



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

CARE - SPEC Action Code: 040 **OBRA Specialized Services Refusal** Rev. 7/10/92

Last Name/	<input type="text"/>	Client ID	<input type="text"/>
Suffix	<input type="text"/>		
First Name	<input type="text"/>	Component	<input type="text"/>
Middle Name	<input type="text"/>	Local Case Number	<input type="text"/>
OBRA Review Number	<input type="text"/>	Determination Date	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>MM DD YY</small>

Action

Add:

Change:

Delete:

Date Specialized Services Refused

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MM DD YY

Completed By: _____

Date: _____

OBRA Specialized Services Refusal (CARE-SPEC)

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 REVIEW NUMBER	R	Number assigned to the person's OBRA review.
CLIENT ID	O	Person's statewide identification number.
COMPONENT	R	Three-digit code of the component to which the person is assigned.
LOCAL CASE NUMBER	R	Person's local case number.
DETERMINATION DATE	R	Date of the determination. MM-DD-YY format.
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.
DATE SPECIALIZED SERVICES REFUSED	R	Date specialized services were refused. MM-DD-YY format.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.