

INSTRUCTIONS FOR THE CCAR COLORADO CLIENT ASSESSMENT RECORD

Page 1:

- **Agency** – Ignore
- **BHO** – Ignore
- **Program:** - Ignore
- **Medicaid/State ID** – Put in Medicaid #
- **Client ID/Trails ID** – Ignore
- **Social Security Number** – Enter
- **Date of Birth** - Enter
- **Name** – as it appears on the Medicaid card
- **Enrollment/Payor** – Check Medicaid – Capitated
- **Referral Source** - Ignore
- **Effective date** – The date the CCAR should start – Admission date or Update date
- **Action Type – Mental health Column** - check Admission, Update, Discharge, or Evaluation only
- **Update type** – Enter 01
- **CDPHE ID #** - Ignore
- **Mental Health Only** – Check only if this applies
- **Admission/Commitment Date** – **Enter the Admission Date**
- **Placement End date** – Ignore
- **Special Studies 1 and 2, For Agency use Only, DYC/CW only, Residential Provider** – Ignore
- **Gender** – Check only one
- **Is Individual Spanish/Hispanic/Latino** – Check yes or No
- **What is individual's race?** – Check all that apply
- **Complete Only at Discharge** – Ignore if admission or update , complete for Discharge
- **Discharge/Termination Referral** – **indicate to whom the client is referred**
- **Diagnosis** – Fill in Axis I Primary diagnosis code
- **DC: 0-3 – Diagnostic Classification of Infancy or Early Childhood** – Only for this population

Page 2:

- **Highest Education Level in Years** – Enter the information
- **Marital Status** – Using the numbers beside the choices, enter the one that is true
- **Number Of Children** – Using the numbers beside the choices, enter the one that is true
- **Annual Income** – Enter if you know this
- **Receiving SSI - Receiving SSDI** – Check Yes or No for each of these
- **Number of Individuals Supported by Income** – If a child put 1 in the Box, If adult include all children and the adult
- **Current Primary Role/Employment/School Status** – Enter the number beside the choices that is true
- **Place Of residence** – Enter the number beside the choices that is true – 15 is also for Family, or on own
- **Current Living Arrangement** – Check all that apply
- **Existence of Presenting Problem** – Enter the number beside the choices that is true
- **Number of Prior Psychiatric Hospitalizations** – Enter the number
- **Disabilities** – Check all that apply
- **Legal Status** – Using the numbers beside the choices, enter the number that is true
- **Considerations for providers** – Check all that apply
- **History of Issues** – Check all that apply
- **Check all Issues that apply** – self explanatory
- **27-10 Criteria** – This does not apply to Outpatients seeing an independent provider
- **County of Residence** – Ignore

- **Zip code** – enter consumer’s zip code
- **Staff ID** – Ignore
- **Staff Signature** – Sign the form and enter your credentials
- **Date** – Enter the Date

Page 3 N/A

Page 4:

- **Is Individual School Age?** Check Yes or No
- **Complete Box if School Age** - Self explanatory
- **Is the Child less than 6 years old?** Complete only if this is true
- **History/Current Victimization (now or ever)** – Check all that is true
- **History of Mental Health Services** – Check all that apply
- **Previous/Concurrent Services** – Check all that apply
- **Current Non-Prescription Substance Use** – **Check all that apply**

Pages 5, 6, 7:

You must fill in the circle for each of these Domains. The definitions are given for each domain. Not filling in a Domain will result in a delay of authorizing services and payment.