

CARE-BEDEX	MH Bed Allocati	on Exception	(Action Code 345)	Rev. 8/09
Last Name/ Suffix First Name Middle Name		Local Case	Client ID	
Action	Add:	Change:	Delete:	
*The NorthSTAR trust fund in with Medicaid THSTEPS who NorthSTAR region. This only patients. **Terrell State Hospital cannot the NorthSTAR region for In means that the NorthSTAR trust However, all other SMHF can Independent Child for patient means that NorthSTAR's trust.	to are from the sy applies to NorthSTAR stot bill for patients from dependent Child. This rust fund is billed. In bill Medicaid for the from NorthSTAR. This	——————————————————————————————————————	Reason Codes - Out of TX TDJC Commitment - VA Project - Medicare A - Medicaid THSTEPS* - Medicaid IMD - Health Insurance - Contract (Other) - Medicaid THSTEPS - Independer - Consignment from State Supporte Ctr Hospital as Payer	
Completed By:			Date:	

MH Bed Allocation Exception (CARE-BEDEX)

Field Name	Type	Contents	
LAST NAME	R	Person's last name.	
SUFFIX	О	Person's last name suffix. (e.g., Jr, Sr)	
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	Three-digit code of the component to which the person is assigned.	
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 to be changed in CARE.	
ACTION DELETE	O/R	You must check this box if data is to be deleted from CARE.	
BEGIN DATE	R	Beginning date of the exception period. MMDDYYYY format.	
END DATE	O/R	End date of the exception period. MMDDYYYY format.	
REASON	R	Reason code for the exception. 04 - Out of TX TDJC Commitment 05 - VA Project 09 - Medicare A 10 - Medicaid THSTEPS* 11 - Medicaid IMD 12 - Health Insurance 13 - Contract (Other) 15 - Medicaid THSTEPS - Independent Child* 16 - Consignment from State Supported Living Center 17 - Hospital as Payer *Note the NorthSTAR exceptions.	
COMPLETED BY	R	Signature of person completing form.	
DATE	R	Date form is completed.	