Chapter 9 – Children's Functional Assessment Rating Scale (CFARS)

Table of Contents

I. Document Revision History

Table 1. Document Revision History

Document Revision History				
Version Number	**Effective Date**	**Revision Date**	**Description**	**Author**
12.0	07/01/2017	05/10/2017	♦ Completed Version 12.0	SAMH Data Unit

II. General Policies and Considerations

II.A. Contractors Required to Submit CFARS Data

1. Contractors that provide children mental health services or services to children who are dually diagnosed are required to submit Children's Functional Assessment Rating Scale (CFARS) data.

II.B. Adding a CFARS Record

1. A CFARS should be completed for every child over five years of age at the beginning of an episode of care, at six month intervals thereafter and at discharge.

2. A demographic record must exist for the same SSN, CONTRACTORID, and PROVIDERID.

3. The CFARS manual and certification training may be found at **http://www.myflfamilies.com/service-programs/substance-abuse/SAMHIS.**

   Use of the manual when completing ratings is necessary to ensure reliable and valid ratings. A copy of the rater's certification must be placed in the rater's employment file. Questions regarding certification should be sent to SAMH@myflfamilies.com.

II.C. Updating CFARS Records

1. A CFARS record can be updated by submitting a record with the same key fields. Refer to the mandatory key fields in Table 3 to identify the record to update. If the key fields match the record will be updated, otherwise it will be added.

II.D. Deleting CFARS Records

1. To delete a CFARS record, a CFARS deletion file must be submitted according to the file layout in Table 2.

Table 2. CFARS Record Deletion File Layout

Field	Position	Length	Format
SSN	1	9	XXXXXXXXX
CONTRACTORID	10	10	XX-XXXXXXX
PURPOSE	20	1	X
EVALDATE	21	8	YYYYMMDD
PROVIDERID	29	10	XX-XXXXXXX

III. Children's Functional Assessment Rating Scale Data File Layout (CFARS)

Table 3. CFARS Data File Layout

Field Name	Pos	Type / Size	Edits and Validations
SSN **(Mandatory Key)**	1	CHAR(9)	• Format: XXXXXXXXX • Must match SSN in DEMO record.
			Descriptions and Instructions: Social Security Number - See General Policies and Considerations on Adding a CFARS Record.
CONTRACTORID **(Mandatory Key)**	10	CHAR(10)	• Format: XX-XXXXXXX • Contractor must be registered in SAMHIS. • Must match CONTRACTORID in DEMO record.
			Descriptions and Instructions: Contractor Identification Number - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.
PURPOSE **(Mandatory Key)**	20	CHAR(1)	• Must be 1 through 4.
			Descriptions and Instructions: Purpose Code - Indicate the purpose code of the assessment. Refer to the FARS/CFARS Purpose of Assessment Codes Table in Appendix 5 – Data Code Tables. **Note:** Changed from DCFPURP to PURPOSE and deleted code 5 as of 07/01/2015. [1] Admission [3] Discharge [2] Six-Month Assessment [4] Administrative Discharge
EVALDATE **(Mandatory Key)**	21	CHAR (8)	• Format: YYYYMMDD • Must be >= client's date of birth and <= system date. • Must be within the begin and end date of the contract in CONTNUM1.
			Descriptions and Instructions: Evaluation Date - The date on which this evaluation is conducted.
PROVIDERID **(Mandatory Key)**	29	CHAR(10)	• Format: XX-XXXXXXX • Provider must be registered in SAMHIS.
			Descriptions and Instructions: Provider Identification Number - The provider id is the Federal Employer Identification Number of the entity which provides the service to the client.
PROGPURP	39	CHAR(1)	• Space filled.
			Descriptions and Instructions: Program Evaluation Purpose - No longer used as of July 1, 2015.
EDULEVEL **(Mandatory)**	40	CHAR(2)	• Must be 01 through 07.
			Descriptions and Instructions: Education Level - Indicate the degree level of the staff completing the CFARS. **Refer to the Staff ID Education Codes Table in Appendix 5 – Data Code Tables.**
FMHINUM **(Mandatory)**	42	CHAR(9)	• Must be the 9 digit FMHI Certification Number.
			Descriptions and Instructions: Florida Mental Health Institute Number - Enter the nine digit FMHI Certification Number of the person who completed the Problem Severity Ratings. This is the ID number received upon successful completion of the CFARS Rater Certification test.
SAHIST **(Mandatory)**	51	CHAR(1)	• Must be 0 or 1.
			Descriptions and Instructions: Substance Abuse History Status - Indicate whether or not the client being evaluated has abused drugs or alcohol within the past six months. **[0]** No **[1]** Yes

Field Name	Pos	Type / Size	Edits and Validations
Enter the appropriate problem severity code for the following 16 scales. (Positions 52 through 67.)			
[1] No Problem **[4]** Slight to moderate problem **[7]** Severe problem			
[2] Less than slight problem **[5]** Moderate problem **[8]** Severe to extreme problem			
[3] Slight problem **[6]** Moderate to severe problem **[9]** Extreme problem			
DEPRESS	52	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
			Descriptions and Instructions: Depression Scale.
ANXIETY	53	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
			Descriptions and Instructions: Anxiety Scale.
HYPERACT	54	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
			Descriptions and Instructions: Hyper Activity Scale.
THOUGHT	55	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
			Descriptions and Instructions: Thought process Scale.
COGNITIV	56	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
			Descriptions and Instructions: Cognitive Performance Scale.
MEDICAL	57	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
			Descriptions and Instructions: Medical / Physical Scale.
TRAUMATI	58	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
			Descriptions and Instructions: Traumatic Stress Scale.
SUBSTANC	59	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
			Descriptions and Instructions: Substance Abuse Scale.
RELATION	60	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
			Descriptions and Instructions: Interpersonal Relationships Scale.
BEHAVIOR	61	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
			Descriptions and Instructions: Behavior in Home Setting Scale.
ADLFUNCT	62	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
			Descriptions and Instructions: ADL Functioning Scale.
SOCLEGAL	63	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
			Descriptions and Instructions: Socio-Legal Scale.
WORKSCHO	64	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
			Descriptions and Instructions: Work / School Scale.

Field Name	Pos	Type / Size	Edits and Validations
DANGSELF	65	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
	Descriptions and Instructions: Danger to Self Scale.			
DANGOTH	66	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
	Descriptions and Instructions: Danger to Others Scale.			
SECURITY	67	CHAR(1)	• Must be 1 thru 9 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be blank if PURPOSE = 4.
	Descriptions and Instructions: Security Management Scale.			
PROVINFO	68	CHAR(20)	• Left justified, space filled.
	Descriptions and Instructions: **Provider Information** - Local use only.			
CONTNUM1 **(Mandatory)**	88	CHAR (5)	• Must be a valid and active SAMH contract number that is in the Florida Accountability Contract Tracking System (FACTS).
	Descriptions and Instructions: **Contract Number 1** - Contract under which the services were provided.			
CONTNUM2	93	CHAR (5)	• Format: XXXXX; space filled.
	Descriptions and Instructions: Contract Number 2 - No longer used as of 07/01/2015.			
CONTNUM3	98	CHAR (5)	• Format: XXXXX; space filled.
	Descriptions and Instructions: Contract Number 3 - No longer used as of 07/01/2015.			
MEDRECPID	103	CHAR (10)	• Space filled.
	Descriptions and Instructions: **Medicaid Recipient Paid -** No longer used as of 07/01/2015.			
MEDPROVID	113	CHAR (9)	• Space filled.
	Descriptions and Instructions: **Medicaid Provider Id -** No longer used as of 07/01/2015.			
MEDPLANID	122	CHAR (2)	• Space filled.
	Descriptions and Instructions: **Medicaid Plan Id -** No longer used as of 07/15/2015.			
CNTYSERV	124	CHAR (2)	• Must be between 01 and 67 or space filled.
	Descriptions and Instructions: County of Service - Indicate the county where the CFARS was completed. **Refer to the Florida County Codes Table in Appendix 5 – Data Code Tables.**			

IV.   Pamphlet 155-2 Chapters, Appendices and Forms

1. The Pamphlet 155-2 chapters, appendices and forms can be found at:

http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v12