

## Crosswalk Management System

Report REPORT CROSSWALK TO STATE

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Report Date 17-SEP-09 10:56

# Crosswalk Report

Status : FN                      Substance Abuse and Mental Health Services Administration

Office of Applied Studie

Media ID : SATIS-CT

Start Date : 01-AUG-01

End Date :

Follow-up :

Connecticut's Treatment Episode Data Set

Version : 1

K = Key Field

**System**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>System Transaction Type</b>	-	<b>System Tranaction Type (SYS 1)</b>	
	A    Add		A    Add	
	C    Change		C    Change	
	D    Delete		D    Delete	
<b>K 2</b>	<b>State Code</b>	-CT	<b>State Abbreviation (SYS 2)</b>	
<b>3</b>	<b>Reporting Date</b>	-	<b>Date of submission (SYS 3)</b> MMYYYY	

Connecticut's Treatment Episode Data Set  
Version : 1

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**Minimum**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>K 1</b>	<b>Provider Identifier</b>	<b>-- 1</b>	<b>Provider ID (MDS 1)</b> 1-15 characters	
<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>-- 3</b>	<b>Client Identifier (MDS 2)</b>	
<b>K 3</b>	<b>Co-Dependent/Collateral</b>	<b>--</b>	<b>Co-dependent/collateral (MDS 3)</b>	
	2 No		2 No	
	1 Yes			
<b>K 4</b>	<b>Client Transaction Type</b>	<b>--</b>	<b>Client transaction type (MDS 4)</b>	
	A Admission		A Admission	
No longer effective as of: 06-30-2007				
<b>K 4</b>	<b>Client Transaction Type</b>	<b>--</b>	<b>Client transaction type (MDS 4)</b>	
	A Admission		A Admission	
	T Transfer/Change in Service		T Transfer	
<b>K 5</b>	<b>Date of Admission</b>	<b>-- 4</b>	<b>Date of Admission (MDS 5)</b> MMDDYYYY	
<b>6</b>	<b>Number of Prior Treatment Episodes</b>	<b>*</b>	<b>Not Collected</b>	
	8 Not Collected		8 not collected	
No longer effective as of: 06-30-2007				

Connecticut's Treatment Episode Data Set  
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**Minimum**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>6</b>	<b>Number of Prior Treatment Episodes</b>	<b>--</b>	<b>Number of Lifetime prior admissions for SA treatment (MDS6)</b>	
0	0 Previous Episodes		0	0 Previous episodes
1	1 Previous Episodes		1	1 Previous episodes
2	2 Previous Episodes		2	2 Previous episodes
3	3 Previous Episodes		3	3 Previous episodes
4	4 Previous Episodes		4	4 Previous episodes
5	5 Or More Previous Episodes		5	5 or more previous episodes
7	Unknown		7	Unknown
<b>7</b>	<b>Principal Source of Referral</b>	<b>--</b>	<b>Principal Source of Referral (MDS 7)</b>	
01	Individual (includes self-referral)		01	Individual/self referral
02	Alcohol/Drug Abuse Provider		02	Alcohol/drug abuse provider
03	Other Health Care Provider		03	Other health care provider
04	School (Educational)		04	School
05	Employer/EAP		05	Employer
06	Other Community Referral		06	Other community referral
07	Court/Criminal Justice/DUI/DWI		07	Court/criminal justice referral/DUI/DWI
97	Unknown		97	Unknown
98	Not Collected		98	Not collected

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Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>8</b>	<b>Date of Birth</b>	<b>-- 10</b>	<b>Date of Birth (MDS 8)</b> MMDDYYYY	
<b>9</b>	<b>Sex</b>	<b>--</b>	<b>Sex (MDS 9)</b>	
7	Unknown		99	Unspecified
2	Female		F	Female
1	Male		M	Male
<b>10</b>	<b>Race</b>	<b>--</b>	<b>Race (MDS 10)</b>	
05	White		1	White
04	Black or African American		2	Black/African American
13	Asian		4	Asian
02	American Indian ( Other than Alaskan Native)		5	American Indian/Alaskan
23	Native Hawaiians or Other Pacific Islanders		6	Native Hawaiian or other Pacific Islander
20	Other Single Race		98	Other
97	Unknown		99	Unspecified

Connecticut's Treatment Episode Data Set  
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Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>11</b>	<b>Ethnicity</b>	- -		<b>Ethnicity (MDS 11)</b>
97	Unknown		0	Unspecified
04	Other Specific Hispanic		1	Hispanic - other
05	Not of Hispanic Origin		2	Non-Hispanic
01	Puerto Rican		3	Hispanic - Puerto Rican
02	Mexican		4	Hispanic - Mexican
03	Cuban		5	Hispanic - Cuban
06	Hispanic - Specific Origin not Specified			
<b>12</b>	<b>Education</b>	- -		<b>Education (MDS 12)</b>
00	Less Than One Grade Completed		0	Less than one grade completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		1-25	Highest Years completed
97	Unknown		97 or >25	Unknown

<b>12</b>	<b>Education</b>	- -		<b>Highest grade completed (MDS 12)</b>
No longer effective as of: 06-30-2007				

Connecticut's Treatment Episode Data Set  
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Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>13</b>	<b>Employment Status</b>	<b>-- 12</b>	<b>Employment Status (MDS 13)</b>	
97	Unknown		0	Unspecified, any unacceptable value
04	Not in Labor Force		1	Not in labor force
03	Unemployed		2	Unemployed
02	Part Time		3	Part time
01	Full Time		4	Full time

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)</b>	<b>-- 24a</b>		<b>Substance Problem Codes (MDS 14)</b>
11	Other Amphetamines	1		Amphetamines
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	10		Marijauna/hashish
10	Methamphetamine	11		Methamphetamines
06	Non-Prescription Methadone	12		non-prescriptive methadone
07	Other Opiates and Synthetics	13		Other opiates and synthetics
16	Other Non-Barbituate Sedatives or Hypnotics	14		Other sediatives or hypnotics
12	Other Stimulants	15		Other Stimulants
18	Over-the-Counter	16		Over-the-counter
08	PCP	17		PCP
14	Other Non-Benzodiazapine Tranquilizers	18		Tranquilizers
20	Other	19		Other
02	Alcohol	2		Alcohol
15	Barbiturates	3		Barbiuates
13	Benzodiazepines	4		Benzodiazepine
03	Cocaine, Crack	5		Cocaine
03	Cocaine, Crack	6		Crack
09	Other Hallucinogens	7		Hallucingens
05	Heroin	8		Heroin

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)</b>	<b>-- 24a</b>		<b>Substance Problem Codes (MDS 14)</b>
17	Inhalants		9	Inhalants
01	None			
97	Unknown			
98	Not Collected			

No longer effective as of: 06-30-2007

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)</b>	<b>-- 24a</b>		<b>Substance Problem Codes (MDS 14)</b>
01	None		00	None
11	Other Amphetamines		1	Amphetamines
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)		10	Marijauna/hashish
10	Methamphetamine		11	Methamphetamines
06	Non-Prescription Methadone		12	non-prescriptive methadone
07	Other Opiates and Synthetics		13	Other opiates and synthetics
16	Other Non-Barbituate Sedatives or Hypnotics		14	Other sediatives or hypnotics
12	Other Stimulants		15	Other Stimulants
18	Over-the-Counter		16	Over-the-counter
08	PCP		17	PCP
14	Other Non-Benzodiazapine Tranquilizers		18	Tranquilizers
20	Other		19	Other
02	Alcohol		2	Alcohol
15	Barbiturates		3	Barbiuates
13	Benzodiazepines		4	Benzodiazepine
03	Cocaine, Crack		5	Cocaine
03	Cocaine, Crack		6	Crack
09	Other Hallucinogens		7	Hallucingens

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiar-14C)</b>	<b>-- 24a</b>		<b>Substance Problem Codes (MDS 14)</b>
05	Heroin		8	Heroin
17	Inhalants		9	Inhalants
97	Unknown		97	Unknown
98	Not Collected			
<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiar-15C)</b>	<b>-- 24b</b>		<b>Usual Route of Adinistration (MDS 15)</b>
97	Unknown		0	Unspecified
01	Oral		1	Oral
02	Smoking		2	Smoking
03	Inhalation		3	Inhalation
04	Injection (IV or intramuscular)		4	Injection
20	Other		5	Other
98	Not Collected			

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Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>16</b>	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	<b>-- 24c</b>	<b># days in last 30 (MDS 16)</b>	
01	No use in the past month	0	No days (used in past 30 days)	
02	1-3 times in past month	1-3	1-3 days (used in past 30 days)	
03	1-2 times per week	4-8	4-8 days	
04	3-6 times per week	9-29	9-29 days	
05	Daily	=>30	30 or more days	
97	Unknown	blank	unknown	
<b>17</b>	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	<b>-- 24d</b>	<b>Age of first use (MDS 17)</b>	
01-95	Indicates The Age at First Use	01-95	Age of first use	
97	Unknown	Blank	Unknown or >95	
00	Indicates a Newborn with a substance dependency problem			

Connecticut's Treatment Episode Data Set  
Version : 1

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**Minimum**

Connecticut

Item No Treatment Episode Data Set

Item

Value

State System Data

<b>K 18</b>	<b>Type of Services</b>	<b>- -</b>	<b>Type of service (MDS 18)</b>
01	Detoxification - Hospital Inpatient ( Detox, 24 hour Service)	1	Detox - inpatient
02	Detoxification Free-standing Residential ( Detox, 24 hour Service)	2	Detox - inpatient other than hosp
03	Rehabilitation/Residential - Hospital (other than detox)	3	Rehab/residential-hospital
04	Rehabilitation/Residential - Short-term, ( 30 days or fewer)	4	Rehab/residential-short term
05	Rehabilitation/Residential - Long-term, ( more than 30 days)	5	Rehab/residential-long term
06	Ambulatory - Intensive Outpatient	6	Partial hospital
07	Ambulatory - Non-Intensive Outpatient	7	Outpatient - methadone maintenance
08	Ambulatory Detoxification	8	Detox - outpatient

No longer effective as of: 09-01-2009

Connecticut's Treatment Episode Data Set  
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**Minimum**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>K 18</b>	<b>Type of Services</b>	- -		<b>Type of service (MDS 18) eff 09-02-09</b>
01	Detoxification - Hospital Inpatient ( Detox, 24 hour Service)	1		Detox - inpatient
02	Detoxification Free-standing Residential ( Detox, 24 hour Service)	2		Detox - inpatient other than hospital
03	Rehabilitation/Residential - Hospital (other than detox)	3		Rehab / residential - hospital
04	Rehabilitation/Residential - Short-term, ( 30 days or fewer)	4		Rehab / residential - short term
05	Rehabilitation/Residential - Long-term, ( more than 30 days)	5		Rehab / residential - long term
06	Ambulatory - Intensive Outpatient	6		Partial hospital / IOP
07	Ambulatory - Non-Intensive Outpatient	7		Outpatient - methadone maintenance
08	Ambulatory Detoxification	8		Detox - outpatient
<b>19</b>	<b>Opioid Replacement Therapy (Planned/ Actual)Was -Use of Methadone Planned/Actual</b>	- -		<b>Check care id for methadone (MDS 19)</b>
1	Yes		1000	Methadone maintenance
2	No		Not=1 000	No

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**Optional**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>Detail Drug Code, Primary</b>	<b>*</b>	<b>Not Collected</b>	
	9998		Not Collected	9998 not collected
<b>2</b>	<b>Detail Drug Code, Secondary</b>	<b>*</b>	<b>Not Collected</b>	
<b>3</b>	<b>Detail Drug Code, Tertiary</b>	<b>*</b>	<b>Not Collected</b>	
<b>4</b>	<b>DSM Diagnosis</b>	<b>~</b>	<b>Preliminary Diagnostic Impression (DSM) (SUDS 4)</b>	
	999. Unknown 97		999.9 Unknown 7	
	XXX DSM III-R Category .XX		xxx.x DSM x	
<b>5</b>	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	<b>*</b>	<b>Not Collected</b>	
	8		Uncollected	98 not collected

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**Optional**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>6</b>	<b>Pregnant at Time of Admission</b>	~		<b>Pregnant at Admission (SUDS 6)</b>
1	Yes		1	Currently pregnant (if sex = female)
2	No		2	Not pregnant (if sex = female)
6	Not Applicable		6	** Not Applicable (if sex = male)
7	Unknown		7	Don't know/unsure
<b>7</b>	<b>Veteran Status</b>	~8		<b>Veteran Status (SUDS 7)</b>
7	Unknown		0, other	Unspecified
1	Yes		1	Yes
2	No		2	No
<b>8</b>	<b>Living Arrangements</b>	~9		<b>Usual living conditions (SUDS 8)</b>
97	Unknown		0, other	Unspecified
01	Homeless		1	Homeless
02	Dependent Living		2	Dependent
03	Independent Living		3	Independent

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**Optional**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>9</b>	<b>Source of Income/Support</b>	~		<b>Source of Income / Support (SUDS 9) - Not collected</b>
01	Wages/Salary			
02	Public Assistance			
03	Retirement/Pension			
04	Disability			
20	Other			
97	Unknown			
No longer effective as of: 06-30-2007				

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<b>9</b>	<b>Source of Income/Support</b>	~		<b>Source of Income / Support (SUDS 9) - Not collected</b>
98	Not Collected		98	Not Collected

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<b>10</b>	<b>Health Insurance</b>	~		<b>Health Insurance (SUDS 10) - Not collected</b>
98	Not Collected			

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<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	~		<b>Expected/actual primary source of payment (SUDS 11) Not collected</b>
98	Not Collected			

Connecticut's Treatment Episode Data Set  
Version : 1

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**Optional**

Connecticut

Item No Treatment Episode Data Set

Item

Value

State System Data

<b>12</b>	<b>Detailed Not in Labor Force</b>	*	<b>Not Collected</b>
98	Not Collected		98 not collected
No longer effective as of: 06-30-2007			

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<b>12</b>	<b>Detailed Not in Labor Force</b>	~	<b>Detailed not in labor force (SUDS 12)</b>
01	Homemaker		01 Homemaker
02	Student		02 Student
03	Retired		03 Retired
04	Disabled		04 Disabled
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		05 Inamate of Institution
06	Other		06 Other
97	Unknown		97 Unknown

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<b>13</b>	<b>Detailed Criminal Justice Referral Categories</b>	~	<b>Detailed criminal justice referral (SUDS 13) - Not collected</b>
98	Not Collected		

Connecticut's Treatment Episode Data Set  
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**Optional**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>14</b>	<b>Marital Status</b>	~		<b>Marital Status (SUDS 14)</b>
97	Unknown		0,9,99	Not entered, Other, Unspecified
01	Never Married		1	Never Married
02	Now Married ( includes those living together as married)		2	Married
03	Separated (legally seperated or otherwise absent becасue of marital discord))		3	Separated
04	Divorced		4	Divorced/Annulled
05	Widowed		8	Widowed
<b>15</b>	<b>Days Waiting to Enter Treatment</b>	~		<b>Days waiting to enter treatment (SUDS 15) - Not collected</b>
998	Not Collected			
<b>16</b>	<b>Number of Arrests in the 30 Days Prior to Admission</b>	*		<b>Not Collected</b>
No longer effective as of: 06-30-2007				
<b>16</b>	<b>Number of Arrests in the 30 Days Prior to Admission</b>	~		<b>Arrests in 30 days prior to admission (SUDS 16)</b>
00-96	Number of Arrests		0	None
00-96	Number of Arrests		01-96	01-96
97	Unknown		97	Unknown

Connecticut's Treatment Episode Data Set  
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**Discharge/NOMS**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>System Transaction at Discharge</b>	~~		<b>System transaction at discharge (DIS 1)</b>
	A Add			
	C Change			
	D Delete			
<b>2</b>	<b>State Code at Discharge</b>	~~		<b>State abbreviation (DIS 2)</b>
<b>3</b>	<b>Reporting Date at Discharge</b>	~~		<b>Date of submission (DIS 3)</b> MMYYYY
<b>4</b>	<b>Provider Identifier at Discharge</b>	~~		<b>Provider ID at Discharge (DIS 4)</b> 1-15 characters
<b>5</b>	<b>Client Identifier at Discharge</b>	~~3		<b>Client identifier (DIS 5)</b>
<b>6</b>	<b>Co-Dependent/Collateral at Discharge</b>	~~		<b>Co-dependent/collateral (DIS 6)</b>
	2 No		2	No

Connecticut's Treatment Episode Data Set  
Version : 1

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**Discharge/NOMS**

Connecticut

Item No Treatment Episode Data Set                      Item            Value            State System Data

<b>7</b>	<b>Type of Service at Discharge</b>	<b>~~</b>	<b>Type of service (DIS 7)</b>
01	Detoxification, 24-Hour Service, Hospital Inpatient	1	Detox - inpatient
02	Detoxification, 24-Hour Service, Free Standing Residential	2	Detox - inpatient other than hospital
03	Rehabilitation/Residential - Hospital	3	Rehab/residential - hospital
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	4	Rehab/residential - short term
05	Rehabilitation/Residential - Long Term (More than 30 Days)	5	Rehab/residential - long term
06	Ambulatory - Intensive - Outpatient	6	Partial hospital
07	Ambulatory -Non Intensive - Outpatient	7	Outpatient - methadone maintenance
08	Ambulatory Detoxification	8	Detox - outpatient

No longer effective as of: 09-01-2009

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<b>7</b>	<b>Type of Service at Discharge</b>	<b>~~</b>	<b>Type of service (DIS 7) eff 09-02-09</b>
01	Detoxification, 24-Hour Service, Hospital Inpatient	1	Detox - inpatient
02	Detoxification, 24-Hour Service, Free Standing Residential	2	Detox - inpatient other than hospital
03	Rehabilitation/Residential - Hospital	3	Rehab / residential - hospital
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	4	Rehab / residential - short term
05	Rehabilitation/Residential - Long Term (More than 30 Days)	5	Rehab / residential - long term
06	Ambulatory - Intensive - Outpatient	6	Partial hospital / IOP
07	Ambulatory -Non Intensive - Outpatient	7	Outpatient - methadone maintenance
08	Ambulatory Detoxification	8	Detox - outpatient

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**Discharge/NOMS**

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>8</b>	<b>Date of Last Contact</b>	*	<b>Not Collected</b> MMDDYYYY	
<b>9</b>	<b>Date of Discharge</b>	~~	<b>Date of Last Contact (DIS 8) same as Date of Discharge (DIS9)</b> MMDDYYYY	
<b>10</b>	<b>Reason for Discharge, Transfer, or Discontinuance of Treatment</b>	~~	<b>Reason for Discharge (DIS 10)</b>	
08	Unknown		08	Unknown
01	Treatment Completed		1	Treatment completed with referral to another SA program
07	Other		10	Deceased
01	Treatment Completed		2	Treatment completed without referral to another SA program
04	Transferred to Another Substance Abuse Treatment Program or Facility		3	Left with program's advice w/o formal referral to another SA program
04	Transferred to Another Substance Abuse Treatment Program or Facility		4	Left with program's advice w/o formal referral
02	Left Against Professional Advice		5	Left against clinical advice
05	Incarcerated		6	Incarcerated
06	Death		7	Deceased
03	Terminated by Facility		8	Discharge for noncompliance (substance abuse)
03	Terminated by Facility		9	Discharge for noncompliance (non-substance abuse)

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**Discharge/NOMS**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>11</b>	<b>Provider Identifier at Admission</b>	<b>-- 1</b>	<b>Provider ID (MDS 1)</b>	
	- Comes from admission file			
<b>12</b>	<b>Client Identifier at Admission</b>	<b>-- 3</b>	<b>Client Identifier (MDS 2)</b>	
	- Comes from admission file			
<b>13</b>	<b>Co-Dependent/Collateral at Admission</b>	<b>*</b>	<b>Not Collected</b>	
	- Comes from admission file			
<b>14</b>	<b>Client Transaction Type.</b>	<b>--</b>	<b>Client tranaction type (MDS 4)</b>	
	- Comes from admission file			
<b>15</b>	<b>Date of Admission.</b>	<b>-</b>	<b>Date of submission (SYS 3)</b>	
	- Comes from admission file			
<b>16</b>	<b>Type of Service at Admission</b>	<b>--</b>	<b>Type of service (MDS 18)</b>	
	- Comes from admission file			
<b>17</b>	<b>Date of Birth.</b>	<b>-- 10</b>	<b>Date of Birth (MDS 8)</b>	
	- Comes from admission file			

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**Discharge/NOMS**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>18</b>	<b>Sex.</b>	--	<b>Sex (MDS 9)</b>	
	-		Comes from admission file	
<b>19</b>	<b>Race.</b>	--	<b>Race (MDS 10)</b>	
	-		Comes from admission file	
<b>20</b>	<b>Ethnicity.</b>	--	<b>Ethnicity (MDS 11)</b>	
	-		Comes from admission file	

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**Discharge/NOMS**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>21</b>	<b>Substance Problem At Discharge, (Primary, Secondary, Tertiary)</b>	<b>~~24a</b>		<b>Substance problem code (DIS 21)</b>
01	None	00	None	
07	Other Opiates and Synthetics	13	Other opiates and synthetics	
12	Other Stimulants	15	Other Stimulants	
18	Over-The-Counter	16	Over-the-counter	
08	PCP	17	PCP	
14	Other Non-Benzodiazepine Tranquilizer	18	Tranquilizers	
20	Other	19	Other	
02	Alcohol	2	Alcohol	
03	Cocaine/Crack	5	Cocaine	
03	Cocaine/Crack	6	Crack	
05	Heroin	8	Heroin	
17	Inhalants	9	Inhalants	
97	Unknown	97	Unknown	
04	Marijuana/Hashish			
09	Other Hallucinogens			
11	Other Amphetamines			
15	Barbiturates			
16	Other Non- Barbiturate Sedatives or Hyponotics			

Connecticut's Treatment Episode Data Set  
Version : 1

K = Key Field

**Discharge/NOMS**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>21</b>	<b>Substance Problem At Discharge, (Primary, Secondary, Tertiary)</b>	<b>~~24a</b>		<b>Substance problem code (DIS 21)</b>
	13		Benzodiazepines	
	10		Methamphetamine	
	06		Non-Prescription Methadone	
<b>22</b>	<b>Frequency of Use at Discharge (Primary, Secondary, Tertiary)</b>	<b>~~24c</b>		<b>Number of days used in last 30 (DIS 22)</b>
	01		No Use in the Past Month	
	02		1-3 Times in the Past Month	
	03		1-2 Times in the Past Week	
	04		3-6 Times in the Past Week	
	05		Daily	
	97		Unknown	
<b>23</b>	<b>Living Arrangements at Discharge</b>	<b>~9</b>		<b>Usual living conditions (SUDS 8)</b>
	97		Unknown	0, Unspecified other
	01		Homeless	1 Homeless
	02		Dependent Living	2 Dependent
	03		Independent Living	3 Independent

Connecticut's Treatment Episode Data Set  
Version : 1

K = Key Field

**Discharge/NOMS**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>24</b>	<b>Employment at Discharge</b>	<b>- - 12</b>	<b>Employment Status (MDS 13)</b>	
97	Unknown		0	Unspecified, any unacceptable value
04	Not in Labor Force		1	Not in labor force
03	Unemployed		2	Unemployed
02	Part Time		3	Part time
01	Full Time		4	Full time

<b>25</b>	<b>Detailed Not In Labor Force at Discharge</b>	<b>*</b>	<b>Not Collected</b>
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- |    |                       |
|----|-----------------------|
| 01 | Homemaker             |
| 02 | Student               |
| 03 | Retired               |
| 04 | Disabled              |
| 05 | Inmate of Institution |
| 06 | Other                 |
| 97 | Unknown               |

No longer effective as of: 06-30-2007

Connecticut's Treatment Episode Data Set  
Version : 1

K = Key Field

**Discharge/NOMS**

Connecticut

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>25</b>	<b>Detailed Not In Labor Force at Discharge</b>	~		<b>Detailed not in labor force (SUDS 12)</b>
01	Homemaker		01	Homemaker
02	Student		02	Student
03	Retired		03	Retired
04	Disabled		04	Disabled
05	Inmate of Institution		05	Inamate of Institution
06	Other		06	Other
97	Unknown		97	Unknown

<b>26</b>	<b>Number of Arrests in 30 Days Prior to Discharge</b>	*		<b>Not Collected</b>
998	Not Collected		98	not collected
No longer effective as of: 12-31-2007				

<b>26</b>	<b>Number of Arrests in 30 Days Prior to Discharge</b>	~~		<b>Number of arrests in 30 days prior to discharge (DIS 26)</b>
00-96	Number of Arrests		0	None
00-96	Number of Arrests		01-96	01-96
997	Unknown		97	Unknown

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report