

# CCAR MANUAL

Effective July 1, 2018  
Version 2018.1

## Changes since last version:

(All changes are highlighted throughout the document.)

- (page 84) Section 14 Corrected diagnosis code descriptions for F64.0 and F64.1.
- (pages 46, 50) Section 9 Target Status - corrected Place of Residence field position reference from 270 to 271. The programming was correct, but the field number reference was incorrect in the manual.
- (page 12) Added RAEs to Section 6 System Edits.
- (page 34) Added RAEs to Section 7 Record Layout.
- (pages 54-59) Added RAEs to Section 10 Referral Source Codes.
- (various pages) Updated all BHO references to BHOs and RAEs.
- (page 40) Section 8 Added new section for file naming directions. The rules have not changed, but we've added the RAEs and added the document in this manual for quick reference.

Colorado Department of Human Services  
Office of Behavioral Health



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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, BHOs and **RAEs** 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 2 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 16 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](mailto:sharon.pawlak@state.co.us) or David Corral at [david.corral@state.co.us](mailto:david.corral@state.co.us).

## 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, NYC, 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.
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. Updates for Meds only clients will no longer be required to include the entire Outcome Section of the CCAR. They are only 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.
5. CCAR records, files and corrections are due by the last business day of each month for the previous month.
6. The data will be in the OBH specified format; see the Record Layout Section 7.
7. Any record that fails to pass the Pre-Edit will be rejected and must be resubmitted until it is error-free.
8. The Clients Requiring Updates Report can be run at any time to obtain a list of those clients that are due for an annual 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 business 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"> <li>• CMHIFL/CMHIP Discharge CCAR</li> <li>• RTC Admission CCAR</li> </ul>
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"> <li>• CMHIFL/CMHIP <i>Evaluation Only</i><sup>1</sup> CCAR</li> <li>• RTC None</li> </ul>
b. Admission to CMHIFL/CMHIP for > 72 hours and 14 days or less	<ul style="list-style-type: none"> <li>• CMHIFL/CMHIP Admission and Discharge CCAR</li> <li>• RTC None</li> </ul>
c. Admission to CMHIFL/CMHIP for > 14 days	<ul style="list-style-type: none"> <li>• CMHIFL/CMHIP Admission and Discharge CCAR</li> <li>• RTC Discharge CCAR (<b>see Note below</b>) <i>Date of Discharge</i>: Use date admitted to hospital or last date of billing.</li> <li>• RTC New Admission CCAR if youth is admitted on day 15 or later</li> </ul>
3. Discharge from RTC	<p>RTC does discharge CCAR <b>Note</b>: 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"> <li>• 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.</li> <li>• 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.</li> </ul>

<sup>1</sup> An Evaluation CCAR is an action type of “06”. It is completed only once and serves as the Admission and Discharge CCAR.

## 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/RAE/CMHC				√		
Client leaves the Inpatient Unit but still receives services from the BHO/RAE/CMHC					√	
Client leaves the Inpatient Unit and does not still receive services from the BHO/RAE/CMHC						√
A BHO/RAE/CMHC client in the Inpatient Unit is transferred to the Day Treatment Unit	X					



Event	CCAR Required based on Event					Discharge
	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	
It has been one year since a BHO/RAE/CMHC client in the Day Treatment Unit has been admitted or had a clinical update			X			
A BHO/RAE/CMHC client in the Day Treatment Unit is discharged						X
Client is admitted to Inpatient Unit, is not open as a BHO/RAE/CMHC client but then becomes BHO/RAE/CMHC client while in the Inpatient Unit		J				

X - CCAR required with The Children's Hospital Agency Code  
 J - CCAR required with the BHO/RAE/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/RAE Code** - Reporting instructions are:

- Report your BHO/RAE 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/RAEs, 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: Interim updates are not counted towards the annual 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 sections 12 and 13). This number will be validated by the pre-edit program and marked as an error when incorrect. This type of update will reset the clock on the annual update CCAR requirement.
- **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 sections 12 and 13). This number will be validated by the pre-edit

program and marked as an error when incorrect. This type of update will reset the clock on the annual update CCAR requirement.

- **08 Residential Treatment Change of Level** - Used only for DYC/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

**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 9 for details on how the Target Status is calculated.

<b>Target Status Codes</b>	<b>Target Status Description</b>
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, RAE or Colorado Mental Health Institute (CMHI) that admitted the client.	See Section 10 Referral Source Codes <b>Required.</b>
Action Types	01, 03, 05, 06

#### BHO/RAE (4 - 5)

This field contains the BHO or RAE code assigned by the Office of Behavioral Health.	<p>BHO &amp; RAE Identification Codes:</p> <p><u>BHO Codes - for CCARs with an effective date &lt; 7/1/2018</u>            AB - Access Behavioral Care - Denver            BH - Behavioral Health Care, Inc.            FH - Foothills Behavioral Health            NB - Northeast Behavioral Partnership            SB - Beacon Health Options</p> <p><u>RAE Codes - for CCARs with an effective date &gt;= 7/1/2018</u>            RM - RAE Rocky Mountain Health Plans (Region 1)            NP - RAE Northeast Health Partners (Region 2)            CA - RAE Colorado Access (Region 3)            HC - RAE Health Colorado, Inc. (Region 4)            CB - RAE Colorado Access (Region 5)            CU - RAE Colorado Community Health Alliance (Region 6)            CX - RAE Colorado Community Health Alliance (Region 7)</p>
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	<p><b>For RCCF's Only</b>  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/<b>RAE</b> Code.</p> <p><b>Only required if Medicaid Fee For Service or Medicaid - Capitated.</b></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. <b>Field can be blank, Not Required</b>
Action Types	01, 03, 05, 06

### Medicaid / State Identifier (11 - 17)

The client's Medicaid identifier	<p>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.</p> <p>If 'Medicaid Fee For Service' or 'Medicaid - Capitated' = 1, field must not be blank.</p>
Action Types	01, 03, 05, 06

### Client ID/Trails ID (18-27)

<p>This field contains the identifier assigned to the client when admitted by a CMHC/C, CMHI, or BHO/<b>RAE</b>.</p> <p><b>Note: This ID must match previous Ids submitted for the client and also the ID submitted for Encounters and other datasets.</b></p>	<p>The field may contain any combination of alphabetic and numeric characters. No special characters are allowed. The field cannot be completely alphabetic.</p> <p>All leading zeros and spaces will be removed.</p> <p><b>Required.</b></p> <p><b>Beginning 10/1/2015 field is 10 characters to align with Provider Client Number in DACODS.</b></p>
Action Types	01, 03, 05, 06

### Social Security Number (28-36)

The client's complete social security number is required.	<p>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.</p> <p><b>Required, if unknown enter 99999999.</b></p>
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.  <b>Required.</b>
Action Types	01, 03, 05, 06

### Last Name (45-64)

The client's last name	NO numeric or special characters <sup>1</sup> . The <b>complete</b> last name is required for all clients. <b>Required.</b>  <i><sup>1</sup> 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.  <b>Required.</b>
Action Types	01, 03, 05, 06

### Middle Name (85-99)

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

### Title (100-103)

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



### Enrollment/Payer (104-111)

<p><b>Check all that apply.</b></p> <p>Medicaid Fee For Service (104)          Medicaid - Capitated (105)          Medicare - (106)          Self-Pay (107)          Insurance &amp; Third Party (108)          State/Other Federal (109)          Local (110)          CHP+ (111)</p>	<p>0 - No          1 - Yes</p> <p>At least one of these fields must be marked "Yes".</p> <p><b>Required.</b></p>
Action Types	01, 03, 05, 06

### Referral Source (112-114)

<p>This field contains a code that indicates the source of referral for the client at the time of admission.</p>	<p>See Section 10 Referral Source Codes</p> <p><b>Required.</b></p>
Action Types	01, 03, 05, 06

### Effective Date (115-122)

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

### Action Type (123-124)

<p>Action Type</p>	<p>01 - Admission          03 - Update          05 - Discharge          06 - Evaluation Only</p> <p>DYC/CW Only<sup>±</sup>          21 - Detention Admission          22 - Detention Release          23 - New Commitment          31 - Residential Treatment Admission          32 - Update          33 - Residential Treatment Release/Discharge          34 - DYC Discharge</p> <p><b>Required.</b></p>
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 <b>Required.</b>
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)	<b>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.</b>  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. <b>NOT ALLOWED. Leave blank.</b>
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 <b>Required.</b>
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. <b>Required.</b>
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. <b>Not Required.</b>
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. <b>Field can be blank.</b> <b>Not Required.</b>
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. <b>Field can be blank.</b> <b>Not Required.</b>
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. <b>Field can be blank.</b> <b>Not Required.</b>
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 <b>Not Required.</b>
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 <b>Not Required.</b>
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. <b>Not Required.</b>
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 <b>Required.</b>
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 <b>Required.</b>
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".  <b>Required.</b>
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. <b>Required.</b>
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. <b>Required.</b>
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 <b>Required.</b>
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 10 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 $\geq$ 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 diagnosis 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 diagnosis codes. <b>OPTIONAL, can be blank.</b>
Action Types	01, 03, 05, 06

### DC03 AXIS II Relationship Disorder Classification (247-250)

No longer used.	<b>Field no longer used.</b>
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. <b>Field can be blank.</b> <b>Not Required.</b>
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 - Master's Degree 20 - Doctoral Degree <b>Required.</b>
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 <b>Required.</b>
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 <b>Required.</b>
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 <b>Required.</b>
Action Types	01, 03, 05, 06

### SSI (266)

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

### SSDI (267)

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

### Current Primary Role/Employment/School Status (269-270)

This field contains codes that indicate the client's current employment status.	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  <b>Required.</b>
Action Types	01, 03, 05, 06

### 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><b>Required.</b></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.            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".</p> <p><b>Required.</b></p>
<p>Action Types</p>	<p>01, 03, 05, 06</p>

### 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><b>Required.</b></p>
<p>Action Types</p>	<p>01, 03, 05, 06</p>



### Number of Prior Psychiatric Hospitalizations (285-286)

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

### 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".  <b>Required.</b></p>
Action Types	01, 03, 05, 06

### History of Issues (301-314)

<p><b>Check all that apply.</b></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".  <b>Required.</b></p>
Action Types	01, 03, 05, 06

### Current Issues (315-323)

<p><b>Check all that apply.</b></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><b>Required.</b></p>
Action Types	01, 03, 05, 06

### 27-65 Criteria (324-327)

<p><b>Check all that apply.</b></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><b>Required.</b></p>
Action Types	01, 03, 05, 06

### County Of Residence (328-330)

The county where the client currently resides.	See Section 10 Referral Source Codes <b>Required.</b>
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. <b>Required.</b>
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. <b>Required.</b>
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 <b>Required.</b> <b>Optional for Meds Only Annual Updates.</b>
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. <b>Required if child is of School Age.</b> <b>Optional for Meds Only Annual Updates.</b>
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 <b>Required.</b> <b>Optional for Meds Only Annual Updates.</b>
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. <b>Required if child is less than 6 years of age.</b> <b>Optional for Meds Only Annual Updates.</b>
Action Types	01, 03, 05, 06

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

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

### **Physical Health (384)**

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

### **Self-Care / Basic Needs (385)**

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

### **Legal (386)**

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

### **Security / Supervision (387)**

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

### **Suicide / Danger to Self (388)**

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

### **Psychosis (390)**

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

### **Cognition (391)**

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

**Attention (392)**

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

**Manic Issues (393)**

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

**Anxiety Issues (394)**

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

**Depressive Issues (395)**

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

**Alcohol Use (396)**

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

**Drug Use (397)**

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

**Family (398)**

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

**Interpersonal (399)**

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

### **Socialization (400)**

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

### **Role Performance (401)**

Role Performance Rating	1 through 9 <b>Required.</b>
Action Types	01, 03, 05, 06

### **Overall Symptom Severity (402)**

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

### **Social Support (403)**

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

### **Hope (404)**

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

### **Empowerment (405)**

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

### **Activity Involvement (406)**

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

### **Overall Recovery (407)**

Overall Recovery Rating	1 through 9 <b>Required.</b>
Action Types	01, 03, 05, 06



### Overall Level of Functioning (408)

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

### Record Code (409)

This field indicates that this is a CCAR-O record.	"O" - CCAR Outcome Version <b>Required.</b>
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. <b>This is per admission only.</b>	First Contact Date cannot be prior to 1/1/1950. Use standard date validation. Cannot be great than today's date. <b>Required.</b>
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. <b>Required.</b>
Action Types	01, 06

### Pregnant (426)

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

### School Attendance (434)

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

### Primary Diagnosis 1 (436-442)

Primary ICD10 diagnosis code for the client.	Use if Effective Date ≥ October 1, 2015. See Section 14 for allowable ICD10 diagnosis codes. <b>Required.</b>
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 14 for allowable ICD10 diagnosis codes. Cannot be the same as Primary Diagnosis 1. <b>Not Required.</b>
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 14 for allowable ICD10 diagnosis codes. Cannot be the same as Primary Diagnosis 1 or Diagnosis 2. <b>Not Required.</b>
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 14 for allowable ICD10 diagnosis codes. Cannot be the same as Primary Diagnosis 1, Diagnosis 2, or Diagnosis 3. <b>Not Required.</b>
Action Types	01, 03, 05, 06

## Section 7 - CCAR Record Layout

Position/ Length	Field Name
1/3	Agency
4/2	BHO/RAE
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	<i>Housing Only (LEAVE BLANK)</i>
134	Meds Only
135/8	Admission Date
143/8	<i>Placement End Date (DYC/CW only)</i>
151/10	Special Studies Code 1
161/10	Special Studies Code 2
171/10	For Agency Use Only
181	<i>Residential Treatment Level of Care Identified (DYC/CW only)</i>
182	<i>Residential Treatment Level of Care Authorized (DYC/CW only)</i>
183/7	<i>Residential Treatment Provider (DYC/CW only)</i>
190	Gender
191	Hispanic Ethnicity

Position/ Length	Field 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	<i>AXIS I Primary Psychiatric Diagnosis (LEAVE BLANK on/after 10/1/15)</i>
223/5	<i>AXIS I Secondary Psychiatric Diagnosis (LEAVE BLANK on/after 10/1/15)</i>
228/5	<i>AXIS II Psychiatric Diagnosis (LEAVE BLANK on/after 10/1/15)</i>
233/5	<i>Substance Abuse Diagnosis (LEAVE BLANK on/after 10/1/15)</i>
238/3	<i>GAF Score (LEAVE BLANK on/after 10/1/15)</i>
241/3	DC03 AXIS I Primary Diagnosis
244/3	DC03 AXIS I Secondary Diagnosis
247/4	<i>DC03 AXIS II Relationship Disorder Class (NOT CURRENTLY USED - LEAVE BLANK)</i>
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
281	Partner/Significant Other
282	Child(ren)
283	Unrelated Person

Position/ Length	Field Name
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
323	None (Current Issues)
324	Danger to Self
325	Danger to Others

Position/ Length	Field Name
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
375	Marijuana
376	Cocaine/Crack
377	Heroin

Position/ Length	Field Name
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
430	Veteran/ Active Military Status
431	Tobacco Status
432/2	Criminal Justice Involvement



Position/ Length	Field Name
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 - CCAR and Encounter File Naming

### CCAR Files

3 Digit Agency Number, Month and Year (###MMYY.car)

For example: 0240718.car

### Encounter Files

For Mental Health Encounters:

ABMMYY.nm1

ABMMYY.ffs

ABMMYY.hip

For Substance Use Encounters:

ABSUMMYY.nm1

ABSUMMYY.ffs

ABSUMMYY.hip

Where: **AB** = the 2 letter designation for your location (see below)

Where: **SU** = to signify Substance Use encounter files

AD	-	Community Reach
AP	-	AllHealth Network
AS	-	Asian Pacific
AU	-	Aurora MHC
BC	-	Boulder County MSO (SSPA 7)
BU	-	MH Partners
CA	-	Colorado Access - Region 3 (RAE)
CB	-	Colorado Access - Region 5 (RAE)
CD	-	MHCD
CE	-	Centennial
CT	-	Crossroads Turning Points
CU	-	Colorado Community Health Alliance - Region 6 (RAE)
CW	-	MindSprings
CX	-	Colorado Community Health Alliance - Region 7 (RAE)
HC	-	Health Colorado, Inc. - Region 4 (RAE)
HT	-	Hilltop
JE	-	JCMH
JA	-	<i>Jefferson Hills - Aurora (closed, historical records only)</i>
JN	-	Jefferson Hills - New Vistas
LA	-	SummitStone
MW	-	The Center for Mental Health
NP	-	Northeast Health Partners - Region 2 (RAE)
NR	-	North Range
PK	-	AspenPointe
PT	-	AspenPointe MSO (SSPA 3)
RM	-	Rocky Mountain Health Plans - Region 1 (RAE)
SE	-	Southeastern
SG	-	Signal MSO (SSPA 1, 2 and 4)
SL	-	San Luis Valley
SP	-	Health Solutions
SR	-	Servicios
SW	-	Axis Health Systems
WC	-	Solvista
WS	-	West Slope Casa MSO (SSPA 5 & 6)

NOTE: If you wish to submit multiple files of the same type for the same month you may add an additional variable to the end of the filename. For example: 480718a.car or 110618b.car, WE0918c.nm1, etc.

## Section 9 - Target Status Algorithm

**Open Cases** - Age is determined on July 1 of the reporting year.

**New Admissions & Readmissions** - Age is determined on the Admission date.

### 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.

<b>Child Age 0 through 11</b>	<b>Adolescent Age 12 through 17</b>	<b>Adult Age 18 through 59</b>	<b>Older Adult Age 60 or older</b>
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 Adults SPMI I -Older Adult SMI J - Older Adult 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
Intellectual Disabilities	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

Description	Primary Diagnosis Code 1
	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

Description	Primary Diagnosis Code 1
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 F80.82 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.**

<b>P-SEV Scale</b>	<b>Level Value</b>
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:**

<b>P-SEV Scale</b>	<b>Level Value</b>
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 (271))	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")

NOTE: 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
Intellectual Disabilities	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

Description	Primary Diagnosis Code 1
	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

Description	Primary Diagnosis Code 1
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 (271)	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

Description	Primary Diagnosis Code 1, Diagnosis Code 2, 3 or 4
	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 F32.89 F32.9 F33.0 F33.1 F33.2 F33.3 F33.40 F33.41 F33.42 F33.8 F33.9 F34.1 F34.8 F34.81 F34.9 F39
Personality Disorder	F60.0 F60.1 F21
Dissociative Identify Disorder	F44.81
Post-Traumatic Stress	F43.10 F43.11 F43.12 <b>plus the score for the Overall Symptom</b>

Description	Primary Diagnosis Code 1, Diagnosis Code 2, 3 or 4
	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 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 10 - Referral Source Codes

Code	Referral Source Name
238	A Professional Counseling Corporation
075	Access Behavioral Other
500	Adolescent and Family Institute of Colorado
676	Alcohol/Drug Treatment Facility
011	AllHealth Network (formerly Arapahoe/Douglas)
501	Alternative Homes for Youth Greeley
213	Animal Assisted Counseling of Colorado
005	Asian Pacific
004	AspenPointe (formerly Pikes Peak)
048	Aurora
112	Awakenings Recovery Program
239	Awareness Counseling Center
020	Axis Health Systems (formerly Southwest)
065	Behavioral HealthCare, Inc.
310	Boulder County IMPACT
201	Caring Heart Counseling
203	Catholic Charities
503	Cedar Springs Hospital, Inc.
007	Centennial
113	Center for Family and Couple Therapy
229	Center for Life Change
220	Centus Counseling Consulting Education
053	CHARG
504	Children's Ark at Green Mountain Falls
505	Children's Ark at Pueblo
506	Children's Ark at Ute Pass
025	Children's Hospital
580	Cleo Wallace
090	CMHI at Fort Logan
080	CMHI at Pueblo
803	Colorado Access (RAE Region 3)
805	Colorado Access (RAE Region 5)
507	Colorado Boys' Ranch (YouthConnect)
069	Colorado Coalition for the Homeless
806	Colorado Community Health Alliance (RAE Region 6)
807	Colorado Community Health Alliance (RAE Region 7)



Code	Referral Source Name
673	Colorado Mental Health Center/Clinics
056	Colorado Psych Hospital
054	Community Care
015	Community Reach Center
693	Correctional Facility
692	Court (Includes Juvenile)
105	Creative Treatment Options
508	Crisis Connection Program
680	Crisis System
108	Crossroads Turning Points
103	David W Rose PhD - Independent Practice
202	Denver Children's Advocacy Center
509	Denver Children's Home
055	Denver Health Med Center
062	Developmental Disability Consultants
510	Devereux Cleo Wallace - Denver
311	Douglas County
301	Eagle County DHS
302	Eagle County Wayfinder
684	Educational System/School
700	El Paso Reach
517	El Pueblo - Colorado Springs
511	El Pueblo Boys' and Girls' Ranch
237	Elizabeth Terrell Phillips LPC
214	Embracing Choices for Better Living, LLC
512	Excelsior Youth Centers Inc.
574	Extended Hands of Hope-Avanti House
218	FACES
106	Families Plus
513	Family Crisis Center
514	Family Tree Gemini
662	Family/Relative
078	Foothills Behavioral Health
663	Friend/Employer/Clergy
557	Gateway - Delta
115	Gateway - Fremont
558	Gateway - Grand Junction
114	Gateway - Pueblo

Code	Referral Source Name
515	Gateway Residential Program
678	General Hospital Inpatient Psychiatric Program
233	Gift of Psychotherapy
232	Giving Tree Counseling Services
516	Griffith Centers for Children, Inc. (3921)
219	Growth Counseling Group
305	Gunnison County DHS
304	Gunnison County Interagency Oversight Group/DHS
518	Hand Up Homes for Youth-West
804	Health Colorado, Inc. (RAE Region 4)
318	Health Solutions
051	Health Solutions (formerly Spanish Peaks)
061	Healthier You
234	High Plains Community Health Center
240	Highlands Behavioral Health System
315	Hilltop Family Adolescent Partnership
519	Hilltop Residential Youth Services (Part of WSC Crisis)
313	Huerfano/Las Animas Family Resource Center
104	Insight Services
018	Jefferson Center for Mental Health
306	Jefferson County DHS
521	Jefferson Hills - Aurora
520	Jefferson Hills - New Vistas
200	Jewish Family Service of Colorado
314	Joint Initiatives for Youth & Families
223	Joni Handran, PhD, LCSW, CACIII
667	Kaiser (For use by agencies 080 and 090 only)
523	Kidz Ark - New Raymer Ranch
522	Kidz Ark - Sterling
217	Kindness Within Counseling
057	La Clinica Esperanza
307	Lake County Health and Human Services
316	Lake County Wraparound
691	Law Enforcement (Includes Police, Sheriff, DA)
221	Limitless Growth, LLC
524	Lost and Found Inc. Arvada
525	Lost and Found Inc. Morrison
215	Lowry Counseling, LLC

Code	Referral Source Name
107	Maria Droste Counseling Center
231	Mary English, LCSW, CSPT
206	MDS Counseling Center
023	Mental Health Partners (formerly Boulder)
111	Mesa County Criminal Justice Services (Summit View)
038	MHCD - MH Center of Denver
208	Michelle R Simmons,LPC - Private Practice
526	Midway Youth Services Inc. Remington House
102	Mile High Behavioral Healthcare
002	Mind Springs Health (formerly Colorado West)
216	Monica P Buettel, PhD, Licensed Psychologists
527	Mount St. Vincent's Home
528	Mountain Crest/Poudre Valley Health System
573	Mt. Evans Qualifying House
207	National Jewish Health
006	North Range Behavioral
073	Northeast Behavioral
802	Northeast Health Partners (RAE Region 2)
674	Nursing Home Extended Care Organization
209	One Day at a Time Counseling Center
698	Other
679	Other Inpatient Psychiatric Organization
677	Other Physician
670	Other Private MH Practitioner
668	Outpatient Psychiatric Service or Clinic
839	Parker Counseling
235	Peak Vista Community Health Center
308	Pinon Project
669	Private Psychiatrist
694	Probation/Parole, DYC Probation/Parole
212	Project WISE
699	Referral Source Unknown
671	Residential Facility, Mental Health
672	Residential Facility, Other
309	Restorative Programs
529	RFY Inc. - Grismore
530	RFY Inc. - Prairie View
236	Rhino Wellness Center

Code	Referral Source Name
571	Ridge View Youth Services
570	Robert Brown Center
801	Rocky Mountain Health Plans (RAE Region 1)
225	Rocky Mountain Human Services
110	Safe Alternatives for Family and Youth
572	Sage Youth Center
531	San Juan Youth Works
024	San Luis Valley
317	Savio Group
532	Savio House
661	Self
045	Servicios de la Raza
685	Shelter for Homeless/Abused
559	Shiloh - Pavilion
555	Shiloh - Sanctuary
534	Shiloh Center for Youth (Coal Mine)
556	Shiloh Home - Littleton
535	Shiloh Home-Adams Campus
536	Shiloh House Estes
537	Shiloh House Portland
538	Shiloh House Sheridan
539	Shiloh House Yarrow
533	Shiloh-Longmont Campus
681	Social Services Agency, County SSA
014	Solvista (formerly West Central)
017	Southeast Colorado
540	Southern Peaks Regional Treatment Center
228	Sparkle Counseling, LLC
541	Summit Treatment Service Inc.
012	SummitStone (formerly Touchstone, formerly Larimer)
542	Synergy Residential
543	Tennyson Center for Children @ Co Christian Home
027	The Center for Mental Health (formerly Midwestern)
060	The Empowerment Program
554	Third Way - Bannock
544	Third Way Center
545	Third Way Center Lowry
546	Third Way Center Pontiac

Code	Referral Source Name
547	Third Way Center York
548	Third Way Center, Inc. Lincoln
211	Thrive! Therapy & Consultation Services, PLLC
549	Turning Point Center Youth and Family
550	Turning Point Mathews St.
222	University of Colorado Anschutz Medical Campus
226	University of Colorado Hospital CBP
230	University of Colorado Hospital Outpatient Psychiatric Clinic
058	University of Denver
077	VO/Colorado Health Partnerships/Beacon
683	Vocational Rehabilitation Facility
068	Wellness Treatment Center
551	Western Mountain Youth Services
227	Whispers of Change Counseling Services, LLC
204	Wisdom Rising & Associates Intl, LLC
071	YA Medicaid Fee For Service-Residential Providers
072	YB Other
205	Yelena Dvoskina,LPC - Private Practice
312	Youth & Family Connections
224	Youth and Family Healing, LLC
303	Youth Zone
552	Youthtrack San Luis Valley Youth Center
553	Youthtrack Work and Learn

## Section 11 - 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

Code	County
069	Larimer
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 12 - 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



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

## Section 13 - CDPHE Facility Codes

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

Facility #	Facility Name	Facility City	County
020403	BROOKSHIRE HOUSE	DENVER	DENVER
0205US	BROOKSIDE INN	CASTLE ROCK	DOUGLAS
02R989	BROOMFIELD SKILLED NURSING AND REHABILITATION CTR	BROOMFIELD	BROOMFIELD
020636	BRUCE MCCANDLESS CO STATE VETERANS NURSING HOME	FLORENCE	FREMONT
020441	CAMBRIDGE CARE CENTER	LAKEWOOD	JEFFERSON
020407	CAMELLIA HEALTHCARE CENTER	AURORA	ARAPAHOE
020676	CANON LODGE CARE CENTER	CANON CITY	FREMONT
021047	CASA ILLUMINARIA	DEL NORTE	RIO GRANDE
020591	CASTLE ROCK CARE CENTER	CASTLE ROCK	DOUGLAS
010507	CEDAR SPRINGS BEHAVIORAL HEALTH SYSTEM	COLORADO SPRINGS	EL PASO
020181	CEDARDALE HEALTH CARE CENTRE INC	WRAY	YUMA
020449	CEDARS HEALTHCARE CENTER	LAKEWOOD	JEFFERSON
020559	CEDARWOOD HEALTH CARE CENTER	COLORADO SPRINGS	EL PASO
020317	CENTENNIAL HEALTH CARE CENTER	GREELEY	WELD
010304	CENTENNIAL PEAKS HOSPITAL	LOUISVILLE	BOULDER
02R209	CENTRE AVENUE HEALTH AND REHABILITATION FACILITY, LLC	FORT COLLINS	LARIMER
020400	CENTURA GERIATRIC CENTER	DENVER	DENVER
010543	CENTURA HEALTH PENROSE ST FRANCIS HEALTH SERVICES	COLORADO SPRINGS	EL PASO
010316	CENTURA HEALTH-AVISTA ADVENTIST HOSPITAL	LOUISVILLE	BOULDER
010456	CENTURA HEALTH-LITTLETON ADVENTIST HOSPITAL	LITTLETON	ARAPAHOE
020582	CENTURA HEALTH-MEDALION HEALTH CENTER	COLORADO SPRINGS	EL PASO
020518	CENTURA HEALTH-NAMASTE ALZHEIMER CENTER	COLORADO SPRINGS	EL PASO
020640	CENTURA HEALTH-PAVILION AT VILLA PUEBLO, THE	PUEBLO	PUEBLO
010424	CENTURA HEALTH-PORTER ADVENTIST HOSPITAL	DENVER	DENVER
020417	CENTURA HEALTH-ST ANTHONY CENTRAL HOSPITAL E C F	DENVER	DENVER
010429	CENTURA HEALTH-ST ANTHONY CENTRAL HOSPITAL	DENVER	DENVER
010402	CENTURA HEALTH-ST ANTHONY NORTH	WESTMINSTER	JEFFERSON

Facility #	Facility Name	Facility City	County
	HOSPITAL		
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
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	AURORA	ADAMS

Facility #	Facility Name	Facility City	County
	FITZSIMONS		
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

Facility #	Facility Name	Facility City	County
0204ZW	EXEMPLA LUTHERAN MEDICAL CENTER TCU	WHEAT RIDGE	JEFFERSON
010440	EXEMPLA LUTHERAN MEDICAL CENTER	WHEAT RIDGE	JEFFERSON
020369	FAIRACRES MANOR, INC.	GREELEY	WELD
1411CG	FAMILY HEALTH WEST HOSPITAL	FRUITA	MESA
2511OC	FAMILY HEALTH WEST HOSPITAL	FRUITA	MESA
021186	FAMILY HEALTH WEST NURSING HOME	FRUITA	MESA
020314	FORT COLLINS GOOD SAMARITAN RETIREMENT VILLAGE	FORT COLLINS	LARIMER
020395	FORT COLLINS HEALTH CARE CENTER	FORT COLLINS	LARIMER
021299	FOUR CORNERS HEALTH CARE CENTER	DURANGO	LA PLATA
020219	FOWLER HEALTH CARE CENTER	FOWLER	OTERO
020301	FRASIER MEADOWS HEALTH CARE CENTER	BOULDER	BOULDER
020533	GARDEN OF THE GODS CARE CENTER	COLORADO SPRINGS	EL PASO
020469	GARDEN TERRACE ALZHEIMER'S CENTER OF EXCELLENCE	AURORA	ARAPAHOE
020427	GLEN AYR HEALTH CENTER	LAKESWOOD	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	LAKESWOOD	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	LAKESWOOD	JEFFERSON
010403	HAVEN BEHAVIORAL SENIOR CARE OF NORTH DENVER	THORNTON	ADAMS
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

Facility #	Facility Name	Facility City	County
010501	HEALTHSOUTH REHABILITATION HOSPITAL OF CO SPGS	COLORADO SPRINGS	EL PASO
010628	HEART OF THE ROCKIES REGIONAL MEDICAL CENTER	SALIDA	CHAFFEE
140628	HEART OF THE ROCKIES REGIONAL MEDICAL CENTER	SALIDA	CHAFFEE
0204W6	HERITAGE CLUB AT GREENWOOD VILLAGE (LTC)	GREENWOOD VILLAGE	ARAPAHOE
020845	HERITAGE PARK CARE CENTER	CARBONDALE	GARFIELD
01B953	HIGHLANDS BEHAVIORAL HEALTH	LITTLETON	DENVER
020666	HILDEBRAND CARE CENTER	CANON CITY	FREMONT
020197	HILLCREST CARE CENTER	WRAY	YUMA
020412	HOLLY HEIGHTS NURSING HOME, INC	DENVER	DENVER
020237	HOLLY NURSING CARE CENTER	HOLLY	PROWERS
020161	HOLYOKE HEALTH AND REHAB, INC	HOLYOKE	PHILLIPS
020681	HORIZON HEIGHTS	PUEBLO	PUEBLO
021111	HORIZONS CARE CENTER	ECKERT	DELTA
0204HA	HOSPICE OF METRO DENVER CARE CENTER	AURORA	ARAPAHOE
0204CE	HOSPICE OF METRO DENVER CITY PARK CARE CENTER	DENVER	DENVER
020498	HOSPICE OF SAINT JOHN -LTC	LAKEWOOD	JEFFERSON
020437	ILIFF CARE CENTER	DENVER	DENVER
999993	JEFFERSON HILLS	AURORA	ARAPAHOE
020418	JULIA TEMPLE CENTER	ENGLEWOOD	ARAPAHOE
010232	KEEFE MEMORIAL HOSPITAL	CHEYENNE WELLS	CHEYENNE
140232	KEEFE MEMORIAL HOSPITAL	CHEYENNE WELLS	CHEYENNE
020321	KENTON MANOR	GREELEY	WELD
020432	KINDRED HEALTHCARE & REHAB CTR OF NORTHGLENN	NORTHGLENN	ADAMS
010420	KINDRED HOSPITAL-DENVER	DENVER	DENVER
060408	KIPLING VILLAGE-WHEAT RIDGE REGIONAL CENTER	WHEAT RIDGE	JEFFERSON
010167	KIT CARSON COUNTY MEMORIAL HOSPITAL	BURLINGTON	KIT CARSON
140167	KIT CARSON COUNTY MEMORIAL HOSPITAL	BURLINGTON	KIT CARSON
010804	KREMMLING MEMORIAL HOSPITAL DISTRICT	KREMMLING	GRAND
140804	KREMMLING MEMORIAL HOSPITAL DISTRICT	KREMMLING	GRAND
021161	LA VILLA GRANDE CARE CENTER	GRAND JUNCTION	MESA
02110Z	LARCHWOOD INNS	GRAND JUNCTION	MESA

Facility #	Facility Name	Facility City	County
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	LAKEWOOD	JEFFERSON
020497	MARINER HEALTH OF DENVER	DENVER	DENVER
020468	MARINER HEALTH OF GREENWOOD VILLAGE	LITTLETON	ARAPAHOE
020300	MCKEE MEDICAL CENTER NURSING HOME-TCU	LOVELAND	LARIMER
010340	MCKEE MEDICAL CENTER	LOVELAND	LARIMER
010414	MEDICAL CENTER OF AURORA, THE	AURORA	ARAPAHOE
010120	MELISSA MEMORIAL HOSPITAL	HOLYOKE	PHILLIPS
140120	MELISSA MEMORIAL HOSPITAL	HOLYOKE	PHILLIPS
010542	MEMORIAL HOSPITAL	COLORADO SPRINGS	EL PASO
010807	MEMORIAL HOSPITAL, THE	CRAIG	MOFFAT
140807	MEMORIAL HOSPITAL, THE	CRAIG	MOFFAT
011213	MERCY MEDICAL CENTER	DURANGO	LA PLATA
14C450	MERCY MEDICAL CENTER	DURANGO	LA PLATA
021177	MESA MANOR CARE CENTER	GRAND	MESA



Facility #	Facility Name	Facility City	County
		JUNCTION	
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
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	ARCHULET A
020256	PIONEER HEALTH CARE CENTER	ROCKY FORD	OTERO
010850	PIONEERS HOSPITAL OF RIO BLANCO COUNTY	MEEKER	RIO BLANCO

Facility #	Facility Name	Facility City	County
140850	PIONEERS HOSPITAL OF RIO BLANCO	MEEKER	RIO BLANCO
010311	PLATTE VALLEY MEDICAL CENTER	BRIGHTON	ADAMS
020421	POPLAR GROVE HEALTH AND REHAB INC	COMMERCE CITY	ADAMS
010305	POUDRE VALLEY HOSPITAL	FORT COLLINS	LARIMER
020171	PRAIRIE VIEW CARE CENTER	LIMON	LINCOLN
010431	PRESBYTERIAN/ST LUKE'S MEDICAL CENTER	DENVER	DENVER
020396	PROSPECT PARK LIVING CENTER	ESTES PARK	LARIMER
010217	PROWERS MEDICAL CENTER	LAMAR	PROWERS
140217	PROWERS MEDICAL CENTER	LAMAR	PROWERS
020662	PUEBLO EXTENDED CARE CENTER	PUEBLO	PUEBLO
011132	RANGELY DISTRICT HOSPITAL	RANGELY	RIO BLANCO
141132	RANGELY HOSPITAL DISTRICT	RANGELY	RIO BLANCO
020416	RED ROCKS HEALTHCARE CENTER	DENVER	DENVER
1410CF	RIO GRANDE HOSPITAL	DEL NORTE	RIO GRANDE
251011	RIO GRANDE HOSPITAL	DEL NORTE	RIO GRANDE
010428	ROSE MEDICAL CENTER	DENVER	DENVER
020404	ROSE TERRACE HEALTH AND REHAB, INC	COMMERCE CITY	ADAMS
020459	ROWAN COMMUNITY, INC	DENVER	DENVER
020447	SABLE CARE CENTER	AURORA	ADAMS
021141	SAN JUAN LIVING CENTER	MONTROSE	MONTROSE
021020	SAN LUIS CARE CENTER	ALAMOSA	ALAMOSA
011001	SAN LUIS VALLEY REGIONAL MEDICAL CENTER	ALAMOSA	ALAMOSA
020465	SANDALWOOD MANOR, INC	WHEAT RIDGE	JEFFERSON
020201	SANDHAVEN CARE CENTER	LAMAR	PROWERS
02H515	SANDROCK RIDGE CARE & REHAB	CRAIG	MOFFAT
0104HY	SCCI HOSPITAL-AURORA	AURORA	ARAPAHOE
010170	SEDGWICK COUNTY MEMORIAL HOSPITAL	JULESBURG	SEDGWICK
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

Facility #	Facility Name	Facility City	County
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
010432	UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	DENVER	DENVER
020650	UNIVERSITY PARK CARE CENTER	PUEBLO	PUEBLO

Facility #	Facility Name	Facility City	County
020452	UPTOWN HEALTH CARE CENTER	DENVER	DENVER
010911	VAIL VALLEY MEDICAL CENTER	VAIL	EAGLE
02123H	VALLEY INN, THE	MANCOS	MONTEZUM A
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 AFFAIS MEDICAL CENTER-DENVER	DENVER	DENVER
990002	VETERANS AFFAIS MEDICAL CENTER-GRAND JUNCTION	GRAND JUNCTION	MESA
020451	VILLA MANOR CARE CENTER	LAKWOOD	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	MONTEZUM A
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	WASHINGT ON
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	LAKWOOD	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

Facility #	Facility Name	Facility City	County
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 14 - 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 amnesic 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
F32.89	Other Specified Depressive Disorder - effective 10/1/2016
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

ICD-10	Description
F33.42	Major depressive disorder, recurrent, in full remission
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
F34.81	Disruptive Mood Dysregulation Disorder - effective 10/1/2016
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
F42.2	Obsessive-Compulsive Disorder
F42.3	Hoarding Disorder
F42.8	Other Specified Obsessive-Compulsive and Related Disorder - effective 10/1/2016
F42.9	Unspecified Obsessive-Compulsive and Related Disorder - effective 10/1/2016
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

ICD-10	Description
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
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
F50.81	Binge-Eating Disorder - effective 10/1/2016
F50.89	Avoidant/Restrictive Food Intake Disorder - effective 10/1/2016
F50.89	Other Specified Feeding or Eating Disorder - effective 10/1/2016
F50.89	Pica, in adults - effective 10/1/2016
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

ICD-10	Description
	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
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

ICD-10	Description
F64.0	Transsexualism
F64.1	Dual role transvestism
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
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
F80.82	Social (Pragmatic) Communication Disorder - effective 10/1/2016
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

ICD-10	Description
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
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

ICD-10	Description
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
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



ICD-10	Description
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
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	Malingerer [conscious simulation]
Z91.19	Patient's noncompliance with other medical treatment and regimen

## Section 15 - DC:03 ICD-10 Diagnosis Codes

<i>DC: 0-3 Diagnosis Axis I</i>	<i>ICD-10 Diagnosis Code &amp; 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
<b>200. Disorders of Affect</b>	
210. Prolonged Bereavement/Grief Reaction	F43.21 Adjustment disorder with depressed mood
<b>220. Anxiety Disorders of Infancy and Early Childhood</b>	
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
<b>230. Depression of Infancy and Early Childhood</b>	
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

<b>400. Regulation Disorders of Sensory Processing</b>	
<b>410. Hypersensitive</b>	
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
<b>500. Sleep Behavior Disorder</b>	<b>ICD-10 Diagnosis Code &amp; Description</b>
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)
<b>600. Feeding Behavior Disorder</b>	
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
<b>700. Disorder of Relating and Communicating</b>	<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 for infants and toddlers less than 2 years old 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 16 - Reports

### A. File/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.