

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:35

# Crosswalk Report

Status : FN                      Substance Abuse and Mental Health Services Administration

Media ID : DHMH4050

Office of Applied Studie

Start Date : 01-JAN-90

End Date :

Follow-up :

Maryland's Treatment Episode Data Set

Version : 1

K = Key Field

**System**

Maryland

Item

Item

No.    Treatment Episode Data Set

Value

State System Data

<b>1</b>	<b>System Transaction Type</b>	-	<b>System Transaction Type Added To Each Record</b>
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C    Change

D    Delete

A    Add

<b>K 2</b>	<b>State Code</b>	<b>MD</b>	<b>FIPS Code Added To Each Record</b>
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<b>3</b>	<b>Reporting Date</b>	-	<b>Month and Year of Submission Added To Each Record</b>
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# Crosswalk Report

Maryland's Treatment Episode Data Set  
Version : 1

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**Minimum**  
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No. Treatment Episode Data Set Value State System Data

7	Principal Source of Referral	8	Source of Referral
07	Court/Criminal Justice/DUI/DWI	01	Juvenile Services
07	Court/Criminal Justice/DUI/DWI	02	TASC (Treatment Alternatives to Street Crime)
07	Court/Criminal Justice/DUI/DWI	03	DWI/DUI Related Referrals
07	Court/Criminal Justice/DUI/DWI	04	Preconviction (Other than DWI/DUI)
07	Court/Criminal Justice/DUI/DWI	05	Federal/State/County Probation
07	Court/Criminal Justice/DUI/DWI	06	Federal/State/County Parole
07	Court/Criminal Justice/DUI/DWI	07	Other Non-Voluntary
01	Individual (includes self-referral)	08	Individual (Including Self Referral)
02	Alcohol/Drug Abuse Provider	09	Alcohol/Drug Abuse Care Provider
03	Other Health Care Provider	10	Other Health Care Provider
04	School (Educational)	11	School (Educational)
05	Employer/EAP	12	Employer/EAP
06	Other Community Referral	13	Other Community Referral

No longer effective as of: 06-30-1998

Maryland's Treatment Episode Data Set  
Version : 1

K = Key Field

**Minimum**

Maryland

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Principal Source of Referral</b>	<b>9</b>	<b>Source of Referral.</b>	
07	Court/Criminal Justice/DUI/DWI	01	Juvenile Services	
07	Court/Criminal Justice/DUI/DWI	02	TASC (Treatment Alternatives to Street Crime)	
07	Court/Criminal Justice/DUI/DWI	03	DWI/DUI Related Referrals	
07	Court/Criminal Justice/DUI/DWI	04	Pre-Trial	
07	Court/Criminal Justice/DUI/DWI	05	Federal/State/County Probation	
07	Court/Criminal Justice/DUI/DWI	06	Federal/State/County Parole	
07	Court/Criminal Justice/DUI/DWI	07	State Prison	
07	Court/Criminal Justice/DUI/DWI	08	Local Detention	
07	Court/Criminal Justice/DUI/DWI	09	DHMH Court Conviction	
07	Court/Criminal Justice/DUI/DWI	10	Drug Court	
07	Court/Criminal Justice/DUI/DWI	11	Other Criminal Justice	
01	Individual (includes self-referral))	12	Individual ( Including Self Referral)	
01	Individual (includes self-referral))	13	Family Friend	
02	Alcohol/Drug Abuse Provider	14	Alcohol/Drug Abuse Care Provider	
03	Other Health Care Provider	15	Other Health Care Provider	
04	School (Educational)	16	School (Educational)	
04	School (Educational)	17	Student Assistance Program	
05	Employer/EAP	18	Employer/EAP	
06	Other Community Referral	19	Dept of Social Services/TCA	
06	Other Community Referral	20	Other Community Referral	

<b>8</b>	<b>Date of Birth</b>	<b>12</b>	<b>Date of Birth</b>
No longer effective as of: 06-30-1998			

<b>8</b>	<b>Date of Birth</b>	<b>13</b>	<b>Date of Birth.</b>
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<b>9</b>	<b>Sex</b>	<b>9</b>	<b>Sex</b>
1	Male	1	Male
2	Female	2	Female
No longer effective as of: 06-30-1998			

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Version : 1

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**Minimum**

Maryland

Item No.	Treatment Episode Data Set	Item	Value	State System Data
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<b>9</b>	<b>Sex</b>	<b>10</b>	<b>Sex.</b>
1	Male	1	Male
2	Female	2	Female

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

No longer effective as of: 06-30-1998

<b>10</b>	<b>Race</b>	<b>11</b>	<b>Race.</b>
05	White	1	White
04	Black or African American	2	Black
03	Asian or Pacific Islander	3	Asian or Pacific Islander
01	Alaska Native (Aleut, Eskimo, Indian)	4	Alaskan Native
02	American Indian ( Other than Alaskan Native)	5	American Indian
20	Other	6	Other

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

11	Ethnicity	11	Ethnicity
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

No longer effective as of: 06-30-1998

11	Ethnicity	12	Ethnicity.
01	Puerto Rican	1	Puerto Rico
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

12	Education	16	Highest School Grade Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	00-20	00-20
00	Less Than One Grade Completed	00-20	00-20

No longer effective as of: 06-30-1998

12	Education	17	Highest School Grade Completed.
00	Less Than One Grade Completed	00-20	00-20
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	00-20	00-20

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No. Treatment Episode Data Set Value State System Data

<b>13</b>	<b>Employment Status</b>	<b>9</b>	<b>Employment Status</b>
04	Not in Labor Force	1	Full Time Student (Not Employed)
02	Part Time	2	Full Time Student (Employed)
04	Not in Labor Force	3	Full Time Homemaker
04	Not in Labor Force	4	Retired/Disabled
03	Unemployed	5	Unemployed (In Skill Development or Training)
03	Unemployed	6	Unemployed (Seeking Employment/Laid Off)
03	Unemployed	7	Other Unemployed
02	Part Time	8	Part Time Employed (Less Than 35 Hours Per Week)
01	Full Time	9	Full Time Employed (35+ Hours Per Week)

No longer effective as of: 06-30-1998

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<b>13</b>	<b>Employment Status</b>	<b>19</b>	<b>Employment Status.</b>
04	Not in Labor Force	1	Incarcerated
02	Part Time	2	Incarcerated (Work release)
04	Not in Labor Force	3	Full Time Homemaker
04	Not in Labor Force	4	Retired/Disabled
03	Unemployed	5	Unemployed (In Skill Development or Training)
03	Unemployed	6	Unemployed ( Seeking Employment/Laid Off)
03	Unemployed	7	Other Unemployed
02	Part Time	8	Part Time Employed ( Less Than 35 Hours Per Week)
01	Full Time	9	Full Time Employed ( 35+ Hours Per Week)

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)</b>	<b>25,30,35</b>	<b>Primary, Secondary, Tertiary Substance Type</b>
	01 None	-	-
	01 None	00	None
	05 Heroin	01	Heroin
	06 Non-Prescription Methadone	02	Non-Prescription Methadone
	07 Other Opiates and Synthetics	03	Other Opiates and Synthetics
	02 Alcohol	04	Alcohol
	15 Barbiturates	05	Barbiturates
	16 Other Sedatives or Hypnotics	06	Other Sedatives or Hypnotics
	09 Other Hallucinogens	07	Hallucinogens (Other Than PCP)
	03 Cocaine, Crack	08	Cocaine/Crack
	04 Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	09	Marijuana/Hashish
	10 Methamphetamine	10	Methamphetamines
	11 Other Amphetamines	11	Other Amphetamines
	17 Inhalants	12	Inhalants
	08 PCP	13	PCP
	12 Other Stimulants	14	Other Stimulants
	13 Benzodiazepine	15	Benzodiazepine
	14 Other Tranquilizers	16	Other Tranquilizers
	18 Over-the-Counter	17	Over The Counter
	20 Other	18	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>30,35,40</b>		<b>Primary, Secondary, Tertiary Substance Type.</b>
01	None	00	None	
05	Heroin	01	Heroin	
06	Non-Prescription Methadone	02	Non-Prescription Methadone	
07	Other Opiates and Synthetics	03	Other Opiates and Synthetics	
02	Alcohol	04	Alcohol	
15	Barbiturates	05	Barbiuates	
16	Other Sedatives or Hypnotics	06	Other Sediatives or Hypnotics	
09	Other Hallucinogens	07	Hallucingens (Other Than PCP)	
03	Cocaine, Crack	08	Cocaine/Crack	
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	09	Marijuana/Hashish	
10	Methamphetamine	10	Methamphetamines	
11	Other Amphetamines	11	Other Amphetamines	
17	Inhalants	12	Inhalants	
08	PCP	13	PCP	
12	Other Stimulants	14	Other Stimulants	
13	Benzodiazepine	15	Benzodiazepine	
14	Other Tranquilizers	16	Other Tranquilizers	
18	Over-the-Counter	17	Over The Counter	
20	Other	18	Steroids	
20	Other	19	Other	

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

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C)</b>	<b>28,33,3</b>	<b>Primary, Secondary, Tertiary Route</b>
		<b>8</b>	
97	Unknown	-	-
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Intramuscular
04	Injection (IV or intramuscular)	5	Intravenous
20	Other	6	Other
No longer effective as of: 06-30-1998			

<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C)</b>	<b>33,38,4</b>	<b>Primary, Secondary, Tertiary Route.</b>
		<b>3</b>	
97	Unknown	-	-
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Injection
20	Other	5	Other

<b>16</b>	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	<b>27,32,3</b>	<b>Primary, Secondary, Tertiary Frequency of Use</b>
		<b>7</b>	
01	No past month use	0	No Past Month Use
02	1-3 times in past month	1	1-3 Times Past Month
03	1-2 times per week	2	1-2 Times Per Week
04	3-6 times per week	3	3-6 Times Per Week
05	Daily	4	Daily
05	Daily	5	2-3 Times Daily
05	Daily	6	More Than 3 Times Daily
No longer effective as of: 06-30-1998			

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 Item **Minimum**  
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16	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	<b>32,37,4 2</b>	<b>Primary, Secondary, Tertiary Frequency of Use.</b>
01	No past month use	0	No Past Month Use
02	1-3 times in past month	1	1-3 Times Past Month
03	1-2 times per week	2	1-2 Times Per Week
04	3-6 times per week	3	3-6 Times Per Week
05	Daily	4	Daily
05	Daily	5	2-3 Times Daily
05	Daily	6	More Than 3 Times Daily

17	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	<b>29,34,3 9</b>	<b>Primary, Secondary, Tertiary Age of First Use or Intoxication</b>
No longer effective as of: 06-30-1998			

17	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	<b>34,39,4 4</b>	<b>Primary, Secondary, Tertiary Age of First Use or Intoxication.</b>
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K 18	<b>Type of Services</b>	<b>5</b>	<b>Service Category in Conjunction with Provider ID Variable</b>
07	Non-Intensive Outpatient	1	Methadone Maintenance
07	Non-Intensive Outpatient	2	Outpatient
04	Short-term, ( 30 days or fewer)	3	Residential (Depending on Provider ID)
05	Long-term, ( more than 30 days)	3	Residential (Depending on Provider ID)
07	Non-Intensive Outpatient	4	Correctional
02	Free-standing Residential ( Detox, 24 hour Service)	5	Detoxification (Depending on Provider ID)
06	Intensive Outpatient	6	Intensive Outpatient
No longer effective as of: 06-30-1998			

Maryland's Treatment Episode Data Set  
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K = Key Field Maryland  
 Item Minimum  
 No. Treatment Episode Data Set Item Value State System Data

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<b>K 18</b>	<b>Type of Services</b>	<b>6</b>	<b>Service Category in Conjunction with Provider ID Variable.</b>
07	Non-Intensive Outpatient	1	Methadone Maintenance
07	Non-Intensive Outpatient	2	Outpatient
04	Short-term, ( 30 days or fewer)	3	Residential (depending on Provider ID)
05	Long-term, ( more than 30 days)	3	Residential (depending on Provider ID)
07	Non-Intensive Outpatient	4	Correctional
02	Free-standing Residential ( Detox, 24 hour Service)	5	Detoxification (depending on Provider ID)
06	Intensive Outpatient	6	Intensive Outpatient

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<b>19</b>	<b>Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual</b>	<b>-</b>	<b>Use of Methadone Planned</b>
2	No	(5)3	Residential
2	No	(5)4	Correctional
2	No	(5)5	Detoxification
2	No	(5)6	Intensive Outpatient
1	Yes	1	Yes (depent on Provider Id and Item 6 = 1 or 5)
2	No	2	No

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K = Key Field **Optional** Maryland  
 Item Item  
 No. Treatment Episode Data Set Value State System Data

<b>1</b>	<b>Detail Drug Code, Primary</b>	-	<b>Not Collected</b>
<b>2</b>	<b>Detail Drug Code, Secondary</b>	-	<b>Not Collected</b>
<b>3</b>	<b>Detail Drug Code, Tertiary</b>	-	<b>Not Collected</b>
<b>4</b>	<b>DSM Diagnosis</b>	-	<b>Not Collected</b>

<b>5</b>	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	<b>23</b>	<b>Documented Psychiatric Problem</b>
7	Unknown	-	-
1	Yes	1	Yes
2	No	2	No
No longer effective as of: 06-30-1998			

<b>5</b>	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	<b>26</b>	<b>Current Mental Health Problem</b>
1	Yes	1	Yes
2	No	2	No
7	Unknown	3	Unknown

<b>6</b>	<b>Pregnant at Time of Admission</b>	<b>22</b>	<b>Pregnant</b>
7	Unknown	-	-
1	Yes	1	Yes
2	No	2	No
No longer effective as of: 06-30-1998			

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**Optional**

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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>25</b>	<b>Pregnant.</b>	
7	Unknown	-	-	
1	Yes	1	Yes	
2	No	2	No	

<b>7</b>	<b>Veteran Status</b>	-	<b>Not Collected</b>	
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<b>8</b>	<b>Living Arrangements</b>	<b>20</b>	<b>Living Situation</b>	
03	Independent Living	1	Spouse or Equivalent Only	
03	Independent Living	2	Spouse or Equivalent and Children	
03	Independent Living	3	Children, Not Spouse	
02	Dependent Living	4	Parents	
02	Dependent Living	5	Other Family	
03	Independent Living	6	Roomate or Friends	
02	Dependent Living	7	Institution or Group Facility	
03	Independent Living	8	Alone	
97	Unknown	9	Unknown	

No longer effective as of: 06-30-1998

<b>8</b>	<b>Living Arrangements</b>	<b>22</b>	<b>Living Situation.</b>	
03	Independent Living	1	Homeless	
02	Dependent Living	2	Dependent Living	
03	Independent Living	3	Independent Living	

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

Maryland

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

<b>9</b>	<b>Source of Income/Support</b>	<b>19</b>	<b>Primary Source of Income or Support</b>
01	Wages/Salary	1	Wages/Salary
02	Public Assistance	2	Public Assistance
01	Wages/Salary	3	Self-Employed
03	Retirement/Pension	4	Retirement/Pension
20	Other	5	Unemployment Compensation
04	Disability	6	Disability
20	Other	7	Other
97	Unknown	8	Refused to Respond

No longer effective as of: 06-30-1998

<b>9</b>	<b>Source of Income/Support</b>	<b>21</b>	<b>Primary Source of Income or Support.</b>
01	Wages/Salary	1	Wages/salary
02	Public Assistance	2	Public Assistance
01	Wages/Salary	3	Self-Employed
03	Retirement/Pension	4	Retirement/Pension
20	Other	5	Unemployment Compensation
04	Disability	6	Disability
20	Other	7	Other
97	Unknown	8	Refused to Respond

<b>10</b>	<b>Health Insurance</b>	<b>21</b>	<b>Type of Insurance</b>
21	None	0	No Health Insurance
02	Blue Cross/Blue Shield	1	Blue Cross/Blue Shield
06	Health Maintenance Organization (HMO)	2	HMO
01	Private Insurance (other than BCBS or HMO)	3	Other Private Health Insurance
03	Medicare	4	Medicare
04	Medicaid	5	Medicaid
20	Other (e.g. TriCare, Champus)	6	CHAMPUS
20	Other (e.g. TriCare, Champus)	7	Other Public Funds For Health

No longer effective as of: 06-30-1998





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**Optional**

Maryland

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

14	Marital Status	15	Marital Status
01	Never Married	1	Never Married
02	Now Married or Cohabiting	2	Married
05	Widowed	3	Widowed
04	Divorced	4	Divorced
03	Separated (legally or otherwise absent)	5	Seperated
No longer effective as of: 06-30-1998			

14	Marital Status	16	Marital Status.
01	Never Married	1	Never Married
02	Now Married or Cohabiting	2	Married
05	Widowed	3	Widowed
04	Divorced	4	Divorced
03	Separated (legally or otherwise absent)	5	Seperated

15	Days Waiting to Enter Treatment	-	Not Collected
No longer effective as of: 06-30-1998			

15	Days Waiting to Enter Treatment	29	Days Waiting to Enter Treatment
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Maryland's Treatment Episode Data Set  
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K = Key Field		<b>Discharge</b>		<u>Maryland</u>
Item		Item	Value	State System Data
No.	Treatment Episode Data Set			
<b>104</b>	<b>Provider ID (At Discharge)</b>	<b>104</b>	<b>Provider Identifier at Discharge</b>	
<b>105</b>	<b>Client Identifier - (At Discharge)</b>	<b>105</b>	<b>Client Identifier at Discharge</b>	
<b>106</b>	<b>Co-Dependent/Collateral At Discharge</b>	<b>106</b>	<b>Co-Dependent/Collateral at Discharge</b>	
	1 Yes			
	2 No			
<b>109</b>	<b>Service at Discharge</b>	<b>109</b>	<b>Service at Discharge</b>	
	07 Outpatient		1 Methadone Maintenance	
	07 Outpatient		2 Outpatient	
	04 Short-Term, <=30 days		3 Residential (Depending on Provider ID)	
	05 Long-Term, >30 days		3 Residential (Depending on Provider ID)	
	07 Outpatient		4 Correctional	
	02 Free-Standing Residential		5 Detoxification (Depending on Provider ID)	
	08 Detoxification		5 Detoxification (Depending on Provider ID)	
	06 Intensive Outpatient		6 Intensive Outpatient	
	03 Hospital (Other than Detox)			
	01 Hospital Inpatient			
<b>146</b>	<b>Date of Last Contact</b>	<b>146</b>	<b>Date of Last Contact</b>	
<b>147</b>	<b>Date of Discharge</b>	<b>147</b>	<b>Date of Discharge</b>	



**Crosswalk Management System**

**REPORT CROSSWALK TO STATE**

End of Report