFARS 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 update. A list of the record keys and details is contained in the chart in 4.d. below.

2. <u>On-Screen:</u> 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 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 CFARS will also result in subsequent linked CFARS records (semiannual and discharge) being deleted.

3. Multiple CFARS 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. Child clients with MH client-specific service events and no reported CFARS

2. Clients with an open CFARS episode, but no reported MH program client-specific service events

3. Clients with an open CFARS episode, but no reported MH program client-specific service events within the past 45 days

4. A planned enhancement to SAMHIS is to close episodes of care that reach 210 days with no associated services will be automatically closed by the state with a system-generated discharge. This automated discharge will also result in a report and batch file sent to providers.

II. Instructions for Collecting and Reporting CFARS Data Elements

Below are definitions for the data elements included in the CFARS data set. Each data item is listed according to its order, left to right, on the CFARS 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 input file layout for FTP purposes is located <u>at the end of this chapter</u>. It 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 SAMH 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 10-digit Federal Employer ID# of the agency that is directly contracted with the SAMH program to provide mental health services in the community. If your agency is subcontracted, enter the ID# of the contractor/ASO here

3. **DCF Evaluation - Key Field**

Field Name:　PURPOSE　　　**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 CFARS 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: the evaluation is being completed for an administrative discharge, Ratings are not needed. 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 Ratings Scale.

[5] = None of the Above: This code is used only for program evaluation purposes 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 (formerly Subcontractor ID)**

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

The 10-digit Federal Employer ID# of the provider agency actually completing the CFARS. A subcontracted agency's Tax ID# goes here. Contractor agencies reenter the Contractor ID

This must be the same provider ID submitted to the SAMH system as part of the client's demographic record.

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

7. **Rater Education/Specialty**

Field Name: EDULEVEL   **Data Type-Size:** Character 2
FTP Field Position: 40   **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

8. **Rater FMHI Certification Number**

Field Name: FMHINUM   **Data Type-Size:** Character 9
FTP Field Position: 42   **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 CFARS Rater Certification test.

9. **Substance Abuse History**

Field Name: SAHIST   **Data Type-Size:** Character 1
FTP Field Position: 51   **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

10. **Depression Scale**

Field Name: DEPRESS   **Data Type-Size:** Numeric 1
FTP Field Position: 52   **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	

11. Anxiety Scale

Field Name:　ANXIETY　　　**Data Type-Size:** Numeric 1
FTP Field Position:　　53　　　**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. Hyper Activity Scale

Field Name:　HYPERACT　　　**Data Type-Size:** Numeric 1
FTP Field Position:　　54　　　**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. Thought Process Scale

Field Name:　THOUGHT　　　**Data Type-Size:** Numeric 1
FTP Field Position:　　55　　　**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. Cognitive Performance Scale

Field Name:　COGNITIV　　　**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	

15. Medical/Physical Scale

Field Name:　MEDICAL　　　**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	

16. <u>Traumatic Stress Scale</u>

Field Name: TRAUMATI   **Data Type-Size:** Numeric 1
FTP Field Position: 8   **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. <u>Substance Abuse Scale</u>

Field Name: SUBSTANC   **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	

18. <u>Interpersonal Relationships Scale</u>

Field Name: RELATION   **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	

19. <u>Behavior In Home Setting Scale</u>

Field Name: BEHAVIOR   **Data Type-Size:** Numeric 1
FTP Field Position: 61   **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. <u>ADL Functioning Scale</u>

Field Name: ADLFUNCT   **Data Type-Size:** Numeric 1
FTP Field Position: 62   **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. Socio-Legal Scale

Field Name: SOCLEGAL   **Data Type-Size:** Numeric 1
FTP Field Position: 63   **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. Work / School Scale

Field Name: WORKSCHO   **Data Type-Size:** Numeric 1
FTP Field Position: 64   **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. Danger to Self Scale

Field Name: DANGSELF   **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

24. Danger to Others Scale

Field Name: DANGOTH   **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

25. Security Management Scale

Field Name: SECURITY   **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

26. SAMH Contract Number 1

Field Name: CONTNUM1   **Data Type-Size:** CHAR 5
FTP Field Position: 88   **Mandatory?:** Yes

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 SAMH 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 a contract from AHCA. Also, 00000 should be used if a non-State 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.

27. SAMH Contract Number 2

Field Name: CONTNUM2   **Data Type-Size:** CHAR 5
FTP Field Position: 93   **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 mental health services, enter the current SAMH contract number.

28. SAMH Contract Number 3

Field Name: CONTNUM3   **Data Type-Size:** CHAR 5
FTP Field Position: 98   **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 mental health services, enter the current SAMH contract number.

29. Provider Local Information

Field Name: PROVINFO   **Data Type-Size:** CHAR 20
FTP Field Position: 68   **Mandatory?:** No

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

30. Medicaid Recipient ID

Field Name: MEDRECPID   **Data Type-Size:** CHAR 10
FTP Field Position: 103   **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.

31. Medicaid Provider ID

Field Name: MEDPROVID   **Data Type-Size:** CHAR 9
FTP Field Position: 113   **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.

32. Medicaid Managed Care Organization ID

Field Name: MEDPLANID   **Data Type-Size:** CHAR 2
FTP Field Position: 122   **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 to.

33. County of Service

Field Name: CNTYSERV   **Data Type-Size:** CHAR 2
FTP Field Position: 124   **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 CFARS Data Collection Form

For those providers who use paper forms to collect and process Children's Functional Assessment Rating Scale data, an optional form is provided at the end of this chapter.

STATE OF FLORIDA
STATE OF FLORIDA **ALCOHOL, DRUG ABUSE & MENTAL HEALTH** **CFARS 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

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

7. *RATER EDUCATION / SPECIALTY:
 __ __ -

5. *Provider ID: __ __ - __ __ __ __ __ __
Federal Employer ID# of the provider agency actually completing the CFARS. Subcontracted agencies Tax ID# goes here. Contractor agencies reenter the Contractor ID.

6. PROGRAM EVALUATION: __

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

8. *RATER FMHI CERTICATION# :
 __ __ __ __ __ __ __ __ __

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

Respond to questions 10 through 25 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

10. *DEPRESSION SCALE: __
11. *ANXIETY SCALE: __
12. *HYPERACTIVITY SCALE: __
13. *THOUGHT PROCESS SCALE: __
14. *COGNITIVE PERFORMANCE SCALE: __
15.* MEDICAL/PHYSICAL SCALE: __
16.* TRAUMATIC STRESS SCALE: __
17* SUBSTANCE USE SCALE: __

18. *INTERPERSONAL RELATIONSHIP SCALE: __
19. *BEHAVIOR IN HOME SETTINGSCALE: __
20.* ACTIVITIES OF DAILY LIVING (ADL) SCALE: __
21. *SOCIO-LEGAL SCALE: __
22.* WORK / SCHOOL SCALE: __
23. *DANGER TO SELF SCALE: __
24. *DANGER TO OTHERS SCALE: __
25. *SECURITY MANAGEMENT NEEDS: __

27. *CONTRACT NUMBER 1: _____

28 CONTRACT NUMBER 2: _____

29. CONTRACT NUMBER 3: _____

29. PROVIDER INFORMATION:

 __

30. Medicaid Recipient ID: __ __ __ __ __ __ __ __ __ __

31. Medicaid Provider ID: __ __ __ __ __ __ __ __ __

32. MCO ID: ___ ___

33. County of Service: ___ ___

Signature: _____   **Date:** ___ / ____ / ____ ____

IV. File Layout and Validation Edits for the CFARS

User View Name	Field Position	Type / Size	Validation Edits for CFAR.TXT Batch File and CFARS Input Screen
SSN	1	CHAR(9)	Valid values = 9 characters that already exists in DEMO table. Else, reject. **Mandatory Key**
CONTRACTOr ID	10	CHAR(10)	Valid values = 10 characters for PROVID that already exists in PROVIDER table. Else, reject. **Mandatory Key**
PURPOSE	20	CHAR(1)	Valid value = 1 through 5. Else, reject. **Mandatory Key**
EVALDATE	21	CHAR(8)	Evaldate must be >= DOB and <= system date. Else, reject **Mandatory Key**
PROVID	29	CHAR(10)	Valid values = 10 characters for PROVID 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.
EDULEVEL	40	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	42	CHAR(9)	Valid value = (9) digit FMHI Certification Number, else reject
SAHIST	51	CHAR(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
DEPRESS	52	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
ANXIETY	53	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
HYPERACT	54	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank.

User View Name	Field Position	Type / Size	Validation Edits for CFAR.TXT Batch File and CFARS Input Screen
			Else reject.
THOUGHT	55	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
COGNITIV	56	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
MEDICAL	57	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
TRAUMATI	58	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
SUBSTANC	59	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
RELATION	60	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
BEHAVIOR	61	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
ADLFUNCT	62	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
SOCLEGAL	63	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.

User View Name	Field Position	Type / Size	Validation Edits for CFAR.TXT Batch File and CFARS Input Screen
WORKSCHO	64	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
DANGSELF	65	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
DANGOTH	66	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
SECURITY	67	NUM(1)	If DCFPurp = '1', '2', '3' or '5', then valid values = 1 through 9. Else, if DCFPurp = '4', then valid values = 1 through 9 or blank. Else reject.
PROVINFO	68	CHAR(20)	Valid value = up to 20 characters or blank.

CONTNUM1	88	CHAR(5)	Valid value is CONTNUM
			    Where CONTNUM1 is a valid contract found in FLAIR AND
			    ContractorID = Tax ID in FLAIR
			    AND
			    EVALDATE is Between Begin Date
			    And
			     End Date for the Contract in FLAIR
			    OR '00000'
			Else reject.

CONTNUM2	93	Char (5)	Valid value is CONTNUM
			    Where CONTNUM2 is a valid contract found in FLAIR AND
			    ContractorID = Tax ID in FLAIR
			    AND
			    EVALDATE is Between Begin Date
			    And
			     End Date for the Contract in FLAIR
			    OR '00000'
			Else reject.

CONTNUM3	98	Char (5)	Valid value is CONTNUM
			    Where CONTNUM3 is a valid contract found in FLAIR AND
			    ContractorID = Tax ID in FLAIR
			    AND
			    EVALDATE is Between Begin Date
			    And

User View Name	Field Position	Type / Size	Validation Edits for CFAR.TXT Batch File and CFARS Input Screen
			End Date for the Contract in FLAIR
			OR '00000'
			Else reject.
MedRecpID	103	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.
MedProvID	113	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	122	Char(2)	Enter the identifier for the Managed Care Organization 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	124	Char(2)	Enter the county of service where the CFARS 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.