

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:26

Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration
Media ID : 1063 Office of Applied Studie
Start Date : 01-AUG-91
End Date :
Follow-up :

Georgia's Treatment Episode Data Set
Version : 1

K = Key Field		System	<u>Georgia</u>
Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
1	System Transaction Type	-	Transaction Type Added to Each Record
K 2	State Code	GA	FIPS Code Added to Each Record
3	Reporting Date	-	Month and Year of Submission Added to Each Record

Crosswalk Report

Georgia's Treatment Episode Data Set
Version : 1

K = Key Field Item No.	Treatment Episode Data Set	Minimum Item	Value	State System Data	<i>Georgia</i>
K 1	Provider Identifier	S1,2,3		Facility, Unit, Subunit Numbers	
K 2	Client Identifier (Admission)	S-4		MHID Number	
K 3	Co-Dependent/Collateral 2 No	-		Codependent/Collateral Data Not Collected - -	
K 4	Client Transaction Type	E-5,20		-	
K 5	Date of Admission	S-5		Addition Date	
6	Number of Prior Treatment Episodes	S-10		Number of Prior Treatments	
	0 0			0 0	
	1 1			1 1	
	2 2			2 2	
	3 3			3 3	
	4 4			4 4	
	5 Or More			5 5 or more	
	7 Unknown			7 Unknown	

Georgia's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum

Georgia

Item No.	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	B-29	Source of Referral In	
01	Individual (includes self-referral)	01	Self	
01	Individual (includes self-referral)	02	Family or Friend	
06	Other Community Referral	03	Clergy	
03	Other Health Care Provider	04	Private Practice Mental Health Professional	
03	Other Health Care Provider	05	Non-Psychiatric Physician	
03	Other Health Care Provider	06	State Mental Hospital	
03	Other Health Care Provider	07	State Mental Retardation Hospital	
02	Alcohol/Drug Abuse Provider	08	Division of MH/MR/SA Community Program	
03	Other Health Care Provider	09	Private Psychiatric Facility	
06	Other Community Referral	10	Division of Physical Health	
06	Other Community Referral	11	Division of Social Services	
06	Other Community Referral	12	Division of Vocational Rehabilitation	
07	Court/Criminal Justice/DUI/DWI	13	Division of Children and Youth	
07	Court/Criminal Justice/DUI/DWI	14	youth Development Center	
07	Court/Criminal Justice/DUI/DWI	15	Other Court/Law/Corrections Agency	
04	School (Educational)	16	School System	
06	Other Community Referral	17	Private Social or Community Agency	
03	Other Health Care Provider	18	Nursing Home	
03	Other Health Care Provider	19	Other Medical Facility	
97	Unknown	20	Other	

8	Date of Birth	B-9	Birthdate
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9	Sex	B-20	Sex
2	Female	F	Female
1	Male	M	Male

Georgia's Treatment Episode Data Set
Version : 1

K = Key Field Georgia
 Item **Minimum**
 No. Treatment Episode Data Set Item Value State System Data

10	Race	B-21	Race/Ethnic
03	Asian or Pacific Islander	A	Other Asian
04	Black or African American	B	Black
13	Asian	C	Chinese
02	American Indian (Other than Alaskan Native)	I	American Indian
13	Asian	J	Japanese
20	Other	K	Cuban
20	Other	M	Mexican American
20	Other	O	Other
20	Other	P	Puerto Rican
05	White	W	White
23	Native Hawaiians or Other Pacific Islanders		

11	Ethnicity	B-21	Race/Ethnic
05	Not of Hispanic Origin	A	Other Asian
05	Not of Hispanic Origin	B	Black
05	Not of Hispanic Origin	C	Chinese
05	Not of Hispanic Origin	I	American Indian
05	Not of Hispanic Origin	J	Japanese
03	Cuban	K	Cuban
02	Mexican	M	Mexican American
05	Not of Hispanic Origin	O	Other
01	Puerto Rican	P	Puerto Rican
05	Not of Hispanic Origin	W	White

12	Education	B-12	Years of Education
97	Unknown	-	Unknown

Crosswalk Report

Georgia's Treatment Episode Data Set
Version : 1

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Item

Minimum
Item

Georgia

No. Treatment Episode Data Set Value State System Data

13	Employment Status	B-27	Employment Status
97	Unknown	-	Blank=Unknown
01	Full Time	1	Full Time
02	Part Time	2	Part Time
03	Unemployed	3	Job Training
04	Not in Labor Force	4	Unemployed - Under age 18
04	Not in Labor Force	5	Unemployed - Over age 64
04	Not in Labor Force	6	Unemployed - Mother with Child Under age 6
04	Not in Labor Force	7	Unemployed - Disability
03	Unemployed	8	Unemployed - No job

Crosswalk Report

Georgia's Treatment Episode Data Set
Version : 1

K = Key Field		Minimum		<u>Georgia</u>	
Item		Item	Value	State System Data	
No.	Treatment Episode Data Set				
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	S-20	Substance Problem Codes, Primary, Secondary, Tertiary		
01	None	0100	None		
02	Alcohol	0201	Alcohol		
03	Cocaine, Crack	0301	Crack		
03	Cocaine, Crack	0302	Other Cocaine		
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	0401	Marijuana/Hashish/THC		
05	Heroin	0501	Heroin/Morphine		
06	Non-Prescription Methadone	0601	Methadone		
07	Other Opiates and Synthetics	0700	Other Opiates and Synthetics		
07	Other Opiates and Synthetics	0701	Codeine		
07	Other Opiates and Synthetics	0702	D-Proposyphene		
07	Other Opiates and Synthetics	0703	Oxycodone		
07	Other Opiates and Synthetics	0704	Meperidine HCL		
07	Other Opiates and Synthetics	0705	Hydromorphone		
07	Other Opiates and Synthetics	0706	Other Narcotic Analgesics		
07	Other Opiates and Synthetics	0707	Pentazocine		
08	PCP	0801	PCP or PCP Combinations		
09	Other Hallucinogens	0901	LSD		
09	Other Hallucinogens	0902	Other Hallucinogens		
10	Methamphetamine	1001	Methamphetamine/Speed		
11	Other Amphetamines	1100	Other Amphetamines		
11	Other Amphetamines	1101	Amphetamine		
11	Other Amphetamines	1102	Methylphenidate		
12	Other Stimulants	1201	Other Stimulants		
13	Benzodiazepine	1301	Alprazolam		
13	Benzodiazepine	1302	Chlordiazepoxide		
13	Benzodiazepine	1303	Clorzepate		
13	Benzodiazepine	1304	Diazepam		
13	Benzodiazepine	1305	Flurazepam		
13	Benzodiazepine	1306	Lorazepam		
13	Benzodiazepine	1307	Triazolam		

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Item		Item	Value	State System Data
No.	Treatment Episode Data Set			
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	S-20	Substance Problem Codes, Primary, Secondary, Tertiary	
13	Benzodiazepine	1308	Other Benzodiazepine	
14	Other Tranquilizers	1401	Meprobamate	
14	Other Tranquilizers	1403	Other Tranquilizer	
15	Barbiturates	1500	Barbiturates	
15	Barbiturates	1501	Phenobarbital	
15	Barbiturates	1502	Secobarbital/Amobarbital	
15	Barbiturates	1503	Secobarbital	
16	Other Sedatives or Hypnotics	1601	Ethchlorvynol	
16	Other Sedatives or Hypnotics	1602	Glutethimide	
16	Other Sedatives or Hypnotics	1603	Methaqualone	
16	Other Sedatives or Hypnotics	1604	Other Non-Barbituate Sedatives	
16	Other Sedatives or Hypnotics	1605	Other Sedatives	
17	Inhalants	1701	Aerosols	
17	Inhalants	1702	Nitrites	
17	Inhalants	1703	Other Inhalants	
17	Inhalants	1704	Solvents	
17	Inhalants	1705	Anesthetics	
18	Over-the-Counter	1800	Over the Counter	
18	Over-the-Counter	1802	Diphenhydramine	
20	Other	2001	Diphenylhydantiont Sodium	
20	Other	2002	Other Drugs	
97	Unknown	9700	Unknown	

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Minimum

Georgia

Item No.	Treatment Episode Data Set	Item	Value	State System Data
15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiari-15C)	S-21	Usual Route of Administration	
01	Oral	01	Oral	
02	Smoking	02	Smoking	
03	Inhalation	03	Inhalation	
04	Injection (IV or intramuscular)	04	Injection	
20	Other	20	Other	
97	Unknown	97	Unknown	
16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	S-22	Frequency of Use During Month Prior to Admission	
01	No past month use	01	No Past Month Use	
02	1-3 times in past month	02	1-3 Times in Past Month	
03	1-2 times per week	03	1-2 Times per Week	
04	3-6 times per week	04	3-6 Times per Week	
05	Daily	05	Daily	
97	Unknown	97	Unknown	
17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	S-23	Age of First Use	
00	Indicates a Newborn with a substance dependency problem	00	Newborn	
00-95	Indicates The Age at First Use	96	96 or Older	
97	Unknown	97	Unknown	

Georgia's Treatment Episode Data Set
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 Item **Minimum**
 No. Treatment Episode Data Set Item Value State System Data

K 18	Type of Services	S-8	Addition and Release Modality
01	Hospital Inpatient (Detox, 24 hour Service)	10	Hospital Inpatient (Acute Care)
02	Free-standing Residential (Detox, 24 hour Service)	21	Sub-Acute Detox Program
02	Free-standing Residential (Detox, 24 hour Service)	22	24-Hour Emergency Receiving
03	Hospital (other than detox)	30	-
04	Short-term, (30 days or fewer)	40	28-Day Program
04	Short-term, (30 days or fewer)	41	Transitional Shelter
05	Long-term, (more than 30 days)	51	Intensive Therapeutic Residence (ITR)
05	Long-term, (more than 30 days)	52	Sustained Recovery Residence
05	Long-term, (more than 30 days)	53	Recovery Residences
05	Long-term, (more than 30 days)	54	Adolescent Residential Centers
05	Long-term, (more than 30 days)	55	Halfway House
06	Intensive Outpatient	61	Day Treatment
06	Intensive Outpatient	62	Adolescent Day Treatment
07	Non-Intensive Outpatient	70	Outpatient Services
08	Ambulatory Detoxification	80	Ambulatory Detoxification

19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	S-11	Use of Methadone/Chemical Planned as Part of Treatment
1	Yes	1	Yes - Methadone
2	No	2	Yes - Other
2	No	3	Drug free
7	Unknown	7	Unknown

Georgia's Treatment Episode Data Set
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K = Key Field		Optional	<u>Georgia</u>	
Item		Item	Value	State System Data
No.	Treatment Episode Data Set			
1	Detail Drug Code, Primary	S-20	Substance Problem Code	
2	Detail Drug Code, Secondary	S-20	Substance Problem Code	
3	Detail Drug Code, Tertiary	S-20	Substance Problem Code	
4	DSM Diagnosis	E-11	Primary Diagnosis	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	E-12	Secondary Diagnosis	
2	No	-	No	
7	Unknown	-	Unknown	
6	Pregnant at Time of Admission	S-13	Pregnant at Time of Admission	
1	Yes	1	Yes	
2	No	2	No	
7	Unknown	7	Unknown	
7	Veteran Status	S-12	Veteran	
1	Yes	1	Yes	
2	No	2	No	
7	Unknown	7	Unknown	
8	Living Arrangements	S-18	Living Arrangements	
01	Homeless	01	Homeless (Includes Shelters)	
02	Dependent Living	02	Dependent Living (Includes Halfway Houses)	
03	Independent Living	03	Independent Living	
97	Unknown	97	Unknown	

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Item

Optional

Georgia

No.	Treatment Episode Data Set	Optional Item	Value	State System Data
11	Expected/Actual Primary Source of Payment	S-17		Expected Primary Source of Payment for This Treatment
01	Self-Pay		01	Self-pay
02	Blue Cross/Blue Shield		02	Blue Cross/Blue Shield
03	Medicare		03	Medicare
04	Medicaid		04	Medicaid
05	Other Government Payments		05	Other Government Payments
06	Worker's Compensation		06	Worker's Compensation
07	Other Health Insurance Companies		07	Other Health Insurance Companies
08	No Charge (Free, Charity, Special Research or Teaching)		08	No Charge (Free, Charity, Special Research or Teachings)
09	Other		09	Other
97	Unknown		97	Unknown

12	Detailed Not in Labor Force	B-26		Occupation
97	Unknown		-	Unknown
98	Not Collected		1	White collar
98	Not Collected		2	Blue collar
98	Not Collected		3	Service worker
98	Not Collected		4	Farm worker
01	Homemaker		5	Homemaker
02	Student		6	Student
03	Retired		7	Retired
06	Other		8	Other

Georgia's Treatment Episode Data Set
Version : 1

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Optional

Georgia

No.	Treatment Episode Data Set	Item	Value	State System Data
13	Detailed Criminal Justice Referral Categories	E-10	Commitment Type	
01	State/Federal Court		201	Superior Court - Hold Order
01	State/Federal Court		202	Superior Court - No Hold Order
01	State/Federal Court		203	Juvenile Court - Hold Order
01	State/Federal Court		204	Juvenile Court Order - Treatment
01	State/Federal Court		205	Juvenile Court Order - Evaluation
02	Other Court (Not State or Federal)		206	State Board of Corrections
01	State/Federal Court		208	Court Order - Miscellaneous
02	Other Court (Not State or Federal)		211	Admission to Evaluating Facility by Probate Court, Medical County
02	Other Court (Not State or Federal)		212	Admission to Evaluating Facility by Request of PT. or Rep.
02	Other Court (Not State or Federal)		213	Admission to Evaluating Facility After Hearing by Jurors, Judicial
02	Other Court (Not State or Federal)		215	Judicial, Medico-Legal Committee (88-5)
02	Other Court (Not State or Federal)		219	Admission to Evaluation Facility by Probate Court, Medical County
02	Other Court (Not State or Federal)		220	Admission to Evaluating Facility by Request of Pt. or Rep, Judicial
02	Other Court (Not State or Federal)		223	Judicial, Medico-Legal Committee (88-4)
02	Other Court (Not State or Federal)		225	Continued Hospitalization Order, Probate Court (88-5)
02	Other Court (Not State or Federal)		226	Continued Hospitalization Order, Probate Court (88-4)
02	Other Court (Not State or Federal)		227	Continued Hospitalization Order, Hearing Officer (88-5)
02	Other Court (Not State or Federal)		228	Continued Hopsitalization Order, Hearing Officer (88-4)
02	Other Court (Not State or Federal)		229	Continued Convalescent Leave Order, Probate Court (88-5)
02	Other Court (Not State or Federal)		230	Continued Convalescent Leave Order, Probate Court (88-4)
02	Other Court (Not State or Federal)		231	Continued Convalescent Leave Order, Hearing Officer (88-5)
02	Other Court (Not State or Federal)		232	Continued Convalescent Leave Order, Hearing Officer (88-4)

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Optional

Georgia

Item No.	Treatment Episode Data Set	Item	Value	State System Data
13	Detailed Criminal Justice Referral Categories	E-10	Commitment Type	
05	Diversionary Program (E.G. TASC)		302	Court Diversion
05	Diversionary Program (E.G. TASC)		303	Pretrial Diversion
03	Probation/Parole		304	Civil Probation
01	State/Federal Court		305	Civil Commitment
03	Probation/Parole		306	Prison Release (Parole)
02	Other Court (Not State or Federal)		307	Mandated Outpatient Treatment
01	State/Federal Court		308	Clinical Evaluation Team - Court Ordered Evaluation
14	Marital Status	B-24	Marital Status	
97	Unknown		-	Unknown
02	Now Married or Cohabiting		1	Married
03	Separated (legally or otherwise absent)		2	Separated
04	Divorced		3	Divorced
05	Widowed		4	Widowed
01	Never Married		5	Never Married
15	Days Waiting to Enter Treatment	S-9	time Waiting to Enter Treatment	
997	Unknown		997	Unknown

Crosswalk Report

Georgia's Treatment Episode Data Set
Version : 1

K = Key Field Item No.	Treatment Episode Data Set	Discharge Item	Value	State System Data	<u>Georgia</u>
104	Provider ID (At Discharge)	~		Discharge Not Collected	
105	Client Identifier - (At Discharge)	~		Discharge Not Collected	
106	Co-Dependent/Collateral At Discharge	~		Discharge Not Collected	
109	Service at Discharge	~		Discharge Not Collected	
	01 Hospital Inpatient				
	02 Free-Standing Residential				
	03 Hospital (Other than Detox)				
	04 Short-Term, <=30 days				
	05 Long-Term, >30 days				
	06 Intensive Outpatient				
	07 Outpatient				
	08 Detoxification				
	97 Unknown				
146	Date of Last Contact	~		Discharge Not Collected	
147	Date of Discharge	~		Discharge Not Collected	

Crosswalk Report

Georgia's Treatment Episode Data Set
Version : 1

K = Key Field
Item

Discharge
Item

Georgia

No. Treatment Episode Data Set Value State System Data

149	Reason for Discharge , Transfer or Discontinuance of Treatment	~	Discharge Not Collected
01	Treatment Complete		
02	Left Against Professional Advice (Drop Out)		
03	Terminated by Facility		
04	Transferred to Another Substance Abuse Treatment Program or Facility		
05	Incarcerated		
06	Death		
07	Other		
08	Unknown		
14	Transferred to another substance abuse treatment program/facility, didn't report		
98	Not Collected		

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report