

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	adobe pdf
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Report Date	05-JUL-12 10:40

Crosswalk Report

Iowa's Central Data Repository (CDR)
Version : 1

K = Key Field

Minimum

Iowa

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 1	Provider Identifier	~		Agency State ID
K 2	Client Identifier (Admission) 10 character GUI consisting of DOB and Last 4 of SSN - yymmdd****	-		Client Number
K 3	Co-Dependent/Collateral	19		Screening/Admission for Concerned Person
	1 Yes	1		Yes
	2 No	2		No
K 4	Client Transaction Type	00		Transaction Type
	A Admission	A		Admission
	T Transfer/Change in Service	T		Transfer
K 5	Date of Admission	20		Date of Admission MMDDYYYY

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Item No	Treatment Episode Data Set	Item	Value	State System Data
6	Number of Prior Treatment Episodes	21		Number of Prior Substance Abuse Treatment Admissions
0	0 Previous Episodes	0		None
1	1 Previous Episodes	1		1
2	2 Previous Episodes	2		2
3	3 Previous Episodes	3		3
4	4 Previous Episodes	4		4
5	5 Or More Previous Episodes	5		5

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	-		Source of Referral
01	Individual (includes self-referral))	21		Self
03	Other Health Care Provider	22		Other Health Care Provider
03	Other Health Care Provider	23		Community Mental Health Clinic
02	Alcohol/Drug Abuse Provider	24		Alcohol/Drug Abuse Provider
01	Individual (includes self-referral))	25		Other Individual
05	Employer/EAP	26		Employer/EAP
04	School (Educational)	27		School
07	Court/Criminal Justice/DUI/DWI	28		TASC
07	Court/Criminal Justice/DUI/DWI	29		OWI
07	Court/Criminal Justice/DUI/DWI	30		Other Criminal Justice/Court
07	Court/Criminal Justice/DUI/DWI	31		Civil Commitment
07	Court/Criminal Justice/DUI/DWI	33		Zero Tolerance
07	Court/Criminal Justice/DUI/DWI	34		Drug Court
06	Other Community Referral	38		Other Community Referral
06	Other Community Referral	39		DHS - Child Abuse
06	Other Community Referral	40		DHS - Welfare
06	Other Community Referral	41		DHS - Endangered Child
06	Other Community Referral	42		DHS - Other

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	-		Source of Referral
07	Court/Criminal Justice/DUI/DWI	44		Parole Board
07	Court/Criminal Justice/DUI/DWI	45		State Probation
07	Court/Criminal Justice/DUI/DWI	46		Federal Probation
8	Date of Birth	03		Date of Birth mm/dd/yyyy
9	Sex	02		Gender
1	Male	1		Male
2	Female	2		Female
7	Unknown	3		Unknown

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Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Race	-		Race
05	White	1		Caucasian/White
97	Unknown	10		Unknown
98	Not Collected	11		Not Collected
04	Black or African American	2		African American/Black
02	American Indian (Other than Alaskan Native)	3		American Indian
13	Asian	4		Asian
23	Native Hawaiians or Other Pacific Islanders	5		Hawaiian or Pacific Isalnder
01	Alaska Native (Aleut, Eskimo, Indian)	6		Alaskan Native
11	Ethnicity	06		Ethnicity
05	Not of Hispanic Origin	0		Not Hispanic or Latino
01	Puerto Rican	1		Puerto Rican
02	Mexican	2		Mexican
03	Cuban	3		Cuban
04	Other Specific Hispanic	4		Other Hispanic or Latino
12	Education	-		Years of Education
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	-		values from 1-20

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Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Employment Status	-		Employment Status
01	Full Time	E01		Fulltime
02	Part Time	E02		Part-Time
03	Unemployed	E03		Unemployed
04	Not in Labor Force	NL01		Homemaker
04	Not in Labor Force	NL02		Student
04	Not in Labor Force	NL03		Retired
04	Not in Labor Force	NL04		Person has a disability
04	Not in Labor Force	NL05		Not in Labor Force - Resident/Inmate
04	Not in Labor Force	NL06		Not in Labor Force - Unemployed not seeking

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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)	-		Current Substance, Primary, Secondary, Tertiary
01	None	00		None
02	Alcohol	21		Alcohol
03	Cocaine, Crack	22		Cocaine/Crack
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	23		Marijuana/Hashish
05	Heroin	24		Heroin
06	Non-Prescription Methadone	25		Non-Prescription Methadone
07	Other Opiates and Synthetics	26		Other Opiates and Synthetics
08	PCP	27		PCP
09	Other Hallucinogens	28		Other Hallucinogens
10	Methamphetamine	29		Methamphetamines
11	Other Amphetamines	30		Other Amphetamines
12	Other Stimulants	31		Other Stimulants
13	Benzodiazepines	32		Benzodiazepines
14	Other Non-Benzodiazapine Tranquilizers	33		Other Tranquilizers
15	Barbiturates	34		Barbiturates
16	Other Non-Barbituate Sedatives or Hypnotics	35		Other Sedative or Hypnotics
17	Inhalants	36		Inhalants
18	Over-the-Counter	37		Over The Counter

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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)	-		Current Substance, Primary, Secondary, Tertiary
20	Other	38		Steroids
09	Other Hallucinogens	39		Ecstasy
20	Other	48		Other
20	Other	49		Oxycotin
20	Other	50		Other Prescribed Analgesics
15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiar-15C)	-		Current Methods, Primary, Secondary, Tertiary
01	Oral	1		Oral
20	Other	10		Nasal (ISMART and CDR)
04	Injection (IV or intramuscular)	11		Non -IV injection (ISMART and CDR)
02	Smoking	2		Smoking
03	Inhalation	3		Inhalation
20	Other	8		Other
04	Injection (IV or intramuscular)	9		IV injection (ISMART and CDR)

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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)	-		Current Frequency Primary, Secondary, Tertiary
01	No use in the past month	00		No Use in Past Six Months
01	No use in the past month	10		No Past Month Use
02	1-3 times in past month	11		1-3 Times in Past Month
03	1-2 times per week	12		1-2 Times Per Week
04	3-6 times per week	13		3-6 Times Per Week
05	Daily	14		Daily
05	Daily	15		2-3 Times Daily
05	Daily	16		4+ Daily
98	Not Collected	18		Unknown (ISMART -CDR)

17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	-		Age at First Use
01-95	Indicates The Age at First Use	01-95		01-95
97	Unknown	97		Unknown
98	Not Collected	98		Not Collected

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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	--		Service
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	11		Medically Managed Detox
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	12		Medically Monitored Detox
03	Rehabilitation/Residential - Hospital (other than detox)	13		Inpatient Medically Managed Intensive Inpatient
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	14		Clinically Managed High Intensity Residential
05	Rehabilitation/Residential - Long-term, (more than 30 days)	15		Clinically Managed Medium Intensity Residential
06	Ambulatory - Intensive Outpatient	16		Day Treatment/Partial Hosp
05	Rehabilitation/Residential - Long-term, (more than 30 days)	17		Halfway House
07	Ambulatory - Non-Intensive Outpatient	18		Continuing Care
07	Ambulatory - Non-Intensive Outpatient	19		Extended Outpatient
06	Ambulatory - Intensive Outpatient	20		Intensive Outpatient
08	Ambulatory Detoxification	21		Outpatient Detox
05	Rehabilitation/Residential - Long-term, (more than 30 days)	22		Medically Monitored Resid
05	Rehabilitation/Residential - Long-term, (more than 30 days)	23		PMIC (Psychiatric Medical Institution for Children)
19	Opioid Replacement Therapy (Planned/ Actual)Was -Use of Methadone Planned/Actual	26		Methadone Maintenance Planned
1	Yes	1		Yes
2	No	2		No

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Optional

Iowa

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	-	Not Collected	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	Psychiatric Problem In Addition To Alcohol/Drug Problem	
1	Yes	1	Yes	
2	No	2	No	
6	Pregnant at Time of Admission	-	Pregnant At Time Of Admission	
1	Yes	1	Yes	
2	No	2	No	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Veteran Status	-		Military Status/Veteran Status
2	No	0		None
1	Yes	10		National Guard/Active Duty/Combat History
1	Yes	11		National Guard/Active Duty/No Combat History
1	Yes	12		Retired from Military/Combat History
1	Yes	13		Retired from Military/No Combat History
1	Yes	14		Served in Armed Forces/Combat History
1	Yes	15		Served in Armed Forces/No Combat History
7	Unknown	16		Unknown
1	Yes	5		Armed Forces/On Active Duty/Combat History
1	Yes	6		Armed Forces/On Active Duty/No Combat History
2	No	7		Military Dependent
1	Yes	8		National Guard/Combat History
1	Yes	9		National Guard/No Combat History

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Optional

Iowa

Item No	Treatment Episode Data Set	Item	Value	State System Data
8	Living Arrangements	-		Living Arrangements/Living Situation
03	Independent Living	11		Alone
02	Dependent Living	12		Parents
03	Independent Living	13		Significant Other Only
03	Independent Living	14		Significant Other and Child(ren)
03	Independent Living	15		Child(ren) Only
03	Independent Living	16		Other Adult(s)
03	Independent Living	17		Other Adult(s) and Child(ren)
02	Dependent Living	18		Institution
01	Homeless	19		Homeless
02	Dependent Living	21		Hospital
02	Dependent Living	22		Child/Adolscent Foster Care
02	Dependent Living	23		Correctional Halfway House
02	Dependent Living	24		Group Home
02	Dependent Living	25		Juvenile Detention
01	Homeless	26		Shelter
02	Dependent Living	27		Substance Abuse Halfway House
01	Homeless	28		Transitional Housing

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Optional

Iowa

Item No	Treatment Episode Data Set	Item	Value	State System Data
9	Source of Income/Support	-		Primary Source of Income or Support
21	None	00		None
01	Wages/Salary	11		Wages/Salary
20	Other	12		Family/Friends
02	Public Assistance	13		Public Assistance
03	Retirement/Pension	14		Retirement/Pension
04	Disability	15		Disability
20	Other	18		Other
04	Disability	19		SSI/SSDI Never
04	Disability	20		SSI/SSDI Previous
04	Disability	21		SSI/SSDI Current
04	Disability	22		SSI/SSDI Current and Previous

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Optional

Iowa

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Health Insurance	-		Insurance Type
02	Blue Cross/Blue Shield	12		Blue Cross/Blue Shied
06	Health Maintenance Organization (HMO)	13		HMO
20	Other (e.g. TriCare)	14		Other Health Insurance
04	Medicaid	15		Medicaid
03	Medicare	16		Medicare
21	None	21		None
20	Other (e.g. TriCare)	25		Hawk-1
01	Private Insurance (other than BCBS or HMO)	26		Individual Policy

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Optional

Iowa

Item No	Treatment Episode Data Set	Item	Value	State System Data
11	Expected/Actual Primary Source of Payment	-		Primary Souce of Payment
08	No Charge (Free, Charity, Special Research or Teaching)	00		No Charge
01	Self-Pay	11		Self Pay
02	Blue Cross/Blue Shield	12		Blue Cross/Blue Shield
07	Other Health Insurance Companies	13		HMO
07	Other Health Insurance Companies	14		Other Health Insurance
04	Medicaid	15		Medicaid
03	Medicare	16		Medicare
06	Worker's Compensation	17		Workman's Compensation
05	Other Government Payments	18		Other Payments
05	Other Government Payments	19		IDPH/Non-Medicaid Eligible
05	Other Government Payments	20		RT/SS
09	Other	21		Private Pay
03	Medicare	23		Medicare/Medicaid Eligible
03	Medicare	24		Medicare/Non-Medicaid Eligible
05	Other Government Payments	25		I-Hawk
97	Unknown	99		Unknown

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Item No	Treatment Episode Data Set	Item	Value	State System Data
12	Detailed Not in Labor Force	-		Employment Status
01	Homemaker	NL01		Homemaker
02	Student	NL02		Student
03	Retired	NL03		Retired
04	Disabled	NL04		Person has a disability
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	NL05		Not in Labor Force - Resident/Inmate
06	Other	NL06		Not in Labor Force - Unemployed not seeking

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Detailed Criminal Justice Referral Categories	-		Source of Referral
05	Diversionary Program (E.G. TASC)	28		TASC
07	DUI/DWI	29		OWI
01	State/Federal Court	30		Other Criminal Justice/Court
02	Other Court (Not State or Federal)	31		Civil Commitment
02	Other Court (Not State or Federal)	33		Zero Tolerance
02	Other Court (Not State or Federal)	34		Drug Court
03	Probation/Parole	44		Parole Board
03	Probation/Parole	45		State Probation
03	Probation/Parole	46		Federal Probation

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Optional

Iowa

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Marital Status	-		Marital Status
01	Never Married	1		Single
97	Unknown	10		Unknown
98	Not Collected	11		Not Collected
02	Now Married (includes those living together as married)	2		Married
02	Now Married (includes those living together as married)	3		Cohabiting
03	Separated (legally seperated or otherwise absent because of marital discord)	4		Separated
04	Divorced	5		Divorced
05	Widowed	6		Widowed
15	Days Waiting to Enter Treatment	-		Waiting Time For Treatment
000-996	Days	000-999		Days waiting
16	Number of Arrests in the 30 Days Prior to Admission	-		Number of Arrests in past 30 Days
00-96	Number of Arrests	00		None
00-96	Number of Arrests	01-99		01-99

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Optional

Iowa

Item No	Treatment Episode Data Set	Item	Value	State System Data
17	Frequency of Attendance at Self-Help Programs in 30 days prior to Admission	-		Days Attended AA/NA/Similar Meetings in Last 30 Days
01	No Attendance in past month	00		No attendance in last month
02	1-3 times in past month (less than once per week)	01-03		1-3 times in past month
03	4-7 times in past month (about once per week)	04-07		4-7 times in past month
04	8-15 times in past month (2 or 3 times per week)	08-15		8-15 times in past month
05	16-30 times in past month (4 or more times per week)	16-30		16-30 times in past month

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Discharge/NOMS

Iowa

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	System Transaction at Discharge	-		System Transaction Type Added To Each Record
2	State Code at Discharge	IA		FIPS Code Added to Each Record
3	Reporting Date at Discharge	-		Month and Year of Submission Added to Each Record
		MMYYYY		
4	Provider Identifier at Discharge	~		Agency State ID
5	Client Identifier at Discharge	-		Client Number
	10 character GUI consisting of DOB and Last 4 of SSN yymmdd****			
6	Co-Dependent/Collateral at Discharge	19		Screening/Admission for Concerned Person
1	Yes	1		Yes
2	No	2		No

Iowa's Central Data Repository (CDR)

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Discharge/NOMS

Iowa

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Service at Discharge	--		Service
01	Detoxification, 24-Hour Service, Hospital Inpatient	11		Medically Managed Detox
02	Detoxification, 24-Hour Service, Free Standing Residential	12		Medically Monitored Detox
03	Rehabilitation/Residential - Hospital	13		Inpatient Medically Managed Intensive Inpatient
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	14		Clinically Managed High Intensity Residential
05	Rehabilitation/Residential - Long Term (More than 30 Days)	15		Clinically Managed Medium Intensity Residential
06	Ambulatory - Intensive -Outpatient	16		Day Treatment/Partial Hosp
05	Rehabilitation/Residential - Long Term (More than 30 Days)	17		Halfway House
07	Ambulatory -Non Intensive -Outpatient	18		Continuing Care
07	Ambulatory -Non Intensive -Outpatient	19		Extended Outpatient
06	Ambulatory - Intensive -Outpatient	20		Intensive Outpatient
08	Ambulatory Detoxification	21		Outpatient Detox
05	Rehabilitation/Residential - Long Term (More than 30 Days)	22		Medically Monitored Resid
05	Rehabilitation/Residential - Long Term (More than 30 Days)	23		PMIC (Psychiatric Medical Institution for Children)

8	Date of Last Contact	--		Date of Discharge
			MMDDYYYY	

9	Date of Discharge	--		Date of Discharge
			MMDDYYYY	

Iowa's Central Data Repository (CDR)
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Discharge/NOMS

Iowa

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Reason for Discharge, Transfer, or Discontinuance of Treatment	-		Reason for Discharge
01	Treatment Completed	21		Completed Treatment
01	Treatment Completed	22		Completed Treatment - Treatment Plan Substantially Completed
04	Transferred to Another Substance Abuse Treatment Program or Facility	23		Referred Outside
03	Terminated by Facility	24		Program Decision due to lack of Progress
02	Left Against Professional Advice	25		Client Left
05	Incarcerated	26		Incarcerated
06	Death	27		Death
03	Terminated by Facility	28		Other
07	Other	29		Managed Care Decision
04	Transferred to Another Substance Abuse Treatment Program or Facility	30		Detox Only Client's Treatment Consisted of Detox Only
11	Provider Identifier at Admission	~		Agency State ID
-	Comes from admission file			
12	Client Identifier at Admission	-		Client Number
-	Comes from admission file			

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Discharge/NOMS

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Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Co-Dependent/Collateral at Admission	19		Screening/Admission for Concerned Person
	- Comes from admission file			
14	Client Transaction Type.	00		Transaction Type
	- Comes from admission file			
15	Date of Admission.	-		Date of Adm/Eval/Date of Admission
	- Comes from admission file			
16	Type of Service at Admission	--		Service
	- Comes from admission file			
17	Date of Birth.	03		Date of Birth
18	Sex.	02		Gender
	- Comes from admission file			
19	Race.	-		Race
	- Comes from admission file			

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Discharge/NOMS

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Item No	Treatment Episode Data Set	Item	Value	State System Data
20	Ethnicity.	06	Ethnicity	
-	Comes from admission file			
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	-	Current Substance, Primary, Secondary, Tertiary	
-	Same as codes in MDS14			
22	Frequency of Use at Discharge (Primary, Secondary, Tertiary)	-	Current Frequency Primary, Secondary, Tertiary	
-	Sames as coodes in MDS16			
23	Living Arrangements at Discharge	-	Living Arrangements/Living Situation	
-	Codes same as in SUDS8			
24	Employment at Discharge	-	Employment Status	
-	Codes same as MDS 13			
25	Detailed Not In Labor Force at Discharge	-	Employment Status	
-	Codes same as SuDS 12			

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Discharge/NOMS

Iowa

Item No	Treatment Episode Data Set	Item	Value	State System Data
26	Number of Arrests in 30 Days Prior to Discharge	-		Number of Arrests in past 30 Days
-	Same as SUDS 16			
27	Frequency of Attendance at Self-Help program in the 30 Days Prior to Discharge	-		Days Attended AA/NA/Similar Meetings in Last 30 Days
-	Same as SUDS 17			

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report