

Referral/Tracking/Placement System (CARE-RTP)

Field Name	Type	Contents
COMPONENT	R	Component code.
LAST NAME	R	Person's last name.
FIRST NAME	R	Person's first name.
MEDICAID NO.	O	Person's Medicaid number.
LOCAL CASE NO.	R	Person's temporary local case number. <i>Before adding case number, go to Action Screen 410 and assign the local case number.</i>
CARE ID	O	Person's statewide identification number.
HIC/MEDICARE NO.	O	Person's Medicare number (will display on screen if eligible).
Type of Action		
A/ADD	O/R	Indicates A if data is to be added to CARE. Example: Inquiry and referral from MRA (new to CARE).
C/CHANGE	O/R	Indicates C if data is a change to data already in CARE. Example: Referral to Community Closed (Recognized by CARE).
D/DELETE	O/R	Indicates D if data is to be deleted from CARE.
Type of Activity		
R=ADD OR CHANGE A REFERRAL FROM MRA	O/R	Indicates R if data is intended to add or change a referral from an MRA.
T=ADD OR CHANGE A REFERRAL FOR TRANSFER	O/R	Indicates T if data is intended to add or change a referral for transfer.
I=ADD OR CHANGE AN INQUIRY	O/R	Indicates I if data is intended to add or change an inquiry.
C=CLOSE A COMMUNITY REFERRAL	O/R	Indicates C if data is intended to close a community referral.
For Inquiry to a State Mental Retardation Facility		
DATE OF INQUIRY	O/R	Date the inquiry was received (incomplete application packet).
DATE INQUIRY CLOSED	O/R	Date inquiry ended by MRA or lack of activity for 60 days.
ACTIVITY	O/R	Text field to record information about the person's health, medications, etc.
For Referral to a State Mental Retardation Facility		
DATE OF REFERRAL	R	Date complete application package for admission from MRA was received.
APPLICATION PACKET FORWARDED TO FACILITIES	O	Three-digit component code(s) of the facility or facilities to which the application packet was forwarded, if applicable.
REFERRAL FROM	R	Indicates 1 if the referral was from the MRA for state supported living center admission. Indicates 2 if the referral was from the state supported living center for transfer. (The servicing facility enters the transfer request.)
REFERRAL FOR SPECIFIC STATE MENTAL RETARDATION FACILITIES ONLY	O	Three-digit component code(s) if the referral is for a specific mental retardation facility or facilities. Leave blank if no preference. Do not use for Transfer Request.
REFERRAL END DATE	O/R	Date referral ends when MRA or individual withdraws admission request.
BEHAVIOR STATUS	R	Code(s) to describe the person's behavior status.
HEALTH STATUS	R	Code(s) to describe the person's health status.
AMBULATORY STATUS	R	Code to describe the person's ambulatory status.
SPECIAL NEEDS	R	Code(s) to describe the person's special needs.
Referral to Community Closed		
DATE	O	Date the referral was closed as indicated on the MR Needs Form.
REASON CLOSED	O/R	Indicates the reason the referral was closed other than death, discharge, or community placement.
IDT DECISION REASON	O/R	If 6 (IDT Decision) is entered as REASON CLOSED, indicate the reason for the IDT decision.
COMPLETED BY	R	Signature of person completing form.

DATE

R Date form is completed.