

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	adobe pdf
Run by	OPS\$PCUMMING
Report Date	09-APR-08 12:53

Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration

Office of Applied Studies

Media ID : CIR - CT

Start Date : 01-JAN-93

End Date :

Follow-up :

Delaware's Treatment Episode Data Set

Version : 1

K = Key Field

System

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	System Transaction Type	-		Transaction Type Added to Each Record
K 2	State Code	DE		FIPS Code Added to Each Record
3	Reporting Date	-		Month and Year of Submission Added to Each Record

Crosswalk Report

Delaware's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 1	Provider Identifier	-	Provider ID #	
	test			
K 2	Client Identifier (Admission)	-	-	
K 3	Co-Dependent/Collateral	-	Co-Dependent/Collateral	
	2 No		N No	
	2 No		U Unknown	
	1 Yes		Y Yes	
K 4	Client Transaction Type	-	Source/Agency	
	A Admission		R Referred	
	A Admission		S Self-referred	
	T Transfer/Change in Service		T Transferred	
	A Admission		U Unknown	
K 5	Date of Admission	-	DADAMH Admission Date	
6	Number of Prior Treatment Episodes	-	Not Collected	

Delaware's Treatment Episode Data Set
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Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	-	Referral Agency List	
97	Unknown		AA00 Individual, Employer, Church, or 0 School	
01	Individual (includes self-referral))		AA00 Self 1	
01	Individual (includes self-referral))		AA00 Family 2	
01	Individual (includes self-referral))		AA00 Friend/Significant Other 3	
05	Employer/EAP		AA00 Employer/EAP/Union based program 4	
06	Other Community Referral		AA00 Clergy/Minister/Pastor 5	
04	School (Educational)		AA00 School System/Education Agency 6	
06	Other Community Referral		AB00 Self-Help Groups 0	
07	Court/Criminal Justice/DUI/DWI		BA00 Court-Legal 0	
06	Other Community Referral		BB00 Advocacy Groups 0	
07	Court/Criminal Justice/DUI/DWI		CA00 Police Department 0	
03	Other Health Care Provider		DA00 Hospitals, ER, and Other Medical 0 Facilities	
03	Other Health Care Provider		EA00 Mental Health Hospital/Psych. Unit 0	
03	Other Health Care Provider		FA00 Community Mental Health Center 0	

Delaware's Treatment Episode Data Set
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Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	-	Referral Agency List	
03	Other Health Care Provider		FA00	Community Mental Health Center 0
03	Other Health Care Provider		GA00	Community Support Program 0
03	Other Health Care Provider		HA00	Crisis Management 0
03	Other Health Care Provider		IA000	Private Health Services
03	Other Health Care Provider		JA000	MH/MR Residential
06	Other Community Referral		KA00	Shelters, Transitional Housing 0
03	Other Health Care Provider		LA00	Nursing Homes, Long Term Care 0 Facilities
02	Alcohol/Drug Abuse Provider		MA00	A&D Residential 0
02	Alcohol/Drug Abuse Provider		NA00	A&D Outpatient Counseling 0
02	Alcohol/Drug Abuse Provider		OA00	A&D Detoxification & Stabilization 0
02	Alcohol/Drug Abuse Provider		PA00	A&D Continuous Treatment Teams 0
02	Alcohol/Drug Abuse Provider		QA00	A&D Intensive Outpatient 0
02	Alcohol/Drug Abuse Provider		RA00	A&D Outpatient Case Management 0
02	Alcohol/Drug Abuse Provider		SA00	Outpatient Methadone 0

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	-	Referral Agency List	
06	Other Community Referral		TA00	AIDS Outreach/Coordination 0
97	Unknown		U	Unknown
06	Other Community Referral		UA00	Prevention And Early Intervention 0
02	Alcohol/Drug Abuse Provider		VA00	DADAMH Screening and Evaluation 0 Team (SET)
06	Other Community Referral		WA00	Services for Children and Youth 0
06	Other Community Referral		XA00	Other Public Agencies 0
06	Other Community Referral		YA00	Other Social Services 0
98	Not Collected		Z	Not Collected
97	Unknown		ZZ000	Other

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	-	Referral Agency List	
01	Individual (includes self-referral))		AA00 Individual, Employer, Church, or 0 School	
01	Individual (includes self-referral))		AA00 Self 1	
01	Individual (includes self-referral))		AA00 Family 2	
01	Individual (includes self-referral))		AA00 Friend/Significant Other 3	
05	Employer/EAP		AA00 Employer/EAP/Union based program 4	
06	Other Community Referral		AA00 Clergy/Minister/Pastor 5	
04	School (Educational)		AA00 School System/Education Agency 6	
06	Other Community Referral		AB00 Self-Help Groups 0	
07	Court/Criminal Justice/DUI/DWI		BA00 Court-Legal 0	
06	Other Community Referral		BB00 Advocacy Groups 0	
07	Court/Criminal Justice/DUI/DWI		CA00 Police Department 0	
03	Other Health Care Provider		DA00 Hospitals, ER, and Other Medical 0 Facilities	
03	Other Health Care Provider		EA00 Mental Health Hospital/Psych. Unit 0	
03	Other Health Care Provider		FA00 Community Mental Health Center 0	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	-	Referral Agency List	
03	Other Health Care Provider		FA00	Community Mental Health Center 0
03	Other Health Care Provider		GA00	Community Support Program 0
03	Other Health Care Provider		HA00	Crisis Management 0
03	Other Health Care Provider		JA000	MH/MR Residential
06	Other Community Referral		KA00	Shelters, Transitional Housing 0
03	Other Health Care Provider		LA00	Nursing Homes, Long Term Care 0 Facilities
02	Alcohol/Drug Abuse Provider		MA00	A&D Residential 0
98	Not Collected		N	None/Not Applicable
02	Alcohol/Drug Abuse Provider		NA00	A&D Outpatient Counseling 0
02	Alcohol/Drug Abuse Provider		OA00	A&D Detoxification & Stabilization 0
02	Alcohol/Drug Abuse Provider		PA00	A&D Continuous Treatment Teams 0
02	Alcohol/Drug Abuse Provider		QA00	A&D Intensive Outpatient 0
02	Alcohol/Drug Abuse Provider		RA00	A&D Outpatient Case Management 0
02	Alcohol/Drug Abuse Provider		SA00	Outpatient Methadone 0

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	-	Referral Agency List	
06	Other Community Referral		TA00	AIDS Outreach/Coordination 0
97	Unknown		U	Unknown
06	Other Community Referral		UA00	Prevention And Early Intervention 0
02	Alcohol/Drug Abuse Provider		VA00	DADAMH Screening and Evaluation 0 Team (SET)
06	Other Community Referral		WA00	Services for Children and Youth 0
06	Other Community Referral		XA00	Other Public Agencies 0
06	Other Community Referral		YA00	Other Social Services 0
98	Not Collected		Z	Not Collected
97	Unknown		ZZ000	Other
No longer effective as of: 06-30-2002				

8	Date of Birth	-	Birth Date
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9	Sex	-	Gender
	2 Female		F Female
	1 Male		M Male

Delaware's Treatment Episode Data Set
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Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Race	-		Race
02	American Indian (Other than Alaskan Native)		AA	American Indian
02	American Indian (Other than Alaskan Native)		AP	AA Plus Other Race(s)
04	Black or African American		BL	Black/African American
04	Black or African American		BP	BI Plus Other Race(s)
05	White		CA	White/Caucasian
05	White		CP	CA Plus Other Race(s)
23	Native Hawaiians or Other Pacific Islanders		HA	Native Hawaiiin/Other Pacific Islander
23	Native Hawaiians or Other Pacific Islanders		HP	HA Plus Other Race(s)
21	Two or More Races		MU	Multi-racial, unspecified
13	Asian		PA	Asian or Pacific Islander
13	Asian		PP	PA Plus Other Race(s)
97	Unknown		U	Unknown
98	Not Collected		Z	Not Collected

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Delaware

Item No Treatment Episode Data Set Item Value State System Data

10	Race	-	Race
02	American Indian (Other than Alaskan Native)	AA	American Indian
04	Black or African American	BL	Black/Africian American
05	White	CA	White/Caucasian
20	Other Single Race	O	Other
03	Asian or Pacific Islander	PA	Asian or Pacific Islander
97	Unknown	U	Unknown
98	Not Collected	Z	Not Collected
13	Asian		
23	Native Hawaiians or Other Pacific Islanders		

No longer effective as of: 06-30-2001

11	Ethnicity	-	Ethnicity
03	Cuban	C	Cuban
02	Mexican	M	Mexican
05	Not of Hispanic Origin	N	Not of Hispanic Origin
04	Other Specific Hispanic	O	Other Hispanic
01	Puerto Rican	P	Puerto Rican
97	Unknown	U	Unknown
98	Not Collected	Z	Not Collected

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Item No	Treatment Episode Data Set	Item	Value	State System Data
11	Ethnicity	~		Discharge Not Collected Yet
12	Education	-		Highest Grade Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		00-19	00-19
00	Less Than One Grade Completed		00-19	00-19
97	Unknown		97	Unknwon
98	Not Collected		98	Not Collected

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Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Employment Status	-	Primary Employment	
04	Not in Labor Force		D	Disabled/Unable to Work
01	Full Time		F	Full Time (37.5 hours a week or more)
04	Not in Labor Force		H	Homemaker
04	Not in Labor Force		I	Inmate or Resident of an Institution
03	Unemployed		L	Unemployed - Looking for Work
01	Full Time		M	Military Armed Forces, Active Duty (Active Reserves, Reserves)
04	Not in Labor Force		N	Unemployed - Not Looking
97	Unknown		O	Other
02	Part Time		P	Part Time (less than 37.5 hours per week)
04	Not in Labor Force		R	Retired
04	Not in Labor Force		S	Sudent (if student does not work)
97	Unknown		U	Unknown
04	Not in Labor Force		V	Volunteer
98	Not Collected		Z	Not Collected

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Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	-		Substance Type, Primary, Secondary, Tertiary
02	Alcohol		AL	Alcohol
11	Other Amphetamines		AM	Other Amphetamines
15	Barbiturates		BA	Barbiturates
13	Benzodiazepines		BE	Benzodiazepines
03	Cocaine, Crack		CO	Cocaine
03	Cocaine, Crack		CR	Crack
18	Over-the-Counter		CS	Cough Syrups and Mixtures
09	Other Hallucinogens		HA	Other Hallucinogens
05	Heroin		HE	Heroin
17	Inhalants		IN	Inhalants
09	Other Hallucinogens		LS	LSD
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)		MA	Marijuana/Hashish
06	Non-Prescription Methadone		MD	Non-Prescription Methadone
10	Methamphetamine		ME	Methamphetamine
01	None		N	None
20	Other		O	Other
18	Over-the-Counter		OC	Over-the-Counter Drugs
07	Other Opiates and Synthetics		OP	Other Opiates and Synthetics

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Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiar-14C)	-		Substance Type, Primary, Secondary, Tertiary
12	Other Stimulants		OS	Other Stimulants
08	PCP		PC	PCP
16	Other Non-Barbituate Sedatives or Hypnotics		SE	Other Sedatives or Hypnotics
20	Other		ST	Steroids
14	Other Non-Benzodiazapine Tranquilizers		TR	Major Tranquilizers
97	Unknown		U	Unknown
98	Not Collected		Z	Not Collected
15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiar-15C)	-		Route of Administration
03	Inhalation		B	Breathe/Inhale/Snort
04	Injection (IV or intramuscular)		I	Other Injection
01	Oral		M	Mouth (Oral)
20	Other		N	None
20	Other		O	Other
02	Smoking		S	Smoke
97	Unknown		U	Unknown
04	Injection (IV or intramuscular)		V	Intravenous

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Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	-		Frequency of Use
05	Daily		D	Daily
04	3-6 times per week		F	Frequently (3-6 times per week)
02	1-3 times in past month		I	Infrequent (1-3 times past month)
05	Daily		M	More than Twice Daily
01	No use in the past month		N	No Use in Past Month
03	1-2 times per week		O	Often (1-2 times per week)
97	Unknown		U	Unknown
98	Not Collected		Z	Not Collected
17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	-		Age of First Use
00	Indicates a Newborn with a substance dependency problem		-1	Newborn/addicted at birth
01-95	Indicates The Age at First Use		1-95	1-95
98	Not Collected		96	None
97	Unknown		97	Unknown
98	Not Collected		98	Not Collected

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Version : 1

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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-	-	
Delaware collects by individual provider - has been coded by category to match TEDS				
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)		*1	All Facilities offering - Detox, 24 hour serv, Hospital Inpatient
02	Detoxification Free-standing Residential (Detox, 24 hour Service)		*2	All Facilities offering - Detox, 24 hour serv, Free Standing Residential
03	Rehabilitation/Residential - Hospital (other than detox)		*3	All Facilities offering - Rehabilitation/Residential Hospital (other than detox)
04	Rehabilitation/Residential - Short-term, (30 days or fewer)		*4	All Facilities offering - Rehabilitation/Residential - short term 30 days or less
05	Rehabilitation/Residential - Long-term, (more than 30 days)		*5	All Facilities offering - Rehabilitation/Residential - long term 30 days or more
06	Ambulatory - Intensive Outpatient		*6	All Facilities offering - Ambulatory Intensive Outpatient
07	Ambulatory - Non-Intensive Outpatient		*7	All Facilities offering - Ambulatory Non-Intensive Outpatient
08	Ambulatory Detoxification		*8	All Facilities offering - Ambulatory Detoxification

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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-	-	
02	Detoxification Free-standing Residential (Detox, 24 hour Service)		10002	Net-Kirkwood Detox 2-01
06	Ambulatory - Intensive Outpatient		10005	Kent County Counseling 5-03
07	Ambulatory - Non-Intensive Outpatient		10010	SODAT Counseling & Treatment 5-01
07	Ambulatory - Non-Intensive Outpatient		10013	Brandywine Counseling, Inc 9-01
06	Ambulatory - Intensive Outpatient		10013	Brandywine Counseling 9-03
05	Rehabilitation/Residential - Long-term, (more than 30 days)		10029	NET-GLASSHOUSE 5-01
05	Rehabilitation/Residential - Long-term, (more than 30 days)		10030	NET-SENTAC 3-01
07	Ambulatory - Non-Intensive Outpatient		10033	Open Door, Inc 7-01
06	Ambulatory - Intensive Outpatient		10041	NET-Continuing Care Unit 0-01
07	Ambulatory - Non-Intensive Outpatient		10041	NET-Continuum for Recovery 0-02
06	Ambulatory - Intensive Outpatient		10057	Psychotherapeutic Services Relapse 6-01
05	Rehabilitation/Residential - Long-term, (more than 30 days)		10060	NET-Long Term Care 0-01
06	Ambulatory - Intensive Outpatient		10061	NET-FOUNDATIONS (Men) 8-01
06	Ambulatory - Intensive Outpatient		10061	NET-FOUNDATIONS (Women) 8-02

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Minimum

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-	-	
06	Ambulatory - Intensive Outpatient		10061	NET-FOUNDATIONS (Women) 8-02
06	Ambulatory - Intensive Outpatient		10061	NET-FOUNDATIONS (CTT Program) 8-03
05	Rehabilitation/Residential - Long-term, (more than 30 days)		10063	Serenity Place 4-01
05	Rehabilitation/Residential - Long-term, (more than 30 days)		10072	NET-Reflection House 5-01
07	Ambulatory - Non-Intensive Outpatient		30108	People's Place Counseling Center 3-01
02	Detoxification Free-standing Residential (Detox, 24 hour Service)		75002	Kent/Sussex Detox 4-01
05	Rehabilitation/Residential - Long-term, (more than 30 days)		90053	Corinthian House 8-01
04	Rehabilitation/Residential - Short-term, (30 days or fewer)		90055	NET-RCD 28 day residential 3-01
06	Ambulatory - Intensive Outpatient		90061	Turnabout Counseling Center 1-03
No longer effective as of: 12-31-2003				

19	Opioid Replacement Therapy (Planned/ Actual)Was -Use of Methadone Planned/Actual	-	-	
2	No		-	All other clinics
1	Yes		--	Clinics reporting this - Kent Co. Counseling and Brandywine Counseling

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Minimum

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
19	Opioid Replacement Therapy (Planned/ Actual) Was -Use of Methadone Planned/Actual	-	-	
2	No		-	All other clinics
1	Yes		10005	Kent County Counseling 5-03
1	Yes		10013	Bradywine Counseling 9-04
No longer effective as of: 12-31-2003				

Delaware's Treatment Episode Data Set
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Optional

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis	-	Axis I diagnosis	
	999. Unknown 97		999.8 Unknown 7	
	999. Not Collected 98		999.9 Not Collected 8	
	999. Not Collected 98		V71.0 None 9	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	Alert Information	
	2 No		2 No Psychiatric Disability Reported	
	1 Yes		C Clinician Reported Psychiatric Disability	
	1 Yes		S Self Reported Psychiatric Disability	
	7 Unknown		U Unknown	

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Optional

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
6	Pregnant at Time of Admission	-	Currently Pregnant	
2	No		N	No
7	Unknown		U	Unknown
1	Yes		Y	Yes
7	Veteran Status	-	Veteran Status	
2	No		N	No
7	Unknown		U	Unknown
1	Yes		Y	Yes

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Optional

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
8	Living Arrangements	L,R	Living Arrangement (L), Residential Arrangement (R)	
02	Dependent Living		(R)BH	Boarding House/SRO
02	Dependent Living		(R)CJ	Corrections Facility/Jail
02	Dependent Living		(R)FC	Adult Foster Care
02	Dependent Living		(R)GS	Group Setting/Community Residence - Supervised
02	Dependent Living		(R)G U	Group Setting/Community Residence - Unsupervised
02	Dependent Living		(R)I	Other Institution
01	Homeless		(R)N	None - On the Street/In a Shelter/Homeless
02	Dependent Living		(R)N H	Nursing Home/CF or SNF Facilities
97	Unknown		(R)O	Other
02	Dependent Living		(R)PS	Private House or Residence - Supervised
03	Independent Living		(R)PU	Private House or Residence - Unsupervised
97	Unknown		U	Unknown

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Optional

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Item No	Treatment Episode Data Set	Item	Value	State System Data
9	Source of Income/Support	-	Primary Source of Household Income	
02	Public Assistance	A	AFDC	
04	Disability	D	Private Disability Insurance	
01	Wages/Salary	E	Employment	
20	Other	F	Family/Friends	
02	Public Assistance	G	General Assistance	
20	Other	I	Investments/Savings	
20	Other	IL	Illegal	
21	None	N	None	
20	Other	O	Other	
03	Retirement/Pension	P	Pension/Retirement Income (IRA,KEOGH,SEP,ESOP)	
20	Other	S	Spouse	
04	Disability	SD	SSDI	
02	Public Assistance	SI	SSI	
03	Retirement/Pension	SS	Social Security	
97	Unknown	U	Unknown	
02	Public Assistance	UI	Unemployment Insurance	
04	Disability	VD	VA - Disability	
03	Retirement/Pension	VR	VA - Retirement	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
9	Source of Income/Support	-		Primary Source of Household Income
04	Disability		W	Workman's Comp.
10	Health Insurance	-		Health Insurance (Primary Carrier)
04	Medicaid		A	Medicaid
02	Blue Cross/Blue Shield		B	Blue Cross/Blue Shield
20	Other (e.g. TriCare, Champus)		C	Champus
04	Medicaid		E	Delaware Managed Medicaid MCO
20	Other (e.g. TriCare, Champus)		G	Other Government Funds for Care
06	Health Maintenance Organization (HMO)		H	HMO (service contract)
03	Medicare		M	Medicare
21	None		N	None
20	Other (e.g. TriCare, Champus)		O	Other
01	Private Insurance (other than BCBS or HMO)		P	Other Private Commercial Health Insurance
97	Unknown		U	Unknown
20	Other (e.g. TriCare, Champus)		V	VA
98	Not Collected		Z	Not Collected

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Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Health Insurance	-		Health Insurance (Primary Carrier)
04	Medicaid		A	Medicaid
02	Blue Cross/Blue Shield		B	Blue Cross/Blue Shield
20	Other (e.g. TriCare, Champus)		C	Champus
20	Other (e.g. TriCare, Champus)		G	Other Government Funds for Care
06	Health Maintenance Organization (HMO)		H	HMO (service contract)
03	Medicare		M	Medicare
21	None		N	None
20	Other (e.g. TriCare, Champus)		O	Other
01	Private Insurance (other than BCBS or HMO)		P	Other Private Commercial Health Insurance
97	Unknown		U	Unknown
20	Other (e.g. TriCare, Champus)		V	VA

No longer effective as of: 06-01-2001

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Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
11	Expected/Actual Primary Source of Payment	-		Expected Source of Payment
04	Medicaid		A	Medicaid
02	Blue Cross/Blue Shield		B	Blue Cross/Blue Shield
05	Other Government Payments		C	CHAMPUS
05	Other Government Payments		D	DSAMH
04	Medicaid		E	Delaware Managed Medicaid MCO
05	Other Government Payments		G	Other Government Sources
07	Other Health Insurance Companies		H	HMO
01	Self-Pay		I	Individual Resources (Patient's or Patient's Family)
05	Other Government Payments		M	Medicare
08	No Charge (Free, Charity, Special Research or Teaching)		N	None, Provider Absorbs Total Cost (Charity, Research, Teaching)
09	Other		O	Other
07	Other Health Insurance Companies		P	Other Private Commercial Health Insurance
05	Other Government Payments		S	SENTAC
97	Unknown		U	Unknown
05	Other Government Payments		V	Veterans Administration
06	Worker's Compensation		W	Worker's Compensation
98	Not Collected		Z	Not Collected

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Item No	Treatment Episode Data Set	Item	Value	State System Data
11	Expected/Actual Primary Source of Payment	-		Expected Source of Payment
04	Medicaid		A	Medicaid
02	Blue Cross/Blue Shield		B	Blue Cross/Blue Shield
05	Other Government Payments		C	CHAMPUS
05	Other Government Payments		D	DADAMH
05	Other Government Payments		G	Other Government Sources
07	Other Health Insurance Companies		H	HMO
01	Self-Pay		I	Individual Resources (Patient's or Patient's Family)
03	Medicare		M	Medicare
08	No Charge (Free, Charity, Special Research or Teaching)		N	None, Provider Absorbs Total Cost (Charity, Research, Teaching)
09	Other		O	Other
07	Other Health Insurance Companies		P	Other Private Commercial Health Insurance
05	Other Government Payments		S	SENTAC
97	Unknown		U	Unknown
05	Other Government Payments		V	Veterans Administration
06	Worker's Compensation		W	Worker's Compensation
98	Not Collected		Z	Not Collected

No longer effective as of: 06-30-2001

Delaware's Treatment Episode Data Set
Version : 1

K = Key Field

Optional

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
12	Detailed Not in Labor Force	-		Primary Employment
04	Disabled		D	Disabled/Unable to Work
01	Homemaker		H	Homemaker
05	Inmate of Institution (Prison or Institution - keeps people out of work force)		I	Inmate or Resident of an Institution
06	Other		N	Unemployed - Not Looking
06	Other		O	Other
03	Retired		R	Retired
02	Student		S	Student
97	Unknown		U	Unknown
06	Other		V	Volunteer

Delaware's Treatment Episode Data Set
Version : 1

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Optional

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Detailed Criminal Justice Referral Categories	-		Detail Criminal Justice Record
04	Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board		BA00	Court-Legal (includes all except specific ones broken out)
01	State/Federal Court		BA00	State Court 2
01	State/Federal Court		BA00	Federal Court 3
03	Probation/Parole		BA00	Probation 7
03	Probation/Parole		BA00	Parole 8
05	Diversionsary Program (E.G. TASC)		BA01	Diversionsary Program (TASC) 3
07	DUI/DWI		BA01	DUI/DWI 8

Crosswalk Report

Delaware's Treatment Episode Data Set
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Optional

Delaware

Item No Treatment Episode Data Set

Item

Value

State System Data

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Detailed Criminal Justice Referral Categories	-	Detail Criminal Justice Record	
04	Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board)		BA00 0	Court-Legal (includes all except specific ones broken out)
01	State/Federal Court		BA00 2	State Court
01	State/Federal Court		BA00 3	Federal Court
03	Probation/Parole		BA00 7	Probation
03	Probation/Parole		BA00 8	Parole
05	Diversionsary Program (E.G. TASC)		BA01 3	Diversionsary Program (TASC)
07	DUI/DWI		BA01 8	DUI/DWI
No longer effective as of: 06-30-2001				

Delaware's Treatment Episode Data Set
Version : 1

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Optional

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Marital Status	-	Marital	
04	Divorced		D	Divorced
02	Now Married (includes those living together as married)		M	Married
01	Never Married		S	Single - Never Married
97	Unknown		U	Unknown
05	Widowed		W	Widowed
03	Separated (legally seperated or otherwise absent becasue of marital discord))		X	Separated
98	Not Collected		Z	Not Collected
15	Days Waiting to Enter Treatment	-	Not Collected	
16	Number of Arrests in the 30 Days Prior to Admission	-	Not Collected	

Crosswalk Report

Delaware's Treatment Episode Data Set
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K = Key Field

Discharge/NOMS

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	System Transaction at Discharge	~	Discharge Not Collected Yet	
2	State Code at Discharge	~	Discharge Not Collected Yet	
3	Reporting Date at Discharge	~	Discharge Not Collected Yet	
4	Provider Identifier at Discharge	~	Discharge Not Collected Yet	
6	Co-Dependent/Collateral at Discharge	~	Discharge Not Collected Yet	
7	Type of Service at Discharge	~	Discharge Not Collected Yet	
8	Date of Last Contact	~	Discharge Not Collected Yet	
9	Date of Discharge	~	Discharge Not Collected Yet	
10	Reason for Discharge, Transfer, or Discontinuance of Treatment	~	Discharge Not Collected Yet	
11	Provider Identifier at Admission	~	Discharge Not Collected Yet	
12	Client Identifier at Admission	~	Discharge Not Collected Yet	

Crosswalk Report

Delaware's Treatment Episode Data Set
Version : 1

K = Key Field

Discharge/NOMS

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Co-Dependent/Collateral at Admission	~	Discharge Not Collected Yet	
14	Client Transaction Type.	~	Discharge Not Collected Yet	
15	Date of Admission.	~	Discharge Not Collected Yet	
16	Type of Service at Admission	~	Discharge Not Collected Yet	
17	Date of Birth.	~	Discharge Not Collected Yet	
18	Sex.	~	Discharge Not Collected Yet	
19	Race.	~	Discharge Not Collected Yet	
20	Ethnicity.	~	Discharge Not Collected Yet	
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	~	Discharge Not Collected Yet	
22	Frequency of Use at Discharge (Primary, Secondary, Tertiary)	~	Discharge Not Collected Yet	
23	Living Arrangements at Discharge	~	Discharge Not Collected Yet	

Crosswalk Report

Delaware's Treatment Episode Data Set
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Discharge/NOMS

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
24	Employment at Discharge	~	Discharge Not Collected Yet	
25	Detailed Not In Labor Force at Discharge	~	Discharge Not Collected Yet	
26	Number of Arrests in 30 Days Prior to Discharge	~	Discharge Not Collected Yet	

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report