

Report Number HC027761

Report Name Bed Days for Persons in New Generation Medication Program

Purpose Provides an alphabetical listing of persons in the Clozapine drug program and the corresponding number of bed days.

Distribution Community Centers and SOCS through VPS, Central Office

XPTR Reference Application: CARE
Directory: New.Gen.Meds

Frequency Monthly, on the third working day of the month

Notes Report includes Funding Source 3 and 6 (MHMR Community Only - 74th/HB1), Funding Source 5 and 7 (Medicaid Community Only - 74th/HB1), and M (Medicaid - Private Pharmacy).

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. |
| DRUG PROGRAM | Indicates that this report is for the Clozapine drug program. |
| FUNDING SOURCE | Indicates Funding Source 3 and 6 (MHMR Community Only - 74 th /HB1), Funding Source 5 and 7 (Medicaid Community Only - 74 th /HB1), or M (Medicaid - Private Pharmacy). |
| LAST NAME | Person's last name. |
| FIRST NAME | Person's first name. |

continued on next page

Report Number HC027761, Continued

Fields, Continued

| Field | Description |
|---------------------------------|--|
| ID | Person's statewide identification number assigned by CARE. |
| CASE # | Person's local case number assigned by the component. |
| FUND SRC | One-digit code indicating the source of funding for the Clozapine drug program. |
| DRUG PROGRAM BEG DATE | Beginning date of the drug program at the component. MM-DD-YY format. |
| END DATE | End date of the drug program at the component. MM-DD-YY format. |
| PERIOD | Number of days in the period that the specified component administered the drug program for each funding source. |
| DAYS IN CAMPUS | Number of days the person was in campus. |
| DAYS IN COMMUNITY | Number of days the person was in community. |
| DAYS IN MONTH | Number of days in the reporting period. |
| TOTAL DAYS FOR FUND SOURCE | Total number of days, rate, and payment for each funding source at the component. |
