



## Quality Assurance Fees Data (CARE-QAF)

Field Name	Type	Contents
COMPONENT CODE	R	3-digit component code defined by your Login ID. For Central Office, the 3-digit component code for which bed days are to be reviewed, changed, or deleted, or for which a summary sheet is to be produced.
REPORTING MONTH	R	Month and year for which bed days are reported. MMYYYY format.
<i>For Change or Delete Only:</i>		
CONTRACT NUMBER	R	Contract number for which a change to or deletion of previously recorded bed days is required.
<i>Type of Entry</i>		
ADD	O/R	Check this box to add bed days for contracts which have had no bed days entered for the reporting month.
CHANGE	O/R	Check this box to change the number of bed days for the specified contract that has had bed days entered for the reporting month.
DELETE	O/R	Check this box to delete all bed days for the specified contract that has had bed days entered for the reporting month.
CONTACT NAME	R	Name of the person to contact at the component.
CONTACT TELEPHONE	R	Telephone number of the person to contact at the component.
CONTRACT NUMBER	R	Contract number for which bed days are reported.
LON BED DAYS	R	Number of bed days for the reported month for each of the Levels of Need.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.