

CCAR MANUAL

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Colorado Department of Human Services
Office of Behavioral Health



COLORADO
Office of Behavioral Health
Department of Human Services

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Section 1 - Overview

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 Office of Behavioral Health on the last day of every month for the previous month in order to:

- Satisfy federal reporting requirements for block grant funding of behavioral health providers in the State,
- Inform the State Legislature regarding policy, service quality, and effectiveness,
- 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
- Provide routine reports to centers, clinics, and BHOs about consumer status and progress (currently under development).

Providers and Mental Health Institutes (Pueblo and Ft. Logan) are required by contract (see "Contract for Mental Health Services Exhibit A-Statement of Work") and by OBH Policy (see Section 3a of this Manual) 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 that the CCAR application will not pre-populate any fields for you. If you enter CCARs online, then you will need to manually fill out each field on the form. If you use batch files to submit your data, you will need to populate all field positions on the file. Your file will not pass the pre-edit process if required fields are left blank/null. Data may be extracted from your EHR system to populate the fields on the file if you know them to be an accurate picture of your client. If not, you will need to update your own EHR record before extracting the data to the batch file.

The following reports are available on the CCAR website. Please see Section 15 for more information on each report.

- Admitted/Open Clients
- Accepted Records
- Clients Requiring Updates
- Error Report
- Rejected Records
- Accepted Records

Agencies are asked to review these reports and correct any problems that might exist in the data by using the online CCAR application or by contacting Sharon Pawlak at sharon.pawlak@state.co.us.

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 and access to the Office of Behavioral Health data team.

Section 2 - CCAR Data Reporting Policy

1. All mental health providers licensed by CDPHE or designated by the Colorado Office of Behavioral Health and Colorado Mental Health Institutes (Pueblo and Ft. Logan) will submit CCAR data to the Office based upon data submission requirements specified in their annual contract or by OBH Policy.
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 OBH Funds, Medicaid Capitation, Medicaid Fee For Services, any local fund that does not fully cover the cost of care and is subsidized by OBH 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 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 records, files and corrections are due by the last day of each month for the previous month.
6. The data will be in the OBH 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. Providers and Mental Health Institutes can run the Clients Requiring Updates Report at any time to get a list of those clients that are due for an update.

9. Compliance will also be determined by the results of the annual OBH QAS site visit.
10. In order for an agency to be in compliance, an agency will have submitted the monthly CCAR data file by the last day of the month and completed all required CCAR updates within 30 days of the due date.
11. A letter of Non-Compliance will be sent out following the annual site visit detailing the areas of concern.
12. An agency will have 30 calendar days after receiving the Non-Compliance letter to achieve compliance or submit a Corrective Action Plan to OBH.
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 OBH will have monthly payments withheld.

Section 3 - 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 <i>Evaluation Only</i>¹ 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 <i>Note</i>: 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 OBH would have to be entered into the database.

¹ An Evaluation CCAR is 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 4 - 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 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 5 - CCAR Completion Guidelines

The Office of Behavioral 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/Mental Health Institute may use their own form to collect the CCAR data. However, data reported to OBH must include all items and correspond to the OBH 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. OBH 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 OBH 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. OBH 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 Indigent Funds 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** - OBH requires all open clients have a complete CCAR reassessment 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 Indigent Contract

These clients are **NOT** counted for the Indigent 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 6 - 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 available 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 Office of Behavioral Health, to the Community Mental Health Center/Clinic (CMHC/C), BHO, or Colorado Mental Health Institute (CMHI) that admitted the client.	See Section 13 Referral Source Codes Required.
Action Types	01, 03, 05, 06

BHO (4 - 5)

This field contains the BHO code assigned by the Office of Behavioral Health.	<p>BHO Identification: AB - Access Behavioral Care - Denver BH - Behavioral Health Care, Inc. FH - Foothills Behavioral Health NB - Northeast Behavioral Partnership CH - Beacon Health Options (UPDATED NAME)</p> <p>These 2 options are for RCCF's Only YA - Medicaid Fee For Service (Residential Providers) YB - Other</p> <p>If 'Medicaid Fee For Service' or 'Medicaid - Capitated' = 1, this field must contain a valid BHO Code.</p> <p>Only required if Medicaid Fee For Service or Medicaid - Capitated.</p>
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 (18-27)

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. Beginning 10/1/2015 field is 10 characters to align with Provider Client Number in DACODS.
Action Types	01, 03, 05, 06

Social Security Number (28-36)

The client's complete social security number is required.	OBH 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 (37-44)

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 (45-64)

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 (65-84)

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 (85-99)

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 (100-103)

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 (104-111)

Check all that apply. 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)	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 (112-114)

This field contains a code that indicates the source of referral for the client at the time of admission.	See Section 13 Referral Source Codes Required.
Action Types	01, 03, 05, 06

Effective Date (115-122)

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 (123-124)

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 (125-126)

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 (127-132)

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 (133)

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 (134)

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 (135-142)

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± (143-150)

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 (151-160)

OBH 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 (161-170)

OBH 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 (171-180)

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

Residential Treatment Level of Care Identified (DYC/CW clients only) (181)

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 (DYC/CW clients only) (182)

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

Residential Treatment Providers (DYC/CW clients only) (183-189)

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

Gender (190)

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 Ethnicity (191)

Is the client Spanish/Hispanic/Latino? These fields contain codes that indicate the ethnic identification of the client.	0 - No, the client doesn't claim to be Hispanic 1 - Yes, the client claims to be Hispanic (Mexican) 2 - Yes, the client claims to be Hispanic (Puerto Rican) 3 - Yes, the client claims to be Hispanic (Cuban) 4 - Yes, the client claims to be Hispanic (Other Hispanic) 5 - The client declined to answer Required.
Action Types	01, 03, 05, 06

Race (192-197)

These fields contain codes that indicate the ethnic/racial identification of the client. Check all that apply. American Indian/Alaskan Native (192) Asian (193) Black/African American (194) Native Hawaiian/Pacific Islander (195) White/Caucasian (196) Declined (197)	0 - No the client doesn't claim that race 1 - Yes the client claims that race At least one of these fields must be marked "Yes". If 197 is marked "Yes", 192-196 must be marked "No". Required.
Action Types	01, 03, 05, 06

Discharge Date (198-205)

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 (206-213)

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 (214)

This field contains codes that determine the type of client termination.	1- Treatment completed 2- Transferred/Referred 3- Treatment not completed Required.
Action Types	05 , 06

Discharge/Termination Referral (215-217)

This field contains a code that determines where the client was referred after discharge.	See Section 13 Referral Source Codes Required.
Action Types	05 , 06

AXIS I Primary Psychiatric Diagnosis (218-222)

No longer a valid field with ICD10.	If Effective Date is \geq October 1, 2015 Field must be blank for all records.
Action Types	01, 03, 05, 06

AXIS I Secondary Psychiatric Diagnosis (223-227)

No longer a valid field with ICD10.	If Effective Date is \geq October 1, 2015 Field must be blank for all records.
Action Types	01, 03, 05, 06

AXIS II Psychiatric Diagnosis (228-232)

No longer a valid field with ICD10.	If Effective Date is \geq October 1, 2015 Field must be blank for all records.
Action Types	01, 03, 05, 06

Substance Abuse Diagnosis (233-237)

No longer a valid field.	If Effective Date is \geq October 1, 2015 Field must be blank for all records.
Action Types	01, 03, 05, 06

GAF Score (238-240)

No longer a valid field with ICD10.	If Effective Date is ≥ October 1, 2015 Field must be blank for all records.
Action Types	01, 03, 05, 06

DC03 AXIS I Primary Diagnosis (241-243)

3 digit field	Continue to use this field for 3 digit DC:0-3 code. See Section 14 for codes. OPTIONAL, can be blank.
Action Types	01, 03, 05, 06

DC03 AXIS I Secondary Diagnosis (244-246)

3 digit field	Continue to use this field for 3 digit DC:0-3 code. See Section 14 for codes. OPTIONAL, can be blank.
Action Types	01, 03, 05, 06

DC03 AXIS II Relationship Disorder Classification (247-250)

No longer used.	Field no longer used.
Action Types	01, 03, 05, 06

DC03 PIR - GAS (251-253)

This field contains a code that indicates the client's current PIR-GAS diagnosis, if applicable.	000 - 100. Field can be blank. Not Required.
Action Types	01, 03, 05, 06

Highest Education Level in Years (254-255)

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 (256-257)

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 (258-259)

This field indicates the number of children under 18 for whom the client is responsible.	00 - Zero children 01 through 99 - The client is supporting this number of household children Required.
Action Types	01, 03, 05, 06

Annual Income (260-265)

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

SSI (266)

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

SSDI (267)

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

Number of Persons Supported By Income (268)

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 (269-270)

<p>This field contains codes that indicate the client's current employment status.</p>	<p>01=Employed full time (35+ hours/week) 02=Employed part time (<35 hours/week) 03=Unemployed 04=Supported Employment 05=Homemaker 06=Student 07=Retired 08=Disabled 09=Inmate 10=Military 11=Volunteer</p> <p>Required.</p>
<p>Action Types</p>	<p>01, 03, 05, 06</p>

Place of Residence (271-272)

<p>This field contains codes that indicate the current place of residence of the client.</p>	<p>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) 11 - Sober Living 12 - Homeless 13 - Supported housing 14 - Assisted Living 15 - Independent Living 16 - Halfway House</p> <p>Required.</p>
<p>Action Types</p>	<p>01, 03, 05, 06</p>

Current Living Arrangement (273-283)

<p>These fields contain codes that indicate the current living arrangement of the client.</p> <p>Check all that apply.</p> <p>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)</p>	<p>0 - No 1 - Yes</p> <p>At least one of the fields must be marked "Yes". Required.</p>
Action Types	01, 03, 05, 06

Existence Presenting Problem (284)

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

Number of Prior Psychiatric Hospitalizations (285-286)

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

Disabilities (287-292)

<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 (287) Deaf/Hearing Loss (288) Blind/Vision Loss (289) Learning Disability (290) Traumatic Brain Injury (TBI)(291) No Disabilities (292)</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 (293-294)

<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 (295-300)

<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 (295) Food Attainment (296) Housing Access (297) Cultural (298) Language (299) None - Considerations for Providers (300)</p>	<p>0 - No 1 - Yes</p> <p>If "None" is marked "Yes", then no other choices may be marked "Yes". If "None" is marked "No" then at least one of the other fields must be marked "Yes". Required.</p>
<p>Action Types</p>	<p>01, 03, 05, 06</p>

History of Issues (301-314)

<p>Check all that apply.</p> <p>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)</p>	<p>0 - No 1 - Yes</p> <p>If "None" is marked "Yes", then no other choices may be marked "Yes". If "None" is marked "No" then at least one of the other fields must be marked "Yes". Required.</p>
<p>Action Types</p>	<p>01, 03, 05, 06</p>

Current Issues (315-323)

<p>Check all that apply.</p> <p>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)</p>	<p>0 - No 1 - Yes</p> <p>If “None” is marked “Yes”, then no other choices may be marked “Yes”. If “None” is marked “No” then at least one of the other fields must be marked “Yes”.</p> <p>Required.</p>
Action Types	01, 03, 05, 06

27-65 Criteria (324-327)

<p>Check all that apply.</p> <p>Danger to Self (324) Danger to Others (325) Gravely Disabled (326) Does not apply (327)</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 (328-330)

The county where the client currently resides.	See Section 13 Referral Source Codes Required.
Action Types	01, 03, 05, 06

Zip Code (331-335)

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 (336-342)

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 (343)

Is the individual school age? If No, then the School Problems section should be left blank.	0 - No 1 - Yes Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

School Problems (344-347)

Expelled from School (344) Suspended from School (345) Unexcused Absences from School (346) Currently Passing all Classes (347)	0 - No 1 - Yes Fields should be blank if child is not of school age. Required if child is of School Age. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Child less than 6 years old (348)

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

School Development (349-355)

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)	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. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

History / Current - Victimization (now or ever) (356-360)

Check all that apply. Sexual Abuse (356) Neglect (357) Physical Abuse (358) Verbal Abuse (359) None - Victimization (360)	0 - No 1 - Yes Required. Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

History of Mental Health Services (361-365)

<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 (361) Other 24-hour (362) Partial care (363) Outpatient (364) None (365)</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. Optional for Meds Only Annual Updates.</p>
Action Types	01, 03, 05, 06

Previous/Concurrent Services (366-372)

<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 (366) Special Education (367) Child Welfare (368) Adult Corrections (369) Substance Abuse (370) Developmental Disabilities (371) None (372)</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. Optional for Meds Only Annual Updates.</p>
Action Types	01, 03, 05, 06

Current Non-Prescription Substance Use (373-383)

<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 (373) Alcohol (374) Marijuana (375) Cocaine/Crack (376) Heroin (377) Other Opiates/Narcotics (378) Barbiturates/Sedatives/Tranquilizers (379) Amphetamines/Stimulants (380) Hallucinogens (381) Inhalants (382) None (383)</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. Optional for Meds Only Annual Updates.</p>
Action Types	01, 03, 05, 06

Physical Health (384)

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

Self-Care / Basic Needs (385)

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

Legal (386)

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

Security / Supervision (387)

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

Suicide / Danger to Self (388)

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

Aggression / Danger to Others (389)

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

Psychosis (390)

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

Cognition (391)

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

Attention (392)

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

Manic Issues (393)

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

Anxiety Issues (394)

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

Depressive Issues (395)

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

Alcohol Use (396)

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

Drug Use (397)

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

Family (398)

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

Interpersonal (399)

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

Socialization (400)

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

Role Performance (401)

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

Overall Symptom Severity (402)

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

Social Support (403)

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

Hope (404)

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

Empowerment (405)

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

Activity Involvement (406)

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

Overall Recovery (407)

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

Overall Level of Functioning (408)

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

Record Code (409)

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

First Contact Date (410- 417)

First contact date with client. This field, in the format MMDDCCYY, is the date the client first contacted the agency. This is per admission only.	First Contact Date cannot be prior to 1/1/1950. Use standard date validation. Cannot be great than today's date. Required.
Action Types	01, 06

Date of First Appointment Offered (418-425)

First date a client was offered an appointment.. This field, in the format MMDDCCYY, is the first date the agency had available for the client whether the client was available or not.	Date of First Appointment Offered cannot be prior to 1/1/1950. Use standard date validation. Cannot be great than today's date. Required.
Action Types	01, 06

Pregnant (426)

This field contains codes that indicate if the client is pregnant.	0 - No 1 - Yes Required. Cannot be Yes if Gender = Male.
Action Types	01, 03, 05, 06

Sexual Orientation (427)

This field contains codes that indicate the gender of the client. Gender is self-identified.	1 - Heterosexual 2 - Gay/Lesbian 3 - Bisexual 4 - Other 5 - Declined Required.
Action Types	01, 03, 05, 06

Reason for Discharge (428-429)

This field contains codes that determine the reason for client termination.	01=Attendance 02=Client Decision 03=Client stopped coming and contact efforts failed 04=Financial/Payments 05=Lack of Progress 06=Medical Reasons 07=Military Deployment 08=Moved 09=Incarcerated 10=Died 11=Agency closed/No longer in business Required.
Action Types	05, 06 Only required if client DID NOT complete treatment. (If Type of Discharge = 3, Treatment not completed.)

Veteran /Active Military Status (430)

This field contains codes that indicate the client's veteran or active military status.	0 - No 1 - Yes Required.
Action Types	01, 03, 05, 06

Tobacco Status (431)

This field contains a code that indicates the client's history of using tobacco products.	1= current smoker/tobacco user -every day 2= current smoker/tobacco user - periodically 3= former smoker/tobacco user 4= never smoker/tobacco user 5= smoker/tobacco user - current status unknown 6= unknown if ever smoked/used Required.
Action Types	01, 03, 05, 06

Criminal Justice Involvement (432-433)

This field contains the number of arrests the client has had in the past 30 days.	00-96 99- Unknown Required.
Action Types	01, 03, 05, 06

School Attendance (434)

Has the individual attended school in the past 3 months?	0 - No 1 - Yes Only Required if School Age is "Yes". If School Age (343) = No, then leave School Attendance blank Optional for Meds Only Annual Updates.
Action Types	01, 03, 05, 06

Trauma History (435)

This field contains codes that indicate if the client (now or ever) experienced or witnessed a traumatic event	0 - No 1 - Yes 2 - Unable to assess Required.
Action Types	01, 03, 05, 06

*** * * NEW FIELDS * * ***

Primary Diagnosis 1 (436-442)

Primary ICD10 diagnosis code for the client.	Use if Effective Date ≥ October 1, 2015. See Section 13 for allowable ICD10 diagnosis codes. Required.
Action Types	01, 03, 05, 06

Diagnosis Code 2 (443-449)

ICD10 Diagnosis code for the client.	Use if Effective Date ≥ October 1, 2015. See Section 13 for allowable ICD10 diagnosis codes. Cannot be the same as Primary Diagnosis 1. Not Required.
Action Types	01, 03, 05, 06

Diagnosis Code 3 (450-456)

ICD10 Diagnosis code for the client.	Use if Effective Date ≥ October 1, 2015. See Section 13 for allowable ICD10 diagnosis codes. Cannot be the same as Primary Diagnosis 1 or Diagnosis 2. Not Required.
Action Types	01, 03, 05, 06

Diagnosis Code 4 (457-463)

ICD10 Diagnosis code for the client.	Use if Effective Date ≥ October 1, 2015. See Section 13 for allowable ICD10 diagnosis codes. Cannot be the same as Primary Diagnosis 1, Diagnosis 2, or Diagnosis 3. Not Required.
Action Types	01, 03, 05, 06

Section 7 - CCAR Record Layout

If a field is not required, it should be blank unless otherwise noted.

Position/ Length	Name
1/3	Agency
4/2	BHO
6/5	Program
11/7	Medicaid/State Identifier
18/10	Client ID/Trails ID (expanded to length of 10)
28/9	SSN
37/8	Date of Birth
45/20	Last Name
65/20	First Name
85/15	Middle Name
100/4	Title
104	Medicaid Fee For Service
105	Medicaid - Capitated
106	Medicare
107	Self-Pay
108	Insurance & Third Party
109	State/Other Federal
110	Local
111	CHP+
112/3	Referral Source
115/8	Effective Date
123/2	Action Type
125/2	Type of Update
127/6	CDPHE ID
133	Housing Only (LEAVE BLANK)
134	Meds Only
135/8	Admission Date
143/8	Placement End Date (DYC/CW only)
151/10	Special Studies Code 1
161/10	Special Studies Code 2
171/10	For Agency Use Only
181	Residential Treatment Level of Care Identified (DYC/CW only)
182	Residential Treatment Level of Care Authorized (DYC/CW only)
183/7	Residential Treatment Provider (DYC/CW only)
190	Gender
191	Hispanic Ethnicity

Position/ Length	Name
192	American Indian/Alaskan Native
193	Asian
194	Black/African American
195	Native Hawaiian/Pacific Islander
196	White/Caucasian
197	Race - Declined
198/8	Discharge Date
206/8	Date of Last Contact
214	Type of Discharge
215/3	Discharge/Termination Referral
218/5	AXIS I Primary Psychiatric Diagnosis (LEAVE BLANK on/after 10/1/15)
223/5	AXIS I Secondary Psychiatric Diagnosis (LEAVE BLANK on/after 10/1/15)
228/5	AXIS II Psychiatric Diagnosis (LEAVE BLANK on/after 10/1/15)
233/5	Substance Abuse Diagnosis (LEAVE BLANK on/after 10/1/15)
238/3	GAF Score (LEAVE BLANK on/after 10/1/15)
241/3	DC03 AXIS I Primary Diagnosis
244/3	DC03 AXIS I Secondary Diagnosis
247/4	DC03 AXIS II Relationship Disorder Class (NOT CURRENTLY USED - LEAVE BLANK)
251/3	DC03 PIR - GAS
254/2	Highest Education Level In Years
256/2	Marital Status
258/2	Number Children
260/6	Annual Income
266	SSI
267	SSDI
268	Number Of Persons Supported By Income
269/2	Current Primary Role/Employment/School Status
271/2	Place Of Residence
273	Alone
274	Mother
275	Father
276	Sibling(s)
277	Relative(s), kin
278	Foster Parent(s)
279	Guardian
280	Spouse

Position/ Length	Name
281	Partner/Significant Other
282	Child(ren)
283	Unrelated Person
284	Existence Presenting Problem
285/2	Number of Prior Psychiatric Hospitalizations
287	Developmental Disability
288	Deaf/Hearing Loss
289	Blind/Vision Loss
290	Learning Disability
291	Traumatic Brain Injury (TBI)
292	None (Disabilities)
293/2	Legal Status
295	Self-care Problems
296	Food Attainment
297	Housing Access
298	Cultural
299	Language
300	None (Considerations for Providers)
301	Suicide Attempt
302	Trauma
303	Legal/Incarcerations
304	Sexual Misconduct
305	Destroyed Property
306	Set Fires
307	Legal/Convictions
308	Animal Cruelty
309	Prenatal/Perinatal Drug/Alcohol Exposure
310	Danger to Self
311	Family Mental Illness
312	Family Substance Abuse
313	Violent Environment
314	None - History of Issues
315	Sexual Misconduct
316	Danger to Self
317	Injures Others
318	Injury by Abuse/Assault
319	Reckless Self-Endangerment
320	Suicide Ideation
321	Suicide Plan
322	Suicide Attempt

Position/ Length	Name
323	None (Current Issues)
324	Danger to Self
325	Danger to Others
326	Gravely Disabled
327	Does not apply (27-65 Criteria)
328/3	County Of Residence
331/5	Zip Code
336/7	Staff ID
343	School Age
344	Expelled from School
345	Suspended from School
346	Unexcused Absences from School
347	Currently Passing all Classes
348	Child less than 6 years old
349	Talking/Communication
350	Physical/Motor Movements
351	Hearing/Seeing
352	Learning/Cognition
353	Playing & Interacting
354	Self-Help Skills
355	Child readiness developmentally appropriate
356	Sexual Abuse
357	Neglect
358	Physical Abuse
359	Verbal Abuse
360	None -Victimization
361	Inpatient
362	Other 24-hour
363	Partial care
364	Outpatient
365	None (History of Mental Health Services)
366	Juvenile Justice
367	Special Education
368	Child Welfare
369	Adult Corrections
370	Substance Abuse
371	Developmental Disabilities
372	None (Previous/Concurrent Services)
373	Tobacco
374	Alcohol

Position/ Length	Name
375	Marijuana
376	Cocaine/Crack
377	Heroin
378	Other Opiates/Narcotics
379	Barbiturates/Sedatives/Tranquilizers
380	Amphetamines/Stimulants
381	Hallucinogens
382	Inhalants
383	None (Non-prescription Substance Use)
384	Physical Health
385	Self-Care / Basic Needs
386	Legal
387	Security / Supervision
388	Suicide / Danger to Self
389	Aggression / Danger to Others
390	Psychosis
391	Cognition
392	Attention
393	Manic Issues
394	Anxiety Issues
395	Depressive Issues
396	Alcohol Use
397	Drug Use
398	Family
399	Interpersonal
400	Socialization
401	Role Performance
402	Overall Symptom Severity
403	Social Support
404	Hope
405	Empowerment
406	Activity Involvement
407	Overall Recovery
408	Overall Level of Functioning
409	Record Code
410/8	First Contact Date
418/8	Date of First Appointment Offered
426	Pregnant
427	Sexual Orientation
428/2	Reason for Discharge

Position/ Length	Name
430	Veteran/ Active Military Status
431	Tobacco Status
432/2	Criminal Justice Involvement
434	School Attendance
435	Trauma History
436/7	Primary Diagnosis 1 (required)
443/7	Diagnosis 2 (optional)
450/7	Diagnosis 3 (optional)
457/7	Diagnosis 4 (optional)

Section 8 - 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 60 or older
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.

A. Children & Adolescents

Step 1 Diagnosis

Exclusions: Children and Adolescents with one of the following **Primary Diagnosis 1** **DO NOT** meet the **Seriously Emotionally Disturbed (SED)** Severity category.

Description	Primary Diagnosis Code 1
Mental Retardation	F40 F71 F72 F73 F79
Alcohol	F10.10 F10.159 F10.180 F10.181 F10.182 F10.188 F10.20 F10.229 F10.231 F10.239 F10.27 F10.950 F10.951 F10.96 F10.99
Substance	F11.10 F11.159 F11.181 F11.182 F11.188 F11.20 F12.10 F12.122 F12.159 F12.180 F12.188 F12.20 F13.10 F13.159 F13.180 F13.181 F13.182 F13.188

	F13.20 F14.10 F14.122 F14.159 F14.180 F14.181 F14.182 F14.188 F14.20 F15.10 F15.122 F15.159 F15.180 F15.181 F15.182 F15.188 F15.20 F16.10 F16.122 F16.159 F16.180 F16.183 F16.188 F16.20 F17.200 F18.10 F18.159 F18.180 F18.188 F19.122 F19.159 F19.180 F19.181 F19.182 F19.188 F19.20 F19.921 F19.939 F19.94 F19.950 F19.951 F19.96 F19.97 F19.99
Dementia & other diagnoses due to medical conditions	F01.50 F01.51

	F02.80 F02.81 F03.90 F04 F05 F06.0 F06.1 F06.2 F06.30 F06.4 F06.8 F07.0 F53
Autistic Behaviors	F84.0 F84.3 F84.5 F84.8
Developmental Disabilities	F80.0 F80.1 F80.2 F80.89 F81.0 F81.2 F81.81 F81.9 F82 F93.25
Stuttering	F98.25
Other	R69 R99 Z03.89

Step 2 Problem Severity Scales

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

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

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

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

For Adolescents Only - No Change:

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

Step 3 Problem Type

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

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

Step 4 Residence & Living Arrangement

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

Residence & Living Arrangement	Value
(Place of Residence (270)	All codes except 13, 14, 15 and 16) 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.

B. Adults & Older Adults

Step 1 Diagnosis

Exclusions -Adults and Older Adults with the following **Primary Diagnosis 1** on the CCAR form automatically **DO NOT MEET ANY OF THE SEVERITY LEVEL CATEGORIES.**

Description	Primary Diagnosis Code 1
Mental Retardation	F70 F71 F72 F73 F79
Alcohol	F10.10 F10.159 F10.180 F10.181 F10.182 F10.188 F10.20 F10.229 F10.231 F10.239 F10.27 F10.950 F10.951 F10.96 F10.99
Substance	F11.10 F11.159 F11.181 F11.182 F11.188 F11.20 F12.10 F12.122 F12.159 F12.180 F12.188 F12.20 F13.10 F13.159 F13.180 F13.181 F13.182 F13.188

	F13.20 F14.10 F14.122 F14.159 F14.180 F14.181 F14.182 F14.188 F14.20 F15.10 F15.122 F15.159 F15.180 F15.181 F15.182 F15.188 F15.20 F16.10 F16.122 F16.159 F16.180 F16.183 F16.188 F16.20 F17.200 F18.10 F18.159 F18.180 F18.188 F19.122 F19.159 F19.180 F19.181 F19.182 F19.188 F19.20 F19.921 F19.939 F19.94 F19.950 F19.951 F19.96 F19.97 F19.99
Dementias & other diagnoses due to medical conditions	F01.50 F01.51

	F02.80 F02.81 F03.90 F04 F05 F06.0 F06.1 F06.2 F06.30 F06.4 F06.8 F07.0 F53
Other	R69 R99 Z03.89

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, 15 and 16.
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 1, Diagnosis Code 2, 3 or 4
Schizophrenia & other Psychosis	F20.0 F20.1 F20.2 F20.3 F20.5 F20.9
Paranoid	F22 F24
Other Psychosis	F20.81 F23 F25.0 F25.1 F25.8 F25.9 F29
Major Affective	F30.10 F30.11 F30.12 F30.13 F30.2 F30.3 F30.4 F30.8 F30.9 F31.0 F31.10 F31.11 F31.12 F31.13 F31.2 F31.30 F31.31 F31.32 F31.4 F31.5 F31.60 F31.61 F31.62 F31.63

	F31.64 F31.70 F31.71 F31.72 F31.73 F31.74 F31.75 F31.76 F31.77 F31.78 F31.81 F31.89 F31.9 F32.0 F32.1 F32.2 F32.3 F32.4 F32.5 F32.8 F32.9 F33.0 F33.1 F33.2 F33.3 F33.40 F33.41 F33.42 F33.8 F33.9 F34.1 F34.8 F34.9 F39
Personality Disorder	F60.0 F60.1 F21
Dissociative Identify Disorder	F44.81
Post-Traumatic Stress	F43.10 F43.11 F43.12 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 Office of Behavioral Health will combine SPMI and SMI not SPMI into a single SMI category.

Section 9 - Agency/BHO/Referral Source Codes

AGENCY NUMBER	BHO CODES	
011 Arapahoe Douglas	BH	BHI
048 Aurora	BH	BHI
015 Community Reach	BH	BHI
065 Behavioral HealthCare	BH	BHI
023 Boulder	FH	Foothills
018 Jefferson	FH	Foothills
078 Foothills Beh Health	FH	Foothills
002 Mind Springs Health	SB	Beacon Health Options
027 Midwestern Colorado	SB	Beacon Health Options
004 Pikes Peak	SB	Beacon Health Options
024 San Luis Valley	SB	Beacon Health Options
017 Southeast Colorado	SB	Beacon Health Options
020 Southwest Colorado	SB	Beacon Health Options
051 Spanish Peak	SB	Beacon Health Options
014 West Central	SB	Beacon Health Options
077 Beacon Health Options	SB	Beacon Health Options
007 Centennial	NB	Northeast Behavioral Partnership
012 Touchstone	NB	Northeast Behavioral Partnership
006 North Range Behavioral	NB	Northeast Behavioral Partnership
073 Northeast Behavioral	NB	Northeast Behavioral Partnership
005 Asian Pacific	AB	Access Behavioral
025 Children's	AB	Access Behavioral
056 Colorado Psych Hospital	AB	Access Behavioral
055 Denver Health & Med Ctr	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 La Clinica Esperanza		
068 Wellness Treatment Ctr		
State Institutes		
080 CMHI at Pueblo		
090 CMHI at Fort Logan		

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
680 Crisis System
SOCIAL SERVICE/EDUCATION
681 Social service agency, County 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, DYC 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.

Section 10 - Residence (FIPS) Codes by County

Code	County
001	Adams (excluding Aurora)
003	Alamosa
005	Arapahoe (excluding Aurora)
007	Archuleta
129	Aurora (Adams County)
131	Aurora (Arapahoe County)
135	Aurora (Douglas County)
009	Baca
011	Bent
013	Boulder
014	Broomfield
015	Chaffee
017	Cheyenne
019	Clear Creek
021	Conejos
023	Costilla
025	Crowley
027	Custer
029	Delta
031	Denver
033	Dolores
035	Douglas (excluding Aurora)
037	Eagle
039	Elbert
041	El Paso
043	Fremont
045	Garfield
047	Gilpin
049	Grand
051	Gunnison
053	Hinsdale
055	Huerfano
057	Jackson
059	Jefferson
061	Kiowa
063	Kit Carson
065	Lake
067	La Plata
069	Larimer

Code	County
071	Las Animas
073	Lincoln
075	Logan
077	Mesa
079	Mineral
081	Moffat
083	Montezuma
085	Montrose
087	Morgan
089	Otero
091	Ouray
093	Park
095	Phillips
097	Pitkin
099	Prowers
101	Pueblo
103	Rio Blanco
105	Rio Grande
107	Routt
109	Saguache
111	San Juan
113	San Miguel
115	Sedgwick
117	Summit
119	Teller
121	Washington
123	Weld
125	Yuma
127	Outside Colorado
133	No Permanent County of Residence
999	Unknown

Section 11 - Colorado 27-65 Designated Hospitals

CDPHE Facility ID#	27-65 Facility Name	Facility City
010323	Boulder Community Hospital	Boulder
010507	Cedar Springs Behavioral Health System	Colorado Springs
010304	Centennial Peaks Hospital	Louisville
010417	Children's Hospital Association, The	Denver
010493	Colorado Mental Health Inst @ Ft Logan	Denver
010625	Colorado Mental Health Inst @ Pueblo	Pueblo
01U328	West Springs Psychiatric Hospital	Grand Junction
010444	Denver Health Medical Center	Denver
010440	Exempla / Lutheran Medical Center at West Pines	Wheat Ridge
010430	Exempla / Saint Joseph Hospital	Denver
010403	Haven Behavioral Senior Care of North Denver	Thornton
01P254	Haven Behavioral War Heroes Hospital	Pueblo
01B953	Highlands Behavioral Health System	Littleton
010350	Longmont United Hospital	Longmont
010414	Medical Center Of Aurora, The	Aurora
010314	Mountain Crest Behavioral Healthcare Center & Poudre Valley Hospital System	Fort Collins
010386	North Colorado Medical Center	Greeley
010626	Parkview Medical Center, Inc.	Pueblo
010618	Peak View Behavioral Health	Colorado Springs
010543	Penrose St Francis Health Services - Centura Health	Colorado Springs
010424	Porter Adventist Hospital - Centura Health	Denver
010431	Presbyterian/St Luke's Medical Center	Denver
010429	St Anthony Central Hosp - Centura Health	Denver
020670	St Mary Corwin Med Center - Centura Health	Pueblo

CDPHE Facility ID#	27-65 Facility Name	Facility City
010432	University of Colorado Hospital	Denver
990001	Veterans Affairs Medical Center - Denver	Denver
990002	Veterans Affairs Medical Center - Grand Junction	Grand Junction

Section 12 - CDPHE Facility Codes

CO Health Facility ID #	Facility Name	Facility City	Facility County
020406	ALLISON CARE CENTER	LAKESWOOD	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	LAKESWOOD	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 LAKESWOOD	LAKESWOOD	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	LAKESWOOD	JEFFERSON
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

CO Health Facility ID #	Facility Name	Facility City	Facility County
010507	CEDAR SPRINGS BEHAVIORAL HEALTH SYSTEM	COLORADO SPRINGS	EL PASO
020181	CEDARDALE HEALTH CARE CENTRE INC	WRAY	YUMA
020449	CEDARS HEALTHCARE CENTER	LAKESWOOD	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
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
0106JI	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

CO Health Facility ID #	Facility Name	Facility City	Facility County
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
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

CO Health Facility ID #	Facility Name	Facility City	Facility County
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
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
999993	JEFFERSON HILLS	AURORA	ARAPAHOE
020418	JULIA TEMPLE CENTER	ENGLEWOOD	ARAPAHOE
010232	KEEFE MEMORIAL HOSPITAL	CHEYENNE WELLS	CHEYENNE

CO Health Facility ID #	Facility Name	Facility City	Facility County
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
02110Z	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
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	LAKESWOOD	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

CO Health Facility ID #	Facility Name	Facility City	Facility County
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
010441	NORTH SUBURBAN MEDICAL CENTER	THORNTON	ADAMS
010427	NORTH VALLEY REHABILITATION HOSPITAL-REHAB	THORNTON	ADAMS
010403	HAVEN BEHAVIORAL SENIOR CARE OF NORTH DENVER	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

CO Health Facility ID #	Facility Name	Facility City	Facility County
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
140170	SEDGWICK COUNTY MEMORIAL HOSPITAL	JULESBURG	SEDGWICK
020199	SEDGWICK COUNTY MEMORIAL NURSING HOME	JULESBURG	SEDGWICK
01R345	SELECT LONG TERM CARE HOSPITAL-COLORADO SPGS	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	LAKESWOOD	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	MONTEZUMA
141206	SOUTHWEST MEMORIAL HOSPITAL	CORTEZ	MONTEZUMA
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

CO Health Facility ID #	Facility Name	Facility City	Facility County
010432	UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	DENVER	DENVER
020650	UNIVERSITY PARK CARE CENTER	PUEBLO	PUEBLO
020452	UPTOWN HEALTH CARE CENTER	DENVER	DENVER
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
990001	VETERANS AFFAIRS MEDICAL CENTER-DENVER	DENVER	DENVER
990002	VETERANS AFFAIRS MEDICAL CENTER-GRAND JUNCTION	GRAND JUNCTION	MESA
020451	VILLA MANOR CARE CENTER	LAKEWOOD	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	LAKEWOOD	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
999998	UNKNOWN	UNKNOWN	UNKNOWN
999999	OUT OF STATE HOSPITAL	UNKNOWN	UNKNOWN

Section 13 - Allowable ICD10 Diagnosis Codes

ICD-10	Description
F01.50	Vascular dementia without behavioral disturbance
F01.51	Vascular dementia with behavioral disturbance
F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance
F03.90	Unspecified dementia without behavioral disturbance
F04	Amnesic disorder due to known physiological condition
F05	Delirium due to known physiological condition
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.1	Catatonic disorder due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiological condition
F06.30	Mood disorder due to known physiological condition, unspecified
F06.4	Anxiety disorder due to known physiological condition
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
F10.10	Alcohol abuse, uncomplicated
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified
F10.180	Alcohol abuse with alcohol-induced anxiety disorder
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction
F10.182	Alcohol abuse with alcohol-induced sleep disorder
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.20	Alcohol dependence, uncomplicated
F10.229	Alcohol dependence with intoxication, unspecified
F10.231	Alcohol dependence with withdrawal delirium
F10.239	Alcohol dependence with withdrawal, unspecified
F10.27	Alcohol dependence with alcohol-induced persisting dementia
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnesic disorder
F10.99	Alcohol use, unspecified with unspecified alcohol-induced disorder
F11.10	Opioid abuse, uncomplicated
F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified
F11.181	Opioid abuse with opioid-induced sexual dysfunction
F11.182	Opioid abuse with opioid-induced sleep disorder

ICD-10	Description
F11.188	Opioid abuse with other opioid-induced disorder
F11.20	Opioid dependence, uncomplicated
F12.10	Cannabis abuse, uncomplicated
F12.122	Cannabis abuse with intoxication with perceptual disturbance
F12.159	Cannabis abuse with psychotic disorder, unspecified
F12.180	Cannabis abuse with cannabis-induced anxiety disorder
F12.188	Cannabis abuse with other cannabis-induced disorder
F12.20	Cannabis dependence, uncomplicated
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F13.159	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.180	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.181	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.182	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.188	Sedative, hypnotic or anxiolytic abuse with other sedative, hypnotic or anxiolytic-induced disorder
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F14.10	Cocaine abuse, uncomplicated
F14.122	Cocaine abuse with intoxication with perceptual disturbance
F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified
F14.180	Cocaine abuse with cocaine-induced anxiety disorder
F14.181	Cocaine abuse with cocaine-induced sexual dysfunction
F14.182	Cocaine abuse with cocaine-induced sleep disorder
F14.188	Cocaine abuse with other cocaine-induced disorder
F14.20	Cocaine dependence, uncomplicated
F15.10	Other stimulant abuse, uncomplicated
F15.122	Other stimulant abuse with intoxication with perceptual disturbance
F15.159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified
F15.180	Other stimulant abuse with stimulant-induced anxiety disorder
F15.181	Other stimulant abuse with stimulant-induced sexual dysfunction
F15.182	Other stimulant abuse with stimulant-induced sleep disorder
F15.188	Other stimulant abuse with other stimulant-induced disorder
F15.20	Other stimulant dependence, uncomplicated
F16.10	Hallucinogen abuse, uncomplicated
F16.122	Hallucinogen abuse with intoxication with perceptual disturbance
F16.159	Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified

ICD-10	Description
F16.180	Hallucinogen abuse with hallucinogen-induced anxiety disorder
F16.183	Hallucinogen abuse with hallucinogen persisting perception disorder (flashbacks)
F16.188	Hallucinogen abuse with other hallucinogen-induced disorder
F16.20	Hallucinogen dependence, uncomplicated
F17.200	Nicotine dependence, unspecified, uncomplicated
F18.10	Inhalant abuse, uncomplicated
F18.159	Inhalant abuse with inhalant-induced psychotic disorder, unspecified
F18.180	Inhalant abuse with inhalant-induced anxiety disorder
F18.188	Inhalant abuse with other inhalant-induced disorder
F19.122	Other psychoactive substance abuse with intoxication with perceptual disturbances
F19.159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified
F19.180	Other psychoactive substance abuse with psychoactive substance-induced anxiety disorder
F19.181	Other psychoactive substance abuse with psychoactive substance-induced sexual dysfunction
F19.182	Other psychoactive substance abuse with psychoactive substance-induced sleep disorder
F19.188	Other psychoactive substance abuse with other psychoactive substance-induced disorder
F19.20	Other psychoactive substance dependence, uncomplicated
F19.921	Other psychoactive substance use, unspecified with intoxication with delirium
F19.939	Other psychoactive substance use, unspecified with withdrawal, unspecified
F19.94	Other psychoactive substance use, unspecified with psychoactive substance-induced mood disorder
F19.950	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with delusions
F19.951	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with hallucinations
F19.96	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting amnestic disorder
F19.97	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia
F19.99	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia

ICD-10	Description
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.81	Schizophreniform disorder
F20.89	Other schizophrenia
F20.9	Schizophrenia, unspecified
F21	Schizotypal disorder
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25.0	Schizoaffective disorder, bipolar type
F25.1	Schizoaffective disorder, depressive type
F25.8	Other schizoaffective disorders
F25.9	Schizoaffective disorder, unspecified
F28	Other psychotic disorder not due to a substance or known physiological condition
F29	Unspecified psychosis not due to a substance or known physiological condition
F30.10	Manic episode without psychotic symptoms, unspecified
F30.11	Manic episode without psychotic symptoms, mild
F30.12	Manic episode without psychotic symptoms, moderate
F30.13	Manic episode, severe, without psychotic symptoms
F30.2	Manic episode, severe with psychotic symptoms
F30.3	Manic episode in partial remission
F30.4	Manic episode in full remission
F30.8	Other manic episodes
F30.8	Other manic episodes
F30.9	Manic episode, unspecified
F31.0	Bipolar disorder, current episode hypomanic
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified
F31.11	Bipolar disorder, current episode manic without psychotic features, mild
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate
F31.13	Bipolar disorder, current episode manic without psychotic features, severe
F31.2	Bipolar disorder, current episode manic severe with psychotic features
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild

ICD-10	Description
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic
F31.73	Bipolar disorder, in partial remission, most recent episode manic
F31.74	Bipolar disorder, in full remission, most recent episode manic
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.76	Bipolar disorder, in full remission, most recent episode depressed
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F31.81	Bipolar II disorder
F31.89	Other bipolar disorder
F31.89	Other bipolar disorder
F31.9	Bipolar disorder, unspecified
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.8	Other depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F32.9	Major depressive disorder, single episode, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission

ICD-10	Description
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified
F34.0	Cyclothymic disorder
F34.1	Dysthymic disorder
F34.8	Other persistent mood [affective] disorders
F34.9	Persistent mood [affective] disorder, unspecified
F39	Unspecified mood [affective] disorder
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F40.218	Other animal type phobia
F40.298	Other specified phobia
F40.8	Other phobic anxiety disorders
F40.9	Phobic anxiety disorder, unspecified
F41.0	Panic disorder [episodic paroxysmal anxiety] without agoraphobia
F41.1	Generalized anxiety disorder
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F42	Obsessive-compulsive disorder
F43.0	Acute stress reaction
F43.10	Post-traumatic stress disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F43.20	Adjustment disorder, unspecified
F43.21	Adjustment disorder with depressed mood
F43.21	Adjustment disorder with depressed mood
F43.22	Adjustment disorder with anxiety
F43.23	Adjustment disorder with mixed anxiety and depressed mood
F43.24	Adjustment disorder with disturbance of conduct
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct
F43.29	Adjustment disorder with other symptoms
F43.8	Other reactions to severe stress
F43.9	Reaction to severe stress, unspecified
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.2	Dissociative stupor
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation

ICD-10	Description
F44.81	Dissociative identity disorder
F44.89	Other dissociative and conversion disorders
F44.9	Dissociative and conversion disorder, unspecified
F45.0	Somatization disorder
F45.1	Undifferentiated somatoform disorder
F45.20	Hypochondriacal disorder, unspecified
F45.21	Hypochondriasis
F45.22	Body dysmorphic disorder
F45.29	Other hypochondriacal disorders
F45.41	Pain disorder exclusively related to psychological factors
F45.42	Pain disorder with related psychological factors
F45.8	Other somatoform disorders
F48.1	Depersonalization-derealization syndrome
F48.8	Other specified nonpsychotic mental disorders
F48.9	Nonpsychotic mental disorder, unspecified
F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F50.8	Other eating disorders
F50.9	Eating disorder, unspecified
F51.01	Primary insomnia
F51.02	Adjustment insomnia
F51.03	Paradoxical insomnia
F51.04	Psychophysiologic insomnia
F51.11	Primary hypersomnia
F51.12	Insufficient sleep syndrome
F51.13	Hypersomnia due to other mental disorder
F51.19	Other hypersomnia not due to a substance or known physiological condition
F51.3	Sleepwalking [somnambulism]
F51.4	Sleep terrors [night terrors]
F51.5	Nightmare disorder
F51.8	Other sleep disorders not due to a substance or known physiological condition
F51.9	Sleep disorder not due to a substance or known physiological condition, unspecified
F52.0	Hypoactive sexual desire disorder
F52.1	Sexual aversion disorder
F52.8	Other sexual dysfunction not due to a substance or known physiological condition

ICD-10	Description
F52.21	Male erectile disorder
F52.31	Female orgasmic disorder
F52.32	Male orgasmic disorder
F52.4	Premature ejaculation
F52.5	Vaginismus not due to a substance or known physiological condition
F52.6	Dyspareunia not due to a substance or known physiological condition
F52.8	Other sexual dysfunction not due to a substance or known physiological condition
F53	Puerperal psychosis
F54	Psychological and behavioral factors associated with disorders or diseases classified elsewhere
F60.0	Paranoid personality disorder
F60.1	Schizoid personality disorder
F60.2	Antisocial personality disorder
F60.3	Borderline personality disorder
F60.4	Histrionic personality disorder
F60.5	Obsessive-compulsive personality disorder
F60.6	Avoidant personality disorder
F60.7	Dependent personality disorder
F60.81	Narcissistic personality disorder
F60.89	Other specific personality disorders
F60.9	Personality disorder, unspecified
F63.0	Pathological gambling
F63.1	Pyromania
F63.2	Kleptomania
F63.3	Trichotillomania
F63.81	Intermittent explosive disorder
F63.89	Other impulse disorders
F63.9	Impulse disorder, unspecified
F64.1	Gender identity disorder in adolescence and adulthood
F64.2	Gender identity disorder of childhood
F65.0	Fetishism
F65.1	Transvestic fetishism
F65.2	Exhibitionism
F65.3	Voyeurism
F65.4	Pedophilia
F65.51	Sexual masochism
F65.52	Sexual sadism
F65.81	Frotteurism
F65.9	Paraphilia, unspecified
F68.10	Factitious disorder

ICD-10	Description
F68.11	Factitious disorder with predominantly psychological signs and symptoms
F68.12	Factitious disorder with predominantly physical signs and symptoms
F68.13	Factitious disorder with combined psychological and physical signs and symptoms
F68.8	Other specified disorders of adult personality and behavior
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F79	Unspecified intellectual disabilities
F80.0	Phonological disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.89	Other developmental disorders of speech and language
F81.0	Specific reading disorder
F81.2	Mathematics disorder
F81.81	Disorder of written expression
F81.9	Developmental disorder of scholastic skills, unspecified
F82	Specific developmental disorder of motor function
F84.0	Autism spectrum disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F90.0	Disturbance of activity and attention
F90.1	Hyperkinetic conduct disorder
F90.2	Attention-deficit hyperactivity disorder, combined presentation
F90.8	Attention-deficit hyperactivity disorder, other presentation
F90.9	Attention-deficit hyperactivity disorder, unspecified presentation
F91.1	Conduct disorder, childhood-onset type
F91.2	Conduct disorder, adolescent-onset type
F91.3	Oppositional defiant disorder
F91.8	Other conduct disorders
F91.9	Conduct disorder, unspecified
F92.8	Other mixed disorders of conduct and emotions
F93.0	Separation anxiety disorder of childhood
F93.25	Central auditory processing disorder
F93.8	Other childhood emotional disorders
F93.9	Childhood emotional disorder, unspecified
F94.0	Selective mutism
F94.1	Reactive attachment disorder of childhood

ICD-10	Description
F94.2	Disinhibited attachment disorder of childhood
F94.8	Other childhood disorders of social functioning
F95.0	Transient tic disorder
F95.1	Chronic motor or vocal tic disorder
F95.2	Tourette's disorder
F95.9	Tic disorder, unspecified
F98.0	Enuresis not due to a substance or known physiological condition
F98.1	Encopresis not due to a substance or known physiological condition
F98.21	Rumination disorder of infancy
F98.29	Other feeding disorders of infancy and early childhood
F98.3	Pica of infancy and childhood
F50.8	Pica in adults
F98.4	Stereotyped movement disorders
F98.5	Adult onset fluency disorder
F98.9	Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99	Mental disorder, not otherwise specified
G21.0	Malignant neuroleptic syndrome
G21.11	Neuroleptic induced parkinsonism
G21.8	Other secondary parkinsonism
G24.4	Idiopathic orofacial dystonia
G25.1	Drug-induced tremor
G25.9	Extrapyramidal and movement disorder, unspecified
G44.209	Tension-type headache, unspecified, not intractable
G47.00	Insomnia, unspecified
G47.01	Insomnia due to medical condition
G47.10	Hypersomnia, unspecified
G47.14	Hypersomnia due to medical condition
G47.20	Circadian rhythm sleep disorder, unspecified type
G47.21	Circadian rhythm sleep disorder, delayed sleep phase type
G47.25	Circadian rhythm sleep disorder, jet lag type
G47.26	Circadian rhythm sleep disorder, shift work type
G47.30	Sleep apnea, unspecified
G47.419	Narcolepsy without cataplexy
G47.54	Parasomnia in conditions classified elsewhere
G47.8	Other sleep disorders
N44.2	Benign cyst of testis
N44.8	Other non-inflammatory disorders of the testis
N50.3	Cyst of epididymis
N50.8	Other specified disorders of male genital organs
N52.9	Male erectile dysfunction, unspecified

ICD-10	Description
N53.12	Painful ejaculation
N94.1	Dyspareunia
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
R37	Sexual dysfunction, unspecified
R40.0	Somnolence
R40.1	Stupor
R41.2	Retrograde amnesia
R41.3	Other amnesia
R45.1	Restlessness and agitation
R45.2	Unhappiness
R45.5	Hostility
R45.6	Violent behavior
R45.7	State of emotional shock and stress, unspecified
R45.81	Low self-esteem
R45.82	Worries
R69	Illness, unspecified
R95.8	Other tic disorders
R99	Ill-defined and unknown cause of mortality
T74.02XA	Child neglect or abandonment, confirmed, initial encounter
T74.11XA	Adult physical abuse, confirmed, initial encounter
T74.12XA	Child physical abuse, confirmed, initial encounter
T74.21XA	Adult sexual abuse, confirmed, initial encounter
T74.22XA	Child sexual abuse, confirmed, initial encounter
T76.02XA	Child neglect or abandonment, suspected, initial encounter
T76.11XA	Adult physical abuse, suspected, initial encounter
T76.12XA	Child physical abuse, suspected, initial encounter
T76.21XA	Adult sexual abuse, suspected, initial encounter
T76.22XA	Child sexual abuse, suspected, initial encounter
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z55.9	Problems related to education and literacy, unspecified
Z60.3	Acculturation difficulty
Z62.891	Sibling rivalry
Z63.4	Disappearance and death of family member
Z63.8	Other specified problems related to primary support group
Z63.9	Problem related to primary support group, unspecified
Z65.8	Other specified problems related to psychosocial circumstances
Z69.010	Encounter for mental health services for victim of parental child abuse
Z69.021	Encounter for mental health services for perpetrator of non-parental child abuse

ICD-10	Description
Z69.12	Encounter for mental health services for perpetrator of spousal or partner abuse
Z69.82	Encounter for mental health services for perpetrator of other abuse
Z71.89	Other specified counseling
Z71.89	Other specified counseling
Z76.5	Malingering [conscious simulation]
Z91.19	Patient's noncompliance with other medical treatment and regimen

Section 14 - DC:03 ICD-10 Diagnosis Codes

<i>DC: 0-3 Diagnosis Axis I</i>	<i>ICD-10 Diagnosis Code & Description</i>
<i>DC: 0-3 Diagnosis Axis II</i>	
100. Post Traumatic Stress Disorder	F43.10 Post-traumatic stress disorder, unspecified F43.11 Post-traumatic stress disorder, acute F43.12 Post-traumatic stress disorder, chronic
150. Deprivation/Maltreatment Disorder	F94.1 Reactive attachment disorder of childhood F94.2 Disinhibited attachment disorder of childhood
200. Disorders of Affect	
210. Prolonged Bereavement/Grief Reaction	F43.21 Adjustment disorder with depressed mood
220. Anxiety Disorders of Infancy and Early Childhood	
221. Separation Anxiety Disorder	F93.0 Separation anxiety disorder of childhood
222. Specific Phobia	F40.218 Other animal type phobia F40.298 Other specified phobia F40.8 Other phobic anxiety disorders
223. Social Anxiety Disorder (Social Phobia)	F40.10 Social phobia, unspecified F40.11 Social phobia, generalized
224. Generalized Anxiety Disorder	F41.1 Generalized anxiety disorder
225. Anxiety Disorder NOS	F41.9 Anxiety disorder, unspecified
230. Depression of Infancy and Early Childhood	
231. Type I: Major Depression	F32.9 Major depressive disorder, single episode, unspecified F32.0 Major depressive disorder, single episode, mild F32.1 Major depressive disorder, single episode, moderate F32.2 Major depressive disorder, single episode, severe without psychotic features F32.3 Major depressive disorder, single episode, severe with psychotic features F32.4 Major depressive disorder, single episode, in partial remission F32.5 Major depressive disorder, single episode, in full remission
232. Type: II: Depressive Disorder, NOS	F32.0 Mild depressive episode
240. Mixed Disorder of Emotional Expressiveness	F93.9 Childhood emotional disorder, unspecified F94.8 Other childhood disorders of social functioning F98.9 Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
300. Adjustment Disorder	F43.20 Adjustment disorder, unspecified F43.0 Acute stress reaction

400. Regulation Disorders of Sensory Processing	
410. Hypersensitive	
411. Type A: Fearful/Cautious	F93.8 Other childhood emotional disorders
412. Type B: Negative Defiant	F92.8 Other mixed disorders of conduct and emotions
420. Hyposensitive/Under responsive	F90.0 Disturbance of activity and attention
430. Sensory Stimulation-Seeking	F90.1 Hyperkinetic conduct disorder
500. Sleep Behavior Disorder	ICD-10 Diagnosis Code & Description
510. Sleep-Onset Disorder (Protodyssomnia)	F51.01 Primary insomnia F51.03 Paradoxical insomnia
520. Night-Waking Disorder	F51.3 Sleepwalking (somnambulism) F51.4 Sleep terrors (night terrors)
600. Feeding Behavior Disorder	
601. Feeding Disorder of State Regulation	F50.8 Other eating disorders F98.29 Other feeding disorders of infancy and early childhood
602. Feeding Disorder of Caregiver-Infant Reciprocity	F50.8 Other eating disorders F98.29 Other feeding disorders of infancy and early childhood
603. Infantile Anorexia	F50.9 Eating disorder, unspecified
604. Sensory Food Aversions	F50.9 Eating disorder, unspecified
605. Feeding Disorder Associated w/Concurrent Medical Condition	F50.9 Eating disorder, unspecified
606. Feeding Disorder Associated w/Insults to Gastro-Intestinal Tract	F50.9 Eating disorder, unspecified
700. Disorder of Relating and Communicating	<i>If child is ≥ 2 years old, Pervasive Developmental Disorders should be diagnosed using ICD-10 codes.</i>
If child is < 2 years old:	
710. Multisystem Developmental Disorder (MSDD) ***	F81.9 Developmental disorder of scholastic skills, unspecified
DC:0-3 PIR - GAS 60 or below	F93.8 Other childhood emotional disorders

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

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

Section 15 - 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.