

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

CARE - RTP Referral/Tracking/P	lacement System (Action Code 304) Rev. 08/09	
Component	Local Case No.	
Last Name  First Name	CARE ID	
Medicaid No.	HIC/Medicare No.	
Type of Action A=Add C=Change D=Delete	Type of Activity _ R=Add or Change a Referral from MRA T=Add or Change a Referral for Transfer I=Add or Change an Inquiry C=Close a Community Referral	
For inquiry to a state mental retardation facility:  Date of Inquiry  MM  DD  YYYY  Activity:	Date Inquiry Closed MM DD YYYY	
For referral to a state mental retardation facility:		
Date of Referral  MM  DD  YYYY	Application packet forwarded to facilities (if applicable)	
Referral from  1=MRA 2=State Supported Living Center for Transfers)	Referral (for admission) for specific state mental retardation facilities only	
Referral End Date  MM DD YYYY		
Behavior Status	Ambulatory Status	
1=Inappropriate Sexual Behavior 2=Physical Aggression 3=Threats/Verbal Aggression 4=Property Destruction/Disruption 5=SIB 6=Unauthorized Departures 7=Other 8=No Behavior Problem Noted	1=Ambulatory 2=Semi-Ambulatory 3=Wheelchair Mobile 4=Non-ambulatory	
Health Status	Special Needs	
1=Seizure Disorder 2=Diabetes 3=Respiratory 4=Cardio-vascular 5=Gastro-intestinal 6=Orthopedic 7=Other 8=No Health Problem Noted	1=Specialized Diet 2=Oxygen 3=Specialized Lifting 4=G-tube/J-tube 5=Adaptive Equipment 6=Enhanced Supervision 7=Other 8=No Special Needs Noted	
Referral to Community Closed Date		
Reason Closed 4=Individual Choice 5=LAR Choice 6=IDT Decision	IDT Decision Reason  1=Behavior/Psychiatric 2=Medical 3=Individual/Family  4=Quality of Life 5=Other Reasons	
Completed By:	Date:	

## Referral/Tracking/Placement System (CARE-RTP)

Field Name COMPONENT	<b>Type</b> R	Contents 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. Before adding case number, go to Action Screen 410 and assign the local case number.
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 <b>A</b> if data is to be added to CARE. Example: Inquiry and referral from MRA (new to CARE).
C/Change	O/R	Indicates <b>C</b> if data is a change to data already in CARE. Example: Referral to Community Closed (Recognized by CARE).
D/DELETE	O/R	Indicates <b>D</b> if data is to be deleted from CARE.
Type of Activity  R=ADD OR CHANGE A REFERRAL  FROM MRA	O/R	Indicates $\mathbf{R}$ if data is intended to add or change a referral from an MRA.
T=ADD OR CHANGE A REFERRAL FOR TRANSFER	O/R	Indicates $\mathbf{T}$ 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 Retard		
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	R O	Date complete application package for admission from MRA was received.
TO FACILITIES		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 <b>2</b> 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	О	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 ${\bf 6}$ (IDT Decision) is entered as REASON CLOSED, indicate the reason for the IDT decision.
O D.	-	

R

COMPLETED BY

Signature of person completing form.

DATE