

CCAR MANUAL

Effective January 1, 2010
Updated July 22, 2010
Version 3.3

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



Table of Contents

| | |
|---|----|
| Section 1 – Overview..... | 1 |
| Colorado Client Assessment Record (CCAR)..... | 1 |
| Section 2 – CCAR Form..... | 2 |
| Section 3a – CCAR Data Reporting Policy..... | 9 |
| Section 3b – CCAR Requirements for RTCs..... | 11 |
| Section 3c – The Children’s Hospital CCAR Completion Requirements..... | 12 |
| Section 4 – The Colorado Client Assessment Record (CCAR) Form Completion Guidelines.... | 14 |
| Type of Update Grid..... | 16 |
| How to determine when a client is counted toward the General Fund Contract..... | 17 |
| Section 5 – System Edits..... | 18 |
| CCAR Administrative Section..... | 18 |
| CCAR Outcome Section..... | 31 |
| Section 6 – CCAR Record Layout..... | 37 |
| Section 7a – Target Status Algorithm..... | 42 |
| CHILDREN & ADOLESCENTS..... | 43 |
| Step 1. Diagnosis..... | 43 |
| Step 2. Problem Severity Scales..... | 43 |
| Step 3. Problem Type..... | 44 |
| Step 4. Residence & Living Arrangement..... | 44 |
| ADULTS & OLDER ADULTS..... | 45 |
| Step 1. Diagnosis..... | 45 |
| Step 3. SMI not SPMI..... | 46 |
| Section 7b – DBH CCAR Code Sheet..... | 47 |
| Agency/BHO Codes/Referral Source..... | 47 |
| Residence By County (FIPS Codes)..... | 48 |
| Section 7c – Colorado 27-10 Designated Hospitals..... | 49 |
| Section 7d – CDPHE Facility Codes..... | 50 |
| Section 7e – Valid Diagnosis Codes..... | 59 |
| Section 7f – Valid DC:03R Diagnosis Codes..... | 70 |
| Section 8 – Available CCAR Reports..... | 71 |
| A. Batch Reports..... | 71 |
| B. General Reports..... | 71 |
| Section 9 – Special Studies Codes..... | 72 |

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 15th 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

| | | |
|--------------------------|---------------------------|---------------------------|
| DYC Only | Mental Health Only | Child Welfare Only |
| 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)

| | |
|--|------------------------------|
| MH Only | DYC/CW Only |
| 01 = Annual | 06 = DYC Parole |
| 02 = Interim/Reassessment | 08 = Res Treat Change of LOC |
| 03 = Psych Hospital Admission (Enter CDPHE ID) | DOC Only |
| 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

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

27-10 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 27-10-101, et seq.

Short-Term Certified: individual has been admitted to agency involuntarily under the Short-Term Certification provision of CRS 27-10-101, et seq.

Long-Term Certified: individual has been admitted to agency involuntarily under the Long-Term Certification provision of CRS 27-10-101, 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 CHPHE 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? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| Been suspended from school? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| Had unexcused absences from school? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| Is child currently passing all his/her classes? <input type="checkbox"/> NO <input type="checkbox"/> 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? | | | |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | | | |

History/Current Victimization (now or ever)

- Sexual Abuse
- Neglect
- Physical Abuse
- Verbal Abuse
- None

History of Mental Health Services (check all that apply)

- Inpatient
- Other 24-hour
- Partial Care
- Outpatient
- None

Previous / Concurrent Services (check all that apply)

- Juvenile Justice
- Special Education
- Child Welfare
- Adult Corrections
- Substance Abuse
- Developmental Disabilities
- None

Current Non-Prescription Substance Use

- Tobacco
- Alcohol
- Marijuana
- Cocaine/Crack
- Heroin
- Other Opiates/Narcotics
- Barbituates/Sedatives/Tranquilizers
- Amphetamines/Stimulants
- Hallucinogens
- Inhalants
- None

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 15th of each 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 15th 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. |
|--|---|

| | |
|---|----------------|
| 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)

| | |
|---|--|
| <p>This field contains codes that indicate whether the client has any permanent handicaps or other impairments.</p> <p>Check all that apply.</p> <p>Developmental Disability (286) Deaf/Severe Hearing Loss (287) Blind/Severe Vision Loss (288) Learning Disability (289) Traumatic Brain Injury (TBI)(290) No Disabilities (291)</p> | <p>0 – No, the handicap does not exist 1 – Yes, the handicap exists</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 |

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”.</p> <p>If “None” is marked “No” then at least one of the other fields must be marked “Yes”.</p> <p>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”.</p> <p>If “None” is marked “No” then at least one of the other fields must be marked “Yes”.</p> <p>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 |

27-10 Criteria (323 – 326)

| | |
|--|--|
| <p>Check all that apply.</p> <p>Danger to Self Danger to Others Gravely Disabled Does not apply – 27-10 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 – 27-10 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.X, 319 |
| Alcohol | 291.X, 303.XX, 305.00 |
| Substance | 292.XX, 304.XX, 305.10-90 |
| Dementia & other diagnoses due to medical conditions | 290.XX, 293.XX, 294.X, 310.X |

| Description | Primary Diagnosis Code (217) |
|----------------------------|---------------------------------------|
| Autistic Behaviors | 299.00, 299.10, 299.80 |
| Developmental Disabilities | 315.00, .1, .2, .31, .32, .39, .4, .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)**.

| 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.X, 319 |
| Alcohol | 291.X, 303.XX, 305.00 |
| Substance | 292.XX, 304.XX, 305.10-90 |
| Dementias & other diagnoses due to medical conditions | 290.XX, 293.XX, 294.X, 310.X |
| 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) |
|---------------------------------|--|
| Schizophrenia & other Psychosis | 295.1X, .2X, .3X, .6X, .9X |
| Paranoid | 297.1, 297.3 |
| Other Psychosis | 295.4X, .7X, 298.8, .9 |
| Major Affective | 296.X, 296.XX, 300.4, 311 |
| Personality Disorder | 301.0, .20, .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 27-10 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

| Diagnosis Code | Substance Abuse Code |
|----------------|----------------------|
| 290.0 | N |
| 290.10 | N |
| 290.11 | N |
| 290.12 | N |
| 290.13 | N |
| 290.20 | N |
| 290.21 | N |
| 290.3 | N |
| 290.40 | N |
| 290.41 | N |
| 290.42 | N |
| 290.43 | N |
| 291.0 | Y |
| 291.1 | Y |
| 291.2 | Y |
| 291.3 | Y |
| 291.5 | Y |
| 291.81 | Y |
| 291.82 | Y |
| 291.89 | Y |
| 291.9 | Y |
| 292.0 | Y |
| 292.11 | Y |
| 292.12 | Y |
| 292.81 | Y |
| 292.82 | Y |
| 292.83 | Y |
| 292.84 | Y |
| 292.85 | Y |
| 292.89 | Y |
| 292.9 | Y |
| 293.0 | N |
| 293.81 | N |
| 293.82 | N |
| 293.83 | N |
| 293.84 | N |
| 293.89 | N |
| 293.9 | N |

| Diagnosis Code | Substance Abuse Code |
|-----------------------|-----------------------------|
| 294.0 | N |
| 294.10 | N |
| 294.11 | N |
| 294.8 | N |
| 294.9 | N |
| 295.01 | N |
| 295.02 | N |
| 295.03 | N |
| 295.04 | N |
| 295.05 | N |
| 295.10 | N |
| 295.11 | N |
| 295.12 | N |
| 295.13 | N |
| 295.14 | N |
| 295.15 | N |
| 295.20 | N |
| 295.21 | N |
| 295.22 | N |
| 295.23 | N |
| 295.24 | N |
| 295.25 | N |
| 295.30 | N |
| 295.31 | N |
| 295.32 | N |
| 295.33 | N |
| 295.34 | N |
| 295.35 | N |
| 295.40 | N |
| 295.41 | N |
| 295.42 | N |
| 295.43 | N |
| 295.44 | N |
| 295.45 | N |
| 295.50 | N |
| 295.51 | N |
| 295.52 | N |
| 295.53 | N |
| 295.54 | N |
| 295.55 | N |

| Diagnosis Code | Substance Abuse Code |
|-----------------------|-----------------------------|
| 295.60 | N |
| 295.61 | N |
| 295.62 | N |
| 295.63 | N |
| 295.64 | N |
| 295.65 | N |
| 295.70 | N |
| 295.71 | N |
| 295.72 | N |
| 295.73 | N |
| 295.74 | N |
| 295.75 | N |
| 295.80 | N |
| 295.81 | N |
| 295.82 | N |
| 295.83 | N |
| 295.84 | N |
| 295.85 | N |
| 295.90 | N |
| 295.91 | N |
| 295.92 | N |
| 295.93 | N |
| 295.94 | N |
| 295.95 | N |
| 295.96 | N |
| 296.00 | N |
| 296.01 | N |
| 296.02 | N |
| 296.03 | N |
| 296.04 | N |
| 296.05 | N |
| 296.06 | N |
| 296.10 | N |
| 296.11 | N |
| 296.12 | N |
| 296.13 | N |
| 296.14 | N |
| 296.15 | N |
| 296.16 | N |
| 296.20 | N |

| Diagnosis Code | Substance Abuse Code |
|-----------------------|-----------------------------|
| 296.21 | N |
| 296.22 | N |
| 296.23 | N |
| 296.24 | N |
| 296.25 | N |
| 296.26 | N |
| 296.30 | N |
| 296.31 | N |
| 296.32 | N |
| 296.33 | N |
| 296.34 | N |
| 296.35 | N |
| 296.36 | N |
| 296.40 | N |
| 296.41 | N |
| 296.42 | N |
| 296.43 | N |
| 296.44 | N |
| 296.45 | N |
| 296.46 | N |
| 296.50 | N |
| 296.51 | N |
| 296.52 | N |
| 296.53 | N |
| 296.54 | N |
| 296.55 | N |
| 296.56 | N |
| 296.60 | N |
| 296.61 | N |
| 296.62 | N |
| 296.63 | N |
| 296.64 | N |
| 296.65 | N |
| 296.66 | N |
| 296.7 | N |
| 296.80 | N |
| 296.81 | N |
| 296.82 | N |
| 296.89 | N |
| 296.90 | N |

| Diagnosis Code | Substance Abuse Code |
|-----------------------|-----------------------------|
| 296.99 | N |
| 297.0 | N |
| 297.1 | N |
| 297.2 | N |
| 297.3 | N |
| 297.8 | N |
| 297.9 | N |
| 298.0 | N |
| 298.1 | N |
| 298.2 | N |
| 298.3 | N |
| 298.4 | N |
| 298.8 | N |
| 298.9 | N |
| 299.00 | N |
| 299.10 | N |
| 299.80 | N |
| 300.00 | N |
| 300.01 | N |
| 300.02 | N |
| 300.09 | N |
| 300.10 | N |
| 300.11 | N |
| 300.12 | N |
| 300.13 | N |
| 300.14 | N |
| 300.15 | N |
| 300.16 | N |
| 300.19 | N |
| 300.20 | N |
| 300.21 | N |
| 300.22 | N |
| 300.23 | N |
| 300.29 | N |
| 300.3 | N |
| 300.4 | N |
| 300.5 | N |
| 300.6 | N |
| 300.7 | N |
| 300.81 | N |

| Diagnosis Code | Substance Abuse Code |
|-----------------------|-----------------------------|
| 300.82 | N |
| 300.89 | N |
| 300.9 | N |
| 301.0 | N |
| 301.10 | N |
| 301.11 | N |
| 301.12 | N |
| 301.13 | N |
| 301.20 | N |
| 301.21 | N |
| 301.22 | N |
| 301.3 | N |
| 301.4 | N |
| 301.50 | N |
| 301.51 | N |
| 301.59 | N |
| 301.6 | N |
| 301.7 | N |
| 301.81 | N |
| 301.82 | N |
| 301.83 | N |
| 301.84 | N |
| 301.89 | N |
| 301.9 | N |
| 302.2 | N |
| 302.3 | N |
| 302.4 | N |
| 302.6 | N |
| 302.70 | N |
| 302.71 | N |
| 302.72 | N |
| 302.73 | N |
| 302.74 | N |
| 302.75 | N |
| 302.76 | N |
| 302.79 | N |
| 302.81 | N |
| 302.82 | N |
| 302.83 | N |
| 302.84 | N |

| Diagnosis Code | Substance Abuse Code |
|-----------------------|-----------------------------|
| 302.85 | N |
| 302.89 | N |
| 302.9 | N |
| 303.00 | Y |
| 303.90 | Y |
| 304.00 | Y |
| 304.10 | Y |
| 304.20 | Y |
| 304.30 | Y |
| 304.40 | Y |
| 304.50 | Y |
| 304.60 | Y |
| 304.80 | Y |
| 304.90 | Y |
| 305.00 | Y |
| 305.1 | Y |
| 305.20 | Y |
| 305.30 | Y |
| 305.40 | Y |
| 305.50 | Y |
| 305.60 | Y |
| 305.70 | Y |
| 305.90 | Y |
| 306.51 | N |
| 307.0 | N |
| 307.1 | N |
| 307.20 | N |
| 307.21 | N |
| 307.22 | N |
| 307.23 | N |
| 307.3 | N |
| 307.40 | N |
| 307.41 | N |
| 307.42 | N |
| 307.43 | N |
| 307.44 | N |
| 307.45 | N |
| 307.46 | N |
| 307.47 | N |
| 307.48 | N |

| Diagnosis Code | Substance Abuse Code |
|-----------------------|-----------------------------|
| 307.49 | N |
| 307.50 | N |
| 307.51 | N |
| 307.52 | N |
| 307.53 | N |
| 307.54 | N |
| 307.59 | N |
| 307.6 | N |
| 307.7 | N |
| 307.80 | N |
| 307.81 | N |
| 307.89 | N |
| 307.9 | N |
| 308.0 | N |
| 308.1 | N |
| 308.2 | N |
| 308.3 | N |
| 308.4 | N |
| 308.9 | N |
| 309.0 | N |
| 309.1 | N |
| 309.21 | N |
| 309.22 | N |
| 309.23 | N |
| 309.24 | N |
| 309.28 | N |
| 309.29 | N |
| 309.3 | N |
| 309.4 | N |
| 309.81 | N |
| 309.82 | N |
| 309.83 | N |
| 309.89 | N |
| 309.9 | N |
| 310.1 | N |
| 311 | N |
| 312.00 | N |
| 312.01 | N |
| 312.02 | N |
| 312.03 | N |

| Diagnosis Code | Substance Abuse Code |
|-----------------------|-----------------------------|
| 312.10 | N |
| 312.11 | N |
| 312.12 | N |
| 312.13 | N |
| 312.20 | N |
| 312.21 | N |
| 312.22 | N |
| 312.23 | N |
| 312.30 | N |
| 312.31 | N |
| 312.32 | N |
| 312.33 | N |
| 312.34 | N |
| 312.35 | N |
| 312.39 | N |
| 312.4 | N |
| 312.81 | N |
| 312.82 | N |
| 312.89 | N |
| 312.9 | N |
| 313.0 | N |
| 313.1 | N |
| 313.21 | N |
| 313.22 | N |
| 313.23 | N |
| 313.3 | N |
| 313.81 | N |
| 313.82 | N |
| 313.83 | N |
| 313.89 | N |
| 313.9 | N |
| 314.00 | N |
| 314.01 | N |
| 314.1 | N |
| 314.2 | N |
| 314.8 | N |
| 314.9 | N |
| 315.00 | N |
| 315.1 | N |
| 315.2 | N |

| Diagnosis Code | Substance Abuse Code |
|-----------------------|-----------------------------|
| 315.31 | N |
| 315.32 | N |
| 315.39 | N |
| 315.4 | N |
| 315.9 | N |
| 316 | N |
| 317 | N |
| 318.0 | N |
| 318.1 | N |
| 318.2 | N |
| 319 | N |
| 327.01 | N |
| 327.02 | N |
| 327.14 | N |
| 327.15 | N |
| 327.30 | N |
| 327.31 | N |
| 327.35 | N |
| 327.36 | N |
| 327.44 | N |
| 327.8 | N |
| 332.1 | N |
| 333.1 | N |
| 333.7 | N |
| 333.82 | N |
| 333.90 | N |
| 333.92 | N |
| 333.99 | N |
| 347.00 | N |
| 607.84 | N |
| 608.89 | N |
| 625.0 | N |
| 625.8 | N |
| 780.09 | N |
| 780.52 | N |
| 780.54 | N |
| 780.57 | N |
| 780.59 | N |
| 780.9 | N |
| 780.93 | N |

| Diagnosis Code | Substance Abuse Code |
|-----------------------|-----------------------------|
| 787.6 | N |
| 799.9 | Y |
| 995.2 | N |
| 995.52 | N |
| 995.53 | N |
| 995.54 | N |
| 995.81 | N |
| 995.83 | N |
| V15.81 | N |
| V61.10 | N |
| V61.12 | N |
| V61.20 | N |
| V61.21 | N |
| V61.8 | N |
| V61.9 | N |
| V62.2 | N |
| V62.3 | N |
| V62.4 | N |
| V62.81 | N |
| V62.82 | N |
| V62.83 | N |
| V62.89 | N |
| V65.2 | N |
| V71.01 | N |
| V71.02 | N |
| V71.09 | Y |

Section 7f – Valid DC:03R Diagnosis Codes

| Diagnosis Code | Description |
|----------------|--|
| 100 | Post-traumatic Stress Disorder |
| 150 | Deprivation/Maltreatment Disorder |
| 210 | Prolonged Bereavement/Grief Reaction |
| 220 | Anxiety Disorders of Infancy and Early Childhood |
| 221 | Separation Anxiety Disorder |
| 222 | Specific Phobia |
| 223 | Social Anxiety Disorder |
| 224 | Generalized Anxiety Disorder |
| 225 | Anxiety Disorder NOS |
| 230 | Depression of Infancy and Early Childhood |
| 231 | Type 1: Major Depression |
| 232 | Type 2: Depressive Disorder NOS |
| 240 | Mixed Disorder of Emotional Expressiveness |
| 300 | Adjustment Disorder |
| 410 | Hypersensitive |
| 411 | Type A: Fearful/Cautious |
| 412 | Type B: Negative Defiant |
| 420 | Hypo-sensitive / Under-responsive |
| 430 | Sensory Seeking/Impulsive |
| 510 | Sleep Onset Disorder (Protodyssomnia) |
| 520 | Night Waking Disorder (Protodyssomnia) |
| 601 | Feeding Disorder of State Regulation |
| 602 | Feeding Disorder of Caregiver–Infant Reciprocity |
| 603 | Infantile Anorexia |
| 604 | Sensory Food Aversions |
| 605 | Feeding Disorder Associated with Concurrent Medical Condition |
| 606 | Feeding Disorder Associated with Insults to the Gastrointestinal Tract |
| 700 | Disorders of Relating and Communicating |
| 710 | Multi-System Developmental Disorder |
| 800 | Other disorders |

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 Allowable Special Studies Codes – FY09-10
 Effective/Updated: June 21, 2010

| Special Studies Code | Usage | Agency |
|----------------------|--|--|
| INDIGENT | Indication of indigent status. Please place this code in Special Studies Field Code 1. | All Mental Health Centers and Clinics |
| ACT | Assertive Community treatment funded by DBH-Mental Health | Boulder, MHCD, San Luis |
| AFTERCARE | Fort Logan After Care | JCMH, MHCD |
| AHY | Alternative to Hospitalization Youth | Centennial, CO West |
| AIM | MHCD Intensive Case Management Program | MHCD |
| ARU | CMHI Alternative Funds – Adult Residential Unit (previously closed) | Comm Reach, JCMH, MHCBBC, MHCD |
| CJCSa | 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 | Criminal Justice Clinical Specialist – discharge to program | Arapahoe/Douglas, Centennial, CO Coalition for the Homeless, CO West, Comm Reach, JCMH, |

| Special Studies Code | Usage | Agency |
|----------------------|--|---|
| | | Larimer, North Range, San Luis, West Central |
| CMHIARU | CMHI Alternative Funds – using ARU and CCI funds at same time (combination of both programs) | Aurora, Boulder, Comm. Reach, JCMH, MHCD |
| CMHIPCMHC | Hospital Alternatives – CMHI-Pueblo | Arapahoe/Douglas, CO West, North Range, Pikes Peak, San Luis, Spanish Peaks |
| CMHTAa | Residential Treatment under HB-1116 (regardless of Medicaid status) – Admission | All Mental Health Centers |
| CMHTAd | Residential Treatment under HB-1116 (regardless of Medicaid status) – Discharge | All Mental Health Centers |
| CMHTAe | Residential Treatment under HB-1116 (regardless of Medicaid status) – Evaluation for Admission | All Mental Health Centers |
| CMHTAu | Update for client admitted to Residential Treatment under HB-1116 (regardless of Medicaid status) | All Mental Health Centers |
| DVR | 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 | Early Childhood Mental Health Specialist Services Non-Medicaid clients only. | All Mental Health Centers |
| FCBS | All consumers who are adjudicated Not Guilty by Reason of Insanity and are on Community Placement or Conditional Release | All Mental Health Centers |
| FCBSh | CMHIP consumers who are open only to CMHIP and are readmitted to the state hospital | CMHIP |
| HB1057 | Juvenile Justice Family Advocacy HB07-1057 | Federation of Families, MHCD, Pikes Peak |
| KIDCONNECT | Kids Connect Program | Boulder |
| LICINP | Licensed Inpatient Facility funded by DBH (formerly ATU) | CO West, Southwest |
| PATH | Mental Health Services for Homeless Population | Centennial, Larimer, North Range, San Luis, Spanish Peaks |
| SB97A | (Senate Bill 97) Offender Mental Health Services – New Admissions | Arapahoe, Aurora, Boulder, CO West, Comm. Reach, JCMH, Larimer, MHCD, |

| Special Studies Code | Usage | Agency |
|----------------------|--|--|
| | | North Range, Pikes Peak, Spanish Peaks |
| SB97U | (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 | (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 | (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 |
| SB146 | (Senate Bill 146) Veterans Family Mental Health Program | Pikes Peak |
| TURNA | Turnabout Program admission – client IS NOT a SB94 referral | CO West, JCMH |
| TURNE | Turnabout Program evaluation – client IS NOT a SB94 referral | CO West, JCMH |
| TURNU | Turnabout Program update – client IS NOT a SB94 referral | CO West, JCMH |
| TURND | Turnabout Program discharge – client IS NOT a SB94 referral | CO West, JCMH |
| TURNA94 | Turnabout Program admission – client IS a SB94 referral | CO West, JCMH |
| TURNU94 | Turnabout Program update – client IS a SB94 referral | CO West, JCMH |
| TURND94 | Turnabout Program discharge – client IS a SB94 referral | CO West, JCMH |
| WRAP | Wraparound (formerly SFSF a&d) | West Central |