

SECTION 12

COLORADO CLIENT ASSESSMENT RECORD (CCAR)

The Colorado Client Assessment Record (CCAR) is a state-required form that must be completed for all members receiving mental health treatment. **The claims for initial services will be held until the Admission CCAR is received by ValueOptions.** The CCAR form is used to capture demographic, administrative, clinical, and outcome data. Outpatient psychotherapy providers must complete a CCAR at admission and discharge from treatment, and at least annually for members who are not discharged from treatment within one year. Medication providers must complete a CCAR only if there is no treating psychotherapist. In addition, a CCAR must be completed by a hospital upon a psychiatric hospitalization and discharge.

You may complete a CCAR form online (see instructions below) or you may complete and mail paper CCARs, in large manila envelopes, to ValueOptions at:

ValueOptions Colorado
7150 Campus Drive, Suite 300
Colorado Springs, CO 80920

Paper CCAR forms must be obtained from ValueOptions. If you need CCAR forms please call 1-800-804-5040, extension 368105. For additional information on completing online or paper CCAR forms, please review the instructions below.

ACCESSING THE CCAR FORM ONLINE

Please access the online form at <http://www.chneforms.com/ccar/>.

When you click on the link provided, the login/password page of the CCAR application will open. Your login will be the email address you have given ValueOptions provider relations staff. If you have not given ValueOptions your email address, please call to have that information added to your provider profile. Providers cannot use this application without a valid email address. A password will be assigned to you and is given at random and cannot be changed. For facilities, only one password/email address combination can be assigned at one time to one facility.

Providers without a password must use the text box at the bottom of the login page. It is called "Forgot Password", even if you never had one to forget. You will enter your email address here and click the submit button. At that point, you will be emailed your password information. You can then go back and login to the CCAR application.

If you are filling out a CCAR form online, please use this guide for required fields. The online form is identical to the paper form. For **Admission** CCARs, the only difference is that you cannot "sign" the CCAR form on page four. Please skip the signature field. While the online

form is identical to the paper form, the required fields are different when filling out an **Update** or **Discharge** or Evaluation CCAR. All required fields are shown by abbreviations, A for Admission, D for Discharge, U for Update, and E for Evaluation. Req=ADE would indicate that this question is required for Admission, Discharge, and Evaluation, but not Update. All of the questions in the Outcomes Section are ALWAYS required.

FILLING OUT THE CCAR ONLINE:

Please note that all areas that need to be filled out are listed on this form. If the area is not listed, leave it blank. It is not required, and you will not have the information. This guide will literally walk you step by step through the CCAR form. You must use a CCAR form provided by ValueOptions. If a CCAR that is not provided by ValueOptions is used, it will be returned to the provider.

CCAR FIELD SPECIFIC GUIDE

Medicaid ID (page 1)

The Medicaid ID number is a required field. It **must** be filled in. The Medicaid number consists of seven digits. It will start with a letter, and has six numbers after it. Please do not send in a CCAR on a member with pending eligibility. The member must have a state assigned ID number. Wait until the member has a Medicaid number before sending in the CCAR form.

Admission Date (page 1)

This area must be filled in. This is the date the member started treatment.

Action Type (page 1)

This area must be filled in. The action type is mainly either an admission, an update or a discharge.

Type of Update (page 1)

Please fill in this area only if the CCAR is an update. Required for Updates

Legal Status of Admission (page 1)

This is a required field. Please fill out the applicable response.

Referral Source (page 2)

This is a required field. REQ=ADE Please mark the applicable response.

Date Of Birth (page 1)

This area must be filled in.

Member Gender (page 1)

Please fill in one response.

Marital Status (page 1)

Please fill in one response.

Number of Children Under 18 (page 2)

Please fill in one response.

Member's Zip Code (page 1)

Please enter the Member's zip code. It is a required field. **REQ=ADE**

Place of Residence (page 2)

Please fill in the applicable response.

Member's County (page 2)

Please fill in the applicable bubble. Please do not fill in more than one bubble.

Current Employment Status (page 3)

Please fill in one response.

Number of Persons Supported by Annual Income (page 1)

Please fill in one response.

Highest Education Level (page 3)

Please fill in one response.

Existence of Presenting Mental Health Problem (page 3)

Please fill in one response.

Axis I Primary Diagnosis / Primary Psychiatric Diagnosis (page 3)

This is a required field. This code must be a numerical DSM-IV-TR code only! For example, a code starting with the letter "V" is not acceptable. However, the code 309.81 is acceptable. Please note that diagnosis code 309.89 is not a DSM-IV-TR code and will not be accepted.

Problem Severity Scales and Checklist Items (pages 5 and 6)

Please fill in all of this area. It consists of twenty-five scales. You must fill in these scales. All items in the Outcomes Section are required on all CCARs. It is required that you fill in the Problem Severity scale number 0-9, but you do not have to fill in the specific criteria. Only fill in the specific criteria if it applies.

Overall Level-of-Functioning (LOF) (page 6)

Please fill in all of this area. It consists of six scales. In this area, you must fill in the LOF scale number 0-9. The last scale "Update, Activate, Inactive & Discharge Only – Change in Level of Functioning" only needs to be filled out if the CCAR is an Update, an Activate, an Inactivate, or a Discharge. If the CCAR is an admission CCAR, do not fill out this scale.

ValueOptions Provider Number (page 1)

You must fill this in. Please use your ValueOptions provider number. This is a six digit number. If you do not know your number, please call Provider Services at 1-800-804-5040 to obtain it.

Staff Signature and Date (page 4)

Please sign and date the CCAR form in this area. You do not have to "sign" the form if you are filling the form out online. The area is there, but cannot be filled out. Skip it if you are filling out

an online form. Please call the Access-to-Care Line at 1-800-804-5040 if you have any question or concerns about the CCAR form. You may also call this number to order more CCAR forms.

MAILING A COMPLETED CCAR FORM

The CCAR form is six pages long and is a combination of handwritten data entry fields and bubble-choice fields. You can either complete it online or mail completed forms. Please mail completed original CCAR forms to ValueOptions at 7150 Campus Drive, Suite 300, Colorado Springs, CO 80920.

When you mail this form, the ValueOptions scan interface, along with a human reviewer, will translate the form image into data for the CCAR database. The system will not be able to scan a photocopy of the CCAR form. Please make a copy for your own records and mail in the original.

TIPS:

Use the Right Pen: Use black ink. A fine felt-tip pen works best because it leaves solid line segments. Ballpoint pens create broken line segments that introduce a greater chance of recognition error. Light blue ink, in particular, does not scan well and may cause errors.

Filling In Handwritten Data Entry Fields: Write one character in each box. For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. Here is an example of what your handwriting should look like:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
1 2 3 4 5 6 7 8 9 0

Filling In Bubble-Choice Fields: Completely fill the circle. Do not make “tick” marks. If you make a mistake, use white out.

Once again, please send only original forms. Please do not mail photocopied CCAR forms. If you’ve run out of forms, please call ValueOptions to request more original forms. If you receive a rejected form and need to make a correction, make it on the original form and mail the original. Please do not make a correction on a copy of the CCAR form. The system will not accept a copy. The correction must be made on the original.

WHO NEEDS TO SEND IN A CCAR FORM AND WHEN?

The first provider (outpatient therapist) to obtain an authorization for the member is the provider responsible for submitting the CCAR. For example, if an outpatient therapist has an authorization to see the member, and a second therapist gets another authorization for group therapy after the first outpatient therapist, the first outpatient therapist is responsible for completing the CCAR form. For outpatient therapists, an admission CCAR, annual update CCAR, and a discharge CCAR are required.

Although an authorization is not necessary for medication management services, a prescriber is required to submit a CCAR as well if there is no treating psychotherapist.

If a member in treatment is admitted to a hospital, the hospital will fill out an update CCAR form. If an update CCAR form is needed, that facility will not need to send in a discharge CCAR form. The only time a hospital (or other level of care higher than outpatient) will send in an admit CCAR is when the member is not in any other type of treatment. If an admit CCAR is needed, so is a discharge CCAR.

If client gets ANY Medicaid funds at all, no matter how little, even if Medicare or any other funds provide 99% of cost of treatment and Medicaid is only 1%, a CCAR must be sent to State.

FREQUENTLY ASKED QUESTIONS

Q: If my CCAR is rejected and I get the form returned in the mail, can I just correct the one ValueOptions returns to me and resubmit it?

A: The only time you can use the same form ValueOptions returned to you is when it is the original form. Make corrections only on the ORIGINAL CCAR form (not on a copy), then mail the original form.

Q: What are the right angles in the corners of the form? What is the number in the lower left hand corner?

A: The black squares are called "cornerstones". They help the computer recognize a CCAR form when it is scanned into the database. If any of these boxes have been disturbed, the system will not accept the CCAR form. The number and the funny-looking box also help the computer recognize a CCAR form. Please do not write on or staple in these areas of the form. If either of these areas have any writing or have staples, the system will not accept the CCAR form.

Q: What if a form I submit is missing required information?

A: The form will not be verified (accepted), and will be returned to you so that you can provide the missing information.

Q: What color pen should I use? Can I use a pencil?

A: Use a black, fine, felt tip pen. Do not use a pencil. Do not use a large tip magic marker.

Q: Should I make an X on a bubble-choice field, or color it in completely?

A: Please color it in completely! Do not make check marks or "tick" marks in the bubbles.

Q: Do I have to mail in one CCAR at a time, or can I mail in several CCARs at once?

A: You can mail more than one CCAR at a time in a full sized manila envelope. Do NOT fold the CCAR forms to use a smaller envelope.

Q: Can I photocopy a CCAR, fill it out, and mail it in if I run out of the blank CCAR forms?

A: No, you should always fill out and mail in a "first generation" CCAR form. Photocopying will degrade the quality of the form; and when scanned into the computer, the quality of the image will suffer badly. Illegible CCARs will be discarded, and you will be asked to mail the data on an original CCAR form.

Q: Will ValueOptions supply me with new CCAR forms?

A: Yes, ValueOptions will print the forms and distribute them when requested. If you run out of forms, contact Customer Service on the Access-to-Care line at 1-800-804- 5008 to request more forms.

Q: To what address do I mail the CCAR forms?

A: Please mail all original CCAR forms to the same address to which claims are mailed. That address is 7150 Campus Blvd., Suite 300, Colorado Springs, CO 80920. Please remember that you can also fill out the CCAR form at <https://www.chneforms.com/> Mental Health Centers are also responsible for submission of the CCAR, however, separate processes have been set up with each MHC for collecting this data.

Q: What is different when filling out an Update CCAR form online?

A: They are the same. There are certain fields that you do not have to fill out. In fact, the system will not let you fill out these fields if you mark “update, admission or discharge” under the Action Type. Some of these fields are: Referral Source (page 2), Date of Birth (page 1), and Gender (page 1).

There are, however, a few “extra” fields that need marked when filling out an Update CCAR. All the fields that are Update Only are on Page 1 in a small box on the lower right side. Mental Health Centers are also responsible for submission of the CCAR, however, separate processes have been set up with each MHC for collecting this data.

TECHNICAL SUPPORT

For technical support, please contact the Provider Services staff at 1- 800-804-5040. For additional information on filling out the CCAR form, please refer to the example CCAR form and the CCAR Field Specific Guide.