



COLORADO

**Behavioral Health
Administration**

CCAR User Manual

(Colorado Client Assessment Record)

FY22/23, Version 2022.1
July 1, 2022 - June 30, 2023

Changes since the last version are outlined below and highlighted throughout this document.

- Section 2 - Added applicable rules related to CCAR and data submissions.
- Section 3 - Added ASO codes to data elements section:
 - A1 - ASO Region 1: Rocky Mountain Health Plans
 - A2 - ASO Region 2: Beacon Health Options
 - A3 - ASO Region 3: Signal Behavioral Health Network
 - A4 - ASO Region 4: Health Colorado
 - A5 - ASO Region 5: Signal Behavioral Health Network
 - A6 - ASO Region 6: Signal Behavioral Health Network
 - A7 - ASO Region 7: Beacon Health Options
- Section 3 - Data Element Meds Only: Updated to Medication/Psychiatric Service Only Client and added Rule reference.
- Section 5 - File naming - added providers to list
- Section 7 - New Referral Source Codes
 - 686 - I MATTER (Rapid Mental Health Response for CO Youth)
 - 052 - Eagle Valley Behavioral Health
 - 185 - Your Hope Center

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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 demographics and the outcomes section contains questions related to a consumer's daily functioning on 25 clinical domains.

The behavioral health data obtained through the CCAR (submitted to the Behavioral Health Administration on, or before, the last business day the month following the admission/update/discharge) in order for BHA to:

- Determine SED/SMI (target status),
- Satisfy federal reporting requirements for block grant funding of behavioral health providers in the State,
- Inform the State Legislature regarding policy, service quality, effectiveness, etc.
- 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, Clinics, RAEs, MSOs, ASOs, etc.) about a variety of behavioral health issues.

The following reports are available on the CCAR website to help you track when CCARs are due. Please see Section 13 for more information on each report.

- Admitted/Open Clients
- Accepted Records
- Clients Requiring Updates
- Batch file Submission Reports
 - Error Report
 - Rejected Records
 - Accepted Records

Providers are asked to review these reports and correct any data issues. See your BHA contract for more details on data submission requirements and timelines.



Section 2 - CCAR Data Reporting Policy

1. All licensed and designated behavioral health providers, as well as the Colorado Mental Health Institutes (Pueblo and Ft. Logan) are required to submit CCAR data to the BHA as specified in their annual contract and/or by BHA Rule.

All BHA licensed (SUD) or designated (MH) agencies must comply with 2 CCR 502-1, Sections 21.130 and 21.190.7. (See 3b below for 21.190.7 reference.)

21.130 DATA REQUIREMENTS [Eff. 11/1/13] Licensed and designated organizations shall provide accurate and timely submission of required data to the Department identified data collection systems or its authorized representatives and retain a copy in treatment record.

2. CCARs must be completed for all Medication/Psychiatric Service Only clients (Rule 21.190.7) and all publicly funded clients whose services are paid for with any amount of public funds. Public funds include BHA Funds, Medicaid Capitation, Medicaid Fee for Services, Medicare, any local funds that do not fully cover the cost of care and/or is subsidized by BHA funds, any other State funds from other Departments such as Department of Corrections, DYC, Child Welfare/Counties Child Welfare, Division of Vocational Rehabilitation and CHP+, etc.

3. Admissions: New Guidance Effective July 1, 2022.

When client admission record submissions are due is based upon the type of service/modality. They include:

- One-Step
- Medication/Psychiatric Service Only
- Registered Service

- a. **One-step services** are those which typically do not incur multiple encounters/visits or are services that pose a safety risk to clients. These admissions are due at the first encounter. A non-licensed behavioral health professional may complete the CCAR for clients in this category, though this is at the facility's discretion. A licensed behavioral health professional must complete the CCAR for any client who meets the criteria for Medication/Psychiatry Only.

One-step admissions are due for the first encounter. One-steps include the following services/modalities:

- Involuntary/Emergency Commitment
- 27-65
- 72-hour evaluation and treatment
- Short-term hold
- Long-term hold
- Psychiatric Hospital Inpatient (admit/discharge)



- Acute Treatment Unit (ATU)
- Crisis Stabilization (CSU)
- Crisis Respite
- CCAR Evaluation Only records

b. **Medication/Psychiatry Only Service** client admission CCARs must be submitted by the 6th encounter or within 90 days of the first encounter, whichever comes first. Annual updates are required.

- i. This type of CCAR **must** be completed by a licensed behavioral health professional as per rule 21.190.7.

21.190.7 Medication/Psychiatric Services Only at Mental Health Centers and Clinics [Eff. 11/1/13]

A. A person qualifies to be classified as receiving medication/psychiatric services only when the agency provides a maximum of three (3) services, in addition to services related to medications, within a six (6) month period of time.

B. At least annually, a licensed behavioral health professional shall complete and document in the clinical record:

1. Clinical rationale supporting medication/psychiatric services only status;
2. An updated assessment;
3. An updated service plan; and,
4. A Colorado Client Assessment Record (CCAR).

- ii. The clinical rationale supporting medication/psychiatry only services must be included in the client record.

c. **Registered service** - these are all other modalities not listed above. They are typically provided in an outpatient setting and/or where the client is seen over time. These admissions must be submitted by the 6th encounter or within 90 days of the first encounter, whichever comes first. Annual updates are required.

- i. A non-licensed behavioral health professional may complete these types of CCARs, though this is at the facility's discretion.

4. CCAR Annual Updates are required:

- a. An annual update of the CCAR is required for all clients with an open episode, and must include all changes to CCAR data elements.
 - i. If a client no longer has an active episode, a discharge CCAR must be submitted in lieu of the annual update. It must include all changes to CCAR data elements since the last CCAR record submitted.



For Medication/Psychiatric Service Only Clients, the annual update is a more streamlined version of the CCAR. It contains all of the required data elements in the administrative section, and the following outcome rating scales below. The remaining outcome rating scales are optional.

- A. Self-Care/Basic Needs
- B. Role Performance
- C. Overall Symptom Severity
- D. Overall Recovery
- E. Overall Level of Functioning.

A licensed behavioral healthcare professional **must** complete the annual CCAR update for Medication/Psychiatric Service Only Clients.

5. Psychiatric Hospital Updates

- a. Psychiatric hospital update records are due when a client is admitted to, and discharged from, a non-State psychiatric hospital/unit.

6. Discharges

- a. A CCAR discharge record must be completed when a client no longer has an open episode at the facility. It must include all changes to CCAR data elements since the last CCAR record submitted.

Section 3 - CCAR Data Elements

This section details the valid values, file position and applicable record type for each CCAR data element. If you submit batch files rather than online data entry, all data elements in the file must be right justified and padded with leading spaces when necessary to ensure proper length. If the data element 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 are in error. Duplicate CCARs are determined based upon Agency Number, Client ID, Name, Effective Date and Action Type.

Action Types
 01 = admission
 03 = update
 05 = discharge
 06 = evaluation

Field (File position)	Description	Action Type
CCAR Administrative Section		
Agency (1-3)	This field contains the number, assigned by the Behavioral Health Administration, to the Community Mental Health Center/Clinic, BHO, RAE or Colorado Mental Health Institute (CMHI) that admitted the client.	All 01 03 05 06
RAE/ASO (4-5)	RAE Identification Codes: <u>RAE</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) CB - also use for RAE Denver Health Medicaid Choice CU - RAE Colorado Community Health Alliance (Region 6) CX - RAE Colorado Community Health Alliance (Region 7) <u>ASO Codes - for Crisis CCARs with an effective date >= 7/1/2019</u> A1 - ASO Rocky Mountain Health Plans A2 - ASO Beacon Health Options	All 01 03 05 06



Field (File position)	Description	Action Type
	<p>A3 - ASO Signal Behavioral Health Network A4 - ASO Health Colorado A5 - ASO Signal Behavioral Health Network A6 - ASO Signal Behavioral Health Network A7 - ASO Beacon Health Options</p> <p>For RCCFs Only YA - Medicaid Fee for Service (Residential Providers) YB - Other</p> <p>If 'Medicaid Fee for Service' or 'Medicaid - Capitated' = 1, this field must contain a valid BHO/RAE Code.</p> <p>Only required if Medicaid Fee for Service or Medicaid - Capitated.</p>	
Program (6-10)	Used by the provider to record an internal program identifier. May contain any combination of alphanumeric or spaces. Not required.	All
Medicaid ID (11-17)	<p>X999999 -A valid Medicaid number, which consists of an alphabetic character in the first position, followed by 6 numeric characters.</p> <p>If 'Medicaid Fee for Service' or 'Medicaid - Capitated' = 1, must not be blank.</p>	All
Client ID (18-27)	<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>Required.</p> <p>Must match the client id submitted on encounters.</p>	All
SSN (28-36)	<p>The client's complete social security number is required.</p> <p>A value of 999999999 is acceptable if the client refuses or is unable to provide their social security number.</p> <p>Required.</p>	All
Date of Birth (37-44)	Use standard date validation - MMDDCCYY. Cannot be greater than today's date.	All



Field (File position)	Description	Action Type
	Cannot be greater than admission date. Cannot be less than 01/01/1900. Required.	
Last Name (45-64)	NO numeric or special characters ¹ . The complete last name is required for all clients. Required. <i>¹ 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>	All
First Name (65-84)	Alpha characters only. The complete first name is required for all clients. Required.	All
Middle Name (85-99)	Alpha characters only. Not Required.	All
Title (100-103)	Alpha characters only. Not Required.	All
Enrollment Payer (104-111) Select all that apply. Medicaid Fee for Service (104) Medicaid - Capitated (105) Medicare - (106) Self-Pay (107) Insurance & Third Party (108) State/Other Federal (109) Local (110) CHP+ (111)	0 - No 1 - Yes At least one of these fields must be marked "Yes". Required. <ul style="list-style-type: none"> • 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 	All



Field (File position)	Description	Action Type
	<p>Note: If a provider is seeing a Medicaid client from out of State, provide their Medicaid Number and select Medicaid Fee for Service.</p>	
Referral Source (112-114)	<p>The source of referral for the client at the time of admission. See Section 7 for all Referral Source Codes Required.</p>	<p>All</p>
Effective Date (115-122)	<p>Effective date of the update, MMDDCCYY Use standard date validation. Cannot be earlier than the admission date. Cannot be greater than today's date. Required.</p>	<p>03</p>
Action Type (123-124)	<p>01 - Admission 03 - Update 05 - Discharge 06 - Evaluation Only Required.</p>	<p>All</p>
Type of Update (125-126)	<p>01 - Annual 02 - Interim/Reassessment 03 - Psychiatric Hospital Admission 07 - Psychiatric Hospital Discharge</p> <p>DYC/CW Only 06 - DYC Parole 08 - Residential Treatment Change of Level CCAR</p> <p>DOC Only 09 - DOC/Community Parole Required.</p> <p>01 Annual - REQUIRED A CCAR must be completed within one year of the client's original admission or the most recent annual update. Please ensure that all data elements are being updated with any changes that have occurred for this client since their last CCAR record.</p> <p>02 Interim - OPTIONAL. This type of record can be used to update any client information that has changed since their last CCAR. (An Annual Update may also be used to report changes.)</p> <p>03 Psychiatric Hospital Admission - This type of update is required when a client is admitted to a private hospital.</p>	<p>03</p>



Field (File position)	Description	Action Type
	<p>06 DYC Parole - Used only for DYC/CW Clients</p> <p>07 Psychiatric Hospital Discharge - This type of update is required when a client is discharged from a private hospital.</p> <p>08 Residential Treatment Change of Level - Used only for DYC/CW Clients</p> <p>09 DOC/Community Parole - Used only for DOC Clients</p>	
<p>CDPHE ID (127-132)</p>	<p>The 6-digit hospital ID assigned by CDPHE.</p> <p>Required for records with Action type 03 and Type of Update = '03' and '07'. For all other records, this field is optional and may be blank.</p>	All
<p>Housing Only Client (133)</p>	<p>Field should be blank. We no longer required this field. NOT ALLOWED. Leave blank.</p>	All
<p>Medication/Psychiatric Service Only Clients (134)</p>	<p>Identifies medication/psychiatry service only clients as defined in 2 CCR 502-1, Section 21.190.7 MEDICATION/PSYCHIATRIC SERVICES ONLY AT MENTAL HEALTH CENTERS AND CLINICS [Eff. 11/1/13].</p> <p>0 - The client is not a psychiatry/medication service only client 1 - The client is a psychiatry/medication service only client</p> <p>Required.</p>	All
<p>Admission Date (135-142)</p>	<p>MMDDCCYY Admission Date cannot be prior to 1/1/1950. Use standard date validation. Cannot be greater than today's date. Required.</p>	All
<p>Placement End Date (143-150)</p> <p>DYC/CW clients only</p>	<p>MMDDCCYY Use standard date validation. Cannot be prior to admission date. Cannot be greater than today's date. Not Required.</p>	All
<p>Special Studies Code 1 (151-160)</p>	<p>BHA may request that values be placed in this field if special studies are being conducted.</p> <p>Not Required.</p>	All



Field (File position)	Description	Action Type
Special Studies Code 2 (161-170)	BHA may request that values be placed in this field if special studies are being conducted. Not Required.	All
For Agency Use Only (171-180)	No validation will be performed on values in this field. Not Required.	All
Residential Treatment Level of Care Identified (181) DYC/CW clients only	Residential Treatment Level of Care identified by the CCAR. A - Z Not Required.	All
Residential Treatment Level of Care Authorized (182) DYC/CW clients only	Residential Treatment Level of Care identified by the CCAR. A - Z Not Required.	All
Residential Treatment Providers (183-189) (DYC/CW clients only)	Residential Treatment Level of Care identified by the CCAR. Not Required.	All
Gender (190)	M - Male F - Female Required.	All
Ethnicity (191)	0 - No, the client is not Hispanic 1 - Yes, the client is Hispanic (Mexican) 2 - Yes, the client is Hispanic (Puerto Rican) 3 - Yes, the client is Hispanic (Cuban) 4 - Yes, the client is Hispanic (Other Hispanic) 5 - The client declined to answer Required.	All
Race (192-197) 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 1 - Yes At least one of these fields must be Yes If 197 is Yes, 192-196 must be No Required.	All
Discharge Date	MMDDCCYY	05



Field (File position)	Description	Action Type
(198-205)	Use standard date validation. Cannot be prior to admission date. Cannot be greater than today's date. Required.	06
Date of Last Contact (206-213)	MMDDCCYY Use standard date validation. Cannot be prior to the admission date. Cannot be greater than today's date. Required.	05 06
Type of Discharge (214)	1- Treatment completed 2- Transferred/Referred 3- Treatment not completed Required.	05 06
Discharge/Termination Referral (215-217)	Where the client was referred after discharge. See Section 7 Referral Source Codes Required.	05 06
AXIS I Primary Psychiatric Diagnosis (218-222)	If Effective Date is ≥ October 1, 2015 Leave blank.	All
AXIS I Secondary Psychiatric Diagnosis (223-227)	If Effective Date is ≥ October 1, 2015 Leave blank.	All
AXIS II Psychiatric Diagnosis (228-232)	If Effective Date is ≥ October 1, 2015 Leave blank.	All
Substance Abuse Diagnosis (233-237)	If Effective Date is ≥ October 1, 2015 Leave blank.	All
GAF Score (238-240)	If Effective Date is ≥ October 1, 2015 Leave blank.	All
DC03 AXIS I Primary Diagnosis (241-243)	3-digit DC:0-3 code. See Section 11 for diagnosis codes. Not Required.	All
DC03 AXIS I Secondary Diagnosis (244-246)	3-digit DC:0-3 code. See Section 11 for diagnosis codes. Not Required.	All



Field (File position)	Description	Action Type
DC03 AXIS II Relationship Disorder Classification (247-250)	Field no longer used. Leave blank.	All
DC03 PIR - GAS (251-253)	Indicates the client's current PIR-GAS diagnosis, if applicable. 000 - 100. Not Required.	All
Highest Education Level in Years (254-255)	Valid values = PK, 00-20 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 Required.	All
Marital Status (256-257)	01 - Never married 02 - Married 03 - Married, separated 04 - Widowed 05 - Divorced Required.	All
Number Children (258-259)	The number of children under 18 for whom the client is responsible. 00 - Zero children 01 through 99 - The client is supporting this number of household children Required.	All
Annual Income (260-265)	This field contains the client's family income. 0 - 999999 Required.	All
SSI (266)	Is the client receiving SSI? 0 - No 1 - Yes Required.	All
SSDI (267)	Is the client receiving SSDI? 0 - No 1 - Yes Required.	All



Field (File position)	Description	Action Type
Number of Persons Supported by Income (268)	This field contains codes that indicate the number of persons supported by the client's annual family income. 1 -The income is supporting only the client. 2 through 8 - The income is supporting this number of household members 9 - The income is supporting 9 or more household members Required.	All
Current Primary Role/Employment/School Status (269-270)	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 Required.	All
Place of Residence (271-272)	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 Required.	All
Current Living Arrangement (273-283) Check all that apply. Alone (273) Mother (274)	0 - No 1 - Yes At least one of the fields must be marked "Yes". Required.	All



Field (File position)	Description	Action Type
Father (275) Sibling(s) (276) Relative(s), kin (277) Foster Parent(s) (278) Guardian (279) Spouse (280) Partner/Significant Other (281) Child(ren) (282) Unrelated Person (283)		
Existence Presenting Problem (284)	How long the client’s mental health problem existed prior to the current admission. 1 - The problem has existed longer than one year 2 - The problem has existed one year or less Required.	All
Number of Prior Psychiatric Hospitalizations (285-286)	The number of prior psychiatric hospitalizations for the client (entire lifespan). 0 - 99 Required.	All
Disabilities (287-292) Check all that apply. Developmental Disability (287) Deaf/Hearing Loss (288) Blind/Vision Loss (289) Learning Disability (290) Traumatic Brain Injury (TBI)(291) None (292)	0 - No 1 - Yes At least one option must be selected. Required.	All
Legal Status (293-294)	Legal status at the time of this admission. 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 alcohol/Drug commitment 10 - Conditional Release 11 - DYC Commitment 12 - DYC Detention 13 - DOC/Community Parole Required.	All



Field (File position)	Description	Action Type
<p>Considerations for Providers (295-300)</p> <p>Check all that apply.</p> <p>Self-care Problems (295) Food Attainment (296) Housing Access (297) Cultural (298) Language (299) None (300)</p>	<p>0 - No 1 - Yes</p> <p>At least one option must be selected. Required.</p>	<p>All</p>
<p>History of Issues (301-314)</p> <p>Check all that apply:</p> <p>Suicide Attempt (301) Trauma (302) Legal/Incarcerations (303) Sexual Misconduct (304) Destroyed Property (305) Set Fires (306) Legal/Convictions (307) Animal Cruelty (308) Prenatal/Perinatal Drug/Alcohol Exposure (309) Danger to Self (310) Family Mental Illness (311) Family Substance Abuse (312) Violent Environment (313) None (314)</p>	<p>0 - No 1 - Yes</p> <p>At least one option must be selected. Required.</p>	<p>All</p>
<p>Current Issues (315-323)</p> <p>Check all that apply.</p> <p>Sexual Misconduct (315) Danger to Self (316) Injures Others (317) Injury by Abuse/Assault (318) Reckless Self-Endangerment (319) Suicide Ideation (320)</p>	<p>0 - No 1 - Yes</p> <p>At least one option must be selected. Required.</p>	<p>All</p>



Field (File position)	Description	Action Type
Suicide Plan (321) Suicide Attempt (322) None (323)		
27-65 Criteria (324-327) Check all that apply. Danger to Self (324) Danger to Others (325) Gravely Disabled (326) Does not apply (327)	0 - No 1 - Yes At least one option must be selected. Required.	All
County Of Residence (328-330)	The county where the client currently resides. See Section 7 for all Referral Source Codes Required.	All
Zip Code (331-335)	All numeric - valid zip code. If the client does not have a zip code, the Agency's main office zip code should be used. Required.	All
Staff ID (336-342)	A field identifying the person filling out the form. The field may contain any combination of alphabetic, numeric and special characters. Required.	All
CCAR Outcomes Section		
School Age (343)	Is the individual school age? If No, then the School Problems section should be left blank. 0 - No 1 - Yes Required. Optional for Psychiatric/Medication Service Only Annual Updates.	All
School Problems (344-347) Select all that apply: Expelled from School (344) Suspended from School (345) Unexcused Absences from School (346)	0 - No 1 - Yes Fields should be blank if child is not of school age. Required if child is of School Age. Optional for Psychiatric/Medication Service Only Annual Updates.	All



Field (File position)	Description	Action Type
Currently Passing all Classes (347)		
Child less than 6 years old (348) Is the child less than six years old? If no, then the School Development section should be left blank.	0 - No 1 - Yes Required. Optional for Psychiatric/Medication Service Only Annual Updates.	All
School Development (349-355) Talking/Communication (349) Physical/Motor Movements (350) Hearing/Seeing (351) Learning/Cognition (352) Playing & Interacting (353) Self-Help Skills (354) Child Readiness Developmentally Appropriate (355)	0 - No 1 - Yes Fields should be blank if child is not less than six years of age. Required if child is less than 6 years of age. Optional for Psychiatric/Medication Service Only Annual Updates.	All
History / Current - Victimization (now or ever) (356-360) Check all that apply. Sexual Abuse (356) Neglect (357) Physical Abuse (358) Verbal Abuse (359) None - Victimization (360)	0 - No 1 - Yes Required. Optional for Psychiatric/Medication Service Only Annual Updates.	All
History of Mental Health Services (361-365) Check all that apply. Inpatient (361) Other 24-hour (362) Partial care (363) Outpatient (364) None (365)	Previous mental health services received by the client prior to the current admission. 0 - No, the client did not receive the service 1 - Yes, the client had received the service If “None” is marked “Yes”, then no other choices may be marked “Yes”. If “None” is marked “No” then at least one of the other fields must be marked “Yes”. Required.	All



Field (File position)	Description	Action Type
	<p>Optional for Psychiatric/Medication Service Only Annual Updates.</p>	
<p>Previous/Concurrent Services (366-372)</p> <p>Check all that apply.</p> <p>Juvenile Justice (366) Special Education (367) Child Welfare (368) Adult Corrections (369) Substance Abuse (370) Developmental Disabilities (371) None (372)</p>	<p>Services received by the client prior to the current admission.</p> <p>0 - No, the client did not receive the service 1 - Yes, the client had received the service</p> <p>At least one option must be selected. Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	<p>All</p>
<p>Current Non-Prescription Substance Use (373-383)</p> <p>Check all that apply.</p> <p>Tobacco (373) Alcohol (374) Marijuana (375) Cocaine/Crack (376) Heroin (377) Other Opiates/Narcotics (378) Barbiturates/Sedatives/Tranquilizers (379) Amphetamines/Stimulants (380) Hallucinogens (381) Inhalants (382) None (383)</p>	<p>Current types of non-prescription substances being used by the client.</p> <p>0 - No, the client did not receive the service 1 - Yes, the client had received the service</p> <p>At least one option must be selected. Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	
<p>Physical Health Rating (384)</p>	<p><i>Extent to which a person's physical health or condition is a source of concern.</i></p> <p>Valid values = 1 through 9</p> <p>1-No physical problems that interfere with daily living. 3-Presence of occasional or mild physical problems that may interfere with daily living 5- Frequent or chronic physical health problems 7-Incapacitated due to medical/physical health, and likely to require inpatient or residential health care.</p>	<p>All</p>



Field (File position)	Description	Action Type
	<p>9- Presence of critical medical condition requiring immediate inpatient or residential health care treatment.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	
<p>Self-Care / Basic Needs Rating (385)</p>	<p><i>Extent to which mental health symptoms impact a person's ability to care for self and provide for needs.</i></p> <p>Valid values = 1 through 9</p> <p>1-Able to care for self and provide for own needs. 3- Occasional assistance required in caring for self and obtaining basic needs. 5- High levels of assistance needed in caring for self and obtaining basic needs. 7-Unable to care for self and obtain basic needs in safe and sanitary manner. 9- Gravely disabled and in extreme need of complete supportive care.</p> <p>Required.</p>	<p>All</p>
<p>Legal Rating (386)</p>	<p><i>Extent to which a person is involved in the criminal justice system.</i></p> <p>Valid values = 1 through 9</p> <p>1- No legal difficulties 3- Occasional legal difficulties. 5- Frequent legal difficulties. 7- May be in confinement or at risk of confinement due to illegal activity. 9- Continuously at risk for illegal behavior. Likely to be in confinement or with current serious charges pending.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	<p>All</p>
<p>Security / Supervision Rating (387)</p>	<p><i>Extent to which the person is in need of increased supervision.</i></p> <p>Valid values = 1 through 9</p>	<p>All</p>



Field (File position)	Description	Action Type
	<p>1-No special security or supervision precautions needed.;</p> <p>3-Occasional behavior problems are present and require low levels of security and supervision.</p> <p>5- Requires moderate levels of security and supervision due to intermittent high-risk and/or dangerous behaviors.</p> <p>7- Close supervision, seclusion, suicide watch, or controlled medication administration may be necessary due to severe behavioral problems. Walkaway/escape potential may be high.</p> <p>9- Requires constant supervision or a secure environment due to behaviors that are likely to result in injury to self or others.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	
<p>Suicide / Danger-to-Self Rating (388)</p>	<p><i>Extent to which a person experiences self-harming thoughts and/or behaviors.</i></p> <p>Valid values = 1 through 9</p> <p>1-No indication of self-destructiveness or self-endangerment.</p> <p>3- Self-harmful tendencies are evident from speech and/or previous behavior, and person may experience harmful thoughts with minimal danger to self.</p> <p>5-Self-harmful thoughts and/or actions are present and are of serious concern.</p> <p>7- Self-harmful thoughts and/ or actions are persistent, affecting most aspects of daily functioning.</p> <p>9-Requires immediate intervention to prevent suicide or physical self-injury</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	<p>All</p>
<p>Aggression / Danger to Others Rating (389)</p>	<p><i>Extent of aggressiveness in interactions with others</i></p> <p>Valid values = 1 through 9</p> <p>1-Exhibits no aggressiveness towards others.</p> <p>3- Occasional low-level aggressive behavior toward others.</p>	<p>All</p>



Field (File position)	Description	Action Type
	<p>5- Occasional major or frequent minor aggressive behavior which is perceived as dangerous. 7- Repeated major behavior that is problematic and is hostile, threatening and dangerous. 9- Continuously aggressive behavior that is intended to inflict injury or pain, verbal attacks and or demonstrates imminent danger to others.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	
<p>Psychosis Rating (390)</p>	<p><i>Extent to which a person experiences delusional, disorganized and irrational thought processes..</i></p> <p>Valid values = 1 through 9</p> <p>1- No evidence of thought difficulties. 3- Occasional odd thought processes. 5- Frequent substitution of fantasy for reality, isolated delusions or infrequent hallucinations. 7- Persistent thought disturbance, frequent hallucinations or delusions. Communication is highly impaired. 9- Thought processes are disorganized and tangential, resulting in persistent disruption in communication. Extreme disconnection from reality.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	<p>All</p>
<p>Cognition Rating (391)</p>	<p><i>Extent to which a person performs cognitive tasks and experiences symptoms such as, but not limited to, confusion, poor problem solving and impaired judgment.</i></p> <p>Valid values = 1 through 9</p> <p>1-No evidence of impaired cognitive capacity. 3- Occasional incidences of poor judgment or memory loss may occur. 5-Cognitive processes are persistently impaired and may exhibit impaired functioning. 7-Person may be unable to function independently due to significantly impaired cognitive processes. 9- Impaired cognitive processes result in inability to</p>	<p>All</p>



Field (File position)	Description	Action Type
	<p>care for self.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	
<p>Attention Rating (392)</p>	<p><i>Extent to which a person experiences attention issues such as, but not limited to, distractibility, inability to concentrate and restlessness.</i></p> <p>Valid values = 1 through 9</p> <p>1-No disruption of daily activities, issues are temporary, appropriate and do not impact functioning. 3- May persist beyond situational event, but not debilitating. 5-Persistent, low-level or occasionally moderate, impacts daily functioning. 7-Persistent and incapacitating, affecting most aspects of daily functioning. 9- Person is completely incapacitated by and is seemingly incapable of responding appropriately.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	<p>All</p>
<p>Manic Issues Rating (393)</p>	<p><i>Extent to which a person experiences manic symptoms such as but not limited to excessive activity level, elevated mood, and decreased need for sleep.</i></p> <p>Valid values = 1 through 9</p> <p>1-No disruption of daily activities. Issues are temporary, appropriate and do not impact functioning. 3- May persist beyond situational event, but not debilitating. 5- Persistent, low-level or occasionally moderate, impacts daily functioning. 7- Persistent and incapacitating, affecting most aspects of daily functioning. 9-Person is completely incapacitated by and is seemingly incapable of responding appropriately.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	<p>All</p>



Field (File position)	Description	Action Type
<p>Anxiety Issues Rating (394)</p>	<p><i>Extent to which a person experiences anxiety symptoms such as, but not limited to, nervousness, fearfulness and tension.</i></p> <p>Valid values = 1 through 9</p> <p>1-No disruption of daily activities. Issues are temporary, appropriate and do not impact functioning. 3-May persist beyond situational event, but not debilitating. 5-Persistent, low-level or occasionally moderate, impacts daily functioning. 7-Persistent and incapacitating, affecting most aspects of daily functioning. 9- Person is completely incapacitated by and is seemingly incapable of responding appropriately.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	<p>All</p>
<p>Depressive Issues Rating (395)</p>	<p><i>Extent to which a person experiences depressive symptoms such as, but not limited to, sadness, worrying, irritability and agitation.</i></p> <p>Valid values = 1 through 9</p> <p>1-No disruption of daily activities. Issues are temporary, appropriate and do not impact functioning. 3- May persist beyond situational event, but not debilitating. 5- Persistent, low-level or occasionally moderate, impacts daily functioning. 7- Persistent and incapacitating, affecting most aspects of daily functioning. 9-Person is completely incapacitated by and is seemingly incapable of responding appropriately. Impaired functioning and requires immediate treatment.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	<p>All</p>



Field (File position)	Description	Action Type
Alcohol Use Rating (396)	<p><i>Extent to which a person's use of alcohol impairs daily functioning.</i></p> <p>Valid values = 1 through 9</p> <p>1-No impairment of general functioning due to alcohol use. 3- Occasional difficulties in functioning due to alcohol use. 5- Frequent difficulties in functioning due to alcohol use. 7- Significantly impaired functioning due to alcohol use. Alcohol use dominates life to the exclusion of other activities. 9-Constantly debilitated due to alcohol use, with no regard for basic needs or safety of self and others.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	All
Drug Use Rating (397)	<p><i>Extent to which a person's use of legal or illegal drugs impairs daily functioning.</i></p> <p>Valid values = 1 through 9</p> <p>1-No impairment of general functioning due to drug use. 3- Occasional difficulties in functioning due to drug use. 5- Frequent difficulties in functioning due to drug use. 7- Significantly impaired functioning due to drug use. Drug use dominates life to the exclusion of other activities. 9-Constantly debilitated due to drug use, with no regard for basic needs or safety of self and others.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	All
Family Rating (398)	<p><i>Extent to which issues within the individual's identified family and family relationships are problematic</i></p> <p>Valid values = 1 through 9</p> <p>1-Family relationships are not of current concern.</p>	All



Field (File position)	Description	Action Type
	<p>3- Occasional friction or discord in family relationships. 5- Frequent disagreements or turbulence with family members. 7- Extensive disruption in family functioning which has resulted in out of home placement or estrangement. 9- Family members are at a considerable personal risk and require formal external supportive services.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	
<p>Interpersonal Rating (399)</p>	<p><i>Extent to which a person establishes and maintains relationships with others.</i></p> <p>Valid values = 1 through 9</p> <p>1-Demonstrates healthy relationships with others. 3- Some difficulty developing or maintaining healthy interpersonal relationships. 5- Inadequate relational skills resulting in tenuous and strained relationships. 7-Markedly impaired relational skills resulting in poor relationship formation and maintenance. 9- Interpersonal relationships are virtually nonexistent.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	<p>All</p>
<p>Socialization Rating (400)</p>	<p><i>Extent to which a person's conduct deviates cultural and social norms.</i></p> <p>Valid values = 1 through 9</p> <p>1-Generally conforms to social norms and rules. 3- Occasionally violates rights of others, social norms and or rules. 5-Frequently violates rights of others, social norms and or rules. 7- No regard for rules, rights of others and seriously disruptive to others. 9-Complete disregard for rights of others, social norms, and/or rules resulting in social destructiveness and dangerousness to others.</p>	<p>All</p>



Field (File position)	Description	Action Type
	<p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	
<p>Role Performance Rating (401)</p>	<p><i>Extent to which a person adequately performs his/her occupational role. Note: Rate individual's current primary role (e.g. worker, caregiver, student) as marked in the core fields</i></p> <p>Valid values = 1 through 9</p> <p>1-Performs comfortably and completely in role. 3- Occasional disruption of role performance. 5-Frequent disruption of role performance. 7- Severe disruption of role performance. Attempts at functioning are ineffective. 9- Productive functioning is absent and currently inconceivable.</p> <p>Required.</p>	<p>All</p>
<p>Overall Symptom Severity Rating (402)</p>	<p><i>Rate the severity of the person's mental health symptoms.</i></p> <p>Valid values = 1 through 9</p> <p>1-No symptoms are present for this person. 3-Symptoms may be intermittent or may persist at a low level; 5- Symptoms are present which require formal professional mental health intervention. 7- Significant symptoms affecting multiple domains exist, often requiring external intervention. 9-Symptoms are profound and potentially life-threatening.</p> <p>Required.</p>	<p>All</p>
<p>Social Support Rating (403)</p>	<p><i>Extent to which a person has relationships with supportive people who contribute to recovery.</i></p> <p>Valid values = 1 through 9</p> <p>1-Supportive relationships outside of service providers and actively participates in maintaining them. 3- Supportive relationships outside of service providers. 5- Only meaningful relationships with service providers</p>	<p>All</p>



Field (File position)	Description	Action Type
	<p>and other receiving services. 7- Only meaningful relationships are with service providers. 9- No meaningful relationships (or relationships that are not constructive) and person wants or could clearly benefit from them.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	
<p>Hope Rating (404)</p>	<p><i>Extent to which a person is optimistic about future outcomes.</i></p> <p>Valid values = 1 through 9</p> <p>1-Openly expresses hope for the future and is making efforts to achieve better outcomes. 3-Openly expresses hope for the future, but is not currently making efforts that would lead to better outcomes. 5-Expresses both positive and negative attitudes in regard to future outcomes. 7- Does not express hope for the future, but may be convinced that there is opportunity for better outcomes. 9- Actively expresses hopelessness about future change.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	<p>All</p>
<p>Empowerment Rating (405)</p>	<p><i>Extent to which a person uses available resources that contribute to personal health, welfare, and recovery. This includes knowledge and understanding of symptoms, treatment options and resource alternatives. Note: Mark 1 if less than 12 years old.</i></p> <p>Valid values = 1 through 9</p> <p>1-Actively engages in planning and activities to assure optimal personal health, welfare and recovery. 3- Is aware of some available resources and generally acts to access them to assure personal health, welfare</p>	<p>All</p>



Field (File position)	Description	Action Type
	<p>and recovery. 5- Does not respond to signs and symptoms that may reduce personal health, welfare and recovery. 7- Ignores or rejects offers or resources or assistance to assure personal health, welfare and recovery. 9- Requires intervention to assure recovery.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	
<p>Activity Involvement Rating (406)</p>	<p><i>Extent to which a person participates in positive activities.</i></p> <p>Valid values = 1 through 9</p> <p>1-High involvement in a variety of positive activities that are self, other and community focused. 3- Involvement in a variety of positive activities that includes others. 5- Involvement in a variety of positive activities but rarely includes others. 7- Engages in few, if any, positive activities, but rarely includes others. 9-No identified positive activities.</p> <p>Required. Optional for Psychiatric/Medication Service Only Annual Updates.</p>	<p>All</p>
<p>Overall Recovery Rating (407)</p>	<p><i>Extent to which a person is involved in the process of getting better and developing/restoring/maintaining a positive and meaningful sense of self.</i></p> <p>Valid values = 1 through 9</p> <p>1-Views self positively with the knowledge that setbacks may occur and is able to actively pursue and access resources to support recovery with a sense of empowerment and hopefulness about future outcomes. 3- Hopeful about future outcomes and is actively participating and using resources to promote recovery. 5- Expresses hopefulness about future outcomes and is willing to begin to engage in using available resources to promote recovery. 7- Expresses a mixture of hopefulness and hopelessness</p>	<p>All</p>



Field (File position)	Description	Action Type
	about future outcomes and is interested in discussing available options and resources to aid in recovery. 9- Entrenched in symptoms, expresses hopelessness about future outcomes AND does not actively engage in using available resources that might promote recovery Required.	
Overall Level of Functioning Rating (408)	<i>Extent to which a person is able to carry out activities of daily living despite the presence of mental health symptoms.</i> Valid values = 1 through 9 1-Functioning well in most activities of daily living. 3-Adequate functioning in activities of daily living. 5- Limited functioning in activities of daily living; 7- Impaired functioning that interferes with most activities of daily living; 9- Significantly impaired functioning, may be life-threatening. 9- Significantly impaired functioning, may be life threatening. Required.	All
Record Code (409)	“0” - CCAR Outcome Version Required.	All
First Contact Date (410- 417)	The date the client first contacted the agency. MMDDCCYY Cannot be prior to 1/1/1950. Use standard date validation. Cannot be greater than today’s date. Required.	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. Cannot be prior to 1/1/1950. Use standard date validation. Cannot be greater than today’s date. Required.	01 06
Pregnant (426)	Date of First Appointment Offered 0 - No 1 - Yes Required. Cannot be Yes if Gender = Male.	All
Sexual Orientation	Self-identified.	All



Field (File position)	Description	Action Type
(427)	1 - Heterosexual 2 - Gay/Lesbian 3 - Bisexual 4 - Other 5 - Declined Required.	
Reason for Discharge (428-429)	01=Attendance 02=Client Decision 03=Client stopped coming and contact efforts failed 04=Financial/Payments 05=Lack of Progress 06=Medical Reasons 07=Military Deployment 08=Moved 09=Incarcerated 10=Died 11=Agency closed/No longer in business Required if client DID NOT complete treatment. (If Type of Discharge = 3, Treatment not completed.)	05 06
Veteran /Active Military Status (430)	0 - No 1 - Yes Required.	All
Tobacco Status (431)	The client's history of using tobacco products. 1= current smoker/tobacco user -every day 2= current smoker/tobacco user - periodically 3= former smoker/tobacco user 4= never smoker/tobacco user 5= smoker/tobacco user - current status unknown 6= unknown if ever smoked/used Required.	All
Criminal Justice Involvement (432-433)	00-96 99- Unknown Required.	All
School Attendance (434)	Has the individual attended school in the past 3 months? 0 - No 1 - Yes Only Required if School Age is "Yes". If School Age (343) = No, then leave School Attendance blank Optional for Psychiatric/Medication Service Only Annual Updates.	All



Field (File position)	Description	Action Type
Trauma History (435)	Has the client (now or ever) experienced or witnessed a traumatic event? 0 - No 1 - Yes 2 - Unable to assess Required.	All
Primary Diagnosis 1 (436-442)	Primary ICD10 diagnosis code. See Section 11 for ICD10 diagnosis codes. Required. Note: Switched to ICD10 10/1/2015.	All
Diagnosis Code 2 (443-449)	2 nd ICD10 diagnosis code. See Section 11 for ICD10 diagnosis codes. Cannot be the same as Primary Diagnosis 1. Not Required.	All
Diagnosis Code 3 (450-456)	3 rd ICD10 Diagnosis Code. See Section 11 for ICD10 diagnosis codes. Cannot be the same as Primary Diagnosis 1 or Diagnosis 2. Not Required.	All
Diagnosis Code 4 (457-463)	4 th ICD10 Diagnosis Code See Section 11 for ICD10 diagnosis codes. Cannot be the same as Primary Diagnosis 1, Diagnosis 2, or Diagnosis 3. Not Required.	All



Section 4 - CCAR File 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
192	American Indian/Alaskan Native
193	Asian



Position/ Length	Field Name
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
284	Existence Presenting Problem
285/2	Number of Prior Psychiatric Hospitalizations



Position/ Length	Field Name
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
326	Gravely Disabled



Position/ Length	Field Name
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



Position/ Length	Field Name
432/2	Criminal Justice Involvement
434	School Attendance
435	Trauma History
436/7	Primary Diagnosis 1 (required)
443/7	Diagnosis 2 (optional)
450/7	Diagnosis 3 (optional)
457/7	Diagnosis 4 (optional)



Section 5 - 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

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

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

For Substance Use Encounters:

ABSUMMYY.nm1

ABSUMMYY.ffs

ABSUMMYY.hip

<u>Prefix</u>	<u>Provider</u>
AD	- Community Reach Center
AP	- AllHealth Network
AS	- Asian Pacific Development Center
AU	- Aurora Mental Health Center
BC	- MHP/Boulder County MSO (SSPA 7)
BU	- Mental Health Partners
CA	- Colorado Access - Region 3 (RAE)
CB	- Colorado Access - Region 5 (RAE)
CD	- WellPower
CE	- Centennial Mental Health Center
CT	- Crossroads Turning Points
CU	- Colorado Community Health Alliance - Region 6 (RAE)
CW	- Mind Springs Health
CX	- Colorado Community Health Alliance - Region 7 (RAE)
DU	- University of Denver
EV	- Eagle Valley Behavioral Health
HC	- Health Colorado, Inc. - Region 4 (RAE)
HT	- Hilltop
HR	- Hope Center
JE	- Jefferson Center for Mental Health
JN	- Jefferson Hills - New Vistas
LA	- Summitstone Health Partners
MW	- Axis Health Systems 2 (previously The Center for Mental Health)
NP	- Northeast Health Partners - Region 2 (RAE)
NR	- North Range Behavioral Health
PK	- Diversus Health CMHC
PT	- Diversus Health MSO (SSPA 3)
RM	- Rocky Mountain Health Plans - Region 1 (RAE)
SA	- Specialized Alternatives for Family and Youth (SAFY)
SE	- Southeast Health Group
SG	- Signal MSO (SSPA 1, 2 and 4)
SL	- San Luis Valley Behavioral Health
SP	- Health Solutions
SR	- Servicios de la Raza
SW	- Axis Health Systems
SV	- Mesa County Criminal Justice Services (Summit View)
WC	- Solvista Health
WS	- West Slope Casa MSO (SSPA 5 & 6)
YH	- Your Hope Center

<u>Prefix</u>	<u>Provider</u>
A1	- ASO - Rocky Mountain Health Plans (Region 1)
A2	- ASO - Beacon Health Options (Region 2)
A3	- ASO - Signal Behavioral Health (Region 3)
A4	- ASO - Health Colorado, Inc. (Region 4)
A5	- ASO - Signal Behavioral Health (Region 5)
A6	- ASO - Signal Behavioral Health (Region 6)
A7	- ASO - Colorado Community Health Alliance CCHA (Region 7)

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

Section 6 - Target Status (SED, SMI, SPMI)

Fiscal Year Age
 New Admissions & Readmissions - Age is determined on the Admission date.
 Open Episode - Age is determined on July 1 of the reporting year.

Child 0 through 11	Adolescent Age 12 through 17	Adult Age 18 through 59	Older Adult Age 60 or older
A - Child SED B - Child not-SED	C - Adolescent SED D - Adolescent not-SED	E - Adult SPMI F - Adult SMI G - Adult not SMI/SPMI	H - 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, F10.99
Substance	F11.10, F11.159, F11.181, F11.182, F11.188, F11.20, F12.10, F12.122, F12.159, F12.180, F12.188, F12.20, F13.10, F13.159, F13.180, F13.181, F13.182, F13.188, F13.20, F14.10, F14.122, F14.159, F14.180, F14.181, F14.182, F14.188, F14.20, F15.10, F15.122, F15.159, F15.180, F15.181, F15.182, F15.188, F15.20, F16.10, F16.122, F16.159, F16.180, F16.183, F16.188, F16.20, F17.200, F18.10, F18.159, F18.180, F18.188, F19.122, F19.159, F19.180, F19.181,



Description	Primary Diagnosis Code 1
	F19.182, F19.188, F19.20, F19.921, F19.939, F19.94, F19.950, F19.951, F19.96, F19.97, F19.99
Dementia & other diagnoses due to medical conditions	F01.50, F01.51, F02.80, F02.81, F03.90, F04, F05, F06.0, F06.1, F06.2, F06.30, F06.4, F06.8, F07.0, F53
Autistic Behaviors	F84.0, F84.3, F84.5, F84.8
Developmental Disabilities	F80.0, F80.1, F80.2, F80.82, 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.

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

For Adolescents Only:

P-SEV Scale	Level Value
Legal (385)	7-9
Psychosis (389)	7-9
Attention (391)	7-9
Manic Issues (392)	7-9
Anxiety Issues (393)	7-9
Depressive Issues (394)	7-9



Family (397)	7-9
Socialization (399)	7-9
Role Performance (400)	7-9

Step 3 Problem Type

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

Problem	Problem Value
Victim: Sexual Abuse (356)	1
Victim: Physical Abuse (358)	1
Sexual Misconduct (315)	1
Danger to Self (316)	1
Injures Others (317)	1
Injury by Abuse/Assault (318)	1
Reckless Self-Endangerment (319)	1
Suicide Ideation (320)	1
Suicide Plan (321)	1
Suicide Attempt (322)	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 (271-272)	All codes except 13, 14, 15 and 16) OR
Current Living Arrangement: Foster Parent(s) (278)	1) OR
Current Living Arrangement: Unrelated Person(s) (282) Mother (274) Father (275) Spouse (280) Partner/Significant Other (281)	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, F13.20, F14.10, F14.122, F14.159, F14.180, F14.181, F14.182, F14.188, F14.20, F15.10, F15.122, F15.159, F15.180, F15.181, F15.182, F15.188, F15.20, F16.10, F16.122, F16.159, F16.180, F16.183, F16.188, F16.20, F17.200, F18.10, F18.159, F18.180, F18.188, F19.122, F19.159, F19.180, F19.181, F19.182, F19.188, F19.20, F19.921, F19.939, F19.94, F19.950, F19.951, F19.96, F19.97, F19.99
Dementias & other diagnoses due to medical conditions	F01.50, F01.51, F02.80, F02.81, F03.90, F04, F05, F06.0, F06.1, F06.2, F06.30, F06.4, F06.8, F07.0, F53
Other	R69, R99, Z03.89



Step 2 SPMI - Serious and Persistent Mental Illness

For an Adult or Older Adult to meet the criteria for **SPMI**, s/he must first pass the Exclusion criteria in Step 1 and then meet the criteria in the History and/or Self Care categories below:

Any **THREE** of the following History items on the CCAR form must be met:

History Criteria	Value
SSI (266)	1
SSDI (267)	1
Presenting Problem has Existed (284)	1
Inpatient Care (361)	1
Other 24-Hour Care (362)	1
Partial Care (363)	1

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

Self-Care Criteria	Value
Place of Residence (271-272)	All codes except 12, 15 and 16.
Self-Care Problems (295)	1
Food Attainment (296)	1
Housing Access (297)	1
Self-Care/Basic Needs (385)	7-9



Step 3 SMI not SPMI

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

Description	Primary Diagnosis Code 1, Diagnosis Code 2, 3 or 4
Schizophrenia & Other Psychosis	F20.0, F20.1, F20.2, F20.3, F20.5, F20.9
Paranoid	F22, F24
Other Psychosis	F20.81, F23, F25.0, F25.1, F25.8, F25.9, F29
Major Affective	F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, , F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.1, 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 Identity Disorder	F44.81
Post-Traumatic Stress	F43.10, F43.11, F43.12 plus the score for the Overall Symptom Severity must be a 4 or higher (4 through 9) for F43.10 - F43.12

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 Behavioral Health Administration has combined SPMI and SMI not SPMI into a single SMI category.



Section 7 - Referral Source Codes

Code	Referral Source
163	1st Priority Institute for Better Living
118	A New Outlook Recovery Services
238	A Professional Counseling Corporation
075	Access Behavioral Other
121	Advantage Treatment Centers, Inc.
120	All Points North Lodge
011	AllHealth Network
501	Alternative Homes for Youth Greeley
124	Animal Assisted Therapy Programs of Colorado
502	Arapahoe House-Stepwise
005	Asian Pacific Development Center
048	Aurora Mental Health Center
112	Awakenings Recovery Program
239	Awareness Counseling Center
020	Axis Health Systems
065	Behavioral HealthCare, Inc.
125	Boulder Community Health - Riverbed Rd.
310	Boulder County IMPACT
123	Boulder Emotional Wellness DBA Healing Quest
122	Brain Injury Alliance of Colorado
201	Caring Heart Counseling
203	Catholic Charities
503	Cedar Springs Hospital, Inc.
007	Centennial Mental Health Center
126	Centennial Peaks Hospital - 88th St.
113	Center for Family and Couple Therapy
229	Center for Life Change
220	Centus Counseling Consulting Education
053	CHARG
504	Children's Ark
505	Children's Ark at Pueblo
506	Children's Ark at Ute Pass
025	Children's Hospital
150	Chrysalis Continuing Care
160	Clinica Counseling
090	CMHI at Fort Logan
080	CMHI at Pueblo



Code	Referral Source
069	CO Coalition for the Homeless
803	Colorado Access (Region 3)
805	Colorado Access (Region 5)
507	Colorado Boys' Ranch (YouthConnect)
806	Colorado Community Health Alliance (Region 6)
807	Colorado Community Health Alliance (Region 7)
673	Colorado Mental Health Centers/Clinics
056	Colorado Psych Hospital
149	Colorado Therapy & Assessment Center
054	Community Care
401	Community Crisis Connection
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 Ph D - Independent Practice
509	Denver Children's Home
202	Denver Children's Advocacy Center
055	Denver Health Med Center
127	Denver Springs - American Way
062	Developmental Disability Consultants
560	Devereaux Cleo Wallace - Westminster
510	Devereux Cleo Wallace - Denver
004	Diversus Health
992	Diversus Health (MSO)
311	Douglas County
128	Dream Catcher Therapy Center, Inc - Hwy 348
301	Eagle County DHS
302	Eagle County Wayfinder
052	Eagle Valley Behavioral Health
129	Eating Recovery Center
684	Educational system/school
700	El Paso REACH
511	El Pueblo - An Adolescent Treatment Community
517	El Pueblo - Colorado Springs
237	Elizabeth Terrell Phillips LPC



Code	Referral Source
214	Embracing Choices for Better Living, LLC
060	Empowerment
300	ENKI Health and Research Systems, Inc.
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
130	Fitzsimmons Crisis Services Center - Victor
159	Flatirons Recovery
131	Four Feathers Counseling - Bijou
132	FreedomChoice LLC
663	Friend/Employer/Clergy
557	Gateway - Delta
115	Gateway - Fremont
558	Gateway - Grand Junction
114	Gateway - Pueblo
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.
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. (Region 4)
051	Health Solutions
318	Health Solutions (SOC)
061	Healthier You
234	High Plains Community Health Center
153	Higher Sights Counseling
240	Highlands Behavioral Health System
315	Hilltop Family Adolescent Partnership
519	Hilltop Residential Youth Services
133	Hinds Feet Counseling - Parkside



Code	Referral Source
117	Hope Center
313	Huerfano/Las Animas Family Resource Center
162	Independence House
104	Insight Services Colorado
134	Jade Recovery Inc.
018	Jefferson Center for Mental Health
306	Jefferson County CYLC
575	Jefferson Hills - New Vistas
521	Jefferson Hills-Aurora
520	Jefferson Hills-Lakewood CSU
200	Jewish Family Service of Colorado
314	Joint Initiatives for Youth & Families
223	Joni Handran, PhD, LCSW, CACIII
667	Kaiser (For use by CMHI's only - agencies 080 and 090)
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
576	Laradon
691	Law enforcement (includes police, sheriff, DA)
156	Life's Hope - Bannock
157	Life's Hope - Sheridan
221	Limitless Growth, LLC
154	Liv'n With A Purpose
524	Lost and Found Inc. Arvada
525	Lost and Found Inc. Morrison
215	Lowry Counseling, LLC
107	Maria Droste Counseling Center
231	Mary English, LCSW, CSPT
135	McKee Medical Center
206	MDS Counseling Center
038	Mental Health Center of Denver
023	Mental Health Partners
993	Mental Health Partners MSO
111	Mesa County Criminal Justice Svs (Summit View)
155	Michelle Simmons Counseling
526	Midway Youth Services Inc. Remington House



Code	Referral Source
102	Mile High Behavioral Healthcare
002	Mind Springs Health
216	Monica P Buettel, PhD, Licensed Psychologist
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 Health
802	Northeast Health Partners (Region 2)
151	Northpoint Colorado
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 Services
136	Peak View Behavioral Health - Sisters Grove
235	Peak Vista Community Health Center
308	Pinon Project
137	Porter Adventist Hospital
669	Private psychiatrist
694	Probation/Parole, DYC probation/parole
138	Professional Psychology Clinic - Vine
212	Project WISE
139	Providence Recovery Services of Colorado, LLC
140	Psychological Services Center
686	I MATTER - Rapid Mental Health Response for CO Youth
661	Referral Source - Self
699	Referral source not known
671	Residential Facility, Mental Health
672	Residential Facility, Other
141	Restorations Therapy, LLC
309	Restorative Programs
529	RFY Inc-Grismore
530	RFY Inc-Prairie View
236	Rhino Wellness Center



Code	Referral Source
571	Ridge View Youth Services
116	Rite of Passage
585	RMK-Brads House
583	RMK-Drews Place
584	RMK-Future Bound
582	RMK-Nevada House
570	Robert Brown Center
405	Rocky Mountain Crisis Partners
801	Rocky Mountain Health Plans (Region 1)
225	Rocky Mountain Human Services
142	Rocky Mtn Behavioral Health, Inc - Independence
143	Ryon Medical & Associates, LLC - Lacey
572	Sage Youth Center
531	San Juan Youth Works
024	San Luis Valley Behavioral Health
317	Savio Group
532	Savio House
045	Servicios de la Raza
685	Shelter for homeless/abused
555	Shiloh - Sanctuary
534	Shiloh Center for Youth (Coal Mine)
535	Shiloh Home - Adams Campus
556	Shiloh Home - Littleton
559	Shiloh House - Pavilion
536	Shiloh House Estes
537	Shiloh House Portland
538	Shiloh House Sheridan
539	Shiloh House Yarrow
533	Shiloh-Longmont Campus
991	Signal Behavioral Health Network MSO
681	Social Service Agency, County SSA
014	Solvista Health
017	Southeast Health Group
540	Southern Peaks Regional Treatment Center
228	Sparkle Counseling, LLC
110	Specialized Alternatives for Families and Youth (SAFY)
541	Summit Treatment Service Inc
012	Summitstone Health Partners



Code	Referral Source
070	Synergy Outpatient
542	Synergy Residential
152	Tangen Counseling
543	Tennyson Center for Children @ Co Christian Home
027	Axis Health Systems 2 (previously The Center for Mental Health)
158	The Curry Center
144	The Medical Center of Aurora Behavioral Health
059	The Sturm Center
554	Third Way - Bannock
544	Third Way Center
545	Third Way Center Lowry
546	Third Way Center Pontiac
547	Third Way Center York
548	Third Way Center, Inc Lincoln
211	Thrive! Therapy & Consultation Services, PLLC
119	Turn Key Health
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
058	University of Denver
146	Veterans Affairs Medical Center - Grand Junction
683	Vocational rehabilitation facility
068	Wellness Treatment Ctr
147	West Pines Behavioral Health - West 38th - Senior
148	West Pines Behavioral Health. Bldg C
994	West Slope Casa MSO (SSPA 5, 6)
551	Western Mountain Youth Services
227	Whispers of Change Counseling Services, LLC
204	Wisdom Rising & Associates Intl, LLC
205	Yelena Dvoskina,LPC - Private Practice
185	Your Hope Center
312	Youth & Family Connections
224	Youth and Family Healing, LLC
303	Youth Zone
552	Youthtrack San Luis Valley Youth Center



Code	Referral Source
553	Youthtrack Work and Learn

Section 8 - 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



Code	County
061	Kiowa
063	Kit Carson
065	Lake
067	La Plata
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 9 - 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 10 - 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
020403	BROOKSHIRE HOUSE	DENVER	DENVER



Facility #	Facility Name	Facility City	County
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 HOSPITAL	WESTMINSTER	JEFFERSON
010650	CENTURA HEALTH-ST MARY CORWIN MEDICAL CENTER	PUEBLO	PUEBLO



Facility #	Facility Name	Facility City	County
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
011527	CLEAR VIEW BEHAVIORAL HEALTH	JOHNSTOWN	LARIMER
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 FITZSIMONS	AURORA	ADAMS
020855	COLORADO STATE VETERANS NURSING HOME-RIFLE	RIFLE	GARFIELD
0207YZ	COLORADO STATE VETERANS NURSING	WALSENBURG	HUERFANO



Facility #	Facility Name	Facility City	County
	HOME-WALSENBURG		
021154	COLOROW CARE CENTER	OLATHE	MONTROSE
020326	COLUMBINE CARE CENTER EAST	FORT COLLINS	LARIMER
020335	COLUMBINE CARE CENTER WEST	FORT COLLINS	LARIMER
020698	COLUMBINE MANOR CARE CENTER	SALIDA	CHAFFEE
011119	COMMUNITY HOSPITAL	GRAND JUNCTION	MESA
011020	CONEJOS COUNTY HOSPITAL CORPORATION	LA JARA	CONEJOS
141020	CONEJOS COUNTY HOSPITAL	LA JARA	CONEJOS
021067	CONEJOS COUNTY HOSPITAL-LTC UNIT	LA JARA	CONEJOS
020312	COTTONWOOD CARE CENTER	BRIGHTON	ADAMS
010435	CRAIG HOSPITAL	ENGLEWOOD	ARAPAHOE
020581	CRIPPLE CREEK REHABILITATION & WELLNESS CENTER	CRIPPLE CREEK	TELLER
020248	CROWLEY COUNTY NURSING CENTER	ORDWAY	CROWLEY
011145	DELTA COUNTY MEMORIAL HOSPITAL	DELTA	DELTA
010444	DENVER HEALTH MEDICAL CENTER	DENVER	DENVER
020444	DENVER NORTH CARE CENTER	DENVER	DENVER
020193	DEVONSHIRE ACRES	STERLING	LOGAN
020803	DOAK WALKER CARE CENTER	STEAMBOAT SPRINGS	ROUTT
020899	E DENE MOORE CARE CENTER	RIFLE	GARFIELD
021116	EAGLE RIDGE AT GRAND VALLEY	GRAND JUNCTION	MESA
25017J	EAST MORGAN COUNTY HOSPITAL	BRUSH	MORGAN
1401BP	EAST MORGAN COUNTY HOSPITAL-SWING BED	BRUSH	MORGAN
020170	EBEN EZER LUTHERAN CARE CENTER	BRUSH	MORGAN
020474	ELMS HAVEN CARE CENTER	THORNTON	ADAMS
010302	ESTES PARK MEDICAL CENTER	ESTES PARK	LARIMER
140302	ESTES PARK MEDICAL CENTER	ESTES PARK	LARIMER
021065	EVERGREEN NURSING HOME, INC.	ALAMOSA	ALAMOSA
020443	EVERGREEN TERRACE CARE CENTER LLC	LAKEWOOD	JEFFERSON
020414	EXEMPLA COLORADO LUTHERAN HOME	ARVADA	JEFFERSON
011529	EXEMPLA GOOD SAMARITAN MEDICAL CENTER, LLC	LAFAYETTE	BOULDER
02043X	EXEMPLA INC/SAINT JOSEPH HOSPITAL TCU	DENVER	DENVER
010430	EXEMPLA INC/SAINT JOSEPH HOSPITAL	DENVER	DENVER
0204ZW	EXEMPLA LUTHERAN MEDICAL CENTER TCU	WHEAT RIDGE	JEFFERSON
010440	EXEMPLA LUTHERAN MEDICAL CENTER	WHEAT RIDGE	JEFFERSON
020369	FAIRACRES MANOR, INC.	GREELEY	WELD
1411CG	FAMILY HEALTH WEST HOSPITAL	FRUITA	MESA
2511OC	FAMILY HEALTH WEST HOSPITAL	FRUITA	MESA
021186	FAMILY HEALTH WEST NURSING HOME	FRUITA	MESA



Facility #	Facility Name	Facility City	County
020314	FORT COLLINS GOOD SAMARITAN RETIREMENT VILLAGE	FORT COLLINS	LARIMER
020395	FORT COLLINS HEALTH CARE CENTER	FORT COLLINS	LARIMER
021299	FOUR CORNERS HEALTH CARE CENTER	DURANGO	LA PLATA
020219	FOWLER HEALTH CARE CENTER	FOWLER	OTERO
020301	FRASIER MEADOWS HEALTH CARE CENTER	BOULDER	BOULDER
020533	GARDEN OF THE GODS CARE CENTER	COLORADO SPRINGS	EL PASO
020469	GARDEN TERRACE ALZHEIMER'S CENTER OF EXCELLENCE	AURORA	ARAPAHOE
020427	GLEN AYR HEALTH CENTER	LAKEWOOD	JEFFERSON
020889	GLEN VALLEY CARE & REHABILITATION CENTER	GLENWOOD SPRINGS	GARFIELD
020367	GOLDEN PEAKS NURSING AND REHABILITATION CENTER	FORT COLLINS	LARIMER
060463	GOOD SHEPHERD LUTHERAN HOME OF THE WEST	LITTLETON	ARAPAHOE
020175	GRACE MANOR CARE CENTER	BURLINGTON	KIT CARSON
021101	GRAND JUNCTION REGIONAL CENTER S N F	GRAND JUNCTION	MESA
061162	GRAND JUNCTION REGIONAL CENTER	GRAND JUNCTION	MESA
020457	GRAND OAKS CARE CENTER	LAKEWOOD	JEFFERSON
010830	GRAND RIVER MEDICAL CENTER	RIFLE	GARFIELD
140830	GRAND RIVER MEDICAL CENTER	RIFLE	GARFIELD
010909	GUNNISON VALLEY HOSPITAL	GUNNISON	GUNNISON
140109	GUNNISON VALLEY HOSPITAL	GUNNISON	GUNNISON
020453	HALLMARK NURSING CENTER -LTC	DENVER	DENVER
020425	HARMONY POINTE NURSING CENTER	LAKEWOOD	JEFFERSON
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
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



Facility #	Facility Name	Facility City	County
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	LAKESWOOD	JEFFERSON
020437	ILIFF CARE CENTER	DENVER	DENVER
999993	JEFFERSON HILLS	AURORA	ARAPAHOE
020416	JEWELL CARE CENTER OF DENVER	DENVER	DENVER
020418	JULIA TEMPLE CENTER	ENGLEWOOD	ARAPAHOE
010232	KEEFE MEMORIAL HOSPITAL	CHEYENNE WELLS	CHEYENNE
140232	KEEFE MEMORIAL HOSPITAL	CHEYENNE WELLS	CHEYENNE
020321	KENTON MANOR	GREELEY	WELD
020432	KINDRED HEALTHCARE & REHAB CTR OF NORTHGLENN	NORTHGLENN	ADAMS
010420	KINDRED HOSPITAL-DENVER	DENVER	DENVER
060408	KIPLING VILLAGE-WHEAT RIDGE REGIONAL CENTER	WHEAT RIDGE	JEFFERSON
010167	KIT CARSON COUNTY MEMORIAL HOSPITAL	BURLINGTON	KIT CARSON
140167	KIT CARSON COUNTY MEMORIAL HOSPITAL	BURLINGTON	KIT CARSON
010804	KREMMLING MEMORIAL HOSPITAL DISTRICT	KREMMLING	GRAND
140804	KREMMLING MEMORIAL HOSPITAL DISTRICT	KREMMLING	GRAND
021161	LA VILLA GRANDE CARE CENTER	GRAND JUNCTION	MESA
0211OZ	LARCHWOOD INNS	GRAND JUNCTION	MESA
020527	LAUREL MANOR CARE CENTER	COLORADO SPRINGS	EL PASO
020501	LIBERTY HEIGHTS	COLORADO SPRINGS	EL PASO
0204F6	LIFE CARE CENTER OF AURORA	AURORA	ARAPAHOE
0205X1	LIFE CARE CENTER OF COLORADO SPRINGS	COLORADO SPRINGS	EL PASO
020490	LIFE CARE CENTER OF EVERGREEN	EVERGREEN	JEFFERSON
0203TL	LIFE CARE CENTER OF GREELEY	GREELEY	WELD
0204RB	LIFE CARE CENTER OF LITTLETON	LITTLETON	ARAPAHOE
020316	LIFE CARE CENTER OF LONGMONT	LONGMONT	BOULDER



Facility #	Facility Name	Facility City	County
020641	LIFE CARE CENTER OF PUEBLO	PUEBLO	PUEBLO
0204W2	LIFE CARE CENTER OF WESTMINSTER	WESTMINSTER	ADAMS
140150	LINCOLN COMM HOSPITAL	HUGO	LINCOLN
010150	LINCOLN COMMUNITY HOSPITAL	HUGO	LINCOLN
020167	LINCOLN COMMUNITY HOSPITAL/NURSING HOME	HUGO	LINCOLN
020442	LITTLE SISTERS OF THE POOR-MULLEN HOME	DENVER	DENVER
020462	LITTLETON MANOR NURSING HOME	LITTLETON	ARAPAHOE
02041X	LONGMONT UNITED HOSPITAL T C U	LONGMONT	BOULDER
010350	LONGMONT UNITED HOSPITAL	LONGMONT	BOULDER
020366	LOVELAND GOOD SAMARITAN VILLAGE	LOVELAND	LARIMER
020315	MANORCARE HEALTH SERVICES -BOULDER	BOULDER	BOULDER
020476	MANORCARE HEALTH SERVICES -DENVER	DENVER	DENVER
021149	MANTEY HEIGHTS REHABILITATION & CARE CENTER	GRAND JUNCTION	MESA
020411	MAPLETON CARE CENTER	LAKESWOOD	JEFFERSON
020497	MARINER HEALTH OF DENVER	DENVER	DENVER
020468	MARINER HEALTH OF GREENWOOD VILLAGE	LITTLETON	ARAPAHOE
020300	MCKEE MEDICAL CENTER NURSING HOME-TCU	LOVELAND	LARIMER
010340	MCKEE MEDICAL CENTER	LOVELAND	LARIMER
010414	MEDICAL CENTER OF AURORA, THE	AURORA	ARAPAHOE
010120	MELISSA MEMORIAL HOSPITAL	HOLYOKE	PHILLIPS
140120	MELISSA MEMORIAL HOSPITAL	HOLYOKE	PHILLIPS
010542	MEMORIAL HOSPITAL	COLORADO SPRINGS	EL PASO
010807	MEMORIAL HOSPITAL, THE	CRAIG	MOFFAT
140807	MEMORIAL HOSPITAL, THE	CRAIG	MOFFAT
011213	MERCY MEDICAL CENTER	DURANGO	LA PLATA
14C450	MERCY MEDICAL CENTER	DURANGO	LA PLATA
021177	MESA MANOR CARE CENTER	GRAND JUNCTION	MESA
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



Facility #	Facility Name	Facility City	County
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
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



Facility #	Facility Name	Facility City	County
			BLANCO
141132	RANGELY HOSPITAL DISTRICT	RANGELY	RIO BLANCO
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
020423	SIERRA HEALTHCARE COMMUNITY	LAKEWOOD	JEFFERSON
020302	SIERRA VISTA HEALTHCARE CENTER	LOVELAND	LARIMER
020597	SIMLA GOOD SAMARITAN CENTER	SIMLA	ELBERT
01D972	SKY RIDGE MEDICAL CENTER	LONE TREE	DOUGLAS
020682	SKYLINE RIDGE NURSING & REHABILITATION CENTER	CANON CITY	FREMONT
020223	SOUTHEAST COLORADO HOSPITAL LTC CENTER	SPRINGFIELD	BACA
010221	SOUTHEAST COLORADO HOSPITAL	SPRINGFIELD	BACA
140221	SOUTHEAST COLORADO HOSPITAL	SPRINGFIELD	BACA
011206	SOUTHWEST MEMORIAL HOSPITAL	CORTEZ	MONTEZUM A
141206	SOUTHWEST MEMORIAL HOSPITAL	CORTEZ	MONTEZUM A



Facility #	Facility Name	Facility City	County
010433	SPALDING REHABILITATION HOSPITAL	AURORA	ADAMS
010720	SPANISH PEAKS REGIONAL HEALTH CENTER	WALSENBURG	HUERFANO
140720	SPANISH PEAKS REGIONAL HEALTH CENTER	WALSENBURG	HUERFANO
020424	SPEARLY CENTER, THE	DENVER	DENVER
020372	SPRING CREEK HEALTHCARE CENTER	FORT COLLINS	LARIMER
020535	SPRINGS VILLAGE CARE CENTER	COLORADO SPRINGS	EL PASO
011160	ST MARY'S HOSPITAL & MEDICAL CENTER	GRAND JUNCTION	MESA
020448	ST PAUL HEALTH CENTER	DENVER	DENVER
010908	ST VINCENT GENERAL HOSPITAL DISTRICT	LEADVILLE	LAKE
140908	ST VINCENT GENERAL HOSPITAL DISTRICT	LEADVILLE	LAKE
020165	STERLING LIVING CENTER	STERLING	LOGAN
010140	STERLING REGIONAL MEDCENTER	STERLING	LOGAN
020517	SUNNY VISTA LIVING CENTER	COLORADO SPRINGS	EL PASO
020186	SUNSET MANOR	BRUSH	MORGAN
010436	SWEDISH MEDICAL CENTER	ENGLEWOOD	ARAPAHOE
020561	TERRACE GARDENS HEALTHCARE CENTER	COLORADO SPRINGS	EL PASO
020796	TRINIDAD STATE NURSING HOME	TRINIDAD	LAS ANIMAS
020571	UNION PRINTERS HOME-LTC	COLORADO SPRINGS	EL PASO
01H520	UNIV OF CO HOSPITAL ANSCHUTZ INPATIENT PAVILION	AURORA	ADAMS
010432	UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	DENVER	DENVER
020650	UNIVERSITY PARK CARE CENTER	PUEBLO	PUEBLO
020452	UPTOWN HEALTH CARE CENTER	DENVER	DENVER
010911	VAIL VALLEY MEDICAL CENTER	VAIL	EAGLE
02123H	VALLEY INN, THE	MANCOS	MONTEZUMA
021172	VALLEY MANOR CARE CENTER	MONTROSE	MONTROSE
020643	VALLEY VIEW HEALTH CARE CENTER INC	CANON CITY	FREMONT
010810	VALLEY VIEW HOSPITAL ASSOCIATION	GLENWOOD SPRINGS	GARFIELD
020195	VALLEY VIEW VILLA	FORT MORGAN	MORGAN
990001	VETERANS AFFAIRS MEDICAL CENTER-DENVER	DENVER	DENVER
990002	VETERANS AFFAIRS MEDICAL CENTER-GRAND JUNCTION	GRAND JUNCTION	MESA
020451	VILLA MANOR CARE CENTER	LAKESWOOD	JEFFERSON
02R487	VILLAGE AT SKYLINE-SKYLINE PINES CARE CENTER	COLORADO SPRINGS	EL PASO



Facility #	Facility Name	Facility City	County
0204JL	VILLAGE CARE AND REHABILITATION CENTER, THE	WESTMINSTER	JEFFERSON
020458	VILLAS AT SUNNY ACRES, THE	THORNTON	ADAMS
021213	VISTA GRANDE REHABILITATION & CARE CENTER	CORTEZ	MONTEZUMA
020867	WALBRIDGE MEMORIAL CONVALESCENT WING	MEEKER	RIO BLANCO
020714	WALSENBURG CARE CENTER	WALSENBURG	HUERFANO
020298	WALSH HEALTHCARE CENTER	WALSH	BACA
020162	WASHINGTON COUNTY NURSING HOME	AKRON	WASHINGTON
020259	WEISBROD MEMORIAL COUNTY HOSPITAL & NURSING HOME	EADS	KIOWA
140214	WEISBROD MEMORIAL COUNTY HOSPITAL & NURSING HOME	EADS	KIOWA
010214	WEISBROD MEMORIAL COUNTY HOSPITAL	EADS	KIOWA
020438	WESTERN HILLS HEALTH CARE CENTER	LAKEWOOD	JEFFERSON
020699	WESTWIND VILLAGE	PUEBLO	PUEBLO
020436	WHEATRIDGE MANOR NURSING HOME	WHEAT RIDGE	JEFFERSON
021121	WILLOW TREE CARE CENTER	DELTA	DELTA
020332	WINDSOR HEALTH CARE CENTER	WINDSOR	WELD
010160	WRAY COMMUNITY DISTRICT HOSPITAL	WRAY	YUMA
140160	WRAY COMMUNITY DISTRICT HOSPITAL	WRAY	YUMA
010860	YAMPA VALLEY MEDICAL CENTER	STEAMBOAT SPRINGS	ROUTT
140860	YAMPA VALLEY MEDICAL CENTER	STEAMBOAT SPRINGS	ROUTT
010127	YUMA DISTRICT HOSPITAL	YUMA	YUMA
140127	YUMA DISTRICT HOSPITAL	YUMA	YUMA
020183	YUMA LIFE CARE CENTER	YUMA	YUMA
999998	UNKNOWN	UNKNOWN	UNKNOWN
999999	OUT OF STATE HOSPITAL	UNKNOWN	UNKNOWN



Section 11 - 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
F13.21	Sedative, hypnotic or anxiolytic dependence, in remission
F13.220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated
F13.221	Sedative, hypnotic or anxiolytic dependence with intoxication delirium
F13.229	Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified
F13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated
F13.231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium
F13.232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance
F13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
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



ICD-10	Description
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
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



ICD-10	Description
F19.950	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with delusions
F19.951	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with hallucinations
F19.96	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting amnestic disorder
F19.97	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia
F19.99	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic 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
F30.9	Manic episode, unspecified
F31.0	Bipolar disorder, current episode hypomanic



ICD-10	Description
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
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
F31.9	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



ICD-10	Description
F32.8	Other depressive episodes
F32.89	Other Specified Depressive Disorder - effective 10/1/2016
F32.9	Major depressive disorder, single episode, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
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	Mixed obsessional thoughts and acts
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



ICD-10	Description
F43.20	Adjustment disorder, unspecified
F43.21	Adjustment disorder with depressed mood
F43.22	Adjustment disorder with anxiety
F43.23	Adjustment disorder with mixed anxiety and depressed mood
F43.24	Adjustment disorder with disturbance of conduct
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct
F43.29	Adjustment disorder with other symptoms
F43.8	Other reactions to severe stress
F43.9	Reaction to severe stress, unspecified
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.2	Dissociative stupor
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation
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	Other Specified Feeding or Eating Disorder - effective 10/1/2016
F50.9	Eating disorder, unspecified
F51.01	Primary insomnia



ICD-10	Description
F51.02	Adjustment insomnia
F51.03	Paradoxical insomnia
F51.04	Psychophysilogic insomnia
F51.11	Primary hypersomnia
F51.12	Insufficient sleep syndrome
F51.13	Hypersomnia due to other mental disorder
F51.19	Other hypersomnia not due to a substance or known physiological condition
F51.3	Sleepwalking [somnambulism]
F51.4	Sleep terrors [night terrors]
F51.5	Nightmare disorder
F51.8	Other sleep disorders not due to a substance or known physiological condition
F51.9	Sleep disorder not due to a substance or known physiological condition, unspecified
F52.0	Hypoactive sexual desire disorder
F52.1	Sexual aversion disorder
F52.21	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	Mental and behavioral disorders associated with the puerperium, not elsewhere classified
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



ICD-10	Description
F63.1	Pyromania
F63.2	Kleptomania
F63.3	Trichotillomania
F63.81	Intermittent explosive disorder
F63.89	Other impulse disorders
F63.9	Impulse disorder, unspecified
F64.0	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 imposed on self, unspecified
F68.11	Factitious disorder imposed on self, with predominantly psychological signs and symptoms
F68.12	Factitious disorder imposed on self, with predominantly physical signs and symptoms
F68.13	Factitious disorder imposed on self, 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



ICD-10	Description
F84.0	Autism spectrum disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F90.0	Disturbance of activity and attention
F90.1	Hyperkinetic conduct disorder
F90.2	Attention-deficit hyperactivity disorder, combined presentation
F90.8	Attention-deficit hyperactivity disorder, other presentation
F90.9	Attention-deficit hyperactivity disorder, unspecified presentation
F91.1	Conduct disorder, childhood-onset type
F91.2	Conduct disorder, adolescent-onset type
F91.3	Oppositional defiant disorder
F91.8	Other conduct disorders
F91.9	Conduct disorder, unspecified
F92.8	Other mixed disorders of conduct and emotions
F93.0	Separation anxiety disorder of childhood
F93.25	Central auditory processing disorder
F93.8	Other childhood emotional disorders
F93.9	Childhood emotional disorder, unspecified
F94.0	Selective mutism
F94.1	Reactive attachment disorder of childhood
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
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



ICD-10	Description
G25.1	Drug-induced tremor
G25.9	Extrapyramidal and movement disorder, unspecified
G44.209	Tension-type headache, unspecified, not intractable
G47.00	Insomnia, unspecified
G47.01	Insomnia due to medical condition
G47.10	Hypersomnia, unspecified
G47.14	Hypersomnia due to medical condition
G47.20	Circadian rhythm sleep disorder, unspecified type
G47.21	Circadian rhythm sleep disorder, delayed sleep phase type
G47.25	Circadian rhythm sleep disorder, jet lag type
G47.26	Circadian rhythm sleep disorder, shift work type
G47.30	Sleep apnea, unspecified
G47.419	Narcolepsy without cataplexy
G47.54	Parasomnia in conditions classified elsewhere
G47.8	Other sleep disorders
N44.2	Benign cyst of testis
N44.8	Other non-inflammatory disorders of the testis
N50.3	Cyst of epididymis
N50.8	Other specified disorders of male genital organs
N52.9	Male erectile dysfunction, unspecified
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



ICD-10	Description
T74.12XA	Child physical abuse, confirmed, initial encounter
T74.21XA	Adult sexual abuse, confirmed, initial encounter
T74.22XA	Child sexual abuse, confirmed, initial encounter
T76.02XA	Child neglect or abandonment, suspected, initial encounter
T76.11XA	Adult physical abuse, suspected, initial encounter
T76.12XA	Child physical abuse, suspected, initial encounter
T76.21XA	Adult sexual abuse, suspected, initial encounter
T76.22XA	Child sexual abuse, suspected, initial encounter
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z55.9	Problems related to education and literacy, unspecified
Z60.3	Acculturation difficulty
Z62.891	Sibling rivalry
Z63.4	Disappearance and death of family member
Z63.8	Other specified problems related to primary support group
Z63.9	Problem related to primary support group, unspecified
Z65.8	Other specified problems related to psychosocial circumstances
Z69.010	Encounter for mental health services for victim of parental child abuse
Z69.021	Encounter for mental health services for perpetrator of non-parental child abuse
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
Z76.5	Malingerer [conscious simulation]
Z91.19	Patient's noncompliance with other medical treatment and regimen



Section 12 - DC:03 ICD-10 Diagnosis Codes

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



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

*** The DC: 0-3R diagnosis of MSDD 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 the past four months.

Section 13 - Reports

A. File/Batch Reports

1. **Error Report** - Lists all errors on records from the batch file.
2. **Rejected Report** - Lists all records that were rejected.
3. **Accepted Report** - Lists all records successfully submitted.

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 have been successfully submitted between the Start and End Dates entered.
3. **Clients Requiring Updates Report** - This report will display all clients that require an annual update during or prior to the month selected.