

Report Number HC029451

Report Name MR Facility Clients with MR/RC Assessments

Purpose Provides an alphabetical listing of MR clients from state schools and state centers who were receiving ICF care as of the first of the report month.

Distribution State Schools and State Centers through VPS, Central Office

XPTR Reference Application: CARE
Directory: MR.Special

Frequency Monthly, on the weekend following the first 5 working days of the month

Notes Used to view/print listing of clients who have MR/RC assessments.

Fields The table describes the fields as they are displayed on the report.

Field	Description
DATE PREPARED	Date report was produced.
TIME PREPARED	Time report was produced.
COMP CODE	Three-digit code of the component for which data is reported.
COMP NAME	Name corresponding to the component code.
CLIENT NAME LAST	Person's last name.
FIRST	Person's first name.
CASE NBR	Person's local case number assigned by the component.
MEDICAID	Person's Medicaid number.

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Fields, continued

Field	Description
LVL OF CARE	Code to indicate the assigned level of care.
LVL OF NEED	Code to indicate the assigned level of need.
BRD IND	Person's Broad Independence score.
GEN MAL	Person's General Maladaptive score.
DATES BEGIN	Begin date of the LOC determination/LON assignment.
END	End date of the LOC determination/LON assignment.
LOC	Code to indicate the person's campus location.
SVC LVL	Indicates the person's service level obtained from the ICAP assessment.
BUMP MED	Indicates medical bump up on LON.
BEH	Indicates behavioral bump up on LON.
