CENPATICO
Recovery. Resiliency. Results.

CFARS & FARS Assessment Reporting

Medicaid ID # Plan Member (9 digits)	Recipient DOB (MMDDYYYY)	Plan Member DOB (MMDDYYYY)	Provider ID Medicaid HMO # (9 Digits)	CFARS or FARS Assessment (type c or f)	Initial Assessment Date (MMDDYYYY)	Initial Assessment Score (MMDDYYYY)	Date of 6 Month Assessment (if applies)	6 Month Overall Assessment Score (if applies)	Date of Discharge (MMDDYYYY)	Overall Assessment Score at Discharge