

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

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**I. Document Revision History**

**Table 1. 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

**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.

**Table 2. CFARS Record Deletion File Layout**

Field	Position	Length	Format
SSN	1	9	XXXXXXXXXX
CONTRACTORID	10	10	XX-XXXXXXXX
PURPOSE	20	1	X
EVALDATE	21	8	YYYYMMDD
PROVIDERID	29	10	XX-XXXXXXXX

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

Table 3. CFARS Data File Layout

Field Name	Pos	Type / Size	Edits and Validations
<b>SSN (Mandatory Key)</b>	1	CHAR(9)	<ul style="list-style-type: none"> <li>Format: XXXXXXXXXX</li> <li>Must match SSN in DEMO record.</li> </ul>
	<b>Descriptions and Instructions: Social Security Number</b> - See General Policies and Considerations on Adding a CFARS Record.		
<b>CONTRACTORID (Mandatory Key)</b>	10	CHAR(10)	<ul style="list-style-type: none"> <li>Format: XX-XXXXXXX</li> <li>Contractor must be registered in SAMHIS.</li> <li>Must match CONTRACTORID in DEMO record.</li> </ul>
	<b>Descriptions and Instructions: Contractor Identification Number</b> - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.		
<b>PURPOSE (Mandatory Key)</b>	20	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 4.</li> </ul>
	<b>Descriptions and Instructions: Purpose Code</b> - Indicate the purpose code of the assessment. Refer to the FARS/CFARS Purpose of Assessment Codes Table in Appendix 5 – Data Code Tables. <b>Note:</b> Changed from DCFPURP to PURPOSE and deleted code 5 as of 07/01/2015.		
	[1] Admission [2] Six-Month Assessment [3] Discharge [4] Administrative Discharge		
<b>EVALDATE (Mandatory Key)</b>	21	CHAR (8)	<ul style="list-style-type: none"> <li>Format: YYYYMMDD</li> <li>Must be &gt;= client’s date of birth and &lt;= system date.</li> <li>Must be within the begin and end date of the contract in CONTNUM1.</li> </ul>
	<b>Descriptions and Instructions: Evaluation Date</b> - The date on which this evaluation is conducted.		
<b>PROVIDERID (Mandatory Key)</b>	29	CHAR(10)	<ul style="list-style-type: none"> <li>Format: XX-XXXXXXX</li> <li>Provider must be registered in SAMHIS.</li> </ul>
	<b>Descriptions and Instructions: Provider Identification Number</b> - The provider id is the Federal Employer Identification Number of the entity which provides the service to the client.		
<b>PROGPURP</b>	39	CHAR(1)	<ul style="list-style-type: none"> <li>Space filled.</li> </ul>
	<b>Descriptions and Instructions: Program Evaluation Purpose</b> - No longer used as of July 1, 2015.		
<b>EDULEVEL (Mandatory)</b>	40	CHAR(2)	<ul style="list-style-type: none"> <li>Must be 01 through 07.</li> </ul>
	<b>Descriptions and Instructions: Education Level</b> - Indicate the degree level of the staff completing the CFARS. Refer to the Staff ID Education Codes Table in Appendix 5 – Data Code Tables.		
<b>FMHINUM (Mandatory)</b>	42	CHAR(9)	<ul style="list-style-type: none"> <li>Must be the 9 digit FMHI Certification Number.</li> </ul>
	<b>Descriptions and Instructions: Florida Mental Health Institute Number</b> - 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.		
<b>SAHIST (Mandatory)</b>	51	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 or 1.</li> </ul>
	<b>Descriptions and Instructions: Substance Abuse History Status</b> - Indicate whether or not the client being evaluated has abused drugs or alcohol within the past six months. [0] No [1] Yes		

Field Name	Pos	Type / Size	Edits and Validations
<b>Enter the appropriate problem severity code for the following 16 scales. (Positions 52 through 67.)</b>			
[1] No Problem			[4] Slight to moderate problem
[2] Less than slight problem			[5] Moderate problem
[3] Slight problem			[6] Moderate to severe problem
			[7] Severe problem
			[8] Severe to extreme problem
			[9] Extreme problem
<b>DEPRESS</b>	52	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Depression Scale.</b>
<b>ANXIETY</b>	53	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Anxiety Scale.</b>
<b>HYPERACT</b>	54	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Hyper Activity Scale.</b>
<b>THOUGHT</b>	55	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Thought process Scale.</b>
<b>COGNITIV</b>	56	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Cognitive Performance Scale.</b>
<b>MEDICAL</b>	57	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Medical / Physical Scale.</b>
<b>TRAUMATI</b>	58	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Traumatic Stress Scale.</b>
<b>SUBSTANC</b>	59	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Substance Abuse Scale.</b>
<b>RELATION</b>	60	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Interpersonal Relationships Scale.</b>
<b>BEHAVIOR</b>	61	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Behavior in Home Setting Scale.</b>
<b>ADLFUNCT</b>	62	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: ADL Functioning Scale.</b>
<b>SOCLEGAL</b>	63	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Socio-Legal Scale.</b>
<b>WORKSCHO</b>	64	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Work / School Scale.</b>

Field Name	Pos	Type / Size	Edits and Validations
<b>DANGSELF</b>	65	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Danger to Self Scale.</b>
<b>DANGOTH</b>	66	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Danger to Others Scale.</b>
<b>SECURITY</b>	67	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 thru 9 if PURPOSE = 1, 2 or 3. <b>(Mandatory)</b></li> <li>Must be blank if PURPOSE = 4.</li> </ul>
			<b>Descriptions and Instructions: Security Management Scale.</b>
<b>PROVINFO</b>	68	CHAR(20)	<ul style="list-style-type: none"> <li>Left justified, space filled.</li> </ul>
			<b>Descriptions and Instructions: Provider Information - Local use only.</b>
<b>CONTNUM1 (Mandatory)</b>	88	CHAR (5)	<ul style="list-style-type: none"> <li>Must be a valid and active SAMH contract number that is in the Florida Accountability Contract Tracking System (FACTS).</li> </ul>
			<b>Descriptions and Instructions: Contract Number 1 - Contract under which the services were provided.</b>
<b>CONTNUM2</b>	93	CHAR (5)	<ul style="list-style-type: none"> <li>Format: XXXXX; space filled.</li> </ul>
			<b>Descriptions and Instructions: Contract Number 2 - No longer used as of 07/01/2015.</b>
<b>CONTNUM3</b>	98	CHAR (5)	<ul style="list-style-type: none"> <li>Format: XXXXX; space filled.</li> </ul>
			<b>Descriptions and Instructions: Contract Number 3 - No longer used as of 07/01/2015.</b>
<b>MEDRECPID</b>	103	CHAR (10)	<ul style="list-style-type: none"> <li>Space filled.</li> </ul>
			<b>Descriptions and Instructions: Medicaid Recipient Paid - No longer used as of 07/01/2015.</b>
<b>MEDPROVID</b>	113	CHAR (9)	<ul style="list-style-type: none"> <li>Space filled.</li> </ul>
			<b>Descriptions and Instructions: Medicaid Provider Id - No longer used as of 07/01/2015.</b>
<b>MEDPLANID</b>	122	CHAR (2)	<ul style="list-style-type: none"> <li>Space filled.</li> </ul>
			<b>Descriptions and Instructions: Medicaid Plan Id - No longer used as of 07/15/2015.</b>
<b>CNTYSERV</b>	124	CHAR (2)	<ul style="list-style-type: none"> <li>Must be between 01 and 67 or space filled.</li> </ul>
			<b>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.</b>

#### 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>