

Client Diagnostics (CARE-DG1)

Field Name	Type	Contents
LAST NAME	R	Person's last name.
SUFFIX	O	Person's last name suffix. (e.g., Jr, Sr, II)
FIRST NAME	R	Person's first name.
MIDDLE NAME	O	Person's middle name.
CLIENT ID	O	Person's statewide identification number.
LOCAL CASE NUMBER	R	Person's local case number.
COMPONENT	R	Component code.
LOCATION	O	Person's location code.
ACTION ADD	O/R	You must check this box if data is to be added to CARE.
ACTION CHANGE	O/R	You must check this box if data is a change to data already in CARE.
ACTION DELETE	O/R	You must check this box if data is to be deleted from CARE.
DECISION DATE	R	Date the person's diagnosis was determined. MMDDYY format.
REASON FOR ACTION	R	Reason diagnostic data is being submitted. Decode: Reason for Action <u>Note:</u> Reason for Action 3 (Death) will not be accepted in CARE prior to a separation.
PRINCIPAL DIAG AXIS	R	Person's principal diagnosis. 1=Axis I Psychiatric Syndrome, 2=Axis II Personality and Specific Developmental Disorder or Mental Retardation.
AXIS I: LEVELS 1-6	O/R	Up to six fields for recording DSM-IV codes representing the person's diagnosis on Axis 1. Axis 1, Level 1 is required if the PRINCIPAL DIAG AXIS is 1. Level 1 is for most significant, Level 6 least significant. DSM Codes
AXIS II: LEVELS 1-4	O/R	Up to four fields for recording DSM-IV codes representing the person's diagnosis on Axis II. Axis II, level 1 is required if PRINCIPAL DIAG AXIS is 2. Level 1 is for most significant, Level 4 least significant. DSM Codes

Field Name	Type	Contents
AXIS III: LEVELS 1-6	O/R	Up to six fields for recording ICD-10-CM codes representing the person's physical diagnoses on Axis III. Level 1 for most significant, Level 6 least significant. If a 3 (death) was coded for REASON FOR ACTION, Level 1 is required and must begin with an "E" (external cause of death).
AXIS III DATE	O	Date of the physician's examination in which the Axis III diagnosis was determined. MMDDYY format. Must be the same as or earlier than DECISION DATE.
AXIS IV	O/R	Up to nine alpha codes to identify psychosocial and environmental problems. Decode: Axis IV-Psychosocial and Environmental Problems
AXIS V CURRENT	R	One or two-digit code to identify the person's current level of adaptive functioning. For MH persons only. Decode: Axis V-Level of Functioning
AXIS V PAST YEAR	O	One or two-digit code to identify the person's highest level of adaptive functioning in the past year. For MH persons only. Decode: Axis V-Level of Functioning
CURRENT ABL	O/R	One-digit code to identify the person's current adaptive behavior level. Required if diagnosis is MR. Decode: ABL
POTENTIAL ABL	O	One-digit code to identify the person's potential adaptive behavior level. For MR persons only. Decode: ABL
PRIMARY AAMD	O	Three-digit code to indicate the person's primary AAMD disorder, if one exists. For MR persons only. AAMD Classifications
SECONDARY AAMD	O	Three-digit code to indicate the person's secondary AAMD disorder, if one exists. For MR persons only. AAMD Classifications
TERTIARY AAMD	O	Three-digit code to indicate the person's tertiary AAMD disorder, if one exists. For MR persons only. AAMD Classifications
GENETIC	O	Two-digit code to indicate whether the person has a genetic defect. For MR persons only. Decode: Genetic
CRANIAL ANOMALY	O	Two-digit code to indicate whether the person has a cranial anomaly. For MR persons only. Decode: Cranial Anomaly

Field Name	Type	Contents
SENSORY IMPAIRMENT	O	Two-digit code to indicate whether the person has a sensory impairment. For MR persons only. Decode: Sensory Impairment
PERCEPTION	O	Two-digit code to indicate whether the person has a perception disorder. For MR persons only. Decode: Perception
CONVULSIVE DISORDER	O	Two-digit code to indicate whether the person has a convulsive disorder. For MR persons only. Decode: Convulsive Disorder
PSY IMPAIRMENT	O	Two-digit code to indicate whether the person has a psychiatric impairment. For MR persons only. Decode: Psychiatric Impairment
MOTOR DYSFUNCTION	O	Four-digit field to indicate the person's motor dysfunction. First two digits indicate Motor Dysfunction Type. Third digit indicates Motor Dysfunction Location. Fourth digit indicates Motor Dysfunction Severity. For MR persons only. Decode: Motor Dysfunction Type Motor Dysfunction Location Motor Dysfunction Severity
AAMD DATE	O	Date of the physician's examination in which the AAMD diagnoses were determined. Must be the same as or earlier than DECISION DATE. For MR persons only.
DSM VERSION	R	Code for the DSM Version used. 4 indicates DSM IV, if date of staff decision is 1/1/95 or later. Forms dated prior to that may be 4 for DSM IV <i>or</i> R for DSM III-R. T indicates Diagnostic Classification 0-Three.
IQ SCORE	O/R	Three-digit field for person's IQ score. Required if IQ test date or IQ test type is entered.
IQ TEST DATE	O/R	Date of the IQ test. MMDDYY format. Required if IQ score or IQ test type is entered.
IQ TEST TYPE	O/R	Type of IQ test. Required if IQ score or IQ test date is entered. Decode: IQ Test Type
SQ SCORE	O/R	Three-digit field for person's SQ score. Required if SQ test date or SQ test type is entered.
SQ TEST DATE	O/R	Date of the SQ test. MMDDYY format. Required if SQ score or SQ test type is entered.
SQ TEST TYPE	O/R	Type of SQ test. Required if SQ score or SQ test date is entered. Decode: SQ Test Type
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.