Report Number HC027742

Report Name	Bed Days for Persons in New Generation Medication Program

Purpose	Provides an alphabetical listing of persons in the Risperidone drug program and the corresponding number of bed days.

Distribution	Community Centers and SOCS through VPS, Central Office

XPTR Reference	Application: CARE
Directory: New.Gen.Meds

Frequency	Monthly, on the third working day of the month

Notes	Report includes Funding Source 3 and 6 (MHMR Community Only - 74th/HB1), Funding Source 5 and 7 (Medicaid Community Only - 74th/HB1), and M (Medicaid - Private Pharmacy).

Fields	The table describes the fields as they are displayed on the report.

Field	Description
DATE PREPARED	Date report was produced.
TIME PREPARED	Time report was produced.
COMP CODE	Three-digit code of the component for which data is reported.
COMP NAME	Name corresponding to the component code.
DRUG PROGRAM	Indicates that this report is for the Risperidone drug program.
FUNDING SOURCE	Indicates Funding Source 3 and 6 (MHMR Community Only - 74th/HB1), Funding Source 5 and 7 (Medicaid Community Only - 74th/HB1), *or* M (Medicaid - Private Pharmacy).
LAST NAME	Person's last name.
FIRST NAME	Person's first name.

Fields, Continued

Field	Description
ID	Person's statewide identification number assigned by CARE.
CASE #	Person's local case number assigned by the component.
FUND SRC	One-digit code indicating the source of funding for the Risperidone drug program.
DRUG PROGRAM BEG DATE	Beginning date of the drug program at the component. MM-DD-YY format.
END DATE	End date of the drug program at the component. MM-DD-YY format.
PERIOD	Number of days in the period that the specified component administered the drug program for each funding source.
DAYS IN CAMPUS	Number of days the person was in campus.
DAYS IN COMMUNITY	Number of days the person was in community.
DAYS IN MONTH	Number of days in the reporting period.
TOTAL DAYS FOR FUND SOURCE	Total number of days, rate, and payment for each funding source at the component.