



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

CARE - ICO Action Code 060

OBRA Initial Contact Outcome Entry

4/8/93

Last Name/

OBRA ID

Suffix

Component

First Name

Review ID

Middle Name

Action

Add:

Change:

Delete:

1 – Client Deceased

Effective Date of Death

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MM DD YY

2 – Client Location

Initial Contact Outcome Date

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MM DD YY

Client Location – Outcome Code

- 1 = Client not located
- 2 = Transfer outside LSA
- 4 = Client will not enter nursing facility

County Code

(County code *must* be entered if Outcome Code = 2)

3 – Refused Services

Date Specialized Services Refused

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MM DD YY

Completed By: _____

Date: _____

OBRA Initial Contact Outcome Entry (CARE-ICO)

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 ID	R	Person's OBRA identification number.
COMPONENT	R	Three-digit code of the component to which the person is assigned.
REVIEW ID	R	Number assigned to the person's OBRA review.
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.
 <i>1 – Client Deceased</i>		
EFFECTIVE DATE OF DEATH	R	Effective date of the person's death. (Can be the actual date the person died <i>or</i> the date the authority learned the person was deceased.)
 <i>2 – Client Location</i>		
INITIAL CONTACT OUTCOME DATE	R	The date <ul style="list-style-type: none"> • the person actually left the local service area, • the person left the nursing facility, • the person said he/she was not going into the facility, <i>or</i> • the authority gave up looking for the person. MMDDYY format.
CLIENT LOCATION – OUTCOME CODE	R	Code indicating the outcome. 1=Client not located, 2=Transfer outside LSA, 4=Client will not enter nursing facility.
COUNTY CODE	O/R	Code for the county to which the person is moving. (Cannot be entered unless the OUTCOME CODE is 2.)
 <i>3 – Refused Services</i>		
DATE SPECIALIZED SERVICES REFUSED	R	Date the specialized services were refused. MMDDYY format.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.