CARE

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

| CARE - PLACE | Action Code: 050 | **OBRA Alternate Placement** | Rev. 4/15/94 |

Last Name/

Suffix

First Name

Middle Name

OBRA ID

CARE ID

Local Case Number

Component

Review ID

Action Add: ☐ Change: ☐ Delete: ☐

Placement Began
MM DD YY

Placement Ended
MM DD YY

Placement County

Placement Type

Alternate Placement Types
001—Class Program
002—HCS Program
003—HCS-O Program
004—ICF-MR Program (1 - 6 Bed)
005—ICF-MR Program (7 - 15 Beds)
006—ICF-MR Program (More Than 15 Beds)
007—ICF-RC Program
008—TXMHMR State School/Center
009—TDHS Foster Care
010—MHA Residential Services
011—MRA Residential Services
012—Own Home/Family Home—TDHS Support
013—Own Home/Family Home—TXMHMR Support
014—Personal Care Facility
015—Other Alternate Placement Setting
016—In-Patient Psychiatric Treatment—State Hospital
017—In-Patient Psychiatric Treatment
018—Unknown
022—Own Home/Family Home—Self Support

Did your authority assist with this placement?
(Y=Yes, N=No) ☐

Consumer Placement Address

Component ☐☐☐ Location Code ☐☐☐

–or–

Name _____

Attn _____

Street _____

City _____

State _____ Zip _____

Completed By: _____ Date: _____

OBRA Alternate Placement (CARE-PLACE)

Field Name	Type	Contents
LAST NAME	R	Person's last name.
SUFFIX	O	Person's last name suffix. (e.g., Jr, Sr)
FIRST NAME	R	Person's first name.
MIDDLE NAME	O	Person's middle name.
OBRA ID	R	Person's OBRA identification number.
CARE 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.
REVIEW ID	R	Number that indicates a specific PASARR determination.
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.
PLACEMENT BEGAN	R	Date the person's alternate placement began.
PLACEMENT ENDED	O	Date the person's alternate placement ended.
PLACEMENT COUNTY	R	Three-digit code for the county in which the person is placed.
PLACEMENT TYPE	R	Person's preferred alternate placement type. **Decode: Alternate Placement Types (OBRA)**
DID YOUR AUTHORITY ASSIST WITH THIS PLACEMENT?	R	**Y** (yes) or **N** (no) to indicate if your authority assisted in placing this person outside the nursing facility.

Consumer Placement Address

COMPONENT	R/O	Three-digit component code.
LOCATION CODE	R/O	Location code.

- or -

NAME	O	Name of the placement location.
ATTN	O	Line to be used for a person's name or title or for an extra line for the address.
STREET	R/O	Street of the placement location.
CITY	R/O	City of the placement location.
STATE	R/O	State of the placement location.
ZIP	R/O	Zip and the zip suffix of the placement location.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.