

Provider Memo

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| To: | Contracted Cenpatico Providers |
| From: | Cenpatico Network Management |
| Re: | State of Florida required FARS/CFARS reporting |

This memo serves as a reminder about the State required FARS and CFARS reporting. Cenpatico is the managed behavioral health subcontractor of Sunshine State Health Plan.

The State requires that “all behavioral healthcare providers shall administer the FARS and CFARS, according to the FARS and CFARS manuals, to all enrollees receiving behavioral health services and upon termination of providing such services.”

Providers are required to complete a limited functional assessment and FARS/CFARS form for each member receiving an initial psychiatric evaluation, during the 6th month of treatment, 12th month of treatment and every 6 months thereafter, until date of discharge. A final limited functional assessment and FARS/CFARS form is required on the date of discharge from a treatment program. The results of these assessments must be maintained in the member's medical record, including a chart trending the results of the assessments.

In accordance with our contractual obligations, please note the following:

- The State requires all providers who administer assessments to be FARS/CFARS certified;
- Any provider who has not yet obtained this certification may do so by accessing the following link:

<http://outcomes.fmhi.usf.edu/default.htm>

- The FARS and CFARS Training Manuals can be accessed at the following links:

<http://outcomes.fmhi.usf.edu/FARSUserManual2006.pdf>

<http://outcomes.fmhi.usf.edu/cfarsmanual.pdf>

- All certified providers that have administered and filed claims for assessments shall submit their FARS/CFARS scores to Cenpatico. Cenpatico will report this data bi-annually; and
- Providers may obtain more information by visiting this State website and reviewing Chapters 8 and 9:

<http://www.dcf.state.fl.us/mentalhealth/publications/>

In addition, to support the submission of this required information, please refer to the instructions in Attachment A and reporting template (Attachment B) on the pages that follow.

Once completed, please e-mail FARS/CFARS data to CBH_Reporting@centene.com.

If you have any questions, please contact the Cenpatico Florida Network Manager, Julie Picou at 813-476-0452.

Attachment A: INSTRUCTIONS:

- ✓ The definitions of the FARS and CFARS domains (as well as related functional scales and subscales for each domain) are available on the Florida Mental Health Institute web site link: <http://outcomes.fmhi.usf.edu>.

For example, the following are domains and functional scales for FARS and CFARS:

| Domains | Functional Scales | FARS | CFARS |
|------------------------|---------------------------|------|-------|
| Disability | Hyper Affect | ✓ | |
| | Thought Process | ✓ | ✓ |
| | Cognitive Performance | ✓ | |
| | Medical/Physical | ✓ | ✓ |
| | Activity of Daily Living | ✓ | ✓ |
| | Ability to Care for Self | ✓ | |
| | | | |
| Emotionality | Depression | ✓ | ✓ |
| | Anxiety | ✓ | ✓ |
| | Traumatic Stress | ✓ | ✓ |
| | | | |
| Relationships | Interpersonal Relations | ✓ | ✓ |
| | Family Relations | ✓ | |
| | Family Environment | ✓ | |
| | Socio-Legal | ✓ | |
| | Work or School | ✓ | ✓ |
| | Danger to Others | ✓ | ✓ |
| | Hyper Activity | | ✓ |
| | Cognitive Performance | | ✓ |
| | Behavior in Home Setting | | ✓ |
| | | | |
| Personal Safety | Substance Use | ✓ | ✓ |
| | Danger to Self | ✓ | ✓ |
| | Security Management Needs | ✓ | ✓ |
| | Socio-Legal | | ✓ |

Attachment B: REPORT TEMPLATE:

| Data Element Name | Length | Description |
|----------------------------------|--------|---|
| Recipient Identification Number | 10 | 10-Digit Medicaid Identification Number of Enrollee. |
| Recipient Date of Birth | 8 | Enrollee's date of birth in CCYYMMDD format, e.g., 20010101. |
| Recipient First Name | 15 | Enrollee's first name. |
| Recipient Last Name | 15 | Enrollee's last name. |
| Plan Identification Number | 9 | 9-Digit Medicaid Plan Identification Number. |
| Contractor Identification Number | 10 | 10-digit Federal Tax Identification Number or National Provider Identifier (NPI) of the provider conducting the assessment. |
| Contract Number | 5 | Up to 5-digit alpha-numeric number of the Department of Children and Families contract responsible for serving the enrollee being evaluated through FUNCTIONAL ASSESSMENT RATING SCALE or CHILDREN'S FUNCTIONAL ASSESSMENT RATING SCALE. If the provider does not have a contract, enter "00000". |
| Assessment Type | 1 | 1-digit code to designate the type of functional assessment that was done, i.e., "F" = FUNCTIONAL ASSESSMENT RATING SCALE or "C" = CHILDREN'S FUNCTIONAL ASSESSMENT RATING SCALE |
| Assessment Purpose | 1 | 1-digit code to designate the purpose for doing the assessment, i.e., "1" = Initial assessment at time of admission into provider agency; "2" = every 6-month after admission, or "3" = assessment at time of discharge from provider agency |
| Assessment Date | 8 | Date of assessment in CCYYMMDD format, e.g., 20060812. |
| Disability Score | 2 | Sum of the assessment scores for all the scales in the Disability domain. |
| Emotionality Score | 2 | Sum of the assessment score for all the scales in the Emotionality domain. |
| Relationship Score | 2 | Sum of the assessment score for all the scales in the Relationships domain. |
| Safety Score | 2 | Sum of the assessment score for all the scales in the Personal Safety domain. |
| Overall Assessment Score | 3 | Sum of <u>ALL</u> domain scores. |

FARS/CFARS Reporting

Records in the files should be as follows:

012345678919940608JOHN _____DOE _____12345678912-345678912345C22009021805061305029

Using the following naming convention for the file to be submitted:

PROVIDER_NPI_DATE.txt (Ex: 345678912_03052009.txt)