



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

CARE-NGT	<b>New Generation Medication Tracking</b> (Action Code 375)	Rev.10/13
Last Name/	<input type="text"/>	Client ID
Suffix	<input type="text"/>	Local Case Number
First Name	<input type="text"/>	Component
Middle Name	<input type="text"/>	
<b>Action</b>	Add: <input type="checkbox"/>	Change: <input type="checkbox"/>
Delete: <input type="checkbox"/>		
<b>Drug Type</b> <input type="text"/>	<b>Start Date</b> <input type="text"/> - <input type="text"/> - <input type="text"/>	
<u>Enter One:</u> GC - Generic Clozapine      LU - Lurasidone C - Clozaril                      AL - Aripiprazole R - Risperidone O - Olanzapine Q - Quetiapine/Seroquil Z - Ziprasidone A - Aripiprazole RC - Risperdal Consta I/P - Invega/Paliperidone IS - Invega Sustenna SP - Saphria FA - Fanapt RL - Relprevv	MM      DD      YYYY	
<b>Funding Source</b> <input type="text"/>		<b>End Date</b> <input type="text"/> - <input type="text"/> - <input type="text"/>
1 Hospital In-Patient - 74th/HB1      6 MHMR (Community Only) - 74th/HB1 2 State Campus Facility Pay          7 Medicaid (Community Only) - 74th/HB1 4 Other                                      8 Free New Generation Medications M Other Medicaid                      9 Medicare Part D D Part D Self Pay		MM      DD      YYYY
<b>End Reason</b> <input type="text"/>	<b>Comment</b> <b>Reason for Ending</b> <input type="text"/>	
<u>Enter One:</u> 1 - No or Poor Response 2 - Decreased WBC 3 - Side Effect Other than WBC 4 - Loss of Funding 5 - Other	<b>Next Comp</b> <input type="text"/>	
Completed by: _____ Date: _____		

# New Generation Medication Tracking (CARE-NGT)

<b>Field Name</b>	<b>Type</b>	<b>Contents</b>
LAST NAME	R	Person's last name.
SUFFIX	O	Person's last name suffix. (e.g., Jr, Sr, II)
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	Component code.
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 a change to data already in CARE.
ACTION DELETE	O/R	You must check this box if data is to be deleted from CARE.
DRUG TYPE	R	Type of new generation medication prescribed for the person.
START DATE	R	Date the person started receiving new generation medication therapy. MMDDYYYY format.
FUNDING SOURCE	R	One-digit code indicating the source of funding for new generation medication therapy.
END DATE	O/R	Date the person stopped receiving new generation medication therapy. MMDDYYYY format.
END REASON	O/R	One-digit code that indicates why the person stopped receiving new generation medication therapy. Required if END DATE is entered.
COMMENT REASON FOR ENDING	O	Up to 25 characters to describe the reason for ending new generation medication therapy.
NEXT COMP	O	Three-digit code of the component to which the person is transferring.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.