

MH Bed Allocation Exception (CARE-BEDEX)

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	Beginning date of the exception period. MMDDYYYY format.
END DATE	O/R	End date of the exception period. MMDDYYYY format.
REASON	R	Reason code for the exception. 04 - Out of TX TDJC Commitment 05 - VA Project 09 - Medicare A 10 - Medicaid THSTEPS* 11 - Medicaid IMD 12 - Health Insurance 13 - Contract (Other) 15 - Medicaid THSTEPS - Independent Child* 16 - Consignment from State Supported Living Center 17 - Hospital as Payer *Note the NorthSTAR exceptions.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.