

## Crosswalk Management System

|             |                           |
|-------------|---------------------------|
| Report      | REPORT CROSSWALK TO STATE |
| Filename    | adobe pdf                 |
| Run by      | OPS\$PCUMMING             |
| Report Date | 26-JUN-08 11:37           |

# Crosswalk Report

Status : FN                      Substance Abuse and Mental Health Services Administration

Office of Applied Studies

Media ID : OSAS-021 - MI

Start Date : 01-JAN-90

End Date :

Follow-up :

Michigan's Treatment Episode Data Set

Version : 1

K = Key Field

**System**

*Michigan*

| Item No    | Treatment Episode Data Set     | Item      | Value  | State System Data |
|------------|--------------------------------|-----------|--|-------------------|
| <b>1</b>   | <b>System Transaction Type</b> | -         | <b>System Transaction Type Added to Each Record</b>      |                   |
|            | A    Add                       |           | A    Add   |                   |
|            | C    Change                    |           | C    Change  |                   |
|            | D    Delete                    |           | D    Delete  |                   |
| <b>K 2</b> | <b>State Code</b>              | <b>MI</b> | <b>FIPS Code Added to Each Record</b>                    |                   |
| <b>3</b>   | <b>Reporting Date</b>          | -         | <b>Month and Year of Submission Added to Each Record</b> |                   |
|            |                                |           | MMYYYY   |                   |

# Crosswalk Report

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Minimum**

Michigan

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|----------------------------|------|-------|-------------------|
|---------|----------------------------|------|-------|-------------------|

|                                       |  |   |  |                    |
|---------------------------------------|--|---|--|--------------------|
| <b>K 1</b>                            | <b>Provider Identifier</b><br>6 Characters | - |  | <b>Provider ID</b> |
| No longer effective as of: 09-30-2002 |  |   |  |                    |

|            |                            |          |  |                                       |
|------------|----------------------------|----------|--|---------------------------------------|
| <b>K 1</b> | <b>Provider Identifier</b> | <b>2</b> |  | <b>License Number</b><br>6 characters |
|------------|----------------------------|----------|--|---------------------------------------|

|                                       |  |          |  |   |
|---------------------------------------|--|----------|--|---|
| <b>K 2</b>                            | <b>Client Identifier (Admission)</b><br>9 characters - if ssn is all 7's or 8's then ca indentier is used to id client (11 characters) | <b>3</b> |  | <b>Social Security Number/CA Identifier</b> |
| No longer effective as of: 09-30-2004 |  |          |  |   |

|            |                                      |          |  |                                      |
|------------|--------------------------------------|----------|--|--------------------------------------|
| <b>K 2</b> | <b>Client Identifier (Admission)</b> | <b>3</b> |  | <b>CA Client ID</b><br>11 Characters |
|------------|--------------------------------------|----------|--|--------------------------------------|

|                                       |                                |   |  |                     |
|---------------------------------------|--------------------------------|---|--|---------------------|
| <b>K 3</b>                            | <b>Co-Dependent/Collateral</b> | - |  | <b>Co-Dependent</b> |
|                                       | 1 Yes                          |   |  | 1 Yes               |
|                                       | 2 No                           |   |  | 2 No                |
| No longer effective as of: 09-30-2002 |                                |   |  |                     |

|            |                                |          |  |                      |
|------------|--------------------------------|----------|--|----------------------|
| <b>K 3</b> | <b>Co-Dependent/Collateral</b> | <b>7</b> |  | <b>Co-Dependent.</b> |
|            | 1 Yes                          |          |  | 1 Yes                |
|            | 2 No                           |          |  | 2 No                 |

|                                       |   |          |  |                        |
|---------------------------------------|---|----------|--|------------------------|
| <b>K 4</b>                            | <b>Client Transaction Type</b><br>All records are Admissions (no transfers) | <b>6</b> |  | <b>Admission Type.</b> |
| No longer effective as of: 09-30-2004 |   |          |  |                        |

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| Item No    | Treatment Episode Data Set     | Item      | Value                     | State System Data |
|------------|--------------------------------|-----------|---------------------------|-------------------|
| <b>K 4</b> | <b>Client Transaction Type</b> | <b>NA</b> | <b>Cleint Transaction</b> |                   |
|            | A Admission                    |           | A Admission               |                   |
|            | T Transfer/Change in Service   |           | T Transfer                |                   |

|                                       |                          |          |                       |
|---------------------------------------|--------------------------|----------|-----------------------|
| <b>K 5</b>                            | <b>Date of Admission</b> | <b>4</b> | <b>Admission Date</b> |
|                                       | ccyyymmdd                |          |                       |
| No longer effective as of: 09-30-2002 |                          |          |                       |

|            |                          |          |                          |
|------------|--------------------------|----------|--------------------------|
| <b>K 5</b> | <b>Date of Admission</b> | <b>8</b> | <b>Date of Admission</b> |
|            |                          |          | MMDDYYYY                 |

|                                       |   |           |                                    |
|---------------------------------------|---|-----------|------------------------------------|
| <b>6</b>                              | <b>Number of Prior Treatment Episodes</b> | <b>10</b> | <b>Number of Prior Treatments.</b> |
|                                       | 7 Unknown                                 |           | - Blank                            |
|                                       | 0 0 Previous Episodes                     |           | 0 0 Prior Treatments               |
|                                       | 1 1 Previous Episodes                     |           | 1 1 Prior Treatments               |
|                                       | 2 2 Previous Episodes                     |           | 2 2 Prior Treatments               |
|                                       | 3 3 Previous Episodes                     |           | 3 3 Prior Treatments               |
|                                       | 4 4 Previous Episodes                     |           | 4 4 Prior Treatments               |
|                                       | 5 5 Or More Previous Episodes             |           | 5 5 Prior Treatments               |
| No longer effective as of: 09-30-2004 |   |           |                                    |

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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>10</b> | <b>Number of Prior Treatments..</b> |                             |
| 0        | 0 Previous Episodes                       |           | 0                                   | 0 Previous Episodes         |
| 1        | 1 Previous Episodes                       |           | 1                                   | 1 Previous Episodes         |
| 2        | 2 Previous Episodes                       |           | 2                                   | 2 Previous Episodes         |
| 3        | 3 Previous Episodes                       |           | 3                                   | 3 Previous Episodes         |
| 4        | 4 Previous Episodes                       |           | 4                                   | 4 Previous Episodes         |
| 5        | 5 Or More Previous Episodes               |           | 5                                   | 5 or more Previous Episodes |

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Item No Treatment Episode Data Set                      Item      Value      State System Data

| 7  | Principal Source of Referral         | 08/11 | Source of Referral         |
|----|--------------------------------------|-------|----------------------------|
| 97 | Unknown                              | -     | Blank                      |
| 02 | Alcohol/Drug Abuse Provider          | 01    | Outpatient                 |
| 02 | Alcohol/Drug Abuse Provider          | 05    | Resid:Detox/ASP            |
| 02 | Alcohol/Drug Abuse Provider          | 06    | Residential                |
| 02 | Alcohol/Drug Abuse Provider          | 09    | Intensive Outpatient       |
| 02 | Alcohol/Drug Abuse Provider          | 10    | Hosp:SA Program            |
| 02 | Alcohol/Drug Abuse Provider          | 13    | CDR                        |
| 02 | Alcohol/Drug Abuse Provider          | 14    | Other SARF                 |
| 02 | Alcohol/Drug Abuse Provider          | 16    | Drunk Driving Assmnt       |
| 02 | Alcohol/Drug Abuse Provider          | 19    | Student Assistance Program |
| 02 | Alcohol/Drug Abuse Provider          | 29    | Other                      |
| 01 | Individual (includes self-referral)) | 30    | Self                       |
| 07 | Court/Criminal Justice/DUI/DWI       | 31    | Court-Driving              |
| 07 | Court/Criminal Justice/DUI/DWI       | 32    | Court-Other                |
| 07 | Court/Criminal Justice/DUI/DWI       | 33    | Other Crim Justice         |
| 07 | Court/Criminal Justice/DUI/DWI       | 34    | Police                     |
| 07 | Court/Criminal Justice/DUI/DWI       | 35    | Secretary of State         |
| 06 | Other Community Referral             | 36    | Lawyer                     |

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| 7  | Principal Source of Referral         | 08/11 | Source of Referral         |
|----|--------------------------------------|-------|----------------------------|
| 03 | Other Health Care Provider           | 37    | Mental Health              |
| 06 | Other Community Referral             | 38    | Family Independence Agency |
| 01 | Individual (includes self-referral)) | 39    | Family/Friend              |
| 06 | Other Community Referral             | 40    | Other Human Ser            |
| 05 | Employer/EAP                         | 41    | Employer                   |
| 06 | Other Community Referral             | 42    | Union                      |
| 06 | Other Community Referral             | 43    | Clergy                     |
| 04 | School (Educational)                 | 44    | School                     |
| 03 | Other Health Care Provider           | 45    | Physician                  |
| 03 | Other Health Care Provider           | 46    | Hospital                   |
| 01 | Individual (includes self-referral)) | 47    | Sub Abuse Client           |
| 06 | Other Community Referral             | 48    | Alcoholics Anon            |
| 07 | Court/Criminal Justice/DUI/DWI       | 49    | Corrections                |

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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>08/11</b> | <b>Source of Referral</b>         |                   |
| 02       | Alcohol/Drug Abuse Provider          | 01           | Outpatient                        |                   |
| 02       | Alcohol/Drug Abuse Provider          | 05           | Residential Detox                 |                   |
| 02       | Alcohol/Drug Abuse Provider          | 06           | Residential                       |                   |
| 02       | Alcohol/Drug Abuse Provider          | 09           | Intensive Outpatient              |                   |
| 02       | Alcohol/Drug Abuse Provider          | 10           | Hospital: Substance Abuse Program |                   |
| 02       | Alcohol/Drug Abuse Provider          | 13           | Access Center                     |                   |
| 02       | Alcohol/Drug Abuse Provider          | 14           | Other Assessment Program          |                   |
| 02       | Alcohol/Drug Abuse Provider          | 19           | Student Assistance Program        |                   |
| 07       | Court/Criminal Justice/DUI/DWI       | 20           | Drug Court - Adult                |                   |
| 07       | Court/Criminal Justice/DUI/DWI       | 21           | Drug Court - Adolscent            |                   |
| 07       | Court/Criminal Justice/DUI/DWI       | 22           | Community Corrections             |                   |
| 02       | Alcohol/Drug Abuse Provider          | 29           | Other SA Program                  |                   |
| 01       | Individual (includes self-referral)) | 30           | Self                              |                   |
| 07       | Court/Criminal Justice/DUI/DWI       | 31           | Family Court                      |                   |
| 07       | Court/Criminal Justice/DUI/DWI       | 32           | Court                             |                   |
| 07       | Court/Criminal Justice/DUI/DWI       | 33           | Probation/Parole                  |                   |
| 07       | Court/Criminal Justice/DUI/DWI       | 34           | Police                            |                   |
| 07       | Court/Criminal Justice/DUI/DWI       | 35           | Secretary of State                |                   |



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| Item No  | Treatment Episode Data Set | Item         | Value             | State System Data |
|----------|----------------------------|--------------|-------------------|-------------------|
| <b>9</b> | <b>Sex</b>                 | <b>11/14</b> | <b>Sex/Gender</b> |                   |
| 7        | Unknown                    | -            | Blank             |                   |
| 1        | Male                       | 1            | Male              |                   |
| 2        | Female                     | 2            | Female            |                   |

| <b>10</b> | <b>Race</b>                                  | <b>15</b> | <b>Race.</b>              |
|-----------|--|-----------|---------------------------|
| 02        | American Indian ( Other than Alaskan Native) | 1         | Native American           |
| 13        | Asian  | 2         | Asian                     |
| 04        | Black or African American                    | 3         | Black of African American |
| 05        | White  | 4         | White                     |
| 20        | Other Single Race                            | 6         | Multi-racial              |
| 20        | Other Single Race                            | 8         | Arab American             |
| 97        | Unknown                                      | 9         | Refused to Provide        |
| 03        | Asian or Pacific Islander                    |           |                           |
| 01        | Alaska Native (Aleut, Eskimo, Indian)        |           |                           |
| 23        | Native Hawaiians or Other Pacific Islanders  |           |                           |
| 20        | Other Single Race                            |           |                           |

No longer effective as of: 09-30-2004

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| Item No   | Treatment Episode Data Set                   | Item      | Value                     | State System Data |
|-----------|--|-----------|---------------------------|-------------------|
| <b>10</b> | <b>Race</b>                                  | <b>15</b> | <b>Race.</b>              |                   |
| 02        | American Indian ( Other than Alaskan Native) | 1         | Native American           |                   |
| 13        | Asian  | 2         | Asian                     |                   |
| 04        | Black or African American                    | 3         | Black of African American |                   |
| 05        | White  | 4         | White                     |                   |
| 20        | Other Single Race                            | 5         | Hispanic                  |                   |
| 20        | Other Single Race                            | 6         | Multi-racial              |                   |
| 20        | Other Single Race                            | 8         | Arab American             |                   |
| 97        | Unknown                                      | 9         | Refused to Provide        |                   |
| 03        | Asian or Pacific Islander                    |           |                           |                   |
| 23        | Native Hawaiians or Other Pacific Islanders  |           |                           |                   |
| 01        | Alaska Native (Aleut, Eskimo, Indian)        |           |                           |                   |

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| Item No   | Treatment Episode Data Set | Item         | Value                              | State System Data |
|-----------|----------------------------|--------------|------------------------------------|-------------------|
| <b>11</b> | <b>Ethnicity</b>           | <b>13/16</b> | <b>Ethnic Background/Ethnicity</b> |                   |
| 97        | Unknown                    | -            | Blank                              |                   |
| 05        | Not of Hispanic Origin     | 0            | Not One of the Listed Groups       |                   |
| 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            | Arab/Chaldean                      |                   |

|           |   |           |                               |
|-----------|---|-----------|-------------------------------|
| <b>12</b> | <b>Education</b>  | <b>19</b> | <b>Education.</b>             |
| 97        | Unknown   | -         | Blank                         |
| 00        | Less Than One Grade Completed                                       | 00        | Less than one grade completed |
| 01-25     | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 01-11     | Grade 1-11 Completed          |
| 01-25     | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 12        | HS Diploma or GED             |
| 01-25     | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 13-25     | Postsecondary                 |

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| Item No   | Treatment Episode Data Set  | Item      | Value                         | State System Data |
|-----------|---|-----------|-------------------------------|-------------------|
| <b>12</b> | <b>Education</b>  | <b>19</b> | <b>Education.</b>             |                   |
| 00        | Less Than One Grade Completed                                       | 00        | Less than one grade completed |                   |
| 01-25     | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 01-25     | Years Completed               |                   |

| 13 | Employment Status  | 21/8 | Employment Status.  |
|----|--------------------|------|---------------------|
| 97 | Unknown            | -    | Blank               |
| 03 | Unemployed         | 03   | Unemployed          |
| 04 | Not in Labor Force | 04   | Not in Labor Force  |
| 04 | Not in Labor Force | 06   | Retired             |
| 01 | Full Time          | 1    | Employed, Full Time |
| 02 | Part Time          | 2    | Employed, Part Time |

No longer effective as of: 09-30-2004

| 13 | Employment Status  | 21/8 | Employment Status. |
|----|--------------------|------|--------------------|
| 01 | Full Time          | 01   | Full-time          |
| 02 | Part Time          | 02   | Part-time          |
| 03 | Unemployed         | 03   | Unemployed         |
| 04 | Not in Labor Force | 04   | Not in Labor Force |
| 04 | Not in Labor Force | 06   | Retired            |

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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>22/9</b> |       | <b>Substance Abuse History (Primary, Secondary, Tertiary) - Admission/Discharge</b> |
| 97        | Unknown   | -           |       | Blank   |
| 01        | None  | 00          |       | None  |
| 02        | Alcohol   | 10          |       | Alcohol   |
| 15        | Barbiturates  | 15          |       | Barbituates   |
| 05        | Heroin  | 20          |       | Heroin  |
| 06        | Non-Prescription Methadone  | 21          |       | Methadone (illicit)   |
| 07        | Other Opiates and Synthetics  | 22          |       | Other Opiates/Synectics   |
| 16        | Other Non-Barbituate Sedatives or Hypnotics                               | 31          |       | Other Sedatives/Hypnotics   |
| 14        | Other Non-Benzodiazapine Tranquilizers                                    | 32          |       | Other Tranquilizers   |
| 13        | Benzodiazepines   | 33          |       | Benzodiazepine  |
| 16        | Other Non-Barbituate Sedatives or Hypnotics                               | 34          |       | GHB, GBL  |
| 03        | Cocaine, Crack  | 41          |       | Cocaine   |
| 03        | Cocaine, Crack  | 42          |       | Crack Cocaine   |
| 10        | Methamphetamine   | 43          |       | Methamphetamine   |
| 11        | Other Amphetamines  | 44          |       | Other Amphetamines  |
| 12        | Other Stimulants  | 45          |       | Methcathinone   |
| 09        | Other Hallucinogens   | 50          |       | Hallcinogens  |
| 08        | PCP   | 51          |       | PCP   |

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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>22/9</b> |       | <b>Substance Abuse History (Primary, Secondary, Tertiary) - Admission/Discharge</b> |
| 04                                    | Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)  |             | 52    | Marijuana   |
| 20                                    | Other   |             | 53    | Ecstasy, (MDMA, MDA)  |
| 16                                    | Other Non-Barbituate Sedatives or Hypnotics                               |             | 54    | Ketamine  |
| 17                                    | Inhalants   |             | 60    | Inhalants   |
| 20                                    | Other   |             | 61    | Antidepressants   |
| 18                                    | Over-the-Counter  |             | 70    | Over the Counter  |
| 20                                    | Other   |             | 72    | Steriods  |
| 07                                    | Other Opiates and Synthetics  |             | 81    | Talwin and PBZ  |
| 20                                    | Other   |             | 91    | 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, Tertiar-14C)</b> | <b>22/9</b> |       | <b>Substance Abuse History (Primary, Secondary, Tertiary) - Admission/Discharge</b> |
| 97        | Unknown  | -           |       | Blank   |
| 01        | None   | 00          |       | None  |
| 02        | Alcohol  | 10          |       | Alcohol   |
| 05        | Heroin   | 20          |       | Heroin  |
| 06        | Non-Prescription Methadone   | 21          |       | Non Rx Methadone  |
| 07        | Other Opiates and Synthetics   | 22          |       | Other Opiates/Synectics   |
| 15        | Barbiturates   | 30          |       | Barbiturates  |
| 16        | Other Non-Barbituate Sedatives or Hypnotics                              | 31          |       | Other Sedatives/Hypnotics   |
| 14        | Other Non-Benzodiazapine Tranquilizers                                   | 32          |       | Other non Benzodiazepine Tranquilizers  |
| 13        | Benzodiazepines  | 33          |       | Benzodiazepine  |
| 16        | Other Non-Barbituate Sedatives or Hypnotics                              | 34          |       | GHB, GBL  |
| 03        | Cocaine, Crack   | 41          |       | Cocaine   |
| 03        | Cocaine, Crack   | 42          |       | Crack   |
| 10        | Methamphetamine  | 43          |       | Methamphetamine   |
| 11        | Other Amphetamines   | 44          |       | Other Amphetamines  |
| 12        | Other Stimulants   | 45          |       | Other Stimulants  |
| 09        | Other Hallucinogens  | 50          |       | Other Hallcinogens  |
| 08        | PCP  | 51          |       | PCP   |

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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, Tertiar-14C)</b> | <b>22/9</b> |       | <b>Substance Abuse History (Primary, Secondary, Tertiary) - Admission/Discharge</b> |
| 04        | Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations) |             | 52    | Marijuana   |
| 20        | Other  |             | 53    | Ecstasy, (MDMA, MDA)  |
| 16        | Other Non-Barbituate Sedatives or Hypnotics                              |             | 54    | Ketamine  |
| 17        | Inhalants  |             | 60    | Inhalants   |
| 20        | Other  |             | 61    | Antidepressants   |
| 18        | Over-the-Counter   |             | 70    | Over the Counter  |
| 20        | Other  |             | 72    | Steroids  |
| 07        | Other Opiates and Synthetics   |             | 81    | Talwin and PBZ  |
| 20        | Other  |             | 91    | Other   |

|           |   |           |   |  |
|-----------|---|-----------|---|--|
| <b>15</b> | <b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiar-15C)</b> | <b>23</b> |   | <b>Route of Administration (Primary, Secondary and Tertiary)</b> |
| 97        | Unknown   |           | - | Blank  |
| 01        | Oral  |           | 1 | Oral   |
| 02        | Smoking   |           | 2 | Smoking  |
| 03        | Inhalation  |           | 3 | Inhalation/intranasal  |
| 04        | Injection (IV or intramuscular)   |           | 4 | Injection  |
| 20        | Other   |           | 5 | Other  |

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| Item No   | Treatment Episode Data Set   | Item      | Value  | State System Data |
|-----------|--|-----------|--|-------------------|
| <b>15</b> | <b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C)</b> | <b>23</b> | <b>Route of Administration (Primary, Secondary and Tertiary)</b> |                   |
| 97        | Unknown  | -         | Blank  |                   |
| 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>-/25/11</b> | <b>Number of Days Used in Last 30 ( Admission/Discharge)</b> |
| 97        | Unknown   | -              | Blank  |
| 01        | No use in the past month  | 00             | No Days  |
| 02        | 1-3 times in past month   | 01-03          | One to Three Days of Use                                     |
| 03        | 1-2 times per week  | 04-10          | Four-Ten Days of use   |
| 04        | 3-6 times per week  | 11-27          | 11 to 27 Days of Use   |
| 05        | Daily   | 28-30          | 20 to 30 days of use   |

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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>-/25/11</b> | <b>Number of Days Used in Last 30 ( Admission/Discharge)</b> |                   |
| 01        | No use in the past month  | 00             | No Use In Past Month   |                   |
| 02        | 1-3 times in past month   | 02             | 1-3 Times In Past Past Month                                 |                   |
| 03        | 1-2 times per week  | 06             | 1-2 Times in Past Week                                       |                   |
| 04        | 3-6 times per week  | 18             | 3-6 Times in Past Week                                       |                   |
| 05        | Daily   | 30             | Daily  |                   |
| 96        | Not Applicable  | 98             | Not Applicable   |                   |

|                                       |  |             |  |  |
|---------------------------------------|--|-------------|--|--|
| <b>17</b>                             | <b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b> | <b>-/24</b> | <b>Age of First Use (Primary, Secondary, and Tertiary)</b> |  |
| 00                                    | Indicates a Newborn with a substance dependency problem            | 00          | Newborn  |  |
| 01-95                                 | Indicates The Age at First Use                                     | 01-96       | Age  |  |
| 98                                    | Not Collected  | 98          | Not Collected  |  |
| No longer effective as of: 09-30-2004 |  |             |  |  |

|           |  |             |  |  |
|-----------|--|-------------|--|--|
| <b>17</b> | <b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b> | <b>-/24</b> | <b>Age of First Use (Primary, Secondary, and Tertiary)</b> |  |
| 00        | Indicates a Newborn with a substance dependency problem            | 00          | Newborn  |  |
| 01-95     | Indicates The Age at First Use                                     | 01-96       | Age  |  |
| 96        | Not Applicable   | 98          | Not Applicable   |  |

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Minimum**

Michigan

| Item No                               | Treatment Episode Data Set   | Item        | Value                                | State System Data                              |
|---------------------------------------|--|-------------|--------------------------------------|--|
| <b>K 18</b>                           | <b>Type of Services</b>  | <b>03/9</b> | <b>Service Category at Admission</b> |  |
| 07                                    | Ambulatory - Non-Intensive Outpatient                              |             | 11                                   | Outpatient:Drug Free 14                        |
| 02                                    | Detoxification Free-standing Residential ( Detox, 24 hour Service) |             | 21                                   | Residential Detox                              |
| 04                                    | Rehabilitation/Residential - Short-term, ( 30 days or fewer)       |             | 22                                   | Residential: Short Term (no more than 29 days) |
| 05                                    | Rehabilitation/Residential - Long-term, ( more than 30 days)       |             | 24                                   | Residential: LongTerm (30 days or more)        |
| 06                                    | Ambulatory - Intensive Outpatient                                  |             | 31                                   | Intensive OP                                   |
| No longer effective as of: 09-30-2004 |  |             |                                      |  |

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| <b>K 18</b> | <b>Type of Services</b>  | <b>03/9</b> | <b>Service Category at Admission</b> |                                  |
|-------------|--|-------------|--------------------------------------|----------------------------------|
| 07          | Ambulatory - Non-Intensive Outpatient                              |             | 11                                   | Outpatient                       |
| 02          | Detoxification Free-standing Residential ( Detox, 24 hour Service) |             | 21                                   | Detox -free-standing residential |
| 04          | Rehabilitation/Residential - Short-term, ( 30 days or fewer)       |             | 22                                   | Rehab/residential short term     |
| 05          | Rehabilitation/Residential - Long-term, ( more than 30 days)       |             | 24                                   | Rehab/residential long term      |
| 06          | Ambulatory - Intensive Outpatient                                  |             | 31                                   | Intensive Outpatient             |

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Minimum**

Michigan

Item No Treatment Episode Data Set                      Item            Value            State System Data

|                                       |   |           |                                |
|---------------------------------------|---|-----------|--------------------------------|
| <b>19</b>                             | <b>Opioid Replacement Therapy (Planned/ Actual)Was -Use of Methadone Planned/Actual</b> | <b>33</b> | <b>Opiod Treatment Program</b> |
| 1                                     | Yes   | 1         | Methadone                      |
| 2                                     | No  | 2         | No                             |
| 7                                     | Unknown   | 3         | BuprenorphineNalaxone          |
| No longer effective as of: 09-30-2004 |   |           |                                |

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|           |   |           |                                  |
|-----------|---|-----------|----------------------------------|
| <b>19</b> | <b>Opioid Replacement Therapy (Planned/ Actual)Was -Use of Methadone Planned/Actual</b> | <b>47</b> | <b>Opiod Replacement Therapy</b> |
| 1         | Yes   | 1         | Yes (Methadone)                  |
| 2         | No  | 2         | No                               |
| 1         | Yes   | 3         | Yes (Buprenorphine)              |

# Crosswalk Report

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Michigan

| Item No  | Treatment Episode Data Set       | Item | Value                | State System Data |
|----------|----------------------------------|------|----------------------|-------------------|
| <b>1</b> | <b>Detail Drug Code, Primary</b> | -    | <b>Not Collected</b> |                   |
|          | 9998 Not Collected               |      | 9998 9998            |                   |

|          |                                    |   |                      |  |
|----------|------------------------------------|---|----------------------|--|
| <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>29/34</b> | <b>Diagnostic Code</b> |       |
|          | 10-01-2002 Uses DX codes from DSM IV-R |              |                        |       |
|          | XXX DSM III-R Category                 |              | ###.# ###.##           |       |
|          | .XX                                    |              | #                      |       |
|          | 999. Unknown                           |              | -                      | Blank |
|          | 97                                     |              |                        |       |
|          | No longer effective as of: 09-30-2004  |              |                        |       |

|          |  |           |                     |  |
|----------|--|-----------|---------------------|--|
| <b>4</b> | <b>DSM Diagnosis</b>                   | <b>48</b> | <b>DSM Code</b>     |  |
|          | 10-01-2002 Uses DX codes from DSM IV-R |           |                     |  |
|          | XXX DSM III-R Category                 |           | xxx.x code from DSM |  |
|          | .XX                                    |           | x                   |  |
|          | 999. Unknown                           |           |                     |  |
|          | 97                                     |           |                     |  |

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Michigan

Item No Treatment Episode Data Set                      Item      Value      State System Data

|                                       |   |              |                      |
|---------------------------------------|---|--------------|----------------------|
| <b>5</b>                              | <b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b> | <b>32/36</b> | <b>Other Factors</b> |
| 7                                     | Unknown   | -            | Blank                |
| 2                                     | No  | -            | All Other Responses  |
| 1                                     | Yes   | 9            | Mental Illness       |
| No longer effective as of: 09-30-2004 |   |              |                      |

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|          |   |           |                                |
|----------|---|-----------|--------------------------------|
| <b>5</b> | <b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b> | <b>56</b> | <b>Indication of MH Issues</b> |
| 1        | Yes   | 1         | Yes                            |
| 2        | No  | 2         | No                             |
| 7        | Unknown   |           |                                |

|                                       |                                      |                      |                              |
|---------------------------------------|--------------------------------------|----------------------|------------------------------|
| <b>6</b>                              | <b>Pregnant at Time of Admission</b> | <b>31/35/<br/>50</b> | <b>Pregnant at Admission</b> |
| 7                                     | Unknown                              | -                    | Blank                        |
| 1                                     | Yes                                  | 1                    | Yes                          |
| 2                                     | No                                   | 2                    | No                           |
| No longer effective as of: 09-30-2004 |                                      |                      |                              |

# Crosswalk Report

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Michigan

| Item No  | Treatment Episode Data Set           | Item                 | Value | State System Data            |
|----------|--------------------------------------|----------------------|-------|------------------------------|
| <b>6</b> | <b>Pregnant at Time of Admission</b> | <b>31/35/<br/>50</b> |       | <b>Pregnant at Admission</b> |
| 1        | Yes                                  |                      | 1     | Yes                          |
| 2        | No                                   |                      | 2     | No                           |
| 6        | Not Applicable                       |                      | 6     | Males                        |

|                                       |                       |           |   |                         |
|---------------------------------------|-----------------------|-----------|---|-------------------------|
| <b>7</b>                              | <b>Veteran Status</b> | <b>15</b> |   | <b>Military Service</b> |
| 7                                     | Unknown               |           | - | Blank                   |
| 2                                     | No                    |           | 0 | No                      |
| 1                                     | Yes                   |           | 1 | Yes                     |
| No longer effective as of: 09-30-2004 |                       |           |   |                         |

|          |                       |           |   |                        |
|----------|-----------------------|-----------|---|------------------------|
| <b>7</b> | <b>Veteran Status</b> | <b>18</b> |   | <b>Military Status</b> |
| 1        | Yes                   |           | 1 | Yes                    |
| 2        | No                    |           | 2 | No                     |

# Crosswalk Report

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Michigan

| Item No  | Treatment Episode Data Set      | Item                   | Value  | State System Data |
|----------|---------------------------------|------------------------|--|-------------------|
| <b>8</b> | <b>Living Arrangements</b>      | <b>26,32,4<br/>6,2</b> | <b>Living Arrangements<br/>(Admission/Discharge)</b> |                   |
| 97       | Unknown                         | -                      | Blank  |                   |
| 03       | Independent Living              | 1                      | Independent  |                   |
| 02       | Dependent Living                | 2                      | Dependent  |                   |
| 01       | Homeless                        | 3                      | Homeless   |                   |
| <b>9</b> | <b>Source of Income/Support</b> | <b>-</b>               | <b>Not Collected</b>                                 |                   |
| 98       | Not Collected                   | 98                     | 98   |                   |

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Michigan

| Item No   | Treatment Episode Data Set                 | Item | Value                | State System Data |
|-----------|--|------|----------------------|-------------------|
| <b>10</b> | <b>Health Insurance</b>                    | -    | <b>Not Collected</b> |                   |
| 01        | Private Insurance (other than BCBS or HMO) |      |                      |                   |
| 01        | Private Insurance (other than BCBS or HMO) |      |                      |                   |
| 02        | Blue Cross/Blue Shield                     |      |                      |                   |
| 03        | Medicare                                   |      |                      |                   |
| 03        | Medicare                                   |      |                      |                   |
| 04        | Medicaid                                   |      |                      |                   |
| 06        | Health Maintenance Organization (HMO)      |      |                      |                   |
| 20        | Other (e.g. TriCare, Champus)              |      |                      |                   |
| 21        | None                                       |      |                      |                   |
| 97        | Unknown                                    |      |                      |                   |

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Michigan

Item No Treatment Episode Data Set                      Item                      Value                      State System Data

| Item No                               | Treatment Episode Data Set                 | Item     | Value | State System Data         |
|---------------------------------------|--|----------|-------|---------------------------|
| <b>10</b>                             | <b>Health Insurance</b>                    | <b>-</b> |       | <b>Health Insurance</b>   |
| 97                                    | Unknown                                    |          | -     | Blank                     |
| 21                                    | None                                       |          | 00    | None                      |
| 02                                    | Blue Cross/Blue Shield                     |          | 20    | Blue Cross/Blue Shield    |
| 01                                    | Private Insurance (other than BCBS or HMO) |          | 30    | Commercial Carrier        |
| 01                                    | Private Insurance (other than BCBS or HMO) |          | 50    | Self Insured Program/Fund |
| 03                                    | Medicare                                   |          | 60    | Medicare - Old Age        |
| 03                                    | Medicare                                   |          | 61    | Medicare - Disability     |
| 04                                    | Medicaid                                   |          | 62    | Medicaid                  |
| 06                                    | Health Maintenance Organization (HMO)      |          | 70    | Health Maintenance Org    |
| 20                                    | Other (e.g. TriCare, Champus)              |          | 90    | Other                     |
| No longer effective as of: 09-30-2002 |  |          |       |                           |

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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>-</b> |       | <b>Not Collected</b> |
| 98        | Not Collected                                    |          | 98    | 98                   |

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Michigan

Item No Treatment Episode Data Set                      Item            Value            State System Data

|           |                                    |          |                      |
|-----------|------------------------------------|----------|----------------------|
| <b>12</b> | <b>Detailed Not in Labor Force</b> | <b>-</b> | <b>Not Collected</b> |
| 01        | Homemaker                          |          |                      |
| 03        | Retired                            |          |                      |
| 98        | Not Collected                      |          |                      |
| 98        | Not Collected                      |          |                      |
| 02        | Student                            |          |                      |

No longer effective as of: 09-30-2006

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|           |   |           |                                    |
|-----------|---|-----------|------------------------------------|
| <b>12</b> | <b>Detailed Not in Labor Force</b>  | <b>59</b> | <b>Detialed not in labor force</b> |
| 01        | Homemaker   | 01        | Homemaker                          |
| 02        | Student   | 02        | Student                            |
| 03        | Retired   | 03        | Retired                            |
| 04        | Disabled  | 04        | Disabled                           |
| 05        | Inmate of Institution ( Prison or Institution - keeps people out of work force) | 05        | Inmate of Institution              |
| 06        | Other   | 06        | Other                              |
| 96        | Not Applicable  | 98        | Not Applicable                     |

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|           |  |          |                      |
|-----------|--|----------|----------------------|
| <b>13</b> | <b>Detailed Criminal Justice Referral Categories</b> | <b>-</b> | <b>Not Collected</b> |
| 98        | Not Collected  | 98       | 98                   |

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Michigan

Item No Treatment Episode Data Set                      Item            Value            State System Data

| <b>14</b>                             | <b>Marital Status</b>   | <b>14/17</b> | <b>Marital Status</b> |
|---------------------------------------|---|--------------|-----------------------|
| 97                                    | Unknown   | -            | Blank                 |
| 01                                    | Never Married   | 1            | Never Married         |
| 02                                    | Now Married ( includes those living together as married)                      | 2            | Married/Cohabiting    |
| 05                                    | Widowed   | 3            | Widowed               |
| 04                                    | Divorced  | 4            | Divorced              |
| 03                                    | Separated (legally seperated or otherwise absent becasue of marital discord)) | 5            | Separated             |
| No longer effective as of: 09-30-2004 |   |              |                       |

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| <b>14</b> | <b>Marital Status</b>   | <b>14/17</b> | <b>Marital Status</b> |
|-----------|---|--------------|-----------------------|
| 97        | Unknown   | -            | Blank                 |
| 01        | Never Married   | 1            | Never Married         |
| 02        | Now Married ( includes those living together as married)                      | 2            | Now Married           |
| 05        | Widowed   | 3            | Widowed               |
| 04        | Divorced  | 4            | Divorced              |
| 03        | Separated (legally seperated or otherwise absent becasue of marital discord)) | 5            | Separated             |

| <b>15</b>                             | <b>Days Waiting to Enter Treatment</b> | <b>-</b> | <b>Not Collected</b> |
|---------------------------------------|--|----------|----------------------|
| 998                                   | Not Collected                          | 998      | 998                  |
| No longer effective as of: 09-30-2004 |  |          |                      |

# Crosswalk Report

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Michigan

| Item No   | Treatment Episode Data Set             | Item      | Value                                  | State System Data |
|-----------|--|-----------|--|-------------------|
| <b>15</b> | <b>Days Waiting to Enter Treatment</b> | <b>54</b> | <b>Days waiting to enter treatment</b> |                   |
|           | 000- Days<br>996                       |           | 000- Days<br>996                       |                   |

|                                       |  |   |                      |  |
|---------------------------------------|--|---|----------------------|--|
| <b>16</b>                             | <b>Number of Arrests in the 30 Days Prior to Admission</b> | - | <b>Not Collected</b> |  |
| No longer effective as of: 12-31-2005 |  |   |                      |  |

|           |  |           |  |  |
|-----------|--|-----------|--|--|
| <b>16</b> | <b>Number of Arrests in the 30 Days Prior to Admission</b> | <b>40</b> | <b>Arrests in 30 days prior to admission</b> |  |
|           | 00- Number of Arrests<br>96                                |           | 00 None                                      |  |
|           | 00- Number of Arrests<br>96                                |           | 01-96 Number of Arrests                      |  |

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Discharge/NOMS**

Michigan

| Item No  | Treatment Episode Data Set                  | Item      | Value    | State System Data  |
|----------|---|-----------|----------|--|
| <b>1</b> | <b>System Transaction at Discharge</b>      | -         |          | <b>System Transaction Type Added to Each Record</b>  |
|          | A Add                                       |           | A Add    |  |
|          | C Change                                    |           | C Change |  |
|          | D Delete                                    |           | D Delete |  |
| <b>2</b> | <b>State Code at Discharge</b>              | <b>MI</b> |          | <b>FIPS Code Added to Each Record</b>  |
| <b>3</b> | <b>Reporting Date at Discharge</b>          | -         |          | <b>Month and Year of Submission Added to Each Record</b><br>MMYYYY   |
| <b>4</b> | <b>Provider Identifier at Discharge</b>     | <b>2</b>  |          | <b>License Number</b><br>6 characters  |
| <b>5</b> | <b>Client Identifier at Discharge</b>       | <b>4</b>  |          | <b>CA Client ID.</b><br>If SSN is all 7's or 8's, then CA Identifier is used to ID client (11 characters)  |
| <b>5</b> | <b>Client Identifier at Discharge</b>       | <b>4</b>  |          | <b>Social Security Number/CA Identifier.</b><br>If SSN is all 7's or 8's, then CA Identifier is used to ID client (11 characters)<br>No longer effective as of: 09-30-2004 |
| <b>6</b> | <b>Co-Dependent/Collateral at Discharge</b> | -         |          | <b>Not Collected</b><br>No longer effective as of: 09-30-2004  |

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Discharge/NOMS**

Michigan

| Item No  | Treatment Episode Data Set                  | Item     | Value                | State System Data |
|----------|---|----------|----------------------|-------------------|
| <b>6</b> | <b>Co-Dependent/Collateral at Discharge</b> | <b>7</b> | <b>Co-Dependent.</b> |                   |
| 1        | Yes   | 1        | Yes                  |                   |
| 2        | No  | 2        | No                   |                   |

| <b>7</b> | <b>Type of Service at Discharge</b>                        | <b>03/9</b> | <b>Service Category at Admission</b>           |
|----------|--|-------------|--|
| 07       | Ambulatory -Non Intensive - Outpatient                     | 11          | Outpatient                                     |
| 02       | Detoxification, 24-Hour Service, Free Standing Residential | 21          | Residential Detox                              |
| 04       | Rehabilitation/Residential - Short Term (30 Days or Fewer) | 22          | Residential: Short Term (no more than 29 days) |
| 05       | Rehabilitation/Residential - Long Term (More than 30 Days) | 24          | Residential: LongTerm (30 days or more)        |
| 06       | Ambulatory - Intensive - Outpatient                        | 31          | Intensive Outpatient                           |

No longer effective as of: 09-30-2004

| <b>7</b> | <b>Type of Service at Discharge</b>                        | <b>03/7</b> | <b>Service Category at Discharge</b> |
|----------|--|-------------|--------------------------------------|
| 07       | Ambulatory -Non Intensive - Outpatient                     | 11          | Outpatient                           |
| 02       | Detoxification, 24-Hour Service, Free Standing Residential | 21          | Detox - Free-standing Residential    |
| 04       | Rehabilitation/Residential - Short Term (30 Days or Fewer) | 22          | Rehab/residential short term         |
| 05       | Rehabilitation/Residential - Long Term (More than 30 Days) | 24          | Rehab/residential long term          |
| 06       | Ambulatory - Intensive - Outpatient                        | 31          | Intensive Outpatient                 |

| <b>8</b>                              | <b>Date of Last Contact</b> | <b>15</b> | <b>Date of Discharge</b> |
|---------------------------------------|-----------------------------|-----------|--------------------------|
| No longer effective as of: 09-30-2004 |                             |           |                          |

# Crosswalk Report

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

## Discharge/NOMS

Michigan

| Item No  | Treatment Episode Data Set  | Item      | Value                     | State System Data |
|----------|-----------------------------|-----------|---------------------------|-------------------|
| <b>8</b> | <b>Date of Last Contact</b> | <b>24</b> | <b>Date of Discharge.</b> |                   |
|          |                             |           | MMDDYYYY                  |                   |

|          |                                       |           |                          |  |
|----------|---------------------------------------|-----------|--------------------------|--|
| <b>9</b> | <b>Date of Discharge</b>              | <b>15</b> | <b>Date of Discharge</b> |  |
|          | No longer effective as of: 09-30-2004 |           |                          |  |

|          |                          |           |                           |  |
|----------|--------------------------|-----------|---------------------------|--|
| <b>9</b> | <b>Date of Discharge</b> | <b>24</b> | <b>Date of Discharge.</b> |  |
|          |                          |           | MMDDYYYY                  |  |

| <b>10</b> | <b>Reason for Discharge, Transfer, or Discontinuance of Treatment</b>   | <b>16/42/<br/>25</b> | <b>Discharge Reason</b>              |
|-----------|---|----------------------|--------------------------------------|
|           | 01 Treatment Completed  |                      | 01 Completed Treatment               |
|           | 02 Left Against Professional Advice                                     |                      | 02 Left Against Professional Advice  |
|           | 05 Incarcerated   |                      | 03 In Jail                           |
|           | 03 Terminated by Facility   |                      | 04 Staff decision for rule violation |
|           | 06 Death  |                      | 05 Death                             |
|           | 04 Transferred to Another Substance Abuse Treatment Program or Facility |                      | 06 Continuing in treatment-transfer  |
|           | 07 Other  |                      | 07 Mutual staff/client decision      |
|           | 07 Other  |                      | 08 Early Jail Release                |
|           | 07 Other  |                      | 09 Client Relocated                  |
|           | 07 Other  |                      | 10 Program closed                    |
|           | 07 Other  |                      | 11 Other                             |
|           | No longer effective as of: 09-30-2004                                   |                      |                                      |

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Discharge/NOMS**

Michigan

| Item No   | Treatment Episode Data Set  | Item            | Value | State System Data                      |
|-----------|---|-----------------|-------|--|
| <b>10</b> | <b>Reason for Discharge, Transfer, or Discontinuance of Treatment</b> | <b>16/42/25</b> |       | <b>Discharge Reason</b>                |
| 01        | Treatment Completed   | 01              |       | Treatment completed                    |
| 02        | Left Against Professional Advice                                      | 02              |       | Left against advice including drop-out |
| 05        | Incarcerated  | 03              |       | Incarcerated                           |
| 03        | Terminated by Facility  | 04              |       | Terminated for Rules Violation         |
| 06        | Death   | 05              |       | Death                                  |
| 04        | Transferred to Another Substance Abuse Treatment Program or Facility  | 06              |       | Transfer                               |
| 07        | Other   | 07              |       | Mutual staff/client decision           |
| 07        | Other   | 08              |       | Early Jail Release                     |
| 07        | Other   | 09              |       | Client Relocated                       |
| 07        | Other   | 10              |       | Program Closed/Merged                  |
| 07        | Other   | 11              |       | Other                                  |
| <b>11</b> | <b>Provider Identifier at Admission</b>                               | <b>2</b>        |       | <b>License Number</b>                  |
| -         | Comes from admission file   |                 |       |  |
| <b>12</b> | <b>Client Identifier at Admission</b>                                 | <b>3</b>        |       | <b>CA Client ID</b>                    |
| -         | Comes from admission file   |                 |       |  |

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Discharge/NOMS**

Michigan

| Item No   | Treatment Episode Data Set                  | Item         | Value                                | State System Data |
|-----------|---|--------------|--------------------------------------|-------------------|
| <b>13</b> | <b>Co-Dependent/Collateral at Admission</b> | <b>7</b>     | <b>Co-Dependent.</b>                 |                   |
|           | - Comes from admission file                 |              |                                      |                   |
| <b>14</b> | <b>Client Transaction Type.</b>             | <b>NA</b>    | <b>Cleint Transaction</b>            |                   |
|           | - Comes from admission file                 |              |                                      |                   |
| <b>15</b> | <b>Date of Admission.</b>                   | <b>8</b>     | <b>Date of Admission</b>             |                   |
|           | - Comes from admission file                 |              |                                      |                   |
| <b>16</b> | <b>Type of Service at Admission</b>         | <b>03/9</b>  | <b>Service Category at Admission</b> |                   |
|           | - Comes from admission file                 |              |                                      |                   |
| <b>17</b> | <b>Date of Birth.</b>                       | <b>10/13</b> | <b>Date of Birth</b>                 |                   |
|           | - Comes from admission file                 |              |                                      |                   |
| <b>18</b> | <b>Sex.</b>                                 | <b>11/14</b> | <b>Sex/Gender</b>                    |                   |
|           | - Comes from admission file                 |              |                                      |                   |
| <b>19</b> | <b>Race.</b>                                | <b>15</b>    | <b>Race.</b>                         |                   |
|           | - Comes from admission file                 |              |                                      |                   |

# Crosswalk Report

Michigan's Treatment Episode Data Set  
Version : 1

K = Key Field

**Discharge/NOMS**

Michigan

| Item No   | Treatment Episode Data Set | Item         | Value                              | State System Data |
|-----------|----------------------------|--------------|------------------------------------|-------------------|
| <b>20</b> | <b>Ethnicity.</b>          | <b>13/16</b> | <b>Ethnic Background/Ethnicity</b> |                   |

- Comes from admission file

Michigan's Treatment Episode Data Set  
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**Discharge/NOMS**

Michigan

| Item No   | Treatment Episode Data Set  | Item        | Value                                  | State System Data   |
|-----------|---|-------------|--|---|
| <b>21</b> | <b>Substance Problem At Discharge, (Primary, Secondary, Tertiary)</b> | <b>22/9</b> |  | <b>Substance Abuse History (Primary, Secondary, Tertiary) - Admission/Discharge</b> |
| 01        | None  | 00          | None                                   |   |
| 02        | Alcohol   | 10          | Alcohol                                |   |
| 05        | Heroin  | 20          | Heroin                                 |   |
| 06        | Non-Prescription Methadone  | 21          | Non Rx Methadone                       |   |
| 07        | Other Opiates and Synthetics  | 22          | Other Opiates/Synecotics               |   |
| 15        | Barbiturates  | 30          | Barbiturates                           |   |
| 16        | Other Non- Barbiturate Sedatives or Hypontics                         | 31          | Other Sedatives/Hypnotics              |   |
| 14        | Other Non-Benzodiazepine Tranquilizer                                 | 32          | Other non Benzodiazepine Tranquilizers |   |
| 13        | Benzodiazepines   | 33          | Benzodiazepine                         |   |
| 20        | Other   | 34          | GHB, GBL                               |   |
| 03        | Cocaine/Crack   | 41          | Cocaine                                |   |
| 03        | Cocaine/Crack   | 42          | Crack                                  |   |
| 10        | Methamphetamine   | 43          | Methamphetamine                        |   |
| 11        | Other Amphetamines  | 44          | Other Amphetamines                     |   |
| 12        | Other Stimulants  | 45          | Other Stimulants                       |   |
| 09        | Other Hallucinogens   | 50          | Other Hallucinogens                    |   |
| 08        | PCP   | 51          | PCP                                    |   |
| 04        | Marijuana/Hashish   | 52          | Marijuana                              |   |

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**Discharge/NOMS**

Michigan

| Item No   | Treatment Episode Data Set  | Item           | Value                        | State System Data   |
|-----------|---|----------------|------------------------------|---|
| <b>21</b> | <b>Substance Problem At Discharge, (Primary, Secondary, Tertiary)</b> | <b>22/9</b>    |                              | <b>Substance Abuse History (Primary, Secondary, Tertiary) - Admission/Discharge</b> |
| 11        | Other Amphetamines  | 53             | Ecstasy, (MDMA, MDA)         |   |
| 20        | Other   | 54             | Ketamine                     |   |
| 17        | Inhalants   | 60             | Inhalants                    |   |
| 20        | Other   | 61             | Antidepressants              |   |
| 18        | Over-The-Counter  | 70             | Over the Counter             |   |
| 20        | Other   | 72             | Steroids                     |   |
| 07        | Other Opiates and Synthetics  | 81             | Talwin and PBZ               |   |
| 20        | Other   | 91             | Other                        |   |
| <b>22</b> | <b>Frequency of Use at Discharge (Primary, Secondary, Tertiary)</b>   | <b>-/25/11</b> |                              | <b>Number of Days Used in Last 30 ( Admission/Discharge)</b>                        |
| 01        | No Use in the Past Month  | 00             | No Use In Past Month         |   |
| 02        | 1-3 Times in the Past Month   | 02             | 1-3 Times In Past Past Month |   |
| 03        | 1-2 Times in the Past Week  | 06             | 1-2 Times in Past Week       |   |
| 04        | 3-6 Times in the Past Week  | 18             | 3-6 Times in Past Week       |   |
| 05        | Daily   | 30             | Daily                        |   |
| 96        | Not Applicable  | 98             | Not Applicable               |   |

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**Discharge/NOMS**

Michigan

| Item No   | Treatment Episode Data Set              | Item                   | Value  | State System Data  |
|-----------|---|------------------------|--|--------------------|
| <b>23</b> | <b>Living Arrangements at Discharge</b> | <b>26,32,4<br/>6,2</b> | <b>Living Arrangements<br/>(Admission/Discharge)</b> |                    |
| 03        | Independent Living                      |                        | 1  | Independent        |
| 02        | Dependent Living                        |                        | 2  | Dependent          |
| 01        | Homeless                                |                        | 3  | Homeless           |
| <b>24</b> | <b>Employment at Discharge</b>          | <b>21/8</b>            | <b>Employment Status.</b>                            |                    |
| 01        | Full Time                               |                        | 01   | Full-time          |
| 02        | Part Time                               |                        | 02   | Part-time          |
| 03        | Unemployed                              |                        | 03   | Unemployed         |
| 04        | Not in Labor Force                      |                        | 04   | Not in Labor Force |
| 04        | Not in Labor Force                      |                        | 06   | Retired            |

# Crosswalk Report

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**Discharge/NOMS**

Michigan

| Item No   | Treatment Episode Data Set                      | Item                 | Value   | State System Data |
|-----------|---|----------------------|---|-------------------|
| <b>25</b> | <b>Detailed Not In Labor Force at Discharge</b> | <b>17/59/<br/>28</b> | <b>Current Employment Status-Not in Labor Force - Admission/Discharge</b> |                   |
| 01        | Homemaker                                       | 01                   | Homemaker   |                   |
| 02        | Student   | 02                   | Student   |                   |
| 03        | Retired   | 03                   | Retired   |                   |
| 04        | Disabled  | 04                   | Disabled  |                   |
| 05        | Inmate of Institution                           | 05                   | Inmate of Institution   |                   |
| 06        | Other   | 06                   | Other   |                   |
| 96        | Not Applicable                                  | 98                   | Not Applicable  |                   |

**25 Detailed Not In Labor Force at Discharge ~ Discharge Not Collected Yet**

No longer effective as of: 09-30-2006

|           |  |           |  |
|-----------|--|-----------|--|
| <b>26</b> | <b>Number of Arrests in 30 Days Prior to Discharge</b> | <b>19</b> | <b>Arrests in 30 days prior to Discharge</b> |
| 00-96     | Number of Arrests                                      | 00        | None   |
| 00-96     | Number of Arrests                                      | 01-96     | Number of Arrests                            |

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report