CARE

Client Assignment and Registration System
Texas Department of Mental Health and Mental Retardation

| CARE-CAM3 | **Campus-Based Discharge/Community Placement** **and Reassignment**   (Action Code 310) | Rev.08/09 |

Last Name/ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐   Client ID ☐☐☐☐☐☐☐☐☐

Suffix ☐☐☐   Local Case Number ☐☐☐☐☐☐☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐☐   Component ☐☐☐

Middle Name ☐☐☐☐☐☐☐☐☐☐   Location ☐☐☐☐

Action: Add ☐   Change ☐   Delete ☐

Assignment Effective Date ☐☐–☐☐–☐☐   Assignment Effective Time ☐☐–☐☐–☐
                          MM   DD   YY   HH   MM   A/P

MH Discharge/MR Community Placement:

Assignment Code ☐☐☐

DRE = Discharge with Reassignment to Any Service   DMA = Discharge, Against Medical Advice
DNS = Discharge, No More Services   CP = MR Community Placement
                                                       ER = End Respite

Person going to a nursing home?   Yes   No   Other Dest ☐☐
(DRE or DNS for State Hospitals –   ☐   ☐
Required if ATP does not precede DRE.)   JA=Jail   8=UD Involuntary   95=MHA/MRA
                                                   1=Private Residence   9=ICF/MR   99=Unknown
                                                   2=Homeless   10=Nursing Home
                                          Yes   No 3=Street   11=Other Agency
Person referred to non-MHMR Provider?   ☐   ☐   5=Other Residential/Institution 12=UD Voluntary
                                                   6=State-funded Community   13=Respite
                                                     Psychiatric Hospital

                                   Yes   No
Community Support Plan   ☐   ☐   Date ☐☐–☐☐–☐☐   Participating Component ☐☐☐
                                                   MM   DD   YY

If Reassigning Client (DRE or CP), Complete the Following:

Destination Component Code ☐☐☐   Destination Program ☐

If MR Client is Reassigned to a Community-based Program, Complete the Following:

Destination Address: Street _____

City _____

State ☐☐   Zip Code _____

Type of Placement ☐☐

Completed By: _____   Date: _____

Campus-based Discharge/Community Placement and Reassignment
(CARE-CAM3)

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	R	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.
ASSIGNMENT EFFECTIVE DATE	R	Date assignment is effective. MMDDYY format.
ASSIGNMENT EFFECTIVE TIME	R	Time assignment is effective. HHMM A/P format.
ASSIGNMENT CODE	R	Assignment code. Must be either DRE (Discharge with Reassignment to any Service), DNS (Discharge, No More Services), DMA (Discharge, Against Medical Advice), CP (MR Community Placement), or ER (End Respite).
PERSON GOING TO A NURSING HOME?	O/R	*For state hospital use only.* Yes or No to indicate whether a person is being placed on DRE or DNS from a state hospital to a nursing home.
OTHER DEST	O/R	Indicates the person is discharged with another destination. JA=Jail, 1=Private Residence, 2=Homeless, 3=Street, 5=Other Residential/Institution, 6=State Funded Community Psychiatric Hospital, 8=UD Involuntary, 9=ICF/MR, 10=Nursing Home, 11=Other Agency, 12=UD Voluntary, 13=Respite, 95=MHA/MRA, 99=Unknown.
PERSON REFERRED TO A NON-MHMR PROVIDER?	O	Yes or No to indicate whether a person is being referred to a non-MHMR provider.
COMMUNITY SUPPORT PLAN	R	Yes or No to indicate whether a Joint Community Support Plan has been made.
DATE	O/R	Date the Joint Community Support Plan was made. MM-DD-YY format.
PARTICIPATING COMPONENT	O/R	Three-digit code for component that is participating in the Joint Community Support Plan.
DESTINATION COMPONENT CODE	O/R	Three-digit code of the component to which person is reassigned. Required if Assignment Code is DRE or CP. **Component Codes/LSAs**
DESTINATION PROGRAM	O/R	Type of program to which person is reassigned. 1=Campus-Based, 2=Community-Based. Required if Assignment Code is DRE or CP. If designated as program 2, no assignment is allowed to state hospitals or state supported living center, or to components 659 and 661.
DESTINATION ADDRESS	O/R	Person's Street, City, State, and Zip Code. Required for MR community-based reassignments only.
TYPE OF PLACEMENT	O/R	Type of placement in community. Required for MR community placements. **Decode: Type of Placement**
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.