

CCAR MANUAL

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Version 3.5

Changes:

- Updated 27-10 references to 27-65
- RE: CCAR files are due on the 15th of the month for the previous month – changed to CCAR files are due on the last day of the month for the previous month.

Produced by the Colorado Department of Human Services
Division of Behavioral Health



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Section 1 – Overview

Colorado Client Assessment Record (CCAR)

Greetings and welcome to the 2009 Colorado Client Assessment Record user's manual!

The Colorado Client Assessment Record (CCAR) is a clinical instrument designed to assess the behavioral health status of a consumer in treatment. The tool can be used to identify current clinical issues facing the consumer and to measure progress during treatment. The CCAR consists of an administrative section and an outcomes section. The administrative section contains questions related to a consumer's characteristics (e.g., social security number, date of birth, gender, etc.) while the outcomes section contains questions related to a consumer's daily functioning on 25 clinical domains.

The administrative and outcome data obtained through the CCAR are collected by the Division of Behavioral Health on the **last day** of every month for the previous month in order to (1) satisfy federal reporting requirements for block grant funding of behavioral health providers in the State, (2) inform the State Legislature regarding policy, service quality, and effectiveness, (3) answer questions posed by major stakeholders and special interest groups (e.g., Mental Health Planning and Advisory Council, Colorado Behavioral Healthcare Council, Department of Health Care Policy and Financing, Community Mental Health Centers and Clinics, Behavioral Health Organizations, etc.) about a variety of behavioral health issues, and (4) provide routine reports to centers, clinics, and BHOs about consumer status and progress (currently under development).

Providers are required by contract (see "Contract for Mental Health Services Exhibit A-Statement of Work") to complete a "full" CCAR for every publicly funded client at admission, annually, at discharge, and when there is a change in client status (e.g., change in payer source, admission to inpatient psychiatric hospital, change in living arrangement, etc). Completion of a "full" CCAR means populating all of the fields completely (for example, the complete social security number, the complete first and last name, etc.). Data on each CCAR must not be pre-populated from previous CCARs because the data will be used to calculate service outcome measures such as change in client status, degree of recovery, change in living situation, etc.

The following reports are available on the CCAR website: (1) admitted open clients, (2) accepted records, (3) clients requiring updates, (4) error reports, (5) rejected records, and (6) accepted records. Agencies are asked to review these reports and correct any problems that might exist in the data by using the on-line CCAR application or by contacting Sharon Pawlak (303) 866-7417 or Jennifer Reimer (303) 866-7502.

A variety of supports are available for users of the CCAR. These include annual training in the use and completion of the tool, training of trainers who are responsible for educating new users, on-line access to the Division of Behavioral Health data team, on-line completion of the instrument or batch upload. The following section presents the CCAR form.

Agency **BHO** **Program** **Medicaid/State ID** **Client ID/Trails ID**

SSN **Date of Birth** **Gender:** Male Female

Last Name

First Name

Middle Name **Title** (Jr., Sr., III, etc)

Enrollment / Payer

<input type="checkbox"/> Medicaid Fee for Service	<input type="checkbox"/> Insurance & Third Party
<input type="checkbox"/> Medicaid - Capitated	<input type="checkbox"/> State / Other Federal
<input type="checkbox"/> Medicare	<input type="checkbox"/> Local
<input type="checkbox"/> Self Pay	<input type="checkbox"/> CHP+

Referral Source **CCAR Effective Date / Date of CCAR**

Action Type / Reason for CCAR

<u>DYC Only</u>	<u>Mental Health Only</u>	<u>Child Welfare Only</u>
21 = Detention Admission	01 = Admission	31 = Res Treat Admission
22 = Detention Release	03 = Update	32 = Update
23 = New Commitment	05 = Discharge	33 = Res Treat Discharge
31 = Res Treat Admission	06 = Evaluation Only	
32 = Update		
33 = Res Treat Release		
34 = DYC Discharge		

Type of Update (if applicable)

<u>MH Only</u>	<u>DYC/CW Only</u>
01 = Annual	06 = DYC Parole
02 = Interim/Reassessment	08 = Res Treat Change of LOC
03 = Psych Hospital Admission (Enter CDPHE ID)	<u>DOC Only</u>
07 = Psych Hospital Discharge (Enter CDPHE ID)	09 = DOC/Community Parole

CDPHE ID #

Meds Only Client (Check if YES)

Admission / Commitment Date **Placement End Date**

Special Studies Code 1

Special Studies Code 2

For Agency Use Only

DYC/CW Only

Res Treatment Level of Care

(identified by CCAR)

(authorized)

Res Treatment Provider

Is Individual Spanish/Hispanic/Latino?

No Yes

What is individual's race? Check all that apply

American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Pacific Islander

White/Caucasian

Other

Complete Only At Discharge

Discharge Date

Date of Last Contact

Type of Discharge/Termination

1 = Transferred

2 = TX completed/No Referral

3 = TX completed/Follow-up

6 = Client Died

7 = Client Initiated Termination

8 = Administratively Terminated

9 = DYC Discharge

Discharge/Termination Referral

(See list)

Diagnoses (DSM or ICD=9)

AXIS I Primary AXIS I Secondary

AXIS II Primary Substance Abuse (if applies)

GAF (optional)

DC: 0-3 - Diagnostic Classification of Infancy and Early Childhood (Optional)

AXIS I Primary AXIS I Secondary

AXIS II Relationship Disorder PIR-GAS

Highest Education Level in Years/Current Grade

(PK=Pre-K, 00=K, 01=Grade 1, 12=Grade 12 & GED,
 14=some college, 16=college degree, 18=master's degree, 20=doctoral degree)

Marital Status

01=Never Married
 02=Married
 03=Married/Separated
 04=Widowed
 05=Divorced

Number of Children

(under age 18 for whom consumer is responsible)
 code: 0=0; 1=1; 9=9, etc.

Annual Income

Receiving SSI?

NO YES

Receiving SSDI?

NO YES

Number of Individuals Supported By Income

(1=Consumer Only, 2=2 etc., 9=9 or more)

Current Primary Role/Employment/School Status**

1=Employed Full Time
 2=Employed Part Time
 3=Homemanager - Not Otherwise Employed
 4=Supported Employment
 5=Not in Labor Force
 7=Unemployed
 8=Armed Forces (Active Military Duty)
 9=In School
 11=Volunteer

** Relates to Role in Clinical Scale

Place of Residence

01=Correctional Facility/Jail
 02=Inpatient
 03=ATU, Adults Only
 04=Res Treat/Group
 05=Foster Home (Youth)
 06=Boarding Home (Adult)
 07=Group Home (Adult)
 08=Nursing Home
 09=Residential Facility (MH Adult)
 10=Residential Facility (other)
 12=Homeless
 13=Supported Housing
 14=Assisted Living
 15=Independent Living

Current Living Arrangement (Check all that apply)

Alone
 Mother
 Father
 Sibling(s)
 Relative(s), kin
 Foster Parent(s)
 Guardian
 Spouse
 Partner/Significant Other
 Child(ren)
 Unrelated Person

Existence of Presenting Mental Health Problem

(1=Longer than one year 2=One year or less)

Number of Prior Psychiatric hospitalizations

(Entire Lifespan)

Disabilities (Check all that apply)

Developmental Disability
 Deaf/Severe Hearing Loss
 Blind/Severe Vision Loss
 Learning Disability
 Traumatic Brain Injury (TBI)
 None

Legal Status

01=Voluntary
 02=Court-directed Voluntary
 03=Forensic
 04=72-hr Eval & Treatment
 05=Short Term Certification
 06=Long Term Certification
 08=Children's Code C.R.S. 19-1-101
 09=Emer/Invol Alcohol/Drug Commitment
 10=Conditional Release
 11=DYC Commitment
 12=DYC Detention
 13=DOC/Community Parole

Considerations for Providers (Check all that apply)

Self-Care Problems
 Food Attainment
 Housing Access
 Cultural
 Language
 None

History of Issues (Check all that apply)

Suicide Attempt
 Trauma
 Legal/Incarcerations
 Sexual Misconduct
 Destroyed Property
 Set Fires
 Legal/Convictions
 Animal Cruelty
 Prenatal/Perinatal Drug/Alcohol Exposure
 Danger to Self
 Family Mental Illness
 Family Substance Abuse
 Violent Environment
 None

Check All Current Issues That Apply

Sexual Misconduct
 Danger to Self
 Injures Others
 Injury by Abuse/Assault
 Reckless Self-Endangerment
 Suicidal Ideation
 Suicide Plan
 Suicide Attempt
 None

27-65 Criteria (Check all that apply)

Danger to Self
 Danger to Others
 Gravely Disabled
 Does not apply

County of Residence

Zipcode

Staff ID

Staff Signature: _____

Date:

Definitions

Current Primary Role/Employment/School Status

Employed Full-Time: competitive full-time employment
Employed Part-Time: competitive part-time employment
Supported Employment: employment that promotes rehabilitation and return to productive employment
Homemanager/Not Otherwise Employed: includes activities concerned with tasks around a private household
Not in Labor Force: neither employed nor actively looking for employment

Unemployed: not employed, but may be looking for employment
In School: attends or has attended school during the current or most recent school year

Armed Forces (Active Military Duty): full-time employment in any branch of armed forces or reserves

Volunteer: works without receiving monetary payment

Legal Status

Voluntary: individual is competent and has endorsed a Consent to Evaluation and/or Treatment form

Court-direct Voluntary: includes treatment as a condition of probation/parole or deferred prosecution

Forensic: includes Not Guilty by Reason of Insanity, criminal court commitment, correctional transfer, and incompetent to proceed

72-Hr Eval & Treatment: individual has been admitted to agency involuntarily under the 72-Hour Evaluation and Treatment provision of CRS 27-65, et seq.

Short-Term Certified: individual has been admitted to agency involuntarily under the Short-Term Certification provision of CRS 27-65, et seq.

Long-Term Certified: individual has been admitted to agency involuntarily under the Long-Term Certification provision of CRS 27-65, et seq.

Children's Code C.R.S. 19-1-101: admission of any court-referred minor under the provisions of the Colorado Children's Code CRS 19-1-101, et seq. (includes pre-screenings of minors under this code)

Emergency/Invol Alc/Drug Commitment: individual has been committed under any of the Alcohol and Drug Statutes

Conditional Release: court has imposed terms and conditions of release

DYC Commitment: juvenile cases resulting in the transfer of legal custody to the CDHS by the court as a result of an adjudicatory hearing

Definitions (continued)

Inpatient: in-hospital, 24-hour care at a hospital licensed by the CDPHE.

ATU (Adults Only): 24-hour residential facility licensed by the CDPHE as a Personal Care Boarding Home and approved by DMH as an ATU.

PRTF/RTC/RCCF/Group (youth) definitions to be supplied.

Boarding Home (adult): privately-owned licensed facility that provides two to three meals per day for four or more adults.

Group Home (adult): 24-hour facility that provides mental health treatment for extended periods, is licensed by CDPHE as a Personal Care Boarding Home, is associated with an MHC, and is approved by DMH as a Residential Treatment Facility.

Nursing Home: skilled nursing care facility or an intermediate health care facility licensed by the Department of Health.

Residential Facility (MH, adult): a non-hospital residential setting affiliated with a mental health agency.

Residential Facility (other, adult): a residential facility in which the main focus is not mental health treatment (e.g. Halfway House).

Homeless: individual lacks a fixed, regular and adequate nighttime residence.

Supported Housing: individual lives in a residence (either alone or with others) where he receives in-home mental health support.

Assisted Living: private housing that provides the individual support and assistance in daily living tasks aimed at promoting community living.

Independent Living: individual lives in a public or private residence while obtaining mental health support services through a community mental health agency.

Is Individual School Age? YES NO

Complete Box if Of School Age

In the last 12 months, has the child:

Been expelled from school? NO YES

Been suspended from school? NO YES

Had unexcused absences from school? NO YES

Is child currently passing all his/her classes? NO YES

Is the Child Less Than Six-Years-Old? YES NO

Complete Box if Less Than Six-Years-Old

Is the child at a developmentally appropriate level?

<input type="checkbox"/> NO	<input type="checkbox"/> YES	Talking / Communication
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Physical / Motor Movements
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Hearing / Seeing
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Learning / Cognition
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Playing & Interacting
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Self-Help Skills

Is child's readiness for school developmentally appropriate?

NO YES

History/Current Victimization (now or ever)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Verbal Abuse |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> None |
| <input type="checkbox"/> Physical Abuse | |

History of Mental Health Services (check all that apply)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Outpatient |
| <input type="checkbox"/> Other 24-hour | <input type="checkbox"/> None |
| <input type="checkbox"/> Partial Care | |

Previous / Concurrent Services (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> None |
| <input type="checkbox"/> Adult Corrections | |

Current Non-Prescription Substance Use

- | | |
|--|--|
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Barbituates/Sedatives/Tranquilizers |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Amphetamines/Stimulants |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Hallucinogens |
| <input type="checkbox"/> Cocaine/Crack | <input type="checkbox"/> Inhalants |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> None |
| <input type="checkbox"/> Other Opiates/Narcotics | |

CCAR Outcome Section Domain Scales

Instructions: Check the number, between 1 and 9, that represents current clinical concern (within last 3 weeks or issues that are still of concern to consumer and/or clinician) in each domain. Specific definitions are provided for numbers 1, 3, 5, 7 and 9. The even numbers may be used to describe functioning between the descriptions provided. Check the number selected as reflecting the individual's rating. All domains are compared to age, gender and culturally appropriate expectations in the at-large population.

Physical Health

1 2 3 4 5 6 7 8 9

Extent to which a person's physical health or condition is a source of concern.

- 1 No physical problems that interfere with daily living.
- 3 Presence of occasional or mild physical problems that may interfere with daily living.
- 5 Frequent or chronic physical health problems.
- 7 Incapacitated due to medical/physical health, and likely to require inpatient or residential health care.
- 9 Presence of critical medical condition requiring immediate inpatient or residential health care treatment.

Suicide / Danger to Self

1 2 3 4 5 6 7 8 9

Extent to which a person experiences self-harming thoughts and/or behaviors.

- 1 No indication of self-destructiveness or self-endangerment.
- 3 Self-harmful tendencies are evident from speech and/or previous behavior, and person may experience harmful thoughts with minimal danger to self.
- 5 Self-harmful thoughts and/or actions that are present and are of serious concern.
- 7 Self-harmful thoughts and/or actions are persistent, affecting most aspects of daily functioning.
- 9 Requires immediate intervention to prevent suicide or physical self-injury.

Self-Care / Basic Needs

1 2 3 4 5 6 7 8 9

Extent to which mental health symptoms impact a person's ability to care for self and provide for needs.

- 1 Able to care for self and provide for own needs.
- 3 Occasional assistance required in caring for self and obtaining basic needs.
- 5 High levels of assistance needed in caring for self and obtaining basic needs.
- 7 Unable to care for self and obtain basic needs in safe and sanitary manner.
- 9 Gravely disabled and in extreme need of complete supportive care.

Aggression / Danger to Others

1 2 3 4 5 6 7 8 9

Extent of aggressiveness in interactions with others.

- 1 Exhibits no aggressiveness towards others.
- 3 Occasional low-level aggressive behavior toward others.
- 5 Occasional major or frequent minor aggressive behavior which is perceived as dangerous.
- 7 Repeated major aggressive behavior that is problematic and is hostile, threatening, and dangerous.
- 9 Continuously aggressive behavior that is intended to inflict injury or pain, verbal attacks, and/or demonstrates imminent danger to others.

Legal

1 2 3 4 5 6 7 8 9

Extent to which a person is involved in the criminal justice system.

- 1 No legal difficulties.
- 3 Occasional legal difficulties.
- 5 Frequent legal difficulties.
- 7 May be in confinement or at risk of confinement due to illegal activity.
- 9 Continuously at risk for illegal behavior. Likely to be in confinement or with current serious charges pending.

Phychosis

1 2 3 4 5 6 7 8 9

Extent to which a person experiences delusional, disorganized and irrational thought processes.

- 1 No evidence of thought difficulties.
- 3 Occasional odd thought processes.
- 5 Frequent substitution of fantasy for reality, isolated delusions, or infrequent hallucinations.
- 7 Persistent thought disturbance, frequent hallucinations or delusions. Communication is highly impaired.
- 9 Thought processes are disorganized and tangential, resulting in persistent disruption in communication. Extreme disconnection from reality.

Security / Supervision

1 2 3 4 5 6 7 8 9

Extent to which the person is in need of increased supervision.

- 1 No special security or supervision precautions needed.
- 3 Occasional behavior problems are present and require low levels of security and supervision.
- 5 Requires moderate levels of security and supervision due to intermittent high-risk and/or dangerous behaviors.
- 7 Close supervision, seclusion, suicide watch, or controlled medication administration may be necessary due to severe behavioral problems. Walkaway/escape potential may be high.
- 9 Requires constant supervision or secure environment due to behaviors that are likely to result in injury to self or others.

Cognition

1 2 3 4 5 6 7 8 9

Extent to which a person performs cognitive tasks and experiences symptoms such as, but not limited to, confusion, poor problem solving, and impaired judgment.

- 1 No evidence of impaired cognitive capacity.
- 3 Occasional incidences of poor judgment or memory loss may occur.
- 5 Cognitive processes are persistently impaired and may exhibit impaired functioning.
- 7 Person may be unable to function independently due to significantly impaired cognitive processes.
- 9 Impaired cognitive processes result in inability to care for self.

Attention

1 2 3 4 5 6 7 8 9

Extent to which a person experiences attention issues such as, but not limited to, distractibility, inability to concentrate, and restlessness.

- 1 No disruption of daily activities. Issues are temporary, appropriate, and do not impact functioning.
- 3 May persist beyond situational event, but not debilitating.
- 5 Persistent, low-level or occasionally moderate, impacts daily functioning.
- 7 Persistent and incapacitating, affecting most aspects of daily functioning.
- 9 Person is completely incapacitated by and is seemingly incapable of responding appropriately.

Alcohol Use

1 2 3 4 5 6 7 8 9

Extent to which a person's use of alcohol impairs daily functioning.

- 1 No impairment of general functioning due to alcohol use.
- 3 Occasional difficulties in functioning due to alcohol use.
- 5 Frequent difficulties in functioning due to alcohol use.
- 7 Significantly impaired functioning due to alcohol use. Alcohol use dominates life to the exclusion of other activities.
- 9 Constantly debilitated due to alcohol use, with no regard for basic needs or safety of self or others.

Manic Issues

1 2 3 4 5 6 7 8 9

Extent to which a person experiences manic symptoms such as, but not limited to, excessive activity level, elevated mood, and decreased need for sleep.

- 1 No disruption of daily activities. Issues are temporary, appropriate, and do not impact functioning.
- 3 May persist beyond situational event, but not debilitating.
- 5 Persistent, low-level or occasionally moderate, impacts daily functioning.
- 7 Persistent and incapacitating, affecting most aspects of daily functioning.
- 9 Person is completely incapacitated by and is seemingly incapable of responding appropriately.

Drug Use

1 2 3 4 5 6 7 8 9

Extent to which a person's use of legal or illegal drugs impair daily functioning.

- 1 No impairment of general functioning due to drug use.
- 3 Occasional difficulties in functioning due to drug use.
- 5 Frequent difficulties in functioning due to drug use.
- 7 Significantly impaired functioning due to drug use. Drug use dominates life to the exclusion of other activities.
- 9 Constantly debilitated due to drug use, with no regard for basic needs or safety of self or others.

Anxiety Issues

1 2 3 4 5 6 7 8 9

Extent to which a person experiences anxiety symptoms such as, but not limited to, nervousness, fearfulness, and tension.

- 1 No disruption of daily activities. Issues are temporary, appropriate, and do not impact functioning.
- 3 May persist beyond situational event, but not debilitating.
- 5 Persistent, low-level or occasionally moderate, impacts daily functioning.
- 7 Persistent and incapacitating, affecting most aspects of daily functioning.
- 9 Person is completely incapacitated by and is seemingly incapable of responding appropriately.

Family

1 2 3 4 5 6 7 8 9

Extent to which issues within the individual's identified family and family relationships are problematic.

- 1 Family relationships are not of current concern.
- 3 Occasional friction or discord in family relationships.
- 5 Frequent disagreements or turbulence with family members.
- 7 Extensive disruption in family functioning which has resulted in out of home placement or estrangement.
- 9 Family members are at considerable personal risk and require formal external supportive services.

Depressive Issues

1 2 3 4 5 6 7 8 9

Extent to which a person experiences depressive symptoms such as, but not limited to, sadness, worrying, irritability and agitation.

- 1 No disruption of daily activities. Issues are temporary, appropriate, and do not impact functioning.
- 3 May persist beyond situational event, but not debilitating.
- 5 Persistent, low-level or occasionally moderate, impacts daily functioning.
- 7 Persistent and incapacitating, affecting most aspects of daily functioning.
- 9 Person is completely incapacitated by and is seemingly incapable of responding appropriately. Impaired functioning and requires immediate treatment.

Interpersonal

1 2 3 4 5 6 7 8 9

Extent to which a person establishes and maintains relationships with others.

- 1 Demonstrates healthy relationships with others.
- 3 Some difficulty developing or maintaining healthy interpersonal relationships.
- 5 Inadequate relational skills resulting in tenuous and strained relationships.
- 7 Markedly impaired relational skills resulting in poor relationship formation and maintenance.
- 9 Interpersonal relationships are virtually nonexistent.

CCAR Outcome Section Domain Scales

Socialization

1 2 3 4 5 6 7 8 9

Extent to which a person's conduct deviates from cultural and social norms.

- 1 Generally conforms to social norms and rules.
- 3 Occasionally violates rights of others, social norms, and/or rules.
- 5 Frequently violates rights of others, social norms, and/or rules.
- 7 No regard for rules, rights of others and seriously disruptive to others.
- 9 Complete disregard for rights of other, social norms, and/or rules resulting in social destructiveness and dangerousness to others.

Role Performance

1 2 3 4 5 6 7 8 9

Extent to which a person adequately performs his/her occupational role. NOTE: Rate individual's current primary role (e.g., worker, caregiver, student) as marked on the Administrative Section of this CCAR.

- 1 Performs comfortably and competently in role.
- 3 Occasional disruption of role performance.
- 5 Frequent disruption of role performance.
- 7 Severe disruption of role performance. Attempts at functioning are ineffective.
- 9 Productive functioning is absent and currently inconceivable.

Social Support

1 2 3 4 5 6 7 8 9

Extent to which a person has relationships with supportive people who contribute to recovery.

- 1 Supportive relationships outside of service providers AND actively participates in maintaining them.
- 3 Supportive relationships outside of service providers.
- 5 Only meaningful relationships with service providers AND others receiving services.
- 7 Only meaningful relationships are with service providers.
- 9 No meaningful relationships (or relationships that are not constructive) AND person wants or could clearly benefit from them.

Hope

1 2 3 4 5 6 7 8 9

Extent to which a person is optimistic about future outcomes.

- 1 Openly expresses hope for the future AND is making efforts to achieve better outcomes.
- 3 Openly expresses hope for the future, but is not currently making efforts that would lead to better outcomes.
- 5 Expresses both positive and negative attitudes with regard to future outcomes.
- 7 Does not express hope for the future, but may be convinced that there is opportunity for better outcomes.
- 9 Actively expresses hopelessness about future change.

Overall Symptom Severity

1 2 3 4 5 6 7 8 9

Rate the severity of the person's mental health symptoms.

- 1 No symptoms are present for this person.
- 3 Symptoms may be intermittent or may persist at a low level.
- 5 Symptoms are present which require formal professional mental health intervention.
- 7 Significant symptoms affecting multiple domains exist, often requiring external intervention.
- 9 Symptoms are profound and potentially life-threatening.

Empowerment

1 2 3 4 5 6 7 8 9

Extent to which a person uses available resources that contribute to personal health, welfare and recovery. This includes knowledge and understanding of symptoms treatment options and resource alternatives.

(Mark '1' if less than 12-years old)

- 1 Actively engages in planning and activities to assure optimal personal health, welfare and recovery.
- 3 Is aware of some available resources and generally acts to access them to assure personal health, welfare and recovery.
- 5 Does not respond to signs and symptoms that may reduce personal health, welfare and recovery.
- 7 Ignores or rejects offers of resources or assistance to assure personal health, welfare and recovery.
- 9 Requires intervention to assure recovery.

Activity Involvement

1 2 3 4 5 6 7 8 9

Extent to which a person participates in positive activities.

- 1 High involvement in a variety of positive activities that are self, other, and community focused.
- 3 Involvement in a variety of positive activities that includes others.
- 5 Involvement in a variety of positive activities, but rarely includes others.
- 7 Engages in few, if any, positive activities and none with others.
- 9 No identified positive activities.

Overall Recovery

1 2 3 4 5 6 7 8 9

Extent to which a person is involved in the process of getting better and developing/restoring/maintaining a positive meaningful sense of self.

- 1 Views self positively with the knowledge that setbacks may occur AND is able to actively pursue and access resources to support recovery with a sense of empowerment and hopefulness about future outcomes.
- 3 Hopeful about future outcomes AND is actively participating and using resources to promote recovery.
- 5 Expresses hopefulness about future outcomes AND is willing to begin and engage in using available resources to promote recovery.
- 7 Expresses a mixture of hopefulness and hopelessness about future outcomes and is interested in discussing available options and resources to aid in recovery.
- 9 Entrenched in symptoms, expresses hopelessness about future outcomes AND does not actively engage in using available resources that might promote recovery.

Overall Level of Functioning

1 2 3 4 5 6 7 8 9

Extent to which a person is able to carry out activities of daily living, despite the presence of mental health symptoms.

- 1 Functioning well in most activities of daily living.
- 3 Adequate functioning in activities of daily living.
- 5 Limited functioning in activities of daily living.
- 7 Impaired functioning that interferes with most activities of daily living.
- 9 Significantly impaired functioning; may be life-threatening.

Section 3a – CCAR Data Reporting Policy

1. All mental health providers licensed by the Colorado Division of Behavioral Health will submit CCAR data to the Division based upon data submission requirements specified in their annual contract.
2. Full CCARs (all fields in the Administrative section and all fields in the Outcomes section) will be completed for **all** publicly funded clients (Any DBH Funds, Medicaid Capitation, Medicaid Fee For Services, any local fund that does not fully cover the cost of care and is subsidized by DBH funds, any other State funds from other Departments such as Department of Corrections, DYC, Child Welfare/counties Child Welfare, Division of Vocational Rehabilitation and CHP+), that is, any client whose services are paid for by any amount of public funds at any time. Public funds shall include services funded through Medicare only if the client qualifies as indigent under the federal poverty guidelines. A CCAR must also be submitted in an event that any special studies code is used in either field one or field two.
3. CCAR Updates are required:
 - On an annual basis;
 - When the primary diagnosis, current primary employment status, current living arrangement, or place of residence information changes during a client's episode, or a change in client status;
 - When a client is admitted to and discharged from a non-State psychiatric hospital/unit an Update CCAR (Type of Update is "03" or "07") is completed. An admission or discharge CCAR should not be completed by the non-State psychiatric hospital.
4. An Update that is an Annual Update and Meds only client will no longer be required to fill the entire Outcome Section of the CCAR. They will now only be required to complete the Administrative Section and the following questions from the Outcome Section: Self Care/Basic Needs, Role Performance, Overall Symptom Severity, Overall Recovery and Overall Level of Functioning. No changes to any other Update CCARS.
5. CCAR files and corrections are due by the **last day** of each month **for the previous month**.
6. The data will be in the DBH specified format; see the Record Layout Section.
7. Any record that fails to pass the Pre Edit will be rejected and must be resubmitted until it is error-free.
8. The Clients Requiring Updates Report distributed by DBH tracks compliance by the agencies.

9. Compliance will also be determined by the results of the annual Data & Evaluation site visit.
10. In order for an agency to be in compliance, an agency will have submitted the monthly CCAR data file by the **last day of the month** and completed all required CCAR updates within 30 days of the due date.
11. A letter of Non-Compliance will be sent out following the annual site visit detailing the areas of concern.
12. An agency will have 30 calendar days after receiving the Non-Compliance letter to achieve compliance or submit a Corrective Action Plan to DBH.
13. A Corrective Action Plan, at the very least, will contain a description of the problem, the planned resolution for the problem, and a timeframe for when the problem will be resolved, specifying a target date.
14. Agencies failing to achieve full compliance or submit a Corrective Action Plan to DBH will have monthly payments withheld.

Section 3b – CCAR Requirements for RTCs

The table below shows the CCAR Requirements for RTCs housed within the Mental Health Institutes when youth move between the RTC and the State Hospital.

Action/Circumstance	CCAR Requirement
1. Admission to hospital-based RTC from the affiliated state hospital	<ul style="list-style-type: none"> • CMHIFL/CMHIP Discharge CCAR • RTC Admission CCAR
2. Admission to CMHIP or CMHIFL <i>from RTC</i>	
a. Admission to CMHIFL/CMHIP for 72 hours or less	<ul style="list-style-type: none"> • CMHIFL/CMHIP Evaluation Only¹ CCAR • RTC None
b. Admission to CMHIFL/CMHIP for > 72 hours and 14 days or less	<ul style="list-style-type: none"> • CMHIFL/CMHIP Admission and Discharge CCAR • RTC None
c. Admission to CMHIFL/CMHIP for > 14 days	<ul style="list-style-type: none"> • CMHIFL/CMHIP Admission and Discharge CCAR • RTC Discharge CCAR (see Note below) <i>Date of Discharge</i>: Use date admitted to hospital or last date of billing. • RTC New Admission CCAR if youth is admitted on day 15 or later
3. Discharge from RTC	<p>RTC does discharge CCAR Note: When an Admission or Discharge CCAR is being completed for CW or DYC by RTC staff, the same clinical information can be entered in the Institute CCAR database by Institute staff, with the following caveats:</p> <ul style="list-style-type: none"> • The CW/DYC CCAR is missing the three Change variables that are completed at Update and Discharge. These would have to be assessed and entered into the database. • The first page of the CW and DYC CCARs is different from the Mental Health CCAR. All variables required by the Division of Mental Health would have to be entered into the database.

¹ An Evaluation CCAR is a regular CCAR with an “06” Action Type. It is completed only once and serves as the Admission and Discharge CCAR. This CCAR is completed by the hospital.

Section 3c – The Children’s Hospital CCAR Completion Requirements

Event	CCAR Required based on Event					
	Admission	Admission with Place of Residence = 2	Update with Type of Update = 1	Update with Type of Update = 3	Update with Type of Update = 7	Discharge
A client is admitted to the Day Treatment Unit by TCH	X					
It has been one year since a client in the Day Treatment Unit has been admitted or had a clinical update			X			
A client is discharged from the Day Treatment Unit						X
Day Treatment clients transferred to the Inpatient Unit				X		
Day Treatment clients transferred from the Inpatient Unit back to Day Treatment					X	
Day Treatment client discharged while in the Inpatient Unit						X
Client admitted to the Inpatient Unit by BHO/CMHC				√		
Client leaves the Inpatient Unit but still receives services from the BHO/CMHC					√	
Client leaves the Inpatient Unit and does not still receive services from the BHO/CMHC						√
A BHO/CMHC client in the Inpatient Unit is transferred to the Day Treatment Unit	X					

Event	CCAR Required based on Event					
	Admission	Admission with Place of Residence = 2	Update with Type of Update = 1	Update with Type of Update = 3	Update with Type of Update = 7	Discharge
It has been one year since a BHO/CMHC client in the Day Treatment Unit has been admitted or had a clinical update			X			
A BHO/CMHC client in the Day Treatment Unit is discharged						X
Client is admitted to the Inpatient Unit but is not open as a BHO/CMHC client	No CCAR necessary					
Client is admitted to Inpatient Unit, is not open as a BHO/CMHC client but then becomes BHO/CMHC client while in the Inpatient Unit		√				

X - CCAR required with The Children's Hospital Agency Code

√ - CCAR required with the BHO/CMHC Agency Code

Section 4 – The Colorado Client Assessment Record (CCAR) Form Completion Guidelines

The Division of Mental Health is committed to accurately depicting the public mental health system in describing the populations receiving services, as well as measuring the outcomes of services for specific populations. The form is framed in two sections; the Administrative section includes administrative and demographic measures, documenting status for a number of indicators that are required for federal block grant reporting. The outcome section captures domain scales of current clinical concerns (e.g., depressive issues, socialization, psychosis) and data relevant to the assessment of outcome (e.g., history, substance use).

Each CMHC/Clinic may use their own form to collect the CCAR data. However, data reported to DBH must include all items and correspond to the DBH specified file structure. In the interest of standardizing data collection across the state, implementation of this CCAR does require inclusion of the definitions when filling out the form. Definitions are provided for selected fields/values on the Administrative section, and for alternating anchor points on the domain scales. DBH will be taking the opportunity during the yearly site reviews to review each CMHC's implementation of CCAR.

BHO Code – Reporting instructions are:

- Report your BHO code when “Medicaid Fee For Service” or “Medicaid – Capitated” = 1
- State Institutes, clinics and etc. that report CCAR information directly to DBH and are external providers to all BHO, do not use this field.

Client ID – Report your agency's internal agency number in this field. This ID must be the same as the one reported on past CCARs for the Client and must also match the ID reported in Encounters and other data sets. DBH will remove all leading spaces and zeros.

Medicaid /State ID – Report the client's Medicaid ID as follows:

- When the client is your capitated client, “Medicaid – Capitated” = 1;
- When you are billing Medicaid directly (Fee For Service) for Medicaid services you provide, “Medicaid Fee For Service” = 1;
- When the client receiving your services is enrolled in the Medicaid Capitation Program of another service area, or another contract, “Medicaid Fee For Service” = 1;
- Note: If you are seeing a Medicaid client from out of State, provide their Medicaid Number and mark “Medicaid Fee for Service” = 1.
- In the future, this item may be used for non-Medicaid clients if they receive a State ID.

Enrollment/Payor – Check all that apply:

- Medicaid Fee For Service – You are billing Medicaid for services provided. These clients are exempt from the managed care program. Either their category of aid is exempt from the Mental Health Managed Care Program, or the State has granted a clinical exclusion or you are providing services to a capitated client who is enrolled in the service area of the Medicaid Mental Health Capitation Program other than your own agency's service area.
- Medicaid - Capitated – The Medicaid eligible client is enrolled in your service area's Mental Health Medicaid Capitation Program.
- Medicare – Medicare covered services are billed to Medicare for this client.
- Self Pay – The client is paying all or part of the bill.
- Insurance & Third Party – Payment is made by the client's insurance company or another third party.
- State/Other Federal – Payment is made with State General Fund or other Federal funds.
- Local – Payment is made by local government or other community agency
- CHP+ -Client is part of HCPF's CHP+ program

Type of Update

- **01 Annual** – DBH requires all open clients have a complete CCAR re-assessment on the anniversary of their original admission/activation or one year from the most recent update.
- **02 Interim** – Use this update type to modify information to the most recently submitted CCAR record. This option is to be used for modifications between annual updates. This update type is optional. The entire CCAR record must be completed. Do not send a blank record with only the change recorded. Interim updates should be completed when there is a change in client status.

Note: Intermediate (interim) updates are not counted towards the yearly update requirement.

- **03 Psychiatric Hospital Admission** – An update CCAR is required when a consumer is admitted to a private hospital. Enter the hospital number assigned by the Colorado Department of Public Health and Environment (see table in Algorithms/Tables section). This number will be validated by the pre-edit program and marked as an error when incorrect.
- **06 NYC Parole** – Used only for NYC/CW Clients
- **07 Psychiatric Hospital Discharge** – An update CCAR is required when a consumer is discharged from a private hospital. Enter the hospital number assigned by the Colorado Department of Public Health and Environment (see table in Algorithms/Tables section). This number will be validated by the pre-edit program and marked as an error when incorrect.
- **08 Residential Treatment Change of Level** – Used only for NYC/CW Clients
- **09 DOC/Community Parole** – Used only for DOC Clients

Type of Update Grid

The following grid details what types of updates affect the Annual Update Due Date and shows what to choose if more than one update type is due or required during the same month.

Type of Update								
Annual (01)	Interim (02)	Psychiatric Hospital Admission (03)	DYC Parole (06)	Psychiatric Hospital Discharge (07)	Res. Tx Change of Level (08)	DOC/ Community Parole (09)	Code Type Of Update As:	Annual Update Req. Calculated From Effective Date
X							Annual	Yes
X	X						Annual	Yes
X	X	X					Psych Hospital Admission	Yes
X		X					Psych Hospital Admission	Yes
X				X			Psych Hospital Discharge	Yes

Type of Update								
Annual (01)	Interim (02)	Psychiatric Hospital Admission (03)	DYC Parole (06)	Psychiatric Hospital Discharge (07)	Res. Tx Change of Level (08)	DOC/ Community Parole (09)	Code Type Of Update As:	Annual Update Req. Calculated From Effective Date
X	X			X			Psych Hospital Discharge	Yes
	X						Interim	No
	X	X					Psych Hospital Admission	Yes
	X			X			Psych Hospital Discharge	Yes
		X					Psych Hospital Admission	Yes
				X			Psych Hospital Discharge	Yes

How to determine when a client is counted toward the General Fund Contract

These clients are **NOT** counted for the General Fund Contract:

- 1 A Medicaid Client has less than 30 days of Medicaid non-eligibility*;
- 2 Medicaid Fee For Service = 1;
- 3 Medicaid - Capitated = 1 and Medicare = 0;

All other combinations are counted.

* *Non-eligibility* – A period of time between CCAR record effective dates when a client has No Medicaid number.

Target Status – Below is the table listing the target status codes and their definitions. Each client will have a new target status calculated every time a new CCAR record is received. See Section 7a for details on how the Target Status is calculated.

Target Status Codes	Target Status Text
A	Child SED
B	Child not-SED
C	Adolescent SED
D	Adolescent not-SED
E	Adult SPMI
F	Adult SMI
G	Adult not SMI/SPMI
H	Older Adult SPMI
I	Older Adult SMI
J	Older Adult not SMI/SPMI
Y	Cannot Calculate

Section 5 – System Edits

This section details the valid values for each field CCAR field. Below or next to each field name are the column numbers of that field in the fixed length file format. All fields should be right justified and filled with leading spaces when necessary to ensure proper length. The action types that fields are used with are listed as well. If the field is not required, it should be blank (all spaces) unless otherwise noted.

All CCARs with invalid data will be rejected. This includes any CCARs that are Unmatched, Waiting Termination, Duplicates, or in Error. Duplicate CCARs would be CCARs that have a matching Client ID, Name, Effective Date and Action Type within a specific Agency.

± Fields or values with a ± are for DYC/CW clients and should be blank for mental health clients.

CCAR Administrative Section

Agency (1 – 3)

This field contains the number, assigned by the Division of Mental Health, to the Community Mental Health Center/Clinic (CMHC/C), BHO, or Colorado Mental Health Institute (CMHI) that admitted the client.	See “Section 7b – DBH Code Sheet” Required.
Action Types	01, 03, 05, 06

BHO (4 – 5)

This field contains the BHO code assigned by the Division of Mental Health.	BHO Identification: AB – Access Behavioral Care – Denver BH – Behavioral Health Care, Inc. FH – Foothills Behavioral Health NB – Northeast Behavioral SB – Colorado Health Partnerships If ‘Medicaid Fee For Service’ or ‘Medicaid – Capitated’ = 1, this field must contain a valid BHO Code. Only required if Medicaid Fee For Service or Medicaid – Capitated.
Action Types	01, 03, 05, 06

Program (6 – 10)

This field may be used by the Agencies to record an internal program identifier.	This field may contain any combination of alphabetic and numeric characters or spaces. Field can be blank, Not Required
Action Types	01, 03, 05, 06

Medicaid / State Identifier (11 – 17)

The client's Medicaid identifier	X999999 -A valid Medicaid number, which consists of an alphabetic character in the first position, followed by 6 numeric characters. This field may be used for the SIDMOD ID at a later date. If 'Medicaid Fee For Service' or 'Medicaid – Capitated' = 1, this field must not be blank.
Action Types	01, 03, 05, 06

Client ID/Trails ID (18 – 26)

This field contains the identifier assigned to the client when admitted by a CMHC/C, CMHI, or BHO. Note: This ID must match previous IDs submitted for the client and also the ID submitted for Encounters and other datasets.	The field may contain any combination of alphabetic and numeric characters. No special characters are allowed. The field cannot be completely alphabetic. All leading zeros and spaces will be removed. Required.
Action Types	01, 03, 05, 06

Social Security Number (27 – 35)

The client's complete social security number is required.	DBH will verify the 9 characters are present. A value of 999999999 is acceptable if the client refuses or is unable to provide their social security number. Required, if unknown enter 99999999.
Action Types	01, 03, 05, 06

Date of Birth (36 – 43)

This field contains the birth date of the client in the MMDDCCYY format.	Use standard date validation. Cannot be greater than today's date. Cannot be greater than admission date. Cannot be less than 01/01/1900. Required.
Action Types	01, 03, 05, 06

Last Name (44 – 63)

The client's last name	NO numeric or special characters ¹ . The complete last name is required for all clients. Required. ¹ <i>Exception: If the client's last name is only two letters, then the third character should be '2'. If the client's last name is only one letter, then the second character should be a 'space' and the third character should be a '1'.</i>
Action Types	01, 03, 05, 06

First Name (64 – 83)

The client's first name	NO numeric or special characters will be accepted. The complete first name is required for all clients. Required.
Action Types	01, 03, 05, 06

Middle Name (84 – 98)

The client's middle name	NO numeric or special characters will be accepted. This field can be blank. Not Required.
Action Types	01, 03, 05, 06

Title (99 – 102)

The client's title	NO numeric or special characters will be accepted. This field can be blank. Not Required.
Action Types	01, 03, 05, 06

Enrollment/Payer (103 – 110)

Check all that apply. Medicaid Fee For Service (103) Medicaid – Capitated (104) Medicare – (105) Self Pay (106) Insurance & Third Party (107) State/Other Federal (108) Local (109) CHP+ (110)	0 – Not checked 1 – Checked yes At least one of these fields must be marked "Yes". Required.
Action Types	01, 03, 05, 06

Referral Source (111 – 113)

This field contains a code that indicates the source of referral for the client at the time of admission.	See "Section 7b – DBH Code Sheet". Required.
Action Types	01, 03, 05, 06

Effective Date (114 – 121)

This field, in the format MMDDCCYY, contains the effective date of the update.	Use standard date validation. Cannot be earlier than admission date. Cannot be great than today's date. Required.
Action Types	03

Action Type (122 – 123)

Action Type	01 – Admission 03 – Update 05 – Discharge 06 – Evaluation Only DYC/CW Only [±] 21 – Detention Admission 22 – Detention Release 23 – New Commitment 31 – Residential Treatment Admission 32 – Update 33 – Residential Treatment Release/Discharge 34 – DYC Discharge Required.
Action Types	01, 03, 05, 06

Type of Update (124 – 125)

This field is used to indicate the type of update being submitted.	01 – Annual 02 – Interim/Reassessment 03 – Psychiatric Hospital Admission 07 – Psychiatric Hospital Discharge DYC/CW Only [±] 06 – DYC Parole 08 – Residential Treatment Change of Level CCAR DOC Only [±] 09 – DOC/Community Parole 03 Required.
Action Types	03

CDPHE ID (126 – 131)

Contains a valid psychiatric hospital number as assigned by the Colorado Department of Public Health and Environment (CDPHE)	The Hospital ID code is required for records with Action type 03 and Type Of Update = '03' or '07'. For all other records, this field is optional and can be blank. The 6-digit hospital ID assigned by CDPHE.
Action Types	01, 03, 05, 06

Housing Only Client (132)

We no longer are excepting Housing Only Clients	Field should be blank. We no longer required this field. NOT ALLOWED. Leave blank.
Action Types	01, 03, 05, 06

Meds Only Client (133)

A client may be admitted to an agency only for the purpose of monitoring medications.	0 – The client is not Meds Only 1 – The client is Meds Only Required.
Action Types	01, 03, 05, 06

Admission Date (134 – 141)

Client admission date. This field, in the format MMDDCCYY, is the date the client was admitted for the current episode.	Admission Date cannot be prior to 1/1/1950. Use standard date validation. Cannot be great than today's date. Required.
Action Types	01, 03, 05, 06

Placement End Date± (142 – 149)

This field, in the format MMDDCCYY, contains the placement end date.	Use standard date validation. Cannot be prior to admission date. Cannot be greater than today's date. Not Required.
Action Types	01, 03, 05, 06

Special Studies Code 1 (150 – 159)

DBH may request that values be placed in this field if special studies are being conducted.	No validation will be performed on values in this field. Field can be blank. Not Required.
Action Types	01, 03, 05, 06

Special Studies Code 2 (160 – 169)

DBH may request that values be placed in this field if special studies are being conducted.	No validation will be performed on values in this field. Field can be blank. Not Required.
Action Types	01, 03, 05, 06

For Agency Use Only (170 – 179)

This field is for agency use only.	No validation will be performed on values in this field. DBH will not store this field. Field can be blank. Not Required.
Action Types	01, 03, 05, 06

Residential Treatment Level of Care Identified± (180)

Residential Treatment Level of Care identified by the CCAR.	A – Z Not Required.
Action Types	01, 03, 05, 06

Residential Treatment Level of Care Authorized± (181)

Residential Treatment Level of Care identified by the CCAR.	A – Z Not Required.
Action Types	01, 03, 05, 06

Residential Treatment Providers± (182 - 188)

Residential Treatment Level of Care identified by the CCAR.	See list. Not Required.
Action Types	01, 03, 05, 06

Gender (189)

This field contains codes that indicate the gender of the client. Gender is self-identified.	M – Male F – Female Required.
Action Types	01, 03, 05, 06

Hispanic (190)

Is the client Spanish/Hispanic/Latino?	0 – No, the client doesn't claim to be Hispanic 1 – Yes, the client claims to be Hispanic Required.
Action Types	01, 03, 05, 06

Ethnicity (191 – 196)

These fields contain codes that indicate the ethnic/racial identification of the client. Check all that apply. American Indian/Alaskan Native (191) Asian (192) Black/African American (193) Native Hawaiian/Pacific Islander (194) White/Caucasian (195) Other (196)	0 – No the client doesn't claim that ethnicity 1 – Yes the client claims that ethnicity At least one of these fields must be marked "Yes". Required.
Action Types	01, 03, 05, 06

Discharge Date (197 – 204)

This field, in the format MMDDCCYY, contains the date the client was discharged by the agency.	Use standard date validation. Cannot be prior to admission date. Cannot be greater than today's date. Required.
Action Types	05, 06

Date of Last Contact (205 – 212)

This field, in the format MMDDCCYY, contains the date the client was last contacted by the agency.	Use standard date validation. Cannot be prior to the admission date. Cannot be greater than today's date. Required.
Action Types	05, 06

Type of Discharge (213)

This field contains codes that determine the type of client termination.	1 – Transferred 2 – Treatment completed, no referral 3 – Treatment completed, follow-up 6 – Client died 7 – Client Initiated Termination 8 – Administratively Terminated (Should be used if the Clinic has lost contact with the Client and the Client did not initiate the termination.) 9 – DYC Discharge ± Required.
Action Types	05 , 06

Discharge/Termination Referral (214 – 216)

This field contains a code that determines where the client was referred after discharge.	See Section 7b – DBH Code Sheet Required.
Action Types	05 , 06

AXIS I Primary Psychiatric Diagnosis (217 – 221)

This field contains a code that indicates the client's current primary AXIS I psychiatric diagnosis.	A valid DSM-IV-TR or ICD-9 diagnosis code. This field is always required, even if the DC03 codes are also used. Required.
Action Types	01, 03, 05, 06

AXIS I Secondary Psychiatric Diagnosis (222 – 226)

This field contains a code that indicates the client's current secondary AXIS I psychiatric diagnosis.	A valid DSM-IV-TR or ICD-9 diagnosis code. Field can be blank. Not Required.
Action Types	01, 03, 05, 06

AXIS II Psychiatric Diagnosis (227 – 231)

This field contains a code that indicates the client's current AXIS II psychiatric diagnosis.	A valid DSM-IV-TR or ICD-9 diagnosis code. Field can be blank. Not Required.
Action Types	01, 03, 05, 06

Substance Abuse Diagnosis (232 – 236)

This field contains a code that indicates the client's current substance abuse diagnosis, if applicable.	A valid DSM-IV-TR or ICD-9 substance abuse diagnosis code. Field can be blank or V71.09 (No diagnosis on Axis II) Not Required.
Action Types	01, 03, 05, 06

GAF Score (237 – 239)

This field contains the GAF Score for the client.	0 – 100. Field can be blank. Not Required.
Action Types	01, 03, 05, 06

DC03 AXIS I Primary Diagnosis (240 – 242)

This field contains a code that indicates the client's current primary AXIS I DC03 diagnosis.	A valid DC:0-3R diagnosis code. Field can be blank.
Action Types	01, 03, 05, 06

DC03 AXIS I Secondary Diagnosis (243 – 245)

This field contains a code that indicates the client's current secondary AXIS I DC03 diagnosis.	A valid DC:0-3R diagnosis code. Field can be blank. Not Required.
Action Types	01, 03, 05, 06

DC03 AXIS II Relationship Disorder Classification (246 – 249)

The latest revision, D:0-3R, no longer contains valid codes for this Axis.	Field should be blank for all records. Not Required.
Action Types	01, 03, 05, 06

DC03 PIR – GAS (250 – 252)

This field contains a code that indicates the client's current PIR-GAS diagnosis, if applicable.	0 – 100. Field can be blank. Not Required.
Action Types	01, 03, 05, 06

Highest Education Level In Years (253 – 254)

This field indicates the highest grade level achieved by the client.	PK, 00-20 e.g.: PK – The client has less than a Kindergarten education 00 – Kindergarten 01 – Grade 1 12 – Grade 12 or GED 14 – Some College 16 – College Degree 18 – Masters Degree 20 – Doctoral Degree Required.
Action Types	01, 03, 05, 06

Marital Status (255 – 256)

This field contains codes that indicate the client's marital status.	01 – Never married 02 – Married 03 – Married, separated 04 – Widowed 05 – Divorced Required.
Action Types	01, 03, 05, 06

Number Children (257 – 258)

This field indicates the number of children under 18 for whom the client is responsible.	0 – Zero children 1 through 99 – The client is supporting this number of household children Required.
Action Types	01, 03, 05, 06

Annual Income (259 – 264)

This field contains the client's family income.	0 – 999999 Enter the client's annual income Required.
Action Types	01, 03, 05, 06

SSI (265)

Is the client receiving SSI?	0 – No 1 – Yes Required.
Action Types	01, 03, 05, 06

SSDI (266)

Is the client receiving SSDI?	0 – No 1 – Yes Required.
Action Types	01, 03, 05, 06

Number Of Persons Supported By Income (267)

This field contains codes that indicate the number of persons supported by the client's annual family income.	1 -The income is supporting only the client. 2 through 8 – The income is supporting this number of household members 9 – The income is supporting 9 or more household members Required.
Action Types	01, 03, 05, 06

Current Primary Role/Employment/School Status (268 – 269)

This field contains codes that indicate the client's current employment status.	1 – Employed Full Time 2 – Employed Part Time 3 – Homemaker, not otherwise employed 4 – Supported employment 5 – Not in labor force 7 – Unemployed 8 – Armed Forces (active military duty) 9 – In School 11 – Volunteer Required.
Action Types	01, 03, 05, 06

Place of Residence (270 – 271)

This field contains codes that indicate the current place of residence of the client.	01 – Correctional facility/Jail 02 – Inpatient 03 – ATU, Adults Only 04 – Residential Treatment/Group 05 – Foster Home (Youth) 06 – Boarding home (Adult) 07 – Group Home (Adult) 08 – Nursing Home 09 – Residential Facility (MH Adult) 10 – Residential Facility (Other) 12 – Homeless 13 – Supported housing 14 – Assisted Living 15 – Independent Living Required.
Action Types	01, 03, 05, 06

Current Living Arrangement (272 – 282)

These fields contain codes that indicate the current living arrangement of the client. Check all that apply. Alone (272) Mother (273) Father (274) Sibling(s) (275)	0 – No 1 – Yes At least one of the fields must be marked "Yes". Required.
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Relative(s), kin (276) Foster Parent(s) (277) Guardian (278) Spouse (279) Partner/Significant Other (280) Child(ren) (281) Unrelated Person (282)	
Action Types	01, 03, 05, 06

Existence Presenting Problem (283)

This field contains a code that indicates how long the client's mental health problem existed prior to the current admission.	1 – The problem has existed longer than one year 2 – The problem has existed one year or less Required.
Action Types	01, 03, 05, 06

Number of Prior Psychiatric Hospitalizations (284 – 285)

The number of prior psychiatric hospitalizations for the client (entire lifespan).	0 – 99 Required.
Action Types	01, 03, 05, 06

Disabilities (286 – 291)

This field contains codes that indicate whether the client has any permanent handicaps or other impairments. Check all that apply. Developmental Disability (286) Deaf/Severe Hearing Loss (287) Blind/Severe Vision Loss (288) Learning Disability (289) Traumatic Brain Injury (TBI)(290) No Disabilities (291)	0 – No, the handicap does not exist 1 – Yes, the handicap exists If "NONE" is marked "Yes", then no other choices may be marked "Yes". If "NONE" is marked "No", then at least one of the other fields must be marked "Yes". Required.
Action Types	01, 03, 05, 06

Legal Status (292 – 293)

<p>This field contains a code that indicates the client's legal status at the time of this admission.</p>	<p>01 – Voluntary 02 – Court-directed voluntary 03 – Forensic 04 – 72-hour evaluation and treatment 05 – Short term certification 06 – Long term certification 08 – Children's code C.R.S. 19-1-101 09 – Emergency/Involuntary alcoholism/Drug commitment 10 – Conditional Release 11 – DYC Commitment 12 – DYC Detention 13 – DOC/Community Parole Required.</p>
<p>Action Types</p>	<p>01, 03, 05, 06</p>

Considerations for Providers (294 – 299)

<p>This field contains codes that indicate whether the client has any special considerations.</p> <p>Check all that apply.</p> <p>Self-care Problems (294) Food Attainment (295) Housing Access (296) Cultural (297) Language (298) None – Considerations for Providers (299)</p>	<p>0 – No 1 – Yes</p> <p>If "None" is marked "Yes", then no other choices may be marked "Yes". If "None" is marked "No" then at least one of the other fields must be marked "Yes". Required.</p>
<p>Action Types</p>	<p>01, 03, 05, 06</p>

History of Issues (300 – 313)

<p>Check all that apply.</p> <p>Suicide Attempt (300) Trauma (301) Legal/Incarcerations (302) Sexual Misconduct (303) Destroyed Property (304) Set Fires (305) Legal/Convictions (306) Animal Cruelty (307) Prenatal/Perinatal Drug/Alcohol Exposure (308) Danger to Self (309) Family Mental Illness (310) Family Substance Abuse (311) Violent Environment (312) None – History of Issues (313)</p>	<p>0 – No 1 – Yes</p> <p>If "None" is marked "Yes", then no other choices may be marked "Yes". If "None" is marked "No" then at least one of the other fields must be marked "Yes". Required.</p>
<p>Action Types</p>	<p>01, 03, 05, 06</p>

Current Issues (314 – 322)

<p>Check all that apply.</p> <p>Sexual Misconduct (314) Danger to Self (315) Injures Others (316) Injury by Abuse/Assault (317) Reckless Self-Endangerment (318) Suicide Ideation (319) Suicide Plan (320) Suicide Attempt (321) None – Current Issues (322)</p>	<p>0 – No 1 – Yes</p> <p>If “None” is marked “Yes”, then no other choices may be marked “Yes”. If “None” is marked “No” then at least one of the other fields must be marked “Yes”.</p> <p>Required.</p>
Action Types	01, 03, 05, 06

27-65 Criteria (323 – 326)

<p>Check all that apply.</p> <p>Danger to Self Danger to Others Gravely Disabled Does not apply – 27-65 Criteria</p>	<p>0 – No (Does not apply) 1 – Yes</p> <p>If “None” is marked “Yes”, then no other choices may be marked “Yes”. If “None” is marked “No” then at least one of the other fields must be marked “Yes”.</p> <p>Required.</p>
Action Types	01, 03, 05, 06

County Of Residence (327 - 329)

The county where the client currently resides.	See Section 7b – DBH Code Sheet Required.
Action Types	01, 03, 05, 06

Zip Code (330 - 334)

The client’s five-digit zip code.	All numeric – valid zip code. If the client does not have a zip code, the Agency’s main office zip code should be used. Required.
Action Types	01, 03, 05, 06

Staff ID (335 – 341)

A field identifying the person filling out the form.	The field may contain any combination of alphabetic, numeric and special characters. Required.
Action Types	01, 03, 05, 06

CCAR Outcome Section
School Age (342)

Is the individual school age? If No, then the School Problems section should be left blank.	0 – No 1 – Yes Required.
Action Types	01, 03, 05, 06

School Problems (343 – 346)

Expelled from School (343) Suspended from School (344) Unexcused Absences from School (345) Currently Passing all Classes (346)	0 – No 1 – Yes Fields should be blank if child is not of school age. Required if child is of School Age.
Action Types	01, 03, 05, 06

Child less than 6 years old (347)

Is the child less than six years old? If no, then the School Development section should be left blank.	0 – No 1 – Yes Required.
Action Types	01, 03, 05, 06

School Development (348 – 354)

Talking/Communication (348) Physical/Motor Movements (349) Hearing/Seeing (350) Learning/Cognition (351) Playing & Interacting (352) Self-Help Skills (353) Child Readiness Developmentally Appropriate (354)	0 – No 1 – Yes Fields should be blank if child is not less than six years of age. Required if child is less than 6 years of age.
Action Types	01, 03, 05, 06

History / Current – Victimization (now or ever) (355 – 359)

Check all that apply. Sexual Abuse (355) Neglect (356) Physical Abuse (357) Verbal Abuse (358) None – Victimization (359)	0 – No 1 – Yes Required.
Action Types	01, 03, 05, 06

History of Mental Health Services (360 – 364)

<p>This field contains codes that represent the previous mental health services received by the client prior to the current admission.</p> <p>Check all that apply.</p> <p>Inpatient (360) Other 24-hour (361) Partial care (362) Outpatient (363) None – History of Mental Health Services (364)</p>	<p>0 – No, the client did not receive the service 1 – Yes, the client had received the service</p> <p>If “None” is marked “Yes”, then no other choices may be marked “Yes”. If “None” is marked “No” then at least one of the other fields must be marked “Yes”. Required.</p>
<p>Action Types</p>	<p>01, 03, 05, 06</p>

Previous/Concurrent Services (365 – 371)

<p>This field contains codes that represent services received by the client prior to the current admission.</p> <p>Check all that apply.</p> <p>Juvenile Justice (365) Special Education (366) Child Welfare (367) Adult Corrections (368) Substance Abuse (369) Developmental Disabilities (370) None – Previous/Concurrent Services (371)</p>	<p>0 – No, the client did not receive the service 1 – Yes, the client had received the service</p> <p>If “None” is marked “Yes”, then no other choices may be marked “Yes”. If “None” is marked “No” then at least one of the other fields must be marked “Yes”. Required.</p>
<p>Action Types</p>	<p>01, 03, 05, 06</p>

Current Non-Prescription Substance Use (372 – 382)

<p>These fields contain codes that determine current types of non-prescription substances being used by the client.</p> <p>Check all that apply.</p> <p>Tobacco (372) Alcohol (373) Marijuana (374) Cocaine/Crack (375) Heroin (376) Other Opiates/Narcotics (377) Barbiturates/Sedatives/Tranquilizers (378) Amphetamines/Stimulants (379) Hallucinogens (380) Inhalants (381) None – Non-Prescription Substance Abuse (382)</p>	<p>0 – No, the client did not receive the service 1 – Yes, the client had received the service</p> <p>If “None” is marked “Yes”, then no other choices may be marked “Yes”. If “None” is marked “No” then at least one of the other fields must be marked “Yes”.</p> <p>Required.</p>
Action Types	01, 03, 05, 06

Physical Health (383)

Physical Health Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Self-Care / Basic Needs (384)

Self-Care / Basic Needs	1 through 9 Required.
Action Types	01, 03, 05, 06

Legal (385)

Legal Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Security / Supervision (386)

Security / Supervision Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Suicide / Danger to Self (387)

Security / Supervision Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Aggression / Danger to Others (388)

Aggression / Danger to Others Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Psychosis (389)

Psychosis Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Cognition (390)

Cognition Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Attention (391)

Attention Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Manic Issues (392)

Manic Issues Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Anxiety Issues (393)

Anxiety Issues Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Depressive Issues (394)

Depressive Issues Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Alcohol Use (395)

Alcohol Use Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Drug Use (396)

Drug Use Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Family (397)

Family Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Interpersonal (398)

Interpersonal Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Socialization (399)

Socialization Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Role Performance (400)

Role Performance Rating	1 through 9 Required.
Action Types	01, 03, 05, 06

Overall Symptom Severity (401)

Overall Symptom Severity Rating	1 through 9 Required.
Action Types	01, 03, 05, 06

Social Support (402)

Social Support Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Hope (403)

Hope Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Empowerment (404)

Empowerment Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Activity Involvement (405)

Activity Involvement Rating	1 through 9 Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Overall Recovery (406)

Overall Recovery Rating	1 through 9 Required.
Action Types	01, 03, 05, 06

Overall Level of Functioning (407)

Overall Level of Functioning Rating	1 through 9 Required.
Action Types	01, 03, 05, 06

Record Code (408)

This field indicates that this is a CCAR-O record.	"O" – CCAR Outcome Version Required.
Action Types	01, 03, 05, 06

Section 6 – CCAR Record Layout

This record layout is used for the Administrative CCAR and the Outcomes CCAR. If a field is not required, it should be blank unless otherwise noted in Section 5.

Position/ Length	Name
1/3	Agency
4/2	BHO
6/5	Program
11/7	Medicaid/State Identifier
18/9	Client ID/Trails ID
27/9	SSN
36/8	Date of Birth
44/20	Last Name
64/20	First Name
84/15	Middle Name
99/4	Title
103	Medicaid Fee For Service
104	Medicaid -Capitated
105	Medicare
106	Self Pay
107	Insurance & Third Party
108	State/Other Federal
109	Local
110	CHP+
111/3	Referral Source
114/8	Effective Date
122/2	Action Type
124/2	Type of Update
126/6	CDPHE ID
132	Housing Only (LEAVE BLANK)
133	Meds Only
134/8	Admission Date
142/8	Placement End Date±
150/10	Special Studies Code 1
160/10	Special Studies Code 2
170/10	For Agency Use Only
180	Residential Treatment Level of Care Identified±
181	Residential Treatment Level of Care Authorized±
182/7	Residential Treatment Provider±
189	Gender
190	Hispanic

Position/ Length	Name
191	American Indian/Alaskan native
192	Asian
193	Black/African American
194	Native Hawaiian/Pacific Islander
195	White/Caucasian
196	Other -Ethnicity
197/8	Discharge Date
205/8	Date of Last Contact
213	Type of Discharge
214/3	Discharge/Termination Referral
217/5	AXIS I Primary Psychiatric Diagnosis
222/5	AXIS I Secondary Psychiatric Diagnosis
227/5	AXIS II Psychiatric Diagnosis
232/5	Substance Abuse Diagnosis
237/3	GAF Score
240/3	DC03 AXIS I Primary Diagnosis
243/3	DC03 AXIS I Secondary Diagnosis
246/4	DC03 AXIS II Relationship Disorder Classification
250/3	DC03 PIR – GAS
253/2	Highest Education Level In Years
255/2	Marital Status
257/2	Number Children
259/6	Annual Income
265	SSI
266	SSDI
267	Number Of Persons Supported By Income
268/2	Current Primary Role/Employment/School Status
270/2	Place Of Residence
272	Alone
273	Mother
274	Father
275	Sibling(s)
276	Relative(s), kin
277	Foster Parent(s)
278	Guardian
279	Spouse
280	Partner/Significant Other
281	Child(ren)
282	Unrelated Person
283	Existence Presenting Problem

Position/ Length	Name
284/2	Number of Prior Psychiatric Hospitalizations
286	Developmental Disability
287	Deaf/Severe Hearing Loss
288	Blind/Severe Vision Loss
289	Learning Disability
290	Traumatic Brain Injury (TBI)
291	None -Disabilities
292/2	Legal Status
294	Self-care Problems
295	Food Attainment
296	Housing Access
297	Cultural
298	Language
299	None – Considerations for Providers
300	Suicide Attempt
301	Trauma
302	Legal/Incarcerations
303	Sexual Misconduct
304	Destroyed Property
305	Set Fires
306	Legal/Convictions
307	Animal Cruelty
308	Prenatal/Perinatal Drug/Alcohol Exposure
309	Danger to Self
310	Family Mental Illness
311	Family Substance Abuse
312	Violent Environment
313	None – History of Issues
314	Sexual Misconduct
315	Danger to Self
316	Injures Others
317	Injury by Abuse/Assault
318	Reckless Self-Endangerment
319	Suicide Ideation
320	Suicide Plan
321	Suicide Attempt
322	None – Current Issues
323	Danger to Self
324	Danger to Others
325	Gravely Disabled

Position/ Length	Name
326	Does not apply – 27-65 Criteria
327/3	County Of Residence
330/5	Zip Code
335/7	Staff ID
342	School Age
343	Expelled from School
344	Suspended from School
345	Unexcused Absences from School
346	Currently Passing all Classes
347	Child less than 6 years old
348	Talking/Communication
349	Physical/Motor Movements
350	Hearing/Seeing
351	Learning/Cognition
352	Playing & Interacting
353	Self-Help Skills
354	Child readiness developmentally appropriate
355	Sexual Abuse
356	Neglect
357	Physical Abuse
358	Verbal Abuse
359	None -Victimization
360	Inpatient
361	Other 24-hour
362	Partial care
363	Outpatient
364	None – History of Mental Health Services
365	Juvenile Justice
366	Special Education
367	Child Welfare
368	Adult Corrections
369	Substance Abuse
370	Developmental Disabilities
371	None – Previous/Concurrent Services
372	Tobacco
373	Alcohol
374	Marijuana
375	Cocaine/Crack
376	Heroin
377	Other Opiates/Narcotics

Position/ Length	Name
378	Barbiturates/Sedatives/Tranquilizers
379	Amphetamines/Stimulants
380	Hallucinogens
381	Inhalants
382	None – Non-prescription Substance Use
383	Physical Health
384	Self-Care / Basic Needs
385	Legal
386	Security / Supervision
387	Suicide / Danger to Self
388	Aggression / Danger to Others
389	Psychosis
390	Cognition
391	Attention
392	Manic Issues
393	Anxiety Issues
394	Depressive Issues
395	Alcohol Use
396	Drug Use
397	Family
398	Interpersonal
399	Socialization
400	Role Performance
401	Overall Symptom Severity
402	Social Support
403	Hope
404	Empowerment
405	Activity Involvement
406	Overall Recovery
407	Overall Level of Functioning
408	Record Code

Section 7a – Target Status Algorithm

CRITERIA FOR DETERMINING TARGET STATUS FOR CLIENTS SERVED BY AGE GROUPS

For Those Clients Being Rated Using The CCAR

Age Categories	
Open Cases -Age is determined on July 1 of the reporting year. New Admissions & Readmissions -Age is determined on the Admission date	
Children	11 years or younger
Adolescents	12 years or older but less than 18 years
Adults	18 years or older but less than 60 years
Older Adults	60 years or older

Family Members of Clients Who Meet One of the Severity Levels

A family member's severity level is determined by his/her own admission data. A family member does not automatically meet a severity level if their child/adolescent etc. meets one of the severity levels.

Child Age 0 through 11	Adolescent Age 12 through 17	Adult Age 18 through 59	Elderly Age greater than 59
A -Child SED; B - Child not-SED	C -Adolescent SED; D - Adolescent not-SED	E -Adult SPMI; F -Adult SMI; G -Adult not SMI/SPMI.	H -Elderly SPMI; I -Elderly SMI; J - Elderly not SMI/SPMI.

CHILDREN & ADOLESCENTS

Step 1. Diagnosis

Exclusions: Children and Adolescents with one of the following **AXIS I Primary Diagnoses DO NOT** meet the **Seriously Emotionally Disturbed (SED)** Severity category.

Description	Primary Diagnosis Code (217)
Mental Retardation	317, 318.0, 318.1, 318.2, 319
Alcohol	291.0, 291.1, 291.2, 291.3, 291.5, 291.81, 291.82, 291.89, 291.9, 303.00, 303.90, 305.00
Substance	292.0, 292.11, 292.12, 292.81, 292.82, 292.83, 292.84, 292.85, 292.89, 292.9, 304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90, 305.1, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90
Dementia & other diagnoses due to medical conditions	290.0, 290.10, 290.11, 290.12, 290.13, 290.20, 290.21, 290.3, 290.40, 290.41, 290.42, 290.43, 293.0, 293.81, 293.82, 293.83, 293.84, 293.89, 293.9, 294.0, 294.10, 294.11, 294.8, 294.9, 310.1
Autistic Behaviors	299.00, 299.10, 299.80
Developmental Disabilities	315.00, 315.1, 315.2, 315.31, 315.32, 315.39, 315.4, 315.9
Stuttering	307.0
Other	799.9, V71.09

Step 2. Problem Severity Scales

Children and Adolescents rated at the indicated problem severity level in at least one of the following areas on the CCAR form are **Seriously Emotionally Disturbed (SED)**.

For Children Only (FY Age = 0 to 11.999):

FY AGE = Client's age on the first day of the current fiscal year.

P-SEV Scale	Level Value
Legal (385)	"5-9"
Psychosis (389)	"5-9"
Attention (391)	"5-9"
Manic Issues (392)	"5-9"
Anxiety Issues (393)	"5-9"
Depressive Issues (394)	"5-9"
Family (397)	"5-9"
Socialization (399)	"5-9"
Role Performance (400)	"5-9"

For Adolescents Only – No Change:

P-SEV Scale	Level Value
Legal (385)	"7-9"
Psychosis (389)	"7-9"
Attention (391)	"7-9"
Manic Issues (392)	"7-9"
Anxiety Issues (393)	"7-9"
Depressive Issues (394)	"7-9"
Family (397)	"7-9"
Socialization (399)	"7-9"
Role Performance (400)	"7-9"

Step 3. Problem Type

Children and Adolescents judged to have at least **ONE** problem from the following list on the CCAR form are **Seriously Emotionally Disturbed (SED)**.

Problem	Problem Value
Victim: Sexual Abuse (355)	"1"
Victim: Physical Abuse (357)	"1"
Sexual Misconduct (314)	"1"
Danger to Self (315)	"1"
Injures Others (316)	"1"
Injury by Abuse/Assault (317)	"1"
Reckless Self-Endangerment (318)	"1"
Suicide Ideation (319)	"1"
Suicide Plan (320)	"1"
Suicide Attempt (321)	"1"

Step 4. Residence & Living Arrangement

Children and Adolescents in a place of residence meeting one of the following criteria on the CCAR form are **Seriously Emotionally Disturbed (SED)**.

Residence & Living Arrangement	Value
(Place of Residence (270)	All codes except 13, 14, and 15) OR
(Current Living Arrangement: Foster Parent (277)	"1") OR
(Current Living Arrangement: Unrelated Person(s) (282) Mother (273) Father (274) Spouse (279) Partner/Significant Other (280)	"1" AND "0" AND "0" AND "0" AND "0")

In order to be classified as **SED**, Children and Adolescents must pass Step 1 **AND** meet any of the criteria in either Step 2 **OR** Step 3 **OR** Step 4.

ADULTS & OLDER ADULTS

Step 1. Diagnosis

Exclusions -Adults and Older Adults with the following **AXIS I Primary Diagnoses** on the CCAR form automatically **DO NOT MEET ANY OF THE SEVERITY LEVEL CATEGORIES.**

Description	Primary Diagnosis Code (217)
Mental Retardation	317, 318.0, 318.1, 318.2, 319
Alcohol	291.0, 291.1, 291.2, 291.3, 291.5, 291.81, 291.82, 291.89, 291.9, 303.00, 303.90, 305.00
Substance	292.0, 292.11, 292.12, 292.81, 292.82, 292.83, 292.84, 292.85, 292.89, 292.9, 304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90, 305.1, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90
Dementias & other diagnoses due to medical conditions	290.0, 290.10, 290.11, 290.12, 290.13, 290.20, 290.21, 290.3, 290.40, 290.41, 290.42, 290.43, 293.0, 293.81, 293.82, 293.83, 293.84, 293.89, 293.9, 294.0, 294.10, 294.11, 294.8, 294.9, 310.1
Other	799.9, V71.09

Step 2. SPMI – Serious and Persistent Mental Illness

For an Adult or Older Adult to meet the criteria for **SPMI**, s/he must first pass the Exclusion criteria in Step 1 and then meet the criteria in the History and/or Self Care categories below: Any **THREE** of the following History items on the CCAR form must be met:

History Criteria	Value
SSI (265)	“1”
SSDI (266)	“1”
Presenting Problem has Existed (283)	“1”
Inpatient Care (360)	“1”
Other 24-Hour Care (361)	“1”
Partial Care (362)	“1”

Or any four of the following Self Care Items must be met:

Self Care Criteria	Value
Place of Residence (270)	All codes except “12” and “15”
Self Care Problems (294)	“1”
Food Attainment (295)	“1”
Housing Access (296)	“1”
Self-Care/Basic Needs (384)	“7-9”

Step 3. SMI not SPMI

For those cases remaining (not excluded by diagnosis and not SPMI): Severity level is determined by the presence of a **Serious Mental Illness** as defined by these diagnosis codes:

Description	Primary Diagnosis Code (217 & 227)
Schizophrenia & other Psychosis	295.10, 295.11, 295.12, 295.13, 295.14, 295.15, 295.20, 295.21, 295.22, 295.23, 295.24, 295.25, 295.30, 295.31, 295.32, 295.33, 295.34, 295.35, 295.60, 295.61, 295.62, 295.63, 295.64, 295.65, 295.90, 295.91, 295.92, 295.93, 295.94, 295.95, 295.96
Paranoid	297.1, 297.3
Other Psychosis	295.40, 295.41, 295.42, 295.43, 295.44, 295.45, 295.70, 295.71, 295.72, 295.73, 295.74, 295.75, 298.8, 298.9
Major Affective	296.00 through 296.06, 296.10 through 296.16, 296.20 through 296.26, 296.30 through 296.36, 296.40 through 296.46, 296.50 through 296.56, 296.60 through 296.66, 296.7, 296.80, 296.81, 296.82, 296.89, 296.90, 296.99, 300.4, 311
Personality Disorder	301.0, 301.20, 301.22
Dissociative Identify Disorder	300.14
Post-Traumatic Stress	309.81 plus the score for the Overall Symptom Severity must be a 4 or higher (4 through 9).

Any adult not meeting the SPMI or SMI not SPMI criteria is not SMI.

NOTE: A client meeting both SPMI and SMI not SPMI is recorded in the Management Information System as SPMI.

Serious Mental Illness (SMI) – The national definition for SMI is much broader than the one used in Colorado. To update the Colorado severity level categories, the Division of Behavioral Health will combine SPMI and SMI not SPMI into a single SMI category.

Section 7b – DBH CCAR Code Sheet

Agency/BHO Codes/Referral Source

AGENCY NUMBER	BHO CODES	
011 Arapahoe	BH	Beh. HealthCare, Inc
048 Aurora	BH	Beh. HealthCare, Inc
015 Community Reach Center	BH	Beh. HealthCare, Inc
065 Behavioral HealthCare, Inc	BH	Beh. HealthCare, Inc
023 Boulder	FH	Foothills
018 Jefferson	FH	Foothills
078 Foothills Behavioral Health	FH	Foothills
002 Colorado West	SB	CHP
027 Midwestern Colorado	SB	CHP
004 Pikes Peak	SB	CHP
024 San Luis Valley	SB	CHP
017 Southeast Colorado	SB	CHP
020 Southwest Colorado	SB	CHP
051 Spanish Peak	SB	CHP
014 West Central	SB	CHP
077 Colorado Health Partnerships	SB	CHP
007 Centennial	NB	Northeast Behavioral
012 Larimer	NB	Northeast Behavioral
006 North Range Behavioral	NB	Northeast Behavioral
073 Northeast Behavioral	NB	Northeast Behavioral
005 Asian Pacific	AB	Access Behavioral
025 Children's	AB	Access Behavioral
056 Colorado Psych Hospital	AB	Access Behavioral
055 Denver Health & Med. Center	AB	Access Behavioral
038 MH Center of Denver	AB	Access Behavioral
045 Servicios de la Raza	AB	Access Behavioral
075 Access Behavioral Other	AB	Access Behavioral
Clinics		
053 CHARG		
054 Community Care		
057 ECCOS		
068 Wellness Treatment Center		
State Institutions		
080 CMHI at Pueblo		
090 CMHI at Fort Logan		
101 Mountain Star		

Referral Source
PERSONAL
661 Self
662 Family/Relative
663 Friend/Employer/Clergy
MEDICAL/PSYCHIATRIC
667 Kaiser (Agencies 080 and 090, only)
668 Outpatient psychiatric Service or Clinic
669 Private psychiatrist
670 Other private MH practitioner
671 Residential Facility, Mental Health
672 Residential Facility, Other
673 Colorado Mental Health Center/Clinics*
674 Nursing Home Extended Care Organization
676 Alcohol/Drug treatment facility
677 Other Physician
678 General hospital inpatient psychiatric program
679 Other inpatient psychiatric organization
SOCIAL SERVICE/EDUCATION
681 Social service agency
682 Agency for the Developmentally Disabled
683 Vocational rehabilitation facility
684 Educational system/school
685 Shelter for homeless/abused
LEGAL
691 Law enforcement (includes police, sheriff, DA)
692 Court (including juvenile)
693 Correctional facility
694 Probation/parole
ALL OTHER REFERRAL SOURCES
698 Other
699 Referral source not known
Referrals to another CMHC
Use a valid agency number.
Referrals to a BHO
Refer to a BHO if the CMHC is not known. Use the agency code for the BHO.
*For use only if the agency number is unknown.

Residence By County (FIPS Codes)

001	Adams (excluding Aurora)	033	Dolores	069	Larimer	105	Rio Grande
003	Alamosa	035	Douglas (excluding Aurora)	071	Las Animas	107	Routt
005	Arapahoe (excluding Aurora)	037	Eagle	073	Lincoln	109	Saguache
007	Archuleta	039	Elbert	075	Logan	111	San Juan
009	Baca	041	El Paso	077	Mesa	113	San Miguel
011	Bent	043	Fremont	079	Mineral	115	Sedgwick
013	Boulder	045	Garfield	081	Moffat	117	Summit
014	Broomfield	047	Gilpin	083	Montezuma	119	Teller
015	Chaffee	049	Grand	085	Montrose	121	Washington
017	Cheyenne	051	Gunnison	087	Morgan	123	Weld
019	Clear Creek	053	Hinsdale	089	Otero	125	Yuma
021	Conejos	055	Huerfano	091	Ouray	127	Outside Colorado
023	Costilla	057	Jackson	093	Park	129	Aurora (Adams County)
025	Crowley	059	Jefferson	095	Phillips	131	Aurora (Arapahoe County)
027	Custer	061	Kiowa	097	Pitkin	133	No Permanent County of Residence
029	Delta	063	Kit Carson	099	Prowers		
031	Denver	065	Lake	101	Pueblo	135	Aurora (Douglas County)
		067	La Plata	103	Rio Blanco	999	Unknown

Section 7c – Colorado 27-65 Designated Hospitals

CDPHE Facility ID#	Facility Name	Facility City
010323	Boulder Community Hospital	Boulder
010507	Cedar Springs Behavioral Health System	Colorado Springs
010543	Centura Health-Penrose St Francis Health Services	Colorado Springs
010424	Centura Health-Porter Adventist Hospital	Denver
010429	Centura Health-St Anthony Central Hosp	Denver
020670	Centura Health-St Mary Corwin Med Center	Pueblo
010304	Charter Behavioral Health System @ Centennial Peaks	Louisville
010417	Children's Hospital Association, The	Denver
010493	Colorado Mental Health Inst @ Ft Logan	Denver
010625	Colorado Mental Health Inst @ Pueblo	Pueblo
010444	Denver Health Medical Center	Denver
010440	Exempla / Lutheran Medical Center at West Pines	Wheat Ridge
010430	Exempla / Saint Joseph Hospital	Denver
010350	Longmont United Hospital	Longmont
010414	Medical Center Of Aurora, The	Aurora
010314	Mountain Crest Behavioral Healthcare Center	Fort Collins
010386	North Colorado Psych Care / Family Recovery Center	Greeley
010427	North Valley Rehabilitation Hospital	Thornton
010626	Parkview Medical Center, Inc.	Pueblo
010431	Presbyterian/St Luke's Medical Center	Denver
011160	St Mary's Hospital & Med Center	Grand Junction
010432	University of Colorado Hospital	Denver

Section 7d – CDPHE Facility Codes

CO Health Facility ID #	Facility Name	Facility City	Facility County
020406	ALLISON CARE CENTER	LAKEWOOD	JEFFERSON
020410	ALPINE LIVING CENTER	THORNTON	ADAMS
020460	AMBERWOOD COURT CARE CENTER	DENVER	DENVER
01M130	ANIMAS SURGICAL HOSPITAL, LLC	DURANGO	LA PLATA
020375	APPLEWOOD LIVING CENTER	LONGMONT	BOULDER
020210	ARKANSAS VALLEY REGIONAL MEDICAL CENTER-NRS. CARE CTR	LA JUNTA	OTERO
010210	ARKANSAS VALLEY REGIONAL MEDICAL CENTER	LA JUNTA	OTERO
020211	ARKANSAS VALLEY REGIONAL MEDICAL CENTER/ECF	LA JUNTA	OTERO
020415	ARVADA HEALTH CENTER	ARVADA	JEFFERSON
020586	ASPEN LIVING CENTER	COLORADO SPRINGS	EL PASO
010907	ASPEN VALLEY HOSPITAL	ASPEN	PITKIN
140907	ASPEN VALLEY HOSPITAL	ASPEN	PITKIN
020426	AURORA CARE CENTER	AURORA	ADAMS
020405	AUTUMN HEIGHTS HEALTH CARE CENTER	DENVER	DENVER
020435	BEAR CREEK NURSING AND REHABILITATION CENTER	MORRISON	JEFFERSON
020619	BELMONT LODGE HEALTH CARE CENTER	PUEBLO	PUEBLO
020246	BENT COUNTY HEALTHCARE CENTER	LAS ANIMAS	BENT
020419	BERKLEY MANOR CARE CENTER	DENVER	ARAPAHOE
020388	BERTHOUD LIVING CENTER	BERTHOUD	LARIMER
0204NU	BETH ISRAEL AT SHALOM PARK	AURORA	ARAPAHOE
020420	BETHANY HEALTHPLEX	LAKEWOOD	JEFFERSON
0104V0	BIRTH PLACE AT CENTURA HEALTH-SUMMIT MEDICAL CENTER	FRISCO	SUMMIT
020325	BLUE GROUSE HEALTH CARE CENTER	FORT COLLINS	LARIMER
020356	BONELL GOOD SAMARITAN CENTER	GREELEY	WELD
010323	BOULDER COMMUNITY HOSPITAL	BOULDER	BOULDER
020329	BOULDER GOOD SAMARITAN VILLAGE	BOULDER	BOULDER
020339	BOULDER MANOR	BOULDER	BOULDER
020470	BRIARWOOD HEALTH CARE CENTER	DENVER	DENVER
020399	BRIGHTON CARE CENTER	BRIGHTON	ADAMS
0205VM	BRIGHTON GARDENS OF COLORADO SPRINGS	COLORADO SPRINGS	EL PASO
0204C5	BRIGHTON GARDENS OF LAKEWOOD	LAKEWOOD	JEFFERSON
0204T9	BRIGHTON GARDENS OF SOUTHEAST DENVER	DENVER	ARAPAHOE
020403	BROOKSHIRE HOUSE	DENVER	DENVER
0205US	BROOKSIDE INN	CASTLE ROCK	DOUGLAS
02R989	BROOMFIELD SKILLED NURSING AND REHABILITATION CTR	BROOMFIELD	BROOMFIELD
020636	BRUCE MCCANDLESS CO STATE VETERANS NURSING HOME	FLORENCE	FREMONT
020441	CAMBRIDGE CARE CENTER	LAKEWOOD	JEFFERSON

CO Health Facility ID #	Facility Name	Facility City	Facility County
020407	CAMELLIA HEALTHCARE CENTER	AURORA	ARAPAHOE
020676	CANON LODGE CARE CENTER	CANON CITY	FREMONT
021047	CASA ILLUMINARIA	DEL NORTE	RIO GRANDE
020591	CASTLE ROCK CARE CENTER	CASTLE ROCK	DOUGLAS
010507	CEDAR SPRINGS BEHAVIORAL HEALTH SYSTEM	COLORADO SPRINGS	EL PASO
020181	CEDARDALE HEALTH CARE CENTRE INC	WRAY	YUMA
020449	CEDARS HEALTHCARE CENTER	LAKEWOOD	JEFFERSON
020559	CEDARWOOD HEALTH CARE CENTER	COLORADO SPRINGS	EL PASO
020317	CENTENNIAL HEALTH CARE CENTER	GREELEY	WELD
010304	CENTENNIAL PEAKS HOSPITAL	LOUISVILLE	BOULDER
02R209	CENTRE AVENUE HEALTH AND REHABILITATION FACILITY, LLC	FORT COLLINS	LARIMER
020400	CENTURA GERIATRIC CENTER	DENVER	DENVER
010543	CENTURA HEALTH PENROSE ST FRANCIS HEALTH SERVICES	COLORADO SPRINGS	EL PASO
010316	CENTURA HEALTH-AVISTA ADVENTIST HOSPITAL	LOUISVILLE	BOULDER
010456	CENTURA HEALTH-LITTLETON ADVENTIST HOSPITAL	LITTLETON	ARAPAHOE
020582	CENTURA HEALTH-MEDALION HEALTH CENTER	COLORADO SPRINGS	EL PASO
020518	CENTURA HEALTH-NAMASTE ALZHEIMER CENTER	COLORADO SPRINGS	EL PASO
020640	CENTURA HEALTH-PAVILION AT VILLA PUEBLO, THE	PUEBLO	PUEBLO
010424	CENTURA HEALTH-PORTER ADVENTIST HOSPITAL	DENVER	DENVER
020417	CENTURA HEALTH-ST ANTHONY CENTRAL HOSPITAL E C F	DENVER	DENVER
010429	CENTURA HEALTH-ST ANTHONY CENTRAL HOSPITAL	DENVER	DENVER
010402	CENTURA HEALTH-ST ANTHONY NORTH HOSPITAL	WESTMINSTER	JEFFERSON
010650	CENTURA HEALTH-ST MARY CORWIN MEDICAL CENTER	PUEBLO	PUEBLO
020670	CENTURA HEALTH-ST MARY CORWIN MEDICAL CENTER	PUEBLO	PUEBLO
010623	CENTURA HEALTH-ST THOMAS MORE HOSP & PROG CARE CTR	CANON CITY	FREMONT
140609	CENTURA HEALTH-ST THOMAS MORE HOSPITAL	CANON CITY	FREMONT
020658	CENTURA HEALTH-ST THOMAS MORE PROGRESSIVE CARE CENTER	CANON CITY	FREMONT
020428	CHERRELYN HEALTHCARE CENTER	LITTLETON	ARAPAHOE
020408	CHERRY CREEK NURSING CENTER	AURORA	ARAPAHOE
020481	CHERRY HILLS HEALTH CARE CENTER	ENGLEWOOD	ARAPAHOE
020431	CHERRY PARK PROGRESSIVE CARE CENTER	ENGLEWOOD	ARAPAHOE
020214	CHEYENNE MANOR	CHEYENNE WELLS	CHEYENNE
020573	CHEYENNE MOUNTAIN CARE CENTER	COLORADO SPRINGS	EL PASO

CO Health Facility ID #	Facility Name	Facility City	Facility County
010417	CHILDREN'S HOSPITAL ASSOCIATION, THE	DENVER	DENVER
020471	CHRISTIAN LIVING CAMPUS-JOHNSON CENTER	CENTENNIAL	ARAPAHOE
020454	CHRISTIAN LIVING CAMPUS-UNIVERSITY HILLS	DENVER	DENVER
020472	CHRISTOPHER HOUSE	WHEAT RIDGE	JEFFERSON
020401	CLEAR CREEK CARE CENTER	WESTMINSTER	ADAMS
020564	COLONIAL COLUMNS NURSING CENTER	COLORADO SPRINGS	EL PASO
010486	COLORADO ACUTE LONG TERM HOSPITAL	DENVER	DENVER
010493	COLORADO MENTAL HEALTH INSTITUTE AT FT LOGAN	DENVER	DENVER
010601	COLORADO MENTAL HEALTH INSTITUTE AT PUEBLO	PUEBLO	PUEBLO
0106Jl	COLORADO MENTAL HEALTH INSTITUTE AT PUEBLO-FORENSIC	PUEBLO	PUEBLO
010625	COLORADO MENTAL HEALTH INSTITUTE AT PUEBLO-PSYCH	PUEBLO	PUEBLO
010130	COLORADO PLAINS MEDICAL CENTER	FORT MORGAN	MORGAN
140130	COLORADO PLAINS MEDICAL CENTER, INC.	FORT MORGAN	MORGAN
021013	COLORADO STATE VETERANS CENTER-HOMELAKE	MONTE VISTA	RIO GRANDE
02R932	COLORADO STATE VETERANS HOME AT FITZSIMONS	AURORA	ADAMS
020855	COLORADO STATE VETERANS NURSING HOME-RIFLE	RIFLE	GARFIELD
0207YZ	COLORADO STATE VETERANS NURSING HOME-WALSENBURG	WALSENBURG	HUERFANO
021154	COLOROW CARE CENTER	OLATHE	MONTROSE
020326	COLUMBINE CARE CENTER EAST	FORT COLLINS	LARIMER
020335	COLUMBINE CARE CENTER WEST	FORT COLLINS	LARIMER
020698	COLUMBINE MANOR CARE CENTER	SALIDA	CHAFFEE
011119	COMMUNITY HOSPITAL	GRAND JUNCTION	MESA
011020	CONEJOS COUNTY HOSPITAL CORPORATION	LA JARA	CONEJOS
141020	CONEJOS COUNTY HOSPITAL	LA JARA	CONEJOS
021067	CONEJOS COUNTY HOSPITAL-LTC UNIT	LA JARA	CONEJOS
020312	COTTONWOOD CARE CENTER	BRIGHTON	ADAMS
010435	CRAIG HOSPITAL	ENGLEWOOD	ARAPAHOE
020581	CRIPPLE CREEK REHABILITATION & WELLNESS CENTER	CRIPPLE CREEK	TELLER
020248	CROWLEY COUNTY NURSING CENTER	ORDWAY	CROWLEY
011145	DELTA COUNTY MEMORIAL HOSPITAL	DELTA	DELTA
010444	DENVER HEALTH MEDICAL CENTER	DENVER	DENVER
020444	DENVER NORTH CARE CENTER	DENVER	DENVER
020193	DEVONSHIRE ACRES	STERLING	LOGAN
020803	DOAK WALKER CARE CENTER	STEAMBOAT SPRINGS	ROUTT
020899	E DENE MOORE CARE CENTER	RIFLE	GARFIELD
021116	EAGLE RIDGE AT GRAND VALLEY	GRAND JUNCTION	MESA
25017J	EAST MORGAN COUNTY HOSPITAL	BRUSH	MORGAN
1401BP	EAST MORGAN COUNTY HOSPITAL-SWING BED	BRUSH	MORGAN

CO Health Facility ID #	Facility Name	Facility City	Facility County
020170	EBEN EZER LUTHERAN CARE CENTER	BRUSH	MORGAN
020474	ELMS HAVEN CARE CENTER	THORNTON	ADAMS
010302	ESTES PARK MEDICAL CENTER	ESTES PARK	LARIMER
140302	ESTES PARK MEDICAL CENTER	ESTES PARK	LARIMER
021065	EVERGREEN NURSING HOME, INC.	ALAMOSA	ALAMOSA
020443	EVERGREEN TERRACE CARE CENTER LLC	LAKEWOOD	JEFFERSON
020414	EXEMPLA COLORADO LUTHERAN HOME	ARVADA	JEFFERSON
011529	EXEMPLA GOOD SAMARITAN MEDICAL CENTER, LLC	LAFAYETTE	BOULDER
02043X	EXEMPLA INC/SAINT JOSEPH HOSPITAL TCU	DENVER	DENVER
010430	EXEMPLA INC/SAINT JOSEPH HOSPITAL	DENVER	DENVER
0204ZW	EXEMPLA LUTHERAN MEDICAL CENTER TCU	WHEAT RIDGE	JEFFERSON
010440	EXEMPLA LUTHERAN MEDICAL CENTER	WHEAT RIDGE	JEFFERSON
020369	FAIRACRES MANOR, INC.	GREELEY	WELD
1411CG	FAMILY HEALTH WEST HOSPITAL	FRUITA	MESA
2511OC	FAMILY HEALTH WEST HOSPITAL	FRUITA	MESA
021186	FAMILY HEALTH WEST NURSING HOME	FRUITA	MESA
020314	FORT COLLINS GOOD SAMARITAN RETIREMENT VILLAGE	FORT COLLINS	LARIMER
020395	FORT COLLINS HEALTH CARE CENTER	FORT COLLINS	LARIMER
021299	FOUR CORNERS HEALTH CARE CENTER	DURANGO	LA PLATA
020219	FOWLER HEALTH CARE CENTER	FOWLER	OTERO
020301	FRASIER MEADOWS HEALTH CARE CENTER	BOULDER	BOULDER
020533	GARDEN OF THE GODS CARE CENTER	COLORADO SPRINGS	EL PASO
020469	GARDEN TERRACE ALZHEIMER'S CENTER OF EXCELLENCE	AURORA	ARAPAHOE
020427	GLEN AYR HEALTH CENTER	LAKEWOOD	JEFFERSON
020889	GLEN VALLEY CARE & REHABILITATION CENTER	GLENWOOD SPRINGS	GARFIELD
020367	GOLDEN PEAKS NURSING AND REHABILITATION CENTER	FORT COLLINS	LARIMER
060463	GOOD SHEPHERD LUTHERAN HOME OF THE WEST	LITTLETON	ARAPAHOE
020175	GRACE MANOR CARE CENTER	BURLINGTON	KIT CARSON
021101	GRAND JUNCTION REGIONAL CENTER S N F	GRAND JUNCTION	MESA
061162	GRAND JUNCTION REGIONAL CENTER	GRAND JUNCTION	MESA
020457	GRAND OAKS CARE CENTER	LAKEWOOD	JEFFERSON
010830	GRAND RIVER MEDICAL CENTER	RIFLE	GARFIELD
140830	GRAND RIVER MEDICAL CENTER	RIFLE	GARFIELD
010909	GUNNISON VALLEY HOSPITAL	GUNNISON	GUNNISON
140109	GUNNISON VALLEY HOSPITAL	GUNNISON	GUNNISON
020453	HALLMARK NURSING CENTER -LTC	DENVER	DENVER
020425	HARMONY POINTE NURSING CENTER	LAKEWOOD	JEFFERSON
140112	HAXTUN HOSPITAL DISTRICT LLC	HAXTUN	PHILLIPS
010112	HAXTUN HOSPITAL DISTRICT	HAXTUN	PHILLIPS
020999	HEALTH CARE CENTER AT GUNNISON LIVING COMMUNITY	GUNNISON	GUNNISON
020439	HEALTH CENTER AT FRANKLIN PARK	DENVER	DENVER

CO Health Facility ID #	Facility Name	Facility City	Facility County
010501	HEALTHSOUTH REHABILITATION HOSPITAL OF CO SPGS	COLORADO SPRINGS	EL PASO
010628	HEART OF THE ROCKIES REGIONAL MEDICAL CENTER	SALIDA	CHAFFEE
140628	HEART OF THE ROCKIES REGIONAL MEDICAL CENTER	SALIDA	CHAFFEE
0204W6	HERITAGE CLUB AT GREENWOOD VILLAGE (LTC)	GREENWOOD VILLAGE	ARAPAHOE
020845	HERITAGE PARK CARE CENTER	CARBONDALE	GARFIELD
01B953	HIGHLANDS BEHAVIORAL HEALTH	LITTLETON	DENVER
020666	HILDEBRAND CARE CENTER	CANON CITY	FREMONT
020197	HILLCREST CARE CENTER	WRAY	YUMA
020412	HOLLY HEIGHTS NURSING HOME, INC	DENVER	DENVER
020237	HOLLY NURSING CARE CENTER	HOLLY	PROWERS
020161	HOLYOKE HEALTH AND REHAB, INC	HOLYOKE	PHILLIPS
020681	HORIZON HEIGHTS	PUEBLO	PUEBLO
021111	HORIZONS CARE CENTER	ECKERT	DELTA
0204HA	HOSPICE OF METRO DENVER CARE CENTER	AURORA	ARAPAHOE
0204CE	HOSPICE OF METRO DENVER CITY PARK CARE CENTER	DENVER	DENVER
020498	HOSPICE OF SAINT JOHN -LTC	LAKEWOOD	JEFFERSON
020437	ILIFF CARE CENTER	DENVER	DENVER
020418	JULIA TEMPLE CENTER	ENGLEWOOD	ARAPAHOE
010232	KEEFE MEMORIAL HOSPITAL	CHEYENNE WELLS	CHEYENNE
140232	KEEFE MEMORIAL HOSPITAL	CHEYENNE WELLS	CHEYENNE
020321	KENTON MANOR	GREELEY	WELD
020432	KINDRED HEALTHCARE & REHAB CTR OF NORTHGLENN	NORTHGLENN	ADAMS
010420	KINDRED HOSPITAL-DENVER	DENVER	DENVER
060408	KIPLING VILLAGE-WHEAT RIDGE REGIONAL CENTER	WHEAT RIDGE	JEFFERSON
010167	KIT CARSON COUNTY MEMORIAL HOSPITAL	BURLINGTON	KIT CARSON
140167	KIT CARSON COUNTY MEMORIAL HOSPITAL	BURLINGTON	KIT CARSON
010804	KREMMLING MEMORIAL HOSPITAL DISTRICT	KREMMLING	GRAND
140804	KREMMLING MEMORIAL HOSPITAL DISTRICT	KREMMLING	GRAND
021161	LA VILLA GRANDE CARE CENTER	GRAND JUNCTION	MESA
0211OZ	LARCHWOOD INNS	GRAND JUNCTION	MESA
020527	LAUREL MANOR CARE CENTER	COLORADO SPRINGS	EL PASO
020501	LIBERTY HEIGHTS	COLORADO SPRINGS	EL PASO
0204F6	LIFE CARE CENTER OF AURORA	AURORA	ARAPAHOE
0205X1	LIFE CARE CENTER OF COLORADO SPRINGS	COLORADO SPRINGS	EL PASO
020490	LIFE CARE CENTER OF EVERGREEN	EVERGREEN	JEFFERSON
0203TL	LIFE CARE CENTER OF GREELEY	GREELEY	WELD

CO Health Facility ID #	Facility Name	Facility City	Facility County
0204RB	LIFE CARE CENTER OF LITTLETON	LITTLETON	ARAPAHOE
020316	LIFE CARE CENTER OF LONGMONT	LONGMONT	BOULDER
020641	LIFE CARE CENTER OF PUEBLO	PUEBLO	PUEBLO
0204W2	LIFE CARE CENTER OF WESTMINSTER	WESTMINSTER	ADAMS
140150	LINCOLN COMM HOSPITAL	HUGO	LINCOLN
010150	LINCOLN COMMUNITY HOSPITAL	HUGO	LINCOLN
020167	LINCOLN COMMUNITY HOSPITAL/NURSING HOME	HUGO	LINCOLN
020442	LITTLE SISTERS OF THE POOR-MULLEN HOME	DENVER	DENVER
020462	LITTLETON MANOR NURSING HOME	LITTLETON	ARAPAHOE
02041X	LONGMONT UNITED HOSPITAL T C U	LONGMONT	BOULDER
010350	LONGMONT UNITED HOSPITAL	LONGMONT	BOULDER
020366	LOVELAND GOOD SAMARITAN VILLAGE	LOVELAND	LARIMER
020315	MANORCARE HEALTH SERVICES -BOULDER	BOULDER	BOULDER
020476	MANORCARE HEALTH SERVICES -DENVER	DENVER	DENVER
021149	MANTEY HEIGHTS REHABILITATION & CARE CENTER	GRAND JUNCTION	MESA
020411	MAPLETON CARE CENTER	LAKEWOOD	JEFFERSON
020497	MARINER HEALTH OF DENVER	DENVER	DENVER
020468	MARINER HEALTH OF GREENWOOD VILLAGE	LITTLETON	ARAPAHOE
020300	MCKEE MEDICAL CENTER NURSING HOME-TCU	LOVELAND	LARIMER
010340	MCKEE MEDICAL CENTER	LOVELAND	LARIMER
010414	MEDICAL CENTER OF AURORA, THE	AURORA	ARAPAHOE
010120	MELISSA MEMORIAL HOSPITAL	HOLYOKE	PHILLIPS
140120	MELISSA MEMORIAL HOSPITAL	HOLYOKE	PHILLIPS
010542	MEMORIAL HOSPITAL	COLORADO SPRINGS	EL PASO
010807	MEMORIAL HOSPITAL, THE	CRAIG	MOFFAT
140807	MEMORIAL HOSPITAL, THE	CRAIG	MOFFAT
011213	MERCY MEDICAL CENTER	DURANGO	LA PLATA
14C450	MERCY MEDICAL CENTER	DURANGO	LA PLATA
021177	MESA MANOR CARE CENTER	GRAND JUNCTION	MESA
020380	MESA VISTA OF BOULDER	BOULDER	BOULDER
020675	MINNEQUA MEDICENTER	PUEBLO	PUEBLO
011165	MONTROSE MEMORIAL HOSPITAL	MONTROSE	MONTROSE
020506	MOUNT ST FRANCIS NURSING CENTER	COLORADO SPRINGS	EL PASO
021023	MOUNTAIN MEADOWS NURSING CENTER	MONTE VISTA	RIO GRANDE
020546	MOUNTAIN VIEW CARE CENTER	COLORADO SPRINGS	EL PASO
020429	MOUNTAIN VISTA HEALTH CENTER, INC.	WHEAT RIDGE	JEFFERSON
1407KY	MT SAN RAFAEL HOSPITAL-SW	TRINIDAD	LAS ANIMAS
010704	MT SAN RAFAEL HOSPITAL	TRINIDAD	LAS ANIMAS
0104MU	NATIONAL JEWISH MEDICAL & RESEARCH CENTER	DENVER	DENVER
0203Z7	NORTH COLORADO MEDICAL CENTER T C U	GREELEY	WELD
010386	NORTH COLORADO MEDICAL CENTER	GREELEY	WELD
020331	NORTH SHORE HEALTH CARE FACILITY	LOVELAND	LARIMER
020413	NORTH STAR COMMUNITY	DENVER	DENVER

CO Health Facility ID #	Facility Name	Facility City	Facility County
010441	NORTH SUBURBAN MEDICAL CENTER	THORNTON	ADAMS
010427	NORTH VALLEY REHABILITATION HOSPITAL-REHAB	THORNTON	ADAMS
010403	NORTH VALLEY REHABILITATION HOSPITAL-PSYCH	THORNTON	ADAMS
02R315	NORTH VALLEY REHABILITATION HOSPITAL-SNF	THORNTON	ADAMS
021137	PALISADES LIVING CENTER	PALISADE	MESA
021199	PAONIA CARE AND REHABILITATION CENTER	PAONIA	DELTA
020450	PARK FOREST CARE CENTER, INC.	WESTMINSTER	ADAMS
01J544	PARKER ADVENTIST HOSPITAL	PARKER	DOUGLAS
020542	PARKMOOR VILLAGE HEALTHCARE CENTER	COLORADO SPRINGS	EL PASO
020440	PARKVIEW CARE CENTER	DENVER	DENVER
020610	PARKVIEW MEDICAL CENTER, INC. ECF	PUEBLO	PUEBLO
010626	PARKVIEW MEDICAL CENTER, INC.	PUEBLO	PUEBLO
020391	PEAKS CARE CENTER, THE	LONGMONT	BOULDER
020522	PIKES PEAK CARE CENTER	COLORADO SPRINGS	EL PASO
0212V8	PINE RIDGE EXTENDED CARE CENTER	PAGOSA SPRINGS	ARCHULETA
020256	PIONEER HEALTH CARE CENTER	ROCKY FORD	OTERO
010850	PIONEERS HOSPITAL OF RIO BLANCO COUNTY	MEEKER	RIO BLANCO
140850	PIONEERS HOSPITAL OF RIO BLANCO	MEEKER	RIO BLANCO
010311	PLATTE VALLEY MEDICAL CENTER	BRIGHTON	ADAMS
020421	POPLAR GROVE HEALTH AND REHAB INC	COMMERCE CITY	ADAMS
010305	POUDRE VALLEY HOSPITAL	FORT COLLINS	LARIMER
020171	PRAIRIE VIEW CARE CENTER	LIMON	LINCOLN
010431	PRESBYTERIAN/ST LUKE'S MEDICAL CENTER	DENVER	DENVER
020396	PROSPECT PARK LIVING CENTER	ESTES PARK	LARIMER
010217	PROWERS MEDICAL CENTER	LAMAR	PROWERS
140217	PROWERS MEDICAL CENTER	LAMAR	PROWERS
020662	PUEBLO EXTENDED CARE CENTER	PUEBLO	PUEBLO
011132	RANGELY DISTRICT HOSPITAL	RANGELY	RIO BLANCO
141132	RANGELY HOSPITAL DISTRICT	RANGELY	RIO BLANCO
020416	RED ROCKS HEALTHCARE CENTER	DENVER	DENVER
1410CF	RIO GRANDE HOSPITAL	DEL NORTE	RIO GRANDE
251011	RIO GRANDE HOSPITAL	DEL NORTE	RIO GRANDE
010428	ROSE MEDICAL CENTER	DENVER	DENVER
020404	ROSE TERRACE HEALTH AND REHAB, INC	COMMERCE CITY	ADAMS
020459	ROWAN COMMUNITY, INC	DENVER	DENVER
020447	SABLE CARE CENTER	AURORA	ADAMS
021141	SAN JUAN LIVING CENTER	MONTROSE	MONTROSE
021020	SAN LUIS CARE CENTER	ALAMOSA	ALAMOSA
011001	SAN LUIS VALLEY REGIONAL MEDICAL CENTER	ALAMOSA	ALAMOSA
020465	SANDALWOOD MANOR, INC	WHEAT RIDGE	JEFFERSON
020201	SANDHAVEN CARE CENTER	LAMAR	PROWERS
02H515	SANDROCK RIDGE CARE & REHAB	CRAIG	MOFFAT
0104HY	SCCI HOSPITAL-AURORA	AURORA	ARAPAHOE
010170	SEDGWICK COUNTY MEMORIAL HOSPITAL	JULESBURG	SEDGWICK

CO Health Facility ID #	Facility Name	Facility City	Facility County
140170	SEDGWICK COUNTY MEMORIAL HOSPITAL	JULESBURG	SEDGWICK
020199	SEDGWICK COUNTY MEMORIAL NURSING HOME	JULESBURG	SEDGWICK
01R345	SELECT LONG TERM CARE HOSPITAL-COLORADO SPRINGS	COLORADO SPRINGS	EL PASO
011962	SELECT SPECIALTY HOSPITAL DENVER SOUTH CAMPUS	DENVER	DENVER
0104MJ	SELECT SPECIALTY HOSPITAL-DENVER	DENVER	DENVER
020635	SHARMAR VILLAGE CARE CENTER	PUEBLO	PUEBLO
020423	SIERRA HEALTHCARE COMMUNITY	LAKEWOOD	JEFFERSON
020302	SIERRA VISTA HEALTHCARE CENTER	LOVELAND	LARIMER
020597	SIMLA GOOD SAMARITAN CENTER	SIMLA	ELBERT
01D972	SKY RIDGE MEDICAL CENTER	LONE TREE	DOUGLAS
020682	SKYLINE RIDGE NURSING & REHABILITATION CENTER	CANON CITY	FREMONT
020223	SOUTHEAST COLORADO HOSPITAL LTC CENTER	SPRINGFIELD	BACA
010221	SOUTHEAST COLORADO HOSPITAL	SPRINGFIELD	BACA
140221	SOUTHEAST COLORADO HOSPITAL	SPRINGFIELD	BACA
011206	SOUTHWEST MEMORIAL HOSPITAL	CORTEZ	MONTEZUM A
141206	SOUTHWEST MEMORIAL HOSPITAL	CORTEZ	MONTEZUM A
010433	SPALDING REHABILITATION HOSPITAL	AURORA	ADAMS
010720	SPANISH PEAKS REGIONAL HEALTH CENTER	WALSENBURG	HUERFANO
140720	SPANISH PEAKS REGIONAL HEALTH CENTER	WALSENBURG	HUERFANO
020424	SPEARLY CENTER, THE	DENVER	DENVER
020372	SPRING CREEK HEALTHCARE CENTER	FORT COLLINS	LARIMER
020535	SPRINGS VILLAGE CARE CENTER	COLORADO SPRINGS	EL PASO
011160	ST MARY'S HOSPITAL & MEDICAL CENTER	GRAND JUNCTION	MESA
020448	ST PAUL HEALTH CENTER	DENVER	DENVER
010908	ST VINCENT GENERAL HOSPITAL DISTRICT	LEADVILLE	LAKE
140908	ST VINCENT GENERAL HOSPITAL DISTRICT	LEADVILLE	LAKE
020165	STERLING LIVING CENTER	STERLING	LOGAN
010140	STERLING REGIONAL MEDCENTER	STERLING	LOGAN
020517	SUNNY VISTA LIVING CENTER	COLORADO SPRINGS	EL PASO
020186	SUNSET MANOR	BRUSH	MORGAN
010436	SWEDISH MEDICAL CENTER	ENGLEWOOD	ARAPAHOE
020561	TERRACE GARDENS HEALTHCARE CENTER	COLORADO SPRINGS	EL PASO
020796	TRINIDAD STATE NURSING HOME	TRINIDAD	LAS ANIMAS
020571	UNION PRINTERS HOME-LTC	COLORADO SPRINGS	EL PASO
01H520	UNIV OF CO HOSPITAL ANSCHUTZ INPATIENT PAVILION	AURORA	ADAMS
010432	UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	DENVER	DENVER
020650	UNIVERSITY PARK CARE CENTER	PUEBLO	PUEBLO
020452	UPTOWN HEALTH CARE CENTER	DENVER	DENVER

CO Health Facility ID #	Facility Name	Facility City	Facility County
010911	VAIL VALLEY MEDICAL CENTER	VAIL	EAGLE
02123H	VALLEY INN, THE	MANCOS	MONTEZUMA
021172	VALLEY MANOR CARE CENTER	MONTROSE	MONTROSE
020643	VALLEY VIEW HEALTH CARE CENTER INC	CANON CITY	FREMONT
010810	VALLEY VIEW HOSPITAL ASSOCIATION	GLENWOOD SPRINGS	GARFIELD
020195	VALLEY VIEW VILLA	FORT MORGAN	MORGAN
020451	VILLA MANOR CARE CENTER	LAKESWOOD	JEFFERSON
02R487	VILLAGE AT SKYLINE-SKYLINE PINES CARE CENTER	COLORADO SPRINGS	EL PASO
0204JL	VILLAGE CARE AND REHABILITATION CENTER, THE	WESTMINSTER	JEFFERSON
020458	VILLAS AT SUNNY ACRES, THE	THORNTON	ADAMS
021213	VISTA GRANDE REHABILITATION & CARE CENTER	CORTEZ	MONTEZUMA
020867	WALBRIDGE MEMORIAL CONVALESCENT WING	MEEKER	RIO BLANCO
020714	WALSENBURG CARE CENTER	WALSENBURG	HUERFANO
020298	WALSH HEALTHCARE CENTER	WALSH	BACA
020162	WASHINGTON COUNTY NURSING HOME	AKRON	WASHINGTON
020259	WEISBROD MEMORIAL COUNTY HOSPITAL & NURSING HOME	EADS	KIOWA
140214	WEISBROD MEMORIAL COUNTY HOSPITAL & NURSING HOME	EADS	KIOWA
010214	WEISBROD MEMORIAL COUNTY HOSPITAL	EADS	KIOWA
020438	WESTERN HILLS HEALTH CARE CENTER	LAKESWOOD	JEFFERSON
020699	WESTWIND VILLAGE	PUEBLO	PUEBLO
020436	WHEATRIDGE MANOR NURSING HOME	WHEAT RIDGE	JEFFERSON
021121	WILLOW TREE CARE CENTER	DELTA	DELTA
020332	WINDSOR HEALTH CARE CENTER	WINDSOR	WELD
010160	WRAY COMMUNITY DISTRICT HOSPITAL	WRAY	YUMA
140160	WRAY COMMUNITY DISTRICT HOSPITAL	WRAY	YUMA
010860	YAMPA VALLEY MEDICAL CENTER	STEAMBOAT SPRINGS	ROUTT
140860	YAMPA VALLEY MEDICAL CENTER	STEAMBOAT SPRINGS	ROUTT
010127	YUMA DISTRICT HOSPITAL	YUMA	YUMA
140127	YUMA DISTRICT HOSPITAL	YUMA	YUMA
020183	YUMA LIFE CARE CENTER	YUMA	YUMA

Section 7e – Valid Diagnosis Codes

Code	Description	Y = Substance Abuse Code
290.0	Dementia of the Alzheimer's Type, With Late Onset, Uncomplicated	
290.10	Presenile dementia, uncomplicated; Presenile dementia: NOS simple type	
290.11	Dementia of the Alzheimer's Type, With Early Onset, With Delirium	
290.12	Dementia of the Alzheimer's Type, With Early Onset, With Delusions	
290.13	Dementia of the Alzheimer's Type, With Early Onset, With Depressed Mood	
290.20	Dementia of the Alzheimer's Type, With Late Onset, With Delusions	
290.21	Dementia of the Alzheimer's Type, With Late Onset, With Depressed Mood	
290.3	Dementia of the Alzheimer's Type, With Late Onset, With Delirium	
290.40	Vascular Dementia, Uncomplicated	
290.41	Vascular Dementia, With Delirium	
290.42	Vascular Dementia, With Delusions	
290.43	Vascular Dementia, With Depressed Mood	
291.0	Alcohol Intoxication Delirium; Alcohol Withdrawal Delirium	Y
291.1	Alcohol-Induced Persisting Amnestic Disorder	Y
291.2	Alcohol-Induced Persisting Dementia	Y
291.3	Alcohol-Induced Induced Psychotic Disorder, With Hallucinations	Y
291.5	Alcohol-Induced Psychotic Disorder, With Delusions	Y
291.81	Alcohol Withdrawal	Y
291.82	Alcohol-Induced Sleep Disorder	Y
291.89	Alcohol-Induced Anxiety Disorder; Alcohol-Induced Mood Disorder; Alcohol-Induced Sexual Dysfunction	Y
291.9	Alcohol-Related Disorder NOS	Y
292.0	Amphetamine/Cocaine/Nicotine/Opioid/Sedative/Hypnotic/Anxiolytic/Other (or Unknown) Withdrawal	Y
292.11	Amp./Can./Coc./Hall./Inh./Op./Phen./Sed./Hyp./Anx./Other-Induced Psychotic Disorder, With Delusions	Y
292.12	Amp./Can./Coc./Hall./Inh./Op./Phen./Sed./Hyp./Anx./Other-Induced Psych. Dis., With Hallucinations;	Y
292.81	Amp./Can./Coc./Hall./Inh./Op./Phen./Sed./Hyp./Anx./Other Intox. Del.; Sed./Hyp./Anx. Withdrawal Del.	Y
292.82	Inhalant/Sedative/Hypnotic/Anxiolytic/Other (or Unknown) Substance- Induced Persisting Dementia	Y
292.83	Sedative/Hypnotic/Anxiolytic/Other (or Unknown) Substance-Induced Persisting Amnestic Disorder	Y
292.84	Amp./Can./Coc./Hall./Inh./Op./Phen./Sed./Hyp./Anx./Other-Induced Mood Disorder	Y
292.85	Amp./Caffeine/Coc./Op./Sed./Hyp./Anx./Other (or Unknown) Substance-	Y

Code	Description	Y = Substance Abuse Code
	Induced Sleep Disorder	
292.89	Amp./Caff./Can./Coc./Hall./Inh./Op./Phen./Sed./Hyp./Anx./Oth-Induced Anx. Dis., Sex. Dys., or Intox.	Y
292.9	Amp./Caff./Can./Coc./Hall./Inh./Nic./Op./Phen./Sed./Hyp./Anx./Other- Related Disorder NOS	Y
293.0	Delirium Due to [Gen. Med. Cond.]	
293.81	Psychotic Disorder Due to [Gen. Med. Cond.], With Delusions	
293.82	Psychotic Disorder Due to [Gen. Med. Cond.] , With Hallucinations	
293.83	Mood Disorder Due to [Gen. Med. Cond.]	
293.84	Anxiety Disorder Due to... [Indicate the General Medical Condition]	
293.89	Catatonic Disorder Due to [Gen. Med. Cond.]	
293.9	Mental Disorder NOS Due to [Gen. Med. Cond.]	
294.0	Amnestic Disorder Due to [Gen. Med. Cond.], Without Behavioral Disturbance	
294.10	Dementia Due to [Gen. Med. Cond.] / of the Alzheimer's Type w/ Early/Late Onset, w/o Behav. Dist.	
294.11	Dementia Due to [Gen. Med. Cond.] / of the Alzheimer's Type w/ Early/Late Onset, w/ Behav. Dist.	
294.8	Amnestic Disorder NOS; Dementia NOS	
294.9	Cognitive Disorder NOS; Cognitive Disorder	
295.01	Schizophrenia Simple type, subchronic	
295.02	Schizophrenia Simple type, chronic	
295.03	Schizophrenia Simple type, subchronic with acute exacerbation	
295.04	Schizophrenia Simple type, chronic with acute exacerbation	
295.05	Schizophrenia Simple type, in remission	
295.10	Schizophrenia, Disorganized Type	
295.11	Schizophrenia Disorganized type, subchronic	
295.12	Schizophrenia Disorganized type, chronic	
295.13	Schizophrenia Disorganized type, subchronic with acute exacerbation	
295.14	Schizophrenia Disorganized type, chronic with acute exacerbation	
295.15	Schizophrenia Disorganized type, in remission	
295.20	Schizophrenia, Catatonic Type	
295.21	Schizophrenia Catatonic type, subchronic	
295.22	Schizophrenia Catatonic type, chronic	
295.23	Schizophrenia Catatonic type, subchronic with acute exacerbation	
295.24	Schizophrenia Catatonic type, chronic with acute exacerbation	
295.25	Schizophrenia Catatonic type, in remission	
295.30	Schizophrenia, Paranoid Type	
295.31	Schizophrenia Paranoid type, subchronic	
295.32	Schizophrenia Paranoid type, chronic	
295.33	Schizophrenia Paranoid type, subchronic with acute exacerbation	

Code	Description	Y = Substance Abuse Code
295.34	Schizophrenia Paranoid type, chronic with acute exacerbation	
295.35	Schizophrenia Paranoid type, in remission	
295.40	Schizophreniform Disorder	
295.41	Schizophreniform Disorder, subchronic	
295.42	Schizophreniform Disorder, chronic	
295.43	Schizophreniform Disorder, subchronic with acute exacerbation	
295.44	Schizophreniform Disorder, chronic with acute exacerbation	
295.45	Schizophreniform Disorder, in remission	
295.50	Latent Schizophrenia, unspecified	
295.51	Latent Schizophrenia, subchronic	
295.52	Latent Schizophrenia, chronic	
295.53	Latent Schizophrenia, subchronic with acute exacerbation	
295.54	Latent Schizophrenia, chronic with acute exacerbation	
295.55	Latent Schizophrenia, in remission	
295.60	Schizophrenia, Residual Type	
295.61	Schizophrenia Residual type, subchronic	
295.62	Schizophrenia Residual type, chronic	
295.63	Schizophrenia Residual type, subchronic with acute exacerbation	
295.64	Schizophrenia Residual type, chronic with acute exacerbation	
295.65	Schizophrenia Residual type, in remission	
295.70	Schizoaffective Disorder	
295.71	Schizoaffective Disorder, subchronic	
295.72	Schizoaffective Disorder, chronic	
295.73	Schizoaffective Disorder, subchronic with acute exacerbation	
295.74	Schizoaffective Disorder, chronic with acute exacerbation	
295.75	Schizoaffective Disorder, in remission	
295.80	Other Specified Types of Schizophrenia, unspecified	
295.81	Other Specified Types of Schizophrenia, subchronic	
295.82	Other Specified Types of Schizophrenia, chronic	
295.83	Other Specified Types of Schizophrenia, subchronic with acute exacerbation	
295.84	Other Specified Types of Schizophrenia, chronic with acute exacerbation	
295.85	Other Specified Types of Schizophrenia, in remission	
295.90	Schizophrenia, Undifferentiated Type	
295.91	Unspecified Schizophrenia, subchronic	
295.92	Unspecified Schizophrenia, chronic	
295.93	Unspecified Schizophrenia, subchronic with acute exacerbation	
295.94	Unspecified Schizophrenia, chronic with acute exacerbation	
295.95	Unspecified Schizophrenia, in remission	
295.96	Unknown Schizophrenia Code (no DSMIV or ICD9CM code found)	

Code	Description	Y = Substance Abuse Code
296.00	Bipolar I Disorder, Single Manic Episode, Unspecified	
296.01	Bipolar I Disorder, Single Manic Episode, Mild	
296.02	Bipolar I Disorder, Single Manic Episode, Moderate	
296.03	Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features	
296.04	Bipolar I Disorder, Single Manic Episode, Severe With Psychotic Features	
296.05	Bipolar I Disorder, Single Manic Episode, In Partial Remission	
296.06	Bipolar I Disorder, Single Manic Episode, In Full Remission	
296.10	Manic Disorder, recurrent episode, unspecified	
296.11	Manic Disorder, recurrent episode, mild	
296.12	Manic Disorder, recurrent episode, moderate	
296.13	Manic Disorder, recurrent episode, severe, without mention of psychotic behavior	
296.14	Manic Disorder, recurrent episode, severe, specified as psychotic behavior	
296.15	Manic Disorder, recurrent episode, in partial or unspecified remission	
296.16	Manic Disorder, recurrent episode, in full remission	
296.20	Major Depressive Disorder, Single Episode, Unspecified	
296.21	Major Depressive Disorder, Single Episode, Mild	
296.22	Major Depressive Disorder, Single Episode, Moderate	
296.23	Major Depressive Disorder, Single Episode, Severe Without Psychotic Features	
296.24	Major Depressive Disorder, Single Episode, Severe With Psychotic Features	
296.25	Major Depressive Disorder, Single Episode, In Partial Remission	
296.26	Major Depressive Disorder, Single Episode, In Full Remission	
296.30	Major Depressive Disorder, Recurrent, Unspecified	
296.31	Major Depressive Disorder, Recurrent, Mild	
296.32	Major Depressive Disorder, Recurrent, Moderate	
296.33	Major Depressive Disorder, Recurrent, Severe Without Psychotic Features	
296.34	Major Depressive Disorder, Recurrent, Severe With Psychotic Features	
296.35	Major Depressive Disorder, Recurrent, In Partial Remission	
296.36	Major Depressive Disorder, Recurrent, In Full Remission	
296.40	Bipolar I Disorder, Most Recent Episode Hypomanic / Manic, Unspecified	
296.41	Bipolar I Disorder, Most Recent Episode Manic, Mild	
296.42	Bipolar I Disorder, Most Recent Episode Manic, Moderate	
296.43	Bipolar I Disorder, Most Recent Episode Manic, Severe Without Psychotic Features	
296.44	Bipolar I Disorder, Most Recent Episode Manic, Severe With Psychotic Features	
296.45	Bipolar I Disorder, Most Recent Episode Manic, In Partial Remission	
296.46	Bipolar I Disorder, Most Recent Episode Manic, In Full Remission	

Code	Description	Y = Substance Abuse Code
296.50	Bipolar I Disorder, Most Recent Episode Depressed, Unspecified	
296.51	Bipolar I Disorder, Most Recent Episode Depressed, Mild	
296.52	Bipolar I Disorder, Most Recent Episode Depressed, Moderate	
296.53	Bipolar I Disorder, Most Recent Episode Depressed, Severe Without Psychotic Features	
296.54	Bipolar I Disorder, Most Recent Episode Depressed, Severe With Psychotic Features	
296.55	Bipolar I Disorder, Most Recent Episode Depressed, In Partial Remission	
296.56	Bipolar I Disorder, Most Recent Episode Depressed, In Full Remission	
296.60	Bipolar I Disorder, Most Recent Episode Mixed, Unspecified	
296.61	Bipolar I Disorder, Most Recent Episode Mixed, Mild	
296.62	Bipolar I Disorder, Most Recent Episode Mixed, Moderate	
296.63	Bipolar I Disorder, Most Recent Episode Mixed, Severe Without Psychotic Features	
296.64	Bipolar I Disorder, Most Recent Episode Mixed, Severe With Psychotic Features	
296.65	Bipolar I Disorder, Most Recent Episode Mixed, In Partial Remission	
296.66	Bipolar I Disorder, Most Recent Episode Mixed, In Full Remission	
296.7	Bipolar I Disorder, Most Recent Episode Unspecified	
296.80	Bipolar Disorder NOS	
296.81	Atypical Manic Disorder	
296.82	Atypical Depressive Disorder	
296.89	Bipolar II Disorder	
296.90	Mood Disorder NOS	
296.99	Other Bipolar Disorder	
297.0	Delusional Disorder, Paranoid State, simple	
297.1	Delusional Disorder	
297.2	Delusional Disorder, Paraphrenia	
297.3	Shared Psychotic Disorder	
297.8	Delusional Disorder, Other Specified Paranoid States	
297.9	Delusional Disorder, Unspecified Paranoid State	
298.0	Depressive Type Psychosis	
298.1	Excitatory type psychosis	
298.2	Reactive confusion	
298.3	Acute paranoid reaction	
298.4	Psychogenic paranoid psychosis	
298.8	Brief Psychotic Disorder	
298.9	Psychotic Disorder NOS	
299.00	Autistic Disorder	
299.10	Childhood Disintegrative Disorder	
299.80	Asperger's Disorder; Pervasive Developmental Disorder NOS; Rett's	

Code	Description	Y = Substance Abuse Code
	Disorder	
300.00	Anxiety Disorder NOS	
300.01	Panic Disorder Without Agoraphobia	
300.02	Generalized Anxiety Disorder	
300.09	Anxiety State, Other	
300.10	Hysteria, unspecified	
300.11	Conversion Disorder	
300.12	Dissociative Amnesia	
300.13	Dissociative Fugue	
300.14	Dissociative Identity Disorder	
300.15	Dissociative Disorder NOS	
300.16	Factitious Disorder With Predominantly Psychological Signs and Symptoms	
300.19	Factitious Dis. NOS / w/ Comb. Psych., Phy. Signs, and Symp. / w/ Predominantly Phy. Signs and Symp.	
300.20	Phobia, unspecified	
300.21	Panic Disorder With Agoraphobia	
300.22	Agoraphobia Without History of Panic Disorder	
300.23	Social Phobia	
300.29	Specific Phobia	
300.3	Obsessive-Compulsive Disorder	
300.4	Dysthymic Disorder	
300.5	Neurasthenia	
300.6	Depersonalization Disorder	
300.7	Body Dysmorphic Disorder; Hypochondriasis	
300.81	Somatization Disorder	
300.82	Somatoform Disorder NOS; Undifferentiated Somatoform Disorder	
300.89	Other somatoform disorders	
300.9	Unspecified Mental Disorder (nonpsychotic)	
301.0	Paranoid Personality Disorder	
301.10	Affective Personality Disorder, Unspecified	
301.11	Chronic Hypomanic Personality Disorder	
301.12	Chronic Depressive Personality Disorder	
301.13	Cyclothymic Disorder	
301.20	Schizoid Personality Disorder	
301.21	Introverted personality	
301.22	Schizotypal Personality Disorder	
301.3	Explosive personality disorder	
301.4	Obsessive-Compulsive Personality Disorder	
301.50	Histrionic Personality Disorder	
301.51	Chronic factitious illness with physical symptoms	

Code	Description	Y = Substance Abuse Code
301.59	Other histrionic personality disorder	
301.6	Dependent Personality Disorder	
301.7	Antisocial Personality Disorder	
301.81	Narcissistic Personality Disorder	
301.82	Avoidant Personality Disorder	
301.83	Borderline Personality Disorder	
301.84	Passive-aggressive personality	
301.89	Other personality disorder	
301.9	Personality Disorder NOS	
302.2	Pedophilia	
302.3	Transvestic Fetishism	
302.4	Exhibitionism	
302.6	Gender Identity Disorder in Children; Gender Identity Disorder NOS	
302.70	Sexual Dysfunction NOS	
302.71	Hypoactive Sexual Desire Disorder	
302.72	Female Sexual Arousal Disorder; Male Erectile Disorder	
302.73	Female Orgasmic Disorder	
302.74	Male Orgasmic Disorder	
302.75	Premature Ejaculation	
302.76	Dyspareunia (Not Due to a General Medical Condition)	
302.79	Sexual Aversion Disorder	
302.81	Fetishism	
302.82	Voyeurism	
302.83	Sexual Masochism	
302.84	Sexual Sadism	
302.85	Gender Identity Disorder in Adolescents or Adults	
302.89	Frotteurism	
302.9	Paraphilia NOS; Sexual Disorder NOS	
303.00	Alcohol Intoxication	Y
303.90	Alcohol Dependence	Y
304.00	Opioid Dependence	Y
304.10	Sedative, Hypnotic, or Anxiolytic Dependence	Y
304.20	Cocaine Dependence	Y
304.30	Cannabis Dependence	Y
304.40	Amphetamine Dependence	Y
304.50	Hallucinogen Dependence	Y
304.60	Inhalant Dependence; Phencyclidine Dependence	Y
304.80	Polysubstance Dependence	Y
304.90	Other (or Unknown) Substance Dependence	Y
305.00	Alcohol Abuse	Y

Code	Description	Y = Substance Abuse Code
305.1	Tobacco use disorder	Y
305.20	Cannabis Abuse	Y
305.30	Hallucinogen Abuse	Y
305.40	Sedative, Hypnotic, or Anxiolytic Abuse	Y
305.50	Opioid Abuse	Y
305.60	Cocaine Abuse	Y
305.70	Amphetamine Abuse	Y
305.90	Caffeine Intoxication; Inhalant Abuse; Other (or Unknown) Substance Abuse; Phencyclidine Abuse	Y
306.51	Vaginismus (Not Due to a General Medical Condition)	
307.0	Stuttering	
307.1	Anorexia Nervosa	
307.20	Tic Disorder NOS	
307.21	Transient Tic Disorder	
307.22	Chronic Motor or Vocal Tic Disorder	
307.23	Tourette's Disorder	
307.3	Stereotypic Movement Disorder	
307.40	Nonorganic sleep disorder, unspecified	
307.41	Transient disorder of initiating or maintaining sleep	
307.42	Primary Insomnia	
307.43	Transient disorder of initiating or maintaining wakefulness	
307.44	Primary Hypersomnia	
307.45	Circadian rhythm sleep disorder of nonorganic origin	
307.46	Sleep Terror Disorder; Sleepwalking Disorder	
307.47	Dyssomnia NOS; Nightmare Disorder; Parasomnia NOS	
307.48	Repetitive intrusions of sleep	
307.49	Specific disorders of sleep of nonorganic origin, Other	
307.50	Eating Disorder NOS	
307.51	Bulimia Nervosa	
307.52	Pica	
307.53	Rumination Disorder	
307.54	Psychogenic vomiting	
307.59	Feeding Disorder of Infancy or Early Childhood	
307.6	Enuresis (Not Due to a General Medical Condition)	
307.7	Encopresis, Without Constipation and Overflow Incontinence	
307.80	Pain Disorder Associated With Psychological Factors	
307.81	Tension headache	
307.89	Pain Disorder Associated With Both Psychological Factors and a General Medical Condition	
307.9	Communication Disorder NOS	
308.0	Predominant disturbance of emotions	

Code	Description	Y = Substance Abuse Code
308.1	Predominant disturbance of consciousness	
308.2	Predominant psychomotor disturbance	
308.3	Acute Stress Disorder	
308.4	Mixed disorders as reaction to stress	
308.9	Unspecified acute reaction to stress	
309.0	Adjustment Disorder With Depressed Mood	
309.1	Prolonged depressive reaction	
309.21	Separation Anxiety Disorder	
309.22	Emancipation disorder of adolescence and early adult life	
309.23	Specific academic or work inhibition	
309.24	Adjustment Disorder With Anxiety	
309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood	
309.29	Adjustment Reaction, Other	
309.3	Adjustment Disorder With Disturbance of Conduct	
309.4	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	
309.81	Posttraumatic Stress Disorder	
309.82	Adjustment reaction with physical symptoms	
309.83	Adjustment reaction with withdrawal	
309.89	Other specified adjustment reaction	
309.9	Adjustment Disorder Unspecified	
310.1	Personality Change Due to [Gen. Med. Cond.]	
311	Depressive Disorder NOS	
312.00	Undersocialized conduct disorder, aggressive type, unspecified	
312.01	Undersocialized conduct disorder, aggressive type, mild	
312.02	Undersocialized conduct disorder, aggressive type, moderate	
312.03	Undersocialized conduct disorder, aggressive type, severe	
312.10	Undersocialized conduct disorder, unaggressive type, unspecified	
312.11	Undersocialized conduct disorder, unaggressive type, mild	
312.12	Undersocialized conduct disorder, unaggressive type, moderate	
312.13	Undersocialized conduct disorder, unaggressive type, severe	
312.20	Socialized conduct disorder, unspecified	
312.21	Socialized conduct disorder, mild	
312.22	Socialized conduct disorder, moderate	
312.23	Socialized conduct disorder, severe	
312.30	Impulse-Control Disorder NOS	
312.31	Pathological Gambling	
312.32	Kleptomania	
312.33	Pyromania	
312.34	Intermittent Explosive Disorder	
312.35	Isolated explosive disorder	

Code	Description	Y = Substance Abuse Code
312.39	Trichotillomania	
312.4	Mixed disturbance of conduct and emotions	
312.81	Conduct Disorder Childhood-Onset Type	
312.82	Conduct Disorder Adolescent-Onset Type	
312.89	Conduct Disorder Unspecified Onset	
312.9	Disruptive Behavior Disorder NOS	
313.0	Overanxious disorder	
313.1	Misery and unhappiness disorder	
313.21	Shyness disorder of childhood	
313.22	Introverted disorder of childhood	
313.23	Selective Mutism	
313.3	Relationship problems specific to childhood and adolescence	
313.81	Oppositional Defiant Disorder	
313.82	Identity Problem	
313.83	Academic underachievement disorder	
313.89	Reactive Attachment Disorder of Infancy or Early Childhood	
313.9	Disorder of Infancy, Childhood, or Adolescence NOS	
314.00	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type	
314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type or Predominantly Hyperactive-Impulsive Type	
314.1	Hyperkinesis with developmental delay	
314.2	Hyperkinetic conduct disorder	
314.8	Other specified manifestations of hyperkinetic syndrome	
314.9	Attention-Deficit/Hyperactivity Disorder NOS	
315.00	Reading Disorder	
315.1	Mathematics Disorder	
315.2	Disorder of Written Expression	
315.31	Expressive Language Disorder	
315.32	Mixed Receptive-Expressive Language Disorder	
315.39	Phonological Disorder	
315.4	Developmental Coordination Disorder	
315.9	Learning Disorder NOS	
316	Psychological Factors Affecting Medical Condition	
317	Mild Mental Retardation	
318.0	Moderate Mental Retardation	
318.1	Severe Mental Retardation	
318.2	Profound Mental Retardation	
319	Mental Retardation, Severity Unspecified	
327.01	Sleep Disorder Due to [Gen. Med. Cond.], Insomnia Type	
327.02	Insomnia Related to...[Indicate the Axis I or Axis II Disorder]	

Code	Description	Y = Substance Abuse Code
327.14	Sleep Disorder Due to [Gen. Med. Cond.], Hypersomnia Type	
327.15	Hypersomnia Related to...[Indicate the Axis I or Axis II Disorder]	
327.30	Circadian Rhythm Sleep Disorder (unspecified type)	
327.31	Circadian Rhythm Sleep Disorder (delayed sleep phase type)	
327.35	Circadian Rhythm Sleep Disorder (jet lag type)	
327.36	Circadian Rhythm Sleep Disorder (shift work type)	
327.44	Sleep Disorder Due to [Gen. Med. Cond.], Parasomnia Type	
327.8	Sleep Disorder Due to [Gen. Med. Cond.], Mixed Type	
332.1	Neuroleptic-Induced Parkinsonism	
333.1	Medication-Induced Postural Tremor	
333.7	Neuroleptic-Induced Acute Dystonia	
333.82	Neuroleptic-Induced Tardive Dyskinesia	
333.90	Medication-Induced Movement Disorder NOS	
333.92	Neuroleptic Malignant Syndrome	
333.99	Neuroleptic-Induced Acute Akathisia	
347.00	Narcolepsy	
607.84	Male Erectile Disorder Due to [Gen. Med. Cond.]	
608.89	Male Dyspareunia / Male Hypo. Sex. Desire Dis. / Other Male Sex. Dys. Due to [Gen. Med. Cond.]	
625.0	Female Dyspareunia Due to...[Gen. Med. Cond.]	
625.8	Female Hypoactive Sexual Desire Disorder / Other Female Sexual Dysfunction Due to [Gen. Med. Cond.]	
780.09	Delirium NOS	
780.52	Insomnia, unspecified	
780.54	Hypersomnia, unspecified	
780.57	Breathing-Related Sleep Disorder	
780.59	Sleep Disorder Due to [Gen. Med. Cond.], Mixed Type	
780.9	Age-Related Cognitive Decline	
780.93	Memory Loss	
787.6	Encopresis, With Constipation and Overflow Incontinence	
799.9	Diagnosis or Condition Deferred on Axis I; Diagnosis Deferred on Axis II	Y
995.2	Adverse Effects of Medication NOS	
995.52	Neglect of Child (if focus of attention is on victim)	
995.53	Sexual Abuse of Child (if focus of attention is on victim)	
995.54	Physical Abuse of Child (if focus of attention is on victim)	
995.81	Physical Abuse of Adult (if focus of attention is on victim)	
995.83	Sexual Abuse of Adult (if focus of attention is on victim)	
V15.81	Noncompliance With Treatment	
V61.10	Partner Relational Problem	
V61.12	Physical Abuse of Adult (if by partner); Sexual Abuse of Adult (if by partner)	

Code	Description	Y = Substance Abuse Code
V61.20	Parent-Child Relational Problem	
V61.21	Neglect of Child; Physical Abuse of Child; Sexual Abuse of Child	
V61.8	Sibling Relational Problem	
V61.9	Relational Problem Related to a Mental Disorder or General Medical Condition	
V62.2	Occupational Problem	
V62.3	Academic Problem	
V62.4	Acculturation Problem	
V62.81	Relational Problem NOS	
V62.82	Bereavement	
V62.83	Physical/Sexual Abuse of Adult (if by person other than partner)	
V62.89	Borderline Intellectual Functioning; Phase of Life Problem; Religious or Spiritual Problem	
V65.2	Malingering	
V71.01	Adult Antisocial Behavior	
V71.02	Child or Adolescent Antisocial Behavior	
V71.09	No Diagnosis or Condition on Axis I; No Diagnosis on Axis II	Y

Section 7f – Valid DC:03R Diagnosis Codes

Crosswalk for DC:0-3R Axis I & II to Primary Psychiatric Diagnosis Axis I & II	
DC: 0-3 Diagnosis Axis I	
DC: 0-3 Diagnosis Axis II	
100. Posttraumatic Stress Disorder	309.81 Posttraumatic stress disorder
150. Deprivation/Maltreatment Disorder	313.89 Other or mixed emotional disturbances of childhood or adolescence, Other – (Reactive Attachment Disorder of infancy or early childhood)
200. Disorders of Affect	
210. Prolonged Bereavement/Grief Reaction	309.1 Prolonged depressive Reaction
220. Anxiety Disorders of Infancy and Early Childhood	
221. Separation Anxiety Disorder	309.21 Separation Anxiety Disorder
222. Specific Phobia	300.29 Other isolated or specific phobias
223. Social Anxiety Disorder (Social Phobia)	300.23 Social Phobia
224. Generalized Anxiety Disorder	300.02 Generalized Anxiety Disorder
225. Anxiety Disorder NOS	300.00 Anxiety state, unspecified
230. Depression of Infancy and Early Childhood	
231. Type I: Major Depression	296.2 Major depressive disorder, single episode
232. Type: II: Depressive Disorder, NOS	311 Depressive disorder, NOS
240. Mixed Disorder of Emotional Expressiveness	313.9 Unspecified emotional disturbance of childhood or adolescence
300. Adjustment Disorder	309.9 Unspecified adjustment reaction
400. Regulation Disorders of Sensory Processing	
410. Hypersensitive	
411. Type A: Fearful/Cautious	313.21 Sensitivity/shyness disorder of childhood
412. Type B: Negative Defiant	313.81 Oppositional defiant disorder
420. Hyposensitive/Under responsive	313.22 Introverted disorder of childhood
430. Sensory Stimulation-Seeking	314.9 Unspecified hyperkinetic syndrome
500. Sleep Behavior Disorder	
510. Sleep-Onset Disorder (Protodyssomnia)	307.42 Persistent disorder of initiating or maintaining sleep
520. Night-Waking Disorder	307.46 Sleep arousal disorder
600. Feeding Behavior Disorder	
601. Feeding Disorder of State Regulation	307.59 Other (Feeding disorder of infancy or

	early childhood of non-organic origin)
602. Feeding Disorder of Caregiver-Infant Reciprocity	307.59 Other (Feeding disorder of infancy or early childhood of non-organic origin)
603. Infantile Anorexia	307.50 Eating disorder, unspecified
604. Sensory Food Aversions	307.50 Eating disorder, unspecified
Crosswalk for DC:0-3R Axis I & II to Primary Psychiatric Diagnosis Axis I & II	
605. Feeding Disorder Associated w/Concurrent Medical Condition	307.50 Eating disorder, unspecified
606. Feeding Disorder Associated w/Insults to Gastro-Intestinal Tract	307.50 Eating disorder, unspecified
700. Disorder of Relating and Communicating	Pervasive Developmental Disorders should be diagnosed using DSM-IV-TR unless the child is less than two years old.
710. Multisystem Developmental Disorder (MSDD)	315.9 Developmental disorder NOS ***
800. Other Disorders	n/a
DC:0-3 Axis II Primary Relationship Disorder	n/a
DC:0-3 PIR - GAS 60 or below	313.3 Relationship Disorder

*** The DC: 0-3R diagnosis of MSDD is for infants and toddlers less than 2 years old, and would not be covered by Medicaid Capitated mental health dollars or CHP+.

Clinical Note: Young children can demonstrate severe symptoms similar to Post-traumatic Stress and Reactive Attachment in response to a significant single adjustment (removal from primary caregiver) or multiple adjustments. This diagnosis should be considered as primary if history of adjustment is present within past four months.

Section 8 – Available CCAR Reports

A. Batch Reports

1. **Error Report** – Lists all field errors on records from the batch file.
2. **Rejected Report** – Lists all records that were rejected by the website.
3. **Accepted Report** – Lists all records successfully loaded to the website.

B. General Reports

1. **Admitted/Open Cases Report** – This report lists the client episodes Open during the specific date range, as well as all clients Admitted during the date range. This report can only be run for one fiscal year at a time.

Admitted Case Definition: Clients that were admitted within the date range provided on the report screen.

Open Case Definition: The client was admitted before the start date entered on the report screen and either discharged on or after the Start Date, or not discharged at all.

2. **Accepted Records Report** – This report lists all CCAR records that been loaded into CCAR between the Start and End Dates entered. The term Accepted Record means that the record has passed all validations on the CCAR website and was loaded successfully.
3. **Clients Requiring Updates Report** – This report lists all clients that require an annual update during or before the month entered.

* As of July 1, 2006, Meds Only Clients do require annual updates. They will not require updates prior to July 1, 2006.

* Interim updates do not qualify for the annual update requirement.

Section 9 – Special Studies Codes

Colorado Department of Human Services, Division of Behavioral Health

CCAR & Encounter Special Studies Codes

Updated: May 1, 2011

CCAR Special Studies Code	Encounter Special Studies Code	Primary or Supplemental	Usage	Agency
1284	1284	Supplemental	Adults and Juveniles at Risk or Involved in the Criminal Justice System.	TBD
ACT	ACT	Primary	Assertive Community treatment funded by DBH-Mental Health	Boulder, MHCD, San Luis
AFTERCARE	AFTERCARE	Supplemental	Fort Logan After Care	JCMH, MHCD
AHY	AHY	Supplemental	Alternative to Hospitalization Youth	Centennial, CO West
AIM	AIM	Primary	MHCD Intensive Case Management Program	MHCD
ARU	ARU	Supplemental	CMHI Alternative Funds – Adult Residential Unit (previously closed)	Comm. Reach, JCMH, MHCBBC, MHCD
	CHP+	Primary	Any client that has the CHP+ Payer Source	All Mental Health Centers
CJCSa	CJCS	Primary	Criminal Justice Clinical Specialist – admission to program	Arapahoe/Douglas, Centennial, CO Coalition for the Homeless, CO West, Comm Reach, JCMH, Larimer, North Range, San Luis, West Central
CJCSd		Primary	Criminal Justice Clinical Specialist – discharge to program	Arapahoe/Douglas, Centennial, CO Coalition for the Homeless, CO West, Comm Reach, JCMH, Larimer, North Range, San Luis, West Central

CCAR Special Studies Code	Encounter Special Studies Code	Primary or Supplemental	Usage	Agency
CMHIARU	CMHIARU	Supplemental	CMHI Alternative Funds – using ARU and CCI funds at same time (combination of both programs)	Aurora, Boulder, Comm. Reach, JCMH, MHCD
CMHIPCMHC	CMHIPCMHC	Supplemental	Hospital Alternatives – CMHI-Pueblo	Arapahoe/Douglas, CO West, North Range, Pikes Peak, San Luis, Spanish Peaks
CMHTA	CMHTA	Primary	Residential Treatment under HB-1116 (regardless of Medicaid status) – Encounter Only – must use CMHTAa, CMHTAd, CMHTAe, CMHTAu in CCAR	All Mental Health Centers
CMHTAa		Primary	Residential Treatment under HB-1116 (regardless of Medicaid status) – Admission	All Mental Health Centers
CMHTAd		Primary	Residential Treatment under HB-1116 (regardless of Medicaid status) – Discharge	All Mental Health Centers
CMHTAe		Primary	Residential Treatment under HB-1116 (regardless of Medicaid status) – Evaluation for Admission	All Mental Health Centers
CMHTAu		Primary	Update for client admitted to Residential Treatment under HB-1116 (regardless of Medicaid status)	All Mental Health Centers
DVR	DVR	Supplemental	Division of Vocational Rehabilitation	Arapahoe, Aurora, Boulder, CO West, Community Reach, JCMH, Larimer, MHCD, Midwestern, North Range, Pikes Peak, San Luis, Southwest, Spanish Peaks
ECHILD	ECHILD	Primary or Secondary	Early Childhood Mental Health Specialist Services Non-Medicaid clients only.	All Mental Health Centers
FCBS		n/a	All consumers who are adjudicated Not Guilty by Reason of Insanity and are on Community Placement or Conditional Release	All Mental Health Centers

CCAR Special Studies Code	Encounter Special Studies Code	Primary or Supplemental	Usage	Agency
FCBSh		n/a	CMHIP consumers who are open only to CMHIP and are readmitted to the state hospital	CMHIP
HB1057		Supplemental	Juvenile Justice Family Advocacy HB07-1057	Federation of Families, MHCD, Pikes Peak
INDIGENT	INDIGENT	Primary	Indication of indigent status.	All Mental Health Centers and Clinics
KIDCONNECT	KIDCONNECT	Supplemental	Kids Connect Program	Boulder
LICINP	LICINP	Primary	Licensed Inpatient Facility funded by DBH (formerly ATU)	CO West, Southwest
NTINDIGENT	NTINDIGENT	Primary	Indigent – Not Targeted.	All Mental Health Centers and Clinics
PATH	PATH	Primary	Mental Health Services for Homeless Population	Centennial, Larimer, North Range, San Luis, Spanish Peaks
SB97	SB97	Primary	(Senate Bill 97) Offender Mental Health Services –New Admissions Encounter Only – must use SB97U, SB97D, SB97T in CCAR	Arapahoe, Aurora, Boulder, CO West, Comm. Reach, JCMH, Larimer, MHCD, North Range, Pikes Peak, Spanish Peaks
SB97U		n/a CCAR Special Studies Code	(Senate Bill 97) Offender Mental Health Services – Updates	Arapahoe, Aurora, Boulder, CO West, Comm. Reach, JCMH, Larimer, MHCD, North Range, Pikes Peak, Spanish Peaks
SB97D		n/a CCAR Special Studies Code	(Senate Bill 97) Offender Mental Health Services – Discharges	Arapahoe, Aurora, Boulder, CO West, Comm. Reach, JCMH, Larimer, MHCD, North Range, Pikes Peak, Spanish Peaks
SB97T		n/a CCAR Special Studies Code	(Senate Bill 97) Offender Mental Health Services – for consumers ending SB97 services but continuing to be served by other funding sources at the CMHC	Arapahoe, Aurora, Boulder, CO West, Comm. Reach, JCMH, Larimer, MHCD, North Range, Pikes Peak, Spanish Peaks

CCAR Special Studies Code	Encounter Special Studies Code	Primary or Supplemental	Usage	Agency
WRAP	WRAP	Primary	Wraparound (formerly a & d)	West Central
WRKE	WRKE	Supplemental	Wellness and Recovery for Thousands through Employment and Education	MHCD, Jefferson, Boulder