Screen ID	Screen Name	CARE Data Field	TMHP Location	TMHP Detailed Location
C61	Consumer Demographics	Birthdate	LTCOP/Dashboard	Individual Detail
		Client Address	LTCOP/Dashboard	Individual Detail/Demographic
		Client ID	LTCOP/Search	Individual Detail
		Client Name	LTCOP/Dashboard	Individual Detail
		Component Code	LTCOP/Dashboard	Individual Detail
		Consumer Status	LTCOP/Dashboard	Individual Detail
		Contract Number	LTCOP/Dashboard	Individual Detail
		Current IPC Begin Date	LTCOP/Dashboard	Individual Detail/Estimated Annual Cost
		Current IPC End Date	LTCOP/Dashboard	Individual Detail/Estimated Annual Cost
		Current IPC Revised Date	LTCOP/Dashboard	Individual Detail/Estimated Annual Cost
		Enrollment Date	LTCOP/Dashboard	Individual Detail/Demographic
		Enrollment Letter Sent Date	LTCOP/Dashboard	Individual Detail/Demographic
		Guardian Address	LTCOP/Dashboard	Individual Detail/Demographic
		Guardian Name	LTCOP/Dashboard	Individual Detail/Demographic
		Guardian Phone	LTCOP/Dashboard	Individual Detail/Demographic
		Level of Care/Need	LTCOP/Dashboard	Individuals by Program/Individual Detail/Levels
		LOC Begin Date	LTCOP/Dashboard	Individual Detail
		LOC End Date	LTCOP/Dashboard	Individual Detail
		Local Case Number	LTCOP/Dashboard	Individual Detail
		Location Code	LTCOP/Dashboard	Individual Detail
		Medicaid Begin Date	LTCOP/Dashboard	Individual Detail/Medicaid
		Medicaid Number	LTCOP/Dashboard	Individual Detail
		Medicaid Program	LTCOP/Dashboard	Individual Detail/Medicaid
		Packet Status	LTCOP/Dashboard	Individual Detail/Demographic
		Service County	LTCOP/Dashboard	Individual Detail
		Sex	LTCOP/Dashboard	Individual Detail
		Slot	LTCOP/Dashboard	Individual Detail/Demographic
		Slot Number	LTCOP/Search	Form Status Inquiry/HCS or TxHmL Pre-Enrollment
		Medicaid End Date	TexMedConnect	MESAV
		Birthdate	LTCOP/Dashboard	Individual Detail
		Client Address	LTCOP/Dashboard	Individual Detail/Demographic
		Client ID	LTCOP/Dashboard	Individual Detail
		Client Name	LTCOP/Dashboard	Individual Detail
		Component Code	LTCOP/Dashboard	Individual Detail
		Consumer /Legal Representative Name	LTCOP/Dashboard	Individual Detail/Demographic
		Contract Number	LTCOP/Dashboard	Individual Detail
		County	LTCOP/Dashboard	Individual Detail
		LOC/LON	LTCOP/Dashboard	Individual Detail/Levels
		Local Case Number	LTCOP/Dashboard	Individual Detail
		Location	LTCOP/Dashboard	Individual Detail
		Medicaid Number	LTCOP/Dashboard	Individual Detail

Provider and LIDDA Data Crosswalk

Screen ID	Screen Name	CARE Data Field	TMHP Location	TMHP Detailed Location
C62	Individual Plan of Inquiry	Residential Type	LTCOP/Dashboard	Individual Detail
		SS Number	LTCOP/Dashboard	Individual Detail
		Waiver Type	LTCOP/Dashboard	Individual Detail
		Case Coordinator Name	LTCOP/Search	Form Status Inquiry/Individual Plan of Care
		Grand Total	LTCOP/Search	Form Status Inquiry/Individual Plan of Care
		Provider Representative Name	LTCOP/Search	Form Status Inquiry/Individual Plan of Care
		Services Provided by a Relative/Guardian	LTCOP/Search	Form Status Inquiry/Individual Plan of Care
		TAS	LTCOP/Search	Form Status Inquiry/Individual Plan of Care
		Authorized Amount	LTCOP/Search	Form Status Inquiry/Individual Plan of Care
		CDS Estimated Annual Total	LTCOP/Dashboard	Individual Detail/Estimated Annual Cost
		CFC Total	LTCOP/Dashboard	Individual Detail/Estimated Annual Cost
		Program Estimated Annual Total	LTCOP/Dashboard	Individual Detail/Estimated Annual Cost
		Program Units	TexMedConnect	MESAV
		Service Category	LTCOP/Dashboard	Individual Detail/Estimated Annual Cost
		Total Annual Cost	LTCOP/Dashboard	Individual Detail/Estimated Annual Cost
C63	DHS Medicaid Eligibility Search	Annual Renewal Date	TexMedConnect	MESAV
		Birthdate	TexMedConnect	MESAV
		Client First Name	TexMedConnect	MESAV
		Client ID	LTCOP/Search	Individual Detail
		Client Last Name	TexMedConnect	MESAV
		Client Middle Name	TexMedConnect	MESAV
		Comp/Local Case Number	LTCOP/Dashboard	Individual Detail
		Coverage Code	TexMedConnect	MESAV
		Eligibility Begin Date	TexMedConnect	MESAV
		Eligibility End Date	TexMedConnect	MESAV
		Medicaid Base Plan	*Not available*	*Not available*
		Medicaid Certification Date	LTCOP/Dashboard	Individual Detail/Demographic
		Medicaid Recipient ID	TexMedConnect	MESAV
		Medicare Number (HICN)	TexMedConnect	MESAV
		Medicare number (MBI)	TexMedConnect	MESAV
		Medicare Part A Entitlement Begin Date	TexMedConnect	MESAV
		Medicare Part A Entitlement End Date	TexMedConnect	MESAV
		Sex	TexMedConnect	MESAV
		SSN	TexMedConnect	MESAV
		Type Program	TexMedConnect	MESAV
		Ethnicity	*Not available*	*Not available*
C64	HCS Individual Plan of Care Expiration Inquiry	Client Name	LTCOP/Dashboard	Due: Individual Plan of Care due in 60 days/Individual Detail
		Contract Number	LTCOP/Dashboard	Individual Detail
		Medicaid Number	LTCOP/Dashboard	Due: Individual Plan of Care due in 60 days/Individual Detail
		Local Case Number	LTCOP/Dashboard	Due: Individual Plan of Care due in 60 days/Individual Detail
		IPC Begin Date	LTCOP/Dashboard	Due: Individual Plan of Care due in 60 days/Estimated Annual Cost

Screen ID	Screen Name	CARE Data Field	TMHP Location	TMHP Detailed Location
		IPC End Date	LTCOP/Dashboard	Due: Individual Plan of Care due in 60 days/Estimated Annual Cost
C65	ID/RC Assessment Expiration Inquiry	Client Name	LTCOP/Dashboard	Due: LOC/LON Assignment due in 60 days/Individual Detail
		Contract Number	LTCOP/Dashboard	Individual Detail
		Medicaid Number	LTCOP/Dashboard	Due: LOC/LON Assignment due in 60 days/Individual Detail
		Level of Care Begin Date	LTCOP/Dashboard	Due: LOC/LON Assignment due in 60 days/Levels
		Level of Care End Date	LTCOP/Dashboard	Due: LOC/LON Assignment due in 60 days/Levels
C66	Consumer Discharges Inquiry	Component Code	LTCOP/Dashboard	Exceptions: Suspensions over 30 days
		Contract Number	LTCOP/Dashboard	Individual Detail
		Client Name	LTCOP/Dashboard	Exceptions: Suspensions over 30 days/Individual Detail
		Local Case Number	LTCOP/Dashboard	Exceptions: Suspensions over 30 days
		Medicaid Number	LTCOP/Dashboard	Exceptions: Suspensions over 30 days
		Temporary Discharge Reason/Type	LTCOP/Search	Form Status Inquiry/Individual Movement Form/Suspension
		Temporary Discharge Begin Date	LTCOP/Search	Form Status Inquiry/Individual Movement Form/Suspension
		Temporary Discharge End Date	LTCOP/Search	Form Status Inquiry/Individual Movement Form/Suspension
C67	Provider Consumer Roster	Service Coordinator	LTCOP/Search	Form Status Inquiry/Individual Plan of Care, ID/RC, or IMT (most current)
		Waiver Type	LTCOP/Dashboard	Individuals by Status/Individual Detail
		Contract No.	LTCOP/Dashboard	Individual Detail
		Client Name	LTCOP/Dashboard	Individual Detail
		Client ID	LTCOP/Dashboard	Individual Detail
		Case Number	LTCOP/Dashboard	Individual Detail
		Medicaid Number	LTCOP/Dashboard	Individual Detail
		Enroll Status	LTCOP/Dashboard	Individual Detail
C68	ID/RC Assessment Summary	Client Name	LTCOP/Dashboard	ndividual Detail
		Client ID	LTCOP/Search	Individual Detail
		Local Case Number	LTCOP/Dashboard	Individual Detail
		Contract Number	LTCOP/Dashboard	Individual Detail
		Medicaid Number	LTCOP/Dashboard	Individual Detail
		Level of Care Begin Date	LTCOP/Dashboard	Individual Detail/Levels
		Level of Care End Date	LTCOP/Dashboard	Individual Detail/Levels
		Level of Care	LTCOP/Dashboard	Individual Detail/Levels
		Previous End Date	LTCOP/Search	Form Status Inquiry/8578 ID/RC
		Purpose Code	LTCOP/Dashboard	Individual Detail/Levels
		Level of Need	LTCOP/Dashboard	Individual Detail/Levels
		Source	*Not available*	*Not available*
	Provider	Component Code	LTCOP/Dashboard	Provider Detail
		Vendor Contract Mailing Address	LTCOP/Dashboard	Provider Detail
		Vendor Contract Physical Address	LTCOP/Dashboard	Provider Detail
		Alternate Contact Name to CEO	*Not available*	*Not available*
		Alternate to CEO Fax Number	*Not available*	*Not available*
		Alternate to CEO Phone Number	*Not available*	*Not available*
		CEO Contact Fax Number	*Not available*	*Not available*

Provider and LIDDA Data Crosswalk

Screen ID	Screen Name	CARE Data Field	TMHP Location	TMHP Detailed Location
C69	Provider Information	CEO Contact Name	*Not available*	*Not available*
		CEO Contact Phone Number	*Not available*	*Not available*
		Certificate of Account Status Date	*Not available*	*Not available*
		DBA Name/Legal Entity Name	*Not available*	*Not available*
		Rate Enhancement Enrollment information	HHS Website: https://rad.hhs.texas.gov/	HHS Website: https://rad.hhs.texas.gov/
		Vendor Contract Billing Address	*Not available: Reference CARE*	*Not available: Reference CARE*
		Provider Contracts associated to Vendor	*Not available: Reference CARE*	*Not available: Reference CARE*

Provider and LIDDA Data Crosswalk

Screen ID	Screen Name	CARE Data Field	TMHP Location	TMHP Detailed Location
C70	Contract Information	CAPPS Contract Number	LTCOP/Dashboard	Individual Detail
		Component Code	LTCOP/Dashboard	Provider Detail
		Contract Begin Date	LTCOP/Dashboard	Provider Detail/Contract Information
		Contract Mailing Address	LTCOP/Dashboard	Provider Detail
		Contract Name	LTCOP/Dashboard	Provider Detail
		Contract NPI	LTCOP/Dashboard	Provider Detail
		Contract Physical Address	LTCOP/Dashboard	Provider Detail
		Service Areas	LTCOP/Dashboard	Provider Detail/Contract Information
		Vendor/Contract Number	LTCOP/Dashboard	Provider Detail
		Waiver Contract Area	LTCOP/Dashboard	Provider Detail
		Authorized Designee	*Not available: Reference CARE*	*Not available: Reference CARE*
		Certification Dates	*Not available: Reference CARE*	*Not available: Reference CARE*
		Contract Capacity	*Not available: Reference CARE*	*Not available: Reference CARE*
		Designated Direct Service	*Not available: Reference CARE*	*Not available: Reference CARE*
		Provisional Certification Date	*Not available: Reference CARE*	*Not available: Reference CARE*
		Working Max	*Not available: Reference CARE*	*Not available: Reference CARE*
		Contract Status	*Not available: Reference CARE*	*Not available: Reference CARE*
C71	Provider/Contract List	Client Enrollment Date	LTCOP/Dashboard	Individual Detail/Demographics
		Component Code	LTCOP/Dashboard	Provider Detail
		Contract Type	LTCOP/Dashboard	Individuals by Program/Individual List
		Count of Clients Assigned	LTCOP/Dashboard	Individuals by Program/Individual List
		Count of Providers by Provider Type	*Not available: Reference CARE*	*Not available: Reference CARE*
		Provider Type	LTCOP/Dashboard	Provider Detail
		Waiver Type	LTCOP/Dashboard	Individuals by Program/Individual List
C72	HCS Service Delivery by IPC Inquiry	Authorized Amount	LTCOP/Dashboard	Manually Calculate: Authorized Units x Rate
		CFC Est Annual Total	LTCOP/Dashboard	Individuals by Program/Estimated Annual Cost
		Client Age	LTCOP/Dashboard	Individuals by Program/Individual Detail
		Client ID	LTCOP/Search	Individual Detail
		Client Name	LTCOP/Dashboard	Individuals by Program/Individual Detail
		Component Code	LTCOP/Dashboard	Individual Detail
		Dollars Claimed	LTCOP/Dashboard	Individuals by Program/Estimated Annual Cost
		IPC Begin Date	LTCOP/Dashboard	Individuals by Program/Estimated Annual Cost
		IPC End Date	LTCOP/Dashboard	Individuals by Program/Estimated Annual Cost
		IPC Plan Year % Complete	LTCOP/Dashboard	Individuals by Program/Estimated Annual Cost
		IPC Revision Date	LTCOP/Dashboard	Individuals by Program/Estimated Annual Cost
		Percentage Utilized	LTCOP/Dashboard	Individuals by Program/Estimated Annual Cost
		Service Code	LTCOP/Dashboard	Individuals by Program/Estimated Annual Cost
		Total Units	LTCOP/Dashboard	Individuals by Program/Estimated Annual Cost
		Units Claimed	LTCOP/Dashboard	Individuals by Program/Estimated Annual Cost
		Waiver Type	LTCOP/Dashboard	Individuals by Program/Individual Detail
		MHM Lifetime	LTCOP/Search	Form Status Inquiry/Individual Plan of Care

Provider and LIDDA Data Crosswalk

Screen ID	Screen Name	CARE Data Field	TMHP Location	TMHP Detailed Location
		Total Dollars	LTCOP/Search	Individuals by Program/Estimated Annual Cost
		Latest CS Billing Date	TexMedConnect	Claim Status Inquiry
		TAS Lifetime	LTCOP/Search	Form Status Inquiry/Individual Plan of Care
		Dollars Remaining	LTCOP/Dashboard	Individuals by Program/Estimated Annual Cost
		Units Remaining	LTCOP/Dashboard	Individuals by Program/Estimated Annual Cost
C73	Service Delivery by Provider	Case Number	TexMedConnect	Claim Status Inquiry
		Component Code	LTCOP/Dashboard	Individual Detail
		Staff ID	*Not available*	*Not available*
		Approved to Pay	TexMedConnect	Claim Status Inquiry
		Not Paid	TexMedConnect	Claim Status Inquiry
		Paid	TexMedConnect	Claim Status Inquiry
		Service Date	TexMedConnect	Claim Status Inquiry
		Total Amount	TexMedConnect	Claim Status Inquiry
		CARE ID	TexMedConnect	Claim Status Inquiry
		Client Name	TexMedConnect	Claim Status Inquiry
		Medicaid Number	TexMedConnect	Claim Status Inquiry
		Service Begin Date	TexMedConnect	Claim Status Inquiry
		Service Category	TexMedConnect	Claim Status Inquiry
		Service End Date	TexMedConnect	Claim Status Inquiry
C78	Staff ID Inquiry	Staff Provider Name	*Not available*	*Not available*
		Staff ID	*Not available*	*Not available*
		Begin Date	*Not available*	*Not available*
		End Date	*Not available*	*Not available*
C79	HCS County /MRA Inquiry	County Code	LTCOP/Reports	LIDDA Waiver Contract Area Assignments by County Report
		County Name	LTCOP/Reports	LIDDA Waiver Contract Area Assignments by County Report
		Service Area	LTCOP/Reports	LIDDA Waiver Contract Area Assignments by County Report
		WCA	LTCOP/Reports	LIDDA Waiver Contract Area Assignments by County Report
		MRA Authority	LTCOP/Reports	LIDDA Waiver Contract Area Assignments by County Report
		MRA Name	LTCOP/Reports	LIDDA Waiver Contract Area Assignments by County Report
C80	Provider List	Contract Type	LTCOP/Dashboard	Provider Detail
		Provider Type	LTCOP/Dashboard	Provider Detail
		CEO Contact Name	*Not available: Reference CARE*	*Not available: Reference CARE*
		CEO Address	*Not available: Reference CARE*	*Not available: Reference CARE*
		CEO Contact Phone Number	*Not available: Reference CARE*	*Not available: Reference CARE*
		Physical Address	*Not available: Reference CARE*	*Not available: Reference CARE*
		Billing Address	*Not available: Reference CARE*	*Not available: Reference CARE*
		Client Address	LTCOP/Dashboard	Individual Detail/Demographics
		Contract Contact Name	*Not available: Reference CARE*	*Not available: Reference CARE*
		Contract Phone Number	*Not available: Reference CARE*	*Not available: Reference CARE*
		MRA	LTCOP/Dashboard	Provider Detail
		WCA	LTCOP/Dashboard	Individuals by Program/Individual Detail

Provider and LIDDA Data Crosswalk

Screen ID	Screen Name	CARE Data Field	TMHP Location	TMHP Detailed Location
		County	LTCOP/Dashboard	Individuals by Program/Individual Detail
		Max Enrollment	*Not available: Reference CARE*	*Not available: Reference CARE*
		Enrollment by Service County	LTCOP/Dashboard	Provider Detail/Clients
		Contract Certification Dates	*Not available: Reference CARE*	*Not available: Reference CARE*

Provider and LIDDA Data Crosswalk

Screen ID	Screen Name	CARE Data Field	TMHP Location	TMHP Detailed Location
C84	Provider Location Inquiry	Clients Assigned to Location	LTCOP/Dashboard	Provider Detail/Locations
		Component Code	LTCOP/Dashboard	Provider Detail
		Provider Location Code	LTCOP/Dashboard	Provider Detail/Locations
		Provider Location Code Dates	LTCOP/Dashboard	Provider Detail/Locations
		Provider Location Code Status	*Not available: Reference CARE*	*Not available: Reference CARE*
		Provider Location Type	LTCOP/Dashboard	Provider Detail/Locations
		Clients Assigned to Location	LTCOP/Dashboard	Provider Detail/Locations
		Provider Location Code	LTCOP/Dashboard	Provider Detail/Locations
		Provider Location Code Dates	LTCOP/Dashboard	Provider Detail/Locations
		Provider Location Code Status	*Not available: Reference CARE*	*Not available: Reference CARE*
		Provider Location Type	LTCOP/Dashboard	Provider Detail/Locations

Provider and LIDDA Data Crosswalk

Screen ID	Screen Name	CARE Data Field	TMHP Location	TMHP Detailed Location
C85	Consumer Assignments Inquiry	Client ID	LTCOP/Search	Individual Detail
		Client Name	LTCOP/Dashboard	Individual Detail
		Comp/LCN	LTCOP/Dashboard	Individual Detail
		Component Code	LTCOP/Dashboard	Individual Detail
		Local Case Number	LTCOP/Dashboard	Individual Detail
		Service Coordinator Change	LTCOP/Search	Form Status Inquiry/Individual Movement Form/Service Coordinator
		Contract Number	LTCOP/Dashboard	Individual Detail
		Effective Date	LTCOP/Search	Form Status Inquiry/Individual Movement Form/Individual Update
		End Date	LTCOP/Search	Form Status Inquiry/Individual Movement Form/Individual Update
		Location Code	LTCOP/Search	Form Status Inquiry/Individual Movement Form/Individual Update
		Waiver Type	LTCOP/Dashboard	Individual Detail/Medicaid
C86	Provider Location List	Component Code	LTCOP/Dashboard	Individual Detail
		Location Code	LTCOP/Dashboard	Provider Detail/Locations
		Location Name	LTCOP/Dashboard	Provider Detail/Locations
		Open/Closed	*Not available: Reference CARE*	*Not available: Reference CARE*
		Status	*Not available: Reference CARE*	*Not available: Reference CARE*
C88	Consumer Hold Inquiry	Client ID	LTCOP/Search	Individual Detail
		Client Name	LTCOP/Search	Individual Detail
		Temp Hold Begin Date	TexMedConnect	MESAV
		Auth Date	TexMedConnect	MESAV
		Auth ID	*Not available*	*Not available*
		Temp Hold End Date	TexMedConnect	MESAV
		Component Code	LTCOP/Dashboard	Individual Detail
		LCN	LTCOP/Dashboard	Individual Detail
		Reason for Hold (Suspensions Only)	LTCOP/Search	Form Status Inquiry/Individual Movement Form/Suspension
C89	Claim Inquiry	Component Code	LTCOP/Search	Individual Detail
		Local Case Number	LTCOP/Dashboard	Individual Detail
		Medicaid Number	LTCOP/Dashboard	Individuals by Program/Individual Detail
		ICN	TexMedConnect	Claim Status Inquiry
		ICN Line Number	TexMedConnect	Claim Status Inquiry
		Contract Number	TexMedConnect	Claim Status Inquiry
		Claim Status	TexMedConnect	Claim Status Inquiry
		NPI	TexMedConnect	Claim Status Inquiry
		Bill Units	TexMedConnect	Claim Status Inquiry
		Bill Amount	TexMedConnect	Claim Status Inquiry
		Service Category	TexMedConnect	Claim Status Inquiry
		Service Dates	TexMedConnect	Claim Status Inquiry
		HCPCS	TexMedConnect	Claim Status Inquiry
		Mod	TexMedConnect	Claim Status Inquiry

Provider and LIDDA Data Crosswalk

Screen ID	Screen Name	CARE Data Field	TMHP Location	TMHP Detailed Location
L67	HCS Provider Consumer Roster	Service Coordinator	LTCOP/Search	Form Status Inquiry/Individual Plan of Care, ID/RC, or IMT (most current)
		Waiver Type	LTCOP/Dashboard	Individual Detail
		Contract No.	LTCOP/Dashboard	Individual Detail
		Client Name	LTCOP/Dashboard	Individual Detail
		Client ID	LTCOP/Dashboard	Individual Detail
		Case Number	LTCOP/Dashboard	Individual Detail
		Medicaid Number	LTCOP/Dashboard	Individual Detail
		Enroll Status	LTCOP/Dashboard	Individual Detail

Provider and LIDDA Data Crosswalk

Screen ID	Screen Name	CARE Data Field	TMHP Location	TMHP Detailed Location
L01	Consumer Enrollment	Client Name	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Client ID	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Medicaid Number	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Local Case Number	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Component Code	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Enrollment Request Date	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Waiver Type	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Prior Discharge fronm a Medicaid Certified NF or ICF/MR	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Meet TAS Criteria	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Admit From	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Slot Type	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Slot Tracking Number	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Guardian Type	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Guardian Last Name	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Guardian Middle Initial	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Guardian First Name	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Guardian C/O Address	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Guardian Street Address	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Guardian City	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Guardian State	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Guardian Zip	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
		Guardian Phone	LTCOP/Submit Form	HCS or TxHmL Pre-enrollment
L30	MRA Assignment Notification	Client Name	LTCOP/Alerts	LA Reassignment Request
		Client ID	LTCOP/Alerts	LA Reassignment Request
		Contract Number	LTCOP/Alerts	LA Reassignment Request
		Local Case Number	LTCOP/Alerts	LA Reassignment Request
		Component Code	LTCOP/Alerts	LA Reassignment Request
		Current Location	LTCOP/Alerts	LA Reassignment Request
		County From	LTCOP/Alerts	LA Reassignment Request
		Move to Location	LTCOP/Alerts	LA Reassignment Request
		County To	LTCOP/Alerts	LA Reassignment Request
		Move Date	LTCOP/Alerts	LA Reassignment Request
		Sending Authority	LTCOP/Alerts	LA Reassignment Request
		Contact Name	LTCOP/Alerts	LA Reassignment Request
		Contact Phone	LTCOP/Alerts	LA Reassignment Request
		Receiving Authority	LTCOP/Alerts	LA Reassignment Request
		Accepted By	LTCOP/Alerts	LA Reassignment Request
		Move Date	LTCOP/Alerts	LA Reassignment Request