

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	adobe pdf
Run by	OPS\$PCUMMING
Report Date	05-JUL-12 11:43

# Crosswalk Report

Status : FN

Substance Abuse and Mental Health Services Administration  
Center for Behavioral Health Statistics and Quality

Media ID : SUBA1 - KY

Start Date : 01-JAN-90

End Date :

Follow-up :

Kentucky's Treatment Episode Data Set  
Version : 1

K = Key Field

**System**

*Kentucky*

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>System Transaction Type</b>	-		<b>System Transaction Type</b>
	A Add	A		Add
	C Change	C		Change
	D Delete	D		Delete
<b>K 2</b>	<b>State Code</b>	<b>KY</b>		<b>FIPS Code Added to Each Record</b>
	- State Postal Abbreviation	-		KY
<b>3</b>	<b>Reporting Date</b>	<b>002</b>		<b>System Reporting Date</b>
			MMYYYY	

# Crosswalk Report

Kentucky's Treatment Episode Data Set  
Version : 1

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**Minimum**

Kentucky

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>K 1</b>	<b>Provider Identifier</b>	----		<b>Provider Identifier</b>
<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>06</b>		<b>Client ID</b>
	No longer effective as of: 06-30-1997			
<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>3</b>		<b>Client ID.</b> Unique - SSN encrypted
<b>K 3</b>	<b>Co-Dependent/Collateral</b>	<b>43-1</b>		<b>Co-Dependent/Collateral</b>
	1    Yes	0		Yes
	2    No	1		No
	2    No	7		Unknown
	2    No	8		Not Collected
<b>K 4</b>	<b>Client Transaction Type</b>	<b>108</b>		<b>SA Client Transaction Type</b>
	A    Admission	1		Initial SA Admission
	T    Transfer/Change in Service	2		Transfer/Change of Service
<b>K 5</b>	<b>Date of Admission</b>	<b>006</b>		<b>Admission Date</b>

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>6</b>	<b>Number of Prior Treatment Episodes</b>	<b>054</b>		<b>Substance Abuse Prior Episode</b>
0	0 Previous Episodes	0		0 Actual Number-Prior Treatments
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 Five or More
7	Unknown	7		7 Unknown
8	Not Collected	8		8 Not Collected

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Principal Source of Referral</b>	<b>26</b>		<b>Source of Referral</b>
97	Unknown	00		Not Reported
01	Individual (includes self-referral))	11		Self
01	Individual (includes self-referral))	12		Family/Friend
01	Individual (includes self-referral))	13		Other Client of Center
06	Other Community Referral	14		Clergy
03	Other Health Care Provider	15		Private Psychiatrist/Psychiatric Clinic
03	Other Health Care Provider	16		Other Physician
03	Other Health Care Provider	17		Other Private Practitioner
05	Employer/EAP	18		Employer/Industry
06	Other Community Referral	21		Other Comprehensive Care Center
02	Alcohol/Drug Abuse Provider	22		Substance Abuse Treatment Facility
03	Other Health Care Provider	23		KDMH/MR Hospital-ICF/MR
03	Other Health Care Provider	24		Other Inpatient Psychiatric Service
03	Other Health Care Provider	25		Private ICF/MR
03	Other Health Care Provider	26		Other General Hospital
04	School (Educational)	31		School
07	Court/Criminal Justice/DUI/DWI	33		Police
06	Other Community Referral	34		Self Help Group

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Principal Source of Referral</b>	<b>26</b>		<b>Source of Referral</b>
06	Other Community Referral	43		Department of Social Services
05	Employer/EAP	44		Vocational Rehabilitation
06	Other Community Referral	45		Other Social Services Agency
07	Court/Criminal Justice/DUI/DWI	50		State/Federal Court
07	Court/Criminal Justice/DUI/DWI	51		Formal Adjudication Process
07	Court/Criminal Justice/DUI/DWI	52		Probation/Parole
07	Court/Criminal Justice/DUI/DWI	53		Recognized Legal Entity
07	Court/Criminal Justice/DUI/DWI	54		Diversioanay Program
07	Court/Criminal Justice/DUI/DWI	55		Prison
07	Court/Criminal Justice/DUI/DWI	56		DUI/DWI
07	Court/Criminal Justice/DUI/DWI	57		Other Criminal Justice
06	Other Community Referral	99		Other
<b>8</b>	<b>Date of Birth</b>	<b>08</b>		<b>Date of Birth</b>

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>9</b>	<b>Sex</b>	<b>009</b>	<b>Gender</b>	
1	Male	1	Male	
2	Female	2	Female	
7	Unknown	7	Unknown ( Not Entered )	
8	Not Collected	8	Not Collected ( Not Ask)	

10	Race	09	Race
05	White	1	White
04	Black or African American	2	Black
02	American Indian ( Other than Alaskan Native)	3	American Indian
03	Asian or Pacific Islander	4	Asian/Pacific Islander
01	Alaska Native (Aleut, Eskimo, Indian)	5	Alaskan Native
20	Other Single Race	6	Other
13	Asian		
23	Native Hawaiians or Other Pacific Islanders		

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>11</b>	<b>Ethnicity</b>	<b>10</b>	<b>Ethnicity</b>	
01	Puerto Rican	1		Puerto Rican
02	Mexican	2		Mexican
03	Cuban	3		Cuban
04	Other Specific Hispanic	4		Other Hispanic
05	Not of Hispanic Origin	5		Not of Hispanic Origin
<b>12</b>	<b>Education</b>	<b>11</b>	<b>Education</b>	
01-25	Years of School(Highest Grade) ( General Equivalency Degree, use 12)	00-25		Actual Grade Completed
00	Less Than One Grade Completed	00-25		Actual Grade Completed
01-25	Years of School(Highest Grade) ( General Equivalency Degree, use 12)	95		Pre-School
01-25	Years of School(Highest Grade) ( General Equivalency Degree, use 12)	96		Kindergarten
97	Unknown	97		Unknown

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>13</b>	<b>Employment Status</b>	<b>14</b>	<b>Employment Status</b>	
98	Not Collected	00		Not Reported
01	Full Time	01		Full Time
02	Part Time	02		Part Time
03	Unemployed	03		On Layoff from Job
03	Unemployed	04		Looking for Work
01	Full Time	05		In Armed Forces
04	Not in Labor Force	06		Homemaker
04	Not in Labor Force	07		Student
04	Not in Labor Force	08		Retired
04	Not in Labor Force	09		Inmate of Institution
04	Not in Labor Force	10		Child
04	Not in Labor Force	11		Disabled
97	Unknown	99		Other

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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>68,73,78</b>		<b>First Two Digits of Drug Codes from Detailed Drug Code Table</b>
02	Alcohol	02		Alcohol
03	Cocaine, Crack	03		Coacine/Crack
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	04		Marijuana/Hashish
05	Heroin	05		Heroin/Morphine
06	Non-Prescription Methadone	06		Methadone
07	Other Opiates and Synthetics	07		Other Opiates and Synthetics
08	PCP	08		PCP
09	Other Hallucinogens	09		Other Hallucinogens, LSD
10	Methamphetamine	10		Methamphetamine
11	Other Amphetamines	11		Other Amphetamines
12	Other Stimulants	12		Other Stimulants
13	Benzodiazepines	13		Benzodiazepines
14	Other Non-Benzodiazapine Tranquilizers	14		Other Tranquilizers
15	Barbiturates	15		Barbiturates
16	Other Non-Barbituate Sedatives or Hypnotics	16		Other Sedatives or Hypnotics
17	Inhalants	17		Inhalants
18	Over-the-Counter	18		Over-the-Counter
20	Other	20		Other

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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>68,73,78</b>		<b>First Two Digits of Drug Codes from Detailed Drug Code Table</b>
97	Unknown	97		Unknown
98	Not Collected	98		Not Collected
<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiar-15C)</b>	<b>71,76,81</b>		<b>Route of Administration</b>
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
98	Not Collected	98		Not Collected

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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>S_C</b>		<b>Frequency of Use</b>
01	No use in the past month	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
98	Not Collected	98		Not Collected

Item	Treatment Episode Data Set	Item	Value	State System Data
<b>17</b>	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	<b>S_E</b>		<b>Age of First Use or Alcohol Intoxication</b>
00	Indicates a Newborn with a substance dependency problem	00		Newborn with Substance Abuse Problem
01-95	Indicates The Age at First Use	00-96		Range of Age
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
<b>K 18</b>	<b>Type of Services</b>	<b>116</b>		<b>Substance Abuse Services Received</b>
01	Detoxification - Hospital Inpatient ( Detox, 24 hour Service)	01		Hospital Inpatient
02	Detoxification Free-standing Residential ( Detox, 24 hour Service)	02		Free-Standing Residential
03	Rehabilitation/Residential - Hospital (other than detox)	03		Hospital
04	Rehabilitation/Residential - Short-term, ( 30 days or fewer)	04		Short Term <=30 Days
05	Rehabilitation/Residential - Long-term, ( more than 30 days)	05		Long Term >=30 Days (Half-Way House)
06	Ambulatory - Intensive Outpatient	06		Intensive Outpatient
07	Ambulatory - Non-Intensive Outpatient	07		Outpatient (includes case Management)
08	Ambulatory Detoxification	08		Detoxification
<b>19</b>	<b>Opioid Replacement Therapy (Planned/ Actual)Was -Use of Methadone Planned/Actual</b>	<b>41G</b>		<b>Methadone</b>
2	No	0		No
1	Yes	1		Yes

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**Optional**

Kentucky

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>Detail Drug Code, Primary</b>	<b>068</b>	<b>Drug Type Code</b>	
9997	Unknown	0101	None	
9998	Not Collected	BLANK/0000	Blank or 0000	
<b>2</b>	<b>Detail Drug Code, Secondary</b>	<b>S1A</b>	<b>Drug Type</b>	
<b>3</b>	<b>Detail Drug Code, Tertiary</b>	<b>S1A</b>	<b>Drug Type</b>	
<b>4</b>	<b>DSM Diagnosis</b>	<b>024</b>	<b>Axis I - Principal</b>	
XXX.XX	DSM/ICD codes	###.##	DSM IV Diagnosis	
999.98	Not Collected	BLANKS	Blanks	
<b>5</b>	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	<b>43-D</b>	<b>MH/SA Dual Diagnosis</b>	
8	Uncollected	-	Other	
2	No	0	No	
1	Yes	1	Yes	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>6</b>	<b>Pregnant at Time of Admission</b>	<b>43-N</b>		<b>Pregnant Women and Women with Dependent Children</b>
2	No	0		No (not pregnant and no dependent children)
1	Yes	1		Yes (pregnant and no dependent children)
1	Yes	2		Yes (pregnant and has dependent children)
2	No	3		No (not pregnant and has dependent children)
7	Unknown	7		Unknown
8	Not Collected	8		Not Collected
<b>7</b>	<b>Veteran Status</b>	<b>12</b>		<b>Veteran Status</b>
1	Yes	1		Yes
2	No	2		No
7	Unknown	3		Unknown
8	Not Collected	4		Not Collected (Others)

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**Optional**

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>8</b>	<b>Living Arrangements</b>	<b>18</b>		<b>Living Arrangements</b>
01	Homeless	01		No Fixed, Regular and Adequate Nighttime Residence (includes homeless)
02	Dependent Living	02		Jail/Prison
02	Dependent Living	03		Hospital
02	Dependent Living	04		Licensed Long Term Care Facility
02	Dependent Living	05		Persoanl Care Home/Faciltiy Care Home
02	Dependent Living	06		Living with Family of Origin
02	Dependent Living	07		Staffed Group Living Facility
02	Dependent Living	08		Group Living Facilty not Staffed
03	Independent Living	09		Own Home or Apartment
03	Independent Living	10		Own Home or Apartment: Independent
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
<b>9</b>	<b>Source of Income/Support</b>	<b>17</b>		<b>Primary Source of Income/Support</b>
01	Wages/Salary	01		Wages/Salary
02	Public Assistance	02		Public Assistance
03	Retirement/Pension	03		Retirement/Pension
04	Disability	04		Disability
20	Other	20		Other
21	None	21		None
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
<b>10</b>	<b>Health Insurance</b>	<b>39</b>		<b>Expected Payment Source</b>
97	Unknown	A		Personal Resources
02	Blue Cross/Blue Shield	B		Blue Cross/Blue Shield
06	Health Maintenance Organization (HMO)	C		HMO
01	Private Insurance (other than BCBS or HMO)	D		Health Insurance, Other
03	Medicare	E		Medicare (XVIII)
04	Medicaid	F		Medicaid (XIX)
97	Unknown	G		Social Services
20	Other (e.g. TriCare)	H		VA
20	Other (e.g. TriCare)	I		CHAMPUS
97	Unknown	J		DMHMRS
97	Unknown	K		No Charge
97	Unknown	L		Other Public Sources
97	Unknown	M		Workman's Compensation

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	<b>40</b>		<b>Expected Primary Source of Payment for This Treatment Episode</b>
01	Self-Pay	01		Personal Resources
02	Blue Cross/Blue Shield	02		Blue Cross/Blue Shield
07	Other Health Insurance Companies	03		HMO
07	Other Health Insurance Companies	04		Health Insurance, Other
03	Medicare	05		Medicare (XVIII)
04	Medicaid	06		Medicaid (XIX)
05	Other Government Payments	07		Social Services
05	Other Government Payments	08		VA
05	Other Government Payments	09		CHAMPUS
05	Other Government Payments	10		DMHMRS
08	No Charge ( Free, Charity, Special Research or Teaching)	11		No Charge
09	Other	12		Other Public Sources
06	Worker's Compensation	13		Workman's Compensation
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
<b>12</b>	<b>Detailed Not in Labor Force</b>	<b>14</b>	<b>Employment Status</b>	
97	Unknown	00		Not Reported
01	Homemaker	06		Homemaker
02	Student	07		Student
03	Retired	08		Retired
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)	09		Inmate of Institution
06	Other	10		Child (Preschool)
04	Disabled	11		Disabled
06	Other	99		Other

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>13</b>	<b>Detailed Criminal Justice Referral Categories</b>	<b>26</b>	<b>Source of Referral</b>	
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	33		Police
01	State/Federal Court	50		State/Federal Court
02	Other Court ( Not State or Federal)	51		Formal Adjudication Process
03	Probation/Parole	52		Probation/Parole
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	53		Recognized Legal Entity
05	Diversionary Program (E.G. TASC)	54		Diversionary Program
06	Prison	55		Prison
07	DUI/DWI	56		DUI/DWI
08	Other	57		Other Criminal Justice

14	Marital Status	13	Marital Status
01	Never Married	1	Never Married
02	Now Married ( includes those living together as married)	2	Married or Cohabiting
04	Divorced	3	Divorced
03	Separated (legally seperated or otherwise absent because of marital discord)	4	Separated
05	Widowed	5	Widowed
02	Now Married ( includes those living together as married)	6	Remarried

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>15</b>	<b>Days Waiting to Enter Treatment</b>	<b>53</b>		<b>Time Waiting to Enter Treatment</b>
997	Unknown	997		Unknown
998	Not Collected	998		Not Collected
<b>16</b>	<b>Number of Arrests in the 30 Days Prior to Admission</b>	~		<b>Discharge Not Yet Collected</b>

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**Discharge/NOMS**

Kentucky

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

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**Discharge/NOMS**

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

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## Discharge/NOMS

Kentucky

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

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report