CARE

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

CARE - PLAN II Action Code: 025

OBRA Service Plan II

Rev. 8/23/95

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

Suffix ☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐ Local Case Number ☐☐☐☐☐☐☐☐☐☐

Middle Name ☐☐☐☐☐☐☐☐☐ Component ☐☐☐

Action Add: ☐ Change: ☐ Delete: ☐

Begin Date (MMDDYYYY) ☐☐–☐☐–☐☐☐☐ End Date (MMDDYYYY) ☐☐–☐☐–☐☐☐☐

Vendor ☐☐☐☐

	Service	Y=Yes, N=No
B000	OBRA Mandated - No Appropriate Services Available	☐
B100	Vocational Services and Case Management	☐
B200	MH Rehabilitative Services and Case Management	☐
B300	Case Management for Alternate Placement Services	☐
B400	Case Management for New Specialized Services Referral	☐
B500	Case Management for Re-Evaluation	☐
B600	Referred to Nursing Facility Rehabilitative Services	☐
B700	Referred to Early Childhood Intervention Program	☐
B800	Referred to Local Public School District	☐
B900	Referred to EPSDT–CCP	☐

Completed By: _____ Date: _____

OBRA Service Plan II **(CARE-PLAN II)**

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.
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	Date the service plan is to begin. MMDDYYYY format.
END DATE	O/R	Date the service plan is to end. MMDDYYYY format.
VENDOR	R	Four-digit number that represents the nursing facility where the individual is currently residing.
SERVICE	R	**Y** (Yes) to indicate each service category to be received. Note: **Y** must be answered for at least one service.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.